



European Monitoring Centre
for Drugs and Drug Addiction



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2004 National Report to the EMCDDA by the REITOX National Focal Point

GERMANY

**New Developments, Trends and in-depth
information on selected issues**

Drug Situation 2003

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For better legibility, the following report refrains from using the female gender which is instead subsumed under the respective male form.

Table of Contents

Part A: New Developments and Trends

1	NATIONAL POLICY AND CONTEXT	1
1.1	OVERVIEW	1
1.1.1	THE POLITICAL FRAMEWORK	1
1.1.2	OBJECTIVES AND PRIORITIES OF THE NATIONAL DRUG POLICY	2
1.1.3	ACTION PLAN DRUGS AND ADDICTION	3
1.1.4	COORDINATION	5
1.2	LEGAL FRAMEWORK	6
1.2.1	LAWS	6
1.2.2	LEGAL PRACTICE	7
1.3	INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICY	8
1.3.1	COORDINATION	8
1.3.2	NATIONAL PLANS AND STRATEGIES	8
1.3.3	IMPLEMENTATION OF POLICIES AND STRATEGIES	9
1.3.4	IMPACT OF POLICIES AND STRATEGIES	11
1.4	BUDGET AND PUBLIC EXPENDITURE	12
1.5	SOCIAL AND CULTURAL CONTEXT	13
2	DRUG USE IN THE POPULATION	14
2.1	OVERVIEW	14
2.2	DRUG USE IN THE GENERAL POPULATION	15
2.2.1	OVERVIEW OF THE USE OF VARIOUS DRUGS	15
2.2.2	COMPARISON OF THE USE OF INDIVIDUAL DRUGS	18
2.3	DRUG USE IN THE SCHOOLS AND YOUNG POPULATION	21
2.4	DRUG USE AMONG SPECIFIC GROUPS	22
2.5	ATTITUDES TO DRUGS AND DRUG USERS	22
3	PREVENTION	25
3.1	OVERVIEW	25
3.2	UNIVERSAL PREVENTION	26
3.2.1	SCHOOLS	26
3.2.2	FAMILY	29
3.2.3	PREVENTION AT COMMUNITY-LEVEL	30
3.2.4	OTHER	31
3.3	SELECTIVE OR INDICATED PREVENTION	32
3.3.1	LEISURE TIME	32
3.3.2	RISK GROUPS	34
3.3.3	RISK FAMILIES	37

4	PROBLEM DRUG USE	40
4.1	OVERVIEW	40
4.2	PREVALENCE AND INCIDENCE ESTIMATES	41
4.2.1	ESTIMATE METHODS OF THE EMCDDA	41
4.2.2	OTHER APPROACHES TO COLLECT DATA ON PROBLEMATIC DRUG USE	43
4.3	PROFILES OF CLIENTS IN TREATMENT	45
4.4	MAIN CHARACTERISTICS AND PATTERNS OF USE FROM NON-TREATMENT SOURCES	50
5	DRUG-RELATED TREATMENT	51
5.1	OVERVIEW	51
5.2	TREATMENT SYSTEMS	53
5.3	DRUG-FREE TREATMENT	55
6	HEALTH CORRELATES AND CONSEQUENCES	59
6.1	OVERVIEW	59
6.2	DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS	60
6.2.1	DRUG-RELATED DEATHS	60
6.2.2	TOTAL MORTALITY AND DEATH CAUSES AMONG DRUG USERS	63
6.3	DRUG RELATED INFECTIOUS DISEASES	63
6.4	PSYCHIATRIC CO-MORBIDITY	65
6.5	OTHER DRUG RELATED HEALTH CORRELATES AND CONSEQUENCES	66
7	RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES	67
7.1	OVERVIEW	67
7.2	PREVENTION OF DRUG RELATED DEATHS	67
7.3	PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES	68
7.4	INTERVENTIONS RELATED TO PSYCHIATRIC CO-MORBIDITY	70
7.5	INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES	70
8	SOCIAL CORRELATES AND CONSEQUENCES	71
8.1	OVERVIEW	71
8.2	SOCIAL EXCLUSION	71
8.3	DRUG-RELATED CRIME	71
8.3.1	ECONOMIC COMPULSIVE CRIMES	71
8.3.2	CONSUMPTION-RELATED OFFENCES	72
8.3.3	DRUG USERS WITH FIRST-TIME POLICE CONTACT	72
8.3.4	DRUG USE AND ACCIDENTS	73
8.4	DRUG-USE IN PRISONS	73
8.5	SOCIAL COSTS	74

9	RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES	75
9.1	OVERVIEW	75
9.2	SOCIAL REINTEGRATION	75
9.2.1	ACTIVITIES AT FEDERAL LEVEL	75
9.2.2	ACTIVITIES AT LAENDER-LEVEL	76
9.3	PREVENTION OF DRUG RELATED CRIME	77
10	DRUG MARKETS	79
10.1	OVERVIEW	79
10.2	AVAILABILITY AND SUPPLY	80
10.2.1	AVAILABILITY	80
10.2.2	SUPPLY	81
10.3	SEIZURES OF NARCOTIC DRUGS	82
10.4	PRICE AND PURITY OF DRUGS	83
10.4.1	PRICES	83
10.4.2	PURITY	84
Part B: Special Issues		
11	BUPRENORPHINE: TREATMENT, MISUSE AND PRESCRIPTION PRACTICE	89
11.1	OVERVIEW	89
11.2	TREATMENT	90
11.3	MISUSE	91
12	ALTERNATIVES TO PRISON TARGETING TO DRUG USING OFFENDERS	92
12.1	POLITICAL, ORGANIZATIONAL AND STRUCTURAL INFORMATION	92
12.2	INTERVENTIONS	92
12.3	QUALITY ASSURANCE	93
13	PUBLIC NUISANCE: DEFINITIONS, POLITICAL DEVELOPMENTS, LEGAL ASPECTS AND INTERVENTION STRATEGIES	94
13.1	PUBLIC NUISANCE AND THE LEGAL SITUATION IN GERMANY	94
13.2	PUBLIC NUISANCE AND DRUG USE	94
13.3	PUBLIC NUISANCE IN THE SURROUNDINGS OF FACILITIES FOR PREVENTION, HARM REDUCTION OR TREATMENT	95

Part C: Bibliography and Annex

14 BIBLIOGRAPHY	97
14.1 BROCHURES	97
14.2 REFERENCES	97
14.3 WEBSITES	104
15 ANNEX	105

Part D: Standard Tables and Structured Questionnaires

16 STANDARD TABLES (ST) AND STRUCTURED QUESTIONNAIRES (SQ)	106
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Tables

Table 1: Most recent amendments to the regulations on narcotic drugs	6
Table 2: Drug and addiction budgets in Germany 2002/2003	13
Table 3: Prevalence of illicit drugs in Germany	16
Table 4: Prevalence of cannabis in Germany	19
Table 5: Prevalences of the use of illicit drugs among school children and adolescents in various studies	22
Table 6: Opinion on various psychotropic substances	23
Table 7: Projects of the professional drug aid system	31
Table 8: Prevalence estimate of problematic use of opiates 1995 to 2003	43
Table 9: Problematic drug use measured by the substance dependence scale	43
Table 10: Prevalence of problematic drug use of illicit drugs in various studies.....	44
Table 11: Drug administration modes of clients in out-patient therapy	46
Table 12: Main diagnoses in out-patient care (German drug aid statistics).....	46
Table 13: Main diagnoses in in-patient therapy (German addiction aid statistics).....	48
Table 14: In-patient clients with addiction diagnosis (F10-F19) in the year 2002.....	49
Table 15: Drug-related deaths 2003.....	62
Table 16: Psychological disorders of clients with primary cannabis problems	65
Table 17: Imprisonment due to drug-related offences	73
Table 18: Clients who spent the last six months mainly in prison.....	77
Table 19: Access to different drugs for 15-16 year-old school children.....	81
Table 20: Seizures of cannabis plants.....	81
Table 21: Comparison of number of seizures and quantities seized since 2000.....	83
Table 22: Prices of different drugs 2002 and 2003 (in €).....	83
Table 23: Level of active substance contained in different drugs from 1996 to 2003.....	84
Table 24: Content of active ingredients of ecstasy in mg per tablet/capsule.....	86

Figures

Figure 1: Prevalence of the use of illegal drugs in the age group 18-39 years from 1980 to 2003	17
Figure 2: Prevalence of drug use in the lifetime, in the last 12 months and last 30 days in the age group 18-59	17
Figure 3: Prevalence of the use of illicit drugs in the lifetime, in the last 12 months and 30 days in the age group 18-59.....	18
Figure 4: Prevalence of cannabis use among 18-39 year-olds from 1990-2003.....	19
Figure 5: Lifetime use of amphetamines, ecstasy and biogenic drugs in the age group 18-39 years from 1990 to 2003	20
Figure 6: Lifetime use of cocaine and opiates among 18-39 year-olds from 1990 to 2003	20
Figure 7: Readiness to try drugs among 18-39 year-olds having no experience with drugs in the period between 1990 and 2003.....	24
Figure 8: Developments of main drugs based on admissions to out-patient therapy since 1992 (=100%)	47
Figure 9: Drug-related deaths by age groups.....	61
Figure 10: Development of consumption-related offences	72
Figure 11: Easy availability of different drugs for people without drug experience in the age group 18 to 39 years – trends 1990 to 2003.....	80
Figure 12: Number of seizures of narcotic drugs in the Federal Republic of Germany from 1996 to 2003	82
Figure 13: Content of active ingredients in amphetamine 1996 – 2003.....	85
Figure 14: Content of active substance in cannabis 1996 – 2002	85
Figure 15: Content of active substance in heroin 1996-2003	87
Figure 16: Content of active substance in cocaine 1996 – 2003	88

Abbreviations

	German	English
AMG	Arzneimittelgesetz	Medical preparations act
ANOMO	Anonymes Monitoring in den Praxen niedergelassener Ärzte	Anonymous monitoring of a representative sample of doctors in office-based practices
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 Health and Social Security
BSHG	Bundessozialhilfegesetz	Federal Public Welfare Act
BtM	Betäubungsmittel	Narcotic drugs
BtM-ÄndV	Betäubungsmittelrechts- Änderungsverordnung	Amending regulation on narcotic drugs
BtMG	Betäubungsmittelgesetz	Narcotic Drugs Act
BtMG-ÄndG	Gesetz zur Änderung des Betäubungsmittelgesetzes	Amending Narcotic Drugs Act
BUND	Bundesstudie	Epidemiological Survey on Addiction
BZgA	Bundeszentrale für gesundheitliche Aufklärung	Federal Centre for Health Education (FCHE)
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
DHS	Deutsche Hauptstelle für Suchtfragen	German Main Office for Dependence Matters..
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
GRV	Gesetzliche Rentenversicherungen	Public Social and Pension Insurance
HAART		Highly Activating Antiretroviral 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	European Information Network on Drugs and Addiction
RKI	Robert Koch Institut	Robert Koch Institute
SGB	Sozialgesetzbuch	Federal Public Welfare Act
StBA	Statistisches Bundesamt	Federal Statistical Office
StGB	Strafgesetzbuch	Penal code
THC	Tetrahydrocannabinol	
UN	Vereinte Nationen	United Nations
VDR	Verband Deutscher Rentenversicherungsträger	German Association of Pension Insurances
WHO	Weltgesundheitsorganisation	World Health Organization
ZI	Zentrales Institut der Kassenärztlichen Versorgungen	Central Institute of Panel Doctors

The Laender

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

Introduction

The German REITOX-Report for 2003 follows the guidelines of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) which have been considerably revised for this year. With a view to reduce reporting expenditure and still be able to include additional topics in the future with only limited staff capacity, a new concept has been developed for the report by a working group formed by staff of various national focal points as well as of the EMCDDA. All important aspects with regard to drugs are herein contained in a highly structured form.

At the beginning, each chapter of the report gives the most important background information – e.g. on the structure of the health care system of a Federal Land or the existing data sources used for overviews on the drug use in the population. These ‘overview sections’ will reappear in an updated form in the future reports.

The other sections of the individual chapters present exclusively new data and results of the reporting year. Older data are only used for comparative purposes where appropriate. In case there is no new data available, earlier publications will be referred to without repeating old results. Although, in this way, the report can no longer serve as an exhaustive document of reference, changes and new data are much easier to find than in the past. This will facilitate the work of the EMCDDA to collect data at a European level and analyze trends and changes on this basis.

The goal of an important second change was to lend more concision to the text. Therefore, tables which used to be embedded in the text, have been shifted, in their majority, to the annexes. They are referred to respectively in the text passages. Interpretations and conclusions, central tables and graphical figures have remained in the text passages. In addition to the standardized tables of the EMCDDA, a few tables with complementing information are offered. With regard to scope and structure however, these tables are often easier to use in the electronic version with the respective hyperlinks than in the written version. Therefore, it is recommended to use, as far as possible, the electronic version of the report available under www.dbdd.de.

I am hopeful that the necessary conceptual changes made to the REITOX-Report will help to provide a good overview of the drug situation in Germany for the year 2003. The fact that last year's report had been downloaded more than 20,000 speaks for the wide interest in it.

Roland Simon

Director of the DBDD

Summary

The present report on the drug situation in Germany has been prepared on behalf of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) which is an agency of the European Union. The report has been drawn up by the German Reference Center for the European Monitoring Center for Drugs and Drug Addiction (DBDD) in which the Institute for Therapy Research (IFT), the Federal Center for Health Education and the German Head Office for Dependence Matters (DHS) cooperate. The German Reference Center for the European Monitoring Center for Drugs and Drug Addiction is funded by the Federal Ministry for Health and Social Affairs and the EMCDDA. The overall report has been structured according to the guidelines provided by the EMCDDA and is available as a download from www.dbdd.de.

National policy in the context

Over the last years, the formerly narrow drug policy concept has gradually evolved into a cross-substance 'addiction' policy which brings the common aspects of psychotropic substances more into the foreground of the interest of drug experts and politicians. The 'Action Plan Drugs and Addiction' which was presented by the drug commissioner of the German Federal Government in June 2003 and which is to serve as a framework for the national addiction policy for the next five to ten years, makes this approach clearly visible for the first time as part of an overall political concept.

Addiction policy is based on prevention, counseling and treatment of drug users, survival aid, harm reduction, supply reduction and – regarding illicit drugs – repression. As part of the implementation of the action plan, structural institutions, pilot programs and experts' meeting were funded in 2003.

Drug consumption: prevalence and prevention

The most recent epidemiological studies carried out in 2003/2004 show that about a quarter of the adult population in Germany has had experience with drugs at least once in their lifetime (lifetime-prevalence). 7% of this group used drugs in the last 12 months, little less than 4% in the last 30 days. Among juveniles and young adults, prevalence is even higher. In the group of the 15 to 16 year-olds, lifetime-prevalence was 33%, 12-month-prevalence 26% and 30-day-prevalence 15%. Translated into net figures, 13 million people of the age group 12 to 59 years have had contact with drugs, 4 million used them in the last 12 months, and not quite 2 million in the last 30 days. Compared to the last national survey carried out in 2000, prevalence for the lifetime category increased significantly and drug use during the last years was also reported by more subjects.

The drug most frequently mentioned was cannabis: 12.6 million people used the substance once in their life, 3.8 million in the last 12 months. Among the 15-16 year old school children, cannabis was used by 31% at least once in their lifetime, by 24% in the last year and by 14%

in the last 30 days. All other drugs were used much less with only 5% of the school children between 15 and 16 years having experience with them.

In metropolises like Hamburg or Frankfurt, prevalences are significantly higher compared to the population average. The readiness to try drugs has tripled to approximately 8% since 1990. Heroin and cocaine, but also ecstasy continue to be rated as very dangerous by the majority of the school children.

In the year 2003, primary prevention comprising all psychotropic substances, put a stronger emphasis on structural prevention measures trying to prevent juveniles from using illicit addictive substances by increasing prices and making access to drugs more difficult. In this context, the special tax levied on alcopops and the increase of the tobacco tax deserve special mentioning. Parallel to that, classical approaches trying to influence risky behavior via family, schools and youth work outside the schools, continue to be pursued. Selective or respectively indicated prevention approaches party goers or Internet users to make them aware of the risks of multiple drug use and help them to quit. Juveniles with school problems and children of families with addiction problems are addressed as a special risk group.

Problematic drug use: extent and treatment

Problematic (i.e. risky, harmful or addictive) use of drugs is definitely more seldom to find than the consumption of these substances. Estimates made on the basis of figures from treatment, police contacts and records of drug-related deaths make the number of problematic users of heroin range between 92,000 and 182,000 persons. This corresponds to a rate of 1.7 to 3.4 persons per 1000 inhabitants in the age between 15 and 64 years with a stable to slightly decreasing trend during the last three years. Estimates comprising users with cocaine- or amphetamine-related disorders range between 132,000 to 214,000 people. As for cannabis, 1-5% or respectively 560,000-2,760,000 persons are estimated to have problematic drug use.

With 55%, opiate-related problematic drug use ranks first among drug clients of out-patient counseling facilities, followed by 26% for cannabis. This corresponds to 31,000 or respectively 15,000 new treatment admissions. Significant increases were found in the last years in particular with cannabis and stimulants. Opiates are the main reason for therapy in in-patient facilities. On 1 December 2003, 56,000 current substitution treatments were reported which, however, may contain double countings of the same person. In 2002, almost 25,000 persons were treated for opiate-related disorders and 43,500 for multiple drug use. As data on the same persons are recorded both in out-patient and in-patient statistics as well as in the substitution register, it is not possible to give the total number of persons treated.

Within the treatment of opioid dependents buprenorphine as an alternative medication in substitution treatment seems to have established itself causing hardly any problems in its use. Due to a chance for smaller side effects and good tolerance in the individual case it is considered by most of the experts as a good alternative to methadone.

Health aspects of drug use and measures to curb them

1,477 people died of drugs in 2003 in Germany. This is a slight decrease compared to the previous year, especially in the age group above 30 years and a significant decrease in comparison with the peak of 2,030 deaths in the year 2000. The deaths are mostly related to opiates which were used frequently in combination with other psychotropic addictive substances including alcohol. Studies carried out in drug scenes or among clients of addiction aid facilities show a yearly mortality rate of 0.9% to 1.6% for this group. The declining trend seems to be caused by a multitude of interacting factors rendering the interpretation of a few regional trends somewhat difficult. Apart from the number of users the increased offer of substitution treatment and measures for harm reduction may have an important impact. This includes drug consumption rooms, which make in many cities intravenous consumption of drugs less dangerous than in the drug scene.

Little less than 7% of the newly infected individuals tested HIV-positive and 18% of the new AIDS patients were intravenous drug users. Studies carried out among intravenous drug users found declining HIV-prevalences ranging below 5%.

For about 13% of the newly reported cases of hepatitis B and 51% of the new infections of hepatitis C, intravenous drug use was found. The infection quota in this group is estimated at 40%-60% and respectively 60%-80%. For TB and other infectious diseases, no data are available. Vaccination programs are run for hepatitis B and measures of secondary prevention are taken in order to change the risk behavior of the drug users. As the risk of infection is much higher with hepatitis C than with HIV, intravenous consumption requires even higher precautions.

Psychological disorders are quite common with drug use. Anxiety, depression and psychotic disorders are especially associated with cannabis, cognitive and memory impairments with the use of cannabis and ecstasy. Apart from general approaches as how to deal with these substances, a better cooperation between addiction aid facilities and clinical psychology and psychiatry is to make valuable contributions. Low-threshold services are to reduce the social consequences of drug use as far as possible.

Social effects of drug use and measures to curb them

In the year 2003, more than 250,000 drug-related offences were recorded. However, many of them were not prosecuted in line with the regulations of the Narcotic Drugs Act (see chapter 12). About 9,000 (14%) out of 62,594 prisoners served their sentence in a prison because of a drug-related offence in 2003. As for the group of juveniles, drug-related offences accounted for 600 cases. The large difference existing between recorded offences and imprisonments shows quite clearly that penal consequences are not seen as a main approach to deal with drug-related offences. They are rather replaced by early psychological intervention reflecting personal risk behavior. In more than half of the cases, the sentence was suspended or deferred to allow for a drug-therapy. However, in quite a few cases, suspensions and deferments of sentences were revoked again. These cases should be further investigated for possible reasons.

Unemployment, lacking education and low income are commonly found problems among the group of drug users. Special measures of unemployment insurance institutions and offers of the second labor market tackle these problems which play a decisive role for the outcome of the therapy, but which are hard to solve under current labor market conditions.

In the everyday life of cities, drug use can become a public nuisance disturbing or impairing the public order and basic conditions of coexistence. In particular open drug scenes as found in a few cities and in the environment of drug consumption rooms may cause specific problems. The experiences made in Germany show that communication between all groups involved (drug users, police, aid facilities, citizens) and the attempt to balance interests may be quite helpful in many cases. Furthermore, the location of aid facilities needs to be carefully chosen and their opening times sufficiently long offered.

The drug market

In Germany, drugs are relatively easy available. Meanwhile, the availability of drugs as perceived by persons without drug experience has assimilated in the old and new Laender. In the old Laender, the availability of opiates and cocaine displays a stable to declining trend, for cannabis however it is on the rise. For more than half of the 15 to 16 year old school children, the substance is easily accessible (compared to 22% for cocaine and 31% for ecstasy). Police data on the number and scope of seizures vary strongly showing a slight declining tendency which is most marked for ecstasy.

In total, prices have remained stable except for a slight increase of the average price for street heroin. The content of active substances is stable, in some cases even decreasing. For cannabis the THC-content for raisin has been rather declining while the purity of marijuana has increased since 1997. Although individual seizures have found higher and higher contents of active substances and regionally changes are also reported for average purity, the mass of cannabis offered on the illegal market has remained nearly unaffected thereof.

Part A New Developments and Trends

1 National policy and context

1.1 Overview

In Germany, the term 'drug policy' is undergoing a gradual change of meaning. Till the end of the last century, it was exclusively related to illicit drugs which were at the center of the political interest. There was no comparable conception for a alcohol or tobacco policy nor for an 'addiction policy', comprising the whole range of addictive substances. Since a few years however, (1) disorders induced by legal psychotropic substances and (2) common aspects of such substances (e.g. with regard to primary prevention or patients with multiple abuse) have increasingly become the focus of political interest. This is the reason why the terms 'drug and addiction policy' and 'addiction policy' find more frequent use gradually replacing the term 'drug policy'. Due to the differences in political aims and strategies for legal and illegal substances in German the term 'drug and addiction policy' is used more often.

Moreover, the range of vision is expanding from the original main focus on substance-related addiction to risky and harmful use and thus to a comprehensive understanding of health policy for substance-related disorders and risks. However, in the German language there is no short term appropriately reflecting this expansion of the concept, so that the (unsatisfactory) term of 'addiction policy' continues to be used. As a consequence, legal substances and common strategies for both legal and illegal substances have to be taken into account in the annual reports of the DBDD. In many cases, it is not possible any more to set the two categories apart due to technical and political developments. Nevertheless, in line with the instructions given for the topic of this report, exclusively illicit substances will be taken into consideration, where possible.

1.1.1 The political framework

Responsibilities of the Federal Government and Laender

The responsibility for drug and addiction policy in Germany is shared between the Federal Government and the Laender. According to the constitution (Grundgesetz) the Federal Government has the competence for the narcotic law, the penal law, the law on the execution of penalty and the law on social security. On this basis it has defined a legal framework for drug policy and formulated certain standards. The execution of these Federal laws however, is generally under the responsibility of the Laender. In addition to that they have own legal competence in areas which are relevant for drug and addiction policy as well. This includes school, health und education policy. The biggest part of the responsibility for the implementation of drug and addiction policies – especially the funding – lies with the Laender, which might within legal conditions and common aims very well set a different focus of activities.

The role of the funding organs

The funding of treatment and rehabilitation is largely provided by the health or pension insurance funds respectively. They act as independent self-governing bodies under public law. Therefore, political decisions do often not have a direct influence on the funding practice with regard to certain treatment offers. Funding through social aid takes place as a subsidy.

Costs caused by secondary disorders as a result of drug use and withdrawal (detoxification) treatment are generally covered by the legal health insurance funds whereas out-patient and in-patient medical rehabilitation is paid for by the legal pension insurance funds.

The role of non-governmental organizations

In Germany, health care activities and social work in particular are governed by the principle of subsidiarity. General practitioners in Germany guarantee the provision of health care services. Especially private charities organize a large part of the measures of psychosocial care for drug users. For these activities they receive public funding – from national, regional and municipality budgets - bound by certain criteria . Only in a few exceptional cases (e.g. public health offices) the government itself is the provider of specific help offers and services for persons with addiction problems. In youth care Germany relies on the cooperation between governmental and non-governmental organizations.

1.1.2 Objectives and priorities of the national drug policy

The function of the Federal Drug Commissioner is attached to the Federal Ministry for Health and Social Security since 1998. The Federal Drug Commissioner coordinates the drug and addiction policy of the whole Federal Government based on the following four 'pillars':

- Prevention of drug use
- Counseling and treatment of drug users
- Survival aid and harm reduction
- Repression and supply reduction

Hereby, it is intended to create a balance between measures to reduce both demand and supply. The addiction policy comprises legal psychotropic substances and associated risks and takes European developments into account.

In line with the broad conception of the WHO addiction is understood as a complex illness associated with psychological, somatic and social disorders requiring treatment. Existing measures to combat drug use and addiction are to be made available as early and comprehensively as possible. Prevention of addiction plays a primordial role in addiction policy. It aims at preventing or at least significantly reducing risky consumption, harmful use and substance addiction. Existing measures and offers are to be further complemented and their quality secured.

1.1.3 Action Plan Drugs and Addiction

In 2003, a national 'Action Plan Drugs and Addiction' was passed serving as a framework for the addiction policy to be pursued in the next 5 to 10 years. The plan is to contribute to 'changing health awareness and avoiding or at least reducing harmful consumption'. The action plan is based on the four pillars of the national drug and addiction policy (cf. chapter 1.1.2). Legal substances are given high attention in the action plan; high importance is attached to the prevention of tobacco consumption. In addition to the indirect effects of these measures and similar activities on the consumption of illegal drugs, the action plan also includes specific goals with regard to drugs. By referring to specific infections risks of i.v. drug users like e.g. with hepatitis C or possible damages to the brain caused by synthetic drugs, the plan calls for the prevention or reduction of the consumption of these substances. Furthermore, the action plan calls for a stronger consideration of specific target groups (children of addicted parents, high-risk groups, car drivers and poly drug users) and the launch of measures to better address young target groups by for example counseling services offered over the Internet.

Prevention

Like in other countries, the interest in structural measures of prevention has increased also in Germany over the last few years. Thanks to the leading publications by Edwards (1997) and Babor et al. (2003), which were or respectively will be published also in German with funds of the BMGS, legislative steps to restrict the availability of psychotropic substances have been taken to a greater degree than in the past: a special tax for alcopops (2004) as well as further access restrictions and tax increases for cigarettes (2004) are examples thereof.

Preventive activities in particular for multiple drug use and the early detection of risky patterns of consumption with young drug users are to be given greater attention. The framework conditions of preventive work are to be improved by quality assurance instruments. The financial participation of other funding parties in the prevention activities is to be increased. Corresponding agreements have already been made with the tobacco industry. However, the sponsoring of preventive measures by the alcohol and tobacco industry are controversially debated in Germany. While supporters see the possibility of at least partially easing public budget constraints, critics consider the influence exercised by sponsors on the choice of the fields of activities and target groups as unacceptable and, in the ultimate analysis, as counterproductive. The agreement with the tobacco industry mentioned above explicitly excludes influence on fields of action or implementation of measures. The restriction to a juvenile target group has been criticized but still can be judged as effective for measures of prevention and able to produce enduring effects.

In order to put these plans into practice, the methods and approaches used so far have been further developed. Support of various institutions and their staff at the interfaces of addiction prevention is sought from kindergartens, youth care, gastronomy, public health offices and physicians in office-based practices. This group of people is to be motivated to cooperate and to be provided with the necessary information and material to assume a more active role in the prevention of addiction.

Survival aid and harm reduction

For drug addicts, the risks of consumption are to be minimized as far as possible by information and special initiatives. Aid facilities for alcohol addicts also use methods of survival aid and harm reduction. In order to reduce the number of deaths and damage to health by misuse of alcohol, the drug action plan calls for case management and better cooperation between the care institutions (aid for homeless people, drug aid, medical care). In this way, the goal of harm reduction is also applied to legal substances.

Treatment

Access to aid is to be facilitated by the introduction of a uniform drug hot line and interfaces between out-patient and in-patient help offers are generally to be improved. Hereby, clients suffering from psychological disorders in addition to their main addiction problem, require specific support, which often was insufficiently provided in the past. The specific requirements of women and migrants are supposed to be addressed in an appropriate way. Substitution-based treatment is supposed to be complemented more strongly by psychosocial and psychotherapeutic measures.

For quality assurance of the treatment, quality certificates, uniform follow-up standards and competence networks are currently discussed as instruments. Self-help groups shall be integrated to a greater extent into the work of drug care professionals. New legal provisions allow for the funding of such initiatives by health insurance funds and institutions supporting rehabilitation measures. Based on the evaluation of the demonstration project, the results of the heroin-supported treatment are to be taken into account for the further development of help programs.

Criminal prosecution

The reduction of the supply of illegal drugs is to be achieved by the prosecution of drug trafficking and control of precursors. As for criminal prosecution, a close cooperation between customs and police authorities at national and Land level respectively is required. A close cooperation with EU member states and neighboring countries specifically in East- and Southeast Europe as well as the countries of origin is regarded as absolutely essential.

Evaluation and further development

The legal framework for as how to deal with drug problems is defined by laws and guidelines. It is planned to follow up and analyze the impact of individual guidelines. To this purpose, measures and indicators are to be defined for the assessment of results with regard to the action plan Drugs and Addiction. As a rule gender aspects has to be taken into account in future research.

Alongside the alternative developmental cooperation (reduction of cultivation of drug plants, improvement of living conditions for people dependent on the cultivation, reduction of poverty) between Germany and the countries where heroin and cocaine are produced, play an increasing role. Germany actively cooperates with other countries within the European Union (EU Drug Action Plan, EMCDDA, Europol) and the United Nations (CDN, UNOCP).

1.1.4 Coordination

Due to the federal structure and the principle of subsidiarity but also to differences in the degree of problems and starting conditions, there are considerable regional differences in how substance-related disorders are dealt with. As a consequence different guidelines, rules and programs for drugs and addiction are existing in the Laender. All Laender have e agreed on a profile for out-patient regional facilities of addiction aid. There are no uniform formal requirements or criteria respectively for quality assurance with regard to measures aiming at the reduction of drug demand. Approaches going into this direction – e.g. the development of guidelines and programs for quality assurance – are solely adopted at a technical level by professional and scientific associations as well as by funding organs. Their application, however, is not mandatory.

Therefore, a multitude of different approaches and methods or instruments are currently applied in the individual Laender and local communities. Furthermore, large differences with regard to the availability of resources are to be found between the Laender. Cooperation between the Federal Government and the Laender takes place in the conferences of ministers for different subjects and its work-groups. The new Council for Drugs and Addiction ('Drogen- und Suchtrat', see chapter 1.3.1) as well as its steering group will play an important role in this field from 2004 onwards. The work group 'German statistics of addiction aid (Deutsche Suchthilfestatistik)' has been installed in order to coordinate the collection of statistical data in this area. In addition cooperation between Laender and national level also takes place on project basis.

At the national level, the Federal Center for Health Education (BZgA) is responsible for the planning and execution of prevention programs and the monitoring of preventive activities in Germany. The Federal Center for Drugs and Medical Devices (BfArM) is responsible for the admission of pharmaceuticals. Associated with the BfArM is the Federal Opium Monitoring Center which monitors the quantity of delivery of narcotics, as well as the national Substitution Register which is functioning since 2003.

The Narcotic Drugs Act

The Narcotic Drugs Act (BtMG) contains regulations on how to deal with these substances. It takes into account the respective UN-conventions on addictive substances. Substances which are deemed as narcotics in terms of the German Narcotic Drugs Act, are listed in three schedules which contain all substances mentioned in the international agreements on narcotic drugs:

- Schedule I: narcotics prohibited from distribution (e.g., MDMA, heroin).
- Schedule II: narcotics allowed for distribution but not approved for medical use (e.g. Thebacon, RS-Methamfetamin).
- Schedule III: narcotics allowed for distribution and approved for medical use (e.g. amphetamines, codeine, dihydrocodeine, cocaine, methadone, LAAM, and opium).

The prescription of narcotics as part of a medical therapy is subject to the special Regulations on the Prescription of Narcotic Drugs (BtMVV) and requires for example the use of special prescription forms for narcotic drugs.

Social legislation

The social security codes define the framework for the financing of the costs for addiction therapy. The costs of drug addiction therapy are borne by the pension funds. Physical withdrawal (detoxification) and substitution assisted treatment are paid for by the legal health insurance funds.

1.2 Legal Framework

1.2.1 Laws

The Narcotic Drugs Act

The legal framework remained unchanged in 2004. The Narcotic Drugs Act (BtMG) has not been amended in the reference period of this report. However, the list of narcotic drugs of schedule II (allowed for distribution but not approved for medical use) has been complemented by the substance amineptine after the UN narcotics commission had decided in spring 2003 to put the substance under control (Table 1).

Table 1: Most recent amendments to the regulations on narcotic drugs

Effective date	Amending regulation no.	Amendment
22.12.2003	18. BtMÄndV ¹	Amineptine 7-(10,11-dihydro-5H-dibenzo[a,d][7]annulen-5-ylamino)heptan acid was included in list 2 (distribution allowed, no prescription)

¹BtMÄndV: Amending regulation on narcotic drugs

Legal measures to reduce the consumption of licit drugs

The use of illicit drugs is generally preceded by the consumption of tobacco and alcohol. Therefore, preventive measures targeting legal substances are always useful approaches also to reduce drug-related problems.

Smoking: In order to reduce the high - and in particular amongst girls increasing - prevalence of tobacco consumption of young people, a series of legal steps have been taken during the last years. From 2007 onwards, it is planned to have cigarette machines equipped with electronic access restriction to allow only persons above the age of 16 to buy cigarettes. A prohibition of cigarette packages with less than 17 cigarettes is supposed to make the purchase of cigarettes for the same age group financially more difficult. Distribution of cigarettes for free is forbidden. In order to reduce the attractiveness of tobacco consumption, the tobacco tax was further increased. For fiscal and health political reasons, the increase takes place in three steps starting on 1 March 2004.

Alcohol consumption: The strong increase of the consumption of predominantly sweet drinks containing spirits (alcopops) among teenagers and young adults is considered as particularly problematic by health politicians and prevention and therapy experts alike. While in the adult population the consumption of spirits and beer has declined over the last years, amongst young people the portion of consumers of spirits and the quantities consumed have increased since 1995 (Augustin and Kraus, in press). A recent study (BZgA 2004) shows that the strongly increasing spread of alcopops among teenagers and young adults plays an important role in this context. The prevalence of consumption of these beverages in the 30 days-category rose from 9% in 1998 to 42% in 2003. These beverages are often sold also to teenagers below 18 years – an age group for which the sale is legally prohibited. A special tax increasing the price of these beverages by about 80 cents rendering them financially less attractive, was introduced on 1 August 2004. Tax revenues from the sale of these beverages are allotted to preventive activities undertaken by the Federal Center for Health Education.

1.2.2 Legal Practice

Study on the legal practice of criminal prosecution

The German Narcotic Drugs Act provides for the possibility to discontinue proceedings for possession of drugs for personal use, if it is only a small amount of drugs and there is no public interest in prosecution. A current study carried out by the Max-Planck-Institute for International Criminal Law in Freiburg investigates at the moment the legal practice of courts in different Federal States by order of the Federal Ministry for Health and Social Security. This study is to complement and update an earlier study carried out by Aulinger (1997). As there are still a number of different regulations for the implementation of these laws per Land, diverging legal practice have repeatedly been found. The results of the study are expected to be published at the beginning of the year 2005.

Criminal prosecution for driving under the influence of drugs

Driving under the influence of drugs is punished by the Road Traffic Law as a regulatory offence (§24a StVG); driving despite unfitness to drive is punishable by the Penal Code (§315f). However, as blood tests are only permitted by law if the way of driving or other reasons justify a suspicion, driving under the influence of drugs has so far often remained undiscovered. Following a European project on the validation of quick tests (‘Rosita’), a German study carried out by the University of Homburg (N=489) has found that tests of urine, saliva and sweat secretion gave in 97.6% of the cases a correct positive and not one single wrong positive result. With the gradually increasing use of these tests in every-day police work, an intensification of criminal prosecution is to be expected for these offences in the following years.

1.3 Institutional framework, strategies and policy

1.3.1 Coordination

The mechanisms and institutions used for the coordination of drug policy have remained widely unchanged (see chapter 1.1.1). The Council on Drugs and Addiction has been planned as part of the ‘Actionplan Drugs and Addiction’. It has met in October 2004 for the first time. The group brings together decision makers from a number of ministries at federal and Land level, who play an important role in drugs and addiction. The group should serve in future a better coordination and cooperation.

1.3.2 National plans and strategies

The yearly drug and addiction report of the Drug Commissioner of the Federal Government and Parliamentary Secretary, Marion Caspers-Merk, was presented in April 2004. The focus of the report lies on children and juveniles as well as on the reduction of tobacco consumption in the society. In addition to strategic considerations and the implementation of the Action Plan Drugs and Addiction, the report contains an overview of the problem situation and a series of exemplary projects.

Focal issues

The focus of the drug and addiction policy of the Federal Government continues to lie on prevention and thus on measures addressing children and teenagers. Hereby, measures with regard to legal drugs play a central role. They always have a primarily preventive effect in regard to the risk of later consumption of illegal substances. The strong spread of alcoholic mixed drinks (alcopops) was counteracted by the introduction of a special tax (see chapter 1.2.1).

High attention is also given to the reduction of the quota of smokers in the population. Prohibiting small package sizes for cigarettes as well as free distribution, technical measures to allow to buy cigarettes only after the age of 16 and an increase of tobacco taxes

should support this aim in general and specifically for the age group of children and teenagers below 16 years (details see chapter 1.2.1).

Drug-related deaths

Declining figures of drug-related deaths are seen as a confirmation of the strategy with regard to intravenous consumption in particular of heroin addicts. It is planned to maintain the mixture of substitution offers and survival aid on the one hand and initiatives supporting addicts to quit on the other.

Teenagers and young adults among ethnic German immigrants from East European countries continue to be seen a problem group requiring special attention. In addition to measures aiming at specific living environments, ten pilot initiatives for the prevention of addiction among this group of people were funded by the Federal Ministry of the Interior (BMI). Therapists and social workers received special training to deal with these clients. Special offers for ethnic German immigrants, for example information material in Russian, are currently developed (for details see chapter 3).

Rehabilitation

With an unemployment rate of more than 10% (Federal Job Agency 2004, press release 6 June 04) and about 4.2 million people being unemployed in Germany, a (re-) integration into the job market is extremely difficult for many drugs users - even after the successful termination of a therapy. Job integration is however a crucial factor for a successful long-term therapy outcome and lasting abstinence. The social legislation reform aims at improving cooperation between funding organs and service providers in the interest of the clients.

1.3.3 Implementation of policies and strategies

Implementation of the Action Plan 'Drugs and Addiction'

The Action Plan 'Drugs and Addiction' which was passed on 25 June 2003, received positive reactions from a large number of organizations at two hearings. It is supposed to form the framework of the national drug and addiction policy for the following years.

As a central steering instrument for the implementation of this plan, it is intended to set up a 'Drug and Addiction Council' in which the responsible ministries of the Federal Government and Laender governments as well as other relevant organizations are represented. As planning for this body is quite advanced, the council is expected to have its constitutive session in autumn 2004. Set against the background of distributed responsibilities (see chapter 1.1.1), this body is to ensure common action and synergies at all levels. The council will lend its support to the efforts undertaken by the European Union. Explicitly welcome was the integration of legal drugs into approaches taken at the European level.

Demonstration programs and research projects

The nation-wide Epidemiological Survey on Addiction (Repräsentativerhebung zum Gebrauch und Missbrauch psychoaktiver Substanzen bei Erwachsenen) was carried out again in 2003 as a scientific study with the financial support of the Federal Ministry for Health and Social Security. Carried out since 1980, the study allows for trend analyses. Its results are included in this REITOX report (Kraus and Augustin 2004).

Financially supported by the Laender and the Federal Government, the Laender of Bavaria, Berlin, Brandenburg, Hesse, Mecklenburg-West-Pomerania and Thuringia participated in the European school survey ESPAD. The results of the survey carried out among 9th and 10th graders, have been included in this report (Kraus et al. 2004).

Further studies on clients with primary cannabis related problems (Simon et al. 2004) were carried out with the financial support of the BMGS. A study on heroin assisted treatment is still running.

Activities of the Laender

From the numerous activities of the Laender only a few are described, which are especially innovative of - with respect to the implementation of policies and strategies - of special importance:

- All Laender together have formulated an position paper on the future focus of outpatient drug and addiction aid system.
- Starting from a needs assessment the Land of Berlin has reorganized its out-patient services and their staff situation. The reform was based seven problem indicators.
- The Land of Hamburg commissioned an evaluation of the drug aid system of the city in order to examine the orientation of the measures towards the goal of drug abstinence. Receiving an overall positive response, the authors made a series of suggestions to further improve cooperation and division of work to achieve even better results despite tight budgets. Furthermore, a new orientation of the strongly opiate-centered aid system is currently under discussion (Görge, Oliva and Schu 2004).

In the two last mentioned projects, the goal of the measures is to achieve a better interlocking and work sharing between aid services for legal and illegal substances as well as between drug aid and other complementary aid services.

Activities of the Federal Center for Health Education (BZgA)

In the reporting period, the Federal Center for Health Education also assumed an active role as a special agency of the Federal Ministry for Health and Social Security in the areas of drugs and addiction prevention. A study conducted by the BZgA specifically dealt with the spread of alcopops in the population (cf. chapter 1.2.1). Furthermore, a multitude of preven-

tive campaigns and activities were launched which are to find in chapter 3 or in the EDDRA-data bank respectively.

Conferences and working groups

Ministries at the national and Laender level as well as communal authorities and decision makers have organized and financially supported conferences and working groups on various topics. The most important of these events are presented in this report as far as possible under the relevant specific topics.

Together with the German Main Office for Dependence Matters (DHS), the Drug Commissioner of the Federal Government invited experts of drug aid, children and youth aid, medicine, science, self-help and politics to the conference 'Family secrets – when parents are addicted and children suffer' which took place in December 2003. The conference closed on formulating 'Ten basic conditions for the improvement of the situation of children of families with addicted parents' (details see chapter 3).

Following an initiative of the Drug Commissioner a conference was held in September 2003 in cooperation with the RKI dealing with the risks hepatitis C poses to drug users. The conference in which most of the German experts in this field participated, focused on the data situation and the possibilities of intervention (details see chapter 6., Die Drogenbeauftragte der Bundesregierung, 2003b).

Most recent results of research on ecstasy and the conclusions to be drawn there from for prevention and risk assessment were the subject of an experts' meeting which was organized by the Federal Ministry for Health and Social Security on 14 May 2003. According to the participants of the experts' round, there is no secured evidence on structural damages caused by ecstasy to the nervous system. However, long-term damage in the cognitive field is quite possible. Research results are however not conclusive in this respect (e.g. Buchert et al. 2003; Thomasius et al. 2003). Therefore, frequent consumption in high doses within short time intervals should particularly be warned against. In this respect, it is imperative to undertake activities 'close to the scene' (Die Drogenbeauftragte der Bundesregierung 2004).

1.3.4 Impact of policies and strategies

Policy decisions are the main cause for changes in laws e.g. in relation to criminal prosecution or taxes levied on certain products. This has an impact on the reality of the punitive sanctions to be expected when purchasing illegal drugs and on the prices of legal substances. Changes in consumption behavior are mirrored among others through various surveys conducted in this field. However, given the multitude of influences being effective, such changes can generally not be interpreted as being a direct effect of certain policies or political strategies.

Due to the federal structure of Germany, the Laender, in general, strongly influence the implementation of the national addiction and drug policy decided upon and in many areas also assume direct responsibility for it. In addition to the implementation of national policy

there is a number of generic Land programs for different aspects of drug problems. Regional evaluation studies are for example available for the drug aid system in Hamburg (Görger, Oliva and Schu 2004). Other recent studies investigating the above mentioned effects in particular at the national level do not fall within the reference period of the report.

1.4 Budget and public expenditure

Funding is strongly determined by the federal structure of Germany's system of organization (see chapter 1.1.1). The financing of low-threshold measures and out-patient care of the addiction counseling facilities is for the most part borne by the communities and the Laender. The budget of out-patient counseling facilities is, on average, composed as follows: 38% communities, 17% Land, 4% Federal Government (only demonstration programs), 14% pension and health insurance funds, 8% job agencies and 23% others (Strobl et al. 2004a). Out-patient and in-patient rehabilitation are financed by pension and health insurance funds.

Due to a change in the collection of data of the Laender (Laenderkurzbericht), only national figures on financial aspects are available for the reference year 2003. Compared to the previous year, the amount of these resources has hardly changed. While funding of information campaigns slightly increased from 6.1 to 6.5 million €, funding for pilot projects slightly decreased to 4.5 million € (compared to 5.0 million € in 2003).

In the year 2002 – for which the most recent statistics are available – the expenses of the legal pension insurance funds for rehabilitation and other services to remedy illnesses caused by addiction (alcohol, medicaments, drugs) amounted to a total of 485.6 million € (2001:493.5). There was a slight increase of expenses for in-patient services (2002: 380.0; 2001: 379.2), out-patient services (2002: 15.3; 2001: 14.5), transitional payments (2002: 79.8; 2001: 75.9) and other services (2002: 10.4; 2001: 9.3). Costs for aids (Hilfsmittel) were not borne anymore (2002: 0.0; 2001: 14.3). When calculating the proportional services paid for these clients based on the case figures of drug and poly drug users, there is a slight increase to be found for in-patient services (2002: 102.5; 2001: 100.5), out-patient services (2002: 1.9; 2001: 1.5), transitional payments (2002: 21.5; 2001: 18.0) and other services (2002: 2.8; 2001: 2.2) (Verband deutscher Rentenversicherungsträger 2003) (Table 2).

Table 2: Drug and addiction budgets in Germany 2002/2003

Institution	Field of activities	(in million €)	
		Addictive substances in total	thereof: drugs and multiple addiction
BMGS 2003	Education in the field of misuse of drugs and addictive substances	6.5	
	Demonstration projects in the field of misuse of drugs and addictive substances	4.5	
	Subsidies to research and development projects in the field of misuse of drugs and addictive substances	1.0	
	Subsidies for central institutions and associations	1.0	
	Financial support for national information focal points in the field of addiction	0.5	
	Total	13.5	
VDR 2002	In-patient services	380.0	102.5
	Out-patient services	15.3	1.9
	Transitional payments	79.8	21.5
	Other complementary services	10.4	2.8
	Total	485.6	128.8

As no information on expenses at Land and municipality level as well as for the legal health insurance is available for drugs and addiction, this description cannot offer a complete overview on the total situation in Germany beyond the mentioned partial areas.

1.5 Social and cultural context

In the reference year of the report, public discussion was dominated by the topics economy, unemployment, health and fiscal policy and old-age pensions. Addiction and in particular illegal drugs were much less debated in the public discussion and in the press in 2003 than in previous years which is also shown by a comparatively low response to the drug report of the EBDD. Running counter to this general trend, cannabis received greater attention not only at expert meetings but also in the public discussion compared to previous years. The news program 'Der Spiegel' titled one of its programs 'The plague cannabis – drugs at German schools' (no.27/28.6.2004).

In the public discussion, the boundaries between legal and illegal psychotropic substances are merging. While legal addictive substances like nicotine and alcohol are also regarded as a 'drug', risk assessment with regard to cannabis continues to come closer to the opinions held on legal substances; heroin and other hard drugs are still rated as highly risky by the same group of persons (Ministerium für Gesundheit und Soziales des Landes Sachsen-Anhalt no year).

2 Drug use in the population

2.1 Overview

Aspects of drug use

Experience with drugs means, in many cases, a one-off or only infrequent use of drugs. After the drug was 'tried', its use is, in most cases, completely discontinued in the course of time. Therefore, drug use related to the lifetime is only a rough indicator of the extent of drug use at a given point of time. The figures include people reporting experience with drugs sometimes dating back 20 or 30 years.

Therefore, drug use in the 12 months (12-month-prevalence) prior to the survey is a better indicator of current user numbers. An even more up-to-date picture is provided by surveys on drug use 30 days prior to the survey. The clear difference which is shown in the total population between lifetime-prevalence, 12-month-prevalence and 30-day-prevalence identifies the experimental or short-term use as the most common consumption pattern.

Data sources

In Germany, epidemiological sources for drug consumption data are mainly available through regular national representative surveys and prevalence studies which are complemented by regional studies and research surveys.

The Drug Affinity Study (DAS) carried out by the Federal Center for Health Education investigates on a long-term basis the consumption, the motives for consumption and the situational conditions with regard to tobacco, alcohol and illegal addictive substances among teenagers and young adults. The last survey was carried out in 2004, data for this report were however not available yet.

The Nationwide Epidemiological Survey on Addiction (ESA; Bundesstudie zum Gebrauch und Missbrauch psychaktiver Substanzen bei Erwachsenen) collects data by means of a questionnaire to be filled out in writing on the use of psychotropic substances, their effects and assessment as well as on other basic data for adults. Funded by the BMGS, it has been carried out every 3 to 4 years since 1980 on the basis of a representative sample of the resident population in the age group from 18 to 59 years. Since 1990, the IFT Munich has carried out the survey, the last one being in 2003.

In 2003, the Laender Bavaria, Berlin, Brandenburg, Hesse, Mecklenburg-West Pomerania and Thuringia participated for the first time in ESPAD, the European School Survey Project on the Use of Alcohol and Other Drugs, which had been initiated by the Pompidou Group at the Council of Europe. The survey which is coordinated by CAN, Stockholm, uses common European-wide standards for data collection. It is carried out in the age group from 15 to 16 years in the respective school grades.

As part of the HBSC study on the health behavior of school children, four Laender (North Rhine-Westphalia, Berlin, Saxony, Hesse) participated in a WHO survey on the health behavior of school children. The survey 2001/2002 also included data on the use of illegal drugs. The most recent data are available for the year 2004.

In addition to these surveys which are conducted on a regular basis, several studies are commissioned by the Laender and carried out irregularly at a regional and local level focusing among others on the extent and effects of the consumption of a specific substance, consumption patterns or characteristics of a specific group of users. In Saxony-Anhalt, the study on modern drug and addiction prevention (MODRUS III) was carried out for the third time. The questions asked were related among others to consumption patterns and opinion on drugs and addiction (Ministerium für Gesundheit und Soziales des Landes Sachsen-Anhalt no year).

This report presents the most recent results of the respective studies – the Drug Affinity Study and the national study as well as relevant results of other sources. Insofar as no new data were presented during the reference period of the report, the prevalence data were included in the annex of this report or in earlier REITOX reports respectively.

When interpreting the results of population surveys, it has to be taken into account that the figures are not insignificantly underestimated given the fact that in particular persons with a high consumption of illegal drugs are more difficult to reach by such studies and often have a tendency to understate the frequency and quantity of their consumption. Therefore, in particular in the case of heroin addicts, estimation methods tapping other data sources (e.g. police files) are used.

2.2 Drug use in the general population

2.2.1 Overview of the use of various drugs

The current epidemiological survey on addiction (ESA) carried out in 2003 on the use of psychoactive substances in Germany shows that 25.2% of the 18 to 59 year-old adults questioned, have used illegal drugs at least once in their life (2000: 21.8%). With 31.3%, (2000: 25.4%) men have a significantly higher experience with drugs than women with 18.9% (2000:18.1%). Drug experience is highest at 45.1% in the age group 21-24 years.

Drug use in the last 12 months or 30 days prior to the survey is clearly more seldom than drug experience in the lifetime. This points to a relatively large portion of people who do not use drugs on a permanent basis. For the age group 18-59 years, prevalences are 7.3% and 3.9% respectively. The highest prevalences of current use were found for all substances among adults between 18 and 20 years: 25.0% used illegal drugs in the last 12 months, 16.4% in the last 30 days (Kraus and Augustin 2004). More detailed data are available in standard table 1.

A new survey as part of the Drug Affinity Study is currently under work. New results are however not yet available for the age group 12 to 25 years covered by this study.

If one extrapolates the above mentioned prevalences to the overall population of Germany and uses the not quite up-to-date figures of the Drug Affinity Study of the year 2000 to estimate the numbers for the age group 12-59 years, one gets the following picture: Approximately 13 million people between 12 and 59 years used illegal drugs at least once in their life, about 4 million of them used drugs in the 12 months prior to the survey. In most cases, the drug used is cannabis: 12.6 million people used the substance once in their lifetime, 3.8 million in the last 12 months. Other drugs are used much more seldom. (Table 3)

Table 3: Prevalence of illicit drugs in Germany

Source	Age		Population	Number
Lifetime-prevalence				
DAS '01	12-18	17.0%	5712989	≈ 971,000
ESA '03	18-59	25.2%	47197636	≈ 11,894,000
DAS '01+ESA '03	12-59	24.3%	52910625	≈ 12,865,000
12-month-prevalence				
DAS '01	12-18	11.0%	5712989	≈ 628,000
ESA '03	18-59	7.3%	47197636	≈ 3,445,000
DAS '01+ESA '03	12-59	7.7%	52910625	≈ 4,074,000
30-day-prevalence				
ESA '03	18-59	3.9%	47197636	≈ 1,858,000
DAS '01+ESA '03	12-59	No data	52910625	No data

Source: Drug Affinity Study 2001 (BZgA 2001); Epidemiological Survey on Addiction 2003 (Kraus and Augustin 2004)
Federal Statistical Office 2004 (Status 31.12.2002), (figures rounded)

Figure 1 shows the prevalence of drug use during lifetime and in the last 12 months over a period of 24 years. After a relatively stable situation between 1980 and 1999, both curves show a strong increase in particular at the end of the 90's. In 2003, prevalences have tripled compared to the situation in 1980. Both prevalences have slightly increased in comparison with the figures of the year 2000.

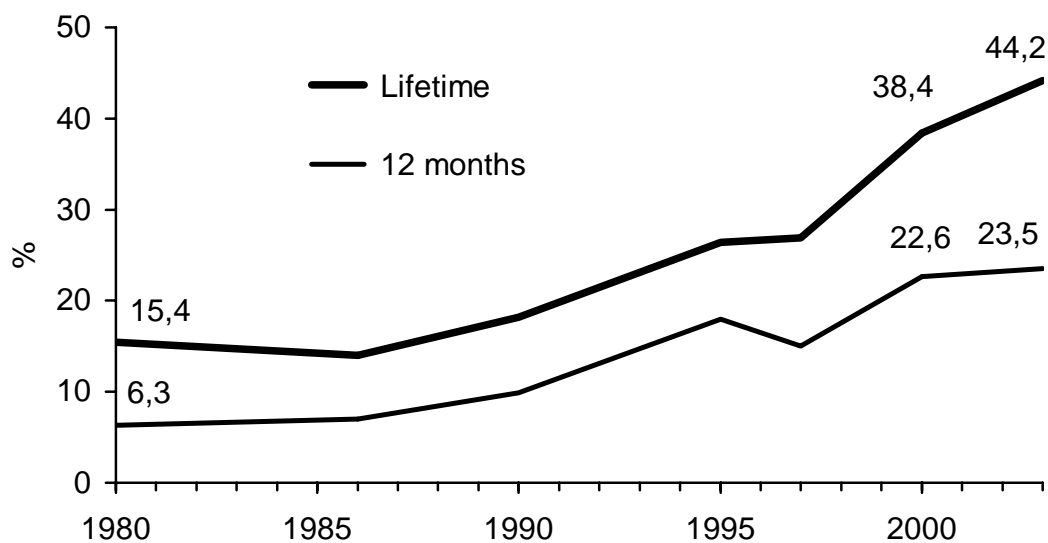


Figure 1: Prevalence of the use of illegal drugs in the age group 18-24 years from 1980 to 2003

Source: Kraus and Augustin (2004)

The highest prevalence of current use is to be found in the age group up to 25 years. From 35 years onwards, consumption is pretty seldom. Among the group of persons born around 1973 –interviewees being 20 years old when the survey was conducted in 2003 – experience with drugs is twice as common than among the group born around 1953 (Figure 2).

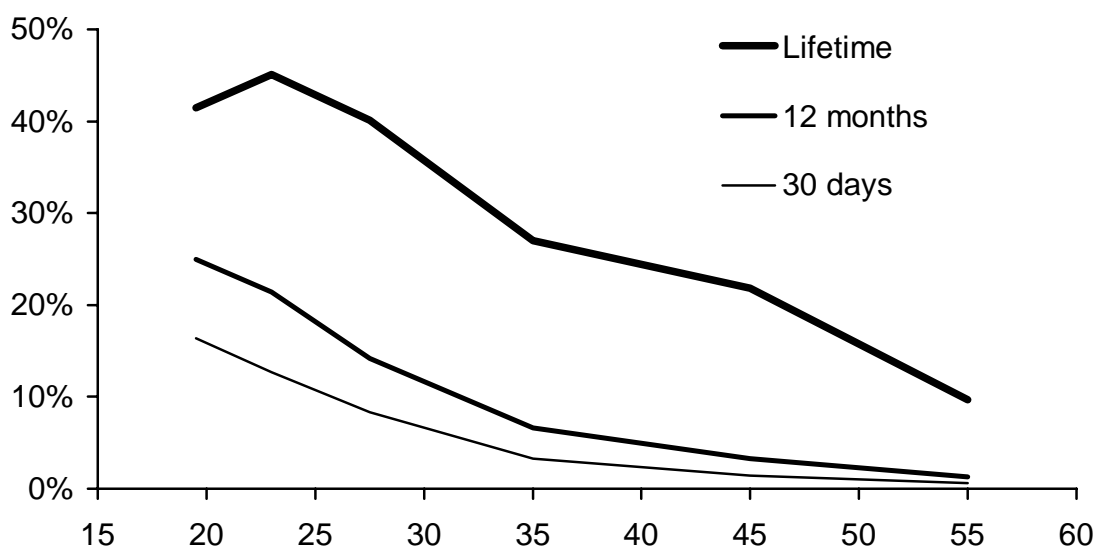


Figure 2: Prevalence of drug use in the lifetime, in the last 12 months and last 30 days in the age group 18-59

Source: Kraus and Augustin (2004)

2.2.2 Comparison of the use of individual drugs

The spread of individual drugs among the population differs. While approximately one in four in the age group 18 to 59 years has had experience with cannabis, only 2% to 3.5% have ever taken amphetamines, ecstasy, LSD, cocaine or hallucinogenic mushrooms. Even rarer is experience with opiates or crack. For cannabis, amphetamines and cocaine it holds true, that amongst persons who ever used the respective substance one out of three did this during the last 12 months and one out of eight during the last 30 days (Figure 3).

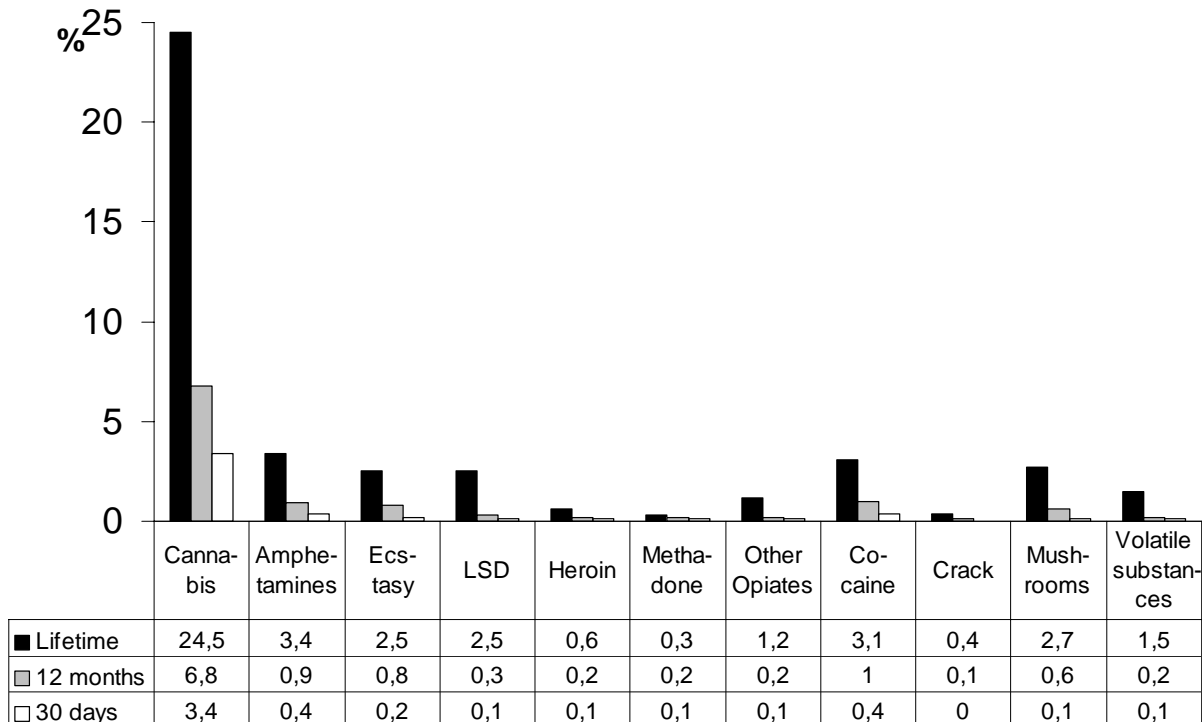


Figure 3: Prevalence of the use of illicit drugs in the lifetime, in the last 12 months and 30 days in the age group 18-59

Source: Kraus and Augustin (2004)

In terms of quantity, cannabis plays a central role among the illegal drugs used. For all investigated periods of time, prevalences for this substance range only little below the total figures. Only about a third of persons who used drugs in the respective period of time, used other drugs besides cannabis: 7.1% lifetime-related, 2.3% in the last 12 months and 0.9% in the 30 days prior to the survey. With regard to consumption patterns in the population, this means almost every drug user also had experience with cannabis. On the other hand, only one in three cannabis users used other drugs than cannabis.

Cannabis

The prevalence of lifetime experience with cannabis among young adults from 18 to 39 years has more than doubled since 1990. The same applies to the use in the 12 months prior to the survey. About one in eight used cannabis in the last year prior to the survey, one in three at some point of time in his life (Figure 4).

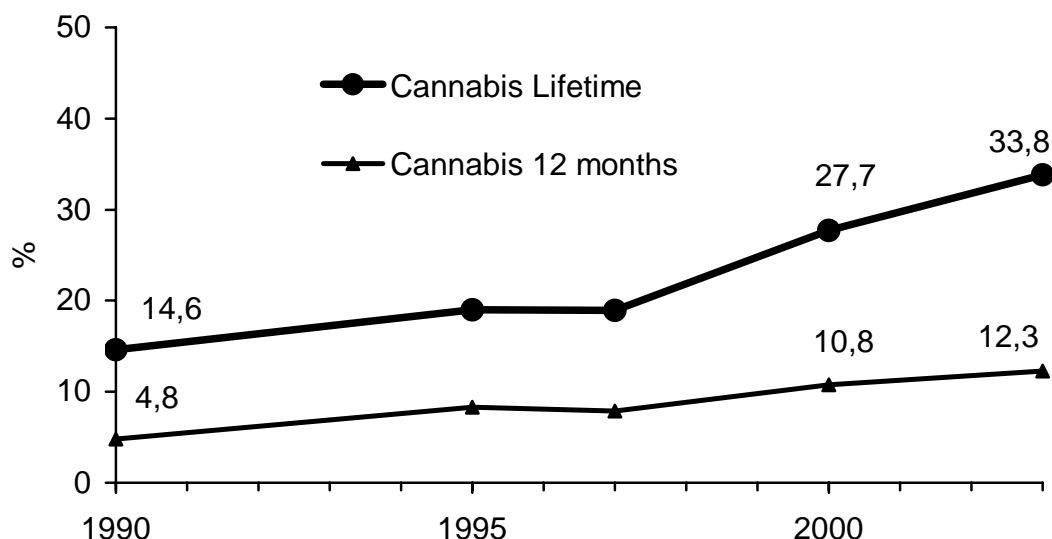


Figure 4: Prevalence of cannabis use among 18-39 year-olds from 1990-2003

Source: Kraus and Augustin (2004)

This percentage corresponds to a total figure of 12.5 million Germans who had experience with cannabis. Out of these 12.5 million, 3.8 million used the substance also within the 12 months prior to the survey and 1.6 within the last 30 days before the interview (Table 4).

Table 4: Prevalence of cannabis in Germany

Source	Age		Population	Absolute
Lifetime-prevalence				
DAS '01	12-18	16%	5712989	≈ 914,000
ESA '03	18-59	24.5%	47197636	≈ 11,563,000
DAS '01+ESA '03	12-59	23.6%	52910625	≈ 12,477,000
12-month-prevalence				
DAS '01	12-18	10.0%	5712989	≈ 571,000
ESA '03	18-59	6.8%	47197636	≈ 3,209,000
DAS '01+ESA '03	12-59	7.1%	52910625	≈ 3,781,000
30-day-prevalence				
ESA '00	18-59	3.4%	47197636	≈ 1,620,000
DAS '01+ESA '03	12-59	No data	52910625	No data

Source: Drug Affinity Study 2001 (BZgA 2001); Epidemiological Survey on Addiction 2003 (Kraus and Augustin 2004) Federal Statistical Office 2004 (Status 31.12.2002), (figures rounded)

Use of amphetamines, ecstasy and biogenic drugs

Experience with amphetamines, ecstasy and hallucinogenic mushrooms has increased over the last years too. However, the increase is relatively small in comparison with cannabis. Furthermore, with 5%, the overall prevalence makes only a third of the percentage found for cannabis (Figure 5).

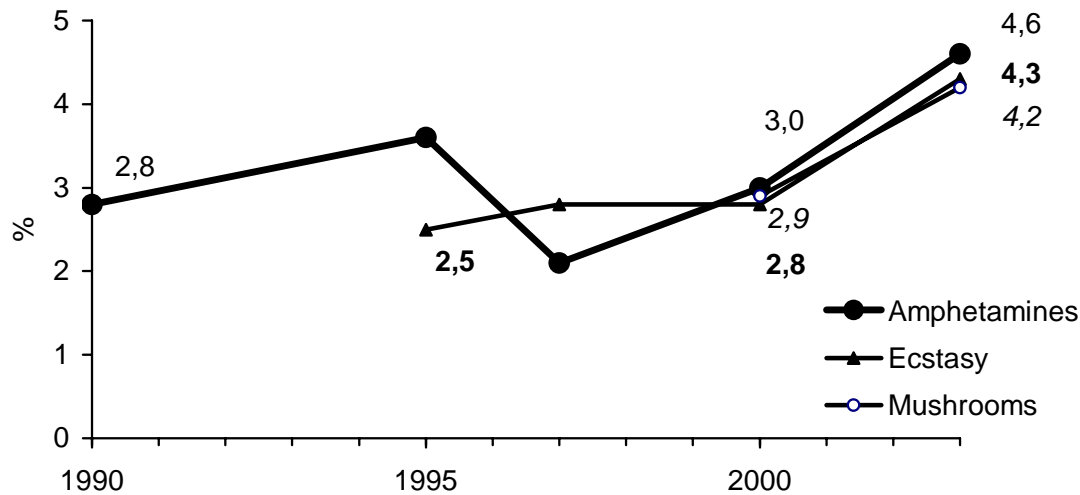


Figure 5: Lifetime use of amphetamines, ecstasy and biogenic drugs in the age group 18-39 years from 1990 to 2003

Source: Kraus and Augustin (2004)

Use of cocaine and heroin

Experience with cocaine among the population is as rare as with amphetamines or ecstasy as shown above. Little less than 5% of the persons surveyed stated to have had experience with this substance. However, the prevalence has continually risen from 1.4% since 1990.

Use of opiates, by way of contrast, continues to be quite rare. Only less than 2% of the interviewees stated to have used these substances ever (Figure 6).

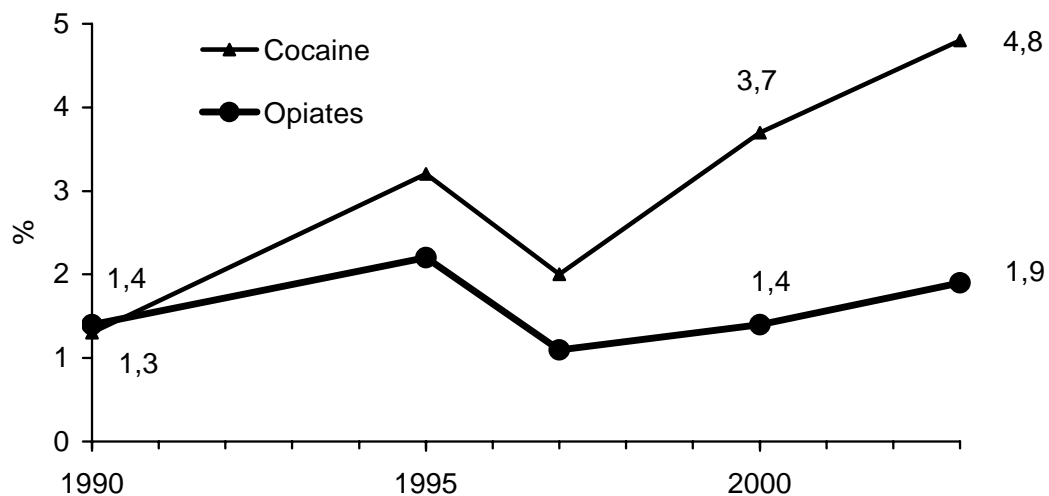


Figure 6: Lifetime use of cocaine and opiates among 18-39 year-olds 1990 to 2003

Quelle: Kraus and Augustin (2004)

2.3 Drug use in the schools and young population

In the ESPAD school survey, which was carried out in Germany for the first time in 2003, (cf. chapter 2.1), the lifetime prevalence found for the use of illegal drugs was 33% among more than 11,000 interviewed school children at the age of 15-16 years. This figure is higher than the prevalence found in the last survey of the Drug Affinity Study (BZgA 2001) - 12% in the age group 14-15 years and 29% for the 16-17 year-olds (Standard table 2b).

The substance most frequently found is cannabis. 31% of the pupils have experiences with the substance. Use of illegal drugs in the year prior to the survey was found with 26% (cannabis 24%), use during the last 30 days amounted to 15% (cannabis 14%). Inhalants (5%), amphetamines (3.3%), mushrooms (3.3%) and ecstasy (2.8%) are the substances most commonly used next to cannabis within the last 12 months prior to the survey. There were hardly any differences found in the prevalences for boys and girls (Kraus et al. 2004) (Standard table 2a).

In 2002, a total of 5,650 school children from four Laender (North Rhine-Westphalia, Hesse, Saxony, Berlin) participated in the HBSC-study (cf. 2.1). Among 9th graders (average age 15.7 years, N= 1,749) also data on the use of illegal drugs were collected. For cannabis, the lifetime prevalence was 23.9% (boys: 27.8%, girls: 14.9%) and the 12-month-prevalence amounted to 18.3% (boys: 22.1%; girls: 14.9%). The prevalences found for the use of amphetamines (2.5%; boys: 2.9% boys; girls: 2.2%) and ecstasy (2.4%; boys: 2,5%; girls: 2,4%) during the last year before the survey were clearly lower (Hurrelmann et al. 2003).

The first data collection of the Hamburg SCHULBUS – a regular survey of school children and teachers – was conducted among 3,780 school children and teachers of the city of Hamburg in 2004. Among the 15 and 16 year-olds, experience with cannabis was found for 38% and 44% respectively, use in the month prior to the survey 16% and respectively 22% (Baumgärtner 2004).

Table 5 is a summary of the results found by the different studies for the total of the illegal drugs and in particular for cannabis as the most commonly used illegal substance. Despite various differences in terms of age groups interviewed, instruments and survey methods used, the results are pretty coherent taking into consideration that drug use is generally more widely spread in metropolises. A comparison between Hamburg, Frankfurt and Berlin for 2003/2004 shows for all three metropolises a regionally coherent picture with regard to cannabis (Berlin: 34%; Frankfurt: 43%; Hamburg: 41%), ecstasy (Berlin: 4.3%; Frankfurt: 5.4%; Hamburg: 4.4%) and cocaine (Berlin: 3.0%; Frankfurt: 4.5%; Hamburg: 4.5%) (Baumgärtner 2004). The comparatively low figures of the Drug Affinity Study of BZgA need to be relativated with regard to the year 2000 in which the survey was carried out. The clear increase of prevalences between 2000 and 2003 which was shown for example by the Epidemiological Study on Addiction (ESA) is not yet fully contained in these figures (Table 5).

Table 5: Prevalence of use of illicit drugs among school children and adolescents in various studies

Study	Year of data collection	Age group	Substance	Reference period		
				30 days	12 months	lifetime
BZgA	2000	14-15	Illicit drugs			12%
BZgA	2000	16-17	Illicit drugs			29%
ESPAD	2003	15-16	Illicit drugs			33%
ESPAD	2003	15-16	Illicit drugs		26%	
ESPAD	2003	15-16	Illicit drugs	15%		
HBSC	2003	M=15,7	Cannabis			24%
ESPAD	2003	15-16	Cannabis			31%
Schulbus	2004	16	Cannabis			44%
Schulbus	2004	16	Cannabis	22%		
HBSC	2003	M=15,7	Cannabis		18%	
ESPAD	2003	15-16	Cannabis		24%	

Source: various surveys

2.4 Drug use among specific groups

Use of psychotropic substances in prisons is widely spread. This also applies to illegal substances. Due to the special circumstances of imprisonment, validated data are rare. Apart from making general observations regarding the field of tension between health, drugs, and imprisonment, a current study on the health situation of prison inmates (Tielking, Becker, and Stöver 2003) provides data collected as part of a survey carried out among prisoners in Lower Saxony (N=459). This survey reports about a quota of smokers of 83% with an average daily consumption of 33 cigarettes. The figures found with regard to regular use of psychotropic substances before the start of imprisonment were as follows: heroin 20.7%, cocaine 15.3%, methadone 11.3%, cannabis: 20.3%, ecstasy: 5.2%. However, the current use of drugs was not investigated by the study. It can be expected from former studies (e.g. Kufner et al. 1999) to be lower.

2.5 Attitudes to drugs and drug users

Opinion on drugs and drug users are regularly surveyed as part of the Drug Affinity Study (cf. chapter 2.1). As current results of the last survey as part of this study are not available yet, the opinion of the public on drugs and drug users will be presented in the following referring to the results provided by a number of youth studies.

In 2003, a school survey designed for grades 6 –12 (age group 12-19) was carried out for the third time (MODRUS III) in Saxony-Anhalt among school children (N=2.349), teachers and parents. In addition to data on the spread of illegal drugs, the survey provided also a multitude of information on the assessment and knowledge about risks and effects of psychotropic substances. As the survey was carried out in a comparable format already in 1998 and 2000, it is also possible to describe changes in this area. Table 6 compares opinions on drugs surveyed in 1998, 2000 and 2003.

Illegal psychotropic substances continue to be regarded as drugs with hardly any changes to be observed since 1998. However, nicotine and alcohol too are subsumed under this term by the majority of pupils. The assessment of the substance as ‘very dangerous’ has been slightly relativized for cocaine and significantly decreased for cannabis (1998: 54%; 2003: 41%). In this way, cannabis draws closer to legal drugs in risk perception, with legal drugs being rated as dangerous by more than a fifth of the school children. About three quarters of them believe that heroin, ecstasy and cocaine are very dangerous. As for heroin and cocaine, the portion slightly decreased in 2003 whereas risk awareness increased in the case of ecstasy (Table 6).

Table 6: Opinion on various psychotropic substances

	„... is a drug“ agreement in %			„...is very dangerous“ agreement in %		
	1998	2000	2003	1998	2000	2003
Heroin	93	94	94	89	89	82
Ecstasy	89	92	92	74	84	80
Cocaine	93	94	90	79	83	70
Cannabis	87	81	90	54	50	41
Nicotine	71	68	70	25	24	22
Alcohol	64	61	63	28	26	22

Source: Ministry for Health and Social Affairs of Saxony-Anhalt

Differences in the rating are also shown by the readiness of persons without any drug experience to try these substances. In 2003, among the 18-39 year-olds of this group, 8% in the old and 8.9% in the new Laender could imagine to try cannabis. This is three times more than in 1990. As for all other substances, the readiness to try drugs continually lies below 5% (Figure 7).

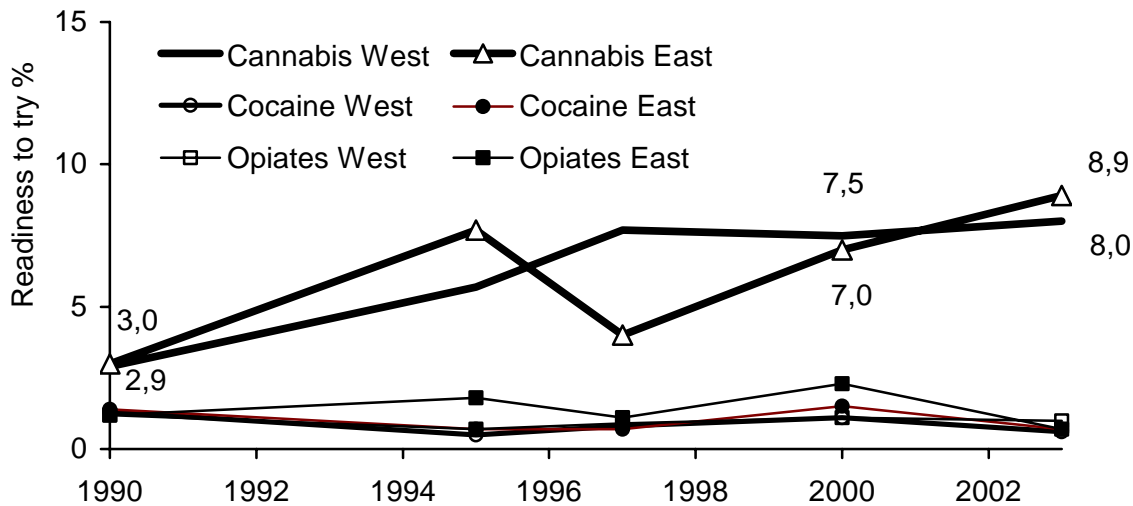


Figure 7: Readiness to try drugs among 18-39 year-olds having no experience with drugs in the period between 1990 and 2003

Source: Kraus and Augustin (2004)

Baumgärtner (2004) has analyzed the perception of various drugs by potential users. From the description of the properties attributed to these substances, four dimensions were deduced to describe drug profiles. Cannabis and ecstasy (mainly hedonistic effects) received similar ratings just like cocaine and heroin (addiction and risk). Opinions, however, vary depending on the type of drug user. In the future, these profiles are supposed to be used for the early detection of risk behavior.

3 Prevention

3.1 Overview

Based on a broad professional consensus, the promotion of resources and protective factors is the mainstay of drug prevention in Germany. Depending on the objective, measures are aimed either universally at the general public or, to an increasing extent, selectively/as indicated at specific target groups and persons displaying defined risk attributes. The long-term focus of the addiction and drug policy of the Federal Government is described in chapter 1.1.

Preventive measures are put into practice at the local, regional and national level, the professional drug prevention agencies established in the Federal Laender playing a key role in this context. The scientific basis for drug prevention was summarised in an expertise (Künzel-Böhmer, Bühringer, and Janik-Konecny 1993), an updated version of which will be published with the support of the BZgA at the end of 2004. Comprehensive information on legal framework conditions and strategies can be found in previous reports.

Focuses of prevention

In view of the increasing consumption and abuse of 'party drugs' in the 1990s, the established practice of accompanying people engaging in risky behaviour, for instance with offers of (social) educational support in combination with clearly defined safety rules and pragmatic advice on consumption, is being continued and expanded. Since the mixed use of legal and illicit psychoactive substances has increased among young people, in particular, numerous prevention activities are aimed at catering to the new consumption patterns and further opening up and qualifying prevention and the assistance system for this development and for young users. A further focus is expanded offers for target groups in particularly disadvantaged living situations, such as migrants and families with addiction problems.

Players in the field of prevention

In Germany, various players are active in drug prevention at different levels. At the federal level, these are the Ministry of Health and Social Security (BMGS), the Federal Centre for Health Education (BZgA) and the national federations of various organisations, e.g. the German Head Office for Dependency Matters, self-help and abstinence associations. At the Land level, the Ministries of the Laender, Land associations (e.g. Land Sport Federation) and the Land Coordination Agencies play an important role. The greatest proximity to practice is to be found at the municipal level, where work is done by local government institutions (e.g. youth welfare offices, health offices) and the municipal institutions of welfare associations and societies.

Cooperation, transfer and evaluation

Networking and cooperation between the Federal, Land and municipal levels is being further expanded, above and beyond the existing Bund-Laender Coordination Group, in order to pool the limited resources and realise joint measures. One example of this is PrevNet, the web-based expert network (www.prevnet.de).

Since the prompt transfer of knowledge relating to documented and evaluated measures is the prerequisite for quality-assured planning of measures by different players, all institutions active in the field of drug prevention will in future document their measures on a regular basis and in standardised fashion using the DoSys documentation system developed by the Federal Government and the Laender. Data collection will be supported by regional systems. In the framework of the Computer-Aided Hessian Documentation System of the Professional Drug Prevention Agencies (CHEOPS), 3,014 measures involving roughly 65,000 participants were already documented in Hesse in 2002 (Hessisches Sozialministerium 2004).

3.2 Universal prevention

3.2.1 Schools

The school continues to be an important setting for drug prevention measures. Because of the sovereignty of the Laender, drug prevention in schools is subject to different regulations in each Land. The strategies, which have generally been integrated in the school curricula, consist of modules addressing non-substance-specific questions (e.g. dealing with conflicts) and substance-specific content (e.g. on tobacco consumption). Universal, school-based life skills programmes that have been evaluated and, in some cases, introduced in schools nationwide are listed below and described in more detail in the questionnaire on school-based drug prevention:

- Klasse 2000 (Class 2000)
- Fit und stark fürs Leben (Fit and Strong for Life)
- Eigenständig werden (Becoming Independent)
- Soester Programm (Soest Programme)
- ALF (General Life Skills and Abilities)
- Lions Quest "Erwachsen werden" (Growing Up)

In addition to the classical life skills programmes, measures are increasingly being developed and applied that are specifically geared to young people at risk in school and include early-intervention strategies.

Examples of this include the projects entitled "Voll im Blick" and MOVE (an intervention concept for promoting and supporting the willingness to change of young people with problematic drug use, which is to be adapted for schools this year):

Project title	'Voll im Blick'
Institution	Suchtprävention Bremen (http://www.lis.uni-bremen.de/lis/sup/ztr/index.html)
Target group	Teachers, head teachers, parents' representatives, pupils
Project goals	Increasing attention and intervention density in connection with incidents involving addictive substances in schools
Activities	<p>Head teachers: Once per year, expanded group at regional "Head Teacher Conferences", including local police officers (KOPs), education office, parents' representatives and Social Services Office</p> <p>Teachers: Development of an A2 poster for staff rooms and information sheet (recognition, contacts, measures, information of head teacher/ parents/police)</p> <p>Parents: Development of a booklet for parents with information on how to react to discovering drug use/dealing in and around the school; involvement of the "Central Parents' Council" (ZEB)</p> <p>Pupils: Development of a concept for intensive short-term intervention in group form</p>

Project title	MOVE
Institution	Ginko-Land Coordination Center Addiction Prevention NRW, (www.ginko-ev.de)
Target group	Youth work, youth welfare and school staff facing the question of how to react appropriately when they observe possibly risky consumption of legal or illicit intoxicants.
Project goals	Support when counselling young users
Activities	12-part continuing education programme for the above target group on the basis of the "Motivational Interviewing" concept (Miller and Rollnick; based on the behaviour change model of Prochaska and DiClemente). On the basis of concrete conversational situations, interventions and strategies are presented and practised in the form of role-playing games. Theoretical principles and background knowledge are communicated in the form of presentations and accompanying materials.

The "SCHULBUS" project in Hamburg for the first time presented current data on the way young people in Hamburg handle addictive substances. A catalogue of questions was used for this purpose, in order to be able to determine both consumption trends and motives for consuming or not consuming. The aim for the future is to promptly detect signs of changes in the consumption patterns of young people to support the planning of practice-oriented prevention measures. (www.suchthh.de/projekte/schulbus.htm)

A new trend in the "school" setting is being set by the "Peer Project at Driving Schools". In order to provide timely information on the dangers of alcohol and drugs on the road and to introduce young people and young adults to alternatives to drunk driving, the project was initiated at driving schools in Saxony-Anhalt and has since been implemented in a further eight Federal Laender.

Project title	<i>Peer Project at Driving Schools</i>
Institutions	Conception: MISTEL/SPI Forschung gGmbH. Cooperation program commissioned by the Federal Center for Health Education (BZgA)
Target group	Teenagers/young adults taking lessons at driving schools.
Project goals	<ul style="list-style-type: none"> - Information of young people about drink/drive conflicts and their causes, as well as illustration of alternatives to driving under the influence of alcohol or drugs. - Reduction of the accident figures for young driving licence holders, especially those attributable to the influence of alcohol or drugs. - Reduction of addictive substance-related incidents on the roads.
Activities	As an integral element of compulsory driving instruction, a "teaching unit" is held, in which (quasi-)peers deal with the subject of alcohol/drugs and driving. The use of peers (students) is perceived by young people to be more authentic and is more credible to them. The "instructors" are not much older than them, but already have some driving practice, i.e. they are very familiar with the "teething trouble" and also have personal experience with addictive substances.

Alongside the life skills approaches and early-intervention measures in school-based prevention, the "Smoke-Free School" project sets a new trend in the field of structural drug prevention. On the way to a smoke-free school, the aim is to realise a "healthy school". The school as a whole is targeted with this aim in mind: which structures have a health-promoting effect and which do not, or have a negative effect?

Project title	<i>Smoke free school</i>
Institution	More than half of the Laender have implemented the guidelines of the BZgA 'On the way to a smokefree school' as a basis for their project
Target group	School children, school staff, parents
Project goals	Healthy school – smoke free school
Activities	<p><u>Concerning the entire school:</u></p> <ul style="list-style-type: none"> - Elaboration of a new set of rules for handling tobacco consumption in school (with the involvement of pupils and parents). <p><u>Offers for teaching staff:</u></p> <ul style="list-style-type: none"> - Continuing education programmes for teachers relating to drug prevention work with pupils. - Continuing education programmes for teachers relating to their own situation in school (how are the working conditions to which teaching staff are subject to be rated in relation to teachers' health?). - Offers relating to teachers' health. <p><u>Offers for pupils:</u></p> <ul style="list-style-type: none"> - Project weeks on the subject of tobacco prevention. - Form-related measures, individual, class-related measures for drug prevention (addressing of the subject in, for example, German lessons, Values and Standards, Art, Religious Instruction, History ...).

Several Federal Länder have developed letters to parents and information events/parents' evenings on "alcopops", the current problem field in drug prevention.

In the "Inside@School" pilot project, drug assistance agencies and schools cooperated in that the reciprocal tasks of both players in dealing with young people at risk of addiction were defined in a formulated cooperation agreement. The aim of the project, which is promoted by the BMGS, the Bavarian State Ministry of Health, Food and Consumer Protection and the Land Capital of Munich, is the permanent implementation of comprehensive drug prevention measures at schools. Evaluation of the project revealed a decline in alcohol and cannabis consumption among the young people and increased willingness to make use of counselling offers among many substance-consuming pupils.

Now that a number of evaluated life skills programmes are available, some of which can already be obtained in bookshops, the emphasis in practical work is now on integration in day-to-day school life. The problem is that, on the one hand, there is little willingness to free up classroom time for implementation of the programmes and that, on the other hand, the financial basis for teacher training and further development of the programmes is lacking.

On the scientific side, the main issue arising is that of ways of increasing efficiency by means of research into mechanisms of action (e.g. Reese 1999), as well as questions of optimum implementation and of improving the generalisation processes (Maiwald, and Reese 2000).

On the whole, the empirical findings suggest that the design of school-based drug prevention should be more system-oriented than in the past, i.e. that preventive efforts should be geared not only directly to the pupils, but also to their living environment (Leppin 2004).

3.2.2 Family

The family is becoming an increasingly interesting setting for drug prevention measures for a variety of reasons: on the one hand, given the increasing prevalence of substance use among children and young people, many parents are overtaxed by the drug consumption of their children and its consequences. On the other hand, the consumption of alcohol or drugs by one or both parents has a major influence on the drug consumption behaviour of the children, especially that of male offspring. In view of this situation, recent years have seen growing promotion of programmes aimed at families with a history of addiction.

The current focus in this field is mainly on work with parents, both as regards involvement in drug prevention projects in schools and kindergartens, such as "Toy-Free Kindergarten", and in connection with the above-mentioned life skills programmes in schools, primarily in the form of parents' evenings. In addition to basic information on addiction and substances, as provided in numerous handbooks and brochures, work with parents not only includes sensitisation to protective and risk factors in the family, but also offers guidance and support in relation to child-raising tasks, thus more closely integrating the parents in drug prevention activities.

Elements of drug prevention are often integrated into courses for parents to assist them in child-raising. The effectiveness of four of the leading courses was recently examined in a study by Tschöpe-Scheffler (2003).

The following project offers a new approach in work with parents:

Project title	<i>Nachtwanderer (Nightwalkers)</i>
Institution	Präventionszentrum Bremen-Nord
Target group	Parents
Activities/goals	Parents are to be out on streets and squares on Friday and Saturday nights, with the aim of giving young people a sense of security and the feeling that adults are serious about looking after them. Through their role-model function, adults are intended to convey values and standards to the young people. They are also supposed to be able to intervene in dangerous situations and are trained accordingly. However, they have no official status and no administrative function.

In the framework of www.starke-eltern.de, an internet-based drug prevention portal for parents that was put on the web by the Hessian Land Drug Prevention Agency last year, an invitation was issued in May this year to take part in a Land-wide competition on the subject of "Parental Work in Drug Prevention". The aim is to present new, effective activities and promote the exchange of experience between the institutions.

As only general courses for parents have been studied in Germany, conclusions regarding the specific effectiveness of work with parents relating to drug prevention cannot be derived from national studies and are therefore only drawn from international research.

3.2.3 Prevention at community-level

Up to now, there is little tradition of community-oriented drug prevention projects in Germany. Empirical studies on the effectiveness of community-oriented measures are likewise still only available to a limited extent (Tobler et al. 2000).

The competition entitled 'Model Strategies of Municipal Drug Prevention', which was held by the Federal Centre for Health Education for the first time in 2001/2002 on the initiative of the Drug Commissioner of the Federal Government, was an attempt to draw the attention of the general public to this particular concern. While the 220 competition entries from 193 towns, rural districts and municipalities do not permit representative statements to be made regarding the status of municipal drug prevention, it is possible to draw conclusions concerning the progress made in embedding drug prevention at the municipal level:

- Half of all the participating municipalities have established a project group or a working group as a tool for regulating municipal cooperation.
- 40% of all the municipalities taking part in the competition have appointed a drug or prevention commissioner to safeguard long-term drug prevention work.
- Two-thirds of the participating municipalities have their own, written drug prevention concept.
- 76% have planned, started or completed the evaluation of measures.
- Only less than 20% have no plans for evaluation (Difu 2002).

The invitation to enter a second competition on the substance-specific subject of "Local Tobacco Prevention" was issued from September 2003 to May 2004. Compared to the 220 entries in the previous competition, the total of 47 participants in the competition shows that,

at the municipal level, efforts are made more in the field of universal drug prevention, while specific areas, such as tobacco prevention, tend to play a secondary role (Difu 2004).

In the framework of the "European Community-Based Addiction Prevention" (ECBAP) homepage, a platform providing information on community-based drug prevention in Europe and promoting a corresponding exchange, the Zentrum für empirische pädagogische Forschung (Zepf) is implementing the European project 'Motivation and Qualification of Volunteers in Drug Addiction Prevention' (MoQuaVo). It is thus setting a new trend in community-oriented prevention with voluntary workers. They play a central role in drug prevention. They make it possible to establish a broad-based network of prevention measures in every sphere of public and private life.

The project involves interdisciplinary cooperation between nine organisations from seven European countries. Knowledge gained from practice and research has been pooled and practical strategies for promoting the motivation and training of volunteers published in the form of a handbook (<http://www.ecbap.net>).

The expert report by the Bremen Institute for Drug Research (BISDRO) on the subject of drug use and drug prevention approaches in disadvantaged areas of the city arrives at the conclusion that drug prevention projects should be rooted and networked in the district and supported jointly by youth welfare/drug assistance agencies, schools and parents. Networking and close cooperation in the social sphere holds the promise of consolidation and sustainability (Stöver and Kolte 2003).

3.2.4 Other

Universal prevention approaches are increasingly also being pursued via the Internet. The Internet offering at www.drugcom.de, which was launched in 2001, has been continued, with particularly great use being made of the offers of self-tests, e.g. for cannabis consumption. A cooperation project involving a counselling institution (DROBS Magdeburg), the police and media experts is currently working on a prevention project that combines Internet elements (www.typendreher.de) with other media. The project is aimed at 10 to 16 year-olds and is currently scheduled to run until 2005. Table 7 provides an overview of a number of websites in the field of addiction and drug prevention, indicating their specific offerings.

Table 7: Projects of the professional drug aid system

Website	Drug information	Counseling via email	Tests	Chat
www.drogenberatung-jj.de	x	x		x
www.drogen-und-du.de	x		x	
www.drugcom.de	x	x	x	x
www.drugscouts.de	x	x	x	x
www.jugend-hilft-jugend.de	x			
www.partyrack.de	x	x	x	

As in other countries, telephone helplines have already existed in Germany for many years. Since November 2003, this offer has been supplemented by a single, nationwide telephone number, which operates with providers in eight major cities and is staffed around the clock. The hotline costs 12 cents per minute.

3.3 Selective or indicated prevention

3.3.1 Leisure time

In the organised leisure-time sector, there are unions of member associations for the promotion of statutory, educational and structural protection of young people with a focus on drug prevention in many Federal Länder. Drug prevention measures have decreased markedly as a result of extensive budget cuts in this sector. They continue to primarily aim at gearing leisure-time offers to the needs and problems of young people and at training the staff of youth institutions in dealing with young people displaying conspicuous behaviour.

In the non-organised leisure-time sector, drug prevention - and especially measures relating to night life - is only part of the regular offer in exceptional cases, in contrast to school and working life, where drug prevention activities are firmly embedded. A number of model projects are presented below.

Nightclubbing

Particularly for 'nightclubbing', there are hardly any viable concepts and cooperation projects. In July 2003, a prevention concept was already elaborated in a joint effort of the organisers, drug assistance/drug prevention institutions and the BZgA on the occasion of the Summer Jam Festival in Cologne, the largest reggae and world beat festival in Europe.

This incipient cooperation was further expanded in the 'Healthy Nightlife' project, which was initiated by the BZgA and involved representatives of drug counselling centres and scene-based initiative groups, as well as municipal authorities and party organisers. The aim is to jointly develop effective prevention options in order to establish risk-minimising strategies in night life. The collaboration between local authorities, organisers and drug counselling agencies is intended to give a 'healthy night life' structural roots.

The capabilities and limits of cooperation projects of this kind are currently being tested under real conditions, in order to be able to provide effective recommendations for action for organisers, municipalities, drug prevention institutions, etc. via the Internet in future.

For example, on this year's World Drug Day on 26 June 2004, the working group staged a series of parties under the motto 'NACHTS LEBEN - statt krank feiern'. At five techno parties in major German cities, partygoers were given the opportunity to dance and celebrate in surroundings that give consideration to aspects of drug prevention and health. During the parties, there was a direct possibility of obtaining information about the health-related effects of drugs like Ecstasy, cannabis and other substances. Experts at the venue provided personal information, offered information materials and looked after a chill-out area. In addition, at least two alcohol-free drinks cost less than the cheapest alcoholic drink.

Forum for the risk assessment of multiple drug use

In view of the existing need for measures aimed at preventing mixed consumption of psychoactive substances, on the one hand, and the still unsatisfactory level of scientific knowledge, on the other, a "forum" for assessment of the risk of mixed consumption is to be established at www.drugcom.de in the future. In order to guarantee both great authenticity and the soundest possible professional basis, risk assessments regarding specific patterns of mixed consumption are to be made both by consumers and by recognised experts.

Cannabis (cessation) programme

The newly developed "quit the shit" module of www.drugcom.de catered to a trend that is leading to an increase in treatment for the primary diagnosis of cannabis disorder in Germany (Simon et al. 2004). "Quit the shit" is a web-based information and counselling programme specifically for young cannabis users that aims to help them terminate or reduce their cannabis consumption. The core element of the intervention is an interactive diary, in which the young people document their cannabis consumption regularly - ideally daily - over a period of 50 days and send it to the drugcom team by Internet. In reply, they receive personalised comments and suggestions designed to promote the respective process of change from the drugcom counsellors once per week. Participation is anonymous and free of charge.

Together with four other European countries, Germany is moreover taking part in a research project on the treatment of cannabis-dependent young people and young adults, as well as in a project with Switzerland relating to short-term intervention in cases of cannabis-related disorders www.bmgs.bund.de/deu/gra/themen/praevention/drogen/2326_5585.cfm.

Year of Youth and Addiction

www.ausweg.de is the motto and the website of a campaign for the year of "Youth and Addiction" proclaimed by the German Head Office for Dependency Matters (DHS) for 2003. It drew attention not only to the high level of consumption of addictive substances among young people, but also to the fact that dependence develops more rapidly in young people than in adults. The key message was: There is counselling, treatment and a chance of curing drug problems - There is a way out!

The campaign was used equally for drug prevention measures and for the presentation of the available assistance for young users. It succeeded in drawing the attention of the professional public and the media to the problems of young users. It achieved the goal of embedding the consumption and abuse problems of young people in relation to legal addictive substances (alcohol, tobacco, medication) in the public awareness.

In the meantime, numerous web-based offerings for young users have been created in almost all Federal Länder, e.g. www.partyack.de (North Rhine-Westphalia) and www.pille-palle.de (Bavaria). The European www.urban-vibe.net (Hamburg) not only provides (online) counselling and (information) offers, but is also present at raves and parties (see list at www.drugcom.de/projekte, Party Projects section).

3.3.2 Risk groups

Young delinquents and persons coming to the attention of the police

In almost all Federal Länder, the juvenile court assistance system provides different forms of support for young delinquents under the name "social education measures" as an alternative to traditional juvenile court sanctions, especially detention.

It is apparent in drug prevention that young consumers of illicit drugs are often not reached by the offerings of addiction and drug assistance agencies. While the number of users of hard drugs coming to the attention of the police for the first time declined in 2002, there was a slight rise in the number of drug offences involving cannabis - mainly consumption-related offences. In this context, studies reveal that there is little knowledge of existing offers among young drug users and that professional help tends more to be avoided.

The model FRED programme, which has since been continued by many Federal Länder, is aimed at persons coming to the attention of the police for the first time, enabling early intervention on a voluntary basis before liability to punishment is actually incurred. Further details can be found in 12.2.

School dropouts

In the year 2000, approximately 85,000 school pupils, or 9.4% of the population of the same age, left schools providing general education in Germany without acquiring a qualification (Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland, 2002)

Youth welfare offers qualification measures for disadvantaged persons, especially school dropouts and people without a qualification from a compulsory school or a vocational school, often in the form of career-oriented promotion courses. In addition, practice-oriented offers are made by youth workshops. For example, Drogenhilfe Köln, a drug assistance organisation in Cologne, offers a vocational (re-)integration workshop for former drug addicts, where some of the participants have no school-leaving qualification (see EDDRA, <http://eddra.emcdda.eu.int/>).

Ethnic groups

Repatriates are a particular risk group in relation to drugs in Germany. The lacking perception of offers of information and therapy, inexperience with handling the heroin offered in Germany, and massive concomitant consumption of alcohol are probably the main reasons for this group being exposed to a particularly high risk. In the 2003 budget year, integration funds of the Federal Ministry of the Interior (BMI) were used to promote model measures for "drug prevention at ten locations" for young repatriates threatened by drugs. In this context, targeted youth and community work was intended to encourage repatriates threatened by, or addicted to, drugs to visit counselling centres and make use of the available treatment and follow-up measures (list of projects: Drugs and Addiction Report 2004, p. 66-71).

In addition, the BMI promotes the "Addiction - Migration - Help" continuing education programme with series of two-day workshops, in order to sensitise professionals working with repatriates to the subject of "addiction", and drug assistance professionals to the subject of "repatriates". The aim is to network the two separate systems of migration assistance and drug assistance and to establish long-term cooperation.

At the same time, the "Expert Group on Migration" of the German Head Office for Dependency Matters (DHS) is preparing an information brochure on behalf of the Drug Commissioner of the Federal Government, in order to make it easier for repatriates to reach the general offers of help (Die Drogenbeauftragte der Bundesregierung 2004).

At the Land level, measures for migrants and repatriates are predominantly implemented by drug assistance institutions. Projects geared specifically to these groups tend to be rare in practical drug prevention.

Following is an example of a project run for migrants:

Project title	<i>Migration, migrants and addiction problems</i>
Institution	Büro für Suchtvorbeugung Hamburg
Target group	Multipliers in education, youth and social work, as well as "key persons" from repatriate families or corresponding city districts
Project goals	Stocktaking and determination of the need for drug prevention measures for repatriates
Activities	Professional talks on cooperation and networking in this field (unpublished Land Reports of the Bund-Länder Coordination Group, 2003/2004)

The Landschaftsverband Westfalen-Lippe developed the SEARCH and SEARCH II projects, which are dedicated to drug prevention for the group of refugees, asylum-seekers and illegal immigrants at the European level (EDDRA, <http://eddra.emcdda.eu.int/>).

The result of the two projects is interesting, because it became clear that, in purely quantitative terms, drug problems are no more common among refugees, asylum-seekers and illegal immigrants than in other sectors of the population. However, if people from these groups become addicted, or are already addicted, the development of their dependence often takes on more severe and more stressful forms than in other social groups. This situation is aggravated by the fact that refugees, asylum-seekers and illegal immigrants are generally not entitled to financing of therapeutic treatment. They are usually dependent on private welfare initiatives. The project managers therefore recommend that preventive assistance should be geared to the keywords "intercultural skills" and "intercultural drug assistance". Assistance should start as soon as possible following arrival of the people in the receiving countries and be designed on a long-term basis. This is said to apply particularly to comprehensive, situation-oriented approaches. An approach purely targeting behavioural change is said to be largely ineffective (<http://www.lwl.org/LWL/Gesundheit/>).

Children suffering from ADHS

Current estimates of the prevalence of attention deficit/hyperactivity syndrome (ADHS) assume that from 2 to 6% of children and young people between the ages of 6 and 18 years are affected. ADHS is thus one of the most common chronic clinical pictures among children and young people in Germany.

In view of the controversial debate regarding the possible risk of addiction resulting from drug treatment with Ritalin (active substance methylphenidate), the inadequate networking of cooperative diagnosis, and the incomplete nature of medical services for patients in Germany, a consensus conference was held at the end of 2002. It was organised by the Federal Ministry of Health and Social Security (BMGS) and the invited participants were representatives of paediatric and juvenile medicine, paediatric and juvenile psychiatry, psychology, other professional groups and parents' associations. Extensive agreement was reached and documented in a keynote paper pointing out the action to be taken.

It defines the therapy of ADHS as a multimodal offer of treatment. Only some of the children require drug treatment. The indication for drug therapy is said to exist following thorough diagnosis, and only if psychoeducational and psychosocial measures fail to have sufficient effect after a reasonable period of time. The keynote paper demands that any drug-based treatment with stimulants be integrated in a comprehensive therapeutic concept in the sense of multimodal treatment.

Drug prevention experts emphasised that it was right to prescribe Ritalin in some cases, provided that the patients and their parents simultaneously took up offers of psychological treatment and behavioural therapy, and that sufficient room was given to the movement and creativity of the children. The aim must be to manage without medication as soon as possible (Büro für Suchtvorbeugung 2001).

Based on the prevalence of ADHS discussed in the literature, a further increase in methylphenidate consumption is expected in Germany. In this context, a systematic analysis is being built up of the prescription data on methylphenidate in correlation with the diagnoses. The Federal Ministry of Health and Social Security has commissioned two research projects to this end:

1. Study of the supply of children with hyperkinetic disorders with drugs, based on the benefit data of the statutory health insurance system (GKV).
2. Hyperkinetic syndrome (HKS) as a diagnosis in children and young people - an epidemiological care study on the basis of the patient sample of the Hessian local health insurance funds / Hessian Association of Statutory Health Insurance Physicians.

The projects are to be found on the Internet at www.bmgs.bund.de. In addition, two further research projects were commissioned, which have not yet been completed:

1. Preparation of the survey and analysis of the prevalence of ADHS in Germany in the framework of the Child and Youth Survey of the Robert Koch Institute.
2. Follow-up project on the analysis of methyl phenidate consumption: Analysis of courses of treatment on the basis of prescription data of the Gmünder Ersatzkassen health insurance funds, and determination of examination targets for the Medical Service of the health insurance funds on the basis of criteria to be defined (Die Drogenbeauftragte der Bundesregierung 2004).

Students

More than 20% of students at German institutions of higher education display psychological abnormalities, such as addictive behaviour and eating disorders. This is indicated by initial analyses of a survey recently conducted by staff of Cologne Catholic Technical College. A total of 2,500 students in various departments were surveyed by the researchers in Cologne, Aachen and Paderborn.

The hypothesis that students are particularly susceptible to addiction was not consistently confirmed. The study, which is to be published in the course of 2004, was financed by the Federal Ministry of Education and Research (BMBF). After completing the analysis of all the data, the aim is to install a specific offering for students on the subject of addiction in the psychosocial counselling centres in 2004 (Pauly 2004).

3.3.3 Risk families

In Germany, more than 2.5 million children under the age of 18 years are growing up with at least one addicted parent. Increased attention was devoted to them in the period under review, at both the Federal and Land level. A host of projects and measures were started or expanded.

Research project 'Children of untreated addicted parents'

Children growing up with untreated addicted parents were the focus of this research project, which was promoted by the BMGS from the end of 2000 to mid-2003 and conducted at Cologne Catholic Technical College. The aim of the project was to improve understanding of the problems of these children, to gain more detailed knowledge of their special needs, and to obtain pointers towards the forms of targeted assistance that are necessary for this specific group in order to break the frequently observed circle of addiction and violence in the family (see www.bmgs.bund.de).

The analysis of the results indicates that children of alcohol-dependent and alcohol-abusing parents are not only burdened by the addiction of the mother or father. They themselves also constitute a risk group as regards the development of various behavioural problems and

psychological disorders. In addition, the experience of co-dependence and violence, and a lack of attention and security in childhood and youth, make them susceptible to later turning to drugs themselves at some time, in order to suppress their quite frequently traumatic experiences. Consequently, children of addicted parents are themselves in need of help.

These realisations pointed to the necessary action when developing appropriate measures. Key emphasis was placed on the target group of children and young people, and on the promotion of concepts for promoting life skills. However, the researchers also considered it necessary to sensitise people involved in practical work in institutions for addiction-specific care, addict assistance, self-help groups, counselling centres and schools, in order to be able to detect young people at particular risk at an early stage and refer them to targeted offers of help. There was likewise seen to be a need to network the assistance for children and parents. Research projects were financed and a number of projects and measures promoted that serve not only the qualification of professional drug assistance, but also of self-help work. All this has contributed to enabling more targeted offers of help.

Conference 'Family secrets – when parents are addicted and children suffer'

In the field of addict assistance, there is already thoroughly documented experience regarding dealing with the children of addicts. However, the approach of providing help solely via the addict assistance system is inadequate. Children of addicted parents are also supported by the youth welfare authorities, social services and a number of other institutions, such as schools. The addiction and family problems are not always recognised in this context, making it impossible to initiate appropriate assistance.

Against this backdrop, the Drug Commissioner of the Federal Government and the DHS invited experts to the conference "Family Secrets - When Parents are Addicted and the Children Suffer" on 4 and 5 December 2003. Among other things, the aim was to discuss how a long-term, positive influence can be exerted on the situation of the affected children and families, what offerings can help the children, how existing barriers between the assistance systems involved can be overcome, and how the child-raising skills of addicted parents can be strengthened. One of the central points was the call for better cooperation between the assistance systems, especially addict assistance, child and youth welfare, and the medical services. The conference proceedings are in preparation. The conference ended with an agreement on 'ten cornerstones for improving the situation of children from families with addiction problems'.

Child-oriented materials

The situation of children from families with addiction problems will continue to be a focus of the work of the German Head Office for Dependency Matters (DHS) in 2004. The DHS provides the following materials for implementation of the work in the institutions of addict assistance, and also of youth welfare and other related fields of work:

- "Please stop!" – Your children Lars & Laura – A picture book for children from families with addiction problems

The picture book was developed for children between five and nine whose parents, mother or father, have an addiction problem. Drug counsellors and teachers have a medium at their disposal that offers help in addressing the consumption of addictive substances in the family and establish a trusting relationship with the child.

- "Totally Normal!" – A comic for children and young people from families with addiction problems:

A comic for making contact with children and young people between the ages of 12 and 15 from families with addiction problems. The comic is handed out by counsellors and teachers, giving them an opportunity to offer personal talks in order to provide further assistance and as a basis for a trusting relationship.

Projects at the Land level

Children from families with addiction problems are likewise the focus of activities in many Federal Laender. A few examples are mentioned below:

The Ministry for Women, Youth, Family Affairs and Health (MFJFG) of the Land of North Rhine-Westphalia (NRW) has established a working group on this topic in order to elaborate a concept for action. The project is headed by the Land Coordination Agency for Drug Prevention. Several projects throughout NRW offer information and help in drug-related matters, such as the children's project "MUCKI" for early recognition and early intervention in connection with children whose parents are addicted (to illicit substances).

Similarly, 'Wigwam' in Berlin offers support for families with an addiction problem. The measures encompass individual and family assistance pursuant to Section 27 ff. KJHG (Child and Youth Welfare Act); comprehensive support for pregnant women dependent on addictive substances; individual and group support; parents' café; couple and family counselling/therapy; crisis intervention within the family; solution-oriented social education and therapeutic counselling/planning with the affected families; accompaniment at appointments with authorities or doctors; support in the event of problems at day nursery, day-care centre or school; organised leisure activities, parent-and-child trips.

At www.kidkit.de, Drogenhilfe Köln e.V. and KOALA e.V. have launched an Internet project for children of addicted parents. This offering is intended to establish early, stronger contact with children of addicted parents. In addition to age-appropriate information on the subject of addiction in families, concrete offers of help are also to be communicated. Affected children can then either turn to Drogenhilfe by e-mail or, if necessary, make personal contact.

To lastingly embed drug prevention in the party scene, the working group is also to expand "peer-oriented and participative activities with scene-based organisations". The working group is currently in the process of developing suitable prevention measures in the party setting. By the end of the year, a manual is to provide basic information and concrete instructions for action for the implementation of a "healthy nightlife" in the community, jointly structured by all players.

4 Problem Drug Use

4.1 Overview

The term 'problem drug use'

There is no uniform definition of the term 'problem use'. However, there are work definitions for specific areas (e.g. the prevalence estimation of the EMCDDA). Generally, consumption is regarded as problematic if at least one of the following criteria is fulfilled:

- Risk carrying use (risky consumption)
- Harmful use (F1x.1) or addiction (F1x.2x) in terms of a clinical diagnosis (ICD / DSM)
- Harm inflicted on other persons
- Negative social consequences or delinquency

Irrespective thereof, consumption can also be problematic if the user himself experiences it as problematic and for example considers himself to be addicted without having an objective diagnostic classification confirming addiction (Kleiber and Soellner 1998). The work definitions used in the different work areas comprise respectively different parts of the described total group. Only the terms based on clinical classification systems are clearly defined. As for other terms like for example 'risky drug use', definition and understanding of the concept vary considerably.

Measuring and estimation methods

Sometimes there are considerable methodological difficulties in evaluating data of specific collection systems or studies with regard to problematic use in terms of addiction. Whereas with police records only the higher probability of intense drug users to be picked up by the police can be interpreted as an indication of problematic drug consumption, surveys make use of additional information (frequency of use, accompanying circumstances, diagnostic criteria) or adapted clinical tests to differentiate. A relatively safe classification is possible in therapy facilities where staff has been trained in or has experience in diagnosing such cases.

In addition to content-related and general methodological difficulties in defining problematic drug use, specific difficulties arise when collecting data on illegal drugs. A series of surveys shows that users of hard drugs tend to only report the use of 'soft' drugs correctly while denying using for example heroin or extenuating dosage and frequency of use.

While representative surveys allow for valid statements to be made on experimental drug use and lighter forms of multiple or permanent drug use, intense or regular users are generally underrepresented in the population sample. Moreover, in their case, the extent of the problem is under-reported. A presentation of the methodological problems and studies regarding the epidemiological surveys on the use and misuse of psychotropic substances amongst adults (ESA) is to be found with Kraus et al. (1998).

National and local prevalence estimates of drug use

In cooperation with national experts, the EMCDDA has collected and further developed a series of methods for estimating the prevalence of problematic drug use at national level. Methodological details and the implementation of the methods in various EU member states have been described in a manual (EMCDDA 2003). The most important results thereof have been published by Kraus et al. (2003). The target groups of the selected methods are based on a definition of problematic drug use as an 'intravenous or long term/regular use of opiates, cocaine or amphetamines' (EMCDDA 2003). However, as it would not have been possible in Germany to exclude multiple countings with police figures taking into account several substances, and as there are only valid mortality estimates available for heroin users, the prevalence estimates for Germany have been restricted to the target group of heroin users.

In addition to the national estimates, the EMCDDA has also developed estimation methods for regional prevalences. In Germany however, there are no new local or regional estimates available for the reporting year 2003.

Intravenous and non-intravenous use of drugs

In view of the particular risks carried by the intravenous use of drugs, the form of use is of particular interest when trying to minimize secondary harm. In Germany, intravenous use is strongly linked to heroin. Therefore, differentiation among user groups is done in terms of main drug and not in terms of mode of administration. Furthermore, the data situation with regard to the preferred or prevalent form of use is difficult. Respective data are for example collected during therapies, but due to a great amount of missing data they are hard to interpret. There are also hardly any statistical data available from substitution therapy, as these data are not contained in the reports which are sent to the legal substitution registry.

4.2 Prevalence and incidence estimates

4.2.1 Estimate methods of the EMCDDA

The estimates available for the reference years 1995 and 2000 were already presented in previous REITOX reports. For the year 2003, three methods were calculated again

- Estimation based on police contacts
- Estimation based on admissions to out-patient treatment
- Estimation based on drug-related deaths

Other methods were not used for various reasons.

- For an extrapolation based on HIV-cases, there are currently no parameters available which would take into account the retardatory course HIV-infections epidemiologically take with drug users thanks to better medication. The extrapolation of the figures would be comparable neither to other methods nor to earlier results.

- The use of the multivariate-indicator-method requires independent prevalence estimates of problematic drug use in two, preferably three regions (Laender). As these are currently not available in Germany, the estimate could not be carried out.

The individual estimates can be looked up in the standard table 7 in the annex of the report.

Results of the prevalence estimates

Calculations based on the figures collected from treatment, police contacts and drug-related deaths lead to an estimate of the figure of problematic users of heroin ranging between 92,000 and 182,000. This corresponds to a rate of 1.7 to 3.4 persons per 1000 inhabitants in the age between 15 to 64 years.

When choosing a broader definition of the target group including opiates, cocaine, crack and amphetamines, the following problem arises: These substances do comply with the definition of the target group of the EMCDDA, however, there is no possibility to verify the intravenous or highly frequent use of these substances with the data sources available. In this way, an unknown number of persons is taken into account whose problems with drug use might be less severe. This could probably lead to an overestimation of the prevalence. The results of the estimates are presented in standard table 7.

Due to declining mortality figures of opiate users in Germany (the figure is in the denominator of the formula), the result of the estimate on drug-related deaths may be somewhat too low. As for the estimate based on treatment figures, it is possible to refer to data provided by diagnostic statistics of hospitals. However, it needs to be taken into account that a certain delay in the reporting of the data (status: 2001) as well as changes to the sample taken by the hospitals involved could probably distort the comparison with the prevalences of previous years.

Calculations based on treatment data including clients with cocaine and amphetamine problems, give a prevalence of 132,000 to 214,000 corresponding to 20% higher figures. Estimates on the basis of police data and drug-related deaths are not carried out for the broader target group because of the problems explained in chapter 4.1.

Trends

As all three methods show a stable to declining trend of the prevalence of problematic use of heroin, it can be assumed with high probability that the problematic use of heroin remained stable or slightly declined over the last three years. Augustin and Kraus (2004) found a slight increase for the period from 1990 to 2000 which means that the trend apparently must have changed relatively recently. This development needs to be further monitored and, if possible, be verified statistically (Table 8).

Table 8: Prevalence estimate of problematic use of opiates 1995 to 2003

Data source the method is based on	Reference year			2003 Rate per 1000 (18-64 years)
	1995	2000	2003	
Treatment	78,000-124,000	166,300-198,000	109,000-177,000	2.0-3.2
Police contacts	131,000-142,000	153,000-190,000	144,000-182,000	2.6-3.3
Drug-related deaths	78,000-104,000	127,000-169,000	92,000-123,000	1.7-2.2

Here once more, it must be referred to the restricted definition of the target group with regard to the estimates mentioned above. Amphetamines and cocaine could only be taken into account in 2003 in the estimate based on treatment data; problematic use of cannabis was not included right from the start. A broader definition of the target group and a corresponding revision of the estimate methods have been discussed by the EMCDDA and an international expert group for some time with a view to broaden the estimate of problematic drug use. In order to already take account of the relevant aspects of problematic drug use, further data sources and approaches used in Germany will be presented in the following sections.

4.2.2 Other approaches to collect data on problematic drug use

Indicators of addiction

A survey carried out in the region of Munich (EDSP), found that in the age group from 14 to 24 years 14.7% had a problematic drug use at one point of their life. 3.1% had developed substance dependence (Perkonigg et al. 2004).

The last Epidemiological Study on Addiction (ESA) (Kraus and Augustin 2004) used the Severity Dependence Scale (SDS) to measure the prevalence of problematic use of illegal substances (Gossop et al. 1995). The prevalence for problematic cannabis use in the age group 18-59 years was 1.1% corresponding to a total of 520,000 persons. In the age group from 18-20 years, the figure was above 5%. When using a slightly weaker criterion (at least 1 point in the scale), the prevalence is 1.9% (18-59 years) corresponding to 900,000 persons and respectively 8.9% for the age group 18-20. Using the same criterion, the figures for cocaine were considerably lower ranging at 0.1% or respectively 0.3% (Table 9).

Table 9: Problematic drug use measured by the substance dependence scale

Substance	Criterion	Total %	Males %	Females %	Age					
					18-20 %	21-24 %	25-29 %	30-39 %	40-49 %	50-59 %
Cannabis	1+	1.9	2.9	0.9	8.9	6.5	3.6	1.8	0.5	0.0
Cannabis	3+	1.1	1.7	0.4	5.2	3.3	2.1	1.2	0.2	0.0
Cocaine	1+	0.3	0.4	0.1	1.1	0.4	0.7	0.2	0.2	0.0
Cocaine	3+	0.1	0.2	0.0	0.2	0.2	0.6	0.2	0.1	0.0

Source: Kraus and Augustin (2004)

Frequency of use

Indications of the extent of problematic use can also be gained from surveys carried out among the population and at schools. In the ESPAD survey among 15-16 year-olds, the use of cannabis is quite common. The criterion of a consumption frequency of 40 times during the last 12 months prior to the survey, applies to 21% of the male and not quite 10% of the females users. Referred to the overall group of school children in this age group, the prevalence was 3.8% (boys 5.7%, girls 2.0%).

As for the other drugs, it can be said that they are used by a clearly smaller number of people to a generally much lower extent. Using the relatively weak criterion of a frequency of at least 20 times in the lifetime, one gets a prevalence of 0.5% to 0.7% for amphetamines and ecstasy. For all other drugs, the prevalence is below 0.5% (Kraus et al. 2004).

According to the most recent HBSC study which was carried out in four Laender, 2.9% of the 9th graders (average age 15.7 years) used cannabis 40 times or more in the last year before the survey (Hurrelmann et al. 2003).

Table 10 is a summary of the above mentioned prevalences. Problematic use of illegal drugs in general or specifically of cannabis – the by far most common illegal substance – was found with 3-5% of the teenagers and young adults. In the overall adult population, this figure shrinks to roughly 1%. The estimates for the number of problematic users of other drugs than cannabis lie clearly below 1%, for opiates even under 0.5%. Current incidence estimates for problematic drug use are not available.

Table 10: Prevalence of problematic drug use of illicit drugs in various studies

Study	Year	Age	Substance	Data base	Criterion	Prevalence %
EDSP	1998/99	14-24	drugs	Interview	Addiction	3.1
ESA	2003	18-59	Cannabis	Survey	Addiction	1.1
ESA	2003	18-20	Cannabis	Survey	Addiction	5.2
ESPAD	2003	15-16	Cannabis	Survey	Frequency 40+/ 12M	3.8
HBSC	2002	M:15.7	Cannabis	Survey	Frequency 40+/ 12M	2.9
ESPAD	2003	15-16	Drugs except Cannabis	Survey	Frequency 40+/ 12M	< 0.7
EBDD	2003	18-64	Heroin, Cocaine, Amphetamines	Therapy	Main drug	0.2 – 0.4
EBDD	2003	18-64	Heroin	Therapy	Main drug	0.2 – 0.3
EBDD	2003	18-64	Heroin	Police	Police contact	0.2 – 0.3
EBDD	2003	18-64	Heroin	Police records	Drug-related death	0.2 – 0.2

4.3 Profiles of clients in treatment

The data presented hereinafter are based on the National Addiction Aid Statistics published for Germany for the year 2003 (Welsch and Sonntag 2004a; Welsch and Sonntag 2004b) and the detailed data of the tables (Strobl et al. 2004a,b). While the overall system records more than 240,000 cases per year, this report only takes account of clients who were in treatment for any illegal substance as primary drug (main drug).

Demographic information

In the year 2003, 79% of all 38,285 out-patient clients recorded in the German addiction aid statistics were male. About 60% of them were between 15 and 30 years old. 88% of them were of German nationality, 3% came from European neighbor countries, 9% from non-EU-member states such as Turkey or the former Soviet Union. (Strobl et al. 2004a).

39% of the clients were in regular work at the beginning of the treatment and about 8% were still at school undergoing vocational training. At 44%, the portion of persons out of employment or out of work is quite high. Publications of regional documentation systems confirm that unemployment is on the increase among this part of the population (Bado 2004). This is not surprising given the generally high unemployment rate, but this tendency represents an additional risk factor for a lasting success of therapy outcome. For more than 80%, housing conditions were stable, 13% were living in institutions (e.g. clinics, prisons).

Standard of education, family and housing situation have changed only little compared to the previous year. More detailed information can be found in the standard tables 7 and 8 and the TDI-questionnaire.

Consumption behavior

Table 11 shows the most common forms of consumption for various substances. In three quarters of all cases, heroin continues to be injected. This consumption pattern is also found, though to a much smaller degree, with codeine and cocaine users. All other substances are orally administered or smoked. As for heroin, intravenous use slightly decreased to 70.2% compared to the previous year (2002: 72,2%; 2001: 68,4%; 2000; 69.5%) while as for methadone and codeine it remained stable in comparison with the previous year. Referring to cocaine, the figure slightly increased to 33.8% (2002: 29.7%;2001: 32.5%; 2000:32.8%). Given the considerable expansion of the sample of the participating facilities in out-patient documentation from 2002 to 2003, these small changes do not require further interpretation. All in all, the portion of intravenous use found is very high and stable carrying considerable infectious and other risks. A move to less risky use patterns was not to be found (Table 11).

Table 11: Drug administration modes of clients in out-patient therapy

Substance	Application mode					Total
	Injection	Smoking	Oral	Sniffing	Others	
Heroin	70,2%	17,6%	1,6%	9,6%	1,1%	16.181
Methadone	3,3%	3,1%	93,0%	0,2%	0,4%	8.298
Other opiates	21,1%	8,3%	64,3%	4,2	2,2%	2.509
Barbiturates	3,7%	2,0%	90,9%	0,5%	2,9%	1.086
Benzodiazepine	4,5%	1,3%	91,8%	0,6%	1,8%	4.697
Cocaine	33,8%	19,8%	1,7%	38,8%	5,9%	8.049
Crack	17,9%	47,5	2,5%	31,7%	0,4%	1.344

Source: Strobl et al. (2004a), multiple countings possible

Diagnostic data based on out-patient therapy

For the year 2003, the German addiction aid statistics contain data on the main diagnoses of a total of 30,696 persons who started treatment at an out-patient psychosocial addiction aid facility because of problems with illegal drugs. The main diagnoses are based on the diagnostic categories of the international classification system of the WHO (ICD 10) for disorders caused by psychotropic substances (harmful use or addiction). More than half of the cases are diagnoses on opiates, followed by cannabis which, as a main drug, was the reason for treatment for every fourth client. Third came cocaine with 7% or respectively 6%, outdistancing stimulants. As for persons who were in treatment for the first time, the relation between cannabis and opiates was reversed. Cannabis ranks first as a substance with these clients (Table 12). Further detailed information can be found in the standard tables compiled for the EMCDDA in the annex (standard table TDI).

Table 12: Main diagnoses in out-patient care (German drug aid statistics)

Main diagnosis harmful use/dependence on (ICD10: F1x.1/F1x.2x)	All admissions			Treated for the first time		
	Males %	Females %	Total %	Males %	Females %	Total %
Opiates	54.4	56.8	54.9	27.1	29.8	27.6
Cannabis	28.3	19.2	26.4	52.9	40.2	50.7
Cocaine	7.0	7.0	7.0	7.8	6.7	7.6
Hypnotics/ Sedatives	1.5	7.0	2.6	1.1	6.7	2.1
Hallucinogens	0.4	0.3	0.3	0.5	0.4	0.5
Stimulants	6.0	7.3	6.3	9.2	15.0	10.2
Volatile solvents	0.1	0.1	0.1	0.1	0.2	0.1
Other psychotropic substances	2.4	2.	2.3	1.2	1.0	1.2
Total	30,369	7,916	38,285	8,951	1,932	10,883

Source: Strobl et al. (2004a)

The development of the various groups of clients in out-patient therapy is shown in figure 8. The data were provided by the most recent survey on primary cannabis cases in out-patient treatment. The highest increase of the case figures was found for stimulants which have risen tenfold starting from very small case figures at the beginning. As for cannabis cases, the increase was sixfold over the same period of time (Simon et al. 2004).

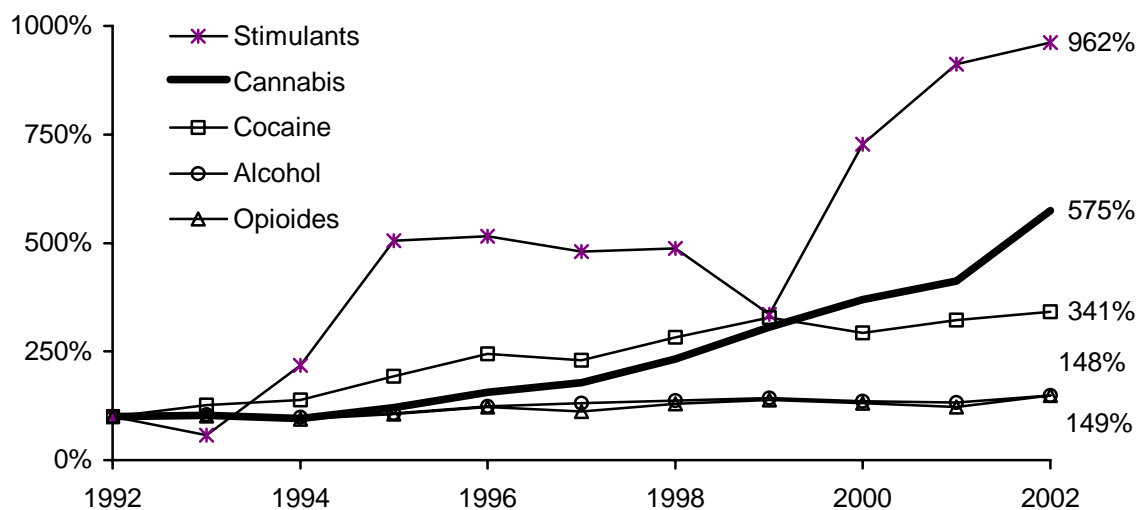


Figure 8: Developments of main drugs based on admissions to out-patient therapy since 1992 (=100%)

Source: Simon et al. (2004)

In 2003, 36% of all clients of the facilities which provided their data to the German drug aid statistics, reported drug problems to be the reason for out-patient therapy or seeking counseling. Opiates as a primary drug were found to be the most common drugs accounting for 55%. Cannabis was in 26% of the cases the main reason for treatment. Cocaine and stimulants/amphetamines came third and fourth with about 7%. Many clients do not have problems with only one single drug, but are using several drugs simultaneously or one after the other.

Looking only at the clients who are in therapy because of drug problems for the first time, the portion of cannabis cases is double as high. The portion of opiate clients in this group is considerably lower because these clients often had contact with the facilities for other drugs before and therapy and counseling are just a resumption of former therapy contacts.

Diagnostic data based on in-patient therapy

Out of the 20,000 in-patient clients recorded in the German addiction aid statistics, 3,080 persons (2,447 men and 632 women) were treated for illicit substances (including medications) in the year 2003 (Strobl et al. 2004b.). Only treatments which were terminated were recorded. Here also, the main diagnoses – e.g. the substance which is the main reason for therapy – were based on the diagnostic categories of the international classification system

of the WHO. Opiates which accounted for the major portion of the in-patient cases with 49% were followed by cannabis whose case figures placed it second also in in-patient therapy in the reference year 2003. However, there is a big distance to the opiate cases in numbers. For about a quarter of the cases, no data on the main diagnosis was available (Table 13).

Table 13: Main diagnoses in in-patient therapy (German addiction aid statistics)

Main diagnosis harmful use of.. / dependence on .. (ICD10: F1x.1/F1x.2x)	All admissions		
	Males %	Females %	Total %
Opiates	49.7%	44.3%	48.6%
Cannabis	10.1%	5.4%	9.2%
Cocaine	6.2%	4.7%	5.9%
Hypnotics/ Sedatives	2.7%	15.7%	5.4%
Hallucinogens	0.1%	0.0%	0.1%
Stimulants	4.1%	2.4%	3.7%
Volatile solvents	0.0%	0.0%	0.0%
Other psychotropic substances	27.2%	27.5%	27.2%
Total	2.447	632	3.080

Source: Strobl et al. (2004b)

The hospital diagnostic statistics - the most recent data (reporting year 2001) of which are presented in table 14 - give an overview of all patients undergoing in-patient therapy in Germany. By recording main diagnosis, age and gender, the hospital statistics provide basic information for the German Addiction Statistics which serve to complement a series of specific pieces of information.

Disorders caused by sedatives or hypnotics were not taken into account in the calculation of the overall figure of addiction therapies. Although some drug users make intensive use of these substances and probably are admitted to inpatient therapy with corresponding diagnoses, the age distribution of the cases recorded in the hospital statistics (60% of the patients are older than 40 years) is an indication of mainly classic cases of abuse of and dependence on pharmaceuticals being recorded. However, the diagnosis 'multiple substance use' which is to be assigned to a high portion of drug clients, was included. Nevertheless, these assignments can lead to an overestimation of the case figures by, for example, counting the disorders caused by alcohol and other hypnotics.

Out of the explicitly mentioned substances, opioids rank first (33.3%) followed by cannabis with a considerable distance (4.2%). The other substances account for 1.2% or less of the total of addiction disorders with regard to illegal substances (Table 14).

Table 14: In-patient clients with addiction diagnosis (F10-F19) in the year 2002

Diagnosis (ICD-10) Psychological and behavioral disorders caused by	Number of cases	Percentage of all in-patient treatments %	Percentage of diagnoses regar- ding illegal drugs %
F10 Alcohol	258.083	1.6	--
F11 Opioids	24.663	0.1	29,9
F12 Cannabinoids	3.113	0.0	3.8
F13 Sedatives or Hypnotics	8.359	0.1	10.1
F14 Cocaine	887	0.0	1.1
F15 Stimulants including caffeine	912	0.0	1.2
F16 Hallucinogens	741	0.0	0.9
F17 Tobacco	1.110	0.0	--
F18 Volatile substances	269	0.0	0.3
F19 Multiple substance use and use of other psychotropic substances	43.529	0.3	52.8
Total treatments	16,519,316		
Total addiction treatments	341,666	2.1	
Total addiction treatments because of illegal substances including medicaments	82,473	0.4	24.1

Source: Statistisches Bundesamt (2004a)

As for illegal drugs, heroin is the dominant problematic drug in in-patient facilities, cannabis in out-patient facilities. The higher threshold for the admission to an in-patient therapy (costs, time and organization), has the effect of a filter mechanism. According to tendency, clients in in-patient therapy are, in comparison to out-patient care, male, gainfully employed and somewhat older.

Diagnostic data from other areas

The European core data set is intended to also collect data on the care of clients with drug problems in prisons, low-threshold facilities and office-based practices of physicians. However, these data are currently not available. The further development of the German addiction aid statistics will probably make this possible for a small number of cases in low-threshold facilities or penal institutions in future years. The data contained in the substitution register do not include drug-free therapies and are limited to quantity, gender and substitution resources.

4.4 Main characteristics and patterns of use from non-treatment sources

Data collected outside of therapy facilities on drug users (N=437) in the Federal Land Saxony by various methods, illustrate the different situations the respective user groups are in. For the collection of the data only persons were taken into account who, by their own assessment or according to DSM-IV, suffered from a dependence on addictive substances. Only 31.8% of the cannabis users in this group knew the addiction and drug counseling facilities in their region compared to 43.2 % of the users of ecstasy and/or amphetamines. While 4.7% of the cannabis users made use of the services offered by addiction and counseling facilities in the last 12 months, professional help was sought by 10.5% of the ecstasy and amphetamine users. 81.3% of the opiate users knew these facilities and 69% made use of them during the last 12 months.

More than 80% of the users of cannabis, ecstasy or amphetamines stated as a reason for not having made use of these help services to have no or only a comparatively small drug problem. Irrespective of subjective or objective problems, the services offered by the facilities are perceived as inappropriate (Tossmann 2003).

5 Drug-Related Treatment

5.1 Overview

People who want to overcome their dependency with professional support are offered a wide range of therapeutic services and aids to quit. On the one hand, there are substitution offers available for opiate addicts with a limited target aiming at a stabilization of the overall condition, and, on the other side, abstinence-oriented treatment offers. The two concepts complement each other. In the long term, substitution too, aims at abstinence from drugs, where possible.

Abstinence-oriented therapy is - according to the present state of knowledge – subdivided in four basic phases:

- contact and motivation phase
- withdrawal phase
- rehabilitation phase
- integration and after care phase

The therapy is structured according to the above phase model. The goal of the *contact phase* is to develop, maintain and strengthen the motivation to have addiction treated. A help plan should be developed for the therapy which should start with counseling comprising medical, psychological and social diagnostics and case history. The help plan should take account of therapy and health care offers available at a regional level in order to select the measures which are best suited for the individual case.

In the *withdrawal phase* all possible aspects of addiction are worked on in multi professional teams in the frame of a 'qualified withdrawal'. The duration of the withdrawal phase may vary, depending on the individual circumstances, between two to six weeks.

The goal of the *rehabilitation phase* is to stabilize the abstinence achieved in the detoxification phase and to put a definitive end to addiction. Rehabilitation can be carried out in out-patient, in-patient- or partly in-patient therapies. The standard therapy duration is six months.

The *integration and after-care phase* is a 'phase of assimilation' where individual therapeutic measures move into the background in favor of an outward orientation with a view to promote integration into society and work. In their efforts to reintegrate into society, clients receive support from the special service departments of the job agencies as well as from the pension insurance funds.

Treatment organization

Substitution based treatment is conducted with more than 50.000 heroin addicts per year.. This type of treatment today is part of the health services provided through GPs contracted and paid for by the legal health insurance. The national chamber of Medical Doctors has published guidelines for that in 2002, which are fully accepted and have been integrated in the system of health service provision. However, the integration of the general health care system in Germany and the special system of drug aids into an effective integrated system has not been reached yet.. At regional level however, cooperation and coordination of the two services are clearly better.

Out-patient counseling facilities offer contact, motivation and out-patient care; withdrawal treatments/detoxifications are mainly done in general hospitals but also in a few specialized clinics. Rehabilitation can take place in special departments of hospitals, specialized clinics or therapeutic communities.

In the integration and after-care phase, a varied offer oriented to the specific needs of the clients with regard to profession, housing and re-integration into society is made. All fields of work are staffed with specialists who, for a major part, have done work-field-specific supplementary training. All offers made aim at stabilizing the abstinence from drugs.

One essential standard of addiction therapy is the participation of different professional groups ranging from social work/pedagogics, psychology and medicine. As for out-patient offers, quality assurance and technical monitoring are mainly in the hands of the supporting organs of the facilities or respectively of the Laender and communities. The responsibility for detoxification and rehabilitation however lies with the respective service providers.

In many Laender, the cooperation between the different fields of work and organizations is promoted by Laender-financed institutions like for example the Bavarian Academy for Addiction, the Hessian Land Center for Addiction Prevention or the Thuringian Land Center for Addiction Problems.

Funding and supporting organs

There are about 300 specialized drug counseling facilities and further 700 addiction counseling facilities treating patients for problems with drugs and other psychotropic substances. Country-wide, more than 1,500 treatment slots for detoxification and about 5,000 places for rehabilitation are offered. The majority of the institutions are independent non-profit-organizations. Public bodies and commercial enterprises also work in particular in the field of in-patient therapy. Aids to quit and therapy are for the most part based on public funds. Here, a considerable portion of the costs of out-patient facilities is borne by the legally and economically responsible bodies themselves. Except for the therapeutic treatment, out-patient addiction aid is, for the most part, voluntarily funded by the Laender and communities. However, the institutions have no legal claim to these resources. The withdrawal treatment lies in the hands of the legal health insurance funds. The legal pension insurance in its turn is

responsible for the rehabilitation therapy which is funded in terms of a medical rehabilitation to restore the earning capacity of the client. Hereby, the pension insurance institutions decide on the type, extent and duration of the therapy. Except for a few individual cases, there is no legal funding basis for the integration and after-care phase. Here, the legally and economically responsible bodies of the facilities have to resort to individual financing models.

Addiction therapy may only be provided by adequately skilled staff with work-field-specific supplementary training. In this context, the Federation of the Pension Insurance Institutions in Germany has passed guidelines for the supplementary training of therapy staff working in individual and group therapy in the frame of a medical rehabilitation of drug addicts, serving as a 'recommendation for the acknowledgement' of the respective advanced training courses. According to the BtmVV substitution based treatment can be conducted only by medical doctors with a special qualification, which is offered by the chambers of medical doctors.

Data sources

By integrating other documentation systems into the reporting system, the National Addiction Aid Statistics have considerably increased the portion of therapies recorded in recent years.

Since 1 July 2002, information on substitution therapy is recorded by the substitution register. with the purpose to avoid double prescriptions of substitution drugs and to monitor the implementation of specific quality standards in the therapy. The register has been set up at the Federal Institute for Pharmaceutics and Medical Devices. The short-term use of substitution drugs in detoxification is not to be recorded by this register. First results of the statistics were published for 2003. Information is provided on the number and gender of the clients as well as on the substitution drugs used. In addition, the names of the doctors in charge of the therapy are listed.

5.2 Treatment systems

Institutions and organizations

A differentiation between drug-free and medically assisted treatment is not very useful to describe the therapy system in Germany. Whereas a large part of the activities undertaken by GPs can be assigned to medication-assisted therapy, the services offered by psychosocial counseling facilities representing a central element of services, can only be clearly assigned in those cases in which they themselves supply the substitution drugs. In many cases however, medical substitution takes place outside of the counseling facilities. In this way, psychosocial care or therapy provided by the counseling facilities is, per se, neither indebted to a drug-free nor a medication-assisted approach. In order to avoid repetitions, outpatient counseling facilities are regrouped in the following sections under drug-free therapies. As explained above, this is however a rough simplification of the actual situation.

Treatment demand

In the year 2002/2003, a study was carried out in the region of Munich to compare the parameters of the objective need for treatment for consumption of illegal drugs to the actual treatment demand (Perkonigg et al. 2004). The study found that, for the analyzed age group from 14 to 24 years, the life-time prevalence of the consumption of illegal drugs was 49%. 14.7% of them reported problematic consumption at one point in their life and a further 3.1% had developed an addiction to these substances.

By means of census in facilities of addiction aid and general health care in the region and interviews with users, it was found that only 31% of all persons with problematic consumption had ever made use of professional help to overcome their drug problem and only 2% had entered into contact with addiction aid facilities. The quotas of drug addicts reached by general health care and addiction aid facilities were considerably higher - 52% and 6% respectively -, but are still considered as too low. As the facilities treating opiate addicts were used to capacity, but hardly reached other problem cases, the authors of the study speak of a 'deficient supply with fully used capacities'.

The federal model of the 'designer drug consulting hours' was tested and evaluated in Mecklenburg West-Pomerania and integrated in the routine program of the out-patient department of the university clinic in Rostock. Further details can be found in the reports of the previous years.

Evaluation

An evaluation of the drug aid system in Hamburg (Görge, Oliva, and Schu 2004) was carried out on behalf of the Federal Land Hamburg. In experts' talks and by using data of the regional monitoring system and various other sources on the services provided and results achieved, structure, care processes and results were analyzed and assessed. Hereby, a central question was to find out in how far the service offered matched the goal of quitting drug use. The study was carried out mainly on the basis of existing data and materials. Relevant findings of the study are presented below. The reference year was 2002.

The findings are complemented by a few results of the most recent data of the base documentation (Bado 2004):

- in 2002 a total of 5,652 persons with primarily drug-related problems were reached by out-patient services
- This corresponds to a response rate of 50% on the basis of an estimated total figure of drug users (mainly of heroin/cocaine). Comparable quotas are reported for Berlin (5,011 of a total of 7,500 = 67%) and Bremen (2,800 of 5,500 = 51%).

- In about 22% of the cases, treatment was finished as scheduled, i.e. the disorders were successfully treated or at least reduced. A further 30% were referred to other – mostly in-patient - units. 0.8% of the clients died, 6.2 % had to serve a jail sentence. In the other remaining 40% of the cases, therapy was stopped – generally by the clients themselves.
- Whereas positive effects of the therapy system on the consumption of addictive substances and co-drugs were found and the number of drug-related deaths considerably decreased over the last years (a trend however observed also in other cities), positive results regarding abstinence and quitting are much less visible.
- The authors of the study point out that no clear targets were set in the overall system resulting in a lack of proper success indicators.
- Socially (still) integrated substance abusing and addicted cannabis clients and older drug addicts were found to be insufficiently cared for.
- With regard to system control, it is positively noted that regularly carried out regional surveys inform on the demand situation, and that police work and preventive and therapeutic measures have been networked in the planning phase for quite some time.
- Recommendations of the authors of the study relate to a reorganization of the work and to changes in the financing with a view to develop longer-term work concepts, increase the efficiency and reach of the services offered. In addition to work-specific advanced training for the staff, the authors call for a clearer formulation of the therapy goals (in this case orientation towards quitting drugs) and for a stronger support of complementary offers in the field of employment and housing.

5.3 Drug-free treatment

Generally, not much has changed in this area. The insecure legal situation regarding the financing of out-patient services have increasingly led to financing problems. The municipalities which finance the largest part of these services, currently have extremely tight financial budgets. Therefore, offers like for example the out-patient addiction aid services, the financing of which is not a legal obligation for the municipalities, are in danger of being suspended.

Client figures in terms of substances

The treatment demand in terms of substances is presented in chapter 4.3. A clear increase was found for the whole of Germany - however with regional exceptions - for individuals with primary cannabis problems. In Hamburg, where the group of clients of out-patient drug aid facilities consists for 95% of users of opiates and cocaine, experts have hardly noticed any increase of cannabis clients in out-patient care (Bado 2004).

Special client groups

For the group of ethnic German immigrants from East European countries whose young members are above average affected by opiate problems, it is often difficult to get access to help offers for language and cultural reasons. Therefore, the Land Berlin is currently developing specific therapeutic entry levels for Russian speaking immigrants with addiction problems in order to facilitate integration into the therapy process. A special service was started for children and teenagers with addiction disorders in Stralsund with the creation of 10 clinical and 5 day-clinical slots for treatment.

5.4 Medically assisted treatment

In addition to the data and evaluations presented below, information on medication-assisted therapy is also to be found in chapter 12 (buprenorphine).

Withdrawal

In the withdrawal treatment of opiate addicts, methadone and buprenorphine are among others temporarily used in order to reduce negative concomitant symptoms. Country-wide overall statistics do not exist. Based on an estimation carried out for the Federal Land Hesse, 2,680 patients were in withdrawal treatment in the year 2002 (Hessisches Sozialministerium 2004).

Recent studies and reviews point to the positive effects of the use of buprenorphine in withdrawal treatment. Since for this shortterm indication no entries have to be made into the national substitution register, the exact number of withdrawal treatments is unknown.

Substitution

Methadone and buprenorphine are the substances approved for substitution treatment in Germany. Codeine and DHC may only be prescribed for substitution treatment in exceptional cases. LAAM may no longer be used due to strong side effects.

The evaluation of the records from the national substitution register shows that these specifications have been met. The entries fall into the following categories: 70.0% methadone, 16.1% levomethadone, 12.3% buprenorphine, 1.4% dihydroceine and 0.2% codeine (Die Drogenbeauftragte der Bundesregierung 2004).

Number of substitution treatments

From 1 June 2002 to 31 December 2003 about 113,000 substitution treatments started, and on 1 December 2003 about 56,000 treatments were ongoing. These figures confirm the number of 50,000 to 60,000 cases per year which had been calculated on the basis of the total volume of prescribed substances and dosages before. It was however not possible to determine the exact number of individuals in substitution treatment in 2003 due to several treatment starts of one and the same individual during the reference period and due to the unknown number of therapies carried out simultaneously for one and the same person on the

day set. Lack of precision during the collection of personal data of the patients makes it even more difficult to check for double entries (Die Drogenbeauftragte der Bundesregierung 2004).

An estimation on the basis of some background assume, that about 600-700 prison inmates are in substitution treatment during imprisonment (Stöver, Hennebel and Casselman 2004; Keppler, Knorr, and Stöver 2004).

Quality management

It has been repeatedly noted (Weber 2001) that the requested close networking between medical substitution and psychosocial and psychotherapeutic aid often is non-existent. The reasons for this are of a structural but also financial nature.

A survey commissioned by the BMGS carried out among the Laender and the Associations of Legal Health Funds Dentists shows that both a country-wide uniform concept of psychosocial care and guidelines on the implementation of funding agreements are missing. The possibility of regional bottlenecks in provision of services are admitted in the Addiction and Drug Report 2004 (Die Drogenbeauftragten der Bundesregierung 2004).

The most recent demonstration project carried out in the Saarland shows that it is possible to achieve a high participation in these programs - given the necessary personnel resources, a close cooperation between three clearing centers and all institutions involved and a case management approach. While 29% of the substitution patients never and 25% rarely had contact with the psychosocial help system before the start of therapy, up to 55% of the substitution clients were reached by these programs in the individual regions by the end of the project (Marzen 2003).

In cooperation with the Institute for Health and Social Research Berlin, the Medical Council Westfalen-Lippe has run a project on the 'quality assurance in out-patient substitution therapy of opiate addicts' (ASTO) since 2002. The project is funded by the Ministry for Health, Social Affairs, Women and Family of North Rhine-Westphalia, the Federal Ministry for Health and Social Security and sponsors from industry.

The most important work result yielded by the first project phase, is the 'Manual on quality assurance in out-patient substitution therapy of opiate addicts', 1100 copies of which have already been ordered by GPs and ambulatories. The comprehensive evaluation of the project will be terminated by 2004.

Supply

According to the regional medical councils, about 8,000 doctors have the additional qualification for addiction therapy authorizing them to carry out substitution treatments. As of December 2003, 2,300 of these doctors had patients in substitution treatment. A further approximately 200 doctors without additional qualification carried out the treatments under the supervision of a consultant colleague (§5 Abs 3 BtMVV).

A supply epidemiological project named COBRA is currently being carried out by the Addiction Research Association funded by the Federal Ministry for Research, Education and

Technology. The project is headed by Prof. Wittchen. In its descriptive part, the project is to provide information on how many and what type of substitution facilities reach and treat how many opiate addicts. As some imprecisions - caused for example by delayed reporting of discontinued therapies and, connected therewith, double reporting of the same person – are to be expected to persist with the present substitution register as a routine register also after the start phase, COBRA can contribute to a considerable improvement of the data situation. First results are expected to be published by the end of 2004.

Availability, access and conditions for substitution treatment for prison inmates differ considerably between regions and local places, as a recent publication concludes. The authors of this research assume, that treatment requests outnumber treatment offers in these places to a big extent (Stöver, Hennebel, and Casselman 2004).

6 Health Correlates and Consequences

6.1 Overview

Drug use has an influence on morbidity and mortality of the users. Data on drug-related deaths are collected by two country-wide systems: The case register on narcotics ('Falldatei Rauschgift, FDR') of the Federal Office of Criminal Investigation (BKA) and the general death register of the Federal Statistical Office (StBA). There are hardly any data available on the morbidity of untreated drug addicts which could be used for epidemiological purposes so alternatively, the descriptions of the health condition of the clients at the beginning of a therapy are used. As these often represent a positive selection of drug users, health aspects probably tend to get underestimated.

The case register narcotics

Drug-related deaths are recorded by the criminal investigation departments of the respective Laender within the case register on narcotics ('Falldatei Rauschgift, FDR'). Toxicological reports play an important role in determining the cause of death providing clarifying information on the drug status at the time of death. The portion of autopsied drug-related deaths as a measurement for the quality of the assignment of drug-related deaths varies considerably between the Laender.

In order to facilitate the recording of drug-related deaths and reduce mistakes, the following criteria for drug-related deaths were laid down by the BKA in a sheet of instructions (Bundkriminalamt 1999)

- drug-related deaths due to unintended overdose
- death as a result of health damage (physical decline, HIV or hepatitis C, weakness of organs) caused by long-term drug abuse,
- suicide out of despair over the living conditions or under the influence of withdrawal symptoms (e.g. delusions, strong physical pain, depressive mood),
- fatal accidents under the influence of drugs

General death register

In Germany, a death certificate is written out for every case of death, recording personal data and information of the cause of death. The death certificate is passed on to the health office and then to the Land Statistical Office. The aggregation and evaluation at national level is done by the Federal Statistical Office.

Out of the general death register only cases with specific causes of death are reported to the EMCDDA. The selection is based on the specifications of EMCDDA (section B), which – in comparison with the specifications of the Federal Office of Criminal Investigation – have a narrower definition of drug-related deaths. As a basis for the assignment to the group of

drug-related deaths, the assumed underlying disorder (ICD10-Codes F11-F19) or the assumed reasons of death (ICD10-Codes X, T, and Y) were used respectively.

Comparisons with other European countries should only be made on the basis of the general death register, as this register largely follows common standards. Due to the broad definition of a 'drug-related death', the data of the police register lead to higher estimates. The police register is of great importance for long-term comparisons of national trends but it is less suitable for European-wide comparisons due to differences in the selection criteria and recorded age groups.

Neither of the two registers records the totality of drug-related deaths. A certain number of relevant cases is – with either register – not recognized, not reported or wrongly assigned. A long-term comparison of the two registers shows very similar developments and trends so that we have a kind of cross-validation of the two estimate procedures.

Infectious diseases

The Robert-Koch-Institute (RKI) as a federal agency collects country-wide data on infectious diseases including HIV and hepatitis and publishes them in regular intervals (www.rki.de). According to the German Regulation on Laboratory Reports of 1987, all laboratories in the Federal Republic of Germany are obliged to report confirmed HIV-antibody tests anonymously to the AIDS-Center of the Robert-Koch-Institute. These laboratory reports contain information on age, gender, place of residence of the infected and way of transmission. In addition, the AIDS-Case-Register collects epidemiological data on diagnosed AIDS-cases in an anonymous way and based on voluntary reportings of doctors in charge of the treatments.

In compliance with the new Law on the Protection against Infections as of 1 January 2001, the laboratories and General Practitioners have to report information on the way of transmission for hepatitis B and C to the Robert-Koch-Institute. By changing the collection of data on new HIV-diagnoses, it is now better possible to avoid (formerly unrecognized) multiple data entries.

However, since for reasons of data protection personal data have to be deleted by the health agencies after a period of three years and the data sent to the Robert-Koch-Institute are anonymous, multiple entries cannot be completely excluded. Trend analyses at case level based on this kind of reporting are not possible therefore. This does not apply to HIV-infections, as these are only reported as new infections (incidence).

6.2 Drug-related deaths and mortality of drug users

6.2.1 Drug-related deaths

In the narcotic case register of the BKA, the number of drug-related deaths strongly increased from the middle of the eighties to the beginning of nineties reaching a peak in 1991 with 2,125 casualties. In the following years, the figures declined and reached the lowest point since 1990 with 1,501 drug-related deaths in 1997. After an upward trend between

1998 and 2000, the figures have been declining again since 2001. In 2003, a total of 1,477 drug-deaths were registered corresponding to a decrease of 2% compared to the previous year (1,513). When looking at the different age groups, the number of drug-related deaths has significantly gone down in the age group 18-25 years since about 1992. The decrease of the figures of drug-related deaths in the last three years is mainly attributable to changes in the age group above 30, in which their decreased by about a third from 2000 to 2002. The increase in the average age of deceased drug-users (1994: 30; 2003: 34 years) (BKA 2004b) also underlines the specific importance of this age group (Figure 9).

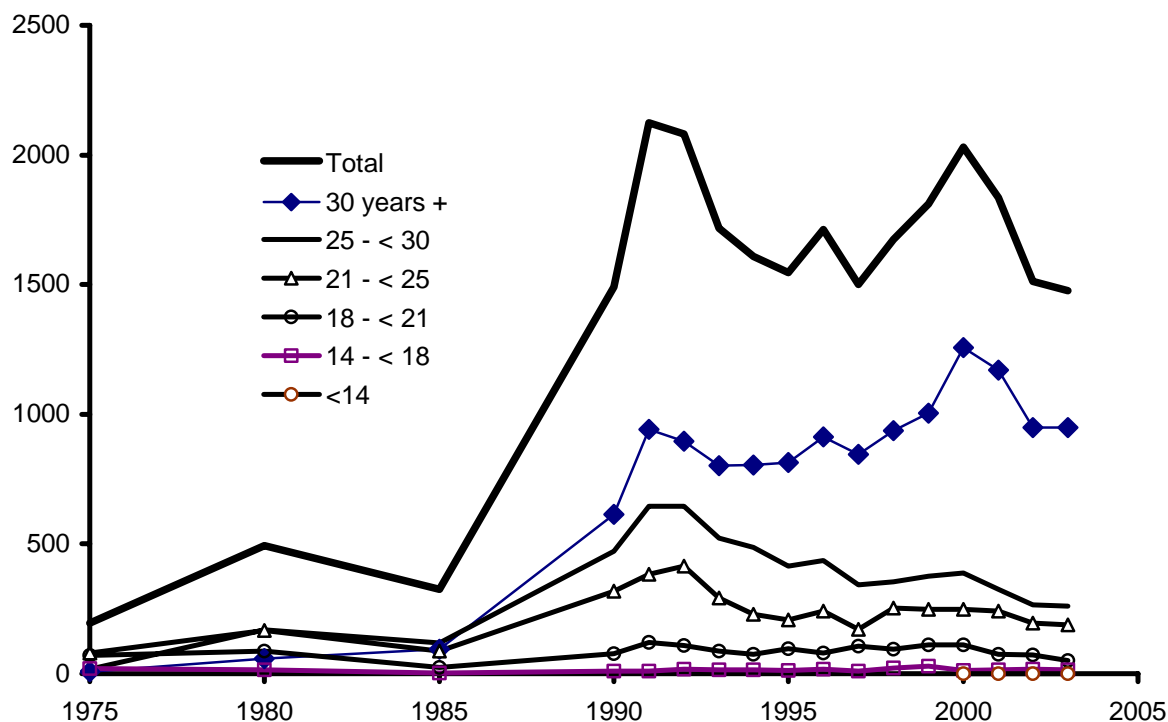


Figure 9: Drug-related deaths by age groups

Source: BKA (2004b)

The reliability of these data strongly depends on the question whether autopsies and toxicological examinations have been carried out to validate the first assessment of a drug-related death. In the reference period of this report, an autopsy rate of 100% was achieved by Brandenburg, Mecklenburg West-Pomerania, the Saarland, Saxony and Saxony-Anhalt. The average autopsy rate was 77% (2002: 72%). However, the autopsy was not always complemented by a toxicological examination.

The number of drug-related deaths varies considerably between municipalities, regions and Laender. Among the Laender, Bremen displays the highest quote of drug-related deaths with 10.6 per 100,000 inhabitants followed by Berlin (4.9) and Hamburg (3.7). As these three city states differ significantly in their regional structure from Laender like Bavaria or Lower Saxony comprising larger areas, these quotas are not directly comparable to the country-wide average rate of 1.8. The Eastern Laender remain considerably less affected by these

problems. Detailed data on the drug-related deaths are to be found in standard table 5, the development of the case figures in standard table 6.

Causes of death

The most common cause of death is heroin overdose (2003: 41%; 2002: 41%; 2001: 48%). This category comprises both deaths where heroin was found to be the only drug, and cases where also other drugs in addition to heroin were detected. Substitution substances/ medicaments/ narcotic drugs and alcohol accounted for 30% of the deaths in 2002. According to the data of the Federal Office of Criminal Investigation, about 19 individuals died last year with ecstasy alone or in connection with other drugs being the cause of death (Table 15).

Table 15: Drug-related deaths 2003

Cause of death	Percent 2002	Percent 2003	Number 2002	Number 2003
1. Overdose of:				
Heroin	27%	26%	551	456
Heroin + other drugs	14%	15%	285	266
cocaine	2%	1%	47	25
Cocaine + other drugs	4%	5%	84	93
Amphetamines	1%	0%	10	3
Amphetamines + other drugs	1%	1%	27	16
Ecstasy	0%	0%	8	2
Ecstasy + other drugs	1%	0%	11	8
Medicaments/ substitution substances	7%	3%	145	55
Narcotic drugs + alcohol + substitution substance	23%	20%	453	354
Other narcotic drugs / unknown	3%	8%	54	139
2. Suicide	7%	7%	133	117
3. Long-term damage	8%	11%	165	204
4. Accident/other	2%	2%	33	37
5. Total	100%	100%	2006	1775

Source: BKA (2004b)

Note: Due to multiple entries in the categories overdose (various types of drugs) and suicide, the number of death-causes summed up lies above the total figure of 1513 (2002) or respectively 1477 (2003) drug-related deaths.

The portion of migrants to the total number of drug-related deaths in the year 2002 (1,513) was relatively high amounting to 9% compared to 8% in the previous year (BKA 2004a).

Regional studies on the trends and characteristics of drug-related deaths are available for Bavaria (Wolfersdorf et al. 2002), Baden-Württemberg (Kraus 2001) and Hamburg (Raschke, Püschel, and Heinemann 2002). Considerable regional and time fluctuations were found which cannot be clearly accounted for. They are rather to be seen as the result of a complex combination of various influencing factors (Kraus and Püschel 2002).

Data from the general death register

The most recent figures of drug-related deaths available from the general death register refer to the year 2002. 216 women and 1,023 men were recorded as deceased in connection with drug consumption. Herewith, the total figure of 1,239 drug-related deaths ranks below the figure recorded by the BKA (1,835). The deceased drug users were mostly between 25 and 39 years old and male.

6.2.2 Total mortality and death causes among drug users

As there is no overview of the mortality of the total population of drug users available, a few data on drug users in treatment will be presented in the following.

According to the German drug aid statistics, 1.3% of the drug clients (1.6% of opiate users) died during out-patient therapy based on treatment durations of 12 months. The quota for alcohol clients is with 1.4% similarly high, whereby the higher age average of this group (M:42.9 years) by comparison with opiate clients (M:30.5 years) needs to be taken into account (Strobl et al. 2004a).

A cohort study of treatment beginners carried out in Hamburg (N=4.504; 72% males) found 414 deaths over a period of 11 years (1990-2000). This corresponds to an average rate of about 0.9% per year. As the study could only refer to data of the death register of the city of Hamburg, the actual case figure is assumed to be higher. Most of the deaths were caused by overdose (231 cases).

Further studies on this topic are to be found in previous REITOX-reports. There were no new relevant studies or data available for the reference period.

6.3 Drug related infectious diseases

HIV

Drug users are – after homosexuals – the second largest risk group for HIV-infections and Aids. The number of AIDS-cases varies considerably between the individual Laender. Whereas in the new Laender still only a few individuals have contracted AIDS, the figures have soared up for the cities of Berlin (West) (2,020 per 1 million inhabitants) and Frankfurt (1,848 per 1 million inhabitants). Reported is respectively the cumulated incidence.

According to the Robert-Koch-Institute (RKA 2004d), 6.9% of the group of injecting drug users got a HIV-diagnosis for the first time (2003: 117 out of 1,700). Until the year 2000, this figure was still above 10% (2000: 170 out of 1,696). In 2003, the infection risk 'intravenous consumption' was recorded for 17.7% of the new infections.

A positive HIV-status was found for 38 out of 1,244 (3.1%) drug-related deaths in 9 Laender. Data of out-patient counseling facilities show a prevalence of 3.5% (N=847 tested clients with known results) (Strobl et al., 2004). However, it needs to be taken into account that these

data are missing with many clients and that they are generally based on clients' self reports (i.e. on their own knowledge). Consequently, reliability of these data is restricted.

Summarizing, it can be stated that intravenous drug use was the potential cause of infection for less than 10% of the newly infected individuals and that less than 5% of the intravenous drug users were HIV-positive in the year 2003. Given the restricted reliability of the data base, this statement can only be made on a preliminary basis.

Hepatitis

Basic data on hepatitis are available for the general population. According to the Federal Health Report (RKI 2004b,c) 5-8% of the population in Germany between 18 and 79 years had an hepatitis B infection, 0.4-0.7% are virus carriers. 0.5-0.7% of the population carry hepatitis antibodies. The incidence of the first diagnosis amounted to 1.7 per 100,000 for hepatitis B. As for hepatitis C it was 10.3 per 100,000 inhabitants for men and 5.8 for women in the same year. A differentiation between acute and chronic HCV diagnoses is not possible.

In 2003, a total of 1,304 acute cases of hepatitis B and 6,961 new infections of hepatitis C (2002: 1,425 hepatitis B; 6,600 hepatitis C) were recorded. Since there is a certain backlog of later reporting of older infections to be assumed, the situation can be regarded as stable.

Based on a broader definition of the recorded cases, intravenous consumption was found for 87 of the 653 entries (13%) for hepatitis B. Intravenous consumption ranks third to transmission through sexual intercourse or surgeries. Data on exposures were only available for 24% of the recorded cases.

As for hepatitis C, intravenous consumption was found for 1,170 out of 2,309 cases (51%) coming top of the ways of transmission. Data were available in 33% of the cases (RKI 2004c,d). For intravenous drug users, the rate of infection is estimated at 40%-60% for hepatitis B and 60%-80% for hepatitis C. Among the new hepatitis C infections, the proportion of iv. drug users is assumed to be at least 50%. Detailed results of a few smaller studies are to be found in the German REITOX-Report for the year 2002 (RKI 2004c,d). Apart from the intravenous drug use itself, the life circumstances of the drug users increase the risk of attracting hepatitis. Unemployment, no permanent place of residence, imprisonment, very early or long intravenous drug use are additional risk factors.

From 2001 to end 2003, a program on the hepatitis prophylaxis was carried out in three outpatient counseling facilities in Thuringia. To this purpose, the new infections occurring in the region were attentively monitored and reported. In the region where the study was carried out, a total of 62 infections were registered in the first six months of 2001 (hepatitis A: 10 cases; hepatitis B: 11 cases; hepatitis C: 41 cases). Out of the hepatitis B cases, 1 (9%) and out of the hepatitis C cases 4 (10%) were found to be attributable to drug use. In 35% of the cases, no information on the cause of the infection was available (TKS 2001).

Upon invitation of the Drug Commissioner of the Federal Government, a round of experts of prevention and epidemiology discussed the current state of research and possible consequences coming to the following conclusions (Die Drogenbeauftragte der Bundesregierung 2003b):

- The average prevalence of hepatitis B for drug users in Germany currently is around 42%, for hepatitis C 60%.
- Risk factors are imprisonment, intravenous drug use (in particular when started early) and homelessness.
- The currently existing reporting system which provides good data for the general population can offer epidemiological information on hepatitis and drug only to a limited extent. For this group of people it would be necessary to carry out individual studies and set up surveillance systems.

Summarizing, it can be stated that, despite the unsatisfactory data situation, the rate of infection for hepatitis B and hepatitis C is very high among intravenous drug users. Being strongly affected by new infections, drug users play a central role in the spread of these infections. The living conditions of this group carry – in addition to the intravenous consumption itself – further risks of infection.

Sexually transmissible diseases, TB and others

Currently, there are no new data available on the spread of sexually transmissible diseases, t.b. and other infectious diseases for the group of drug users.

6.4 Psychiatric co-morbidity

From scientific literature it is known that there is a correlation between drug use and various psychological disorders. A current study on clients with primary cannabis problems in which a series of disorders were recorded by means of clinical, computer-based interviews, is confirming this. In particular affective disorders, depressions and phobias are relatively common among this group of clients (Table 16) (Simon et al. 2004)

Table 16: Psychological disorders of clients with primary cannabis problems

Disorders	%
Psychotic disorders	10.9
Affective disorders and depressions	39.1
Anxiety disorders	15.2
Phobias	37.0

Source: Simon et al (2004), N=51

The structural changes of the brain associated with addiction have been described at the macro- and micro-level by Nestler (2001). A current work on the correlation between personality disorder and substance abuse indicates the strong correlation between these two groups of disorders. Various studies found 39%-84% substance abuse among clients with borderline diagnoses, between 3% and 80% among opiate users and between 2% and 34% among cocaine addicts (Thomasius 2004).

6.5 Other drug related health correlates and consequences

The health conditions of some drug users are bad due to malnutrition, way of life and insufficient health care. Besides skin or venereal diseases, other health impairments affecting teeth, mouth and jaws as well as internal or psychiatric disorders may occur. Data on the health conditions of drug users were published in the REITOX-Report 2001. For the reference period of this report, no new results are available. Little is known about the health aspects of drugs users in less conspicuous groups.

A large-scale study on the health of children and teenagers (www.kiggs.de) is currently under way in Germany. With a sample size of 18,000 between 0 and 18 years at 150 locations, the study is to provide a comprehensive and well-founded view of the health situation of this age group. With regard to risk behavior, data are also collected on the use of legal and illegal addictive substances, so that after the completion of the study in a few years well-founded assessments of the correlation between various social and medical parameters and drug use will be available for a section of the general population.

Neuropsychological analyses of the University Bonn indicate that long-term users of ecstasy are not as good as users of cannabis or individuals without drug experience in making risk assessments in simulated situations. The study also found impairments of the short-term memory of long-term ecstasy users (Quednow et al. 2004).

First results of a study carried out among teenagers in the general population and a clinical sample taken in Munich, to investigate the cognitive abilities (memory, attention, performance) of individuals using no, very little or moderately ecstasy, cannabis or alcohol have just recently been published suggesting reduced cognitive functions especially with ecstasy users (Schütz et al. 2004).

Impairments of the long-term memory and the ability to verbalize were also found with a group of long-term and intense ecstasy users in a study conducted by Prof. Thomasius, Hamburg, and funded by the Federal Institute for Pharmaceutics and Medical Products (BfArM). The results were discussed in an expert meeting and assessed with regard to preventive conclusions to be drawn. A summary of the meeting is to be found under www.bmgs.bund.de/download/broschueren/A607.pdf.

Accidents

There are no recent studies available for this topic (see chapter 8.3.4).

7 Responses to Health Correlates and Consequences

7.1 Overview

Health aspects of drug use are addressed by specific offers provided for drug users as well as within the frame of general health care. Information on the scope and type of measures is generally only available for a part of the specific measures, as these are carried out by specialized facilities or as part of a specific program.

General health care

Data on general health care do not provide any information which could be specifically referred to the group of drug addicts. Except for individual cases, there are no data available on the number of emergency missions due to overdose or other life-threatening conditions caused by drug use. There are no data either on the treatment of the sequelae carried out in office-based practices or clinics.

Special offers

Basic medical care forms part of the services provided by out-patient facilities. Dental treatments which have been put off for a long time and other medical treatments are often carried out during in-patient addiction therapy. Basic data hereto are available from the German addiction aid statistics.

The best data situation is to be found with regard to relatively new services which have not been integrated into basic care yet or which are provided by specific facilities. This applies in particular to the drug consumption rooms whose work has been relatively well documented and evaluated over the last years.

7.2 Prevention of drug related deaths

In the last few years, two specific approaches were aimed at preventing drug-related deaths. In many German cities, drug consumption rooms were set up in order to allow for drug use to take place under hygienic conditions and provide first aid if required.

Information and training for drug users on how to help each other in the case of overdose, form a second approach which was tested in a pilot project.

Drug Consumption Rooms

As the drug itself and very often also the necessary utensils are brought along to drug consumption rooms, infection prophylaxis is only possible at the 'appeal level'. The goal of this initiative is to secure the survival and the stabilization of the health condition of the drug users as well as to attract drug users who can otherwise not be reached over the system and provide them with motivational offers to quit drug use. Based on a federal law, the governments of the Laender may pass regulations specifying the preconditions for the authorization to set up and run drug consumption rooms. After corresponding regulations had

been passed in 5 out of 16 Laender in the last few years, Berlin too started such an initiative end of 2003. At the moment a total of 25 drug consumption rooms exist in Germany: Frankfurt/M (5), Hamburg (5), Berlin (3), Aachen, Bielefeld, Bochum, Bonn, Dortmund, Essen, Hannover, Köln, Münster, Saarbrücken, Troisdorf and Wuppertal (1 per city).

In Berlin, for example, one unit is mobile offering services at two drug scene meeting points. One central element of this initiative is a cooperation agreement between the service provider (Fixpunkt e.V.), the health agency, the department of public prosecution and the police which are all to meet on a regular basis. The implementation of these initiatives has been scientifically evaluated. Results of the evaluation will be published in 2005.

In the year 2002, drug use took place 196,568 times in the four public consumption rooms in Hesse (Hessisches Sozialministerium 2004).

Results of an evaluation study have been reported in last year's REITOX report.

Supply of naloxone

The supply of naloxone outside of medical treatment to avoid drug-related deaths was used as part of a pilot study in Berlin but has not yet been taken over into basic health care or general health care structures (Dettmer and Leicht 2004).

7.3 Prevention and treatment of drug-related infectious diseases

Syringe programs

The distribution of syringes to injecting users in prisons was tested in Germany since the mid-eighties and implemented in 7 penal institutions over a longer period of time. The results demonstrated the feasibility of such programs and also yielded some positive effects, but did not lead to a country-wide implementation. Possible reasons are expenditure, costs and organizational problems connected to the implementation of the program. In various Laender, 6 of the 7 programs in Germany were stopped. A penal institution for women in Berlin is the last one to still distribute syringes to addicted inmates (Stöver and Nelles 2003).

Distribution and exchange of syringes is offered at many locations. However, general statistics are mostly missing. A drug consumption room in Münster reports the disposal of about 3000 syringes per week – which probably corresponds to the number of syringes distributed (Schneider 2004). Experts assume 200 distribution machines for syringes exist nation-wide. Trends in distribution are perceived as stable to decreasing (Stöver, personal communication)

Information on infection risks and treatment

Possibilities to improve prevention and treatment of hepatitis B and C were the main item on the agenda of an experts' round which was held on 5 September 2003 upon invitation of the Robert-Koch-Institute together with the Federal Ministry for Health and Social Security (BMGS). Apart from representatives of the Robert-Koch-Institute and the BMGS, experts

from epidemiology, prevention and treatment took part in the meeting. There was great unanimity among the participants that hepatitis is widely spread among drug users and that possible sequelae might be critical not only for the infected individuals themselves but also for the health insurance funds in view of the high treatment costs.

It was noted that preventive approaches have so far been too much aligned with the experiences made with HIV. However, since the risk of infection is much higher for hepatitis C, it is indispensable to launch far-reaching information campaigns among intravenous drug users. They need to be provided with information on the risks incurred by the joint use of material when preparing the drug use. Likewise, the staff of low-threshold facilities needs to be instructed in the differences between the infectious diseases HIV and hepatitis C.

Treatment of hepatitis among drug users

At the above mentioned experts' round it was stated that the medical treatment of hepatitis worked well provided there was a stable relationship with the care institution and good compliance on the part of the clients. An ongoing substitution could provide an appropriate frame for the treatment. The risks of this type of treatment are regarded as too high for alcohol addiction or uncontrolled use of other drugs.

The results of a study carried out in Thuringia point into the same direction. Between 2001 to the end of 2002, a program on the prophylaxis of hepatitis was tested in three out-patient counseling facilities. The goal of the study was to gain deeper insight into the problem area 'drugs – hepatitis' in this region, to find out whether the users know how the disease is transmitted, test vaccination approaches and reduce risks of consumption. It was found that drug users did not know enough about the risks of infection (in particular with regard to the common use of utensils for the preparatory activities before the consumption) and are generally most willing to get vaccinated.

During the program, 112 clients were approached and 61 of them were vaccinated. Despite high organizational expenditure and high flexibility of the care staff, protection by means of vaccination could be achieved for far less than half of the clients because these did not follow the required vaccination program.

Exchange and information

Besides the experts' meeting on hepatitis mentioned above, aktzept e.V., AIDS-Hilfe and LABAS e.V. organized an 1st international conference on hepatitis C in Berlin on 24 and 25 May 2004. Beside more than 150 German participants also experts from neighboring countries (Austria, Swiss) took part. Among other topics an EMCDDA representative presented an evaluation of guidelines for the treatment of HCV infected i.v. drug users in the European Union – which reached quite different results in different countries. As a consequence of the meeting in Berlin an action group 'Hepatitis and drug use' was founded.

7.4 Interventions related to psychiatric co-morbidity

Drug users who, in addition to their drug problems, suffer from psychological disorders, need care which takes both areas into account. These individuals are particularly in need of general diagnostic competences of addiction therapists with regard to the psychological disorders. At the same time cooperation between clinical psychology/psychiatry and addiction care is needed in the treatment of the disorder. The problem being stated and described at many places does not mean that the practical consequences are always easy to implement given differences in the work areas, competences and financing modalities.

In practice, there are two models to deal with these problems: either, the two problem areas are dealt with by two different therapists/institutions which have to closely coordinate their activities. Alternatively, the treatment is carried out at one place, which however requires competences in both problem areas. In general, mixing these clients with other drug clients has not proven positive, as clients with double diagnoses sometimes require a slower and more flexible therapeutic approach (e.g. medication, keeping agreements, accepting set structures).

7.5 Interventions related to other health correlates

Low-threshold initiatives and in particular consumption rooms serve to curb the negative health effects of drug use and prevent drug-related deaths. Harm reduction measures as offered especially by low-threshold facilities aim into the same direction. Most effective in the long-term are of course successful withdrawal treatments and resulting abstinence.

Teenagers and young adults in particular tend to experiment simultaneously with various drugs. In this connection, preventive measures close to scene and responding to the specific needs of young people are to minimize the risks of multiple drug use. So far, information on this is only available on the Internet pages of various providers (see chapter 3 prevention). The Land Coordination Center for Addiction Prevention GINKO in NRW distributes a package with flyers containing information on cannabis, mushrooms as well as multiple drug use.

8 Social Correlates and Consequences

8.1 Overview

Drug use is often linked with difficult family and life circumstances. While it may be a consequence of these circumstances, it can also aggravate the situation and worsen the drug users' outlook for the future. The social framework conditions under which drug use takes place indicate the marginalization especially of intensive drug users.

As the possession of drugs is illegal, the most important negative consequences drug users face in this respect not only in the EU member states, are penal consequences. The Federal Office of Criminal Investigation differentiates in its statistics on drug-related crimes between punishable acts in terms of violations of the Narcotic Drugs Act and cases of direct economic compulsive criminality. The first ones are subdivided into four different groups of offences:

- General offences in terms of §29 BtMG (especially possession, purchase and distribution, so-called consumption-related offences)
- Illegal trafficking and smuggling of narcotic drugs in terms of §29 BtMG,
- Illegal import of narcotic drugs in non negligible quantities in terms of § 30 BtMG
- Other offences against the BtMG

Prosecution of economic compulsive crimes is mainly related to theft and robbery.

8.2 Social exclusion

Some indication of the aggravated general conditions drug users have to live under, are to be found in the socio-demographic data of treatment documentation. It emerges from these data that the education level of drug users is lower and unemployment higher compared to the average population (cf. 4.3).

8.3 Drug-related crime

8.3.1 Economic compulsive crimes

Under the term 'direct economic compulsive crimes' all criminal offences are subsumed which were committed in order to obtain narcotic drugs, substitute or alternative drugs. In the reporting year, 2,568 economic compulsive crime cases (2002: 2,807) were recorded. This corresponds to a decline of 8.5%. More than 70% of these crimes are related to forgery of prescriptions or theft of prescription forms (BKA 2004a).

8.3.2 Consumption-related offences

Drug-offences in terms of trafficking and smuggling are the subject of chapter 10 and will not be dealt with in this section. Drug-offences which are categorized as general offences by the police and are thus more seen as consumption-related offences (possession for own consumption) have considerably increased over the last ten years.

With regard to consumption-related offences, cannabis and heroin are the most dominant substances. Consumption-related offences have, especially in the case of cannabis (2003: 109,669; 2002: 100,779) significantly increased over the last years and reaching their peak in 2003. Consumption-related offences involving cocaine have fluctuated since 1999 between 12,500 and 14,000 (2003: 13,936; 2002: 13,541). The number of consumption-related offences with regard to amphetamines is also clearly on the rise compared to the previous year (2003: 11,799; 2002: 9875), while, as for ecstasy, figures have gone down from 9,020 to 6,966 in 2002 (Figure 10).

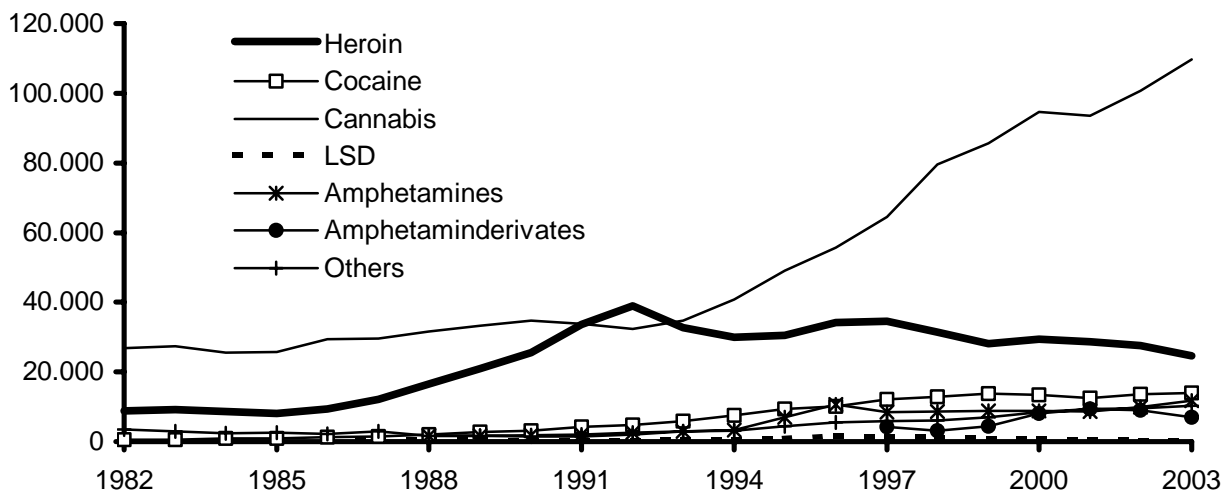


Figure 10: Development of consumption-related offences

Source: BKA (2004a)

In Hesse in 2002 the offences were related to cannabis (45%), heroin (16%), amphetamines and designer drugs (9%), cocaine and crack (8% each). Figures for cannabis, amphetamines and crack have slightly risen compared to 2001 whereas they have gone down for heroin and cocaine. Thus, the trends emerging from the national data are also confirmed by regional data analysis (Hessisches Sozialministerium 2004).

8.3.3 Drug users with first-time police contact

Alongside data on drug-related offences, the Federal Office of Criminal Investigation also publishes statistics on persons who made themselves conspicuous to the police for the first time in connection with hard drugs. Thus, these statistics represent a kind of incidence measuring.

The total figure of drug users with first-time police contact in connection with hard drugs further declined from 20,230 in 2003 to 17.937 in the reporting year. The trend is even stronger in the case of heroin (2003: 5,443; 2002: 6,378) and ecstasy (2003: 3,352; 2002: 4,737). For cocaine (2003: 4,346 + 419 Crack; 2002: 4,933) and amphetamines (2003: 6,588; 2002: 6,666) the decrease was only small. As these statistics only contain data on persons who have had police contact in connection with *hard drugs*, cannabis-related offences are not taken into account.

8.3.4 Drug use and accidents

Regular accident statistics collect data on accidents occurring under the influence of alcohol but not of drugs. Individual studies on the role drugs play in accidents have been presented in former reports. Current data are not available. With the methods for testing drivers in road traffic having strongly improved, it can be supposed that in the following years corresponding data will be successively collected.

8.4 Drug-use in prisons

In comparison with the large number of suspects (BKA: 2003: 212,491), the number of individuals actually serving a sentence in a penal institution due to drug-related offences is at 9,015 relatively small corresponding to about 4% of the total.

Violations of the Narcotic Drugs Act are the reason for imprisonment for about 15% of all male and 18% of all female adult inmates. As for teenagers, the portion is significantly lower: 8% or respectively 15% (Table 17).

Table 17: Imprisonment due to drug-related offences

Prisoners under sentence and prisoners under preventive detention order	Total	Males	Females	Prison sentences Adults		Prison Sentences Juveniles		Preventive detention
				Males	Females	Males	Females	
Total figure prisoners	62,594	59,819	2,775	52,503	2,509	7,010	266	306
Sentences BtMG N	9,015	8,518	497	7,958	457	559	40	1
Sentences BtMG %	14,4	14,2	17,9	15,2	18,2	8,0	15,0	0,3

Source: Statistisches Bundesamt (2004b)

There are hardly any data available on drug use in prisons. A current overview (Hessian Ministry of Social Affairs) reports about a total of 181 seizures of drugs – mainly cannabis (127 times) and heroin (35 times) - in Hessian prisons in 2001.

8.5 Social costs

An overall estimate of the financial effects of drug use for the German society does not exist. Direct costs to be borne by individual public agencies as well as health and pension insurance funds were presented in chapter 1 insofar as differentiated and assignable data were available.

In a special evaluation for the Land Hesse (Hessisches Sozialministerium 2004) data on in-patient withdrawal treatments were collected. Out of 2,343 applications for treatment, whose costs were born by the LVA, a large pension insurance organization, 754 (32%) were filed by drug users and 90 (4%) by poly drug users. The withdrawal treatments altogether (including alcohol and dependence on medication) incurred costs of 17.7 million € corresponding to 17% of all medical services provided in 2002.

Extrapolating the costs of the out-patient care services provided in the year 2003, the total costs amounted to 336 million Euro for the Federal Republic of Germany (Sonntag and Welsch 2004a).

9 Responses to Social Correlates and Consequences

9.1 Overview

As with health effects, there are specific and general approaches used to tackle social consequences of drug use.

Specific aid is provided in particular by complementary addiction aid facilities. They provide opportunities to work at sheltered work places, to make up leeway at school and obtain school leaving certificates. They run hostels to facilitate the transition between the end of therapy and self-sufficiency. All these measures are intended to support reintegration into social life beyond the drug scene. Further details are contained in chapter 5.2 dedicated to the description of the addiction aid system in Germany. Responsible for these measures are the Laender. No standard national statistics are available on these services.

In addition to these specific offers, social welfare services are also available to drug users in need of affordable accommodation or financial support to sustain their living or in need of support in other walks of life. However, without statistics on the activities deployed for this group of persons it is not possible to give a quantitative presentation of them.

9.2 Social reintegration

9.2.1 Activities at federal level

The anyhow tense situation on the labor market makes it more difficult for former drug addicts to be reintegrated into work and social life after the termination of their treatment. The unemployment rate among drug addicts is extremely high (approx. 70%). Aggravating factors are the often lacking school leaving certificate and unstable housing conditions. That is why integration aid plays a central role in rehabilitation. Studies show that integration into social life and work are crucial for sustained abstinence.

Measures of the Federal Insurance Institution for Salaried Employees (BfA)

The promotion of unemployed patients in rehabilitation as part of the further development in substance and in structure of existing rehabilitation services has become an integral part of the therapy of addicts. It comprises for example indicative groups focusing on unemployment and trainings in how to apply for a job. Obviously, this development is intended to increase efficiency of addiction rehabilitation and optimize individual therapies.

Measures of the pension insurance institutions

In order to promote the integration of addicts into work and social life, the Land Pension Insurance Institutions support projects aiming at integration into work life by means of early and targeted interventions. To this purpose, individual rehabilitation targets are developed at an early point of time to assess fitness to work and possibilities of qualification. Also supported are case management and networked therapy concepts aiming to optimize treatment.

Reintegration of long-term unemployed

Initiatives like the 'Pilot project on the improvement of the cooperation between job agencies and social welfare institutions' funded by the Federal Ministry of Economy and Employment, or the project 'Promotion of employment – integrated and regular' (FAIR), carried out by the Federal Job Agency in Rendsburg, Fürstenwalde, Dillenburg and Worms, show that a good, unrestricted cooperation between job agencies and social welfare institutions considerably improves the job opportunities of long-term unemployed drug addicts. A further precondition for the successful placement of the drug addicts on the job market is that their specific professional biographies are taken into account.

Furthermore, the legislator intends to stronger interlock the special integration services with the rehabilitation institutions and tasks them to elaborate common recommendations. In addition, it is planned to shift the structural responsibility from the Federal Job Agency to the integration services. However, the form of financing remains to be decided on.

The European Commission also in Germany offers support from the European Social Funds for the reintegration of long term unemployed people. In practical terms, however, changes can be realized in the application. More and more 'normal' long-term unemployed instead of marginalized groups are in the focus of interest.

9.2.2 Activities at Laender-level

Social reintegration also lies in the hands of the Laender. However, there are no statistical data at a national level available allowing for an assignment to the group of drug users.

The drug report of Hesse (Hessisches Sozialministerium 2004) may serve as an example to show in which areas rehabilitation is promoted beyond addiction treatment in a narrower sense:

- Special schools for drug addicts to catch up on school leaving certificates (120 places)
- Vocational training facilities (60 places)
- Jobs in sheltered environments (120 places)
- Accommodation with care services (1,348 places)
- Further places in dedicated projects

Hesse has 6.1 million inhabitants which corresponds to about 7.4% of the total population of Germany.

Education and training

Already while treating addicted patients, many facilities offer programs to promote the training of school skills or improve vocational instruction or orientation. Furthermore, drug addicts are offered the possibility to catch up on school leaving certificates. Vocational training is made possible by a close cooperation between care facilities on the one hand and trade and industry on the other. Set against the background of the continual increase of unemployment and the decline of addiction aid services, problems will be difficult to solve.

9.3 Prevention of drug related crime

Assistance for drug users in prison

Addiction treatment is possible in prisons too. This also applies to substitution treatment. Professional care is, for a large part, provided by external institutions. The German addiction aid statistics show that in 2003 a large portion of the clients spent the last six months mainly in prison or still are in prison. Most of them are male. Strikingly high is the portion of cocaine users currently serving a prison sentence (Table 18).

Table 18: Clients who spent the last six months mainly in prison

Main drug	Total %	Male %	Female %
Opioids	10	13	3
Cannabis	5	6	0
Cocaine	25	29	3
Stimulants	16	21	1
Hallucinogenic drugs	17	21	3
Other psychotropic substances	7	9	2

Source: Strobl et al. (2004a)

An European study which was finalised recently on this topic, offers some recent information on the situation in German prisons (Stöver, Hennebel and Casselman 2004). A variety of different services is offered, as the study underlines, without any national standard. Availability and character of substitution treatment in prison is similar to the situation outside of prisons in each region.

Treatment instead of prosecution

Information on this subject is to be found in chapter 12.

Alternative juridicial measures to prevent drug-related offences

Measures aiming at the voluntary participation in prevention activities can be useful and effective in the case of minor offences or incidences without relevance for criminal law. Often, proceedings are suspended on the condition of social work. A demonstration project on early intervention measures for drug users who have been notified by the police for the first time ever (FRED), is aimed at the participation of adolescents in discussions and seminars. They gain information on how to better assess the risks of their behavior and are motivated to critically reflect on their drug use. The evaluation of the project has already been presented in previous reports.

10 Drug Markets

10.1 Overview

Availability and Supply

The availability of illicit substances can be rated in terms of statements made in surveys on how 'easy' or 'very easy' they are to obtain. These data are collected by the epidemiological survey on addiction (ESA) and by several school surveys on a regular basis. The perceived availability besides the individual risk perception reflect the situation on the local and regional drug markets.

Seizures

Within Germany and in particular at the borders to neighboring countries, at seaports and airports large quantities of narcotic drugs are regularly seized. For a part of the seized substances, country of departure, origin or transit are identified by police and customs authorities. Alongside the number of seizures and quantities seized, prices, content of active substance or respectively purity of substances are also indicators of the situation on the drug market. In order to better understand the structure and effects of new designer drugs, considerable efforts in chemical analyses are necessary.

Prices

Since 1975, the Federal Office of Criminal Investigation establishes an average price for different drugs. Distinction is made between small quantities of several grams and quantities of 1 kilogram and over. The price for small quantities corresponds to the price paid by the user at street level, while the price for large quantities reflects the costs relevant for drug dealers. These prices are mean values calculated on the basis of the market prices found in the individual Länder. Insofar as only maximum and minimum prices were indicated in former years, the average of these two figures was used.

The thus established drug prices can only be interpreted as rough approximate values, particularly since differences in purity are not taken into account in establishing the prices. What makes things even more difficult is the fact that the individual seizures on which the prices are established are not genuine 'random samples', so that random effects may alter these figures substantially.

Purity

Apart from establishing the prices, the Federal Office of Criminal Investigation also ascertains the purity of different drugs on the market. Samples taken from drug seizures serve as a basis for analysis. For better comparability, the contents of the psychotropic ingredients are related to the chemical form of the base, irrespectively of the form in which the illegal preparation of the substance is found. All values given may only be interpreted as

rough guidelines because large differences in purity levels of the individual substances seized may lead to marked random effects.

The presentations are based on the Statistical Evaluation Program Narcotic Drugs (Zerrell, Thalheim, and Hasselbach-Minor 2004) and on the Situation Report Narcotic Drugs 2004 (BKA 2004b). For amphetamines, heroin and cocaine, the active ingredients are quantified and broken down into various levels: street trafficking is situated at the lowest level (< 1g), wholesale at the highest ($\geq 1000\text{g}$). Differences were made according to the purity levels found at the wholesale and street trafficking level. The reason therefore generally lies in the increasing dilution of the active substance from the wholesale to the street trafficking level for profit maximization. In addition to the active ingredients, data on the most frequently found additives are reported. Insofar as these are pharmacologically effective, they are categorized as adulterants (e.g. caffeine) or otherwise as diluents (e.g. sugar).

10.2 Availability and supply

Availability and supply are two views of the drug market - from the perspective of the client and of the supplier.

10.2.1 Availability

Out of the age group 18-59 years, from the persons without drug experience quite many (16%) stated that cannabis would be easily available for them, whereas the rates are somewhat lower for amphetamines (11%) and ecstasy (9%). Heroin (4,5%) and cocaine (5,5%) are, by comparison, less accessible. People with drug experience report of a high availability in particular of cannabis (63%). Amphetamines (26%) and ecstasy (26%) are comparatively more difficult and heroin (11%) and cocaine (17%) are considerably more difficult to procure. The development of the perceived availability since 1990 is shown in figure 11. For the chosen age group (18-39 years), access to all drugs is distinctly easier. (Kraus and Augustin 2004).

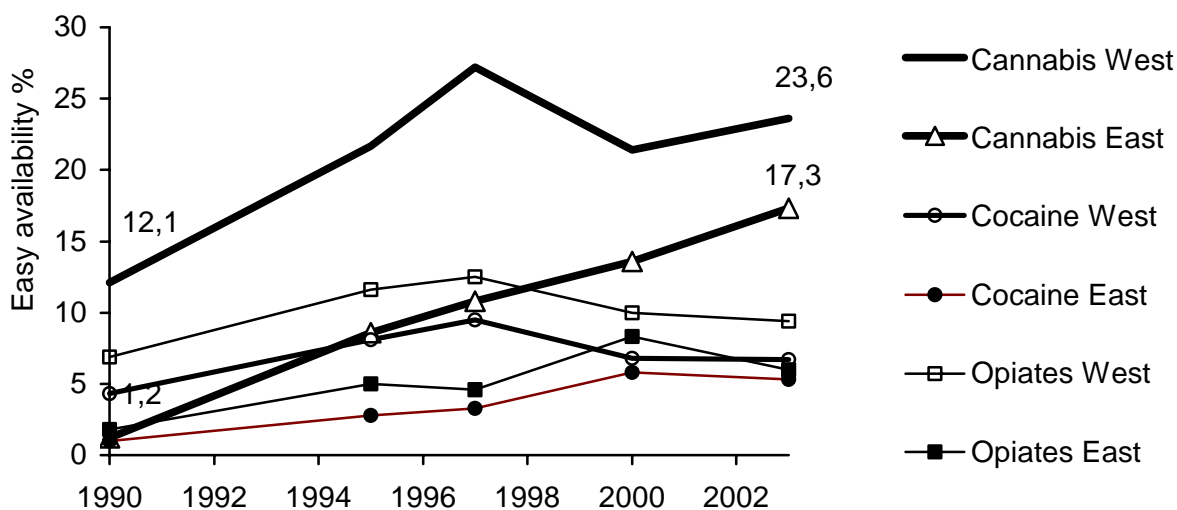


Figure 11: Easy availability of different drugs for people without drug experience in the age group 18 to 39 years – trends 1990 to 2003

Source: Kraus and Augustin (2004)

Teenagers share these trend estimates. In the perception of the majority of the 15-16 year-olds, cannabis is easily or very easily accessible. Amphetamines and ecstasy are distinctly more difficult to procure; only every third teenager interviewed stated that access would be easy. Cocaine and LSD are only accessible for less than a quarter of the teenagers interviewed. Access to cannabis is considered impossible by a little less than 9% of the persons and access to other commonly used drugs is considered impossible of a somewhat higher portion of the persons questioned (Kraus and Augustin 2004) (Table 19).

Table 19: Access to different drugs for 15-16 year-old school children

Access	Cannabis	Amphetamines	Ecstasy	LSD	Cocaine
Impossible	8.6%	12.0%	14.4%	13.9%	16.4%
difficult	41.5%	33.8%	33.3%	31.9%	27.9%
easy	55.3%	28.7%	30.5%	22.2%	22.1%

Source: Kraus and Augustin (2004)

10.2.2 Supply

For heroin, South-West-Asia and in this region mainly Afghanistan are the main source of origin. The Balkan route (among others over Turkey) and the silk route over the Central Asian countries are the main transport routes to Europe.

Cocaine is, for a large part, smuggled in from the Netherlands and to a smaller extent, directly from South America (Columbia).

The Netherlands is the main country of origin or departure for the cannabis seized in Germany. There, indoor cultivation of cannabis plays an important role. Only in a few cases it could be verified, that cannabis was transported directly from Morocco over Spain and France to Germany. Considering the broad-range offer of technical equipment for the cultivation of cannabis in the Internet and special literature, it is to be assumed that a non-negligible quantity of marijuana is cultivated inside Germany. However, the development of the quantity of seized cannabis plants rather indicates a declining trend (Table 20).

Table 20: Seizures of cannabis plants

	1997	1998	1999	2000	2001	2002	2003
Quantity in pieces	677,065	81,097	168,833	25,277	68,698	29,352	35,863
Cases	1,418	1,661	1,254	1,048	785	887	750

Source: BKA (2004b)

About half of the ecstasy tablets seized in 2003 came from the Netherlands. For a few cases with comparatively large quantities, Belgium and Spain were identified as the countries of origin. As a destination, Italy gained in importance whereas smuggling to North America and Australia has distinctly decreased since last year (BKA 2004b).

In particular, gamma-hydroxybutyrate (GHB, ‘liquid ecstasy’) was much in evidence in 2003. Out of the 14 illegal laboratories discovered in Germany in the reporting year, 9 produced GHB, in three cases amphetamine derivatives and in one case amphetamine/ methamphetamine were produced. This is an indicator of the increasing role GHB plays in drug-related criminality in Germany. However, the discovered laboratories had only low capacities.

10.3 Seizures of narcotic drugs

The quantities of cocaine (2003: 1,009 kg; 2002: 2,138kg) and ecstasy (2003: 1,257,676 pills; 2002: 3,207,099) seized in the reporting year, decreased by about the half compared to the previous year. By contrast, the quantities of heroin seized increased by 20% (2003: 626 kg; 2002: 520kg) and the ones of amphetamines by 30% (2003: 484kg; 2002: 362 kg). Looking at the trend, figures are clearly declining for heroin, whereas the changes found with the other substances are very erratic and difficult to interpret.

As the annual quantities seized may considerably vary depending on the number of large individual seizures, the number of seizures is analyzed too. The total figure of seizures decreased compared to the previous year following the trend of the previous two years. All substances shown have declining case figures (Figure 12).

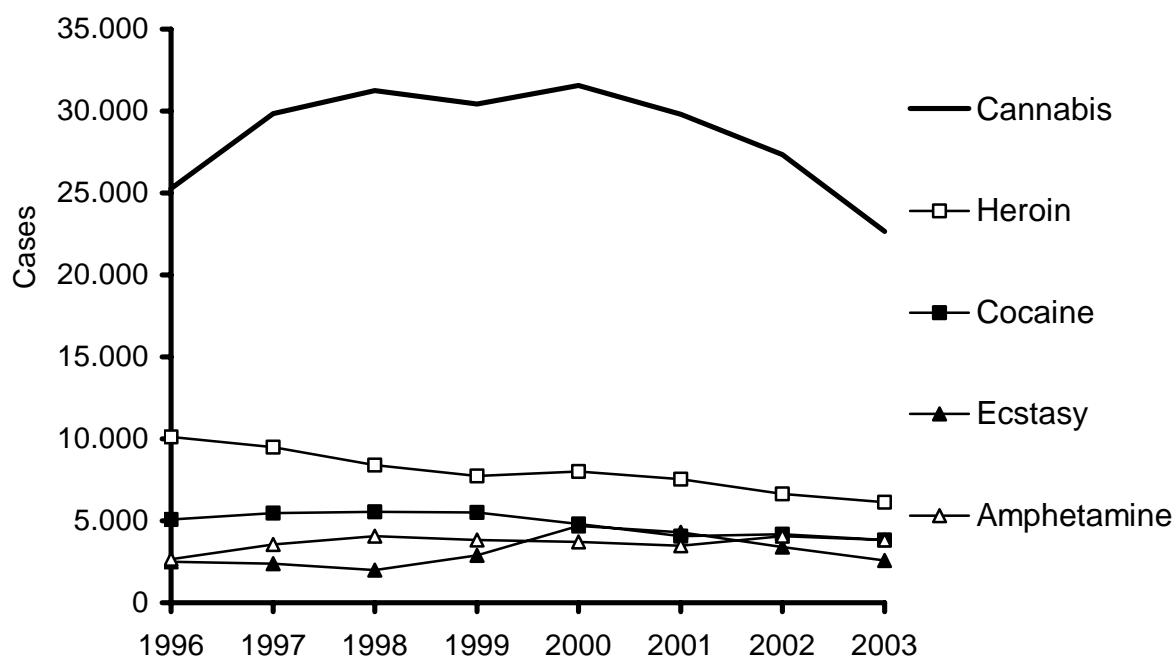


Figure 12: Number of seizures of narcotic drugs in the Federal Republic of Germany from 1996 to 2003

Source: BKA (2004b)

In total, seizures dropped by 26.5% in 2003 compared to the year 2000. Between 2002 and 2003, figures declined for all substances, though the decline was differently marked for the individual substances. As for ecstasy, the decline of the number of seizures by about 25% (45% compared to 2000) was the most marked. The decline of the figures for cannabis is with 17% compared to the previous year and with 28% compared to 2000 somewhat lower.

In comparison with the previous year, no changes were noticed for heroin and cocaine; however, compared to the year 2000, seizures declined. The number of amphetamine-related offences hardly changed and LSD played only a minor role in terms of figures (Table 21).

The overview of the current figures of seizures can be found in standard table 13.

Table 21: Comparison of number of seizures and quantities seized since 2000

	2003 compared to	Substance					
		Heroin	Cocaine	Amphetamines	Ecstasy	LSD	Cannabis
Number of seizures	2002	-8%	-8%	-5%	-25%	-6%	-17%
	2000	-23%	-21%	3%	-45%	-71%	-28%
Quantities seized	2002	-21%	10%	78%	-23%	-21%	-24%
	2000	20%	53%	34%	-61%	15%	-2%

Source: BKA (2004b)

10.4 Price and purity of drugs

10.4.1 Prices

The prices of the most important illegal drugs have generally stabilized compared to the year before. This applies both to large quantities above one kilogram and to small quantities. Reduction in price was found for cannabis at the wholesale level where it cost about 9% less in 2003 than in the previous year. For heroin, the street price has gone up by about 9%. However, as the price of the previous year was comparatively low, no general tendency can be deduced from that increase at present (Table 22). The overview of current drug prices is contained in standard table 16.

Table 22: Prices of different drugs 2002 and 2003 (in €)

Price per gram for small quantities and in kg for large quantities	Heroin	Cocaine	Crack	Ecstasy	Amphetamines	Marijuana	Cannabis resin	LSD
Small quantity 2002	37.1	60.5	--	7.3	12.6	7.2	5.9	8.9
Small quantity 2003	40.9	60.1	66.3	7.5	12.6	7.3	6.0	9.5
Changes between 2003 and 2002	10.2%	-0.7%	--	+2.7%	0.0%	+1.4%	+1.7%	+6.7%
Large quantities 2002	19,036	35,493	--	2,413	5,267	3,033	2,546	--
Large quantities 2003	19,214	37,078	--	2,321	5,101	3,022	2,327	--
Changes between 2003 and 2002	-0.9%	-4.3%	--	-3.8%	-3.2%	-3.4%	-8.6%	--

Source: BKA, personal communication

10.4.2 Purity

The data on the active substances contained in amphetamines, ecstasy, heroin and cocaine are based on the Statistical Evaluation Program Narcotic Drugs 2003 (Zerrel, Thalheim and Hasselbach-Minor 2004) as well as on the Situation Report Narcotic Drugs 2003 (BKA 2004b). As for cannabis, the results of a study prepared by Leslie King (EMCDDA 2004) were used, for which the Federal Office of Criminal Investigation provided data.

Table 23 gives an overview of the development of the active substances contained in amphetamines, cocaine and heroin since 1996. Despite some fluctuations, a decrease of purity is discernible over this period of time with the most marked one to be found for street cocaine. The level of the active substance contained in this drug fell from just below 50% in 1999 to 32% in the reporting year. The current figures are to be found in the overview given in standard table 16.

Table 23: Level of active substance contained in different drugs from 1996 to 2003 (Median)

	1996	1997	1998	1999	2000	2001	2002	2003
Amphetamines	10.0	10.0	9.4	7.0	3.3	5.0	6.0	7.5
Cocaine street trafficking	46.8	50.7	40.2	49.4	35.5	42.6	38.5	32.0
Cocaine wholesale	77.3	79.4	74.3	69.1	69.1	73.0	73.9	76.7
Heroin street trafficking	13.4	9	9	9.4	11.1	12.0	9.9	10
Heroin wholesale	46.4	31.9	20	29.2	35.1	45.8	27	7.3

Source: Zerrell, Thalheim, and Hasselbach-Minor (2004)

Amphetamines

A total of 1,430 samples of amphetamine were analyzed in 2003. The concentration of active ingredients being the same at the street and wholesale level, no difference was made between the two in the overview. The most common adulterants found for 1,237 samples were caffeine (59%), methamphetamine (2.7%), amitryptiline oxide (1.1 %) and paracetamol (1.1 %). Lactose (70 %), glucose (9 %) and mannitol (5%) were the most common diluents found. From 1996 to 1998 the median of the content of the active substance ranged between 9% and 10%, in the following years between 3.3 % and 7.5%. Amphetamines are generally sold cut on the German market (Figure 13).

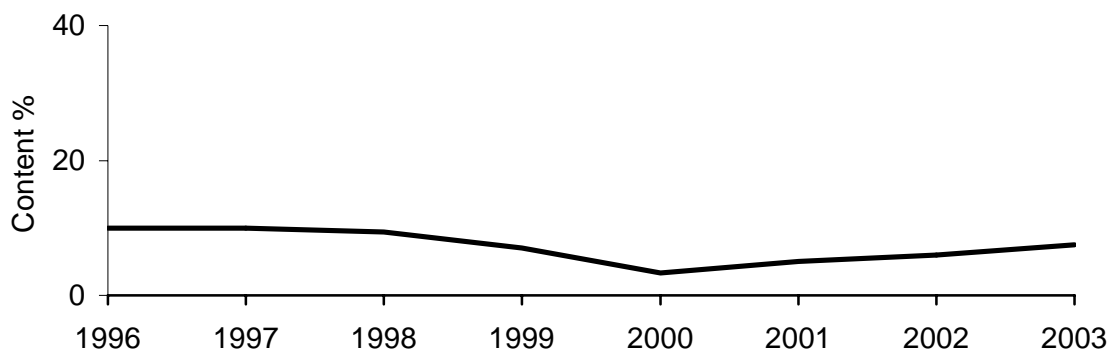


Figure 13: Content of active ingredients in amphetamine 1996 – 2003

Source: Zerrell, Thalheim, and Hasselbach-Minor (2004)

Cannabis

Detailed results on the THC-content of cannabis sold on the illegal market in Germany were provided by the Federal Office of Criminal Investigation for a study (EMCDDA 2004) carried out by the EMCDDA; the current data presented hereunder are referred to that study. Based on the seizures of cannabis (2002: 7,457 samples), the analyses were carried out by laboratories of the BKA, LKA and the customs authorities. Between 1997 and 2002, a slight increase of the mean THC-content from 6.3% to 7.5% is to be found, which however is exclusively attributable to the increasing quality of marihuana. At the same time, the THC-content in cannabis resin has, in average, decreased. This development is probably ascribable to the cultivation of more potent sorts and more professional methods of indoor cultivation (Figure 14).

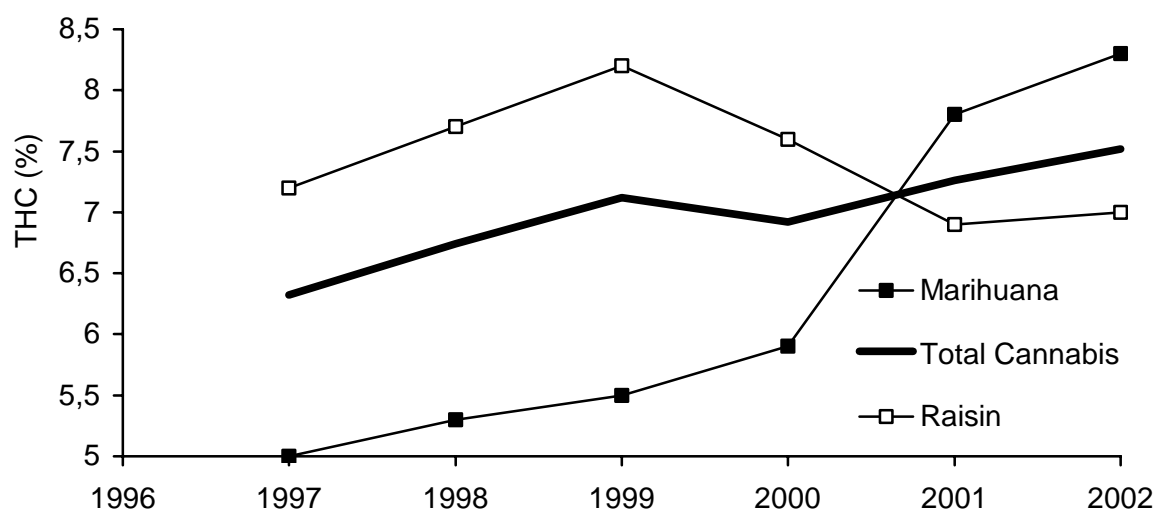


Figure 14: Content of active substance in cannabis 1996 – 2002

Source: EMCDDA (2004)

Ecstasy

In the year 2003, a total of 584,924 tablets and capsules were analyzed. 96% of them were mono-preparations, 4% contained a combination of two or three addictive substances corresponding to a significant increase compared to the year (0.4 %).

Out of the 555,181 mono-preparations, 98.9 % contained MDMA. The remaining 1.1 % contained amphetamine, MDE, MDA or methamphetamine. The quantities of active substances are shown in table 24.

Table 24: Content of active ingredients of ecstasy in mg per tablet/capsule

Active ingredient	2002 Quantity	2003 Quantity	2002 Mean Content	2003 Mean Content
MDMA	3 – 362	0.3 – 260	62	63
Amphetamine	< 0,1 – 36	2 – 24	9	7
MDE	14 – 62	39 – 62	43	56
MDA	21 – 69	20 ¹	64	20
Methamphetamine	-	17 – 21	-	17

Source: Zerrell, Thalheim, and Hasselbach-Minor (2004) Note: The content of active ingredients was calculated as a base

The combination preparations reported are mixings of MDMA/MDE, MDMA/MDA, MDMA/amphetamine, MDA/MDE, amphetamine/methamphetamine and MDMA/ amphetamine/ methamphetamine.

The most frequently reported MDMA/MDE – preparations contained, on average, 41mg MDMA and 14 mg MDE per consumption unit. The most frequently used cutting agent was lactose.

¹ Only two seizures

Heroin

In 2003, 3,930 samples of heroin were analyzed. In comparison with cocaine, seizures of large quantities above 1000g showed a distinctly lower content of active substance which is an indicator of the dilution of heroin already at this level.

Among the 3,858 analyzed samples, caffeine (99,4 %), paracetamol (94 %) and griseofulvins (4.6 %) were the most commonly found adulterants. The samples were mostly cut with lactose (3.6 %), mannitol (2.3 %) and saccharose (1.3 %).

Since 2001, the purity of heroin at the wholesale level has continually declined reaching its lowest point since 1996 with 10% in 2003. In parallel, the purity of the street drug has decreased, though not to the same extent. This may be explained by the fact that, given the lower level of active substance at the wholesale level, a further dilution would result in levels of active substance which wouldn't find a buyer anymore on the illegal market (Figure 15).

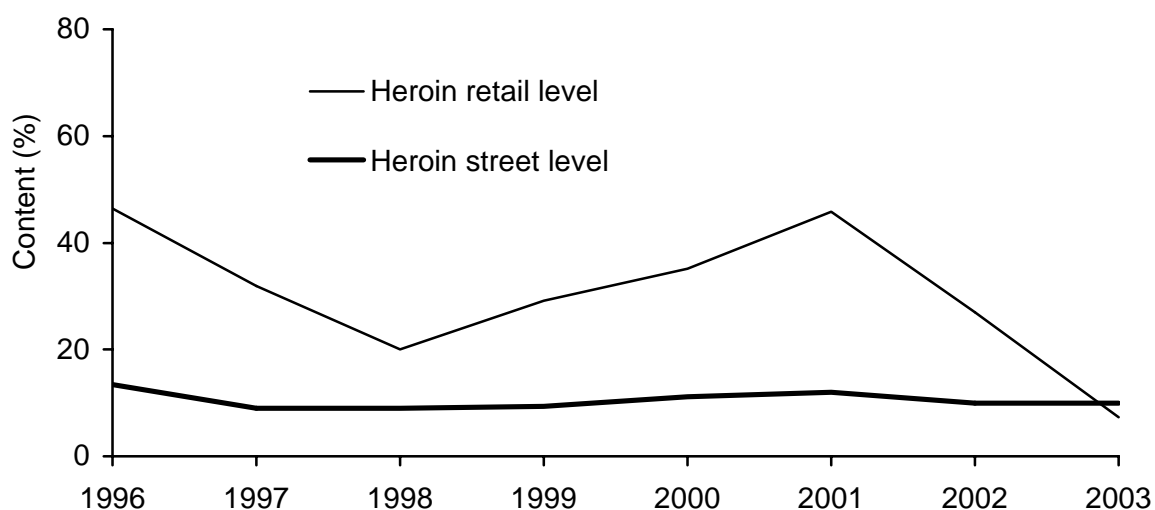


Figure 15: Content of active substance in heroin 1996-2003

Source: Zerrell, Thalheim, and Hasselbach-Minor (2004)

Cocaine

In the year 2003, 2,943 samples of cocaine were analyzed. Cocaine is mainly sold on the market as hydrochloride. In the following, both cocaine-hydrochloride and cocaine-base are presented.

The most common adulterants found were lidocaine (33 %), phenacetin (19 %), caffeine (8 %), procain (5 %) and paracetamol (1,2 %). Blended into the drugs were mainly lactose (61 %), mannitol (20 %), inosite (7 %), glucose (3,6 %) and saccharose (1,7 %).

The concentration of active substances contained in the street drug ranged between 40% and 50% from 1996 to 1999 followed by a decline which continued in 2003. The purity of small quantities lies clearly under the one of wholesale quantities some of which were even found to be uncut. (Figure 16).

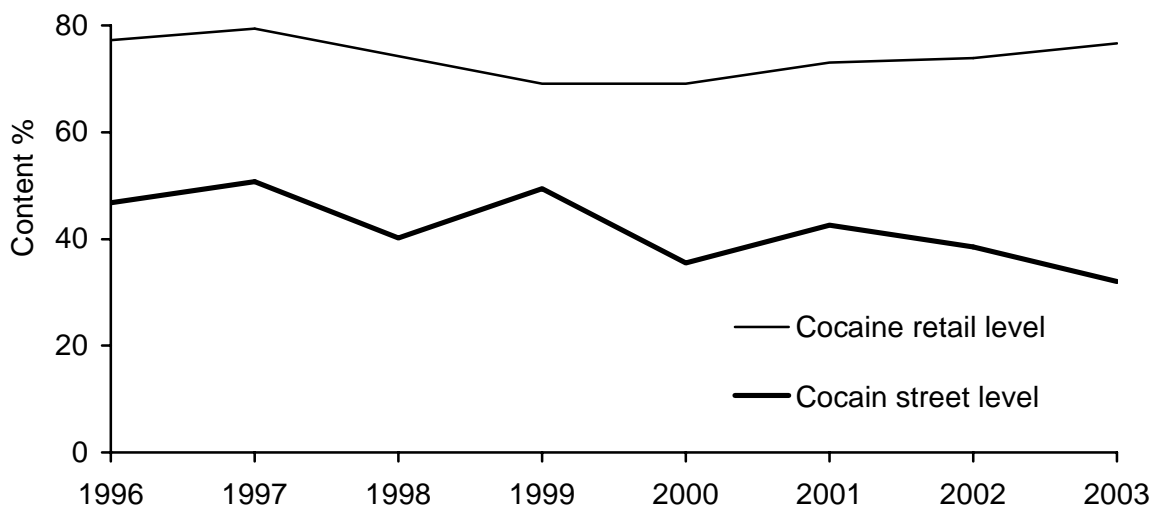


Figure 16: Content of active substance in cocaine 1996 – 2003

Source: Zerrell, Thalheim, and Hasselbach-Minor (2004)

Part B – Selected Issues

11 Buprenorphine: Treatment, Misuse and Prescription Practice

11.1 Overview

Legal situation

Buprenorphine is, alongside other substances, in particular methadone, approved since 2000 for the substitution treatment of opiate addicts in Germany. It is prescribed on the basis of the regulations of the Narcotic Law (BtMG).

The special pharmaceutical information on this substance (Fachinformation) states that buprenorphine is in the first place to be used for opioide addicts, when the duration of dependence is rather short and dependence has not yet fully stabilized. Due to its long half-life period the medicament can be applied after a phase of stabilization every two or three days instead of every day, increasing the dose accordingly. In this case additional use of other psychotropic substances has to be excluded with high certainty.

Besides a number of somatic reasons for contraindication the substance should not be applied in case of acute alcoholism. Parallel medication with benzodiazepines also is contraindicated due to increased risk of death. If such substances are found in urine tests, which have to be done on a regular basis, or if intravenous drug use takes place, especially application through 'take-home' doses has to be stopped.

It is assumed as a rule, that during the initial phase of treatment the user is generally unable to drive a car. After a stable dose has been reached, this question has to be examined individually.

Research results

The pharmacological particularity of buprenorphine, which has the effect of both an opiate agonist and antagonist, plays an important role in experts' discussions in Germany and in the comparison of the effective spectrum. However, based on present study results, opinions diverge on the question whether this substance is superior to other substitution substances (e.g. Schottenfeld 1997, Montoya 2004).

A survey by Davids and Gastpar (2004) deals with the use of buprenorphine in withdrawal and substitution treatment. Apart from the more easy administration as sublingual tablet, the work underlines the reduced respiratory depression effect which makes buprenorphine a particularly safe medication among the group of opiates. Undesired side effects are relatively rare also in clinical practice. Animal models suggest a lower addiction potential which is contradicted by anecdotal reports mainly from France, where cases of misuse have been found. The authors summarized the evaluated studies as follows: The positive effect in withdrawal and substitution treatment is proven. Buprenorphine should be seen as a valuable supplement to the various treatment possibilities, but cannot replace these.

The use of buprenorphine through General Practitioners has been examined in 2000/2001 within a prospective naturalistic study. During 12 weeks 148 subjects were examined. The substance is administered to persons who have already undergone substitution treatment or respectively to clients who have abandoned methadone treatment. The minimum age required for the participation in the study was 18 years. Information on treatment duration, dosage, drug use patterns and withdrawal symptoms were registered. Data collection took place at treatment begin as well as after 1, 5, 9 and 12 weeks. First results show, that 73% of the clients finished treatment as planned after on the average 86 days. For 55% no opiates were detected in urine afterwards. Withdrawal symptoms decreased significantly (Verthein et al. 2003).

There are more studies available, but methodological limitations reduce their power of evidence considerably:

- Paetzold et al. (2000) investigated in an open study at 15 patients if buprenorphine is adequate to assistant detoxification treatment.
- Kagerer et al. (2002) studied in an computer simulation effects of buprenorphin on car driving.

11.2 Treatment

Analysis of the substitution registers have shown, that in 2003 for about 12,3% of all reported cases of substitution buprenorphin was prescribed.

First, not yet published results of the COBRA-study show that in particular in small practices General Practitioners treat 10%-20% of their substitution patients with buprenorphine (Bayerisches Staatsministerium für Umwelt, Gesundheit und Konsumentenschutz personal communication).

In the Land Berlin, buprenorphine was administered only in 301 cases (5,6% of all registered substitution cases) in 2003. Due to higher costs, the preparation was not used as a standard medication but mainly for short transitional periods (e.g. withdrawal, final phase of the substitution treatment) (Senatsverwaltung für Gesundheit, Soziales und Konsumentenschutz Berlin personal communication).

In Saxony in 2003 a total of 74 persons were substituted with buprenorphin, a percentage of about 14% (Sächsisches Staatsministerium für Soziales personal communication).

11.3 Misuse

A reference study on the misuse of pharmaceuticals through persons in out-patient addiction treatment found in 2002 for the first time buprenorphin amongst the misuse pharmaceuticals, which has been reported 8 times (2% of all nominations). Half of the cases were related to persons with primary opiate res. cocaine dependence (Rösner and Kufner 2003).

Cases of misuse are not known according to the drug commissioners of Bavaria, Berlin and Mecklenburg West-Pomerania. Although singular cases cannot be excluded, the extent of misuse is not considered as problematic by the authorities involved.

In Bavaria, not one single monotoxic buprenorphine-related death is known (Bayerisches Staatsministerium für Umwelt, Gesundheit und Konsumentenschutz personal communication).

There are no indications of diversions of buprenorphine for the illegal market.

12 Alternatives to prison targeting to drug using offenders

12.1 Political, organizational and structural information

The Narcotic Drugs Act (BtMG) allows for the suspension of proceedings in cases of minor guilt or lack of public interest in the prosecution (§31a BtMG). This applies mainly to consumption-related offences, in particular when they occur for the first time and third parties are not involved. Furthermore, it is possible to defer the prison sentence after conviction to provide the drug addict with a chance to undergo therapy ('therapy instead of punishment', §35BtMG).

Law enforcement falls under the responsibility of the Laender. Also the application of the possibility to defer sentences through counts lies in the hands of the Laender according to § 35 BtMG. The Land Berlin describes that generally prosecution, justice and drug aid reach an agreement in order to provide the possibility, in special cases, to continue with therapy despite an issued warrant of arrest. Hereby, problems are sometimes caused by long processing times for the deferment of the sentence. At the beginning of the 90ies, the processing time for about a third of the cases was more than four months. A clear agreement between law enforcement and therapy institution is a crucial precondition for the client to actually start in-patient therapy after the time in prison (Wojak o.J.). Meanwhile, processing time has considerably decreased.

12.2 Interventions

Prison sentences

In the year 2003 (as of 31 March 2003), a total of 9,015 out of 62,594 prisoners were imprisoned due to offences punishable under the Narcotic Drugs Act, which corresponds to a portion of 14,4% (2002: 8,574 out of 60,742 = 14,1%).

In 2003, the following case figures out of the federal central registry, regarding deferments of prison sentences imposed for drug-related offences, were reported by the general prosecutor at the Federal High Court of Justice:

- A total of 19,811 persons with an addiction diagnosis (narcotic drugs) were convicted to serve a prison sentence or a prison sentence for juveniles
- Out of these
 - the sentence was suspended in 3,818 (19,3%) cases according to §36 BtMG
 - the sentence was deferred in 10,878 (54,9%) cases according to §§35,38 BtMG
 out of these in their turn
 6723 were revoked (52.6% of the deferments; 28.9% of all convictions)

While only about a quarter of the persons convicted actually served their sentence in penal confinement, the portion of offenders whose sentence was deferred to enable them to undergo therapy decreased by revocation from 54.9% to 25.1% of the overall group.

A regional evaluation (Hessisches Sozialministerium 2004) reports following details, however without making any quantifying statements:

- Sentences are deferred to enable therapy mainly for opiate addicts, in numerous cases also for cocaine users. In most cases multiple drug use was found.
- The therapies are generally carried out in an in-patient setting.
- Out-patient therapies are only accepted if the convicted person participates in a regular substitution program with psychosocial care and urine tests, has a permanent place of residence and preferably also a regular occupation.
- The deferment is revoked in 30%-50% of the cases, the reasons being: refusal to start therapy or abandonment of therapy, desertion of the facility and relapse, disciplinary discharge from the facility or perpetration of serious offences.

In Saxony in the year 2003 a total of 124 prison sentences or youth sentences were based on BtMG. From them 27 were suspended and 69 deterred, of which 39 were revoked (Sächsisches Staatsministerium für Soziales, personal communication).

Interventions beyond penal law

The project FRED, which offers voluntary help to drug users who are registered by police for the first time was - after the completion of the demonstration project - continued in many Laender. It has found a high acceptance with decision makers, practical persons and target groups alike. The measure is specifically geared to young users, consists of an 'intake-talk' and a course offer and is intended to prevent addiction and counteract sliding into criminality.

The project was tested on 514 persons between 14 and 21 years at 15 locations. Scientific evaluation proves that the target group was reached. The young drug users were referred to the project mainly by the police (49.1%) and juvenile court assistance (23,3%). The mostly male (87%) users of the offer responded very positively to the measure: 94% of the users were (very) satisfied with the offer. 94% of the persons questioned were not involved in any incidents with police contact up to the 10 months after completion of the course. In several Laender, the pilot locations have been approved as regularly funded programs.

The year 2003 was dedicated to the transfer of experience and results. Based on the manual and the final report of the scientific evaluation, events were run in the whole of Germany in order to multiply the approach of the pilot project all over the country (Landschaftsverband Westfalen-Lippe 2003).

12.3 Quality assurance

The standard quality assurance measures are carried out within the frame of therapeutic or preventive activities. Beyond this, there are no specific quality assurance measures known for this intervention.

13 Public Nuisance: Definitions, political Developments, legal Aspects and Intervention Strategies

13.1 'Public Nuisance' and the legal situation in Germany

In Germany, the concept of 'public nuisance' comes closest to the term 'disturbance of the public order'. The term 'public order' means the totality of all unwritten rules for the behavior of the individual in the public insofar as compliance with these rules is generally regarded as an indispensable precondition for a regular communal life. Problems in connection with drugs which represent a crime or an offence in the closer sense are not excluded by this term.

Problematic in this connection is that this definition includes elements which are lacking a legal definition, leaving a broad range of interpretation for regional and local politicians but also for the individual policeman. Opponents criticize especially the lack of a solid legal basis.

Problems related to 'public nuisance' are to be found in the surroundings of

- open drug scenes
- low-threshold facilities

where occupants of adjacent buildings, shop owners and passers-by objectively or subjectively feel affected in their feeling of security or quality of life.

Here, mayors, authorities and city council are called upon the scene. In practice however, the police mainly assume the role of an executive organ. Generally, the municipality may influence the development of a quarter of a town or city by means of town/city planning, issue of licenses for shops or restaurants. With regard to the individual citizen, there are other approaches as how to deal with public security and order. While generally each citizen is free to chose his place of residence, the police may issue an interdiction of stay or a ban order for specific places. This order is only of a temporary nature, but can be repeatedly issued provided that there is a danger of damage to a person. The license to run a restaurant, a bar or shop may also be refused in the case of known drug use (Böllinger 1999).

13.2 Public nuisance and drug use

There are only a few German cities with a large open drug scene causing problems with residents living nearby in everyday life.

In Bavaria, open drug scenes are not tolerated and prevented, as far as possible, by increased police presence and regular controls (Bayerisches Ministerium für Umwelt, Gesundheit und Konsumentenschutz, personal communication).

As for Berlin, it is assumed that there are several small meeting points scattered over the city and frequented by a maximum of 40 drug users each. These places have existed for about 20 years and are located in the city center or at social hot spots. The total figure of drug users frequenting these locations is estimated to range below 800 persons. Drug trafficking

too is limited to a few hot zones, so that general nuisance for the population is assumed to be quite low and locally restricted (Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz Berlin, personal communication).

In other cities, a visible and open drug scene, if existing, is generally limited to a few small places. Relatively large drugs scenes exist in Hamburg and Frankfurt. However, these have significantly shrunk in the last years due to various measures (creation of consumption rooms, low-threshold offers, high control density). Apart from political guidelines which influence the intensity of police controls in the different areas, the extent of the local drug scene and the local drug market decide on whether or not drug consumption is perceived as a public nuisance.

13.3 Public Nuisance in the surroundings of facilities for prevention, harm reduction or treatment

The formation of an open drug scene around drug consumption rooms at central places has led to frequent complaints of people living nearby. Similar difficulties arise especially when low-threshold services for drug users are to be newly set up. The evaluation of the drug consumption rooms (ZEUS 2002) also describes this as an unsolved problem especially if these facilities are located in residential areas.

For the creation of new consumption rooms in Berlin, a cooperation agreement has been reached ensuring a regular exchange between the organizations running the facilities, police, prosecution and authorities. Such agreements are general standard for drug consumption rooms. Collaboration of these authorities is legally mandatory by §10a BtMG. As part of this agreement, the responsible organization is to establish contact with the neighborhood and provide regular information for examples on measures of public relation work (Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz Berlin, personal communication).

The creation of a drug consumption room in Saarland has caused similar problems. Part of the problems, which existed at places where especially heroin had been used, shifted to the surroundings of a drug aid center. Frequently mentioned complaints were molestation of neighbors and thrown away used syringes. In order to reduce complaints, forums were created to facilitate the common elaboration of solutions by communities, municipal administration and police (Gesundheitsministerium des Saarlandes, personal communication).

A survey carried out in Hamburg investigates the question whether the extension of the opening time of a drug consumption room into the evening hours helps to reduce the nuisance caused to the neighborhood of the city district of St. Georg. To this purpose, the number of drug users was surveyed in two streets at specific times. The number of drug users on the street during short opening times of the consumption room (until 7 p.m.) was compared to the one during long opening times (until 12p.m.) and during closure. Although the consumption room had a kind of 'pull effect' attracting users who normally did not frequent this area, a 'net relief' of 47.5% could be achieved. The effect was strongest in the early evening around 7 p.m. and significantly weakened after 11 p.m. Decisive, according to

the authors, is the attractiveness of the service offered, which, in this case, was enhanced, among others, by the longer opening times (Prinzleve and Martens 2003, 2004).

As part of a European study on the effects of drug consumption rooms, a cooperation was started between experts from Rotterdam, Innsbruck and Hamburg. In Hamburg, three out of the seven existing drug consumption rooms were included into the study. One part of the study deals with the topic 'public nuisance' and the possibilities to reduce this problem by low-threshold initiatives. To this purpose, drug users as well as persons living and working in specific areas of the city including the neighborhood of drug consumption rooms, shop owners, policemen and politicians were surveyed. The instrument used were qualitative, problem-oriented interviews.

In total, positive effects were found which were mainly based on the fact that drug use took less place in the public than it did before. However in one case, police reported about continual conflicts and complaints about a consumption room which was placed in the middle of a residential area.

An important parameter of the visibility of the drug scene and consequently of the negative impressions gained of it, was found to be the number of drug users on the street. Studies showed that especially people who were very close to the scene, usually frequented the scene in the afternoon or early evening. Therefore, consumption rooms should be preferably open around these times. However, parallel to the start of the consumption rooms, cocaine and crack use rose with increasingly aggressive trafficking activities which also had a negative effect (Zurhold et al. 2003).

In total, neither the concept of 'public nuisance' is clearly defined nor are the essential parameters creating a public nuisance clear. Correspondingly, the measures taken in this context are unspecific and rarely target oriented.

Part C – Bibliography and Annex

14 Bibliography

14.1 Brochures

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

Bundeszentrale für gesundheitliche Aufklärung (2002). Forschung und Praxis der Gesundheitsförderung, Bd. 19. Drogenkonsum in der Partyszene: Entwicklungen und aktueller Kenntnisstand. Köln: BZgA.

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Hg.) (2003a). Suchtprävention im Kinder- und Jugendsport – Theoretische Einordnung und Evaluation der Qualifizierungsinitiative „Kinder stark machen“. Köln: BZgA.

Bundeszentrale für gesundheitliche Aufklärung (2003b). Suchtprävention in der Bundesrepublik Deutschland: Konzeptionelle Grundlagen und anwendungsorientierte Grundsätze bester suchtpreventiver Praxis. Fachheft in Vorbereitung. Köln: BZgA.

14.2 References

Ahrens, D., Dehde, L., Schmidt, S., and Güntert B., (2003). Gesundheitsökonomische Evaluation der Substitutionsbehandlung Opiatabhängiger – eine Standortbestimmung. Sucht, 49, 228-237.

Aßhauer M, Burow F, and Hanewinkel R. (2000). Fit und stark fürs Leben. 3. und 4. Schuljahr. Persönlichkeitsförderung zur Prävention von Aggression, Stress und Sucht. Leipzig: Ernst Klett Grundschulverlag

Aßhauer M. and Hanewinkel R. (1999). Lebenskompetenztraining für Erst- und Zweitklässler: Ergebnisse einer Interventionsstudie. Kindheit Entwicklung, 9, 251–263

Augustin, R. and Kraus, L. (2004). Changes in prevalence of problem opiate use in Germany between 1990 and 2000. European Addiction Research. 10, 61-67.

Augustin, R. and Kraus, L. (in press). Alkoholkonsum: Verbreitung, alkoholbezogene Probleme und Trends.

Auling, S. (1997). Rechtsgleichheit und Rechtswirklichkeit bei Strafverfolgung von Drogenkonsumenten. Schriftenreihe der Bundesministeriums für Gesundheit, Bd. 89. Baden-Baden: Nomos.

Babor, T., Caetano, R., Casswell, S. Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Gruenewald, P., Hill, L., Holder, H., Homel, R., Österberg, E., Rehm, J., Room, R. and Rossow, I. (2003). Alcohol: No Ordinary Commodity – A Consumer's Guide to Public Policy. Oxford: Oxford University Press.

Backmund, M., Meyer, K., Wächtler, M., and Eichenlaub, D. (2003). Hepatitis C virus infection drug users in Bavaria: Risk factors for seropositivity. European Journal of Epidemiology, 18, 563-568.

Bado e.V. (2004). Ambulante Suchthilfe in Hamburg. Statusbericht 2003 der Hamburger Basisdatendokumentation. Hamburg: Kreuzfeldt Electronic Publishing.

Baumgärtner, T. (2004). Rauschmittelkonsumerfahrungen der Hamburger Jugendlichen und jungen Erwachsenen 2004. Zusammenfassender Basisbericht der Schüler- und Lehrerbefragung zum Umgang mit Suchtmitteln. Hamburger Schulbus. Hamburg: Büro für Suchtprävention. www.suchthh.de/projekte/schulbus.htm

Böllinger, L. (1999). Germany: Regulation drug trafficking, nuisance and use. In: Regulating European Drug Problems. Administrative measures and civil law in the control of drug trafficking, nuisance and use. (ed. Dorn, N.). The Hague: Kluwer Law International.

Böttcher, S., Chrapa, M., Chrapa, J., Telscher, G. and Voigtländer, H. (1999). Moderne Drogen- und Suchtprävention (MODRUS). Magdeburg: Ministerium für Arbeit, Frauen, Gesundheit und Soziales des Landes Sachsen-Anhalt.

- BKA (Bundeskriminalamt) (ed.) (1999). Merkblatt zur Bearbeitung von Rauschgifttodesfällen in der Bundesrepublik Deutschland. Wiesbaden: BKA..
- BKA (Bundeskriminalamt) (ed.) (2003). Rauschgiftjahresbericht 2002 Bundesrepublik Deutschland 2002. Wiesbaden: BKA.
- BKA (Bundeskriminalamt) (ed. (2004a). Polizeiliche Kriminalstatistik 2003 Bundesrepublik Deutschland. Wiesbaden: BKA.
- BKA (Bundeskriminalamt) (ed.) (2004b). Bundeslagebild Rauschgift 2003. Wiesbaden: BKA.
- Bonnet U., Harries-Hedder K., Leweke F.M., Schneider U., and Tossmann P. (2004). AWMF-Guideline: Disorders Related to Cannabis. Fortschr. Neurol. Psychiatr. 2004, 72, 318-329.
- Buchert, R., Thomasius, R., Nebeling, B., Petersen, K., Obrocki, J., Jenicke, L., Wilke, F., Wartberg, L., Zapletalova, P., and Clausen, M. (2003). Long-term effects of „Ecstasy“ use on serotonin transporters of the brain investigated by PET. The Journal of nuclear medicine, 44, 375-384).
- Büro für Suchtvorbeugung Hamburg (2001). Pillen für Zappelphilipp? Pressemeldung Hamburg, 2001, <http://www.suchthh.de/presse/ritalin.htm>
- Bundesamt für Arzneimittel und Medizinprodukte (BfArM) (2002). Informationen zum Substitutionsregister (§5a BtmVV). Stand: 17.7.2002.
- BZgA (Bundeszentrale für gesundheitliche Aufklärung) (2001). Die Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2001. Eine Wiederholungsbefragung der Bundeszentrale für gesundheitliche Aufklärung, Köln. Endbericht. Köln: BZgA.
- BZgA (Bundeszentrale für gesundheitliche Aufklärung) (2004). Bekanntheit, Kauf und Konsum von Alcopops in der Bundesrepublik Deutschland 2003. Ergebnisse einer repräsentativen Befragung. Köln: BZgA.
- Caspers-Merk M., Resch M., and Skrodzki K. (2002). Eckpunkte zur Verbesserung der Versorgung von Kindern, Jugendlichen und Erwachsenen mit Aufmerksamkeitsdefizit-Hyperaktivitätsstörung (ADHS). Berlin: Bundesministerium für Gesundheit und Soziale Sicherung.
- Davids, E. and Gastpar, M. (2004). Buprenorphine in the treatment of opioid dependence. European Neuropsychopharmacology, 14, 209-216.
- Dettmer, K. and Leicht, A. (2004). Prävention von Drogennot- und Drogentodesfällen – Erste Hilfe-Kurse und Naloxon-Einsatz durch Drogengebraucher. Akzeptanz, 12 (1), 21-25.
- Difu (Deutsches Institut für Urbanistik) (ed.) (2002). Bundeswettbewerb "Vorbildliche Strategien kommunaler Suchtprävention": Oktober 2001 bis Juni 2002. Dokumentation; Berlin.
- Difu (Deutsches Institut für Urbanistik) (ed.) (2004). Bundeswettbewerb "Vorbildliche Strategien kommunaler Suchtprävention". Tabakprävention vor Ort. Dokumentation; Berlin.
- Die Drogenbeauftragte der Bundesregierung (2003a). Drogen- und Suchtbericht. Berlin/Bonn: Bundesministerium für Gesundheit und Soziale Sicherung.
- Die Drogenbeauftragte der Bundesregierung (2003b). Hepatitis. Verbesserung der Hepatitis-Prävention und Behandlung für Drogenabhängige. Berlin/Bonn: Bundesministerium für Gesundheit und Soziale Sicherung.
- Die Drogenbeauftragte der Bundesregierung (2003c). Aktionsplan Drogen und Sucht. Berlin/Bonn: Bundesministerium für Gesundheit und Soziale Sicherung.
- Die Drogenbeauftragte der Bundesregierung (2004). Ecstasy. Bedeutung aktueller Forschungsergebnisse für Prävention und Risikobewertung. Berlin/Bonn: Bundesministerium für Gesundheit und Soziale Sicherung.
- Edwards, G. (1997) (ed.). Alkoholkonsum und Gemeinwohl. Stuttgart: Ehnke-Verlag.
- EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) (2003). National Prevalence Estimates of Problem Drug Use in the European Union, 1995-2000. Lisbon: EMCDDA.
- EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) (2004). An overview of cannabis potency in Europe. Luxembourg: Office for the Official Publications of the European Communities.

- FOKUS (2001). Moderne Drogen- und Suchtprävention (MODRUS II). Sozialepidemiologisch-empirische Studie der Forschungsgemeinschaft für Konflikt- und Sozialstudien e.V. Halle, erarbeitet im Auftrag der Interministeriellen Arbeitsgruppe Sucht des Landes Sachsen-Anhalt.
- Franzkowiak, P. (2002). Zwischen Abstinenz und Risikobegleitung - Präventionsstrategien im Wandel. In: Forschung und Praxis der Gesundheitsförderung, Bd. 19 (ed. BZgA) 107-124, Köln: BZgA.
- Gastpar, M., Heinz, W., Poehlke, Th., and Raschke, P. (2003). Glossar: Substitutionstherapie bei Drogenabhängigkeit. Berlin: Springer.
- Görgen, W., Oliva, H., and Schu, M. (2004). Abschlussbericht Evaluation des Hamburger Suchthilfe-systems. Köln: FOGS.
- Gossop, M., Darke, S., Griffith, P., Hando, J., Powis, B., Hall, W., and Strang, J. (1995). The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. *Addiction*, 90, 6507-614.
- Grabowski J., Rhoades H., Stotts, A., Cowan K., Kopecky C., Dougherty A., Moeller F.G., Hassan S., and Schmitz J. (2004). Agonist-like or antagonist-like treatment for cocaine dependence with methadone for heroin dependence: two double-blind randomised clinical trials. *Neuropsychopharmacology*, 29, 969-981.
- Guggenbühl, L. (1999). euro net. Europäische Vernetzung in der Suchtprävention. Schlussbericht einer qualitativen Prozessevaluation der Netzwerkentwicklung. Zürich: Institut für Sozialforschung. www.suchtforschung.ch
- Haasen, C. Prinzleve, M., Reimer, and J., Krausz, M. (2003). Smoking cocarettes: a less harmful alternative of cocaine use? *European Addiction Research*, 9, 188-189.
- Hanewinkel, R. and Wilborg, G. (2003). Dissemination der Nichtraucher Kampagne „Be smart – Don't start“ in den Jahren 1997 bis 2003 in Deutschland. *Gesundheitswesen*, 65.
- Hessisches Sozialministerium (ed.) (2004). Zweiter Suchtbericht für das Land Hessen. 2001-2002. Wiesbaden: Hessisches Sozialministerium.
- Hurrelmann, K., Klocke, A., Melzer, W., and Ravens-Sieberer, U. (2003). Jugendgesundheitsurvey – Internationale Vergleichsstudie im Auftrag der Weltgesundheitsorganisation WHO. Weinheim: Juventa.
- Kagerer, S., Backmund, M., Walcher, S., and Soyka, M. (2002). *Suchtmed*, 4, 17-24.
- Kannheiser, W. (2002). Gutachterliche Richtlinien für die Bewertung der Fahreignung von Methadonpatienten. *Suchtmed*, 4, 5-10.
- Kepler, K., Knorr, B., and Stöver, H. (2004). Zum Stand der Substitutionsbehandlung im deutschen Justizvollzug. *Zeitschrift für Strafvollzug und Straffällighilfe*, 4, 202-207.
- Kleiber, D. and Soellner, R., (1998). Cannabiskonsum, Entwicklungstendenzen, Konsummuster und Risiken. Juventa: Weinheim.
- Kraus, L. and Augustin R. (2004). Repräsentativerhebung zum Gebrauch und Missbrauch psychoaktiver Substanzen bei Erwachsenen in Deutschland: Epidemiologischer Suchtsurvey 2003. *Sucht*, (in press).
- Kraus, L. and Ladwig, A. (2001). Analyse der Drogentodesfälle in Baden-Württemberg. IFT-Berichte Bd. Nr. 123. München: IFT Institut für Therapieforchung.
- Kraus, L. and Püschel Klaus (2002). Prävention von drogenbedingten Not- und Todesfällen. Freiburg: Lambertus.
- Kraus, L., Bauernfeind, R., and Bühringer, G. (1998). Epidemiologie des Drogenkonsums. Ergebnisse aus Bevölkerungssurveys 1990 - 1996.. Baden-Baden: Nomos.
- Kraus, L., Augustin, R., Frischer, M., Kümmler, P., Uhl, A., and Wiessing, L. (2003). Estimating prevalence of problem drug use at national level in countries of the European Union and Norway. *Addiction*, 98, 471-485.

- Kraus, L., Heppekausen, K., Barrera, A., Orth, B. (2004). Die Europäische Schülerstudie zu Alkohol und anderen Drogen (ESPAD). Befragung Schülerinnen und Schülern der 9. und 10. Klasse in Bayern, Berlin, Brandenburg, Hessen, Mecklenburg-Vorpommern und Thüringen. Forschungsbericht 310/ Gesundheitsforschung. Berlin: Bundesministeriums für Gesundheit und Soziale Sicherung.
- Küfner, H., Beloch, E., Scharfenberg, C., and Türk, D. (1999). Evaluation von externen Beratungsangeboten für suchtgefährdete und suchtkranke Gefangene. Baltmannsweiler: Schneider-Verlag.
- Küfner, H., Hackmann, K., Schnabel, A., and Soyka, M. (2004). Optimierung der substitions-gestützten Therapie Drogenabhängiger (OSTD): Entzugssymptome und Suchtverlangen in der ersten Einstellungswoche. Suchtmed, 6, 95-97.
- Künzel-Böhmer J., Bühringer G., and Janik-Konecny T. (1993). Expertise zur Primärprävention des Substanzmißbrauchs. Schriftenreihe des Bundesministeriums für Gesundheit, Bd. 20. Baden-Baden: Nomos.
- Landschaftsverband Westfalen-Lippe (ed.) (2003). Frühintervention bei erst auffälligen Drogenkonsumenten - FreD - Ergebnisse der wissenschaftlichen Begleitung. Köln.
- Leppin, A. (2004). Vortrag zur schulischen Suchtprävention im Rahmen der Fachtagung "Qualität schulischer Suchtprävention" am 20.04.04 in Kärnten. (<http://www.schule.at/community>)
- Maiwald E. and Reese, A. (2000). Effektivität suchtpräventiver Lebenskompetenzprogramme - Ergebnisse der deutschen Evaluationsstudien. Sucht Aktuell 1, 8-12.
- Marzen, E. (2003). Erprobungsvorhaben psychosoziale Betreuung Substituierter 2001/2002. ndbericht der wissenschaftlichen Betreuung. Saarbrücken: Ministerium für Frauen, Arbeit, Gesundheit und Soziales des Saarlandes.
- Miller, W.R. and Rollnick, S. (1999). Motivierende Gesprächsführung. Ein Konzept zur Beratung von Menschen mit Suchtproblemen. Freiburg im Breisgau: Lambertus.
- Ministerium für Gesundheit und Soziales des Landes Sachsen-Anhalt (o.J.). Moderne Drogen- und Suchtprävention (MODRUS III). Magdeburg: Ministerium für Gesundheit und Soziales des Landes Sachsen-Anhalt.
- Montoya, I.D., Gorelick, D.A., Preston, K.L., Schroeder, J.R., Umbricht, A., Cheskin, L.J., et al. (2004) Randomized trial of buprenorphine for treatment of concurrent opiate and cocaine dependence. Clin Pharmacol Ther., 75, 34-48.
- Nestler, E.J. (2001) Molecular basis of long-term plasticity underlying addiction. Nat Rev Neurosci, 2, 119-128.
- Paetzold W, Eronat V, Seifert J, Holze I, et al. (2000): Detoxifikation polytoxikomaner Patienten mit Buprenorphin – Auswirkungen auf Affektivität, Angst und Entzugssymptomatik. Nervenarzt, 71, 722-729.
- Pauly A. (2004). Lustig ist das Studentenleben?! Suchtverhalten im Studium. www.addiction.de/ss_2003_start.htm
- Perkonig, A., Pfister, H., Liebe, R., Bühringer, G., and Wittchen, H.-U. (2004). Problematischer Konsum illegaler Substanzen, Hilfesuchverhalten und Versorgungsangebote in einer Region. Suchtmed, 6, 22-31.
- Petermann, Fischer, H. and V. (2000). Wie effektiv ist schulische Suchtprävention? Ergebnisse der Leipziger Präventionsstudie". In: Jugendliche und Alltagsdrogen (ed. Leppin, A. et al). Neuwied.
- Petrakis II., Carroll K.M., Nich C., Gordon L.T., McCance-Katz E., Frankforter T., et al. (2000) Disulfiram treatment for cocaine dependence in methadone-maintained opioid addicts. Addiction, 95, 219-28.
- Pfab, R. and Zilker, T. (2003). Ergebnisse der Drogenanalytik bei Drogenabhängigen im Klinikum rechts der Isar, München, 1995-2000 – Änderungen im Laufe der Zeit, Einfluss von Aufnahmegrund und Substitution. Suchtmed, 5, 119-125.

- Prinzleve, M. and Martens, M.-S. (2003). Entlastung für den Stadtteil? die Auswirkungen eines niedrigschwelligen Drogenhilfeangebots auf die Anzahl an Drogenkonsumenten in Hamburg St. Georg. Suchttherapie, 5,83-89.
- Prinzleve, M. and Martens, M.-S. (2004). Evaluation der Abendöffnungszeiten des Drob Inn. Forschungsbericht. Hamburg: Zentrum für Interdisziplinäre Suchtforschung der Universität Hamburg ZIS.
- Prochaska J.O.and DiClemente C. (1986). Towards a comprehensive model of change. In: Miller, W.R. and Heather, N. (editors). Treating Addictive Behaviours. New York: Plenum Press.
- Quednow, B. B., Kühn, K.–U., Hoenig, K., Maier, W., and Wagner, M. (2004). Prepulse Inhibition and Habituation of Acoustic Startle Response in Male MDMA ('Ecstasy') Users, Cannabis Users, and Healthy Controls. Neuropsychopharmacology, 29, 982-990.
- Raschke, P., Püschel, K., Heinemann, A. (2002). Mortalitätsentwicklung bei Heroinkonsumenten mit und ohne Substitutionsbehandlung in Hamburg von 1990 bis 1996. In: Prävention von drogenbedingten Not- und Todesfällen. (ed. Kraus, L. and Püschel,K.). Freiburg: Lambertus.
- Reese, A. (1999). Entwicklungsorientierte Evaluation des suchtpreventiven Lebenskompetenzpro ALF. Vortrag, 12.04.1999, am IFT, Institut für Therapieforchung, München.
- RKI (Robert Koch Institut) (2003). Epidemiologisches Bulletin - Aktuelle Daten und Informationen zu Infektionskrankheiten und public health, Sonderausgabe A. Berlin: RKI.
- RKI (Robert Koch Institut) (2004a). Epidemiologisches Bulletin - Aktuelle Daten und Informationen zu Infektionskrankheiten und public health, Nr. 2. Berlin: RKI.
- RKI (Robert Koch Institut) (2004b). Epidemiologisches Bulletin - Aktuelle Daten und Informationen zu Infektionskrankheiten und public health, Nr. 15. Berlin: RKI.
- RKI (Robert Koch Institut) (2004c). Hepatitis C. Gesundheitsberichterstattung des Bundes. Heft 15. Berlin: RKI.
- RKI (Robert Koch Institut) (2004d). Infektionsepidemiologisches Jahrbuch meldepflichtiger Krankheiten für 2003. Berlin: Robert Koch-Institut.
- Rösner, S. and Küfner, H. (2004). Jahresbericht 2002 Medikamentenmissbrauch bei Klienten ambulanter Suchthilfeeinrichtungen. IFT-Berichte Bd. 143. München: IFT Institut für Therapieforchung
- Riedel, J., Röske, K.; John, U., and Hapke, U. (2003). Modellprojekt Schwerpunktpraxen "Sucht" in Mecklenburg-Vorpommern. In: Suchtmedizin in Forschung und Praxis, 4. Interdisziplinärer Kongress für Suchtmedizin München, Bd. 5, 2, 70-71.
- Schneider, W. (2004). Zwischen Anspruch und Wirklichkeit von Drogenkonsumräumen. Erfahrungen aus Münster. Akzeptanz, 12, 21-25.
- Schottenfeld, R.S., Pakes, J.R., Oliveto, A., Ziedonis, D., and Kosten, T.R..(1997). Buprenorphine vs methadone maintenance treatment for concurrent opioid dependence and cocaine abuse. Arch Gen Psychiatry, 54, 713-720.
- Schütz, C.G., Indlekofer, F., Piechatzek, M., Daamen, M., Waszak, F., Lieb, et al. (2004). Ecstasykonsumenten: Neurokognitive und funktionelle Problemkonstellationen und Ansätze zu spezifischen Frühinterventionen. Suchtmed, 6, 67-72.
- Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland, Bonn, (2002). Schule in Deutschland - Zahlen, Fakten, Analysen zur Dokumentation: Schüler, Klassen, Lehrer und Absolventen der Schulen.
- Simon, R., Sonntag, D., Bühringer, G., and Kraus, L. (2004). Cannabisbezogene Störungen: Umfang, Behandlungsbedarf und Behandlungsangebot in Deutschland. München: IFT, Institut für Therapieforchung.
- Stark, K., Herrmann, U., Erhardt, S., and Bienzle, U. (2001). Modellprojekt Spritzenvergabe im Berliner Justizvollzug. Abschlussbericht der Begleitforchung.
- Statistisches Bundesamt (2003a). Statistisches Jahrbuch 2003 für die Bundesrepublik Deutschland. Stuttgart: Metzler-Poeschel.

- Statistisches Bundesamt (2003b). Strafverfolgung 2001. Vollständiger Nachweis der einzelnen Straftaten. Wiesbaden: Statistisches Bundesamt.
- Statistisches Bundesamt (2004a). Diagnosedaten der Krankenhauspatientinnen und –patienten 2002. Fachserie 12, Reihe 6.2, Gesundheitswesen <http://www-ec.destatis.de>
- Statistisches Bundesamt (2004b). Strafvollzug - Demographische und kriminologische Merkmale der Strafgefangenen zum Stichtag 31.3. - . Rechtspflege, Fachserie 10, Reihe 4.1. [www.rechtspflegestatistik@destatis.de](http://www.rechtspflegestatistik.destatis.de)
- Stöver H. and Kolte B. (2003). Drogengebrauch und drogenpräventive Ansätze in benachteiligten städtischen Quartieren, Bremen.
- Stöver, H. and Nelles, J. (2003). 10 years of experience with needle exchange programmes in European prisons: A review of evaluation studies. International Journal of Drug Policy.
- Stöver, Hennebel, and Casselman (2004). Substitution treatment in European Prisons: A study of policies and practise of substitution in prisons in 18 European countries. London: Cranstoun Drug Services Publishing.
- Strobl, M., Klapper, J., Pelzel, K.-H., Bader, Zahn, H. and Lange, N. (2004a). Suchthilfestatistik 2003 für Deutschland. Tabellenband für die ambulante Suchtkrankenhilfe, Berichtszeitraum: 1.1.2003-31.12.2003. München, IFT.
- Strobl, M., Klapper, J., Pelzel, K.-H., Bader, Zahn, H. and Lange, N. (2004b). Suchthilfestatistik 2003 für Deutschland. Tabellenband für die stationäre Suchtkrankenhilfe, Berichtszeitraum: 1.1.2003-31.12.2003. München, IFT.
- Sonntag, D. and Welsch, K. (2004). Jahresstatistik 2003 der ambulanten Suchtkrankenhilfe in Deutschland. Sucht, 50, Sonderheft 2.
- Thomasius, R., Petersen, K., Buchert, R., Andresen, B., Zapetalova, P., Wartberg, L., et al. (2003). Mood, cognition and serotonin transporter availability in current and former ecstasy (MDMA) users. Psychopharmacology, 167, 85-96.
- Tielking, K. and Kuß, G. (2003). Vernetzung von Behandlungsangeboten in der Rehabilitation Alkoholabhängiger. Abschlussbericht zum Modellprojekt Alkoholentwöhnung im Verbundsystem (EVS). Schriftenreihe "Sucht- und Drogenforschung", Band 7. Oldenburg: BIS-Verlag.
- Tielking, K., Becker, S., and Stöver, H. (2003). Entwicklung gesundheitsfördernder Angebote im Justizvollzug. Eine Untersuchung zur gesundheitlichen Lage von Inhaftierten der Justizvollzugsanstalt Oldenburg. Oldenburg: Bibliotheks- und Informationssystem der Universität Oldenburg.
- TKS (Thüringer Koordinierungsstelle Suchtprävention) (2001). Konzeption zur Datenerhebung als Begleitung und Evaluation von Maßnahmen zur Hepatitis-Prophylaxe für ausgewählte Standorte Thüringens im Themenzusammenhang „Infektionskrankheiten und Drogenkonsum“. Manuskript.
- Tobler, N.S., Roona, M.R., Ochshorn, P., Marshall, D.G., Streke, A.V. and Stackpole, K.M. (2000). School based adolescent drug prevention programs: meta-analysis. Journal Primary Prevention, 20,4, 275-336.
- Tossmann, R. (2003). Konsum von Cannabis, Ecstasy und Amphetaminen – gibt es einen suchtspezifischen Hilfebedarf? Sucht, 49, 212-220.
- Tschöpe-Scheffler, S. (2003). Elternkurse auf dem Prüfstand. Leske und Budrich. Opladen.
- Verband Deutscher Rentenversicherungsträger (ed.) (2003). Rehabilitation des Jahres 2002. VDR-Statistik. Frankfurt am Main: Universitätsdruckerei.
- Verthein, U., Prinzleve, M., Degkwitz, P., Farnbacher, G. and Krausz, M. (2003). Ambulanter Entzug mit Buprenorphine. Suchttherapie, 4,150-158.
- Verthein, U., Prinzleve, M., Farnbacher, G., Haasen, C., and Krausz, M (2004). Treatment of opiate addicts with buprenorphine – a prospective naturalistic trial. Addictive disorders and their treatment, 3, 58-70.
- Weber, I. (2001). Substitutionsbehandlung für Opiatabhängige unter veränderten rechtlichen Rahmenbedingungen. Studie zur Implementation neuer Richtlinien für die vertragsärztliche Versorgung. Köln: Zentralinstitut für die kassenärztliche Versorgung in der Bundesrepublik Deutschland.

- Welsch, K., Sonntag, D. (2004a). Jahresstatistik 2003 der ambulanten Suchtkrankenhilfe in Deutschland. Sucht, 50, Sonderheft 1, 6-31.
- Welsch, K., Sonntag, D. (2004b). Jahresstatistik 2003 der stationären Suchtkrankenhilfe in Deutschland. Sucht, 50, Sonderheft 1, 32-54.
- Wolfersdorf, M., Schiller, M., Mauerer, C., Keller, F. & Wurst, F. (2002). Drogentote in Bayern. Entwicklung von 1990 bis einschließlich 2000. Psychiatrische Praxis, 29, 18-21.
- Wojak, M. (o.J.). Die Therapievorschriften des Betäubungsmittelgesetzes: Eine Untersuchung über das Antragsverfahren in der Berliner Justiz 1989-1991. Berlin: Senatsverwaltung für Jugend und Familie.
- Zenker, C., Bammann, K., and Jahn, I. (2003). Genese und Typologisierung der Abhängigkeitserkrankungen bei Frauen (Schriftenreihe des Bundesministeriums für Gesundheit, Band 148). Baden-Baden: Nomos.
- Zerell, U., Thalheim, J., and Hasselbach-Minor, A. (2004). Statistisches Auswerteprogramm Rauschgift (SAR). Zusammenfassung für den Rauschgiftjahresbericht 2003. Wiesbaden: Bundeskriminalamt, Fachbereich Toxikologie, Manuskript.
- Zentrum für angewandte Psychologie, Umwelt- und Sozialforschung (ZEUS) (2002). Evaluation der Arbeit der Drogenkonsumräume in der Bundesrepublik Deutschland. Endbericht im Auftrag des Bundesministeriums für Gesundheit. Bochum, ZEUS.
- Zurhold, H., Degkwitz, P, Verthein, U., and Haasen, C. (2003). Drug consumption rooms in Hamburg, Germany: Evaluation of the effects on harm reduction and the reduction of public nuisance. Journal of Drug Issues, 33, 663-688.

14.3 Websites

Alongside the web sites of the most important institutions, a few innovative offers were selected from the field of demand reduction. The list is an extract of a multitude of addresses existing in this area.

Web site	Inhalt
www.bmgs.de	Bundesministerium für Gesundheit und Soziale Sicherung (BMGS) Federal Ministry for Health and Social Security
www.bzga.de	Bundeszentrale für gesundheitliche Aufklärung; (BZgA) Federal Centre for Health Education (FCHE)
www.dbdd.de	Deutsche Referenzstelle für die Europäische Beobachtungsstelle für Drogen und Drogensucht (DBDD) German Reference Centre for the European Monitoring Center for Drugs and Drug Addiction
www.dhs.de	Deutsche Hauptstelle für Suchtfragen (DHS) German Main Office for Dependence Matters
www.drugcom.de	BZgA Informationen für junge Leute und Partygänger FCHE information for young people and party goers
www.drugscouts.de	Landesprojekt in Sachsen für junge Leute Länder project in Saxony for young people
www.emcdda.eu.int	Europäische Beobachtungsstelle für Drogen und Drogensucht (EBDD) European Monitoring Center for Drugs and Drug Addiction (EMCDDA)
www.ift.de	Institut für Therapieforschung (IFT), München Institute for Therapy Research, Munich
www.partyack.de	Spezielles Angebot für junge Leute, die Techno- und Partyszene besuchen Special offer for young people attending the techno- and party scene
www.rki.de	Robert-Koch-Institut (RKI), Berlin

15 Annex

There are no entries for the annex.

Part D – Standard Tables and Standard Questionnaires

16 Standard Tables (ST) and Structured Questionnaires (SQ)

The following tables and questionnaires comply with the specifications of the EMCDDA. The data are provided by all member states of the European Union in this format for European reporting. The complete tables and questionnaires are available in the electronic format under www.dbdd.de. For technical reasons, they are not available in the print version.

- ST1: BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE
- ST2: METHODOLOGY AND RESULTS OF SCHOOL SURVEYS ON DRUG USE
- ST3: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS
- ST4: EVOLUTION OF TREATMENT DEMANDS
- ST 5. ACUTE/DIRECT DRUG-RELATED DEATHS
- ST 6. EVOLUTION OF ACUTE/DIRECT DRUG-RELATED DEATHS FIGURES
- ST 7. NATIONAL PREVALENCE ESTIMATES OF PROBLEM DRUG USE
- ST 8. LOCAL PREVALENCE ESTIMATES OF PROBLEM DRUG USE
- ST 9. PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS
- ST 10. SYRINGE EXCHANGE, DISTRIBUTION AND SALE
- ST 11. ARRESTS/REPORTS FOR DRUG LAW OFFENCES
- ST 12. DRUG USE AMONG PRISONERS
- ST 13. QUANTITY AND NUMBER OF SEIZURES OF ILLICIT DRUGS
- ST 14. PURITY AT STREET LEVEL OF ILLICIT DRUGS
- ST 15. COMPOSITION OF TABLET SOLD AS ILLICIT DRUGS
- ST 16. PRICE IN EUROS AT STREET LEVEL OF ILLICIT DRUGS
- ST 17. LEADING EDGE INDICATORS FOR NEW DEVELOPMENTS IN DRUG CONSUMPTION
- ST 18. OVERALL Mortality ANC CAUSES OF DEATH AMONG DRUG USERS
- ST 21. DRUG RELATED TREATMENT AVAILABILITY
- ST 34. TDI DATA
- SQ 22: UNIVERSAL SCHOOL-BASED PREVENTION
- SQ 23: HARM REDUCTION MEASURES TO PREVENT INFECTIOUS DISEASES IN INJECTING DRUG USERS