European Monitoring Centre
for Drugs and Drug Addiction

Roland Simon, IFT Institute for Therapy Research

Marion David-Spickermann, Federal Center for Health Education

Walter Farke, German Head Office for Addiction Issues

2005 National Report to the EMCDDA by the REITOX National Focal Point

GERMANY

New Developments, Trends and In-Depth Information on Selected Topics

Drug Situation 2004

IFT Institute for Therapy Research (Epidemiology and Coordination)

Roland Simon (Dipl. Psych., head of the DBDD)

Parzivalstr. 25

D - 80804 Munich

Tel.: +49 (0) 89 - 36080440

Fax: +49 (0) 89 - 36080449

Email: simon@ift.de

Federal Center for Health Education (BZgA) (Prevention)

Marion David-Spickermann

Ostmerheimer Str. 220

D - 51109 Cologne

Tel.: +49 (0) 221-8992 - 290

Fax: +49 (0) 221-8992 - 300

Email: marion.spickermann@bzga.de

German Head Office for Dependence Matters (DHS) (Treatment)

Walter Farke

Westring 2

D - 59065 Hamm

Tel.: +49 (0) 2381-901521

Fax: +49 (0) 2381-901530

Email: farke@dhs.de

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

Tables

Figures

Abbreviations

	German	English
AMG	Arzneimittelgesetz	Medical preparations act
BfArM	Bundesinstitut für Arzneimittel und Medizinprodukte	Federal Center for Drugs and Medical Devices
BMGS	Bundesministerium für Gesundheit und Soziale Sicherheit	Federal Ministry for Health and Social Security
BMJ	Bundesministerium der Justiz	Federal Ministry of Justice
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
BUB-Richtlinien	Richtlinien über die Bewertung von ärztlichen Untersuchungs- und Behandlungsmethoden	Guidelines on the evaluation of medical examination and treatment methods
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
DHS	Deutsche Hauptstelle für Suchtfragen	German Main Office for Dependence Matters
DND	Drogennotdienst	Drug Emergency Service
EBDD	Europäische Beobachtungsstelle für Drogen und Drogensucht	EMCDDA - 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 Antirectroviral Treatment
HBV	Hepatitis B Virus	Hepatitis B Virus
HCV	Hepatitis C Virus	Hepatitis C Virus
IVU	Intravenös applizierende Drogenkonsumenten	IDU - Injection drug user
KJHG	Kinder- und Jugendhilfegesetz	Law on children and youth welfare
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	Social Codes
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 2004 follows the guidelines of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA).

Each chapter of the report has a introductory passage presenting the most important and up-dated background information – e.g. on the structure of the health care system of a Land or the available data sources used for overviews of the drug use in the population.

The other sections of the individual chapters provide exclusively new data and results of the reporting year. Older data are only used for comparative purposes where appropriate. Otherwise, the report will refer to earlier publications. Tables belonging to the text can be found in the attachment and on the website of the DBDD.

The national REITOX-Report for the year 2004 will be finalized and presented at the same time as the European Drug Report for 2003. The European report gives a general view of the drug situation with a host of comparative data from other European countries which may serve as background information to evaluate the national situation.

As it has increasingly become common practice to use the Internet to share detailed information, please make use of this possibility both for the national report under www.dbdd.de and the European Report under www.emcdd.eu.int .

Roland Simon

Director 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 Addiction Issues (DHS) cooperate. The German Reference Center for the European Monitoring Center for Drugs and Drug Addiction is funded equally by the Federal Ministry for Health and Social Affaires and the EMCDDA. The overall report has been structured according to the guidelines provided by the EMCDDA and is available for download under www.dbdd.de .

National Policy in context

Isolated “drug“ concepts have meanwhile been replaced by a cross-substance “addiction“ policy which increasingly sets the focus on common aspects of all psychotropic substances. The current “Action Plan Drugs and Addiction” is the mainstay of the overall political concept in which various activities are embedded. The “Council for Drugs and Addiction“ which is to flank and assess the goals set and measures undertaken, met for its constitutive session in autumn 2004. In the near future, a working program will be decided on providing for further steps to noticeably reduce overall consumption of licit and illicit addictive substances.

Addiction policy is based on prevention, counselling and therapy of drug users, survival aid, harm reduction, reduction of the offer of addictive substances and – regarding illicit drugs - repression. Within the frame of the implementation of the Action Plan, a new law on prevention is currently being discussed which is to lend stronger and more systematic support to prevention and health promotion. These activities are, among others, to be placed on a stable financial basis which can also make use of resources from non-government sources.

The introduction of a surtax on sweet mixed drinks containing spirits in the year 2004, decreased the attractiveness of these so-called alcopops especially for teenagers and young adults. As a result of these preventive measures, sales figures of these beverages have considerably declined. Similar effects have been achieved by the increase of the tax on tobacco making cigarettes considerably more expensive. First results of a study show also here a reduction of tobacco consumption among young people.

Drug consumption: prevalence and prevention

Studies carried out in the years 2003/2004 show that about a quarter of the adult population in Germany has had experience with drugs (life-time prevalence). 7% of this group used drugs in the last 12 months, little less than 4% in the last 30 days. Prevalences are higher among teenagers and young adults.

In the age group 12 to 25 years, 49% (men: 54%, women: 44%) have been offered drugs once, 32% (men: 36%, women: 27%) have used them once, 13% did so in the last year (men: 17%, women: 10%). In this age group, drug affinity increases with the age of the interviewees.

At least in early adolescence, drug use can be equated with cannabis use. For “all drugs” and for cannabis, similar prevalences were found with respect to lifetime consumption (all drugs: 32%; cannabis: 31%), consumption in the previous year (all drugs: 13%; cannabis: 13%), and regular consumption (all drugs: 10%; cannabis: 10%). 24% of all persons questioned exclusively used cannabis, 7% cannabis and other drugs and only 1% other drugs without cannabis.

In the period under review, primary prevention which is related to all psychotropic substances, integrated measures of structural prevention to a greater extent than in the past. Higher prices and access obstacles are to prevent young people from using licit addictive substances (e.g. surtax on alcohol, increase of the tobacco tax). Parallel to that, classical approaches trying to influence risky behaviour via family, schools and youth work outside schools, continue to be pursued. Selective or respectively indicated prevention is addressed to party goers and Internet users alike in order to make them aware of the risks of poly-drug use and help them quit. Teenagers who have problems at school or have come to the attention of authorities because of alcohol poisoning as well as children of addicted parents and young offenders are considered a specific risk group. With the Internet being used as an information medium as a means of communication within chat rooms and for tests for self evaluation, the central website ”drugcom” registered 200,000 accesses in 2004 – an increase of 25% compared to the previous year.

Problem drug use: extent and treatment

Estimates of problematic (i.e. risky, harmful or addictive) use of drugs based on the figures from treatment, police contacts and records of drug-related death cases, make the number of problematic users of heroin range between 70,000 and 172,000 persons. This corresponds to a quota of 1.2 to 3.0 persons per 1000 inhabitants in the age between 15 and 64 years. The trend has been stable to slightly declining over the last three years. Estimates including cocaine- and amphetamine-related disorders range between 137,000-221,000 cases and are somewhat higher than in the previous year.

As for the clients of outpatient counselling facilities, opiates rank first with 52% of the cases followed by cannabis with 30%. This corresponds to approximately 23,000 or respectively 13,500 new admissions to outpatient therapy. Significant increases were found in the last years in particular for cannabis and stimulants whereas opiods have recently appeared to decline. In inpatient facilities, opiates continue to play a predominant role. They were the main reason of therapy for 55.6% of the clients, cannabis for 14.1% and sedatives/hypnotics for a little less than 6%. Alcohol clients who form the major part of the outpatient clients, have not been taken account of in this report.

With about 57,700 ongoing substitution treatments, quite a large part of the estimated number of heroin addicts were in therapy in Germany as of 1 June, 2004. A regional study carried out in Frankfurt found that 46% of the members of the local drug scene were reached by substitution offers during the previous three months. Out of the 8,500 doctors qualified to carry out substitution therapy in Germany, only 2,620 have carried out such treatments independently in the period under review.

Health aspects of drug use and measures to curb them

1,385 people died of drugs in Germany in 2004. This is a slight decrease relative to the previous year and a significant decrease by about a third compared to the peak of 2,030 death cases in the year 2000. The death cases are mostly related to opiates which were frequently used in combination with other psychotropic substances including alcohol. Statistics provided from therapy facilities for substance abuse disorders show a yearly mortality rate of 2.6-1.5% for opiate clients with a declining trend since 1996. Apart from the number of users, the expanded offer of substitution therapies and measures of harm reduction are presumably important factors which have influenced the development of the mortality figures.

Little less than 6% of the newly registered persons tested HIV-positive and 8% of the newly registered persons having AIDS are or were injecting drug users. Surveys carried out among IDUs have found a declining trend of HIV-prevalences ranging generally below 5% in the last years.

For about 7% of the newly reported cases of hepatitis B and 37% of the new infections of hepatitis C, intravenous drug use was found (only cases with reports on possible ways of transmission). The infection quota in this group is estimated to range between 40-60% and 60-80% respectively. Vaccination programs are run for hepatitis B and measures of secondary prevention are undertaken to change the risk behavior of users.

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, an improved 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 2004, more than 200,000 offences in connection with drug use (not drug dealing) were recorded – about 13% more than in the previous year. However, many of them were not prosecuted under the Narcotic Drugs Act. The number of persons using drugs other than cannabis who came to the attention of police for the first time rose to 21,100 corresponding to an increase of about 18% relative to 2003. 9,615 out of 63,677 prison inmates served a prison sentence because of a drug-related offence. The large difference gaping between recorded offences and prison sentences shows quite clearly that penal sanctions are not seen as a main approach to deal with offences related to drug use. In the year 2003,

accidents on German roads totalled 354,534 with 443,293 operators of motor vehicles being involved. Out of these, 1,341 (0.3%) were under the influence of “other intoxicating substances“ – generally most likely cannabis - and 22,674 (5.1%) under the influence of alcohol.

Unemployment, low education and low income are commonly found problems among the group of drug users. Special measures undertaken by unemployment insurance institutions and offers made by 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. The far reaching reorganization of the social laws and the fusion of unemployment and social aid in Germany have expanded the possibilities of support for some of the drug users. The concrete effects of this new concept will however only become visible in the years to come and can currently not been fully assessed since, apart from the legal situation, availability of financial resources and priorities set in the implementation will play an important role too.

The drug market

Drugs are relatively easily available in the whole of Germany. Meanwhile, the availability as perceived by people without drug experience has largely assimilated in the old and new Laender being on a clear upward trend since the last 10 years. While in 1993, 35% of the teenagers and young adults stated to have been offered drugs at least once, the figure amounted to 49% in 2004. In 89% of the cases, the drug offered was cannabis. Seizure figures show also a significant increase in amphetamines and mushrooms.

Generally, drug prizes at retail level have slightly decreased in the year 2004. The decline was somewhat more pronounced for crack with 8%. The level of active substances has increased in most of the drugs. Relative to the previous year, the increase was most marked for heroin whose level of active substance rose from 7.3% to 48.8% (median) at wholesale level. As for cannabis, the decline in THC-content of cannabis resin since 1997 is contrasted by an increase in levels of active substance in marijuana which reached an average of 10.8% in the year 2004.

Selected topics

This year’s report goes closely into gender-specific aspects. It was found that women are markedly less affected by drug-related problems than men. The portion of women making use of offers of treatment amounts to 25% which corresponds roughly to their portion in problem users. However, their quota is significantly lower in inpatient facilities than in outpatient ones, which might be an indication of access difficulties. Gender-specific concepts find increasing usage in prevention and therapy.

Investigating changes of drug use and offers of help with respect to the leisure time sector, a vast spectrum of information and offers of help is to be found these days. At the same time, leisure and party drug use have undergone different developments. Depending on scene and music trend, drugs have assumed different roles.

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 an 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 Political framework

Responsibilities of the Federal Government and the Laender

The responsibility for the drug and addiction policy is shared between the Federal Government and the Laender. According to the Basic Constitutional Law, the Federal Government has legislative authority over the narcotic drugs law, the penal law, the law of penal execution and the social welfare law. On this basis, it has defined a legal framework for the drug policy and formulated specific standards. However, the execution of these Federal laws mainly falls under the responsibility of the Laender. In addition, they also have their own legislative authority in areas which are of relevance for the drug and addiction policy including the school, health and education systems. The actual implementation of the drug and addiction policy – in particular also the funding – mainly lies in the hands of the Laender which may very well set different focuses within the framework of given legal guidelines and common goals.

The role of the funding organs

The funding of treatment and rehabilitation is largely provided by the health or pension insurance funds respectively. Alternatively, funding is taken over by providers of social aid.

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 social insurance 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.

The role of non-governmental organizations

In Germany, health care activities and social work in particular are governed by the principle of subsidiarity. The associations of Penal Doctors (i.e. unions of General practitioners) in Germany guarantee the provision of ambulatory health care services. Private charities in particular, 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 cases (e.g. counseling centers run by public health offices or psychiatric clinics) is the government itself the provider of specific offers of help and services for persons with addiction problems. In youth care, Germany relies on the cooperation between governmental and non-governmental organizations.

1.1.2 Legal Framework

The Narcotic Drugs Act

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

- Schedule I: narcotics prohibited from distribution and not approved for medical use (e.g., MDMA, heroin, cannabis).
- Schedule II: narcotics allowed for distribution but not approved for medical use (e.g. Delta-9-tetrahydrocannabinol (THC), dexamphetamine).
- Schedule III: narcotics allowed for distribution and approved for medical use (e.g. amphetamines, codeine, dihydrocodeine, cocaine, methadone, LAAM, morphine 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 security codes

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

With the fusion of the unemployment aid and social aid in 2005 („Hartz IV"), the social security code (in particular SGB II) has become even more important for people with drug problems. The central goal of the reform being to improve the placing of the unemployed on the job market, the removal of obstacles to the placement is to be worked on more intensely.

1.1.3 Objectives and priorities of the national drug and addiction policy

The Federal Drug Commissioner has reported 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 which is based on the following four keynotes:

- 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.

The national „Action Plan Drugs and Addiction", which was passed in 2003, is to serve as a framework for addiction policy of the following years. Further details can be found in the REITOX Report 2004 and specifically in chapter 12.

1.1.4 Coordination

Due to the federal structure of the Federal Republic of Germany and the principle of subsidiarity as well as the differences in the degree of problems and starting conditions, there are regional differences in how substance-related disorders are dealt with. As a consequence, drug and addiction programs are subject to different guidelines and rules in the individual Laender. However, the Laender have 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 the funding organs. Compliance with and application of these guidelines are, however, not mandatory.

Therefore, a multitude of different approaches and methods or instruments are currently used in the individual Laender and local communities. Furthermore, large differences with regard to the availability of resources are to be found between the Laender. Coordination between the Federal Government and the Laender takes place in the conferences of government departments and their working groups. The new Council for Drugs and Addiction (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’ has been installed in order to coordinate the collection of statistical data in this area. In addition, the Laender and national level also cooperate on a 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 Institute for Pharmaceutics and Medical Devices (BfArM) is responsible for the admission of pharmaceutics. Associated with the BfArM is the Federal Opium Monitoring Center which monitors the quantity of delivered narcotics and keeps the national Substitution Register since its creation in 2003.

1.2 Legislation

1.2.1 Laws

The Narcotic Drugs Act

The legal framework for the approach to drugs basically remained unchanged in 2004. The Narcotic Drugs Act (BtMG), which regulates the distribution of narcotic drugs was not amended in the reporting period. The framework decision passed by the European Council on 12 November 2004 defining, among others, the minimum provisions for the maximum penalties for drug trafficking, has already been fulfilled by the existing German law. “Ordinary” drug trafficking carries a maximum penalty of up to 5 years (EU minimum penalty 1-3 years), endangering of several people or band trafficking is punishable with up to 10 years prison sentence (EU minimum provision: 5-10 or respectively 10 years). The 19th

revision of the regulatioin on the prescription of narcotic substances (19. BtmÄndV) in March 2005 the terms “plants and animals” were replaced by “organisms” . In this way it was made clear that mushrooms containing psilcybine which have been classified as “plants” before and now as an species on its own (besides animals and plans), still fall unter the narcotic law (BgMG) (Table 1).

Table 1: Recent amendments to the regulations on narcotic drugs

Effective date	Amending regulation no.	Amendment
10. 3. 2005	19. BtMÄndV	Mushrooms containing psilocybine (before "plants" , now "organisms") are still regulated by the BtMG (clarification) Dextropropoxyphen (list II): Special regulations for different preparations were deleted Dexmethylphenidat included in list III (narcotics approved for medical use) New maximum amounts for prescription were fixed for several substances: Buprenorphine: 800mg (before: 720) Fentanyl 340mg (before: 1000)

[1]BtMÄndV: Amending regulation on narcotic drugs

Discussion of a Law on Prevention

On 20 March 2005, the Federal Cabinet passed a general concept on health prevention defining „addiction“ as one of nine central fields of activities. Detailed suggestions for the law on prevention were made by the joint working group of the Federal government and the Laender in a common keynote paper. Clear guidelines on funding, cooperation, steering via the health reporting system and quality assurance are to help to systemize and strengthen prevention and health promotion. A foundation is to be brought into being at the federal level receiving its funds from the legal health, pension, accident and nursing insurances but also from other sources. The activities currently deployed at Federal level, in particular by the Federal Center for Health Education, are to be integrated into this foundation. The Laender, local authorities, funding organs and the Federal government are to cooperate closely to coordinate the activities(www.bmgs.bund.de/deu/gra/themen/praevention/index_6266.php).

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 to reduce also drug-related problems. On 1 January 2002 and 1 January 2004, the price of a packet of cigarettes (standard brand Marlboro) was increased by 18 and 20 cents respectively and a further 40 cents on 1 March and 1 December 2004 respectively in order to curb tobacco consumption. Because of the low income of teenagers and young adults – many of whom are still at school or undergoing vocational training and therefore do not have a regular salary at their disposal – it is assumed that the increase in prices will strongly

influence their consumption behaviour. At the same time the act for the protection of youth was made more strict.

The strong increase of the consumption of sweet drinks containing spirits (alcopops) among teenagers and young adults (see REITOX-Report 2004) gave rise to a number of political activities. The law to improve protection of young people against the risks of alcohol and tobacco consumption (June 23rd 2004) led to the introduction of a special tax for these beverages in addition to the spirits tax and to special rules for marking. The significant increase in price reduced the attractiveness of these beverages especially for teenagers and young adults and caused a strong decrease in sales.

1.2.2 Legal practice

Study on the legal practice of criminal prosecution

The German Narcotic Drugs Act § 31a provides for the possibility to discontinue proceedings for possession of drugs under certain circumstances, namely, when the offender has grown, produced, imported, exported, bought, received in any other way or owned narcotic substances in small amounts exclusively for personal use and if there is no public interest in prosecution. This offers an instrument fo the public prosecutor to suspend proceedings for consumption related offences without court approval. All Federal Laender have regulated details on the application of § 31a BtMG through recommendations or guidelines. However, in crucial points differences between these Laender regulations exist, e.g. in the definition of “non substancial amount”. A recent study carried out by the Max-Planck-Institute for International Criminal Law in Freiburg on the background of differences in application of §31a investigated the legal practice adopted by the individual Laender. Results are expected to be published before the end of the year 2005.

Criminal prosecution of drugged driving

Criminal prosecution of driving under the influence of drugs is being intensified. Experts have stated repeatedly that currently only about one out of 2000 cases of drugged driving is being detected while the comparative figure for drunk driving is 1:600. An empirical basis for the first mentioned figure is however not yet known. With the technical preconditions for the quick tests having been set up over the last few years, the current focus is mainly on the training of police officers to be better able to detect drugged drivers (Die Drogenbeauftragte des Bundes 2005a). For further details please turn to chapter 8.4.1.

Berlin revises “Guideline on Cannabis“

On 2 March 2005, the Berlin Senate passed a revision of the “Guideline on Cannabis“ which had been valid before defining the term “insignificant quantity“ for Berlin. According to this guideline, possession of up to 10 grams of hashish or marijuana is not prosecuted if certain criteria (see above) are fulfilled. This amount can be increased to 15 grams in single cases. In addition to that and as a consquence of the earlier national demonstration model “Early intervention for first time drug offenders (FreD)” police is obliged now to inform the young

drug users about help offers and to refer them there if they wish. The goal of the guideline is, according to the press spokeswoman of the Berlin senat, “the liberalization for one’s own use” (Die Welt, 6 April 2005). A previous attempt made in the Federal Council to make such provisions uniform, had failed.

Fusion of unemployment aid and social aid

The change of the social security code as of 1 January 2005 is likely to have a significant impact on the practical work of addiction aid. Political measures in labor market policy have caused some move. The aims were to stop the unefficient parallel functioning of unemployment aid and social aid for long term unemployed persons and to make the employment office (“Bundesagentur”) a modern, customer oriented service provider for the labor market. In this way new possibilities of financing counselling and therapy would arise, and in particular measures aiming at the integration of job seekers into the job market, by resorting to the former unemployment funds. The current situation is however strongly characterized by the reorganization of the systems; it remains to be seen how the result, which will also be defined by the financial resources allocated to the individual help initiatives, will turn out in the end. Structuring the authorities and designing work processes to be shared between the federal authorities and the communities will require a period of transition. Middle of this year the restructuring process was mostly finished. 356 of the municipal organisations have started to cooperate in working-groups between municipality and employment office in so called “job centres”. Additionally 69 municipalities preferred the “option model” giving them the sole responsibility for basic security for all jobseekers. In 19 regional bodies the tasks for employment agency and municipality were kept separately. For this reason the implementation is expected to be subject to considerable variations at least in the beginning. This means that it will become necessary or appear at least appropriate, in particular for the out-patient counselling facilities, to re-orient their work in correspondence with the requirements of the new structured organs funding job and employment. This could for example be the role of a “case manager” going clearly beyond the much narrower substance-specific approach of help (DHS 2005).

1.3 Institutional framework, strategies and policy

1.3.1 Coordination

The cooperation between the different players in the fields of health care, drugs and addiction, is being supported by a host of information offers. The BZgA has in cooperation with the Land prevention coordinators created a national platform called „Prevnet“ enabling the exchange of information and opinion on prevention between experts and institutions. A documentation system set up within the framework of the project Dot.sys initiated by the BZgA is to complement the overview on prevention measures and.

1.3.2 National plans and strategies

The yearly drug and addiction report of the Drug Commissioner of the Federal Government, Mrs. Marion Caspers-Merk, was presented in May 2005. The focus of the report lies on the reduction of tobacco consumption especially among young people, the reduction of early and intense consumption of alcohol among children and teenagers, as well as on a further reduction of drug-related deaths complete with an appropriate response to the increasing drug problems posed by cannabis and amphetamines.

The measures to tackle these problems are of a long-term nature. More details concerning this are to be found under 1.1.2 and in chapter 12. The current implementation of the plans is described under 1.3.3, specific legal activities are to be found in chapter 1.2.1.

Prevention

The framework for prevention activities will possibly be subject to a radical change as soon as the law on prevention, currently under discussion, will be passed. Alongside the systematization, coordination and evaluation of the various efforts currently undertaken in the field of prevention, it could also become possible to create a broader financial basis integrating resources from industry and other non-governmental institutions for health care promotion. Because of the early new elections of the National Parliament (Deutscher Bundestag), the law was not passed in this legislative period.

Drug-related deaths

The number of drug-related deaths which, compared to the previous year, continued to decline in 2004 by 6% to 1,385 cases, is seen by the drug commissioner of the Federal Government as a confirmation of the strategy followed so far in the field of intravenous consumption, in particular with heroin addicts. Therefore, the mixture between substitution offers and survival aid on the one hand and offers to quit on the other, is to be maintained.

Rehabilitation

With an average unemployment rate of 9.8% in 2004 (seasonally adjusted and calculated according to EU-standards), the re-integration into the job market is extremely difficult for drug addicts even after a successful therapy outcome, as suitable jobs are not available in sufficient numbers. The re-writing of the regulations on the assistance for the unemployed (formerly unemployment and social aid) named “Hartz IV“ has dramatically changed the general setting (cf. 9.2.1). While addiction will be recognized much more often as an obstacle to integration into the job market leading to an intensification of the processing of placements in drug facilities, the financial implications of the new law are not quite clear yet. Financial resources, which so far have been used for general purposes of assistance, may be used in a more targeted-way for the promotion of drug addicts.

The planned approach to assist especially teenagers and young adults up to 25 years in finding a job could encompass a series of persons with addiction-related problems. However, taking into account the increasing requests for more efficiency of the placement activities and the often limited success rate with drug addicts, support for these measures will probably tend to become weaker in the future.

1.3.3 Implementation of policies and strategies

Implementation of the Action Plan Drugs and Addiction

On 25 June 2003 – one day before the World Drug Day – the Federal Cabinet passed the "Action Plan Drugs and Addiction" which was taken note of by the conference of health ministers at their session on 2 and 3 July 2003. For the implementation of the plan a "Council for Drugs and Addiction" was set up which had its constitutive session on 27 October 2004. Its tasks will be to accompany measures, evaluate results and to make suggestions for further developments. It is composed of representatives of the respective government and Laender departments as well as funding organs, associations, research and self-help organizations. The Council is the top decision-making body.

One organ of the council, the Federal-Government-Laender-Steering-Committee, recruited from representatives of the Federal Government and the Laender, is dedicated to improving the coordination of the tasks of the federal government and the Laender. It had its first meeting on 14 March 2005.

The Drug and Addiction Council has set up a special working group which is to implement and to coordinate drug prevention. It had its first session in June 2005 under the auspices of the BZgA. It is tasked to, among others, develop and suggest target criteria for the measurable reduction of the consumption of tobacco, alcohol and cannabis among young people. Another working group was set up to deal with interface problems solving issues of competence and funding of addiction treatment among the parties involved.

The Drug and Addiction Council has worked on a proposition of the Drug Commissioner for a working program and has complemented it. It is to be passed during the Council's next regular session. In the working program, the reduction of the consumption of licit and illicit psychoactive substances is confirmed as the paramount goal being inter-related with the reduction of potential health, social and economic risks and correlates. Further steps are to be taken to cut down the consumption of licit and illicit addictive substances. It is planned to have target figures defined in particular for young people by 2008.

The development of binding standards for the psychosocial accompaniment of substitution therapies is under planning. The efforts undertaken by the European Union are being supported and the integration of licit addictive substances into considerations at European level was explicitly welcomed.

Following negotiations with the Drug Commissioner of the Federal Government, the Federal Ministry for Health and Social Security and the German Hotel and Catering Federation

(DEHOGA) have agreed upon an binding regulation about non smoker protection in hotels and restaurants. Until March 2006 30% of all restaurant and caterer businesses are to reserve a minimum of 30% of their seating capacities for non-smokers. The percentage is to rise to at least 90% of all restaurants and half of their seating capacity by the year 2008 (BMGS press release of March 3rd 2005).

Demonstration programs and research projects funded by the Federal Government

A survey carried out on clients of out-patient counselling facilities with a primary cannabis diagnosis found in a validation study that more than three quarter of the 274 cases between 2002 and 2003 positively fulfilled clinical criteria. In addition, the study showed a strong heterogeneity of the cannabis clients together with a lack of specific therapeutic and counselling offers for this group. The final report of the CareD-Study was presented in autumn 2004 (Simon et al. 2004).

Results of the project „Designerdrogen-Sprechstunde“ (“consulting hour – designer drugs”), carried out in Rostock between 1999 and 2003 to research conditions and possibilities of developing offers of help in pediatric and juvenile psychiatry were presented in a final report (Reis et al. 2004; cf. 5.2).

In order to complement the Internet initiative drugcom.de, an interactive program named “Quit the shit“ was developed to motivate cannabis user to quit or reduce their consumption. Central elements of this program are consumption log-books, the formulation of personal goals and individual feedback by a consultant in “1-to-1 chats“ (Die Drogenbeauftragte der Bundesregierung 2005a).

As part of the cooperation project INCANT(*In*ternational *Ca*nnabis *N*eed of *T*reatment Study) carried out by Germany and several neighbouring countries, a pilot study was run which probably will be followed by a main study. The goal of the project is to adapt an American therapy program for young cannabis users to the European setting. The pilot study, carried out in the Berlin ‘Therapieladen’, demonstrated the general feasibility of the project.

A research assignment awarded by the Federal Ministry for Health and Social Security on cocaine consumption was completed with the presentation of the results (Kraus et al. 2004b). Subject matter was a literature review on cocaine and crack in Europe as well as an analysis of epidemiological data sources existing for this group of consumers. (Kraus, Semmler & Augustin 2005b; Kraus et al. handed in; Sonntag, Welsch & Kraus, in the press).

In 2004, a focus of promotion was laid on problems with cannabis. The project „realize it“, which has been running since 2002 in cooperation between German and Swiss facilities in the border area, is to motivate cannabis users in the age group from 15 to 30 years to stop using cannabis or at least reduce consumption. The program will run until February 2006 (Die Drogenbeauftragte der Bundesregierung 2005a).

Financial support went also to the development of treatment guidelines.

Activities of the Federal Laender

Also the Federal Laender placed a main focus on the consumption of psychotropic substances among children and teenagers as well as on legal addictive substances. At the same time, a stronger target-orientation of offers of help, the evaluation of care demand and offer and the optimization of the aid system by means of better cooperation, cost control and work sharing were central issues. In the following, only a few selected activities deployed by the Laender will be presented as examples.

The Land Baden-Württemberg supported the conception and implementation of an intense cooperation between German and Italian drug aid facilities among the Italian community in Germany.

The Land Bavaria lent its support to a motivational project for drug users who are difficult to reach by therapeutic offers. A pilot study on the cost-benefit-analysis of work projects for drug addicts presented a method for analyzing such measures (Ates et al. 2005). Another study deals with the streams of patients in the Munich addiction aid system (Bavarian State Ministry for Environment, Health and Consumer Protection, personal communication).

The city state Berlin continued with the systematic and regionally differentiated description of the health and social situation in different quarters of the city. The burden of drug related problems in different regions of the city is assessed through weighted indicators (drug related emergencies and deaths, number of persons in methadone substitution, number of infections of HIV and hepatitis C, utilization of services). Results are used as planning basis for the improvement of service provision. Another objective is a better integration of various health projects. A Land health conference is to serve as a platform for the coordination and further development of priorities (Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz 2004).

Based on an evaluation of the municipal addiction aid system, the Senate of Hamburg has passed a new conception for drug aid for the next few years placing new focuses and making use of potentials for rationalization (5.3).

Hessen evaluated consumption rooms for heroin, crack and cocaine in Frankfurt. A survey conducted among school children and in the open drug scene gave insights into trends in the population and in a group of persons with problem drug use.

The results of a survey conducted in Saarland, underlined the necessity to closely monitor the implementation of laws and agreements. The legal regulation according to which non-alcoholic drinks have to be offered to a cheaper price than alcoholic drinks, was not being followed by more than half of the surveyed restaurants (Ministry for Justice, Health and Social Affaires, Saarland, personal communication).

Activities of the Federal Center for Health Education (BZgA)

In the reporting year, the Federal Center for Health Education continued to lend its technical and expert support to the national addiction and drug hotline and also developed new

standards for it. (cf. 3.1). Besides, in fulfilment of its institutional tasks, it provided information and education in the field of addiction-related health behaviour. (Die Drogenbeauftragte der Bundesregierung 2005a). Measures and projects can be found in chapter 3.

Conferences and working group sessions

A report on the results of an experts' meeting held in 2003 was published together with recommendations on the improvement of the prevention of hepatitis and on the treatment of this disease among drug users (Die Drogenbeauftragte der Bundesregierung 2004c).

Out of the multitude of conferences and working group sessions, one was selected for this report as an example dealing with one of the focal topics of the year. On 29 and 30 November 2004 the drug commissioner of the Federal Government invited representatives from parliament, help organizations and representatives from research to the conference "Youth culture cannabis – risks and help" to discuss recent results of surveys and studies. The recommendations for the actions to be taken underpin the necessity to develop specific offers of help for cannabis users, to better adjust existing structures to the needs of this target group and to give a realistic picture of the risks of cannabis use for the outside world. The results of the conference were summarized in a publication (Die Drogenbeauftragte der Bundesregierung 2005c).

1.3.4 Effects of policies and strategies

Effects of the tobacco tax increase

There are indications that the strong increase of the price for cigarettes coincides with an increase of the number of smokers who were motivated to quit and actually stopped using tobacco. At the same time, acceptance of the tax increase grew. The study is based on self-reports of the smokers (Hanewinkel und Isensee 2005).

A first interim report of a recent study seems to indicate a reduction of the quota of smokers (especially female smokers) in the age group from 12 to 17 years in 2003/04 and 2005 from 23% to 20%. The quota of non-smokers rose from 59% to 62%. At the same time, cheaper brands were much more asked for (BZgA 2005b). A detailed evaluation of the study is currently under work and will still be published in 2005.

Effects of the surtax on alcopops

The results of a telephone survey carried out in March/April 2005 among 3001 teenagers and young adults in the age between 12 and 25 years on the consumption of alcopops, were compared with the figures found by the drug affinity study 2004. The collection methods used by the two studies are identical. In between the two surveys the prices for alcopops were increased by the introduction of a special tax. The telephone survey showed a significant decrease of the consumption of alcopops for the category 'consumption at least once a month' from 28% to 16% among the 12 to 17 year-olds together with a downward trend in the consumption quantities. Also the consumption of wine/sparkling wine and cocktails was less

frequent in 2005 compared to 2004. 38% of the interviewees consumed less, 33% no alcopops at all anymore. In 63% of the cases, the price increase was stated as the reason for this (BZgA 2005a).

1.4 Budgets 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 provided by addiction counseling facilities is for the most part borne by the municipalities and the Laender. The budget of out-patient counseling facilities is, on average, composed as follows: 50.0% municipalities, 24.2% Land, 0.1% Federal Government (only demonstration programs), 8.2% pension and health insurance, 1.0% health insurance contributions by clients, 1.0% employment agency, 15.5% others (Strobl et al. 2005a). Out-patient and in-patient rehabilitation are financed by pension and health insurance funds. In addition, Laender and municipalities like for example in Baden-Württemberg provide the funding for the commissioner for addiction prophylaxis and municipal commissioners for addiction (Ministry for Employment and Social Affaires, Baden-Württemberg, personal communication).

As from the Federal Laender no comparable figures on public expenditure for the drug area exist, only the respective budgets of the general budget of the Federal Ministry for Health and Social Security can be presented. For this reason relevant areas of expenditures are not included in the presentation which therefore can not at all offer a complete overview on the budgets available.

As in the previous year, overall public expenditure as indicated by the national budet amounted to 13.5 million €. As for the distribution of funds, expenditure for educational measures (2004: 6.7 mio. €; 2003: 6.5 mio. €) and for the promotion of the national Information Center (2004: 0.7 mio. €; 2003: 0,5 mio. €) increased while demonstration measures received less funds with 4.1 million Euro (2004: 4.5 mio. €).

In the year 2003 – which the most recent statistics are available for – expenditure of the legal pension insurers for rehabilitation and other services in the field of addiction-related health problems (alcohol, pharmaceutics, drugs) amounted to a total figure of 527.0 million € (2002: 493.5; 2001:478.9). Budgets for inpatient services increased (2003: 415.2; 2002: 389.0; 2001: 379.2), as well as for outpatient services (2003: 22.2; 2002: 16.7; 2001: 14.5), transitional payments (2003: 78.8; 2002: 77.9; 2001: 75.9) and other services (2003:10.8; 2002: 9.9; 2001: 9.3). The budget increased by 7% in 2002 and by 10% compared to 2001. While the other areas only showed slight increase rates, the budget for outpatient measures showed a marked increase of 54% compared to 2001 and of a third compared to 2002. Calculated on the basis of their proportion of all patients in rehabilitation (2003:27.4%), total expenditure for drug- and poly-drug users amounted to about 144 million €.

1.5 Social and cultural context

In the reporting year, public discussion was dominated by the topics economy, unemployment, health and fiscal policy as well as pensions. Addiction and in particular illicit drugs were much less debated as a topic in public discussion and in the press than in previous years.

1.5.1 Funding

Information on funding is to be found in chapter 1.1.

1.5.2 Public opinion on drug-related questions

Running counter to the general trend, cannabis has received more attention not only at experts' meetings but also in the public discussion compared to previous years. The TV-news magazine "Der Spiegel" (Nr.27/28.6.2004) titled one of its programs "The plague cannabis – drugs at German schools".

1.5.3 Attitude towards drugs and drug users

In the public discussion, the boundaries between legal and illegal psychotropic substances are merging. While licit 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).

Among teenagers and young adults without drug experience, rejection of these substances is quite marked. When asked whether they would take drugs, 74% answered "no way", 17% "probably not", 8% "maybe" and only 1% "certainly". Hereby, the negative attitude towards drug use has however successively diminished since the end of the eighties while drug experience has risen. At the same time, the portion of undecided interviewees fell from almost 40% to below 20% (Figure 1).

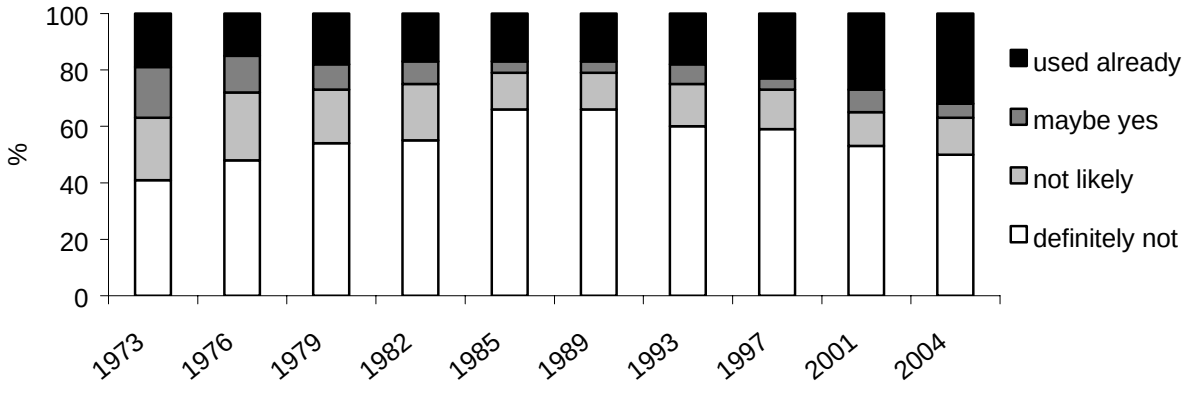


Figure 1: Affinity to and rejection of drugs among 12-25 year-olds

The readiness to use cannabis among all interviewees increased from 21% in 1989 to 47% in 2004, while figures for all other substances (amphetamine, ecstasy, cocaine) ranged between 5% and 10% or were even lower (LSD, heroin). The readiness to use cannabis among persons *without drug experience* rose from 10% in 1989 to 32% in 2004 (1993: 15%; 1997: 14%; 2001: 31%) (BZgA 2004a).

In this context, the question of health consciousness only plays a minor role. While 43% of the 'health conscious' interviewees, "may once want to try" cannabis, the percentage of the 'little health conscious' interviewees who could imagine doing that was with 50% slightly higher. Experience with cannabis was however clearly more common among smokers than among non-smokers (44% vs. 5%) as well as among persons having experiences with binge drinking (never: 6%; 1-5 times: 36%; 6+: 67%). Here as well, it needs to be taken into account that all researched items correlate with age (here 12-25) so that a content-related or causal connection with the consumption of legal substances cannot be validated by these results (BZgA 2004a).

1.5.4 Parliamentary initiatives and civil society

Members of parliament actively participated in the discussion of current topics. Drug policy representatives of various parliamentary groups took part in the cannabis conference which was held in Berlin. No specific initiatives were launched going beyond the activities deployed by the Federal Government within the framework of its drug policy. The same applies to large-scale non-governmental initiatives.

1.5.5 Media awareness

Addiction and in particular illegal drugs were much less debated in the public discussion and in the press than in previous years which is also shown by a comparatively low response to the drug report of the EMCDDA. A systematic press review with regard to drug-specific topics was not possible due to capacity constraints.

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 experimental or short-term use as the most common pattern of consumption.

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 (age group 12-25 years). The study has been conducted since 1973 in a 3-4 year-rhythm. Initially designed as a personal interview, it has been carried out as a telephone interview (CATI) with a sample of 3000 interviewees. The last survey dates back to the year 2004 (BZgA 2004a).

The nationwide Epidemiological Survey on Addiction (ESA) is a paper-based study on the use of psychotropic substances, their effects and assessment as well as on other basic data. Since 1980, the study has been carried out every 3 to 4 years on the basis of a representative sample of the resident population in the age group from 18 to 59 years. Funded by the BMGS, the IFT has carried out the survey since 1990. The sample has comprised about 8,000 persons since 1995. Some of the Federal laender are funding a regional increase in sample size, which guarentees a sufficient statistical basis for Land analyses. The last survey took place in 2003 (Kraus und Augustin, 2004b).

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. In the most recent survey, the sample comprised 11,043 school children from 556 classes at 515 schools (Kraus et al. 2004a).

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 2002 (Hurrelmann et al. 2003).

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. 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).

As part of the Local Monitoring System (LMS), a survey was carried out for the first time in Hamburg among 14-18 year old school children at schools providing general education or vocational schools. The sample of the survey titled “Hamburger Schulbus” comprised 3,780 interviewees. Questions were related to the consumption of licit and illicit drugs as well as family and school situation, satisfaction with life, stress and assessment of various substances (Baumgärtner 2004b).

As in the two previous years, a survey was carried out in Frankfurt in 2004 among 15-18-year-old school children on drug use, leisure time behaviour and life situation (N=1.500). The comparison of prevalences and life circumstances allows for a quick insight into developments and trends at a regional level. These two regions can give valuable indications of national trends as they often have been trendsetters with regard to drug consumption (Werse et al. 2005).

The report presents the respective results of the most recent surveys of the Drug Affinity Study and the Federal Study as well as relevant partial results of other sources. Insofar as no new data were presented in the period under review, the prevalence data are to be found in the annex of this report or 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 underreport the frequency and quantity of their consumption. Therefore, especially in the case of heroin addicts, estimation methods tapping other data sources (e.g. police files) are used.

In addition to quantitative data, also qualitative studies were taken into account. In this context, especially the results reported from the cities of Hamburg and Frankfurt are to be mentioned where such studies were carried out(Baumgärtner & Gies 2005; Prinzleve et al. 2004).

2.2 Drug use in the general population

2.2.1 Overview of the use of various drugs

The most recent 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. As no new epidemiological data on the adult population have been presented since the last report, only the most important ESA figures are reported. Details of this survey were published in the last REITOX-report and can be found in standard table 1.

Table 3 presents a minimum estimation of the case figures for Germany on the basis of the ESA and DAS results. As it is to be assumed that some of the interviewees didn't report consumption at all and understated actual frequency and quantity of their consumption, actual figures are probably underreported (Table 2).

Table 2: Prevalence of illicit drugs in Germany

Source	Age		Population	Number
Lifetime-prevalence				
DAS '04	12-17	15.7%	5,684,349	892,000
ESA '03	18-59	25.2%	47,140,383	11,879,000
DAS '04 + ESA '03	12-59	24.2%	52,824,732	12,772,000
12-month-prevalence				
DAS '04	12-17	10.4%	5,684,349	591,000
ESA '03	18-59	7.3%	47,140,383	3,441,000
DAS '04 + ESA '03	12-59	7.6%	52,824,732	4,032,000
30-day-prevalence				
DAS '04	12-17	2.5%	5,684,349	892,000
ESA '03	18-59	3.9%	47,197,636	1,180,000
DAS '04 + ESA '03	12-59	3.7%	52,910,625	1,983,000

Source: DAS 2004 (BZgA 2004a); ESA 2003 (Kraus, Augustin & Orth 2005)
Federal Statistical Office 2005 (as of 31.12.2004), (figures rounded)

A longitudinal study carried out in the area of Munich investigated substance use and associated substance-related disorders together with the use made of the drug assistance system in a representative population sample taken among teenagers and young adults. Only about 23% of this group ever contacted a psychosocial addiction counselling facility. With 52%, the sub-group of addicts made the most frequent use of offers of help (Perkonigg et al. 2004).

2.2.2 Comparison of the use of individual drugs

About a quarter of all adults below 60 years has experience with cannabis, 7.2% took the substance in the last 12 months, 3.3% in the last 30 days prior to the survey (Table 3).

Table 3: Prevalence of cannabis in Germany

Source	Age		Population	Number
Lifetime-prevalence				
DAS '04	12-17	15.2%	5,684,349	864,000
ESA '03	18-59	24.5%	47,140,383	11,549,000
DAS '04 + ESA '03	12-59	23.5%	52,824,732	12,413,000
12-month-prevalence				
DAS '04	12-18	10.1%	5,684,349	574,000
ESA '03	18-59	6.8%	47,140,383	3,206,000
DAS '04 + ESA '03	12-59	7.2%	52,824,732	3,780,000
30-day-prevalence				
DAS '04	12-17	2.4%	5,684,349	136,000
ESA '03	18-59	3.4%	47,140,383	1,605,000
DAS '04 + ESA '03	12-59	3.3%	52,824,732	1,741,000

Source: DAS 2004 (BZgA 2005a); ESA 2003 (Kraus, Augustin & Orth 2005)
Federal Statistical Office 2005 (as of 31.12.2004), (figures rounded)

Prevalence of the consumption of other drugs is markedly lower. In total, more than 3.3 million people in Germany have had contact with drugs excluding cannabis. In the adult group, amphetamines and cocaine were the predominant substances, whereas teenagers and young adults mainly used ecstasy and inhalants (Table 4).

Table 4: Lifetime prevalence for other illicit drugs

Substance	12-17 years DAS %	18-59 years ESA %	persons between 12 and 59 years with drug experiences N
Amphetamine	0.7	3.4	1,645,000
Ecstasy	1.0	2.5	1,190,000
LSD	< 0.5	2.5	1,180,000
Cocaine	< 0.5	3.1	1,463,000
Mushrooms	0.8	2.7	1,320,000
Volantile substances	0.9	1.5	748,000
Drugs besides cannabis	--	7.1	3,351,000

Source: DAS 2004 (BZgA 20054a; ESA 2003 (Kraus, Augustin & Orth 2005)

2.3 Drug use in schools and the young population

Drug use

Results of a new survey carried out as part of the Drug Affinity Study were published in the year 2004 (for methodical details see chapter 2.1). Comparative data were collected in the frame of the ESPAD-study at schools in six federal Laender. (for details see last year's REITOX-report). In the following, the results of the most recent Drug Affinity Study (DAS) are presented unless other studies are explicitly referred to.

49% (men 54%, women 44%) of the 12-25 year-old interviewees had already been offered drugs; 32% (men: 36%, women: 27%) have already consumed drugs; 13% did so in the last year (men 17%, women: 10%). As to be expected, different prevalences were found for different age groups. The older the age of the group, the higher the prevalences (Table 5).

Table 5: Drug offer and consumption by age group (12-25 years)

Variable	Age groups			Total
	12 - 15 years	16 - 19 years	20 - 25 years	
Drug offer	14%	54%	63%	49%
Lifetime drug use	8%	36%	44%	32%
Last year drug use	5%	20%	15%	13%
Recent drug use	1%	6%	6%	5%
used 10 times or more during last year	1%	4%	4%	3%

Source: BZgA (2004a)

The results of the Hamburg "Schulbus"-survey carried out in the age group 14-18 years (N=3.780) in the year 2004 show with 18.2% significantly higher figures for the "current consumption" of drugs (Baumgärtner 2004a). The unclear operationalisation of the terms "current" or respectively „present" consumption and especially the lacking definition of a reference period for the question render the comparison of data difficult.

Consumption of individual substances

Experience with cannabis is most common, followed by mushrooms, amphetamines and ecstasy with markedly lower prevalences. All other drugs are even less commonly found. Figure 2 shows the situation in the age group 12 to 25 years for the whole of Germany, figure 3 presents the most recent data from Hamburg.

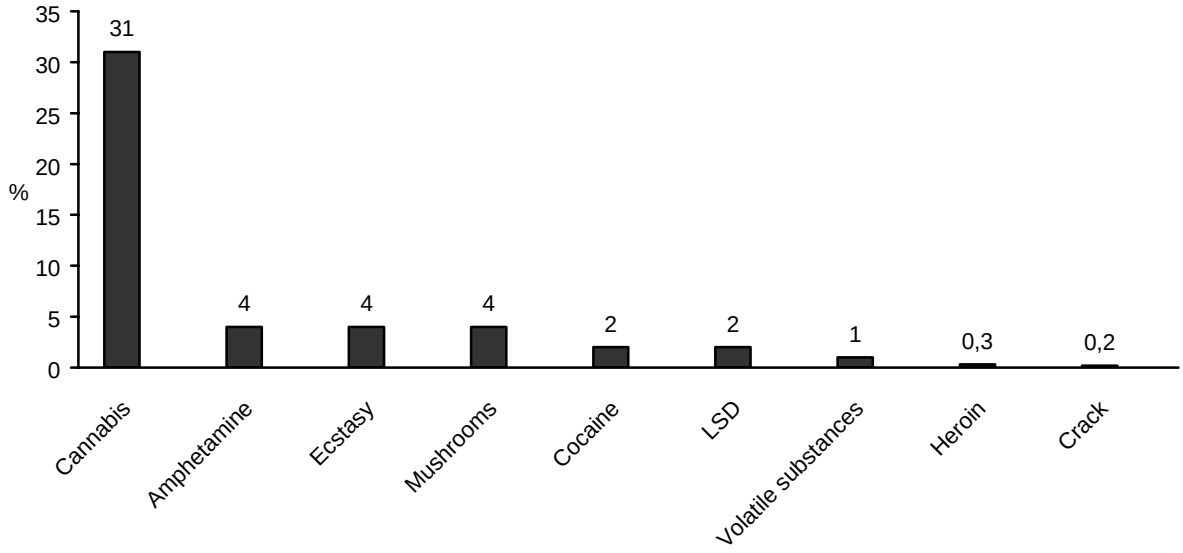


Figure 2: Lifetime consumption of illicit drugs in the age group 12-25 years in Germany

Source: BZgA (2004a)

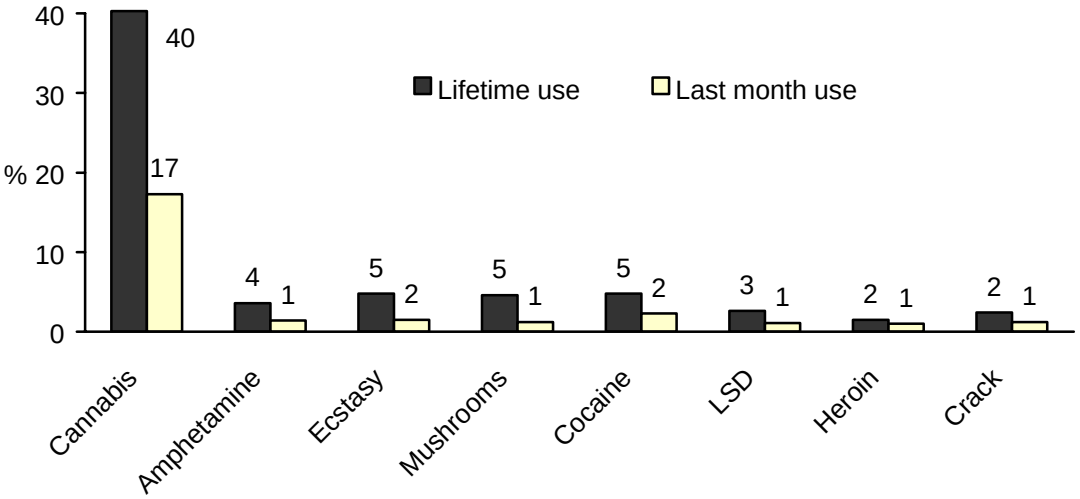


Figure 3: Prevalence of the use of illicit drugs in the lifetime and in the last month in the age group 14-18 years in Hamburg

Source: Baumgärtner (2004a)

Differentiation by substance makes it quite clear that drug use and drug experience can almost be equated with cannabis at least in the early teenage group. The prevalences for “all drugs” and for cannabis are almost identical in the lifetime consumption category (all drugs: 32%; cannabis: 31%), in the category consumption in the last 12 months (all drugs: 13%; cannabis: 13%), and with regard to regular use (all drugs: 10%; cannabis: 10%). 24% of all persons questioned have consumed exclusively cannabis, 7% cannabis and other substances and only 1% have consumed other drugs but cannabis.

Prevalence of drug use during the last 12 months was recorded by the Hamburg Schulbus-Survey in 2004 with the following figures: cannabis: 18.5%, cocaine: 3.7%, ecstasy: 3.0%, amphetamines: 2.4%, other: 1.9% (Baumgärtner 2004a,b).

Also the qualitative study carried out by Baumgärtner and Gies (2005) as part of the Hamburg Local Monitoring Systems (LMS) shows the special role played these days by cannabis among illicit drugs. According to the reports given by 22 key persons selected from different consumption settings in Hamburg, cannabis has a predominant position in 11 out 14 of these settings. With this, in the opinion of the authors, cannabis has, alongside the omnipresent alcohol, “also achieved the status of an everyday drug among the young generation“. The regional Monitoring System MoSyd which monitors drug trends for Frankfurt also comes to the conclusion that cannabis is currently the drug most commonly found in almost all scenes and settings (except for the open drug scene) (Werse et al. 2004).

Misuse of pharmaceutics by drug users

Misuse of pharmaceutics or addictive use of pharmaceutics was found with persons having a primary problem in this substance group, but also often with persons having primary alcohol or drug problems. The monitoring system ebis-med documents misuse and addictive use among clients of a sampling of 36 facilities. In 2003, a total of 784 cases of misuse among 465 clients were recorded. Misuse of flurazepam and flunitrazepam was most commonly found for persons with an opiate diagnosis. These substances are generally supplied over the ‘grey’ market. In the category of substitution drugs, misuse of buprenorphine was found to be relatively common; as a reason for this, clients stated its euphoriant effect (Rösner & Küfner 2005).

Summary and trends

Considering that the data collected by the Hamburg “Schulbus-Study“ for the region of a city generally tend to indicate higher values than do national surveys which also include rural areas, the prevalences found by most of the studies for comparable age groups are in general relatively similar.

However, the prevalences of consumption in the last 12 months and in the last 30 days found by the Drug Affinity Study (DAS), are generally lower than the comparative data. A possible explanation for this may be that in the telephone interviews used by this survey, socially undesired behaviour was more strongly denied, the closer to the time of the interview. ESPAD, HBSC and Schulbus, on the contrary, are using paper-based surveys where desired social behavior appears to have a less strong influence on the response behavior (Kraus, Bauernfeind & Bühringer 1998).

Tables 6 and 7 give a summary of the results of the most recent studies on consumption prevalences in various periods for illicit drugs in general and cannabis specifically. It also needs to be taken into account that ESPAD and HBSC were only carried out in 6 or respectively 4 of the total of 16 Laender which can also be a reason for distortions.

Table 6: Prevalences of consumption of illicit drugs among teenagers and young adults as found by various studies

Study	Year of data collection	Year of data collection	Substance	Region	Reference period		
					30 days	12 months	lifetime
BZgA	2004	12-15	Illegale	National	1.3%	5.5%	7.8%
BZgA	2004	16-17	Illegale	National	5.2%	20.8%	32.2%
BZgA	2004	18-19	Illegale	National	6%	20%	36%
ESPAD	2003	15-16	Illegale	6 Länder	15%	26%	33%
Schulbus	2004	14-18	Illegale	Hamburg	4%		42%

Note: BZgA ("present consumption" = 30 days) Schulbus ("current consumption" = 30 days)
ESPAD surveys pupils of grades 9 and 10, therefore the age group is mainly between 15-16 years; however, also a few teenagers aged 14 or 17 years took part in the survey.

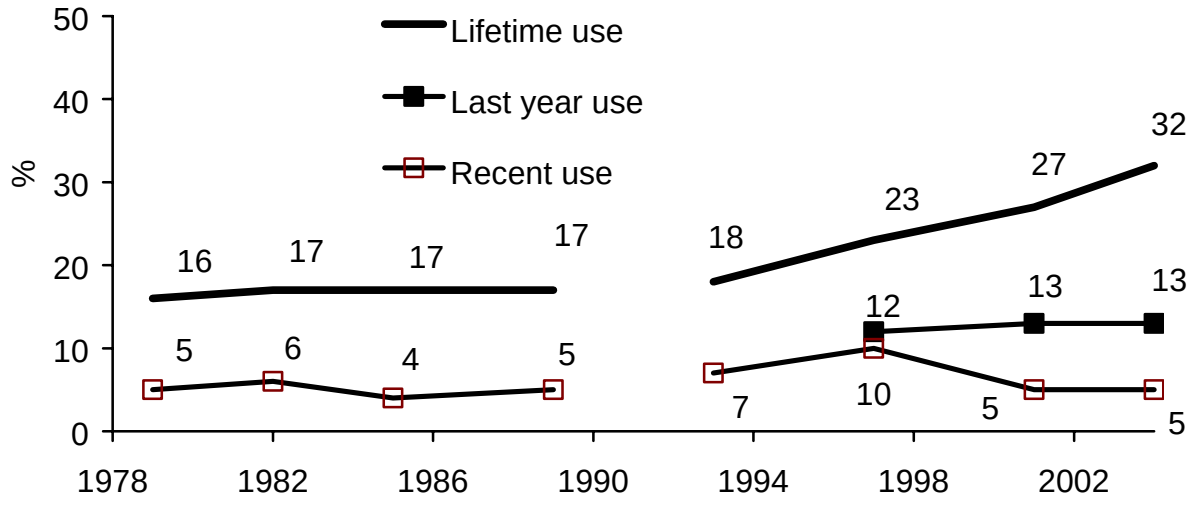
Table 7: Prevalences of the use of cannabis among teenagers and young adults as found by various studies

Study	Year	Age group	Substance	Region	Reference periode		
					30 days	12 months	lifetime
HBSC	2002	M=15,7	Cannabis	4 Länder		18%	24%
BZgA	2004	12-15	Cannabis	National	1%	5%	7%
BZgA	2004	16-17	Cannabis	National	5%	15%	32%
BZgA	2004	18-19	Cannabis	National	6%	19%	36%
ESPAD	2003	15-16	Cannabis	6 Länder		24%	31%
Schulbus	2004	14-18	Cannabis	Hamburg	17%		
Schulbus	2004	16	Cannabis	Hamburg	22%		44%

Note: BZgA ("present consumption" = 30 days) Schulbus ("current consumption" = 30 days)
ESPAD surveys pupils of grades 9 and 10, therefore the age group is mainly between 15-16 years; however, also a few teenagers aged 14 or 17 years took part in the survey.

The development of drug consumption during the lifetime and in the previous 12 months can be well compared with the data of the drug affinity study which has been collecting comparative data for the age group 12 to 25 years since 1979. While drug experience during the lifetime continually increased from 16% in 1979 to 32% in 2004, "current consumption" in the last two surveys was even below the level of 1997. This clearly indicates that a similar or even higher number of people have used drugs once in their lifetime, but frequency or at least duration of consumption must have rather declined considering the lower prevalence figures for "current" consumption. Here as well, it cannot be said whether this decline has to do with the change of the measuring method from personal interviewing (until 1997) to phone surveying (as of 2001) (Figure 4).

Figure 4: Development of drug use in the age group 12 to 25 years



Source: BZgA (2005a)

The Epidemiological Survey on Addiction (ESA) shows an increase in prevalences of the consumption in the 12-month-category for the age group of the 18 to 24 year-olds. (2000: 22.6:%; 2003: 23.5%). However, also this source found the increase in this category to be lower compared to the one for consumption during the lifetime (2000: 38.5:%; 2003: 44,2%) (Kraus, Augustin & Orth 2005). A recent regional result reported from Frankfurt points to a stabilisation of the consumption situation. Between 2002 and 2004, declining prevalences of cannabis consumption in the 12-month-category among the 15 to 18 year-olds were found (2003: 20%; 2004: 12%). The portion of intense users has declined as well (Werse et al. 2005).

The specific role of cannabis as a gateway to the use of other drugs is made clear by a longitudinal analysis on the consumption of psychoactive substances and associated disorders in the area of Munich. It could be shown that consumption of cannabis at a young age, besides the availability of the drug, is a predicator of a later use of ecstasy (Zimmermann et al. in the press). This is being explicitly underlined by this study.

By comparison, the most recent quota of smokers is as follows: In 2003, 21.9% of the 18-29 year-old men smoked daily, 6.1% occasionally; figures found for women were 29.2% and 8.1% respectively. A trend analysis between 1986 and 2003 (age group 25 to 69) shows a decline by 3.6% for men and an increase by 3.4% for women (Lampert & Burger 2004). A more recent trend analysis however found somewhat more positive results for the developments among teenagers and young adults: the quota of smokers in the age group from 12 to 17 years fell from 23% to 20% in the span from 2003 to 2005. The decline was more marked for women than for men (BZgA 2005b).

Age of initial use

The age of initial use of drugs has been subject to different developments since 1993 in the age group 12-25 under review. While for amphetamines, LSD and ecstasy the situation has remained stable, the average age of initial use of cocaine and inhalants has gone up; for cannabis, figures have gone down. Because of the broader data basis, the figure found for cannabis is of special relevance (1993: 17.5; 1997: 16.7; 2001: 16.5; 2004: 16.4 years). The change was most marked in the period between 1993 and 1997 (BZgA 2004a). When comparing the age of initial use of cannabis, Kraus, Augustin & Orth (2005) also found a downward shift of age for younger respondents in the age classes before 1978.

In a study carried out among techno discotheque goers (N=113), correlations were found between depression, anxiety, aggression and an early start of ecstasy use (Wartberg et al. 2004).

Social situation and drug use

In the circle of friends of most of the 12 to 25 year-olds, no drugs are used; 7% stated that at least half of their friends used drugs. Easy access to drugs, readiness to take drugs and actual consumption of drugs in the last 12 months correlate with the prevalence of drug use in the peer group. Of the interviewees with at least half of their friends using drugs, 64% currently use drugs themselves. If none of the friends is using drugs, the portion is down to 3%. However, hereby it needs to be taken into account that not only the group determines the behaviour of its members, but that the individual actively chooses certain groups according to his interests. Furthermore, in the comparison of the age groups, the age of the respondents is a covariate which all four variables may correlate with (Table 8) (BZgA 2005a).

Table 8: Drug affinity and peer group in the age group 12-25 years

Variable	Percentage of drug users amongs friends		
	none	a few	half or more
Drugs offeres	33%	79%	93%
First offer refused	87%	80%	68%
Drug use during the last 12 months	3%	25%	64%

Source: BZgA 2005a

Discrimination of drug use by type of school shows only minor differences for younger age groups. Drug use in the 12-month-period was found for 8% of the pupils up to grade 10 inclusively (upper division of elementary school, secondary school) and respectively 9% (grammar school). With 16%, students of vocational schools are comparatively somewhat less concerned than pupils at grammar schools above grade 11 (21%). The most marked differences were found in the age group 12-25 years between gainfully employed young adults (7%) and university students (22%) (BZgA 2005a).

Reasons for consumption and rejection of consumption

The teenagers and young adults who were offered drugs for the first time and refused to use them, did so mainly because of lack of interest (43%). Fear of negative health effects also played an important role: As a reason for not taking drugs 20% stated to be afraid of becoming addicted, 19% not to be sure about acute effects and a further 19% to be afraid of negative health effects. Legal consequences of the possession of drugs which little less than 90% of the respondents knew about were the reason for rejection only for 6% of the respondents. (BZgA 2005a).

While heroin and crack meet strong rejection outside the street scene, all other drugs are to be found with different use patterns in different consumption settings. In the same way, the connection between music and drugs is – depending on the type of music, subject to different weighting and description. With regard to new substances, there are, apart from ketamin and GHB found in the party scene, only sporadic hints of the existence of a highly potent “Thai-ecstasy” which however has not made its appearance on the drug market yet (Baumgärtner & Gieß 2005).

2.4 Drug use among specific groups

People with illegal status of residence

A group of the population difficult to estimate but apparently growing is formed by people living in Germany without a valid residence or work permit (Die Welt, 12.6.2005). Reports on similar groups do also exist from other European countries. Access to the health system is officially not granted to them. When help services are provided, they may not be documented. Routine information on this group, which might also play a role in trafficking therefore can only come from drug treatment centres, where help is offered for free and anonymous if necessary.

Although there are no indications of particular problems with this group, the lack of information on possible addiction-related issues seems to be problematic.

Immigrants

An explorative study carried out by Speck and colleagues (2005) in 2002 compared 100 immigrants having a clinical diagnosis of an addictive disorder in connection with an illicit substance to 100 randomly selected local patients of the clinics. The analysis was based on treatment documentation. In addition, 10 qualitative interviews were carried out with immigrants who were patients in the clinic. Out of the many surveyed items, differences were only found in very few areas. With 93%, the portion of men among the group of immigrants was significantly higher than the figure found for local patients (75%). Sedatives, hallucinogens and cannabis played a minor role among immigrants, the start of consumption was retarded compared to the local patients and hepatitis infections were significantly more frequent (63% vs. 48%).

Drug consuming prostitutes

In the environment of a facility for young addicted prostitutes in Hamburg, a study was carried out dealing with the personal development, life circumstances as well as care services provided for this target group. In the year 2002, 94 addicted prostitutes took part in a questionnaire-based survey, 20 in qualitative interviews. In addition, 4 staff members of the facility concerned were questioned. The situation of the women is characterized by a mixture of difficult personal and family conditions, addiction history, homelessness and lack of school education and vocational training rendering integration into the job market extremely difficult. Prostitution increases drug consumption exacerbating the problems of the women. (Zurhold 2005)

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. Children and teenagers remain at the centre of the prevention measures deployed by the Federal Government The long-term focus of addiction and drug policy of the Federal Government is described in chapter 1.1.

Structural measures are increasingly applied in the field of legal substances: by legal regulations at Federal level (e.g. prohibition of cigarette advertisement, increase in the tobacco tax, law on the surtax on alcohol) and by agreements at Land-level like for example on smoke-free schools.

Preventive measures are put into practice at local, regional and national level, the professional drug prevention agencies established in the Federal Laender playing a key role in this context. The BZgA ensures that the scientific basis for the prevention of addiction in Germany is continually updated and made available (details see 3.4.1).

Focuses of prevention

The Federal Government and the Laender continue to set their focus on curbing addiction on licit substances, especially on reducing consumption of tobacco and alcohol. At the same time, the view is expanded to the group of women above 50 years of age while the importance of prevention is further strengthened. Consumption of cannabis and cannabis-related disorders have considerably risen over the last years. Therefore, preventive and educational measures of early intervention find increasing usage in this field taking into account risky patterns of use and early age of substance use onset.

In view of the abuse of “party drugs“, the practice of risk minimization is continued and expanded. Numerous prevention activities are aimed at curbing mixed use of licit and illicit psychoactive substances and qualifying staff in prevention and treatment in dealing with problems related to poly-drug use.

Another focus is set on offers extended to target groups in particularly disadvantaged living situations such as migrants, families with addiction problems, teenagers who have already been treated for alcohol poisoning, young offenders and other risk groups.

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 municipal level, where work is done by local government institutions (e.g. youth welfare offices, health offices) and local institutions of welfare organizations and associations.

Cooperation, transfer and evaluation

Preventive measures are put into practice at local, regional and national level, the professional drug prevention agencies established in the Federal Laender playing a key role in this context. In order to join forces and create synergies, cooperation between Government and Laender is further expanded. Limited resources are pooled to realise joint measures. Examples for this are the web-based expert network PrevNet (www.prevnet.de), the documentation system dot.sys (details see 3.4) and the project 'Healthy Nightlife' as well as cooperation projects on smoke-free schools.

3.2 Universal prevention

3.2.1 Schools

Schools continue to be an important setting for measures of drug prevention. 60% of the 170 projects documented in the database of the expert network PrevNet take place in the school setting; 57% of the materials used (mainly brochures and flyers) are also school-related (www.prevnet.de).

Due the sovereignty of the Laender, prevention of addiction at schools is subject to different regulations in each Land. Strategies which have been generally integrated into the school curricula consist of modules addressing non-substance-specific questions (e.g. dealing with conflicts) and substance-specific contents (e.g. on tobacco consumption). Universal, school-based life-skill programs which have been evaluated and introduced in schools – in part across the board - can be looked up in detail in the previous report.

With a series of evaluated life-skill programs at hand, the focus is now on integrating them into school practice. The problem is however, that, on the one hand, willingness to free up teaching time for the implementation of the programs, is minimal, and that, on the other, the financial basis for teacher training and further development of the programs is lacking.

In addition to the classic life-skill programs, measures are being increasingly developed and applied which are specifically geared to young people at risk in school including early intervention strategies.

In the year 2004, the touring exposition "Sehnsucht" ("Longing") organized by the BZgA at four different locations, informed about the causes, background and ways out of addiction. The documented figures on this exposition show how many people can be reached by such initiatives: the exposition had 41,108 visitors; a further 10,245 pupils and 625 teachers took part in guided tours. In the Internet, information was provided on 101 websites. Networking

with the region was assured among others by 42 local prevention facilities (Die Drogenbeauftragte der Bundesregierung 2005a).

In the school year 2004/2005, a total of 10,994 school classes with about 280,000 school children took part in the smoking-prevention competition “Be smart, don’t start“ (Die Drogenbeauftragte der Bundesregierung 2005a).

Drug prevention guide “Cannabis and schools“

In view of the spread of cannabis consumption among young people, the Federal Center for Health Education (BZgA) has developed a guide titled “Cannabis and Schools“ to increase problem awareness at schools. The guide contains suggestions for the drug prevention work of teaching staff of secondary schools with a specific focus on cannabis.

Another example is the project carried out in Hamburg “Stoned at school – offers of help for prevention and problem solution” (Bekifft in der Schule – Hilfen zur Vorbeugung und Problemlösung):

Project title	“Stoned at school- offers of help for prevention and problem solution“
Institution	Addiction Prevention Center (SPZ), Addiction counseling facilities, Office for addiction prevention of the Hamburg Office for Dependence Matters
Target group	Teaching staff of secondary schools, pupils
Project goals	Qualifying teachers for early detection and early intervention, prevention of cannabis consumption, establishing contact between schools and drug counselling facilities
Activities	10-module-training with two teachers to increase awareness of cannabis consumption and address pupils concerned

Alcopops

Several Laender have developed letters to parents and information events/parents' evenings on "alcopops", the current problem field in drug prevention. These preventive measures support legislative activities aiming at reducing the consumption of these beverages through the introduction of a surtax. Further details can be found in chapter 1.3.4.

Online-consultant

In Berlin, teachers and school psychologists are offered the opportunity to take part in a training to become an online consultant in the field of addiction prevention.

Peer Project at Driving Schools

The „Peer project at driving schools“, which was presented in the last report, is being continued in eight Laender. In this project, students talk to the young learners of driving schools about the risks of drunk driving. It has been shown that learners at driving schools are much more open about alcohol and drugs in discussions with peers than with older adults (Die Drogenbeauftragte der Bundesregierung 2005a).

Smoke-free school

Alongside the life-skill approaches and early-intervention measures adopted in school-based prevention, the “smoke-free school“-project is gaining territory in the field of structural drug prevention in Germany. Seven Federal States have passed a regulation or law respectively, forbidding smoking at public schools. Other Laender have various projects running like for example “I lost my lung, Bob!“ aiming at achieving voluntary agreements on smoke-free schools. However, in Laender like Schleswig-Holstein or Lower Saxony which haven’t introduced any regulations or laws yet banning smoking from school grounds, there is a growing number of people calling for a general ban.

On the whole, empirical findings seem to suggest a stronger system-orientation of school-based drug prevention geared not only directly to the pupils but also to their living environment (Leppin 2004). A step into this direction is being taken by the Hamburg Local Monitoring System (LMS). It records quantitative and qualitative information on the drug use situation in relation to the living environment of young people giving insight into current changes in the use patterns of teenagers and supporting planning of practical prevention measures (Baumgärtner & Gies 2005, see also chapters 2.1 and 2.3).

3.2.2 Family

In this field of prevention, the current focus is mainly on work with parents, both with regard to involvement in drug prevention projects in schools and kindergardens, such as ‘Toy-free Kindergarden’ and the above-mentioned life-skill programs - 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 child-raising, thus more closely integrating parents in drug prevention activities.

Training courses for parents

Often, elements of drug prevention are integrated into courses offered to parents to assist them in child-raising. The Frankfurt project “Drug Prevention makes sense!“ (“Suchtprävention ist sinnvoll!”) is an example of drug prevention based on parents’ education and playground activities. It offers:

- Regular seminars and information evenings on child-raising issues in relation with addiction prevention
- Active health promotion with practical suggestions in the fields of nutrition, relaxation etc.
- Participation in the design and improvement of living conditions of children and families living in the social environment (regular playground programs)

  (for more information see www.hls-online.org/impuls_eltern.html)

A new approach in parental work is made by the following project:

Project title	Generation E – workshop for creative parents' work (see Eddra http://eddra.emcdda.eu.int/eddra/plsql/ShowQuest?Prog_ID=5079) und www.prevnet.de, projects)
Institution	Prevention Center Bremen-Nord in Cooperation with the ISP Vienna and the Agency for Addiction Prevention Bolzano
Target group	Parents of children of primary school age, in puberty and parents of daughters and sons suffering from eating disorders
Activities/goals	"Generation E" is a product development project elaborating offers of addiction prevention for the whole family in a standardized from. The general goal of the project is to promote a healthy and creative lifestyle of children and teenagers in the family setting to prevent, among others, the development of addiction.

Competition – "Parental work in drug addiction"

www.starke-eltern.de is a web-based drug prevention portal for parents opened by the Hessian Land office for dependence matters in 2004 as part of a Land-wide competition on the topic „parental work in addiction prevention" with a view to make new and effective activities known and promote the exchange of experience among the institutions. The project "Make parents strong – parental work in addiction prevention" carried out by the drug prevention office in cooperation with the city of Frankfurt was awarded this years' prize for addiction prevention. Central to this project is a continuing education module for staff of day care centers in Frankfurt/Main. (see www.prevnet.de, under projects).

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

3.2.3 Prevention at municipal level

Up to now, there is only little tradition of drug prevention projects carried out at municipal level in Germany. The availability of empirical studies on the effectiveness of community-oriented measures is likewise still limited. (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 had 220 entries made by 193 towns, districts and municipalities. This figure does not allow for representative statements to be made regarding the status of municipal drug prevention, but the number of 47 entries made in the following year in the category "tobacco prevention at local level" shows that efforts at municipal level are rather undertaken in the field of universal drug prevention while specific areas tend to play a secondary role (Difu 2004).

The Land Drug Agency Berlin for example lends it support to various addiction prevention projects carried out in socially strongly disadvantaged areas of Berlin:

Project Title	Treberladen, KIK (Kids im Kiez), Treffpunkt Waldstraße, Jugendcafé GAK (Grüner Arbeitskreis), Zeynom, Drogenfreier Treffpunkt Avanti44, BÖ 9, Straks (Straßen-Kiez-Sozialarbeit)
Institution	Various, supported by the Drug Agency Berlin(www.landesstelle-berlin.de/e280/e2823/ e2825/e2840/index_ger. html)
Target group	Children and teenagers at risk of developing addiction
Activities/goals	In order to reduce risks of addiction development, protective, personality strengthening factors are to be developed and risk factors for addiction development to be reduced, i.e. communication of information on addiction, drugs and consumption risks. Formation of risk awareness, opinions, values, ability to experience and enjoy, self-esteem, individual resources for mastering life

Make children strong "Club 2006 - the FIFA World Cup at your Club"

The organizing committee (OC) of the FIFA world cup 2006 launched a countrywide campaign under the motto "Club 2006 – the FIFA World Cup at your Club". An integral part of this campaign is a competition awarding "World Cup Points" with attractive prizes to football clubs actively committed to addiction prevention. The BZgA participates in the OC-campaign with its initiative "Make children strong". The goal of this initiative is to use the broad attention which the World Cup and the OC club campaign will attract. The participation of the BZgA with its initiative "Make children strong" guarantees that a high quota of training staff of German football clubs, parents and children can be reached through 27,000 clubs. In the meantime, numerous sport clubs have decided to place their activities under the motto "Make children strong". Until the end of the year 2004, 160 activities have already been carried out and documented (Die Drogenbeauftragte der Bundesregierung 2005a).

MoQuaVo – Motivation and Qualification of Volunteers

The European cooperation project "Community Based Addiction Prevention" (CBAP), which has set itself the task to foster motivation and qualification of volunteers in the field of addiction prevention, has – under participation of seven European countries – published the MoQuaVo-Manual on volunteers' work in addiction prevention setting a new trend in community-based prevention with volunteers. Apart from giving a short overview of the current situation of volunteers' work in addiction prevention, the manual sets its focus on practical guidelines and instructions with regard to motivation and qualification of volunteers as well as on the evaluation of volunteers' work.

In October 2004, the European Congress "Motivation and Qualification of Volunteers" took place in Luxemburg. Outcome of the congress was that the personal gain, as well as the opportunity to acquire new competences and capabilities from volunteering, increase in importance setting new requirements for as how volunteers' work is to be shaped. Through their closeness to the target group, volunteers are an important bridge between professional offers of help and everyday volunteer support (http://www.ecbap.net/).

The expert report of the Bremen Institute for Drug Research (BISDRO) on drug use and approaches of drug prevention in disadvantaged urban districts comes to the conclusion that

drug prevention projects should be inter-linked and rooted in the district and jointly supported by youth/drug aid, schools and parents. Networking and close cooperation in the social environment hold out the prospect of consolidation and sustenance. (Stöver & Kolte 2003).

3.3 Selective/ indicated prevention

3.3.1 The orgnized leisure time sector

In the organized leisure time sector, clubs have joined forces in many Laender to promote legal, educational and structural youth protection with a focus on addiction prevention. Measures aim primarily at gearing leisure-time offers to the needs and problems of young people and at providing training for the staff of youth centres in dealing with young people displaying conspicuous behavior (Schmidt 2004). In general, it can be noticed that youth welfare offers clearly have started to remove taboos and open up for young people having problems with substance use. However, drug prevention measures have decreased considerably as a result of extensive budget cuts in this sector.

There is a call for a stronger networking and integration between youth welfare and drug aid as the conditions necessary for a professionally adequate response to drug consumption still need to be developed and established (Farke, Graß & Hurrelmann 2003). To this purpose, for example, mobile drug prevention teams are deployed in Berlin while in Sachsen-Anhalt youth center staff are offered continuing education programs in dealing with drug using children and teenagers. (for further projects see last year's report).

3.3.2 The non-organized leisure-time sector

Party projects

In the non-organized leisure-time sector, drug prevention – and especially measures relating to night life – is an exception to the regular help offer in contrast to schools and working life where drug prevention activities are firmly embedded. However, party projects based on scene initiatives are establishing themselves to an increasing extent, receiving also political support. The goal of the projects and measures is to reach young people at risk (especially by involvement of peers), prevent them from starting to take addictive substances or respectively motivate them to quit early (Aktionsplan Drogen und Sucht 2003). The activities deployed at parties range from information stalls, counselling, cultural offers and relaxation techniques to structural measures like the sale of alcohol-free drinks at a lower price than alcoholic drinks, freely available cool drinking water, chill-out areas, cooperation with local players (e.g. competent authorities) as well as trained staff for medical emergencies. Examples of party-projects can be found under www.partypack.de (Cologne), www.drugscouts.de (Leipzig), www.drogen-und-du.de (Berlin), www.party-project.de (Bremen), www.chill-out.de (Aachen), www.alice-project.de (Frankfurt), www.drobs-hannover.de (Hannover) .

Working groups and guidelines

The working group “Healthy Nightlife“ initiated by the Federal Center for Health Education (BZgA) to network players in the leisure-time sector (representatives of drug counselling facilities, scene-based initiatives, local government authorities and party organizers) provides the forum for a supra-regional exchange between various organizations and well proven strategies of addiction prevention with regard to night-life and has the goal to promote risk-minimizing strategies. The working group wants to introduce minimum standards of addiction prevention at parties to guarantee that young people with a drug affinity are reached by drug prevention measures at the scene and that basic standards of health promotion and addiction prevention are fulfilled. Similar projects have started to take shape at Laender-level.

At the beginning of the year 2004 the working group „Healthy Nightlife“ developed criteria for a guide to drug preventive measures for the night life and tested them on the occasion of five techno parties held in German cities under the motto “NACHTS LEBEN – statt krank feiern“ (“Enjoy nightlife without health risks”). It consists of individual modules for drug counselling facilities and scene-based initiatives, youth welfare and health agencies as well as party organizers. Modules on sponsoring as well as examples of municipal activities and checklists are to facilitate cooperation between players in the field. The guide may continually be complemented by further modules on relevant topics.

Internet

It is being tried to an increasing extent to use the Internet to establish a low-threshold contact with young people having a drug-affinity in order to inform them, to promote critical reflection of their own consumption behavior and to provide online support to reduce or stop their consumption or to refer them to other local help services (see above).

In the year 2004, the Internet portal www.drugcom.de had 200,000 hits - an increase of 25% compared to the previous year. An analysis of the user group shows that about two thirds of them are below 22 years, 75% of them have experience with cannabis, about 50% are currently using the substance. These figures demonstrate that an important target group is reached by these drug preventive measures. (Die Drogenbeauftragte der Bundesregierung 2005a).

Two innovative modules specifically geared to the target group of young people with a drug-affinity have already been presented in last year’s report and are to be found at the drugcom Internet portal since the middle of this year.

An online survey carried out by the BZgA from the middle of June to the middle of July 2004 at drugcom and other youth websites among more than 3,000 young people shows that about half of the respondents combine cannabis and alcohol, poly-drug use thus being quite common. The additional use of ecstacy or speed is however relatively rare. A module on self-assessment of the risk of (mixed) substance use went online on the occasion of this year’s World Drug Day on 26 June.

The drugcom module “Quit the Shit“ supporting young people to stop or reduce their cannabis consumption is very well received by the young users. A report on user figures will be available by the end of the year. Because of the considerable discrepancy between treatment demand and treatment offer and the lack of evidence-based intervention forms, conditions of a broader use of the web-based program at counselling facilities will be investigated in the future (see also 1.3.3, 13.2).

The website www.suchtpraevention-bundeswehr.de set up by the German Federal Armed Forces was visited 23,000 times by military staff in Germany and abroad (Die Drogenbeauftragte der Bundesregierung 2005a).

3.3.3 Risk groups

Young delinquents

In nearly all Länder, the juvenile court assistance system provides different forms of support for young delinquents under the name "outpatient social education measures" as an alternative to traditional juvenile court sentences, especially detention. It is apparent in drug prevention that young consumers of illicit drugs are often not reached by the offers of addiction and drug assistance agencies.

School dropouts

The youth welfare system offers qualification measures in form of profession-oriented promotion courses for disadvantaged young people, especially school dropouts and persons without compulsory school leaving certificate or qualification from a vocational school. In addition, practice-oriented offers are made by youth workshops. The Cologne drug assistance organization ‚Drogenhilfe Köln’ for example runs a workshop to promote professional reintegration of former drug addicts some of them having no school leaving qualification (siehe EDDRA, http://eddra.emcdda.eu.int/).

Binge drinking

In order to counteract the trend of binge drinking - which is on the rise in Germany and other European countries -, the Federal Government has developed the demonstration project H.a.L.T (“Hart am Limit“) (“Close to the limit”). Binge drinking is a dangerous consumption pattern: it is not rare for children/teenagers with alcohol poisoning to land in the emergency unit of a hospital. With the participation of 11 facilities from 9 Laender, the project therefore aims at a measurable reduction of the cases of alcohol poisoning among children and teenagers in the respective region. To this purpose, hospital admissions due to alcohol poisoning are being recorded; children/teenagers together with their parents are offered individual counselling and help.

Ethnic groups

As lack of integration of ethnic groups and negative migration experiences may increase the risk of addiction development, preventive measures of the Federal Government are specifically geared to ethnic groups exposed to specific stress situations.

Integration through sport

According to the assumption: 'Integration equal to best prevention', the Federal Ministry of the Interior promotes a series of integration measures. Worth mentioning is in particular the project "Integration through Sport" which has been run together with the German Sport Federation since 1989 and which has now been opened up for other target groups (foreigners and disadvantaged young people). In 2004, the budget allocated to this measure was 5.7 million €.

Model measures

In addition, integration funds were made available by the Federal Ministry of the Interior (BMI) in the budget year 2004 to promote model measures of "drug prevention at eight locations" in particular for young repatriates being exposed to the risk of drug addiction. "Since repatriates do often not make use of regular offers of help by themselves, repatriates at risk of developing addiction or already addicted repatriates are being motivated to contact counselling facilities and make use of treatment and after care measures" (Project list: Report on Drugs an Addiction 2005, pp. 63-67).

Continuing education

Furthermore, the BMI lends its support to the continuing education program "Addiction-Migration-Help" with a series of two-day workshops in order to sensitise professionals working with repatriates to the subject "addiction" and drug assistance professionals to the subject of "repatriates". The aim is to network the two separate systems of migration and drug assistance and establish long-term cooperation. Because of the big demand and good acceptance, the continuing education program was prolonged beyond 2003 until May 2004 and extended by 10 additional workshops. Furthermore, the circle of addressees was enlarged to professionals working with migrants.

Experiences are to be documented in a publication. The study which will be published in the course of the year 2005, will be made available to facilities of addiction aid and addiction prevention with a view to contribute to an improvement of the care situation for addicted repatriates or those at risk of developing addiction.

Development of material

The two projects SEARCH and SEARCH II presented in last year's report (see also EDDRA) were developed by the drug assistance organization Landschaftsverband Westfalen Lippe to provide practice-oriented support for facility staff and help them in the planning of addiction prevention projects geared to the target group of refugees, asylum seekers and illegal immigrants. The results of the projects which were terminated in 2004, have been

summarized in a manual with material on addiction prevention for refugees, asylum seekers and illegal immigrants (including reports of all federal states wich have participated in SEARCH II), complete with guidelines on addiction prevention. The results can be downloaded from the following websites:

http://www.lwl.org/ks-download/downloads/searchII/search_II_d.pdf in German
http://www.lwl.org/ks-download/downloads/searchII/SEARCH_II_e.pdf in English.

Activities at Land-level

At Land-level, measures for migrants and repatriates are mainly carried out by addiction aid institutions, projects specifically geared to these groups tend however to be rare in addiction prevention practice. The following project may be presented as an example which has been developed from the above mentioned continuing education program.

Project Title	Working group repatriates and addiction prevention
Institution	Office for Addiction Prevention Hamburg
Target group	Repatriates, institutions of addiction aid and prevention and districts of the city of Hamburg
Project goals	Inventory of the intercultural spheres of life in Hamburg, conception and preparation of measures
Activities	Development of addiction prevention measures with regard to migration

The Turkish-German-Health-Foundation has, upon recommendation of the Hessian Ministry of the Interior, tasked the Hessian Land Office for Dependence Matters (HLS) to develop a project on addiction prevention for Turkish citizens and carry it out in Hesse. Participants of the project are the Ministry of the Interior, the Ministry of Social Affaires, the Land Office of Criminal Investigation and the HLS. A conception has been elaborated and is currently being discussed by the participating partners.

Children suffering from ADHS

Today, ADHS is one of the most commonly diagnosed disorders in children and adolescents. International data on prevalence vary considerably ranging between 2% and 18%, depending on the diagnostic criteria used. Exact figures for Germany are not available, experts however estimate that about two to six percent of all children and adolescents are affected by ADHS with various degrees of severity, boys three to nine times more often than girls.

In the discussion on ADHS, there is big controversy around the question of the medical treatment, i.e. the most commonly used medications containing methylphenidate (e.g. Ritalin and Medikinet). The fact that the use of methylphenidate precipitously rose in the last years sparked a very heated discussion on the use of this medication. Some parents fear that their child might become addicted to the medications containing methylphenidate or that it would generally be more at risk of developing dependence. Current research findings however suggest that the contrary is the case. Children and adolescents suffering from ADHS who have had medical treatment seem to be later on less at risk of developing addiction than children affected by ADHS who have not been medically treated (BZgA 2005c).

Children of addicted parents

About 2.7 million children and teenagers are growing up in families with an alcohol addicted parent, about 40,000 with a drug abusing parent. Only 10% of these children receive support provided their parents are offered assistance as part of an addiction treatment (EBIS 1998). Children of addicted parents are still not receiving the attention of youth welfare that would be required.

Although children of addicted parents have been identified by researchers as a highly endangered risk group and described in detail with their risk attributes (Vellemann u. Orford 1999, Klein 1996), most of the research activities are almost exclusively related to children of alcohol-addicted parents.

Since children growing up with addicted parents often suffer from emotional, psychological and physical stress situations having a higher risk of developing dependence themselves later on in their lives, this topic has been given increasing attention in the last years both at federal and Land level.

Therefore, experts call for an expansion of early intervention and selective focal prevention, reinforcement of low-threshold accesses, better networking between help services, especially youth welfare, addiction aid and medical services and committing schools to early intervention and qualification of their staff (Klein 2004). A host of measures have been called into being or are being expanded. A few examples of them are presented below:

M.U.T! – Mütter-Unterstützungs-Training (Courage! – Support training for substituted mothers)

As part of the project “Child rearing skills of drug-addicted, substituted mothers“, the research department of the Catholic Technical College North Rhine-Westphalia in Cologne developed and tested a special course for parents undergoing substitution treatment. In order to tailor the offer to the needs of the target group, the research team interviewed 100 substituted women as well as staff of addiction aid facilities to win an insight into the life and world of substituted mothers. Meanwhile, 30 women haven taken part in the MUT!-course. After the course, participants felt significantly less isolated and had gained considerable parental confidence. From 2005 onwards, drug professionals may qualify as MUT!-course leaders. (www.addiction.de/index2.htm).

NACOA Germany

Officially founded on 31 March 2004 in Berlin, NACOA Germany is a body representing the interests of children growing up in families with addiction problems. The goal of the initiative is to lend support to children and families affected by problems with regard to alcoholism or other forms of substance abuse (www.nacoa.de).

Staff training

The subject area “children of addicted parents“ having been neglected in the past, the demand for continuing and further education in addiction aid, but also in the field of youth welfare is immensely big. The department for addiction prevention of the Land Office for Dependence Matters Hamburg runs the project “Connect“ offering support to staff of addiction aid facilities and youth welfare institutions, day care centers, schools and medical services for intensifying existing offers of help for children of families with addiction problems through better networking (see www.eddra.emcdda.eu.int and www.prevnet.de, section projects).

Offers of assistance for children of addicted parents

The drug aid organizations Drogenhilfe Köln e.v. and KOALA e.v. have joined forces to start an Internet-project ***www.kidkit.de*** intended for children of addicted parents. This initiative is to establish an early and sustained contact with children of addicted parents and is meanwhile run by a team of 15 volunteers. They provide information that is suited to the age of the children and refer them, if necessary, to concrete offers of assistance. Up to 60 children from families with addiction problems contact the voluntary helpers per month.

3.4 Quality assurance and research

In order to make work in addiction prevention in Germany more professional and assure quality, it is necessary on the one hand to create evidence-based knowledge in addiction prevention and on the other, to make this knowledge countrywide available and embed it in practice.

3.4.1 Basic elements

The expert report “primary prevention“ (Künzel-Böhmer, Bühringer & Janik-Konecny 1993), which served as a working basis for many years, has recently been updated. Funded by the BZgA, the publication of the up-date will probably be available by the end of 2005 (Bühler & Kröger 2005). Based on the evaluation of numerous surveys and studies and the most recent scientific findings, the expert report recommends

- to offer combined trainings for parents, children and families especially with regard to alcohol problems within the family
- to carry out interactive programs at schools based on social influence or life-skill models
- not to carry out isolated measures (only communication of information, only affective education etc.)
- to use media campaigns as flanking measures and not as the only measures to achieve behavioral changes in the case of tobacco consumption
- to influence the price of tobacco and alcohol and the age limit for legal consumption by legal measures

A series of research and demonstration projects are carried out to adapt therapy methods (INCANT) or to put early intervention measures to the practical test (“Realize it“). Details are to be found in chapter 1.3.3.

3.4.2 Dissemination

Jointly funded by the Federal Government and the Laender, two programs initiated by the BZgA, help to form expert synergies in the addiction prevention care sector. One is the computer-based documentation system Dot.sys which is used to screen, systemize and optimize prevention activities in Germany. The system was introduced in all Laender in January 2005.

The other is the web-based expert network „PrevNet“ (www.prevnet.de) which went online on 15 September 2004. So far, it has more than 400 active members from more than 300 drug prevention facilities. In its informative section, the portal offers pooled information on facilities, activities, studies and materials used in addiction prevention. Experts and interested users may do research in all sections of the database of the site. In its interactive section, the portal allows for an exchange and cooperation between experts providing them with various forums, mailing lists and working group areas equipped with the functions of a virtual office.

By providing comprehensive documentation, information and a basis for communication, PrevNet“ and „Dot.sys“ contribute to improve quality and professionalize addiction prevention at local, regional and federal level. The further development of the offers and measures in particularly problematic areas is supported by the expert exchange and funding measures of the Federal Ministry for Health and Social Security and other public agencies. An example of this is the experts’ conference on juvenile cannabis users which was held upon invitation from the drug commissioner of the Federal Government.

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 working 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 working 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 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 report only 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) and with Rehm et al. (2005).

An epidemiological seminar held by the DBDD in May 2005 on behalf of the BMGS, served to make reporting of the most important results of surveys, at least in its essence, more uniform or at least comparable. By this, it shall become possible to derive comparable indicators from the drug affinity study, ESA, HBSC, a micro census for comparable age groups, with regard to consumption or respectively problem consumption both for licit and illicit substances. Following a synopsis of the long-term data collection instruments used in Germany and intense discussion of possible approaches with all research groups relevant in this field, development of this core report will be continued.

National and local estimations of drug use

The EMCDDA has collected a series of methods for estimating the prevalence of problem drug use at national level and has developed them further. The target groups of the selected methods are based on the definition of problem 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 to exclude multiple countings in police figures when reviewing several substances, and as there are only valid mortality estimates available for heroin users, the prevalence estimates for Germany were restricted to the target group of heroin users.

Intravenous and non-intravenous drug use

In view of the particular risks carried by intravenous drug use, the form of use is of particular interest when trying to minimize secondary harm. In Germany, intravenous use continues to be 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. Data collected during therapies is hard to interpret because of the high lack of information. The legal substitution register does not record this type of data at all.

4.2 Prevalence and incidence estimates

4.2.1 Estimate methods of the EMCDDA

The estimates available for the reference years 1995 and 2000 have already been presented in previous REITOX-reports. For the years 2004 and 2003, three multiplier-methods were calculated anew with regard to the results available:

- One estimate based on police contacts
  Assuming an average consumption period of 8 to 10 years, the numbers of heroin users who have come to the attention of police for the first time (incidence), are summed up over the years respectively. The portion of persons in the drug-related death cases already known to police is used respectively to calculate the estimated number of unknown cases.

- One estimate based on treatment admissions
  The overall figure of treated cases is calculated on the basis of recorded client figures in outpatient and inpatient treatment, the total figure of counselling facilities as well as on a multiplier for reaching the target group.
- One estimate based on drug-related deaths
  The number of drug-related deaths in the reference year is extrapolated to the overall figure of opiate users in the population using the quota of drug-related deaths in outpatient clients per year.

All results are only to be taken as a rough approximation since different preconditions are to be presupposed. Especially the multipliers used have only limited validity as they are based on small case figures and selective samples. The methods have been described elsewhere. The other methods have not been used since the necessary parameters were not available in a timely, empirically evidenced form.

The individual estimates are to be found in standard table 7.

Results of the prevalence estimates

Calculation based on the figures collected from treatment, police contacts and drug-related deaths lead to an estimated figure of problem heroin users ranging between 70,000 and 172,000 persons. This corresponds to a rate of 1.6-3.0 persons per 1000 inhabitants in the age between 15 and 64 years.

When choosing a broader definition of the target group including users of opiates, cocaine, crack and amphetamines, the following problem arises: these substances do comply with the definition of the target group by the EMCDDA, however, there is no possibility to verify intravenous or highly frequent consumption of these substances with the data sources available. In this way, an unknown number of persons whose problems with drug use might be less severe, is taken into account possibly leading to an overestimation of prevalence.

Calculations based on treatment data including clients with cocaine and amphetamine problems, produce a prevalence of 137,000 to 221,000 (2003: 132,000-214,000). Estimates based on police data and drug-related deaths are not carried out for the extended target group because of the problems explained in chapter 4.1.

Trends

The prevalence estimate of problem opiate consumption produced a somewhat lower figure for 2004 relative to the previous year continuing the trend observed since 2000. The results are in correspondence with indications coming from practical drug work. The extended definition of the target group including cocaine and amphetamine, leads to a slight increase of figures illustrating the change in use patterns and problem groups in the drug scene (Table 9).

Table 9: Prevalence estimate of problem opiate consumption from 1995 to 2003

	Reference year				
Data source the method based on	1995	2000	2003	2004	Rate per 1000 (18-64)
Treatment	78,000-124,000	166,300-198,000	109,000-177,000	102,000-164,000	1.8-2.9
Police contacts	131,000-142,000	153,000-190,000	144,000-182,000	136,000-172,000	2.4-3.0
Drug-related deaths	78,000-104,000	127,000-169,000	92,000-123,000	68,000-91,000	1.2-1.6

Here once more, it needs to be pointed out that the definition of the target group with regard to the above mentioned estimates is restricted. Amphetamines und cocaine could only be taken into account in the estimate based on treatment data for 2004; problem cannabis use wasn't included right from the start.

In order to take account of relevant aspects of problem drug use already at this point, the following chapters will present further data sources and approaches used in Germany.

4.2.2 Further approaches to collect data on problematic drug use

Frequency of consumption is - in addition to symptoms corresponding to the clinical picture of addiction - an important parameter to measure the extent of problem consumption also in surveys carried out in the population and among school children. Table 10 gives a summary of the most recent prevalences found. Problem consumption of illicit drugs in general or of cannabis – the by far most commonly used illicit substance – in particular, was found in about 3-5% of the teenagers and young adults. In the overall adult population, this portion shrinks to 1%. The estimates for the number of problem users of other drugs than cannabis lie well below 1%, for opiate user even under 0.5%. Recent incidence estimates for problem drug use are not available.

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

Study	Year	Age group	Substance	Data base	Criterion	Pravalence %
EDSP	1998/99	14-24	Drugs	Interview	Dependence	3.1
ESA	2003	18-59	Cannabis	Survey	Dependence	1.1
ESA	2003	18-20	Cannabis	Survey	Dependence	5.2
ESPAD	2003	15-16	Cannabis	Survey	Use 40+/ 12M	3.8
HBSC	2002	M:15,7	Cannabis	Survey	Use 40+/ 12M	2.9
ESPAD	2003	15-16	Drugs besides cannabis	Survey	Use 40+/ 12M	< 0.7
EBDD	2003	18-64	Heroin, Cocaine, Amphetamine	Treatment	Main drug	0.2 – 0.4
EBDD	2003	18-64	Heroin	Treatment	Main drug	0.2 – 0.3
EBDD	2003	18-64	Heroin	Police	Police contacts	0.2 – 0.3
EBDD	2003	18-64	Heroin	Police	Drug related death	0.1 – 0.2

Note: ESPAD surveys pupils of grades 9 and 10, therefore the age group is mainly between 15-16 years; however, also few teenagers aged 14 or 17 years took part in the survey.

A survey on the estimates of problem drug use in Europe carried out by Rehm & Colleagues (2005) reports percentages ranging between 0.5-0.9% for men and 0.2-0.4% for women in the 12-month prevalence category for dependence on illicit drugs in the age group 18-59 years for women and 18-64 for men respectively based on the studies presented in table 11.

4.3 Profiles of clients in treatment

4.3.1 Outpatient treatment

The data presented hereinafter are based on the National Addiction Aid Statistics published for Germany for the year 2004 (Welsch and Sonntag 2005a) and the detailed data of the tables (Strobl et al. 2004a). While the overall system recorded a total of 245,601 cases in the year 2004, this report only takes account of clients who were in treatment mainly for one illicit substance diagnosed as primary drug.

Socio-demographic information

In the year 2004, 79% of all 44,509 outpatient clients recorded by the German Addiction Aid Statistics were male. About 61% of them were between 15 and 30 years old. 87% of them were of German nationality, 2% were from European neighbour countries, 10% from non-EU member states such as Turkey or the former Soviet Union (Strobl et al. 2004a). As living conditions of the clients vary considerably depending on the main diagnosis or the used drug respectively, the table discriminates correspondingly. Detailed results can be found in table 11. Further information is contained in standard tables 7 and 8 as well as in the TDI-questionnaire (www.dbdd.de).

Table 11: Socio-demographic data by main drug

Variables	Main drug			
	Opiates	Cannabis	Cocaine	Amphetamine
Age entering treatment (Mean)	31.0	22.2	30.1	24.4
Age of first use (Mean)	19.9	15.6	20.2	17.9
Gender (Males)	77%	86%	85%	76%
Single	52%	62%	47%	55%
Working status				
unemployed	54%	28%	44%	35%
in school education	5%	41%	7%	24%
Homeless	4%	1%	3%	2%

Source: DSHS (Strobl et al. 2005a)

Use patterns

Table 13 shows the most common forms of consumption for various substances. In about three quarters of all cases, heroin continues to be injected. This pattern of use 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 66.6% relative to the previous year (2003: 70.2%; 2002: 68.4%; 2000; 69.5%) while as for methadone and codeine it remained stable in comparison with the previous year. Regarding cocaine, the portion of IDUs (injection drug users) slightly increased to 34.3% (2003: 33.8%, 2002: 29.7%; 2001: 32.5%; 2000:32.8%). As the sample taken at the facilities and documented in the German Addiction Aid Statistics is subject to certain yearly fluctuations, these small changes require reticent interpretation (Table 12).

Table 12: Drug application modes of clients in outpatient therapy

		Mode of application					
Substance		Injection	Smoke	Oral	Sniff	Others	Total
Heroin	2003	70,2%	17,6%	1,6%	9,6%	1,1%	16,181
	2004	66,6%	23,8%	3,7%	5,0%	1,0%	11,649
Methadone	2003	3,3%	3,1%	93,0%	0,2%	0,4%	8,298
	2004	3,6%	1,8%	92,1%	0,2%	2,2%	4,356
Other opiates	2003	21,1%	8,3%	64,3%	4,2%	2,2%	2,509
	2004	15,2%	7,7%	72,0%	0,8%	4,2%	880
Cocaina	2003	33,8%	19,8%	1,7%	38,8%	5,9%	8,049
	2004	34,3%	26,3%	1,7%	30,2%	7,5%	5,468
Crack	2003	17,9%	47,5	2,5%	31,7%	0,4%	1,344
	2004	8,7%	65,3%	4,0%	19,7%	2,3%	173

Source: DSHS (Strobl et al.2005a), multiple entries possible

Diagnostic data based on the German drug aid statistics

For the year 2004, the German addiction aid statistics recorded data on the main diagnoses of a total of 38,978 persons who started treatment in an out-patient psychosocial addiction aid facility because of problems with illicit 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 forth 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. As a substance, cannabis ranks first among these clients (Table 13).

Table 13: Main diagnoses in outpatient care (German drug aid statistics)

Main diagnosis harmful use/dependence on	All admissions			First treatments		
(ICD10: F1x.1/F1x.2x)	Males %	Females %	Total %	Males %	Females %	Total %
Opioids	51.0	57.4	52.3	22.1	27.5	23.1
Cannabinoids	32.5	21.3	30.2	59.1	43.9	56.4
Sedatives/ Hypnotics	1.4	6.8	2.5	0.9	6.9	2.0
Cocaine	6.4	4.3	5.9	7.2	5.2	6.8
Stimulants	5.7	7.1	6.0	8.4	14.2	9.4
Halluzinogenics	0.2	0.3	0.2	0.3	0.6	0.4
Volantile substances	0.0	0.1	0.1	0.1	0.1	0.1
Other psychotropic substances	2.8	2.7	2.8	1.9	1.7	1.8
Total	35,352	9,096	44,509	10,844	2,360	13,228

Source: DSHS (Strobl et al.2005a)

A marked change was found for stimulants whose portion declined relative to the previous year. However, it needs to be taken into account that changes in the sample taken by the participating facilities may lead to certain fluctuations from one year to the other.

Calculating the change in percentage of clients' admissions by main diagnoses, the increase was most marked for stimulants. In total however, this is still a relatively small group. Of clearly more importance is the rise in primary cannabis problems which have increased again from 2003 to 2004 (Figure 5).

Further detailed information can be found in the standard tables for the EMCDDA in the annexes (standard table TDI).

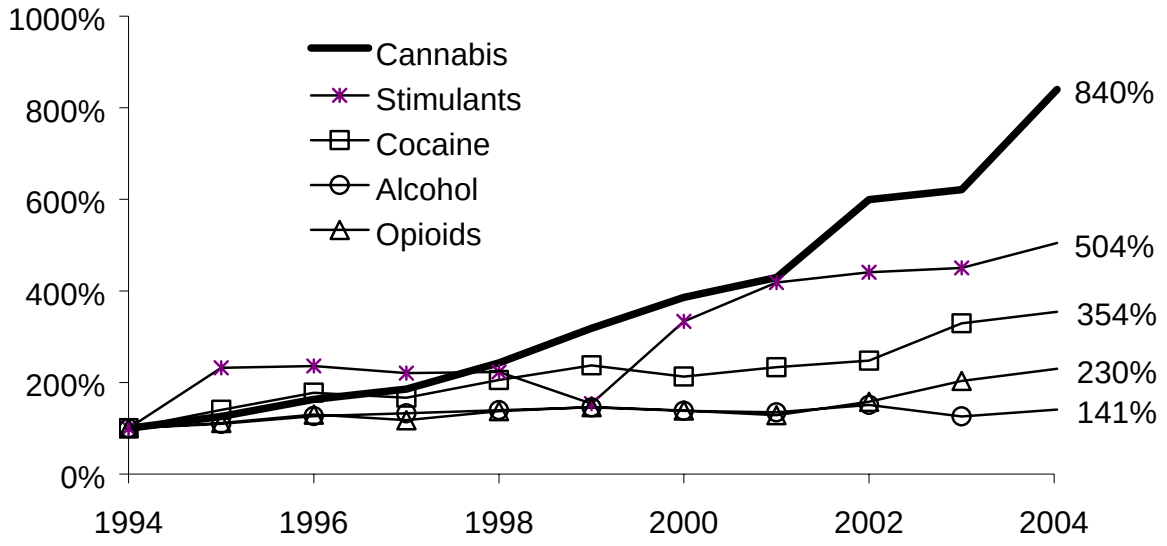


Figure 5: Development of main drugs based on admissions to outpatient therapy 1992 (=100%)

Source: DSHS (Strobl et al.2005a)

Diagnostic data based on regional monitoring systems

Data from regional monitoring systems, may, in so far as they are based on the German core data set, be compared to national data. Being based in part on original data and comprising , to a large extent, complete surveys carried out over whole regions, they are a valuable complement to national statistics for describing the situation.

The results provided by the Hessian COMBAS-System corroborate the findings of the national statistics in many points. The evaluation was based on 22,962 treatments, out of which 18,542 could be assigned to 17,515 persons. This corresponds to an average of 1.08 treatments per person. As far as main diagnoses were available (N=11,632), the following figures were found for illicit substances: 55% opiates, 13% cannabis, 7% cocaine/crack, 4% benzodiazepine, 4% amphetamines and 16% others. Facilities in the greater Frankfurt area focus their work on the field of illicit drugs which explains the relatively small portion of alcohol clients (Hessische Landesstelle für Suchtfragen 2004).

Monitoring the client figures of the outpatient drug aid system of the city of the Hamburg, the Documentation Sytem Bado also speaks of a stabilization or stagnation for opiate consumption while figures for cocaine have slightly increased. With 1,500 cases, crack is still clearly less common than opiates with 4,000 cases, but has increased by more than 50% compared to 2001. An increase in cannabis cases could not be observed, which is not astonishing with the focus of the aid facilities being on heroin/cocaine cases (95% of the clients are part of this group, 50% of these are reached by the facilities in a year (Bado 2004).

These trends in Hamburg, however, do not apply to all metropolitan areas in Germany. Regional statistics for Berlin show the same trend as the national level, a strong increase in cannabis clients in out-patient care during the last 5 years (Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz Berlin, personal communication).

Observing the trend for crack, one gets a varied picture: While MoSyD describes a stable situation for Frankfurt (Werse et al. 2005), incidence figures for crack were markedly higher in Hamburg in 2003 with 1,500 clients compared to two years ago when the figure was 600 lower. In both cities, the substance remained within the boundaries of the classic drug scene.

4.3.2 Inpatient treatment

Data from the German Addiction Aid Statistics

Out of the 14,000 in-patient clients with substance-related disorders recorded by the German addiction aid statistics, 3,760 persons (2,915 men and 845 women) were treated for illicit substances (including pharmaceutics) in the year 2003 (Strobl et al. 2005b.). Only completed treatments 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 inpatient cases with almost 56% were followed by cannabis whose case figures placed it second also in inpatient therapy in the reference year 2004. In terms of figures however, the gap between cannabis and opiate cases is considerable. For about 13%, no data on the main diagnosis was available (Table 14).

Table 14: Main diagnoses in inpatient therapy (German addiction aid statistics)

Harmful use/ Dependence..	All admissions		
(ICD10 F1x.1/F1x.2x)	Males	Females	Total
	%	%	%
Opiates	56.5	51.3	55.6
Cannabis	15.5	8.0	14.1
Hypnotics/ Sedatives	2.9	17.0	5.5
Cocaine	8.4	4.6	7.7
Stimulants	3.9	3.6	3.8
Halluzinogenics	0.3	0.2	0.3
Volatile substances	0.0	0.2	0.0
Other psychotropic substances	12.5	14.8	12.9
Total	1,871	411	2,287

Source: DSHS (Strobl et al.2005b)

Data from other sources

An overview of all clients undergoing inpatient therapy in Germany can be gleaned from the statistics on hospital treatments, the most recent data of which (reporting year 2003) are contained in table 16. By documenting main diagnosis, age and gender, they mainly serve as framework data for the German addiction aid statistics, complementing a series of specific pieces of information.

Data provided by the German Association of Pension Insurances are all related to rehabilitation therapies of drug addicts. Discrimination by main diagnosis is, to a large extent, identical between the two statistical systems. Opiods are clearly in the foreground accounting for nearly a third of the diagnoses. Sedatives/hypnotics follow with 20% of the recordings and cannabis with 4% or 5% respectively. The largest sub-category however, is related to multiple substance use. In most cases, primary use of illicit substances may be behind that, as alcohol appears much more often as the only substance of addiction. However, with no substance-related data being available, verification of this assumption is not possible.

Comparing the data from addiction-specific diagnostics (German addiction aid statistics) with these statistics, one gets the following picture: In any case, opiates rank first among illicit substances. The larger number of disorders caused by sedatives and hypnotics among hospital diagnoses is probably attributable to the considerable number of cases of classic abuse of medication which are much less common in the environment of illicit drugs. Especially the age distribution in the hospital statistics (60% of the patients are above 40 years) speaks for this hypothesis. The diagnosis “multiple substance use” common in both sources mentioned, does not allow for any differentiated statement to be made on substances (Table 15).

Table 15: Inpatient clients with addiction diagnoses from 2002-2004

	Diagnosen	Hospital treatment		VDR 2003	DSHS 2004
	..	2002 %	2003 %	%	%
F11	Opioids	29.9	30.1	30.1	55.6
F12	Cannabinoids	3.8	5.0	5.0	14.1
F13	Sedatives/ Hypnotics	10.1	9.6	9.6	5.5
F14	Cocaine	1.1	1.3	1.3	7.7
F15	Stimulants	1.1	1.3	1.3	3.8
F16	Halluzinogenics	0.9	0.7	0.7	0.3
F18	Volatile substances	0.3	30.1	0.2	0.0
F19	multiple substance use and use of other psychotropic substances	52.8	5.0	51.8	12.9
	Gesamt	82,473	83,639	51,123	2,287

Source: Statistisches Bundesamt (2004)

As for illicit drugs, heroin is the predominant problem drug both in in- and outpatient facilities. Cannabis however, ranking top among persons being in outpatient treatment for the first time, plays a bigger role than opiates. The higher threshold for the admission to inpatient therapy (costs, time and organization) leads to a smaller number of cases being in inpatient treatment besides the generally lower severity of problems.

4.3.3 Diagnostic data from other areas

Diagnostic data from other areas are not available for the reporting period.

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 astabilization 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 as medication-assisted treatment reaches a large number of drug addicts. There are a few inpatient facilities which meanwhile admit patients for substitution treatment. Substitution based treatment is regulated in detail in the Nacoticf law since the year 2001 and fully accepted as a medical treatment since then. The National Chamber of Doctors has already in 2002 laid down the state of the art in their guidelines. The national health insurance made substitution treatment in 2003 pat of the services provied by penal dctors without restrictions taking over the costs for the insured. The majority of patients under substitution is treated ambulatory by General Practitioners or in specialized ambulatories. Meanwhile also some inpatient facilites accept patients for substitution treatment. However, the fusion of the general health care system in Germany and the special drug aid system into one effective integrated system has not been reached yet. At regional level however, cooperation and coordination of the two services do work clearly better.

Medical substituion treatment should - as a rule - be accompanied by psychsocial care. Outpatient counseling facilities offer contact, motivation and outpatient 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. With outpatient offers being increasingly funded by the legal pension insurances, the above mentioned standards gain in importance also with them.

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 Dependence Matters (HLS) or the Thuringian Office for Dependence Matters.

Funding and supporting organs

There are about 930 specialized drug counselling facilities treating patients mainly for problems with drugs or other psychotropic substances. Countrywide, there are more than 2,000 treatment slots available for detoxification and about 5,200 places for rehabilitation. The majority of the facilities are independent non-profit organizations. Public bodies and commercial enterprise also work in particular in the field of inpatient therapy (Simon 2004).

Aids to quit and therapy are, for the most part, based on public funds. Here, a considerable portion of the costs of outpatient facilities is borne by the legally and economically responsible bodies themselves. Except for the therapeutic treatment, outpatient addiction care is, for the most part, voluntarily funded by the Laender and communities. However, the institutions have no legal claim to these funds. Withdrawal treatment lies in the hands of the legal health insurance funds. The legal pension insurance in its turn is responsible for 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 medical rehabilitation of drug addicts, serving as a ‘recommendation for the acknowledgement‘ of the respective advanced training courses.

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. About 73% of all facilities receiving funds from the Federal Government or the respective Land, are included.

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 therapy. The short-term use of substitution drugs in detoxification is not recorded by this register. For 2004, results are available on number and gender of treated clients as well as on substitution drugs used. In addition, the names of the doctors in charge of therapy are listed

In Germany, hospital treatment is concerned with the acute treatment of drug-related problems and detoxification, while rehabilitation aims at long-term withdrawal to restore working capacity. The main diagnoses made for all persons treated in German hospitals are reported to the Federal Statistical Office which publishes the data on a regular basis. Statistics on rehabilitation are provided by the pension insurance funds documenting the services provided by these institutions.

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, services offered by psychosocial counseling facilities representing a central element of care, 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.

Parallel to and partly in cooperation with professional help offers, there is host of self help organizations being active in the field of addiction. So far however, their activities have been mainly geared to alcohol addicts and older target groups. In order to make use of existing structures and associations to cater also for young drug users, various projects have been carried out since 2003 with funding by the Federal Ministry for Health and Social Security. After the analysis of treatment demand and shortage, trainings and seminars are currently held for group leaders. At a later point of time, intensive PR-work is to publicise the topic “young addicts and self-help” more strongly (Die Drogenbeauftragte des Bundes 2005a).

In its function as umbrella organization of the self-help system, the German Head Office of Dependence Matters organized the self-help conference on 23-25 April 2004 placed under the central topic of the cooperation with professional addiction aid and social policy. Furthermore, a DHS-workshop funded by several legal health insurance funds was carried out to communicate planning and conception of Internet offers to staff of self-help organizations (Die Drogenbeauftragte des Bundes 2005a). Apart from www.narcotics-anonymous.de there are hardly any Internet offers of self-help organizations to be found in Germany.

Treatment demand and evaluation

Planning of the treatment demand for the different segments of the medical and/or social help system at national level is not compatible with the federal structure of the Federal Republic of Germany. Instead, planning is done at Land and municipal level. Examples of demand planning on the basis of situation assessments and health reports are to be found in Berlin (Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz 2004), Frankfurt (Prinzleve et al. 2004, Werse et al. 2005) and Hamburg (Baumgärtner 2004a, b, Baumgärtner & Wies 2005).

A research study carried out in the area of Munich compared the empirically defined number of persons with addictive or abusive consumption of drugs to a survey on the number of contacts made with general health care and drug aid. The study found that 31% of all

persons in the age group from 14 to 24 years with problem drug use have ever made use of professional help; 2% were currently in contact with addiction aid facilities. Percentages were higher for addicted persons with 52% and 16% respectively.

The senate of the Federal State of Hamburg tasked a research institute to carry out an evaluation of the regional current drug aid system. The institute was to find out in particular in how far the system supported drug users in quitting consumption and how efficient the organization structures and methods used were. The final report (Görgen, Oliva & Schu 2004) stated that especially long-year drug users with complex problems were reached well by the offers and that drug mortality and morbidity could be brought down in the last years. The report saw deficiencies in recognition and intervention at early stages of drug use, young people and abstinence-oriented outpatient treatment. It suggests a change in the organization of the services provided allowing for more outpatient treatments to be carried out and integrating separated fields of work. The resulting gain in efficiency paired with the use of other funding sources and better adjustment of the treatment offer to the treatment needs are to lead to quality improvements without use of additional resources. On decision by the Hamburg Land parliament a series of suggestions was adopted (Bürgerschaft der Freien und Hansestadt Hamburg, 3.5.2005).

The final report of the federal demonstration project “designer drugs - consulting hours” describes the problem situation of teenagers and young adults (N=507) who were clients of the outpatient counselling department for pediatric and juvenile psychiatry of the university in Rostock between 1999 and 2003. Counselling or therapy, respectively, was carried out by a team of social workers, psychologists and physicians. The average age was 18 years; 73% of the clients were male. In addition to drug consumption, which in many cases was related to several substances, behavioral, affective and personality disorders were described. The report arrived at the central conclusion that a stronger networking of existing offers of help (health, youth and social system) is necessary and feasible. In view of the deep social changes the city of Rostock in the north-east of Germany has gone through - the figure of drug-related offences for example increased by almost 50% between 1998 and 2002 – a quick adaptation of the aid system is urgently called for (Reis et al. 2004) .

5.3 Drug-free treatment

Generally, not much has changed in this area. The lack of a legal basis for the funding of the out-patient services has often led to financing problems. The municipalities which provide the funds for the largest part of these services are currently struggling with extremely tight budgets. Therefore, offers of outpatient addiction aid services, the financing of which is no legal obligation for the municipalities, are reduced at various locations. At the same time however, an operational professionalisation is to be observed among facilities. Characteristics of the clients in in- or respectively outpatient treatment have already been described in chapter 4.3. In the following, only an extrapolation of client figures will be presented.

Client figures in outpatient therapy

The admissions to outpatient therapy were extrapolated on the basis of the data provided by 591 facilities to the total number of outpatient facilities receiving funds from the Federal government or the Land, respectively (N=931) (BMGS, 2005). Since most of the facilities treat clients who have problems with the use of licit and illicit substances, the client figures for the main drug alcohol and tobacco were also presented by comparison. As the inventory of out-patient facilities does not include all types of services the real number is likely to be somewhat above the figures calculated here.

Among the illicit substances, opiates play a predominant role with more than 32,000 admissions followed by cannabis with about 18,000 clients. All other substances are much less common as a main problem. Cannabis shows the most significant increase relative to the previous year. Striking is also the marked rise of opiate cases reversing the trend of previous years. The most massive increase was found for multiple use of drugs. However, since coding of the data is not fully identical between the different data collection systems, figures are difficult to interpret. (Table 16).

Table 16: New admissions to outpatient therapy of drug problems

Main diagnosis	Substance	2003	2004	Changes 2004 vs. 2003
F10	Alcohol	99.094	95.362	-4%
F11	Opioids	28.932	32.530	+12%
F12	Cannabinoids	14.803	18.209	+23%
F13	Sedativis/ Hypnotics	1.477	1.550	+5%
F14	Cocaine	3.360	3.689	+10%
F15	Stimulants	3.686	3.774	+2%
F16	Halluzinogenics	199	131	-34%
F17	Tobacco	1.095	1.632	+49%
F18	volatile sbustances	29	39	+34%
F19	multiple use	950	1.479	+56%
	Total addictions	153.624	158.396	+3%
	Total drugs	53.435	61.492	+15%

Source: DSHS (Strobl et al. 2004a, 2005a)
Note: Extrapolated to the total figure of 931 outpatient facilities (BMGS 2005)

Care intensity

The evaluation of the regional offers made in Hamburg, which yields more detailed information than the ones at national level, found an average of 5 contacts with a total of 3.4 hours of assistance provided to teenagers and 13 contacts with 8.6 hours for young adults. Adults have an average of 20 contacts with a total duration of 17.2 hours (Martens et al. 2004).

The documentation system for addiction treatment in Schleswig–Holstein provides data on the duration of assistance discriminating by type of service and client group. The figures of the year 2003 show clearly that clients with cannabis problems are dedicated relatively little time while special measures undertaken to accompany opiate clients are allotted considerable amounts of time (Table 17).

Table 17: Services used with regard to main diagnosis

Main substance	Infor-mation (hrs)	Coun-selling (hrs)	Referrral (hrs)	Support (hrs)	Other help (hrs)	Escort (hrs)	Total (hrs)
Alcohol	2.1	3.9	1.4	27,5	8,7	3,5	12,5
Substitution substance	2.1	3.2	1.2	5,2	5,2	4,1	7,3
Opiates	1.4	3.6	1.0	12,7	3,8	6,3	7,5
Cannabinoids	0.9	2.3	0.9	9,6	10,5	4,6	2,9

Source: Schütze et al. (2004)

Client figures in inpatient treatment

In general, inpatient treatment in Germany is carried out under drug-free conditions. Since documentation discriminates by type of funding and not by type of treatment (drug-free vs. medication-assisted), all inpatient treatments for persons with main diagnoses F11-F17 or F19 are presented in the following. Discrimination is done by acute hospital treatment and rehabilitation therapy.

Hospital treatment is aimed at detoxification, physical and psychiatric treatment and remedy of the effects of an acute intoxication as Nöller and Küfner (2005) have shown on the example of two hospitals in Erfurt. There is no systematic compilation of comprehensive statistics on the treatments provided for these clients, outside of the financial administration of services provided. Rehabilitation aims at long-term withdrawal and drug-freeness as a precondition for restoring the working capacity of the client. It is generally carried out in the inpatient, but, to an increasing extent, also in the outpatient setting.

As for acute treatment, alcohol ranks first of the main diagnoses distancing all other substances. Opiates and cannabinoids play the most important role among illicit substances. The large prevalence of multiple drug use and associated risks are also shown by the fact that more than half of all drug cases were assigned such a diagnosis during hospital treatment.

Also here, the highest increase rates were found for cannabis taken as an individual substance. In contrast with the outpatient area, similarly high increase rates were found for the case figures for cocaine (+15%) and stimulants (+18%) (table 18).

Table 18: Inpatient treatment of drug-related problems in hospitals

Main diagnosis	Substance	2002	2003	Changes 2003 vs. 2002
F10	Alcohol	258,083	288,115	
F11	Opioids	24,663	25,145	+2%
F12	Cannabinoids	3,113	4,151	+33%
F13	Sedativis/ Hypnotics	8,359	8,035	-4%
F14	Cocaine	887	1,112	+25%
F15	Stimulants	912	1,074	+18%
F16	Halluzinogenics	741	573	-23%
F17	Tobacco	1,110	944	
F18	volatile sbustances	269	197	-27%
F19	multiple use	43,529	43,252	-1%
	Total addictions	341,666	372,598	+9%
	Total drugs	73,845	75,307	+2%

Source: Statistisches Bundesamt (2005d)

The total figure of drug patients in rehabilitation slightly increased from 8,556 in 2002 to 8,662 in 2003 with a shift towards outpatient treatment. The number of patients with multiple use of psychotropic substances which generally probably also includes drug use, significantly increased from 2002 to 2003 both in the in- and outpatient area (VDR 2003, 2004) (Table 19).

Table 19: Rehabilitation

	Inpatient			out-patient		
Main diagnosis	2002	2003	2003 vs. 2002	2002	2003	2003 vs. 2002
Alcohol	30,257	28,782	-5%	8,581	9,477	10%
Drugs	8,498	7,731	-9%	58	931	10%
Pharmaceutical drugs	344	347	1%	848	78	34%
multiple use	2,806	3,332	19%	393	445	13%
Total addiction	41,905	40,192	-4%	9,880	10,931	11%

Source: VDR (2003, 2004)

5.4 Medication-assisted treatment

Withdrawal

In the withdrawal treatment of opiate addicts, methadone and buprenorphine are, among others, temporarily used to reduce negative concomitant symptoms. Because of minimal side effects and less severe withdrawal symptoms the latter finds increasing usage. Statistical

figures on this type of treatment are not available in a differentiated form. The cases are however contained in the hospital statistics (cf. table 19).

Substitution

For substituion treatment in Germany methadone and buprenorphine are registered, codeine and DHC can be prescribed for this purpose only in exceptional cases. The use of buprenorphine has considerably increased, but methadone remains the predominant substitution drug (Table 20).

Table 20: Type and number of substitution drugs reported to the substitution register

Substances for substitution treatment	2002	2003	2004
Methadon	72.1%	70.8%	68.3%
Levomethadon	16.2%	14.8%	15.0%
Buprenorphine	9.7%	13.0%	15.6%
Dihydrocodeine	1.7%	1.2%	0.9%
Codeine	0.3%	0.2%	0.2%

Source: Die Drogenbeauftragte der Bundesregierung (2005a)

A report written by a Hamburg clinic on the experiences made with the use of buprenorphine (31% of the cases) in comparison with methadone (69%) in withdrawal treatment gives indications for a differentiated indication. The study was carried out on 800 patients in the period between the years 2000 and 2004. Apart from diagnoses on addiction-specific disorders and possible concomitant symptoms and sequelae, data on the course of the treatment were collected. All in all, no significant difference was found for the retention rate (methadone: 52%; buprenorphine: 59%). During methadone withdrawal treatment, 8 out of 10 patients who had undergone long-year methadone substitution displayed significantly less withdrawal symptoms under buprenorphine. The use of buprenorphine in addicted pregnant patients resulted in considerably reduced or absent neonatal withdrawal symptoms. The definitely clearer and more conscious state of mind was not experienced as positive by all patients and psychiatric co-morbidity may have been negatively influenced. A careful approach, especially when changing the substances, led to no cases of overdosage during the period under review (Brack & Behrendt 2004).

In a study carried out to monitor the transfer from methadone to new medication or buprenorphine respectively, treatment showed good effectiveness and acceptance with little side effects with the result that buprenorphine was approved as appropriate for practical usage (Wodartz et al. 2004). Küfner et al. (2004) also found less strong withdrawal symptoms on the 7th day of a substitution-based therapy in a study analysing the early reaction of the patient to the substitution substance as an important predicator for long-term therapy effects.

In substitution treatment there are various organization forms of cooperation between medical and psychosocial services. The Hessian documentation system reports that 45% of

the substituted patients of this region are in integrated treatment provided by a team of physicians and psychosocial professionals. 36% of the clients are cared for in cooperation but in separate institutions. In 19% of the cases, cooperation is inexistent and treatment is carried out separately by the two areas (Hessische Landesstelle für Suchtfragen 2004).

Number of substitution treatments

Figures available from the substitution register refer to the period from 1 July 2002 to 31 December 2004. In this period of time, a total of 156,000 substitution treatments were documented, out of which 98,500 have meanwhile be completed. The number of clients undergoing these treatments is not known. With no clear codes being used, persons who are admitted to several practices may possibly be counted several times. The most recent census allows to evaluate availability and use of substitution measures but does not provide any information on how many persons were in treatment in the course of the year. The following case figures were reported for each year on 1 July : 2002: 46,000; 2003: 52,700; 2004: 57,700. This corresponds to an increase of 25% between 2002 and 2004 (Die Drogenbeauftragte des Bundes 2005a).

A survey carried out in the Frankfurt drug scene in 2004 found that a total of 45% of the respondents made weekly use of substitution offers during the previous three months. Two years ago, this figure was at 24%; the change is mainly explained by the increased participation of male scene goers (Prinzleve et al. 2005).

According to the regional medical councils, about 8,500 physicians have the additional qualification to carry out substitution treatments. Out of these, only 2,620 did carry out substitution treatments independently and a further 260 under supervision of a consultant colleague in 2004. The resulting mean value of 22 substitution patients per doctor shows this type of treatment has been a subject in focus. (Die Drogenbeauftragte des Bundes 2005a).

5.5 Quality assurance

Treatment guidelines

Various professional societies and experts have worked together in the last years to develop guidelines on the treatment of drug dependence and addiction problems. These publications are a condensed summary of the current state of knowledge providing practical guidance for carrying out treatments. Guidelines have meanwhile been published for the acute treatment of opioid-related disorders (Reymann et al. 2003), the post-acute treatment of opiate addicts (Havemann-Reinecke et al. 2004), patients with cannabis-related disorders (Bonnet et al. 2004) as well as behavioral disorders induced by cocaine, amphetamines, ecstasy and hallucinogens (Thomasius & Gouzourlis-Mayfrank 2004). A guideline on ‘alcohol addiction’ is currently in preparation.

Treatment of migrants

Being part of a group difficult to reach by addiction aid, migrants were found to have specific needs with regard to addiction treatment. A series of workshops was run for addiction aid

staff of the Federal Association of the AWO and the Professional Association Drugs and Narcotics from 2002 to 2003 under the auspices of the Federal Ministry of the Interior in close cooperation with the drug commissioner of the Federal Government in order to communicate relevant skills and knowledge. Because of the big demand in 2004, a further 10 workshops will be held (Die Drogenbeauftragte der Bundesregierung 2005a).

Qualification of doctors

In order to guarantee treatment quality of medical measures undertaken in substitution treatment, it was decided as part of the regulation on the prescription of narcotic substances that doctors needed to undergo supplementary training in 'medical basic care in addiction treatment' in order to carry out substitution treatments themselves or, if they didn't have any supplementary qualification, under supervision of a qualified colleague. The considerable decline of violations of this regulation from 358 (January 2003) to 100 (November 2004) illustrates the success of these measures.

Documentation and follow-up reports

In order to improve documentation quality of treatment carried out in specialized outpatient and inpatient facilities, a new version of the German core data set Addiction was published, serving also as a basis for carrying out regular follow-up reports (www.dhs.de).

5.6 Research

Research focus 'Addiction'

In the years 2001 to 2004, a first research focus 'Addiction' was set with a series of projects funded by the Federal Ministry for Research and Education on prevention, early recognition, improvement of the treatment of addicts and prevention of relapses. In the framework of the developed research network, the second phase of the funding project currently serves to implement the results of the first phase in practical care.

The majority of the projects aim at tobacco and alcohol consumption. With primary prevention being the goal pursued, these projects contribute indirectly to a reduction of drug-related problems; nevertheless, this chapter will only deal with projects which are specifically dedicated to the subject of drugs.

In the framework of the ASAT-network (Dresden and Munich) a ten-year trend study is being carried out among teenagers and young adults in Munich, monitoring the development of drug use and numerous associated features as well as care offers provided in the region during the 10-year period. Early intervention measures continue to be developed and evaluated for teenage cannabis and ecstasy users. Since the beginning of the year 2005, a therapy study 'Modular therapies of cannabis-related disorders' is being carried out at the TU Dresden. In a random sample of 210 test persons, the efficiency of a targeted standardized therapy is to be analyzed. The results of the study may contribute to improve the spectrum of specific offers for people with cannabis problems.

The quality of care provided for addicted prostitutes was part of an explorative study on this specific problem group (Zuhold 2005). Reach and offer were generally positively assessed while extended opening hours, maximum flexibility in dealing with clients and stable personal living conditions were mentioned as possible approaches for improvement.

Heroin study

A study investigating the use of heroin as a medical drug for the treatment of heroin addicts is currently been carried out in various cities in Germany. Results are expected by 2006. The drug commissioner of the Federal Medical Council assumes that about 4,000 to 6,000 persons concerned would take up such a treatment after a possible approval of heroin as a medical drug for treatment (Deutsches Ärzteblatt online, 6.6.2005).

More studies and results

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. 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. First results show that far less doctors work in substitution therapy than assumed. As for the choice of substitution substance, it was found that in care facilities with a high client volume and long-term substituted patients, methadone clearly is the predominant substance. About a third of the patients newly admitted to substitution treatment receive buprenorphine, the rest methadone (Wittchen et al. 2004, 2005).

The working group ‘German Addiction Aid Statistics’ of the DBDD carried out a survey on access, availability and conditions of substitution treatments for prison inmates in the Laender. The results of this survey will be available for the next REITOX-Report. .

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 countrywide systems: The case register on narcotics (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 by 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 (FDR). Data collection modalities and assessment principles differ between the individual Laender. The portion of autopsied drug-related deaths as a measurement for the quality of the assignment of drug-related deaths is subject to variations in the Laender. Toxicological reports on body fluids and tissue play an important role in determining the cause of death providing clarifying information on the drug status at the time of death. Autopsies and toxicological reports are generally written by different institutions. The latter in particular, are made available with considerable delay and are therefore taken into account in the classification of drug-related deaths in a limited extent.

In order to facilitate the recording of drug-related deaths and reduce mistakes, the following categories for drug-related deaths were defined 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 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. Aggregation and evaluation at national level is done by the Federal Statistical Office. Also this data source doesn’t take account of results of delayed toxicological reports in the classification of the drug-related deaths.

Only cases with specific causes of death are reported from the general death register 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. However, a long-term comparison of the two registers shows very similar developments and trends effecting a kind of cross-validation of the two estimate procedures. An empirical analysis of the questions with regard to double recordings and overlapping of the two target groups remains to be undertaken.

Infectious diseases

According to the Infectious Disease Control Law (IfSG) effective as of 1 January 2001, data on infectious diseases, including HIV and viral hepatites, are to be reported to the Robert Koch-Institute (RKI). They are published in regular intervals (www.rki.de). According to the German Regulation on Laboratory Reports of 1987 and the Infectious Disease Control Law all laboratories in the Federal Republic 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. Thanks to a change in the collection of data on new HIV-diagnoses, it is now better possible to avoid (formerly unrecognized) multiple data entries.

With the introduction of the Infectious Disease Control Law in 2001, data on possible ways of transmission of hepatitis B and C also have to be reported. This is done by the health authorities investigating the case persons themselves or by the laboratories and general practitioners passing on the information.

6.2 Drug-related deaths and mortality of drug-users

6.2.1 Drug-related deaths

The reliability of the data on drug-related deaths strongly depends on the question of whether autopsies and toxicological examinations have been carried out to validate the initial classification as drug-related death (cf. 6.1). In the reference period of this report, an autopsy rate of 100% was achieved by Bavaria, Brandenburg, the Saarland, Saxony-Anhalt and Schleswig-Holstein. The average autopsy rate was 74% (2003: 77%; 2002:72%). However, the autopsy was not always complemented by a toxicological examination. Countrywide statistical data are not yet available.

On the initiative of the German Society for Forensic Medicine, the universities in Frankfurt and Dresden are currently working together in a project to set up a “German Forensic Autopsy Register“. All non-natural and forensicly relevant death-cases are to be documented in a central data bank. The created data pool is to improve quality control of the autopsy results on the one hand, and to facilitate the processing of research tasks on the other. Apart from taking account of medical treatment mistakes, incidences with medication, suicides and other topics, the register is also to collect data on drug-related deaths. The question of project funding however, has not yet been finally decided (Bratzke, Parzeller & Köster 2004).

Detailed data on drug-related deaths can 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 overdosage (2004: 56%; 2003: 41%; 2001: 48%). This category comprises both deaths where heroin was found to be the only drug involved and cases where also other drugs in addition to heroin were identified. Running counter to the general trend, this figure increased from 722 in the previous year to 781 in 2004. The portion of person where substitution substances/medication/narcotics and alcohol were the reason for death, amounted to 25% in 2004. Absolute figures have significantly declined from over 600 death cases in 2003 to 340 in the year 2004. Ecstasy was the cause of death in 20 persons, in most cases it was found in combination with other substances. In comparison to the year 2002, the portion of death cases induced by cocaine climbed from 6% to 12%, absolute figures of cases rose as well (Table 21).

Table 21: Drug-related deaths 2004

Cause of death	Percent 2002	Percentnt 2003	Percent 2004	Number 2002	Number 2003	Number 2004
1. Overdose of:						
Heroin	27%	26%	34%	551	456	470
Heroin + other drugs	14%	15%	22%	285	266	311
cocaine	2%	1%	2%	47	25	34
Cocaine + other drugs	4%	5%	10%	84	93	132
Amphetamines	1%	0%	0%	10	3	6
Amphetamines + other drugs	1%	1%	2%	27	16	30
Ecstasy	0%	0%	0%	8	2	5
Ecstasy + other drugs	1%	0%	1%	11	8	15
Medicaments/ substitution substances	7%	3%	3%	145	55	46
Narcotic drugs + alcohol + substitution substance	23%	20%	22%	453	354	299
Other narcotic drugs / unknown	3%	8%	10%	54	139	141
2. Suicide	7%	7%	7%	133	117	92
3. Long-term damage	8%	11%	12%	165	204	173
4. Accident/other	2%	2%	2%	33	37	26
5. Total	100%	100%	100%	1.513	1.477	1.385

Source: BKA (2005)
Note: Due to multiple entries in the categories overdosage (various types of narcotic drugs) and suicide, the number of death-causes summed up lies above the total figure.

The portion of migrants in the total number of drug-related deaths in the year 2004 (123) remained with 9% at the same level. The decline in mortality among this group correlates to the same extent with the decline in the overall population. However, measured by population proportion, migrants are relatively strongly affected (BKA 2005a).

The close relationship between substance dependence and suicide is also illustrated by respective studies on suicide. The most recent review showed that 25-33% of all accomplished suicides are committed by persons with addiction-related disorders. Their portion in attempted suicides is estimated to be even higher (Preuss et al. 2005).

The most recent figures on drug-related deaths available from the general death register, refer to the year 2002 and have already been presented in the last REITOX-Report. Data for 2003 are not available yet.

6.2.2 Overall mortality and causes of death among drug users

There is no survey available on the mortality of the total population of drug users and recent regional cohort studies are not known either.

It is however possible to get at least closer to the question by resorting to the data on drug addicts undergoing treatment.

According to the German drug aid statistics for 2004, therapy in outpatient counselling facilities ended in 1.2% (2003: 1.3%) of the drug clients or respectively 1.4% of the opiate patients with death of the patients. In order to eliminate the effect of treatment duration, which lies generally below one year, a treatment duration of 12 months was mathematically assumed. The quota for alcohol clients was similarly high with 1.5% whereby the considerably higher age average of this group (42.9 years) compared to the opiate clients (31.0 years) needs to be taken into account (Strobl et al. 2005a). One has to keep in mind here that the treatment facilities not always learn about the death of a client. The real mortality therefore will be higher than the percentage reported. However, if the facilities' level of information on the clients' deaths did not change over time in a systematic way, the trends reported still can be interpred in a meaning full way (Table 22).

Table 22: Mortality of opiate clients in outpatient care

	1996	1998	2000	2001	2002	2003	2004
Death rate amongst persons finishing treatment	1,7%	1,2%	1,1%	1,1%	1,2%	1,2%	1,2%
Treatment duration (weeks)	33,9	32,1	34,9	37,6	40,1	40,3	42,5
Mortality p.a.	2,6%	1,9%	1,6%	1,5%	1,6%	1,5%	1,5%

Source: DSHS (Strobl et al. 2005a)

Further studies on this subject area can be found in previous REITOX-Reports. For the reference period of this report no new studies were presented with regard to this subject.

6.3 Drug-related infectious diseases

6.3.1 HIV

Drug users are, in terms of figures, the fourth largest risk group for HIV-infections. According to the Robert Koch-Institute, HIV incidence was at 5.8% (2003:7.0%) in the group of injecting drug users (2004: 103 out of 1,779). Until the year 2000, the figure was at 10% (2000: 171 out of 1,696).

The number of AIDS-cases varies considerably from Land to Land. While in the new Laender relatively few people have contracted AIDS, cumulated incidences are highest for the cities of Berlin (West) (2,138 in 1 million inhabitants) and Frankfurt (2,106 in 1 million inhabitants).

Among the new AIDS infections in 2004, the portion of persons with the infection risk 'intravenous consumption' amounted to 8%. However, this figure is subject to considerable

regional variations. A relatively high portion was found for mid-sized towns in the west of Germany: in Augsburg, Bremen and Freiburg, IDUs accounted for a about a third of the AIDS-cases, while in cities like Hamburg and Frankfurt their portion was only at 10% and 15% respectively, despite higher absolute figures (Robert Koch-Institut 2005).

A positive HIV-status was found for 3.9% of all drug-related cases (43 out of 1,077) in 8 Laender. Data from outpatient counselling facilities show a prevalence of 3.7% (N=843 of the tested clients with known results) (Strobl et al. 2005a). However, it needs to be taken into account that these data are missing for many clients and that they are generally based on clients' self-reports (i.e. on their own knowledge). Consequently, reliability and external validity of these data are limited. It is to be noted that recent, large-scale studies allowing for a certain generalization of data, are missing.

Users of consumption rooms in Frankfurt had a HIV-infection rate of 8.6% (Simmedinger & Vogt 2005).

Summarizing, it can be concluded that intravenous consumption was the probable cause of infection in less than 10% of the new infections and that, in general, less than 5% of the IDUs were HIV-positive in the year 2004. However, this figure can also climb up to 9% in strongly marginalized groups. Given the above mentioned database restrictions, this statement can only be made on a preliminary basis.

6.3.2 Viral hepatites

Data from population statistics

Basic data on viral hepatites are available for the general population. According to the Federal Health Report (Robert Koch-Institut, 2004, Vol. 15) 5-8% of the population in Germany in the age between 18-79 years were affected by a hepatitis-B-infection, 0.4-0.7% are virus carriers. A total of 0.5-0.7% of the population carries hepatitis-C-antibodies.

In the year 2004, 2,751 acute hepatitis-B cases were reported in line with the provisions of the IfSG. Out of these, 1,260 cases (46%) corresponded to the reference definition representing the base for the figures published by the Robert Koch-Institute. The incidence for hepatitis B in the year 2004 was at 1.5 in 100,000 inhabitants.

In the year 2004, 8,998 new hepatitis C infections were reported (2003: 6,914 new infections). The incidence for hepatitis C was at 10.9 in 100,000 inhabitants (13.4 in 100,000 inhabitants for men; 8.5 in 100,000 inhabitants for women). Discrimination between acute and chronic hepatitis-C infections in the case reportings is not possible with the current reporting system.

As for possible ways of transmission, intravenous drug use was mentioned 138 times among the hepatitis-B cases during the six months preceding the diagnosis (corresponding to 7% of the cases reported together with possible ways of transmission).

As for hepatitis-C cases, intravenous drug use at any time in the past was reported 2,438 times (corresponding to 37% of the cases reported together with possible ways of

transmission) representing the most frequently reported exposition. In the group of the 20 to 29 year-old, male case persons, intravenous drug use was reported 1,088 times (71% of these case reportings).

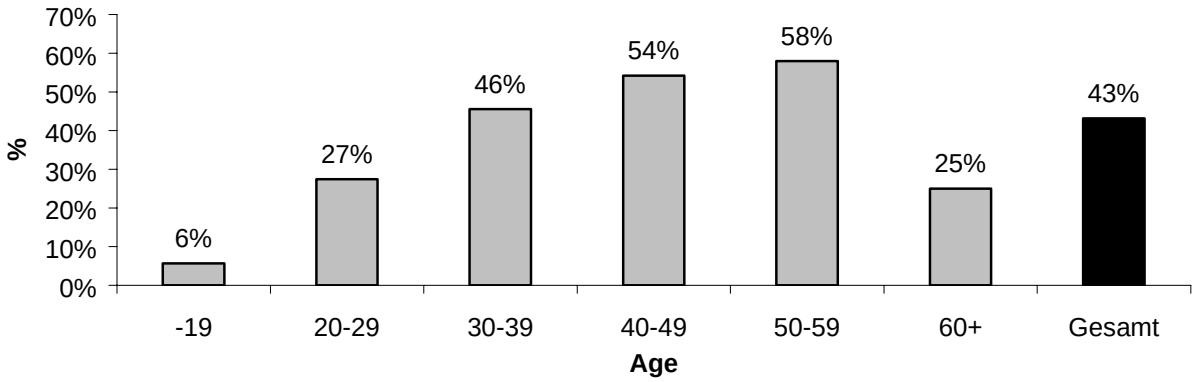
Data on possible ways of transmissions in terms of at least one 'yes' or 'no' answer to the expositions asked, were available in 76% of the hepatitis-B case reportings and in 74% of the hepatitis-C case reportings in the year 2004 (RKI 2005).

Data from treatment facilities and vaccination programs

For Hamburg, data on the infection status are available on the basis of self-reports of 3,494 clients of outpatient counselling facilities. The information is collected centrally by the regional documentation system. With regard to hepatitis C, it needs to be taken into account that the number of cases in which the disease does not produce any clinical symptoms and is thus not noticed by the person concerned, is relatively high. A study collecting data on cases of chronic hepatitis as part of a countrywide application survey showed that out of 4,040 patients 26% did not have any clinical symptoms (Ärztezeitung, 10.9.2004, www.aerztezeitung.de).

The Hamburg survey found a HCV-quota of 43%; hepatitis A infections were reported in 7% and hepatitis B in 13% of the clients. Needle-sharing within the last 12 months was significantly more common among HCV-infected persons with 18% than among non-infected persons (7%). About a third of the group of infected persons suffered from strong or very strong health problems compared to only 15% among the non-infected. The HCV-infection rate clearly increases with the age of the clients up to the late fifties (Bado 2004) (Figure 6).

Figure 6: HCV-infection status among clients of outpatient counselling facilities in Hamburg by different age groups (self-report)



Source: Bado (2004)

A vaccination study carried out in the open drug scene took a sample of 701 persons finding an antibody prevalence of 38.6% for hepatitis A (anti-HAV), 2.1% for hepatitis B (HBs-Ag) and 34.1% (anti-HBc) as well as 47.5% for hepatitis C (anti-HCV). Only one in five knew about a past disease. As, according to the conception of the study, persons with a known hepatitis A or B infection were excluded (the set target being "vaccine protection"), it is to be

assumed that the portion of persons who were in the past or currently are into contact with hepatitis A or B, tended to be larger in the overall population of drug users (de Ridder et al. 2004).

The survey carried out among 1,512 opiate patients who were in qualified treatment in a Munich clinic, showed the following results (portion of men: 85%, average age 27.7 years, consumption duration heroin: 7.8 years, IDU since 6.7 years): hepatitis A was found in 57.7% of the patients, HBV in 33.0%, HCV in 75%. A positive result for HBV and HCV correlated positively with age, duration of intravenous consumption and number of withdrawal treatments respectively (Reimer et al. 2004).

The specific problems related to HIV/HCV co-infections were addressed at a symposium on HIV and East Europe held in Munich. HIV-infected persons were found to have a faster progression of liver disorders and to show a lower response to certain therapies (Rockstroh 2004).

The comparison of the infection rates in clients undergoing outpatient therapy in Hamburg from 2000 to 2003, clearly points to the problem with regard to hepatitis C. While infection rates for the other types hardly changed, the portion of HCV-infections during the period of 4 years under review considerably increased from 49% to 60% (Bado 2004).

The clients of consumption rooms in Frankfurt were found to have the following infection rates: hepatitis B 19.0%; Hepatitis C 61%, herein contained hepatitis B+C 15%. The figures are all based on self-reports (Simmedinger & Vogt 2005).

Summarizing, the antibody prevalence (infection rate) of hepatitis B among IDUs in Germany can be estimated to range between 40-60% and for hepatitis C between 60-80%. Despite the unsatisfying data situation, it is to be noted nevertheless that the antibody prevalence in IDUs is very high for hepatitis B and hepatitis C. Being strongly affected by new infections, drug users play a central role in the spread of this disease. Living conditions of this group carry - in addition to intravenous consumption itself - further risks of infection. The correlation between consumption duration, age and HCV-infection shows how important and necessary it is to inform drug users at an early stage about risks of infection and motivate them to engage in less risky consumption forms. In this connection, not only intravenous consumption itself but also the share of utensils used for drug consumption is of relevance. (cf. Eve & Rave 2005).

6.3.3 Sexually transmissible diseases, Tbc and others

Since the end of the year 2002, infections of HIV, syphilis, gonorrhea, chlamydiae and trichomonas are recorded by the Robert Koch-Institute in a countrywide sentinel-network. A total of about 235 selected medical practices, specialized outpatient units and health offices report data on sexually transmissible diseases diagnosed by them. In addition, the persons concerned are asked to fill out anonymized questionnaires on their sexual practices, drug use and social status.

From November 2002 to July 2005, a total of 1070 chlamydiae-, 759 syphilis-, 733 gonorrhea- and 638 HIV-cases were reported. Doctors in charge of treatment reported drug use in 111 (4%) patients, out of these 34% with intravenous drug consumption. Out of the 40% patients who answered the respective questionnaire on risky sexual behavior, 45% of the men and 24% of the women reported that they were using drugs during possible infection with sexually transmissible diseases. Alcohol was most frequently mentioned both by men (25%) and women (19%). Whereas the male group also reported use of poppers (11%), cannabis (4%) and stimulants (3%), women reported only sporadic use of other drugs.

Currently, no differentiated data on the spread of other diseases are available for the group of drug users.

6.4 Psychiatric co-morbidity

Drug addicts have a higher suicidity than comparable groups. According to police statistics (BKA 2005a), living conditions were the reason for suicide in 7% of the cases. In a study, 71 out of 125 drug users who were admitted to a Munich clinic because of overdosage in the period between January 2002 and February 2004 were interviewed shortly after they had woken up. In 47% of the cases overdosage was accidental; 43% overdosed intentionally, a third of these with suicidal motives. 38% of the accidental overdosages happened after a period of abstinence (e.g. detoxification, therapy, imprisonment) and the resulting change of tolerance (Pfab et al. 2005)

In a longitudinal study on the consumption of psychoactive substances and the associated disorders it could be shown that the consumption of cannabis carries a higher risk of developing psychotic symptoms. This applies particularly to persons with an existing vulnerability (Henquet et al. in the press).

6.5 Other drug-related health correlates and consequences

While neurological effects of MDMA have been discussed for some time, the presented studies often have methodological flaws and are based on small case figures. Buchert and colleagues (2004) work with a relatively big sample. They compare 30 persons currently using MDMA with 29 former users and a control group of 29 users of other drugs. The assignments are based on self-reports as well as hair tests serving as an objective criterion. The study revealed a reduced number of serotonine transporters in various areas of the brain of MDMA users, whereby availability in some areas correlates positively with the duration of MDMA-abstinence in former users. The authors of the study interpret the results as an indication of neuroanatomic long-term effects induced by MDMA, which, however, can be reversible in the long-term. Women seem to react more strongly to changes induced by MDMA than men.

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 overdosage 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

Outpatient services facilitate the access to basic medical care which is generally provided by office-based GPs in their function as medical consultants. Dental treatments which have been put off for a long time and other medical treatments are common to be carried out during inpatient therapy. Basic data hereto are available from the German addiction aid statistics. In a few Laender, specific projects on dental hygiene and infection prophylaxis are offered as part of low-threshold drug aid.

7.2 Prevention of drug-related deaths

In the last few years, various approaches were aimed at preventing drug-related deaths: drug emergency prophylaxis, ‘therapy now’, use of naloxon and the expansion of substitution treatment. In addition, drug consumption rooms were set up in several German cities to allow addicts, who could not be reached by the aid system in another way, to use drugs under hygienic conditions and to be able to provide first aid if required. Operating drug consumption rooms requires medically trained staff.

Drug consumption rooms

In drug consumption rooms, drugs are brought along by the drug users themselves. Although being part of the systematic services provided by consumption rooms, infection prophylaxis is often only possible at the ‘appeal level’. Utensils brought along to the consumption rooms may not be used. The goal of this initiative is to secure the survival and stabilization of the health conditions of the drug users as well as to attract drug users who can otherwise not be reached by the system to provide them with motivational offers to quit using drugs. Based on §10a of the Narcotic Drugs Act, which defines legal minimal standards for such facilities, the governments of the Laender may pass regulations specifying the authorization criteria to be fulfilled for setting up and running drug consumption rooms. In 6 out 16 Laender, corres-

ponding regulations have been passed. At the moment, there are 25 drug consumption rooms in Germany.

Since the beginning of the year 2003, drug consumption taking place in the four consumption rooms in Frankfurt is documented in a standardized fashion. Results for the year 2004 have been presented by Simmedinger & Vogt (2005). Drug use was recorded 142,509 times (3% less than in the previous year) and assigned to 3,660 persons. The facilities were mostly used by men (81%); the most commonly used drugs were heroin (32%), crack (18%) or both of them (24%); the average age of the users was 33.6 years; 40% of the clients were from Frankfurt. Almost half of the persons made use of the consumption room 4 times a year maximum, a quarter more than 20 times (N=547). Integration of the users into the aid system was fairly good. 48% were in medical treatment during the last 30 days, 75% had contact to local drug aid initiatives like the 'Kontaktladen' (Contact shop) or the 'Krisenzentrum' (Crisis Center).

Since 1 September 2003, Frankfurt has opened a special consumption room for crack users with a view to better reach this specific problem group, make it more accessible and open for offers of help and provide health stabilization. Vogt & Zeissler (2005) carried out an evaluation for the period from 1 July to 31 December 2004. They presented results on use patterns and user group based on the data collected on 1,437 drug-using activities taking place in the consumption room and on the interviews carried out with 34 users. The average age of the users is 34; the portion of female users is relatively high with 39%. Generally, the offer is only used sporadically: 58% made use of the consumption room only once during the period under review, 28% used it 4 times maximum. Only very few clients use the consumption room frequently enough to make integration into the aid system appear feasible. The relatively short opening times from Monday to Friday from 9:00 a.m. to 3:00 p.m. may be a reason for this. In the period under review, 332 contact talks with users, 99 referrals to drug emergency services and 40 counselling sessions provided by social workers were documented. Contrary to initial apprehensions, there are only minor problems with aggressive behavior of intoxicated users.

7.3 Prevention and treatment of drug-related infectious diseases

Syringe programs

The distribution of syringes to injecting inmates of penal institutions had been tested in Germany since the mid-eighties and implemented in 7 prisons over a longer period of time. With the exception of a relatively small penal institution for women in Berlin, these programs have meanwhile been stopped. The reason probably lay in the lacking acceptance of this approach by prison staff, which experienced their work as contradictory, in enforcing regulations on the one hand and tolerating violations on the other.

Distribution and exchange of needles form part of low-threshold drug aid work and are explicitely authorized by the narcotic law. They are offered at many locations outside the grounds of penal institutions. However, general statistics are often missing. Experts assume

that there are about 200 distribution machines for syringes available countrywide. Trends in distribution are perceived as stable to decreasing (Stöver, personal communication).

Information on risks of infection, vaccination and treatment

Alongside professional information and prevention services, e.g. training videos on drug emergencies and infection prophylaxis also self-help organizations undertake efforts to make drug users aware of infection risks and to reduce their effects. Eve+Rave, a self-help initiative in Berlin, has compiled information material on “Safer Sniffing“ in order to inform about the risks incurred when sharing sniffing utensils and to show possibilities to reduce these risks.

In view of the high infection risks for hepatitis A and B, vaccination programs for IDUs are an important instrument of infection prophylaxis. A study investigated such a program offered by the Berlin Cafe Fixpunkt surveying N=701 persons. The target group was formed by clients without any HAV- or HBc-antibodies who were in contact with this low-threshold initiative offered in Berlin already for 10 years. The vaccinations were carried out in months 0 and 6 (hepatitis A) or respectively 0.1 and 6 (hepatitis B). 86% of the persons administered the drugs intravenously, 71% were male, the average age was 26 years, the average consumption duration 6.4 years. Out of the 554 persons who could be vaccinated (all others had already antibodies), 75% accepted the offer to be vaccinated, 61% completed the vaccination program. This initiative demonstrated that it was possible to motivate a considerable portion of this difficult group of clients to take part in the vaccination program and, by this, to reduce the risk of infection. However, a positive response to vaccination was only found in 68% of the persons vaccinated against hepatitis B (de Ridder at al. 2004).

Treatment of hepatitis among drug users

In view of the fact that intravenous drug use currently represents the highest risk of a hepatitis C infection in Germany, self-help groups, representatives of approved drug aid institutions and professional associations have brought an “action alliance hepatitis and drug use” into being. Apart from organizing congresses and further training for professionals on the subject area, the initiative is dedicated to further develop ‘best practice’ and engage in political lobby work. The organisation is funded and supported by the association “akzept e.V.” (www.akzept.org). The documentation of the first experts’ conference ‘hepatitis C’ held by the action alliance, presents the problem situation, solution approaches and suggestions for implementation (akzept, DAH & Labas 2004).

The important role of prevention and information on risk factors for an HCV-infection is underlined by Backmund and colleagues. Given the variety of settings in which treatment of chronic HCV-infections can take place, they underpin the necessity of cooperation between medical care, drug therapy and social work (Backmund et al. 2005).

While in the past, IDUs have mostly been excluded from standard HCV-therapy with Interferon and Ribavirin in Germany, most recent results suggest a different approach. Compared was the use of medication in drug users and non-drug users on the basis of the

following criteria: response rate, outcome of the HCV-standard therapy as well as severity of neuropsychological side-effects.

- In a controlled prospective study, Schäfer at al. (2003) did not find any differences in persons displaying an addiction related or psychological disorder and a control group without disorders with regard to psychiatric complications and response rates. However, drug users had a higher drop-out quota.
- In a controlled prospective study, Mauss et al. (2004) compared the treatment outcome between 50 patients in methadone substitution treatment and a control group of persons without addiction problems over a period of 5 years. No significant differences were found between the groups neither for the retention rate nor the response rate.
- In the same therapy of 40 heroin addicts suffering from severe additional symptoms, Backmund et al. (2005) found response rates similar to those of the general population.

On the basis of this study and other surveys, Schäfer und Berg (2005) arrive at the provisional conclusion in their review that also HCV-infected patients with intravenous drug use may be successfully treated with a standard therapy. Side effects and response rate correspond to the figures found for the general population. Simultaneous substitution treatment is no obstacle, however, management of both therapies should be harmonized (Schäfer, Heinz & Backmund 2004). Even in the case of light or moderately severe additional psychological disorders, HCV-treatment may be carried out successfully provided it is organized interdisciplinarily. (Schäfer 2005).

Exchange and information

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 problem fields into account. These individuals particularly depend on the general diagnostic competences of addiction therapists with regard to their psychological disorders, and, at the same time, require an appropriate organization of the cooperation between clinical psychology/psychiatry and addiction care. The problem being stated and described at many places does not mean that the practical consequences are always easy to implement given the differences in work areas, responsibilities and financing modalities.

In practice, two models are used to tackle these problems: either, the two problem areas are dealt with by two different therapists/institutions who/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 produced positive results, as clients with double diagnoses sometimes require a slower and more flexible therapeutic approach (e.g. regarding 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.

After the set-up of consumption rooms for intravenous drug use, it was soon discussed whether a comparable offer would also make sense for crack smokers in order to reduce the sometimes aggressive forms of street consumption and its correlates. On 1 September 2003, such a consumption room was specifically opened for crack smokers. The results of an evaluation carried out on this consumption room for the second half of the year 2004 are presented under 7.2.

7.6 Drugs used in medical treatment

Researchers of the Max-Planck-Institute for Psychiatry and of the University Munich investigated possibilities of using cannabinoids for treating inflammatory disorders of the gastro-intestinal tract. While a corresponding potential of cannabis receptors was found in animal experiments, a series of undesired side-effects is however preventing practical application (Massa et al. 2004).

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 sanctions. In its statistics on drug-related crimes, the Federal Office of Criminal Investigation differentiates between punishable acts in terms of violations of the Narcotic Drugs Act and cases of direct economic compulsive crimes. 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. Opiate-addicted members of the open drug scene are affected the most. Data from the national addiction aid statistics and the regional monitoring systems like in Frankfurt and Hamburg give insight into the situation. Further information on this group’s life circumstances is provided by MoSyd in Frankfurt (Werse et al. 2005) and by the surveys carried out on selected key persons in Hamburg (Baumgärtner & Gies 2005).

A considerable part of the opiate clients of outpatient counselling facilities do not have any school leaving qualification at the beginning of treatment. More than half of the clients with primary heroin problems and more than 40% of the clients with primary cocaine problems are jobless or without income. One in eight does not have a school leaving qualification. While as for cannabis clients, this is partly due to the relatively young age, the rest mostly dropped out of school. Living conditions of clients who are part of the drug scene in a narrower sense, are even more desolate. Taking Frankfurt as an example, the following situation was found: 48% live on the streets or in emergency shelters, 80% are without a job. About half of them earn their living by legal means; this portion increased significantly from 1995 (37%) to 2002 (51%) and has remained stable since (Prinzleve et al. 2005).

The situation in Hamburg is similar to the one in Frankfurt. However, when comparing living conditions of clients of low-threshold facilities from 2002 to 2004, the situation regarding gainful occupation was found to have deteriorated in Hamburg, whereas the situation in Frankfurt has remained stable over the last few years (Baumgärtner & Gies 2005) (Table 23).

Table 23: Social situation of persons in outpatient therapy, without main drug

Main diagnosis	Substance	never finished school	unemployed	not gainfully employed	homeless
F10	Alcohol	4,8%	21,3%	4,6%	0,8%
F11	Opioids	17,2%	39,3%	15,0%	4,2%
F12	Cannabinoids	26,0%	17,5%	10,0%	0,8%
F13	Sedatives/ Hypnotics	7,0%	21,1%	6,5%	2,5%
F14	Cocaine	15,8%	26,2%	17,4%	2,8%
F15	Stimulants	17,6%	22,2%	13,2%	1,5%
F16	Halluzinogenics	17,1%	29,7%	16,2%	2,3%
F17	Tobacco	6,6%	13,0%	2,9%	0,1%
F18	volatile substances	59,1%	17,4%		
F19	multiple use	14,4%	41,5%	12,1%	3,5%

Source: DSHS (Welsch & Sonntag)

8.3 Drug criminality

8.3.1 Economic compulsive crimes

All criminal offences which are committed in order to obtain narcotic drugs, substitute or alternative drugs are subsumed under the term ‘direct economic compulsive crimes‘. In the reporting year, (2004: 2,568; 2003: 2,807) economic compulsive crime cases (2003: 2,568; 2002: 2,807) were recorded. More than 70% of these offences are related to forgery of prescriptions or theft of prescription forms (BKA PKS).

8.3.2 Consumption-related offences

Drug offences with regard to trafficking and smuggling are the subject of chapter 10 and will not be dealt with in this section. Drug offences which are classified as general offences by police (based on the general criteria of quantity, persons involved) 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. The increase in the total number of consumption-related offences (2004: 200,378; 2003: 177,521; +12.9%) is mainly attributable to the changes found for cannabis (2004: 131,587; 2003: 109,669; +20.9%) and amphetamines (2004: 14,039; 2003: 11,799; +19.0%). Offences related to heroin (2004: 23,161; 2003: 24,577; -5.8%) and other drugs

(2004: 9,341; 2003: 10,324; -9.5%) slightly declined, whereas cocaine-related cases (2004: 14,660; 2003: 13,936; +5.0%) slightly increased (Fig. 7).

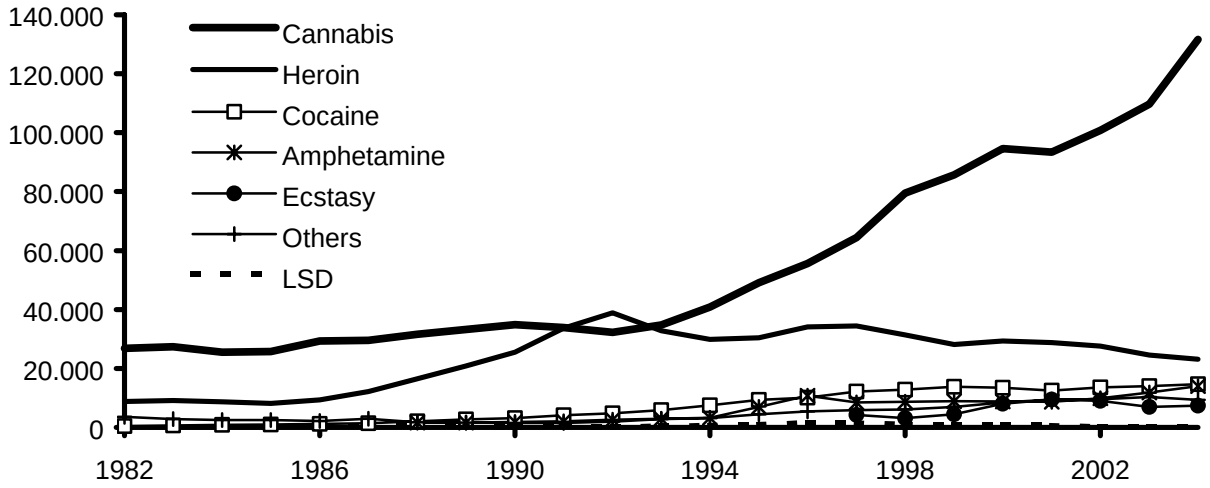


Figure 7: Development of consumption-related offences

Source: BKA (2005a)

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 came to the attention of police for the first time in connection with hard drugs. Thus, these statistics represent a kind of incidence measuring. However, the entries made on these persons have to be erased after a certain, legally defined period of time provided no new offences have been committed in the meantime. In this way, an unknown number of recidivists are wrongly classified as “coming to the attention of police for the first time“.

The total figure of drug users with first-time police contact in connection with hard drugs climbed from 17,937 in 2003 to 21,100 in 2004, corresponding to an increase of 17.6%. The number of heroin-cases went slightly down (2004: 5,324; 2003: 5,443; 2002: 6,378), whereas for all other ‘hard’ substances an increase of more than 10% was registered: ecstasy (2004: 3,907; 2003: 3,352; 2002: 4,737), cocaine (2004: 4,802; 2003: 4,346), amphetamines (2004: 9,238; 2003: 6,588). Cannabis-related offences are not taken account of in these statistics.

8.3.4 Convictions under the Narcotic Drugs Act and imprisonment

The number of sentences imposed for violations of the Narcotic Drugs Act (BtMG), has about tripled since 1982. The more consumption-related offences in terms of §29 paragraph 1, have increased to roughly the same extent accounting for 78% of all convictions passed in 2003. Import-related crimes in terms of §30 paragraph 1 no. 4 amounted to 6% of the convictions and crimes related to trafficking in terms of §29a, paragraph 1 no. 2 to about 11% (Statistisches Bundesamt 2005a) (Figure 8).

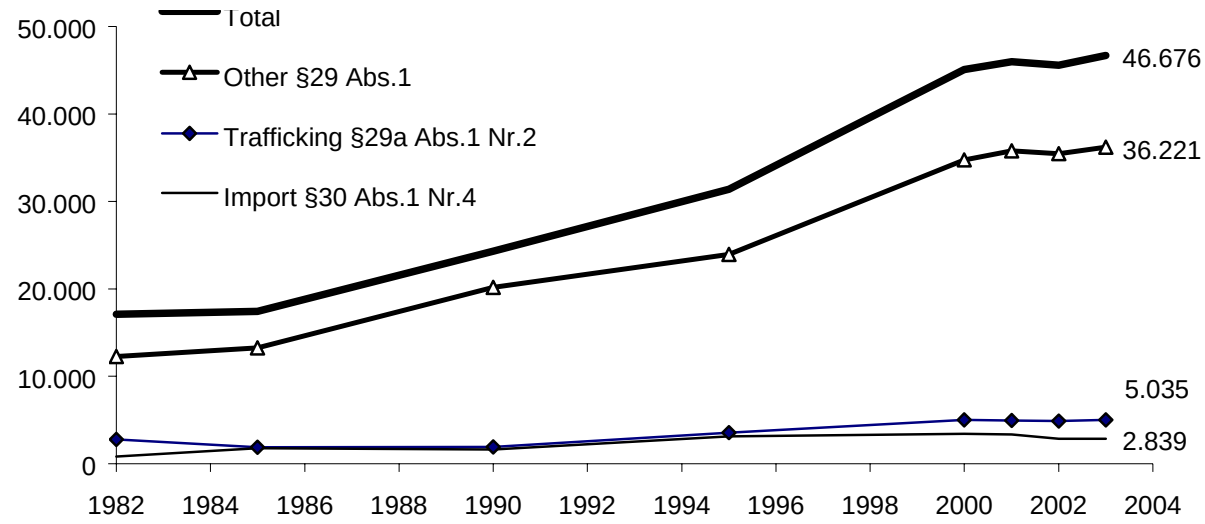


Figure 8: Convictions under the Narcotic Drugs Act

Source: Stiatistisches Bndesamt (2005a)

The development of the convictions affects the different groups of persons in very different ways. While convictions for juvenile and young women in 2003 remained at about the same level as it was 10 years ago, the number of convictions for juvenile and young men tripled. Out of all penal sanctions inflicted in 2003, 6.9% (men) and 3.7% (women) were imposed because of violations of the Narcotic Drugs Act (Figure 9).

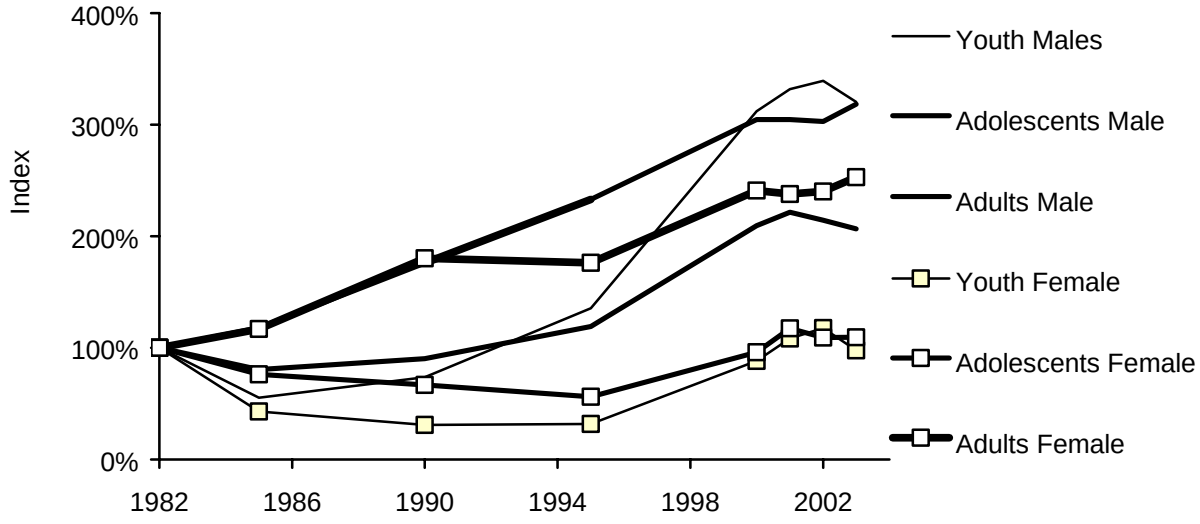


Figure 9: Trends in convictions under the Narcotic Drugs Act

Source: Statistisches Bundesamt (2005a)

8.4 Drug-use in prison

In comparison with the large number of suspects (2003: 232,502) (BKA 2005), the number of individuals actually serving a prison sentence because of a drug-related offence, is with 9,015 relatively small corresponding to about 4% of all registered offences. Violations of the Narcotic Drug Act are the reason for imprisonment for about 14% of all male and 16% of all female adult inmates. As for juveniles, the percentages are markedly lower with 8% and 13% respectively. Especially for young female inmates, figures have declined relative to the previous year (Table 24).

Table 24: Imprisonment due to drug-related offences in 2003

	Prisoners under sentence and prisoners under preventive detention orde			Prison sentences Adult		Prison sentences Juveniles		Preventive detention
	Total	Male	Female	Male	Female	Male	Female	
Total number of prisoners	63,677	60,566	3,111	53,262	2,807	7,000	304	304
Sentences based on narcotic law N	9,015	8,518	497	7,958	457	559	40	1
Sentences based on narcotic law %	14.2	14.1	16.0	14.9	16.3	8.0	13.2	0.3
Sentences based on narcotic law in 2002 %	14.4	14.2	17.9	15.2	18.2	8.0	15.0	0.3

Quelle: Statistisches Bundesamt (2005b)

8.4.1 Drug use and accidents

Regular statistics on accidents provide information on whether the drivers involved in an accident were under the influence of drugs or “other intoxicating substances“. The second category mainly comprises illegal drugs. Since 1998, driving under the influence of drugs is legally classified as a regulatory offence. This also applies when unfitness to drive could not be proven. According to a recent judgement rendered by the supreme court with regard to cannabis, a THC-content of below 1.0 ng/ml in the blood cannot be assumed to represent an acute impairment of the fitness to drive (Az. BvR 2652/03 of 21 December 2004).

In the year 2003, accidents on German roads totalled 354,534 with 443,293 operators of motor vehicles being involved. Out of these, 1,341 (0.3%) were under the influence of “other intoxicating substances“ and 22,674 (5.1%) under the influence of drugs (Statistisches Bundesamt 2005c). As it is much more difficult for drug use to be detected in comparison with alcohol, it is to be assumed that the involvement of intoxicating substances is underreported.

The number of drug-related cases in this category has more than doubled since 1997. After the development of suitable technical equipment, police officers are currently trained in detecting intoxication by drugs (Die Drogenbeauftragte der Bundesregierung 2005a).

8.5 Social costs

An overall estimate of the financial impact drug use has for German society is not available. Directs costs 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.

Extrapolating the costs of out-patient care services provided in the year 2003, the total costs amounted to 336.2 million Euros in the Federal Republic of Germany (Sonntag & Welsch 2004).

9 Response to social correlates and consequences

9.1 Overview

Just as with the health effects, there are also specific and general approaches used to tackle the 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 qualification. 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 General changes of the legal framework conditions and their impact on people with substance-related problems

Last years' revision of the social codes in Germany has created a series of preconditions for an improvement of the social reintegration also of people with substance-related disorders.

The revision of the social code SGB IX is expected to bring improvements with regard to discrimination and segregation against disability. It redefines the regulations on rehabilitation and bindingly provides that the different service providers and funding organs (health insurers, pension insurance funds, social and youth welfare agencies) are to cooperate in this area. It further provides for the social, professional and medical rehabilitation to be comprehensively safeguarded and cross-institutional advance payments to be bindingly guaranteed to avoid disputes about responsibilities negatively impacting persons concerned. However, with the passing of the law it was to be expected that its implementation would be accompanied by numerous difficulties since the philosophy of the law is based on a necessary change of paradigms in the understanding of assistance: "The intervention follows the client".

Participation in social life remains the goal and task of the revision of the social codes (SGB IX) as it goes beyond the mere restoration of somatic health. It orients itself by the health conception of the WHO including the possibility of reintegration into work and employment. These are big challenges the addiction aid system is faced with.

Do job centers have the necessary capability to take account of the specific problems linked with the integration of rehabilitated addicts? How will social welfare providers deal with people who cannot be integrated into the job market? How can employment and social welfare models be integrated into the practical work of municipalities and are there financial resources available to do so?

As part of the current reorganization of the federal employment services, the former „Federal Labour Office“ has been renamed “Federal Employment Agency”. Known under „HARTZ III“, the law on the current labour market reform, forms the basis for this restructuring. The new employment agency is to make cooperation agreements with local social welfare agencies and implement them in practice (§368a SGB III), in order to

- fully utilize all possibilities of placing jobless people on the job market
- increase the efficiency of integration aids for employment
- simplify administration procedures and make them better accessible for citizens

At present however, it is not quite clear how to organize cooperation between the federal employment agency, private charity organisations and local social welfare offices and how to share responsibilities between supra-local and municipal levels. According to §18 SGB II however, social welfare providers are to be committed to cooperate with the employment agencies. These in turn are to cooperate with municipalities, districts and regions, private charity organizations, employers, unions, chambers and professional organizations.

The most recent law on labour market reforms („HARTZ IV“) was passed in July 2004 and became effective as of 1 January 2005. By making far-reaching changes to the basis for payments of unemployment benefits to people without a job or in need of financial assistance, the approach “demand and promote“ is to be pursued more intensely than in the past. This is to contribute to strengthen self-responsibility of people depending on social welfare benefits on the one hand and to provide coordinated ‘one-stop’ assistance on the other. However, it is not quite clear yet whether enough concrete training offers for improving earning and working capacity will be guaranteed in order to make it also possible for social benefit receivers with long-term addiction problems to qualify for reintegration into working life.

9.2.2 Testing of general measures to promote reintegration into work

In the last few years, a series of measures to improve reintegration into the labour market of jobless people who are difficult to place have been tested. The measures have not specifically been developed for people with substance-related problems, but these people are often part of the target group aimed at by the activities. Parts of the results were also included in the revisions of the Social Codes II, III and XII.

Between the middle of 2001 and the middle of 2003, 30 demonstration projects („MoZarT“) were carried out nationwide to improve cooperation between job agencies and social welfare offices with a view to:

- promote professional reintegration of long-term unemployed and long-term placement on the job market
- increase efficiency and reduce costs

Access facilities for the unemployed were centralised and application processing and administration were jointly organized. The restructuring is based on a re-orientation of the philosophy of assistance, which has shifted from measure-oriented counselling and placing to a more client-oriented case management. The project reached a total of 64,000 participants. Clients had a series of ‘obstacles making placement difficult’ starting from lacking school education and lacking mobility to substance-related problems. 49% of the participating social benefit receivers were successful in finding gainful occupation during the duration of the project (Die Drogenbeauftragte der Bundesregierung 2005a).

9.2.3 Specific activities at federal level

The anyhow tense situation on the labour market makes it difficult for former drug users to reintegrate into working and social life after the completion of their therapy. The unemployment rate among drug users is extremely high – up to 80% depending on the severity of problems. With rising unemployment figures, the situation has become worse also for this group over the last years. In addition to addiction problems, aggravating factors are lacking school leaving qualification and unstable housing conditions. That is why integration aids assume a central role in rehabilitation. Studies show that social and professional integration are crucial to achieve sustained abstinence.

Measures of the pension insurance institutions

As part of the content-related and structural further development of existing rehabilitation services, promotion of unemployed persons undergoing rehabilitation by the pension insurer at federal level (Deutsche Renversicherung)[1] has become an integral part of the treatment of drug addicts. It comprises for example indicative groups with regard to unemployment or training for job application.

Also pension insurers at Land-level lend their support to projects which are of special interest for addiction aid. The German Pension Insurance Hessen for example, supports outpatient counselling facilities in fulfilling specific quality requirements by engaging in cooperations to create the preconditions for more intense networking between outpatient and inpatient care (Die Drogenbeauftragte der Bundesregierung 2005a).

[1] Since 1.10.2005 BfA and LVAs have been transferred into the German Pension Insurance.

An optimized therapy combining outpatient and inpatient elements in an efficient and cost-saving way is the goal of two projects which were commissioned by the Germany Health Insurance Oldenburg-Bremen and the German Health Insurance Rhineland-Palatinate (Die Drogenbeauftragte der Bundesregierung 2005a).

Reintegration of long-term unemployed

Persons with drug-related problems do not seldomly form part of the target groups of specific programs promoting reintegration of long-term unemployed. In general however, the statistics and analyses available do not separately present this sub-group so that measures undertaken and results found cannot be separately shown for the target group of this report.

Further activities are described in chapters 9.2.1 and 9.2.2 .

9.2.4 Activities at Laender-level

Social reintegration falls under the responsibilities of the Laender. Statistical data at federal level allowing for an assignment to the group of drug users, are however not available.

9.3 Education and training

As a complementary treatment offer, many facilities provide promotional programs for drug addicts to train school skills, improve conditions for vocational training and give orientation for the working life. Furthermore, drug addicts are offered the possibility to acquire school leaving qualifications within the frame of external school projects. Vocational training is made possible by a close cooperation between care facilities and trade and industry. In view of continually rising unemployment figures and declining drug assistance services, problems will be difficult to solve.

9.4 Prevention of drug-related crime

Assistance for drug users in prisons

Syringe programs for injecting inmates of penal institutions were developed and evaluated by various Laender in the past. With one exception, the programs have meanwhile been stopped. Lines and Stöver (2005a,b) developed a comprehensive concept for UNODC on the prevention of HIV and AIDS in prisons suggesting a series of political, personal and spatial measures necessary to reorganize penal institutions. According to the authors, the care offers made to IDUs living in freedom, have only insufficiently been integrated into penal institutions rendering prevention of infection more difficult (Lines & Stöver 2005a). Women, members of ethnic minorities and teenagers in prison are regarded as a particular problem group (Lines & Stöver 2005b).

A survey carried out among 33 prisons in 17 countries of the European Union between 2002 and 2004, investigated substitution treatment carried out in penal institutions. It was shown that ongoing substitution treatment was generally continued. However, the start of a new substitution treatment in prison found less acceptance. In general, prisons were found to be

strongly abstinence-oriented, resources of treating doctors restricted and offers of psychosocial care for overall therapy insufficient. In some cases, patients didn't want to out themselves as addicted because they feared negative consequences. The study calls for the development of guidelines for the treating doctors and an intensified cooperation between doctors and drug aid facilities within and outside of penal institutions (Stöver, Hennebel & Casselman 2004).

Therapy instead of penal sanctions

The Narcotic Drugs Act (BtMG) allows for the suspension of proceedings in cases of minor guilt or lack of public interest in 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).

In the year 2004 (as of March 31), 9,221 (2003: 9,015) out of 63,677 (2003: 62.594) prison inmates served a prison sentence in connection with a violation of the Narcotic Drugs Act. With 14.5%, the portion is on a slow, but continual upward trend (2003: 14.4% 2002: 14.1%) (www.destatis.de/basis/d/recht/rechts6.htm).

In the year 2003, 19,811 persons with an addiction diagnosis (narcotic drugs) were convicted to serve a prison sentence or a sentence for juveniles. Out of these, sentence was suspended in 19.3% and deferred in 54.9% of the cases. About half of the deferments were revoked later on because therapy was abandoned or because of other similar reasons.

Alternative judicial measures to prevent drug-related offences

Under certain circumstances, criminal proceedings may be ceased at all levels. Often, a few hours of social work are a first reaction of authorities to problematic behaviour in connection with drugs. However, statistical material at national level is not available.

10 Drug market

10.1 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 during a certain period of time. These data are collected by the epidemiological survey on addiction (ESA), the drug affinity study and by several school surveys on a regular basis. The perceived availability reflects the situation on the local and regional drug markets but also the personal assessment. The market situation with regard to suppliers is expressed in terms of number of seizures, quantity and quality of seized drugs.

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 Laender. The thus established drug prices can only be interpreted as rough approximate values, particularly since differences in purity and quality categories are not taken into account in establishing the prices. What makes things even more difficult is the fact that prices become known only in some instances so that random effects may alter these figures substantially.

Purity

Apart from establishing 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 figures given may only be interpreted as rough values 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 (Zerell,

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 (>= 1000g). Results are presented differentially insofar as considerable differences in purity levels at wholesale and street trafficking level were found. The reason for this is that active substances get increasingly diluted from the wholesale to the street trafficking level for profit maximization. Together with the data on active ingredients, 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

For 16% of the persons without drug experience in the age group 18 to 59 years, cannabis is, according to their own assessment, easily available. As for amphetamines (11%) and ecstasy (9%) the perceived availability is somewhat lower, for cocaine (5.5%) and heroin (4.5%) and markedly lower (Kraus, Augustin & Orth 2005). More details are contained in the REITOX-report 2004.

Access to drugs was generally rated as easier by teenagers and young adults, as shown by the drug affinity study for the age group 12-25 years. 28% of the persons without drug experience stated to be able to procure drugs very easily or quite easily within 24 hours. This holds true for 73% of the persons who consumed drugs in previous 12 months. Access to drugs seems to be markedly easier for persons between 16 and 24 years of age (53%) than for 12 to 16 year-olds (19%). In the vast majority of cases, access to these substances is offered by friends or acquaintances (68%). 37% stated to be able to get cannabis on the street, 34% in discos and 28% in schools.

Measured by the frequency of drug offers young people receive, availability has markedly increased in the last 10 years. While in the year 1993, 35% of the interviewees stated in the study to have been offered drugs, the portion was at 49% in 2004 (1997: 41%; 2001:48%). In 89% of the cases, the substance offered was cannabis (BZgA 2005a).

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, often via Brasil). Amphetamine comes mainly from the Netherlands and in part also from Poland. Crystalline methamphetamine („Crystal“) is smuggled from the Czech

Republic into Germany, especially into Bavaria, Saxony and Thuringia. The Netherlands is the main country of origin or departure for marihuana seized in Germany. Cannabis resin mainly comes from Marokko. It is transported by land over Spain or by ship via the Netherlands to Germany. The extent of marihuana cultivation in Germany is difficult to assess. The number of seized plants was higher in 2004 relative to the previous three years but extreme fluctuations in quantities seized since 1997 hardly allow for a trend to be discerned.

10.3 Seizures of narcotic drugs

The quantities of cocaine (2004: 969; 2003: 1,009; 2002: 2,138kg) and ecstasy (pills, 2004: 2,052,158; 2003: 1,257,676; 2002: 3,207,099) seized in the reporting year decreased in comparison with the previous year. By contrast, the quantities of heroin seized increased by 20% (in kg, 2004: 775; 2003: 626; 2002: 520) and the ones of amphetamines by 30% (in kg, 2004: 556; 2003: 484; 2002: 362). Looking at the development between 1991 and 2004, figures for seized heroin have clearly declined, whereas the changes found for 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 increased in 2004 relative to the previous year. Looking at the long-term development, case figures have declined for heroin and gone up for amphetamine. The situation has remained relatively stable for all other substances. Case figures for cannabis in 2004 reached the initial levels between 1997 and 2001 while in 2003 only a small number of seizures was reported (Figure 10).

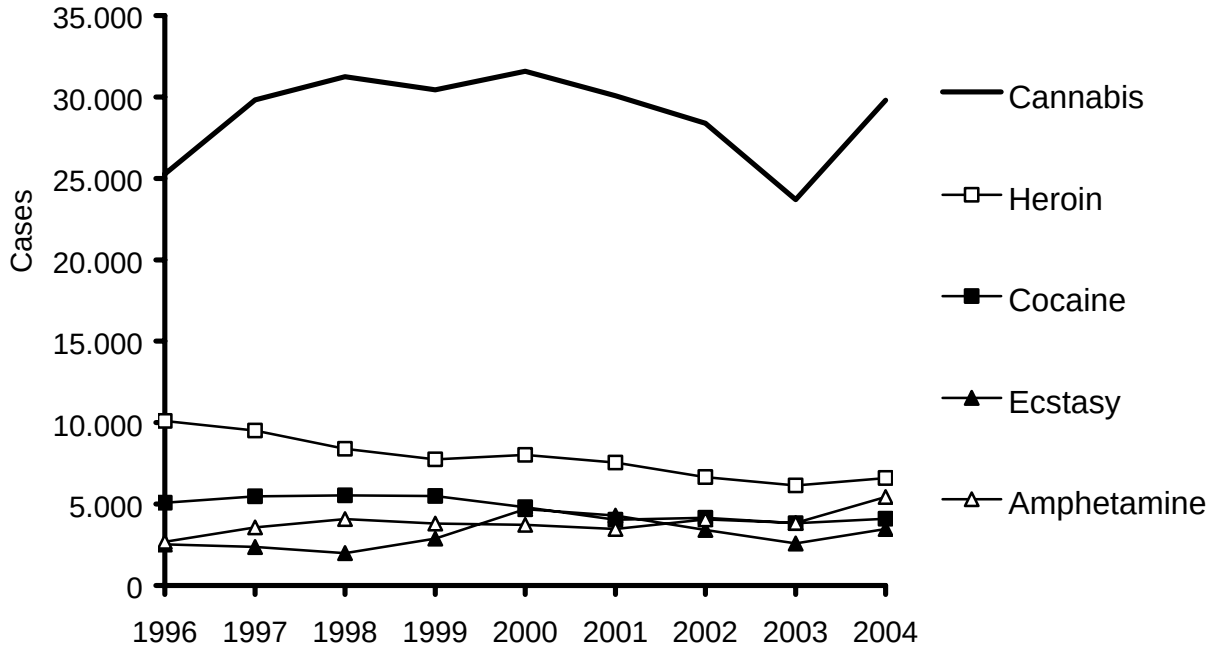


Figure 10: Number of seizures of narcotic drugs in the Federal Republic of Germany from 1996 to 2003

Source: BKA 2004

In total, 51,643 seizures were recorded in 2004 – an increase of 24% compared to 41,739 cases in 2003. Looking at the seized quantities and the number of seizures, significant increases are to be found for amphetamines relative to both the previous year and 2000, and for mushrooms and khat relative to the year 2003. While cocaine was on a downward trend, figures for heroin were slightly on the rise again compared to the previous year (Table 26).

Table 25: Comparison of the number of seizures and quantities seized since 2000

	2004 compared to	Heroin	Cocaine	Amphe-tamine	Ecstasy	LSD	Can-nabis	Mush-rooms	Khat
Number of seizures	2003	+8%	+7%	+42%	+35%	+28%	+26%	+32%	+102%
	2000	-18%	-15%	+46%	-26%	-63%	-6%	--	--
Quantities seized	2003	+24%	-4%	+15%	+63%	+17%	+0	+300%	+146%
	2000	+49%	-55%	+54%	-36%	+35%	-2%		

Source: BKA 2004
Note: Increases >10% marked with a frame, decreases >10% with shading

In the year 2004, about 68,000 cannabis plants were seized, almost double than in the previous year. However, this figure has been subject to erratic fluctuations during the last few years. Since 1998, the number of cases has been declining, which could be an indication for an increasing commercialisation of cultivation (Table 27).

Table 26: Seizures of cannabis plants

	1997	1998	1999	2000	2001	2002	2003	2004
Amount (plants)	677.065	81.097	168.833	25.277	68.698	29.352	35.863	68.133
Cases	1.418	1.661	1.254	1.048	785	887	750	1.008

Source: BKA, personal communication

With only a few individual seizures of gamma hydroxybutyrate (GHB, “liquid ecstasy“) in 2004, existing concerns over a significant increase of this substance which were caused by the detection of 9 laboratories in the previous year, were fortunately not confirmed. It turned out that the mentioned laboratories, seemed to be, by production capacity, only intended for private use of the operators (BKA 2005a).

An overview of the most recent seizures can be found in standard table 13.

10.4 Price and purity of drugs

10.4.1 Price

Generally, drug prices remained more or less stable in 2004 compared to the previous year. Ecstasy was 10% cheaper at street level. The wholesale price of marihuana went up by almost 10% which is possibly due to a higher concentration of active substance. Police reports that at the wholesale and intermediate trade level, marihuana from special cultivations is trafficked with corresponding labelling, which is an indicator of market

differentiation. However, differentiation of different qualities in this from has not reached the end-user level yet (Table 28).

The overview of the most recent drug prices can be found in standard table 16.

Table 27: Prices of drugs 2002 and 2003

Price per gram	Heroin	Cocaine	Crack	Ecstasy	Amphe-tamine	Mari-juana	Canna-bis resin	LSD
small quantity 2003	40.9€	60,1€	66.3€	7.5€	12.6€	7.3€	6.0€	9.5€
small quantity 2004	39.5€	58.9€	60.8€	6.7€	12.1€	7.2€	6.1€	10.2€
Changes between 2003 and 2004	- 3.4%	-2.0%	- 8.3%	-11.0%	-4.0%	-1.4%	+1.6%	+7.4%
Large quantitites 2003	19.,214€	35,493€	--	2,321€	5,101€	3,022€	2,327€	--
Large quantitites 2004	20,710€	35,602€	--	2,219€	5,346€	3,315€	2,245€	--
Changes between 2003 and 2004	+8.8%	+0.4%	--	-4.4%	+4.8%	+9.7%	-8.6%	--

Source: BKA, personal communication

10.4.2 Purity

The data on the concentration of active substances contained in amphetamine, ecstasy, heroin and cocaine are based on the Statistical Evaluation Program Narcotic Drugs 2004 (Zerell et al. 2005) as well as on the Situation Report Narcotic Drugs 2004 (BKA 2005).

Table 29 gives an overview of the development of the levels of active substances contained in amphetamines, cocaine and heroin since 1996. Despite some fluctuations, a decrease of purity levels is clearly discernible for street cocaine: purity levels fell from almost 50% in 1999 to 32% in 2004. Concentrations of active substances in all other drugs were subject to considerable fluctuations. The most recent figures are presented in the overview of standard table 16.

Table 28: Level of active substance contained in different drugs from 1996 to 2003 (Median)

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Amphetamine	10.0	10.0	9.4	7.0	3.3	5.0	6.0	7.5	7.9
Cocaine street trafficking	46.8	50.7	40.2	49.4	35.5	42.6	38.5	32.0	34.5
Cocaine wholesale	77.3	79.4	74.3	69.1	69.1	73.0	73.9	76.7	75.0
Heroin street trafficking	13.4	9	9	9.4	11.1	12.0	9.9	17	19.9
Heroin wholesale	46.4	31.9	20	29.2	35.1	45.8	27	7.3	48.8

Source: Zerell et al. (2005)

Amphetamines

A total of 2,029 samples of amphetamines were analyzed in 2004 to find out about concentration levels of active ingredients contained. Same concentrations (8%) were found for the street and wholesale level. The most common adulterants found in 3,964 analyzed

samples were caffeine (73%) and paracetamol (1.3%). Lactose (55%), glucose (8%), mannitol (4%), creatine (2.8 %), starch (1.8 %), saccharose (1.1 %) and creatinine (1.0 %) were the most commonly used diluents (Fig. 11).

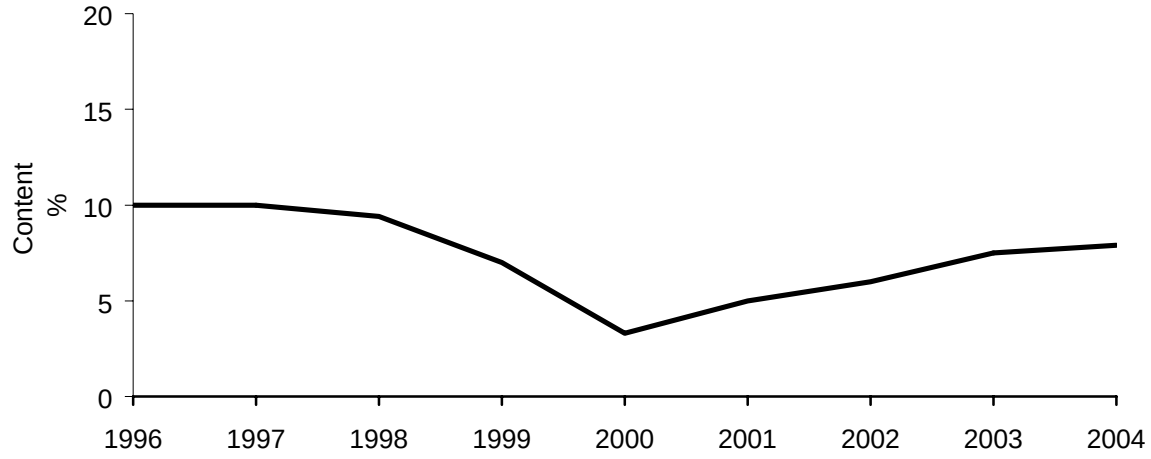


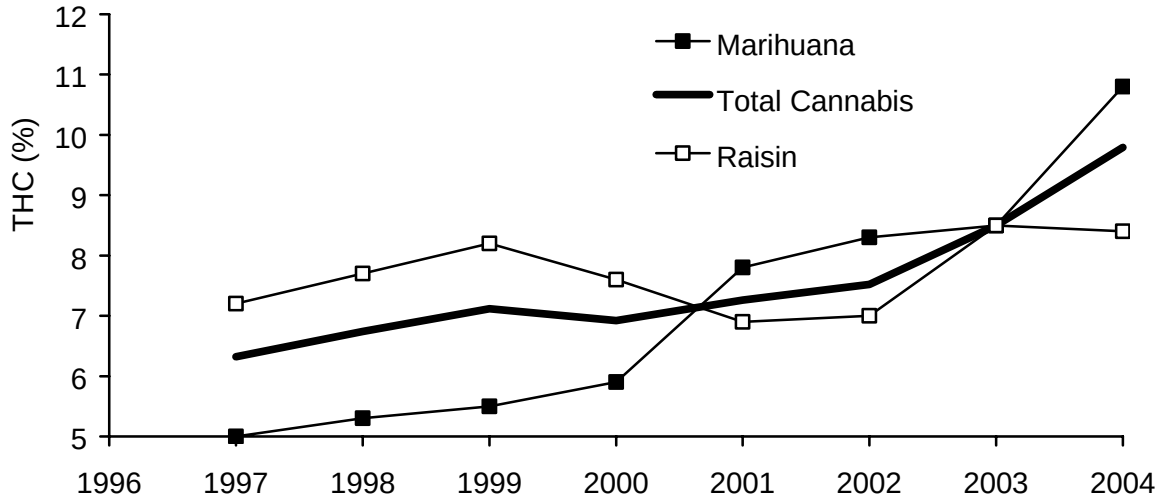
Figure 11: Content of active ingredients in amphetamine 1996 – 2003

Source: Zerell et al. (2005)

Cannabis

The THC-content was determined by the laboratories of the Federal Office of Criminal Investigation, the offices of criminal investigation of the Laender and customs authorities on the basis of the cannabis seized (2004: 6,272 samples marihuana, 4,522 samples hashish resin). Between 1997 and 2002 a small increase of the average THC-level from 6.3% to 7.5% was found which is exclusively attributable to the improving quality of marihuana. This trend continued from 2003 to 2004. The THC-level of marihuana in particular rose from 8.5% in the previous year to 10.8% in 2004 (Figure 12).

Figure 12: THC-level of marihuana and hashish resin



Source: Zerell et al. (2005)

Ecstasy

In the year 2004, a total of 1,263,895 tablets and capsules were analyzed. 93.4% of them were mono-preparations, 6.6% a combination of two or three addictive substances. The portion of combined substances increased relative to the year 2002 (0.4%) and 2003 (4.0%).

Out of the 1,181,100 mono-preparations 95.0% contained MDMA. The remaining 5.0% contained amphetamine, metamphetamine, MDE, MDA, 2C-I and ephedrine. Levels of active ingredients are shown in table 30 (Table 30).

Combination preparations reported were mixings of MDMA/ MDE, MDMA/MDA, MDMA/amphetamine, MDMA/MDA/MDE, MDMA/metamphetamine, MDMA/ MDE/amphetamine and MDMA/MDA/metamphetamine. The most frequently reported MDMA/ MDE–preparations contained on average 48 mg MDMA and 4 mg MDE per dosage unit.

Table 29: Content of active ingredients of ecstasy in mg per tablet/capsule

Pure substance	2002 Quantity	2003 Quantity	2004 Quantity	2002 Median	2003 Median	2004 Median
MDA	21 – 69	20	15-57	64	20	40
MDE	14 – 62	39 – 62	59-65	43	56	62
2-C-I	--	--	10	--	--	10
MDMA	3 – 362	0,3 – 260	3-205	62	63	60
Amphetamine	< 0,1 – 36	2 – 24	4-207	9	7	8
Ephedrine	--	--	40	--	--	40
Methamphetamine	-	17 – 21	20-21	--	17	21

Source: Zerell et al. (2005) Note: Levels of active ingredients calculated as base

Heroin

In 2004, levels of active substances contained in 4,131 heroin samples were analyzed. While street heroin had a level of active substance ranging between 10 and 20% again this year, concentrations of wholesale samples strongly increased in 2004 approaching the figure recorded for 2001. The reason for the untypical situation of the previous year where street heroin had a higher level of active substance than at wholesale level, is the high portion of samples taken from seizures on the streets of Berlin. Since the level of active substance in Berlin is considerably higher than in other parts of Germany, this selection leads to corresponding results (Figure 13).

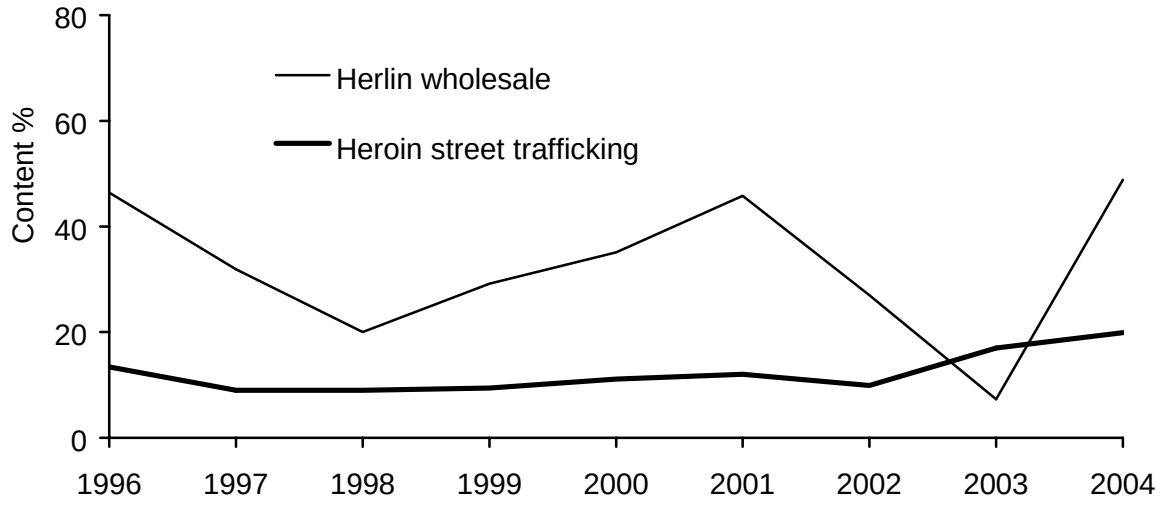


Figure 13: Content of active substance in heroin 1996-2003

Source: Zerell, et al. (2005)

Among the 3,994 analyzed samples, the most commonly found adulterants were caffeine (99%), paracetamol (97%) and griseofulvin (9.5%); Lactose (2.5%) was the most common diluent used.

Cocaine

For the year 2004, 3,839 samples of cocaine were analyzed. Cocaine is mainly offered as hydrochloride on the market. In the following however, cocaine-hydrochloride and cocaine base are presented together.

The content of active substance at the street level oscillated around 40% with a slight downward trend from 2000 to 2004 (Figure 14).

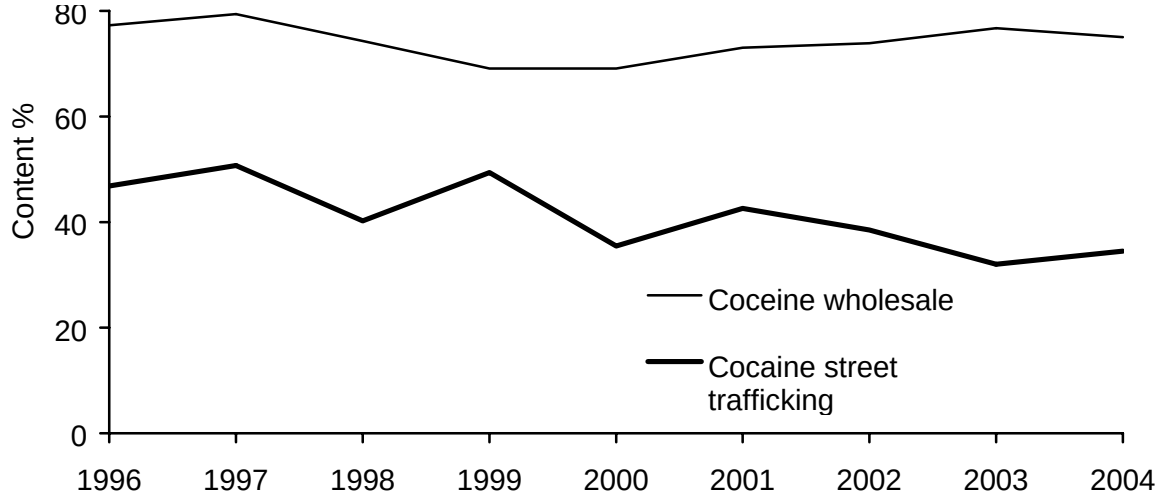


Figure 14: Content of active substance in cocaine 1996 – 2004

Source: Zerell, et al. (2005)

The most common adulterants found in 2,517 samples were lidocaine (28%), phenacetin (36%), caffeine (7%), procain (2%) and paracetamol (1.4%). Blended into the drugs were also lactose (51%), mannitol (18%), inosite (6%), Glucose (4%) and saccharose (4%).

Part B – Selected topics

11 Gender differences

11.1 Summary

Although gender-specific differences in the drug area have been known for a long time, gender-specific aspects have only recently started to be comprehensively taken into account in addiction therapy.

Generally, men engage in more risky consumption behavior both in terms of quantity and quality. Epidemiological monitoring of adult female and male drug users has clearly shown gender-specific differences which are however increasingly diminishing with respect to legal substances such as tobacco. As for the infectious diseases hepatitis and HIV, men are again much stronger affected than women given the high prevalence of drug use in this area. Drug using men are also clearly overrepresented in drug-related deaths, however mortality rates have been declining since a few years. Differentials continue in criminal statistics where women are markedly underrepresented.

Although gender-specific programs are developed and used in addiction prevention, they (still) don't seem to be carried out and communicated following scientific archiving methods and communication channels. In fact, these measures are "insular" and (still) take place mainly in youth work outside of the school setting. Statistics on out- and inpatient treatment carried out in Germany only reveal minimal gender-specific differences. For example, women have a higher drop out rate than men.

Treatment of drug users and addicts gets increasingly oriented by gender-related aspects. Originally, the German addiction assistance system started from a clear overrepresentation of men. Only gradually, concepts are developed on the basis of a gender-specific approach taking into account gender-specific differences between drug using women and men. This applies both to out- and inpatient treatment, after care and the self-help system.

11.2 Epidemiology

The representative survey on the use and abuse of psychoactive substances among the adult population (epidemiological addiction survey) carried out by the Institute for Therapy Research (IFT) (Kraus & Augustin, 2005) and the repeated cross-sectional drug affinity study carried out among young people by the Federal Center for Health Education (BZgA, 2004) show clearly that definitely more men use illicit drugs than women. However, differences in consumption rates among younger male and female users are less pronounced. The following epidemiological survey on drug using women and men concentrates on the development of the prevalences in a period of 14 years (Augustin et al. 2005, BZgA 2004).

11.2.1 Trends of drug using behavior

Data from the drug affinity study show gender-specific consumption trends among teenagers and young adults in the age from 12 to 25 years (BZgA 2004). While prevalence figures for female teenagers and young women in the twelve-month-category remained stable at a plateau of about 10% since 1997, prevalence rates for men continually rose from 14% to 17% (Figure 15).

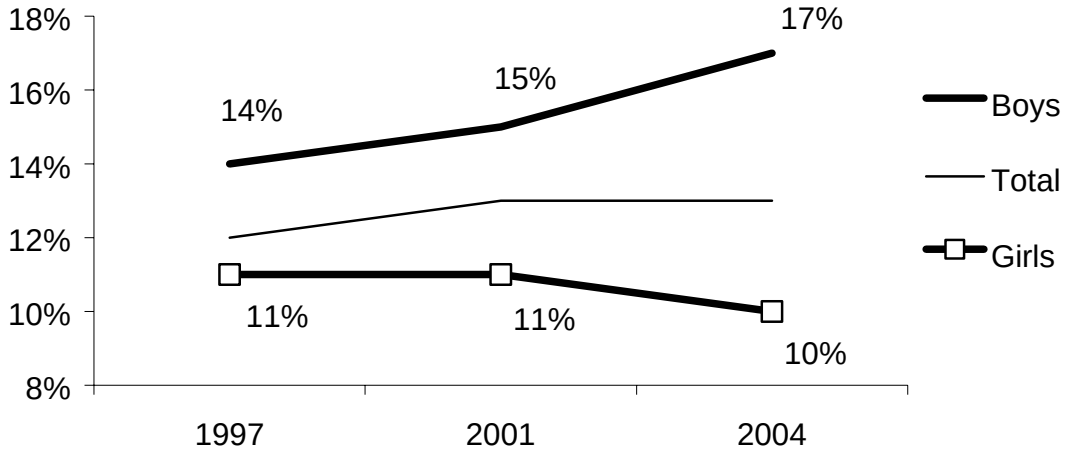


Figure 15: Consumption of illicit drugs in the last 12 months in age group 12-25 years, trends from 1997 to 2004

Source: BZgA (2004)

The data situation within the frame of the epidemiological addiction survey on the drug use of adults (Augustin et al. 2005) only allows for trends to be presented for the whole group (18-59 years) from 1995 onwards. They show that cannabis consumption is on the rise for both genders, but has higher percentage rates among women. Gender differentials have thus become smaller. In 1995, prevalence rates for men were three times higher than the ones for women, while in 2003, they were only double as high. With respect to other drugs, only minor changes were found both for women and men (Figure 16).

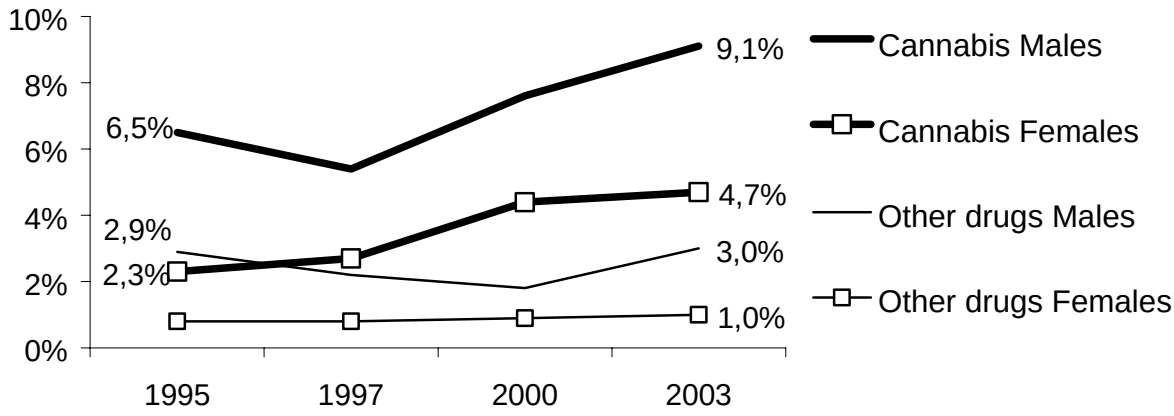


Figure 16: Drug use in the last 12 months among women and men in age group 18 to 59 years, trends 1995 to 2003

Source: Augustin et al. (2005)

The same effects were found in the age group from 18 to 29 years. However, prevalences for these later age classes were generally higher. The portion of cannabis users among women rose from 4.1% in 1990 to 14.4% (3.5-fold increase) in 2003. As for men, prevalences rose from 8.1% to 22.0% (2.7-fold) (Augustin et al. 2005). With regard to other drugs, increase rates in this age group are clearly lower than with respect to cannabis consumption.

Not taken into account by this documentation is the misuse of prescription drugs, of which especially benzodiazepine is fairly common among drug abusers and addicts. With no recent data at hand, a gender-specific analysis is dispensed with.

11.2.2 Infectious diseases

Infectious diseases are – especially because of injection drug use – a considerable risk for drug using women and men. Furthermore, it is to be assumed that also drug using prostitutes are exposed to a high infection risk.

HIV/AIDS

Up until 31 December 2004, 23,546 cases of Aids infections were reported, out of these 3,104 (13.2%) were women and 22,442 (86.8%) men. In 40% (1,238 cases) of the women, and 23% of the men (2,359 cases), drug addiction was the reported infection risk. A differentiated evaluation of HIV-positive women and men showed that for women IDU represented the highest risk of infection whereas for men it was sexual contacts with partners of the same sex (RKI 2005a).

So far, it has been hardly possible in Germany to collect data on HIV-positive persons serving a prison sentence, since the execution of sentence is subject to the regulations of the individual Laender. Therefore, at present, there is no nationwide survey with a gender-specific evaluation available (Klotzbach & Andresen 2005).

Hepatitis C

In the year 2004, a total of 8,998 cases of first-diagnosed hepatitis C were documented. Thus, the incidence was 10.9 first diagnoses per 100,000 inhabitants. At 13.4 in 100,000 inhabitants, incidence was considerably higher for men than for women at 8.5 cases (RKI 2005b). There is a close correlation between injection drug use and HCV infections, whereby men are clearly overrepresented in this group. Especially affected is the group of the 20-29 year- old males. Among these HIV-infected, 71% were injectors. A similar evaluation for women is not available. The considerably higher incidence of first-diagnosed Hepatitis C in men compared to women is explained by the fact that men are markedly overrepresented in injection drug users (RKI 2005b).

In his survey on the infection status in penal institutions, Knorr (2004) found an overall infection rate of 12-20% compared to an infection rate of 61-75% in the male and female inmates of penal institutions. Based on these results, the study arrives at the conclusion that the risk of contracting hepatitis C increases with the duration of the stay in prison. The higher portion of men in prison represents as such also a higher risk of an HCV infection.

Other infectious diseases

Apart from hepatitis and HIV/AIDS, there are other infectious diseases which may result from injection drug use. Drug users are often found with bacterial endocartitis, tuberculosis and other infectious diseases (Miró et al., 1999). A gender-specific evaluation on this subject is not available.

11.2.3 Drug-related deaths

With 1,385 cases, the figure of drug-related deaths was at its lowest since 1989 continuing the downward trend with a decline of 6.2% relative to the previous year (BMGS, 2005). A gender-specific evaluation of the mortality rates from 2000 to 2003 shows that the number of drug-related deaths both for women and men continually declined. While in the previous year, 231 women and 1,231 men died of drug consumption, drug-related deaths in 2004 amounted to 203 for women and 1,156 for (BKA, 2005). Compared to the period between 1995 and 2003, this corresponds to a decline by 10% for women and by 20% for men (see figure 5 annexes).

11.2.4 Problem use and addiction

The extent to which women and men are affected by substance abuse and addiction varies between genders. For some parameters for which discrimination by gender is possible, the situation will be described in the following.

The evaluation of drug use according to the Substance Dependence Scale makes such a comparison possible in the epidemiological addiction survey 2003. Setting the cut-off to one criterion to be fulfilled, one gets problem cannabis use in 0.9% of the women and in 2.7% of the men; setting the cut-off to three criteria to be fulfilled, problematic use is to be found in 0.4% of the women and 1.7% of the men. As for cocaine, figures are respectively at 0.1% and 0,4% (cut-off: 1) and 0.0% und 0.2% (cut-off: 3).

Calculating the number of problem users on the basis of treatment data analogously to the method mentioned under chapter 4.2.1, one gets a range of 22,200 to 35,900 female opiate users and a range of 41,500 to 67,000 female users of hard drugs.

Outpatient therapy

The following evaluation is based on data sets of 144,788 counselling and therapy units carried out in 707 outpatient counselling and therapy facilities. The evaluated facilities were psychosocial counselling facilities and outpatient departments (94%), low-threshold facilities (3%), assisted living facilities (2%) and counselling services in prisons (0.3%).

The portion of women with regard to the different main diagnoses varies. Women are only overrepresented with respect to dependence on medical drugs and associated problems. As for all other diagnoses, their portion ranges between 15% and 36%. Remarkably low are the figures found for cannabis (Welsch & Sonntag 2005) (Table 30).

Table 30: Portion of women in clients of outpatient counselling facilities

ICD-10 Code	Main diagnoses	Anteil Frauen %
F10	Alcohol	23.9
F11	Opioids	22.6
F12	Cannabinoids	14.6
F13	Sedatives/Hypnotics	55.6
F14	Cocaine	15.8
F15	Stimulants	24.2
F16	Halluzinogenics	22.9
F18	Volatile substances	36.0
F19	Other psychotropic substances	22.0

Source: Welsch & Sonntag (2005)

82% of the women with an opiate-related main diagnosis approached an outpatient facility on their own initiative and 12% on request of a court whereas 74% of the men turned to an outpatient facility on their own initiative and 19% for legal reasons.

On average, the duration of outpatient therapy for the main diagnosis opiate dependence is by four weeks shorter for men (20 weeks) than for women (24 weeks). The quota of completed therapies among opiate addicts is considerably lower than among alcohol addicts.

There are only minimal gender-specific differences with respect to the completion of outpatient therapy according to schedule: 21.6% of the women and 22.3% of the men complete their therapies as scheduled. 47.8% of the female opiate addicts compared to 42.1% of their male counterparts drop out of outpatient therapy prematurely. 18.2% of the women and 19.2% of the men complete their therapy successfully, i.e. with abstinence. (Welsch & Sonntag 2005).

Inpatient therapy

For the analysis of the therapies carried out in 106 inpatient facilities, 23,768 treatment data sets were evaluated. 84% of the facilities fall under the category rehabilitation facility, 4% of the data sets were collected in hospitals or respectively their drug treatment units and 12% in homes and transitional facilities (Welsch & Sonntag, 2005).

The portion of women in the various patients' groups in inpatient therapy corresponds largely to the results found for outpatient facilities. However, figures are even lower than in outpatient therapy. (Welsch & Sonntag, 2005) (Table 31).

Table 31: Portion of women in clients of inpatient facilities

ICD-10 Code	Main diagnosis	Proportion females %
F10	Alcohol	22.4
F11	Opioids	16.8
F12	Cannabinoids	10.9
F13	Sedatives/Hypnotics	53.7
F14	Cocaine	10.7
F15	Stimulants	16.7
F16	Halluzinogenics	14.3
F18	Volatile substances	--
F19	Other psychotropic substances	19.3

Source: Welsch & Sonntag (2005)

64.3% of all women and 53.6% of all men undergo inpatient therapy of their own accord. Violations of the Narcotic Drugs Act were the reason for inpatient therapy for more than a quarter of the women (27.0%) and two fifths of the men (40.3%). 6.6% of the women and 4.7% of the men were admitted to inpatient facilities because of other criminal or civil proceedings (Sonntag & Welsch 2004).

With an average duration of 13 weeks, inpatient therapies are significantly shorter than outpatient therapies. The portion of opiate addicts who complete their therapy according to schedule is considerably lower in the inpatient setting than the one of alcohol addicts. 33.2% of the women and 37.7% of the men are discharged according to schedule whereas 52.7% of the women and 47.5% of the men drop out of therapy or are discharged prematurely for other disciplinary reasons.

18.3% of the female drug addicts and 31.3% of the men completed their therapy successfully. 38.5% of the women and 29.4% of the men completed inpatient therapy in an improved condition. In these cases, general stabilization of the physical and psychological condition as well as of the life circumstances was achieved, however no abstinence of drugs (yet) (Sonntag & Welsch 2004).

11.2.5 Drug-related criminality and imprisonment

Women are considerably less involved in drug-related offences than men. This is also reflected by the portion of women in prisons which lies markedly below 50%.

Criminality

In the year 2004, a total of 232,502 suspects with regard to drug-related offences were identified. Figure 17 shows the development of the last 10 years. The portion of women among the suspects varied only slightly between 1995 (11.9%) and 2004 (11.8%). Since 1995, the number of suspects with regard to general offences doubled both for women and

men. While in 1995, a total of 10,947 violations committed by women and 74,276 by men were investigated, figures amounted to 20,856 for women and 150,395 for men in 2004 (BKA 2005).

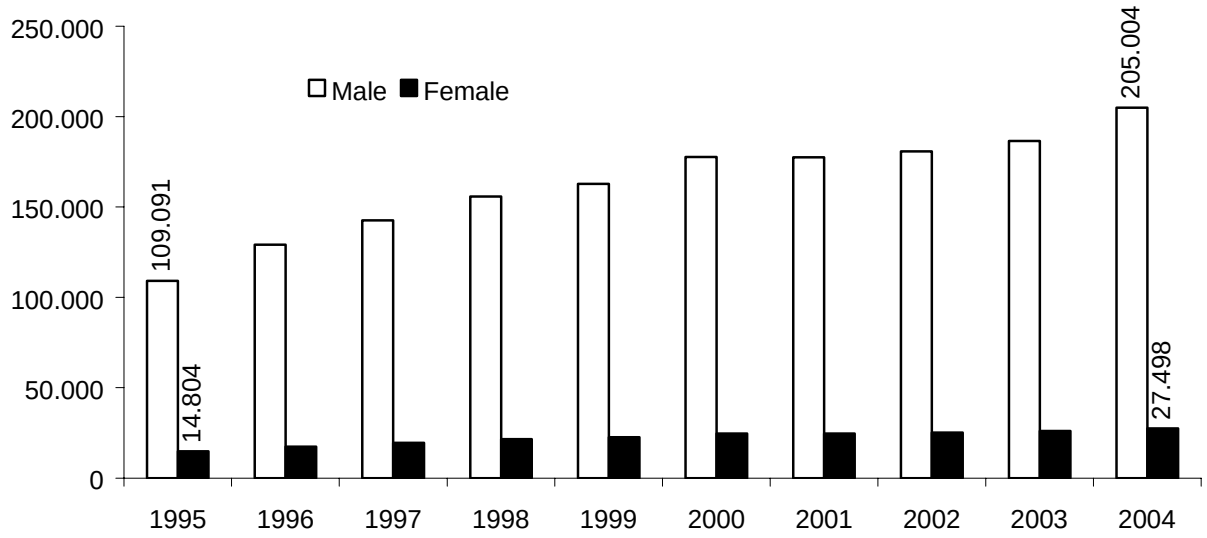


Figure 17: Number of identified suspects with regard to drug-related offences

Source: BKA, 2005

In 2004, 62,131 suspects were identified in connection with drug dealing or trafficking. Womens' share in this group only amounted to 10%. All in all, the development of the last 10 years was subject to some fluctuations whereby the number of identified suspects remained more or less at the same level both for women and men (BKA 2005). Similar fluctuations are to be found for suspects who were under investigation for *import of non-negligeable quantities* of drugs. With 5,139 investigated cases, figures were slightly lower than in the year 2003 (BKA 2005).

Imprisonment

Data on addicted men and women in prison are currently not available. Kreuzer (2002) estimates however that in the year 2000 out of 75,300 prison inmates about 15,000 (20%) were addicted. This would correspond to about 10% of the overall population of drug addicts. A gender-specific evaluation is not available.

In total, markedly fewer women than men are detained in penal institutions: 94.9% of all detainees are male. With regard to drug-related crime, the portion of women is with 6.1% only insignificantly higher. Women commit – as already shown by the criminal statistics – much fewer drug-related crimes and are also awarded more lenient sentences than men (Schaper & Heumüller, 2003). However, analyses showed that crimes committed by women lead more often to convictions because of other punishable acts (e.g. theft) than the ones committed by men despite the connection with substance dependence. Schaper und Heumüller (2003) assume that the portion of addicted women in prisons is comparatively

underestimated. In the penal institution Vechta (only female inmates) the portion of addicted women was found to be 57% in the year 2002 (Schaper & Heumüller 2003).

A demonstration project on infection prophylaxis through distribution of sterile disposable syringes carried out in prisons of Lower Saxony found some gender-specific differences: Male project participants stated that they feared a deterioration of their own situation if their drug use got known. That is why the portion of male participants decreased. The detained women by contrast, did not share these fears. They made very frequent use of the syringe distribution machines and generally complied with project rules. The longer duration of detention was given as a reason for the bigger distrust potential among the male inmates. Before the start of the project, men had already been in prison for an average of 55 months and women for 15.7 months. With respect to drug use, no significant differences were found. On average, both groups had used heroin since 10 years. Infection risks were similarly assessed by women and men. Drug use in prison was seen as more risky in prison due to lack of disposable syringes than outside prison grounds. 44% of the women and 14% of the men gave prostitution as a risk of HIV or other infections. Furthermore, more female detainees had an injecting partner than the male inmates (Meyenberger et al. 1996). It should be noted that all German pilot projects on the exchange of syringes have been stopped with the exception of one prison for women in Berlin.

11.3 Gender-specific programs in prevention

Practical experience made in the most different areas of health promotion has shown that a *differentiated approach in addressing female and male drug users* may increase the efficiency of preventive messages and strategies. Especially in addiction prevention it has proven useful to address the function of health-damaging (risky) behaviour in the social environment, to offer “functionally equivalent“ action alternatives together with alternative models and to integrate the promotion of life skills into the concept of prevention.

It becomes increasingly apparent that the gender is to be seen as an important distinguishing feature which needs to be integrated in the planning of interventions. So far, this aspect has remained conceptually underdeveloped and is only locally put into practice, although youth health and risk research was able to prove that

- stress and developmental problems differ between girls and boys during adolescence,
- girls and boys have different resources at their disposal to cope with these problems.

Irrespective of the mentioned requests for gender-specific addiction prevention, there are hardly any empirical surveys carried out on this type of prevention measures (Franzkowiak & Helfferich 2000).

Some of the few indications of gender-specific preferences with respect to contents and methods to be used by general prevention programs, are given by Schinke (1994). According to the results found by him, young men would like to be offered methods which support them in saying ‘no’ to people in their social environment and which help them to acquire further

social skills. Young women, in contrast, prefer measures supporting them in defining and expressing themselves together with aids to help them reduce tension and learn affective control techniques. Furthermore, women prefer settings allowing for informal exchange and small group work (Leppin et al. 2000).

Apparently, the majority of gender-specific projects are carried out and documented beyond scientific communication channels and documentation methods. In fact, these measures are of an insular nature and take place in youth work outside school grounds. Exchange and potential networking of committed professionals in this field are limited to secluded regional settings, rely very often on chance contacts and are only marginally developed.

11.3.1 Universal prevention with regard to specific behavior patterns of girls and boys

So far, only a few universal preventive projects were mentioned which also take account of gender-specific behavior. Special mentioning deserves the touring exhibition "*Boys and Girls – young people in search for their own self*", offering gender-specific support to young people in puberty with interactive elements. The goal of the initiative is to promote the development of self-esteem and independence as well as communication and conflict management skills. It is also to help develop independent behavior in various settings of life – also with regard to potentially addictive substances.

11.4 Target-group-specific prevention with regard to special aspects

As in universal prevention, gender-specific approaches are also scarce in target-group-oriented prevention. However, they are not completely left out because such aspects are conceptually taken account of in the area of legal drugs and with regard to interventions in risk groups.

Interventions with regard to risk groups

Girls and young women in the age between 12 to 18 years who have questions with regard to substance use or are consuming substances themselves are offered counselling by the project *Kajal* – a low threshold initiative which attaches high importance to guaranteeing anonymity. It also offers telephone counselling services.

The goal of the project is to create a solid, trustful counselling setting, free of barriers, allowing girls and young women to grapple with their problems. If drug problems are found to require treatment, referral to inpatient facilities is possible. Furthermore, the project qualifies multipliers from youth facilities or specific help institutions for girls as well as from schools and vocational training institutions and communicates knowledge on girl-specific processing strategies. This is to contribute to improving everyday contact with the target group.

Schools

Addiction experts confirm schools to be one of the best settings for implementing measures of addiction prevention. In the following, two examples of projects based on a gender-specific approach will be described:

- Pupils in grade 8 of an extended elementary school and a secondary modern school in the area of Hamburg are offered gender-oriented assistance with regard to sexual education and addiction prevention in the frame of a comprehensive conception. The pupils of these schools live in a social field of tension which has a considerable impact on their behavior. The goal of the project is to provide counselling for the 13 to 16 year-old pupils with regard to questions on psychoactive substances or eating disorders and to reduce and stop risky behavior.
- A similar concept is offered for all types of schools in Lower Saxony. The project “Sign“ is a school-based prevention program for female pupils between 12 and 16 years and their parents. The non-drug-specific prevention program is to strengthen social competence, confidence and critical thinking abilities to help the target group to protect itself adequately against the dangers of addiction and other risks (e.g. violence). Hereby, gender-specific aspects are taken into account in the conception.

11.5 Gender-specific treatment and after-care

Prevalences have already shown it: addictive behaviour differs between the genders. Zenker et al. (2005) note that, due to the gender distribution among clients, the help system is implicitly oriented towards male addicts and hardly addresses demands and needs of female addicts in counselling and therapy. For inpatient therapy, there are only data available from clinics for alcohol addicts. According to these data, 11 inpatient facilities cater only to women addicted to alcohol and medical drugs. 30 specialized clinics only treat men and 70 cater to both genders (Franke & Winkler 2005).

Therapy

An addiction research model explains the formation of addiction as a possible strategy of conflict solving to overcome traumatic or critical experiences of life. It was found that both men and women often have had emotional, physical and sexual experience of violence which finds its expression in various coping patterns. Men tend to externalize the feelings associated with these experiences and become aggressive. Women, in contrast, tend more to internalize them (Beg & Quinten 2002, Elsesser & Sartory 2001). To be successful, it is imperative for a therapy to orient itself according to the personal history which led to the formation of addiction and the gender-specific reactions.

Modern addiction therapy is based on a holistic approach tailored to the needs of male and female clients (Franke & Winkler 2005). Many inpatient facilities have begun to implement indicative offers which take account of this approach with a view to provide individual treatment for women and men.

Over and above that, 15 specialized facilities have opened in Germany offering assistance to addicted women. Their conception is largely set against a feminist background (BMGS 2002).

Therapy with regard to specific situations

Pregnant opiate addicts require individual counselling and a therapy concept which is quick to implement. Their therapy situation may be illustrated by the example of a situation report from Berlin: Out of the 3,500 people who were undergoing substitution treatment in the year 2001, 1,100 were females. Among them, 45 women were pregnant and 34 gave birth (Klotzbach & Andresen 2005). According to most recent scientific findings, the use of buprenorphine is to be generally assessed, as this substitution drug seems to cause fewer complications for the new born babies (cf. chapter 5.4).

Empirical findings have shown that the capacity to conceive - which can completely stop or be considerably impaired by heroin use - may be restored during substitution treatment. For this reason alone, comprehensive counselling of women in the respective age group undergoing substitution treatment is imperative. In addition to risks incurred by the additional use of other substances, risks are also posed by hepatites and HIV-infections.

Studies show that the risk of transmitting the HIV-virus may be decreased from 15-20% to below 2% through timely diagnosis and treatment. (Klotzbach & Andresen 2005).

In order to make it possible for drug using women with a child to do a withdrawal treatment, inpatient facilities have started to offer common accommodation for both mother and child. At the Federal Womens' Congress "Ungeschminkt" ("Without make-up"), 26 facilities were cited to provide such mother-child-offers. Many outpatient facilities have meanwhile reacted to the needs of addicted mothers providing child care during therapy sessions (BMGS 2002).

Since the beginning of the 90's, facilities have been opened catering to drug-using and prostituting girls and women. The services provided range from different types of survival training to counselling. Comparable facilities catering to drug-using and prostituting boys and men do not exist.

11.5.1 Rehabilitation and social reintegration

Addiction problems are, in part, also a subject for projects on occupational integration of long-term unemployed since they are an obstacle preventing or impairing successful placement on the labour market. However, there is no comprehensive, gender-specific approach for dealing with this issue (BMWA 2004, BMGS 2005).

Occupational reintegration of long-term unemployed drug addicts is ruled by the guidelines of the ninth code of social legislation (SGB IX). Respective projects do exist, but are not based on a gender-specific approach.

Isolated initiatives are undertaken by counselling facilities or associations to promote occupational integration of drug addicts. In the following, a project presented at the Federal Women's conference Addiction in 2002, will be described by way of example. Project participants were addicted women who wanted to reintegrate into working life. Taking into account personal skills and vocational resources, occupational perspectives were developed and concrete steps towards occupational integration undertaken (BMGS 2002).

11.5.2 Gender-specific offers of self-help organizations

Self-help groups bring together people with similar problems, disorders or disabilities who are affected directly or indirectly as a relative. By working together in regular sessions, members of self-help groups become experts of their own case enabling them to make use of professional help in a more targeted but also more critical way. Self-help groups are a complement to professional, medical and therapeutic treatment, but no replacement for it (BMGS 2005).

A survey carried out in 2003 with 59,090 participants from self-help groups found that addicted women and men only account for 0.8% (501 persons) of the people committed to self-help work. The portion of women in that figure is at 18% (Kreuzbund et al, 2004).

Self-help initiatives for drug users are, by comparison with the classic alcohol-oriented self-help groups, a relatively young phenomenon. It has evolved from the drug assistance system of the 70's initially avoiding contact with traditional self-help groups. Today, the two types of self-help groups do cooperate in individual cases like for example in the workshop "Outpatient self-help for substance users" run by the German Head Office for Dependence Matters, in general however, contacts remain scarce. Also for this area, access for women was found to be difficult (BMGS 2003).

11.6 Conclusions

Epidemiological data show that addictive behavior of men and women differs quantitatively and qualitatively from each other. But it was also found that a few substances are consumed by more and more women in a similar way to men assimilating female consumption behavior in some areas to male consumption patterns.

When evaluating the differences in treatment and criminal prosecution, the different gender-distribution with regard to (problem) substance use needs to be taken into account. Table 33 shows the ratio between men and women with respect to various aspects of substance use, correlates and therapy. For equal prevalence or case figures, the ratio is 1.0. The higher the figure, the higher the portion of men relative to the women. For all categories it was found that the severity of the problem or of the feature correlates with the portion of men represented in this category. The high figure found for the category 'imprisonment' may, for a large part, be explained by the fact that drug dealing – the reason for many prison sentences – is mainly in the hands of men.

The high number of male clients in inpatient treatment which lies significantly above the figures found for consumption and problem consumption, require critical evaluation. They may be an indication of possible gender-specific differences in the access to therapy which should be looked at more closely (Table 32).

Table 32: Proportion of women in the clients of outpatient counselling facilities

Characteristics	RR Males/ Females
cannabis use durint the last year	1.9
problematic use of cannabis	4.3
outpatient drug treatment for cannabis	5.8
inpatient treatemnt for cannabis	8.2
use of other drugs during the last year	3.0
problematic use of drugs other than cannabis	2.3
problematic use of heroin	3.6
drug related deaths	5.6
imprisonment on the basis of the narcotic law	17.8
outpatient treatment beacuse of opiates	3.2
intpatient treatment beacuse of opiates	5.0

Source: Welsch & Sonntag (2005)

Women-specific and also men- (or preferably boy-) specific orientation of addiction assistance work has been developed by many individual initiatives in Germany over the last few years. However, the implementation of the gender-mainstreaming-concept in the addiction assistance system in Germany is still in its infancy.

For the expansion of the existing offers it is imperative to take fully account of the principles of gender mainstreaming and root them in the structures of the addiction aid system. The German Head Office for Dependence Matters in which almost all professional addiction associations, self-help organizations and funding organs of addiction facilities are represented, has underpinned this imperative in the position paper “Gender mainstreaming in addiction work: chances and necessities“.

Addiction research too, is called to contribute more strongly to shifting gender-specific aspects into the foreground and to promoting cooperation between research and practice in this context.

12 Drug policies: Expansion beyond illicit drugs?

12.1 The national Action Plan Drugs and Addiction

In June 2003, the Federal Cabinet passed the “Action Plan Drugs and Addiction“ presented by the Drug Commissioner of the Federal Government. It is to serve as a framework for addiction policy in the next 5 to 10 years and to contribute to “changing health awareness and avoiding or at least reducing harmful consumption”. It is based on the four mainstays of national drug and addiction policy (see chapter 1.1.1) (Die Drogenbeauftragte der Bundesregierung 2003).

The new Action Plan replaced the “Narcotic Drugs Control Plan“ which dates back to the year 1990. At some places the new plan differs considerably from the old one. New is especially the high attention given to legal substances turning a plan for drug control into a concept which places addiction in general at the center of its focus. The order of the problem areas laid out in the plan orients itself by its significance for public health and associated social costs: smoking is at the top of the list, followed by alcohol, abuse of medical drugs, drugs, eating disorders and pathological gambling. The general goal is to “vigorously prevent or considerably reduce risky consumption, harmful use and dependence on addictive substances”. High importance is attached to addiction prevention.

In addition, new elements which had not yet been available or not sufficiently evaluated at the beginning of the 90’s were integrated into the care concept. Examples are Internet counselling offers or consumption rooms for injection drug users. As for target groups, new high-risk groups were defined and special offers for these groups developed: children of addicted parents and migrants.

12.2 Goals

According to the Action Plan, addiction policy pursues the following general goals:

- To prevent or delay incipience of consumption
- To detect risky consumption patterns at an early stage and reduce them
- To secure survival
- To treat addiction with all possibilities at hand according to the most recent scientific findings
- To curb supply of illicit addictive drugs

In parallel, general health awareness is to be promoted to contribute to a more careful and critical attitude towards psychotropic substances.

Even if the set goals apply in different ways to the different psychotropic substances and the focus of drug policy can differ in the Federal Laender, this general formulation makes clear that part of the goals apply to licit and illicit substances in a similar way. This is true for eaarly detection and intervention, treatment of addiciton and avoidance of secundary negative

effects including death. An exception of course remains with regard to trafficking, which will be continued to be combated for illicit substances.

Alongside the general goals, a series of specific targets for the individual problem areas or psychotropic substances respectively were set:

- Reduction of tobacco consumption to reduce tobacco-related diseases and deaths caused by active and passive smoking
- Improvement of PR-work for a smoke-free life-style through information on the consequences of active and passive smoking
- Reduction of the per-capita alcohol consumption in the population to curb alcohol-related disorders and death cases
- Reduction of the portion of people in the population with risky alcohol consumption (e.g. binge drinking)
- Prevention or respectively reduction of the consumption of illicit drugs
- Reduction of the abuse of psychoactive medication and promotion of early recognition and early intervention in cases of misuse
- Strengthening of problem awareness with regard to pathological gambling

Alongside a series of targets which indirectly aim at the consumption of illicit drugs – e.g. through prevention of tobacco consumption which in nearly all cases precedes drug consumption – the plan also relates specifically to drugs. Referring to specific infection risks, in particular in the case of hepatitis C, and possible cerebro-organic damage caused by synthetic drugs, prevention or respectively reduction of illicit drugs is imperative. Furthermore, defined target groups (children of addicted parents, high-risk groups, car drivers, poly-drug users) are to be given special attention.

12.3 Measures to reduce addiction problems

The measures were developed as a systematic overall approach which integrates structural (cooperation, funding, quality assurance), legislative and procedural aspects.

Special importance is attached to an intensified cooperation between players to increase efficiency without generating additional costs. In this context, a special focus is set on the cooperation between youth welfare and addiction assistance organisations as well as on opportunities for exchange of experience and examples of “good practice”.

12.3.1 Prevention

The activities deployed in primary prevention are the least drug-specific. Measures undertaken in kindergardens, schools and in youth work are to be further developed. Through media, schools and the public health service the topic addiction is to be shifted more into the center of public discussion. This is, on the one hand, to address and recognize

risk groups at an early stage and, on the other, to influence the public debate on drug use and its consequences.

Specific approaches made in prevention target, for example, poly-drug use and other risky consumption patterns of teenagers. As for legal substances, smoking is to be addressed more strongly as a health problem, for example by doctors in their practices. Both office-based doctors and hospitals are to pay higher attention to alcohol abuse of their patients also beyond the frame of addiction medicine, and intervene correspondingly.

12.3.2 Survival aids and harm reduction

Risks of consumption for drug addicts are to be minimized as far as possible by information and special initiatives. In several of the Federal Laender consumption rooms as an instrument have been installed for that purpose. Meanwhile, the assistance system for alcohol addicts also uses methods of survival aid and harm reduction which were originally developed for opiate addicts. In order to reduce the number of deaths and damage to health caused by alcohol abuse, case management and better cooperation between care institutions (aid for the homeless, drug aid, medical care) are imperative.

12.3.3 Counselling, therapy and rehabilitation

Alongside very specific approaches (e.g. introduction of a uniform drug hot line), the interfaces between outpatient and inpatient services are to be generally improved. Executives with personnel management functions and office-based doctors and medical staff of hospitals are to be trained in the early recognition of substance problems.

Clients suffering from psychological disorders in addition to their main addiction problem require special attention which has not been granted to a sufficient extent in the past. The special needs of women and migrants are also to be taken account of in an appropriate way. Self-help groups are to be integrated more strongly into professional work. Due to the new legal regulations, self-help activities may possibly receive stronger financial support by the health insurance funds and funding organs of rehabilitation therapy.

Initiatives promoting smoking cessation are to be elaborated together with the health insurance funds. Substitution therapy is to be supported more strongly by accompanying psychosocial and psychotherapeutic measures.

12.3.4 Criminal prosecution

As in the past, the reduction of the supply of illegal drugs is to be achieved by prosecution of drug trafficking and control of precursors, but also by measures of “alternative development cooperation“ in the production countries of heroin and cocaine. Criminal prosecution for its part requires a close cooperation between customs and police authorities at national and Land level respectively. In the same way, a close cooperation between EU member states and neighbouring countries especially in East- and Southeast Europe, is considered as absolutely essential.

12.3.5 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 results of such decisions and the effects of new laws. For a series of the goals mentioned in the present program, measures and indicators for the evaluation of the results are to be defined.

In the following years, research is to be promoted especially in areas where causes are analyzed under gender-specific aspects. The goal is to improve secondary prevention, prevention and treatment with regard to gender-specific needs and increase efficiency.

Alongside the special importance of the cooperation between Germany and the production countries, the Plan underpins the significance of cooperation within the European Union (Drug Action Plan 2000-2004), the European agencies EMCDDA, Europol and UNDCP.

12.4 Fundamental ideas

Till the end of the last century, the term “drug policy“ was exclusively related to illicit drugs which were the focus of political interest in Germany. There was no comparable conception with regard to alcohol or tobacco policy or even a cross-substance “addiction” policy. Since a few years however,

(1) disorders caused by legal, psychotropic substances and

(2) common aspects of all these substances (e.g. in primary prevention or with regard to patients with poly-drug use)

have shifted into the center of political interest. To take account of this development, the terms “drug and addiction policy” or “addiction policy” alone find increasing usage.

The most important reasons for these changes are to be found in two areas. First, political decision makers have come to realize that consequential costs of disorders and the negative effects caused by legal substances, are definitely higher than the costs with regard to illicit drugs. Therefore, economic considerations alone reveal the insufficiency of an isolated drug policy without adequate concepts as how to respond to the consequences of tobacco and alcohol. Second, it is often not possible any more to differentiate between target groups due to increasing poly-drug use – especially cannabis and alcohol.

Primary prevention of the use and abuse of illicit substances has never been possible without taking reference to alcohol (early consumption and binge drinking) and tobacco (early consumption). Additionally, discussion on adequate responses to drug use mixes with the discussion on negative consequences of tobacco and alcohol not only among drug users but also in the general public, so that drug policy, to remain credible, cannot exist much longer without corresponding concepts for legal substances.

12.5 Responsibilities and coordination

As presented in chapter 1, political responsibility for the conception and the implementation of drug and addiction policy in Germany is shared between the Federal Government and the

Laender. Funding is provided through taxes in the Laender and the largely self-governing pension and health insurance funds. The implementation of prevention and therapy in its turn lies in the hands of non-governmental organizations funded or commissioned by the Federal Government.

The drug commissioner of the Federal Government who developed the “Action Plan Addiction and Drugs” is, in the first place, responsible for the coordination of activities relating to the topic of addiction within the Federal Government. This applies to the cooperation with the Ministry for Research with regard to special research programs or with the Ministry of the Interior regarding police matters. The implementation of the drug acts which are passed at national level requires cooperation and coordination. Beyond their participation in national legislation, the Laender may also, to an increasing extent, formally influence drug policy within their responsibilities. With the Laender being mainly responsible for the health sector, they have a strong conceptional influence. Therefore, it is imperative to integrate them into national addiction policy.

As a central steering instrument for the implementation of this action plan, the “Drug and Addiction Council“ was set up by the present government and the drug commissioner. A Federal Government-Laender steering group responsible for the organization of the council’s work sessions, facilitates the coordination between Federal government and Laender. The resources the Federal government may allocate to these activities in addition to the ministerial staff, are limited as the budget for health and social affairs falls under the responsibility of the Laender.

The new law on prevention is to generally stabilise and improve the funding of prevention activities undertaken by pension and health insurance funds and other institutions as well as private promoters. The Federal Government may, in addition, financially support pilot programs and the development of new concepts.

13 Development of leisure use of drugs

13.1 Recent findings on availability and use of drugs during leisure time

Recent studies on drugs used in the environment of music scenes and discotheques are scant. This used to be a focus of work during the spread of of ecstasy during the 90's. Since that time, consumption of this substance has stabilized or even declined. In parallel, the close connection between this drug and a certain type of music has dissolved. The big Techno-trend has been replaced by a host of small variations and music trends with different affinities to various substances. Measured by number of seizures and survey results, availability of ecstasy continues to be relatively high (cf. chapter 10.2.2).

Older studies and results already described in previous REITOX-reports, will not be repeated here. A recent study carried out by Baumgärtner and Wies (2005) gives quite a good overview of the topic for Hamburg. In terms of seize, location and structure, the city may serve indeed to give indications of possible future developments in Germany since drug trends in that area have again and again showed up relatively early and to a stronger extent than in other parts of the country. In this study, people who, as part of their job, have frequent contact with potential drug users and are also experienced in critically evaluating changes, were asked about developments and trends in Hamburg. Among the groups of professions surveyed were for example bouncers of discotheques, drug consultants and teachers. In the following, a few of the results of the survey will be presented.

In the classical domains "sports club" and "church/scouts", alcohol and, in second place, cannabis are common. According to informants, measures undertaken against alcohol use in stadiums have led to an increase in the use of cannabis instead.

The *night-life scene* falls into various sub-scenes in which alcohol and also cannabis are common. However, intentional use of cannabis as an intoxicant wasn't always found. Sometimes, cannabis serves as a social element. It also used at the end of the night and after the consumption of stimulants for subsequent relaxation. The "*techno/ Goa-scene"* appears to have an affinity for hallucinogenous substances. But poly-drug use is also very common. In the *"club-scene",* cocaine and ecstasy continue to play an important role due to their performance-enhancing and euphoriant effects. In the *"reggae/hip-hop-scene*", cannabis is the predominant substance serving also as a factor of identification. The "*gothic scene*" is strongly dominated by cocaine and amphetamines used for their performance and self-awareness-enhancing effects. In the "*heavy metal/rock-scene"*, which is characterized by a somewhat older average age of its members, mainly alcohol and cannabis are consumed, sometimes in large quantities. Cocaine is also to be found.

13.2 Trends

The spread of ecstasy has - as shown by the data from criminal prosecution and the health sector - stabilized. In some cases, consumers have replaced the substance by amphetamines, sometimes also by cocaine. For years, the number of drug-related deaths with a causal involvement of ecstasy has been below 20 per year which corresponds to a portion of one percent maximum (BKA 2005).

The techno-culture which was closely linked to the substance has split up in small sub-cultures. The big events have often been replaced by clubs. The end of the yearly “love parade” in Berlin is a sign of its phase-out.

Various research groups continue with their efforts to verify long-term, in particular neuro-toxic effects of MDMA, and to find an answer to the question whether and how such effects can be reversed (e.g. Quednow et al. 2004), and more specifically, what is the connection between ecstasy use and use of other drugs or psycho-pathological disorders (e.g. Wartberg et al. 2004; Zimmermann et al. in Druck) .

Politicians reacted to this development already years ago by developing mediums for secondary prevention and motivating existing facilities to work with this target group. A large part of the specific measures developed in this context have been integrated in the curricula of experts or in the every day work of schools and care facilities so that the topic as such now ranks at the lower end of the list of political focus areas.

13.3 Measures of addiction prevention with regard to leisure time/nightlife activities

In the non-organized leisure-time sector, addiction prevention – and especially measures relating to nightlife, is part of the regular offer only in exceptional cases. As incipient use of illicit drugs often takes place within certain sub-groups of teenagers and young adults like for example in the techno-party-scene, attempts are being made to get access to these sub-groups through specific outreach measures. The goal is to achieve self-critical grappling with own drug-use within the frame of a health-oriented party organisation.

The offer ranges from info stalls, counselling talks, cultural offers over relaxation techniques to structural measures, like for example alcohol-free beverages which are cheaper than alcoholic drinks, freely available cool drinking water, chill-out areas, cooperation with local players (e.g. relevant authorities), as well as trained staff for medical emergencies. Examples of these offers can be found under www.partypack.de (Cologne), www.drugscouts.de (Leipzig), www.drogen-und-du.de (Berlin), www.party-project.de (Bremen), www.chill-out.de (Aachen), www.alice-project.de (Frankfurt), www.drobs-hannover.de (Hannover). This development was initiated by local scene-based initiatives and has meanwhile found political support (Drogen- und Suchtbericht 2004).

There is a gap between scene-based projects and classic drug counselling facilities. On the one hand, financial straits of the Laender and municipalities lead to the closing of drug counselling facilities and cuts in various areas. On the other hand, scene-based initiatives are not as well established as the classic counselling facilities so that they are often not taken seriously as cooperation partners. In some places it is attempted to replace delimitation by cooperation. (Die Drogenbeauftragte der Bundesregierung 2004b). Examples of this are presented in the following:

- The project *"Healthy Nightlife"* initiated by the Federal Center for Health Education to network players in the leisure-time sector (representatives of drug-counselling facilities, scene-based initiatives, municipal authorities and party organizers) provides a forum for a supra-regional exchange between various institutions and organizations on proven strategies of addiction prevention with regard to risk-minimization during nightlife. Project members work on the introduction of minimum standards of addiction prevention at parties.
- In the year 2004, a manual on measures of addiction prevention for nightlife activities was developed based on experiences made at five techno-parties which took place in German cities under the motto "*NACHTS LEBEN – statt krank feiern*" (*Enjoy nightlife - without health risks* "). The manual consists of individual modules designed for drug counselling facilities, scene-based initiatives, youth welfare and health authorities as well as party organizers. Modules on sponsoring as well as examples of local approaches and checklists are to facilitate coordination of activities of addiction prevention deployed at such events.

It is also being tried to an increasing extent to build up a low-threshold contact to drug taking teenagers in order to inform them in a first step, support them in reflecting on their own use behavior and, if required, refer them in a second step to other services (see above).

Two innovative modules specially tailored to the target group of teenagers with drug affinity are to be found at the Internet portal www.drugcom.de: they are to help young people in assessing the personal risk they run when engaging in poly-drug use and support them in quitting or reducing cannabis consumption ("quit the shit"). Details on this are presented in chapter 3.3.2.

Furthermore, new approaches are being investigated with regard to further training programs for staff from the youth welfare/youth leisure time sector in dealing with teenagers displaying conspicuous behavior. An example for this is *"MOVE",* an intervention concept to promote and support the willingness to change in young people with problem drug use (http://www.ginko-ev.de/FstMH/rubrik.aspx?M=1&Page=144).

Part C – Bibliography and annex

14 Bibliography

14.1 References

Akzept, Deutsche AIDS-Hilfe (DAH), LaBas (Hrsg. (2005)) 1. Internationaler Fachtag Hepatitis C Berlin 2004. Innovative Konzepte und Praxis von Prävention und psychosozialer Betreuung bei Drogengebrauch. Dokumentation. Akzept, Berlin.

Ates, T., Langer, B., Erbas, B., Tretter, F., Wehner, B. (2005). Evaluierung von Arbeitsprojekten bei Drogenabhängigen im Rahmen einer Kosten-Nutzen-Analyse. Gesundheitswesen, **67**, 159-162.

Augustin, R., Orth, B., Kraus, L. (2005). Veränderungen des Konsumverhaltens von Frauen bei Alkohol, Tabak und Drogen. In: Deutsche Hauptstelle für Suchtfragen e.V. (Hrsg.): Jahrbuch Sucht 2005, 119-147, Neuland Verlag, Geesthacht.

Augustin, R. & Kraus, L. (2004). Changes in Prevalence of Problem Opiat Use in Germany between 1990-2000. European Addiction Research, **10**, 61-67.

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

Backmund, M., Reimer, J., Meyer, K., Gerlach, T., Zachoval, R (2005). Hepatitis C Virus infection and injection drug users: Prevention, risk factors, and treatment. Clinical Infection Diseases, **40** (Suppl. S), S330-S335..

Backmund, M., Henkel, C., Scelsi, M., Meyer, K. (2005). Hepatitis C-Therapie während der Substitutionsbehandlung. Suchtmed, **7**, 129.

Bado (Hrsg.)(2004). Ambulante Suchthilfe in Hamburg. Statusbericht 2003 der Hamburger Basisdatendokumentation. Kreutzfeld Electronic Publishing, Hamburg.

Baumgärtner, T. (2004a). Rauschmittelkonsumerfahrungen der Hamburger Jugendlichen und jungen Erwachsenen 2004. Zusammenfassender Basisbericht der Schüler- und Lehrerbefragung zum Umgang mit Suchtmitteln. Hamburger Schulbus. Büro für Suchtprävention, Hamburg.

Baumgärtner, T., (2004b). Hamburger Schulbus, Schüler- und Lehrerbefragung zum Umgang mit Suchtmitteln. www.suchthh.de/projekte/schulbus.htm

Baumgärtner, T., & Gies, A. (2005). Zur Topographie des Drogenkonsums in Hamburg. Ausgewählte Ergebnisse der Key-Person-Befragungen im Rahmen des Local Monitoring Systems (LMS) 2004. Büro für Suchtprävention, Hamburg.

Beg, D., Quinten, C. (2000). Gewalterfahrungen von Suchtpatienten – Eine empirische Untersuchung zum Ausmaß und zu den wahrgenommenen psychischen Folgen zurückliegender Gewalterfahrungen. In: Praxis der Klinischen Verhaltensmedizin und Rehabilitation, **50**, 86-92.

Bonnet U., Harries-Hedder K., Leweke F.M., Schneider U., Tossmann P. (2004). AWMF-Guideline: Disorders Related to Cannabis. Fortschritte der Neurologie und Psychiatrie 2004, **72**, 318-329.

Brack, J., Behrendt, K. (2004). Erfahrungen mit dem Einsatz von Buprenorphin in der qualitfizierten stationären Entzugsbehandlung Opiatabhängiger. Suchtmed, **6**, 241-248.

Bratzke, H., Parzeller, M., Köster, F. (2004). Deutsches Forensisches Sektionsregister startet. Ein Beitrag zur Qualitätssicherung. Deutsches Ärzteblatt, **101**, 30. April 2004, A1258-A1260.

Bühler, A- & Kröger, C. (2005). Expertise zur Prävention des Substanzmissbrauchs. Abschlussbericht. IFT, München.

Bürgerschaft der Freien und Hansestadt Hamburg. Mitteilung des Senats an die Bürgerschaft. Drucksache 18/2292 vom 3.5.2005.

Bundesamt für Arbeit (29.6.2005).
http://www.pub.arbeitsamt.de/hst/services/statistik/aktuell/iiia4/eu_quoted.pdf

Bundeskriminalamt (BKA) (Hrsg.) (2005a). Bundeslagebild Rauschgift 2004. BKA, Wiesbaden.

Bundesministerium für Wirtschaft und Arbeit (2004). MoZArt Neue Strukturen für Jobs. Abschlussbericht der wissenschaftlichen Begleitforschung. www.bmwa.bund.de

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2004a). Die Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2004. Eine Wiederholungsbefragung der Bundeszentrale für gesundheitliche Aufklärung. Teilbände Alkohol, Rauchen, Illegale Drogen. BZgA, Köln. www.bzga.de/

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2004b). Bekanntheit, Kauf und Konsum von Alcopops in der Bundesrepublik Deutschland 2003. Ergebnisse einer repräsentativen Befragung. BZgA, Köln.

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2005a). Entwicklung des Alkoholkonsums bei Jugendlichen – unter besonderer Berücksichtigung der Konsumgewohnheiten von Alkopops (Alcopops-Studie). Manuskript.

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2005b). Neue Ergebnisse zur Entwicklung des Rauchverhaltens von Jugendlichen. Manuskript

Bundeszentrale für gesundheitliche Aufklärung (2005c). ADHS…was bedeutet das? Broschüre. Hrsg. BZgA, Köln.

Davids, E., Gastpar, M. (2004). Buprenorphine in the treatment of opioid dependence. European Neuropsychopharmacology, **14**, 209-216.

de Ridder, M., Dettmer, K., Hackenberg, B., Leicht, A. (2004). Hepatitisimpfung auf offenen Drogenszenen. Deutsches Ärzteblatt, **101**, 22. Oktober 2004, A2893-A2896.

Dettmer, K., Leicht, A. (2004). Prävention von Drogennot- und Drogentodesfällen – Erste Hilfe- Kurse und Naloxon-Einsatz durch Drogengebraucher. Akzeptanz, **12**, 21-25.

Deutsche Hauptstelle für Suchtfragen (DHS) & Gassmann, R. (2004). Cannabis. Neue Beiträge zu einer alten Diskussion. Lambertus, Freiburg.

Deutsche Hauptstelle für Suchtfragen (DHS) (2005). Sondernewsletter der DHS, des FDR und des Paritätischen zur Umsetzung von HARTZ IV und den Auswerkungen auf die Sucht- und Drogenhilfe. www.optiserver.de/dhs/veroeffentlichungen_hartz4.html

Die Drogenbeauftragte der Bundesregierung (2003). Aktionsplan Drogen und Sucht. Bundesministerium für Gesundheit und Soziale Sicherung, Berlin/Bonn.

Die Drogenbeauftragte der Bundesregierung (2004a). Drogen- und Suchtbericht. Bundesministerium für Gesundheit und Soziale Sicherung, Berlin/Bonn.

Die Drogenbeauftragte der Bundesregierung (2004b). Ecstasy. Bedeutung aktueller Forschungsergebnisse für Prävention und Risikobewertung. Bundesministerium für Gesundheit und Soziale Sicherung, Berlin/Bonn.

Die Drogenbeauftragte der Bundesregierung (2004c). Hepatitis. Verbesserung der Hepatitis-Prävention und Behandlung für Drogenabhängige. Bundesministerium für Gesundheit und Soziale Sicherung, Berlin/Bonn.

Die Drogenbeauftragte der Bundesregierung (2005a). Drogen- und Suchtbericht. Bundesministerium für Gesundheit und soziale Sicherung, Berlin/Bonn.

Die Drogenbeauftragte der Bundesregierung (2005b). Zusammenfassende Broschüre Drogen und Sucht. Ein Plan in Aktion. Bundesministerium für Gesundheit und soziale Sicherung, Berlin.

Die Drogenbeauftragte der Bundesregierung (2005c). Jugendkult Cannabis – Risiken und Hilfen. Dokumentation der Fachtagung am 29. und 30.11. 2004. Bundesministerium für Gesundheit und Soziale Sicherung, Berlin.

Difu, Deutsches Institut für Urbanistik (2004). Bundeswettbewerb "Vorbildliche Strategien kommunaler Suchtprävention": September 2003 bis Mai 2004. Dokumentation. Deutsches Institut für Urbanistik, Berlin.

Difu (Deutsches Institut für Urbanistik) (ed.) (2002). Bundeswettbewerb "Vorbildliche Strategien kommunaler Suchtprävention": Oktober 2001 bis Juni 2002. Dokumentation. Berlin.

Englert, E. Ziegler M. Kinder opiatabhängiger Mütter – Ein Überblick. Suchttherapie 2001; 2: 143-51

Elsesser, K., Sartory, G. (2001). Medikamentenabhängigkeit. Hogrefe, Göttingen.

Farke W., Graß H., Hurrelmann K. (Hrsg.) (2003). Drogen bei Kindern und Jugendlichen. Thieme Verlag, Stuttgart.

Franke, A., Winkler, K. (2005). Frauenspezifische Suchtarbeit – Probleme und Lösungsangebote. Legale Suchtmittel. In: Deutsche Hauptstelle für Suchtfragen e.V. (Hrsg.): Jahrbuch Sucht 2005, 148-159, Neuland Verlag, Geesthacht.

Franzkowiak, P. (2002). Zwischen Abstinenz und Risikobegleitung - Präventionsstrategien im Wandel. In: Forschung und Praxis der Gesundheitsförderung, **19**, 107-124, BZgA, Köln.

Franzkowiak, P., Helfferich, C. (2000). Geschlechtsbezogene Suchtprävention: Praxisansätze, Theorieentwicklung, Definition. Bundeszentrale für gesundheitliche Aufklärung (BZgA), Köln

Gölz, J. (1999). Folgeerkrankungen des intravenösen Drogenkonsums. Hepatitiden. In: Gölz, J. (Hrsg.): Moderne Suchtmedizin. Diagnostik und Therapie der somatischen, psychischen und sozialen Syndrome, C 4.2.1-1 – C 4.2.1-15, Thieme, Stuttgart.

Görgen, W., Oliva, H., Schu, M. (2004). Abschlussbericht Evaluation des Hamburger Suchthilfe-systems. Im Auftrag der Freien und Hansestadt Hamburg. FOGS, Köln.

Grabowski J., Rhoades H., Stotts, A, Cowan K, Kopecky C, Dougherty A, Moeller FG, Hassan S, Schmitz J.. Agonist-like or antagonist-like treatment for cocaine dependence with methadone for heroin dependence: two double-blind randomized clinical trials. Neuropsychopharmacology, 2004, **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

Hanewinkel, R.and Isensee, B. (2005) Evaluation der Tabaksteuererhöhung vom 1. Dezember 2004. Erste Ergebnisse der bevölkerungsrepräsentativen Befragung vor und nach der Tabaksteuererhöhung. Manuskript.

Havemann-Reinecke, U., Küfner, H, Schneider, U., Günthner, A., Schalast, N., Vollmer, H.C. (2004). AWMF-Leitlinien: Post-Aktubehandlung bei Störungen durch Opioide. Sucht, **50**, 226-257.

Henquet, C.E.C., Krabbendam, L, Spauwen, J., Kaplan, C.D., Lieb, R., Wittchen, H..-U., Van Os, J.. Prospective cohort study of cannabis use, predisposition of psychosis and psychotic symptoms in young people. British Medical Journal, **330**,11-14.

Hessische Landesstelle für Suchtfragen (Hrsg.) (2004). Landesauswertung der computergestützten Basisdokumentation des ambulanten Suchthilfe in Hessen (COMBASS) – Grunddaten 2003. Frankfurt: Hessische Landesstelle für Suchtfragen.

Hessisches Sozialministerium (Hrsg.) (2004). Zweiter Suchtbericht für das Land Hessen. 2001-2002. Wiesbaden: Hessisches Sozialministerium.

Hurrelmann, K., Klocke, A., Melzer, W., Ravens-Sieberer, U. (2003). Jugendgesundheitssurvey – Internationale Vergleichsstudie im Auftrag der Weltgesundheitsorganisation WHO. Weinheim: Juventa.

Keppler, K.-H., Knorr, B. & Stöver, H. (2004). Zum Stand der Substitutionsbehandlung im deutschen Justizvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, **4**, 202-207.

Kleiber, D. & Söllner, R.(1998). Cannabiskonsum. Entwicklungstendenzen, Konsummuster und Risiken. Juventa, Weinheim.

Klein M. (1996). Klinische Familienpsychologie der Alkoholabhängigkeit – Kinder und Erwachsene aus suchtbelasteten Familien – eine Bestandsaufnahme. Psychomed, **8**, 154-8

Klein, M. (2004). Kinder aus suchtbelasteten Familien - immer noch die vergessenen Kinder? Vortrag im Rahmen des 5. Kinderschutzforums vom 22-24. September 2004 in Köln (http://www.addiction.de/documents/KleinM2004Vortrag1.pdf)

Klotzbach, H., Andresen, H. (2005). Frauenspezifische Suchtarbeit – Probleme und Lösungsangebote. Illegale Suchtmittel. In: Deutsche Hauptstelle für Suchtfragen e.V. (Hrsg.): Jahrbuch Sucht 2005, 160-174, Geesthacht: Neuland Verlag.

Knorr, B. (2004). Gesundheit und Prävention in Haft. In: Klee, J., Stöver, H. (Hrsg.) Drogen HIV/AIDS Hepatitis, Deutsche AIDS-Hilfe, Berlin 2004, 144-164.

Kraus, L., Bauernfeind, R. & Bühringer, G., (1998). Epidemiolgogie des Drogenkosnums. Ergebnisse aus Bevölerungssureys 1990 – 1998. Baden-Baden: Nomos.

Kraus, L., Augustin, R., Frischer, M., Kümmler, P., Uhl, A., 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. & Augustin R.(2004). Repräsentativerhebung zum Gebrauch und Missbrauch psychoaktiver Substanzen bei Erwachsenen in Deutschland Epidemiologischer Suchtsurvey 2003. Sucht, **50 (**Sonderheft 1), S1-S57.

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.

Kraus, L., Semmler, C., Kunz-Ebrecht, S., Orth, B., Hüffer, I., Hose, A., Welsch, K., Sonntag, D.& Augustin, R. (2004). Kokainkonsum und kokainbezogene Störungen: Epidemiologie, Therapie und Prävention. München: Institut für Therapieforschung.

Kraus, L, Augustin, R. & Orth, B. (2005). Illegale Drogen, Einstiegsalter und Trends. Ergebnisse des Epidemiologischen Suchtsurvey 2003. In: Kraus, L. & Augustin R.. Repräsentativerhebung zum Gebrauch und Missbrauch psychoaktiver Substanzen bei Erwachsenen in Deutschland: Sucht, **50**. Sonderheft 1, S19-S28

Kraus, L., Semmler, C. & Augustin, R. (2005). Konsummuster und Trends des Kokaingebrauchs in Deutschland. Sucht, **51**, 199-208.

Küfner, H., Hackmann, K., Schnabel, A., Soyka, M. (2004). Optimierung der substitutionsgestützten Therapie Drogenabhängiger 8OSTD): Entzugssymptome und Suchtverlangen in der ersten Einstellungswoche. Suchtmed, **6**, 95-97.

Künzel-Böhmer J., Bühringer G.& Janik-Konecny T. (1993). Expertise zur Primärprävention des Substanzmißbrauchs. Schriftenreihe des Bundesministeriums für Gesundheit, Bd. 20. Baden-Baden: Nomos.

Kreuzbund, Blaues Kreuz in Deutschland, Freundeskreise für Suchtkrankenhilfe, Blaues Kreuz in der ev. Kirche, Guttempler in Deutschland (2004). Erhebung für das Jahr 2003: Angebote und Leistungen, Mitarbeiterstruktur und demografische Merkmale für fünf Selbsthilfe- und Abstinenzverbände der freien Wohlfahrtspflege
www.kreuzbund.de/download/kreuzbund_gesamtstatistik_5verbaende2003.pdf

Kreuzer, A. (2002). Bedingungen der strafrechtlichen Praxis in stationären Einrichtungen. In Deutsche Hauptstelle für Suchtfragen (Hrsg.): Suchtprobleme hinter Mauern. Drogen, Sucht und Therapie im Straf- und Maßregelvollzug. Freiburg: Lambertus, 35-63.

Lampert, T. & Burger, M. (2004) Rauchgewohnheiten in Deutschland Ergebnisse des telefonischen Bundes-Gesundheitssurveys 2003. Das Gesundheitswesen, **66**, 511-517.

Landschaftsverband Westfalen-Lippe (Hrsg.) (2003). "Frühintervention bei erstauffälligen Drogen-konsumenten - FreD" - Ergebnisse der wissenschaftlichen Begleitung. Köln.

Leppin, A., Hurrelmann, K., Petermann, H. (2000). Jugendliche und Alltagsdrogen: Konsum und Perspektiven der Prävention. Berlin: Luchterhand.

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)

Lines, R. & Stöver, H. (2005a). HIV/AIDS prevention, care, treatment und support in prison settings. A framework for an effective national response. Prepared for the United Nations Office on Drugs and Crime. Draft paper.

Lines, R. & Stöver, H. (2005b). HIV/AIDS prevention, care, treatment und support in prison settings. Background notes . Prepared for the United Nations Office on Drugs and Crime. Draft paper.

Massa, F., Marsicano., G.., Hermann, H., Cannich, A., Monory, K., Cravatt, B.F., Ferri, G.-L., Sibaev, A., Storr, M., Lutz, B. (2004). The endogenous cannabinoid system protects against colonic inflammation. The J. of Clin. Investigation, **113**, 1202-1209.

Martens, M.-S., Schütze, C., Kalke, J., Kloss, M., Raschke, P. (2004). Jahresbericht 2002: Jugendliche und junge Erwachsene in der ambulanten Suchtkrankenhilfe. Moderne Dokumentation in der ambulanten Suchtkrankenhilfe Bd. 4. Hamburg: Institut für inderdisziplinäre Sucht- und Drogenforschung ISD.

Mauss, S., Berger, F., Goelz, J., Jacob, B., Schmutz, G. (2004) A prospective controlled study of interferon-based therapy of chronic hepatitis C in patients on methadone maintenance. Hepatology, **40**,120-124.

Meyenberger, R., Stöver, H., Jacob, J. (1996). Auswertung und Diskussion der Zwischenergebnisse des Modellprojekts „Infektionsprophylaxe im Niedersächsischen Strafvollzug“. http://www.uni-oldenburg.de/presse/f-aktuell/96-065zw.htm

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.

Miró, J.M., Moreno, A., Wilson, W.R. (1999). Folgeerkrankungen des intravenösen Drogenkonsums. Bakterielle Endokartitis. In: Gölz, J. (Hrsg.): Moderne Suchtmedizin. Diagnostik und Therapie der somatischen, psychischen und sozialen Syndrome. Stuttgart Thieme, C 4.2.5-1 – C 4.2.5-11.

Montoya, I.D., Gorelick, D.A., Preston, K.L., Schroeder, J.R., Umbricht, A., Cheskin, L.J., et al. Randomized trial of buprenorphine for treatment of concurrent opiate and cocaine dependence. Clin. Pharmacol Ther., 2004, **75**, 34-48.

Nestler, E.J.. Molecular basis of long-term plasticity underlying addiction. Nat Rev Neurosci, 2001, **2**, 119-128.

Nöller, S., Küfner, H. (2005). Evaluation der Suchthilfe in Erfurter Allgemeinkrankenhäusern: Jahresbericht 2003. IFT-Bericht Bd. 152. München: Institut für Therapieforschung..

Perkonigg, A., Pfister, H., Liebe, R., Bühringer, G., Wittchen, H.-U. (2004). Problematischer Konsum illegaler Substanzen, Hilfesuchverhalten und Versorgungsangebote in einer Region. Suchtmed, **6**, 22-31.

Perkonigg, A., Settele, A., Pfister, H., Höfler, M., Fröhlich, C., Lieb, R. & Wittchen, H.-U. (in print). Where have they been? Lifetime service use of regular substance users with and without abuse and dependence. Social Psychiatry and Psychiatric Epidemiology.

Pfab, R., Eyer, F., Jetzinger, E., Zilker, T., (2005). Cause and motivation in cases of non-fatal drug overdoses of opiate addicts. Manuskript

Preuss, U. W., Barnow, S., Zimmermann, J., Watzke, A. B., Schultz, G., Wong, W.M. (2004) Suizidalität bei Abhängigkeitserkrankungen : Eine Übersicht. Suchtmedizin, **6**, 271-285.

Prinzleve, M., Müller, O., Werse, B. & Bernard, C. (2004). MoSyd Szenestudie. Die offene Drogenszene in Frankfurt am Main. Frankfurt : Johann Wolfgang Goethe-Universität, Centre for Drug Research.

Prochaska J.O., DiClemente C., (1986). Towards a comprehensive model of change. In: Miller, W.R. & Heather, N. (editors). Treating Addictive Behaviours. New York: Plenum Press.

Quednow, B. B., Kühn, K. –U., Hoenig, K., Maier, W., 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.

Reese, A., (1999). Entwicklungsorientierte Evaluation des suchtpräventiven Lebenskompetenzprogramms ALF. Vortrag, 12.04.1999, am IFT, Institut für Therapieforschung, München.

Rehm, J., Room, R., van den Brink, W. & Kraus, L. (2005). Problematic drug use and drug use disorders in EU countries and Norway: an overview of the epidemiology. European Neuropsychopharmacology, **15**, 389-397.

Reimer, J., Lorenzen, J., Schäfer, I., Backmund, M., Bätz, B., Haasen, C.(2005). Virale Leberinfektionen bei intravenösen Drogengebrauchern. Suchtmed, **7**, 128

Reis, O., Raphael, A., Sommer, J.-C., Steffen, H., Häßler, F. (2004). Abschlussbericht über das Bundesmodellprojekt Designerdrogen-Sprechstunde der Klinik für Kinder- und Jugendpsychiatrie Rostock. Rostock: Manuskript.

Reymann, G., Gastpar, M., Tretter, F., Hähnchen, A., Köhler, W., Poethke, T., Wolstein, J. (2003). Akutbehandlung opioidbezogener Störungen. www.uni-duesseldorf.de/AWMF/II/076-002.htm

Robert Koch-Institut (RKI) (2004a). Hepatitis C. Gesundheitsberichterstattung des Bundes. Heft 15. Berlin: RKI.

Robert Koch-Institut (RKI) (2004b). Infektionsepidemiologisches Jahrbuch meldepflichtiger Krankheiten für 2003. Berlin: Robert Koch-Institut.

Rockstroh, J. (2004) HIV and hepatitis C virus co-infection. Lancet Infect. Dis., 4(7), 437-44

Robert Koch-Institut (2005a). HIV-Infektionen und AIDS-Erkrankungen in Deutschland. Aktuelle epidemiologische Daten (Stand vom 31.12.2004). Epidemiologisches Bulletin, Sonderausgabe A, 12.April 2005.

Robert Koch-Institut (2005b). Infektionsepidemiologisches Jahrbuch meldepflichtiger Krankheiten für 2004. Datenstand 1.März 2005. Berlin o. unter http://www.rki.de/cln_011/nn_226624/DE/Content/Infekt/Jahrbuch/Jahrbuch__2004,templateId=raw,property=publicationFile.pdf/Jahrbuch_2004

Rösner, S. & Küfner, H. (2005). Jahresbericht 2003 Medikamentenmissbrauch bei Klienten ambulanter Suchthilfeeinrichtungen (Monitoring.System ebis.-med), Berichtszeitraum 1.1.2003 - 31.12.2003. IFT Berichte Bd. 151. München: Institut für Therapieforschung

Schäfer, M. (2005). Therapie der chronischen Hepatiti C bei Patienten mit psychischen Erkrankungen. Suchttherapie, **6**, 66-69.

Schäfer, M., Berg, T. (2005). Die chronische Hepatitis C-Infektion: Häufigkeit, Verlauf und Stand der Behandlungsmöglichkeiten bei Patienten mit intravenöser Drogenabhängigkeit. Sucht, **51**, 97-108.

Schäfer, M., Heinz, A., Backmund, M. (2004). Treatment of chronic hepatitis C in patients with addiction: time to change the rules. Addiction, **99**, 1167-1175.

Schäfer, M, Schmidt, F., Folwaczny, C., Lorenz, R., Martin, G., Schindlbeck, N., Heldwein, W., Soyka, M., Grunze, H., Koenig, A., Loeschke, K. (2003). Adherence and mental side effects during hepatitis C treatment with Interferon alfa and Ribavirin in psychiatric risk groups. Hepatology, **37**, 443-451.

Schaper, G., Heumüller, M. (2003). Frauen in Haft. In: Deutsche AIDS-Hilfe e.V. (Hrsg.): Betreuung im Strafvollzug, Berlin, 79-89.

Schinke, S.P. (1994). Prevention science and practice: an agenda for action. The Journal of Primary Prevention, **15**, 45-57.

Schmidt, B. (2004). Suchtprävention in der Bundesrepublik Deutschland – Grundlagen und Konzeption. Forschung und Praxis der Gesundheitsförderung (24). Hrsg.: Bundeszentrale für gesundheitliche Aufklärung (BZgA). Köln.

Schneider, Wolfgang (2004). Zwischen Anspruch und Wirklichkeit von Drogenkonsumräumen. Erfahrungen aus Münster. Akzeptanz, **12**, 21-25.

Schottenfeld, R.S., Pakes, J.R., Oliveto, A., Ziedonis, D., Kosten, T.R..Buprenorphine vs methadone maintenance treatment for concurrent opioid dependence and cocaine abuse. Arch Gen Psychiatry, 1997, **54**, 713-720.

Schütz, C.G., Indlekofer, F., Piechatzek, M., Daamen, M., Waszak, F., Lieb, et al. (2004). Ecstacykonsumenten: Neurokognitive und funktionelle Problemkonstellationen und Ansätze zu spezifischen Frühinterventionen. Suchtmed, **6**, 67-72.

Schütze, C., Kalke, J., Buth, S., Raschke, P. (2004). Jahresbericht 2003: Analysen zur Struktur des ambulanten Suchthilfesystems. Moderne Dokumentation in der ambulanten Suchtkrankenhilfe Bd. 5. Hamburg: Institut für inderdisziplinäre Sucht- und Drogenforschung ISD.

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.

Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz (Hrsg.) (2004). Gesundheitsberichterstattung Berlin, Basisbericht 2003/2004. Daten des Gesundheits- und Sozialwesens. Berlin: Pressestelle der Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz.

Simmedinger, R., Vogt, I. (2005). Auswertung der Frankfurter Konsumraumdokumentation 2004. Endbericht. Frankfurt: ISFF

Simon, R. (2004). Analyse der Länderkurzberichte zum Umfang substanzbezogener Störungen und zur Betreuungssituation 2003. DBDD, München.

Simon, R., Sonntag, D., Bühringer, G. & Kraus, L. (2004). Cannabisbezogene Störungen: Umfang, Behandlungsbedarf und Behandlungsangebot in Deutschland. München: IFT, Institut für Therapieforschung.

Speck, A., Sperber, P., Reimers, S., Raack, N., Hermanns, J., Pagels, M. (2005). Aussiedlerinnen und Aussiedler in der Drogenhilfe Schleswig-Holstein: Versorgungssituation, Konsummuster und Zugangsbarrieren zum Hilfesystem. Abschlußbericht. Kiel: Landesstelle gegen die Sucthgefahren für Schleswig-Holstein.

Statistisches Bundesamt (2004). Statistisches Jahrbuch 2004 für die Bundesrepublik Deutschland. Stuttgart: Metzler-Poeschel.

Statistisches Bundesamt (2005a). Lange Reihen zur Strafverfolgungsstatistik: Verurteilte nach ausgewählten Straftaten, Geschlecht und Altersgruppen. http://www.destatis.de/download/d/veroe/fach_voe/strafzeitreihen03.pdf

Statistisches Bundesamt (2005b). Bestand der Gefangenen und Verwahrten in den deutschen Justizvollzugsanstalten nach ihrer Unterbringung auf Haftplätzen des geschlossenen und offenen Vollzuges jeweils zu den Stichtagen 31. März, 31. August und 30. November eines Jahres (Stand: 02.06.2005). http://www.destatis.de/download/d/veroe/fach_voe/justizvollzug05.pdf

Statistisches Bundesamt (2005c). Verkehrsunfälle 2003. Fachserie 8/ Reihe 7. Wiesbaden: Statistisches Bundesamt.

Statistisches Bundesamt (2005d). Diagnosedaten der Krankenhauspatientinnen und –patienten 2003. Fachserie 12, Reihe 6.2,1 Gesundheitswesen http://www-ec.destatis.de

Statistisches Bundesamt (2005e). Strafvollzug - Demographische und kriminologische Merkmale der Strafgefangenen zum Stichtag 31.3. - Rechtspflege, Fachserie 10, Reihe 4.1. www.rechtspflegestatistik@destatis.de

Stempel, K. (2005). Illegale Drogen/Rauschgift – Zahlen und Fakten. In: Deutsche Hauptstelle für Suchtfragen e.V. (Hrsg.): Jahrbuch Sucht 2005, 69-82, Geesthacht: Neuland Verlag.

Stöver H.& Kolte B. (2003). Drogengebrauch und drogenpräventive Ansätze in benachteiligten städtischen Quartieren. Universität Bremen. Bremener Institut für Sozialforschung (BISDRO)

Stöver H., Hennebel L. & Casselman, J. (2004). Substitution treatment in European prisons. A study of policies and practices of substitution treatment in prison in 18 countries. Oldenburg: BIS-Verlag.

Stöver H., Kolte B., (2003). Drogengebrauch und drogenpräventive Ansätze in benachteiligten städtischen Quartieren, Bremen.

Stöver, H.; Nelles, J. (2003). 10 years of experience with needle exchange programmes in European prisons: A review of evaluation studies. International Journal of Drug Policy, **14**, 437-44.

Strobl, M., Klapper, J., Pelzel, K.-H., Bader, Zahn, H. & Lange, N. (2005a). Suchthilfestatistik 2004 für Deutschland. Tabellenband für die ambulante Suchtkrankenhilfe. www.dshs.de

Strobl, M., Klapper, J., Pelzel, K.-H., Bader, Zahn, H. & Lange, N. (2005b). Suchthilfestatistik 2004 für Deutschland. Tabellenband für die stationäre Suchtkrankenhilfe. www.dshs.de

Sonntag, D. & Welsch, K. (2004). Jahresstatistik 2003 der ambulanten Suchtkrankenhilfe in Deutschland. Sucht, **50**, Sonderheft 2.

Thomasius, R., Gouzoulis-Mayfrank, E. (2004). AWMF-Behandlungsleitlinie: Psychische und Verhaltensstörungen durch Kokain, Amphetamine, Ecstasy und Halluzinogene. Fortschritte der Neurologie und Psychiatrie, **72**, 679-695.

Thüringer Koordinierungsstelle Suchtprävention (TKS) (2001). Konzeption zur Datenerhebung als Begleitung und Evaluation von Maßnahmen zur Hepatitis-Prophylaxe für ausgewählte Standorte Thüringens im Themenzusammenhang „Infektionskrankheiten und Drogenkonsum“. Manuskript.

Tielking, K., Becker, S., 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.

Tielking, K., 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.

Tobler, N.S., Roona,M.R., Ochshorn, P., Marshall, D.G., Streke, A.V. & 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.

Vellemann R.& Orford J. Risk and resilience (1999). Adults who were the children of problem drinkers. Amsterdam: Harwood Academic Publishers

Verband Deutscher Rentenversicherungsträger (Hrsg.), (2003). Rehabilitation des Jahres 2002. VDR-Statistik. Frankfurt am Main: Universitätsdruckerei.

Verthein, U., Prinzleve, M., Degkwitz, P., Farnbacher, G. & Krausz, M. (2003). Ambulanter Entzug mit Buprenorphin. Suchttherapie, **4**,150-158.

Verthein, U., Prinzleve, M., Farnbacher, G., Haasen, C., Krausz, M (2004). Treatment of opiate addicts with buprenorphine – a prospective naturalistic trial. Addictive disorders and their treatment, **3**, 58-70.

Vogt, I., Zeissler, E. (2005). Abschlussbericht der Evaluation des Projektes Rauchraum im Drogennotdienst Frankfurt des Vereins Jugendberatung und Jugendhilfe e.V. Frankfurt: ISFF

Wartberg, L., Petersen, K.,-U., Schwab, R., Thomasius, R. (2004). Erstkonsumalter von Ecstasy und psychische Befindlichkeit. Sucht, **50**, 361-367.

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. (2004). Deutsche Suchthilfestatistik 2003. Sucht, **50**, Sonderheft 1.

Welsch, K., Sonntag, D. (2005). Suchtkrankenhilfe in Deutschland. Frauen und Männer mit substanzbezogenen Problemen in deutschen Suchthilfeeinrichtungen. In: Deutsche Hauptstelle für Suchtfragen e.V. (Hrsg.): Jahrbuch Sucht 2005, 131-147, Geesthacht: Neuland Verlag.

Welsch, K., Sonntag, D. (2005a). Jahresstatistik 2004 der ambulanten Suchtkrankenhilfe in Deutschland. in Vorbereitung.

Welsch, K., Sonntag, D.(2005b). Jahresstatistik 2004 der stationären Suchtkrankenhilfe in Deutschland. In Vorbereitung.

Werse, B., Müller, O., Bernard, C. Prinzleve, M., Kemmesies, U.E (2005). Jahresbericht MoSyD (Monitoring-System Drogentrends). Drogentrends in Frankfurt am Main 2004. Johann Wolfgang Goethe-Universität, Centre For Drug Research, Frankfurt am Main 2005.

Wittchen, H.-U., Apelt, S.-M., Christl, B., Hagenau, K., Groß, A., Klotsche, J. & Soyka, M. (2004). Die Versorgungspraxis der Substitutionstherapie Opiatabhängiger. Suchtmedizin, **5**, 80-87.

Wittchen, H.-U., Apelt, S. M., Bühringer, G., Gastpar, M., Backmund, M., Gölz, J., Kraus, M. R., Tretter, F., Klotsche, J., Siegert, J., Pittrow, D. & Soyka, M. (2005). Buprenorphine and methadone in the treatment of opioid dependence: methods and design of the COBRA study. International Journal of Methods in Psychiatric Research, **14**, 14-28

Wodarz, N., Unglaub, W., Johann, M.& Rehberg, K. (2004). Anwendungsbeobachtung von Buprenorphin (subutex®) in der Substitutionsbehandlung opioidabhängiger Patienten. Suchtmed, **6**, 287-296.

Wojak, M. (o. J.). Die Therapievorschriften des Betäubungsmittelgesetzes: Eine Untersuchung über das Antragsverfahren in der Berliner Justiz 1989-1991. Senatsverwaltung für Jugend und Familie, Berlin.

Zenker, C., Bammann, K.& Jahn, I. (2003). Genese und Typologisierung der Abhängigkeits-erkrankungen bei Frauen. Schriftenreihe des Bundesministeriums für Gesundheit, Band 148. Baden-Baden: Nomos.

Zenker, C., Winkler, K., Walcker-Mayer, C., Vogt, I., Soltau, R., Schumann, M., Ohnmeiss, U., Merfert-Diete, C., Korthaus, U., Kerschl, V., Helfferich, C. (2005). Gender Mainstreaming in der Suchthilfe. Eine Expertise. Fachverband Drogen und Rauschmittel e.V., FDR-Text Nr. 4.

Zerell, U., Walz, J, Thalheim, J, Bender, C. (2005). Statistisches Auswerteprogramm Rauschgift (SAR). Zusammenfassung für den Rauschgiftjahresbericht 2004. Wiesbaden: Bundeskriminalamt, Fachbereich Toxikologie, Manuskript.

Zimmermann, P. Wittchen, H.-U., Waszak, F., Höfler, M., Lieb, R. (in the press). Pathway into ecstasy use: The role of prior cannabis use and ecstasy availability. Drug and alcohol dependence.

Zurhold, H., Degkwitz, P, Verthein, U. & 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.

Zurhold, H. (2005). Entwicklungsverläufe von Mädchen und jungen Frauen in der Drogenprostitution. Eine explorative Studie. Berlin: VWB Verlag für Wissenschaft und Bildung.

14.2 Websites

Alongside the websites 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.

Website	**Institution**
www.bmgs.bund. 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 Centre for Drugs and Drug Addiction
www.dhs.de	Deutsche Hauptstelle für Suchtfragen (DHS)
	German Head Office for Addiction Issues
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 Laender
	Project for young people in Saxony
www.emcdda.eu.int	Europäische Beobachtungsstelle für Drogen und Drogensucht (EBDD)
	European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
www.ift.de	Institut für Therapieforschung (IFT), München
	Institute for Therapy Research
www.partypack.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 electronic format under www.dbdd.de . For technical reasons, they are not available in print version.

			Reporting Cycle
1	*Online* Standard Table 01	Basic results and methodology of population surveys on drug use	As soon as available
2	Standard Table 02	Methodology and results of school surveys on drug use	As soon as available
3	Standard Table 03	Characteristics of persons starting treatment for drugs	Yearly
4	Standard Table 04	Evolution of treatment demands	Yearly
5	Standard Table 05	Acute/direct related deaths	Yearly
6	Standard Table 06	Evolution of acute/direct related deaths	Yearly
7	Standard Table 07	National prevalence estimates on problem drug use	As soon as available
8	Standard Table 08	Local prevalence estimates on problem drug use	As soon as available
9	Standard Table 09	Prevalence of hepatitis B/C and HIV infection among injecting drug users	Yearly
10**	Standard Table 10	Syringe availability	Every two years (2004, 2006, 2008 etc)
11	Standard Table 11	Arrests/Reports for drug law offences	Yearly
12	Standard Table 12	Drug use among prisoners	Yearly
13	Standard Table 13	Number and quantity of seizures of illicit drugs	Yearly
14	Standard Table 14	Purity at street level of illicit drugs	Yearly
15	Standard Table 15	Composition of tablets sold as illicit drugs	Yearly
16	Standard Table 16	Price in Euros at street level of illicit drugs	Yearly
17	Standard Table 17	Leading edge indicators for new developments in drug consumption	Voluntary
18	Standard Table 18	Overall mortality and causes of deaths among drug users	As soon as available
19**	Standard Table 19	Universal school based prevention programmes	Once and updates every two years (2004, 2006, 2008)
22	Structured Questionnaire 22	Universal school-based prevention	2004 and updates –(only if new information)
23**	Structured Questionnaire 23	Harm reduction measures to prevent infectious diseases among drug users	2004 and updates
24**	Standard Table 24	Drug related treatment availability	Every two years (2004, 2006 ..)
25	Structured Questionnaire 25	Community-located prevention	2005 and updates (only if new information available)
26	Structured Questionnaire 26	Selective and indicated prevention	2005 and updates (..)
27	Structured Questionnaire 27	Treatment programmes	2005 and updates (..)
28	Structured Questionnaire 28	Social Reintegration	2005 and updates (..)
29	Structured Questionnaire 29	Reduction of acute drug-related deaths	2005 and updates (..)
30	Standard Table 30	Methods and Results of youth surveys	Voluntary
34		TDI data[2]	Yearly

[2] 34 is a number given according to the EISDD; it is not meant to be consecutive