European Monitoring Centre for Drugs and Drug Addiction

DBDD
Deutsche Beobachtungsstelle für Drogen und Drogensucht
DHS IFT BZgA

Germany

Country Drug Report 2017

THE DRUG PROBLEM IN GERMANY AT A GLANCE

Drug use

in young adults (18-34 years) in the last year

Cannabis

13.3 %

11 % 15.6 %

Other drugs

Amphetamines	1.9 %
MDMA	1.3 %
Cocaine	1.2 %

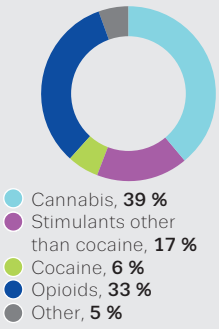
High-risk opioid users

160 322

(146 580 - 174 064)

Treatment entrants

by primary drug



Opioid substitution treatment clients

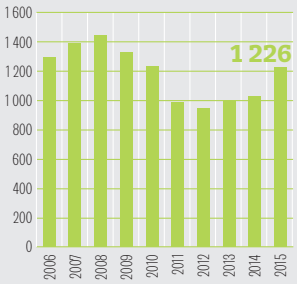
77 200

Syringes distributed

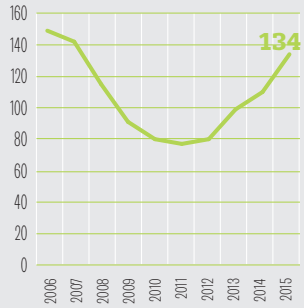
through specialised programmes

No data

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

292 227

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cocaine
3. Cannabis resin
4. Amphetamine
5. Heroin

Population

(15-64 years)

53 422 103

Source: EUROSTAT
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

About this report

This report presents the top-level overview of the drug phenomenon in Germany, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

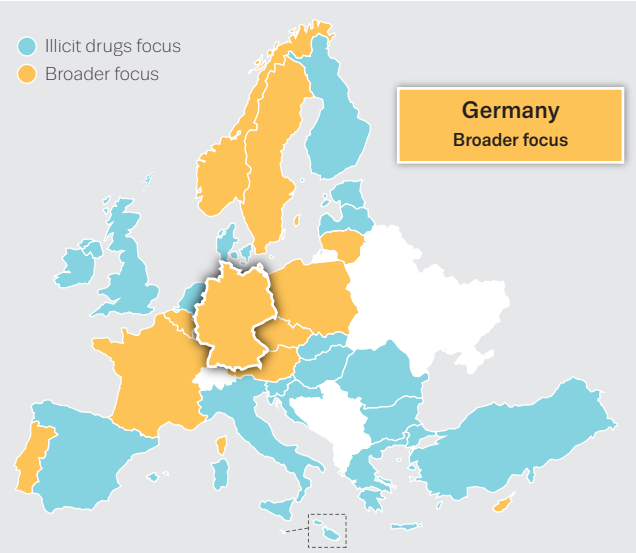
National drug strategy

In Germany, the National Strategy on Drug and Addiction Policy was adopted in 2012 by the Federal Cabinet as an ongoing strategy with no specified end date. The strategy aims to help individuals avoid or reduce their consumption of licit substances (alcohol, tobacco and psychotropic pharmaceuticals) and illicit substances, as well as addictive behaviours (e.g. pathological gambling) (Figure 1). The strategy is comprehensive and based on four pillars: (i) prevention; (ii) counselling, treatment and help in overcoming addiction; (iii) harm reduction measures; and (iv) supply reduction. It covers six distinct areas: (i) alcohol; (ii) tobacco; (iii) prescription drug addiction and prescription drug abuse; (iv) pathological gambling; (v) online/media addiction; and (vi) illegal drugs. Each of the six areas contains a set of goals and measures for the implementation of the strategy.

No systematic evaluation of the National Strategy on Drug and Addiction Policy has been conducted and none is scheduled. However, Germany, like other European countries, evaluates the impact of drug policies and strategies through routine indicator monitoring and specific research projects. For example, the prevalence of drug use is reviewed every three years through epidemiological studies, and many individual projects that have been implemented within the framework of the strategy are continuously evaluated.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2015. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The federal government, Länder and municipalities share responsibility for drug and addiction policy in Germany. According to the German Constitution, the federal government has legislative competence for narcotic drugs law, penal law and social welfare law. The Office of the Federal Government Commissioner on Narcotic Drugs is attached to the German Federal Ministry of Health. The Commissioner on Narcotic Drugs coordinates the drug and addiction policy of the federal government. The National Board on Drugs and Addiction (Drogen und Suchtrat (DSR)) is an advisory body that follows federal actions and plays a role in evaluating them. The enforcement of federal laws is mainly the responsibility of the Länder. The responsibility for the implementation of the drug and addiction policy, in particular its funding, rests with the Länder and municipalities, which may well set different priorities within the framework of statutory provisions and common goals. Coordination between the federal government and the Länder takes place in the inter-departmental conferences and working groups.

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Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy.

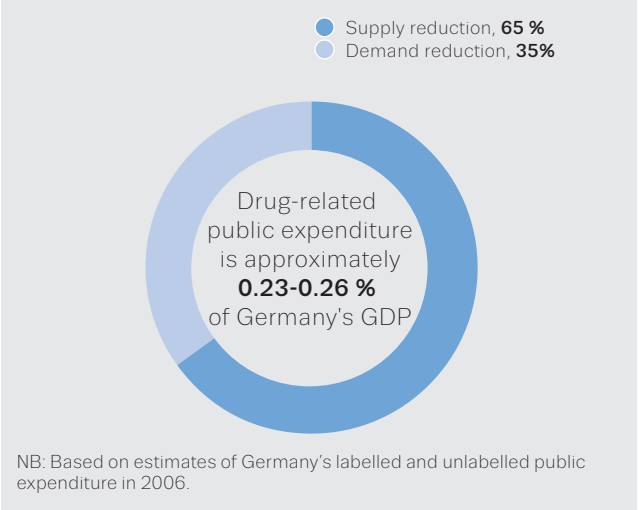
In Germany, the drug policy documents do not systematically distinguish the actions or budgets for licit and illicit substances, which means that it is difficult to identify drug-related expenditure. Since the funding of most drug initiatives is the responsibility of the Länder, the federal government and local governments, as well as social security, information on drug-related expenditure is not aggregated regularly.

A study that estimated the total drug-related public expenditure for the year 2006 indicated that total drug-related expenditure was between 0.23 % and 0.26 % of gross domestic product (GDP) (Figure 2). Of the total expenditure, which was estimated to be between EUR 5.2 billion and EUR 6.1 billion, the majority (64.8-69.5 %) was allocated to public order and safety, followed by expenditure on health and social protection (29.9-34.4 %) and a small proportion was allocated to general coordination activities (less than 1 %). However, the expenditure attributed to social security may have been underestimated, as there are limited opportunities to link these expenditures to drug use or drug-related disorders.

The available information does not allow reporting on trends in drug-related public expenditures in Germany.

FIGURE 2

Public expenditure related to illicit drugs in Germany



NB: Based on estimates of Germany's labelled and unlabelled public expenditure in 2006.

Drug laws and drug law offences

National drug laws

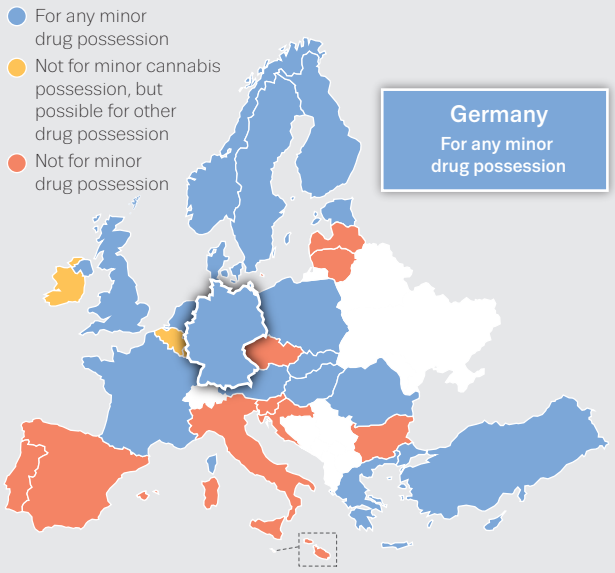
The German Federal Narcotics Act defines schedules of narcotic substances, the framework and procedure for legal turnover and prescription of narcotics, criminal and administrative liability and alternative measures for drug-dependent offenders. Use of drugs is not mentioned as an offence.

Unauthorised possession of drugs is a criminal offence punishable by up to five years in prison (Figure 3). However, the law affords various possibilities other than prosecution when only small quantities of narcotic drugs for personal use are involved, in line with a general trend in Europe to reduce the severity of punishments for such offences. Important criteria on which such a decision is based are the amount and type of the drugs involved, the involvement of others, the personal history of the offender and whether or not public interest would be served by prosecution. Most of the Länder have defined values for 'small amounts' of cannabis and a few have established amounts for heroin, cocaine, amphetamine and MDMA/ecstasy; for methamphetamine, a federal ruling limits 'non-small' amount to 5 g of the active substance. When a sentence is imposed, the principle of 'treatment instead of punishment' still allows — under certain circumstances — a postponement or remission of the punishment if the offender enters treatment.

The illicit supply, cultivation and manufacture of narcotic drugs carry penalties of up to five years' imprisonment. This increases to 15 years if there are aggravating circumstances, which include 'not insignificant' quantities of narcotic drugs; an adult supplying narcotics to a person under the age of 18; a person trafficking narcotics 'professionally' or as a member of a gang; or carrying a weapon when committing a serious drug-related offence.

FIGURE 3

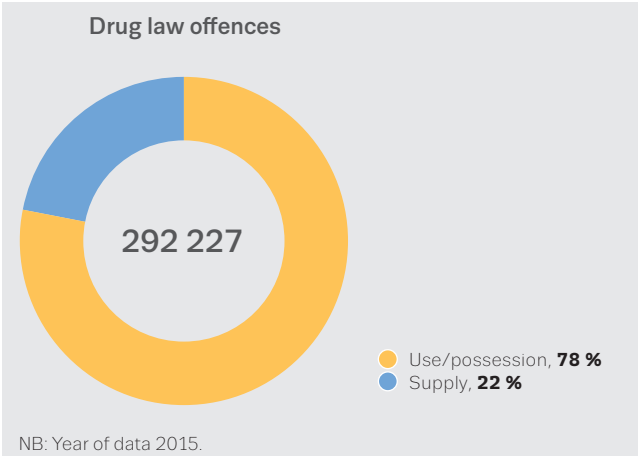
Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Year of data 2015.

FIGURE 4

Reported drug law offences in Germany



NB: Year of data 2015.

Until recently, new psychoactive substances (NPS) were controlled by their introduction into Schedules I to III of the German Federal Narcotics Act. However, the amendment procedure is deemed lengthy. Therefore, from October 2016, a new law prohibits supply-related actions involving NPS that belong to groups of amphetamine-type stimulants, including cathinones and synthetic cannabinoids; these offences are punishable by up to three years in prison or up to 10 years' imprisonment in certain aggravating circumstances.

In 2011, cannabis was transferred from Schedule I to Schedule III of the Narcotic Act, which, for the first time, enabled cannabis-containing proprietary medicinal products to be manufactured and prescribed, following clinical testing and licensing by the Federal Institute for Drugs and Medical Devices (BfArM).

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In Germany, a slight rise in the level of drug law offences has been reported in since 2013, due to the increase in general drug law offences, including consumption and possession. Drug use-related offences committed against the Narcotic Act (unauthorised possession, purchase and distribution of narcotic substances) dominate the drug law offences (Figure 4) and more than half of the annually reported offences are related to cannabis, followed by amphetamines.

Drug use

Prevalence and trends

In Germany, more than a quarter of the adult population have used illicit drugs during their lifetime, while less than 1 in 10 have done so in the last 12 months; of these, about half have used illicit drugs in the last 30 days.

Data on drug use among the adult population are available from the Epidemiological Survey of Substance Abuse (ESA). The Drug Affinity Study (DAS) provides data on the use of licit and illicit substances among adolescents and young people aged 12-25 years. The 2015 studies indicated that cannabis remains by far the most common illicit drug in Germany among both adults and adolescents. In general, consumption of illicit drugs is more common among males than females and remains higher among young adults, in particular 18- to 25-year-olds.

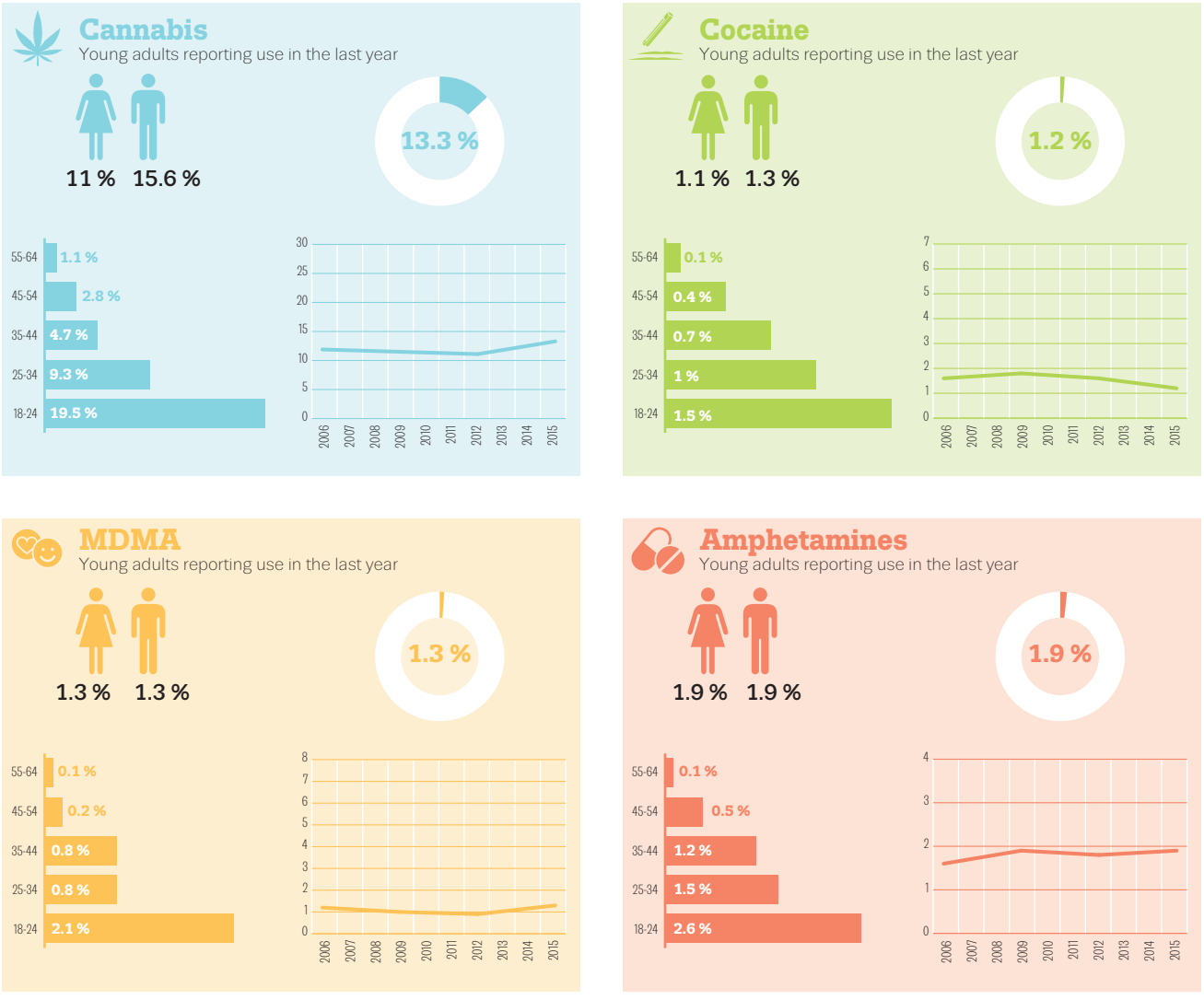
The most recent ESA results indicate a slight rise in cannabis use among young adults (Figure 5); in contrast, the DAS data from the most recent survey indicate a slight decline in cannabis use among adolescents and young people.

In 2015, amphetamine was for the first time reported to be the most popular stimulant used by German adults in the last 12 months, followed by cocaine and MDMA. About 2.8 % of adults in Germany had used any kind of NPS, while about 2.2 % of young adults (18-25 years) indicated use of these substances in the past.

German cities (Dortmund, Dresden, Dülmen and Munich) participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of illicit drugs and their metabolites in sources of wastewater.

FIGURE 5

Estimates of last-year drug use among young adults (18-34 years) in Germany



NB: Estimated last-year prevalence of drug use in 2015.

The 2016 study reported increased MDMA levels in wastewater of all the cities, which may be related to increased purity of MDMA or increased availability and use of the drug; moreover, MDMA concentrations were higher at weekends. Methamphetamine metabolites were found in the wastewater of cities of eastern Germany. In contrast, cocaine use was concentrated in Dortmund.

In Germany, the patterns of drug use vary considerably by region. Recent data from the regional monitoring systems and local studies point to a possible stabilisation or even a decrease in cannabis use among adolescents in some parts of the country. Other specific regional characteristics include the significant burden of problems arising from the use of methamphetamine in the south-eastern Länder in Germany.

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 7).

The population of high-risk opioid users in Germany is estimated by means of three multiplier methods using three data sources: police contacts (covering only heroin users), drug-induced deaths (the most recent estimates are based on 2015 data) and treatment admissions (the most recent estimate is based on 2014 data). These estimates range from 2.7 to 3.3 high-risk opioid users per 1 000 inhabitants aged 15-64 years. This corresponds to an absolute number of users ranging from 146 000 to 174 000. The estimate based on treatment admission (Figure 6) increased slightly between 2013 and 2014, while the estimated values deriving from the police contacts have declined in the last decade. In contrast, the estimates from drug-induced deaths increased for the first time between 2014 and 2015.

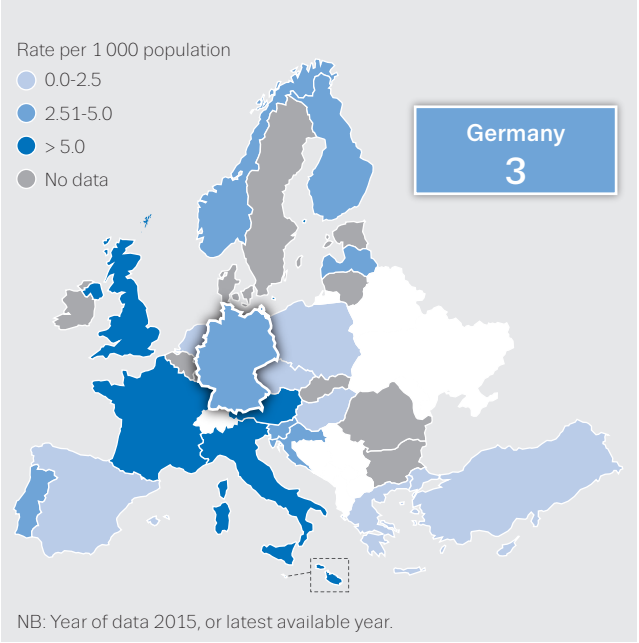
At the same time, high-risk stimulant use has become more prevalent in Germany, mainly in regions that share a border with the Czech Republic. The latest estimate of high-risk use of amphetamines based on general population surveys data ranges from 51 000 to 255 000 users in 2015.

Data from specialised treatment centres indicate that the number of new treatment clients seeking help because of the use of stimulants other than cocaine (mainly methamphetamine) has increased recently and has surpassed new clients seeking treatment for opioid use (Figure 7). Injection is more popular among opioid users than among other high-risk drug users; however, a change in preferred administration routes in favour of smoking and snorting heroin has also been observed.

The 2015 ESA suggested that approximately 1 % of the population aged 18-64 years in Germany (around 612 000 people) showed indications of clinically relevant cannabis use in the 12-month period studied, according to the Severity of Dependence Scale. Moreover, cannabis users were found to constitute the largest proportion of clients of specialised treatment services, although this may be the result of the progressive development of special programmes for this target group.

FIGURE 6

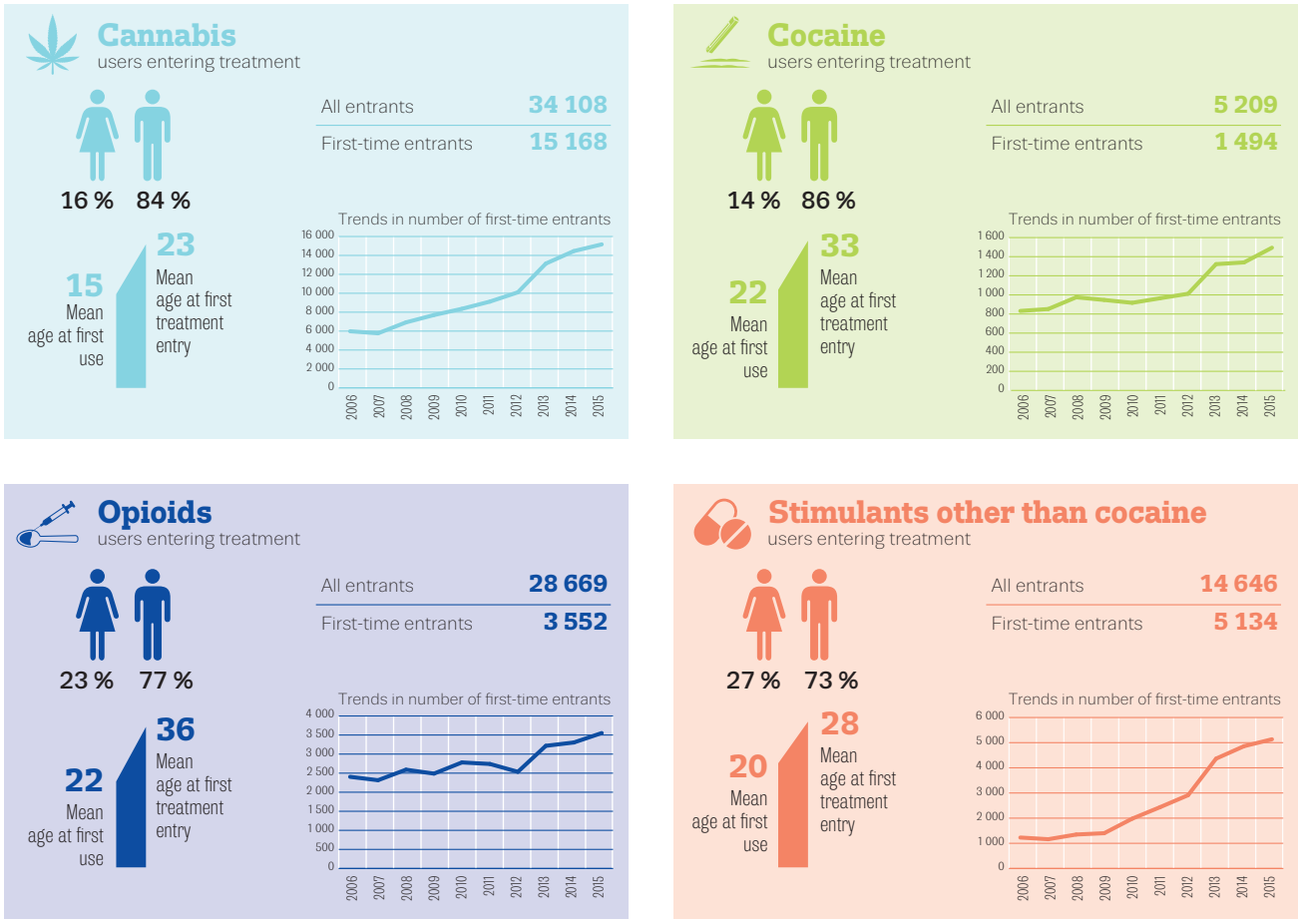
National estimates of last year prevalence of high-risk opioid use



NB: Year of data 2015, or latest available year.

FIGURE 7

Characteristics and trends of drug users entering specialised drug treatment centres in Germany



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Germany, data on drug-related infectious diseases are available from the registers at the Robert Koch Institut (RKI), to which all German laboratories are obliged to report, and they are complemented by data from other sources, which usually give additional insight into the problems of specific, often regional, populations of drug users.

According to the RKI data, there has in recent years been an increase in the number of new human immunodeficiency virus (HIV) cases reported in Germany. However, as regards new HIV infections attributable to injecting drug use, a downward trend was observed between 2000 and 2009 followed by stabilisation between 2010 and 2012, since which time a small increase has again been reported. In general, around 5 % of new HIV cases is linked to injecting drug use in Germany (Figure 8).

In 2015, case definitions for hepatitis B virus (HBV) and hepatitis C virus (HCV) infections were changed in Germany, which influenced the interpretation of the long-term trend in notifications. Reliable information on the mode of transmission was available for only a small minority of cases in the most recent data sets; nevertheless, the data suggested that injecting drug use remains a significant risk factor for HCV infection.

In 2012, a study on drugs and chronic infectious diseases, including seroprevalence surveys among people who inject drugs (PWID) was launched in eight cities. The study, covering the years 2012-14, indicated large geographical variations in rates of HIV, HCV and HBV infection among PWID, which is attributed to different use patterns, age structures and local conditions (Figure 9).

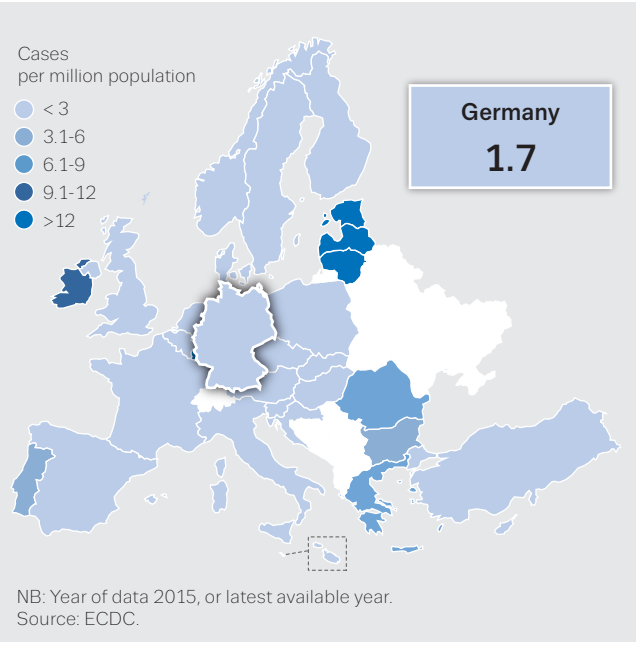
Drug-related emergencies

Information on drug-related emergencies in Germany originates from the hospital records of inpatients treated for intoxication and poisoning and from the Poison Information and Control Centres. The latter provide information on emergencies that did not lead to hospital admission. The available data for 2014 indicate that approximately 20 000 hospitalisations were linked to illicit drugs, while, according to data from Poison Information and Control Centres, there were approximately 3 800 drug-related incidents during the year. Among hospitalised patients, the majority sought help because of intoxication with multiple psychoactive substances, while most enquiries to the Poison Information and Control Centres were linked to stimulants.

A treatment centre from Munich participates in the European Drug Emergencies Network (Euro-DEN) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

FIGURE 8

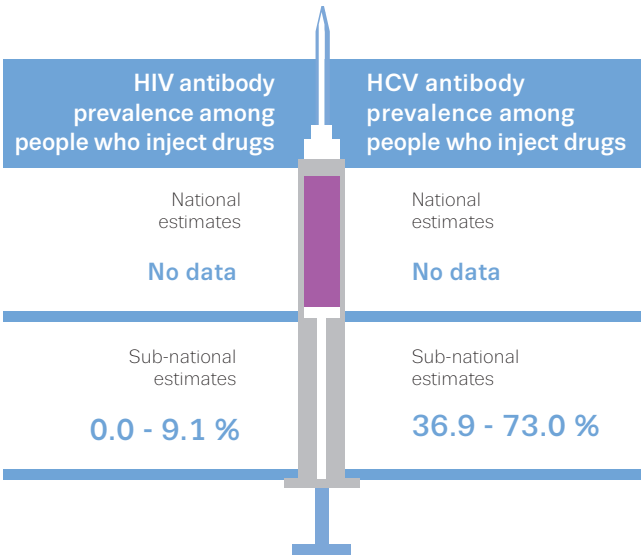
Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2015, or latest available year.
Source: ECDC.

FIGURE 9

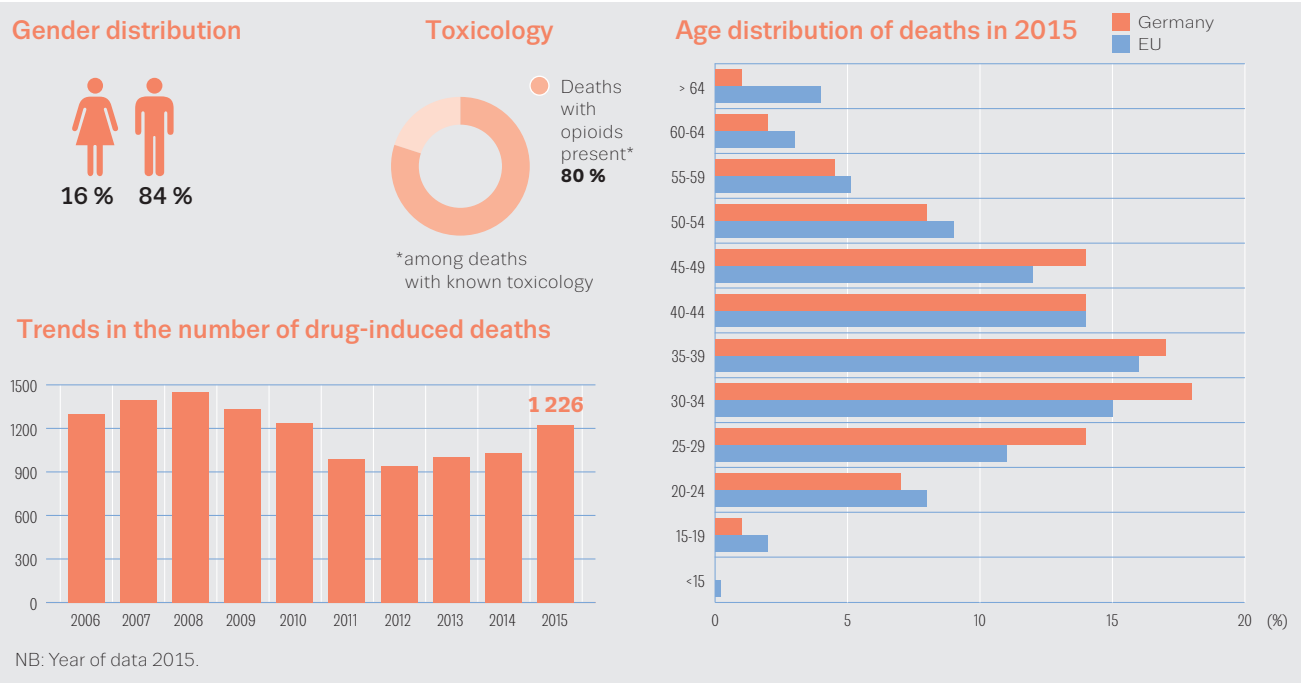
Prevalence of HIV and HCV antibodies among people who inject drugs in Germany



NB: Year of data 2011/2014.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Germany



NB: Year of data 2015.

Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

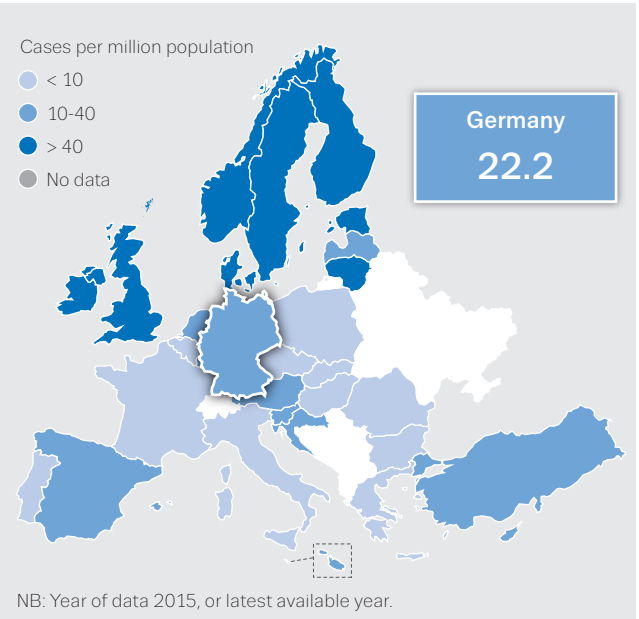
In 2015, according to the Police Register of the Federal Office of Criminal Investigation (BKA), the number of drug-induced deaths increased for a third consecutive year, but remained below the levels reported before 2010. Opioids (including medication for opioid substitution treatment (OST)), alone or in combination with other substances, remained the most common cause of drug-induced deaths, followed by cocaine or crack and amphetamines (Figure 10). The General Mortality Register also indicated an increase in drug-induced deaths for the third consecutive year, but deaths remained below the levels reported in 2010 and earlier.

Overall, the age structure for drug-induced deaths in Germany follows the European trend, with increasing proportions of the deceased belonging to older age groups. No overview is available from cohort studies on the mortality of the overall population of drug users in Germany.

The drug-induced mortality rate among adults (aged 15-64 years) was 22.2 deaths per million in Germany in 2015, compared with the most recent European average of 20.3 deaths per million (Figure 11).

FIGURE 11

Drug-induced mortality rates among adults (15-64 years)



NB: Year of data 2015, or latest available year.

Prevention

The prevention of addiction is one of the four pillars of the National Strategy on Drug and Addiction Policy. Measures for addiction prevention are the responsibility of the federal and Länder ministries, municipalities, the Federal Centre for Health and Education (BZgA) and the self-governmental bodies for social insurance. They all share responsibility for and fund the implementation of drug prevention activities in a multifaceted way.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems and indicated prevention focuses on at-risk individuals.

In 2015, approximately 34 500 addiction prevention measures, projects and programmes were documented in the online documentation system Dot.sys. Two thirds of the measures took a universal preventive approach, followed by approaches using selective, indicated and environmental prevention.

In Germany, environmental prevention measures focus on restricting smoking in public places, banning sales of tobacco products and alcohol to minors, enforcing punishment for driving under the influence of psychoactive substances and implementing police measures to reduce the availability of illicit drugs in general.

School-based prevention activities address mainly alcohol, tobacco and cannabis. In addition to information provision, the school-based prevention programmes promote life skills and encourage students to think critically about drug use and to develop their own values. Klasse2000 is widely implemented in German primary and special needs schools and a positive influence has been found on the health behaviour of children up to three years after finishing the programme. Another programme, KlasseKinderSpiel, (developed in the USA as the Good Behaviour Game), employs behavioural change techniques in a game setting, and this has been demonstrated to have a long-lasting protective effect in several evaluation studies.

The peer education method is applied in school settings and outside school and usually targets children who are in seventh grade or older. A universal prevention programme, Prev@WORK, has been developed to promote responsible substance use behaviours among young people in vocational training settings.

Other programmes, such as Unplugged, which targets secondary school pupils aged 11-14 years, and REBOUND — My Decision, which targets 15- to 25-year-olds, are also implemented in Germany (Figure 12).

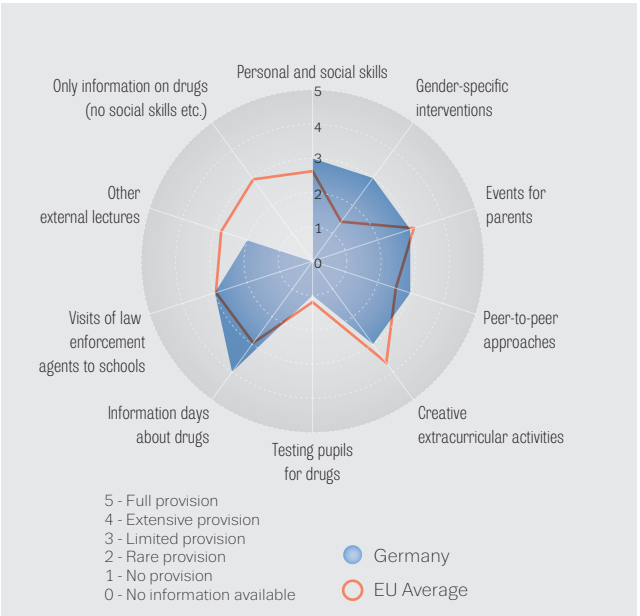
Prevention programmes oriented towards families aim to increase parenting skills, build the protective role played by the family and strengthen the basic life skills of the children. In 2013, the Strengthening Families Programme was adapted for use in Germany, and its first results are being evaluated. The creation of so-called 'prevention chains', which integrate healthcare into all areas of life, has become one of the priorities at the community level.

For selective prevention, FReD goes net, a German project targeting young offenders, has been implemented in at least 10 other European Union Member States.

Indicated prevention programmes in Germany target children and adolescents with behavioural disorders and children in families affected by drug dependency. Trampolin is an indicated prevention strategy developed to assist children from families affected by substance use. The federal pilot programme Family Outreach Therapy for Risky Drug Using Adolescents and their Families assists the parents of drug-using children and adolescents, facilitating intra-family communication and referring young people to services to enable early detection and intervention. Following an evaluation, it has been recommended for wider implementation. A special programme to stop or reduce cannabis use among 14- to 25-year-olds is running in Frankfurt, offering case management and

FIGURE 12

Provision of interventions in schools in Germany (expert ratings)



NB: Year of data 2015.

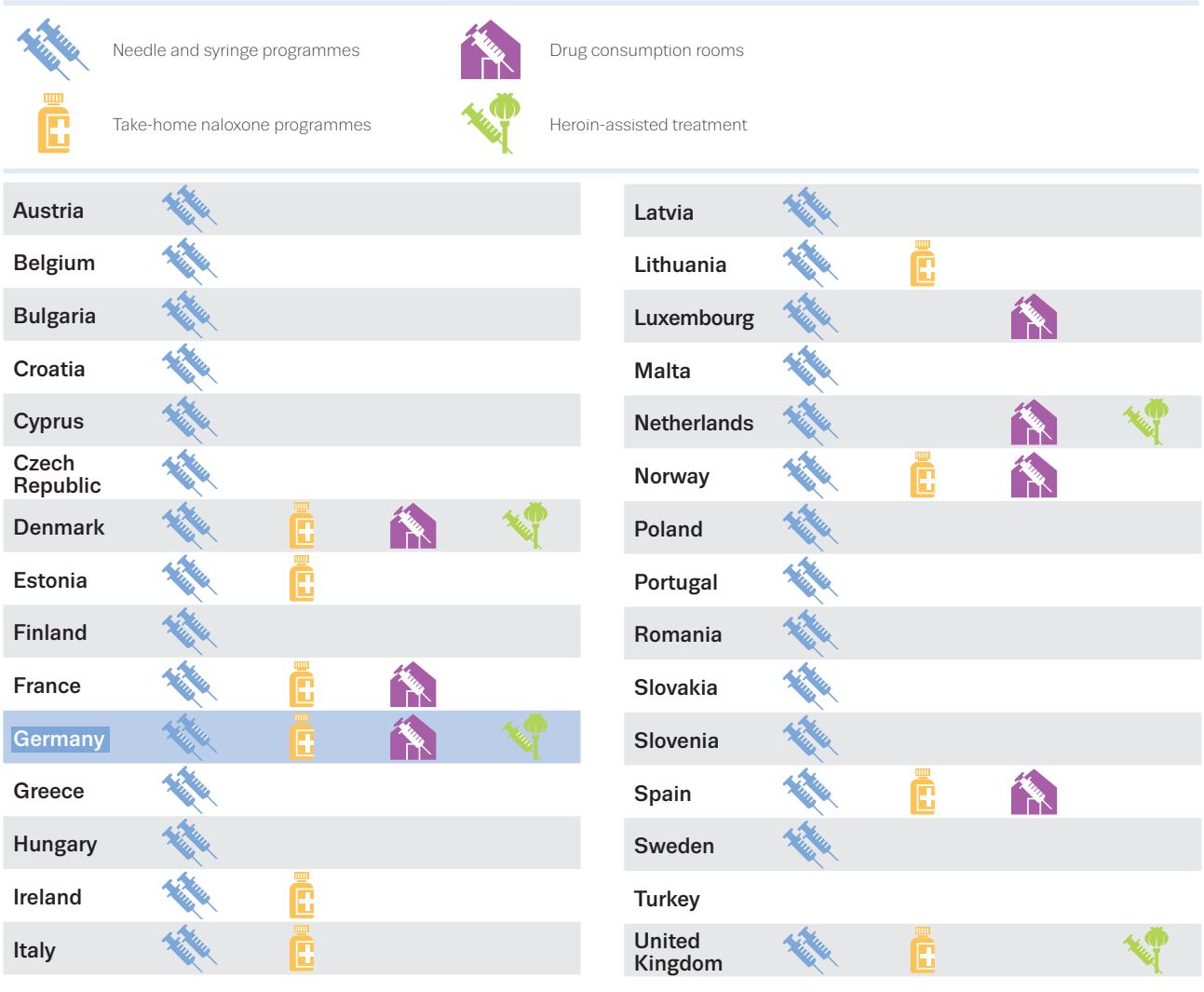
counselling for students who use cannabis. These prevention programmes are delivered within a therapeutic or counselling context, while an online counselling programme for cannabis users has also been evaluated. Progress has been made in designing and providing brief, web-based interventions for high-risk adolescents, either in a fully automated format or with therapeutic interactions via online chat.

Harm reduction

Harm reduction is one of the four pillars of the National Strategy on Drug and Addiction Policy. The activities for this strategy are, for the most part, financed by public funds and their primary aim is to reduce mortality and morbidity among drug users. In the last few decades, a system of low-threshold facilities has been established in Germany, which fulfils an important function by making drug-related health services more accessible to marginalised populations of drug users in urban settings. Germany is among the few European countries that provide the full range of harm reduction services, along with needle and syringe programmes, peer naloxone programmes for overdose prevention, supervised drug consumption rooms and heroin-assisted treatment (Figure 13). However, the availability of services differs among the regions (Länder) and cities.

FIGURE 13

Availability of selected harm reduction responses



NB: Year of data 2016.

Harm reduction interventions

Needle and syringe programmes have operated unofficially in some cities since 1984 but were only legalised in 1992. Clean needles and syringes and other drug use paraphernalia are provided through a network of low-threshold services and counselling facilities; syringes are also available from vending machines. Data on the number of syringes distributed are not available for the country as a whole, but some information on the number of syringes that have been distributed is available from North Rhine-Westphalia and Berlin.

The outpatient treatment centres serve as additional contact points for drug users, providing crisis interventions and offering psychosocial and medical help; many of them also offer outreach services.

Drug consumption rooms can be opened in the regions (Länder) where the regional government has passed a special regulation on the basis of national law. This was done by 6 of the 16 Länder and, currently, there are 23 drug consumption rooms at fixed locations in Germany and a drug consumption vehicle operates in Berlin. A new development in 2014-15 regarding the prevention of opioid overdose deaths is the expansion of take-home naloxone programmes; five programmes are operational and a project for issuing naloxone before release from prison is currently at a planning stage.

In 2016, five take-home naloxone programmes are operational and a project for issuing naloxone before release from prison is currently at a planning stage

Treatment

The treatment system

The German National Strategy on Drug and Addiction Policy focuses on treatment and counselling alongside prevention and early intervention. In Germany, the responsibility for the implementation of drug treatment lies with the federal Länder and municipalities. Available treatments range from low-threshold contacts and counselling services to intensive treatment and therapy in specialised inpatient facilities. Long-term treatment options exist in the form of OST, long-term rehabilitative treatment and social reintegration options. Special guidelines are available for the treatment of opioid dependency and psychological and behavioural problems related to the use of cannabis, cocaine, amphetamines, MDMA and hallucinogens. In recent years, guidelines for the treatment of addiction among elderly people, the treatment of methamphetamine-related disorders and recommendations on how to deal with somatic and psychosomatic comorbidity have also been developed. Funding for treatment is provided by many organisations: the Länder, pension and health insurance bodies, municipalities, communities, charities, private institutions and companies. In recent years, however, some municipalities have cut the provision of outpatient services because of funding constraints.

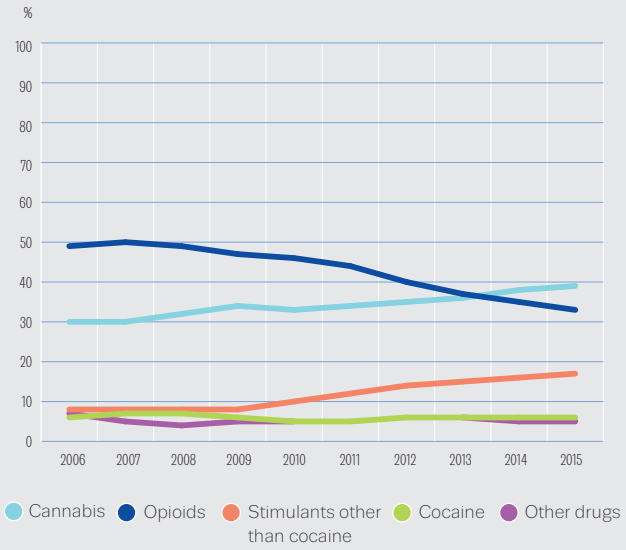
Family doctors play a special role, as they are often the first point of contact for drug users and at-risk individuals. At the core of the dependency support system lie, in addition to family doctors, addiction counselling and treatment centres, psychiatric outpatient institutes, facilities for integration support and outpatient and inpatient therapy facilities. The psychiatric clinics are also important in the drug treatment system. Most treatment facilities are provided free of charge by charitable bodies. State and commercial organisations are involved mainly in the provision of inpatient treatment. Most drug treatment takes place in centres and institutions that deal with dependence in general, although there are also treatment units for illicit drug users specifically.

Outpatient counselling centres provide psychosocial care and psychotherapy and are often an entry point for clients. These centres provide treatment either directly using their own resources or in collaboration with general practitioners who are specifically qualified in addiction medicine.

Psychiatric facilities for dependency represent the second major pillar of drug treatment in Germany. A wide range of services are provided in inpatient, outpatient and day-care settings in these facilities, including low-threshold, qualified detoxification treatment, crisis interventions, complex treatments of comorbidity and planning for reintegration. Detoxification can also be administered in therapeutic communities. In the integration and aftercare phase, a varied range of services relating to employment, housing

FIGURE 14

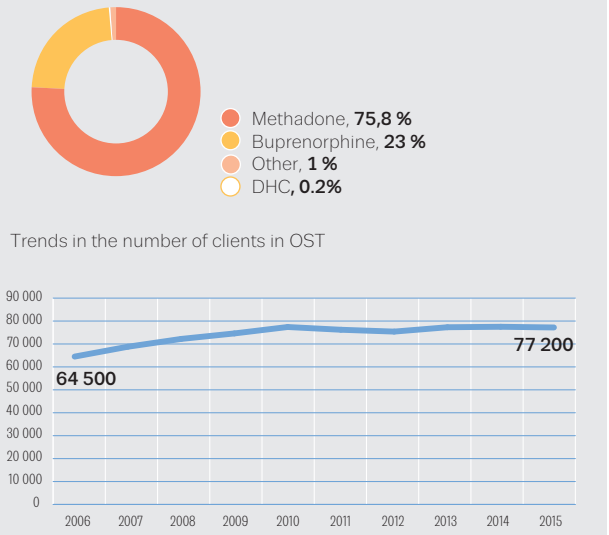
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Germany



NB: Year of data 2015.

FIGURE 15

Opioid substitution treatment in Germany: proportions of clients in OST by medication and trends of the total number of clients



NB: Year of data 2015. DHC: dihydrocodeine.

and reintegration into society are provided. A number of new treatment programmes addressing cannabis users specifically are offered by treatment providers.

OST with methadone was introduced in 1992, buprenorphine was introduced in 2000 and heroin-assisted treatment has been available since 2010. OST is offered mainly by the primary healthcare system, with about 10 % of inpatient facilities providing this treatment.

Treatment provision

In Germany, most treatment and care for drug users is provided in outpatient settings. The proportion of clients who seek treatment for opioid use has decreased over the years, in contrast to the proportion of those seeking treatment for cannabis use, which has increased continuously. Moreover, since 2009, the proportion of stimulant users (mainly users of methamphetamine) seeking treatment in Germany has almost doubled (Figure 14).

The number of clients receiving OST in Germany increased continuously until 2010. Since then, the number has remained largely stable and an estimated 77 200 clients received OST in 2015, of whom the majority received methadone (or levomethadone) (Figure 15).

Access to OST is subject to strong regional differences. The availability of OST outside larger cities is considered insufficient by both experts and people eligible for treatment.

Drug use and responses in prison

Since 2006, the Länder have been legally responsible for administration of the penal system in Germany; as a result, some Länder had passed their own prison laws. The general German Prison Act from 1976 applies in the remaining Länder and regulates the execution of custodial sentences and the measures for rehabilitation and prevention.

Currently, there is no national data collection system regarding health in German prisons. Some anecdotal information indicates that drug use and related problems are more common among prison inmates than in the general population of Germany. Data on inmates who have been treated for drug dependence indicate that most clients request treatment because of stimulant or opioid use. A recent small-scale survey in two correctional institutions confirmed the anecdotal information regarding the use of NPS in prisons.

The medical care of inmates is funded by the Ministries of Justice of the Länder, but differences between the Länder exist in the regulations and legislation that apply to prisons. According to the World Health Organization indicator registry, the following types of drug treatment were available in German correctional institutions, albeit not in all Länder, in 2008: medication-assisted short-term detoxification, short-term detoxification without medication, abstinence-based treatment with psychosocial counselling, antagonist treatment and OST. In some Länder, OST was available only to inmates who had received it prior to imprisonment. Only six Länder provided additional psychosocial counselling in every treatment case.

Most Länder provide information material on the prevention of drug-related harms. Treatment for infectious diseases is also available. Condoms are available free of charge, but disinfectants are not generally available. One syringe distribution project exists (a syringe machine) in a women's prison in Berlin.

A naloxone kit to prevent opioid overdose is provided by one pilot project to inmates who have completed the relevant training on their release from prison. In 2013, the Professional Association on Drugs and Addiction issued a recommendation on transition management, including recommendations for outpatient rehabilitation during imprisonment in a treatment centre outside prison that should be continued after release, on the need to establish links with community services and for provision of vocational training and drug emergency training sessions.

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Quality assurance

In Germany, quality assurance is embedded within the National Strategy on Drug and Addiction Policy, incorporating supranational agreements. The framework document outlines evidence-based strategies and emphasises their relevance in terms of ensuring effectiveness and favourable returns on taxpayers' investments.

Quality standards for drug demand reduction and addiction prevention in Germany are set by various stakeholders including governmental organisations, social insurance providers and non-governmental organisations, such as professional associations.

Different guidelines have been issued for drug demand reduction by a number of professional associations, such as the Working Group of the Scientific Medical Professional Societies (Arbeitsgemeinschaft der Medizinisch-Wissenschaftlichen Fachgesellschaften (AWMF)), the German Society for Addiction Medicine (Deutsche Gesellschaft für Suchtmedizin e.V. (DGS)), the German Medical Association (Bundesärztekammer (BÄK)), as well as insurance organisations such as the German Pension Fund (Deutsche Rentenversicherung Bund (DRV Bund)) or the National Association of Statutory Health Insurance Funds (Spitzenverband der Gesetzlichen Krankenversicherung). These associations also have sets of standards for quality.

Some accreditation systems for intervention providers in drug demand reduction exist at the federal level and in the Länder. They are provided by government bodies and statutory health insurers. Examples of accreditation systems include the cooperation network Equity in Health and its database of good practice projects, the Green List Prevention and the seal of approval of the statutory health insurers (Zentrale Prüfstelle Prävention). The publication entitled 'Prevention of addictive behaviours' and the nationwide conference on quality assurance in addiction

prevention should also be mentioned, which are organised by the Federal Centre for Health Education (BZgA) and bring together researchers and practitioners.

Accreditation also exists for academic degree programmes and further education in addiction therapy. Drug treatment may be provided only by adequately skilled staff with supplementary training in the specific relevant field. Germany is one of the few European countries where specific academic courses for addiction exist.

A federal law (Präventionsgesetz) was passed in 2015, which aims to strengthen quality in prevention, including drug demand reduction, by setting out a mechanism for quality assurance and co-operation between stakeholders.

Quality standards for drug demand reduction and addiction prevention in Germany are set by various stakeholders including governmental organisations, social insurance providers and non-governmental organisations, such as professional associations

Drug-related research

In Germany, drug-related research covers the entire range of basic and applied research. A number of German academic research centres can apply for funding through tendered projects or receive basic funds. The exchange of information in the research community is organised by researchers themselves, in networks or through professional associations; this takes place primarily through research conferences and specialised scientific journals. Initiatives and activities that reduce drug use, dependency, addictive behaviours or drug-related consequences are translated into clinical guidelines and transferred for nationwide implementation.

The promotion of research is also one of the cornerstones of the National Strategy on Drug and Addiction Policy. Addiction research in Germany encompasses epidemiological as well as biological, psychological, social and legal aspects and combines diverse scientific traditions, ranging from basic research to research on care for drug users. The national strategy highlights the importance of practice-related research to increase the effectiveness of drug and addiction policy and initiatives through evidence-based and evaluated measures. The implementation of either substance-specific studies or studies encompassing all substances, when carried out jointly with treatment and care facilities, helps to develop new counselling and treatment concepts that fit in with the daily practice of addiction care professionals. The Federal Ministry of Health (BMG) increasingly supports model projects and studies that examine and test new prevention and treatment approaches for all substances and for specific target groups. In recent years, the importance of cross-sectoral collaboration has been widely discussed to ensure better and more effective cooperation.

The BMG continues to fund several projects that focus on amphetamines (mainly methamphetamine) users, while recent priorities include programmes in the field of NPS, on substance use among refugees, a scientific appraisal of the potential and risks of cannabis use, strengthening of (online) self-help activities and the promotion of the use of modern media in addiction prevention.

In 2015, the German Society for Addiction Research and Treatment (Deutsche Gesellschaft für Suchtforschung und Suchttherapie (DG-Sucht)), the DGS and the German Association for Addiction Psychology (Deutsche Gesellschaft für Suchtpsychologie, DG-SPS) founded an umbrella organisation for addiction associations (Dachverband der Suchtgesellschaften (DSG)), which, among others, should further consolidate the activities in the fields of prevention, research and treatment.

In 2015, an umbrella organisation for addiction associations (Dachverband der Suchtgesellschaften (DSG)), was established, which aims to further consolidate activities in the fields of prevention, research and treatment

Drug markets

In Germany, the domestic production of illicit substances is linked to cannabis and some synthetic stimulants. Cannabis is cultivated outdoors and indoors and a steady increase in the total quantities of cannabis plants seized has been observed over the last four years. Cannabis products with various origins are widely trafficked through the country and they remain the most frequently seized substances. Herbal cannabis seized in Germany mainly originates from the Netherlands, Spain and Belgium and is usually destined for the United Kingdom, Poland and China, while cannabis resin primarily originates from Morocco and is usually intended for other EU countries.

The synthetic stimulant market, which is partly supplied by domestic production, is complex. The methamphetamine market has experienced a great expansion in the eastern regions of the country in recent years. Domestic production of synthetic stimulants has been in the spotlight because of the increase in the number of laboratories producing these substances that were dismantled between 2010 and 2012. However, in recent years, the number of dismantled laboratories has steadily fallen. The Netherlands and, to a much smaller extent, the Czech Republic (especially for methamphetamine) remain the main producing countries for synthetic drugs such as amphetamine and its derivatives. Although a significant proportion of seized substances was intended for the local market, some of it was destined for other European countries or for Asia.

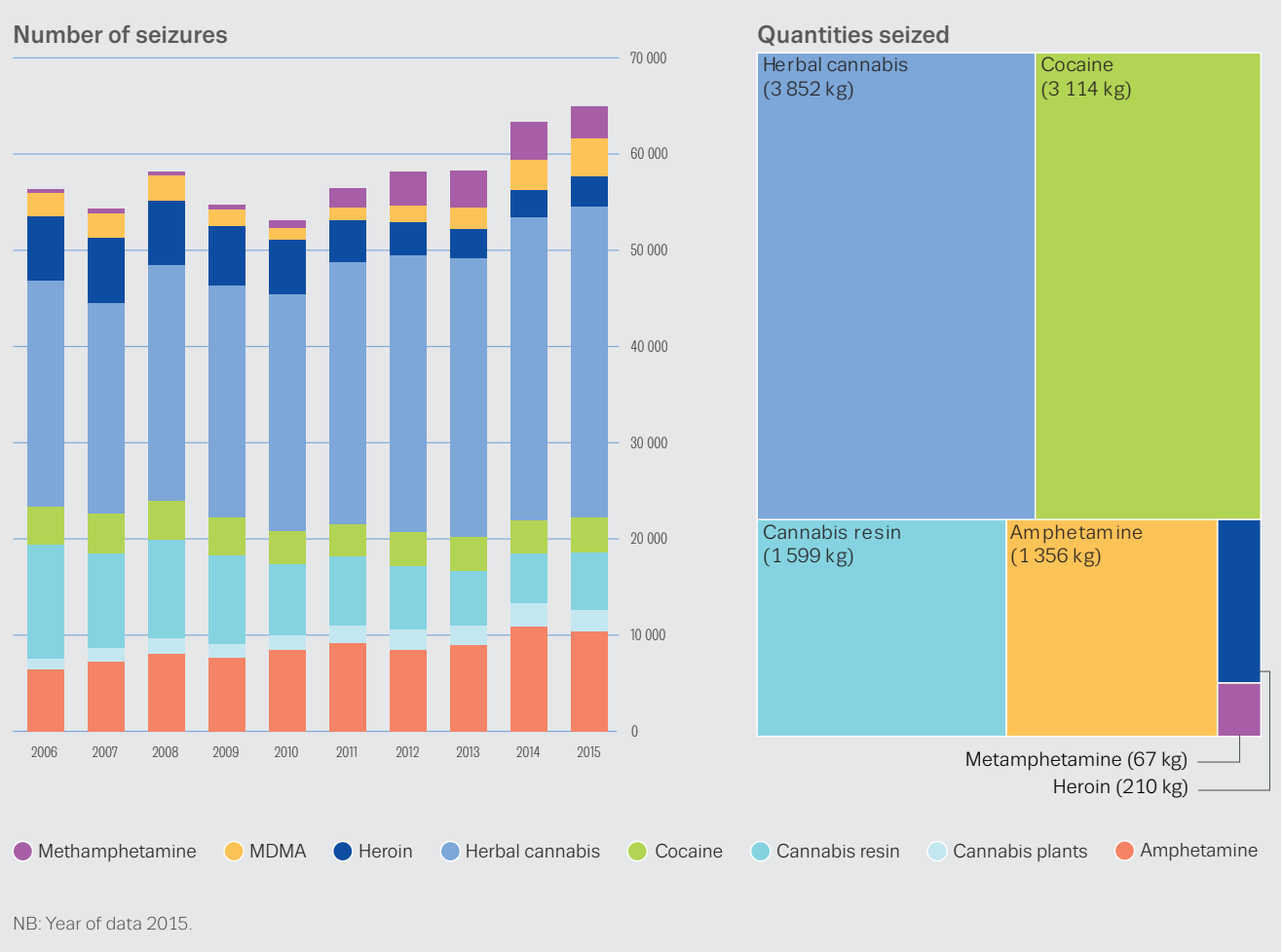
The Netherlands remains the main supplier of the MDMA that is seized in Germany, and the most recent data indicate that it has made a comeback in the market, following a massive drop in seizures between 2006 and 2010.

The quantity of heroin seized shows significant annual variations. In most recent years, the annual quantity of seized heroin has been markedly lower than it was 10 years ago.

Cocaine seized in Germany mainly originates in South America and enters Germany through other European countries. In 2015, a record high quantity of seized cocaine was reported as a result of several large seizures in shipping containers (Figure 16).

FIGURE 16

Drug seizures in Germany: trends in number of seizures (left) and quantities seized (right)



NB: Year of data 2015.

Drug supply reduction activities in Germany are driven by the objectives set by the individual Länder and depend largely on local conditions. In general, the activities aim to prevent illegal cultivation or production and trafficking of illicit substances, with the main focus on organised crime groups and money laundering.

Germany reports median potency (% of THC) or purity (% or mg per tablet) and average prices for the main illicit drugs. The median potency for cannabis resin in 2015 was 12.4 % of THC, for 'skunk' it was 12.6 % of THC, while for other types of cannabis products 2.3 % of THC were recorded. The median purity for heroin was reported at 19.1 %, cocaine 69 %, amphetamine 14.6 % and MDMA – 101 mg per tablet. The mean price of cannabis resin was 8.2 EUR/g, herbal cannabis 10.1 EUR/g, heroin 50.2 EUR/g, cocaine – 73.8 EUR/g, amphetamine 12.4 EUR/g. The mean price for one MDMA tablet was 7.6 EUR.

KEY DRUG STATISTICS FOR GERMANY

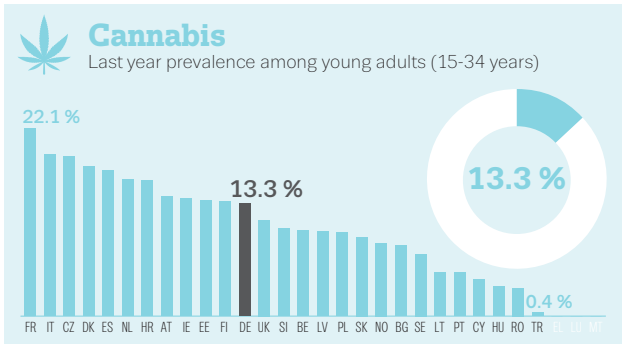
Most recent estimates and data reported

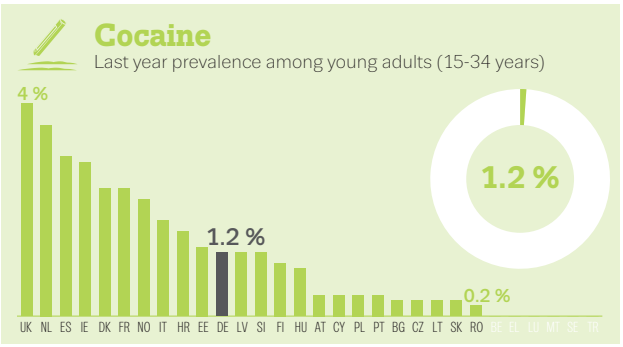
	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	6.5	36.8
Last year prevalence of use — young adults (%)	2015	13.3	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	6.1	0.3	11.1
All treatment entrants (%)	2015	39	3	71
First-time treatment entrants (%)	2015	57	8	79
Quantity of herbal cannabis seized (kg)	2015	3 851.9	4	45 816
Number of herbal cannabis seizures	2015	32 353	106	156 984
Quantity of cannabis resin seized (kg)	2015	1 598.9	1	380 361
Number of cannabis resin seizures	2015	6 059	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	No data	No data	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	No data	No data	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	No data	No data	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	0.9	4.9
Last year prevalence of use — young adults (%)	2015	1.2	0.2	4
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	2.3
All treatment entrants (%)	2015	6	0	37
First-time treatment entrants (%)	2015	6	0	40
Quantity of cocaine seized (kg)	2015	3 114.4	2	21 621
Number of cocaine seizures	2015	3 592	16	38 273
Purity (%) (minimum and maximum values registered)	No data	No data	0	100
Price per gram (EUR) (minimum and maximum values registered)	No data	No data	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	0.8	6.5
Last year prevalence of use — young adults (%)	2015	1.9	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	1	0	1.6
All treatment entrants (%)	2015	17	0	70
First-time treatment entrants (%)	2015	19	0	75
Quantity of amphetamine seized (kg)	2015	1 356	0	3 796
Number of amphetamine seizures	2015	10 388	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	No data	No data	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	No data	No data	1	139.8

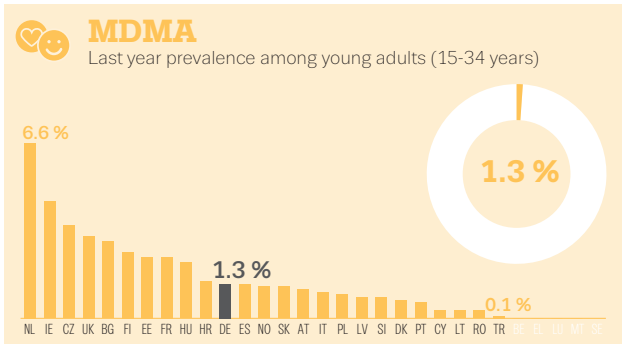
	Year	Country data	EU range Minimum	EU range Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	0.5	5.2
Last year prevalence of use — young adults (%)	2015	1.3	0.1	6.6
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	967 410	54	5 673 901
Number of MDMA seizures	2015	4 015	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	No data	No data	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2014	3.0	0.3	8.1
All treatment entrants (%)	2015	33	4	93
First-time treatment entrants (%)	2015	13	2	87
Quantity of heroin seized (kg)	2015	210	0	8 294
Number of heroin seizures	2015	3 061	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	No data	No data	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	No data	No data	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	1.7	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	22.2	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	No data	No data	164	12 314 781
Clients in substitution treatment	2015	77 200	252	168 840
Treatment demand				
All clients	2015	87 256	282	124 234
First-time clients	2015	26 639	24	40 390
Drug law offences				
Number of reports of offences	2015	292 227	472	411 157
Offences for use/possession	2015	213 850	359	390 843

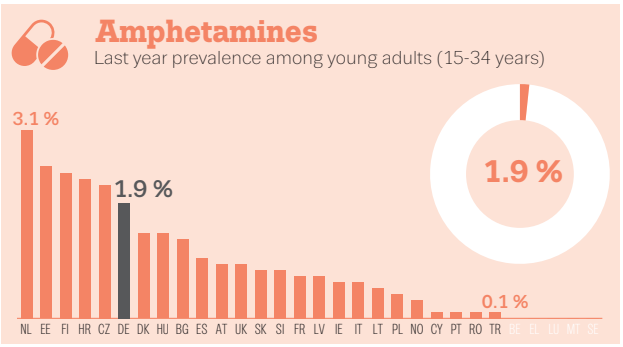
* PWID — People who inject drugs.

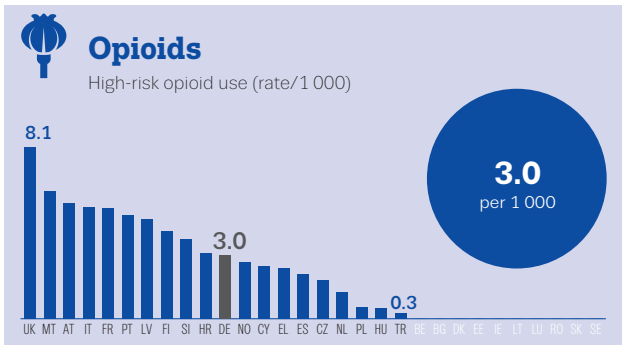
EU Dashboard

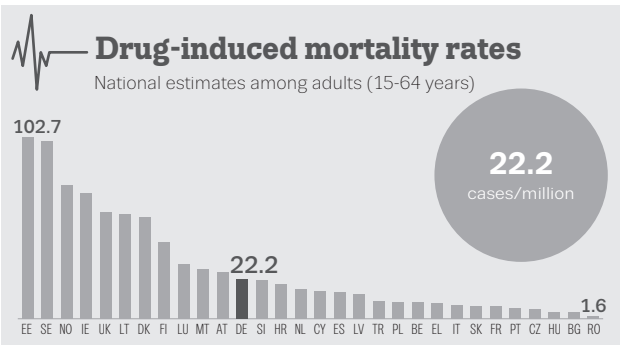


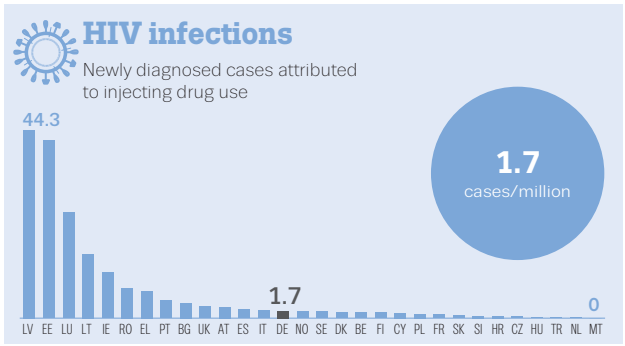


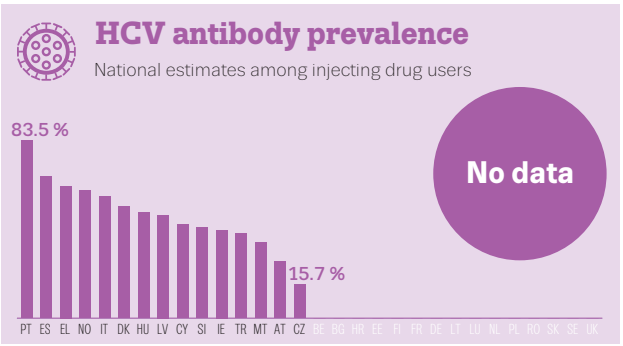












NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

DBDD
Deutsche Beobachtungsstelle für Drogen und Drogensucht
DHS IFT BZgA

About our partner in Germany

Following the establishment of the EMCDDA in 1993, the German Ministry for Health nominated the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung (BZgA), Cologne), the German Centre for Addiction Issues (Deutsche Hauptstelle für Suchtfragen e.V. (DHS), Hamm) and the IFT Institute for Therapy Research (IFT Institut für Therapiefoschung, Munich) to act jointly as the German national focal point (NFP) within the Reitox network of the EMCDDA. Together, the three institutions form the German Monitoring Centre for Drugs and Drug Addiction (DBDD) with the IFT as the institution responsible for the overall management of the NFP. Within the DBDD, the BZgA deals with prevention aspects, the DHS is mainly responsible for the working areas of addiction treatment and the IFT is responsible for epidemiology, drug policy, legal framework information, information on drug-related harms and harm reduction and the Early Warning System (EWS).

German Monitoring Centre for Drugs and Drug Addiction (Deutsche Beobachtungsstelle für Drogen und Drogensucht, DBDD)

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