European Monitoring Centre for Drugs and Drug Addiction

Germany

Germany Drug Report 2018

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 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

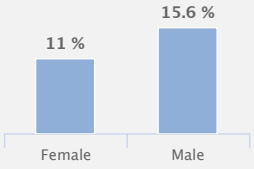
THE DRUG PROBLEM IN GERMANY AT A GLANCE

Drug use

"in young adults (15-34 years) in the last year"

Cannabis

13.3 %



Other drugs

MDMA	**1.3 %**
Amphetamines	**1.9 %**
Cocaine	**1.2 %**

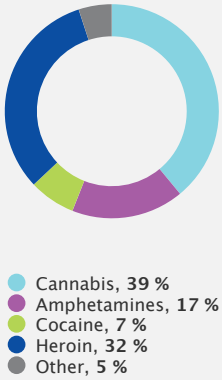
High-risk opioid users

150 943

(138 005 - 163 881)

Treatment entrants

by primary drug



Opioid substitution treatment clients

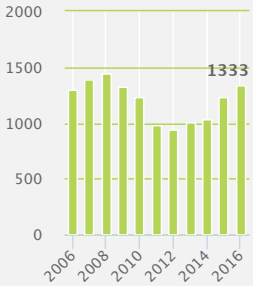
78 500

Syringes distributed

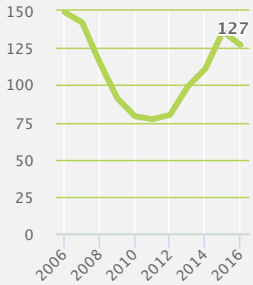
through specialised programmes

No Data

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

302 594

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Cocaine
4. Amphetamines
5. MDMA

Population

(15-64 years)

53 994 380

Source: EUROSTAT Extracted on: 18/03/2018

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 o?ences 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.

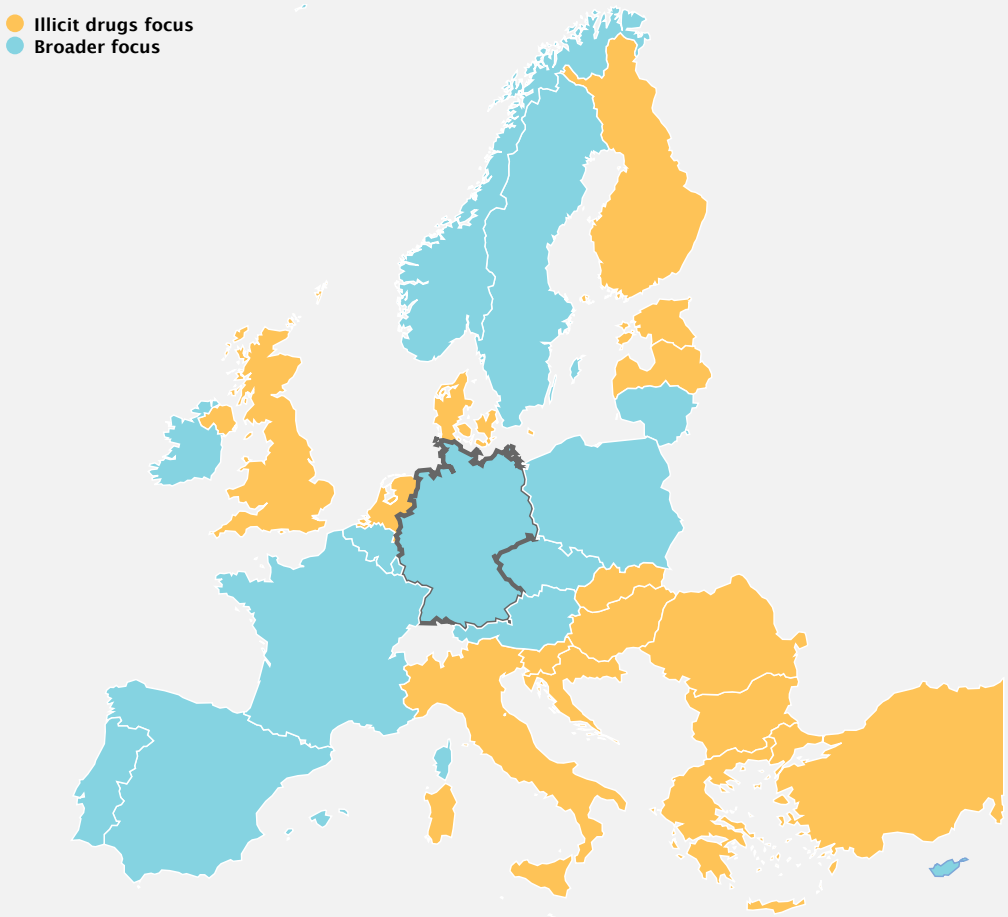
National drug strategy and coordination

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). 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; prescription drug addiction and prescription drug abuse; 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.

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2016. 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 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.

Drug laws and drug law offences

National drug laws

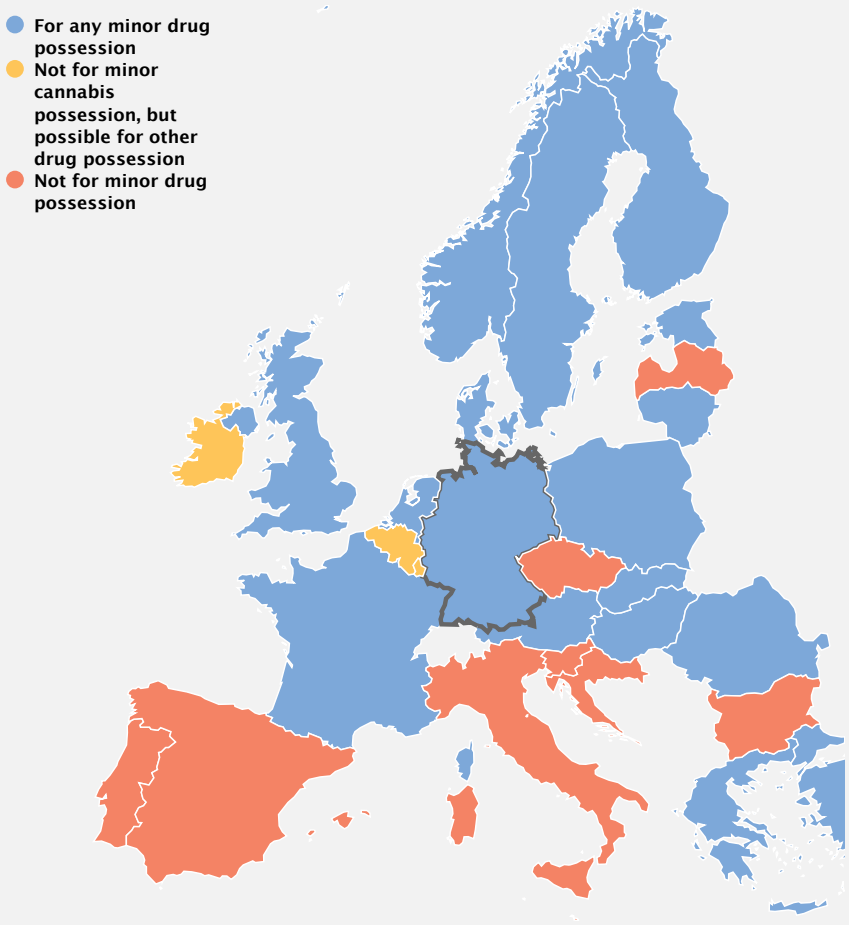
The German Federal Narcotics Act defines schedules of narcotic substances, the framework and procedure for legal turnover and prescription of narcotics, criminal and administrative liability, and alternative measures for drug-dependent offenders. Use of drugs is not mentioned as an offence. Unauthorised possession of drugs is a criminal offence punishable by up to five years in prison. However, the law affords various possibilities other than prosecution when only small quantities of narcotic drugs for personal use are involved. Important criteria on which such decisions are 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 a '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. The penalty range increases to 1-, 2- or 5-15 years in defined aggravating circumstances, which include factors such as larger quantities of narcotic drugs, supplying or involving minors, gang membership and carrying weapons.

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 was deemed too lengthy. Therefore, from November 2016, a new law has prohibited 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 Narcotics 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. In March 2017, the Cannabis as Medicine Act came into force, regulating prescription, financing, domestic production and import of cannabis-based pharmaceuticals, including herbal cannabis.

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

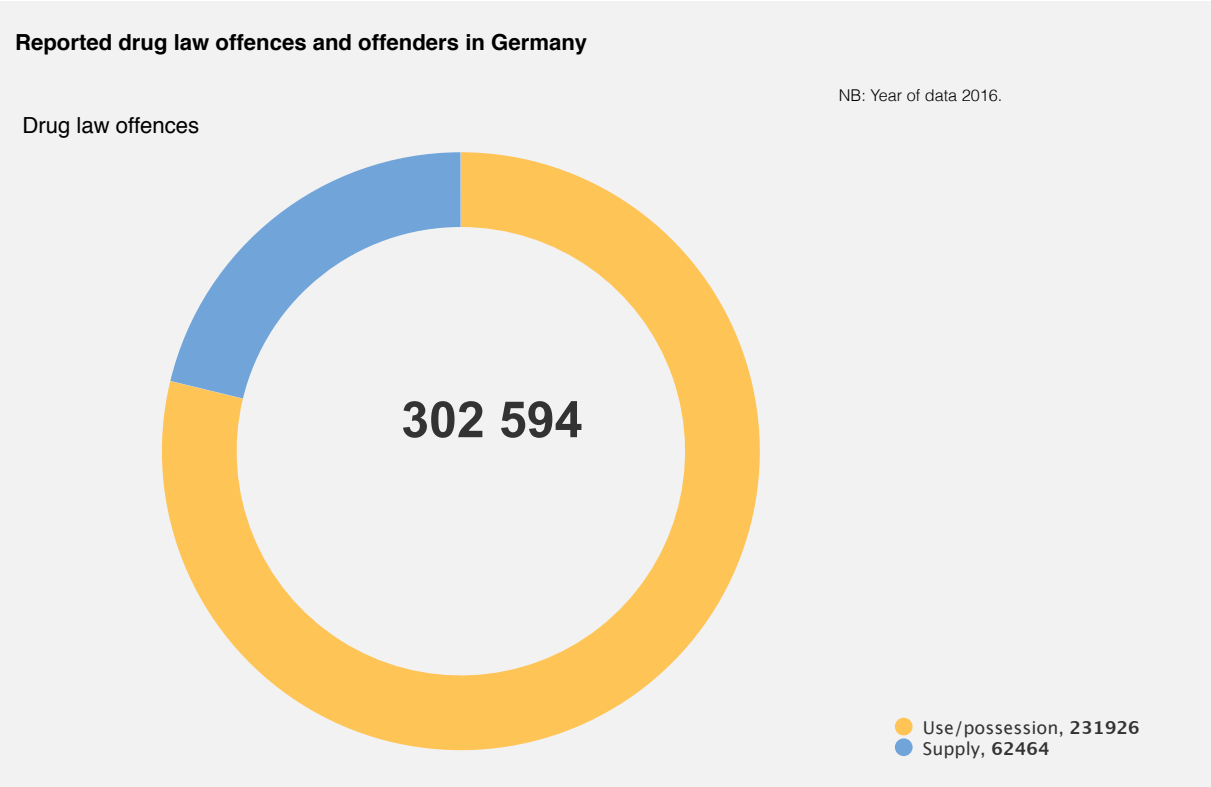


NB: Year of data 2016

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 DLOs has been reported since 2013, including those relating to consumption and possession. Drug use-related offences committed against the Narcotics Act (unauthorised possession, purchase and distribution of narcotic substances) dominate the DLOs, and more than half of these 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.

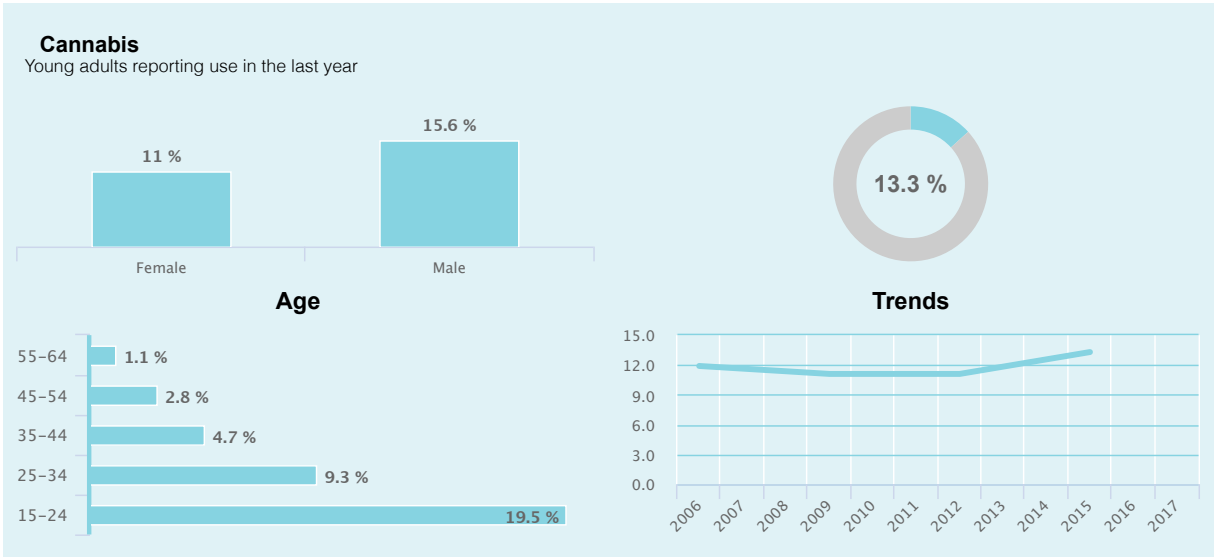
Data on drug use among the adult population are available from the Epidemiological Survey of Substance Abuse (ESA). The Drug Affinity Study (DAS) provides data on the use of licit and illicit substances among adolescents and young people aged 12-25 years. The 2015 studies indicated that cannabis remained 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 those aged 18-25 years.

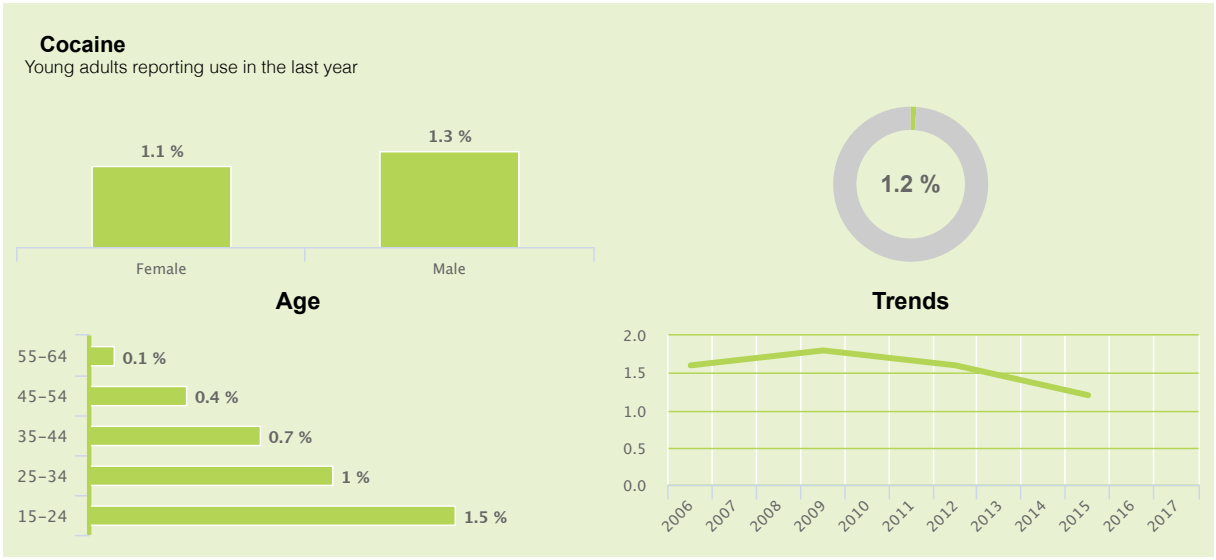
The most recent ESA results indicate a slight rise in cannabis use among young adults. DAS data for the same time frame (2012 to 2015) also indicate a slight rise in cannabis use among adolescents and young people, although prevalence declined slightly between 2014 and 2015.

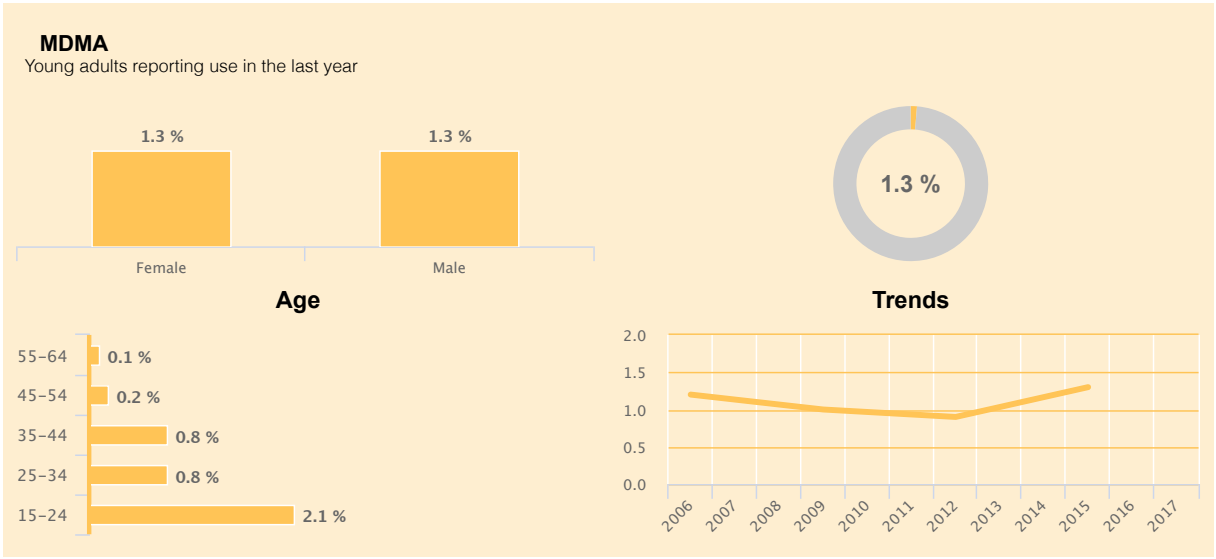
In 2015, amphetamine was for the first time reported to be the most common stimulant used by German adults in the last 12 months, followed by cocaine and MDMA. About 2.8 % of adults in Germany had used any kind of NPS, while about 2.2 % of young adults (aged 18-25 years) indicated use of these substances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

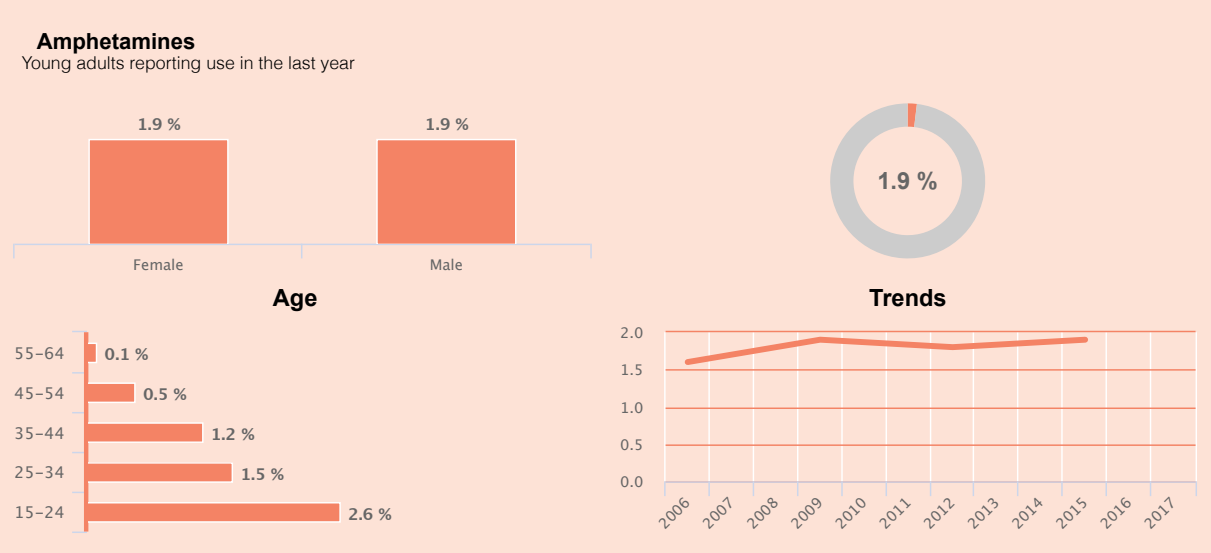
A number of German cities participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. In 2017, the study reported an increase in cocaine levels in wastewater in all the cities for which data for several years were available. Cocaine and MDMA/ecstasy concentrations were higher at weekends. Methamphetamine metabolites were found in the wastewater of cities in eastern Germany. In contrast, cocaine use was concentrated in Dortmund and Frankfurt.

Estimates of last-year drug use among young adults (15-34 years) in Germany









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

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 an understanding of the nature of and trends in high-risk drug use.

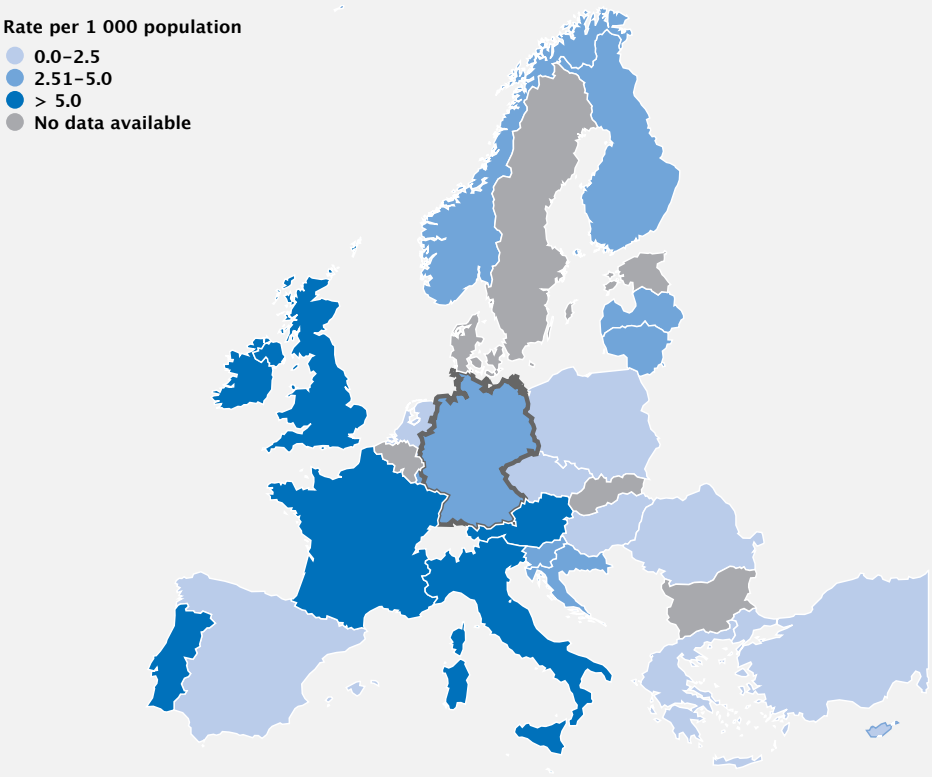
The population of high-risk opioid users in Germany was estimated by means of two multiplier methods using two data sources in 2016: drug-induced deaths and treatment admissions. These estimates ranged from 1.1 to 3 high-risk opioid users per 1 000 inhabitants aged 15-64 years (138 000-164 000), which indicates a rather stable estimated population of opioid users in Germany. However, the data on drug-related deaths indicate that the cohorts of German heroin users may be ageing.

At the same time, high-risk stimulant use has become more common in Germany. The latest estimate of high-risk use of amphetamines and/or cocaine based on general population survey data was 1.91 per 1 000 inhabitants aged 15-64 years in 2015.

Data from specialised treatment centres indicate that the number of new treatment clients seeking help as a result of use of amphetamines has increased recently and is higher than the number of new clients seeking treatment for opioid use. Overall, the data suggest that injection is more popular among opioid users than among other high-risk drug users; however, heroin is increasingly being smoked or snorted. In addition, local data suggest that injecting is becoming less prevalent.

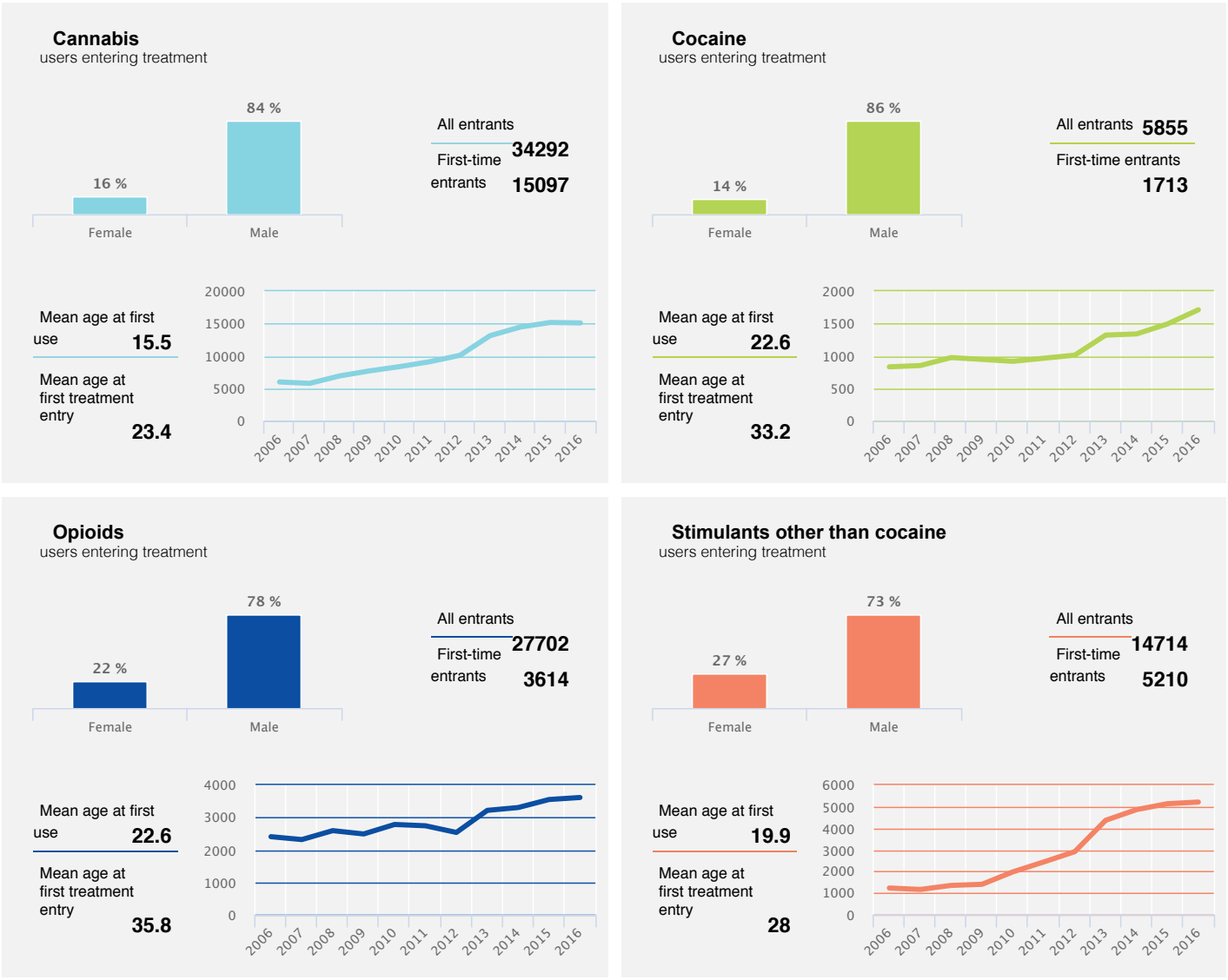
The 2015 ESA suggested that approximately 1.2 % of the population aged 18-64 years in Germany (around 612 000 people) reported indications of clinically relevant cannabis use in the 12-month period studied, according to the Severity of Dependence Scale. Moreover, cannabis users were found to constitute the largest proportion of new treatment clients of specialised treatment services, although this may be the result of the progressive development of special programmes for this target group.

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



NB: Year of data 2016, or latest available year

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



NB: Year of data 2016. 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 and they are complemented by data from other, usually regional, sources.

The number of new human immunodeficiency virus (HIV) infections attributable to injecting drug use had shown a downward trend between 2000 and 2009, followed by stabilisation between 2010 and 2012. Since that time an increase has been reported. In general, around 5 % of new HIV cases are linked to injecting drug use in Germany.

Reliable information on the mode of transmission of hepatitis B virus (HBV) and hepatitis C virus (HCV) was available for only a minority of cases in the most recent data sets; nevertheless, the data suggest that injecting drug use remains a significant risk factor for HBV infection and this group accounts for a third of the notified cases in 2016. Around 8 out of 10 HCV cases with a known mode of transmission were linked to injecting drug use.

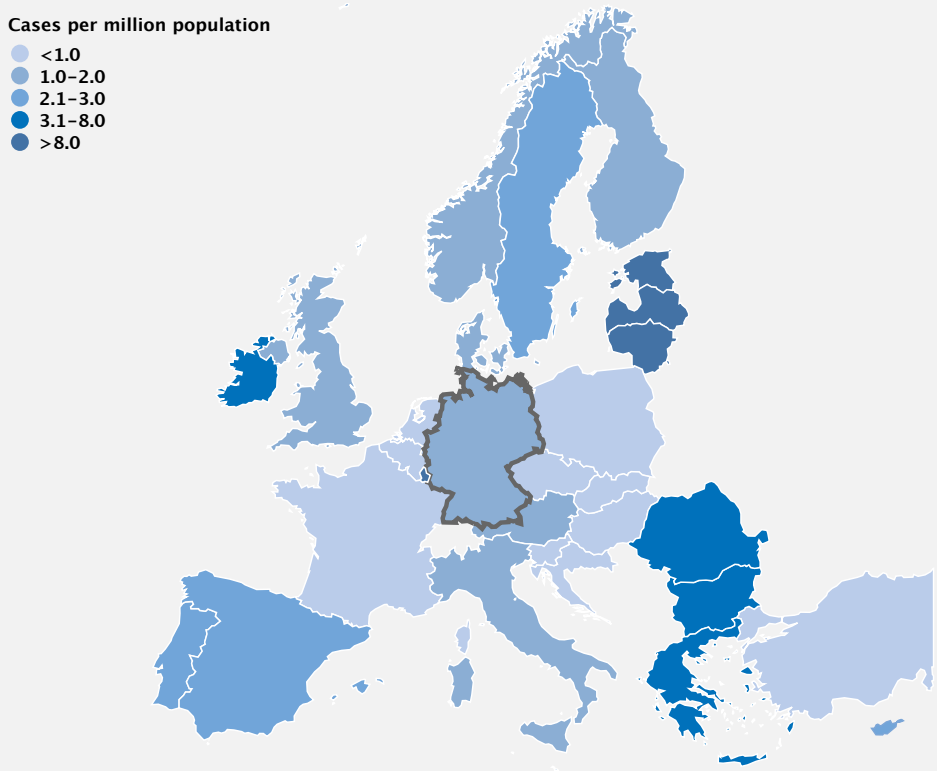
Prevalence of HIV and HCV antibodies among people who inject drugs in Germany (%)

region	HCV	HIV
National	:	:
Sub-national	36.9 - 73.0	0.0 -9.1

Year of data: HCV: 2011/ HIV: 2014

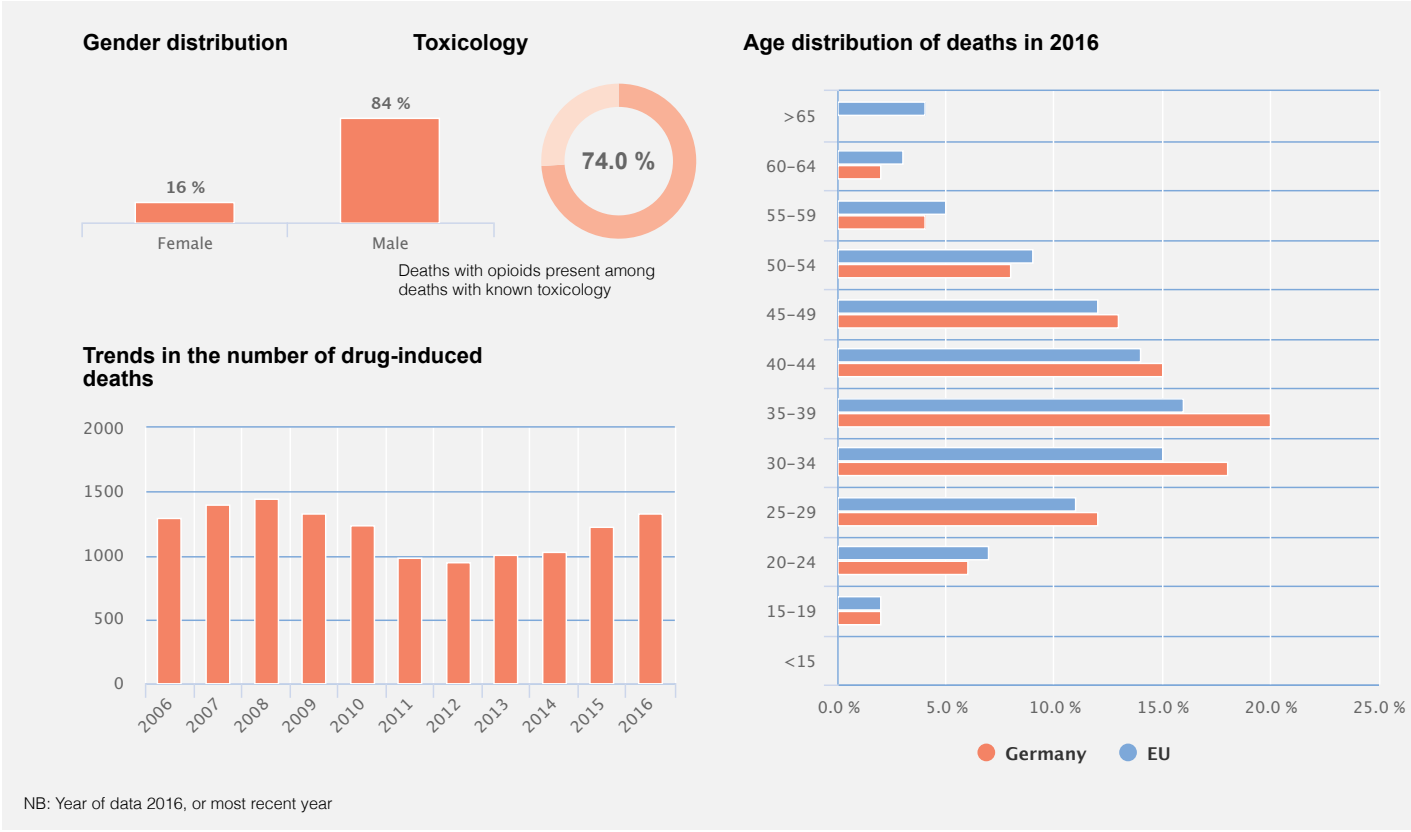
A study covering 2011-14 indicated large geographical variations in rates of HIV, HCV and HBV infection among PWID, which is attributed to different use patterns, age structures and local conditions.

Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Germany



NB: Year of data 2016, or most recent year

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 available data for 2015 indicate that almost 23 800 hospitalisations were linked to illicit drugs, an increase compared with 20 000 cases reported in 2014. In 2015, about half of the patients sought help because of intoxication with multiple psychoactive substances, followed by cannabinoids (including synthetic cannabinoids), stimulants other than cocaine, sedatives and opioids at a much lower level. The long-term trend indicates an increase in polydrug use-related intoxications as well as an increase in cannabinoid- and stimulant-related intoxications (excluding cocaine).

In 2015, five out of eight Poison Information and Control Centres reported around 3 300 enquiries related to the suspected consumption of illicit drugs and most of these were linked to stimulants.

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

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).

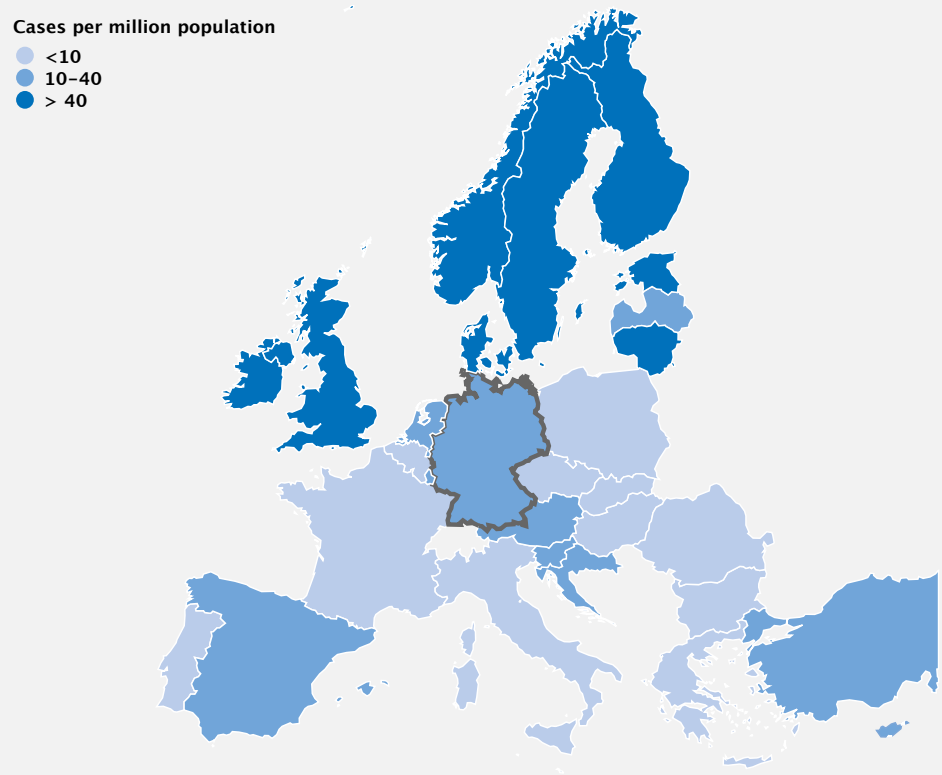
In Germany, there are two general, comprehensive systems for recording drug-related deaths. These are the police data from the ‘Drugs data file’ and the ‘Statistical report on the causes of death’ from the German Federal Statistical Office.

Both sources indicate a slight increase in the number of drug-induced deaths compared with the previous year. Data from the Police Register of the Federal Office of Criminal Investigation indicate a steady increase in the number of drug-induced deaths from 2013 to 2016. Opioids, alone or in combination with other substances, remained the most common cause of drug-induced deaths, followed by cocaine or crack and amphetamines. Data from the General Mortality Register, available up to 2015, also indicate an increase in drug-induced deaths for 2012-15, with levels now equalling those of 2008-09.

The Statistical Report on Substance Abuse Treatment in Germany indicated that around 2.3 % of clients receiving outpatient addiction counselling as a result of opioid use died in 2016.

The drug-induced mortality rate among adults (aged 15-64 years) was 23.6 deaths per million in Germany in 2016, compared with the most recent European average of 21.8 deaths per million.

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



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

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, the municipalities, the Federal Centre for Health and Education (BZgA) and the self-governed bodies for social insurance. They all share responsibility for and fund the implementation of drug prevention activities in a multifaceted way. Any federal framework recommendations are within the scope of the German Prevention Health Care Act, which has been in force since 2015. This act provides for cooperation between insurance providers, the government and any other relevant bodies, under the umbrella of the National Prevention Conference. A number of framework agreements and recommendations exist to ensure the provision of prevention measures, including the federal framework recommendations (Bundesrahmenempfehlungen) for lifetime coverage and the *Land* framework agreements, which address the coordination of services.

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 substance use problems and indicated prevention focuses on at-risk individuals.

Between 2006 and 2016, an average of 33 000 addiction prevention measures, projects and programmes were documented each year in the online documentation system Dot.sys. Nearly two thirds of the measures took a universal preventive approach, followed by approaches using indicated, selective 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 Behavior 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 above. A universal prevention programme, Prev@WORK , has been developed to promote responsible substance use behaviours among young people in vocational training settings.

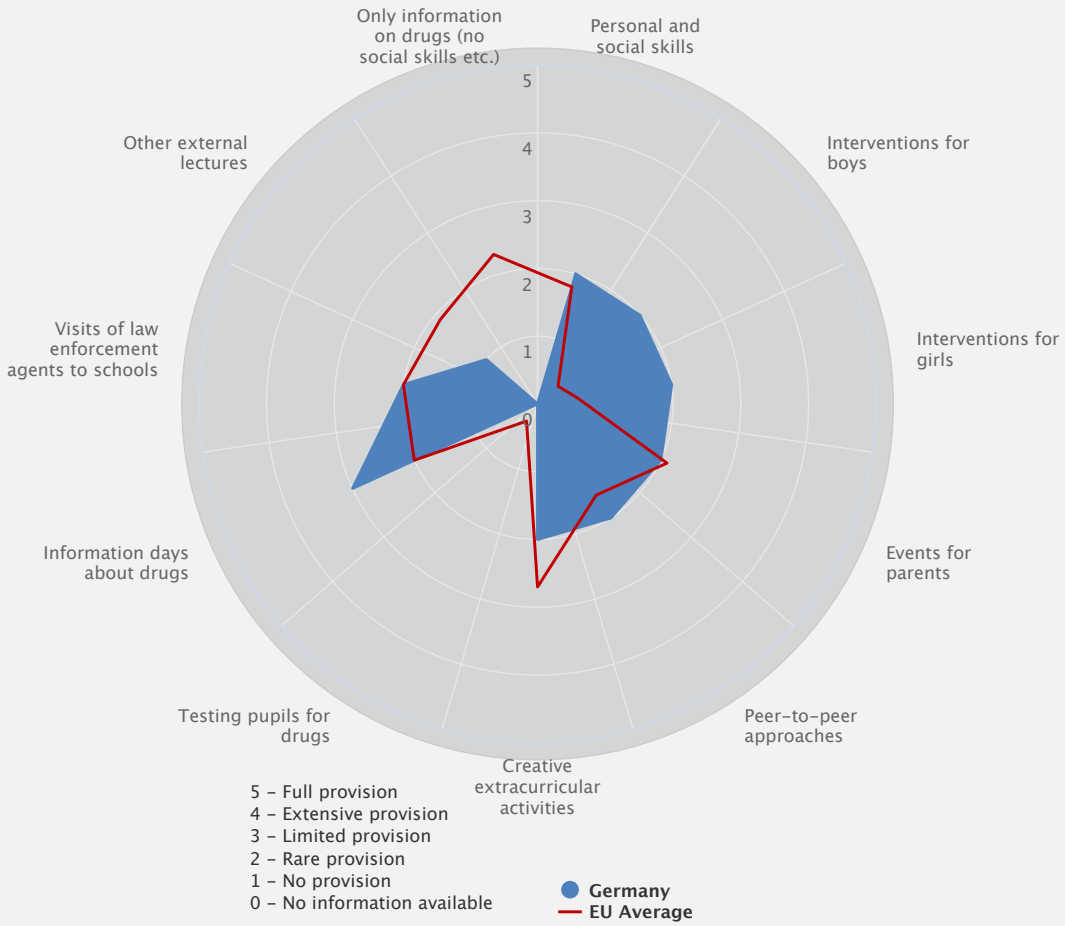
Other programmes, such as Unplugged, which targets secondary school pupils aged 11-14 years, and REBOUND — My Decision, which targets 14- to 25-year-olds, are also implemented in Germany.

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 has been evaluated with convincing results in a group comparison over 18 months.

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. These prevention programmes are delivered within a therapeutic or counselling context, while an online counselling programme for cannabis users has also been evaluated.

Provision of interventions in schools in Germany



NB: Year of data 2015

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 2016, a national strategy to reduce human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus infections and sexually transmitted diseases was adopted, which outlines policies until 2030 and defines people who inject drugs as a target population. Germany is among the few European countries that provide the full range of harm reduction services, along with needle and syringe programmes, take-home naloxone programmes for overdose prevention, supervised drug consumption rooms and heroin-assisted treatment. However, the availability of services differs greatly among the *Länder*, between cities and in rural areas.

Harm reduction interventions

Clean needles and syringes and other drug use paraphernalia are provided through a network of low-threshold services and counselling facilities and vending machines. Data on the number of syringes distributed are not available for the country as a whole, but data from local syringe monitoring are available in the *Land* North Rhine-Westphalia and some larger cities, including Frankfurt 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 have been opened in 6 out of the 16 *Länder* and, currently, there are 22 drug consumption rooms at fixed locations in Germany and two drug consumption vehicles, which both operate in Berlin.

In recent years, the number of take-home naloxone programmes has increased, but activities remained local in scope. Specific offers for older drug users have been stepped up and now also include for the first time long-term accommodation for this group. Based on an ongoing government-funded project, prevention and harm reduction interventions targeting migrants are being developed.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

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 the 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 opioid substitution treatment (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/ecstasy and hallucinogens. In recent years, guidelines for 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, the 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 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 some 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 for 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 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.

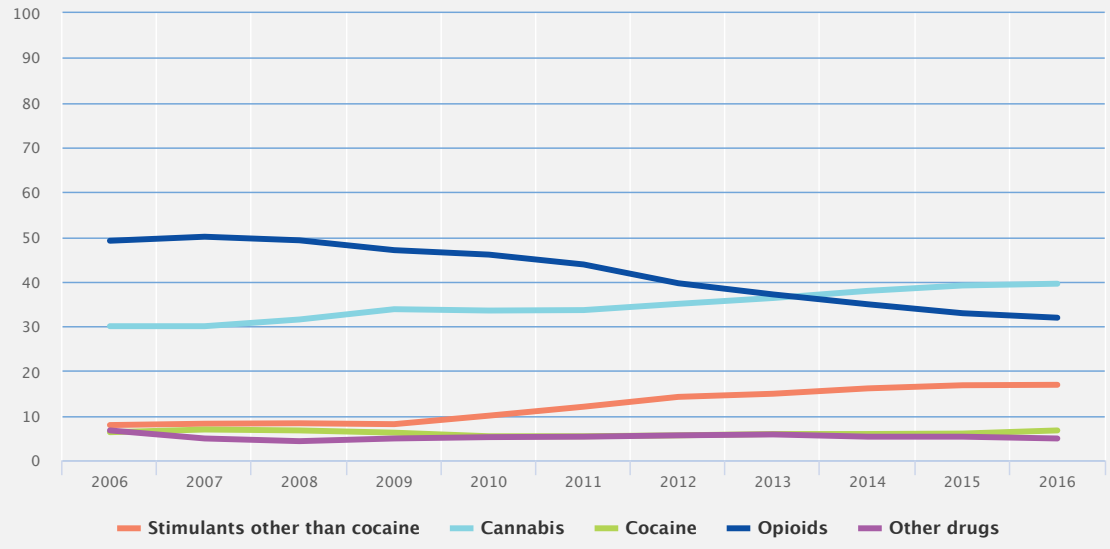
Drug treatment in Germany: settings and number treated

NB: Year of data 2016

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 users of stimulants other than cocaine seeking treatment in Germany has doubled.

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

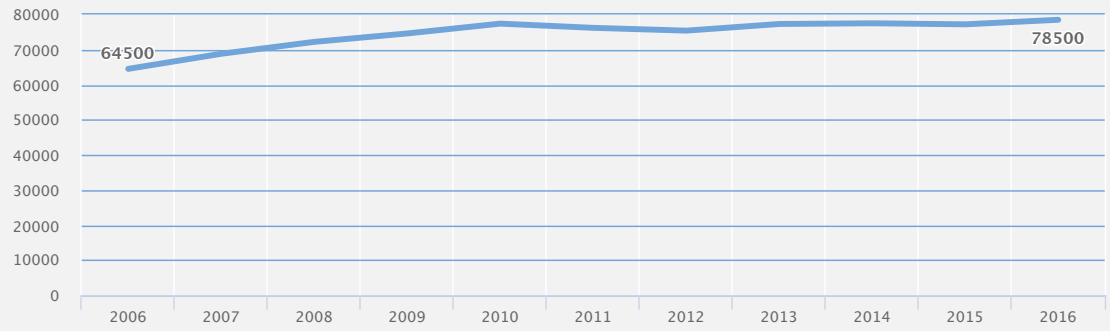


NB: Year of data 2016.

The number of clients receiving OST in Germany increased continuously until 2010. Since then, the number has remained largely stable and an estimated 78 500 clients received OST in 2016, of whom the majority received methadone or levomethadone.

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

Trends in the number of clients in OST



NB: Year of data 2016.

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* have 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 measures for rehabilitation and prevention.

In 2016, uniform data collection was introduced in prisons in all *Länder* with the objective of collecting information on the past drug use of all prisoners; the data will presumably be available in 2018. Around 1 in 10 prisoners is detained for drug-related offences. Data on inmates who have been treated for drug dependence indicate that most clients request treatment because of stimulant or opioid use.

Results from urine drug screening between 2014 and 2017 show an increasing use of new psychoactive substances in prison, particularly synthetic cannabinoids. In 2016-17, some deaths and several emergency calls associated with the use of synthetic cannabinoids were reported.

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. 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.

Naloxone kits to prevent opioid overdose are 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 continued services after release, on the need to establish links with community services and for provision of vocational training and drug emergency training sessions.

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.

Responsibility for quality assurance and the setting of standards are shared among the federal government, the *Länder* and the municipalities, as is responsibility for the overall drug and addiction policy. The federal government has legislative competence for narcotic drugs law, criminal law and social welfare law. The Federal Health Ministry also promotes a number of projects in the area of drug demand reduction interventions. Following the principle of subsidiarity, the responsibility for producing guidelines and rules lies with the 16 *Länder* and no uniform formal requirements or criteria for quality assurance exist.

Guidelines and 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, for example the Working Group of the Scientific Medical Professional Societies, the German Society for Addiction Medicine and the German Medical Association. Insurance organisations, such as the German Pension Fund, the biggest provider of funding for drug rehabilitation programs, and the National Association of Statutory Health Insurance Funds are also responsible for quality assurance.

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, for example for outpatient services, and statutory health insurers, for example for detoxification and rehabilitation services. 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 *Prevention of addictive behaviours* and the nationwide conference on quality assurance in addiction prevention should also be mentioned; the conference is organised by the Federal Centre for Health Education (BZgA) and brings 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 on addiction exist.

Drug-related research

In Germany, drug-related research covers the entire range of basic and applied research. A number of German academic research centres apply for funding through tendered projects or receive basic funds. The research community exchanges information, organised through networks and professional associations; this takes place primarily through research conferences and specialised scientific journals.

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 those suffering from drug dependency. 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 examining multiple 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 new psychoactive substances (NPS) and 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, the DGS and the German Association for Addiction Psychology founded an umbrella organisation for addiction associations which, among others, should further consolidate the 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 was observed until 2015, with numbers falling in 2016. 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 Serbia and is usually destined for the United Kingdom and the Netherlands, 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 major 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 remain the main producing countries for synthetic drugs such as amphetamine and its derivatives.

The Netherlands remains the main supplier of the MDMA/ecstasy that is seized in Germany, and the most recent data indicate that it has made a comeback in the market, following a decline in seizures between 2006 and 2010. There are signs that in recent years Germany has been used a transit country for MDMA trafficking to Turkey.

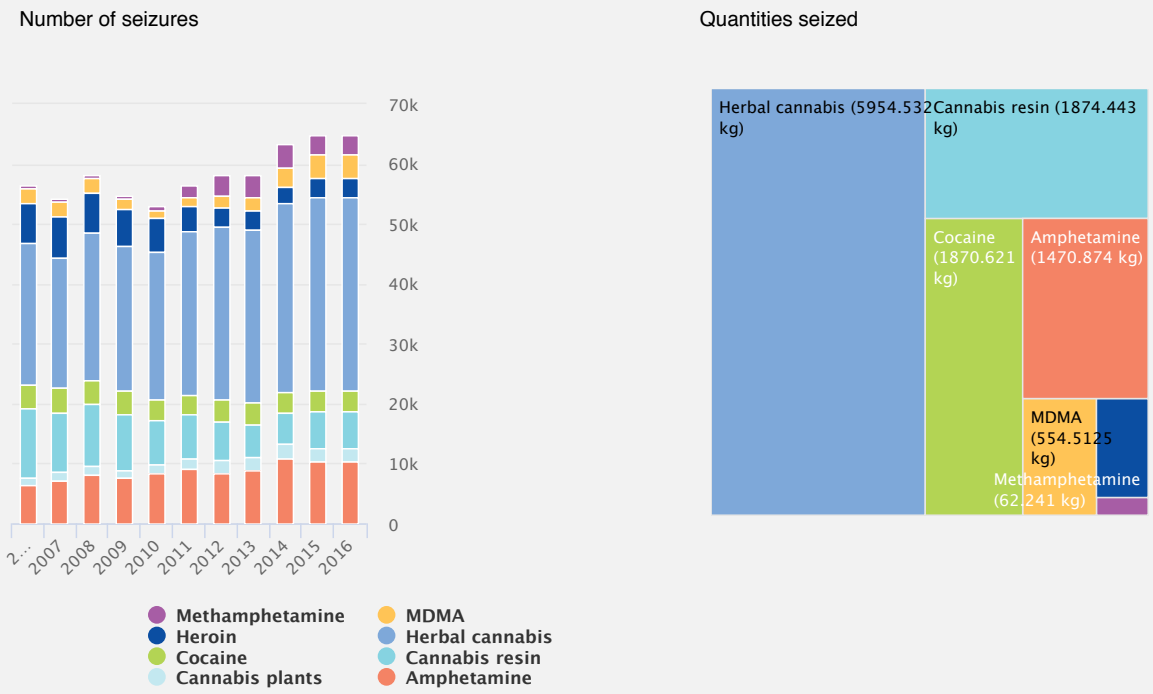
Heroin, usually originating from Afghanistan, Pakistan or Iran, is smuggled from neighbouring countries. The quantity of heroin seized shows significant annual variations. In the most recent years, the quantity of heroin seized annually has on average been lower than it was 10 years ago.

Cocaine seized in Germany mainly originates in South America and enters Germany through other European countries. Seizures of cocaine have fallen by about 40 % compared with the previous year, amounting to just under 2 tonnes in 2016.

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, including new psychoactive 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 2016 was 14 % THC, for 'skunk' it was 12.8 % THC, while for herbal cannabis 2.4 % THC was recorded. The median purity for heroin was reported to be 19.3 %, cocaine 74.9 % (both at retail level), amphetamine 13.8 % and MDMA 115 mg per tablet. The mean price of cannabis resin was EUR 8.6/g, herbal cannabis EUR 10/g, heroin EUR 47.5/g, cocaine EUR 75.8/g and amphetamine EUR 11.8/g. The mean price for one MDMA tablet was EUR 7.8.

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



NB: Year of data 2015

Key statistics

Most recent estimates and data reported

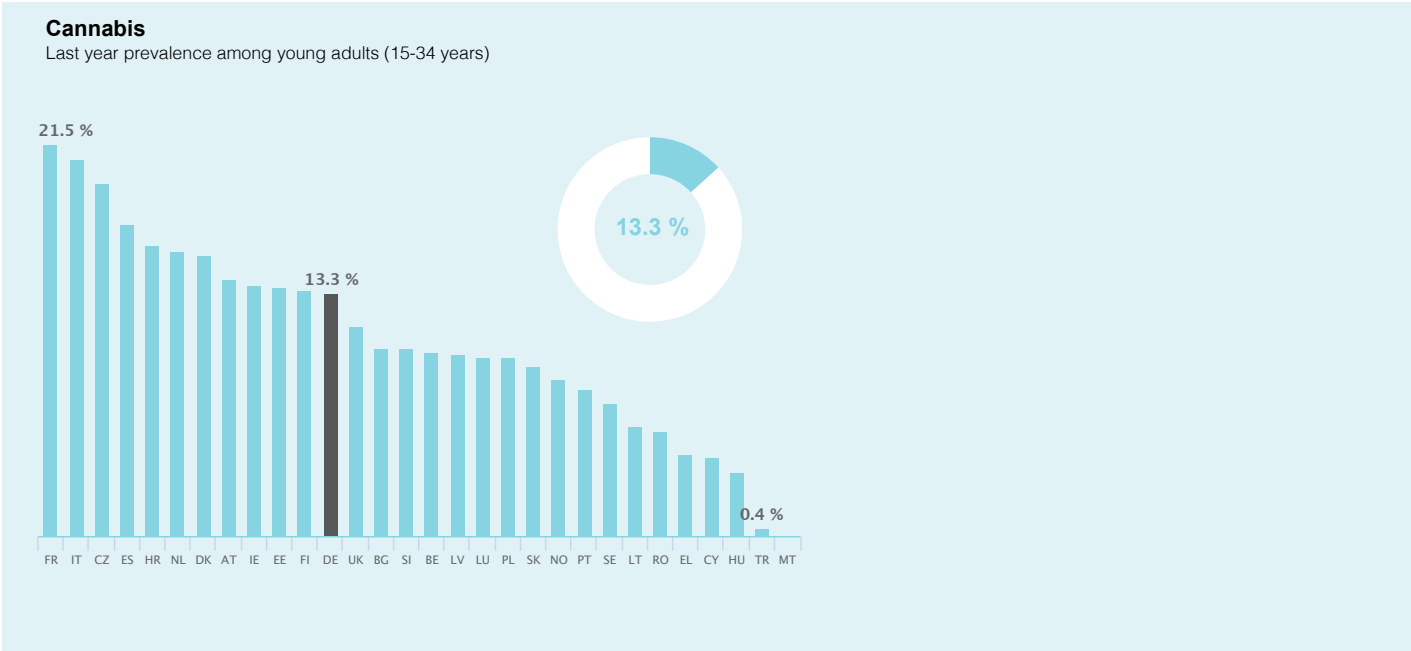
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	6.5	36.8
Last year prevalence of use - young adults (%)	2015	13.3	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	6.1	0.3	11.1
All treatment entrants (%)	2016	39.5	1.0	69.6
First-time treatment entrants (%)	2016	56.2	2.3	77.9
Quantity of herbal cannabis seized (kg)	2015	5954.5	12	110855
Number of herbal cannabis seizures	2015	32353	62	158810
Quantity of cannabis resin seized (kg)	2015	1874.4	0	324379
Number of cannabis resin seizures	2015	6059	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	n.a.	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	n.a.	0.2	38.0
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	0.9	4.9
Last year prevalence of use - young adults (%)	2015	1.2	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	0.6	0.1	2.3
All treatment entrants (%)	2016	6.7	0.0	36.6
First-time treatment entrants (%)	2016	6.4	0.0	35.5
Quantity of cocaine seized (kg)	2015	1870.6	1.00	30295
Number of cocaine seizures	2015	3592	19	41531
Purity (%) (minimum and maximum values registered)	2016	n.a.	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	n.a.	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	0.8	6.5
Last year prevalence of use - young adults (%)	2015	1.9	0.0	3.6
Last year prevalence of drug use - all adults (%)	2015	1	0.0	1.7
All treatment entrants (%)	2016	16.9	0.2	69.7
First-time treatment entrants (%)	2016	19.4	0.3	75.1
Quantity of amphetamine seized (kg)	2015	1470.8	0	3380
Number of amphetamine seizures	2015	10388	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	n.a.	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	0.5	5.2
Last year prevalence of use - young adults (%)	2015	1.3	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.6	0.1	3.6
All treatment entrants (%)	2016		0.0	1.8
First-time treatment entrants (%)	2016		0.0	1.8
Quantity of MDMA seized (tablets)	2015	2218050	0	3783737
Number of MDMA seizures	2015	4015	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	8 - 462	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	n.a.	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2015	2.8	0.3	8.1
All treatment entrants (%)	2016	31.9	4.8	93.4
First-time treatment entrants (%)	2016	13.5	1.6	87.4
Quantity of heroin seized (kg)	2015	329.9	0	5585
Number of heroin seizures	2015	3061	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	n.a.	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	n.a.	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	1.5	0	33.00
HIV prevalence among PWID* (%)	n.a.	n.a.	0	31.50
HCV prevalence among PWID* (%)	n.a.	n.a.	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	23.6	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	22	6469441
Clients in substitution treatment	2016	78500	229	169750
Treatment demand				
All entrants	2016	94467	265	119973
First-time entrants	2016	29083	47	39059
All clients in treatment	:	n.a.	1286	243000
Drug law offences				
Number of reports of offences	2016	302594	775	405348
Offences for use/possession	2016	231926	354	392900

* PWID — People who inject drugs.

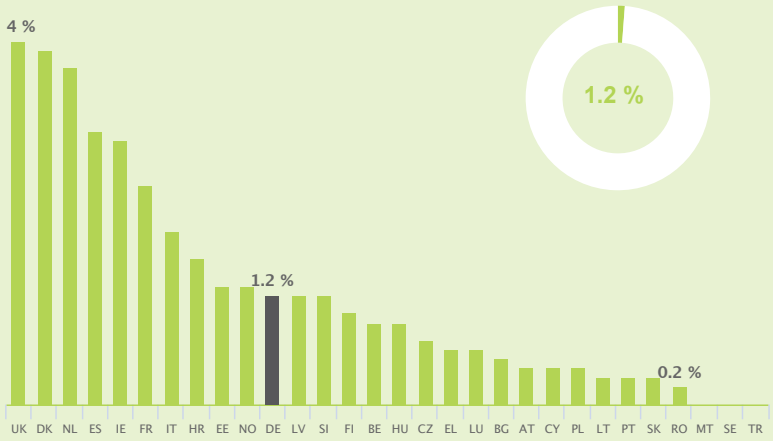
EU Dashboard

EU Dashboard



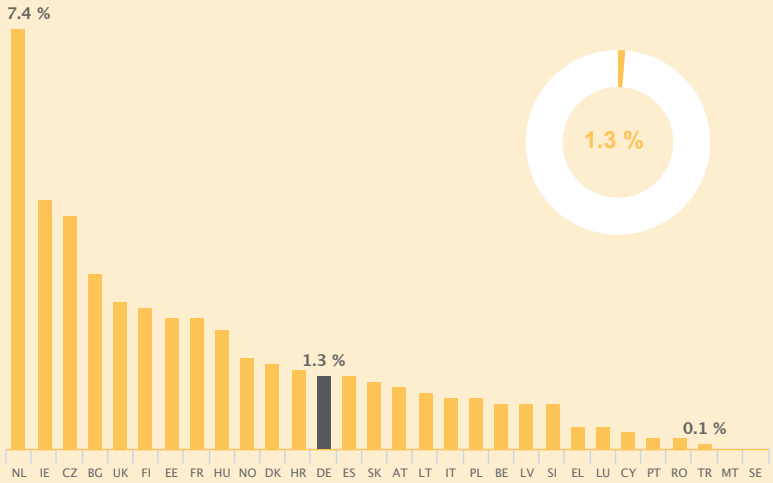
Cocaine

Last year prevalence among young adults (15-34 years)



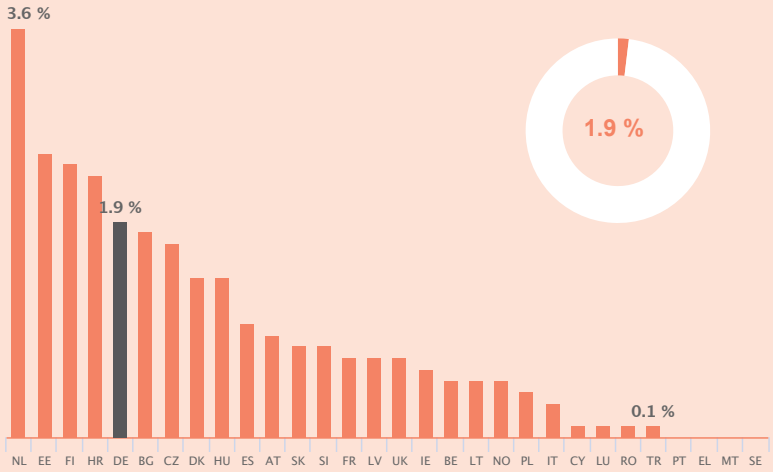
MDMA

Last year prevalence among young adults (15-34 years)



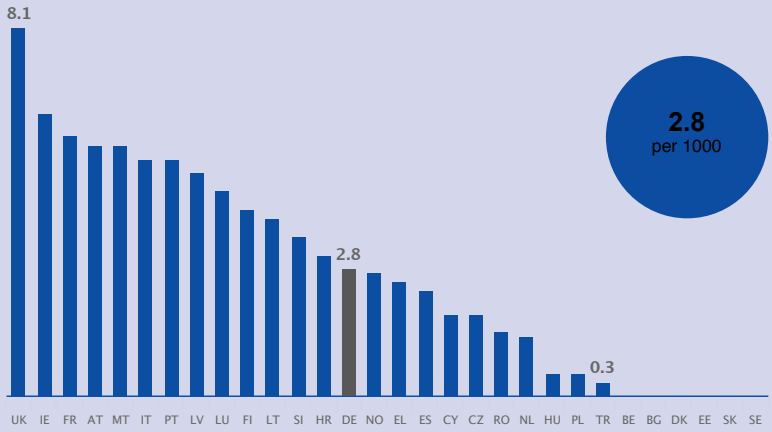
Amphetamines

Last year prevalence among young adults (15-34 years)



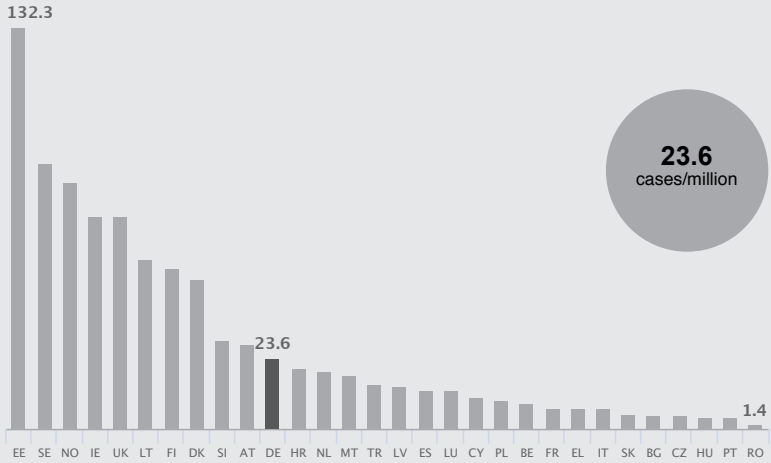
Opioids

High-risk opioid use (rate/1 000)



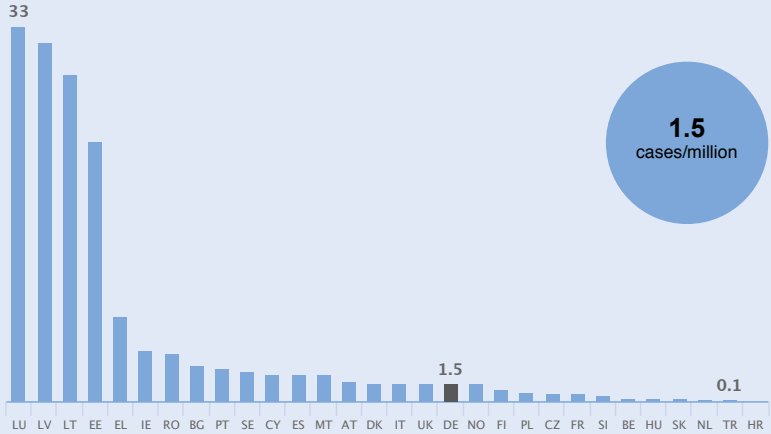
Drug-induced mortality rates

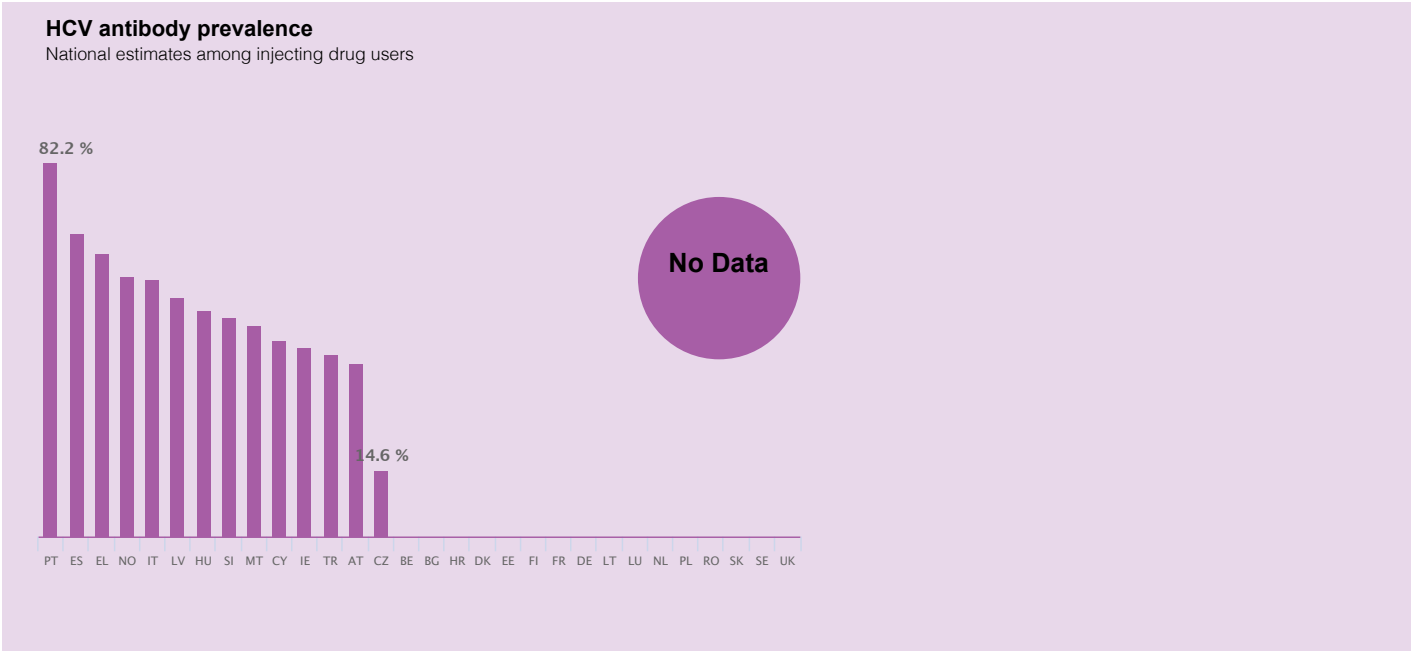
National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use





NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, di?erences may be due to reporting practices. Detailed information on methodology, qualifcations 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.

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

DBDD
Deutsche Beobachtungsstelle für Drogen und Drogensucht
DHS IFT BZgA

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