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0 SUMMARY (T0)

With the help of the national survey on substance-related addiction problems in prison, the proportion of prisoners and detained persons with substance-related addiction problems could be quantified in 2018 in a large proportion of correctional institutions. Data from 12 of the 16 *Laender* was able to be included in the analysis. 64.5% of inmates were able to be reached on the reference date. A substance-related addiction problem (dependency and abuse) was recorded at the time of entering detention among 44% of the 41,896 inmates included in the data collection on 31 March 2018. Dependency is assumed to be present among 27% of detainees and harmful use (abuse) of psychotropic substances, including alcohol, among 17%.

As of the reference date of 31 March 2019, a total of 6,796 people (13.4% of all inmates) were in a prison facility due to violations of the German Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG). 11.6% (330) of imprisoned women and 8.8% (224) of imprisoned adolescents were serving sentences due to offences against the BtMG. This is not the same as the number of people who actually have an addiction disorder. Persons imprisoned for BtMG offences as a proportion of all inmates has been generally falling since 2008, both among adults as well as among adolescents and young adults. However, that proportion has risen slightly from 2018 levels, both for youth and adult offences (Table 2). From 2010 to 2019, the total number of all inmates increased by 16.6% whilst the number of inmates serving sentences due to BtMG offences decreased by 26.8% (Statistisches Bundesamt (Destatis), 2020a).

The legislative administration of the penal system in Germany was passed to the *Laender* in 2006. Since then, a separate prison act (Strafvollzugsgesetz, StVollzG) has been issued for each *Land*. The absence of binding, nationwide guidelines in the area of drug-related health care in correctional facilities also leads to differences in the type and availability of treatment services in the *Laender*. The laws in ten *Laender* (Berlin, Brandenburg, Bremen, Mecklenburg-Western Pomerania, Rhineland-Palatinate, Saarland, Saxony, Saxony-Anhalt, Schleswig-Holstein and Thuringia) are based on a template for a uniform prison act. Nevertheless, the original German Prison Act has not been made completely obsolete and is still in force for certain aspects of the law. This includes garnishment protection, court remedies as well as the legislative authority for the enforcement of imprisonment for contempt of court, preventive detention and coercive detention for non-compliance with court orders or non-payment of fines (Körner et al., 2019).

There is a general obligation under the prison acts of the individual *Laender* to care for the physical and mental health of prisoners. In addition to this, prisoners have a "right to medical treatment, where it is necessary to detect or cure a disease, prevent it from deteriorating or alleviate its symptoms". In the StVollzG and in the *Laender* prison acts, there are no special stipulations regarding drugs, substitution or addiction. The principle of equivalence forms the basis of medical care.

There were changes to the German Prison Rules of Procedure (Vollzugsgeschäftsordnung, VGO) in eight *Laender* in 2019. Through this reform of the VGO, the published data of the German Federal Statistical Office (Statistisches Bundesamt, Destatis) will change in terms of content, scope and differentiation of characteristics and periodicity. From 2019, monthly data is available instead of data for three reference dates in a year, as was the case previously. A survey of the number of prisons in Germany is no longer planned (Statistisches Bundesamt (Destatis), 2020a).

The Statistical Report on Substance Abuse Treatment in Germany (Deutsche Suchthilfestatistik, DSHS) has been producing a collection of tables for external outpatient counselling in prisons since 2008. From the 2018 reporting cycle onwards, external and internal counselling and treatment services in prison will be presented together in a series of tables. The data is thus no longer comparable with previous years, since the Prison workbook (Schneider et al., 2019).

1 NATIONAL PROFILE (T1)

1.1 Organisation (T1.1)

In Germany a prison authority which carries out custodial or juvenile sentences, is called a “Justizvollzugsanstalt” or “JVA” (correctional institution). In addition, pre-trial detention, preventive detention, substitute imprisonment or civil detention were also carried out in a correctional institution. If the sentence in question is a juvenile sentence, it is carried out in juvenile detention centres specifically designed for this purpose.

1.1.1 Prison services (T1.1.1)

According to the provisions of the German Prison Rules of Procedure (Vollzugsgeschäftsordnung, VGO No. 73), a monthly report is produced by the correctional institutions, containing information about inmates incarcerated at the end of the reporting month as well as on admissions and releases during the reporting month. Destatis prepares overviews for Germany from those reports, which are aggregated to produce results on a *Land* basis and publishes them on the internet. Data on inmates according to the type and duration of imprisonment is included, as well as age group and gender. In addition, the type and frequency of previous convictions as well as nationality are stated in the reports. The overviews cover the correctional facilities of the *Laender*. Secure psychiatric facilities and youth detention facilities are not included.

According to the annual Destatis report, there were 50,589 inmates in preventive custody or serving time in correctional institutions on 31 March 2019. Of those, 5.9% (2,996) were women and 33.3% (16,582) were without German citizenship. 14.5% (7,314) of the inmates were in an open prison. 0.3% (171) of those imprisoned under general criminal law were between 18 and 21 years old, 22.6% (11,450) were between 21 and 30 years old, 34% (17,241) were between 30 and 40 and 34.6% (17,497) were aged 40 and over.

60.3% (30,516) of inmates in prison or preventive custody were serving a sentence of up to 2 years, 20.7% (10,466) had a sentence of over 2 and up to 15 years. 3.6% of inmates (1,796) were serving a life sentence (Statistisches Bundesamt (Destatis), 2020b).

Due to the amendment to the VGO in some *Laender*, from this year there is no longer an overview of the number of correctional institutions, total capacity and actual population on 30 November each year will continue to be published however, and can be seen in Table 1. According to that data, there was a total capacity of around 72,967 inmates (-1.9% from the previous year of 74,386 inmates) which, with 63,146 inmates on the 30 November 2019, were at 87% capacity at the time of the survey (Statistisches Bundesamt (Destatis), 2020a).

Table 1 Number of institutions and capacity as at the reference date of 30 November

Year	Number of institutions and total capacity				
	Total	Open prison	Total capacity	Population	Population[1]
2003	205	22	78,753	79,153	101%
2004	202	21	79,209	79,452	100%
2005	199	20	79,687	78,664	99%
2006	195	19	79,960	76,629	96%
2007	195	19	80,708	72,656	90%
2008	193	18	79,713	72,259	91%
2009	194	17	78,921	70,817	90%
2010	188	16	77,944	69,385	89%
2011	186	15	78,529	68,099	87%
2012	186	15	77,498	65,902	85%
2013	185	14	76,556	62,632	82%
2014	184	13	75,793	61,872	82%
2015	183	13	73,916	61,737	84%
2016	182	14	73,627	62,865	85%
2017	180	13	73,603	64,351	87%
2018	179	13	74,386	63,643	86%
2019	*	*	72,967	63,146	87%

1) Population as a % of total capacity

* Bason on resolutions by the ministries of justice, the German Prison Rules of Procedure (Vollzugsgeschäftsordnung, VGO) have been changed in correctional institutions. As a result, the structure and content of the published data changed from 2019, and data on the number of prisons is missing from that year.

(Statistisches Bundesamt (Destatis), 2020a)

In spite of the reduced number of correctional facilities in recent years, the situation regarding the available capacity has improved, remaining below 90% on average since 2010. Nevertheless, care should be taken when evaluating the data, as the capacity situation can vary between type of prison.

Whereas at the beginning of the 2000s, prisons were still operating beyond their capacity, there is, despite a reduction in the total capacity, a maximum capacity utilisation of 82-97% in most *Laender* today. Nevertheless, capacity utilisation has increased from 2018 in 14 *Laender*. There only remain significant differences in capacity utilisation between types of prison in Bavaria. Capacity utilisation only fell slightly in Bavaria (95% to 91%) and North Rhine-Westphalia (81% to 80%) (Statistisches Bundesamt (Destatis), 2020a).

1.2 Drug use and related problems among prisoners (T1.2)

1.2.1 Prevalence of drug use (T1.2.1)

In addition to the national data collection on substance-related addiction problems in prison, one can still also use the number of people detained due to violations of the BtMG as an approximate value for the number of inmates using drugs. This estimate is imprecise, however, since it also counts people who, although they have violated the law in connection with drugs, do not consume any illicit substances themselves, as can be the case, for example, with some dealers. On the other side, a large proportion of drug users are not taken into account because, for example, persons who have been sentenced for economic compulsive crimes are listed in the statistics under other categories and not under violations of the BtMG. The figure ascertained in this way thus merely represents an approximation.

As of the reference date of 31 March 2019, a total of 6,796 people (13.4% of all inmates) were in a prison facility due to BtMG violations. 11.6% (330) of imprisoned women and 8.8% (224) of imprisoned adolescents were serving sentences due to offences in breach of the BtMG. As stated above however, it is not clear to what extent persons sentenced under the BtMG also actually have drug-related problems themselves. Inmates imprisoned for BtMG offences as a proportion of all inmates generally fell between 2008 and 2017, both among adults as well as among adolescents and young adults overall. The proportion has slightly increased again in both groups since 2017 (Table 2). From 2010 to 2019, the total number of all inmates increased by 16.6%, whilst the number of inmates serving sentences due to BtMG offences decreased by 26.8% (Statistisches Bundesamt (Destatis), 2020a).

Table 2 Imprisoned persons and narcotics offences

		Prisoners and persons in preventive custody			Custodial sentences for adults		Juvenile sentences		Preventive custody
		Total	Males	Females	Males	Females	Males	Females	
2010	Inmates N	60,693	57,568	3,125	44,521	2,965	5,979	205	536
	BtMG N	9,283	8,737	546	8,421	521	314	25	2
	BtMG %	14.6	14.5	16.2	15.8	16.7	5.0	10.2	0.2
2011	BtMG %	14.7	14.7	15.4	16.0	15.8	4.6	10.7	0.2
2012	BtMG %	14.0	13.9	15.9	15.2	16.5	3.6	7.5	0.2
2013	BtMG %	13.4	13.3	14.9	14.5	15.3	3.4	7.6	0.0
2014	BtMG %	13.1	13.0	14.3	14.2	14.9	3.2	4.4	0.2
2015	BtMG %	13.0	13.0	13.4	14.1	13.8	3.4	4.3	0.4
2016	BtMG %	12.6	12.6	12.2	13.6	12.6	3.9	3.5	0.2
2017	BtMG %	12.6	12.6	12.8	13.4	13.3	4.6	2.8	0.2
2018	BtMG %	12.9	12.9	12.0	13.7	12.4	5.1	4.2	0.4
2019	Inmates N	50,589	47,593	2,996	43,529	2,839	3,523	156	551
	BtMG N	6,796	6,458	338	6,240	330	216	8	2
	BtMG %	13.4	13.6	11.3	14.3	11.6	6.1	5.1	0.4

Note: “BtMG N”: Number of persons imprisoned due to offences in breach of the BtMG. Proportion of persons imprisoned due to offences in breach of the BtMG.
(Statistisches Bundesamt (Destatis), 2020b)

1.2.2 Drug supply (T1.2.3)

Members of *Laender* parliaments often ask questions about substances found or on drug dealing in prisons. The answers to such questions are then published in the official journals.[1]

A qualitative study on the perceptions of people with first hand experience and experts from the judicial system and law enforcement on the illicit drug market in German correctional institutions examined the stated motivations for drug trafficking in prison as well as how it is carried out in German prisons. From that study, it is clear that drug trafficking in prison has similarities to drug trafficking outside prison: both have a self-organised, small market, which serves mainly to finance personal use. At the same time, however, a proportion of the market is very hierarchically structured and has the primary objective of maximising profits. The most commonly stated motives of profit and own use have already been mentioned here. It is clear that the various motivations which can underlie drug trafficking in prison are very diverse. For example, it was observed among female respondents in particular that their own dependence was not stated as the motivation, but that of their partner. In order to ensure the partner's

[1] The parliamentary questions from the *Land* of Berlin can be accessed here, for example: https://www.berlin.de/justizvollzug/aktuelles/parlamentarische-anfragen/suche/ [accessed: 8 Apr. 2020].

supply in prison, a frequently stated practice is vaginal or anal insertion of packaged drugs in order to smuggle them into the respective prison. In the interviews with the experts in particular, it was not only the inmates' partners who were detected as possible smugglers: In some cases, it was stated that prison officials, attorneys or other officials were involved. There are also indications of gender-specific differences in the supply of drugs: according to respondents, there are fewer organised structures for drug dealing in women's prisons. Instead, drugs which are already available are shared, leading to temporary friendships. The desire to use is stated as the underlying motive. The frequently mentioned motivations for supplying and dealing drugs in mens' prisons of power and profit play a subordinate role here. (Meier und Bögelein, 2017)

In the area of new psychoactive substances (NPS) it is now known that smuggling predominantly takes place using paper, over which NPS have been drizzled and then dried (Patzak, 2018).

1.2.3 Drug related problems among the prison population (T1.2.2)

With the help of the national survey on substance-related addiction problems in prison, the proportion of prisoners and detained persons with substance-related addiction problems could be quantified for the first time in a large part of the prison system. In order to be able to illustrate important information on substance-related addiction problems, two data collection studies were set up, which were designed to complement one another. One involved annual data collection on a reference date basis, while the other collected data through the year to investigate trends.

For the reference date survey, the number of substance-abusing and substance-dependent inmates was recorded by respective main substance. The basis for the data collection is the result of an assessment of individual addition problems at the time an inmate is admitted to prison. The evaluation of use at the point of admission is thus made based on the “international classification of psychological disorders” (ICD-10). In addition, the number of inmates in substitution treatment on the reference date is recorded. For the trend data collection, the number of medically led detoxifications is recorded along with the number of releases into inpatient or outpatient withdrawal treatment in the scope of suspension of imprisonment (as per Sec. 35 BtMG) and suspension of the remainder of the prison term (as per Sec. 57 StGB and Sec. 88 JGG). The data collection includes all open and closed facilities. In addition, the data collection is conducted from all correctional institutions which carry out custodial and juvenile sentences, pre-trial detention or preventive custody. It is generally conceivable that an evaluation of substance use could not be carried out for all inmates on the reference date. This is possible in particular for admissions on or around the reference date. This would likely mean admissions immediately before or on the reference date itself. Such cases are excluded from the evaluation, as the specialist meeting to determine any dependence or abuse of illegal substances has not yet taken place or the results of the use assessment have not yet been gathered or documented.

Data from 12 of the 16 *Laender* was able to be included in the analysis. It was reported that 64.9% of male inmates were reached and 59.2% of female inmates. A substance-related addiction problem (dependency or abuse) was recorded at the time of arrest among 44% of the 41,896 inmates included in the data collection on 31 March 2018. Dependency was recorded among 27% of detainees and harmful use (abuse) of psychotropic substances, including alcohol, among 17%.

At the time of entering detention, 39% of female and 44% of male detainees in the 12 participating *Laender* exhibited an addiction problem. An addiction problem within the meaning of this data collection included dependence (F1x.2) as defined by ICD-10 as well as substance abuse (F1x.1). It should be particularly stressed at this point that a large heterogeneity can be seen among the participating *Laender*: While, in some *Laender*, a quarter of male inmates have an addiction problem and in other *Laender* it is two thirds, the difference among women was even starker: among female inmates, the proportion with addiction issues varied between 11% and 57% (Länderübergreifende Arbeitsgruppe „Stoffgebundene Suchtproblematik“ (LAG), 2019).

Significantly fewer inmates were housed in open prisons on the reference date than in closed prisons. More than three quarters of inmates in open prisons had no addiction problems on admission, whereas in closed prisons the proportion was around a half. Thus, almost one in two inmates in closed prisons has an addiction problem.

Multiple substance use predominates both among substance-dependent male inmates (32%) and substance-dependent female inmates (44%). The next most commonly mentioned substances were alcohol and opioids, although to differing degrees. Dependence on one of the substances classed as opioids was recorded for 34% of women and 19% of men.

As far as the main substance used is concerned, differences between men and women are also found among the prisoners considered to be substance abusers. 38% of male inmates use cannabinoids as a main substance, while the proportion of female inmates using cannabinoids as a main substance is around 23%. Slightly more women (24%) than men (18%) exhibit abusive multiple substance use. Regarding substance abuse, it is also the case that more women (14%) than men (4%) favour an opioid class substance as a main substance. Women also used other stimulants more frequently than men (11% and 7% respectively) (LAG, 2019). Overall, a strong differentiation was made in the national data collection on substance-related addiction problems in prison between the different types of detention, the age groups and genders of inmates. More detailed information can be found in the report on the data collection itself.

1.3 Drug-related health responses in prisons (T1.3)

Irrespective of statutory regulations, several key measures are described below that are already undertaken in many correctional institutions:

The medically supervised care/detoxification of intoxicated inmates and the treatment of addiction-related illnesses is performed by the medical departments of the respective prisons or on an inpatient basis in separate prison hospitals.

Existing substitution treatments are, where needed, continued in the correctional institutions by addiction professionals and where applicable supported by psychosocial care.

Where needed, substitution treatments are introduced in prisons, where applicable supported by psychosocial care.

Prior to release from prison, inmates receiving substitution treatment are referred to a substitution doctor, who continues the substitution treatment following their release.

In many German correctional institutions, various addiction support bodies are active in providing counselling and support for inmates with addiction problems and in preparing the transition to external inpatient and outpatient addiction withdrawal treatments. Some *Laender* have their own addiction counsellors in the correctional institutions.

In some German correctional institutions groups are offered, by way of preparation for external inpatient and outpatient addiction withdrawal treatments.

In some German correctional institutions, separate areas have been set up for inmates who already have a desire to achieve abstinence or to encourage such a desire. This is then accompanied by abstinence monitoring programmes using urine or saliva testing.

In some German correctional institutions, measures for abstinence monitoring (urine or saliva testing) are carried out in order to be able to assess inmates' drug use.

In some German correctional institutions, education and prevention measures are provided for drug-using inmates, in particular on the topic of infection protection (Senatsverwaltung für Justiz Verbraucherschutz und Antidiskriminierung, 2019).

1.3.1 National policy or strategy (T1.3.1)

Legal framework conditions

Since 2006, all German *Laender* have gradually introduced their own prison acts. These regulate "the execution of custodial sentences in correctional institutions and measures of rehabilitation and prevention involving imprisonment" (Sec. 1 StVollzG). Since the reform of the federal system which was passed by the German Bundestag on 30 June 2006 and came into force on 1 September 2006, legislative power has been devolved from the Federal Government to the *Laender*. The StVollzG has gradually been replaced in parts by the respective *Laender* prison acts and administrative regulations (Sec. 125a German Constitution (Grundgesetz, GG)). As described above, the StVollzG continues to apply for special types of imprisonment. All German *Laender* now have their own prison acts. The *Laender* laws are, however, largely based on the national StVollzG and mostly differ only in terms of individual details. For example, the type and scope of the provision of services in the area of health care in the *Laender* are based on the German Code of Social Law, Volume 5,

(Sozialgesetzbuch V, SGB V). Additional information on the legal basis and on implementation can also be found in the 2018 Legal Framework workbook under “1.2 Implementation of legislative framework” (Sipp et al., 2018).

Health care for inmates is governed by a different section depending on the *Land* prison act. This is described below using the example of the Bavarian StVollzG. As a general rule, there is an obligation to care for the physical and mental health of prisoners (Sec. 58 Bavarian Prison Act, BayStVollzG). In addition to this, prisoners have a "right to medical treatment, where it is necessary to diagnose or cure a disease, prevent it from deteriorating or alleviate its symptoms". This means, amongst other things, treatment by a doctor and the supply of pharmaceuticals, dressings, medicines and medical aids (Sec. 60 BayStVollzG). The provisions of SGB V apply in respect of the type and scope of services (Sec. 61 BayStVollzG). No individual remarks are made in the StVollzG regarding the treatment of drug addicts in prison. However, substitution in prison is not considered a purely medical measures, but at the same time an enforcement measures, which must comply with the provisions of the StVollzG (Deutscher Bundestag, 2016). The type and scope of services are based on the provisions of the statutory health insurance and must be provided lege artis (Lesting, 2018).

The *Land* acts differ to the StVollzG in varying amounts. The Hessian Prison Act stipulates a right on the part of inmates to psychological or psychotherapeutic treatment or care (Sec. 26 (2) Hessian Prison Act, Hessisches Strafvollzugsgesetz, HStVollzG). In addition, in Lower Saxony, Berlin, Hesse and Baden-Württemberg, preventive measures are explicitly mentioned. In Lower Saxony, prisoners’ right to vaccinations is codified in law (Sec. 57 (1) Lower Saxony Prison Act, Niedersächsisches Justizvollzugsgesetz, NJVollzG). In Hesse and Baden-Württemberg the need to educate inmates about healthy living habits is also codified (Sec. 23 (1) HStVollzG and Sec. 32 (1) JVollzGB). The prison acts of Hesse and Baden-Wuerttemberg state in addition that it is possible to use checks to combat abuse of addictive substances (Sec. 4 HStVollzG and Sec. 64 JVollzGB III).

In the area of the treatment of addicted offenders under Sec. 64 StGB, various changes have been made through the amendment of the right to accommodation in a psychiatric hospital. The amended legal situation has led to the fact that it is possible, under a so-called half-sentencing rule, to be released, as a result of treatment, earlier than would be stipulated at the start of a normal prison sentence, into a withdrawal facility, such that increasingly addicted offenders are housed in accommodation as per Sec. 64 StGB (Muysers, 2019).

A study with the aim of evaluating secure psychiatric treatment measures from 2010-2014 in the Swabia area came to the conclusion that such treatment makes an important contribution to the rehabilitation and risk minimisation of mentally ill offenders. For the study, 130 patients were interviewed on social reintegration, substance use and delinquency straight after their release from a secure psychiatric facility, and one year later. 67% of addiction patients, i.e. people who were housed in secure psychiatric facilities under Sec. 64 StGB, were in work one year after release, 57% were abstinent and 83% had not reoffended. 4% (n=2) were using regularly one year after release, 18% (n=10) remained abstinent following one single

relapse, 7% (n=4) used infrequently, 11% (n=6) were undergoing substitution treatment, and the forensic aftercare was not able to assess the current substance use for a further 4% (n=2). Half (55%; n=12) of all those who had relapsed (n=16) or were undergoing substitution therapy (n=6) reported contacting the forensic outpatient aftercare when they needed help with a relapse. 9 patients (17%) re-offended in the year between the first and second surveys. The subsequent offences were dealing/trafficking offences (n=4), breaches of the BtMG (n=2), breaches of conditions (n=2) and one assault. Two of the 9 subsequent offences were found to be violations of the BtMG. It should be pointed out however that the subsequent offences were without exception located in more minor offence categories than the respective first offence (Dudeck et al., 2018).

In a comprehensive analysis by the associations of addiction professionals for 2009, it was shown that for a large number of rehabilitation patients in addiction treatment who have been released from prison (39% alcohol and 77% drugs), no health insurance was in place at the beginning of the treatment and that this could only be obtained in some cases after several weeks (Drogen- und Suchtrat, 2013). To solve this problem, the temporal, local and specialist competence of the respective institutions (job centres, health insurance providers) must be clarified at the earliest possible opportunity and as unbureaucratically as possible. That can only be achieved if respective requests or applications are made prior to the end of the prison sentence. In preparing for outpatient or inpatient rehabilitation measures, the assumption of costs by the pension insurance funds, by the health insurance which is suspended during imprisonment, or by the job centre must always be clarified. No rehabilitation measures can be offered without this clarification. Preparations must be made for re-entry into the health insurance system as an essential task of transition management and the health insurance providers are urged to issue a resumption confirmation and thus ensure a seamless passage to medical care for people released from prison. Nevertheless, health insurance providers frequently refuse to review the competence, arguing that an application for statutory health insurance protection can only be made after release from prison. As a result, for a long period after release from prison, it is often unclear whether and in what form health insurance protection exists. This can lead to great insecurity both for the practitioner and for the patient (Lesting, 2018).

Other interventions in the criminal justice system

There is the possibility at all levels of criminal proceedings, to cease proceedings under certain conditions. In many cases, a few hours of community service is the first response of authorities in dealing with problem behaviour in connection with drugs. In order to reduce drug crime as well as economic compulsive crime, many cities have created the legal possibility of issuing banning orders or dispersal orders to drug addicts for particular locations in order to counteract the emergence of open drug scenes.

At public prosecutor level, there is the possibility under the German Youth Courts Law (Jugendgerichtsgesetz, JGG, Sec. 45 and Sec. 47) to refrain from prosecuting crimes committed by adolescents and young adults, who can fall under criminal law relating to

young offenders, or to discontinue proceedings. In these cases, instead of prosecution, sanctions are frequently applied, such as participation in the "Early Intervention in First-Offence Drug Consumers – FreD" (Frühintervention bei erstauffälligen Drogenkonsumenten, see also 1.3.1). This is usually the case with respect to BtMG offences where they involve only small quantities of illicit drugs.

Under adult criminal law there is also the possibility of discontinuing or refraining from prosecution or bringing of action by the public prosecutor. The corresponding provisions are set out in Sec. 153 - 154a German Code of Criminal Procedure (Strafprozessordnung, StPO).

The BtMG allows the cessation of proceedings in cases involving minor guilt as well as a lack of public interest in prosecution (Sec. 31a BtMG). This mainly concerns offences in connection with personal consumption, in particular when they occur for the first time and no third parties are involved. The application of these rules is quite different from region to region, as shown by a study carried out by Schäfer and Paoli (2006). As far as the prosecution of consumption-related offences involving cannabis is concerned, there has been a trend towards increasing changes in the definition of threshold values for determining the "small quantity" by the *Laender*, in line with the requirements issued by the German Federal Constitutional Court (Bundesverfassungsgericht, BVerfG). Most recently, Thuringia raised the threshold to 10g. Most other *Laender* thresholds remain at 6g, with Berlin already traditionally at 15g. Further details can be found in the Legal Framework workbook, section 1.1.2.

In nearly all *Laender*, local prevention projects - such as the widespread FreD programme - are used as a way of avoiding a court case or prison. The programme is aimed at 14 to 18-year-olds but also at young adults up to 25 years old who have come to the attention of law enforcement due to illicit drug use for the first time (for a more detailed description of the FreD programme, see Dammer et al., 2018).

Alternatives to prison sentences

Under Sec. 63 and Sec. 64 StGB, it is possible under certain circumstances to place mentally ill or addicted offenders under a hospital treatment order in secure psychiatric units.

Moreover, it is possible to defer the execution of a prison sentence, or of a residual sentence, of two years or less following pronouncement of the sentence, if the drug addict verifiably undergoes external outpatient or inpatient addiction withdrawal treatment ("treatment not punishment", Sec. 35 BtMG). The requirement is that the convicted person has committed the offence due to a drug addiction. The offence does not necessarily have to be a violation of the BtMG, but can in particular also include offences than can be classified as direct or indirect economic compulsive crime.

The study, funded by the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG), entitled "Medical rehabilitation of drug addicts under Sec. 35 BtMG, ("treatment not punishment"): effectiveness and trends" was conducted up to April 2013 in

the *Laender* Hamburg, Schleswig-Holstein and North Rhine-Westphalia. The results of the study show that the housing of drug addicted criminals in a withdrawal facility as per Sec. 64 StGB, i.e. secure psychiatric unit, increased enormously from 2001 to 2011. It also became clear that after the end of a term of rehabilitation measure, drug addicts were increasingly being handed over to the probation service under Sec. 35, Sec. 36 BtMG and the remaining sentence was thus commuted to probation. A proper completion of the treatment was achieved by 50% of the Sec. 35 BtMG group, thus this group was more successful than the group without this condition, of which 43% completed the treatment normally. A more detailed presentation of the study can be found in the REITOX Report 2013.

1.3.2 Structure of drug-related prison health responses (T1.3.2)

Resolution 37/194 of the General Assembly of the United Nations[2] (Office of the United Nations High Commissioner for Human Rights, 1982) stated that health-care personnel in prisons have a duty to support prisoners in maintaining their physical and mental health and, if inmates become ill, to treat them under the same quality standards as afforded to those who are not imprisoned or detained. In dealing with prisons and detained persons, the Council of Europe recommends, under the heading, "Equivalence of care", that health policy in prisons be in line with national health policy and that it be integrated into it. Furthermore, conditions in prison which violate the human rights of inmates cannot be justified by a lack of resources. The principle of equivalence, essential to the prison acts, ensures this is the case in all *Laender*. One example would be the cost-intensive therapies involved in the treatment of hepatitis-C, which is a typical concomitant disease among drug addicts and which is possible in all *Laender*.

In Germany, the prison acts regulate what medical services prisoners are entitled to and refer, with regard to type and scope, to SGB V (Meier, 2009). Under these provisions, prisoners are, in certain circumstances, not entitled to the entire spectrum of health services which statutory health insurance providers (gesetzliche Krankenversicherung, GKV) are obligated to provide. Restriction of care is, for example, possible where a prison term is too short or where there are safety concerns (Lesting, 2018).

In 2011 a male, long-term heroin addict born in 1955 applied for substitution treatment during his imprisonment in a Bavarian prison as well as, in the alternative, an assessment of the medical necessity of substitution by a doctor specialised in addiction disorders. The prison denied the request on the grounds that there was no medical necessity for the substitution and also that this was not a suitable method for rehabilitating the prisoner. In 2012, the Regional Court of Augsburg agreed with this reasoning and added that no assessment by an addiction expert was necessary. At the appeal stage, the Appeal Court of Munich also rejected the prisoner's request. The Federal Constitutional Court dismissed the man's appeal in 2013 without stating reasons (Decision No. 2 BvR 2263/12). Following his release from

[2] https://www.un.org/Depts/german/uebereinkommen/ar37194.pdf [Last accessed: 27.10.2020].

prison in 2014, the man was prescribed substitution treatment by his doctor. The European Court of Human Rights concluded in its judgment of 1 September 2016 (with reference to the principle of equivalence) that the line taken by the prison and courts was a breach of Art. 3 of the European Convention on Human Rights (ECHR). The court did not rule on whether the inmate should have received opioid substitution therapy. However, the prison and in particular the courts involved should have consulted an independent doctor with expertise in addiction treatment, in order to have the state of the man's health assessed. Due to the actions of the prison and courts, the patient had to suffer physically and psychologically. However, the judges in Strasbourg rejected the man's request for compensation (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 2010).

On World Drug Day 2017 the DHS called for improved medical treatment of imprisoned drug users (Deutsche Hauptstelle für Suchtfragen (DHS), 2016). The DHS called for, in view of the frequently concomitant psychological and physical problems of addicts in prison, nationwide access to substitution programmes to be ensured and a reduction of health risks to be promoted through syringe exchange programmes. The DHS also argued that a right to appropriate medical treatment and healthcare should be recognised and support in the transition as well as in connecting to addiction support and offender support services should be guaranteed. Additionally, the DHS calls for the participation of inmates suffering from addiction in internal prison services (school, training, exercise) which require special privileges and which addicts are often excluded from.

1.3.3 Opioid substitution treatment clients in prison (T1.3.4)

If a substitution treatment is classified as medically necessary, it must be carried out under Sec. 58 StVollzG or the respective standard of the individual *Land* act. In the case of medically indicated substitution, there is also a legal claim to this. According to the German Medical Association (Bundesärztekammer, BÄK) guidelines, discontinuing treatment is only justified if the therapy

- proves to be unsuitable,
- involves continued use of other hazardous substances or
- the patient persistently fails to keep to the agreement or violates the rules of the treating facility.

All other intervention options should be considered before discontinuing treatment (Deutscher Bundestag, 2016). The Bavarian Appeal Court of Munich determined, in a decision of 15 April 2019, that the termination of a substitution treatment that was in progress during imprisonment can only be made under narrow medical conditions; the new start of a substitution therapy does not take precedence over other abstinence-oriented treatment alternatives (Bayerisches Oberstes Landesgericht, 2019).

In addition, the German Aids Help (DAH) assumes that the introduction of a depot injection for opioid addicts' substitution therapy in the spring of 2019 could also be of great benefit for

inmates. Studies on this have not been carried out in Germany. This substance can be injected under the skin once a week or month depending on dosage, and the active substance is then continuously released. This could, on the one side, reduce the required investment of time and personnel in the prison as well as the risk of misuse. At the same time, it is pointed out that it remains to be seen whether the depot injection can prevent or alleviate the frequently described withdrawal symptoms when a substitute is dispensed every day (Deutsche AIDS-Hilfe Deutsche AIDS-Hilfe e.V., 2019b). More information on depot injections for substitution treatment can be found in the 2019 Treatment workbook (Tönsmeise et al., 2019).

In a study by the Robert Koch Institute carried out between 2012 and 2014, the research group investigated, among other things, differences in opioid substitution treatments among inmates in Germany (Robert Koch-Institut (RKI), 2018). Eleven participating *Laender* (Bavaria, Berlin, Bremen, Hamburg, Mecklenburg-Western Pomerania, Lower Saxony, Saarland, Saxony, Saxony-Anhalt, Schleswig-Holstein and Thuringia) provided data. During the study period (January 2012 to March 2013), all 97 participating prisons and prison hospitals, which at that point in time housed 34,191 inmates, were supplied with medication for Opioid Substitution Treatment (OST) by three pharmacies. Of the prisons included in the study, 58% were supplied with medication for OST. The overall OST treatment prevalence recorded in this study was 2.18%. The study also stated, however, that injecting drug use, of which most is opioid use, is present in 22-30% of inmates. This would mean that only around 10% of those inmates were receiving substitution treatment. In contrast, the national survey on substance-related addiction problems in prison came to different findings. In that survey, outlined in 1.2.1 above, data was also collected regarding substitution treatment in prison. Among other things, the number of prisoners undergoing substitution treatment on the reference date was recorded. In addition, a substitution rate was calculated in order to be able to make more specific statements on the proportion of prisoners undergoing substitution therapy. The number of prisoners who were found to have a dependence on addictive substances in the opioid substance class or who had a dependence involving multiple substance use was used as a reference value. Since the multiple substance use category also included people who possibly do not use any substance corresponding to the substitution guidelines, this approach leads in certain circumstances to an underestimation of the actual substitution rate (Länderübergreifende Arbeitsgruppe „Stoffgebundene Suchtproblematik“, 2019).

On the reference date of 31 March 2018 there were a total of 6,013 inmates (5,530 male and 483 female) in prison in the 12 *Laender* that could be taken into account in the data analysis, who fulfilled the criteria of substance dependence on admission to prison and used either opioids or multiple substances as the main substance. At the reference date, 1,440 inmates (1,181 male and 259 female) were undergoing substitution. This corresponds to an overall substitution rate of 23.9%. Thus the difference between male inmates eligible for substitution therapy, and female inmates for whom this is the case, is considerable: among male prisoners, the substitution rate on the reference date 31 March 2018 was 21.4%, among all

those who were theoretically eligible for substitution therapy. 53.6% of the female prisoners for whom an opioid dependence or a dependence with multiple substance use was established - thus a significantly greater proportion - were receiving substitution treatment (Länderübergreifende Arbeitsgruppe „Stoffgebundene Suchtproblematik“, 2019).

The RKI study mentioned above refers in this context to the large range of treatment prevalence rates, between 0% in Saarland and 7.9% in Bremen, which suggests that substitution is implemented very differently between the *Laender*. There is also a similar picture in the national survey on substance-related addiction problems in prison, whereby it is not apparent which *Laender* are referred to in each case. In particular, the northern *Laender* have high OST rates according to the RKI study, underlining their more liberal policy aimed at harm reduction. In Saarland, Bavaria and the eastern *Laender*, in contrast, only a few prisons are supplied with OST resources. The lacking or low treatment prevalence rates in Saarland and Bavaria points to an exclusive use of withdrawal treatment instead of substitution and a policy oriented strongly towards abstinence in those prisons (Schmidt et al., 2018). More detailed information on the study can be found in section 1.2.5 "Further aspects of inpatient drug treatment provision" in the Treatment workbook. The framework conditions of OST in Germany are also described in greater detail in the same workbook under section 1.4 "Treatment modalities" (see Bartsch et al., 2018).

Generally, the guidelines of the BÄK are binding for all substitution treatments. The objectives of substitution treatment are, according to the BÄK (Bundesärztekammer (BAK), 2017):

- to ensure survival,
- to stabilise and improve the state of health,
- to support the treatment of somatic and psychological comorbidities,
- to reduce risk routes of administration of opioids,
- to reduce the use of unlawfully purchased or acquired opioids,
- to reduce the need for further addictive substances,
- to abstain from unlawfully purchased or acquired opioids,
- to reduce the risks associated with opioid dependence during pregnancy and after birth,
- to improve health-related quality of life,
- to reduce delinquency,
- to participate in social and working life.

Furthermore, in July 2019 the working group “Drugs and addiction policy of the Bavarian prison system” named further objectives of substitution treatment in prison in Bavaria (Arbeitsgruppe „Drogen- und Suchtpolitik des bayerischen Justizvollzugs“, 2019):

- less addiction-related disciplinary offences should be committed,

- to participate in working life, in sport and leisure activities; also other treatment programmes within prison are enabled,
- substitution supported withdrawal treatment can also be initiated as required.

Additionally, treatment recommendations can be made. In North Rhine-Westphalia, medical treatment recommendations for substitution in prison, which at that time was still rarely carried out, were published for the first time in 2010. A revised version was published in 2018. The three cornerstones of the corresponding implementation strategy are uniform treatment recommendations, the training of prison doctors and the monitoring of treatment in prison. The medical treatment recommendations have thus verifiably contributed to increasing markedly the number of inmates in North Rhine-Westphalia undergoing substitution in prison. In connection with the obligatory addiction medicine training for prison doctors, in North Rhine-Westphalia the proportion of inmates with opiate dependency in substitution therapy was successfully significantly, increased within a decade, from around 3% in 2008 to nearly 40% in 2017 (Neunecker, 2019)

Substitution in the *Laender*

With regard to the changes to the BÄK guidelines on implementing substitution treatment for opiate addicts and the Regulation on the Prescription of Narcotic Drugs (Betäubungsmittelverschreibungsverordnung, BtMVV), prison medical staff were trained in the field of substitution. Likewise, doctors are to receive additional further training “addiction medicine basic care”. In addition, the treatment agreement on medical substitution for opiate addicts was adapted for inmates. Cooperation between the prisons in Hannover and Sehnde with AOK [major health insurance provider] and the job centres in Hannover should guarantee a seamless transition of substitution patients after release from prison to follow-up substitution (Niedersächsisches Justizministerium, 2020).

In Berlin, too, the substitution therapy service is being continually expanded; now, every prison has the (staff) requirements to carry out an OST. The Berlin correctional system also uses the newer approved opiate substitute in its substitution, especially depot substitutes based on buprenorphine. In addition, a substitution service for inmates serving substitute imprisonment in Plötzensee prison was established in January 2020. This programme is aimed firstly at the health and psychosocial stability of the patients and only then, when it is medically appropriate, at opiate cessation. A yoga and meditation service for substituting inmates is also to be implemented this year (Senatsverwaltung für Gesundheit, 2020).

1.3.4 Availability and provision of drug-related health responses in prisons (T1.3.3)

Table 3 Drug-related interventions in German prisons

Type of intervention	Specific intervention	YES/NO (Is there a formal possibility for this?)	Number of prisons in which the intervention is actually undertaken	Comments or specifications of the intervention indicated
Assessment of drug use and concomitant problems upon admission to detention.		Yes	No information	No information
Counselling on drug-related problems		Yes	No information	No information
	Individual counselling	Yes	No information	No information
	Group counselling/discussions	Yes	No information	No information
Inpatient treatment		Yes	No information	No information
	Abstinence department	Yes	No information	No information
	Therapeutic community/inpatient treatment	Yes	No information	No information
Pharmacologically supervised treatment		Yes	No information	No information
	Detoxification	Yes	No information	No information
	Continuation of OST in detention	Yes	No information	No information
	Initiation of OST after imprisonment	Yes	No information	No information
	Continuation of OST after release	Yes	No information	No information
	Other pharmacological treatments	Yes	No information	No information
Preparation for release		Yes	No information	No information
	Reference to external service provider on release	Yes	No information	No information
	Social reintegration measures	Yes	No information	No information
	Prevention of overdoses after release (e.g. training, counselling)	Yes	No information	No information

	Naloxone dispensing	Yes	No information	No information
Interventions in infectious diseases		Yes	No information	No information
	HIV testing	Yes	No information	No information
	HBV testing	Yes	No information	No information
	HCV testing	Yes	No information	No information
	Hepatitis B vaccination	Yes	No information	No information
	Hepatitis C treatment with interferon	Yes	No information	No information
	Hepatitis C treatment with DAA	Yes	No information	No information
	ART therapy for HIV			
Consumption utensils dispensing		Yes	1	No information
Provision of condoms		Yes	No information	No information

In a systematic review by Hedrich et al. (2012) an overview was published on the efficacy of opioid maintenance treatment (OMT) in prison. The results show that the advantages of OMT in prison are comparable with those in OST outside prison. OMT represents an opportunity to motivate problem opioid users to submit themselves to treatment, to reduce illegal opioid use and risk behaviour in prison and possibly also to minimise the number of overdoses following release from prison. If there is a link to a treatment programme close to the community, OMT in prison also facilitates the continuity of treatment and helps with the achievement of long-term, positive effects.

The series of tables produced by the DSHS since 2008 for external outpatient counselling in prisons was changed, from the reporting year 2017 onwards, to a collective series of tables for both external and internal counselling and treatment services in prison. Due to the changes to the German core data set (Kerndatensatz, KDS), this data partly no longer available and was thus re-included for the reporting year 2018, but it cannot be fully compared with previous years.

As this series of tables only covers 12 facilities for the reporting year 2019 (2018: 12 facilities) and it cannot be ruled out that individual results are only available for one or two facilities or are heavily influenced by them, these figures must be interpreted extremely cautiously. This is also because no information whatsoever is available on the selection mechanisms for participation, nor can any conclusions be drawn regarding the representativeness of the participating prisons. Furthermore, the series of tables for 2019 does not contain any date for female inmates. The average age of men with illegal drug problems who made use of support in 2019 was 28.9 years old (2018: 32.0 years old).

Table 4 Outpatient treatment of drug problems in prisons (men)

Primary diagnosis	N	%	Persons treated for the first time
Opioids	207	13.71%	11.49%
Cocaine	91	6.03%	25.27%
Stimulants	328	21.77%	25.0%
Hypnotics/sedatives	0	0.00%	--
Hallucinogens	1	0.1%	0,0%
Cannabinoids	474	31.39%	41.98%
Multiple/other substances	114	7.55%	21.05%
Total	1,215		28.97%

(Dauber et al., 2020a, Dauber et al., 2020b)

Inmates with a primary diagnosis of cannabinoids was the group which most utilised the opportunity for intramural treatment, at 32%, followed by those with the primary diagnosis stimulants (22%). The distribution of substances among those who have never sought treatment prior to their prison sentence shows that the primary diagnosis cannabinoids is the most frequently treated among first-time patients too (42%).

Prevention, treatment and dealing with infectious diseases

Detailed information on prevention, treatment and dealing with infectious diseases in prisons can be found in the Selected Issue Chapter 11 of the REITOX Report 2011 (Pfeiffer-Gerschel et al., 2011). In addition, the Robert Koch Institute also dealt with this topic in its bulletin “Large differences in TB, HIV and HCV treatment and opioid substitution therapy among inmates in Germany”, published in 2018 (Robert Koch-Institut (RKI), 2018).

Prevention of overdoses after release from prison

The HIV/AIDS strategy, which ran from 2016 to 2021 and was presented by UNAIDS in 2015, established that prisons represent a setting that requires special health promotion measures. In particular, the transition from incarceration to life on the outside carries a special risk of overdosing (UNAIDS, 2015).

In its new guidelines on the implementing substitution-based treatment, the German Medical Association (Bundesärztekammer, BÄK) states that when transitioning from outpatient substitution treatment to a hospital setting, rehabilitation measure, imprisonment or another form of inpatient accommodation and vice versa, the continuity of treatment should be ensured by the institution taking on the patient. In addition, for inmates with an expected high risk of relapse or mortality following release from prison, it is certainly possible to introduce OST for opioid dependent inmates not currently using prior to their release (Bundesärztekammer (BAK), 2017).

Reintegration of drug users after release from prison

The legal framework stipulates that inmates must be provided with support at release (e.g. Art. 79 BayStVollzG in conjunction with Art. 17 BayStVollzG), the objective of which is to assist with reintegration into society after release from prison. In order to achieve this aim, prison services have to cooperate across departments (e.g. Art. 175 BayStVollzG).

Moreover, social welfare providers should work together with groups which have shared goals as well as other bodies involved, with the aim of mutually complementing each others' work (Sec. 68 (3) SGB XII and Sec. 16 (2) SGB II). Corresponding strategies and measures are developed and implemented under the term transition management. On the one side, attempts are made to place those being released, both in prison and after release, as smoothly as possible into training, employment or occupational activity; on the other side, efforts are made to tackle problems associated with the incarceration and the past criminal careers. The main task of transition management is to improve the situation of the clients by offering them counselling and care but also opportunities to obtain qualifications and be placed on training courses and in jobs. Although, from a historic viewpoint, efforts in this vein date back many years to the introduction of "assistance for offenders" over 150 years ago and to the introduction of the probation service in the 1950s, there is still a great need for improvement in the discussion and implementation of transition management, whereby the preparation for release has already been brought more strongly into focus in the *Laender* prison acts.

It is currently a challenge for addiction support services to be able to offer people at risk of addiction or people suffering from dependence an adequate service upon release from prison. For this reason, the Professional Association on Drugs and Addiction (Fachverband Drogen und Suchthilfe e.V., fdr) issued a recommendation on transition management which contained, amongst other things, the following elements (Fachverband Drogen- und Suchthilfe e.V., 2013):

- Improvement of the addiction medicine care situation, including substitution treatment in prison and drug emergency training sessions,
- Participation in work and training opportunities within prison also for inmates suffering from addiction,
- Step by step support during transition and in connecting to addiction support and offender support services, e. g. placement in assisted living, outpatient clinics etc., and
- Provision of outpatient rehabilitation during imprisonment, beginning around 6 months prior to release, in a treatment centre outside prison and continued after release.

Since these calls were made in 2013, it appears that the situation is beginning to show improvements in various areas. However, to date there has been no update to the recommendations. Firstly, the situation regarding medical care for addiction has been optimised and participation in internal prison measures, privileges, and accommodation in open prison, among other things, have markedly improved, specifically for inmates receiving

substitution. In addition, it is possible to receive outpatient treatment through suspending enforcement of punishment as per Sec. 35 BtMG or by implementing treatment in the scope of special privileges. A further condition is the placement of substituting patients in external follow-on substitution treatment (Abraham, 2018).

Expansion of psychiatric provision in Lower Saxony

Due to the increasing number of cases of psychological disorders induced by drug use, prison wards with a psychiatric focus have been established in four institutions, and two more such wards are under construction. Additionally, a concept for outpatient psychiatric care was developed centrally and implemented in all institutions. In order to identify problems early and facilitate low-threshold entry into psychiatric treatment for affected inmates, training took place for staff in this area (Niedersächsisches Justizministerium, 2020).

Financial resources for prevention and counselling

In order to be able to guarantee suitable drug and addiction counselling for inmates, the budget resources for buying in external services are regularly increased, including in North Rhine-Westphalia where they now amount to €1.13 million annually (Ministerium der Justiz des Landes Nordrhein-Westfalen, 2020).

Mecklenburg-Western Pomerania has a new, separate budget of €120,000 for preventive measures. These expenditures are intended to serve the integration of inmates and focus in particular on addiction counselling, psychotherapy and psychological interventions (Justizministerium Mecklenburg-Vorpommern, 2020).

1.3.5 Additional information (T1.3.5)

Improving the health of inmates

The “Health in prison initiative” (2019) published a benchmark paper, in which six proposals were made for the improvement of inmates’ health. Above all, the inequalities in the medical care of dependent inmates, in particular the drug-dependent inmates, and disproportionately high mortality rates following release are discussed. The following strategies to improve the health situation of drug-dependent people in prison were therefore proposed:

- Health disadvantages for inmates - the equivalence principle must be supported,
- Great harm through non-treatment on many levels - treatment and rehabilitation success in prison should be increased,
- Avoiding fatalities following release is possible - survival should be ensured with the help of transition management,
- People with a drug dependency are on the fringes of society - stigmatisation should be reduced,
- Specialist help for critically ill people is of great importance - to this end, qualification and improvement of networking is essential,

- Openness is essential for improvements in the health care of inmates - transparency must be created.

Achieving WHO targets for hepatitis C in prison

In 2016, the WHO passed an ambitious global strategy for viral hepatitis. The goal announced is to eliminate hepatitis C as a public health threat by 2030 (World Health Organisation (WHO) Europe, 2016). Inmates are a major risk group for hepatitis C (Reimer, 2008). The risk of HCV transmission through shared use of consumption apparatus is particularly high in many correctional institutions. In extramural settings, tried and tested prevention models are often not available in prison. For example, syringe exchange is only available in one correctional institution for women in Berlin. Otherwise, HIV/HCV prevention is almost exclusively limited to verbal advice, counselling, information brochures and other appeals for behaviour change.

The authors demand that at least those inmates who have been sentenced to long than one year imprisonment should have the option to receive HCV treatment. On the reference date 31 March 2017 for example, the costs of HCV treatment were calculated for all inmates (excluding those on remand) who have been imprisoned from over one year to life. In the first year, the costs amount to an estimated €111,776,000, excluding pharmaceutical discount. At the same time, the authors assume that the treatment costs of all inmates with a chronic HCV infection would be particularly high for the first two years, after which time future treatment cases would be significantly cheaper (Kamphausen et al., 2019).

Calls from the DAH due to coronavirus

Due to the corona pandemic, which can also affect inmates and prison staff, the DAH published updated demands in which it refers to the fact that the intramural setting needs particular attention in this regard. The DAH notes that detainees as well as judicial staff have an increased risk of infection due to the confined space. It also considers the hygiene conditions in prison to be insufficient to counteract a pandemic. The DAH thus demands (Deutsche AIDS-Hilfe e.V. (DAH), 2020):

- reduction of prison occupancy,
- implementation of hygiene measures,
- facilitation of counselling and visits,
- improvement in medical prevention and care.

1.4 Quality assurance of drug-related health prison responses (T1.4)

Further information on quality assurance and standards for drug-related services in prison can be found in the Best Practice workbook (Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD), 2020).

1.4.1 Treatment quality assurance standards, guidelines and targets (T1.4.1)

In Germany there are numerous institutions whose work covers the quality assurance of health care outside prisons, such as the associations of SHI-accredited doctors (Kassenärztliche Vereinigungen, KV), the statutory health insurance providers (gesetzliche Krankenversicherung, GKV) and the medical associations. In Germany, the responsibility for monitoring health care in prisons, and thus for ensuring the quality of drug-related services, lies with the ministries of justice. The German prison system maintains its own healthcare system (Lesting, 2018, Stöver, 2006). This means that healthcare provided to patients within these systems differs from that provided to the general population. For example, inmates do not have the ability to choose their doctor freely.

Depending on *Land* and correctional institution, there are two options for medical care: On the one hand, a full-time position as prison doctor, and on the other a part-time or SHI-accredited position as a doctor in prison. Due to the special structure of prisons, supervision of medical services inside German correctional institutions is regulated differently than it is externally. In this respect, the director of the facility is not entitled to issue medical related instructions to the facility doctor (Lesting, 2018).

The National Agency for the Prevention of Torture (Nationale Stelle zur Verhütung von Folter) functions as external consultant, based on the United Nations Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) and the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT). The European Treaty on this issue stipulates that facilities in prison be visited on a regular basis (European Commission, 2002). The last visit but one by the CPT to Germany took place between 25 November and 7 December 2015, in the course of which 16 facilities were visited. in the course of which 16 facilities were visited. Statements made in the CPT report in connection with "healthcare" are only based on three facilities, however, and thus cannot be viewed as being representative. The main criticism was that there was not always a sufficient number of qualified care staff available and that medicinal drugs were not dispensed by medically trained personnel but by prison guards. In addition it was pointed out that dealing with mentally ill persons, i.e. including addicts, was frequently seen as problematic. Transfer to prison hospital is evidently often refused due to a lack of beds. In addition, the varying levels of access to substitution treatment across the different institutions was criticised. According to the CPT, this is not in line with the principle of equivalence of care (Europäischer Ausschuss zur Verhütung von Folter und unmenschlicher oder erniedrigender Behandlung oder Strafe, 2017). The last visit of the CPT to Germany took place between 13 and 15 August 2018. In that visit, only the deportation centre in Eichstätt was visited. The CPT criticised the continued practice of placing people in deportation detention in prisons. (Bundesministerium der Justiz und für Verbraucherschutz, 2019).

Imprisonment continues to carry the risk that substitution treatment which has already been commenced prior to entering a penal institution will not be continued (Deutsche AIDS-Hilfe e.V., 2019a). Guidelines and rules could help counteract uncertainty and ignorance on the

part of prison health care personnel. In order to provide prison doctors with greater certainty, the framework conditions, e.g. treatment strategies, accompanying psychosocial therapy or criteria for discontinuation, should be clearly described. These must especially take the specific conditions in prison into account.

Similar to the situation outside prison, the patient has to sign a treatment agreement prior to starting treatment, in which the rules are laid out. Among other things, that document sets out in writing when the treatment will be discontinued (for example in the event of repeated problem concomitant use, drug dealing/trafficking or violence in connection with the OST) and that discontinuation does not necessarily mean permanent exclusion from OST. The decision to cease treatment is made by the medical service; there are no set conditions with respect to recommencement. In North Rhine-Westphalia for example, the general rule is that patients who are already receiving substitution treatment when entering prison will continue to be treated, while the length of the sentence must not have any influence on the indication for treatment. It is recommended that a place for continued substitution should be secured in cases of substitute treatment on remand and prison sentences of less than two years. A place for further treatment should be secured, at the latest, at the time of release from prison.

In addition, according to the principle of equivalence, the guidelines issued by the German Medical Association (Bundesärztekammer, BÄK) on the substitution-assisted treatment of opiate addicts, revised in 2017, also apply within prisons (Bundesärztekammer (BAK), 2017). The guidelines apply to all doctors who perform this treatment. Under the guidelines, it must be ensured, when patients move to hospital treatment, rehabilitation, imprisonment or another form of inpatient care, that the treatment is provided on a continuous basis. Moreover, substitution treatment can also be initiated in individual cases, where warranted, in accordance with ICD 10 F11.21 (opioid dependency, in remission, but in a protected environment – such as a hospital, therapeutic community or prison). Where other psychotropic substances are also being used, the underlying cause thereof, such as inadequate dosage or choice of substitution drug or a co-morbid mental or somatic illness, should first be determined and if possible remedied. If this concomitant use jeopardises the substitution treatment, withdrawal of the additional psychotropic substance must be initiated.

2 TRENDS (T2)

NPS in German prisons

Above all, the increase in use of new psychoactive substances in German correctional institutions presents new challenges to the prison system as a whole (Patzak, 2019).

Some prisons have started to develop specific NPS interventions, while in others group and individual counselling is being adjusted to focus on synthetic cannabinoids. In Lower Saxony, for example, in addition to inmates, prison staff also have training on this topic, for example with the help of flyers. In addition, regular training is offered to staff in the field of addiction prevention (Niedersächsisches Justizministerium, 2020).

Corona situation

Due to the restrictions in connection with the corona pandemic, such as a visiting ban and the suspension of special privileges, prisons in Lower Saxony report a decline in the availability of narcotics (Niedersächsisches Justizministerium, 2020).

3 NEW DEVELOPMENTS (T3)

3.1 New developments in drug-related issues in prisons (T3.1)

NPS project in Wittlich prison

In 2016, a project was introduced in Wittlich prison in Rhineland-Palatinate to identify drug use, specifically in the area of NPS, the use of which is not detectable in rapid tests. The idea was for prison staff to report inmates who guards believe, based on the inmate's behaviour, have possibly taken drugs. Following an assessment by specially trained personnel, if NPS use is suspected a urine test is carried out for various NPS and repressive, preventive and counselling measures are taken. In addition to this project, Wittlich prison now has a drug scanner, more specifically an ion mobility spectrometer (IMS). Thanks to a cooperation between the Rhineland-Palatinate State Office of Criminal Investigation (Landeskriminalamt Rheinland-Pfalz, LKA RLP), the IMS is able to detect common NPS on a large number of different carriers. Both positive (generation of an alarm) and negative (no generation of an alarm) narcotic drugs, NPS or medication tested evidence have been analysed. Results to date: around 90% of IMS results generated in Wittlich prison and the Rhineland-Pfalz State Office of Criminal Investigation are in accordance with the verification procedure (GC-MS) (Patzak und Metternich, 2019).In Wittlich prison in 2019, 92 confirmed cases in connection with NPS were detected. The rather high number compared to previous years (2018: 14 cases) is the result of a large number of drug tests carried out by Wittlich prison in 2019. Overall, the most frequently detected NPS were 4F-MDMB-BINACA and 5F-MDMB-PICA. Both substances are synthetic cannabinoids. Carrier media bearing NPS were detected in 18 cases, for example paper strips or herb mixtures, using the ION-SCAN 600, and confirmed by a gas chromatograph linked to a mass spectrometer. 4F-MDMB-BINACA was

detected 16 times, and 5F-MDMB-PICA 4 times, and two prisoners were found to have several substances (Patzak, 2020).

Naloxone training in facilities in Bavarian prisons

In May 2019, the first Germany-wide pilot project for naloxone training in a correctional institution was carried out with the support of the Federal Ministry of Justice. This occurred in the scope of the "Bavarian take home naloxone (BayTHN) pilot project". This project is not only aimed at inmates at Bavarian prisons, but is also intended for opioid users in Bavaria. The initial results of this pilot project are now available, and show that to date 373 participants (out of a planned 500) received training in 94 sessions. To date, a total of 27 inmates were trained in the use of naloxone, of whom 48.1% were women. Following successful participation, the inmates were each given a naloxone kit which is handed out on their release. Overall, a very good level of cooperation was observed between addiction counselling facilities and prisons. In the participating institutions, the cooperation between prisons and addiction counselling was cooperative (Wodarz, 2020).

Further information on the pilot project and its content can be found in the Harms & Harm Reduction workbook (Dammer, 2019).

4 ADDITIONAL INFORMATION (T4)

4.1 Additional sources of information (T4.1)

Appraisal and evaluation of inmates on the subject of drugs in prison

In the scope of the research project "Drugs in prison - assessment evaluation and assessment of inmates" (Drogen im Strafvollzug - Einschätzungen und Bewertungen von Gefangenen) (Bäumler et al., 2019), a one-off cross-sectional questionnaire was conducted in three adult correctional institutions in North-Rhine Westphalia, between October 2016 and July 2017. Lots were drawn to select the prisons. The institutions concerned comprised two for male inmates and one for female inmates. A standardised data collection instrument was used, covering three topic areas. As well as the question on patterns of use in prison, there was a further focus on their assessment of intramural drug-specific treatment services. In addition, the focus was on inmates' perceptions in relation to the topic of "drugs in prison". The sample (N = 145) consisted of half male (n=72) and half female (n=73) adult prisoners.

In terms of overall prevalence, inmates estimated that an average of 76% of their fellow prisoners use drugs. In contrast, only 53.5% (n=61) of respondents reported having consumed illegal drugs themselves in the previous three months in prison. No gender-specific difference in response behaviour was apparent.

With regard to individual type of use among inmates, there was a clear result. Overall, 98 people answered this question (N =98), the majority (n=80) reported having smoked or snorted illicit drugs in prison, followed by oral use (n=10) and injecting use (n=8).

In the question as to the reasons for drug use in detention, the study participants were provided with different response options. In this context, general reasons for drug use in prison were sought, which was not limited to a certain period. In the respondents' answers, the aspect of compensation for the incarceration situation predominated, at 44% (n=64), followed by use due to addiction pressure [33% (n=48)], to forget [32% (n=46)], and loneliness [29% (n=42)]. A further 23% (n=33) cited avoiding brooding and thinking about one's own life, as well as boredom [17% (n=25)] and consumption to be part of a group in prison [3% (n=4)] as reasons.

Overall, the authors of the study recommend

- Introducing more services to end drug use,
- Expanding and improving drug-specific services,
- Professionalising the structure of treatment services,
- Regular frequency of treatment and counselling,
- improved access to substitution programmes.

Full survey on substance use in Wittlich prison

In the scope of a study, data was collected on the basis of self reporting on the use of psychoactive substances by inmates of the Wittlich men's prison in Rhineland-Palatinate. Based on all inmates, the proportion of those reached was 41.45% (n=193). The survey was divided into four topic areas: the use of alcohol and tobacco, illicit drugs, on risk behaviour and on the knowledge of support services and of the consequences of substance use in prison.

64.2% (n=124) of respondents reported having used an illegal substance at least once in their life, prior to entering Wittlich prison. In contrast, the lifetime prevalence of using an illicit drug in the general male population in 2015 was 32.5% (Piontek et al., 2016b), and thus only around half the level. The age range of inmates was not recorded however. 14% (n=27) of all inmates surveyed and thus 71.1% of those who reported having already used drugs in Wittlich prison, reported that they had used cannabis at least once whilst at Wittlich. Inmates' lifetime prevalence of cannabis was at 52.3% (n=101). This is thus markedly higher than the lifetime prevalence of men in the general population in Germany (31.8%) (Piontek et al., 2016a). Overall, cannabis is the most frequently consumed illegal substance both in Wittlich prison and extramural settings. Heroin and amphetamine (3.1%, n=6) were in third place for illegal substances used in prison. This corresponds to 15.8% of all those who reported having used drugs in Wittlich prison. Inmates' lifetime prevalence for heroin was recorded at 13% (n=25), which is significantly higher than the lifetime prevalence of men in the general population, which is 1.7% for heroin and other opioids (Piontek et al., 2016b). For amphetamine, inmates' lifetime prevalence is 38.3% (n=74) and thus 9 times higher than men in the general population, where the lifetime prevalence is recorded at 4.1% (Piontek et al., 2016b). 2.6% (n=5) of inmates reported having used ecstasy in Wittlich prison, for cocaine the number was 2.1% (n=4). Only 0.5%, i.e. only one inmate, reported having used

LSD in Wittlich prison while the use of methamphetamine and mushrooms during imprisonment at Wittlich was reported by no inmate at all.

Overall, 24.4% (n=47) of respondents reported having used NPS at least once in their life prior to incarceration at Wittlich prison. 9.3% (n=18) reported having also used NPS at Wittlich prison. Of the inmates using NPS, four were on remand, 14 were serving a prison sentence. Overall, only three inmates used NPS for the first time at Wittlich prison, the others confirmed having already used NPS in an extramural setting (Schneider, 2019).

4.2 Further aspects (T.4.2)

5 SOURCES AND METHODOLOGY (T5)

5.1 Sources (T5.1)

Abraham, K. (2018). Vorabinformation zur Bundeseinheitlichen Erhebung zur stoffgebundenen Suchtproblematik im Justizvollzug, Berlin.

Arbeitsgruppe „Drogen- und Suchtpolitik des bayerischen Justizvollzugs“ (2019). Substitutionsbehandlung Opiatabhängiger im Rahmen einer Inhaftierung in Bayern.

Bäumler, E., Schmitz, M.-M. & Neubacher, F. (2019). Drogen im Strafvollzug. Einschätzungen und Bewertungen von Gefangenen. NK Neue Kriminalpolitik, 31**,** 301-318.

Bayerisches Oberstes Landesgericht. (2019). BayObLG München, Beschluss v. 15.04.2019 – 203 StObWs 227/19 - Behandlungsmethode [Online]. Available: https://www.gesetze-bayern.de/Content/Document/Y-300-Z-BECKRS-B-2019-N-8484?AspxAutoDetectCookieSupport=1 [Accessed 31.05.2020].

Bundesärztekammer (BAK) (2017). Richtlinie der Bundesärztekammer zur Durchführung der substitutionsgestützten Behandlung Opioidabhängiger.

Bundesministerium der Justiz und für Verbraucherschutz (2019). Bericht an die Deutsche Regierung über den Besuch des Europäischen Ausschusses zur Verhütung von Folter und unmenschlicher oder erniedrigender Behandlung oder Strafe in Deutschland (CPT) - vom 13. bis 15. August 2018.

Dammer, E., Schneider, F., Pfeiffer-Gerschel, T., Bartsch, G. & Friedrich, M. (2018). Bericht 2018 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018). Deutschland, Workbook Gesundheitliche Begleiterscheinungen und Schadensminderung*,* DBDD, München.

Dauber, H., Künzel, J., Schwarzkopf, L. & Specht, S. (2020a). Deutsche Suchthilfestatistik 2018. Alle Bundesländer. Tabellenband für Einrichtungen im Strafvollzug. 5 ZB (ohne EK) - Erstbehandelte*,* IFT Institut für Therapieforschung, München.

Dauber, H., Künzel, J., Schwarzkopf, L. & Specht, S. (2020b). Deutsche Suchthilfestatistik 2019. Alle Bundesländer. Tabellenband für Einrichtungen im Strafvollzug. 1 Zugänge Beender ohne Einmalkontakte*,* IFT Institut für Therapieforschung, München.

Deutsche AIDS-Hilfe e.V. (2019a). Expertenbündnis fordert bessere Gesundheitsversorgung in Haft. https://www.aidshilfe.de/meldung/eckpunkte-papier-gesundheit-haft [Online]. [Accessed 26.10.2020].

Deutsche AIDS-Hilfe e.V. (2019b). Unter die Haut: Neue Depotspritze zur Substitutionsbehandlung. https://www.aidshilfe.de/meldung/buvidal-depotspritze-buprenorphin [Online]. [Accessed 20.09.2020].

Deutsche AIDS-Hilfe e.V. (DAH). (2020). Corona im Gefängnis: Inhaftierte und Justizbedienstete brauchen Schutz. https://www.aidshilfe.de/meldung/corona-gefaengnis-inhaftierte-justizbedienstete-brauchen-schutz [Online]. [Accessed 05.11.2020].

Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD) (2020). Bericht 2020 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2019/2020). Deutschland, Workbook Best Practice, DBDD, München.

Deutsche Hauptstelle für Suchtfragen (DHS). (2016). Pressemitteilung zum Welt-Drogentag am 26. Juni 2016: Bundesweite Umsetzung von Substitutionsprogrammen für Drogenkonsumenten in Haft gefordert. https://www.condrobs.de/media/1485/download/2016-06-22_PM_weltdrogentag_final_003_.pdf?v=1 [Online]. [Accessed 17.08.2020].

Deutscher Bundestag. (2016). Sachstand - Substitutionsbehandlung im Justizvollzug. https://www.bundestag.de/blob/480528/079376bd958e4a1b9baa2652713d63cb/wd-9-049-16-pdf-data.pdf [Online]. [Accessed 17.09.2020].

Drogen- und Suchtrat. (2013). Beschluss des Drogen- und Suchtrats. Sozialrechtliche Statusklärung als Grundlage für die Gewährleistung des KV-Schutzes Haftentlassener. https://docplayer.org/8052867-Sozialrechtliche-statusklaerung-als-grundlage-fuer-die-gewaehrleistung-des-kv-schutzes-haftentlassener.html [Online]. [Accessed 18.10.2020].

Dudeck, M., Franke, I., Bezzel, A., Otte, S., Ormanns, N., Nigel, S., Segmiller, F. & Streb, J. (2018). Wer profitiert von einer Behandlung im Maßregelvollzug? Ergebnisse einer bayernweiten Katamnesestudie für den Bezirk Schwaben. Psychiatrische Praxis, 2018**,** 375-382.

Europäischer Ausschuss zur Verhütung von Folter und unmenschlicher oder erniedrigender Behandlung oder Strafe (2017). Bericht an die Deutsche Regierung über den Besuch des europäischen Ausschusses zur Verhütung von Folter und unmenschlicher oder erniedrigender Behandlung oder Strafe in Deutschland., Straßburg.

European Commission. (2002). Europäisches Übereinkommen zur Verhütung von Folter und unmenschlicher oder erniedrigender Behandlung oder Strafe. http://conventions.coe.int/Treaty/ger/Treaties/Html/126.htm [Online]. [Accessed 22.07.2020].

European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (2010). CPT standards, Strasbourg.

Fachverband Drogen- und Suchthilfe e.V. (2013). Empfehlung des Fachverbandes Drogen- und Suchthilfe e.V. für ein Übergangsmanagement bei Suchtkranken im Justizvollzug, fdr, Berlin.

Hedrich, D., Alves, P., Farrell, M., Stöver, H., Møller, L. & Mayet, S. (2012). The effectiveness of opioid maintenance treatment in prison settings: a systematic review. Addiction, 107**,** 501-517.

Initiative Gesundheit in Haft (2019). "Prison Health is Public Health". 6 Eckpunkte-Papier Haft, Wiesbaden.

Justizministerium Mecklenburg-Vorpommern (2020). Rückmeldung auf Datenabfrage der DBDD 2020.

Kamphausen, G., Werse, B. & Stöver, H. (2019). 6. Alternativer Drogen-und Suchtbericht 2019*,* Akzept e.V., Bundesverband für Akzeptierende Drogenarbeit und Humane Drogenpolitik, Deutsche AIDS-Hilfe e.V. & JES Bundesverband e.V., Berlin.

Körner, H. H., Patzak, J. & Volkmer, M. (2019). Betäubungsmittelgesetz: BtMG. Arzneimittelgesetz, Grundstoffüberwachungsgesetz, Betäubungsmittelverschreibungsverordnung, Neue-psychoaktive-Stoffe-Gesetz, Anti-Doping-Gesetz, 9. Auflage.*,* C.H.Beck, München.

Länderübergreifende Arbeitsgruppe „Stoffgebundene Suchtproblematik“. (2019). Bundeseinheitliche Erhebung zur stoffgebundenen Suchtproblematik im Justizvollzug. Auswertung der Stichtagserhebung (31.03.2018) zur Konsumeinschätzung und Substitution. Available: https://www.berlin.de/justizvollzug/_assets/senjustv/sonstiges/bericht_suchtproblematik_justizvollzug_stand_august-2019.pdf [Accessed 09.10.2020].

Lesting, W. (2018). Die rechtlichen Grundlagen der medizinischen Versorgung im deutschen Strafvollzug. Medizinrecht, 36**,** 69-73.

Meier, B.-D. (2009). Äquivalenzprinzip. In: Gefängnismedizin. Medizinische Versorgung unter Haftbedingungen. Keppler, K. & Stöver, H. (eds.). Thieme, Stuttgart.

Meier, J. & Bögelein, N. (2017). Handelserfahrene und Expert_innen über Konsum und Handel illergaler Drogen im Gefängnis - Ein empirischer Blick in den Haftalltag. rausch, 4**,** 236-246.

Ministerium der Justiz des Landes Nordrhein-Westfalen (2020). Rückmeldung auf Datenabfrage der DBDD 2020.

Muysers, J. (2019). Mitteilungen aus der Bundesdirektionskonferenz (BDK). Bericht des Arbeitskreises Forensik. Psychiatrische Praxis, 2019**,** 116-117.

Neunecker, M. (2019). Schulterschluss für die bessere Behandlung suchtkranker Inhaftierter. Parlamentarischer Abend 2019 zur Substitutionstherapie in Haft, Forum Substitutionspraxis, Berlin.

Niedersächsisches Justizministerium (2020). Rückmeldung auf Datenabfrage der DBDD 2020.

Office of the United Nations High Commissioner for Human Rights. (1982). Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. https://www.ohchr.org/en/Professionalinterest/Pages/medicalethics.aspx [Online]. [Accessed 10.09.2020].

Patzak, J. (2018). Neue Psychoaktive Stoffe (NPS) im Justizvollzug. Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 2/18**,** 127-130.

Patzak, J. (2019). Bericht der JVA Wittlich für PHAR-MON NPS Erkenntnisse aus dem Jahr 2018, Wittlich.

Patzak, J. (2020). Bericht der JVA Wittlich für PHAR-MON NPS. Erkenntnisse aus dem Jahr 2019, Wittlich.

Patzak, J. & Metternich, S. (2019). Der neue IONSCAN 600. Drogenscanner der JVA Wittlich zum Aufspüren von Neuen Psychoaktiven Stoffen (NPS). Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe**,** 35-37.

Pfeiffer-Gerschel, T., Kipke, I., Flöter, S., Jakob, L., Hammes, D. & Raiser, P. (2011). Bericht 2011 des nationalen REITOX-Knotenpunkts an die EBDD. Deutschland. Neue Entwicklungen, Trends und Hintergrundinformationen zu Schwerpunktthemen. Drogensituation 2010/2011, DBDD, München.

Piontek, D., Gomes de Matos, E., Atzendorf, J. & Kraus, L. (2016a). Kurzbericht Epidemiologischer Suchtsurvey 2015. Tabellenband: Konsum illegaler Drogen, multiple Drogenerfahrung und Hinweise auf klinisch relevanten Drogenkonsum nach Geschlecht und Alter im Jahr 2015. https://www.esa-survey.de/ergebnisse/kurzberichte.html [Online]. [Accessed 05.11.2020].

Piontek, D., Gomes de Matos, E., Atzendorf, J. & Kraus, L. (2016b). Kurzbericht Epidemiologischer Suchtsurvey 2015. Tabellenband: Trends des problematischen Substanzkonsums nach Geschlecht und Alter: Prävalenz und Hochrechnung 1997-2015. https://www.esa-

survey.de/fileadmin/user_upload/Literatur/Berichte/ESA_2015_Illegale_Drogen-Trends.pdf [Online]. [Accessed 05.10.2020].

Reimer, J. (2008). Substitution und infektiologische Behandlung in bundesdeutschen Haftanstalten. In: 9. Interdisziplinärer Kongress für Suchtmedizin. Suchtmedizin in Forschung und Praxis, 10**,** 85.

Robert Koch-Institut (RKI) (2018). Epidemiologisches Bulletin. Große Unterschiede bei TB-, HIV-, HCV-Behandlung und Opioid- Substitutions-Therapie unter Gefangenen in Deutschland, Berlin.

Schäfer, C. & Paoli, L. (2006). Drogenkonsum und Strafverfolgungspraxis. Eine Untersuchung zur Rechtswirklichkeit der Anwendung des § 31a BtMG und anderer Opportunitätsvorschriften auf Drogenkonsumentendelikte*,* Duncker & Humbolt, Berlin.

Schmidt, D., Müller, J., Kollan, C., Lehmann, M., Bremer, V. & Zimmermann, R. (2018). Große Unterschiede bei TB-, HIV-, HCV-Behandlung und Opioid-Substitutions-Therapie unter Gefangenen in Deutschland. Epidemiologisches Bulletin, 13**,** 125-136.

Schneider, F. (2019). Vollerhebung zum Substanzkonsum in der JVA Wittlich. Sachbericht.*,* IFT Institut für Therapieforschung, München.

Schneider, F., Pfeiffer-Gerschel, T., Neumeier, E., Tönsmeise, C. & Friedrich, M. (2019). Bericht 2019 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2018/2019). Deutschland, Workbook Gefängnis*,* DBDD, München.

Senatsverwaltung für Gesundheit, Pflege und Gleichstellung, Sucht- und Drogenbeauftragte des Landes Berlin – I B 3 (2020). Rückmeldung auf Datenabfrage der DBDD 2020.

Senatsverwaltung für Justiz Verbraucherschutz und Antidiskriminierung (2019). Angaben der Justizverwaltungen, Berlin.

Sipp, W., Dammer, E., Pfeiffer-Gerschel, T., Schneider, F., Bartsch, G. & Friedrich, M. (2018). Bericht 2018 des nationalen REITOX-Knotenpunkts an die EBDD (Datenjahr 2017/2018). Deutschland, Workbook Rechtliche Rahmenbedingungen*,* DBDD, München.

Statistisches Bundesamt (Destatis) (2020a). Rechtspflege. Bestand der Gefangenen und Verwahrten in den deutschen Justizvollzugsanstalten nach ihrer Unterbringung auf Haftplätzen des geschlossenen und offenen Vollzugs*,* Statistisches Bundesamt (Destatis), Wiesbaden.

Statistisches Bundesamt (Destatis) (2020b). Rechtspflege. Strafvollzug - Demographische und kriminologische Merkmale der Strafgefangenen zum Stichtag 31.03.2019.*,* Statistisches Bundesamt (Destatis), Wiesbaden.

Stöver, H. (2006). Europäische Perspektiven der Gesundheitsförderung im Gefängnis. In: Zweite Europäische Konferenz zur Gesundheitsförderung in Haft. Wien, April 2006. Dokumentation. akzept e.V., Deutsche AIDS-Hilfe e.V. & Wissenschaftliches Institut der Ärzte Deutschlands e.V. (eds.). Berlin.

Tönsmeise, C., Pfeiffer-Gerschel, T., Neumeier, E., Schneider, F. & Friedrich, M. (2019). Bericht 2019 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2018/2019). Deutschland, Workbook Behandlung*,* DBDD, München.

UNAIDS. (2015). On the Fast-Track to end AIDS. 2016–2021 Strategy. Available: https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf [Accessed 05.11.2020].

Wodarz, N. (2020). 3. Zwischenbericht Bayerisches Take-Home Naloxon (BayTHN) Modellprojekt*,* Wodarz, N.

World Health Organisation (WHO) Europe. (2016). Action plan for the health sector response to viral hepatitis in the WHO European Region. Available: https://www.euro.who.int/__data/assets/pdf_file/0017/318320/European-action-plan-HS-viral-hepatitis.pdf?ua=1%20 [Accessed 05.11.2020].

5.2 Methodology (T5.2)

Prison statistics of the German Federal Statistical Office (Destatis)

The statistical report covers all inmates of penal institutions involved in the enforcing of prison sentences, juvenile sentences and preventive custody (institutional level) as well as prisoners and people in preventative custody, annually on the reference date of 31 March. The statistical report on the penal system is a full census; for this reason no sampling approach has been used.

The statistical report was introduced in the early 1960s, with comprehensive results available for the former territory of Germany from 1965, and for Germany as a whole from 1992. The preparation and publishing of the statistics is carried out annually. Since 1965, the Federal Statistical Office has published the results in a comparable format.

Generally, the findings in the statistical report on the penal system are of a good to very good quality. Firstly, the information for the statistical report is obtained from data which has been collected for administrative and monitoring purposes. Secondly, the statistics data in the *Laender* is subject to automatic auditing routines; the statistics are extensively internally checked for plausibility and compared against external data. Any inconsistencies in the data are clarified through enquiries from the *Laender* statistics offices to the reporting units. Nevertheless, individual missing or false information in the statistics data cannot be ruled out.

The survey characteristics and guidelines as well as the processes for preparing the data are uniform across all *Laender*. It is therefore possible to compare data across regions. All findings on the reference date from the statistical report on the penal system contain an inherent methodological distortion: inmates handed short sentences are underrepresented compared to long-term prisoners. The shorter the custodial or juvenile sentence is, the lower the probability of the person being included in the annual census, carried out only once a year. This factor has an influence on the results in that in most cases the structural data (e.g. age group, type of offence, number of previous convictions) can be different for short-term prisoners than for long-term inmates.

Statistical Report on Substance Abuse Treatment in Germany (Deutsche Suchthilfestatistik, DSHS)

The DSHS is a national documentation and monitoring system in the area of addiction support in Germany. As a documentation system, the DSHS has the task of collating, archiving and analysing all data which is recorded in all of the institutions which participate in the DSHS with respect to the core results, of highlighting important changes in the area of

addiction support as well as in the treated population or the treatment itself and of making the data available to the public in an appropriate format.[3]

The DSHS German core data set (Kerndatensatz, KDS) provides the basis for the uniform documentation in outpatient and inpatient facilities, in which persons with substance related disorders as well as non substance-related forms of addiction in Germany are counselled, cared for and treated.

By default, a facility-related missing quota (= proportion of missing information within the overall information in the respective table) of 33% or less is required for all tables with single-choice questions in order for them to be included in the overall evaluation. Facilities with a missing quota of more than 33% in such a table are therefore not taken into account when the data is collated in order to prevent the overall data quality being disproportionally impacted by a few facilities with a high missing quota. Although this inevitably leads to a reduction of the facility sample (N) for the respective table, this can be accepted in the interpretation of the results due to the higher validity of the included data.

6 TABLES

[3] www.suchthilfestatistik.de/ [accessed: 7 Aug. 2020].