

# Germany

## Germany Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Germany, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

### THE DRUG PROBLEM IN GERMANY AT A GLANCE

#### Drug use

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

**Cannabis**

**13.3 %**

Gender	Percentage
Female	11 %
Male	15.6 %

**Other drugs**

MDMA	1.3 %
Amphetamines	1.9 %
Cocaine	1.2 %

#### All treatment entrants

by primary drug

Cannabis	43 %
Amphetamines	15 %
Cocaine	5 %
Heroin	30 %
Other	8 %

#### Overdose deaths

Year	Deaths
2006	130
2007	140
2008	145
2009	135
2010	125
2011	100
2012	95
2013	100
2014	100
2015	120
2016	120
2017	127

#### Drug law offences

**325 102**

#### Top 5 drugs seized

ranked according to quantities measured in kilograms

- Cocaine
- Herbal cannabis
- Amphetamine
- Cannabis resin
- Heroin

#### High-risk opioid users

**10 523 4.5**

(50 969 - 159 500)

#### Opioid substitution treatment clients

**78 800**

#### New HIV diagnoses attributed to injecting

Year	Diagnoses
2006	150
2007	145
2008	135
2009	115
2010	105
2011	100
2012	100
2013	105
2014	115
2015	135
2016	127

Source: ECDC

#### Population

(15-64 years)

**53 963 380**

Source: Eurostat Extracted on: 18/03/2019

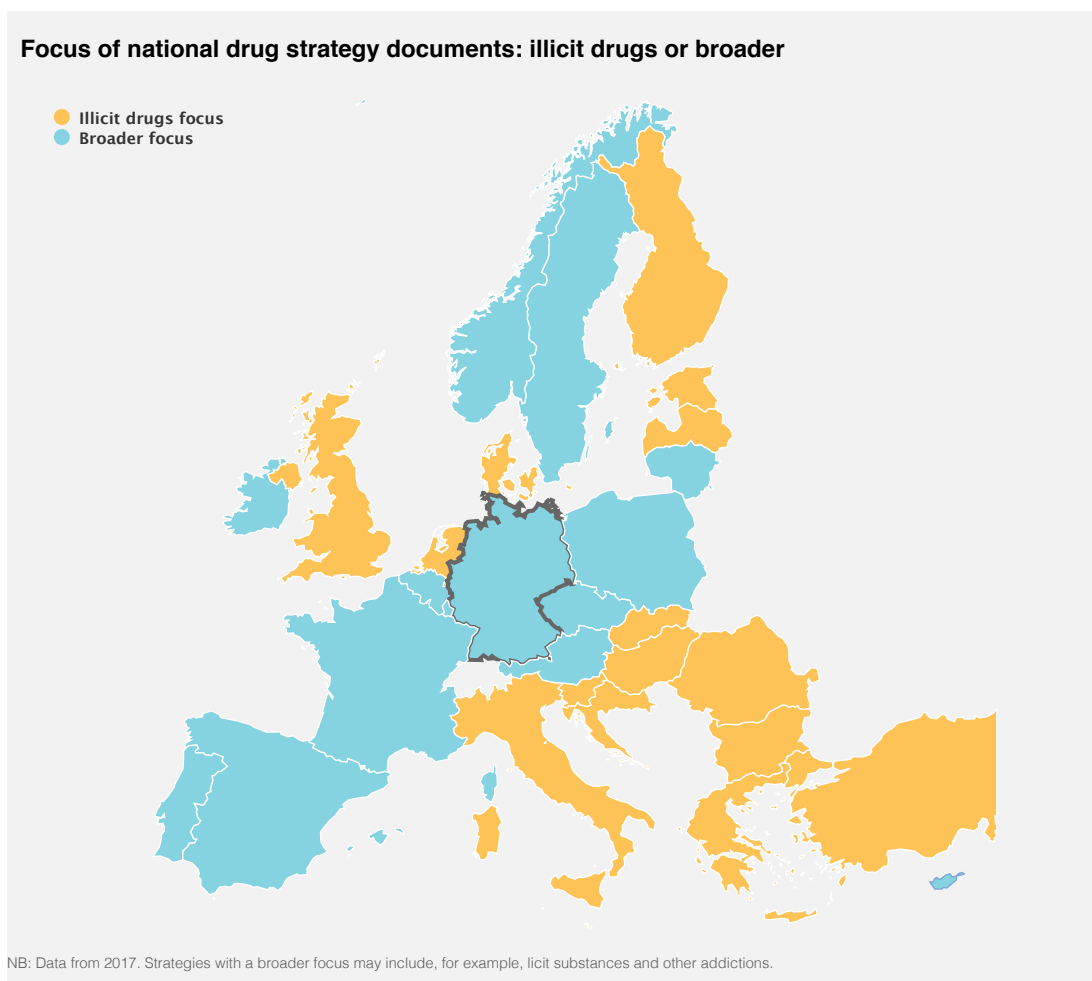
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin. Owing to changes to the reporting system, values for 'All treatment entrants' are 2017 estimates based on 2016 proportions.

## National drug strategy and coordination

### National drug strategy

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

No systematic evaluation of the National Strategy on Drug and Addiction Policy has been conducted and none is scheduled. However, Germany, like other European countries, evaluates the impact of drug policies and strategies through routine indicator monitoring and specific research projects. For example, the prevalence of drug use is reviewed every 3 years through epidemiological studies, and many individual projects that have been implemented within the framework of the strategy are continuously evaluated.



### National coordination mechanisms

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

the *Länder* takes place in the interdepartmental conferences and working groups.

## Public expenditure

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Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Germany, drug policy and most treatment systems follow an integrated approach to licit and illicit substances, making it difficult to identify expenditure related to illicit drugs only. Since the funding of most drug initiatives is the responsibility of the *Länder*, the federal government and local governments, as well as the social security services, information on drug-related expenditure is not aggregated regularly.

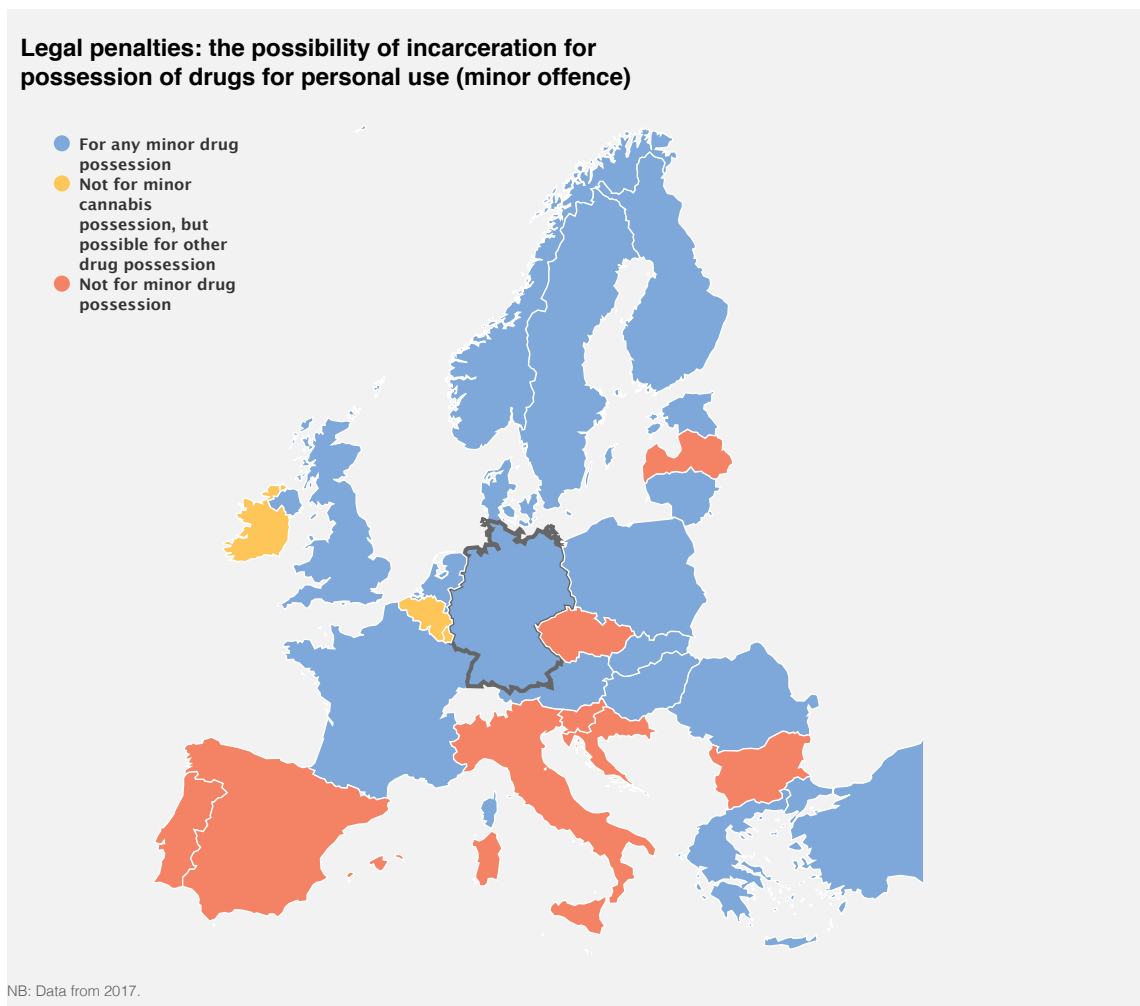
## Drug laws and drug law offences

### National drug laws

The German Federal Narcotics Act defines schedules of narcotic substances, the framework and procedure for legal trade and prescription of narcotics, criminal and administrative liability, and alternative measures for drug-dependent offenders. Use of drugs is not mentioned as an offence. Unauthorised personal possession and purchase of drugs are criminal offences punishable by up to 5 years in prison. However, the law affords various possibilities other than prosecution when only small quantities of narcotic drugs for personal use are involved. These depend on the amount and type of the drugs involved, the involvement of others, the personal history of the offender, and whether or not public interest would be served by prosecution. Most of the *Länder* have defined values for 'small amounts' of cannabis (usually 6-10 g) and a few have established amounts for heroin, cocaine, amphetamine or MDMA/ecstasy; in the case of methamphetamine, a federal ruling limits a 'non-small' amount to 5 g of the active substance. When a sentence is imposed, the principle of 'treatment instead of punishment' still allows — under certain circumstances — a postponement or remission of the punishment if the offender enters treatment.

The illicit supply, cultivation and manufacture of narcotic drugs carry penalties of up to 5 years' imprisonment. The penalty range increases to 1-, 2- or 5-15 years in defined aggravating circumstances, for example if larger quantities of narcotic drugs, minors, gang membership or weapons are involved.

From November 2016, a new law has prohibited supply-related actions involving new psychoactive substances (NPS) that belong to groups of amphetamine-type stimulants, including cathinones and synthetic cannabinoids; these offences are punishable by up to 3 years in prison or up to 10 years' imprisonment in certain aggravating circumstances.



### Drug law offences

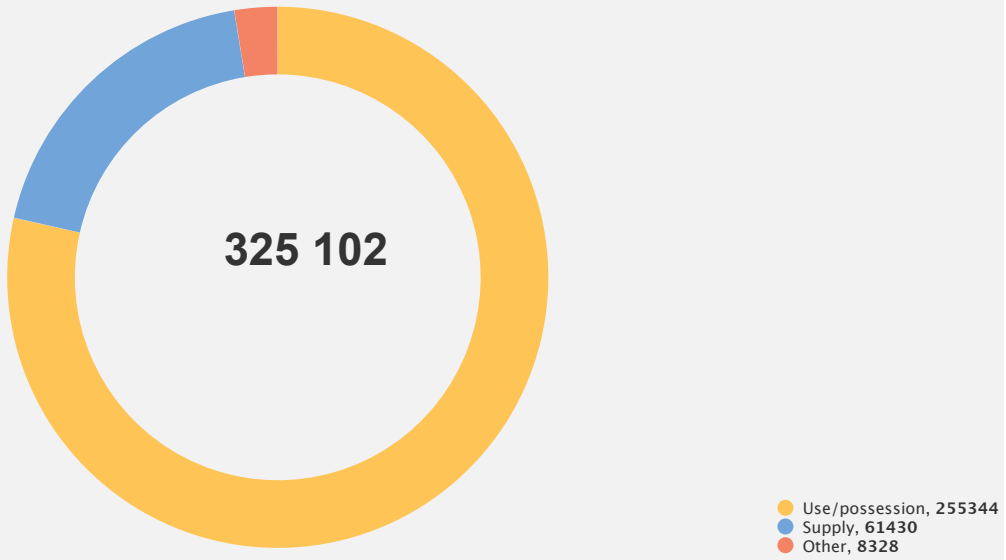
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In Germany, a slight rise in the number of DLOs has been reported since 2013. Drug use-related offences committed against the Narcotics Act (unauthorised possession, purchase and distribution of narcotic substances) dominate the DLOs, and the largest number of offences (more than half) are related to cannabis, followed by amphetamines.

## Reported drug law offences in Germany

NB: Data from 2017.

### Drug law offences



## Prevalence and trends

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

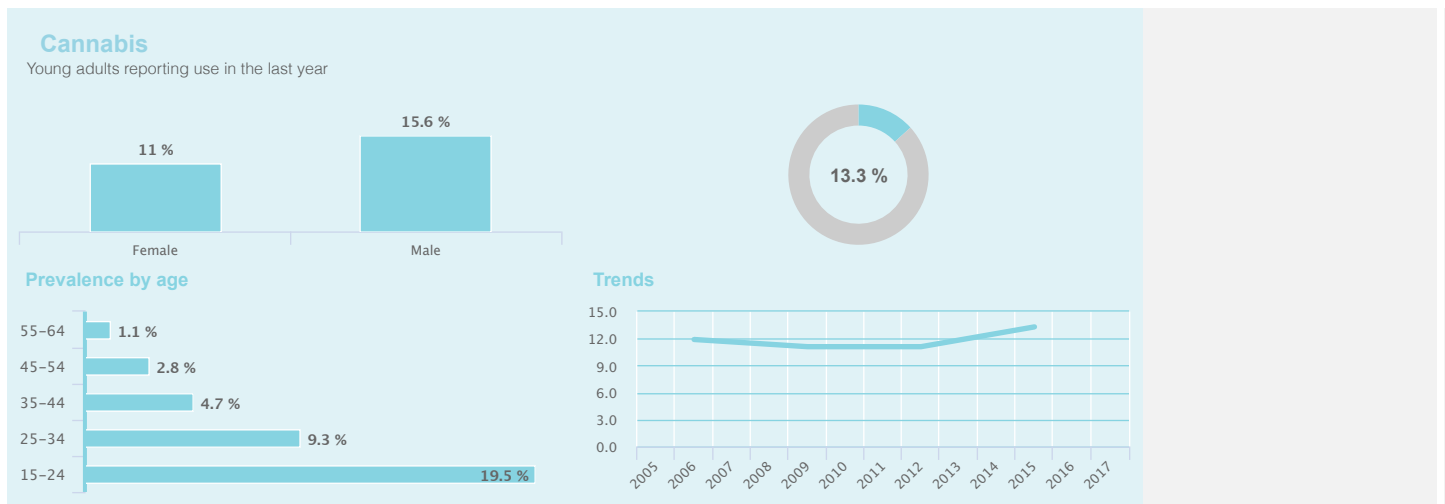
Data on drug use among the adult population are available from the Epidemiological Survey of Substance Abuse (ESA). The Drug Affinity Study (DAS) provides data on the use of licit and illicit substances among adolescents and young people aged 12-25 years. The 2015 studies found that cannabis remained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

The most recent ESA results indicate a slight rise in cannabis use among young adults. DAS data for the same time frame (2012–15) also indicate a slight rise in cannabis use among adolescents and young people, although prevalence declined slightly between 2014 and 2015.

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

A number of German cities participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. In 2018, the study reported an increase in cocaine and MDMA levels in wastewater in almost all the cities for which data for several years were available. Cocaine and MDMA concentrations were higher at the weekends. Methamphetamine metabolites were found in the wastewater of cities in eastern Germany. In contrast, cocaine use was concentrated in Berlin and Dortmund.

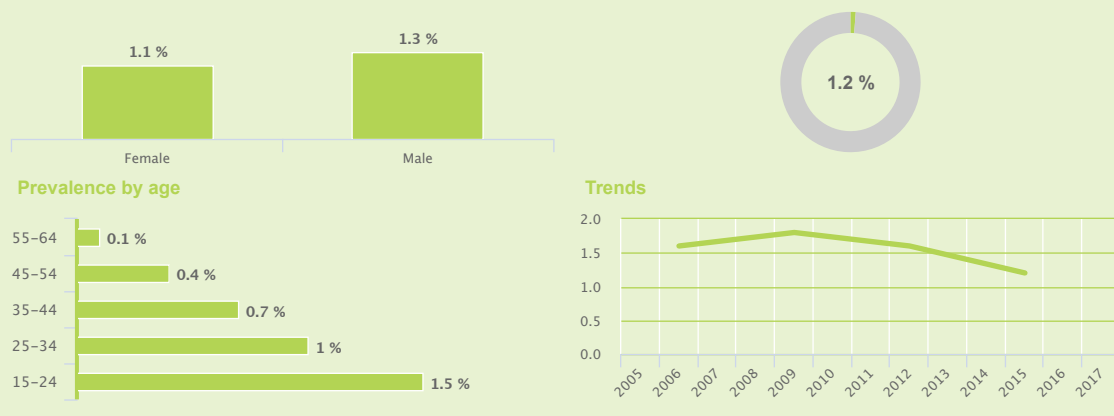
### Estimates of last-year drug use among young adults (18-34 years) in Germany





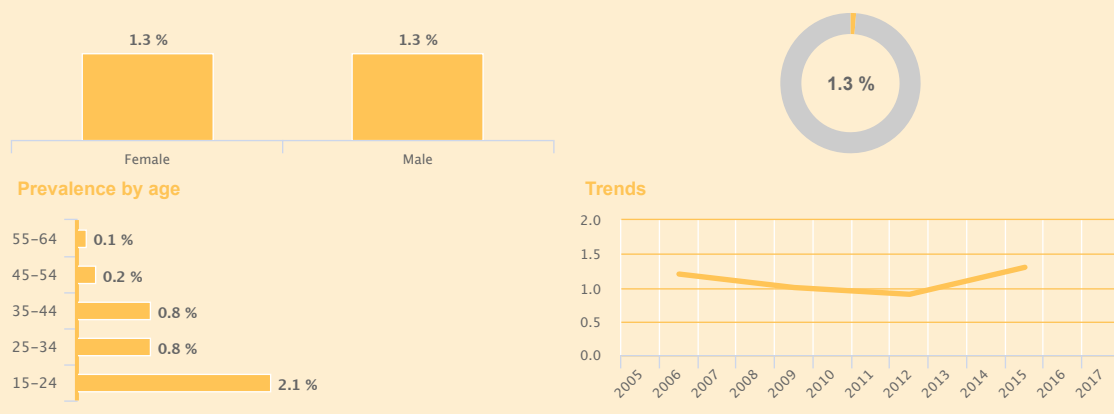
## Cocaine

Young adults reporting use in the last year



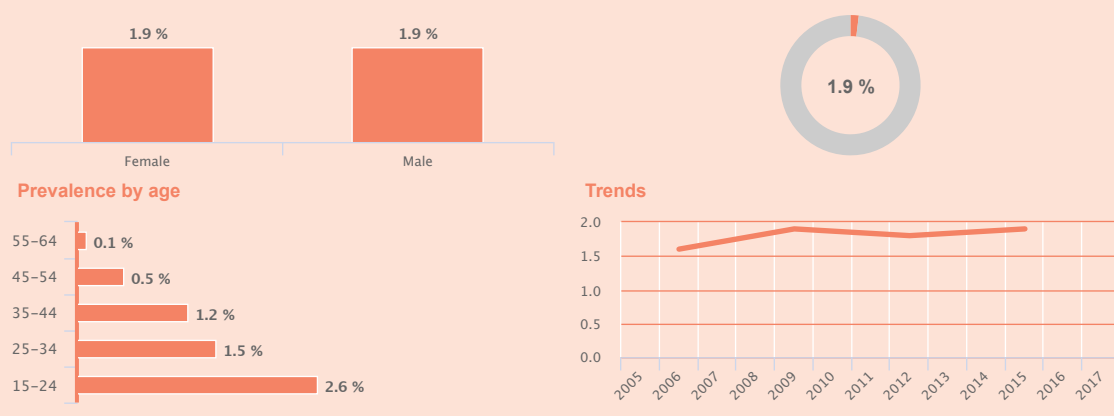
## MDMA

Young adults reporting use in the last year



## Amphetamines

Young adults reporting use in the last year



NB: Estimated last-year prevalence of drug use in 2015. Data under the label 15-24 years corresponds to 18-24 years.

## High-risk drug use and trends

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

The population of high-risk opioid users in Germany was estimated by means of two multiplier methods using two data sources: drug-induced deaths in 2017 and treatment admissions in 2016. These estimates ranged from 0.94 to 2.96 high-risk opioid users per 1 000 inhabitants aged 15-64 years.

High-risk stimulant use has become more common in Germany. The latest estimate of high-risk use of amphetamines and/or cocaine, based on 2016 treatment data, was 1.64-1.95 per 1 000 inhabitants aged 15-64 years.

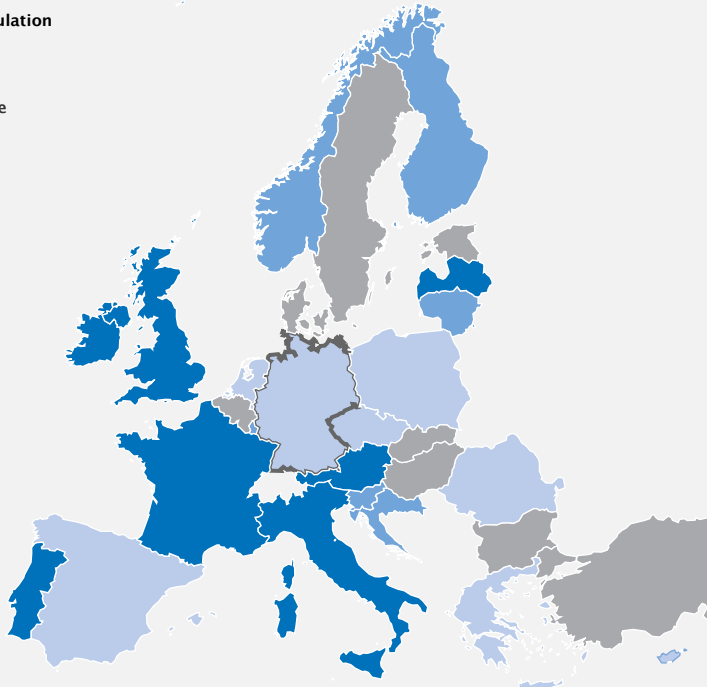
Data from specialised treatment centres indicate that the number of first-time treatment clients seeking help as a result of use of amphetamines reported in 2016 has increased recently and is higher than the number of first-time clients seeking treatment for opioid use. Among treatment entrants, heroin is increasingly being smoked or snorted. In addition, local data suggest that injecting heroin is becoming less prevalent.

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

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

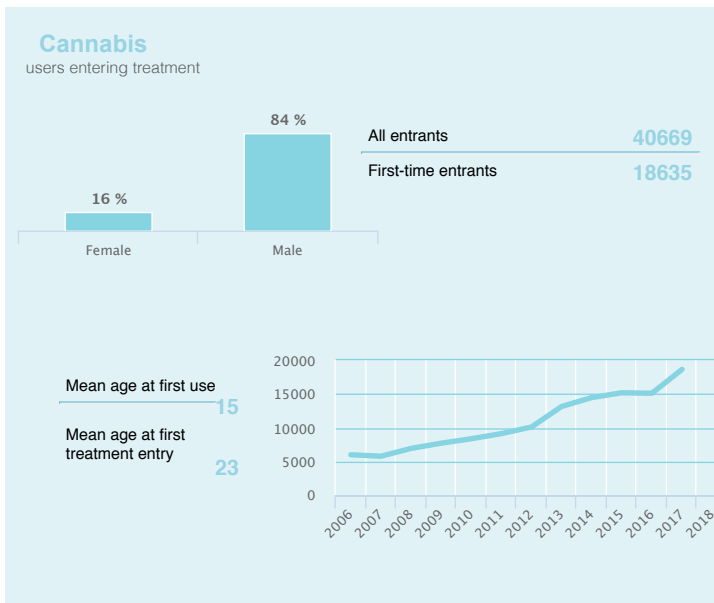
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



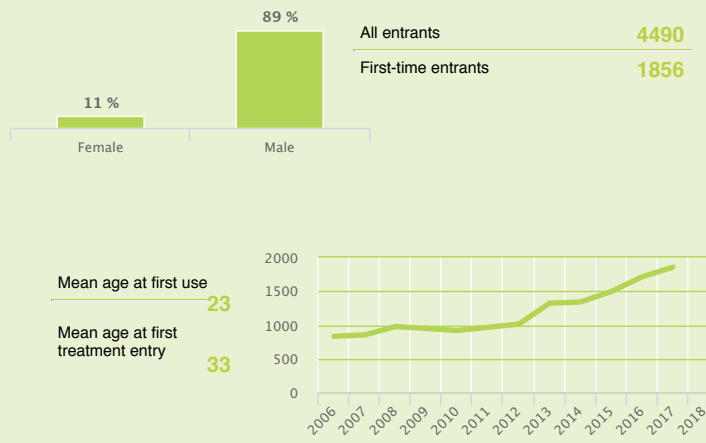
NB: Data from 2017, or the most recent year for which data are available.

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



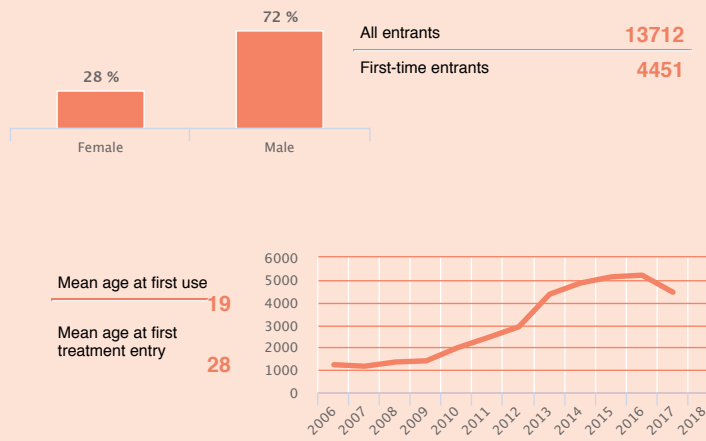
## Cocaine

users entering treatment



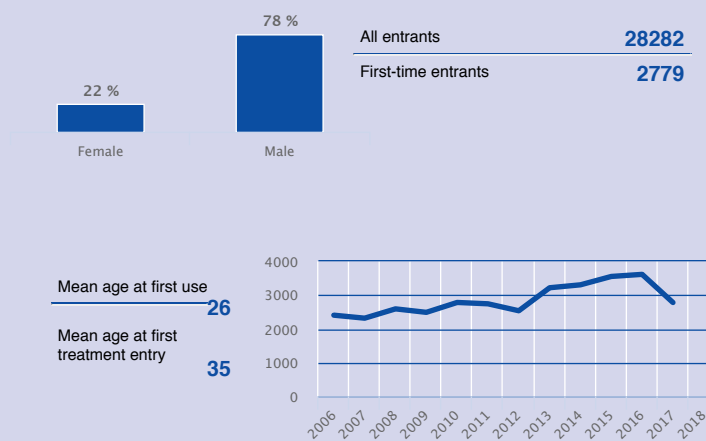
## Stimulants other than Cocaine

users entering treatment



## Opioids

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants. As a result of changes to the reporting system, values for 2017 are estimates based on the 2016 totals and proportions.

## Drug-related infectious diseases

In Germany, data on drug-related infectious diseases are available from the registers at the Robert Koch Institute, which are complemented by data from other, usually regional, sources.

The number of new cases of human immunodeficiency virus (HIV) infection attributable to injecting drug use showed downward trend between 2000 and 2009, then stabilised between 2010 and 2012. Since then, an increase has been reported. Around 5 % of new cases of HIV infection are linked to injecting drug use in Germany. A cluster of cases of HIV infection in Bavaria (2016) has been associated with the use of synthetic cathinones.

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

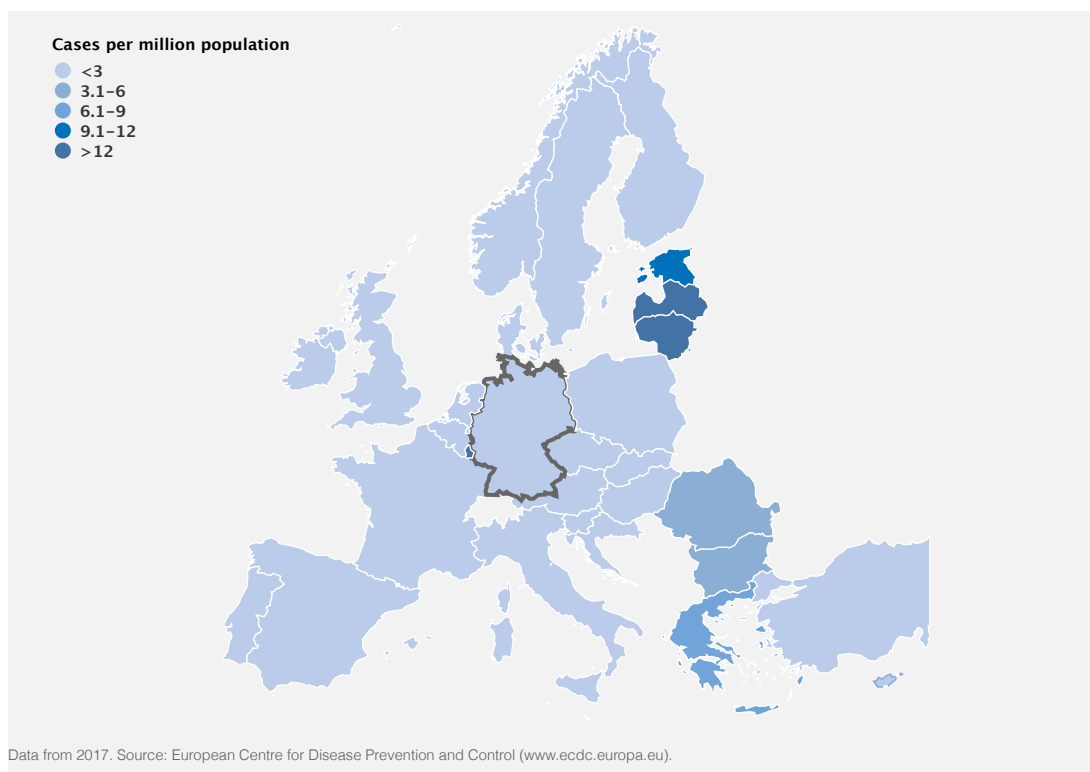
Region	HCV	HIV
National	:	:
Sub-national	36.9 - 73.0	0.0 - 9.1

Data from 2011/14.

Reliable information on the mode of transmission of hepatitis B virus (HBV) and hepatitis C virus (HCV) was available for only a minority of cases; nevertheless, data suggest that injecting drug use remains a significant risk factor for HCV infection. In 2017, around 80 % of newly diagnosed cases of HCV infection with known mode of transmission were linked to injecting drug use. Among newly diagnosed cases of HBV infection in 2017 with available information, the proportion linked to injecting drug use was 23 %.

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

### Newly diagnosed HIV cases attributed to injecting drug use



## Drug-related emergencies

Information on drug-related emergencies in Germany originates from the hospital records of inpatients treated for intoxication and poisoning, and from the Poison Information and Control Centres. The available data for 2016 indicate that more than 23 500 hospitalisations were linked to illicit drugs, relatively unchanged since 2015, when 23 800 cases were reported. In 2016, more than half of the patients seeking help for intoxication (excluding poisoning) did so because of multiple psychoactive substances use; much less common were emergencies associated with cannabinoids (including synthetic cannabinoids), sedatives, stimulants other than cocaine and opioids. The long-term trend indicates an increase in polydrug use-related intoxications as well as an increase in cannabinoid- and stimulant-related intoxications (excluding cocaine).

In 2016, four out of eight Poison Information and Control Centres reported around 2 200 enquiries related to the suspected consumption of illicit drugs, most of which were linked to amphetamine-type substances and to cannabinoids, with half of the latter relating to synthetic cannabinoids.

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

## **Drug-induced deaths and mortality**

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

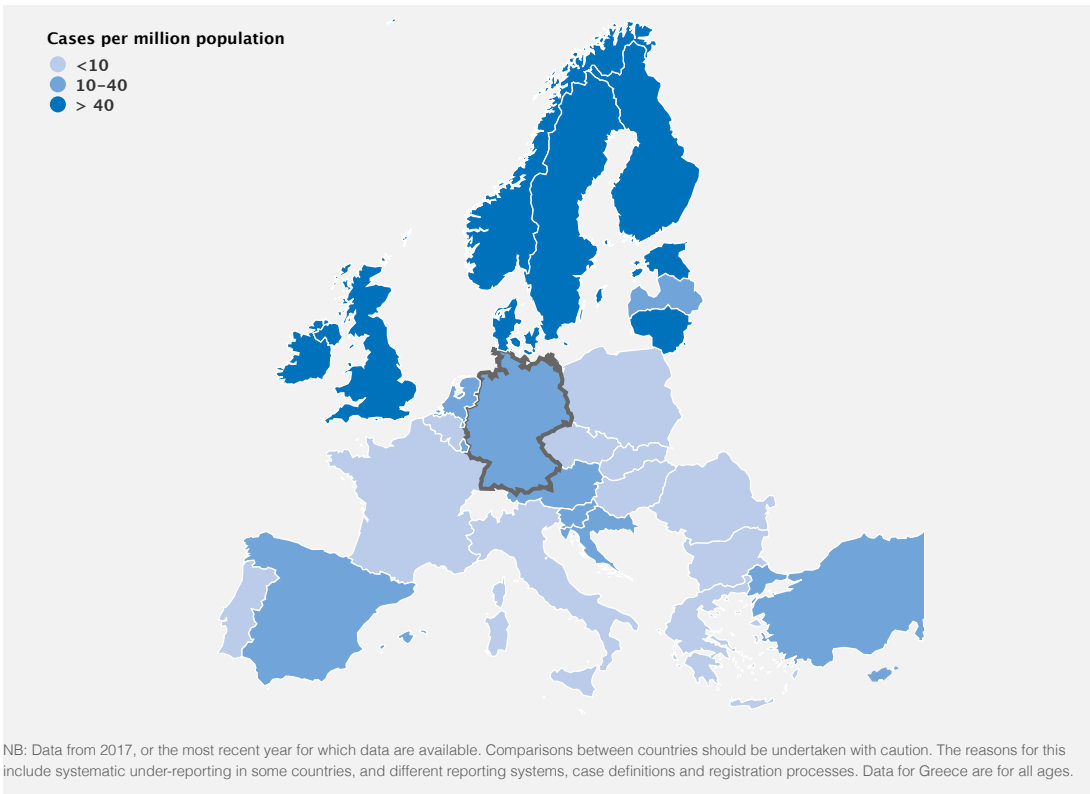
In Germany, there are two general, comprehensive systems for recording drug-related deaths: police data from the 'Drugs data file' and the 'Statistical report on the causes of death' from the German Federal Statistical Office.

Data from the Police Register of the Federal Office of Criminal Investigation indicated a decrease in the number of drug-induced deaths in 2017, reversing the increase observed in recent years. Opioids, alone or in combination with other substances, remained the most common cause of drug-induced deaths, followed by amphetamines and cocaine or crack cocaine. Data from the General Mortality Register, available up to 2015, indicate an increase in the number of drug-induced deaths between 2012 and 2015.

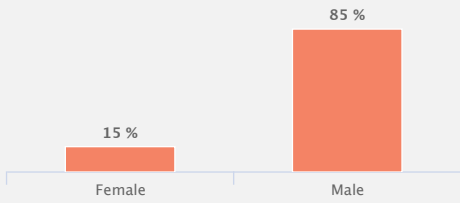
The Statistical Report on Substance Abuse Treatment in Germany indicated that around 2.3 % of clients receiving outpatient addiction counselling as a result of opioid use died in 2016.

The drug-induced mortality rate among adults (aged 15-64 years) was 21 deaths per million in Germany in 2016, compared with the most recent European average of 22 deaths per million.

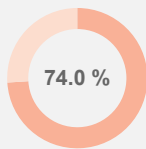
## Drug-induced mortality rates among adults (15-64 years)



Gender distribution

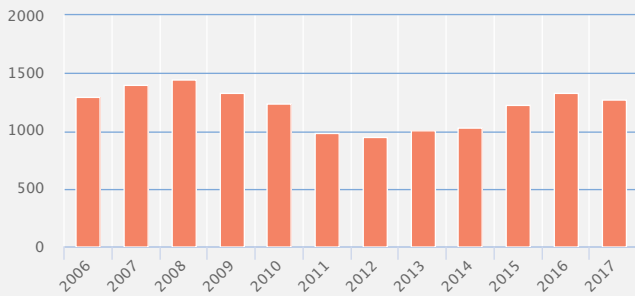


Toxicology

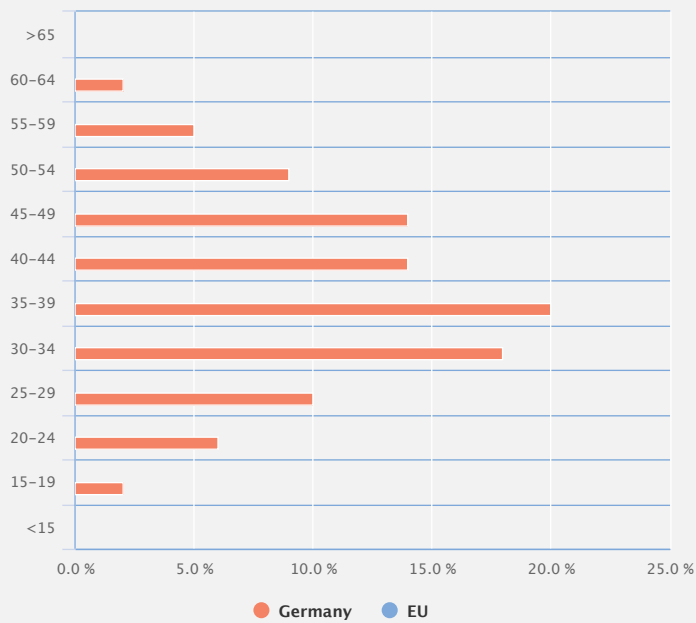


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017



## Prevention

The prevention of addiction is one of the four pillars of the National Strategy on Drug and Addiction Policy. Measures for addiction prevention are the responsibility of the federal and *Länder* ministries, the municipalities, the Federal Centre for Health and Education (BZgA) and the self-governed bodies for social insurance. They all share responsibility for, and fund the implementation of, drug prevention activities. Federal framework recommendations fall within the scope of the German Prevention Health Care Act (Präventionsgesetz, PräVG), which has been in force since 2015. This act provides for cooperation between insurance providers, the government and any other relevant bodies, under the umbrella of the National Prevention Conference.

### Prevention interventions

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

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

School-based prevention activities address mainly alcohol, tobacco and cannabis. In addition to information provision, these activities promote life skills and encourage students to think critically about drug use and to develop their own values. Studies on the Kindergarten programme Papilio suggest that it contributes to improving prosocial behaviour and reducing behavioural problems among pre-school children. Klasse2000 is widely implemented in German primary and special needs schools, and has been found to have a positive influence on the health behaviour of children up to 3 years. In vocational training settings, a prevention programme, *Prev@WORK*, was developed to promote responsible substance use behaviours among young people. Other school-based prevention programmes, such as Unplugged, are also implemented in Germany. Prevention programmes oriented towards families aim to increase parenting skills, build the protective role played by the family and strengthen the basic life skills of the children. Several programmes can be accessed in the national Grüne Liste, an online registry connected with the Xchange registry of the European Monitoring Centre for Drug and Drug Addiction.

Selective prevention interventions in Germany include TAKE, a project developed in Baden-Württemberg to provide addiction prevention for adolescents and (young) adults in the setting of electronic music events; it is evaluated by the Stuttgart Institute for Applied Social Sciences (IfaS). Another intervention is the online self-test 'speed check', which has been available since 2018 and provides an anonymous and quality-assured personal risk profile for amphetamine and methamphetamine use. The self-test provides an indication of substance dependency and encourages a critical evaluation of the use and possible cessation of amphetamine and methamphetamine.

Indicated prevention programmes in Germany target children and adolescents with behavioural disorders and children in families affected by drug dependency. The new joint project IMAC MIND, located at the intersection between prevention and treatment, aims to identify the emergence of addiction disorders and improve diagnostic procedures. Several online programmes in the field of indicated prevention have been developed.

## Provision of interventions in schools in Germany (expert ratings)



## Harm reduction

Harm reduction is one of the four pillars of the National Strategy on Drug and Addiction Policy. The activities for this strategy are, for the most part, financed by municipal and regional public funds and their primary aim is to reduce mortality and morbidity among drug users. In 2016, a national strategy to reduce human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus infections was adopted, which defines people who inject drugs as a target population. Germany is among the few European countries that provide the full range of harm reduction services, along with needle and syringe programmes (NSPs), take-home naloxone programmes (THNs) for overdose prevention, supervised drug consumption rooms (DCRs) and heroin-assisted treatment (HAT). However, the availability of services differs greatly among the *Länder* and between cities and rural areas.

### Harm reduction interventions

Clean needles and syringes and other drug use paraphernalia are provided through a network of low-threshold services, outpatient counselling facilities and vending machines. Data on the number of syringes distributed are not available for the country as a whole, but data from local syringe monitoring are available in the *Land* North Rhine-Westphalia and some larger cities, including Frankfurt and Berlin.

The outpatient treatment centres serve as additional contact points for drug users, providing crisis interventions and offering psychosocial and medical help; some also offer outreach services. There are currently 22 DCRs at fixed locations in Germany, and two drug consumption vehicles operating in Berlin.

In recent years, the number of programmes providing overdose emergency training and giving out the antidote naloxone to potential bystanders of opioid overdose has increased, and activities are reported from Berlin, Saarbrücken and several cities in North Rhine-Westphalia and Bavaria. Based on an on-going government-funded project, prevention and harm reduction interventions targeting migrants are being developed. To reach people in rural areas for early testing, a pilot project in Bavaria provides online access to order diagnostic tests for HIV, following an initial face-to-face counselling session.

Availability of selected harm reduction responses in Europe

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

## The treatment system

The German National Strategy on Drug and Addiction Policy focuses on treatment and counselling alongside prevention and early intervention. In Germany, the responsibility for the implementation of drug treatment lies with the federal *Länder* and the municipalities. Available treatments range from low-threshold contacts and counselling services to intensive treatment and therapy in specialised inpatient facilities. Long-term treatment options exist in the form of opioid substitution treatment (OST), long-term rehabilitative treatment and social reintegration options.

Special guidelines are available for the treatment of opioid dependency and psychological and behavioural problems related to the use of cannabis, cocaine, amphetamines, MDMA/ecstasy and hallucinogens. In recent years, guidelines for the treatment of methamphetamine-related disorders and recommendations on how to deal with somatic and psychosomatic comorbidity have also been developed. Funding for treatment is provided by many organisations: the *Länder*, pension and health insurance bodies, the municipalities, communities, charities, private institutions and companies.

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

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

Psychiatric facilities for dependency represent the second major pillar of drug treatment in Germany. A wide range of services are provided in these facilities, including low-threshold, detoxification treatment, crisis interventions, complex treatments for comorbidity and planning for reintegration. Detoxification can also be administered in therapeutic communities. In the integration and aftercare phase, a varied range of services relating to employment, housing and reintegration into society are provided. A number of new treatment programmes addressing cannabis users specifically are offered by treatment providers.

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

## Drug treatment in Germany: settings and number treated

### Outpatient

Specialised drug treatment centres (600000)

Specialised drug treatment centres: 600 000

General Primary Health Care (78800)

### Inpatient

Hospital-based residential drug treatment (110000)

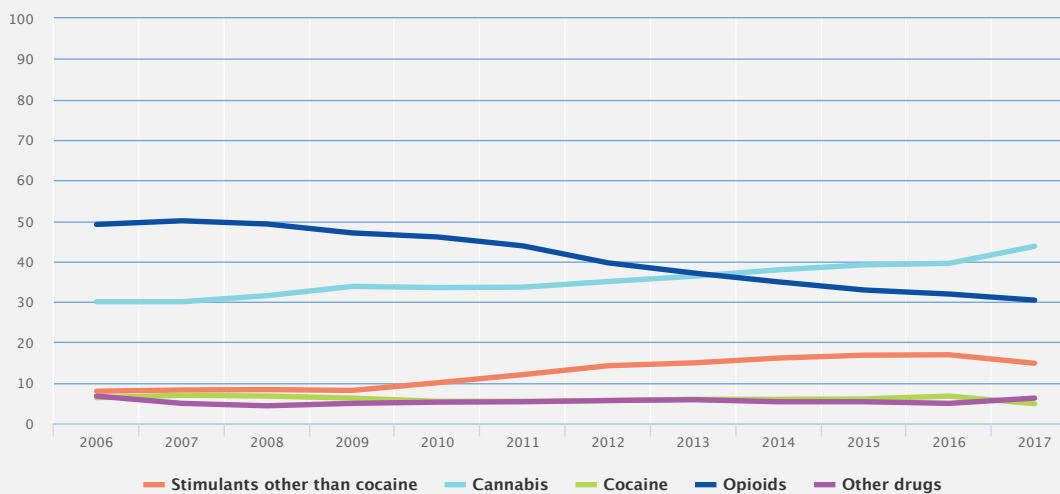
NB: Data from 2017.

## Treatment provision

Based on the latest available data from 2016 and 2017, most treatment and care for drug users in Germany are provided in outpatient settings. The proportion of clients who seek treatment for opioid use has decreased over the years, in contrast to the proportion of those seeking treatment for cannabis use. Since 2009, the proportion of users of stimulants other than cocaine seeking treatment has doubled.

Since 2015, the number of clients receiving OST has increased slightly and an estimated 78 800 clients received OST in 2017, the majority of whom received methadone or levomethadone.

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

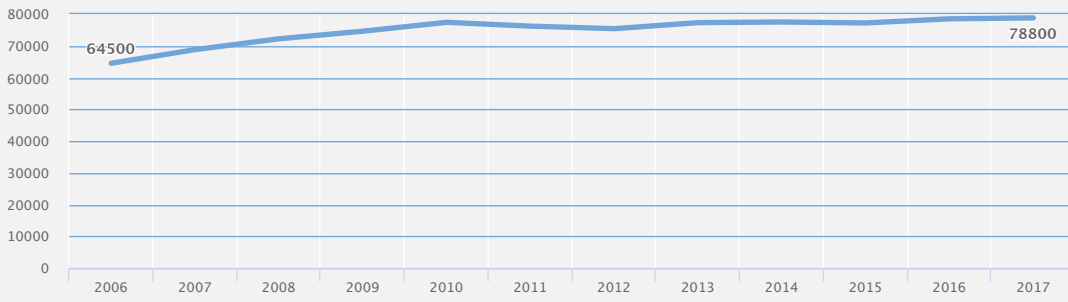


NB: As a result of changes to the reporting system, values for 2017 are estimates based on the 2016 totals and proportions.

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



Trends in the number of clients in OST



NB: Data from 2017.

## Drug use and responses in prison

Since 2006, the *Länder* have been legally responsible for administration of the penal system in Germany.

The medical care of inmates is funded by the Ministries of Justice of the *Länder*, but differences between the *Länder* exist in the regulations and legislation that apply to prisons. Most *Länder* provide information material on the prevention of drug-related harms. Treatment for infectious diseases is also available. Condoms are available free of charge, but disinfectants are not generally available. One syringe-dispensing machine is available at one women's prison in Berlin. Opioid substitution treatment is available in German prisons, but to a varying extent in the different *Länder* and the individual prisons.

In 2016, uniform data collection was introduced in prisons in all *Länder* to collect information on the current drug use of all prisoners during imprisonment. Around 1 in 10 prisoners is detained for drug-related offences. Between 2007 and 2017, the number of inmates in German prisons and the proportion of those incarcerated for drug-related offences decreased. Data from 2016 on inmates who have been treated for drug dependence indicate that most prison clients request treatment because of cannabinoid or opioid use.

In recent years, special attention has been paid to new psychoactive substances (NPS) use in prison. In 2016, a project was introduced in the Wittlich prison in Rhineland-Palatinate to identify drug use, specifically the use of NPS, which is not detectable by rapid tests. The results of urine drug screening between 2014 and 2017 showed increasing use of NPS in the Wittlich prison, particularly synthetic cannabinoids. Deaths directly or indirectly related to the use of NPS in prison have been reported in Germany since 2015-16.

In 2013, the Professional Association on Drugs and Addiction issued a recommendation on transition management, including continuation of services after release, the need to establish links with community services and the provision of vocational training and drug emergency training sessions.



## Quality assurance

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

Responsibility for quality assurance and the setting of standards are shared among the federal government, the *Länder* and the municipalities, as is responsibility for overall drug and addiction policy. Following the principle of subsidiarity, the responsibility for producing guidelines and rules rests with the 16 *Länder* and no uniform formal requirements or criteria for quality assurance exist. Guidelines and quality standards for drug demand reduction and addiction prevention in Germany are set by various stakeholders including governmental organisations, social insurance providers and non-governmental organisations, such as professional associations.

Insurance organisations, such as the German Pension Fund, the biggest provider of funding for drug rehabilitation programmes, and the National Association of Statutory Health Insurance Funds are also responsible for quality assurance.

Some accreditation systems for intervention providers in drug demand reduction exist at the federal level and in the *Länder*. They are provided by government bodies, for example in the case of outpatient services, and statutory health insurers, for example in the case of detoxification and rehabilitation services. Accreditation systems include the cooperation network Equity in Health and its database of good practice projects, the Green List Prevention and the seal of approval of the statutory health insurers (Zentrale Prüfstelle Prävention). Other actions in this field include the publication *Prevention of Addictive Behaviours* (revised in 2018) and the nationwide conference on quality assurance in addiction prevention, which is organised by the Federal Centre for Health Education.

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

## Drug-related research

In Germany, the promotion of research is one of the cornerstones of the National Strategy on Drug and Addiction Policy. The national strategy highlights the importance of practice-related research to increase the effectiveness of drug and addiction policy and initiatives through evidence-based and evaluated measures. For this reason, the study of research questions in close cooperation with facilities providing care is supported. The aim is to further develop counselling and treatment concepts closely aligned with everyday practice and to apply research findings as seamlessly as possible in the everyday practice of facilities that provide counselling and treatment. The Federal Ministry of Health (BMG) increasingly supports model projects and studies that examine and test new prevention and treatment approaches for all substances and for specific target groups.

In 2015, three large addiction associations — the German Society for Addiction Research and Treatment, the DGS and the German Association for Addiction Psychology — founded an umbrella organisation for addiction associations that further consolidates activities in the fields of prevention, research and treatment.

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

Drug-related research in Germany covers the entire range of basic and applied research. It encompasses epidemiological as well as biological, psychological, social and legal aspects and combines diverse scientific traditions, ranging from basic research to research on care for those suffering from drug dependency.

The exchange of information in the research community is, to a large extent, organised by researchers themselves, networks and professional associations. It takes place primarily through research conferences and scientific journals addressing the drugs field; clinical guidelines and transfer processes through which initiatives with a positive evaluation are implemented more widely are also used.

## Drug markets

Indoor and outdoor cannabis cultivation sites have been dismantled in Germany, with a small increase in the total number of cannabis plants seized in 2017. Cannabis products of various origins are trafficked through the country and account for the majority of seizures. Herbal cannabis seized in Germany mostly originates from Albania, but also from the Netherlands or Spain, although some may be seized in transit to other markets, such as Switzerland, Italy or the United Kingdom. Cannabis resin primarily originates from Morocco and is imported via the Netherlands and, to a lesser degree, Spain, and is usually in transit to other EU countries.

The synthetic drugs market, which is partly supplied by local production, is complex. The methamphetamine market has experienced an expansion in the eastern regions of the country in recent years. The number of laboratories reported to be dismantled decreased from 15 in 2016 to 14 in 2017. The Netherlands and Czechia remain the main producing countries for amphetamine and methamphetamine on the German market. The Netherlands is also the main supplier of MDMA/ecstasy that is seized in Germany, and the most recent data indicate a drop in the number of tablets seized in 2017. There are signs that Germany is being used as a transit country for MDMA trafficked to non-European destinations, such as the US.

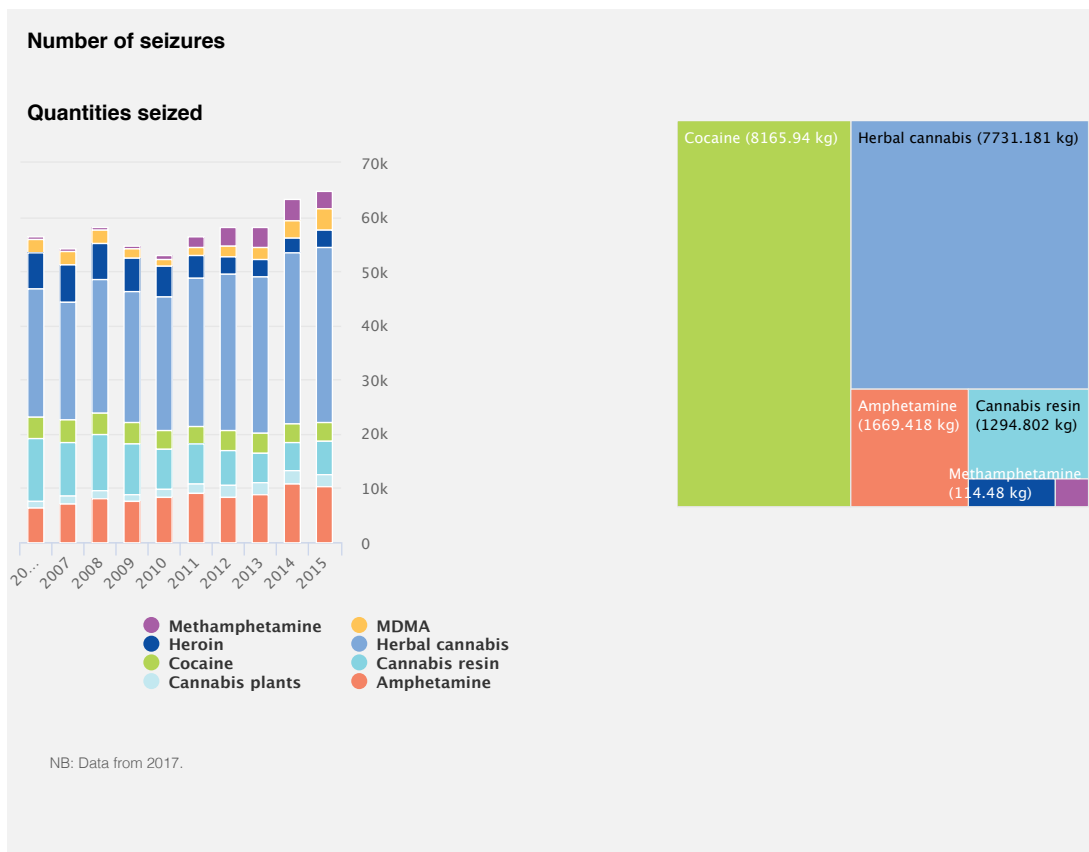
Heroin seized in Germany usually originates from Afghanistan, Pakistan or Iran. Qualitative data suggest that, in 2017, the largest quantities of heroin were imported from Iran and, to a lesser extent, Turkey and the Netherlands. The total quantity of heroin seized decreased slightly in 2017.

Cocaine seized in Germany is usually imported from South America and enters Germany through other European countries. Seizures of cocaine increased more than threefold compared with previous years.

Drug supply reduction activities in Germany are driven by the objectives set by the individual *Länder* and depend largely on local priorities. In general, the activities aim to prevent illicit cultivation/production and trafficking of illicit substances, including new psychoactive substances. The main focus is on organised crime groups and money laundering.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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



## Key statistics

### Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	6.51	36.79
Last year prevalence of use — young adults (%)	2015	13.3	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	6.1	0.9	11
All treatment entrants (%)	2017	43.1	1.03	62.98
First-time treatment entrants (%)	2017	64.1	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	7 731.2	11.98	94 378.74
Number of herbal cannabis seizures	n.a.	n.a.	57	151 968
Quantity of cannabis resin seized (kg)	2017	1 294.8	0.16	334 919
Number of cannabis resin seizures	n.a.	n.a.	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.15	35
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.85	4.85
Last year prevalence of use — young adults (%)	2015	1.2	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	2.7
All treatment entrants (%)	2017	4.8	0.14	39.2
First-time treatment entrants (%)	2017	6.4	0	41.81
Quantity of cocaine seized (kg)	2017	8 165.9	0.32	44 751.85
Number of cocaine seizures	n.a.	n.a.	9	42 206
Purity (%) (minimum and maximum values registered)	n.a.	n.a.	0	100
Price per gram (EUR) (minimum and maximum values registered)	n.a.	n.a.	2.11	350
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.84	6.46
Last year prevalence of use — young adults (%)	2015	1.9	0	3.9
Last year prevalence of drug use — all adults (%)	2015	1	0	1.8
All treatment entrants (%)	2017	14.5	0	49.61
First-time treatment entrants (%)	2017	15.3	0	52.83
Quantity of amphetamine seized (kg)	2017	1 669.4	0	1 669.42
Number of amphetamine seizures	n.a.	n.a.	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.54	5.17
Last year prevalence of use — young adults (%)	2015	1.3	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	3.3
All treatment entrants (%)	2017	0	0	2.31
First-time treatment entrants (%)	2017	0	0	2.85
Quantity of MDMA seized (tablets)	n.a.	693 668	159	8 606 765
Number of MDMA seizures	n.a.	n.a.	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	17 - 379	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	n.a.	n.a.	1	40
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2016-17	1.95	0.48	8.42
All treatment entrants (%)	2017	29.9	3.99	93.45
First-time treatment entrants (%)	2017	9.6	1.8	87.36
Quantity of heroin seized (kg)	2017	298.4	0.01	17 385.18
Number of heroin seizures	n.a.	n.a.	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	n.a.	n.a.	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	n.a.	n.a.	5	200
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1.5	0	47.8
HIV prevalence among PWID* (%)	2011/2014	n.a.	0	31.1
HCV prevalence among PWID* (%)	2011/2014	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	20.75	2.44	129.79
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	n.a.	n.a.	245	11 907 416

Clients in substitution treatment	2017	78 800	209	178 665
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#### Treatment demand

All entrants	2017	94 467	179	118 342
First-time entrants	2017	29 083	48	37 577
All clients in treatment	n.a.	n.a.	1 294	254 000

#### Drug law offences

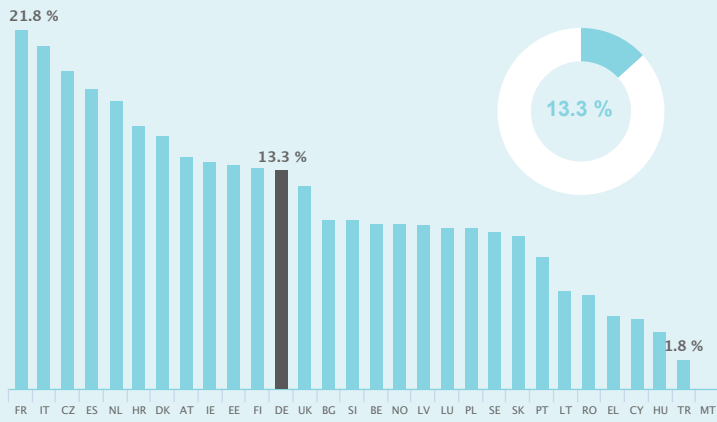
Number of reports of offences	2017	325 102	739	389 229
Offences for use/possession	2017	255 344	130	376 282

All and first-time treatment entrants for amphetamines refer to stimulants other than cocaine. Owing to changes to the reporting system, values for treatment entrants for 2017 are estimates based on the 2016 totals and proportions.

EU Dashboard

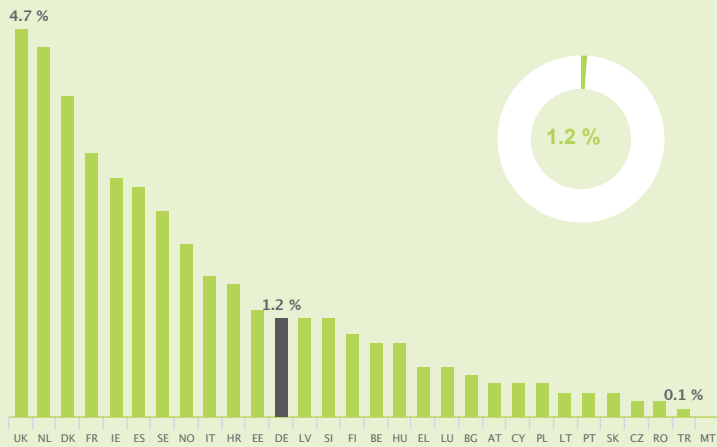
Cannabis

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



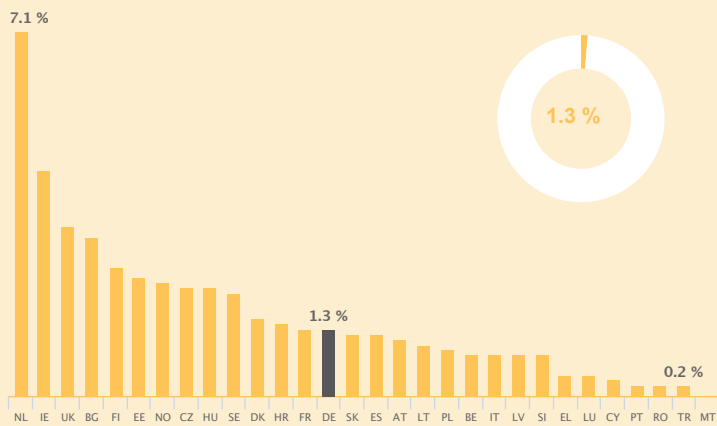
Cocaine

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



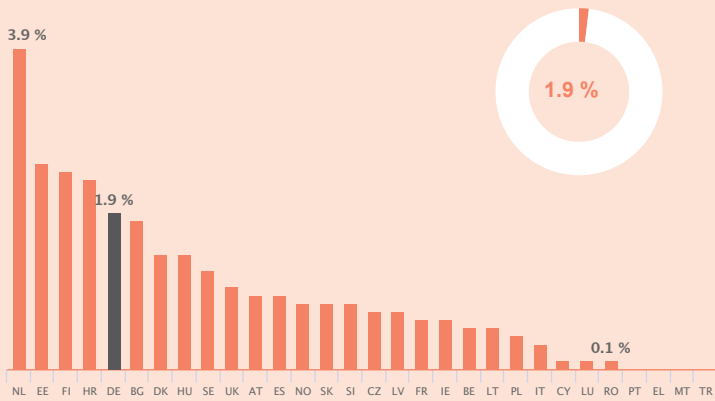
MDMA

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



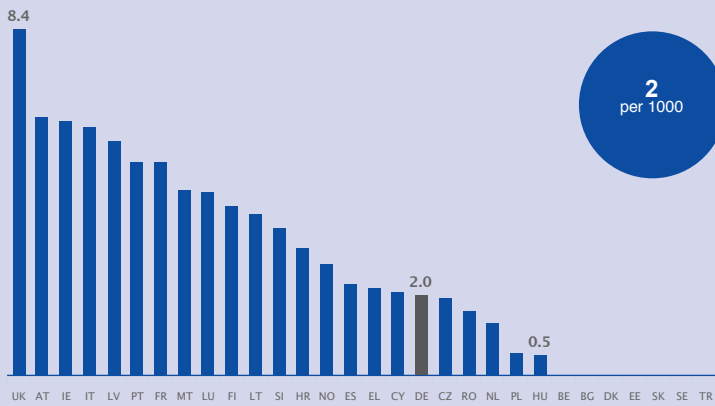
## Amphetamines

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



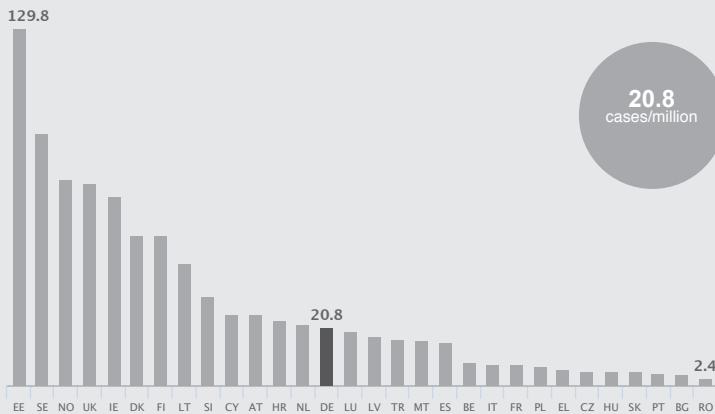
## Opioids

High-risk opioid use (rate/1 000)



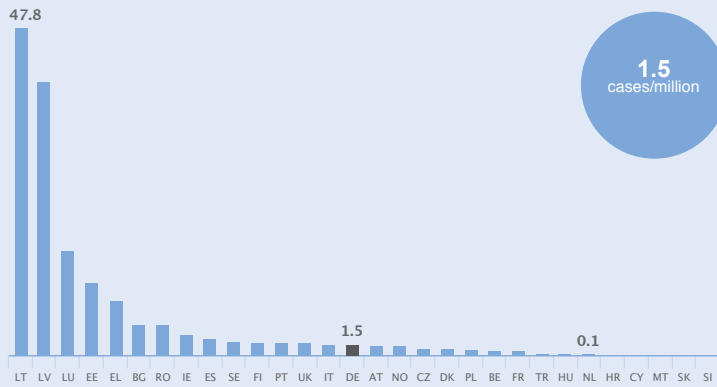
## Drug-induced mortality rates

National estimates among adults (15-64 years)



## HIV infections

Newly diagnosed cases attributed to injecting drug use



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.



## About our partner in Germany

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

[Click here to learn more about our partner in Germany.](#)

### **German national focal point**



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(DBDD)

(German Monitoring Centre for Drugs and Drug Addiction)

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Head of national focal point: Mr [Tim Pfeiffer-Gerschel](#)

**Methodological note:** Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).

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