



European Monitoring Centre
for Drugs and Drug Addiction



Prison

GERMANY

2021 Report of the National
REITOX Focal Point to the EMCDDA
(Data year 2020 / 2021)

Franziska Schneider¹, Krystallia Karachaliou¹, Charlotte Höke², Maria Friedrich³ & Esther Neumeier¹

¹ Institute for Therapy Research (IFT); ² German Centre for Addiction Issues (DHS); ³ Federal Centre for Health Education (BZgA)

Gefördert durch:



aufgrund eines Beschlusses
des Deutschen Bundestages

CONTENTS

0	SUMMARY (T0)	4
1	NATIONAL PROFILE (T1)	5
1.1	Organisation (T1.1)	5
1.1.1	Prison services (T1.1.1)	5
1.2	Drug use and related problems among prisoners (T1.2)	7
1.2.1	Prevalence of drug use (T1.2.1).....	7
1.2.2	Drug supply (T1.2.3)	9
1.2.3	Drug-related problems among the prison population (T1.2.2).....	9
1.3	Drug-related health responses in prisons (T1.3).....	11
1.3.1	National policy or strategy (T1.3.1).....	11
1.3.2	Structure of drug-related prison health responses (T1.3.2)	15
1.3.3	Opioid substitution treatment clients in prison (T1.3.4)	15
1.3.4	Availability and provision of drug-related health responses in prisons (T1.3.3.).....	20
1.3.5	Additional information (T1.3.5.)	25
1.4	Quality assurance of drug-related health prison responses (T1.4.).....	28
1.4.1	Treatment quality assurance standards, guidelines and targets (T1.4.1).....	28
2	TRENDS (T2)	30
3	NEW DEVELOPMENTS (T3)	31
3.1	New developments in drug-related issues in prisons.....	31
4	ADDITIONAL INFORMATION (T4)	32
4.1	Additional sources of information (T4.1)	32
4.2	Further aspects (T.4.2).....	33
5	SOURCES AND METHODOLOGY (T5)	33
5.1	Sources (T5.1)	33
5.2	Methodology (T5.2).....	37

6 TABLES39

In addition to the above mentioned authors of the Prison workbook, other experts have also contributed to the preparation of the annual report. These experts serve as contact persons for the DBDD and contribute, by writing texts and giving feedback on draft versions of the individual sections, to the creation of the workbook:

Matthias Nagel (Senatsverwaltung für Justiz, Verbraucherschutz und Antidiskriminierung, Berlin)

Jörn Patzak (Justizvollzugsanstalt Wittlich, Rheinland-Pfalz)

0 SUMMARY (T0)

As of the reference date of 31 March 2020, a total of 6,417 people (13.9% of all inmates) were in a prison facility due to BtMG violations. 11.9% (312) of imprisoned women and 5.8% (207) of imprisoned adolescents were serving sentences due to offences in breach of 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 among adults since 2011. In the case of juvenile sentences, the proportion of those imprisoned for BtMG offences decreased significantly for women and increased slightly for men. Among juvenile sentences, however, that proportion has also fallen from 2019 levels, while it has slightly increased for adult offences (Table 2). From 2011 to 2020, the total number of imprisoned persons increased by 23.3%, while the number of inmates serving sentences due to BtMG offences decreased by 27.7% (Destatis, 2021a).

The legislative administration of the penal system in Germany was passed to the *Laender* in 2006. Since then, a separate prison act (Strafvollzugsgesetz) has been passed for each *Land*. The absence of binding, nationwide guidelines in the area of drug-related healthcare in correctional facilities also leads to differences in the type and availability of treatment services across 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 rendered completely obsolete and still applies for certain aspects of the law. This includes garnishment protection and judicial 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 German Federal Prison Act and in the *Laender* prison acts, there are no separate stipulations regarding drugs, substitution or addiction. The principle of equivalence forms the basis of medical care in German prisons.

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 for failure to pay a fine 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 specially provided 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 must be produced by the correctional institutions, containing information on the inmates incarcerated at the end of the reporting month as well as on admissions and releases during the reporting month. From those reports, which are aggregated to produce results on a *Land* basis, the German Federal Statistical Office (Statistisches Bundesamt, Destatis) then prepares overviews for Germany and publishes them on the internet. Data on inmates by 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 provided in the reports. The overviews cover the correctional facilities of the *Laender*. Secure psychiatric facilities and youth detention facilities are not included.

There were changes to the Prison Rules of Procedure (Vollzugsgeschäftsordnung, VGO) in eight *Laender* in 2019. Through this reform of the VGOs, the data published by the Destatis has changed in terms of content, scope and differentiation of characteristics as well as in terms of periodicity. From 2019, monthly data is available instead of data for three reference dates in a year, as was the case previously. Data is no longer collected on the number of prisons in Germany (Destatis, 2021a).

According to the annual Destatis report, there were 46,054 inmates serving time in correctional institutions or in preventive custody (not including pre-trial detention) on 31 March 2020. Of those, 5.7% (2,618) were women and 34% (15,651) did not have German citizenship. 14% (6,457) of the inmates were in an open prison. 0.3% (145) of those imprisoned under general criminal law were between 18 and 21 years old, 21.4% (9,861) were between 21 and 30 years old, 34% (15,685) were between 30 and 40 and 35.2% (16,210) were aged 40 and over.

56.6% (26,228) of inmates in prison or preventive custody were serving a sentence of up to 2 years, 20.7% (10,299) had a sentence of over 2 and up to 5 years and 7.1% (3,580) had a sentence of between 5 and 15 years. 3.6% of inmates (1,794) were serving a life sentence (Destatis, 2021b).

Due to amendments to the VGOs in some *Laender*, there has, since 2019, no longer been a clear picture of the number of correctional institutions. Figures on total capacity and actual

population on 30 November each year are still published, however, and can be seen in Table 1. According to that data, there was a total capacity in Germany of around 73,214 inmates (+0.3% from the previous year of 72,967 inmates) which were at 81% capacity, with 59,487 inmates, at the time of the survey on the 30 November 2020 (Destatis 2021a).

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%
2020	*	*	73,214	59,487	81%

¹⁾ Population as a % of total capacity

* Based on resolutions of the ministries of justice, the Prison Rules of Procedure (Vollzugsgeschäftsordnung, VGO) for correctional institutions have been changed. As a result, the structure and content of the published data changed in 2019 and there is no data on the number of prisons from that point onwards.

(Destatis, 2021a)

Despite the reduced number of correctional facilities in recent years, the situation regarding capacity utilisation has improved, remaining below 90% on average since 2010. Nevertheless, care should be taken when evaluating the data, as the capacity situation can vary greatly between the different types of prison. The further considerable decrease in correctional facility capacity utilisation between 2019 and 2020 can be attributed to the partial suspension of summoning and the pause in enforcements due to the COVID-19 pandemic. It is uncertain how the capacity utilisation of prisons will develop after the pandemic (Bögelein, 2020).

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*; during the 2020 COVID-19 pandemic year, the lowest capacity utilisation to

date was recorded at 81%. Compared to 2019, capacity utilisation in every *Land* has decreased, which is a marked difference from 2018-19, when capacity increased in 14 *Laender*. It is unclear here too, however, to what extent the situation will change once the pandemic situation allows the enforcement of substitute imprisonment for non-payment of fines once more (Destatis, 2021a).

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 uniform 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 firstly 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. Secondly, a large proportion of drug users are not taken into account. 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 2020, a total of 6,417 people (13.9% of all inmates) were in a prison facility due to BtMG violations. 11.9% (312) of imprisoned women and 5.8% (207) 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 overall between 2008 and 2017, both among adults as well as among adolescents and young adults. However, the proportion has slightly increased again in both groups since 2017 (Table 2). From 2011 to 2020, the total number of all inmates increased by 23.3%, whilst the number of inmates serving sentences due to BtMG offences decreased by 27.7% (Destatis, 2021a).

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	
2011	Inmates N	60,067	56,746	3,321	50,388	3,076	5,857	242	504
	BtMG N								
	BtMG %	8,880	8,373	507	8,061	485	298	21	1
		14.6	14.5	16.2	16	15.8	5	10.2	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	BtMG %	13.4	13.6	11.3	14.3	11.6	6.1	5.1	0.4
2020	Inmates N	46,054	43,436	2,618	41,901	2,492	3,439	125	589
	BtMG N								
	BtMG %	6,417	6,105	312	6,208	306	201	6	2
		13.9	14.1	11.9	14.8	12.3	5.8	4.8	0.3

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.

(Destatis, 2021a)

Illegal substances in the juvenile prison system

In order to measure the type, frequency and trend of consumption of illegal substances in the juvenile prison system as well as its predictors, data was used from the Cologne research project "Violence and suicide among male and female inmates in the juvenile prison system", which was conducted between 2010 and 2018. Predictors for use in detention, patterns of use and gender-specific differences were studied in particular. 42% of adolescents had used illegal substances in prison within the previous 3 months, with use among males (44%) more frequent than among females (34%). The occasional use of cannabinoids was most frequently reported, with a prevalence of 36%, with little difference between genders. This was followed by amphetamine (with a prevalence of 8%), with the remaining substances appearing to play only a minor role (4% for both cocaine and hallucinogens and 2% for opioids). The trend of use in detention was broadly stable, mostly due to the fact that adolescents had not come into contact with the respective substance in the previous 3 months. An intensification of use was only occasionally identified. In most cases, any change in use behaviour was a reduction in consumption. 70% of adolescents reported a reduced use of cannabinoids since their imprisonment, which confirms the hypothesis that detention can have a significant impact on use behaviour among adolescents (Bäumler, 2021).

1.2.2 Drug supply (T1.2.3)

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

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, 2018a). NPS, and synthetic cannabinoids in particular, have in recent years become very popular in prisons for a variety of reasons: Firstly, they are easy to purchase online, as well as easy to smuggle, since they can be applied in liquid form to paper with a transparent film. Secondly, they are not yet detectable with conventional rapid drug tests. Furthermore, there is a very high profit margin for NPS, as a huge number of consumption units can be separated out from just one sheet of paper. For example, the squares in squared paper are used as a reference. According to findings from Wittlich prison, the price for 10 squares is one pack of cigarettes (Patzak et al., 2021).

The drug market in the Lower Saxony prison system

It must be assumed that various narcotics have also been available in Lower Saxony prisons in the current reporting period. There was a total of 585 seizures *Land*-wide in 2019, representing an increase of around 30% on the previous year. From experience, a high number of unknown cases must be assumed, which increases proportionally with the number of seizures. The most highly available narcotics include, in particular, cannabis products and synthetic cannabinoids such as “spice”, from the group of new psychoactive substances. Opiate-based painkillers such as buprenorphine (mainly as the preparation subutex), tramadol or tilidine continue to be available, but also still (brown) heroin. Contrary to expectations, fentanyl has not yet been able to establish itself in use behaviour. In the field of medicinal drug abuse, the anticonvulsant pregabalin is growing in significance. Consumption of stimulant narcotics such as amphetamine in various forms (e.g. MDMA, meth) or cocaine is only observed in isolated cases. In this context, it must be assumed that this is not as a result of supply difficulties but of reduced demand. Possible reasons for this reduced demand could be that the effect of this narcotic is not favoured but could also be price-related (cocaine) (Niedersächsisches Justizministerium, 2021).

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

¹ The parliamentary questions from the *Land* of Berlin can be accessed here, for example: <https://www.berlin.de/justizvollzug/service/parlamentarische-anfragen/> [accessed: 8 Jun. 2021].

collect 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 addiction problems at the time an inmate is admitted to prison. The evaluation of use at the point of admission is 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 the suspension of imprisonment (as per Sec. 35 BtMG) and suspension of the remainder of the prison term (as per Sec. 57 of the German Criminal Code (Strafgesetzbuch, StGB) and Sec. 88 of the German Youth Courts Act (Jugendgerichtsgesetz, JGG). The data collection includes all open and closed facilities. In addition, the data collection is conducted in 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 the case in particular for admissions on or around the reference date. This would likely concern admissions immediately before or on the reference date itself. Such cases are excluded from the evaluation, as the meeting with the specialist to determine any dependence or abuse of illicit 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 entering incarceration among 44% of the 41,896 inmates included in the data collection on 31 March 2018. A 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. 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).

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, and where appropriate 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 provide counselling and support for inmates with addiction problems and prepare the transition to external inpatient and outpatient addiction withdrawal treatments. Some *Laender* employ their own addiction counsellors in the correctional institutions.

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

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.

Older inmates in Berlin correctional institutions, i.e. those over 50, are offered a separate counselling service by the grant-funded project "Drehscheibe Alter". In addition, special sports services are offered to addicts in some correctional institutions (Senatsverwaltung für Justiz, 2021).

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 (StVollzG). 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*. Step by step, the StVollzG has 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 healthcare 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 2019 Legal Framework workbook under “1.2 Implementation of legislative framework” (Sipp et al., 2019).

During incarceration, the incarcerated person's statutory health insurance is suspended. Healthcare 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 detect or cure a disease, prevent it from deteriorating or alleviate its symptoms". This means, amongst other things, treatment by a doctor and the provision 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 statements are made in the StVollzG regarding the treatment of drug addicts in prison. However, substitution in prison is not considered a purely medical measure rather it is seen at the same time as an enforcement measure, which must comply with the provisions of the StVollzG (Deutscher Bundestag, 2016). The type and scope of services are based on the requirements set out by the statutory health insurance and must be provided *lege artis* (Lesting, 2018).

The *Land* acts differ to the StVollzG to varying degrees. 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' rights 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 treatment of addicted offenders under Sec. 64 StGB, various changes have been made through the amendment of the right to be treatment in a psychiatric hospital. The amended legal situation has led to it now being possible, under a so-called half-sentencing rule, to be released, as a result of treatment in a withdrawal facility, earlier than would be

stipulated at the start of a normal prison sentence, with the result that increasingly, addicted offenders are being housed in facilities as per Sec. 64 StGB (Muysers, 2019).

The validity of the Hessian prison laws was limited to 31 December 2020. Prior to the expiry of this period, they were evaluated and it became necessary to make some amendments and to remove the time limit, as it is assumed that the provisions they contain will be required on a permanent basis. The necessary amendments concerned treatment options available but also the requirement to improve the security and order of the prison facilities, as well as to optimise organisational aspects of enforcement. Aspects such as video telephony for inmates, and drone defence, or the use of bodycams by civil servants were also looked at. Removing the time limit on the act should above all lead to the fact that no further amendments will be needed for the time being (Kunze und Kämmerer, 2021).

Other interventions in the criminal justice system

At all levels of criminal proceedings, there is the possibility 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 Sec. 45 and Sec. 47 JGG, 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 such cases, however, sanctions are frequently applied instead of prosecution, such as participation in the "Early Intervention in First-Offence Drug Users – FreD" ("Frühintervention bei erstaußälligen Drogenkonsumenten"). This is usually the case with respect to BtMG offences where they involve only small quantities of illicit drugs.

There is also the possibility under adult criminal law of discontinuing or refraining from prosecution or of an action being brought by the public prosecutor. The relevant provisions are set out in Sec 31a BtMG and Sec. 153 - Sec. 154a of the German Code of Criminal Procedure (Strafprozessordnung, StPO).

The BtMG allows cases to be dropped for offences 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 1.1.1.4 (Sipp et al., 2021).

In nearly all German *Laender*, local prevention projects - such as the widespread FreD programme - are used as a way of avoiding court proceedings 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 hospital treatment orders in secure psychiatric units.

Moreover, once a verdict has been handed down, it is possible to defer the execution of a prison sentence, or of a residual sentence, of two years or less, if the drug addict undergoes, while providing proof, external outpatient or inpatient addiction withdrawal treatment ("treatment not punishment", Sec. 35 BtMG). A requirement in this context 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, rather it could, in particular, also be an offence 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 housing 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 apparent that after completion of a 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. Proper completion of the treatment was achieved by 50% of the Sec. 35 BtMG group. This group was thus more successful than the group without this condition imposed, of which 43% completed the treatment normally. A more detailed presentation of the study can be found in the REITOX Report 2013 (Pfeiffer-Gerschel et al., 2013).

Drug policy and case law in the *Laender*

€263,000 will once again be available in Thuringia for external addiction support (substance-independent) in 2021. This also includes offence-specific (in connection with addiction problems) and non-offence-specific treatment services provided by prison staff (above all psychological service, social/socio-therapeutic service, medical service). There are no written network agreements in the field of addiction, but there is a collegial exchange between the prison department (department 43) and others and the addiction committee at the medical association, the *Land* health ministry and the Thüringer Landesstelle für Suchtfragen e.V. (Thuringia State Office for Addiction Issues). A substitution round table is currently being

organised by the Thüringer Landesstelle für Suchtfragen e.V., involving the Thuringia Association of SHI Physicians, the Medical Association of Thuringia, the Thuringia Ministry for Labour, Social Affairs, Health, Womens Affairs and Family Affairs, the Thuringia Ministry for Migration, Justice and Consumer Protection, the Chamber of Pharmacists and representatives from outpatient addiction support (Thüringer Ministerium für Migration Justiz und Verbraucherschutz, 2021).

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

Resolution 37/194 of the General Assembly of the United Nations² (Office of the United Nations High Commissioner for Human Rights, 1982) stated that healthcare 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 prison health policy be in line with and integrated into national health policy. 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 costly therapies involved in the treatment of hepatitis-C, which is a typical comorbidity among drug addicts, which are available in all *Laender*.

In Germany, the prison acts regulate what medical services prisoners are entitled to and refer to the SGB V as far as type and scope are concerned (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 obliged to provide. Limitation of care is, for example, possible where a prison term is too short or where there are safety concerns (Lesting, 2018).

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 provision of the individual *Land* acts. In the case of medically indicated substitution, there is also a legal right 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

² <https://www.un.org/Depts/german/uebereinkommen/ar37194.pdf> [accessed: 27 Jul. 2021].

- the patient persistently fails to keep to the agreement or violates the rules of the treating facility.

All other available intervention options should be considered before discontinuing treatment (Deutscher Bundestag, 2016). The Bavarian Appeal Court of Munich (BayObLG München) determined, in a decision of 15 April 2019, that while a substitution treatment that was in progress during imprisonment can only be ended under narrow medical conditions, restarting a substitution treatment does not take precedence over other abstinence-oriented treatment alternatives (Bavarian Supreme Regional Court (Bayerische Oberlandesgericht München), 2019).

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 of OST outside prison. OMT represents an opportunity to motivate problem opioid users to submit themselves to treatment, to reduce illegal opioid use and high-risk behaviour in prison and possibly also to minimise the number of overdoses following release from prison. If there is a link-up with a treatment programme in a community setting, OMT in prison also facilitates the continuity of treatment and helps with the achievement of long-term, positive effects.

In addition, the German AIDS Service Organisation (Deutsche Aidshilfe, DAH) assumes that introducing depot injections into opioid addicts' substitution treatment could also be of great benefit for inmates. As yet, there have not been any studies on this in Germany, however. Depending on dosage, this substance can be injected under the skin once a week or once a month and the active substance is then steadily released. This could reduce the required investment of time and personnel in prisons as well as the reduce risk of misuse. At the same time, the DAH points out that it remains to be seen whether the depot injection method can prevent or alleviate the frequently described withdrawal symptoms when a substitute is provided on a daily basis (Deutsche AIDS-Hilfe Deutsche AIDS-Hilfe e.V., 2019b). The use of substitution drugs which have buprenorphine as the active ingredient, as is contained in the depot injection, frequently led to the problem that the tablet had to be given as a sublingual tablet, which makes control more difficult and thus facilitated abuse. This problem can be prevented using a subcutaneous injection as the route of administration, for one week or one month. In the case of conventional substitution, daily administration in a prison setting is required. The inmate's visit to the medical department which is usually required has two disadvantages: Firstly, prisoner movements always involve a security risk and secondly, this means additional work for prison staff. A buprenorphine depot reduces the number of prisoner movements and contacts by a factor of 7, in the case of weekly administration, and by a factor of 28 for monthly administration. This is also desirable against the backdrop of the coronavirus pandemic (Keppler und Stöver, 2021). This type of therapy could also have particular importance for managing release from prison. During this time, continuous further treatment or administration of substitution drugs is not always immediately ensured, as organisational problems often arise. A form of therapy involving a depot can therefore also

contribute to the reduction of relapse and mortality, which has been shown to be increased during this time (Kühne, 2021).

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 (RKI) carried out between 2012 and 2014, the group of researchers investigated, among other things, differences in opioid substitution treatments among inmates in Germany (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 OST by three pharmacies. Of the prisons included in the study, 58% were supplied with medication for OST. The overall prevalence of OST treatment recorded in this study was 2.18%. The study also stated, however, that injecting drug use, of which most is opioid use, is present among 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 reached different conclusions. In that survey, which was described in 1.2.1 above, data was also collected regarding substitution treatment in prison. Among other things, the survey recorded the number of prisoners undergoing substitution treatment on the reference date. In addition, a substitution rate was calculated in order to generate more precise figures on the proportion of prisoners undergoing substitution treatment. 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 (LAG, 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. On 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 and female inmates eligible for substitution treatment is considerable: among male prisoners, the substitution rate on the reference date of 31 August 2018 was 21.4%, among all those who were theoretically eligible for substitution treatment. 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 (LAG, 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, although it is not apparent in that survey which *Laender* are being 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 lack of or low prevalence rates for treatment in Saarland and Bavaria respectively point to an exclusive use of withdrawal treatment instead of substitution and a policy oriented strongly towards abstinence in prisons there (Schmidt et al., 2018). More detailed information on the study can be found in section 1.2.3 "Further aspects of available inpatient treatment services" 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" (Höke et al. 2021).

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

- to ensure survival,
- to stabilise and improve the state of health,
- to support the treatment of somatic and psychological comorbidities,
- to reduce high-risk routes of administration of opioids,
- to reduce the use of unlawfully purchased or acquired opioids,
- to reduce the use of other addictive substances,
- to abstain from unlawfully purchased or acquired opioids,
- to reduce the risks associated with opioid dependence during pregnancy as well as during 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 "Drug and addiction policy of the Bavarian prison system" named further objectives of substitution treatment in the prison system in Bavaria (Arbeitsgruppe "Drogen- und Suchtpolitik des bayerischen Justizvollzugs", 2019):

- reduction of the numbers of addiction-related disciplinary offences,
- enabling of participation in working life, in sport and leisure activities and also other treatment programmes within prison,
- enabling initiation of substitution-based withdrawal treatment as required.

Additionally, treatment recommendations can be made. In North Rhine-Westphalia, medical treatment recommendations for substitution in prison, which at that time were still rarely carried out, were published for the first time in 2010. A revised version was introduced in

2018. The three pillars 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 demonstrably 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 treatment was successfully considerably 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 German Ordinance 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 in “addiction medicine basic care”. In addition, the treatment agreement on medicinal substitution for opiate addicted inmates was updated. A cooperation between the prisons in Hannover and Sehnde with AOK [major health insurance provider] and the job centres in Hannover is intended to ensure a seamless transition of substitution patients into follow-up substitution after release from prison (Niedersächsisches Justizministerium, 2020).

Detained persons are able to receive substitution treatment in all Berlin correctional institutions. The staff requirements required for this have been put in place. Substitution wards have been set up at Tegel, Plötzensee and Heidering prisons. One must take into account, however, that the capacities of those wards do not represent an upper limit for substitution treatments. This is because inmates are provided with substitution treatment even if the number of places available for substitution are occupied. Accompanying counselling and support is guaranteed. The Berlin correctional system also uses the newer approved opiate substitutes (except diamorphine) in its substitution treatments. This applies in particular to buprenorphine-based depot substitutes. Pregnant women who exhibit a narcotics dependence and who may be undergoing substitution treatment are cared for by the medical service and prison doctor at the Berlin women’s prison within the scope of gynaecological consultations. The individual problem is taken into account by the social and psychological services during treatment and counselling (Senatsverwaltung für Justiz, 2021).

In Bavaria, a concept for the immediate care of substituted people on leaving prison was developed and implemented around one and a half years ago by the Munich central body for offender support (Münchner Zentralstelle für Straffälligenhilfe), the Munich job centre, various other offender support bodies and several prisons. If this pilot project, which has not yet been completed, goes well, the intention is to encourage the correctional institutions and cooperation partners to develop and enter into corresponding arrangements on site, building on the agreements on general transition management, on the seamless follow-on care of substituting inmates (Bayerisches Staatsministerium der Justiz, 2021).

The treatment of opioid addicted inmates - attitudes and treatment practice by medical staff in Bavarian correctional institutions

Substitution treatment in correctional institutions has established itself as an integral component of the care of opioid-dependent inmates. In Bavarian prisons, the substitution rate among men in 2019 was 15%, and 36% among women. For this reason, medical personnel in 18 Bavarian prisons were surveyed on their practice of substitution treatment and attitudes with regard to the treatment of opioid-dependent inmates, in the scope of the research project "Evaluation of the treatment of opioid-dependent persons during imprisonment in Bavaria". The survey revealed a heterogeneous picture, both in relation to treatment practice and attitudes towards opioid addicts. Respondents stated when deciding between abstinence-based treatment and substitution, consideration was given to inmates' preferred treatment, the severity and duration of the addiction, the length of the sentence and organisational-related factors. Advantages of substitution-based treatment mentioned by respondents were a calmer day-to-day life in prison and a more stable living situation for patients as well as a reduction in smuggling and concomitant use. The main disadvantage raised was the illegal supply of the substitution drugs to others. The situation regarding supply and success of substitution treatment inside and outside correctional facilities, as well as transition management were also regarded as problematic, particularly in relation to continuity of treatment (Weiss et al., 2021).

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 implemented	Comments or specifications of the stated intervention
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 for 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

Expert opinion where no information available

In Lower Saxony, around 40 staff, as members of the addiction counselling services, are allocated to the treatment departments and charged with counselling and caring for inmates at risk of or suffering from addiction. They each hold at least one addiction support qualification and undertake continuous training. Staff being assigned to the treatment departments ensures that individual addiction counselling is closely integrated with treatment

planning and transition management from the start of imprisonment (Niedersächsisches Justizministerium, 2021).

The series of tables from the Statistical Report on Substance Abuse Treatment in Germany (DSHS), produced 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 prisons. Due to the changes to the German core data set (Kerndatensatz, KDS), some of this data is no longer available and while it has been re-included for the reporting year 2018, it cannot be fully compared with previous years' data.

As this series of tables only covers 11 facilities for the reporting year 2020 (2019: 12 facilities) and one cannot rule out the possibility that individual results are only available for one or two facilities or are heavily influenced by them, these figures must be interpreted with great caution. 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 2020 does not contain any data for female inmates. The average age of men with illegal drug problems who availed themselves of support in 2020 was 30.9 years old (2019: 28.9 years old).

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

Primary diagnosis	N	%	Persons treated for the first time
Opioids	149	12.98%	16.11%
Cannabinoids	428	37.28%	44.39%
Sedatives/Hypnotics	7	0.61%	28.57%
Cocaine	82	7.14%	37.8%
Stimulants	341	29.07%	32.17%
Hallucinogens	0	0.00%	--
Multiple/other substances	141	9.38%	13.48%
Total	1,148		30.05%

(Künzel et al., 2021)

Inmates with a primary diagnosis of cannabinoids was the group which most utilised the opportunity for intramural treatment, at 37%, closely followed by those with the primary diagnosis stimulants (29%). The distribution of substances among those who have never sought treatment prior to their prison sentence shows that the primary diagnosis of cannabinoids is also the most frequent among first-time patients (44%).

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 (RKI) also addressed this topic in its bulletin “Large differences in TB, HIV and HCV treatment as well as opioid substitution treatment among inmates in Germany”, published in 2018 (RKI, 2018).

Prevention of overdoses after release from prison

The HIV/AIDS strategy, which was presented by UNAIDS in 2014 and ran from 2016 to 2021, 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 implementation of 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 (BÄK, 2017).

In May 2017, the Bavarian Landtag (state parliament) introduced a scientifically supported pilot project for dispensing naloxone to trained laypersons who are themselves opioid addicts. This occurred in the scope of the “Bavarian take-home naloxone (BayTHN) pilot project”. The pilot project analysed the training conditions under which it is possible to provide opioid addicts with sufficient knowledge and skills to identify an opioid overdose in time and then to react correctly in a drug emergency and administer naloxone appropriately, thus possibly to intervene and save a life. The training was intended to be given as part of the day-to-day running of different drug support services, in this case in the correctional institutions (Wodarz von Essen et al., 2021). In May 2019, the first pilot project in Germany for naloxone training in a correctional institution was carried out with the support of the Federal Ministry of Justice. According to the initial findings from the Bavarian pilot project, take-home naloxone training with opioid-addicted inmates can be successfully provided. The incarcerated participants demonstrably gain knowledge and skills to take targeted actions in the event of an opioid overdose and are sensitised to the topic. Training sessions in prisons can be easily organised and are well received by the inmates.

Drug emergency training was able to be given in 6 correctional institutions in 4 of the project’s pilot regions. The sub-group “opioid addicts in correctional institutions” comprised a total of 52 participants (50% women, 50% men) aged between 22 and 53 (Ø: 36 years old). The average age of first opioid drug use was 19.2 years old. Appropriate preparation is essential prior to the inclusion of correctional institutions (e.g. the management of the institution, doctors, external drug counselling). Initial findings show:

- Emergency training with imprisoned opioid addicts can be easily planned and carried out.

- Motivating inmates to take part in training works well, as it represents a welcome change to their day-to-day prison life.
- The participants are very receptive to the material because, contrary to participants in other places, for example in the drug scene, their receptiveness is limited neither by the effects of drugs nor by withdrawal symptoms.
- An evaluation of the training showed that opioid addicts in prison benefit just as much from the specific drug emergency training as the pilot project's other target groups (e.g. substituting patients, "scene"). They acquire knowledge and skills which enable them to act more assuredly and more effectively in a drug emergency situation.
- Dispensing take-home naloxone on release from prison can work well, where applicable together with other medication (Wodarz von Essen, 2021).

Further information on the pilot project and its content can be found in the Harms & Harm Reduction workbook (Neumeier et al., 2021).

Reintegration of drug users after release from prison

The legal framework stipulates that inmates must be provided with support on 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 objective, 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". Firstly, attempts are made to place those being released, both in prison and after release, as seamlessly as possible into training, employment or occupational activity; secondly, efforts are made to tackle problems associated with the incarceration and the past criminal careers. The main task of transition management is to improve clients' situations by providing 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, in which context 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, fdr, 2013):

- Improvement of the addiction medicine care situation, including substitution treatment in prison and drug emergency training,
- 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 six months prior to release, in a treatment centre outside prison and continued after release.

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 currently being set up. 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).

Demand for treatment and availability in Berlin correctional institutions

It is generally the case that types of treatment and services in correctional institutions are provided in a needs-based, target-group oriented manner. These specific measures are accompanied by abstinence monitoring in all prisons. These control mechanisms are intended to support abstinence, whether dependent on the situation or as part of the overall prison planning. In order to minimise the somewhat shame-inducing urine tests that can undermine privacy, yet still obtain proof of abstinence, saliva testing is increasingly carried out in the Berlin prison system. Saliva tests accounted for a 68.3% share of all abstinence tests carried out in 2020. This represents an increase of around 15% on the previous year. The test results obtained in this way are just as safe and reliable. In the Berlin prison system, dependence on and abuse of addictive substances are considered an essential treatment area. This can be seen, for example, in the continuously increasing number of substitution places offered. The substitution service just implemented in January 2020 in Plötzensee prison expands the number of places for substituting inmates in Berlin correctional institutions by 15 and has been well received. The intention is to increase capacity by a further 15 places, although this has currently been postponed due to restructuring as a result of the pandemic (Senatsverwaltung für Justiz, 2021).

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. That paper discusses, above all, the inequalities in the medical care of inmates suffering from dependency, in particular drug-

dependent inmates, and disproportionately high mortality rates following release. The following strategies to improve the health situation of drug-dependent people in prison were proposed:

- Health disadvantages of 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 deaths 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 assistance for critically ill people is of great importance - to this end, qualification and improvement of links is essential,
- Open dialogue is essential for achieving improvements in the health care of inmates - transparency must be ensured.

Achieving WHO targets for hepatitis C in prison

In 2016, WHO passed an ambitious global strategy on viral hepatitis. In that strategy, one goal was to eliminate hepatitis C as a major public health threat by 2030 (World Health Organisation (WHO) Europe, 2016). Inmates are a large 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. Prevention models which are tried and tested in extramural settings 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 call for at least those inmates who are serving a sentence of longer than one year should have the possibility of receiving HCV treatment. On the reference date 31 March 2017, for example, the costs of a HCV treatment were calculated for all inmates (not including those on remand) who have been imprisoned from over one year to life. In the first year, the costs apparently 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 are particularly high especially for the first two years, after which time future treatment cases are significantly less costly (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 with the associated issues. 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 (Deutsche AIDS-Hilfe e.V. (DAH), 2020).

WHO has also addressed the topic of COVID-19 in correctional institutions and published guidelines on how to deal with it, as well as specific behavioural measures (World Health Organisation, 2020). These measures included:

- Hygiene measures, such as increased washing and disinfecting of hands
- Personal protection measures (single use of tissues, physical distancing rules between people, avoiding touching the face, etc.)
- Increasing cleaning personnel and more frequent cleaning of shared spaces, as well as regular disinfection of surfaces
- Wearing masks
- Limiting visitor access
- Restricting inmates' freedom of movement
- Regular testing of staff for COVID-19 (for example on return from high-risk areas).

According to Karlheinz Keppler and Heino Stöver, some of these measures appear to be insufficient or not viable. They have clarified this in a position paper and set out further proposals (Keppler und Stöver, 2020). They did, however, positively remark that different measures have already been able to be implemented in the *Laender*.

- Suspending the enforcement of substitute imprisonment for non-payment of fines
- Not enforcing coercive detention
- Not using collective transport of prisoners
- No short leave under escort or relaxation of conditions
- Conditions for visits of prisoners
- No visits from external counsellors

However, they continue to call for the wide-ranging use of rapid tests, swift vaccination of staff and inmates, and certain conditions both for visits and a coronavirus-compliant creation of duty schedules.

Medical care in Baden-Württemberg prisons

Due to the huge importance of medical care of inmates and the very different challenges faced by prison healthcare, Baden-Württemberg decided to set up an interdepartmental and interdisciplinary expert commission led by the Ministry of Justice and for Europe to further develop inmates' medical care. From the report on the current state of medical care for inmates, 30 recommendations could be generated regarding expertise, personnel and structural improvements for inmates' medical care, that should be implemented as fast as possible. The recommendations included building a new prison hospital, creating a medical

competency centre, providing accessibility, expanding socio-therapeutic treatment, improving transition management especially in cases involving drug problems and improving staffing (Ministerium der Justiz und für Europa Baden-Württemberg, Expertenkommission, 2021).

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 (German Monitoring Centre for Drugs and Drug Addiction, Deutsche Beobachtungsstelle für Drogen und Drogensucht, DBDD, 2021).

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

In Germany there are numerous institutions whose work involves the quality assurance of healthcare outside prisons, such as the associations of SHI-accredited doctors (Kassenärztlichen Vereinigungen, KV), the statutory health insurance providers (gesetzliche Krankenversicherung, GKV) and the medical associations. In Germany, the responsibility for monitoring healthcare 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: Firstly, a full-time position as prison doctor, and secondly 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 outside. 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 an 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 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). 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. Statements made in the CPT report in connection with "health care" are only based on three facilities, however, and thus cannot be viewed as being representative. The main criticism was that there was not always sufficient, qualified, care staff available and that medicinal drugs were sometimes distributed not by medically trained personnel but by custodial staff. In addition, it was pointed out that dealing with mentally ill persons, i.e. including addicts, was frequently seen as problematic. Transfers to prison hospital are evidently often refused due to a lack of beds. Moreover, the varying levels of access to substitution treatment across the different institutions was criticised. According to the CPT, this is not in compliance with the principle of

equivalence of care (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 2017). The last visit by the CPT to Germany took place between 13 and 15 August 2018, during which only the deportation centre in Eichstätt was visited. Following that visit, the CPT criticised the continued practice of placing people in pre-deportation detention in prisons. No other form of accommodation outside the prison system is possible due to the lack of special detention facilities (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 directives could help counteract uncertainty and ignorance on the part of prison healthcare 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 into account the specific conditions in prison.

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 may not have any influence on the indication for treatment. It is recommended that a place for continued substitution should be guaranteed 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, upon release from prison.

In addition, according to the principle of equivalence, the guidelines of the BÄK on the substitution-based treatment of opiate addicts, revised in 2017, also apply within prisons (BÄK, 2017). The guidelines apply to all doctors who deliver 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

The greatest challenge currently facing the German prison system as a whole is the increase in use of new psychoactive substances in German correctional institutions (Patzak, 2019).

NPS pose a threat to both health and security, particularly in closed environments such as prisons. Intoxications caused by NPS can lead to increased health costs and a higher number of drug-related deaths. The “NPS in prison” project, funded by the European Commission, is clarifying, among other things how NPS can be brought into prisons, the drivers behind their use, the risks and consequences that arise from their use and what needs prisoners have with regard to avoiding use. NPS frequently find their way into prison having been drizzled over paper, via body packing by day-release prisoners or visitors, prison staff or other people who enter the prison for professional purposes. In contrast to conventional drugs, NPS often have a stronger spectrum of effects, which can lead to rapid heart rate, cardiovascular problems, panic attacks, loss of speech, sensory distortion, temporary loss of memory and seizures. Many respondents have already had experience of negative effects with overdoses, either personally or with fellow prisoners, friends or acquaintances (Dittrich und Günther, 2021).

Some prisons have started to develop specific interventions for NPS, while in others group and individual counselling is being modified to focus on synthetic cannabinoids. In Lower Saxony, for example, in addition to inmates, prison staff are also trained on this topic, for example with the help of flyers. In addition, specialised training in the field of addiction prevention is regularly offered to staff (Niedersächsisches Justizministerium, 2020). To date, intensive medical treatment of inmates has been necessary, as a result of NPS use, in nearly all correctional institutions in Lower Saxony. A further significant issue is that the drug detection dogs used have not yet been conditioned to find NPS. Training in this aspect is currently being carried out. Officials in Lower Saxony are also paying close attention to project of other *Laender* (e.g. Wittlich prison). Effective testing measures are complicated by the constantly changing composition of the substances. To date, in just one prison in the *Land*, nine different individual substances, which can be categorised in the spectrum of synthetic cannabinoids, have been analysed in the laboratory (Niedersächsisches Justizministerium, 2021).

Coronavirus situation

Due to the restrictions in connection with the coronavirus pandemic, such as a ban on visits and the suspension of any relaxation of conditions, prisons in Lower Saxony report a decline in the availability of narcotics (Niedersächsisches Justizministerium, 2020).

Since the start of the pandemic last year, treatment measures offered in Berlin have been considerably constrained. The drug counselling centres can only deal with enquiries to a very limited extent due to the limited access options to correctional institutions. Group services were at times not able to be conducted at all, and in-person meetings only to a very limited

degree. Telephone and/or postal contact was used as an alternative. Video calling can also take place. However, this was not across the board and only to a limited extent. To the extent allowed by the infection situation, the containment rules and the prison provisions with regard to protection and hygiene measures, services offered by the competent drug counselling centres are quickly made available to imprisoned persons. It is assumed that the prices of the available substances increased considerably over the course of the last year. The presumption is that the increased prices are based on lower availability. This could again be due to the significant decrease in outside contact. As a reaction to the coronavirus pandemic, prison access has been minimised for external people. This served to suppress the coronavirus (Senatsverwaltung für Justiz, 2021).

3 NEW DEVELOPMENTS (T3)

3.1 New developments in drug-related issues in prisons

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 is that prison staff report inmates who guards believed, based on the inmate's behaviour, have possibly taken drugs. Following an assessment by specially trained personnel, if NPS use is suspected a urine sample is taken and tested for various NPS. Following that, repressive, preventive and counselling measures are taken. As an extension of this project, Wittlich prison now has a drug scanner, or more specifically an ion mobility spectrometer (IMS). Thanks to a cooperation with the Rhineland-Palatinate *Land* Office of Criminal Investigation (Landeskriminalamt Rheinland-Pfalz, LKA RLP), the IMS is able to detect common NPS on a large number of different carriers. Samples which had tested either positive (generation of an alarm) or negative (no generation of an alarm) for narcotic drugs, NPS or medication were analysed. The result to date: around 90% of IMS results generated in Wittlich prison and the LKA RLP were confirmed as correct by the verification procedure (GC-MS) (Patzak and Metternich, 2019). In 2020, 87 suspected cases (2019: 92 cases) were confirmed with the help of urine analyses. The most frequently found NPS were MDMB-4en-PINACA, 5F-MDMB-PICA and 4F-MDMB-PINACA, which are synthetic cannabinoids. Carriers, for example snippets of paper, bearing NPS were detected in 35 cases using the ION-SCAN 600, and confirmed by a gas chromatograph linked to a mass spectrometer. Among those cases, MDMB-4en-PINACA was found 19 times. 37 confirmed cases involving NPS have been recorded so far in 2021 (as of 31 May 2021). In those cases, the most frequently found substances were 4F-MDMB-BINACA, 5F-ABICA/MMB-2201/5F-EMB-PICA and 5F-Cumyl-PEGACLONE, which are also synthetic cannabinoids. Carriers bearing NPS were detected and confirmed in 13 cases by means of the ION-SCAN 600 (Patzak, 2021).

NADA ear acupuncture for inmates' cravings

A pilot project was started in Wittlich prison in Rhineland-Palatinate, in which inmates had the opportunity to have a number of NADA (National Acupuncture Detoxification Association) acupuncture sessions. The focus was on improving the subjective feeling of craving. Due to the COVID-19 pandemic, the sample was relatively small and non-homogeneous (13 participants across five treatment episodes). Nevertheless, an analysis of questionnaires was able to show that a positive effect was postulated by the inmates who participated regularly. Due to the positive results in the small group, the plan is for NADA ear acupuncture to be continued in Wittlich prison, and for internal addiction counsellors to be specially educated and trained for that purpose (Fröhlich und Demarteau, 2021).

Analysis of violent incidents in detention in a Berlin correctional institution

The criminological service for the Berlin prison system and the social services of the justice system evaluated a pilot programme, initiated by the Senate Department for Justice, Consumer Protection and Anti-Discrimination, to analyse violent incidents among inmates. Inmates' motives for committing the violence were also surveyed, with one of the possible motives being "drugs". The pilot programme covered a section of a prison for adult male prisoners and the Berlin juvenile detention centre. During the observation period (six months), the motive "drugs" was only identified in one out of 28 violent incidents. This corresponds to a proportion of 3.6% of violent incidents covered in the relevant areas. No motive could be noted in nine cases, however. In contrast, 43.1% of inmates with increased vulnerability to becoming victims of violence during their incarceration, and who were admitted to the areas covered by the pilot project, were identified as having a substance abuse problem. Consequently, it can be assumed that the motives for committing violence have a significantly higher connection to drug addiction and drug use than shown by the figures (Senatsverwaltung für Justiz, 2021).

4 ADDITIONAL INFORMATION (T4)

4.1 Additional sources of information (T4.1)

Appraisals and assessments from inmates on the subject of drugs in prison

In the scope of the research project "Drugs in prison - appraisals and assessments from 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 involved. The institutions concerned comprised two for male inmates and one for female inmates. A standardised questionnaire was used, covering three topic areas. In addition to the question on patterns of use in prison, there was a further focus on their assessment of intramural drug-specific treatment services. The focus was also on inmates' perceptions in relation to the topic of "drugs in prison". The sample (N=145) consisted of half of male (n=72) and half of 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. There was no apparent gender-specific difference in response behaviour.

With regard to individual type of use among inmates, there was a clear result. Overall, 98 people answered this question (N=98) with the majority (n=80) reporting 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 given different response options. In this context, participants were asked for their general reasons for drug use in prison, not limited to a certain period. In the respondents' answers, the aspect of compensation for their incarceration situation predominated, at 44% (n=64), followed by use due to addiction pressure [33% (n=48)], use to forget [32% (n=46)], and due to loneliness [29% (n=42)]. A further 23% (n=33) cited as reasons avoiding brooding and thinking about one's own life, as well as boredom [17% (n=25)] and using in order to be part of a group in prison [3% (n=4)].

Overall, the authors of the study recommend

- Introducing more services to help cessation of drug use,
- Expanding and improving drug-specific services,
- Professionalising the structure of treatment services,
- Regular treatment and counselling,
- Improved access to substitution programmes.

4.2 Further aspects (T.4.2)

5 SOURCES AND METHODOLOGY (T5)

5.1 Sources (T5.1)

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

Bäumler, E. (2021). Illegale Substanzen im Jugendstrafvollzug. Eine empirische Untersuchung zu Art, Häufigkeit und Entwicklung des Konsums sowie zu seinen Prädiktoren. Universität zu Köln DOI: 10.1007/978-3-658-32736-1.

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 decision of 15 Apr. 2019 – 203 StObWs 227/19 - Behandlungsmethode [online]. Available at: <https://www.gesetze-bayern.de/Content/Document/Y-300-Z-BECKRS-B-2019-N-8484?AspxAutoDetectCookieSupport=1> [accessed: 31 May 2020].

Bavarian State Ministry of Justice (2021). Reply to request for data from the DBDD 2021.

- Bögelein, N. (2020). Corona und der Umgang mit Ersatzfreiheitsstrafen - und plötzlich ging alles ganz schnell, Gefängnismedizin Tage 04. und 05. Dezember 2020, Frankfurt.
- German Medical Association (BÄK) (2017). Richtlinie der Bundesärztekammer zur Durchführung der substitions-gestützten Behandlung Opioidabhängiger.
- German Federal Ministry of Justice and Consumer Protection (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. (2020). 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). Group of experts demands better healthcare in prison. <https://www.aidshilfe.de/meldung/eckpunkte-papier-gesundheit-haft> [online]. [Accessed: 26 Oct. 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 Sep. 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: 5 Nov. 2020].
- Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD) (2021). Bericht 2021 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2020/2021). Deutschland, Best Practice workbook, DBDD, München.
- Deutscher Bundestag. (2016). Sachstand - Substitutionsbehandlung im Justizvollzug. <https://www.bundestag.de/blob/480528/079376bd958e4a1b9baa2652713d63cb/wd-9-049-16-pdf-data.pdf> [online]. [Accessed: 17 Sep. 2020].
- Dittrich, C. & Günther, F. (2021). „Es ist viel leichter Spice hier reinzubekommen als normales Gras oder Hasch.“ Neue psychoaktive Substanzen und ihre Auswirkungen auf den Strafvollzug. Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 26-28.
- The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (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). European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. <http://conventions.coe.int/Treaty/ger/Treaties/Html/126.htm> [online]. [Accessed: 22 Jul. 2020].
- Fachverband Drogen- und Suchthilfe e.V. (2013). Empfehlung des Fachverbandes Drogen- und Suchthilfe e.V. für ein Übergangsmanagement bei Suchtkranken im Justizvollzug, fdr, Berlin.
- Fröhlich, B. & Demarteau, N. (2021). Wohin mit dem Suchtdruck? Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 39-41.

- 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.
- Höke, C., Pfeiffer-Gerschel, T., Neumeier, E., Schneider, F. & Friedrich, M. (2021). Bericht 2021 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2020/2021). Deutschland, Workbook Behandlung, DBDD, München.
- Initiative Gesundheit in Haft (2019). "Prison Health is Public Health". 6 Eckpunkte-Papier Haft, Wiesbaden.
- 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.
- Keppler, K. & Stöver, H. (2020). Forderungen zum Schutz vor SARS-CoV-2 im Justizvollzug. Sucht, 66, 207-211 DOI: 10.1024/0939-5911/a000673.
- Keppler, K. & Stöver, H. (2021). Buprenorphin-Depot: Ein neues Substitutionsmittel. Zur Eignung des Medikamentes für den Justizvollzug. Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 34-36.
- Körner, H. H., Patzak, J. & Volkmer, M. (2019). Betäubungsmittelgesetz: BtMG. Arzneimittelgesetz, Grundstoffüberwachungsgesetz, Betäubungsmittelverschreibungsverordnung, Neue-psychoaktive-Stoffe-Gesetz, Anti-Doping-Gesetz, 9th edition, C.H.Beck, München.
- Kühne, S. (2021). Lang-wirksame Therapeutika zur suchtmedizinischen Behandlung im Justizvollzug. Bericht zum Satellitensymposium im Rahmen der Gefängnismedizintage am 4. Dezember 2020. Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 67-68.
- Kunze, T. & Kämmerer, D. (2021). Novellierung der hessischen Justizvollzugsgesetze. Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 56-58.
- Länderübergreifende Arbeitsgruppe „Stoffgebundene Suchtproblematik“. (2019). Bundeseinheitliche Erhebung zur stoffgebundenen Suchtproblematik im Justizvollzug. Auswertung der Stichtagserhebung (31. Mar. 2018) zur Konsumeinschätzung und Substitution. Available at: https://www.berlin.de/justizvollzug/assets/senjustv/sonstiges/bericht_suchtproblematik_justizvollzug_stand_august-2019.pdf [accessed: 9 Oct. 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.
- Ministry of Justice and for Europe Baden-Württemberg. Expert Commission (2021). Medizinische Versorgung im baden-württembergischen Justizvollzug. Final Report of the Expert Commission, Baden-Württemberg.
- Muysers, J. (2019). Mitteilungen aus der Bundesdirektionskonferenz (BDK). Bericht des Arbeitskreises Forensik. Psychiatrische Praxis, 2019, 116-117.
- Neumeier, E., Pfeiffer-Gerschel, T., Schneider, F., Höke, C. & Friedrich, M. (2021). Bericht 2021 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2020/2021). Deutschland, Workbook Gesundheitliche Begleiterscheinungen und Schadensminderung, DBDD, München.
- 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.

- Niedersächsisches Justizministerium (2021). Reply to request for data from the DBDD 2021.
- 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/medicaethics.aspx> [online]. [Accessed: 10 Sep. 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. (2021). Bericht der JVA Wittlich für die REITOX Berichterstattung aus den Jahren 2020 und 2021, Wittlich.
- Patzak, J., Damm, A. & Letzas, K. (2021). Update zum IONSCAN 600. Über den in der JVA Wittlich eingesetzten Drogenscanner zum Aufspüren von Neuen Psychoaktiven Stoffen (NPS). Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 44-46.
- 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., Budde, A. & Rummel, C. (2013). Bericht 2013 des nationalen REITOX-Knotenpunkts an die EBDD. Deutschland. Neue Entwicklungen und Trends. Drogensituation 2012/2013, (DBDD), D. B. f. D. u. D., München.
- 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.
- 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 & Humboldt, 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.
- Senatsverwaltung für Justiz Verbraucherschutz und Antidiskriminierung (2019). Angaben der Justizverwaltungen, Berlin.
- Senatsverwaltung für Justiz, V. u. A. B. (2021). Rückmeldung auf Datenabfrage der DBDD 2021, Berlin.
- Sipp, W., Schneider, F., Neumeier, E., Pfeiffer-Gerschel, T., Höke, C. & Friedrich, M. (2021). Bericht 2021 des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2020/2021). Deutschland, Workbook Rechtliche Rahmenbedingungen, DBDD, München.
- Sipp, W., Schneider, F., Neumeier, E., Pfeiffer-Gerschel, T., Tönsmeise, C. & Friedrich, M. (2019). Bericht 2019 des nationalen REITOX-Knotenpunkts an die EMCDDA

- (Datenjahr 2018/2019). Deutschland, Workbook Rechtliche Rahmenbedingungen, DBDD, München.
- Statistisches Bundesamt (Destatis) (2021a). 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) (2021b). Rechtspflege. Strafvollzug - Demographische und kriminologische Merkmale der Strafgefangenen zum Stichtag 31.03.2020., 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.
- Thüringer Ministerium für Migration Justiz und Verbraucherschutz (2021). Reply to request for data from the DBDD 2021.
- 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 at: https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_1_5_18_EN_rev1.pdf [Accessed: 5 Nov. 2020].
- Weiss, M., Geisselöder, K., Breuer, M., Dechant, M., Endres, J., Stemmler, M. & Wodarz, N. (2021). Behandlung opioidabhängiger Inhaftierter - Einstellungen und Behandlungspraxis des Personals in bayerischen Justizvollzugsanstalten. Das Gesundheitswesen, 01/2021 DOI: 10.1055/a-1399-9286.
- Wodarz von Essen, H. (2021). Datenlieferung REITOX-Bericht 2021. Ergebnisse des Bayerischen Take-Home Naloxon Projekts., München.
- Wodarz von Essen, H., Wolstein, J., Pogarell, O. & Wodarz, N. (2021). Take-Home Naloxon für Opioidabhängige bei Haftentlassung. Erste Ergebnisse aus dem bayerischen Modellprojekt. Forum Strafvollzug. Zeitschrift für Strafvollzug und Straffälligenhilfe, 41-43.
- World Health Organisation (2020). Preparedness, prevention and control of COVID-19 in prisons and other places of detention. Interim guidance. 15 March 2020, WHO Regional Office for Europe, Copenhagen.
- World Health Organisation (WHO) Europe. (2016). Action plan for the health sector response to viral hepatitis in the WHO European Region. Available at: https://www.euro.who.int/data/assets/pdf_file/0017/318320/European-action-plan-HS-viral-hepatitis.pdf?ua=1%20 [Accessed: 5 Nov. 2020].

5.2 Methodology (T5.2)

Prison statistics of the German Federal Statistical Office (Destatis)

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

The statistical report was introduced in the early 1960s, with comprehensive results available for the former territory of West Germany from 1965, and for Germany as a whole from 1992. The preparation and publication of the statistics is carried out annually. Since 1965, the German 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 statistical data in the *Laender* is subject to automatic audit 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 statistical data cannot be ruled out.

The study 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 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 and archiving all data which is recorded in all of the institutions which participate in the DSHS and analysing it with respect to the core findings, of highlighting important changes in the area of addiction support both in the treated population and in 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 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.

³ www.suchthilfestatistik.de/ [accessed: 7 Jun. 2021].

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 disproportionately impacted by a few facilities with a high missing quota. Although this inevitably leads to a reduction in the size of the facility sample (N) for the respective table, this can be tolerated in the interpretation of the results due to the higher validity of the included data.

6 TABLES

Table 1	Number of institutions and capacity as at the reference date of 30 November	6
Table 2	Imprisoned persons and narcotics offences	8
Table 3	Drug-related interventions in German prisons	20
Table 4	Outpatient treatment of drug problems in prisons (men)	22