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0 Summary (T0)

The legal administration of the penal system in Germany was placed in the hands of the Laender in 2006. Since then, some individual Laender have their own prison laws. The general German Prison Law (Strafvollzugsgesetz) still applies in the other Laender. Not least because of this legislative situation there is no national system in Germany for regular data collection on health in prison. Instead there are mainly regional studies, however because the statistics are not interlinked as well as the inconsistent methods of data collection and classification, comparability of information is only possible to a limited extent. Only a few direct links between the available data can be found; sequencing or comparative analyses are almost impossible. The absence of mandatory nationwide guidelines in the area of drug-related health care in prison also leads to differences in the type and availability of therapy services in the Laender.

As of 31 March 2014, there were a total of 7,144 persons (13.1% of all inmates) serving time in prison institutions as a result of violations against the Federal Narcotics Act (BtMG). The number of persons imprisoned due to BtMG offences fell by 5.4% from 2013 to 2014; (7,555 persons, 13.4% of all inmates). From 2006 (total: 64,512; BtMG: 9,579) to 2014, the total number of inmates increased by 15.5% whilst the number of inmates serving sentences due to BtMG offences decreased by 25.4%. The number of inmates convicted for BtMG offences as a percentage of all inmates has been falling slightly since 2008 both for adults as well as for adolescents and young adults (in particular among male inmates) it is slightly decreasing.

According to Sec. 63 and Sec. 64 of the German Criminal Code (Strafgesetzbuch, StGB), it is possible under certain circumstances to place mentally ill or addicted offenders under a hospital treatment order in forensic psychiatric hospitals. The results of a study funded by the German Federal Ministry of Health show that the housing of drug addicted criminals in a withdrawal facility under Sec. 64 StGB increased enormously from 2001 to 2011.

1 National profile (T1)

1.1 Organisation (T1.1)

1.1.1 Prison in Germany (T1.1.1)

According to the provisions of the Prison Rules of Procedure (Vollzugsgeschäftsordnung, VGO No. 73), a monthly report is produced by the detention facilities containing information about inmates at the end of the reporting month as well as on admissions and releases during the reporting month. The Federal Statistical Office aggregated the Land results for 3 selected calendar months (March, August and November) to give overviews for Germany for those months and published them on the internet. The overviews incorporate the correctional facilities of the Laender. The facilities of the forensic psychiatric hospitals but also youth detention facilities are not included.

On the 31 March 2014, according to the annual survey of the German Federal Statistical Office (DeStatis), 54,514 people were in custody or serving time in prison institutions in German detention facilities. 5.7% (3,095) of these were women and 24.4% (13,285) were non-German nationals (Federal Statistical Office 2015). 68.5% (37,353) were single, 16.0% (8,714) married, 1.3% (706) widowed and 14.2% (7,742) divorced. 16.4% (8,941) of inmates were in an open prison. 0.3% (163) of those imprisoned under general criminal law were between 18 and 20 years old, 26.5% (14,424) were between 21 and 29, 49.5% (27,010) were between 30 and 49 and 13.8% (7,500) were aged 50 and over (Federal Statistical Office 2015).

58.0% (31,607) were serving a sentence of up to 2 years, 28.5% (15,537) had a sentence of between 2 and 15 years and 3.6% of inmates (1,953) were serving a life sentence (Federal Statistical Office 2015). In 2011 (the last published reporting year), there were approx. 12 times as many admissions to detention than inmates (660,784), of which 17% (114,596) were first offenders, and approximately the same number of releases from prison (660,732) (Federal Statistical Office 2013).

An overview of the number of detention facilities, their capacity and actual population as of 31 November 2011 (the most recent official reporting year) in the individual Laender is shown in Table 1. Accordingly, on this date there were 186 organisationally independent institutions in Germany with a total capacity of approx. 80,000 inmates who, with nearly 70,000 prisoners at the time of the survey, were at 87% capacity (Federal Statistical Office 2013).

Table 1 Number of institutions and capacity as of 31 November 2011, by Land

Land	No. independent institutions	Total capacity	Actual prison population	Population in % ¹⁾
Baden-Württemberg	19	8,171	6,920	85
Bavaria	36	12,035	12,218	102
Berlin	8	5,171	4,302	83
Brandenburg	6	2,123	1,350	64
Bremen	1	748	580	78
Hamburg	6	2,406	1,694	70
Hesse	16	6,126	5,136	84
Mecklenburg-Western Pomerania	5	1,522	1,342	88
Lower Saxony	12	6,778	5,341	79
North Rhine-Westphalia	38	18,807	16,637	88
Rhineland-Palatinate	10	3,835	3,258	85
Saarland	2	973	841	86
Saxony	10	3,682	3,506	95
Saxony-Anhalt	5	2,487	1,945	78
Schleswig-Holstein	6	1,627	1,308	80
Thuringia	6	2,038	1,721	84
Germany (total)	186	78,529	68,099	87

1) Population in % of total capacity

Statistisches Bundesamt 2013

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

1.2.1 Prevalence of drug use and problem drug use (T1.2.1 + T1.2.2)

As the percentage of addicts and users of illicit drugs in German correctional institutions cannot be precisely quantified, the number of persons incarcerated as a result of violations of the Federal Narcotics Act (Betäubungsmittelgesetz) is frequently used as an approximation. This estimate is relatively imprecise, however. Firstly, it counts people who, although they have violated the law in connection with drugs, may not have used any illicit substances themselves, as could be the case, for example, with some dealers. Secondly, a large percentage of drug users are not taken into account because, for example, persons who are sentenced for economic compulsive crimes are listed in the statistics under other categories than violations against the Federal Narcotics Act.

As of 31 March 2014, there were a total of 7,144 persons (13.1% of all inmates) serving time in prison institutions as a result of violations against the Federal Narcotics Act (BtMG). 14.3% (442) of imprisoned women and 3.3% (161) of imprisoned adolescents were serving sentences due to offences against the BtMG. From 2006 (total: 64,512; BtMG: 9,579) to

2014, the total number of inmates increased by 15.5% whilst the number of inmates serving sentences due to BtMG offences decreased by 25.4% (Table 2). The number of inmates convicted for BtMG offences as a percentage of all inmates has been falling slightly since 2008 both for adults as well as for adolescents and young adults (in particular male inmates) (Statistisches Bundesamt 2015).

Table 2 Imprisoned persons and narcotics offences

		Prisoners and persons in protective custody			Custodial sentences for adults		Juvenile punishments		Preventative custody
		Total	Males	Females	Males	Females	Males	Females	
2014	Inmates N	54,515	51,419	3,096	46,183	2,914	4,729	181	508
	BtMG N	7,144	6,702	442	6,548	434	153	8	1
	BtMG %	13.1	13.0	14.3	14.2	14.9	3.2	4.4	0.2
2013	BtMG %	13.4	13.3	14.9	14.5	15.3	3.4	7.6	0.0
2012	BtMG %	14.0	13.9	15.9	15.2	16.5	3.6	7.5	0.2
2011	BtMG %	14.7	14.7	15.4	16.0	15.8	4.6	10.7	0.2
2010	BtMG %	14.6	14.5	16.2	15.8	16.7	5.0	10.2	0.2
2009	BtMG %	15.0	14.9	16.5	16.2	17.0	5.1	10.5	0.4
2008	BtMG %	15.3	15.1	18.2	16.3	18.9	6.7	9.8	0.7
2007	BtMG %	14.9	14.8	17.4	16.2	15.0	6.2	8.9	0.2
2006	BtMG %	14.8	14.7	18.2	15.7	18.8	6.8	11.4	0

Note: "BtMG N": Number of persons imprisoned due to offences against the BtMG, "BtMG %": Proportion of persons imprisoned due to offences against the BtMG

Statistisches Bundesamt 2015.

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

1.3.1 National policy or drug strategy (T1.3.1)

Legal framework conditions

The German Prison Law (Strafvollzugsgesetz, StVollzG) from 1976 still applies in some of the German Laender. It governs "the execution of custodial sentences in penal institutions and measures of rehabilitation and prevention involving imprisonment" (Sec. 1 StVollzG). Since the reform of federalism, which was passed by the German Bundestag on 30 June 2006 and came into force on 1 September 2006, legislative power has been devolved from the Federal Government to the Laender. The German Prison Act is being replaced, step by step, by the respective Laender prison laws and administrative regulations (Sec. 125a German Constitution, GG), which in part cite the German Prison Law. Some of the German Laender now have their own prison laws, whilst others have, in a working group of representatives of law enforcement authorities, submitted a draft of a uniform prison law for

the adult penal system, which has since been adopted by some Laender. At the date of publication of the report, the StVollzG was still in force in three Laender (Berlin, Saxony-Anhalt and Schleswig-Holstein). The Laender laws are largely based on the Federal German Prison Act and usually only differ in terms of individual details. The type and scope of the provision of services in the area of health care is based, for example, on the German Code of Social Law, Volume 5, (SGB V) in all German Laender which have their own prison laws.

The seventh title of the German Prison Act lays down regulations governing health care for prisoners. Generally speaking, there is an obligation to care for the physical and mental health of prisoners (Sec. 56 StVollzG). In addition to this, prisoners are "entitled to treatment provided it is necessary to diagnose or cure a disease, prevent it from deteriorating or alleviate its symptoms". This means, amongst other things, treatment by a doctor and the supply of drugs, dressings, medicines and medical aids (Sec. 58 StVollzG). The provisions of SGB V apply to the type and scope of health services (Sec. 61 StVollzG). No individual references are made in the German Prison Act to narcotic drugs, substitution or addiction. Medical care of inmates is paid for by the ministries of justice of the Laender. In the case of work related accidents, the statutory health insurance provider or the Laender's respective accident insurance scheme assumes the costs (BMJ 2009).

Although the Laender codes scarcely differ from the German Prison Act or from each other, there are nevertheless subtle differences. The Hessian Prison Law stipulates a right on the part of inmates to psychological or psychotherapeutic treatment or care (Sec. 26, (2) HStVollzG). In addition, in Lower Saxony, Hesse and Baden-Württemberg preventive measures are also explicitly mentioned: in Lower Saxony, the right of prisoners to vaccinations (Sec. 57 (1) Lower Saxony Prison Law) is codified in law. In Hesse and Baden-Württemberg the need to inform inmates about healthy living habits is also codified (Sec. 23 (1) HStVollzG and Sec. 32 (1) JVollzGB). The codes of Hesse and Baden-Württemberg furthermore state that it is possible to exercise controls to combat abuse of addictive substances (Sec. 4 HStVollzG and Sec. 64 JVollzGB).

In a comprehensive analysis by the Associations of Addiction Professionals for 2009, it was shown that for a large number of rehabilitation patients in addiction treatment who have been released from prison (39% alcohol and 77% drugs) no health insurance was in place at the beginning of the treatment and that this can only be obtained in some cases after several weeks (Drogen- und Suchtrat 2013). To solve this problem, the temporal, local and specialist competence of the respective institutions (job centres, health insurance providers) must be clarified at the earliest possible opportunity and unbureaucratically. That can usually only be achieved if respective requests or applications are made prior to the end of the prison sentence. Through the social service of the prison, a clarification of the likely place of residence of the affected person should be obtained in good time (approx. 3 months) prior to the release date, by interviewing the person. The local job centre closest to the prospective place of residence can then evaluate the capacity for employment as per Sec. 8 SGB II, prior to release from prison, in order to avoid delays in the clarification of issues related to social rights in connection with the start of rehabilitation measures.

Other interventions in the criminal justice system

There are possibilities, under certain circumstances, to cease criminal proceedings at all levels. Often, a few hours of community service is the first response of authorities in dealing with problematic behaviour in connection with drugs.

There is a series of further options available to curb drug crime as well as economic compulsive crimes. Many cities have created the legal possibility of banning or dispersing drug users from certain places in order to prevent the formation of open drug scenes¹.

At public prosecution level, it is possible to refrain from prosecution of crimes committed by adolescents² and young adults³, who fall under criminal law relating to young offenders or to discontinue proceedings in respect of the Youth Courts Law (JGG, Sec. 45 and Sec. 47). This is mostly applied in cases involving only small quantities of cannabis.

In nearly all Laender, local prevention projects, such as the widespread programme “Early Intervention in First-Offence Drug Users – FreD” are used as a way of intervening without starting criminal proceedings straight away. The programme is aimed at 14 to 18 year-olds but also young adults up to 25 years old who have come to the attention of the police for the first time due to their use of illicit drugs (for more information on the FreD programme, see also the REITOX Reports of 2007 and 2008).

Alternatives to prison sentences

According to Sec. 63 and Sec. 64 of the German Criminal Code (Strafgesetzbuch, StGB), it is possible under certain circumstances to place mentally ill or addicted offenders under a hospital treatment order in forensic psychiatric hospitals.

The Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG) allows the suspension of proceedings in cases involving minor guilt as well as a lack of public interest in prosecution (Sec. 31a German Narcotic Drugs Act, BtMG). This applies mainly to consumption-related offences, in particular when they occur for the first time and third parties are not involved. These regulations are subject to different regional application as shown by a study carried out by Schäfer and Paoli (2006). With regard to the prosecution of consumption-related offences involving cannabis, there has recently been a move towards standardising the definitions of threshold values for “small quantities” in the Laender, in line with the requirements issued by the Federal Constitutional Court. Further details can be found in the Legal Framework workbook, Section 1.1.2.

¹ A dispersal order is a police measure to avert danger. It is limited to 24 hours. A banning order is an administrative act that can be passed by a local authority and can apply to a longer period of time and a larger area than a dispersal order.

² Adolescents/youths are persons who are 14 or older and under 18 years of age at the time of the offence (Sec. 1 JGG). They are sentenced under the criminal law relating to young offenders

³ Young adults are persons who are 18 or older and under 21 years old at the time of the offence (Sec. 1 JGG). They can either be sentenced according to the general criminal law or the criminal law relating to young offenders.

Moreover, it is possible to defer a prison sentence of up to two years to provide the drug addict with the chance to undergo therapy (“treatment not punishment“, Sec. 35 BtMG).

The study, "Medical rehabilitation of drug addicts under Sec. 35 BtMG, funded by the German Federal Ministry of Health (“treatment not punishment”): Effectiveness and Trends⁴” which was conducted in the Laender Hamburg, Schleswig-Holstein and North-Rhine Westphalia, was conducted in April 2013. The results of the study show that the housing of drug addicted criminals in a withdrawal facility under Sec. 64 StGB increased enormously from 2001 to 2011. It also became clear that after the end of a rehabilitation measure, drug addicts were increasingly subject to probation as per Sec. 35, 36 BtMG. A regular completion of the therapy was achieved by 50% of the Sec. 35 group, thus this group was more successful than the group without this condition, of which 43% completed the therapy normally. A detailed presentation of the study can be found in the REITOX Report 2013.

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

Resolution 37/194 of the General Assembly of the United Nations (Office of the United Nations High Commissioner for Human Rights 1982) states that health-care personnel in prisons have a duty to ensure that prisoners receive protection of their physical and mental health and, if they are ill, that they receive treatment of disease commensurate in quality to that afforded to persons who are not imprisoned or detained. In dealing with prisons and detained persons, the Council of Europe recommends, under the heading, “Equivalence of care”, that health policy in prisons comply with national health policy and be integrated into it. Furthermore, conditions in prison which constitute violations of human rights cannot be justified by a lack of resources (CPT 2010).

In Germany prison laws themselves stipulate what medical services prisoners are entitled to and with regard to the type and scope of such, refer to the German Code of Social Law, Volume 5 (SGB V) (Meier 2009). Under these provisions, prisoners are not entitled to the entire spectrum of health services which statutory health insurance schemes (GKV) are obligated to provide.

1.3.3 Availability and provision of prison drug use interventions (T1.3.3)

In a systematic review by Hedrich et al. (2012) an overview was provided on the effectiveness of maintained treatments (opioid maintenance treatment, OMT) in the prison setting. Results show that the benefits of OMT in the prison setting are comparable to those in the general public. OMT represents a possibility to motivate problem opioid users to submit themselves to treatment in order to reduce illegal opioid use and high risk behaviour in prison and possibly also to minimise the number of overdoses after release from prison. If there is a connection with a treatment program which is close to the community, OMT in

⁴ <http://www.bmg.bund.de/ministerium/ressortforschung/krankheitsvermeidung-und-bekaempfung/drogen-und-sucht/verbesserung-von-beratung-behandlung-und-therapie/medizinische-rehabilitation-drogenkranker.html> (last accessed: 29 Oct. 2015).

prison also facilitates the continuity of treatment and helps with the achievement of long-term, positive effects.

The Statistical Report on Substance Abuse Treatment in Germany (DSHS) has kept a series of tables on ambulatory counselling during prison sentences since 2008 (Braun et al. 2015). As this series of tables only comprises 17 facilities for the reporting year 2014 (2013: 13 facilities) and it cannot be ruled out that individual results are only available for one or two facilities or heavily influenced by them, these figures must be interpreted extremely cautiously. This is also because no information whatsoever is available on the mechanisms for selecting participation, nor can any conclusions be drawn regarding the representativeness of the participating prisons. The average age of men with illegal drug problems who made use of outpatient support in prison in 2014 was 30.2 (N=1,419) (2013: 30.2), while the average for women was 32.3 (N=49) (2013: 37.5). It is particularly noteworthy that 81.6% (2013: 50.0%) of women serving sentences in prison who underwent treatment as a result of drug problems were treated for a primary opioid problem, while this percentage among men was only 21.6% (2013: 25.3%).

Table 3 Outpatient treatment of drug problems in prisons

Main diagnosis	Males		Females		Total	
	N	%	N	%	N	%
Opioids	307	21.6	40	81.6	347	23.6
Cocaine	130	9.2	1	2.0	131	8.9
Stimulants	591	41.6	3	6.1	594	40.5
Sedatives/Hypnotics	15	1.1	0	0.0	15	1.0
Hallucinogens	6	0.4	0	0.0	6	0.4
Cannabinoids	368	25.9	5	10.2	373	25.4
Mult./other substances	2	0.1	0	0.0	2	0.1
Total	1,419	100.0	49	100.0	1,468	100.0

Braun et al. 2015.

Prevention, treatment and care of infectious diseases

Detailed information on prevention, treatment and care in respect of infectious diseases in prisons can be found in the Selected Issue chapter 11 of the REITOX Report 2011.

Prevention of overdose risk upon release from prison

In its action plan on the implementation of the HIV/AIDS strategy, the Federal Government established that prisons represent a setting that requires specific health care measures to be undertaken. Therefore, talks are being held with representatives of the ministries of justice of the Laender with a view to funding substitution treatment in prison. In particular, the transition from incarceration to life on the outside carries a special risk of overdose.

Given the high mortality risk of injecting drug use (IDU) after prison release, the revised guidelines of the German Medical Association (BÄK) on opioid substitution therapy – (OST) (BÄK 2010) explicitly allow an OST to be commenced also in the case of addicts who are currently abstinent.

Reintegration of drug users after release from prison

With regard to the preparation of the release of inmates from prison, the legal framework establishes that inmates are to receive support for their release from prison (Sec. 74 German Prison Act in connection with Sec. 15 German Prison Act, StVollzG) with a view to promoting reintegration into society after prison. In order to reach this goal, prison services are to cooperate at inter-departmental level (Sec. 154 StVollzG).

Moreover, providers of social welfare should work together with groups which have shared goals and the other organisations involved, with the aim of mutually complementing each other's work (Sec. 68 (3) German Code of Social Law, Volume 12 and Sec. 16 (2) German Code of Social Law, Vol. 2). Corresponding strategies and measures are developed and implemented under the term "transition management". On the one hand, an attempt is made to facilitate a smooth transition from prison to freedom with integration into training, work and employment, on the other, to tackle problems linked with detention and criminal careers. The main task of transition management is to improve the situation of the clients by offering them counselling and care but also opportunities for professional qualifications and training as well as job placement. Although from a historic viewpoint there have been corresponding efforts dating back over 150 years with the introduction of "assistance for offenders" and 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.

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

- Improvement of the addiction medicine care situation, including substitution treatment in prison and drug emergency training sessions
- Participation also for inmates suffering from addiction within internal prison services
- Step by step support in transition and networking with services of the addiction support system and ex-offender support, e.g. help entering assisted living, outpatient clinics etc.
- Provision of outpatient rehabilitation concurrently with imprisonment, beginning approx. 6 months prior to release, in a treatment centre outside prison and continued after release.

1.3.4 Prison opioid substitution treatment services (T1.3.4)

According to the WHO Prison Health Database (BMJ 2009) the following types of drug treatment were available in all detention facilities in 2008: Medication-assisted short term detoxification (14 Laender), short term detoxification without medication (7 Laender), abstinence-oriented treatment with psychosocial counselling (11 Laender), antagonist treatment (4 Laender) and substitution treatment (9 Laender). Only in 6 Laender was psychosocial counselling performed in every case. Medication-assisted short term detoxification is offered by nearly all Laender and long term substitution treatment by just over half. According to the results of a study by Schulte and colleagues (2009), substitution treatment is possible in only approximately 75% of the detention facilities surveyed (n=31).

In 2010 the German Aids Service Organisation (DAH) organised the first expert discussion on "Heroin in prison – new challenges and opportunities for the penal system". Staff from ministries of health and justice, AIDS services and prison doctors took part. The trigger for the meeting was that outside of prisons diamorphine was to be administered as part of regular health care, therefore the possibility of also administering diamorphine in prison was discussed. The meeting of experts came to the conclusion that the required preconditions would be the broadening of intramural substitution treatment as well as sufficient political backing. Additionally, attitudes of staff towards drug users in prison would have to be addressed and reflected upon in a more focussed way. Since 2011 Baden-Württemberg has offered intramural substitution with diamorphine in detention facilities⁵.

Since detailed information, much of it relatively outdated, is only available from individual Laender⁶, it is not possible to make any definite statements regarding either the current situation or trends in the availability and conditions surrounding the execution of OST in German penal institutions.

1.4 Additional Information (T1.3.5)

1.5 Quality assurance of drug-related prison responses (T1.4 + T1.4.1)

1.5.1 Quality assurance

In Deutschland there are numerous institutions which deal with the quality assurance of extramural health care, such as the associations of SHI-accredited doctors (Kassenärztlichen Vereinigungen, KV), the statutory health insurance providers (GKV) and the medical associations. The control of health care in prison, and thus also for ensuring the quality of drug-related services in prisons, is the domain of the ministries of justice in Germany. The German prison system maintains its own health care system, comparable with the health care system for the police or army (Stöver 2006). This means there are certain differences in

⁵ The administrative provisions can be found at <http://www.aidshilfe.de/sites/default/files/VwV%20Substitution%20BaWue.pdf> [last accessed: 29 Oct. 2015].

⁶ Information on OST in prison (by Land) was collected in two surveys by the DAH, in 2002 and 2006 (Knorr 2008).

care for patients within these systems compared to the general population, for example inmates do not have the opportunity to freely choose their doctor.

Due to the special structure of prisons, supervision of medical services in German prisons is regulated differently than in extramural care. Thus, the director of the facility is not entitled to issue technical instructions to the facility doctor (Keppler et al. 2010). The doctor is subject to technical supervision, however, which may be regulated as follows:

- The specialist in charge of supervision in the ministry (medical director) is a doctor.
- The specialist in charge of supervision in the ministry is not a doctor, but a lawyer of psychologist for example. In the case of technical medical questions, this person makes use of know-how possessed by medical experts who are not part of the ministry of justice, for example staff at the ministry of health or external doctors who are not affiliated with any public institution.
- Supervision is not the charge of any one specialist (staff member of the ministry of justice), rather external doctors, for example experienced doctors at facilities in another Land, doctors from the ministry of health or retired doctors.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) acts as an external expert. The European Treaty on this stipulates that prison facilities be visited on a regular basis (European Commission 2002). The last visit but one by the CPT in Germany took place between 20 November and 2 December 2005 (CPT 2006), in the framework of which 17 facilities were visited. Statements made in the CPT report in connection with "healthcare" are only based on three facilities, however. The main criticism was that there was an insufficient number of general practitioners available to prisoners. In the opinion of the CPT there should be one full time general practitioner available for every 300 inmates. In addition, the CPT was of the opinion that psychiatric care and care for drug-addicted inmates was inadequate. It was also criticised that not every detention facility offered every new inmate information on healthcare or on the prevention of infectious diseases (for example with the aid of an information brochure).

In North Rhine-Westphalia the control of medical activities is controlled by the technical agencies of the supervisory authorities (North Rhine-Westphalia Ministry of Justice & Westphalia-Lippe and North Rhine Medical Associations 2010) are laid down in the "Recommendations for Treatment by Doctors Providing Medical Therapy for Opioid Dependency in Prison". It issues orders if the limits of conscientious discretion by physicians are exceeded or improperly performed. Orders issued by supervisory authorities are limited to specific individual cases.

1.5.2 Guidelines

Imprisonment continues to involve the risk that substitution treatment commenced before entering a penal institution will not be continued (Stöver 2010). Guidelines and rules could help remove uncertainty and ignorance on the part of prison health care personnel. In order

to provide prison doctors with greater certainty, the framework conditions, e.g. treatment strategies, accompanying psychosocial therapy or criteria for discontinuation, should be clearly described. These must especially take the specific conditions in prison into account. At an international level, there is, amongst other things, the declaration on "Prison Health as part of Public Health" (WHO 2003), adopted by WHO European region as well as the treatment recommendations, "Opioid Substitution Treatment in Custodial Settings" (Kastelic et al. 2008). However a few specific German rules also exist.

In the doctors' recommendations on treatment and medicinal therapy for opioid dependence in prison in North Rhine-Westphalia (North Rhine-Westphalia Ministry of Justice & Westphalia-Lippe and North Rhine Medical Associations 2010) the positive effect of substitution treatment in prison is stressed, with regard to both the progression of opioid dependence and to meeting the law enforcement objectives. Thus the stated objective is to "significantly raise the number of substitution treatments in prisons". According to the recommendations for treatment, the objectives are:

- the prevention of deaths as a result of reduced tolerance in prison and following release from prison,
- the reduction of illegal and subculture activities,
- the improvement of physical and mental health and
- permanent abstinence.

Similar to the situation outside prison, the patient has to sign a treatment agreement prior to starting treatment, in which the rules are laid down. Among other things, it is stipulated in writing when the treatment will be discontinued (for example in the event of repeated problematic concomitant use, drug trafficking or violence in connection with OST) and that discontinuation does not necessarily mean permanent exclusion from OST. The decision to terminate treatment is made by the medical service; there are no fixed conditions with respect to recommencement. Generally speaking, in North Rhine-Westphalia patients who are already receiving substitution will continue to be treated after entering prison, while the term of the sentence must not have any influence on the indication for treatment. Nevertheless it is recommended that a place for continued substitution should be guaranteed in the event of substitute treatment on remand and sentences of less than two years. A place for further treatment should be assured, at the latest, of further treatment.

An administrative regulation issued by the Baden-Wuerttemberg Ministry of Justice has regulated substitution in prisons since 2002. It contains clear provisions regarding the general aims of OST as well as requirements regarding indication, exclusion, admittance, execution, documentation and termination of the substitution treatment. In addition, substitution with diamorphine has also been possible since the revised and amended version of the administrative regulation came into force on 15 July 2011 (Baden-Württemberg Ministry of Justice 2011).

The foundation for substitution treatment in prison in Lower Saxony is a decree from 2003 which for the most part is based on stipulations in the Narcotics Act and the Guidelines on the Evaluation of Doctors' Examination and Treatment Methods (BUB-Richtlinien). The decree sets out the preconditions and stipulates how substitution is to be carried out. As with all treatments by doctors, the doctor providing treatment is in charge of the indication and establishes by means of an individual examination whether the substitution treatment is warranted and whether the intended purpose can be achieved in any other manner. Substitution is provided based on the principle of equivalence in line with the stipulations of German Code of Social Law, Volume 5 and the respective guidelines.

In accordance with the principle of equivalency, the 2010 revised guidelines issued by the German Medical Association (Bundesaerztekammer 2010) on the substitution-assisted treatment of opiate addicts also apply in prisons. The guidelines apply to all doctors who perform this treatment. Under the guidelines, it must be ensured when patients switch to hospital treatment, rehabilitation, imprisonment or other form of inpatient care that the treatment is provided on a continuous basis. Furthermore, substitution treatment can also be provided in individual cases where this is warranted, in accordance with ICD 10 F11.21 (opiate dependency, abstinent at present, but in a protected environment – such as, for example, a hospital, therapeutic community or prison). In the event of consumption of additional psychotropic substances, the cause thereof, such as inadequate dosage or selection of substitution drug or a co-morbid psychological or somatic illness, should be determined and if possible remedied. If this concomitant use jeopardises the substitution treatment, withdrawal of the additional psychotropic substance is to be initiated.

1.5.3 Training of prison guards

In comparison to other occupational groups, prison guards are confronted with persons who use drugs to a greater extent. That is why these persons are ideal to receive special training on handling and risk awareness in connection with drug users. The ministries of justice have reacted to this by initiating relevant programmes of education and further training.

A manual entitled "Harm reduction in prisons" ("Schadensminimierung im Justizvollzug"), which is issued by the Wissenschaftliches Institut der Aerzte Deutschlands (Scientific Institute of the German Medical Association - WIAD) and which was the result of a project funded by the European Commission, serves to provide further training of staff working in prisons (Wiegand et al. 2011). The manual provides suggestions on how the negative impact of certain types of behaviour can be reduced such as, for instance, the transmission of infectious diseases in the case of injecting (i.v.) drug use through sharing syringes or needles. These concepts and strategies play a role primarily in detention facilities, as this involves preservation of and respect for the human rights of prisoners, protection of public health and not least the demonstrated cost effectiveness of preventive measures compared to the costs of treatment, for example after people have become infected. The manual provides information on the topic of infectious diseases and the different routes of transmission as well as drug use and related risk behaviour. Among other things, prison

guards should be sensitised to the special challenges of drug consumption. Moreover, the attitudes and understanding of prison guards towards drug use and drug users should be explored.

Baden-Württemberg reported that in 2010, 17 facilities provided counselling for staff in the penal system (Reber 2011). In addition, training in how to cope with drug-related emergencies was carried out at some Berlin prisons (DAH 2010). Here both appropriate behaviour in the event of drug-related emergencies as well as particular risks such as, for example, use of drugs following abstinence, are addressed. The administration of naloxone, an opiate antagonist, is also discussed in the training.

2 New developments (T3)

No current information on new developments is available. The national situation and trends, including current data is described above.

3 Additional information (T4)

3.1 Additional sources of information (T4.1)

No additional sources of information are available.

3.2 Further aspects (T4.2)

Currently, no further aspects are being reported.

4 Notes and queries (T5)

N/A.

5 Sources and methodology (T6)

5.1 Sources (T6.1)

The sources are given under point 6, bibliography.

5.2 Methodology (T6.2)

The methodology of the individually listed studies is described in detail in the respective publications (see point 6 bibliography for information on sources).

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7 Tables

Table 1 Number of institutions and capacity as of 31 November 2011, by Land6

Table 2 Imprisoned persons and narcotics offences7

Table 3 Outpatient treatment of drug problems in prisons..... 11