

CHAPTER 1

The Epidemiology of Drug Use in Germany: Basic Data and Trends

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INTRODUCTION

The Federal Republic of Germany (FRG) takes a marginal position in the international literature on the epidemiology of drug use. Generally, the FRG is excluded from the discussion and no data have been presented. If any findings are cited, they are mostly fairly rudimentary; they do not allow for an exact assessment of the drug situation. The reader is thus left with the impression that the empirical basis for detailed analysis is extremely unfavorable. The reality, however, is different: though certain topics have been badly neglected in German research, the research situation concerning at least basic descriptive epidemiological figures on drug prevalence does compare relatively well with the situation in other countries. There are only a few European countries in which national surveys among adolescents or adults were conducted as frequently as in the FRG. Even in comparison to the United States, the FRG does not emerge badly in this respect: the first national surveys among adolescents that assessed attitudes toward drug use and prevalence of consumption were conducted several years ahead of comparable American surveys.

The problem of insufficient knowledge of the German epidemiological situation in the foreign literature exists at least partially because (1) The studies on the German drug situation have been published almost exclusively in German and are thus not accessible to non-German speaking researchers; (2) The majority of German epidemiological studies of the

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past 10 to 20 years are based on contracted research assigned to commercial institutes. Their reports are not published in most cases, and when they are, they are of little analytical value given their descriptive character. The chance of a general visibility within the “scientific community” is small; (3) The number of researchers at the universities who are concerned with the subject is small and their representation in scientific conferences respectively low.

Given the low visibility of German studies on drug use, this article attempts to provide a global view of epidemiological studies—published and unpublished—and presents some of their basic findings. This will form a foundation for the other chapters in this volume as well as suggest the prerequisites for comparisons of the drug situation in other countries. We shall hereby restrict ourselves to selected questions, including ones about the epidemiology of cannabis and heroin use and the changes in use over the course of time. Questions about the etiological determination of drug use will be excluded from this presentation.

SURVEYS ON DRUG USE: AN OVERVIEW

Whenever statements on the distribution of drug and alcohol use among adolescents have been made in West Germany, surveys have been the preferred means of data collection. At first, the issue of illegal drug use stood in the forefront of the research; issues of alcohol use were picked up with only one or two questions in passing. During the seventies, the focus changed and the subject of alcohol use—influenced by its perceived rapid growth—was increasingly studied. More recently, the repertoire was expanded again to include health-related questions (e.g., on the use of medically prescribed drugs). Research has increasingly turned into health research, and questions on possible prevention are nowadays almost exclusively seen in the context of health-related issues. Sociological questions referring to lifestyles and social networks, though often of greater substantive implications, have been badly neglected.

Until the mid-seventies, surveys of youth were primarily done among students in school, through questionnaires administered in classrooms. The surveys were limited to the communal or state levels (Table 1.1). National surveys among adolescents, including nonstudents and based on face-to-face interviews, have been conducted by the Institut für Jugendforschung (assigned by the Federal Center for Health Education) since 1973 and continued thereafter (Table 1.2). As early as 1971, surveys on attitudes (not use) had been conducted throughout the FRG for the same agency. National mail surveys by the Infratest Institute (for the Federal

TABLE 1.1
Overview of representative youth studies on drug and alcohol
use in different Federal States of Germany

<i>No.</i>	<i>Year</i>	<i>State</i>	<i>Total sample</i>	<i>Method of assessment</i>	<i>Size of sample</i>	<i>Researcher</i>
1	1970	Schleswig-Holstein	high school/college	Q	4,647	Schwarz et al.
2	1971	Hamburg	different schools from the 7th grade	Q	4,797	Jasinsky
3	1971	Baden-Württemberg	14–21 year-olds	I	1,871	Wickert-Institute
4	1971/1972	Schleswig-Holstein	high school/apprentices	Q	4,995	Schwarz et al.
5	1972	Hesse	different schools from the 8th grade	Q	11,521	Minister of Education and Internal Affairs
6	1972	North-Rhine Westphalia	different schools 7th–12th grade	Q	4,653	Wetz and Peterson
7	1972/1973	Saarland	different schools from 12 years	Q	2,088	Schmitt, Stein, Wolf
8	1973	Bavaria	12–24 year-olds	I	2,676	Infratest
9	1973	Hamburg	different schools from 8th grade	Q	5,168	Jasinsky
10	1973	Baden-Württemberg	14–21 year-olds	I	1,623	Wickert-Institute
11	1975	Hamburg	different schools from 8th grade	Q	5,426	Reuband
12	1976	Bavaria	14–24 year-olds	I	2,450	Infratest
13	1976	Saarland	different schools	Q	2,139	Schmitt, Stein
14	1978	Baden-Württemberg	12–25 year-olds	I	1,467	Infratest
15	1980	Bavaria	12–24 year-olds	Q	2,033	Infratest
16*	1981	Schleswig-Holstein	12–24 year-olds	M	1,408	Infratest
17*	1981	North-Rhine Westphalia	12–24 year-olds	M	1,843	Infratest
18*	1981	Saarland	12–24 year-olds	M	870	Infratest
19*	1981/1982	Hamburg	12–24 years-olds	M	720	Infratest
20*	1981/1982	Lower Saxony	12–24 year-olds	M	1,891	Infratest

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<i>No.</i>	<i>Year</i>	<i>State</i>	<i>Total sample</i>	<i>Method of assessment</i>	<i>Size of sample</i>	<i>Researcher</i>
21*	1981 / 1982	Rhineland-Palatinate	12–24 year-olds	M	1,475	Infratest
22*	1986 / 1987	Schlešwig-Holstein	12–24 years olds	M	577	Infratest
23*	1986 / 1987	North-Rhine Westphalia	12–14 year-olds	M	1,828	Infratest
24*	1986 / 1987	Hamburg	12–14 year-olds	M	623	Infratest
25*	1986 / 1987	Lower Saxony	12–14 year-olds	M	1,969	Infratest
26*	1986 / 1987	Rhineland-Palatinate	12–14 year-olds	M	1,544	Infratest
27*	1986 / 1987	Bavaria	12–14 year-olds	M	2,262	Infratest
28*	1986 / 1987	Berlin	12–14 year-olds	M	551	Infratest

Abbreviations for method of assessment:

Q = Questionnaires administered in group situations

I = Face-to-face interview

M = Mailsurvey

* = Part of a partially extended nationwide study

Ministry of Health) were added in the beginning of the 1980s. Questionnaires in classroom situations, which were formerly the preferred means for conducting representative surveys, have been seldom seen in the last few years. Whether this change in the method of data collection affects results of the survey is rather unlikely, based on the present studies, although this possibility cannot be excluded and further methodological research seems necessary.

In addition to surveys among adolescents, several representative surveys have also been conducted among the general population, including adults. These are national surveys, based on face-to-face interviews, and in contrast to the U.S. household study by NIDA (National Institute on Drug Abuse), they are exclusively multiple-topic surveys. The issue of drug use is only covered by a small number of questions in the survey and an exhaustive inventory of the use patterns—analogue to the surveys among adolescents—is lacking. Beginning in 1990, however, a large sur-

TABLE 1.2
Overview of National Surveys among Adolescents
in the Federal Republic of Germany

No.	Year	Researcher	Method of assessment	Size of sample	Age of sample	Prevalence (years) drug use
1	1973	IJF	I	1,763	14-25	18%
2	1976/77	IJF	I	1,503	14-25	14%
3	1978	Kehrmann marketing research	I	1,909	15-24	12%
4	1979	IJF	I	1,526	12-25	14%
5	1981/82	Infratest	I/M*	9,634	12-24	10%
6	1982	IJF	I	1,799	12-25	15%
7	1986	IJF	I	1,809	12-25	16%**
8	1986/87	Infratest	M	5,501	12-29	12%
9	1989	IFEP	I	1,602	12-21	15%
10	1989	Psydata	I	574	14-25	31%
11	1989/90	IJF	I	ca. 3,000	12-25	—

Survey No. 5: Without Berlin, Hesse, Schleswig-Holstein; Method of assessment:

M = Face-to-face interview

P = Mail questionnaire

— = No information available at present

* = Partially oral, partially postal inquiry (Baden-Württemberg and Bavaria orally)

** = In the original publication, as well as with the other presented figures, here the weighed value has been included in the overview. The unweighed value in the other IJF surveys differs from that only insignificantly. But in the survey from 1986, the difference amounts to a 4% difference (unweighed prevalence = 12%)

vey among youth and younger and middle-aged adults has been begun by the Institut für Therapieforschung (IFT) and Infratest, and it may overcome some of these limitations and cover a somewhat broader scope.

The representative surveys that are available lend themselves to a description of drug use experience and—if the size of the sample is sufficiently large—to an analysis of drug use with its full range of manifestations. The data base is not sufficient, however, to assess heroin addiction, which is often regarded by the public as the “real” drug problem. Even a further extension of the survey sample would not make this possible: Heroin addicts are difficult to reach and often refuse to participate; heroin users in representative surveys among adolescents generally reflect only “experimental users,” that is, persons who used the substance only a few times and then stopped. In order to assess permanent heroin users, different research strategies have to be and have been selected in the FRG: Strategies that access these persons themselves and recruit them

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either through treatment facilities, correctional facilities or the drug scene (see, e.g., Middendorf et al. 1977; Berger et al. 1980; Projektgruppe TUDrop 1984), or through the recourse of analyzing existing files of institutions that were in contact with the addicts (Reuband 1979; Skarabis and Patzak 1981).

PREVALENCE OF DRUG USE AND ATTITUDES TOWARD DRUG USE

The most important findings of nationwide representative surveys among adolescents concerning the prevalence of drug use are listed in Table 1.2. If one excludes the method-dependent variations in the values, the findings appear relatively uniform: only a minority of adolescents in the FRG have ever used illicit drugs. The values range between 14% and 18% for the group of 14–25 year-olds. The higher value of 31% that was found in one recent study by the Psydata Institute is probably the result of a different, methodologically problematic, sampling strategy, and is therefore too high (street pedestrians were questioned). Further data among the adult population reinforce the impression that the proportion of people who ever used cannabis is small. Generally, the values lay between 3% and 8% (Table 1.3). If the values lay somewhat below that, it might be because of an underestimation, based on the methods.

The majority of findings both among youth and adults is fairly consistent and creates a picture that differs fundamentally from that of the United States. But it does not differ from the distribution patterns in other European countries; The FRG has cannabis-use prevalence rates similar to many other northern West European countries, even those with essentially different drug policies (such as the Netherlands). The latter is the more important when U.S. drug policy has been compared to that in European countries, it has usually been to the Netherlands only. This has often led to flawed impressions about the effect of different drug policies on prevalence rates. The findings from the Netherlands presumably reflect a fairly general European pattern of drug use rather than the consequence of its own specific drug policies (Reuband 1990d).

The available surveys grounded on identical indicators over time show, since the beginning of the 1970s, a fundamental change in the evaluation of the dangers of drugs. On the one hand, there is the indicator on which drugs one perhaps “should try.” On the other hand, there is the indicator whether one should try hashish or heroin if it was “offered” at a party. Both can be seen as indicators of the willingness to use drugs. The first question measures it more in a way that assesses the globally ascribed

TABLE 1.3
Overview of National Surveys in the General Population of the FRG

No.	Year	Researcher (survey institute)	Size of sample	Age of sample	Prevalence of drug use
1	1971	IfD	ca. 2,000	16+	5%
2	1972	IfD	ca. 2,000	16+	4%
3	1977	BgA (Infratest)	2,007	14+	3%
4	1979	BgA (Infratest)	2,018	14+	4%
5	1982	Reuband (Zumabus/Infratest)	1,993	18+	6%
6	1986	IfD	1,037	16+	5%
7	1987	Reuband (GfM/Getas)	987	18+	8%

Formulation of question:

(1, 2, 6): "A question on hashish and LSD: Would you ever feel like trying hashish or LSD"? Response categories: Have tried it already; would feel like it; would not feel like it; undecided. (3, 4): "Have you yourself tried any drugs at any time or used it over a period of time?", (5): "Now, a totally different question: There are many things which almost everybody has done ever in his life. I give you a list with these common behaviors. Please—note how often have you ever done this in your life. A lot might have occurred 10, 20 years ago. This includes also childhood and adolescence. Take your time. Think about it carefully and mark which applies to you. Afterwards, fold the paper [a list with frequencies is included]." (7): "Now, a totally different question. There are many things that almost everybody has done ever in his life. How is it with you—which of the following have you ever done in your life? This also includes childhood and adolescence. . . . Have you ever tried hashish? [If no:] I also mean situations in which you have only tried something and *thought* it would be hashish. The substance itself might not have had any effects. Has this ever happened?"

Basis:

Representative survey of the population, each oral face-to-face interviews. The surveys of the Institute of Demoskopie (IfD) are based on quota samples, the other on random samples.

Source:

(1, 2) Institute of Demoskopie (1982); (3, 4) Infratest (1977, 1979); (5) Reuband (1986); (6) Institute of Demoskopie (1989); (7) Survey of the author.

legitimacy of use. The second measure refers to the situation-specific willingness of the individual to try new things. The results (Table 1.4) disagree with a widely accepted assumption that adolescents have become more tolerant toward hashish or even heroin use over time. In contrast, since the beginning of the seventies, the indicators show a fairly continuous decrease. In 1976, 36% of the 14–25 year-olds thought it acceptable to try hashish; in 1986 the figure was only 19%. In 1971, 5% expressed the opinion that one may "try" heroin; in 1986 the figure was 1%. In

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TABLE 1.4
Willingness to Use Different Illegal Drugs among Adolescents
(Ages between 14 and 25 Years) in the FRG

	1971	1973	1976	1979	1982	1986
One could try (1)						
hashish	36%	31%	23%	19%
marijuana	27%	23%	15%	15%	15%	13%
LSD	21%	14%	7%	7%	6%	3%
cocaine	15%	6%	7%	5%
opium	8%	6%	5%	4%	4%	3%
heroin	5%	3%	3%	2%	1%	1%
I would try myself (2)						
hashish	39%	31%	22%	24%	18%	..
heroin	9%*	11%*	6%	5%	2%	..

.. not assessed

* opium (instead of heroin) as drug was presented

Formulation of questions:

(1): "Which substances on this list could one try; which should not be taken at all in your opinion?" (2): "If somebody offered you heroin [1971 and 1973: opium] at a party for free or at all, would you accept it or refuse it? And how is it with hashish? Could you imagine that you would have accepted hashish?" For the first question, the percentage of "maybe try," for the second of "would accept it" is presented. The remaining percentage, which makes up the difference to 100%, consists on no-responses and missing data.

Basis:

Representative surveys among adolescents in the FRG. Random samples.

Source:

Secondary analyses of surveys of the Institute of Youth Research (for the Federal Center for Health Education), conducted by the author. Central Record Office-Studies No. 683, 1070, 1071, 1072, 1257, 1603; each unweighted samples.

the case of hashish, the percentage of persons willing to use was cut in half; the decrease is even larger for heroin. Moreover, the findings of the survey show that there is a decrease in the use of other drugs (such as LSD or cocaine).

The increasingly negative attitude toward illicit drugs is not specific to adolescents. It is embedded in a wider social context and can also be found—in the form of an increase perception of risks—among adults (Table 1.5). Thus the number of persons who attribute health and psychological risks to the use of hashish (even if it is only a single try)

Table 1.5
Attitudes toward Hashish and Heroin Use in the Population,
by Age and Course of Time

<i>Age</i>	<i>18–29</i>		<i>30–49</i>		<i>50+</i>		<i>total</i>	
	<i>1982</i>	<i>1987</i>	<i>1982</i>	<i>1987</i>	<i>1982</i>	<i>1987</i>	<i>1982</i>	<i>1987</i>
Large/medium risk of use								
–hashish, 1–2 times	27%	50%	42%	56%	55%	70%	44%	61%
–hashish, several times a week	80%	81%	90%	89%	90%	93%	88%	90%
–heroin, 1–2 times	88%	91%	88%	94%	87%	93%	88%	93%
–heroin, several times a week	97%	98%	96%	98%	93%	96%	94%	97%
Support of legalisation of hashish	13%	15%	7%	10%	3%	2%	7%	7%
(N) = P	445	181	726	357	792	449	1,993	987

Formulation of questions to assess dangers:

“How large are the physical and psychic risks in the use of the following drugs? Please, use the list to rate. How large is the risk if one tries hashish one or two times? Uses hashish several times a week?” The response categories range from “no risk,” “little risk” to “medium risk” and “large risk.” (Here listed: “large/medium risk”).

Formulation of questions to assess the support of legalisation:

“What should the laws look like in your opinion? Should the use of hashish be legally permitted or not?” (Here listed: support).

Basis:

Representative surveys of the population in the FRG, subjects older than 18 years old. Assessment: May/June 1982, December 1987. Research Institute 1982: Infratest (ZUMABUS); 1987: GETAS.

Source:

Reuband (1988a)

has strongly increased in the last few years. Especially large is the change among the younger persons, of whom 27% assigned great risks to trying hashish, even if it is only once or twice. In 1987, the percentage was already 50%.

Concerning the legalization of drug use, which was discussed in the past predominantly in the United States but occasionally also in the FRG,

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a percentage of 7% of supporters shows that there is little support for it—less than in the United States or Australia. Even among those who have already tried hashish once, only 35% feel that the use of hashish should be legally permitted (for more details, see Reuband 1988a).

In view of the mostly negative attitude toward hashish use and the intensification of opposition over the course of time, it is not surprising that the proportion of drug users has decreased. The peak distribution of illicit drugs among the younger age groups (from 14 to 17 years) occurred at the beginning of the 1970s. Since then, consumption declined, and since the middle of the 1970s it has remained stable. This development can be best documented for the city of Hamburg, where many extensive surveys exist. Since the mid-1960s, similar developments can be found in other federal states, such as Schleswig-Holstein and North-Rhine Westphalia (Reuband 1988a, 1988b). Since 1973 (the time of the first assessment in the series), there are analogous trends for Bavaria (Bayerisches Staatsministerium des Inneren und Bayerisches Staatsministerium für Arbeit und Sozialordnung 1985).

As far as can be seen from the few present findings, the decline in drug use is essentially a European phenomenon.¹ In sharp contrast is the case of the United States, where, in the 1970s, drug prevalence increased steadily, with the result that a majority of adolescents have experienced drug use. Only since the end of the 1970s has a certain change and slight decrease been visible. Similar to the FRG in the beginning of the 1970s, the decline in the United States has been accompanied by an increase in negative attitudes toward drug use. In both cases, the decline is obviously a major consequence of a changed orientation toward drugs as, for example, health dangers are increasingly associated with it (see Reuband 1977, Johnston et al. 1989).

Based on the present survey data among adolescents in the FRG, the expansion phase of drug use is over for the time being. This does not exclude the possibility that—beyond the observed age groups—the use and even more, the intensive forms of use, continue to spread: Because the users grow older and continue the practice, the number of older users must increase. Furthermore, there might be a recruitment of adults into drug use, given the increasing number of “aging” users who might act as role models and propagate use among their peers. Evidence for such

1. Comparable developments over similar time periods can be also identified in other European countries such as Holland (Hulsmann 1982) or Sweden (Isaksson 1985). There though, the decline is often interpreted prematurely as a result of the practice of drug politics. Parallel development of two phenomena do not guarantee a causal relationship. Whether they are attributable to decriminalization or repression support or decreased drug use can only be evaluated by comparing different interventions. Regarding this, not one, but several contexts can build a basis for the survey.

a trend might be the increasing number of older drug users apprehended by the police.

PREVALENCE OF ADDICTION AND TRENDS

To measure the extent of drug use experience among adolescents is one thing; to assess the extent of drug addiction is another. Only a small fraction of all people who try drugs—mostly cannabis—will ever use or become addicted. Therefore, the numbers on drug use experience among adolescents only illustrate the potential recruitment basis for drug addiction but not the extent of drug addiction per se. Trends that can be generally seen in the area of cannabis use do not necessarily recur among addicts. Additional data are needed in order to comment on the spread and the form of manifestation of the use of hard drugs.

It is difficult to estimate the total extent of the present hard-drug scene in the FRG (not including the former East Germany). An empirically proven base line is lacking. The estimations, accordingly, vary considerably: The long-standing figures of the Federal Ministry of Health, which are based on estimations from government drug experts from the different states, came up with approximately 50,000 persons who are addicted to heroin, amphetamines, or cocaine. In contrast, the estimations of the Federal Criminal Office and the Federal Ministry for Internal Affairs are higher, with approximately 100,000 persons around 1989/90. How plausible are these estimations? Considering the number of hard drug users who have ever been registered by the police, one can count a number of about 91,000 users in 1988. A part of them—there were 6,283 drug deaths between 1970 and 1988—has to be regarded as dead by now (data from the Federal Criminal Office, own calculations). A further part that is difficult to estimate has to be regarded as finally recovered or in therapy, or as in a correctional facility. Another, probably larger part (Reuband 1990b), continues to belong to the population of active users.

Based on the set limitations, the number of actual users among the registered users of hard drugs has to be viewed as less than 91,000. This number will also be augmented by a different part out of the yet not identified gray area. It therefore seems realistic to assume the number of users of hard drugs as between at least 50,000 and 100,000. This number will be considerably larger if nonaddicted occasional users and those who only tried opiates and IV drug use are included in the calculation. One might then possibly reach a number of up to 200,000 persons.

Since 1984, drug use problems have intensified considerably in the FRG as assessed by the number of hard drug users who have been noticed by the police for the first time and put on file by the Federal Criminal

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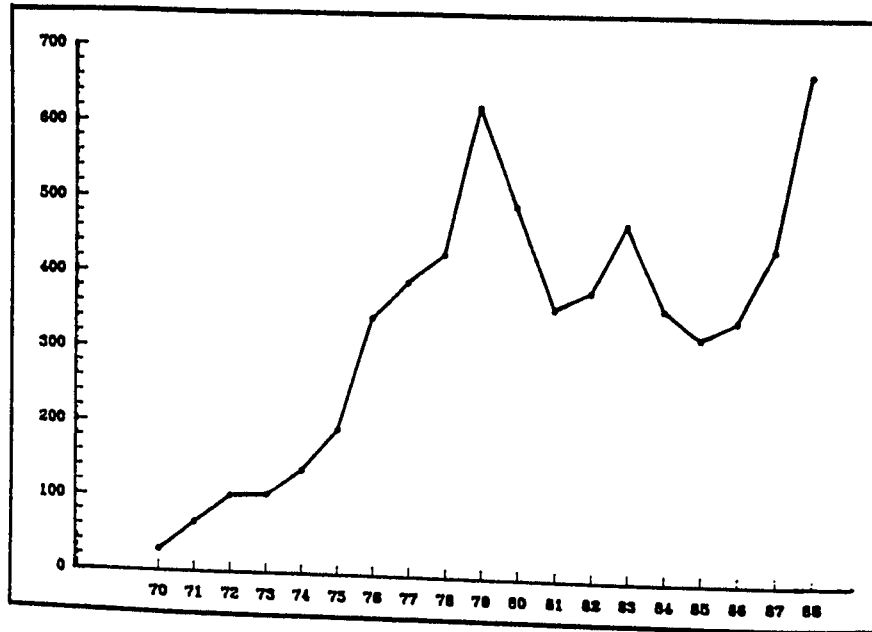


FIGURE 1.1.
Drug fatalities in Germany (1979–1988)

Office. Whereas in 1985 only 3,246 persons were registered as such, 3,921 were registered in 1986, 5,084 in 1987, and 7,456 in 1988. The number has more than doubled within three years. Not only the number of new users but also the number of complications caused by drug use—as assessed by the number of drug deaths—has increased considerably in recent years (Figure 1.1). As is the case for the first time consumers are noticed by police, the trend is not linear but has peaks and valleys. Already in 1988, the number of drug deaths exceeded the highest peak of 1979, when 623 deaths were claimed. The reason for the fluctuations and the dramatic increase in the number of drug deaths is an open question. The number is without doubt related to the number of total users, but it is also influenced by the purity of the offered substances and the physical condition of IV drug users.

FINAL COMMENTS

There are more data on the German drug situation than is usually perceived abroad. Some findings have been summarized here. However, the

large quantity of data in some areas does not preclude that the analytical study of the data has been unsatisfactory. Most of the studies are descriptive in nature; relevant questions have not been asked, and—if asked at all—they have been dealt with inadequately. Questions of etiology that are closely linked to epidemiology have been unduly neglected and have almost totally given way to a clinical perspective that all too simply views drug use as some form of coping with personal and social problems. Genuinely sociological explanations are—with a few exceptions (Reuband 1990c)—lacking.

Several basic questions thus remain open: We do not know, for instance, how changes in the market or the prices affect patterns of use. We do not know how changes in behavior patterns affect overdoses. We do not know how changes in the social conditions of the drug scene and reactions of society lead to changing patterns of use and seeking help. Myths instead of facts are dominating the discussion and have given rise to often faulty social consensus among experts in many cases. In this respect, without doubt, the German situation does not differ very much from the situation in other Western European countries (Reuband 1990a). Yet it cannot be overlooked that in a number of Western European countries—such as the Netherlands or Great Britain—special, quite successful efforts have been undertaken, recently supported by government agencies, in order to get qualitatively better research. Similar research initiatives are still lacking in Germany, though there are some slight indications that conditions might change in the future.

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