



National report on New Psychoactive Substances Expert Interviews in Germany

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1 Introduction

In order to amend and reflect the data from the online-based NPS-user survey, seven expert interviews were conducted in early 2016. The aim of these interviews was to collect data on relevant issues that are related to research, prevention and harm-reduction of the use of NPS, as well as to determine the role of the legal status of NPS and of forthcoming new laws (generic legislation). Experts from four relevant fields were interviewed: research, prevention, treatment, and prosecution. Due to the strong focus of the project on establishing and promoting new measures of prevention, harm-reduction, and treatment, the prosecution experts are underrepresented in the sample. Nevertheless, their normative view in opposition to the interpretative view of the other experts, is still clearly visible. Therefore, both views will be compared in the conclusion of this report.

2 Characteristics of the respondents

Researcher 1

Researcher 1 is a female research assistant at an independent research institute in Munich. She is 31 years old and working in her position since 2013. Her institute deals with substance use and the epidemiology of addiction. The German EMCDDA focal point for the issue of NPS is located at her workplace, therefore she is responsible for the coordination of the German part of the international early warning system by sending information to the EMCDDA. Additionally, she works in a research project. The aim of the project is to establish a national early warning system that enables rapid and reliable identification of new developments in NPS use by collecting information from different sources like emergency centres that deal with cases of poisoning, social work in party- and nightlife-settings, and drug help organisations. She is also writing her doctoral thesis in the field of NPS use.

Researcher 2

Researcher 2 is a male research assistant at the joint medical department of the Universities of Berlin (Charité) and deputy board member of a non-profit organisation. He is 25 years old and works in the latter position since 5 years. The non-profit organisation wants to develop, promote and do research on evidence based and evidence generating interventions in the psycho-social field, especially in the field of prevention of addiction. As a deputy board member he is responsible for content-related development and quality assurance of an EU-funded prevention project for schools and social work with young people. Besides that, he is in charge of the training of social workers, teachers, and psychologists (especially school psychologists). By offering the program in schools and institutions of the youth welfare system, he directly comes into contact with users of NPS. Within his previous work at the University of Heidelberg, he studied NPS use intensively and developed the “Handbook of Psychoactive Substances”.

Researcher 3

Researcher 3 is a male toxicologist and is working at the Medical Centre of the University of Freiburg since 15 years. He is 46 years old. Among other obligations, he has to fulfil service contracts for the police and the public prosecutor office and does research in the field of forensic toxicology. Research includes molecular biology (e.g. examination of traces) and verification of drugs and active pharmaceutical ingredients in different materials like samples of blood, urine, hairs etc. The predominant question of his work is a chemic-analytical one. He is head of the laboratory for forensic toxicology and its scientific research

projects. Since 2008 his institute has a research focus on NPS because they were among the first who examined and characterised the active ingredients of “Spice”. In an EU-funded project, which is carried out since 2011, they permanently launch test orders of “legal highs” and research chemicals to be up to date, to inform the public and to be able to characterise the substances in a toxicological way.

Prevention expert 1

Prevention expert 1 is a male social pedagogic in an addiction prevention project since 2008. He is 31 years of age. His project is a low-threshold, outreach and acceptance oriented addiction prevention project and since 20 years active in the Bavarian party scene. They do outreach work on festivals, in clubs etc. by setting up information desks, distribution of e.g. free fruits, condoms and the dissemination of every information about all kinds of substances. The main task of the organization is to prevent drug abuse and addiction developments. The primary prevention goal is to reduce the number of new drug users by encouraging party people in their abstinence, but the biggest part of their work is located in the secondary prevention field in forms of safer use and harm reduction advices. His main tasks are the supervision and training of peers, doing field work, implementing the outreach and cooperation with the organisers of parties, doing online counselling and giving lectures.

Prevention expert 2

Prevention expert 2 is a 47 years old male social pedagogic in a charitable organisation in Frankfurt on the Main. The organisation follows an acceptance-oriented approach. The activities include counselling, social work, youth and culture projects, with the common objective of helping and assisting drug-using people and their families as well as preventive work with adolescents and young adults. As the project leader of a specific prevention website and of the related drug helpline, he is responsible for managing the project as well as for doing the online and phone counselling.

Treatment expert 1

Treatment expert 1 is a 55 years old female. She is a social pedagogic and addiction therapist. She works in the low-threshold addiction care since 1993 and is the director of a drug related emergency response office in Munich. This is a main contact point for users of illicit hard drugs. The institution is based on 3 pillars which are united under the umbrella of the emergency response office: 1. low-threshold drop-in; 2. 24-hour counselling centre, 3. emergency night shelter for homeless drug users. They feel committed to survival assistance and follow an acceptance-oriented drug work. Above all stands the conviction that drug users have a right for receiving assistance whether or not they want to stop taking drugs. The main tasks of the organisation are to ensure the survival of their clients and to reduce the harm related to drug use, to motivate changes of consumption patterns, and to establish a connection to the traditional addiction support system (e.g. methadone maintenance). Her main tasks are the overall support of the institution, enabling in-service training and further education, representing the institution in committees of the city of Munich and throughout Bavaria, monitoring the drug scene in Munich and checking if the approach of the emergency response office still matches the needs of the clients.

Prosecution expert 1

Prosecution expert 1 is a 47 years old male graduate chemist. He is a research associate at a chemical laboratory of the federal police and at the same time expert authority in the field of toxicology since 2002. He mainly deals with drug analytics, precursors, designer drugs, NPS, pharmaceutical crime, poison

analysis with regard to the material level, assessment of illegal drug laboratories, conducting trace research and comparing analysis of “material” (e.g. substances). His institute is responsible for the bundling of national law enforcement activities in the field of technological criminalistics, counselling the ministry of the interior and the ministry of health in cases of formulation of new legislation or listings of substances under the current drug control model. As an expert authority, he conducts guidance for carrying out analysis of exhibits in the context of criminal proceedings, preparation and representation of court opinions. As a forensic researcher he is responsible for the development and implementation of research projects and he is in the position of a research coordinator at his institute. His work related to NPS mainly consists of analysing materials and furnishing an opinion. He often has to develop new methods of analysis because of the frequent occurrence of new substances. He also develops guidelines, e. g. guidelines of sampling and he participates in interdisciplinary research projects on NPS. Furthermore, he does the counselling of the criminal investigation services and legislators, the reporting for the early warning system of the EMCDDA and participating in expert meetings are parts of his activities.

3 Results

3.1 Definition of NPS

Almost all experts referred to the definition of the EMCDDA, but in one case falsely ascribing it to the WHO, and in another criticising it as being too extensive. The related European database on new drugs, and the general definition of psychoactive substances by the WHO, were mentioned one time each. Additionally, when answering the question almost all experts applied a retrospective and partially introspective view on how the NPS issue started, in order to get an idea of what “new” means – even when asked explicitly for definitions they work with. Interestingly, they all have different memories about how and / or when it started, e.g. mephedrone, piperazines, or herbal blends at different times.

When trying to define if and when a substance is “new”, different criteria were mentioned: The level of the scientific knowledge was important especially for all three research experts as well as for treatment expert 1, who described “new” in the sense of incalculability of harms and risks as a result of a lack of knowledge about these substances (which is also part of the definition of the EMCDDA). Researcher 2 claims that the level of the scientific knowledge should be decisive for the definition of a “new” substance. For losing the status of a “new” substance, according to him, it is not sufficient to illegalize it. Losing this status would require an extensive risk assessment, research in social science, psychology and toxico-pharmacology (instead of or in addition to criminalisation). Furthermore, the quantitative relevance is important for defining a psychoactive substance as “new” in the sense of a measurable increase of prevalence, even a short-time one, the substance itself can be known for a longer time. Researcher 2 supplemented an intensive marketing as a further criterion in the sense of how the “new” substances come into the market. In the pragmatic view of prevention expert 1, the focus on NPS for his work lays on the three groups: herbal blends, bath salts and research chemicals. Substances like natural drugs are less important. According to him, the need for advice is not so demanding for substances beside these three groups. Treatment expert 1 has the same point of view. For her, NPS are all “new” substances, which differ from the established illicit drugs like heroin, other opiates or cocaine, whose effects are worse, and which influence and change her work in an extraordinary way. Also prosecution expert 1 defines NPS as substances which occur on the drug market for the first time, with relevant rates of abuse. And according to a regulatory definition, NPS cannot be traditional drugs in the sense of the German laws (Betäubungsmittelgesetz, BtmG) and the other way round – this regulatory definition collides with the view of re-

searcher 2, who mentioned that a listing as a controlled substance is not sufficient to lose its status as new (see above).

3.2 Description of users, motives, used NPS, harms and NPS induced changes in functioning

3.2.1 Characterisation of users

Prevention expert 1 characterises the participants of the **nightlife/party settings** in Bavaria as relatively young people between 18-25 years, with a relatively high level of education. Most of these NPS users are experienced drug users¹. Researcher 1 stated that this group of users does not have a selective use of substances and that they often use different sources like family, friends, or just someone in the club.

Treatment expert 1 described the **socially marginalized users** from the problem drug user scene in Munich. NPS users of this scene are usually between 27 and 37 years. Two thirds are male, one third is female, and half of them have a migrant background. They are usually long-term users. The clients are so called heavy users, or problematic drug users (PDUs), often homeless and with large quantities of pending criminal proceedings. They are people who have already stopped a lot of therapies and most of them show patterns of poly drug use with the preferred substance being heroin. Two thirds are in methadone maintenance, but still use illegalised drugs (so called parallel consumption, which can lead to the official abortion of the treatment).

Most of the requests prevention expert 1 answers are made by **psychonauts**. The requests are mostly about specific issues that require experts' knowledge. Sometimes he gets requests from occasional users from the party setting/nightlife context and very seldom of some problematic drug users. A detailed characterisation of the clients is difficult, because most of the counselling takes place via the online tool and the order of anonymity prohibits collecting information. He estimated that most of his clients are over 20 years, and some over 30 years old. He also mentioned an infrequent contact to younger clients, or to their parents, who seek advice themselves. Furthermore, he recognized a focus on Bavaria.

3.2.2 Motives of use

Almost all experts mentioned similar motives for the use of NPS. Legal Motives were mentioned mainly as a striking reason and were mostly linked with the use of synthetic cannabinoids in the meaning of an assumed adequate and 'legal' substitute for cannabis. The fear of prosecution and the (supposed) non-detectability of the active compounds of herbal blends or synthetic cannabinoids in the context of drug screening issues and the fear of losing the driving license or working permission could lead to an avoidance of the use of traditional cannabis in order to bypass the system of detection methods. As researcher 2 stated, these are often users who are happy to use legal substances, who have a high need for seeing themselves as legitimate citizens with a right to get high and who are usually not addicted. In opposition to this users, treatment expert 1 mentioned for her specific clients that the motive for NPS use is not directly related to the role of legality but it is important, that many NPS are not detectable in common urine controls. Most of her clients do not care about legality because they procure their drugs on the illegal black market in Munich. In the context of legality, both prevention experts and treatment expert 1 referred to the high level of repression in Bavaria and additionally stated that people, who use NPS per-

¹ Usually with the big 6 of the party scene (alcohol, nicotine, cocaine, amphetamines, LSD, MDMA).

manently², often have legal obligations or problems with their driving license. Also prosecution expert 1 opined that for people who are in any form of control programs the suspected non-detectability could be conducive. Further mentioned motives by almost all of the experts were “curiosity” and the “need for getting high”. Especially adolescents who want to try psychoactive substances in general are mostly driven by curiosity and the eagerness to experiment, as well as a desire to get high. For prevention expert 2 it seems that it has become common or hip to use NPS, especially herbal blends in some regions and scenes. It has to be noted, that the motivation of getting high also depends on the question of addiction and has to be differentiated between the groups of users, as treatment expert 1 described. Accordingly, for problematic drug users the main motivation is also getting high, but regardless of any harms or risks. Also researcher 2 referred to an increasing number of problematic drug users, who search any form of opioids, sedatives and stimulants as a relatively new user group of NPS. In this context, treatment expert 1 pointed at the high level of pressure of prosecution, the bad quality of street level heroin, the lower price and the better availability of NPS for her clients in Munich. Additionally, she observed tendencies of a permanent change, even if heroin is available in a sufficient quantity and quality³. Especially both researchers and prevention experts mentioned psychonauts, who are attracted by the broad portfolio of NPS and are mainly interested in self-experimentation with pharmacological effects. Legality does not seem to play a role for these users, who perceive NPS as a complementation of what the market offers and who try every substance anyway. They are generally driven by a scientific curiosity and in some cases they want to gain credibility among their peers by means as an expert. The steady availability of substances with a high purity (in the cases of research chemicals) is often important for psychonauts and users of the stimulant drug scene. It has to be noticed that almost all of the experts mentioned that the group of the psychonauts seems to be very small and their personal risk of using NPS is comparatively low because of their specialist knowledge of psychoactive substances. In addition, prosecution expert 1 mentioned the inconspicuous, steady and easy availability of NPS via the internet, which also offers the possibility of anonymity and the avoidance of meeting “filthy dudes at the station”. Furthermore, he indicated that the prices for the synthetic substitutes of traditional illicit drugs are lower, which could be an additional incentive and thus a threat to young persons: Summarized, using NPS use in Germany seems to be mainly a question of availability, curiosity, legal aspects and experimental drug use in dependency of the respective user group.

3.2.3 NPS used and forms of application

Researcher 2 illustrated the emergence and development of the different NPS groups: At first (2008/2009), synthetic stimulants were dominant, especially substitutes for amphetamine and MDMA, namely TFMPP and BZP. Then the focus shifted to synthetic cannabinoids and finally the phenomenon reached the point when the supply was highly diversified, in a way, that not only some stimulants and psychedelics occurred, but also opioids and benzodiazepines. Currently, there is no specific focus any longer, because of the highly diversified offerings of the internet-shops⁴. In general, he considers that the development has reached the peak and now the focus shifted so that addicted people can be served. In addition to a temporal development, researcher 3 described the increased risk potential of synthetic cannabinoids and referred on two waves which were characterized by the recognition of more incidents. These were caused by the changed chemical structures followed by highly potent ingredients of herbal

² Mostly a daily use of two or three synthetic cannabinoids (drug tolerance)

³ Some clients stopped describing themselves as opiate-users and reverted completely.

⁴ For example, research opioids which are used for substitution outside the legal substitution-maintenance system, steadily occur on the market.

blends and bath salts which came into the market. The result can be described as poisoning “waves”. At the end of 2015, the last wave occurred and is still going on. In general, it has to be noticed that the toxicity of synthetic cannabinoids did not change over time, just the potency varies. The prosecution expert also noticed a trend to more potent ingredients which lead to more poisonings (e.g. MDMB-Chemica which caused death and poisoning not because of its special toxicity but due to its highly potent chemical structure).

Up to now, referring to reports to the German focal point, researcher 1 actually observed a strong use of Cathinone and Phenethylamine (“more the 'established' NPS”), a lot of Mephedrone, herbal blends, MXE and 2C-B.

In general, the forms of application of NPS depend on the scene where they are used or which established drug they try to imitate. Prevention expert 1 recognized in the **party scene** in Munich a relatively high relevance of alpha-PVP, MDPV, NBOMes (25I-NBOMe, 25b-NBOMe) and 1P-LSD. The primary form of application in the party scene is oral or nasal e.g. dissolving in nasal sprays (NBOMes). He didn't recognise intravenous use.

Treatment expert 1 stated for the **socially marginalised users** from the problematic drug user scene in Munich that mainly MDPV was used in the first years, but that it has lost importance now. From her client survey (2015) she knows that 51% of the interviewed persons do not know which ingredients they have consumed, especially when they injected bath salts. The ones who got their substances via the internet and not on the black market in Munich mentioned the following NPS: 3-MMC, MC-3, alpha-PVP, alpha-PPH, alpha-PPP, 4-MMC, alpha-4, 3-MEE, BMC, BMMC, 5-MADP. Respondents mostly referred to the unspecific name “alpha”. In the last time (not from her client survey) she recognized a lot of alpha-PV8. Synthetic Cannabinoids have played a marginal role in the last years until 2015 (15.4%), but she observed a sudden increase in synthetic cannabinoids in the last month prior to the expert interview, without being able to tell if this is a new trend. Overall 41% of all clients use bath salts, 40% of them use these drugs regularly several times a week or several times a day, and the rest uses bath salts monthly, weekly or sometimes. The ones who only use NPS sometimes have a higher risk-awareness – they may stop using it, when they made bad experiences with certain NPS. In general, the clients do not differentiate between NPS, they just speak about “alpha” and “bath salts”. The route of application is almost exclusively intravenous. Psychonauts normally do not play a role in this scene.

Prevention expert 2 observed a minor long-term trend among the more experienced users, often **psychonauts**. They tend to produce their own herbal blends with synthetic cannabinoids, which he considers to be safer. In general, most of the requests that reach him refer to herbal blends. The form of application used by his clients is mostly smoking or snorting.

Prosecution expert 1 referred to the fact, that the use is depending on the supply situation and in this context he has observed that in the last years two certain types of patents from a global pharmaceutical company are used to produce synthetic cannabinoids in China, and furthermore, he recognized that for every phenomenological part of drug use a synthetic substitute occurs: at the beginning herbal blends as a marijuana substitute, followed by bath salts as an amphetamine and cocaine substitute, and now very potent synthetic opioids as heroin substitutes, which are very difficult to dose. As a new form of application he mentioned, besides snorting, e-liquids as a special form of smoking (vaporising, respectively)⁵.

⁵ He attributes this to the popularity of e-cigarettes and he is aware of one big seizure of e-liquids which contained NPS.

Researcher 2 referred to the issue of technological dislocation, which still causes innovation on the market.

3.2.4 Harms and problems

Following especially researcher 3, who usually meets people who have been hospitalised, the common symptoms in connection with the use of **synthetics cannabinoids** are tachycardia, anxiety, an uncomfortable or bad physical or psychological feeling, vomiting, and short time fainting. In most of the cases the patients feel much better after a short time, but in rare cases an intensive care is necessary. All experts stated that this is very tragic in the cases of synthetic cannabinoids, because of their extremely incomparable health risk and their function as a substitute for traditional cannabis, which does not cause such forms of poisoning. In addition to the direct side effects of synthetic cannabinoids, they seem to cause a stronger tendency towards addictive behaviour, which prevention expert 2 and researcher 3 particularly pointed out. But here has to be noticed, that no scientific information about long-term effects exist and that it depends on the consumption patterns. Researcher 1 reported from her work for the German focal point of the EMCDDA early warning system that the majority of the reported fatal poisonings happened in the context of the use of synthetic cannabinoids and just a few were caused by synthetic opioids.

In the scientific view of researcher 3, a big selection of **stimulants** has the same or sometimes even a lower risk than some established illicit drugs. Hospitalisation due to the use of stimulants is much more seldom and usually is caused by poly drug use. Also prosecution expert 1 stated that the active ingredients of bath salts (e.g. Cathinone derivatives) are chemically closely related to amphetamines, this means that the effects and risks do not differ significantly in this cases, but that it has also to be noticed that it is verified that the spectrum of effects of many synthetic substances is different to the ones of the established drugs.

Prevention expert 1 mentioned skin problems, especially with the long-term use of Mephedrone, frequent occurrence of psychotic states or psychological distresses, paranoia, frequent occurrence of strong overdoses (e.g. often seizures, strong trembling) for **users from the party scene** of Bavaria. These users do not know how to dose the new substances and the necessary weighing is often imprecise or does not happen. He also recognized more psychotic problems compared with the past or with the traditional illicit drugs. People complain about negative side effects more often, typically stomach aches, sleep disorders, depressive or aggressive state of mind, and the loss of appetite.

Researcher 2 mentioned that **synthetic psychedelics** have a very similar risk profile compared to the traditional psychedelics, with just a few exceptions like the substances of the NBOMe-group, which in some cases have caused death.

Since NPS occurred in the **problematic drug user scene** in Munich, treatment expert 1 observed an extremely physical impoverishment of her clients, especially of the skin (abscesses, ulcerated legs), and organic damages. Another alarming change is the total negligence of personal hygiene, for example some clients suddenly became incontinent without changing clothes afterwards. Higher numbers of people in psychosis states with paranoia and an extreme increase of aggressive behaviour (violence among themselves, against things, and the staff). Her staff noticed cognitive impairments, especially by very heavy users, an increase of seizures and a brutalisation towards oneself. They observed a strongly eroding solidarity in the scene in Munich (e.g. increase of thefts among clients). She also reported of dangerous side effects, which were mentioned by her clients in the survey of 2015: heavy weight loss, paranoia, psychosis, anxiety states, fear of death, panic attacks, complete freak outs till almost suicide, epileptic seizures,

abscesses, rashes, and heart attacks. Treatment expert 1 resumed that using NPS is more incalculable for the users as well as for the staff.

In general, all experts referred to the high incalculability of all sorts of NPS compared to the established illicit drugs. In this sense the lack of information about NPS is the main problem, because the users have no information about the changing ingredients (especially of branded products like herbal blends and bath salts) and varying potency can lead to overdoses more easily. Researcher 3 pointed out that many users he meets at the hospital don't know what they have taken or thought they have taken something else than they have done. As prosecution expert 1 summarized, NPS are poorer analysed, less experienced, the probability of poisoning is very high and some substances have a special negative health impact. Additionally, there are no information about carcinogenic effects of the substances or about neurodegenerative effects.

3.2.5 NPS induced changes at the workplace

Researcher 3 recognized a strong NPS induced change in his work, because his institute has become a contact point for other forensic medicine institutes. There was a shift from the typically used drugs and alcohol to predominantly NPS in the analysis of samples. More than half of his working time is NPS related.

Prevention expert 1 also reported a NPS induced change. Because of the frequent occurrence of mental problems, the way they have to care about their clients has changed. He also recognized a higher workload, because he has to be informed about every new substance which emerges in a relevant way. He spends one third to one half of his working time with NPS, especially in the procurement of information.

For prevention expert 2 the emergence of NPS did not really change the way he works, because in his sense addiction, counselling and therapy principally remain the same, independently from the substance. There are just some changes in the field of safer use and he additionally has to gather more information about many different substances. Three quarters of his working time is related to NPS.

Treatment expert 1 generally noticed a rapid increase of the numbers of syringe exchange. 20% of her working time is referred to NPS, because they want to raise the security of their employees (e.g. by installing a personal alarm device, working with a guard service on trial). Two thirds of the critical incidents in her institution are related to NPS. The staff of the everyday operation have to spend 50% of their working time in order to deal with disorders caused by NPS. In addition, they have to deal with an increase in hospital accompaniments because of the increasing rates of sepsis and they have noticed that it is more difficult to establish or maintain a good relation between the clients and the staff.

Prosecution expert 1 stated an increasing workload and costs, this is due to the fact that they have to develop new methods in many cases and they have to procure reference substances which are very expensive. The NPS topic clarified the need for cooperation to widen the knowledge base and to reduce the costs, e.g. by research projects. New questions have raised, e.g. the need for a complete structure elucidation and he described problems with legislative aspects, e.g. demarcation problems and the handling with NPS in opinions. The effort for NPS is much higher than for the established drugs, they get a lot of exhibits but just a few of them are traditional drugs. 30% of his workload is NPS related (commission as expert, research, committee work, consulting of ministries).

Researchers 1 and 2 don't have to deal with a NPS induced change because their work ever was and is mainly based on dealing with this subject.

3.3 Procurement and description of the NPS market

In general, all experts assume that the internet is the main and a relatively easy to use source of procurement. Getting NPS from a dealer does not seem to play a significant role. Researcher 2, 3 and prevention expert 1 stated for the party scene that “social supply” is a popular way of getting NPS, which means that at least one of the peer group is well informed, so that he/she buys research chemicals for the group (instead of bath salts or herbal blends). In opposite to that, treatment expert 1 states that almost all of her clients procure NPS on the black market of Munich and just a very few buy on the internet. None of the experts were aware of places where NPS are sold under the counter in legal shops like head-shops. If there were still such shops, this would be an exception.

Following the experts it seems that there are no great problems existing with the procurement of NPS, because a plenty of shops still exists on the internet. Prevention expert 2 observed a shortened supply situation for a certain time, when China forbid a lot of NPS, respectively their production, but after a while, production relocated to other countries and this situation was solved relative quickly. Furthermore, he had observed a minor change within the research chemical shops. The “better” ones just function throughout invitations. Researcher 2 referred to the circumstance that shops promote the substances in German language but sell from China or India, the customers may get problems with the customs authority due to raids and search warrants. Prosecution expert 1 recognized an increasing procurement directly from China, because more users are interested in the ingredients and so they just want to use research chemicals instead of branded herbal blends and bath salts.

3.4 Harm reduction and prevention

3.4.1 Definition of harm reduction and prevention

All experts, except prosecution expert 1, have an understanding of prevention which is based on the reduction of risks and harms. They follow an acceptance-oriented approach which is based on the sharing of risk-avoiding and harm-reduction competences. Prevention is understood as promoting responsible use of drugs. Depending on their working context and their target groups, prevention can also be understood as preventing people from starting drug use, as it is the case with prevention expert 1. In his organisation, he strives for reducing the risks for users and for dissemination of knowledge about all kinds of drugs. He supports users, who want to change their patterns of use by being a contact person, doing initial counselling or forwarding them to local drug services. Prevention expert 2 follows a client-centric approach, where the self-determination of consumption is paramount. Giving factual pragmatic information and safer use tips are a main part of his work. Prevention, as treatment expert 1 sees it, is based on the dissemination of information about risks and promoting forms of lower risk use (classic safer use strategies). They are working towards a reduction or change of use, but this is not a condition to use their services. Preventing fatal incidents is paramount. The form of prevention in a law enforcement agency, as it is the case with prosecution expert 1, is e.g. striving for a better control of precursors to avoid producing drugs. Additionally, he understands prevention in two ways: First, criminal offences as a genuine assignment which is aimed against producers and dealers, and second to that, giving warnings about problematic developments for the population in general. In fact, prevention in the sense of drug help, is not their origin mission, it is understood in terms of criminal laws and deterrence (note: deterrence is called prevention in German penal laws). Researcher 2 gives an understanding of prevention which can be summarised: All measures which support people finding a decision which is clever, competent, healthy and independent. This can mean no decision for drug use and a decision for drug use, but this decision

must be clever, aware and independent. If people use drugs in a problematic way, prevention is to inform them about how they can find help (e.g. forwarding to methadone maintenance).

3.4.2 Definition of risk

Prevention expert 1 and 2 mentioned drug, set, setting as the “basic equipment” and that it is all about enabling the individuals making their own independent decisions. In this context, risk depends on the personal qualities, previous experiences, expectations of results and of knowledge of the desired activity. Because of that, an individual risk management has to be drawn up. In general, the better the information about the substances, the lower the risk.

3.4.3 Measures to reduce the risk/focus of prevention in Germany- current situation

All experts share the opinion that there are currently not enough special strategies or prevention projects for NPS. Currently, measures to reduce the risks for users in the nightlife/party scene are described especially by prevention expert 1 and these consist of the dissemination of knowledge for party people between 18-30 years (mostly in clubs and at festivals) with the main aim of encouraging reflexion. In order to do so, he needs to gain credibility among the users. He described that the limits of the measures are inherent in the persons (curiosity about the new substance, desire for inebriation). He claimed that these limits are narrow, e.g. because of missing possibilities of analysing substances (drug checking). With an expansion of their prevention measures, they could reach a lot more people. The advantage of the measures is reaching a target group which would otherwise completely pass by. It has to be noticed that he and his colleagues developed all safer use tips by themselves, because of the poor scientific knowledge-base. For treatment expert 1 the assistance system currently focusses on the dissemination of information in the party scene. Researcher 2 mentioned that if there is something like a special prevention strategy, it is based on deterrence and creating a climate of fear by disseminating risk related messages. From his point of view no structured prevention offer exists. Also researcher 3 mentioned that the police try to deter especially the youth of using NPS or drugs in general by threatening gestures. He also referred to the project legal-high-inhaltsstoffe.de as the only prevention project he knows of. Prevention expert 2 believes that specific prevention for NPS is not necessary, if a project like legal-high-inhaltsstoffe.de (see concise country report) has the function of a central institution. In general, he mentioned that the assistance system regarding prevention is in a good condition and that the work with addiction is independent from the substance. For him, the only difficulties regarding prevention activities exist in the prison-system, but not specifically for NPS.

3.4.4 Measures, which should be taken / successful measures / consequences of NPS use for prevention activities

Almost all experts believes that drug checking would be a successful measure which could help avoid (fatal) poisoning and would give the users the choice to know what they (want to) consume, especially because in the current situation they consume it anyway without previous drug checking. Especially treatment expert 1 mentioned several specific measures, which should be taken: The police could give warnings to the drug service institutions about heroin of high purity or NPS with disastrous effects. An extension of medical care, because of the physical harms which occur with NPS⁶. For the group of illicit

⁶ Independent from NPS: The ensuring of medical care for her patients, even if they don't have a health insurance. This includes low-threshold access to medical care for migrants.

intravenous drug users more low-threshold offers are needed in Munich⁷. A controlled and extended cannabis prescription-system, because the side effects of synthetic cannabinoids are more incalculable and a lower pressure of persecution for own use and micro-business related to cannabis would lead to the avoidance of synthetic cannabinoids. Their assumed legality would be countered by a better legal status of traditional cannabis-drugs. A further consequence for the staff of the low-threshold drug relief system is that they have to react to more aggressive behaviour of the NPS users. Because of that they need to complete special trainings to be able to deal with the new situation if NPS will stay on the market. Prosecution expert 1 also sees a deficit in training and education, but especially in the field of medicine and in schools. The dissemination and intensive provision of evidence-based information for ensuring an objective evaluation for all people who work in the field of prevention would be necessary. Also researcher 1 pointed out that a closer cooperation between emergency personnel, doctors, poison centres and scientific research would improve the emergency responses. Additionally, creating an open setting would be a great gain for starting a dialogue with young people. Finally, for him, the NPS phenomenon illustrated the importance of informing people about safer use and harm reduction strategies. Prevention expert 2 and researcher 2 stated that nothing more should be done than to extend harm reduction measures, which aim towards enabling people making autonomous, clever decision regarding the use of drugs. This should include a lower level of repression because this promotes the emergence of new, possibly more dangerous substances. He further elaborated the importance of strengthening the promotion of general skills regarding safer use of drugs because it is likely that the portfolio of NPS will be extended and specific information about single substances are not expedient enough. This illustrates that prevention should not be based on the pure dissemination of information about substances or simple deterrence. In this context researcher 3 pointed out, that it is questionable to disseminate detailed information on every substance with an outreach prevention approach, because by doing this it could possibly give people the idea of using it. If the message for young people is: “This is dangerous, you have to be cautious”, then maybe some of them get curious about trying these substances.

As researcher 2 summarized, possible success of prevention measures still has to be evaluated. If a single measure is successful depends on the approach of prevention in general. From the point of view of an acceptance-oriented approach, a measure could be successful if a reduction of the frequency of consumption, of binge consumption (indicators of escalating consumption) and of poly-drug use is achieved. Overall, if people do not start using drugs it is a successful prevention measure. In his personal perspective reducing health risks and repelling addiction are successful measures.

3.4.5 Harm reduction activities by users

Almost all experts described a mutual support in internet forums with a wide range of harm reduction activities for a conscious handling of the substances. In this sense, prevention expert 1 stated that knowledge about harm reduction has always been moving by itself among drug users. Researcher 2 reported of a forum called “safer scam” to rate the NPS-shops (not darknet) in the sense of safety, quality and deceptions. Additionally, he referred to the research chemical scene where self-organized approaches to harm reduction develop, often by doing chemical analysis and publishing the results. Treatment expert 1 does not know of any harm reduction activities by the problematic drug users in Munich.

⁷ Independent from NPS: There are no projects in Munich which offer day structuring, there are hardly any long-term housing projects for people who won't stop using drugs.

3.5 Role of Legality

3.5.1 Legal status of NPS

For the importance of the legal status of NPS with regard to the motivation of their use, please see section 3.2.2 Motives of use.

3.5.2 Motives of use

The role of legality for the online **traders** was pointed out by prosecution expert 1. He stated that legality plays a decisive role for the online traders, because they are faced with much higher sentences if they sell illicit drugs. They are very vigilant and sent samples to laboratories. He is sure that many online shops will go out of business if generic legislation comes into force. The internet traders who reside in Germany run the greatest risk, because they have to reckon that they get a serious charge. However, the danger to get involved in criminal proceedings is very low for the **producers** of pure substances in China.

3.5.3 Strategies to avoid detection or arrest

As mentioned above, switching from the use of traditional drugs to NPS is a specific strategy by a certain group of users in order to avoid detection. Researcher 2 additionally pointed out the strategy to secure the ordering process via the internet. This can be done by installing “dead letter-boxes” or raising the technical security by concealing IP addresses and encrypting e-mails, paying with pseudo-anonymous payment system with the help of crypto currencies, doing transactions in the darknet which pretend a form of “super safety”. Concealing the substance use by the dissolution of the substances on toilet paper, writing paper, in nasal spray or bindings of hoodies where mentioned, but with the remark, that there is no big difference compared to the concealment of the traditional illicit drugs. Regarding the traders, prosecution expert 1 stated that strategies to circumvent the current model of drug control are the central point of their business model.

3.6 Current drug policy

3.6.1 Consequences of NPS use for current drug strategies – need for legal changes?

All experts expressed the opinion that legislative changes are necessary and that the actual drug policy triggers the NPS problem to a certain extent. Prosecution expert 1 referred to the point that it is questionable that comparatively harmless substances are banned under the current laws and at the same time more dangerous substances enter the market, which are legislatively not manageable. Legislators should know about the fact that the existing laws are not appropriate for this phenomenon. Additionally, researcher 3 stated that it is the wrong message having two substances from one group, where one is legal and the other is not, because in the perception of some users the former is regarded as being less harmful. Both prevention experts and researcher 2 mentioned that it is not possible to stop this market by prohibition and repression. Eliminating the market by aiming at the supply side will not function.

The decriminalisation of drug users, especially users of traditional drugs, seems to be the right step for all experts in order to stop NPS use that is assumed to be better because it is not criminalised. Prosecution expert 1 added to this point that it still has to be possible to take away the substances from the users, but that it makes no sense to criminalise young people just because they have tried drugs.

All experts claimed that a decriminalisation of drug users is necessary. As Researcher 3 mentioned, making drug trafficking a criminal offence has to be possible in any way. Prevention expert 2 added that a

decriminalisation and a controlled regulation (often referred to as legalisation) would lead to changing consumption patterns, which are more harmless. A legalisation of all drugs, especially cannabis, was mentioned by prevention expert 2. Treatment expert 1 also referred to a partial legalisation, to eliminate the current economic basis of the NPS market. Prevention expert 1 also stated, that a different approach towards the established substances would eliminate the NPS problem. Prosecution expert 1 does not believe that a legalisation of cannabis would lead to a disappearance of NPS although the incentives to use special NPS like herbal blends, would decrease in some way. Because of his believe that legality is not the main motive of use in general, a legalisation of cannabis would not affect the demand for herbal blends. He referred to the point that besides implementing new (generic) laws it would be necessary e.g. to change the media law regarding youth protection, because of the strong linkage between NPS use and the internet⁸.

Regarding the new generic legislation which is already in the process of implementation, all experts, as mentioned above, see the need for a regulation. Both prevention experts and treatment expert 1 stated, that a regulation is necessary and that the current situation is insufficient but that they are afraid of a “new roulette of ingredients” due to generic legislation. This could make the problem even worse. For researcher 2 the problem with generic legislation is, that the attempt to illegalize all psychoactive substances at one time would mean a restriction of the self-determination. Apart from this, he thinks a generic legislation is very difficult and misleading even if it seems to be pragmatic at first sight. Prosecution expert 1 evaluated the generic legislation as relatively expedient, knowing that bypassing is still possible. He sees the main advantage in taking pre-emptive steps, which means that substances are banned before they appear on the market and therefore he alleges that they can cause no harms.

3.6.2 Influence of drug policy on work with clients who use NPS

In general and regarding all drugs, researcher 1 mentioned that she has to deal with a lot of mistrust because taking drugs is forbidden and therefore users do not trust anyone who might be part of the drug-control-system, even if they are in fact independent researchers. Prevention expert 1 mentioned the necessity of drug checking to increase his credibility, prevention expert 2 stated in this context that if a substance is banned, he is no longer allowed to analyse it, because this would be drug checking. In general, if drugs would be legal, quality control and consumer protection would be self-evident and some safer use tips would be obsolete. A different and probably more open minded context without stigmatisation could be the result. Fear is not helpful in the context of prevention but is caused by prohibitionist politics.

4 Conclusion

The expert interviews mainly showed that there are two competing paradigms in preventing the use of NPS. The opinion of prosecution expert 1 stands for a normative view which is based on negative values. These values are understood as general goals of the whole society, therefore a priori excluding those who do not share these values. Not surprisingly, his idea of prevention is aiming *against* the users of NPS, especially the vendors. His point of view is a macro-sociological and -political one, relying on solutions that are designed for those who do not use NPS and shall be deterred from starting to use them. In con-

⁸ As an example he mentioned jugendschutz.net in Mainz. They focus on user forums and internet shops which are linked to user forums with regard to youth protection with the consequence to shut down sites which are liable to have a bad influence on young people.

sequence, he is very much in favour of criminalisation by imposing new penal laws, informing the public by using deterrent narratives and censorship-like control of divergent opinions, and seemingly of leaving basic liberties in penal laws behind.⁹ Although he is the only expert in our sample who takes this standpoint, it is likely that this opinion is common among law enforcement officers, prosecutors, and the government, simply because his view is now being applied in form of generic legislation.

In opposition to that, all other experts rely on an interpretative view which favours to strengthen the health of current users of NPS and, in one case, explicitly try to rely on the basic rule of staying neutral towards values. Their idea of prevention is aiming at the users in a way that includes their opinions, choices, and aspects of their life-world. All of these experts take a micro-sociological standpoint. In consequence, they do not express favour for new prohibitive legislation, but some of them rather explain the emergence of NPS with a failure of existing penal laws. Additionally, they understand prevention in the way of the acceptance-oriented approach of low threshold drug help, subsequently as a matter of public health, not of deterrence. Their ideas of prevention of the use of NPS is aiming directly at those who are current users of NPS.

When taking the overall aims of this research, NPS transnational, into account, the second approach seems to be the better one, because it helps to develop the contents of the planned workshops for prevention and treatment experts.

⁹ For example, strategies to circumvent drug control are not strategies to avoid detection or arrest, because when successfully applying these strategies of circumvention, the traders are de facto legal traders. Regarding them as criminals in advance breaks the sine qua non of the basic rule of penal law: *nulla poena sine lege*.