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Drug Policy

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0 Summary (T0)

The German Federal Government follows an integrative approach to addiction policy and thus legal and illegal addictive substances are considered together. Particular consideration is given, due to their widespread use, to the legal, addictive substances alcohol, tobacco and psychotropic pharmaceuticals when further developing addiction prevention and support systems. The current "National Strategy on Drug and Addiction Policy" originates from 2012 and does not have any defined end date. The National Strategy on Drug and Addiction Policy stresses the central significance of health promotion and prevention in health policy.

The basis of the National Drug and Addiction Policy are the four "columns" (a) prevention, (b) counselling and treatment, cessation assistance, (c) measures for harm reduction and (d) repression. The intention is to create a balance between measures aimed at reducing demand and those aimed at reducing supply.

The Federal Government, *Laender* and municipalities share responsibility for the Drug and Addiction Policy: according to the German Constitution, the Federal Government has legislative competence for narcotic drugs law, criminal law and social welfare law. The Office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health since 1998. The Commissioner coordinates the drug and addiction policy of the German Federal Government. The Federal Government Commissioner on Narcotic Drugs reconvened the National Board on Drugs and Addiction (Drogen- und Suchtrat, DSR) on 1 December 2014. The Board comprises representatives of the federal departments and agencies, symposiums of ministers of the *Laender*, municipal umbrella associations, the German Pension Fund, the Federal Employment Agency, the umbrella organisations of the health insurance providers as well as stakeholders from addiction support, prevention and research.

As yet, no systematic evaluations of the drug and addiction policy or of the implementation of the objectives set out in central documents at federal level have not yet been conducted in the form of an overall evaluation nor are any such formalised evaluations planned for the current National Strategy. The prevalence of use of drugs is reviewed every three years by the major epidemiological studies (Epidemiological Survey of Substance Abuse (Epidemiologischer Suchtsurvey, ESA) and drug affinity study (Drogenaffinitätsstudie) of the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA)). In addition, many individual projects are continuously evaluated.

The main challenges in calculating drug-related expenditure lie in the federal structure of Germany and the principle of subsidiarity, which has led to a complex system of responsibilities between the Federal Government, *Laender* and municipal levels along with social insurance providers with respect to the funding and execution of various functions. Information on financial resources which the *Laender* and municipal authorities spend on drug and addiction problems is not compiled or aggregated at the national level at present as a result of limited comparability. A methodological problem posed by the aggregation of

public expenditure for illicit drugs is the fact that the German care system has largely stopped differentiating between individual substances or between legal and illegal substances, rendering the task of ascertaining the share of illicit drugs in the costs incurred almost impossible. It is also particularly difficult to record expenditure specifically relating to addiction which has not been specifically recorded as such within multi-issue areas such as the police and the judiciary, detention units and the social welfare system. However, these areas would account for a considerable proportion of any comprehensive estimation of the overall costs. In 2008, a study, funded by the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG) was carried out, concluding that a range of between €5.2 and €6.1 bn. of public expenditure was spent in the area of illicit drugs for the reference year 2006. This overall total should, however, be seen as a conservative estimate due to missing data and methodological limitations. An update of this estimation has not since been carried out.

1 National profile (T1)

1.1 National drug and addiction strategy (T1.1)

The Federal Government follows an integrative approach to its addiction policy. Unlike in some other European countries, in Germany legal and illegal addictive substances are addressed together. Particular consideration is given, due to their widespread use, to the legal, addictive substances alcohol, tobacco and psychotropic pharmaceuticals when further developing addiction prevention and support systems.

1.1.1 Current national drug and addiction strategy (T1.1.1)

On 15 February 2012, the current "National Strategy on Drug and Addiction Policy" was passed by the German Federal Cabinet (see also REITOX Reports 2012 and 2013) which replaced the "Action Plan for Drugs and Addiction" from 2003 and does not have any end date. The targets and objectives of the National Strategy on Drug and Addiction Policy are a part of the prevention strategy which the Federal Government is currently preparing, to tackle drug and addiction related problems in society. Both strategies emphasise the central significance of health promotion and prevention in health care policy.

The National Strategy directs its attention in particular to new challenges in drug and addiction policy which arise from, amongst other things, demographic change, societal changes, old and new addiction forms and addictive substances (e.g. the emergence of "NPS", dealing with increasing use of (meth)amphetamine, pathological gambling and so-called online / media addiction) as well as the resulting consumption trends. Now, more than in the past, the focus is not only on dependence but also on high risk use behaviour, which is harmful to health and limits personal development even if it does not necessarily lead to a dependence.

The strategies include quality and efficiency assured measures to secure and improve sustained health and quality of life as well as to meet the present challenges caused by demographic changes in an ageing society. This means that prevention takes on a central significance in addition to the existing offerings for counselling and treatment, cessation support, harm reduction measures and repression.

The basis for the national drug and addiction policy comprises four "pillars":

- Prevention
- Counselling and treatment, cessation assistance
- Measures for harm reduction
- Repression

The intention is to create a balance between measures aimed at reducing demand and those aimed at reducing supply. Addiction policy includes psychotropic substances as well as other related phenomena (e.g. pathological gambling) and their risks whilst taking into account European and international developments. In line with the broad understanding of the World Health Organisation (WHO), addiction is understood as a complex illness associated with psychological, somatic and social disorders and requiring treatment. Existing measures for combating addiction should be made available as early and comprehensively as possible. Prevention of addiction plays a fundamental role in addiction policy. This importance of prevention is also underlined in the German Preventive Health Care Act (Präventionsgesetz, PräVG) passed in the Bundestag in June 2015, that strengthens the basis for an improved cooperation between the statutory social insurance providers, *Laender* and municipalities in the areas of prevention and health promotion (German Federal Law Gazette 2015; see also the 2016 Legal Framework workbook). It aims at preventing or at least significantly reducing high risk use, harmful use and substance dependence. The plan is that existing measures and treatments will be further complemented and their quality assured.

1.1.2 Additional information (T1.1.3)

No additional information will be reported on this.

1.2 Evaluation of national drugs strategies (T1.2)

1.2.1 Recent evaluations (T1.2.1)

As yet, no systematic evaluations of the drug and addiction policy or of the implementation of the central documents at federal level have been conducted nor are any such formalised evaluations planned for the current National Strategy. The prevalence of use of drugs is reviewed every three years by the major epidemiological studies, the ESA and drug affinity study of the BZgA. In addition, many individual projects are continuously evaluated. More detail on this can be found in the Drugs, Prevention, Treatment and Harms and Harm Reduction workbooks under the respective projects.

As a result of the federal structure of Germany and the principle of subsidiarity, but also as a consequence of the differences in the extent of problems and basic conditions, there are regional differences in how substance-related disorders are dealt with. Consequently, differences exist in the guidelines and standards as well as in the drug and addiction programmes of the 16 German *Laender*. However, all *Laender* have produced a common profile of the requirements for regional outpatient addiction support facilities. There are no uniform, formal requirements or criteria for quality assurance with regard to measures aimed at reducing demand for drugs. Approaches in this area – the development of guidelines and programmes for quality assurance – are, however, followed in practice by professional and scientific associations, as well as by the funding agencies, without any mandatory requirement always to apply or take into account such approaches (for information on the guidelines for quality assurance see also the Best Practice workbook). As a result of the factors mentioned above, a multitude of different approaches and methods or instruments are currently in use in the individual *Laender* and municipalities. Furthermore, large differences with regard to the availability of resources are to be found between the *Laender*.

1.2.2 Results of the latest evaluation (T1.2.2)

The evaluations of individual recent projects are set out in the respective workbooks. There are no current results of more recent evaluations of the National Drug and Addiction Strategy as a whole. There are also no comprehensive evaluations planned.

1.3 Drug policy coordination (T1.3)

1.3.1 Coordination bodies involved in drug policy (T1.3.1)

The role of the Federal Government and the Federal Government Commissioner on Narcotic Drugs

The responsibility for drug and addiction policy in Germany is divided between the Federal Government, *Laender* and municipalities (c.f. Figure 1): according to the German Constitution, the Federal Government has legislative competence for narcotic drugs law, criminal law and social welfare law. Based on this, the Federal Government defines the legal framework for drug policy and prescribes standards.

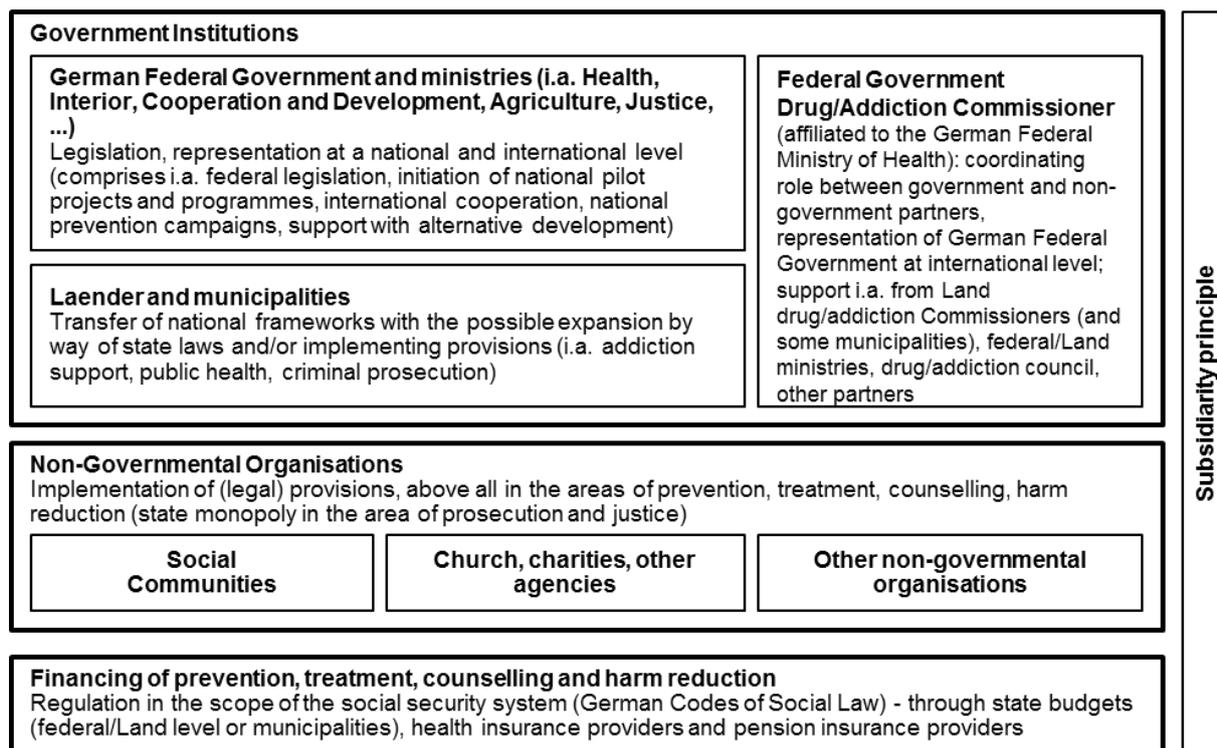


Figure 1 Overview of state and non-state partners participating in drug/addiction policy and their responsibilities

The Office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health since 1998. The Commissioner coordinates the "Drug and Addiction Policy" of the German Federal Government. The Commissioner's main areas of responsibility include promoting and supporting initiatives and activities for addiction and drug prevention, developing new methods and new areas of focus in addiction and drug policy for timely and appropriate assistance with the aim of preventing or alleviating health, social and mental problems as well as representing the German Federal Government's addiction and drug policy on an international level and in public.

On 1 December 2014, the Commissioner newly convened the National Board on Drugs and Addiction (Drogen- und Suchtrat, DSR) which supports the work of the German Federal Government in the area of drugs and addiction. The DSR comprises representatives of the federal departments and agencies, of the Symposium of Ministers of the Länder, of municipal umbrella associations, of the German Pension Fund, of the German Federal Employment Agency, of the umbrella organisations of the health insurance providers as well as stakeholders from addiction support, prevention and research.

The BZgA is responsible, at federal level, for planning and executing prevention campaigns as well as monitoring addiction prevention activities and their quality assurance.

The Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) is responsible for the authorisation of pharmaceuticals. Affiliated with the BfArM is the Federal Opium Agency (Bundesopiumstelle, BOPST) which, among other things, grants licences to trade in narcotic drugs and precursors and monitors the trade

in narcotic drugs and precursors among licence holders. It also keeps the national substitution register. Since the introduction of the "Cannabis as Medicine" law in 2017, the national cannabis agency has also been established at the BfArM (c.f. on this point the Legal Framework workbook).

The role of the *Laender* and the municipalities

The enforcement of federal laws mainly falls within the responsibility of the *Laender*. The *Laender* also have, in addition to responsibility for prison legislation and law enforcement, further legislative competence in areas which are of relevance to drug and addiction policy, including the school, healthcare and education/further training systems. The specific implementation of the drug and addiction policy – in particular including its funding – lies mainly in the hands of the *Laender* and municipalities which may very well focus on differing areas within the framework of the statutory provisions and common objectives.

In recent years, as far as the implementation of drug policy in practice is concerned, some *Laender* are increasing the emphasis on the responsibility of the municipalities, especially with regard to counselling, care and general prevention activities. The aim thereby is not least to improve the integration of youth welfare and drug support, which have numerous overlapping areas. However, this will make the exchange of information across regions as well as the collection of data for the overall situation more difficult.

The *Laender* have a very well-developed network at their disposal to care for people suffering from addiction problems. The network is based on the cornerstones of prevention, treatment and aftercare. The services available nationwide cover prevention, outpatient addiction counselling, qualified detoxification facilities, rehabilitation treatments and transition facilities, complementary services (low-threshold facilities, day-care facilities, employment and occupational projects, outpatient assisted living, hostels for young people, socio-therapeutic transitional residential facilities, hostels for the homeless) and other specific services (nursing homes and secure psychiatric facilities) and addiction self-help initiatives. The work of the large majority of the care facilities is governed by an integrative approach (legal and illegal substances, pathological gambling, problems linked to computer or internet use, eating disorders, etc.), which is, where necessary, complemented by specific measures for specific target groups. As for the preventive activities undertaken amongst at-risk groups in addition to local measures, projects available nationwide such as the Early Intervention with Drug Users Coming to the Attention of Law Enforcement for the First Time (Frühintervention bei erstaußälligen Drogenkonsumenten, FreD) which was recently extended to include the target group of methamphetamine users have also proven successful in the *Laender*.

The *Laender* are also increasingly focussing on children and adolescents as well as on legal addictive substances. Moreover, their interest is also centred around making support systems more target oriented, comparing requirements and supply in addiction care as well as optimising the aid system through improved cooperation, cost control and sharing of workload. There are numerous projects currently running which are aimed at a whole series

of target groups in a variety of settings and with different areas of focus; individual projects are reported in the corresponding workbooks (Prevention, Treatment, Harms and harm reduction).

The role of the funding agencies

Funding of treatment and rehabilitation is, for the most part, provided through the pension insurance providers or the statutory health insurance providers respectively. Alternatively, funding is taken over by social welfare providers. Costs caused by (secondary) disorders resulting from drug use and physical detoxification are generally covered by the health insurance providers. Outpatient and inpatient medical rehabilitation are usually paid for by the pension insurance providers. Social insurance providers act as independent, self-governing bodies under public law. Therefore, political decisions are often unable to have a direct impact on the funding practice with regard to particular treatments.

The role of non-governmental organisations

In Germany, activities in the area of health care and in particular social work are governed by the principle of subsidiarity. The associations of SHI-accredited doctors (i.e. associations of practice-based doctors) are tasked in Germany with guaranteeing outpatient health care. Private charity organisations in particular, organise a large proportion the measures of socio-therapeutic care for drug users for which they receive public funding – provided by federal, *Land* and municipal budgets - according to specific criteria. In only a few cases (e.g. counselling facilities funded by public health authorities or psychiatric clinics) does the state itself fund special assistance and services for persons with addiction problems. The law also provides for cooperation between governmental and non-governmental institutions in the area of youth welfare (German Code of Social Law, Volume 8 (Sozialgesetzbuch, SGB VIII)).

International Cooperation

Germany cooperates actively with international institutions in the area of drugs and addiction. The most important partners in this respect are the European Commission, the Horizontal Drugs Group (HDG) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Germany is also an active partner in the United Nations Commission on Narcotic Drugs (CND). When representing Germany in the European and other international bodies dealing with drug policy, the Commissioner on Narcotic Drugs has an important coordinating function. In addition to the Commissioner on Narcotics Drugs, the respective specialist departments of various ministries (above all the Ministry of Health, Ministry of the Interior, Foreign Office) or experts from other areas represent Germany in European and international committees. German representatives also actively participate in the Civil Society Forum on Drugs of the European Commission.

1.4 Drug-related public expenditure (T1.4)

A detailed overview of the data sources available in Germany regarding public budget expenditure, as well as a presentation of the problems associated with the collection and

analysis of this data, were the subject of a Selected Issue chapter of the REITOX Report 2007, which is available in German and English on the DBDD website. In addition to that, in spring 2008, the EMCDDA published a summary of the information provided by the EMCDDA member states on that subject. That summary is available from the EMCDDA.

The main challenges in calculating drug-related expenditure lie in the federal structure of Germany and the principle of subsidiarity, which has led to a complex system of responsibilities between the Federal Government, *Laender* and municipal levels along with social insurance providers with respect to the funding and execution of various functions. In particular, information on financial resources which the *Laender* and municipal authorities supply for drug or addiction problems is not compiled or aggregated at the national level at present due to limited comparability. A methodological problem posed by the aggregation of public expenditure for drug problems is the fact that the German care system has largely stopped differentiating between individual substances or between legal and illegal substances, rendering the task of ascertaining the share of illicit drugs in the costs incurred almost impossible. It is also particularly difficult to record expenditure specifically relating to addiction which has not been specifically recorded as such within multi-issue areas such as the police and the judiciary, detention units and the social welfare system. However, these areas would account for a considerable proportion of any comprehensive estimation of the overall costs.

It is apparent, therefore, that the identification of costs incurred (before even calculating the specific shares attributable to legal or illegal substances) can only be achieved with considerable effort. A research project financed by the BMG and implemented by the DBDD tackled this subject most recently in 2008 (see following section).

1.4.1 Data on drug-related expenditure (T1.4.1)

Funded by the BMG, the DBDD carried out a study in 2008, in cooperation with the Chair of Medical Management at Essen University, with the objective of producing, for the first time, a comprehensive estimate of the direct (earmarked and non-earmarked) expenditure from public funds and social insurance providers related to illicit drugs (Mostardt et al. 2010).

From the varying expenditures identified and calculated, it was concluded that a range of between €5.2 and 6.1 billion was spent in the reference year 2006 for the area of illicit drugs. This overall total should, however, be seen as a conservative estimate due to missing data and methodological limitations.

The expenditures are broken down in more detail in standard table STPE for the year 2008 as well as in the publication of the findings (Mostardt et al. 2010). In view of the huge cost and workload involved in a comprehensive collection of data and estimation of public expenditure, the findings of the 2008 study have not been followed up since. Therefore, there is no current data available.

In order to be able to meaningfully assess the negative effects of cannabis consumption in the scope of economic cost-benefit decisions, and include them as part of the health policy

decision making process, an analysis of the medical-economic costs of cannabis consumption in Germany was presented by Effertz, Verheyen und Linder (2016), which is reported under "3. New developments".

1.4.2 Breakdown of estimates of drug-related public expenditure (T1.4.2)

There is no current data available in this area.

2 New developments (T3)

The BMG funds a series of pilot programmes and research projects, the content and objectives of which are derived from the National Strategy and current problem areas or issues. Table 1 below shows just a simple overview of the pilot programmes and research projects funded by the Federal Government in tabular form. The table is ordered according to a thematic grouping based on the individual workbooks. Each proposal is examined in greater detail, where necessary, in the respective thematic workbooks (provided they have not already been covered in older REITOX Reports or workbooks).

As in the previous year, the BMG additionally continues to fund a number of projects that focus on the target group of (meth-)amphetamine users. Funding measures in the area of "new psychoactive substances", such as an evaluation of the effects of the New Psychoactive Substances Act and projects concerned with the extent of problem substance use among refugees and their support needs, also reflect current priorities of drug policy in Germany. Furthermore, more projects are being supported which, among other things, include a scientific appraisal of the potential of cannabis-based pharmaceuticals and the risks of cannabis use, strengthen (online) self-help activities or promote the use of modern media in addiction prevention. In addition, a more intensive examination is currently being undertaken as to the potential causes for the renewed increases in drug induced deaths.

Furthermore, the German Federal Government is funding two projects to expand knowledge of access routes, impacts, resources and support requirements of relatives of people with addiction disorders.

On 18 August 2017 the Federal Government Commissioner on Narcotic Drugs presented her "Drug and Addiction Report 2017"¹ which reported comprehensively on measures, data, framework conditions and projects concerning legal addictive substances, illicit drugs and behavioural addictions. In the press release the Commissioner pointed to the adoption of the "Cannabis as Medicine Act", the ban on further new psychoactive substances, the introduction of shock photos on cigarette packs and the amendment to the law regarding substitution as well as a proactive approach of Germany in dealing with methamphetamine. Furthermore, the relevance of global trends (among other things in connection with the ever-increasing number of synthetic drugs on the market) is stressed, which created the

1 <http://www.drogenbeauftragte.de/presse/pressekontakt-und-mitteilungen/2017/2017-3-quartal/drogen-und-suchtbericht-der-bundesregierung-2017.html> [accessed: 25 Sept. 2017].

requirement for a further intensive international collaboration in this area. In her press release the Commissioner advises of her concerns about the increase in the willingness of adolescents to try cannabis in recent years and thus, against the background of increased active substance content, this is also increasing the risk of damage to their health.

A parental addiction disorder is one of the central risks to a healthy development of children and adolescents. Studies show that over 3 million children and adolescents in Germany - probably considerably more - have at least one parent who is an addict. In light of this large number of affected people, in 2017 the Commissioner gave this topic particular attention and - alongside numerous events and projects - dedicated a chapter of the July 2017 Drug and Addiction Report to it. The chapter looked at the facts and current state of research, psychosocial living conditions of families affected by addiction, the effects of parental addiction on the children, the assistance needs of families affected by addiction and support services. Further aspects relate to the targeted promotion of resilience, the need for the provision of assistance at an early stage (for pregnant women and parents with small children) and stronger cooperation.

On 30 May 2017, the fourth "Alternative Drug and Addiction Report"² ("Alternative Drogen- und Suchtbericht") was presented to the public by its editors akzept e.V. (the Federal Association for Accepting Drug Work and Humane Drug policy, Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik), German Aids Service Organisation e.V. and JES Federal Association e.V. The authors of that report have as their aim a critical examination of the drug situation in Germany and the development of proposed alternative solutions. In the press release on the Alternative Drug and Addiction Report, this year's focus points were named as human rights (international and national), criminal prosecution and imprisonment (with the aspects imprisonment for failure to pay a fine and health promotion), a critical analysis of repressive handling of drugs/addiction as well as different aspects of tobacco and alcohol policy and prevention. It formulated amongst their central demands a ban on the outdoor advertising of tobacco and alcohol, the introduction of further environmental prevention measures for alcohol (tax increases, consumer protection) as well as the complete decriminalisation of users of illicit drugs.

In connection with political framework conditions, debates, particularly regarding the substance cannabis, continue to take place in Germany in various places. It remains the case that few topics in drug and addiction policy are addressed publicly as often and few other topics are discussed as controversially in public, amongst politicians and amongst experts. Aspects of discussion which regularly recur are the effects of the ban in the areas of youth protection, prevention and harm reduction as well as consequences for the economy as a whole, foreign policy, security policy and development policy. In addition, due to the high prevalence of cannabis in comparison to other illicit drugs, this debate is followed closely by all parties concerned (cited according to: DHS 2015).

2 <http://alternativer-drogenbericht.de/> [accessed: 25 Sept. 2017].

With the introduction of the German Cannabis as Medicine Act in 2017, the legislator created the possibility not only of cannabis being able to be used under certain conditions as a medication but also of the costs incurred for the treatment being reimbursed by the health insurance providers (c.f. on this point also the Legal Framework workbook). A systematic evaluation of the effects of the Act is still outstanding, however it is provided for - even if the methodology is the subject of critical discussion - with an accompanying evaluation stipulated in the legislative text, which must include all treatment cases carried out in this context. Even after its introduction, the act continues to provoke much political discussion, ranging from critically highlighting problems with the implementation (identification of doctors, who are prepared to offer such treatment or problems with the supply of cannabis on the basis of import difficulties), and calls, which still exist, for the use of cannabis to be regulated differently also in relation to recreational purposes (decriminalisation or depenalisation) to fears that the new Act has made the first step in "legalisation through the back door". During the parliamentary election campaign, several parties announced that they wanted to subject the legal approach to cannabis to an assessment or change during the next legislative period. It remains to be seen whether and to what extent these announcements will in fact lead to measurable changes after the formation of a new German Federal Government.

As in the previous year, information is available from several *Laender* on parliamentary procedures such as written minor interpellations or motions concerning the various aspects of cannabis use and addressing, among other things, questions on the trend in cannabis use and an assessment of this or pilot projects for the controlled distribution of cannabis. In most cases, the relevant documents are lodged in the parliamentary databases and can be accessed there.

At the end of 2015 the BMG commissioned a systematic scientific analysis, which consisted of two parts, concerning the risks of recreational cannabis use³ and the potential of cannabis based pharmaceuticals. The project with the acronym "CaPRis" involved a great number of experts in an advisory function and will present its findings at the end of 2017.

Practically all major German professional societies and associations have published statements in 2016 on cannabis policy and the risks of cannabis use. By way of example, the statements of the

- German Society for Addiction Research and Addiction Treatment (Deutschen Gesellschaft für Suchtforschung und Suchttherapie, DGSS)⁴,
- German Society for Addiction Medicine (Deutsche Gesellschaft für Suchtmedizin, DGS)⁵,

3 http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016033249 [accessed: 25 Sept. 2017].

4 http://www.dg-sucht.de/fileadmin/user_upload/pdf/stellungnahmen/Stellungnahme_Legalisierungsdebatte_Cannabis_DG-Sucht.pdf [accessed: 25 Sept. 2017].

5 http://www.dgsuchtmedizin.de/fileadmin/documents/dgs-info_extra_20150218/DGS-BtMG-Prüfbedarf-2015.pdf [accessed: 25 Sept. 2017].

- German Society for Psychiatry, Psychotherapy and Neuropsychiatry (Deutschen Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde, DGPPN)⁶,
- German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (Deutschen Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie, DGKJP)⁷ and
- German Centre for Addiction Issues (Deutschen Hauptstelle für Suchtfragen, DHS),⁸

are mentioned, however this is not an exhaustive list. The expert discussion continues to be very actively pursued.

Reuband (2015) presented an overview in which the attitudes of the German population towards the legalisation of cannabis, the belief that hashish use is a deviant behaviour as well as the perception of the health risks and mental health risks of cannabis use between 1982 and 2014 were considered. In Reuband's estimation, support for the legalisation of cannabis has increased but remains behind corresponding values in the USA. According to him, it is still only the minority that is in favour of legalisation. The assessment of it as a severe form of deviant behaviour has however reduced over time (a more detailed presentation of the results of the study can be found in the 2016 Drug Policy workbook).

The objective of a paper by Effertz, Verheyen and Linder (2016) was to give an overview of the medical-economic costs of cannabis use in Germany. According to the results of the analysis, insured people who consume cannabis in a harmful manner cause € 2,438 in additional costs per person per year. In total this results in costs of up to € 975 million per annum. The findings also show increased intangible impairment such as exhaustion, depression and pain. The authors conclude from their analyses the necessity of careful consideration of the multitude of risks and costs connected to cannabis use following potential changes to Drug Policy (a more detailed presentation of the results of the study can be found in the 2016 Drug Policy workbook).

6 <https://www.dgppn.de/presse/stellungnahmen/stellungnahmen-2015/cannabis.html> [accessed: 25 Sept. 2017].

7 <http://www.dgkjp.de/stellungnahmen-positions-papiere/stellungnahme-2015/349-cannabiskonsum> [accessed: 25 Sept. 2017].

8 http://www.dhs.de/fileadmin/user_upload/pdf/news/Cannabispolitik_in_Deutschland.pdf [accessed: 25 Sept. 2017].

Table 1 Pilot programmes and research projects funded by the Federal Government

Funded Projects	Project Period	Notes
Drug use in the population and specific targeted-groups		
New Psychoactive Substances	10/15 – 08/17	Co-financing EU project on new psychoactive substances
Crystal meth and Families II	03/16 – 09/18	Follow-up project on crystal meth and families
Extent of problem substance use in unaccompanied refugee minors	04/16 – 06/17	
Crystal meth use among women	06/16 – 12/17	Determination of motives of female crystal meth users and the development of a manual
ImagenPathways	07/16 – 08/18	Investigation of the pathways and development of drug use in young adulthood
ATTUNE	09/16 – 08/19	Pathways of drug use among users of illicit drugs in Germany, GB, Netherlands and Poland
Monitoring NPS and medicinal drugs	01/17 – 12/18	
Estimate of opioid addicts in Germany	04/17 – 01/18	Estimate of the extent of opioid addicts in Germany
Brochure "Addiction in old age"	06/17 – 12/17	Printing and distribution of the brochure
Drug use and support needs of refugees	06/17 – 01/18	Determination of use biographies, patterns and treatment experiences among refugees as well as the needs and barriers to the use of services
Dresden clinical pathway for crystal meth	07/17 – 06/20	Evaluation and creation of a handbook
Drug-related treatment		
Online self-help for methamphetamine users II	10/14 – 03/19	Development and evaluation of a target group specific service
MethCare - a German language database on methamphetamine	03/15 – 09/16	
Development and validation of an instrument to assess quality of life under opiate substitution treatment (QOLOSS)	04/15 – 09/16	Instrument on the development of a measurement
Early intervention for (crystal meth) amphetamine users coming to the attention of law enforcement for the first time, "FreD-ATS"	05/15 – 02/17	Adaptation of FreD for crystal meth users

Tabelle 1 (continued 2/3)

Development of a smartphone supported programme to accompany the counselling programme	08/15 – 12/16	Accompanying programme to Realize-it
QUASIE	03/16 – 03/18	Qualified approach in juvenile detention institutions
Matrix as German-speaking therapy service for stimulant addicts	03/16 – 02/17	
Research based further development of the self-help portal "Breaking Meth" for various user groups with methamphetamine problems	05/16 – 04/19	
Evaluation of an inpatient pilot project, (Matrix, indicative ATS group for crystal meth users)	07/16 – 03/20	
BEST Transfer	08/16 – 12/16	Further development of the training programme
Funded Projects	Project Period	Notes
Prevention		
Follow-up project on substance use among students	02/16 – 07/17	Dissemination and sustainable implementation of prevention measures
Prevention project for users of crystal meth and ATS ("Spotting")	03/15 – 04/17	
Catamnesis study to review the long term effects of the federal pilot project "Trampolin"	03/16 – 05/17	
Smartphone App Checkpoint C	11/16 – 10/18	Addiction prevention by smart phone - using new technology to reach more crystal meth users
Addiction prevention and health promotion in education	04/17– 03/18	Analysis of the connection between substance use and the utilisation of prevention services
Other projects funded by the BMG which are related to drugs		
German Monitoring Centre for Drugs and Drug Addiction (DBDD), funding period 2017	Ongoing	Preparatory work by the German national focal point for the EMCDDA in Lisbon
Statistical Report on Substance Abuse Treatment in Germany (Deutsche Suchthilfestatistik, DSHS) funding period 2017	Ongoing	Basic documentation system
Representative survey (ESA) funding period 2017-2019	Ongoing	Survey on drug use every three years

Tabelle 1 (continued 3/3)

Regional cooperation model for improving care for women with addiction issues affected by violence	01/15 – 12/17	Overcoming the interface problems of the support system for women affected by violence and the addiction support system as a pilot project in the Rostock and Stralsund regions.
Relatives of people with addiction disorders: Burdens and need for support	03/15 – 02/17	Expansion of knowledge of access routes, impacts, resources and support requirements of relatives of people with addiction disorders
Support networks and impacts on relatives of people with problem use of alcohol and illicit drugs	04/15 – 09/17	Expansion of knowledge of access routes, impacts, resources and support requirements of relatives of people with addiction disorders
Cannabis: Potential and Risks CaPRis	10/15 – 08/17	A scientific analysis
10th Addiction Congress	01/17 – 12/17	
Study of integration of addicts into working life	03/16 – 01/17	Repeated survey
Conference on "Stigma of addiction disorders"	03/16 – 08/17	Understanding and overcoming addiction disorders
Development and testing of an internet based training module for experts	07/16 – 12/17	Development and testing of the module using the example of addiction support
16th Scientific discussion of DG Sucht	11/16 – 06/17	Topic: The next generation of progress
Kidkit networks nationwide	02/17 – 07/18	Development of a database of, if possible, all prevention, counselling and therapy services for children and adolescents
Evaluation of the effects of the German New Psychoactive Substances Act	06/17 – 05/19	

3 Additional information (T4)

3.1 Additional sources of information (T4.1)

No additional information is available on this.

3.2 Further aspects (T.4.2)

No additional information is available on this.

3.3 Contribution to national accounts (T.4.3)

No additional information is available on this.

4 Sources and methodology (T5)

4.1 Sources (T5.1)

- National Strategy on Drug and Addiction Policy⁹
- Drug and Addiction Report 2017 (Die Drogenbeauftragte der Bundesregierung 2017)¹⁰
- Personal communications from the German Federal Ministry of Health and from the Drug Commissioners in the federal *Laender*

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9 <http://www.drogenbeauftragte.de/themen/drogenpolitik/nationale-strategie-zur-drogen-und-suchtpolitik.html> [accessed: 25 Sept. 2017].

10 <http://www.drogenbeauftragte.de/presse/pressekontakt-und-mitteilungen/2017/2017-3-quartal/drogen-und-suchtbericht-der-bundesregierung-2017.html> [accessed: 25 Sept. 2017].

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4.2 Methodology (T5.2)

The methodology used in the individual publications is described therein.

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6 Figures

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