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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 "Nationale Strategie zur Drogen- und Suchtpolitik" (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 "pillars" (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 supply and those aimed at reducing demand.

The Federal Government, *Laender* and municipalities share responsibility for drug and addiction policy in Germany: according to the German Constitution (Grundgesetz, GG), 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 (Beauftragte der Bundesregierung für Drogenfragen) has been attached to the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG) 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 German 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 been conducted in the form of an overall evaluation nor are any such formalised evaluations planned for the current National Strategy. The prevalence of drugs use is reviewed every three years by the major epidemiological studies (Epidemiological Survey of Substance Abuse (Epidemiologischer Suchtsurvey, ESA) and drug affinity study (Drogenaffinitätsstudie, DAS) of the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA), the results of which are reported in the Drugs workbook. In addition, many individual projects are evaluated on an ongoing basis and are shown in the relevant location (e.g. in the Prevention or Treatment workbooks).

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 arrangement of responsibilities between the Federal Government, *Laender* and municipal levels along with

social insurance providers, with respect to the financing and performance of various functions. Information on financial resources spent by the *Laender* and municipal authorities 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 regarding 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 proportion of costs accounted for by illicit drugs 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 estimate of the overall costs. In 2008, a study funded by the BMG was carried out, concluding that a range of between €5.2 and €6.1 bn. of public expenditure was spent on 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 estimate has not since been carried out.

Debates in connection with the political framework, particularly regarding the substance cannabis, continue to take place in Germany in various places. Aspects of discussion which regularly recur are the effects of the ban on youth protection, prevention and harm reduction as well as consequences for the economy as a whole, foreign policy, security policy and development policy. As in the previous year, information is available from several *Laender* on parliamentary procedures such as written minor interpellations or motions. These concern the various aspects of cannabis use, including questions on the trend in cannabis use and an assessment of this or pilot projects for the controlled supply of cannabis. In most cases, the relevant documents are lodged in the parliamentary databases and can be accessed there.

The Berlin *Land* government plans to create an inpatient service, expected in 2020, on so-called “drug-checking”, aimed at offering users the opportunity to have their drugs tested for purity and dosage. A precise start date for the project is not currently known.

1 NATIONAL PROFILE (T1)

1.1 National drugs strategies (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 looked at 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 List of current and past national drug strategies (T1.1.1)

Table 1 List of current and past national drug and addiction strategy

Time periods	Title and website	Focus (related to which substances/addictions?)
1990 – 2002	National plan to combat narcotic drugs	Illicit drugs
2003 – 2011	Drugs and addiction action plan	All substances
2012 – today	National drugs and addiction strategy (www.drogenbeauftragte.de)	All substances

1.1.2 Current national drugs strategy (T1.1.2)

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" ("Aktionsplan Drogen und Sucht") from 2003 and does not have any defined end date. The targets and objectives of the National Strategy on Drug and Addiction Policy are a part of the general prevention strategy of the Federal Government in the area of drug and addiction policy. 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, among other things, demographic change, societal changes, old and new addiction forms and addictive substances (e.g. the emergence of new psychoactive substances ("NPS"), how to deal with the 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 risky 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 change 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 supply and those aimed at reducing demand. Addiction policy includes legal 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 and multi-faceted illness, associated with psychological, somatic and social disorders, which requires 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.

1.1.3 Other national strategies / action plans with relevance for drug supply reduction and law enforcement (T1.1.3)

In addition to the "National Strategy on Drug and Addiction Policy", several laws and general prohibitions play an important role in connection with measures for the reduction of supply and law enforcement measures. This includes, for example, laws protecting non-smokers or the German Youth Protection Act (Jugenschutzgesetz, JuSchG), in addition to the German Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG). The prevention of addiction disorders is an inter-disciplinary topic in the PräVG. The importance of addiction prevention is also shown by the fact that the "National Strategy on Drug and Addiction Policy", with its specific measures and objectives in the field of addiction prevention, is to be embedded in an overarching prevention strategy. Another example is the German Federal Participation Act (Bundesteilhabegesetz, BTHG), that obliges funders of rehabilitation measures (such as the German Federal Employment Agency or statutory pension insurers) to identify potential obstacles and take targeted measures at an early stage. The goal is to counteract the onset of a chronic illness or disorder using appropriate preventive measures and to secure a lasting ability to work.

The most important legal frameworks - also beyond narcotic drugs law - are described in detail in the Legal Framework workbook.

1.1.4 Additional national strategies / action plans for other substances and addictions (T1.1.4)

As stated in 1.1 above, the Federal Government follows an integrative approach to its addiction policy. 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. NPS and problems that can arise in connection with media use are also mentioned in the National Strategy.

There are no other documents at federal level in the sense of national strategies or action plans which address individual substances or types of addiction in a targeted manner and which go beyond the goals posited in the international agreements signed by Germany, for example of the World Health Organisation (WHO) or of the United Nations (United Nations Office on Drugs and Crime, UNODC). Individual regions, administrative districts or municipalities repeatedly define individualised objectives for their catchment areas and also in some cases summarise these in corresponding documents. Given the lack of a structure to collect this specific information for the approximately 11,000 municipalities in Germany, no reliable information can thus be provided on this.

1.1.5 Regional drug strategies / action plans (T1.1.5)

Due to the federal structure of Germany, *Laender* or municipalities are free to develop their own strategies and action plans in the area of drugs and addiction. As yet, no central portal exists through which the current versions of these strategies are made available. For this reason, the following list is by no means exhaustive, but limited to those *Laender* documents which could be found on the internet. Specialist publications from the respective *Land* bodies exist in some *Laender* addressing the main topics, e.g. addiction prevention. As the positions of the respective *Land* bodies do not always reflect the perspective of the *Land* governments, these documents were not included here as *Land* drug/addiction strategies. Overall it can be seen that there is little information on the corresponding documents at *Land* level which is readily available to the public.

Moreover, some cities or municipalities have their own strategy documents in some areas, which, due to the size of Germany and the lack of a central access point for these documents, could not be systematically compiled by the DBDD.

Table 2 Additional National Strategy documents for other substances and dependence

Region	Year	Title and weblink	Focus (related to which substances/addictions?)	Pillars / areas
Bavaria	2007	Principles of the Bavarian government for drugs and addiction issues ¹	Multiple	Prevention (behavioural and environmental prevention) Repression in the area of illegal substances and - to the extent required - restriction of the availability of legal addictive substances, support, counselling and therapy as well as aftercare for those affected
Baden-Württemberg				
Berlin		<i>Land</i> commissioner on narcotic drugs: drugs and addiction policy ²	Multiple	Prevention, counselling and treatment, harm limitation and survival support, repression and control
Brandenburg	2011	Model and development of addiction prevention in Brandenburg ³	Multiple	Model and requirements of addiction prevention in the development and implementation of addiction prevention

¹ https://www.stmgp.bayern.de/wp-content/uploads/2015/11/grundsuetze_suchtfragen.pdf [accessed: 8 Aug. 2019].

² <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> [accessed: 8 Aug. 2019].

³ https://masgf.brandenburg.de/cms/media.php/lbm1.a.3310.de/leitbild_suchtpraevention.pdf [accessed: 8 Aug. 2019].

				measures in Brandenburg
Bremen				
Hamburg	2014	Foundations and goals of addiction prevention for young people in Hamburg ⁴	Multiple	The basis for the prevention of and early intervention in addictive substance use and abuse among children and adolescents
Hesse				
Mecklenburg				
Lower Saxony				
North Rhine-Westphalia	2015	<i>Land</i> concept to combat addiction; action plan to combat addiction ⁵	Multiple	Strategy, action frameworks, prevention, addiction support, self help, statistics and research
Rhineland-Palatinate				
Saarland				
Saxony				
Saxony-Anhalt				
Schleswig-Holstein				
Thuringia				

1.1.6 Drug strategy for the capital (T1.1.6)

The Berlin drug and addiction policy⁶, like the “National Drug and Addiction Policy”, rests on the four pillars: prevention, counselling and treatment, harm limitation and survival support, as

⁴ <https://www.hamburg.de/contentblob/4356518/9b823fb93ee50fdffa2318832362a024/data/suchtpraeventionsbericht-download.pdf> [accessed: 8 Aug. 2019].

⁵ <https://www.mags.nrw/suchterkrankungen> [accessed: 8 Aug. 2019].

⁶ <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> [accessed: 8 Aug. 2019].

well as combatting drug crime through repression and control. The drug and addiction policy includes and combines, among other things, health, youth and social policy, and domestic and legal policy.

The aims of the drug and addiction policy in Berlin are:

- to promote the responsible use of legal addictive substances in the population and to prevent the gateway to using illegal addictive substances,
- to support addicts and their relatives to cease substance dependence or gambling addiction,
- to enable addicts to survive and help them improve their health, and
- to protect the population from drug and addiction crime as well as other drug-related harms.

Since 1977, the *Land* of Berlin has had a programme for combating drug abuse, coordinated and implemented through the respective *Land* commissioner on narcotic drugs⁷. In that way, the separation of responsibilities for legality and illegality of drugs has ceased to apply since the change in the Senate's allocation of duties in March 1996. The programme contains four starting points:

- preventive measures
- low-threshold services such as street work, overnight facilities, drop-in centres and drug consumption rooms
- support for addicts in the form of counselling and therapy services
- police prosecution and investigation in the drug scene to combat dealing and smuggling

The *Land* commissioner on narcotic drugs also has duties at national and international level. To better coordinate regional drug policy and drug support, coordination between Federal Government and the *Laender* and within the European Union, the *Land* commissioner on narcotic drugs is represented in various committees. This area includes, for example, the collaboration with organisations operating nationwide such as the German Centre for Addiction Issues (Deutschen Hauptstelle für Suchtfragen e. V., DHS), the Professional Association for Drugs and Addiction Support (Fachverband Drogen und Suchthilfe e. V., fdr), and the WHO.

The main pillar of Berlin's drug and addiction policy is addiction prevention⁸. It offers the chance of addressing the very causes of an addiction disorder and pre-emptively preventing dependence. The basis of the work in the area of addiction prevention are the "Guidelines for addiction prevention in the *Land* of Berlin," adopted by the Berlin Senate. They act as a point of reference for all those responsible for, or active in the area of, addiction prevention in the

⁷ <https://www.berlin.de/lb/drogen-sucht/ueber-uns/aufgaben-und-ziele/> [accessed: 8 Aug. 2019].

⁸ <https://www.berlin.de/lb/drogen-sucht/themen/suchtpraevention/> [accessed: 8 Aug. 2019].

Land of Berlin. Addiction prevention in Berlin pursues the following aims, in line with the agreed guidelines:

- for children: abstinence with regards to any addictive substance,
- for adolescents: abstinence from illicit drugs and the development of critically reflective attitude to other addictive substances and gambling,
- for youths or adults who already have a high risk addictive substance use or problem or pathological gambling behaviour: timely intervention to prevent this behaviour taking hold, reduce their addictive substance use and stop their “addiction career” in a timely manner.

Berlin addiction support⁹ ensures that people affected by addiction and their relatives are able to receive support most suited to their individual situation - whether in the form of counselling and support to quit, or simply help to survive. In order to be able to offer this support without long waiting times and situated locally, there are six regional addiction support services in Berlin and at least one addiction counselling facility with a regional supply contract in each of the twelve districts.

The sociopolitical role of Berlin drug and addiction policy is to make the connection between social conditions and addiction a subject of discussion. It thus deals with the extent to which social conditions promote addiction and how remedial action can be taken. From a health policy perspective, the goal is to instil in the population a critical attitude to addictive substance use. It offers addicts comprehensive counselling, treatment and rehabilitation options. From a youth and family policy perspective, the policy is obliged to protect children and adolescents from the risks and dangers associated with addictive substance use. It supports the addiction prevention function of the family and promotes addiction prevention in schools and youth centres. From a sociopolitical perspective, the drug and addiction policy pursues the goal of improving substance dependent persons chances for social participation and reintegration. Its task under security policy is to reduce the supply of drugs and to ensure the safety of the population. The legal basis of children and youth protection, with reference to the dangers of alcohol, tobacco, computer games and internet services can be found on the Senate Department for Education, Youth and Science website. The website also provides information and material on addiction prevention in Berlin schools¹⁰.

Current political discussions in Berlin are concerned with the extent of cocaine use and the effects of the so-called “club-culture” in the capital. A current study, produced in a collaboration between Berlin club operators, the initial results of which were published in spring 2019, was not available at the time of finalising the REITOX report. The initial findings of the study

⁹ <https://www.berlin.de/lb/drogen-sucht/themen/suchthilfe/> [accessed: 8 Aug. 2019].

¹⁰ <https://www.berlin.de/sen/bildung/unterstuetzung/praevention-in-der-schule/suchtpraevention/> [accessed: 8 Aug. 2019].

focused above all on the economic impact of the “club culture” on Berlin but did not comment on use behaviour or associated problems¹¹.

The debates of past years on how to deal with cannabis offences in Berlin are continuing. According to recent data, there is also reason to assume that the (experimental) use of cannabis among young people in Berlin is much more widespread than the national average. Based on a survey by the Berlin Special Unit for Addiction Prevention, presented to the public in July 2019, the lifetime prevalence of cannabis use among N=1,725 respondents is 34.6% for 12 to 18-year-olds, with age of first use in Berlin at 14.6 years old - 1.8 years earlier than the national average. The difference in use behaviour of Berlin adolescents compared to the comparison group was particularly great among 12 to 17-year-olds. While the lifetime prevalence of cannabis use was 30.6% for this age group, the comparable value at a national level was around 10%, according to a BZgA study (see also on this point the Drugs workbook). Among 18 to 25-year-olds, Berlin was 12 percentage points above the national average. At 54.7%, more than one in two people in this age group living in Berlin had already used cannabis at least once in their life¹².

The *Land* government wants to launch a pilot project in the near future for the controlled issuing of cannabis and submit a corresponding application to the competent German Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM)¹³ in September 2019. The project is to run for two years and be scientifically supported. The Friedrichshain-Kreuzberg district made a similar application in 2015, which was declined by BfArM on the grounds that sale for enjoyment purposes was incompatible with the BtMG.

1.1.7 Elements of content of the EU drug strategy and EU drug action plan reflected in national drug strategy (T1.1.7)

As the National Strategy on Drug and Addiction Policy was adopted in 2012, naturally it cannot contain any direct references to the current EU Drugs Strategy (2013-2020) or the current EU Action Plan on Drugs (2017-2020) respectively. Nonetheless, Germany's drug policy is consistent with the goals set out in the EU drug action plan. This contains, for example, the fundamental principle of a balance of measures for reducing demand and reducing supply. In the introduction to the National Strategy the following is stated with regards to the goals:

“The aim of our drug and addiction policy is to reduce the use of legal and illegal addictive substances and prevent drug and addiction-related problems in our society. Particular consideration is given, due to their widespread use, to the legal

¹¹ <https://groove.de/2019/02/22/clubkultur-berlin-2019-studie-zum-berliner-nachtleben/> [accessed: 8 Aug. 2019].

¹² <https://www.tagesspiegel.de/berlin/der-erste-joint-mit-12-in-berlin-fangen-schon-die-kinder-an-zu-kiffen/24699670.html> [accessed: 8 Aug. 2019].

¹³ <https://www.aerzteblatt.de/nachrichten/104931/Berlin-stellt-Antrag-fuer-kontrollierte-Cannabisabgabe-an-Erwachsene> [accessed: 8 Aug. 2019].

addictive substances alcohol, tobacco and psychotropic pharmaceuticals, when further developing addiction prevention and support systems.

The existing National Strategy sees itself as a health policy guideline for a modern drug and addiction policy in Germany. (...) the Strategy [involves] international initiatives and activities at European, WHO and United Nations levels.”¹⁴

The stated aims of the EU Drugs Strategy 2013-2020 (to contribute to a measurable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms, to a disruption of the illicit drug market and a measurable reduction of the availability of illicit drugs, to encourage coordination through active discourse and an analysis of developments and challenges in the field of drugs at EU and international level, to strengthen dialogue and cooperation between the EU and third countries and international organisations and bodies on drug issues and to contribute to a better dissemination of monitoring, research and evaluation results) are in line with the aims of the German drug and addiction policy. For example, Germany has pushed various measures in relation to “alternative development” at international level. Virtually all of the measures listed in the EU Action Plan on Drugs 2017-2020 can be found in corresponding initiatives and projects in Germany.

1.1.8 Additional information (T1.1.8)

No information is available on this.

1.2 Evaluation of national drugs strategies (T1.2)

1.2.1 Lists of recent action plan 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. Drug use prevalence is reviewed every three years by the major epidemiological studies (the ESA and drug affinity study of the BZgA, which is supplemented by further individual studies e.g. on alcohol consumption). 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 existing conditions, there are regional differences in how substance-related disorders are dealt with. Consequently, differences exist in the guidelines and rules as well as in the drug and addiction programmes of the 16 German *Laender*. All *Laender* have produced a joint profile of requirements for

¹⁴ https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/2_Themen/1_Drogenpolitik/Nationale_Strategie_Druckfassung-Dt.pdf [accessed: 8 Aug. 2019].

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, pursued 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). Due to the factors mentioned above, a multitude of different approaches and methods or instruments are currently in use in the individual *Laender* and municipalities. Moreover, large differences can be found with regard to the availability of resources in this area in the different *Laender*.

1.2.2 Results of the latest strategy evaluation (T1.2.2)

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

The BMG has commissioned a consortium to evaluate the “New Psychoactive Substances Act” within a project. The final report from the evaluation was not available at the time of finalising this report.

1.2.3 Planned evaluations (T1.2.3)

No additional information is available on this.

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 competence, the Federal Government defines the legal framework for drug policy and prescribes standards.

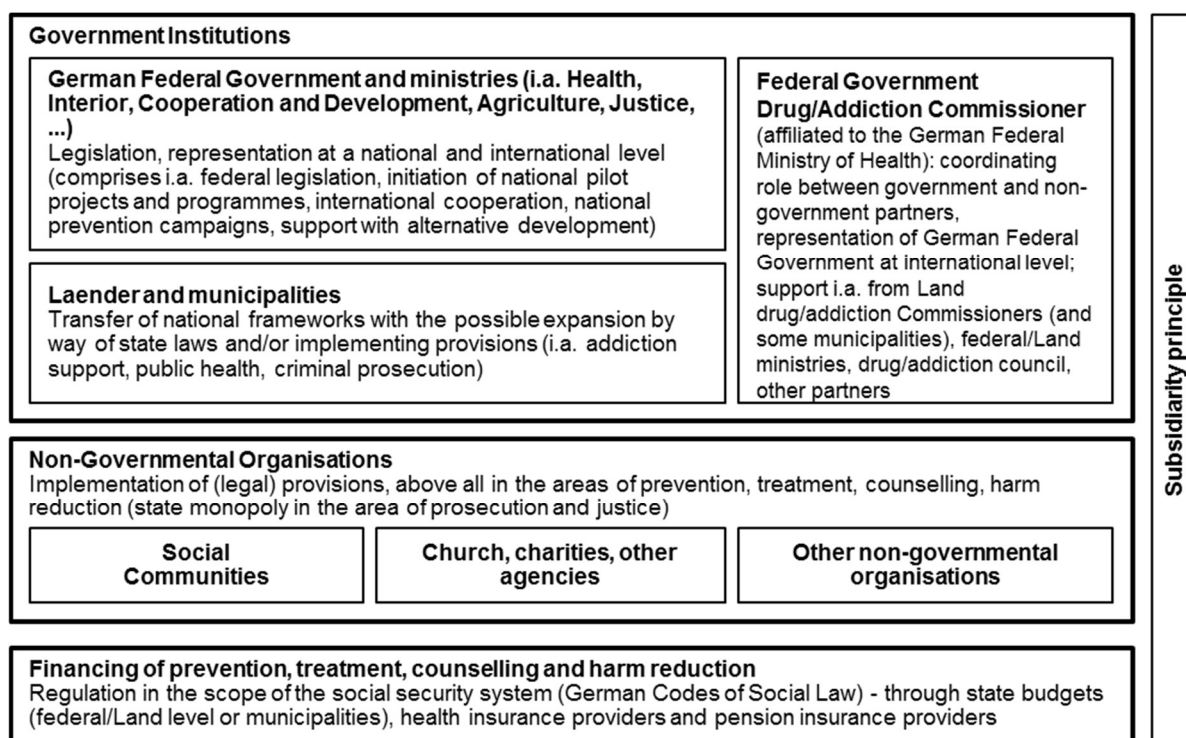


Figure 1 Overview of government and non-governmental partners participating in drug/addiction policy and their responsibilities

The Office of the Federal Government Commissioner on Narcotic Drugs has been attached to the BMG 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 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, symposiums of ministers of the *Laender*, municipal umbrella associations, the German Pension Fund, the German Federal Employment Agency, 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 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" Act in 2017, the national cannabis agency has also been established at the BfArM (see, on this point, the Legal Framework workbook).

The role of the *Laender* and the municipalities

The implementation 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 care, counselling 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 makes the exchange of information across regions as well as the collection of data on 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 pillars of prevention, treatment and aftercare. The services available nationwide relate to prevention, outpatient addiction counselling, qualified detoxification facilities, withdrawal 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 erstaufrälligen Drogenkonsumenten, FreD) which was recently extended to include the target group of methamphetamine users, or the implementation of various intervention programmes such as "Realize it" or "CANDIS" have also proven successful in the *Laender*.

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 bodies

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 independently, as self-governing bodies under public law. Therefore, political decisions are often unable to have a direct impact on changes in 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 of the socio-therapeutic measures for the treatment of drug users for which they receive public funding – from 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 support 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 at European level are the European Commission, the Horizontal Drugs Group (HDG) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Germany is also a member and 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 federal ministries (above all the Ministry of Health, Ministry of the Interior, Foreign Office) or experts from other areas represent Germany on 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 spending from public budgets, 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.

The main challenges in calculating drug-related spending lie in the federal structure of Germany and the principle of subsidiarity, which has led to a complex arrangement of responsibilities between the Federal Government, *Laender* and municipal levels along with social insurance providers, with respect to the financing and performance of various functions. In particular, information on financial resources spent by the *Laender* and municipal authorities 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 regarding the aggregation of public expenditure for the drug problem 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 proportion of costs accounted for by illicit drugs almost impossible. In addition, it is 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 estimate 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 the following section).

1.4.1 Data on drug related expenditure (T1.4.1)

In 2008, the DBDD carried out a study, funded by the BMG, 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) spending from public funds and social insurance providers related to illicit drugs (Mostardt, et al., 2010).

From the different 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 expenditure is 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 as yet not been followed up. There is no current data available.

In order to be able to assess in a meaningful way 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 and economic costs of cannabis consumption in Germany was presented in 2016 by Effertz et al. (Effertz, Verheyen, & Linder, 2016). 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 significantly increased intangible

impairment such as exhaustion, depression and pain. From their analyses, the authors conclude a need for careful consideration of the multitude of risks and costs connected to cannabis use when potential changes to Drug Policy are being made (a more detailed presentation of the results of the study can be found in the 2016 Drug Policy workbook).

Saxony has reported that funding in the field of addiction assistance in the *Land* budget, granted through (among other things) the psychiatry and addiction support guidelines which came into force in 2017, has recently been significantly increased. In 2018, the approved funding for addiction assistance in the Free State of Saxony increased to a total of 9,090,953 euros (funding in accordance with the psychiatry and addiction support guidelines as well as investment and participation).

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

There is no current data available in this area.

2 TRENDS (T2)

Not applicable for this workbook.

3 NEW DEVELOPMENTS (T3)

3.1 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. A simple overview of the pilot programmes and research projects funded by the Federal Government are shown below in tabular form in Table 3. The table is ordered according to the thematic grouping of the individual workbooks. Each proposal is examined in greater detail, where applicable, in the respective thematic workbooks (provided they have not already been covered in workbooks from previous years).

As in the previous year, the BMG continues to fund a number of projects, in the scope of a particular area of focus, aimed at the target group of (meth-)amphetamine users. Another focus of funding is dedicated to children from families impacted by addiction, relatives and substance use during pregnancy. For example, projects can be found that deal with the effects of cannabis use (on the mother) during pregnancy or questions about the evidence and implementation of family-based addiction work. There are also projects in this area aimed at strengthening parenting skills (including among parents who are addicts) and developing care networks.

Among projects concerning the “monitoring” of the drug situation in its broadest sense, there are, in addition to projects in which information is collected on NPS and medicines (PharMon Plus), surveys on the dispensing of consumption apparatus or use in a prison facility, in particular the evaluation of the Third Amending Regulation of the German Regulation on the Prescription of Narcotic Drugs (Dritte Verordnung zur Änderung der Betäubungsmittel-

Verschreibungsverordnung) as well as the current (August 2019) nearly concluded evaluation of the German New Psychoactive Substances Act (Neue psychoaktive Stoffe Gesetzes, NpSG).

Table 3 Pilot programmes and research projects funded by the Federal Government

Funded Projects	Project Period	Notes
Drug use in the population and in specific sub-groups		
Representative survey (ESA) Funding period 2017-2019	02/17 – 12/19	Survey on drug use every three years (current results: 2019)
ERANID - Understanding Pathways to Stimulant Use: a mixed-methods examination of the individual, social and cultural factors shaping illicit stimulant use across Europe (ATTUNE)	09/16 - 08/19	Pathways of drug use among users of illicit drugs in Germany, GB, Netherlands and Poland
ERANID - ImagenPathways (IP) - Understanding the interplay between cultural, biological and subjective factors in drug use pathways	07/16 – 08/19	Investigation of the pathways and development of drug use in young adulthood
LOGIN - the living situation of adult refugees in Germany	12/18 – 02/21	Representative survey among refugees in refugee accommodation in four <i>Laender</i> on the distribution of substance use among refugees as well as the utilisation of addiction support.
Medication dependence: data sources and evaluation tools	02/19 – 08/19	Creation of systematic expertise on existing data sources on (abusive) use of medication and psychometric instruments.
Information system on NPS and medication (Phar-Mon Plus)	01/19 - 12/20	
Full survey on substance use in Wittlich prison	10/18 – 01/19	
Drug-related treatment		
Statistical Report on Substance Abuse Treatment in Germany (Deutsche Suchthilfestatistik, DSHS) funding period 2019	01/19 – 12/19	Basic documentation system

Funded Projects	Project Period	Notes
Evidence and implementation of family-based intervention among those with dependence disorders (Evidenz und Implementierung Familienbasierter Intervention bei Abhängigkeitserkrankungen, EVIFA)	11/18 – 04/20	Inventory of effective treatment concepts and the processes already implemented nationally and internationally
Illegal substance use generally and cannabis in particular during pregnancy and its consequences for the mother and child (Illegaler Substanzgebrauch allgemein und Cannabis im Speziellen während der Schwangerschaft und seine Folgen für Mutter und Kind, CaSch-T1)	09/18 – 04/19	Implementation of a two-part pilot study with the aim of examining how high the use of illegal substances, in particular cannabis, is among pregnant women and mothers in Germany.
Strengthening family-oriented addiction work Parental competence	06/19 – 05/21	Further development of counselling, support and treatment of addicts with parental responsibility in the framework of family-oriented addiction work
SHIFT PLUS: Further development and evaluation of addiction support family training for drug dependent parents	10/18 – 03/21	Further development of SHIFT parental training for the entire area of dependence on illicit substances
Control knowledge and focus on action to develop effective inter-disciplinary care networks for addicts Families	11/18 – 10/21	Generating control knowledge and establishing an evidence-based focus on action with the aim of effecting structural change processes in collaboration with addiction and youth support
Research based further development of the self-help portal "Breaking Meth" for various user groups with methamphetamine problems	05/16 - 04/19	Research-based further development of self-help portal
Evaluation of an inpatient pilot project, (Matrix, indicative ATS group among crystal meth users)	07/16 - 03/20	
QUAPPSSS-developing quality in self-help for MSM (men who have sex with men) who use psychoactive substances in a sexual setting	04/19 - 03/21	Further improvement to the support system for drug-using MSM
Dresden clinical pathway for crystal meth	07/17 - 06/20	Evaluation and creation of a handbook

Funded Projects	Project Period	Notes
Mental disability and problem substance use (TANDEM); mental disability and problem substance use (campaign advice)	09/18 – 08/21	Providing needs-based support services for people with a mental disability and an addiction problem, improving networking for disabled and addiction care in this area
Survey of consumption apparatus dispensed and dispensing facilities in Germany	10/18 – 04/19	
Prevention		
PASUMI - diversity oriented and participative development of addiction prevention and addiction support for and with migrants	04/17 – 12/19	Development, implementation and evaluation of diversity-oriented and participative addiction prevention for and with migrants (project content support)
Kidkit networks nationwide	02/17 - 01/19	Development of a database of, if possible, all prevention, counselling and treatment services for children and adolescents
Culturally sensitive information and prevention services for Russian-speaking parents	08/17 - 07/19	Extending addiction prevention services and shortening access to the German addiction support system
QuasiE 2.0 - qualified addiction prevention in inpatient youth support institutions	09/18 – 09/21	Qualified handling of addictive substances in youth support institutions
Other projects funded by the BMG which are related to drugs		
German Monitoring Centre for Drugs and Drug Addiction (DBDD), funding period 2019	01/19 – 12/19	Preparatory work by the German national focal point for the EMCDDA in Lisbon
EVASUNO, evaluation of the Third Amending Regulation of BtMVV	03/19 – 02/22	Evaluation of the Third Amending Regulation of BtMVV - EVASUNO
Evaluation of the effects of the NpSG	06/17 - 08/19	The effects of the NpSG on users, the addiction support system and law enforcement authorities are to be qualitatively and quantitatively evaluated

Funded Projects	Project Period	Notes
STAD in Europe (Stockholm prevents Alcohol and Drug problems)	06/16 – 05/19	Co-financing of the EU project on the reduction of binge drinking in adolescence
SUBSEX - lust and the high: context of substance use and sexuality	03/19 – 02/21	General consideration of the aspects of sexuality and substance use and illustration of correlations and interactions

On 18 October 2018, the German Drugs Commissioner presented the Federal Government's new drugs and addiction report¹⁵. The report contains an inventory of the distribution of addictive substance use in Germany and provides an overview on all new legal regulations and projects in the field of drugs and addiction. In the press release on the publication of the report, the Commissioner referred to the positive developments in connection with tobacco and alcohol consumption among children and adolescents, but also called for a critical analysis of new products such as e-cigarettes or water pipes. The range of prevention services must be further expanded. Also, alcohol consumption continues to cause problems. In connection with illicit drugs, the slight increase in the prevalence of cannabis use among adolescents and young adults was noted (see, on this point, also the current BZgA data in the Treatment workbook). The Commissioner called for drugs and addiction disorders to be discussed more widely than just in expert circles. The aim must be to broaden macrosocial awareness of this topic and show that addiction has effects on nearly all living environments. The Drugs Commissioner's annual conference on 7 November 2018, convening under the motto "City, country, addiction - who will take responsibility?" was also of this opinion. 400 participants came together at the conference to discuss the social impact of addiction. The Drugs Commissioner stressed that problems associated with drugs and addiction are not side issues but affect almost every area of our society.

On 5 July 2019, the sixth "Alternative Drug and Addiction Report" ("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 (Deutsche AIDS-Hilfe e.V., DAH) and JES Federal Association (JES Bundesverband e.V.). The authors of that report had the stated aim of critically examining the drug situation in Germany and developing alternative solution proposals. In the press information on the alternative drug and addiction report the topics in focus in the area of illicit drugs were a critical look at the legal consequences of drug use, with proposals for alternative drug policy management and the resulting

¹⁵ <https://www.drogenbeauftragte.de/presse/pressekontakt-und-mitteilungen/2018/2018-3quartal/drogen-und-suchtbericht-2018-erschienenen.html?L=0> [accessed: 13 Aug. 2019].

requirements for defining the office of Drug and Addiction Commissioner at national level. The report also covers numerous other topics, including an analysis of the political objectives of the United Nations and several articles on alcohol and tobacco¹⁶.

As already reported in the 2018 Drug Policy and Legal Framework workbooks, the BMG commissioned a systematic, scientific analysis at the end of 2015, to look at the risks of recreational cannabis use¹⁷ and the potential of cannabis-based pharmaceuticals. The project, with the acronym “CaPRIS”, presented its results at the end of 2017 (Hoch et al., 2017)¹⁸. The entire study has also been available in book form since 2018 (Hoch et al., 2018).

Debates in connection with the political framework, 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 professionals. Aspects of discussion which regularly recur are the effects of the ban on youth protection, prevention and harm reduction as well as consequences for the economy as a whole, foreign policy, security policy and development policy.

In February 2019, the association LEAP (Law Enforcement Against Prohibition), among others, issued an open letter¹⁹ to members of the German Bundestag asking, in the area of drug policy, for proportionality in criminal law, political measures for decriminalising drug users and steps towards legalisation. The association also advocates the revocation of criminal penalties for small quantities, uniformly defined nationally, and the establishment of municipal structures providing counselling for drug users, as well as collaboration between all parliamentary parties. In a similar way, the fdr advocated, in a statement released in July 2019²⁰, the decriminalisation of cannabis users, the establishment of youth protection under the law and market regulation, and raised the question of whether the adaptation of rules governing access to alcohol and tobacco was a coherent political strategy in creating a regulated market for cannabis products in the interests of proportionality. To this end, the fdr is calling for a review and, where necessary, a correction of or amendment to the BtMG. According to the fdr, the focus is on accessing the addiction support system at an early point. Related to this is the call for a guarantee of provision of addiction prevention, support and self-help services, which to date do not constitute obligatory, legally regulated services provided by the municipalities.

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

¹⁶ <http://alternativer-drogenbericht.de/> [accessed: 12 Aug. 2019].

¹⁷ http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016033249 [accessed: 12 Aug. 2019].

¹⁸ https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Drogen_und_Sucht/Berichte/Kurzbericht/171127_Kurzbericht_CAPRis.pdf [accessed: 12 Aug. 2019].

¹⁹ <https://leap-deutschland.de/offener-brief-an-die-mdb/> [accessed: 12 Aug. 2019].

²⁰ <https://fdr-online.info/wp-content/uploads/2019/07/fdrStellungnahme-Cannabis-Entkriminalisierung-und-Ausgestaltung-der-Regulierung.pdf> [accessed: 12 Aug. 2019].

medication but also of the costs incurred for the treatment being reimbursed by the health insurance providers (on this point, see 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 - in the form of 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 implementation (identification of doctors prepared to offer such treatment or problems with the supply of cannabis due to 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".

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

The Berlin *Senate* plans to create an inpatient service on so-called "Drug Checking" in the coming year, aimed at offering users the opportunity to have their drugs tested for purity and dosage. The Berlin *Land* government's proposal encountered other hurdles and additional funding for the project was discontinued for the 2020/2021 double budget²¹. Advocates hoped the project would produce, in addition to public warnings on dangerous pills, improved access for consumers for informational purposes. Opposition politicians voiced strong criticism, however. The Senate Department for Health explained that an expert report which had been requested in light of the complexities of the legal situation, had come to the conclusion that the Berlin concept is legal and that project employees were not liable to prosecution. The Senate Departments for Internal Affairs and Justice shared the conclusion that police and public prosecutors were also covered. A starting date for the test service has not yet been set.

4 ADDITIONAL INFORMATION (T4)

4.1 Additional sources of information (T4.1)

No additional information is available on this.

4.2 Further aspects (T4.2)

No additional information is available on this.

²¹ <https://www.aerzteblatt.de/nachrichten/104100/Drug-Checking-in-Berlin-soll-bald-an-den-Start-gehen>
[accessed: 13 Aug. 2019].

4.3 Contribution to national accounts (T.4.3)

No additional information is available on this.

5 SOURCES AND METHODOLOGY (T5)

5.1 Sources (T5.1)

- Bundesgesetzblatt (2015). Gesetz zur Stärkung der Gesundheitsförderung und der Prävention (Präventionsgesetz - PräVG). 17 July 2015. Bundesgesetzblatt Jahrgang 2015 Teil I Nr. 31, Bonn.
- DBDD (2018). National REITOX-Report to the EMCDDA by the Reitox National Focal Point – Germany. Best Practice workbook. Deutsche Beobachtungsstelle für Drogen und Drogensucht DBDD, München.
- Effertz, T., Verheyen, F. & Linder, R. (2016). Ökonomische und intangible Kosten des Cannabiskonsums in Deutschland. *Sucht* 62 (1) 31-41.
- Hoch, E., Friemel, C.M., Schneider, M. (2018). Cannabis: Potential und Risiko. Ergebnisse einer wissenschaftlichen Analyse, Heidelberg.
- Hoch, E., Schneider, M., Friemel, C. M., von Keller, R., Kabisch, J. (2017). Cannabis: Potential und Risiko. Eine wissenschaftliche Analyse (CaPRis), München.
- Mostardt, S., Flöter, S., Neumann, A., Wasem, J., & Pfeiffer-Gerschel, T. (2010). Schätzung der Ausgaben der öffentlichen Hand durch den Konsum illegaler Drogen in Deutschland. *Das Gesundheitswesen* 72 (12) 886-894.
- Pfeiffer-Gerschel, P., Kipke, I., Flöter, S. & Jakob, L. (2012) National REITOX-Report to the EMCDDA by the Reitox National Focal Point - Germany. New Developments, trends and In-depth Information on Selected Issues. Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD), München.
- Pfeiffer-Gerschel, P., Kipke, I., Flöter, S. & Jakob, L. (2013) National REITOX-Report to the EMCDDA by the Reitox National Focal Point - Germany. New Developments, trends and In-depth Information on Selected Issues. Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD), München.
- Pfeiffer-Gerschel, T., Dammer, E., Schulte, L., Karachaliou, K., Budde, A. & Rummel, C. (2016). National REITOX-Report to the EMCDDA by the Reitox National Focal Point – Germany. Legal Framework workbook. Deutsche Beobachtungsstelle für Drogen und Drogensucht DBDD, München.
- Pfeiffer-Gerschel, T., Dammer, E., Schulte, L., Karachaliou, K., Budde, A. & Rummel, C. (2016). National REITOX-Report to the EMCDDA by the Reitox National Focal Point – Germany. Drug Policy workbook. Deutsche Beobachtungsstelle für Drogen und Drogensucht DBDD, München.
- Pfeiffer-Gerschel, T., Dammer, E., Schulte, L., Bartsch, G. & Friedrich, M. (2017). National REITOX-Report to the EMCDDA by the Reitox National Focal Point – Germany. Drug Policy workbook. Deutsche Beobachtungsstelle für Drogen und Drogensucht DBDD, München.

Sipp, W., Dammer, E. Pfeiffer-Gerschel, T., Schneider, F., Bartsch, G. & Friedrich, M. (2018). National REITOX-Report to the EMCDDA by the Reitox National Focal Point – Germany. Legal Framework workbook. Deutsche Beobachtungsstelle für Drogen und Drogensucht DBDD, München.

5.2 Methodology (T5.2.)

The methodology used in the individual publications is described in the respective publications.

6 TABLES

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