

# 1 Drug policies: Expansion beyond illicit drugs?

## 1.1 The national Action Plan Drugs and Addiction

In June 2003, the Federal Cabinet passed the “Action Plan Drugs and Addiction“ presented by the Drug Commissioner of the Federal Government. It is to serve as a framework for addiction policy in the next 5 to 10 years and to contribute to “changing health awareness and avoiding or at least reducing harmful consumption”. It is based on the four mainstays of national drug and addiction policy (see chapter 1.1.1) (Die Drogenbeauftragte der Bundesregierung 2003).

The new Action Plan replaced the “Narcotic Drugs Control Plan“ which dates back to the year 1990. At some places the new plan differs considerably from the old one. New is especially the high attention given to legal substances turning a plan for drug control into a concept which places addiction in general at the center of its focus. The order of the problem areas laid out in the plan orients itself by its significance for public health and associated social costs: smoking is at the top of the list, followed by alcohol, abuse of medical drugs, drugs, eating disorders and pathological gambling. The general goal is to “vigorously prevent or considerably reduce risky consumption, harmful use and dependence on addictive substances”. High importance is attached to addiction prevention.

In addition, new elements which had not yet been available or not sufficiently evaluated at the beginning of the 90's were integrated into the care concept. Examples are Internet counselling offers or consumption rooms for injection drug users. As for target groups, new high-risk groups were defined and special offers for these groups developed: children of addicted parents and migrants.

## 1.2 Goals

According to the Action Plan, addiction policy pursues the following general goals:

- To prevent or delay incipience of consumption
- To detect risky consumption patterns at an early stage and reduce them
- To secure survival
- To treat addiction with all possibilities at hand according to the most recent scientific findings
- To curb supply of illicit addictive drugs

In parallel, general health awareness is to be promoted to contribute to a more careful and critical attitude towards psychotropic substances.

Even if the set goals apply in different ways to the different psychotropic substances and the focus of drug policy can differ in the Federal Laender, this general formulation makes clear that part of the goals apply to licit and illicit substances in a similar way. This is true for eearly detection and intervention, treatment of addiciton and avoidance of secondary negative

effects including death. An exception of course remains with regard to trafficking, which will be continued to be combated for illicit substances.

Alongside the general goals, a series of specific targets for the individual problem areas or psychotropic substances respectively were set:

- Reduction of tobacco consumption to reduce tobacco-related diseases and deaths caused by active and passive smoking
- Improvement of PR-work for a smoke-free life-style through information on the consequences of active and passive smoking
- Reduction of the per-capita alcohol consumption in the population to curb alcohol-related disorders and death cases
- Reduction of the portion of people in the population with risky alcohol consumption (e.g. binge drinking)
- Prevention or respectively reduction of the consumption of illicit drugs
- Reduction of the abuse of psychoactive medication and promotion of early recognition and early intervention in cases of misuse
- Strengthening of problem awareness with regard to pathological gambling

Alongside a series of targets which indirectly aim at the consumption of illicit drugs – e.g. through prevention of tobacco consumption which in nearly all cases precedes drug consumption – the plan also relates specifically to drugs. Referring to specific infection risks, in particular in the case of hepatitis C, and possible cerebro-organic damage caused by synthetic drugs, prevention or respectively reduction of illicit drugs is imperative. Furthermore, defined target groups (children of addicted parents, high-risk groups, car drivers, poly-drug users) are to be given special attention.

### **1.3 Measures to reduce addiction problems**

The measures were developed as a systematic overall approach which integrates structural (cooperation, funding, quality assurance), legislative and procedural aspects.

Special importance is attached to an intensified cooperation between players to increase efficiency without generating additional costs. In this context, a special focus is set on the cooperation between youth welfare and addiction assistance organisations as well as on opportunities for exchange of experience and examples of “good practice”.

#### **1.3.1 Prevention**

The activities deployed in primary prevention are the least drug-specific. Measures undertaken in kindergardens, schools and in youth work are to be further developed. Through media, schools and the public health service the topic addiction is to be shifted more into the center of public discussion. This is, on the one hand, to address and recognize risk groups at an early stage and, on the other, to influence the public debate on drug use and its consequences.

Specific approaches made in prevention target, for example, poly-drug use and other risky consumption patterns of teenagers. As for legal substances, smoking is to be addressed more strongly as a health problem, for example by doctors in their practices. Both office-based doctors and hospitals are to pay higher attention to alcohol abuse of their patients also beyond the frame of addiction medicine, and intervene correspondingly.

### **1.3.2 Survival aids and harm reduction**

Risks of consumption for drug addicts are to be minimized as far as possible by information and special initiatives. In several of the Federal Laender consumption rooms as an instrument have been installed for that purpose. Meanwhile, the assistance system for alcohol addicts also uses methods of survival aid and harm reduction which were originally developed for opiate addicts. In order to reduce the number of deaths and damage to health caused by alcohol abuse, case management and better cooperation between care institutions (aid for the homeless, drug aid, medical care) are imperative.

### **1.3.3 Counselling, therapy and rehabilitation**

Alongside very specific approaches (e.g. introduction of a uniform drug hot line), the interfaces between outpatient and inpatient services are to be generally improved. Executives with personnel management functions and office-based doctors and medical staff of hospitals are to be trained in the early recognition of substance problems.

Clients suffering from psychological disorders in addition to their main addiction problem require special attention which has not been granted to a sufficient extent in the past. The special needs of women and migrants are also to be taken account of in an appropriate way. Self-help groups are to be integrated more strongly into professional work. Due to the new legal regulations, self-help activities may possibly receive stronger financial support by the health insurance funds and funding organs of rehabilitation therapy.

Initiatives promoting smoking cessation are to be elaborated together with the health insurance funds. Substitution therapy is to be supported more strongly by accompanying psychosocial and psychotherapeutic measures.

### **1.3.4 Criminal prosecution**

As in the past, the reduction of the supply of illegal drugs is to be achieved by prosecution of drug trafficking and control of precursors, but also by measures of "alternative development cooperation" in the production countries of heroin and cocaine. Criminal prosecution for its part requires a close cooperation between customs and police authorities at national and Land level respectively. In the same way, a close cooperation between EU member states and neighbouring countries especially in East- and Southeast Europe, is considered as absolutely essential.

### **1.3.5 Evaluation and further development**

The legal framework for as how to deal with drug problems is defined by laws and guidelines. It is planned to follow up and analyze the results of such decisions and the effects of new

laws. For a series of the goals mentioned in the present program, measures and indicators for the evaluation of the results are to be defined.

In the following years, research is to be promoted especially in areas where causes are analyzed under gender-specific aspects. The goal is to improve secondary prevention, prevention and treatment with regard to gender-specific needs and increase efficiency.

Alongside the special importance of the cooperation between Germany and the production countries, the Plan underpins the significance of cooperation within the European Union (Drug Action Plan 2000-2004), the European agencies EMCDDA, Europol and UNDCP.

#### **1.4 Fundamental ideas**

Till the end of the last century, the term “drug policy“ was exclusively related to illicit drugs which were the focus of political interest in Germany. There was no comparable conception with regard to alcohol or tobacco policy or even a cross-substance “addiction” policy. Since a few years however,

- (1) disorders caused by legal, psychotropic substances and
- (2) common aspects of all these substances (e.g. in primary prevention or with regard to patients with poly-drug use)

have shifted into the center of political interest. To take account of this development, the terms “drug and addiction policy” or “addiction policy” alone find increasing usage.

The most important reasons for these changes are to be found in two areas. First, political decision makers have come to realize that consequential costs of disorders and the negative effects caused by legal substances, are definitely higher than the costs with regard to illicit drugs. Therefore, economic considerations alone reveal the insufficiency of an isolated drug policy without adequate concepts as how to respond to the consequences of tobacco and alcohol. Second, it is often not possible any more to differentiate between target groups due to increasing poly-drug use – especially cannabis and alcohol.

Primary prevention of the use and abuse of illicit substances has never been possible without taking reference to alcohol (early consumption and binge drinking) and tobacco (early consumption). Additionally, discussion on adequate responses to drug use mixes with the discussion on negative consequences of tobacco and alcohol not only among drug users but also in the general public, so that drug policy, to remain credible, cannot exist much longer without corresponding concepts for legal substances.

#### **1.5 Responsibilities and coordination**

As presented in chapter 1, political responsibility for the conception and the implementation of drug and addiction policy in Germany is shared between the Federal Government and the Laender. Funding is provided through taxes in the Laender and the largely self-governing pension and health insurance funds. The implementation of prevention and therapy in its turn lies in the hands of non-governmental organizations funded or commissioned by the Federal Government.

The drug commissioner of the Federal Government who developed the “Action Plan Addiction and Drugs” is, in the first place, responsible for the coordination of activities relating to the topic of addiction within the Federal Government. This applies to the cooperation with the Ministry for Research with regard to special research programs or with the Ministry of the Interior regarding police matters. The implementation of the drug acts which are passed at national level requires cooperation and coordination. Beyond their participation in national legislation, the Laender may also, to an increasing extent, formally influence drug policy within their responsibilities. With the Laender being mainly responsible for the health sector, they have a strong conceptual influence. Therefore, it is imperative to integrate them into national addiction policy.

As a central steering instrument for the implementation of this action plan, the “Drug and Addiction Council“ was set up by the present government and the drug commissioner. A Federal Government-Laender steering group responsible for the organization of the council’s work sessions, facilitates the coordination between Federal government and Laender. The resources the Federal government may allocate to these activities in addition to the ministerial staff, are limited as the budget for health and social affairs falls under the responsibility of the Laender.

The new law on prevention is to generally stabilise and improve the funding of prevention activities undertaken by pension and health insurance funds and other institutions as well as private promoters. The Federal Government may, in addition, financially support pilot programs and the development of new concepts.