

## 12 Costs of Drug-Related Treatment

### 12.1 Funding sources

The financing of aid for substance abuse disorders in Germany is marked by a bewildering variety of competencies and domains of responsibility. In describing funding mechanisms, one can distinguish between various funding organisations (the Federal government, the *Laender*, local governments, health insurance schemes, the statutory pension insurance schemes, the welfare associations), various measures/benefits (general health care, counselling and advice, therapy/medical rehabilitation/treatment, transitional programmes/after-care, minimisation of damage) or between the various providers of these measures (addiction counselling offices, specialised clinics, general hospitals/psychiatric clinics, practicing physicians and psychotherapists, adaptation facilities, low-threshold facilities).

#### 12.1.1 Funding organisations

The **health and pension insurance schemes** play a key role in the treatment of drug-related disorders. They are autonomous, self-administrating organisations as codified in respective laws (in particular the Social Code) which bear direct responsibility for the persons insured with them. There are several organisations in both areas which are organised as non-public, non-profit or public institutions. The health insurance schemes are responsible for benefits provided in connection with (secondary) illnesses resulting from drug consumption and physical detoxification, while the statutory pension insurance schemes predominantly are in charge of medical rehabilitation (restoration of ability to engage in gainful employment). There are statutory pension insurance schemes at the level of the *Laender* and regions as well as for certain occupations. These schemes have data on expenditures which fall in the category of the German National Statutory Pension Insurance. The funds involved always come from the premiums paid by insured persons.

For patients who have no insurance coverage from health or pension insurance, social aid agencies assume the costs of treating drug dependence – these are generally the **local communities** (counties, independent cities) or regional organisations (e.g. regional associations). These also contribute to a majority of the non-medical and social programmes for these patients (e.g. counselling for addictions). The resources provided by social aid agencies or public grants are financed by tax revenue.

As an alternative or as a supplement to public funding agencies, confessional and non-confessional **statutory welfare agencies** (especially for counselling programmes and social measures) also participate in the care system. Although public financial recourses are made available for them to perform their activities, these institutions also make their own contribution – for example using church tax revenue.

Financial responsibility for a large share of programmes for drug-related treatment does not lie in the hands of the Federal Government in Germany. Under the Constitution of the Federal Republic, the health care of the *Laender* and local communities are important.

In connection with drug-related treatment, the **Federal level** only provides resources for model projects and the promotion of research.

The **Laender** are responsible for the public health system. Expenditures on drug-related treatment are thus to be found in the budgets of all 16 Federal *Laender*. In some German *Laender* local governments are being assigned greater responsibility, especially in the areas of counselling and assistance.

**Local governments** have to support citizens whose individual income or social insurance does not provide them a certain minimum standard of living. The benefits provided by social aid are at the same time used for activities aimed at helping addicts.

The interplay between the various organisations is dynamic. Responsibilities in connection with drug-related treatment can for this reason definitely change. Certain benefits can be paid for by various funding organisations, but there are clear priority rules. Thus social aid funded by local communities only assumes the costs of treatment if there is no social insurance.

### 12.1.2 Measures

#### General health care

Drug consumers are not only cared for in specialised facilities, but rather also within the framework of general health care. The reason for treatment is at the same time frequently not the addiction problem, but rather its direct and indirect effects, e.g. injuries due to accidents during the intoxication. Services are provided by general hospitals, psychiatrists or practicing physicians and are paid for by the health insurance schemes.

#### Minimisation of damage

Programmes to help minimise damage are available at special low-threshold facilities or in affiliation with addiction counselling offices. They are largely funded by local government and *Laender* financial resources.

#### Specialised treatment

Specialised treatment for drug consumers with the aim of abstinence from drugs is strategically speaking split up into four phases, for which different funding agencies and thus also different funding systems are responsible: (1) the contact and motivation phase, (2) the withdrawal phase, (3) the rehabilitation phase and (4) the integration and after-care phase. Above and beyond this there are forms of specialised treatment which do not necessarily pursue the objective of abstinence, or only do so long-term. These include above all substitution treatment<sup>156</sup>.

---

<sup>156</sup> See also chapter 5 for the phases of treatment and the structures of the scheme.

**Contact and motivation phase / counselling**

Measures in the contact and motivation phase take place especially in addiction counselling centres or social-psychiatric services. They are primarily funded with public financial resources, i.e. grants from local governments and the *Laender* as well as the funding agencies' own funds. Funding from local governments and the *Laender* is voluntary – there is no legal claim to this support.

**Withdrawal and rehabilitation phase / treatment / therapy**

Withdrawal treatments, which usually take place as an acute treatment in the hospital, are usually provided under the auspices of (statutory or private) health insurance. With rehabilitation treatment (medical rehabilitation), on the other hand, which depending upon the facility and indication is offered at both stationary (specialised clinics) and in an outpatient setting, statutory social and pension insurance is in charge, funding this treatment to restore the patient to gainful employment with their benefits. Furthermore, the health insurance schemes assume the costs of treatment of addicts by practicing physicians and psychotherapists. Social-psychiatric services also provide psychotherapy services, in some cases settling the costs of these with the health insurance schemes (authorisations), and other cases funding these with local community resources. Substitution treatment is also a benefit covered by the health insurance schemes.

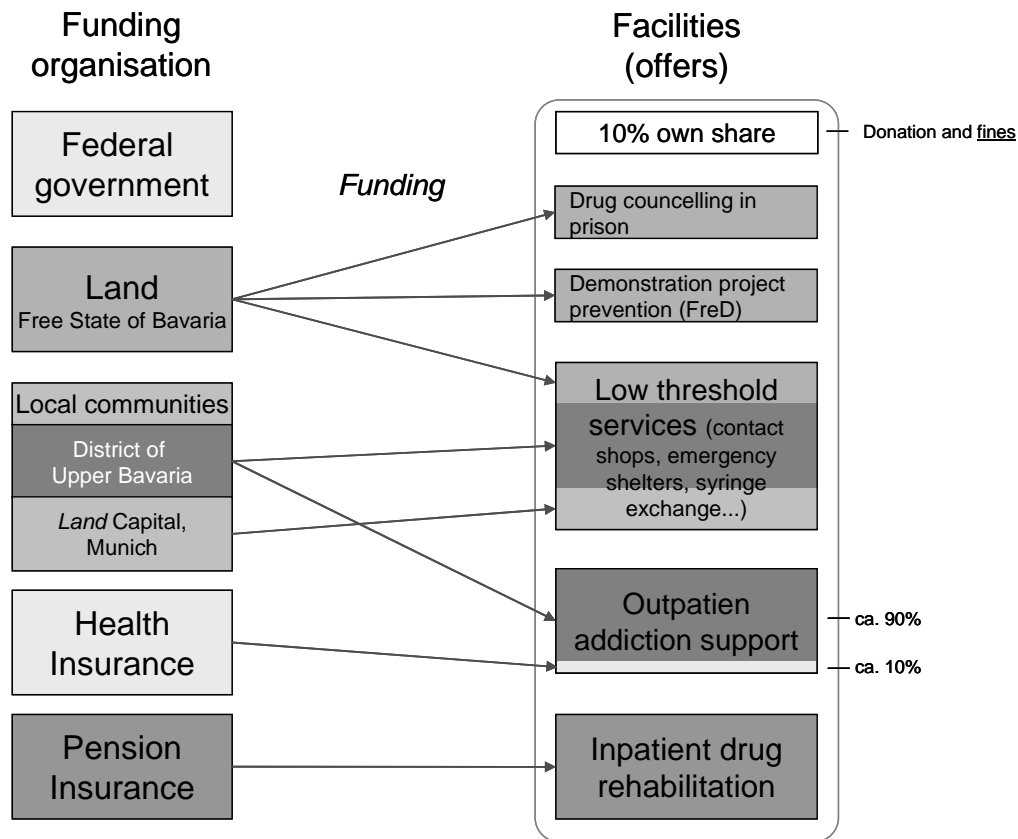
**Integration and after-care phase**

Outpatient or inpatient after-care measures following upon these upstream treatments are to a large extent paid for by the statutory social and pension insurance.

**12.1.3 Providers**

Because the existing funding mechanisms have already been described in the two preceding paragraphs, the different providers of measures need not be listed off here once again. It should be noted, however, that agencies offering help for addicts frequently offer different measures and are hence also funded by different sources. The complex structure of funding channels is illustrated in the following.

Figure 12.1 shows once again an example of services on offer and the funding of these at an institution offering aid for persons with substance abuse disorders in Bavaria. The percentage accounted for by the different sources of funding can vary both between institutions as well as within a single institution over time, as in particular outpatient addiction counselling and low-threshold services are voluntary services of local communities and the *Laender* for which new agreements must be made every year and which depend on the current budget situation.



IFT, own description.

Figure 12.1 Example for the funding of an individual institution for persons with substance abuse disorders

#### 12.1.4 Individual cost statements for drug-related treatment in Germany

Cost information which is available for drug-related treatment in Germany is presented in the following. This does not mean a systematic list of all costs, as it were, but rather individual bits of information from different sources which were available at the time this report was drafted. These do not provide an overall picture of costs in connection with the treatment of consumers of drugs and as a result of methodological differences cannot be added up to an aggregate sum. Moreover, it must be noted that in examining the political development in Germany, which is moving in the direction of a comprehensive consideration of the topic of "addiction" (see also chapter 1), scarcely any distinction is made between legal and illegal drugs. This approach makes it difficult to break down the costs which arise, especially with respect to public budgets. This and additional caveats will be noted with respect to the various information on costs.

## Expenditures by the Federal Government and *Laender*

### ***Budget plans***

Systematic research was conducted on all budget plans of the Federal Government and the *Laender* in 2009 with the aid of a full-text search for relevant data to determine the costs of drug-related treatment at the Federal and *Laender* levels.<sup>157</sup>

The results are presented in Table 12.1 and Table 12.2. At the same time it must be taken into account that the *Laender* are autonomous in their budgetary planning and independent of one another and as a result the budgets pursue different systems and are not broken down into details to the same degree. Nevertheless, one or more budgetary items were found in each *Land* containing expenditures for the treatment of drug consumers. Frequently the budgets listed contained information which does not fall in the areas of interest here, however, e.g. expenditures on preventions measures, for psychiatry in general or for legal drugs. It was not possible to determine the percentage accounted for by illegal drugs in these cases. Thus the budget data can only provide a rough idea of what costs arise for public budgets in connection with drug-related treatment.

---

<sup>157</sup> The search terms used were: "Sucht" ("addiction"), "Droge" ("drugs"), "Rauschgift" (drugs), "Betaeubungsmittel" ("narcotics"), "Substitution" ("substitution").

Table 12.1 Federal budget apportionment 2009 with reference to drug-related treatment

Ministry	Budget item	Total (€)	Notes
Federal Ministry of Health	1502 General apportionments Budget item 06 <b>Measures in the area of drug abuse and abuse of addictive substances</b>	16,312,000	Of this amount: <ul style="list-style-type: none"> <li>- Information campaigns in the area of drug and addictive substance abuse (resources are primarily allocated to the BZgA(Head Federal Office for Information on Health): <b>9,236,000</b></li> <li>- Grants to central facilities and associations (German Centre for Addiction Issues (DHS) and DHS project promotion): <b>1,207,000</b></li> <li>- Model projects in the area of abuse of drugs and addictive substances: <b>3,769,000</b> (of this amount 1. Individual projects implementing the Action Plan for Drugs and Addiction for the Area of Legal Drugs, in particular alcohol: <b>1,260,000</b>; 2. Individual projects implementing the Action Plan for Drugs and Addiction for the Area of Illegal Drugs, in particular cannabis: <b>1,260,000</b>; 3. Individual projects implementing the Action Plan for Drugs and Addiction for the Area of Tobacco: <b>1,249,000</b>)</li> <li>- Promotion of national information focal points in the area of addiction (basic documentation and REITOX Focal point): <b>800,000</b></li> <li>- Grants to defray the costs of research and development projects in the area of drug and addictive substance abuse: <b>1,300,000</b></li> </ul>

Table 12.2 Apportionments in *Laender* budgets 2009 with reference to drug-related treatment

Land/Ministry	Budget item	Total (€)	Notes
Thuringia / Ministry for Social Affairs, Families and Health	08 29 Health-care system and psychiatric institutions / budget item 8 Other expenditures on investments and investment promotion measures / 893 02 Other investments in the health-care sector <b>→ Establishment and expansion of facilities for preventing addiction and treatment of substance use disorders</b>	<b>742,000</b>	
	08 29 Health care system and psychiatric institutions / budget item 71 Health promotion, health protection and health aid / 684 71 Measures in the area of health promotion, protection of health and health aid <b>→ Measures relating to prevention of addiction and aid for persons with substance abuse disorders</b>	<b>881,700</b>	This includes EUR 200,000 for measures for the prevention, aid and research of pathological gambling
Schleswig-Holstein / Ministry for Social Affairs, Families, Youth and Senior Citizens	10 02 Health/ 684 04 Grants for the purpose of outpatient aid for addicts and decentralised psychiatry <b>→ Outpatient aid for addicts</b>	<b>1,671,000</b>	The task areas of counselling (including prevention), psychosocial support substitution and assistance and specific aid for persons addicted to substances in agglomeration areas (including low-threshold contact possibilities) are promoted within the framework of regional outpatient aid for addicts. In order to achieve the objectives set, target agreements are concluded each year with the individual associations, a reporting system is set up, controlling meetings are held and if need be adjustments made.
	10 02 Health/ 61 <b>Combating abuse of addictive substances</b>	<b>1,284,600</b>	Of this amount: Experts: <b>30,000</b> - Material costs in connection with combating abuse of addictive substances (the percentage of S-Hs in the Substitution Register and material costs for campaigns are apportioned): <b>14,600</b> - Combating the abuse of addictive substances (subject of promotion:

Land/Ministry	Budget item	Total (€)	Notes
			prevention, reach-out work in the penal system, specific projects for a limited term, <i>Land</i> associations for self-help by addicts, <i>Land</i> Office for Addiction Issues, Women, Treatment of Addiction and Counselling donna clara e.V.): <b>1,240,000</b>
Saxony-Anhalt / Ministry of Health and Social Affairs	05 02 General apportionments / 61 counselling programmes → <b>Addiction counselling</b>	<b>1,496,400</b>	Drug and addiction counselling offices: addiction counselling offices in the <i>Land</i> of Saxony-Anhalt are subsidised in accordance with the Regulation on the Provision of Grants for the Subsidisation of Counselling and Outpatient Treatment Offices for Addicts (circular from the Ministry of Social Affairs from 8th July 1993).
	05 13 Health-care system/ 73 <b>Prevention of additional and aid for addicts</b>	<b>278,200</b>	Of this amount: Grants for the <i>Land</i> Office for Addiction Issues: <b>92,500</b> - Grants for ongoing purposes to public facilities (promotion of general measures throughout the <i>Land</i> to secure broad aid for addicts and prevention of addiction, in particular measures of organisations and institutions which are not affiliated with the non-statutory welfare care and for this reason also require subsidisation): <b>185,700</b>
Saxony / State Ministry for Social Affairs	08 07 Health-care system/ TG 54 <b>Measures, services and facilities in the area of prevention of addiction and aid for addicts</b>	<b>4,820,000</b>	Of this amount: - Grants for ongoing measures to prevent addiction and aid for addicts to social and similar facilities (not including public facilities; estimated are grants for: 1. Special offices for prevention of addictions (235,000), 2. Saxony <i>Land</i> Office against Dangers of Addiction (66,000), 3. Special offers (21,000), 4. Schoolchildren Multipliers/prevention projects (30,000), 5. <i>Land</i> Working Group for the Support of Treatment of substance use disorders (32,000), 6. Material and human resource costs of working projects (56,000), 7. Encounter centres (30,000)): <b>470,000</b> - Grants for ongoing purposes to prevent addiction and provide aid to addicts to public facilities (promotion of addiction counselling and treatment centres (SBB)): <b>3,550,000</b> - Grants for investments in other items (estimated here are grants for investment costs in creating special places in social therapeutic residential centres for persons suffering from chronic multiple damage from addictions (e.g. closed residency, double diagnoses), for the creation of external residential groups and the funding or working projects): <b>800,000</b>
Saarland/ Ministry of Justice, Labour, Health	05 21 Health-care system / item group 71: <b>Measures for treatment of</b>	<b>967,400</b>	Of this amount: - Expenditures on studies programmes, conferences, studies trips,



<b>Land/Ministry</b>	<b>Budget item</b>	<b>Total (€)</b>	<b>Notes</b>
and Social Affairs	<b>substance use disorders</b>		<p>exhibitions, etc., within the framework of treatment of substance use disorders (this item also includes estimates of resources for training working groups and strengthening community prevention of addiction): <b>3,400</b></p> <ul style="list-style-type: none"> <li>- Grants for aid for treatment of substance abuse disorders (estimate includes resources for facilities providing treatment of substance abuse disorders): <b>964,000</b></li> </ul>
Rhineland-Palatinate / Ministry of Labour, Social Affairs, Health, Families and Women's Affairs	06 02 General apportionments / 684 28 <b>Grants for measures for persons at risk of addiction and with substance abuse disorders</b>	<b>4,304,000</b>	<p>Of this amount:</p> <ul style="list-style-type: none"> <li>- Measures at addiction counselling offices and for the prevention of addictions: <b>2,716,000</b></li> <li>- Transitional facilities and projects for social and occupational integration: <b>515,000</b></li> <li>- Measures for reach-out social work and psycho-social assistance: <b>1,013,000</b></li> <li>- Other: <b>60,000</b></li> </ul> <p>Local community measures can also be subsidised with these resources as can the Ministry's own measures.</p>
	06 12 Women/ 684 03 Grants for measures for women in dire psycho-social and health-related situations <b>→ Addiction projects specific to women</b>	<b>161,800</b>	
NRW/ Ministry for Labour, Health and Social Affairs	11 080 Measures for the Health System / item group 71 <b>Combating the danger of addictions</b>	<b>9,787,200</b>	<p>Of this amount:</p> <ul style="list-style-type: none"> <li>- Costs of experts and investigatory projects: <b>25,000</b></li> <li>- Public-relations work (prevention): <b>297,400</b></li> <li>- Other transfers to the Federal level (participation in costs relating to the Substitution Register): <b>70,000</b></li> <li>- Allocations for ongoing purposes to communities and community associations: <b>9,394,800</b> (of this amount 9,369,800 "subject-related lump sums" and 25,000 "aid")</li> </ul> <p>The resources apportioned under "subject-related lump sums" are made available to the districts and independent cities for them to use as they see fit. The target and impact-oriented use of <i>Land</i> resources is supported by a</p>

Land/Ministry	Budget item	Total (€)	Notes
			<p>framework agreement concluded by the NRW Ministry of Labour, Health and Social Affairs, the local peak associations and the peak associations of non-statutory welfare care. The lump sums are used to perform the following tasks:</p> <ul style="list-style-type: none"> <li>○ Prevention and aid programmes for people at risk of addiction and suffering from substance use disorders and their family members</li> <li>○ Programmes for psychosocial assistance of drug addicts using substitutes</li> <li>○ Low-threshold medical and psychosocial aid offers for drug addicts</li> <li>○ Programmes to strengthen self-help</li> </ul>
Lower Saxony / ministry of Social Affairs, Women, Family and Health	0540 Health care administration and the health care system / budget item 88 <b>Measures for combating addiction</b>	<b>7,199,000</b>	<p>Of this amount:</p> <ol style="list-style-type: none"> <li>1. Special offices for addiction and prevention of addiction: <b>4,106,000</b></li> <li>2. Preventive measures: <b>460,000</b></li> <li>3. Psychosocial assistance measures for persons using substitutes: <b>2,045,000</b></li> <li>4. Support for self-help activities: <b>65,000</b></li> <li>5. <i>Land</i> office for issues relating to addictions: <b>330,000</b></li> <li>6. Lower Saxony Addiction Conference: <b>7,000</b></li> <li>7. Continuation of the former heroin model project in Hanover: <b>186,000</b></li> </ol> <p>Average amount of funding: <i>85,000</i></p>
Mecklenburg-Western Pomerania / Ministry of Social Affairs and Health	1002 Public health system / MG 05 <b>Combating drugs, addiction and AIDS</b> (resources for AIDS listed separately > not contained in the subtotal)	<b>2,050,000</b>	<p>Of this amount:</p> <ul style="list-style-type: none"> <li>- Continued training of specialised personnel and public-relations work in connection with drugs and addictions (e.g. prevention campaigns, drafting and production of information material): <b>5,000</b></li> <li>- Expenditures based on works agreements and other forms of contracts (estimated for the execution of studies on the effectiveness of addiction prevention and trends in the development of addiction): <b>25,000</b></li> <li>- Allocations to communal funding agencies for prevention of addictions and combating abuse of addictive substances (estimated for the funding of Addiction Counselling Offices): <b>1,660,000</b></li> <li>- Grant to the <i>Land</i> Coordinating Office: <b>270,000</b> (expenditures on human resources: 220,000; material expenses: 50,000)</li> </ul>

Land/Ministry	Budget item	Total (€)	Notes
			<ul style="list-style-type: none"> <li>Grants to non-statutory funding agencies for the prevention of addictions and combating abuse of addictive substances: <b>90,000</b> (promoting projects for combating addictions: 40,000; Land Office against Addiction Dangers: 50,000)</li> </ul>
Hesse	Promotional product no. 26: <b>Measures for the treatment of substance use disorders</b>	<b>1,264,000</b>	<p>The budgetary resources are earmarked for the Hesse Land Office for Addiction-Related Issues, prevention work, counselling, self-help groups, work projects, data analysis, publications, model programmes, studies and investment. The resources first of all serve as knock-on financing while secondly they subsidise the ongoing work of various projects.</p> <p>Recipients: non-statutory funding agencies for treatment of substance use disorders, local communities and community associations and research institutions (approximately 22 measures).</p>
Hamburg/ Agency for Social and Family Affairs, Health and Consumer Protection	Chapter 4930 Health/ Z62 <b>Drugs and addiction</b>	<b>27,716,000</b>	<p>Of this amount:</p> <ul style="list-style-type: none"> <li>Other material expenditures: <b>108,000</b></li> <li>Re-integration aid for disabled persons – aid for people with substance disorders and at risk of substance abuse: <b>9,270,000</b></li> </ul> <p>(estimates are for expenditures on statutory services for re-integration aid for people suffering from substance abuse disorders. This covers measures in the area of social rehabilitation in overnight shelters and crisis residencies and in after-care facilities for those cases in which the costs can be paid with resources earmarked for social aid, as no other funding agencies with higher priority assume these. Addicts who want to overcome their addiction with the aid of additional medical and therapeutic programmes at specialised clinics and in therapeutic residential communities are admitted to the health care and transitional facilities, but who require a (partial) inpatient framework as a result of their particular social situation to prepare for these measures. These after-care facilities assist the persons suffering from substance abuse disorders after they complete medical rehabilitation in re-integrating them in the social environment.)</p> <ul style="list-style-type: none"> <li>Grants to associations and similar (broken down in the budget plan according to facilities/projects): <b>17,009,000</b></li> <li>National trial testing of heroin administered by physicians: <b>1,329,000</b></li> </ul>
Bremen	Product plan 41 Youth and Social Affairs / Product area 41.07 Aid for	<b>736,000</b>	The services for persons with substance abuse disorders are provided by the Contact and Counselling Centre for Persons suffering from Substance Abuse

Land/Ministry	Budget item	Total (€)	Notes
	addiction, drugs and psych. illnesses / product group 41.07.01 <b>Benefits for people with substance abuse disorders</b>		Disorders – Health Care Centre with low threshold services: meals, exchange of syringes, changing rooms and basic medical care including substitution programmes (EMP) by the funding agency (comeback gGmbH) and the Drug-Counselling Centres Central and North (funding agency: Ambulante Drogenhilfe gGmbH). The aforementioned service package is controlled in product group 51.01.04. Only human resources from the Office for Social Services are provided to the funding agency in this product group.
	Product plan 51 Health / product area: 51.01 Health promotion, protection and aid / product group 51.01.04 <b>Outpatient treatment for drug and substance use disorders</b>	<b>1,242,000</b>	Services for persons with substance abuse disorders are provided by the Contact and Counselling Centre for Persons suffering from Substance Abuse Disorders – Health Care Centre with low-threshold services by the funding agency comeback gGmbH and the Drug Counselling Services Central and North by the funding agency Ambulante Drogenhilfe Bremen gGmbH. Additional projects aiding persons with substance abuse disorders are funded with allocations, primarily in the area of self-help.
Brandenburg / Ministry of Labour, Social Affairs, Health and Families	07 040 Health/ TGr. 86 <b>Psychiatric aid and aid for people with substance abuse disorders</b>	<b>2,075,300</b>	<b>Incl. psychiatry!</b> <ul style="list-style-type: none"> <li>- Experts, court and similar costs (conference costs of the Psychiatric Voluntary Council, conference costs relating to psychiatric care in districts and independent cities and the funding agencies for psychiatric/psychosocial care, costs of the visiting commissions in accordance with the administrative provision, costs of expertises and workshops for the implementation of the Brandenburg Act on Psychologically Ill Persons, conference costs of the <i>Land</i> Conference on Addictions): <b>23,000</b></li> <li>- Allocations to the districts and independent cities (resources for the promotion of human resources and material costs of contact and counselling for persons with psychological disorders and the outpatient counselling and treatment centres for persons with substance abuse disorders (project promotion)): <b>1,566,600</b></li> <li>- Grants to social and similar facilities (grants for human resources and material costs in the area of national aid for persons suffering from substance abuse disorders (Brandenburg <i>Land</i> Office against the Danger of Addiction) and prevention of addiction and costs of projects for the further development of psychiatric/psycho-social health-care structures (project promotion)): <b>485,700</b></li> </ul>
Berlin / Senate Administration for	Health / 54010 Services	<b>138,990</b>	

Land/Ministry	Budget item	Total (€)	Notes
Health, the Environment and Consumer Protection	<b>→ Drug-control examinations and other services in the area of treatment of substance use disorders</b>		
	Health/ 54053 events	<b>10,600</b>	
	<b>→ Measures against drug and alcohol abuse</b>		
	Health/ 63107 <b>Compensation of the Federal government for expenditures</b>	<b>16,300</b>	Of this amount: <ul style="list-style-type: none"> <li>- Share of the <i>Land</i> of Berlin for the Substitution Register at the Federal Institute for Drugs and Medical Devices (BfArM): <b>14,800</b></li> <li>- Share of the <i>Land</i> of Berlin in the national network of experts Prevnet: <b>1,500</b></li> </ul>
	Health / 68406 Grants to social and similar facilities <b>→ Integrated health agreement</b>	<b>10,897,390</b>	Includes the action fields of chronic illnesses, HIV (including AIDS, sexually transmitted illnesses and hepatitis) and drugs and addiction (including basic outpatient care, complementary health care, integration, self-aid and drug-consumption rooms)
MG 02 <b>Land Drug Commissioner / Drug and Substance Use Disorders</b>	<b>3,113,200</b>	Of this amount: <ul style="list-style-type: none"> <li>- Appraisals (including for the evaluations by the Special Office for Prevention of Addiction and the International ESPAD Study): <b>25,600</b></li> <li>- Transfer payments to the Special Office for Addiction Prevention (for the development and execution of measures to prevent addiction in the <i>Land</i> of Berlin on the basis of a service agreement): <b>497,000</b></li> <li>- Other administrative expenditures from ESF resources (resources for the award of technical aid in the execution of ESF job-promotion projects, training and counselling for persons with addiction problems): <b>44,100</b></li> <li>- Awards, prizes (for competitions on the topic of addiction, drugs and tobacco): <b>500</b></li> <li>- Other grants for independent youth welfare (for projects combating drug and alcohol abuse. Secondary-prevention measures are implemented in the projects of Karuna e.V. and in the ecstasy project of the funding agency Way &amp; Sun. Both projects supplement the work of the Special Office for the Prevention of Addictions): <b>407,000</b> (Karuna e.V.: 331,700; Way &amp; Sun: 75,300)</li> <li>- Grants to drug counselling offices (grants for the Federal model Cannabis</li> </ul>	

Land/Ministry	Budget item	Total (€)	Notes
			<p>(cooperation model) and the innovation project "Sustain". The grants estimated for drug-consumption rooms to date under this item (400,000) have been subsumed under the integrated health agreement): <b>137,000</b></p> <ul style="list-style-type: none"> <li>- Grants to social or similar facilities from allocations (expenditures on measures for the prevention of gambling and aid for gambling addicts): <b>250,000</b></li> <li>- Grants to social or similar facilities from ESF resources (for measures and projects relating to occupational training, qualification and counselling of persons with addiction problems): <b>1,380,000</b></li> <li>- Grants to independent youth welfare facilities for standard adjustments (investments): <b>372,000</b> (for the renovation of facilities in Ruhwaldpark: 92,000; for the establishment and furnishing of a training centre for the execution of diamorphine treatments: 280,000)</li> </ul>
Bavaria / State Ministry for the Environment and Health	12 08 Special tasks – Health and veterinary system / budget item 92 <b>Support for combating addictions and drug therapy</b>	<b>7.553.900</b>	<p>Of this amount:</p> <ol style="list-style-type: none"> <li>1. Public-relations work, measures to inform people: <b>221,800</b></li> <li>2. Event-related costs, costs of examinations: <b>683,800</b></li> <li>3. Measures for combating addiction to gambling: <b>2,000,000</b></li> <li>4. Costs of the Substitution Register: <b>58,300</b></li> <li>5. Other allocations to local governments and community associations: <b>147,100</b></li> <li>6. Grants for ongoing purposes to social and similar facilities: <b>4,318,900</b></li> <li>7. Grants for investments in communities and community associations (grants for the establishment of rehabilitation and re-socialisation facilities for persons especially at risk and dependent persons): <b>124,000</b></li> </ol> <p><b>Other reports on resources</b> from 1., 2., 4., 5. and 6. (in sum total: 5,429,900):</p> <ul style="list-style-type: none"> <li>- Information campaign measures, prevention, publications, documentation: <b>859,900</b></li> <li>- Grants for projects and prevention specialists: <b>1,320,000</b></li> <li>- Low-threshold services and assistance for addicts: <b>400,000</b></li> <li>- Promotion of self-help groups: <b>50,000</b></li> <li>- Assistance for prisoners with substance abuse disorders and at risk of addiction in the Bavarian juvenile prisons through external specialists:</li> </ul>

Land/Ministry	Budget item	Total (€)	Notes
			<b>2,800,000</b>
Baden Wuerttemberg/ Ministry for Labour and Social Affairs <sup>158</sup>	0922 Health care / budget item 75 <b>Promotion of measures for the treatment of substance use disorders prevention of addiction</b>	<b>9,313,900</b>	Of this amount: <ul style="list-style-type: none"> <li>- Other material expenditures (in particular for events, epidemiological examinations, etc.): <b>30,000</b></li> <li>- Grants to local communities and community associations (municipalities and districts for the commissioners for prevention of addiction: 511,300; psycho-social counselling and outpatient treatment centres and low-threshold facilities for drug users: 613,500; specialised practices and other measures: 332,400): <b>1,457,200</b></li> <li>- Grants to organisations which work in the field of prevention of addictions (for 1. The associations affiliated in the <i>Land</i> Office for Addiction Issues Providing Aid for Persons with Substance Abuse Disorders in Baden-Wuerttemberg, the League of Non-Statutory Welfare Care in Baden-Wuerttemberg and the Baden <i>Land</i> Association for Prevention and Rehabilitation: 400,600; 2. Self-help groups: 253,100; 3. Psycho-social counselling and outpatient treatment centres and low-threshold facilities for drug users: 5,896,000; 4. Funding agencies of facilities for inpatient aid in the area of treatment of substance use disorders: 0; 5. Other measures (resources for other measures for the treatment of substance use disorders, Treatment of substance use disorders coordination and addiction prevention and the model pilot testing and prorated financing of projects): 77,000; 6. Measures according to §1, section 2 of the Act Implementing the Gambling Treaty: 1,200,000): <b>7,826,700</b></li> </ul>

Quellen: Haushaltsplaene der Laender, verfuegbar auf den jeweiligen Websites der Landesfinanzministerien.

<sup>158</sup> In addition to the expenditures identified here there is still another title in the household of the Ministry of Justice of Baden-Wuerttemberg which includes external drug counselling in prison. The corresponding entry amounted to 703,502 € in the financial year 2002 (BMG, personal information).





### ***Additional information from the individual countries***

In the annual reporting, the drug commissioners of the *Laender* are also written to and requested to report on new information, data and projects in the area of illegal drugs at the *Laender* level. This year they were also asked about information available on the costs of drug-related treatment. The answers from individual German *Laender* to this query are presented in the following. This information supplements the figures from the budget plans by adding a few details, e.g. the annual costs of a full-time position at an addiction counselling office (Baden-Wuerttemberg) or the principle of co-financing of counselling offices by the *Laender* and local communities (Baden-Wuerttemberg and Saarland). On the whole, it would appear that there is a tremendous heterogeneity among the *Laender* and that there are many “hidden” expenditures or information on expenditures which cannot be found in publicly available documents or can only be found with difficulty. The list here can thus not make any claim to completeness. In addition, the denoted amounts are not comparable with each other, since costs exclusive of illicit drugs are only reported in a few cases (Berlin, Mecklenburg-Western Pomerania). In the reports of the other *Laender* costs for licit drugs are included.

#### ***Baden-Wuerttemberg***

There are approximately 400 psychosocial counselling and outpatient treatment centres (PSB) in Baden-Wuerttemberg. *Land* subsidies for the 450 specialists working in this field amount to up to €16,900 per year per full-time position. The recipients of the subsidies are municipalities and districts (counties) which have to contribute an amount at least as much as the *Land* subsidies to the funding of expenditures on human resources. In addition, the *Land* of Baden-Wuerttemberg provides €17,900 per full-time position per year for the positions of local community addiction commissioners/commissioners for prevention of addiction. These positions have been established in all 44 municipalities and districts of Baden-Wuerttemberg. A total of €9.5 million is earmarked in the state budget plan for *Land* promotion (formally voluntary) in the treatment of substance use disorders and addiction prevention.

#### ***Bavaria***

The districts are primarily responsible for the funding of treatment of substance use disorders or drug-related treatment in Bavaria. The Bavarian districts spent approximately €28 million in 2009 on the promotion of psychosocial addiction counselling offices. Data on the costs incurred by the *Land* or communities in connection with drug-related treatment on the whole are not available as a result of the different domains of responsibility.

#### ***Berlin***

The foundation for the funding of projects in the area of illegal drugs in Berlin is provided by the Integrated Health Agreement. Projects totalling €6,316,072 in *Land* resources are available for projects under the Integrated Health Agreement in the budget year 2010. Of this amount:

- €3,986,799 is earmarked for basic outpatient care (14 drug-counselling offices, 2 low-threshold contact programmes and 3 drug-consumption rooms)
- €828,752 for complementary care
- €1,136,404 for occupational integration
- €364,117 for self-help

In addition, psychosocial assistance for substitutes as re-integration aid measures in accordance with §§ 53 et seqq. Social Code XII is funded by the districts (community level). The scope of costs at this level is not known.

#### *Mecklenburg-Western Pomerania*

The *Land* of Mecklenburg-Western Pomerania subsidises 25 counselling and treatment offices for people with substance abuse disorders and at risk of addiction on a voluntary basis every year with approximately €1.7 million for 81 specialists for approximately 1.7 million inhabitants. The actual expenditures which solely relate to illegal drugs can only be estimated as a percentage of this sum. One can assume on the basis of the treatment documentation that the portion for illegal drugs in 2009 was around €250,000.

#### *Lower Saxony*

Co-financing of substance-use disorders of the Land Lower Saxony aims at sustainability. It is defined by the institutional promotion of non-governmental or non-church-affiliated facilities specialized to a large extent on the treatment of various substance-use disorders (special facilities for the treatment and prevention of addiction). At present there exist 76 facilities of this type plus any subsidiaries.

These special facilities receive a grant from the Land of more than 4,089,000 € within the framework of a basic allocation. In recognition of the urgent need of putting the emphasis on the field of prevention and work with drug addicts (psychosocial monitoring) the Land additionally supports the facilities with 460,000 € (prevention) or rather 2,045,000 € (psychosocial monitoring).

The Centre for Addiction Issues of the Land Lower Saxony receives a grant of 362,000 €.

For the most severe addicts participating in the former heroin model project in the capital city Hannover the Land Lower Saxony spends 172,000 € in 2010 for their further treatment with diamorphine.

#### *Saarland*

The funding of the special offices for prevention, counselling, referral and outpatient care in the case of consumption of addictive substances comes from *Land* and local community resources. The volume of subsidisation from the *Land* is approximately €1.4 million. The share from communities varies for the different facilities. Co-financing of €600,000 is provided for psychosocial counselling offices for addiction issues by the districts (counties). On top of this, the local communities also provide their share of funding for the psychosocial counselling offices.

### ***Information from the German statistical report on treatment centres for substance use disorders***

Information is also collected on the funding of participating institutions in the German statistical report on treatment centres for substance use disorders (DSHS). Because this information is voluntary, data is only actually available on some of the facilities, which restricts the representativeness of the data considerably. Because the data is moreover aggregate, it is difficult to make any meaningful statements on actual funding percentages.

In 2009 37 out of the 157 participating inpatient facilities (most of them rehabilitation clinics) stated one remuneration rate per day of care. This amount is €247 on the average. Only 13 facilities have data on funding agencies. The pension insurance schemes are the most frequently named funding agency, following by the health insurance schemes. On average an inpatient facility has €1,349,391 available (Pfeiffer-Gerschel et al. 2010d).

At outpatient facilities, on the other hand, the response rate is somewhat higher: of the 779 participating facilities, data on funding is available for 291 (37%). The average annual budget per facility in 2009 was accordingly €326,997. A large portion of these state that their funding comes from local community resources (n=272; 93.5% of the facilities) and from *Land* resources (n=238; 81.8% of the facilities). Statutory Pension Insurance Schemes, non-public agencies own resources and “other resources” were stated by approximately 50% of the facilities as sources of funding. On top of this, resources from health insurance schemes, reimbursements by clients, human resource funds in the labour administration and scattered Federal resources are listed (Pfeiffer-Gerschel et al. 2010e).

## **12.2 Cost studies**

Because a comprehensive overview of the government expenditures on the entire area of “illegal drugs” was lacking until recently, a project was carried out by IFT Munich and funded by the Federal Ministry of Health in 2008 which for the first time attempted to make an estimate of direct expenditures relating to abuse of and dependence on illegal drugs for 2006 (Mostardt et al. 2009). The expenditures of statutory health care and statutory pension schemes determined by this project are presented in the following to the extent that these relate to the treatment of drug consumers<sup>159</sup>. The results are present in Table 12.3.

---

<sup>159</sup> The study was conducted in the form of a written survey. The German National Statutory Pension Insurance was surveyed using a standardised questionnaire on the amount of expenditures for medical rehabilitation (outpatient and inpatient) of all 16 German Statutory Pension Insurance Schemes. The 40 largest statutory health insurance schemes were also surveyed using standardised questionnaires about their expenditures on medication, stays in hospitals, rehabilitation, contacts to physicians offering substitution, contacts to other physicians, emergency cases, remedies and auxiliary resources, sickness benefits, stays in psychiatric facilities and socio-therapy in connection with illegal drugs. The information provided by the participating health insurance schemes was finally aggregated by using the number of insured persons in the entire statutory health-insurance scheme.

Table 12.3 Expenditures on statutory pension and health insurance schemes in connection with drug-related treatment in Germany in 2006

<b>Scheme making expenditure</b>	<b>Type of expenditure</b>	<b>Amount of expenditures determined</b>
Pension insurance schemes	Medical rehabilitation outpatient (11,678 cases)	€ 112,275,400
	Medical rehabilitation inpatient (350 cases)	€ 366,670
	<b><i>Subtotal for pension insurance schemes</i></b>	<b>€ 112,642,070</b>
Health-care schemes	Hospital stays (not including psychiatry)	€ 6,406,000
	Psychiatry	€ 232,760,000
	Medication (methadone, buprenorphine...)	€ 55,173,000
	Outpatient contacts with physicians	€ 167,002,000
	Contacts to physicians prov. substitution	€ 742,000,000
	Medical rehabilitation (inpatient)	€ 27,740,000
	Emergency cases	€ 4,751,000
	Sickness benefits	€ 25,701,000
	Sociotherapy	€ 580,000
	Remedies	€ 33,543,000
	Auxiliary resources	€ 106,000,000
	<b><i>Subtotal health insurance schemes</i></b>	<b>€ 1,401,656,000</b>

Mostardt et al. 2009.

It must be kept in mind that these results are based on estimates which are in turn based on various assumptions. On the whole, one can assume that actual expenditures tend to be underestimated, as most of the amounts are based on conservative estimates.

### 12.3 Full economic evaluations

Studies on cost effectiveness have scarcely been carried out in Germany in the area of illegal drugs. The only comprehensive economic evaluation which we are currently aware of took place within the framework of the German model project for the heroin-supported treatment of opiate addicts<sup>160</sup> as a secondary research project on the health economy (v. d. Schulenburg, M. & Claes 2006). It addresses the costs and effects of heroin-supported treatment in comparison with methadone treatment in the project and covers the first twelve months of the study.

<sup>160</sup> The Federal German model project on the administration of heroin is a scientific pharmaceutical review study which took place in seven cities with a total of 1,015 participants from 2002 to 2004 and within the framework of which severely addicted persons received injectable heroin as medication. A parallel control group received methadone.

### *Results of the secondary health economy research*

The clinical study showed that both study treatments are cost effective from the perspective of funding agencies as well as the societal perspective, as both forms of therapy improved the health-related quality of life of the participants in the study. The analysis of sensitivity and scenario analysis performed in the health economy valuation provides legitimate reason to assume that the execution of the study treatment with a regular supply saves on costs both with the heroin-supported treatment as well as methadone substitution from a societal perspective over the medium term.

### *Costs of heroin-supported treatment*

Data was evaluated on 1,015 participants in the study. The costs of the study treatment were determined using the cost-bearer estimation method, i.e. both investment (e.g. initial equipment and if need be construction of new heroin outpatient clinics) and ongoing operating costs were included. The ongoing operating costs break down into human-resource costs, medication, expendable medical material, laboratory costs, space costs, general administrative costs and depreciation for wear and tear on capital goods. If the treatment costs are assigned to all the participants included in the study, the heroin-supported treatment cost € 14,331 per participant in the first twelve months of the study, while the figure for methadone was € 3,314.

As a result of the different retention rates in the two treatment groups, i.e. a higher retention rate in the heroin group, it was also estimated how much the treatment of every participant cost who continued the study treatment over the entire twelve month period. The average annual costs were € 18,060 per participant in the heroin-supported treatment and about € 6,147 in the methadone treatment (see Table 12.4).

As expected, the greatest portion of expenses was the area of human resource costs, which with 59% of the costs in the heroin group and 63% in the methadone group are an additional significant cost item, even if this was largely due to the need to keep records for the study. The costs of the substitution medication in the methadone group, on the other hand, € 160, is probably underestimated. The authors stated that Goelz (2006; unpublished manuscript) estimates the annual costs of methadone in Germany in a range from € 648 and € 1,716 per preparation and daily dosage, which means average annual medication costs of around € 867. Taking into account that approximately 15% of the patients receiving substitutes in Germany were given buprenorphine, the average costs of medication were € 1,033 per year. The greater expenses for heroin-supported treatment in comparison to methadone substitution is especially due to longer opening hours, stricter security measures and injection under the supervision of physicians. A model estimate for an "ideal heroin outpatient clinic" indicates that with a regular supply costs can be expected which are approximately € 2,000 less per patient per year.

Table 12.4 Average annual costs of the study treatment per participant within the framework of the model project on the administration of heroin (2002-2004)

	Heroin prescription		Methadone treatment	
	(n=346)	percentage	(n=200)	percentage
Medical staff (physicians)	€ 4,040	22%	€ 1,372	22%
Psychosocial assistance	€ 1,951	11%	€ 1,888	31%
Specialised medical personnel	€ 4,694	26%	€ 589	10%
Testing substances	€ 2,253	12%	€ 160	3%
Expendable medical material	€ 524	3%	€ 14	0%
Laboratory costs	€ 2,006	11%	€ 1,627	26%
Costs of rooms and space	€ 621	3%	€ 128	2%
General administration	€ 1,320	7%	€ 290	5%
Depreciation for wear and tear	€ 651	4%	€ 78	1%
Subtotal	€ 18,060		€ 6,147	

v. d. Schulenburg, M. & Claes 2006.

#### *Cost savings with respect to other illness-related costs*

It was examined whether the study treatment allowed costs to be saved in other areas of health care. The medication provided to both treatment groups was not significantly different from that of the previous year of treatment. The use of drug therapies and outpatient and inpatient treatment (acute and psychiatric care) did change, however. In comparison to the previous period, the heroin-support treatment helped save €3,777, while the methadone therapy reduced costs by €1,134.

From the perspective of the statutory health insurance schemes, the heroin-supported treatment as well as methadone substitution are associated with high costs and neither therapy helps save on costs. Nor is this changed by the funding of psychosocial assistance, which is at present paid for with local community or *Laender* resources. From a health economy perspective, a cost-saving effect is only to be expected if all the costs and benefits are included, i.e. including valuation from a societal perspective.

#### *Cost savings in the area of delinquency, legal action before court and gains in macro-economic productivity*

The comparison of the first year of the study with the previous year reveals that the cost savings from a societal perspective in heroin-supported treatment are greater than with the methadone treatment. While in the first year of treatment the damage caused by delinquency in the heroin-supported group declined by €3,251, the damage caused by delinquency within the framework of the methadone-supported treatment dropped by €752. Costs also declined more with respect to arrests for the heroin-supported group than the methadone-treatment group (heroin: - €1,209; methadone: - €826).

The comparison of costs relating to legal action before courts indicated an increase in both treatment groups (heroin: €2,342; methadone: €3,519). This could be due to a steadier lifestyle (e.g. fixed residence) having made it easier for police investigations to find the participants. Moreover, legal action before a court for offences committed before the treatment could take place during the treatment.

The study showed a lower increase in gainful economic activity in the first year of the study. The gain in macro-economic productivity in the heroin-supported treatment was €163, and in the methadone treatment €187 per participant in the study and per year (approximately 2 working days per year on average).

In sum total, taking the costs of sickness, costs relating to delinquency, arrest and court costs all together, the participants in the study in the heroin group generated savings of €5,966 per year, while the methadone group caused €2,069 in additional costs.

#### *Cost-benefit analysis*

The cost-benefit analysis compares the improvement in the quality of life through the therapies (measured with a preference-based index instrument specific to an illness, the EQ-4D) with the costs generated. The cost-benefit ratio shows that less expenditures are necessary for the heroin-supported treatment in order to achieve an increase in a quality-adjusted life year (QALY) than in the case of methadone substitution (heroin: €154,907 per QALY; methadone: €170,835 per QALY). When the cost-benefit ratio of those participants in the study who underwent treatment over the entire twelve month period is examined, the methadone treatment shows itself to be significantly superior to the heroin-supported treatment. If one takes into account the participants who dropped out of the study, however, the cost-benefit ratio for the methadone drop-outs is significantly lower. The success of methadone treatment is apparently completely eliminated when participants drop out. Just like the clinical results of the main study, this demonstrates that heroin-supported treatment is a good idea and cost-effective if patients are treated who would not profit from the methadone therapy.

#### *Additional data on the costs of treatment*

In addition to the specific results on cost effectiveness of the two treatment conditions, the economic evaluation furnished general information on costs of treatment.

Table 12.5 below shows the costs of drug therapies, outpatient and inpatient (psychiatric) treatments per week. These can in principle be projected above and beyond the project to the system for the treatment of substance abuse disorders as a whole. Most of the information is by the same token based on estimates or calculations using secondary data (e.g. German Statistical Report on Treatment Centres for Substance Use Disorders), the Federal Working Group for Funding Agencies for Psychiatric Hospitals). Percentage breakdowns for human resource or material costs could not be estimated.

Table 12.5 Costs of different therapies per week

	<b>Therapy costs per week</b>
Outpatient detoxification	€ 32
Inpatient detoxification	€ 2,469
Outpatient substitution (excluding the substitute costs)	€ 32
Psychosocial assistance (supportive)	€ 37
Outpatient drug-free therapy	€ 52
Inpatient drug-free therapy	€ 3,047
Therapeutic community residence (supportive)	€ 700
Day clinic	€ 700
Psychiatric clinic	€ 1,048
Outpatient psychiatric treatment (supportive)	€ 50
Other clinic / ward	€ 3,047
Other treatment	€ 700

v. d. Schulenburg, M. & Claes 2006.

The annual costs of therapy per participant in the study in the first 12 months prior to the commencement of the project averaged € 8,913.



