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for Drugs and Drug Addiction



# Drug Policy

## GERMANY

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## 0 SUMMARY

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 prevalence, 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 levels (a) prevention, (b) counselling and treatment, cessation assistance, (c) measures for harm reduction and (d) repression. The intention is to create a balance between measures aimed at reducing demand and those aimed at reducing supply.

The Federal Government, *Laender* and municipalities share responsibility for 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 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 use of drugs is reviewed every three years by the major epidemiological studies (Epidemiological Survey of Substance Abuse (Epidemiologischer Suchtsurvey, ESA) and drug affinity study (Drogenaffinitätsstudie) of the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA). In addition, many individual projects are continuously evaluated.

The main challenges in calculating drug-related expenditure lie in the federal structure of Germany and the principle of subsidiarity, which has led to a complex 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 which the *Laender* and municipal authorities spend on drug and addiction problems is not compiled or aggregated at the national level at

present as a result of limited comparability. A methodological problem 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 estimation 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 estimation has not since been carried out.

## 1 NATIONAL PROFILE

### 1.1 National drugs strategies

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 prevalence, 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

**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 ( <a href="http://www.drogenbeauftragte.de">www.drogenbeauftragte.de</a> )	All substances

#### 1.1.2 Current national drugs strategy

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 healthcare 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 high risk use behaviour, which is harmful to health and limits personal development even if it does not necessarily lead to a dependence.

The strategies include quality and efficiency assured measures to secure and improve sustained health and quality of life as well as to meet the present challenges caused by demographic 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 levels:

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

The intention is to create a balance between measures aimed at reducing demand and those aimed at reducing supply. Addiction policy includes 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 healthcare 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**

In addition to the National Strategy on Drug and Addiction Policy, a number of 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 (Jugendschutzgesetz, 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**

As mentioned above, the Federal Government follows an integrative approach to its addiction policy. Unlike in other European countries, in Germany legal and illegal addictive substances are considered together, as well as pathological gambling and the effects of intensive media consumption. No other relevant documents are known besides the National Strategy on Drug and Addiction Policy.

#### **1.1.5 Regional drug strategies / action plans**

Due to the federal structure of Germany, *Laender* or municipalities remain 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 were found on the internet. Specialist publications from the respective *Land* bodies exist in some *Laender*, which address 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 should be noted that there is little information on the corresponding documents at *Land* level, which are 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 <sup>1</sup>	All	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		Land commissioner on narcotic drugs: drugs and addiction policy <sup>2</sup>	All	Prevention, counselling and treatment, harm reduction and survival support, repression and control
Brandenburg	2011	Model and development of addiction prevention in Brandenburg <sup>3</sup>	All	Model and requirements of addiction prevention in the development and implementation of addiction prevention measures in Brandenburg
Bremen				

<sup>1</sup> [https://www.stmgp.bayern.de/wp-content/uploads/2015/11/grundsaeetze\\_suchtfraegen.pdf](https://www.stmgp.bayern.de/wp-content/uploads/2015/11/grundsaeetze_suchtfraegen.pdf) [Accessed: 17 Sep. 2018].

<sup>2</sup> <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> [Accessed: 17 Sep. 2018].

<sup>3</sup> [https://masgf.brandenburg.de/cms/media.php/lbm1.a.3310.de/leitbild\\_suchtpraevention.pdf](https://masgf.brandenburg.de/cms/media.php/lbm1.a.3310.de/leitbild_suchtpraevention.pdf) [Accessed: 17 Sep. 2018].

Hamburg	2014	Foundations and goals of addiction prevention for young people in Hamburg <sup>4</sup>	All	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 <sup>5</sup>	All	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

Reference is made to section 1.1.5 as far as Berlin's drug and addiction policy measures are concerned (Bundesland Berlin).

### 1.1.7 Elements of content of the EU drug strategy and EU drug action plan reflected in national drug strategy

As the National Strategy on Drug and Addiction Policy was adopted in 2012, naturally it cannot have any reference to the current EU drug strategy (2013 - 2020) or the current drug

<sup>4</sup> <https://www.hamburg.de/contentblob/4356518/9b823fb93ee50fdffa2318832362a024/data/suchtpreventionsbericht-download.pdf> [Accessed: 17 Sep. 2018].

<sup>5</sup> <https://www.mags.nrw/suchterkrankungen> [Accessed: 17 Sep. 2018].

action plan of the EU (2017 - 2020). Nonetheless, Germany's drug policy is in line with the goals set out in the EU drug action plan.

### **1.1.8 Additional information**

No information is available on this.

## **1.2 Evaluation of national drugs strategies**

### **1.2.1 Lists of recent action plan evaluations**

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 regional outpatient addiction support facilities. There are no uniform, formal requirements or criteria for quality assurance with regard to measures aimed at reducing demand for drugs. Approaches in this area – the development of guidelines and programmes for quality assurance – are, however, followed in practice by professional and scientific associations, as well as by the funding agencies, without any mandatory requirement always to apply or take into account such approaches (for information on the guidelines for quality assurance see also the Best Practice workbook). 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**

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.

### **1.2.3 Planned evaluations**

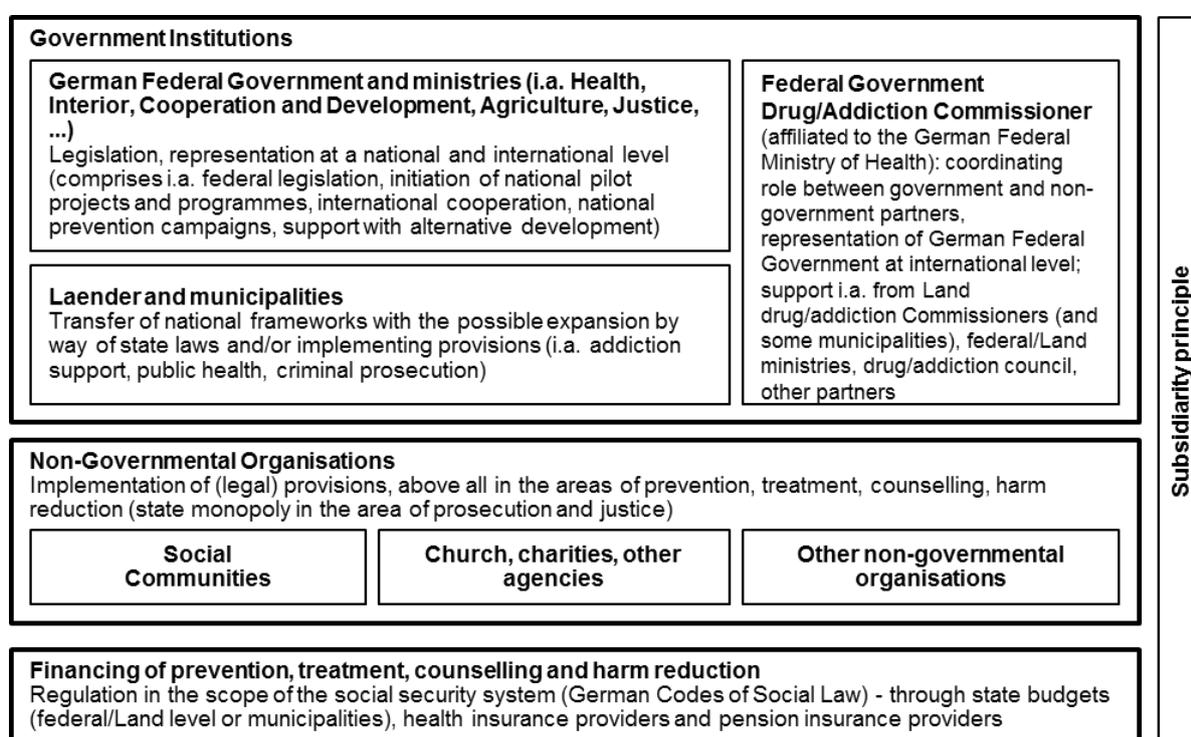
No additional information is available on this.

### 1.3 Drug policy coordination

#### 1.3.1 Coordination bodies involved in drug policy

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

On 1 December 2014, the Commissioner newly convened the 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 German Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) is responsible for the authorisation of pharmaceuticals. Affiliated with the BfArM is the Federal Opium Agency (Bundesopiumstelle, BOPST) which, among other things, grants licences to trade in narcotic drugs and precursors and monitors the trade in narcotic drugs and precursors among licence holders. It also keeps the national substitution register. Since the introduction of the "Cannabis as Medicine" law in 2017, the national cannabis agency has also been established at the BfArM (c.f. on this point the Legal Framework workbook).

### **The role of the *Laender* and the municipalities**

The 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 counselling, care and general prevention activities. The aim thereby is not least to improve the integration of youth welfare and drug support, which have numerous overlapping areas. However, this 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, rehabilitation treatments and transition facilities, complementary services (low-threshold facilities, day-care facilities, employment and occupational projects, outpatient assisted living, hostels for young people, socio-therapeutic transitional residential facilities, hostels for the homeless) and other specific services (nursing homes and secure psychiatric facilities) and addiction self-help initiatives. The work of the large majority of the care facilities is governed by an integrative approach (legal and illegal substances, pathological gambling, problems linked to computer or internet

use, eating disorders, etc.), which is, where necessary, complemented by specific measures for specific target groups. As for the preventive activities undertaken amongst at-risk groups, in addition to local measures, projects available nationwide such as the Early Intervention with Drug Users Coming to the Attention of Law Enforcement for the First Time (Frühintervention bei erstaußälligen Drogenkonsumenten, FreD) which was recently extended to include the target group of methamphetamine users, or the implementation of various intervention programmes such as "Realize it" or "CANDIS" have also proven successful in the *Laender*.

The *Laender* are also increasingly focussing on children and adolescents as well as on legal addictive substances. Moreover, their interest is also centred around making support systems more target oriented, comparing requirements and supply in addiction care as well as optimising the aid system through improved cooperation, cost control and sharing of workload. There are numerous projects currently running which are aimed at a whole series of target groups in a variety of settings and with different areas of focus; individual projects are reported in the corresponding workbooks (Prevention, Treatment, Harms and harm reduction).

### **The role of the funding agencies**

Funding of treatment and rehabilitation is, for the most part, provided through the pension insurance providers or the statutory health insurance providers respectively. Alternatively, funding is taken over by social welfare providers. Costs caused by (secondary) disorders resulting from drug use and physical detoxification are generally covered by the health insurance providers. Outpatient and inpatient medical rehabilitation are usually paid for by the pension insurance providers. Social insurance providers act 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 healthcare 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 healthcare. 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 on 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 an associate 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**

A detailed overview of the data sources available in Germany regarding public budget expenditure, as well as a presentation of the problems associated with the collection and analysis of this data, were the subject of a Selected Issue chapter of the REITOX Report 2007, which is available in German and English on the DBDD website.

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. In particular, information on financial resources which the *Laender* and municipal authorities supply for drug or addiction problems is not compiled or aggregated at the national level at present due to limited comparability. A methodological problem 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 estimation of the overall costs.

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

##### **1.4.1 Data on drug related expenditure**

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) expenditure from public funds and social insurance providers related to illicit drugs (Mostardt, Flöter, Neumann, Wasem, & Pfeiffer-Gerschel, 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 expenditures are broken down in more detail in standard table STPE for the year 2008 as well as in the publication of the findings (Mostardt et al., 2010). In view of the huge cost and workload involved in a comprehensive collection of data and estimation of public expenditure, the findings of the 2008 study have as yet not been followed up. There is no current data available.

In order to be able to meaningfully assess the negative effects of cannabis consumption in the scope of economic cost-benefit decisions, and include them as part of the health policy decision making process, an analysis of the medical-economic costs of cannabis consumption in Germany was presented 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 considered (a more detailed presentation of the results of the study can be found in the 2016 Drug Policy workbook).

#### **1.4.2 Breakdown of estimates of drug related public expenditure**

There is no current data available in this area.

## **2 TRENDS**

Not applicable for this workbook.

## **3 NEW DEVELOPMENTS**

### **3.1 New drug policy developments**

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 model programmes and research projects funded by the Federal Government are shown below in tabular form in Table 1. 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 that focus on the target group of (meth-)amphetamine users. Funding measures in the area of "new psychoactive substances", such as an evaluation of the effects of the NpSG and projects concerned with the extent of problem substance use among refugees and their support needs, also reflect current priorities of drug policy in Germany. In addition, further projects are funded, which strengthen (online) self-help activities or promote the use of modern media in addiction prevention. In addition, a more intensive examination is currently being undertaken as to the potential causes of the renewed increases in drug induced deaths.

A parental addiction disorder is one of the most central risks to a healthy development of children and adolescents. In light of the large number of affected people, in 2017 the Commissioner on Narcotic Drugs gave this topic particular attention and dedicated numerous events and projects to it (see on this point also the 2017 Drug Policy workbook).

On 27 June 2018, the fifth "Alternative Drug and Addiction Report"<sup>6</sup> ("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.) 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 release on the Alternative Drug and Addiction Report, the focus in the area of illicit drugs for this year was stated as being a detailed examination of cannabis use (both medicinal use and for pleasure). In addition, the report covered numerous other topics, including the need to create work and employment for persons affected, to forge ahead with the expansion of harm reduction projects, particular challenges in connection with law enforcement and imprisonment, drug use and how to deal with it in cities or the question of the role played by cocaine on the German market.

In connection with political framework conditions, debates, particularly regarding the substance cannabis, continue to take place in Germany in various places. It remains the case that few topics in drug and addiction policy are addressed publicly as often and few other topics are discussed as controversially in public, amongst politicians and amongst professionals. Aspects of discussion which regularly recur are the effects of the ban in the areas of youth protection, prevention and harm reduction as well as consequences for the economy as a whole, foreign policy, security policy and development policy.

With the introduction of the German Cannabis as Medicine Act in 2017, the legislator created the possibility not only of cannabis being able to be used under certain conditions as a medication but also of the costs incurred for the treatment being reimbursed by the health insurance providers (c.f. on this point also the Legal Framework workbook). A systematic evaluation of the effects of the Act is still outstanding, however it is provided for – even if the methodology is the subject of critical discussion – in the form of an accompanying evaluation

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<sup>6</sup> <http://alternativer-drogenbericht.de/> [Accessed: 25 Sep. 2017].

stipulated in the legislative text, which must include all treatment cases carried out in this context. Even after its introduction, the act continues to provoke much political discussion, ranging from critically highlighting problems with the implementation (identification of doctors, who are prepared to offer such treatment or problems with the supply of cannabis on the basis of import difficulties), and calls, which still exist, for the use of cannabis to be regulated differently also in relation to recreational purposes (decriminalisation or depenalisation), to fears that the new Act has made the first step in "legalisation through the back door".

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 and address, 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.

At the end of 2015 the BMG commissioned a systematic scientific analysis, which consists of two parts, concerning the risks of recreational cannabis use<sup>7</sup> and the potential of cannabis based pharmaceuticals. The project, with the acronym "CaPRis", involved a great number of experts in an advisory function and presented its findings at the end of 2017. The starting point of the project in 2015 was the observation of the rapid development in scientific knowledge over the past 25 years on the effects of cannabinoids and a marked increase in scientific literature concerning the risks of recreational cannabis use. The goal of the study was scientifically to analyse and present the current scientific state of knowledge on the risks of recreational cannabis use and on the potential of cannabis-based pharmaceuticals. In addition, an objective, valid assessment of the data published in the last ten years, using the best scientific evidence, was planned:

- On the psychological, organic and social consequences of the recreational use of herbal and synthetic cannabis products
- On the effectiveness, tolerability and safety of cannabis-based pharmaceuticals in the case of organic and psychological disorders
- On the motives and expectations of non-medically prescribed cannabis use (i.e. in the sense of self-medication).

In accordance with the international and national standards applicable to carrying out systematic literature research, a comprehensive review was produced by the authors. In the results section, the authors discuss in detail the currently known effects on cognition, organic and psychosocial consequences, affective disorders, anxiety disorders and suicide, psychotic disorders, cannabis abuse and dependence, driving safety and synthetic cannabinoids in connection with recreational cannabis use. The second part of the study is

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<sup>7</sup> [http://www.crd.york.ac.uk/PROSPERO/display\\_record.asp?ID=CRD42016033249](http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016033249) [Accessed: 25 Sep. 2017].

dedicated to the effectiveness, tolerability and safety of cannabis-based pharmaceuticals, paying special attention to the current state of knowledge with regard to chronic pain, spasticity, nausea and vomiting, gastrointestinal, neuroinflammatory, neurodegenerative and neurological disorders, psychological disorders and self-medication.

In the results and conclusions section, the authors argue that, among other things, "a differentiated and at the same time detailed picture of the differing level of risk when using herbal and synthetic cannabinoids in the area of somatics, cognition, the development of dependence, psychological disorders (anxiety disorders, depression and suicidal tendencies, bipolar disorders, psychoses) as well as social consequences (e.g. educational opportunities, fitness to drive)" is revealed. Of those, "starting to use cannabis at an early age, namely during adolescence, intensive patterns of use and co-using tobacco were identified, among other things (...) as particular risk factors." (E. Hoch, Schneider, M., Friemel, C. M., von Keller, R., Kabisch, J., 2017)<sup>8</sup>.

The authors point to international data gaps, for example in the area of the development of dependence and psychosocial consequences. Furthermore, risks from synthetic cannabinoids were highlighted in particular. In summarising, the authors come to the conclusion that "the evidence-based facts (demonstrate) an increased risk of negative psychological, organic and social consequences in relation to the recreational use of cannabis" (E. Hoch, Schneider, M., Friemel, C. M., von Keller, R., Kabisch, J., 2017).

From this they deduce the necessity of appropriate measures to provide education, prevention and risk minimisation and in particular to protect adolescents. "In the area of the medical application of herbal, synthetic and semi-synthetic cannabinoids, a benefit has been found in the case of the indication "nausea and vomiting or appetite stimulation" among people with cancer and HIV/AIDS being treated with chemotherapy. For "chronic pain", most evidence shows slight pain reduction and various improvements in secondary measures, in comparison to placebo. As a rule, cannabis-based pharmaceuticals were administered with analgesics. The data does not currently show a substantial reduction in symptoms. In the case of "spasticity, multiple sclerosis and paraplegia", there is likewise "subjective" but insufficiently quantifiable indications of an improvement in symptoms. Inconsistent results are available from mostly inadequate studies in the area of gastrointestinal, neuroinflammatory, neurological and psychological disorders. With respect to the tolerability and safety of cannabis-based pharmaceuticals, the available studies clearly show that side effects of cannabis-based pharmaceuticals certainly can occur cumulatively, most are transient however and not serious. The findings on the medical use of cannabis do not currently allow, due to a lack of evidence, any conclusions to be drawn on the multifaceted indications that need to be reviewed on an ongoing basis." (E. Hoch, Schneider, M., Friemel, C. M., von

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<sup>8</sup> [https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5\\_Publikationen/Drogen\\_und\\_Sucht/Berichte/Kurzbericht/171127\\_Kurzbericht\\_CAPRis.pdf](https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Drogen_und_Sucht/Berichte/Kurzbericht/171127_Kurzbericht_CAPRis.pdf) [Accessed: 20 Sep. 2018].

Keller, R., Kabisch, J., 2017). The entire study has been available in published form since 2018 ((E. Hoch, Friemel, C.M., Schneider, M., in press).

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

Funded Projects	Project Period	Notes
<b>Drug use in the population and in specific sub-groups</b>		
Representative survey (ESA) funding period 2017-2019	Ongoing	Survey on drug use every three years
Prevalence, trends and health-related consequences of the use of psychoactive substances	10/14 - 06/17	
New Psychoactive Substances	10/15 - 08/17	Co-financing of the EU project on new psychoactive substances
Crystal meth use among women	06/16 - 12/17	Determination of motives of female crystal meth users and the development of a leaflet
ImagenPathways	07/16 - 08/18	Investigation of the pathways and development of drug use in young adulthood
ATTUNE	09/16 - 08/19	Pathways of drug use among users of illicit drugs in Germany, GB, Netherlands and Poland
Monitoring NPS and medicinal drugs (follow-up project PHARMON)	01/17 - 12/18	
Estimate of opioid addicts in Germany	04/17 - 01/18	Estimate of the extent of opioid addicts in Germany
<b>Drug-related treatment</b>		
Statistical Report on Substance Abuse Treatment in Germany (Deutsche Suchthilfestatistik, DSHS) funding period 2018	Ongoing	Basic documentation system
Online self-help for methamphetamine users II	10/14 - 03/19	Development and evaluation of a target group specific service
Regional cooperation model for improving care for women with addiction issues affected by violence	01/15 - 12/18	Overcoming the interface problems of the support system for women affected by violence and the addiction support system as a pilot project in the Rostock and Stralsund regions.

Support networks and impacts on relatives of people with problem use of alcohol and illicit drugs	04/15 - 09/17	Expansion of knowledge regarding access routes, impacts, resources and support requirements of relatives
Conference on "Stigma of addiction disorders"	03/16 - 08/17	Understanding and overcoming addiction disorders
QUASIE	03/16 - 06/18	Qualified handling of addictive substances in youth support institutions
Crystal meth and Families II	03/16 - 09/18	Follow-up project on crystal meth and families
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 for crystal meth users)	07/16 - 03/20	
Drug use and support needs of refugees	06/17 - 01/18	Determination of use biographies, patterns and treatment experiences among refugees as well as the needs and barriers to the use of services
Dresden clinical pathway for crystal meth	07/17 - 06/20	Evaluation and creation of a handbook
Position papers and guiding principles on addicts' relatives (POLAS)	08/17 - 01/18	Creation of a systematic overview to reference impacts and treatment recommendations in relation to relatives of addicts
<b>Prevention</b>		
Follow-up project on prevention and reduction of substance use among students	02/16 - 12/17	Dissemination and sustainable implementation of prevention measures
Smartphone App Checkpoint C	11/16 - 10/18	Addiction prevention by smart phone - Using new technology to reach more crystal meth users

Kidkit networks nationwide	02/17 - 07/18	Development of a database of, if possible, all prevention, counselling and therapy services for children and adolescents
Addiction prevention and health promotion in education	04/17 - 03/18	Analysis of the basis of the project results on the connection between substance use and the utilisation of prevention services
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
<b>Other projects funded by the BMG which are related to drugs</b>		
German Monitoring Centre for Drugs and Drug Addiction (DBDD), funding period 2018	Ongoing	Preparatory work by the German national focal point for the EMCDDA in Lisbon
Development and testing of an internet based training module for professionals	07/16 - 05/18	Development and testing of the module using the example of addiction support
Evaluation of the effects of the German New Psychoactive Substances Act (NpSG)	06/17 - 05/19	The effects of the NpSG on users, the addiction support system and law enforcement authorities are intended to be qualitatively and quantitatively evaluated
Drugs on television	07/17 - 01/18	Collection and presentation of data on drugs and addiction on German television
Analysis of drug-induced deaths	08/17 - 12/17	Evaluation of drug-induced deaths in the period 2012-2016
Series of workshops to collect information on good practice approaches to integrate addicts into working life	08/17 - 05/18	Series of workshops to achieve a comprehensive transfer of experience

## 4 ADDITIONAL INFORMATION

### 4.1 Additional sources of information

No additional information is available on this.

## 5 SOURCES AND METHODOLOGY

### 5.1 Sources

- Bundesgesetzblatt (2015). Gesetz zur Stärkung der Gesundheitsförderung und der Prävention (Präventionsgesetz - PrävG). As at 17 Jul. 2015. Bundesgesetzblatt Jahrgang 2015 Teil I Nr. 31, Bonn.
- Bundesministerium für Gesundheit (2017). Press release: „Cannabis als Medizin“ unanimously approved by the Bundestag. Available at: [https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/4\\_Pressemitteilungen/2017/2017\\_1/170119\\_02\\_PM\\_Cannabis\\_als\\_Medizin.pdf](https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/4_Pressemitteilungen/2017/2017_1/170119_02_PM_Cannabis_als_Medizin.pdf) [Accessed: 30 Oct. 2017]
- DHS (Deutsche Hauptstelle für Suchtfragen; German Centre for Addiction Issues) 2015 Cannabispolitik in Deutschland. Maßnahmen überprüfen, Ziele erreichen. DHS, Hamm.
- Die Drogenbeauftragte der Bundesregierung (2014). Geschäftsordnung des Drogen- und Suchtrates of 1 Dec. 2014 [online]. Available at: [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/4\\_Presse/2\\_Reden\\_und\\_Zitate/1\\_Reden/GO-DSR\\_2014.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/4_Presse/2_Reden_und_Zitate/1_Reden/GO-DSR_2014.pdf) [Accessed: 30 Oct. 2017].
- Die Drogenbeauftragte der Bundesregierung (2016). Drogen- und Suchtbericht. Jun. 2017. Die Drogenbeauftragte der Bundesregierung, Berlin.
- 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. (in press). Cannabis: Potential and Risks. Ergebnisse einer wissenschaftlichen Analyse, Heidelberg.
- Hoch, E., Schneider, M., Friemel, C. M., von Keller, R., Kabisch, J. (2017). Cannabis: Potential and Risks. 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. Workbook Legal Framework. Deutsche Beobachtungsstelle für Drogen und Drogensucht DBDD, München.

**5.2 Methodology**

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

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