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for Drugs and Drug Addiction



Drug Policy

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Tim Pfeiffer-Gerschel¹, Franziska Schneider¹, Krystallia Karachaliou¹,
Charlotte Tönsmeise², Maria Friedrich³ & Esther Neumeier¹

¹ IFT Institute for Therapy Research; ² German Centre for Addiction Issues (DHS); ³ Federal Centre for Health Education (BZgA)

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0 SUMMARY (T0)

The German Federal Government follows an integrative approach to its addiction policy; accordingly, legal and illegal substances are considered together. Due to their widespread use, particular attention is given to the legal addictive substances alcohol, tobacco and psychotropic pharmaceuticals, when further developing addiction prevention and support systems. The current “National Strategy on Drug and Addiction Policy” (“Nationale Strategie zur Drogen- und Suchtpolitik”) began in 2012 and has no defined end date. The “National Strategy on Drug and Addiction Policy” stresses the central significance of health promotion and prevention in health policy.

The National Strategy is based around four areas: (a) prevention, (b) counselling and treatment, cessation assistance, (c) measures for harm reduction and (d) repression. The intention is to create a balance between measures aimed at reducing supply and those aimed at reducing demand.

The German Federal Government, the *Laender* and the municipalities share responsibility for drug and addiction policy in Germany: according to the German Constitution (Grundgesetz, GG), the Federal Government has legislative competence for narcotic drugs law, criminal law and social welfare law. The Office of the Federal Government Commissioner on Narcotic Drugs (Beauftragte der Bundesregierung für Drogenfragen) has been attached to the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG) since 1998. The Commissioner coordinates the Federal Government’s drug and addiction policy.

To date, no systematic evaluations of the drug and addiction policy or of the implementation of the objectives set out in central documents at federal level have been conducted in the form of an overall evaluation nor are any such formalised evaluations planned for the current National Strategy. The prevalence of drugs use is examined every three years by the major epidemiological studies (Epidemiological Survey of Substance Abuse (Epidemiologischer Suchtsurvey, ESA) and the Drug Affinity Study (Drogenaffinitätsstudie, DAS) of the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA), the results of which are reported in the Drugs workbook. In addition, many individual projects are evaluated on an ongoing basis and are presented in the relevant workbooks (e.g. in the Prevention or Treatment workbooks).

The main challenges in calculating drug-related expenditure lie in the federal structure of Germany and the principle of subsidiarity, which lead to a complex arrangement of responsibilities between the Federal Government, *Laender* and municipal levels along with social insurance providers, with respect to the financing and performance of various functions. Information on financial resources spent by the *Laender* and municipal authorities on drug and addiction problems is not compiled or aggregated at the national level at present due to limited comparability. A methodological problem regarding the aggregation of public expenditure in relation to illegal 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 recorded as such within multi-issue areas such as the police and the judiciary, detention units and the social welfare system although these areas would account for a considerable proportion of any comprehensive estimate of the overall costs. In 2008, a study funded by the BMG concluded that a range of between €5.2 and €6.1 bn of public expenditure was spent on the area of illicit drugs for the reference year 2006. This overall total should, however, be seen as a conservative estimate due to missing data and methodological limitations. An update of this estimate has not been produced since then.

Debates surrounding the political framework conditions, particularly regarding the substance cannabis, continue to take place in Germany in various circles and institutions. Regularly recurring aspects of discussion include the effects that the ban has on the protection of young people, on prevention and on harm reduction as well as the consequences for the economy as a whole, foreign policy, security policy and development policy. Several parliamentary initiatives in the *Laender* aim to address the various aspects of cannabis use, including questions on the trend in cannabis use and an analysis of it as well as 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.

1 NATIONAL PROFILE (T1)

1.1 National drugs strategies (T1.1)

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

1.1.1 List of current and past national drug strategies (T1.1.1)

Table 1 List of current and past national drug strategies

Years	Title and website	Focus (which substances/addictions?)
1990 - 2002	National plan to combat narcotic drugs	Illicit drugs
2003 – 2011	Action plan on drugs and addiction	All substances
2012 - today	National drugs and addiction strategy (www.drogenbeauftragte.de)	All substances

1.1.2 Current national drugs strategy (T1.1.2)

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

The National Strategy directs its attention in particular to new challenges in drug and addiction policy which arise from, among other things, demographic change, societal changes, old and new addiction forms and addictive substances (e.g. the emergence of new psychoactive substances ("NPS"), how to deal with the 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, attention is paid not only to dependence but also to 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 options in the areas of counselling and treatment, cessation support, harm reduction measures and repression.

The foundation of the national drugs policy has 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 supply and those aimed at reducing demand. Addiction policy includes legal psychotropic substances as well as other related phenomena (e.g. pathological gambling) and their risks whilst taking into

account European and international developments. In line with the broad understanding of the World Health Organisation (WHO), addiction is understood as a complex and multi-faceted illness, associated with psychological, somatic and social disorders, which requires treatment. The intention is that existing measures for combating addiction are made available as early and comprehensively as possible. Prevention of addiction plays a fundamental role. This importance of prevention is also underlined in the German Preventive Health Care Act (Präventionsgesetz, PräVG) passed in the Bundestag in June 2015, that strengthens the basis for an improved cooperation between the statutory social insurance providers, the *Laender* and municipalities in the areas of prevention and health promotion (German Federal Law Gazette 2015; see also the 2016 Legal Framework workbook). The aim is to prevent or at least significantly reduce high risk and harmful use of substances as well as substance dependence. Moreover, existing measures and treatments are to be further complemented and their quality assured.

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

In addition to the “National Strategy on Drug and Addiction Policy”, a number of laws and general prohibitions play an important role in conjunction with supply reduction 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 evidenced in 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 disability using appropriate preventive measures and to secure individuals’ ability to work on a long term basis.

The most important legal frameworks - also outside of narcotic drugs law - are comprehensively described in the Legal Framework workbook.

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

Other than the National Strategy on Drug and Addiction Policy described under 1.1.2, there are no other documents at federal level in the sense of national strategies or action plans which target individual substances or types of addiction and which go beyond the goals posited in the international agreements signed by Germany, for example of the World Health Organisation (WHO) or of the United Nations (United Nations Office on Drugs and Crime, UNODC).

Individual *Laender*, regions, rural districts or municipalities regularly define individualised objectives for their catchment areas and also in some cases summarise these in corresponding documents. Given the lack of a structure to collect this specific information for the approximately 11,000 municipalities in Germany, no reliable information can be provided on this.

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

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

Moreover, some large 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 German Monitoring Centre for Drugs and Drug Addiction (DBDD).

Table 2 Additional national strategy documents for other substances and dependences

Region	Year	Title and web link	Focus (which substances/addictions?)	Pillars/areas
Bavaria	2007	Principles of the Bavarian government for drugs and addiction issues ¹	Multiple	Prevention (behavioural and environmental prevention) Repression in the area of illegal substances and - to the extent required - restriction of the availability of legal addictive substances, support counselling and treatment as well as aftercare for those affected

¹ https://www.stmgp.bayern.de/wp-content/uploads/2015/11/grundsuetze_suchtfragen.pdf (accessed: 10 Aug. 2020).

Region	Year	Title and web link	Focus (which substances/addictions?)	Pillars/areas
Baden-Württemberg				
Berlin		<i>Land</i> commissioner on narcotic drugs: drugs and addiction policy ²	Multiple	Prevention, counselling and treatment, harm limitation and survival support, repression and control
Brandenburg	2011	Model and development of addiction prevention in Brandenburg ³	Multiple	Model and requirements of addiction prevention in the development and implementation of addiction prevention measures in Brandenburg
Bremen				
Hamburg	2014	Basis and goals of addiction prevention for young people in Hamburg ⁴	Multiple	Basis for the prevention of and early intervention in addictive substance use and abuse among children and adolescents
Hesse				
Mecklenburg				
Lower Saxony				
North Rhine-Westphalia	2015	<i>Land</i> concept to combat addiction; action plan to combat addiction ⁵	Multiple	Strategy, action framework, prevention, addiction support, self help, statistics and research
Rhineland-Palatinate				
Saarland				
Saxony				

² <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> (accessed: 10 Aug. 2020).

³ https://masgf.brandenburg.de/cms/media.php/lbm1.a.3310.de/leitbild_suchtpraevention.pdf [accessed: 10 Aug. 2020].

⁴ <https://www.hamburg.de/contentblob/4356518/9b823fb93ee50fdffa2318832362a024/data/suchtpraeventionsbericht-download.pdf> [accessed: 10 Aug. 2020].

⁵ <https://www.mags.nrw/suchterkrankungen> [accessed: 10 Aug. 2020].

Region	Year	Title and web link	Focus (which substances/addictions?)	Pillars/areas
Saxony-Anhalt				
Schleswig-Holstein				
Thuringia				

1.1.6 Drug strategy for the capital (T1.1.6)

The Berlin drug and addiction policy⁶, like the “National Drug and Addiction Policy”, rests on the four pillars: prevention, counselling and treatment, harm limitation and survival support, as well as combating drug crime through repression and control. The drug and addiction policy includes and combines, among other things, health, youth and social policy, as well as home affairs and legal policy.

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

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

Since 1977, the *Land* of Berlin has had a programme for combating drug abuse, coordinated and implemented through the *Land* commissioner on narcotic drugs⁷. In this context, the separation of responsibilities according to the legality and illegality of the drugs concerned has ceased to apply since the change in the Senate’s allocation of duties in March 1996. The programme contains four basic elements:

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

The *Land* commissioner on narcotic drugs also takes on duties at national and international level. To better coordinate regional drug policy and drug support services, coordination

⁶ <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> [accessed: 10 Aug. 2020].

⁷ <https://www.berlin.de/lb/drogen-sucht/ueber-uns/aufgaben-und-ziele/> [accessed: 10 Aug. 2020].

between Federal Government and the *Laender* as well as within the European Union, the *Land* commissioner on narcotic drugs is represented in various committees. This includes, for example, collaboration with organisations operating nationwide such as the German Centre for Addiction Issues (Deutschen Hauptstelle für Suchtfragen e. V., DHS), the Professional Association for Drugs and Addiction Support (Fachverband Drogen und Suchthilfe e. V., fdr), and the WHO.

The main pillar of Berlin's drug and addiction policy is addiction prevention⁸. The purpose of addiction prevention is to address the very causes of an addiction disorder and possibly preemptively prevent dependence. The basis of the work in the area of addiction prevention is the "Guidelines for addiction prevention in the *Land* of Berlin," adopted by the Berlin Senate. They act as a point of reference for all those responsible for or active in the area of addiction prevention in the *Land* of Berlin. According to the guidelines as passed, addiction prevention in Berlin pursues the following aims:

- for children: abstinence with regard to any addictive substance,
- for adolescents: abstinence from illicit drugs and the development of critically reflective attitudes to other addictive substances and gambling,
- for adolescents or adults who already have a high risk addictive substance use or who exhibit problem or pathological gambling behaviour: timely intervention to prevent this behaviour taking hold, to reduce their addictive substance use and stop their "addiction career" at an early stage.

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

The sociopolitical role of the Berlin drug and addiction policy is to raise awareness for the connection between social conditions and addiction. It therefore deals with the extent to which social conditions promote addiction and how remedial action can be taken. From a health policy perspective, the goal is to instil in the population a critical attitude to addictive substance use. The policy offers addicts comprehensive counselling, treatment and rehabilitation options. From a youth and family policy perspective, the Berlin drug policy has a duty to protect children and adolescents from the risks and dangers associated with addictive substance use. It supports the addiction prevention function of the family and promotes addiction prevention in schools and youth centres. From a sociopolitical perspective, the drug and addiction policy pursues the objective of improving substance

⁸ <https://www.berlin.de/lb/drogen-sucht/themen/suchtpraevention/> [accessed: 10 Aug. 2020].

⁹ <https://www.berlin.de/lb/drogen-sucht/themen/suchthilfe/> [accessed: 10 Aug. 2020].

dependent persons' chances of social participation and reintegration. From a security policy perspective, it seeks to reduce the supply of drugs and to ensure the safety of the population. The legal basis for children and youth protection, with reference to the dangers of alcohol, tobacco, computer games and internet services can be found on the website of the Senate Department for Education, Youth and Science (Senatsverwaltung für Bildung, Jugend und Wissenschaft). The website also provides information and materials on addiction prevention in Berlin schools¹⁰.

Current political discussions in Berlin are concerned with the extent of cocaine use and the effects of the so-called "club-culture" on the capital. A study, produced by a group of Berlin club operators, the initial results of which were published in spring 2019, was still not available in 2020 at the time of finalising the REITOX report. The initial findings of the study focussed primarily on the economic importance of "club culture" for Berlin, but did not comment on use behaviour or associated problems¹¹.

Moreover, the debate of recent years as to how to deal with cannabis offences in Berlin is still ongoing. According to recent data, there is also reason to assume that the (experimental) use of cannabis among young people in Berlin is much more widespread than the national average (see on this point the 2019 Drug Policy and Drugs workbooks).

A pilot project commissioned by the *Land* government in 2019 for the controlled issuing of cannabis was rejected in early April 2020 by the competent German Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM).

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

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

"The aim of our drug and addiction policy is to reduce the use of legal and illegal addictive substances and to prevent drug and addiction-related problems in our society. Due to their widespread use, particular attention is given to the legal addictive substances alcohol, tobacco and psychotropic pharmaceuticals, when further developing addiction prevention and support systems.

¹⁰ <https://www.berlin.de/sen/bildung/unterstuetzung/praevention-in-der-schule/suchtpraevention/> [accessed: 8 Aug. 2020].

¹¹ <https://groove.de/2019/02/22/clubkultur-berlin-2019-studie-zum-berliner-nachtleben/> [accessed: 10 Aug. 2020].

The existing National Strategy sees itself as a health policy guideline for a modern drug and addiction policy in Germany. (...) the Strategy [includes] international initiatives and activities at European, WHO and United Nations levels.”¹²

The stated aims of the EU Drugs Strategy 2013-2020 are in line with the aims of the German Drug and Addiction Policy. For example, Germany has pushed various measures in relation to “alternative development” at international level. Virtually all of the measures listed in the EU Action Plan on Drugs 2017-2020 have an equivalent, corresponding initiative or project in Germany.

1.2 Evaluation of national drugs strategies (T1.2)

1.2.1 Lists of recent action plan evaluations (T1.2.1)

To date, no systematic evaluations of the drug and addiction policy or of the implementation of the 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. 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.

Due to 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 regard – namely the development of guidelines and programmes for quality assurance – are, however, pursued by professional and scientific associations, as well as by the funding agencies, without there being any mandatory requirement always to apply them or take them into account (for information on the guidelines for quality assurance, see also the Best Practice workbook). For the reasons set out 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 the relevant resources in the different *Laender*.

¹² https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/2_Themen/1_Drogenpolitik/Nationale_Strategie_Druckfassung-Dt.pdf [accessed: 8 Aug. 2020].

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

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

The BMG has commissioned, in the scope of a project, a consortium to evaluate the “German New Psychoactive Substances Act” (Neue-psychoaktive-Stoffe-Gesetz (NPsG)).¹³

1.3 Drug policy coordination (T1.3)

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

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

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



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

¹³ The report was published mid-October and the results can be found under <https://www.bundesgesundheitsministerium.de/service/publikationen/drogen-und-sucht/details.html?bmg%5Bpubid%5D=3478> [accessed: 27.10.2020].

The office of the Federal Government Commissioner on Narcotic Drugs has been attached to the BMG since 1998. The Commissioner coordinates the Federal Government's drug and addiction policy. 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 at an international level and in public.

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

The BfArM is responsible for the authorisation of pharmaceuticals. Part of the BfArM is the German 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 German "Cannabis as Medicine" law in 2017, the national cannabis agency has also been established at the BfArM (see, on this point, the Legal Framework workbook).

The role of the *Laender* and the municipalities

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

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

The *Laender* have a very well developed network at their disposal to care for people suffering from addiction problems. The network is based on the pillars of prevention, treatment and aftercare. The services available nationwide relate to prevention, outpatient addiction counselling, qualified detoxification facilities, withdrawal treatments and transition facilities, complementary services (low-threshold facilities, day-care facilities, employment and occupational projects, outpatient assisted living, hostels for young people, socio-therapeutic transitional residential facilities, hostels for the homeless) and other specific services (nursing homes and secure psychiatric facilities) and addiction self-help initiatives. The large majority of the care facilities work on the basis of 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) or the implementation of various intervention programmes such as "Realize it" or "CANDIS" have also proven successful in the *Laender*.

Laender are also increasingly focussing on children and adolescents as well as on legal addictive substances. Moreover, they are keen to make support systems more target oriented, to compare demand and supply in addiction care as well as to optimise the support system through improved cooperation, cost control and sharing of workload. There are numerous projects currently running which are aimed at a whole series of target groups in a variety of settings and with different areas of focus; individual projects are reported in the corresponding workbooks (Prevention, Treatment, Harms and harm reduction).

The role of the funding bodies

Funding of treatment and rehabilitation is, for the most part, provided through the pension insurance providers or the statutory health insurance providers respectively. Alternatively, funding is taken over by social welfare providers. Costs caused by (secondary) disorders resulting from drug use and physical detoxification are generally covered by the health insurance providers. Outpatient and inpatient medical rehabilitation are usually paid for by the pension insurance providers. Social insurance providers act independently, as self-governing bodies under public law. Therefore, political decisions often cannot have a direct impact on changes in funding practice with regard to particular treatments.

The role of non-governmental organisations

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

International Cooperation

Germany cooperates actively with international institutions in the area of drugs and addiction. The most important partners in this respect at European level are the European Commission, the Horizontal Drugs Group (HDG) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Germany is also a member and active partner in the United Nations

Commission on Narcotic Drugs (CND). As far as Germany's representation in 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.

1.4 Drug-related public expenditure (T1.4)

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

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

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

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

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

The varying identified and calculated expenditures resulted in a range of between €5.2 and €6.1 billion in public expenditure for the area of illicit drugs in the reference year 2006. This

overall total should, however, be seen as a conservative estimate due to missing data and methodological limitations.

The expenditure is broken down in greater detail in standard table STPE for the year 2008 as well as in the publication of the findings (Mostardt et al., 2010). There is no current data available.

In order to be able to assess in a meaningful way the negative effects of cannabis consumption in any economic cost-benefit decisions and include them as part of the health policy decision making process, an analysis of the medical and economic costs of cannabis consumption in Germany was presented in 2016 by Effertz et al. (Effertz, Verheyen, & Linder, 2016). According to the results of the analysis, insured people who consume cannabis in a harmful manner cause €2,438 in additional costs per person per year. In total this results in costs of up to €975 million per annum (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 (T1.4.2)

There is no current data available in this area.

2 NEW DEVELOPMENTS (T3)

2.1 New developments (T3.1)

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

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

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

Funded Projects	Project Period	Notes
Drug use in the population and in specific sub-groups		
Epidemiological Survey on Substance Abuse – ESA: representative survey on the use of psychoactive substances in Germany	02/20 – 12/22	Survey on drug use every three years (current results: 2019)
ERANID - Understanding Pathways to Stimulant Use: a mixed-methods examination of the individual, social and cultural factors shaping illicit stimulant use across Europe (ATTUNE)	09/16 - 12/19	Investigation of the pathways of drug use among users of illicit drugs in Germany, GB, Netherlands and Poland
ERANID - ImagenPathways (IP) - Understanding the interplay between cultural, biological and subjective factors in drug use pathways	07/16 – 12/19	Investigation of the pathways and development of drug use in young adulthood
LOGIN - the living situation of adult refugees in Germany	12/18 – 02/21	Representative survey among refugees in refugee accommodation in four <i>Laender</i> on the prevalence of substance use among refugees as well as the utilisation of addiction support.
Medication dependence: data sources and evaluation tools	02/19 – 08/19	Creation of systematic expertise on existing data sources on (abusive) use of medicinal drugs and psychometric instruments.
Information system on NPS and medicinal drugs (Phar-Mon Plus)	01/19 - 03/21	Contemporary and robust coverage of the spread of psychoactive substances in Germany. Constraints and opportunities caused by the COVID-19 pandemic should be reported to support a better understanding of the consequences of the pandemic on user behaviour and the addiction support system.
Drug-related treatment		
Statistical Report on Substance Abuse Treatment in Germany (Deutsche Suchthilfestatistik, DSHS) Funding period 2019	01/19 – 12/19	Basic documentation system
Evidence and implementation of family-based intervention among those with dependence disorders (Evidenz und Implementierung Familienbasierter Intervention bei Abhängigkeitserkrankungen, EVIFA)	11/18 – 04/20	Inventory of effective treatment concepts and the processes already implemented nationally and internationally
Family-oriented addiction work to strengthen parental competence	06/19 – 05/21	Further development of counselling, support and treatment of addicts who have parental responsibility, in the framework of family-oriented addiction work

SHIFT PLUS: Further development and evaluation of addiction support family training for drug dependent parents	10/18 – 03/21	Further development of SHIFT parental training for the entire area of dependence on illicit substances
Control knowledge and focus on action to develop effective inter-disciplinary care networks for addicted families	11/18 – 10/21	Generating control knowledge and establishing an evidence-based focus on action with the aim of effecting structural change processes in a collaboration between addiction and youth support
Evaluation of an inpatient pilot project, (Matrix, indicative ATS group among crystal meth users)	07/16 - 03/20	Target group inpatients with amphetamine dependence
QUAPPSSS-developing quality in self-help for MSM (men who have sex with men) who use psychoactive substances in a sexual setting	04/19 - 03/21	Further improvement to the support system for drug-using MSM
Evaluation of the demand-oriented, inter-disciplinary and cross-system “Dresden clinical pathway for crystal meth”	07/17 - 06/20	Evaluation and creation of a handbook
Intellectual impairment and problem substance use (TANDEM); intellectual impairment and problem substance use (campaign advice)	09/18 – 08/21	Providing needs-based support services for people with an intellectual impairment and an addiction problem, improving networking between disability care and addiction care in this area
Gender and diversity aspects in the professional support of drug users, focussing on crystal meth consumption	04/20 – 11/21	Supporting drug users with a focus on crystal meth consumption
Prevention		
PASUMI - diversity oriented and participative development of addiction prevention and addiction support for and with migrants	04/17 – 12/19	Development, implementation and evaluation of diversity-oriented and participative addiction prevention for and with migrants (project content support)
QuasiE 2.0 - qualified addiction prevention in inpatient youth support institutions	09/18 – 09/21	Qualified handling of addictive substances in youth support institutions
Other projects funded by the BMG which are related to drugs		
German Monitoring Centre for Drugs and Drug Addiction (DBDD), funding period 2019	01/19 – 12/19	Preparatory work by the German national focal point for the EMCDDA in Lisbon
EVASUNO, evaluation of the Third Amending Regulation of the German Regulation on the Prescription of Narcotic Drugs (Dritte Verordnung zur Änderung der Betäubungsmittel-Verschreibungsverordnung, BtMVV)	03/19 – 02/22	Evaluation of the Third Amending Regulation of the German Regulation on the Prescription of Narcotic Drugs - EVASUNO
SUBSEX - Lust and intoxication:	03/19 – 02/21	General consideration of the aspects of sexuality

context of substance use and sexuality		and substance use and illustration of correlations and interactions
EDER-MIA	03/19 – 10/22	Development, dissemination and evaluation of health information

Since the beginning of practice, the Federal Government Commissioner on Narcotic Drugs stressed the importance on preventive measures regarding illegal drugs and among other things started a campaign for cannabis prevention on social media that is supported by several measures for cannabis prevention in schools. The commissioner stresses the importance of early interventions and harm reduction. She supports the strengthening of the substitution supply and therefore institutionalized a medical fraternity. With support of a fast-track legislation the legal framework of the substitution supply could be adjusted to the exceptional situation of a pandemic by the Federal Government Commissioner on Narcotic Drugs to ensure the supply and improve the protection from the infection in medical practices. Additionally, the commissioner supports a strengthening of the addiction support on a communal level – she hosted a large conference on that topic in the end of 2019 – and she supported the supply of addiction aid offers during the pandemic with several activities.

On 18 September 2019, the German Federal Cabinet accepted the Federal Minister of Health's proposal and appointed Daniela Ludwig as the new Federal Government Commissioner on Narcotic Drugs. Since taking her post, the Commissioner has dealt with issues in connection with illicit drugs, including substitution treatment in Germany, new statutory instrument on the prescription of substitution drugs during the pandemic, the SARS-CoV-2-Arzneimittelversorgungsordnung, cannabis prevention via social media and the role of the municipalities.

On 5 November 2019, the Federal Government Commissioner on Narcotic Drugs presented the German Federal Government's new drugs and addiction report¹⁴. The report contains a status report as to the prevalence of addictive substance use in Germany and provides an overview on all new legal rules and regulations as well as projects in the field of drugs and addiction. In the press release accompanying its publication, the Commissioner stressed, *“that it is about time that we finally have more open discussions surrounding drug and addiction policy, instead of ideologically based debates. The common goal should be to give addicts and their relatives greater awareness and to take effective prevention measures.”* She referred to the fundamental nature of the responsibility to protect people's health and issued a clear political rejection of *“the principle of personal use in relation to hard drugs such as cocaine or heroin”*. Instead, in practice the efforts of addicts should be encouraged and supported, for example by ensuring the nationwide availability of substitution treatment.

¹⁴ <https://www.drogenbeauftragte.de/presse/pressekontakt-und-mitteilungen/2019/iv-quartal/drogen-und-suchtbericht-2019-erschiene.html?L=0> [accessed: 10 Aug. 2020].

Back on 5 July 2019, the "Alternative Drug and Addiction Report"¹⁵ ("Alternativer Drogen- und Suchtbericht") was presented to the public by the organisations that produced it, akzept e.V. (the Federal Association for Accepting Drug Work and Humane Drug Policy, Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik), German Aids Service Organisation (Deutsche AIDS-Hilfe e.V., DAH) and JES Federal Association (JES Bundesverband e.V.). The authors of that report set themselves the goal of critically examining the drug situation in Germany and developing proposals for alternative solutions (see on this point the 2019 Drug Policy workbook).

The Drugs Commissioner's annual conference took place in Berlin on 25 November 2019, under the motto "Focus on addiction - municipalities engaged locally", with over 300 experts from the fields of addiction support and counselling, prevention, medicine and science, as well as representatives from the pension insurance providers and the health insurance providers. The principal focus of the conference was on questions such as how municipalities can organise sustainable local support and can continue to ensure that addicts receive the support they need, or how addiction support and addiction counselling can better network with municipalities and adapt to future challenges in the best possible way locally. Digitalisation was also discussed as a central issue in the areas of addiction support and counselling, as well as in the area of prevention. The Commissioner emphasised the need to ensure that addiction support and counselling, prevention and local support can continue to function in the future.

The political framework conditions, particularly regarding the substance cannabis, continue to be debated in Germany in various contexts. 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 policymakers and amongst professionals. Aspects of discussion which crop up time and again are the effects of the prohibition for youth protection, prevention and harm reduction as well as the consequences for the economy as a whole, for foreign policy, security policy and development policy. Selected statements and position papers have been referred to in previous years' Drug Policy workbooks. At the start of February 2020, the SPD parliamentary group published a position paper, the central demands of which are to enable pilot projects on the regulated supply of cannabis to adults and that possession of small quantities of cannabis no longer be prosecuted but instead punished under regulatory law¹⁶.

With the introduction of the German "Cannabis as Medicine" Act in 2017, the legislature 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 (see on this point also the Legal Framework workbook). A systematic

¹⁵ <http://alternativer-drogenbericht.de/> [accessed: 12 Aug. 2019].

¹⁶ <https://www.spdfraktion.de/system/files/documents/positionspapier-cannabis-neue-wege-gehen-20200211.pdf> [accessed: 10 Aug. 2020].

evaluation of the effects of the Act is still outstanding, however it is provided for - even if the methodology is the subject of critical discussion - with an accompanying evaluation stipulated in the legislative text, which must include all treatment cases carried out in this context. Even after its introduction, the Act continues to provoke much political discussion.

The beginning of the inpatient service planned by the Berlin Senate on so-called “drug checking” remains delayed indefinitely (see on this point the 2019 Drug Policy workbook). In January 2020, the Federal Government Commissioner on Narcotic Drugs was quoted in the media as also supporting an analysis of party drugs in Germany¹⁷.

¹⁷ <https://www.rbb24.de/politik/beitrag/2020/01/beauftragte-drug-checking-partydrogen-ludwig-spahn-berlin.html> [accessed: 10 Aug. 2020].

3 SOURCES AND METHODOLOGY (T5)

3.1 Sources (T5.1)

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3.2 Methodology (T5.2)

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

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