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for Drugs and Drug Addiction



Drug Policy

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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.

National drug and addiction policy is based on 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 drug 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) from 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 produce a complex arrangement of responsibilities between the Federal Government, *Laender* and municipalities along with social insurance providers, with respect to the funding and performance of various functions. Information on financial resources expended 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 facilities 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.

In a 2020 paper, Neusser et al. calculated the costs of opioid dependence to the German social insurance system (statutory health insurance and German Pension Insurance) at €711,985,000. Other costs, for example those in the justice system, are not included in this estimate.

To maintain substitution treatment during the COVID-19 pandemic, appropriate framework conditions were created which, among other things, enabled longer take-home prescriptions and fewer practice visits. These conditions are still in effect (as of August 2021). Experts are discussing whether and how the alleviations introduced should be continued after the pandemic. Treatment and counselling for addiction disorders was categorised as systemically relevant during the pandemic and exemptions were created in order to maintain inpatient withdrawal and rehabilitation treatment.

In 2021, in Thuringia, the first “Drug checking” pilot project anywhere in Germany started, funded by the Thuringia Ministry for Labour, Social Affairs, Health, Womens Affairs and Family Affairs (Thüringer Ministerium für Migration Justiz und Verbraucherschutz).

Political debate continues to take place in Germany in various contexts in particular with regard to cannabis. Aspects of discussion which crop up repeatedly 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.

1 NATIONAL PROFILE (T1)

1.1 National drugs strategies (T1.1)

The German Federal Government follows an integrative approach to its addiction policy; thus, legal and illegal substances are considered together in Germany. 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). This policy 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 Federal Government's general prevention strategy within drug and addiction policy. Both strategies emphasise the central importance of health promotion and prevention in healthcare policy.

The National Strategy directs particular attention to new challenges in drug and addiction policy arising 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 (meth)amphetamine use, 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 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 all-encompassing illness, which includes psychological, somatic and social disorders and 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. The 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 (Pfeiffer-Gerschel et al., 2016b)). 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 different laws and general prohibitions play an important role in relation to 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 (Bundesagentur für Arbeit) or German Pension Insurance) 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 - including those 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 in 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 for collecting 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, the *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 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 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
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				

¹ https://www.stmgp.bayern.de/wp-content/uploads/2015/11/grundsuetze_suchtfraegen.pdf [accessed: 3 Sep. 2021].

² <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> [accessed: 3 Sep. 2021].

³ https://masgf.brandenburg.de/cms/media.php/lbm1.a.3310.de/leitbild_suchtpraevention.pdf [accessed: 3 Sep. 2021].

Region	Year	Title and web link	Focus (which substances/addictions?)	Pillars/areas
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				
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:

⁴ <https://www.hamburg.de/contentblob/4356518/9b823fb93ee50fdffa2318832362a024/data/suchtpreventionsbericht-download.pdf> [accessed: 3 Sep. 2021].

⁵ <https://www.mags.nrw/suchterkrankungen> [accessed: 3 Sep. 2021].

⁶ <https://www.berlin.de/lb/drogen-sucht/themen/drogen-und-suchtpolitik/> [accessed: 3 Sep. 2021].

- 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 or 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 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 root causes of addiction disorders and possibly pre-emptively prevent dependence. The basis of the work in the area of addiction prevention are the "Guidelines for addiction prevention in the *Land* of Berlin," adopted by the Berlin Senate. They act as a point of reference for all those responsible for, or active in, the area of addiction prevention in the *Land* of Berlin.

According to the guidelines as passed, addiction prevention in Berlin pursues the following aims:

⁷ <https://www.berlin.de/lb/drogen-sucht/ueber-uns/aufgaben-und-ziele/> [accessed: 3 Sep. 2021].

⁸ <https://www.berlin.de/lb/drogen-sucht/themen/suchtpraevention/> [accessed: 3 Sep. 2021].

- 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 task 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 facilities. From a sociopolitical perspective, the drug and addiction policy pursues the objective of improving substance 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 child and youth protection, as it relates to the dangers of alcohol, tobacco, computer games and internet services can be found on the websites of the Senate Department for Education, Youth and Science (Senatsverwaltung für Bildung, Jugend und Wissenschaft). The websites also provide information and materials on addiction prevention in Berlin schools¹⁰.

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 new EU Drugs Strategy (2021-2025) or the current EU

⁹ <https://www.berlin.de/lb/drogen-sucht/themen/suchthilfe/> [accessed: 3 Sep. 2021].

¹⁰ <https://www.berlin.de/sen/bildung/unterstuetzung/praevention-in-der-schule/suchtpraevention/> [accessed: 3 Sep. 2021].

Action Plan on Drugs (2021-2025). 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.

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.”¹¹

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, for example 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

¹¹ https://www.drogenbeauftragte.de/assets/user_upload/PDF-Publikationen/Nationale_Strategie_Druckfassung-Dt.pdf [accessed: 3 Sep. 2021].

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*.

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. On behalf of the German Federal Ministry of Health (BMG), an evaluation was conducted between 2017 and 2019 on the German New Psychoactive Substances Act (Neue psychoaktive Stoffe Gesetzes, NpSG), the comprehensive results of which were published and are accessible online¹².

1.2.3 Planned evaluations

No further evaluations are currently being planned.

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 German Federal Government, the *Laender* and the municipalities share responsibility for drug and addiction policy in Germany (see

Figure 1): according to the German Constitution (Grundgesetz, GG), 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.

12 https://www.ift.de/fileadmin/user_upload/Literatur/Berichte/Kraus_et_al_2020_NpSG-Abschlussbericht.pdf
[accessed: 3 Sep. 2021]

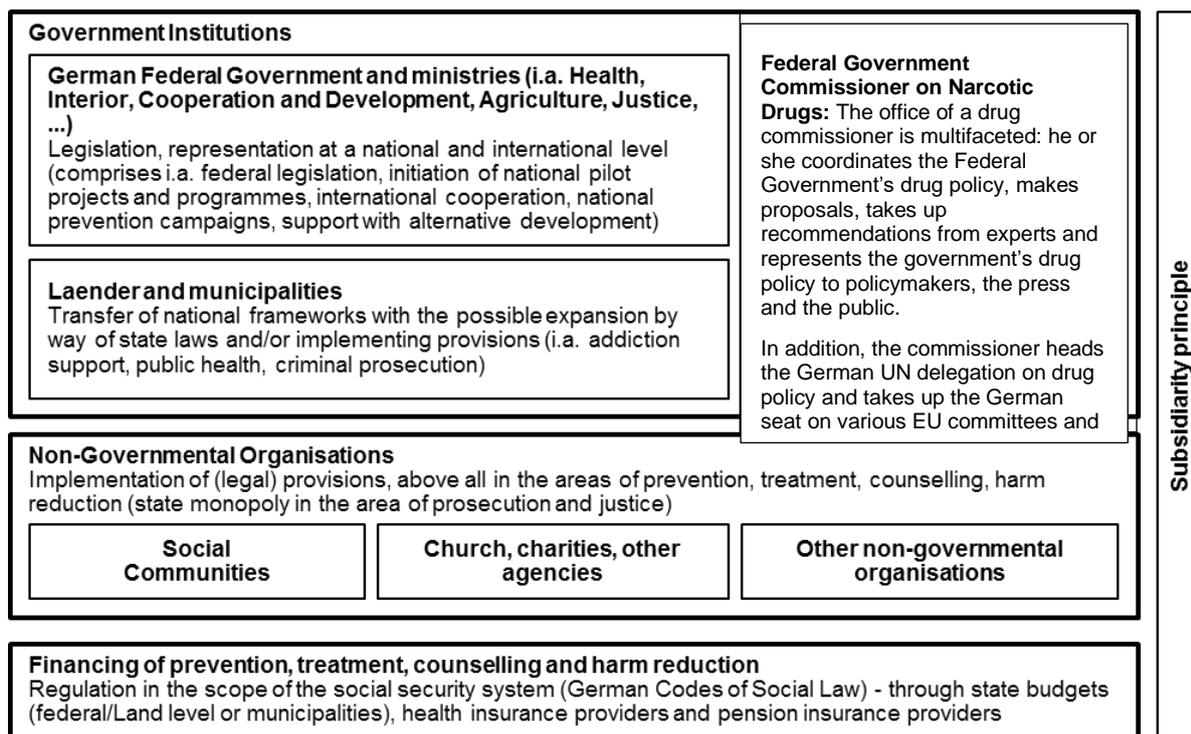


Figure 1 Overview of governmental and non-governmental partners participating in drug/addiction policy and their responsibilities

The office of the Federal Government Commissioner on Narcotic Drugs has been attached to the BMG since 1998. The Commissioner coordinates the 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 German Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, 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" act in 2017, the national cannabis agency has also been established at the BfArM (see, on this point, the 2018 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 among at-risk groups, in addition to local measures, projects available nationwide such as the Early Intervention in First-Offence Drug Users (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*.

The *Laender* are also increasingly focussing on children and adolescents as well as on legal addictive substances. Moreover, they are primarily interested in making 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 on 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 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 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 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 municipalities along with social insurance providers, with respect to the financing and performance of various functions. In particular, information on financial resources expended 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 the issue of 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. In addition, it is 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 facilities and the social welfare system although 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 (earmarked and non-earmarked) 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 the 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. 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 Drug Policy workbook of the corresponding year, Pfeiffer-Gerschel et al., 2016a).

Neusser et al. (2020) present a more recent estimate of the costs to statutory health insurance providers (Gesetzlichen Krankenversicherung, GKV) and German Pension Insurance (Deutschen Rentenversicherung, DRV) caused by opioid dependence. The extrapolated total costs for 2016 amount to €685,274,000 for the GKV and €26,711,000 for the DRV. This equates to a total amount of €711,985,000. These total costs related purely to the costs to the German social insurance systems; other costs incurred, for example in the area of justice, are not included in this estimate.

2 TRENDS (T2)

Not applicable for this workbook.

3 NEW DEVELOPMENTS (T3)

3.1 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 is shown below in Table 3. Each proposal is examined in greater detail, where applicable, in the respective individual workbooks (provided they have not already been covered in previous years' workbooks).

As in the previous year, the BMG funds several projects, in the scope of a particular area of focus, aimed at the target group of (meth-)amphetamine users. In the area of illegal substances, an additional study is being funded on high-risk or dependent cocaine use, as well as a national pilot project to implement naloxone take-home training. Another focus of funding is dedicated to children from families impacted by addiction, relatives and substance use during pregnancy. For example, projects can be found that deal with 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	Description
Area of focus: Illegal drugs, methamphetamine/crystal meth		
IMPRESA - Implementing Methamphetamine Prevention Strategies into Action	1 Jan. 2021 - 31 Dec. 2022	EU project to combat increasing methamphetamine use in various European regions
KOKOS	1 Apr. 2021 - 30 Sep. 2021	Study on the motivation, social backgrounds and use habits of adults with high-risk or dependent cocaine use
Gender and diversity aspects in the professional support of drug users, with a focus on crystal meth use	1 Apr. 2020 - 30 Nov. 2021	Supporting drug users, with a focus on crystal meth use
FriDA - Early intervention in Drug Abuse	1 Oct. 2020 - 31 Mar. 2023	Project to improve the care of cannabis using minors and their families in outpatient addiction support
NALtrain	1 Jul. 2021 - 30 Jun. 2024	Implementation of Germany-wide quality assured take-home naloxone training

Area of focus: Children from families impacted by addiction/relatives/substance use during pregnancy		
Family-oriented addiction work to strengthen parental competence	1 Jun. 2019 - 31 May 2021	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	1 Oct. 2018 - 30 Jun. 2021	Further development of the 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	1 Nov. 2018 - 30 Jun. 2022	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
STAERKE - Acute addiction therapy programme for parents to strengthen resource-oriented competence in parenting	1 Feb. 2021 - 31 Dec. 2023	Development and evaluation of an outpatient acute therapy service for parents with dependence disorders
Area of focus: Specific target groups (young adults/socially disadvantaged/people with learning difficulties, migration/refugees)		
QuasiE 2.0 - qualified addiction prevention in inpatient youth support institutions	1 Sep. 2018 - 31 Aug. 2021	Qualified handling of addictive substances in youth support institutions
Intellectual disability and problem substance use (TANDEM)	1 Sep. 2018 - 28 Feb. 2022	Providing needs-based support services for people with an intellectual impairment and an addiction problem, improving networking between disability care and addiction support in this area
Intellectual disability and problem substance use (aktionberatung)	1 Sep. 2018 - 31 Aug. 2021	Providing needs-based support services for people with an intellectual impairment and an addiction problem, improving networking between disability care and addiction support in this area
LOGIN - the living situation of adult refugees in Germany	1 Dec. 2018 - 31 Dec. 2021	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.
Gambling addiction in old age: Risk conditions, development over time and prevention approaches (GA-REP)	1 Aug. 2020 - 30 Apr. 2022	Explorative study which covers and describes the characteristics of problem and pathological gambling behaviour in old age, and derives relevant aspects for possible preventive measures
SUBSEX - Lust and intoxication: context of substance use and sexuality	1 Mar. 2019 - 31 Oct. 2021	Joint consideration of the aspects of sexuality and substance use and illustration of correlations and interactions
QUAPPSSS-developing quality in self-help for MSM (men who have sex with men) who use	1 Apr. 2019 - 31 Dec. 2021	Further improvement to the support system for drug-using MSM (men who have sex with men)

psychoactive substances in a sexual setting		
Area of focus: Monitoring/statistics/data collection		
Epidemiological Survey on Substance Abuse (ESA)	1 Jan. 2020 - 31 Dec. 2022	Representative survey on the use of psychoactive substances among adults in Germany
Phar-Mon plus	1 Jan. 2019 - 31 Mar. 2021	Information system on NPS and medicinal drugs
Statistical Report on Substance Abuse Treatment in Germany (DSHS)	1 Jan. 2021 - 31 Dec. 2021	Data management, evaluation and scientific development of documentation in addict support, 2018
German Monitoring Centre for Drugs and Drug Addiction (DBDD)	1 Jan. 2021 - 31 Dec. 2021	Preparatory work by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in the scope of the REITOX network
National Early Warning System (NEWS)	1 Jun. 2021 - 31 May 2024	Conception and implementation of a national early warning system for developments in the use of psychoactive substances and for the misuse of medicinal drugs
EVASUNO	1 Mar. 2019 - 28 Feb. 2022	Evaluation of the Third Amending Ordinance of the German Ordinance on the Prescription of Narcotic Drugs - EVASUNO
Area of focus: Dependence on medicinal drugs		
EDER-MIA	1 Aug. 2019 - 31 Dec. 2021	Development, dissemination and evaluation of health information

In order to secure the future of substitution-based treatment of opioid addicts, the Drug Commissioner set up a round table with doctors, which met for the third time in June 2021. To maintain substitution treatment during the COVID-19 pandemic, appropriate framework conditions were created as early as April 2020 which, among other things, enabled longer take-home prescriptions and fewer practice visits. These conditions are still in effect (as of August 2021) and are set out in detail in the Legal Framework workbook. Experts are discussing whether and how the alleviations introduced should be continued after the pandemic. Calls for this to happen can be seen, for example, in a position paper from the DAH, Akzept Bundesverband, JES Bundesverband and other organisations in the low-threshold sector¹³.

Treatment and counselling in the area of addiction disorders was categorised as systemically relevant during the pandemic. Staff working in this area were prioritised in the vaccination campaign. Special arrangements were made in *Laender* as early as April 2020 to ensure acute

¹³ https://www.akzept.eu/wp-content/uploads/2020/09/Positionspapier_NeueNormalit%C3%A4t_final.pdf [accessed: 3 Sep. 2021]

inpatient qualified withdrawal treatment and inpatient rehabilitation treatment for addicts was maintained, irrespective of the creation of treatment places for COVID-19 patients¹⁴. This year's Harms and Harm Reduction workbook reports on the pandemic-related changes in low-threshold drug support (Neumeier et al., 2021).

In 2021, in Thuringia, the first "Drug checking" pilot project anywhere in Germany started, funded by the Thuringia Ministry for Labour, Social Affairs, Health, Womens Affairs and Family Affairs (Thüringer Ministerium für Migration Justiz und Verbraucherschutz). Users are able to have their substances chemically analysed on site at parties and festivals, and are advised on the results and on safer use. The project is set out in detail in this year's Harms and Harm Reduction workbook. 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, Pfeiffer-Gerschel et al., 2019). Since taking up her duties, the Drug Commissioner regularly stresses the importance of preventive measures and harm reduction and also talks about introducing analysis-based counselling for users (drug checking).

The political framework conditions, particularly regarding the substance cannabis, continue to be debated in Germany in various contexts. It remains the case that few other 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 repeatedly crop up 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. The Federal Government Commissioner on Narcotic Drugs recently made the suggestion that the personal-use threshold for cannabis should be set at six grams nationwide, and that possession below this limit should be pursued as a regulatory, rather than a criminal, offence. In a 2020 position paper on the topic of cannabis, the federal parliamentary party of the SPD also called for possession of small quantities of cannabis to no longer be prosecuted but in future punished under regulatory law¹⁵.

With the introduction of the German "Cannabis as Medicine" Act in 2017, the legislature created the possibility not only of cannabis being 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 2018 Legal Framework workbook, Sipp et al., 2018). No systematic evaluation of the effects of the Act has yet been produced, however it has been provided for - even if the methodology is the subject of critical discussion - with an

¹⁴ <https://www.sucht.de/corona-und-suchtbehandlung.html> [accessed: 3 Sep. 2021]

¹⁵ <https://www.spdfraktion.de/system/files/documents/positionspapier-cannabis-neue-wege-gehen-20200211.pdf> [accessed: 3 Sep. 2021].

accompanying evaluation stipulated in the legislative text, which must include all treatment cases carried out in this context.

4 ADDITIONAL INFORMATION (T4)

No additional information is available.

5 SOURCES AND METHODOLOGY (T5)

5.1 Sources (T5.1)

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Sipp, W., Dammer, E., Pfeiffer-Gerschel, T., Schneider, F., Bartsch, G. & Friedrich, M. (2018). Bericht 2018 des nationalen REITOX-Knotenpunkts an die EBDD (Datenjahr 2017/2018). Deutschland, Workbook Rechtliche Rahmenbedingungen, DBDD, München.

5.2 Methodology (T5.2)

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

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