



European Monitoring Centre  
for Drugs and Drug Addiction



## **GERMANY**

2015 NATIONAL REPORT (2014 data)

to the EMCDDA by the Reitox National Focal Point

### **Workbook Drug Policy**

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**Contents**

- 0 SUMMARY (T0).....4**
  
- 1 NATIONAL PROFILE (T1).....5**
  - 1.1 National drug and addiction strategy (T1.1).....5
    - 1.1.1 Current national drug and addiction strategy (T1.1.1)..... 5
    - 1.1.2 Additional information (T1.1.3) ..... 6
  - 1.2 Evaluation of the national drug and addiction strategy (T1.2) .....6
    - 1.2.1 Current evaluations (T1.2.1)..... 6
    - 1.2.2 Results from more recent evaluations (T1.2.2)..... 7
  - 1.3 Coordination of drug and addiction strategy (T1.3).....7
    - 1.3.1 Institutions and bodies involved (T1.3.1) ..... 7
  - 1.4 Drug related public responsibilities (T1.4) .....10
    - 1.4.1 Data on drug related public expenditure (T1.4.1) .....10
    - 1.4.2 Overview of estimates on drug related public expenditure (T1.4.2) .....11
  
- 2 NEW DEVELOPMENTS (T3).....11**
  
- 3 ADDITIONAL INFORMATION (T4).....14**
  - 3.1 Additional sources of information (T4.1) .....14
  - 3.2 Further aspects (T4.2).....15
  
- 4 NOTES AND QUERIES (T5).....15**
  - 4.1 Planned evaluations (T5.1) .....15
  - 4.2 EUROSTAT (T5.2) .....15
  
- 5 SOURCES AND METHODOLOGY (T6) .....16**
  - 5.1 Sources (T6.1) .....16
  - 5.2 Methodology (T6.2).....16

<b>6</b>	<b>BIBLIOGRAPHY.....</b>	<b>16</b>
<b>7</b>	<b>TABLES.....</b>	<b>16</b>

## 0 Summary (T0)

The German Federal Government follows an integrative approach to addiction policy and thus legal and illegal addictive substances are considered together. Particular consideration is given, due to their widespread use, to the legal, addictive substances alcohol, tobacco and psychotropic pharmaceuticals when further developing addiction prevention and assistance systems. The current "National Strategy on Drug and Addiction Policy" originates from 2012 and does not have any defined end date. The National Strategy on Drug and Addiction Policy stresses the central significance of health promotion and prevention in health policy.

The current National Strategy directs its attention in particular to new challenges in drug and addiction policy which arise from, amongst other things, demographic change, societal changes, old and new addiction forms and addictive substances (e.g. the emergence of new psychoactive substances (NPS), dealing with increasing consumption of methamphetamine (crystal meth), 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 risky use behaviour, which is harmful to health and limits personal development even if it does not necessarily lead to an addiction.

The basis for the national drug and addiction policy is formed by four "pillars" (a) prevention, (b) counselling and treatment, cessation assistance, (c) measures for harm reduction and (d) repression. The intention is to create a balance between measures aimed at reducing demand and those aimed at reducing supply. A systematic evaluation of the drug and addiction policy or of the implementation of the central documents at federal level have not yet been conducted nor are they planned for the current National Strategy in this formalised manner.

The Federal Government, Laender and municipalities share the responsibility for Drug and Addiction Policy: according to the German Constitution, the Federal Government has legislative authority for narcotic drugs law, criminal law and social welfare law. The Office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health since 1998. The Commissioner on Narcotic Drugs coordinates the Drug and Addiction Policy of the German Federal Government. The main areas of responsibility of the Federal Government Commissioner on Narcotic Drugs will 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 help with the aim of preventing or alleviating health, social and mental problems as well as representing the German Federal Government's addiction and drug policy on an international level as well as in public.

The Federal Government Commissioner on Narcotic Drugs reconvened the National Board on Drugs and Addiction (Drogen- und Suchtrat, DSR) on 1 December 2014. The Board comprises representatives of the federal departments and agencies, symposium of ministers of the Laender, municipal umbrella associations, the German Pension Fund, the Federal Employment Agency, the umbrella organisations of the health insurance providers as well as

stakeholders from addiction support, addiction prevention and research. The National Board on Drugs and Addiction initially appointed two working groups who will develop recommendations on the topics of "Addiction prevention in the young adults age group" as well as "Participating and remaining in working life". The working groups are to submit detailed proposals to the National Board on Drugs and Addiction for implementation in the respective areas in 2015.

## **1 National Profile (T1)**

### **1.1 National drug and addiction strategy (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. Particular consideration is given, due to their widespread use, to the legal, addictive substances alcohol, tobacco and psychotropic pharmaceuticals when further developing addiction prevention and assistance systems.

#### **1.1.1 Current national drug and addiction strategy (T1.1.1)**

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

The current National Strategy directs its attention in particular to new challenges in drug and addiction policy which arise from, amongst other things, demographic change, societal changes, old and new addiction forms and addictive substances (e.g. the emergence of "new psychoactive substances" (NPS), dealing with increasing consumption of methamphetamine (crystal meth), 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 risky use behaviour, which is harmful to health and limits personal development even if it does not necessarily lead to an addiction.

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 changes in a society which is growing older. This means that prevention takes on a central significance in addition to the existing offerings for counselling and treatment, cessation support, harm reduction measures and repression.

The basis for the national drug and addiction policy comprises four "pillars":

- Prevention

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

The intention is to create a balance between measures aimed at reducing demand and those aimed at reducing supply. Addiction policy includes psychotropic substances as well as other related phenomena such as pathological gambling and their risks whilst taking into account European and international developments. In line with the broad concept of the World Health Organisation (WHO), addiction is understood as a complex illness associated with psychological, somatic and social disorders and requiring treatment. Existing measures for combating addiction should be made available as early and comprehensively as possible. Prevention of addiction plays a fundamental role in addiction policy. It aims at preventing or at least significantly reducing risky consumption, harmful use and substance dependence. Existing measures and treatments are to be further complemented and their quality ensured.

### **1.1.2 Additional information (T1.1.3)**

No additional information will be reported.

## **1.2 Evaluation of the national drug and addiction strategy (T1.2)**

### **1.2.1 Current evaluations (T1.2.1)**

A systematic evaluation of the drug and addiction policy or of the implementation of the central documents at federal level have not yet been conducted nor are they planned for the current National Strategy in this formalised manner. The prevalence of drug use is evaluated every three years through large epidemiological surveys. Additionally, many projects are constantly under evaluation; more information on these evaluations can be found in the Workbooks Prevention and Treatment.

As a result of the federal structure of Germany and the principle of subsidiarity but also as a consequence of the differences in the degree of problems and initial conditions, there exist considerable 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 in the 16 German Laender. However, all Laender have agreed on a profile for the requirements of 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 along these lines – the development of guidelines and programmes for quality assurance – are, however, pursued at the professional level by professional and scientific associations, as well as by the funding agencies, without any application or consideration of the approaches being mandatory (for more information on quality assurance guidelines c.f. Workbook Best Practice). Therefore, a multitude of different approaches and methods or instruments are currently in use in the individual Laender and municipalities. Furthermore, large differences with regard to the availability of resources are to be found between the Laender.

The implementation of the "Action Plan for Drugs and Addiction", passed by the German Federal Cabinet in 2003, was overseen by the Drug Commissioner's National Board on Drugs and Addiction (DSR) at the time. At that time, the DSR had the task of advising on the targets and measures laid out in the "Action Plan for Drugs and Addiction", to oversee their implementation, to check the results of the measures against their aims and to produce proposals for implementation and further development. In order to check the implementation, the DSR at that time defined a series of key activities and through means of representative surveys conducted by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) amongst 12 to 25 year-old youths and young adults. The DSR presented a summary of the findings from those evaluations in its working report from 2006 to 2008 (c.f. on that point, REITOX Report 2009).

### **1.2.2 Results from more recent evaluations (T1.2.2)**

Evaluations of current projects are reported in the according Workbooks. There are no current evaluations of the National Drug and Addiction Strategy as a whole.

## **1.3 Coordination of drug and addiction strategy (T1.3)**

### **1.3.1 Institutions and bodies involved (T1.3.1)**

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

The Federal Government, Laender and municipalities share the responsibility for "Drug and Addiction Policy": according to the German Constitution, the Federal Government has legislative competence for narcotic drugs law, penal law and social welfare law. On this basis, it defines the legal framework for drug policy and prescribes standards.

The Office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health since 1998. The Commissioner on Narcotic Drugs coordinates the "Drug and Addiction Policy" of the German Federal Government. The main areas of responsibility of the Federal Government Commissioner on Narcotic Drugs 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 help with the aim of preventing or alleviating health, social and mental problems as well as representing the German Federal Government's addiction and drug policy on an international level and in public.

The Federal Government Commissioner on Narcotic Drugs reconvened the National Board on Drugs and Addiction (Drogen- und Suchtrat, DSR) on 1 December 2014. The advisory board will meet at regular intervals to support the work of the Federal Government in the area of drugs and addiction. The national DSR comprises representatives of the federal departments and agencies, symposium of ministers of the Laender, municipal umbrella associations, the German Pension Fund, the Federal Employment Agency, the umbrella organisations of the health insurance providers as well as stakeholders from addiction

support, addiction prevention and research. The DSR initially appointed two working groups who will develop recommendations on the topics of "Addiction prevention in the young adults age group" as well as "Participation of addicts in working life". The working groups are to submit detailed proposals to the DSR for implementation in the respective areas by 2015.

The Federal Centre for Health Education (BZgA) is responsible, at federal government level, for planning and executing prevention campaigns as well as monitoring addiction prevention activities and their quality assurance. It also chairs the working group "Addiction prevention" which similarly reports to the DSR. The Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) is responsible for the authorisation of pharmaceuticals. Affiliated with the BfArM is the Federal Opium Agency (Bundesopiumstelle, BOPST) which, among other things, grants licences to trade in narcotic drugs and precursors and/or monitors the trade in narcotic drugs and precursors among licence holders. It also keeps the national substitution register.

### **The role of the Laender**

The enforcement 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, their own legislative competence in areas which are of relevance for drug and addiction policy including school, health and education systems. The actual implementation of the drug and addiction policy – in particular including its funding – mainly lies in the hands of the Laender and municipalities which may very well set different focuses within the framework of statutory provisions and common goals.

Currently, as part of the implementation of the drug policy, a few Laender are focussing on the responsibility of the municipalities, especially with regard to counselling, care and general prevention activities. The aim thereby is not least to improve integration of youth welfare and drug support. However, this will tend to render the supra-regional exchange of information and the collection of data for the overall situation more difficult.

The Laender have a very well developed network at their disposal to deal with clients suffering from addiction problems. It is based on the cornerstones of prevention, treatment and aftercare. The nationwide services available range from prevention, outpatient counselling, qualified detoxification treatments, recovery treatment, adaptation facilities, complementary services (low-threshold facilities, day-care facilities, job programmes and employment projects, assisted living, youth housing, socio-therapeutic transitional residential facilities, hostels for the homeless) and other specific services (nursing homes and treatment ordered by a judge) to self-help initiatives. The work of the large majority of the care facilities is governed by an integrative approach (legal and illegal substances, pathological gambling, addictive problems linked to computer or internet use, eating disorders, etc.), which is, where necessary, complemented by specific measures for certain target groups. As for the preventive activities undertaken amongst at-risk groups, both local approaches and projects available nationwide such as an early intervention with drug users who have come to the

attention of the police for the first time (FreD) or the implementation of the intervention programme "Realize it" in the Laender have proven successful.

The Laender too, are increasingly setting their focus on children and adolescents as well as on legal addictive substances. Central to their work is making support systems more target oriented, comparing requirements and supply in addiction care and optimising the aid system through improved cooperation, cost control and work sharing. There are numerous projects addressing a series of target groups with different settings and focuses which are reported in the according Workbooks (mainly Prevention, Treatment and Harms and Harm Reduction).

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

Funding of treatment and rehabilitation is, for the most part, provided by the statutory health insurance schemes or pension insurance schemes respectively. Alternatively, funding is taken over by social welfare providers. Costs caused by (secondary) disorders resulting from drug use and withdrawal (detoxification) are generally borne by the statutory health insurance providers. Outpatient and inpatient medical rehabilitation is usually paid for by the pension insurance funds. Social insurance providers act as independent, self-governing bodies under public law. Therefore, political decisions are often unable to have a direct impact on the funding practice with regard to certain treatments.

### **The role of non-governmental organisations**

In Germany, health care and social work in particular 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 large parts of the measures of socio-therapeutic care for drug users for which they receive public funding – provided by 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), the Federal Government itself funds special assistance and services for persons with addiction problems. Youth welfare also relies on the joint work of governmental and non-governmental institutions (German Code of Social Law, Volume 8, SGB VIII).

### **International cooperation**

Germany actively cooperates with international institutions in the area of drugs and addiction. Its most important partners in this area are the European Commission, the Horizontal Drugs Group (HDG) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Germany is also an active partner in the United Nations Commission on Narcotic Drugs (CND). When representing Germany in the European and other international bodies dealing with drug policy, the Commissioner on Narcotic Drugs has an important coordinating function. In addition to the Commissioner on Narcotics Drugs, the respective specialist departments of various ministries (Ministry of the Interior, Ministry of Health, Foreign Office) or experts from other areas represent Germany in European and international committees.

German representatives also actively participate in the Civil Society Forum on Drugs of the European Commission.

#### **1.4 Drug related public responsibilities (T1.4)**

A detailed overview of the data sources available in Germany giving an insight into public expenditures, as well as a presentation of the problems associated with the collection and analysis of this data, were the subject of a Selected Issue of the REITOX Report 2007 which is available in German and English on the DBDD website.<sup>1</sup> In spring 2008, the EMCDDA additionally published a summary of the information provided by the EMCDDA member states on that subject which is available from the EMCDDA.<sup>2</sup>

The basis of the funding of drug-related measures lies in the federal structure of Germany and the principle of subsidiarity, which has led to a complex system of responsibilities between federal, Laender and municipal levels, along with social insurance providers with respect to the funding and performance of various functions. In particular, information on financial resources which the Laender and municipal authorities allocate to drug or addiction problems is not compiled or aggregated at the national level at present as a result of limited comparability. Another problem posed by the aggregation of public expenditures for drug-related issues is the fact that the German care system has largely stopped differentiating between individual substances or legal and illegal substances respectively, rendering the task of ascertaining the share of illicit drugs in the costs incurred almost impossible. It is furthermore particularly difficult to identify non-labelled costs specifically relating to addiction in the all-encompassing areas such as police and judiciary, detention and social welfare system, which would however account for a considerable proportion of any comprehensive estimation of the overall costs.

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

##### **1.4.1 Data on drug related public expenditure (T1.4.1)**

Funded by the German Federal Ministry of Health, the DBDD carried out a study in 2008 in cooperation with the Chair of Medical Management at Essen University to produce, for the first time, a comprehensive estimate of the direct (labelled and non-labelled) government expenditure and funds provided by the statutory social insurance schemes in the area of illicit drugs (Mostardt et al. 2010).

Various approaches were used to collect data: at the level of the central government, Land and municipal authorities, the publicly available budget documents were analysed and

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1 [http://www.dbdd.de/images/publikationen/dbdd/Sonderkapitel/2007\\_oeffentliche\\_ausgaben.pdf](http://www.dbdd.de/images/publikationen/dbdd/Sonderkapitel/2007_oeffentliche_ausgaben.pdf) (last accessed: 29 Oct. 2015)

2 <http://www.emcdda.europa.eu/topics/drug-related-public-expenditure> (last accessed: 29 Oct. 2015).

ministries, subordinate authorities as well as other key persons were interviewed. Where expenditures were assumed but not stated separately in the budgets or could not be specified by the respondents, alternative calculation or estimate methods were developed with the help of data from published studies and statistics. The data on the expenses incurred by the social insurance providers were collected by means of written interviews. In addition to the German Pension Fund (Rentenversicherung Bund), 40 of the largest statutory health insurance providers were contacted by means of standardised questionnaires. The data from the participating insurers was then extrapolated for the entirety of the statutory health insurance system.

From the varying expenditures identified and calculated, one arrives at a range of between 5.2 and 6.1 billion euros spent in the reference year 2006 for the area of illicit drugs. This overall result should be viewed, however, due to missing data and methodological limitations, as a conservative estimate.

The expenditures are broken down in more detail in standard table STPE for the year 2008 as well as in the publication of the findings (Mostardt et al. 2010). In view of the great expense associated with a comprehensive collection of data and estimation of public expenditure, the findings of the 2008 study have not been followed up. Therefore, there is no current data available.

#### **1.4.2 Overview of estimates on drug related public expenditure (T1.4.2)**

There is no current data available in this area.

## **2 New developments (T3 and T3.1)**

The German Federal Ministry of Health (BMG) promotes a series of pilot programmes and research projects, the content and objectives of which are derived from the National Strategy and current problematic areas or issues. A simple overview of the pilot programmes and research projects funded by the federal government are shown below in tabular form in Table 1. The table is ordered according to a thematic grouping based on the individual workbooks. Each proposal is examined in greater detail, where necessary, in the respective thematic workbooks (provided they have not already been covered in previous REITOX Reports).

Current data from Germany shows that, in particular, methamphetamine abuse has risen in contrast to the constant or even slightly reduced figures for overall consumption of illicit drugs (Die Drogenbeauftragte der Bundesregierung 2015). In order to analyse the existing prevention approaches and support services in respect of their suitability for the target group of (meth)amphetamine users and where necessary to introduce additional measures, several expert discussions were conducted by the German Federal Ministry of Health (BMG) with the Drug Commissioner, addiction experts as well as addiction coordinators of the Laender and other specialists involved in delivery of treatment. As a result of those discussions, for example, the information provided by the Federal Centre for Health Education (BZgA) has been expanded. In addition, teaching materials for schools are being developed and the available data is to be improved through better collection methods. Moreover, the BMG

supports numerous projects which are focussed on the consumption of (meth)amphetamine and which, for example, develop recommendations for treatment or detailed problem analyses of particular groups of users (c.f. Table 1).

Also against the backdrop of the special challenges of methamphetamine, the Saxon State Government passed into law in May 2014 the “Concept of the Saxon State Government on preventing and combating the consumption of crystal meth in Saxony” as well as the “10 point plan for preventing and combating the consumption of crystal meth” (Sächsische Staatsregierung 2014). All measures listed in that plan are conducted by the state ministries under the umbrella of the Land Crime Prevention Council. Specifically, the plan encompasses measures in the areas of prevention through information, advice and treatment as well as repression ((Sächsische Staatsregierung 2014). In order to implement the concept and the 10 point plan, a cross-departmental working group was set up which would report to the Ministry of Social Affairs. The working group comprises the managing director of the Land Crime Prevention Council and the Social Affairs, Interior, Justice, Culture, Economic and Employment departments, the chairperson of the Land Expert Committee on Addiction Prevention as well as one representative each from the Saxon Association of District Councils and the Saxon Association of City and Local Authorities.

The Saxon State Parliament also sanctioned a substantial increase in the budget resources made available for addiction support for 2015/2016. These additional resources are to be used for the further development and implementation of prevention and support services for persons suffering from or at risk of addiction, in particular in connection with crystal meth as well as for the establishment and ongoing provision of services for outpatient addiction support and prevention for specific target groups such as crystal meth users. The budget resources for supporting addiction counselling and treatment facilities were also increased in order to strengthen the work of those facilities. This was accompanied by a change in the targeted number of specialists to one specialist per 20,000 inhabitants. Assuming similar financial assistance on the part of municipal authorities, additional experts will be able to be employed in the addiction counselling and treatment facilities.

In Saxony-Anhalt, the use of methamphetamine is also an important issue. The State Office for Addiction Issues in Saxony-Anhalt (LS-LSA) first collected data from the recognised addiction counselling facilities and from the Saxony-Anhalt Statistical Office on methamphetamine in 2013 and this has been continued since then<sup>3</sup>. As the drama surrounding crystal meth use is primarily in the danger of relatively rapid and serious damage to health occurring in a period of life, in which the course is set for career and private development, the Land Saxony-Anhalt views reaching crystal meth users at an early stage as a primary goal, utilising and within the existing structures of regular health care.

Bavaria is the third German Land about which it has been reported that there has been for some years an increased need for treatment related to methamphetamine. In July 2014, a telephone hotline was set up for this purpose through which relatives could also receive

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<sup>3</sup> [http://www.ls-suchtfraegen-lsa.de/data/mediapool/zuarbeit\\_oe\\_aktual\\_14.pdf](http://www.ls-suchtfraegen-lsa.de/data/mediapool/zuarbeit_oe_aktual_14.pdf) (last accessed: 29 Oct. 2015).

advice quickly. The funding for the new telephone hotline is provided by the association "DrugStop Drogenhilfe" (approx. "DrugStop Drug Support") in Regensburg. The Bavarian Ministry of Health is supporting this pilot project until July 2016. An additional measure is provided, for example, by the Bavaria-wide project, "Mindzone", which provides information and advice in clubs and discos to at-risk members of that scene. There have also been reports from some inpatient facilities which reveal that in some addiction clinics in Bavaria, 90% of the places are taken up by crystal meth patients. Similarly, the number of prisoners in the Bavarian correctional institutions who use that drug has risen sharply.

Furthermore, it has been reported from those involved with low-threshold facilities in Bavaria that the number of people dying of long term effects of drug use is rising. Moreover, in March 2015, the pilot project, "Network 40+ for the development of needs-based measures for treatment of older drug dependent persons", funded by the Bavarian State Ministry of Public Health and Health-Care (StMGP), was launched. The project was initiated, due to an increased need for support services, to treat older drug dependent persons with additional counselling and care.

Table 1 Pilot programmes and research projects funded by the federal government

<b>Funded Projects</b>	<b>Project Period</b>	<b>Notes</b>
<b>Prevention</b>		
Focus: Innovative prevention concepts in pregnancy, plus evaluation	10/12 – 09/14 07/12 – 12/14	3 pilot projects in 2nd Phase; Evaluation project
Prevention and reduction of substance use amongst students	04/13 – 10/15	3 projects
Meta analysis on the effectiveness of life skills programmes for addiction prevention in Germany	10/14 – 01/15	
Interdisciplinary conference on evidence basis of addiction prevention	12/13 – 10/14	
Prevention project for users of crystal meth and ATS ("Spotting")	03/15 – 02/16	
<b>Drug use in the population and specific targeted-groups</b>		
DRUCK-Study	04/12 – 03/15	Sero-behavioural survey on HIV, Hepatitis B and C amongst injecting drug users.
Spice II Plus	03/13 – 02/15	Co-financed EU project
Crystal meth and families	10/14 – 07/15	Analysis of life situation
Monitoring NPS and medicinal drugs	01/15 – 12/16	
Alcohol and drugs as risk factors for successful completion of education.	04/12 – 03/15	Representative survey

Table 1 (continued)

<b>Funded Projects</b>	<b>Project Period</b>	<b>Notes</b>
<b>Drug-related treatment</b>		
CAN Stop Intramural	10/14 – 05/16	Implementation of group training CAN Stop in juvenile detention institutions
Group intervention for simultaneous cessation of cannabis and tobacco use.	04/15 – 08/18	
Creation of treatment proposals for the treatment of methamphetamine dependent persons	03/15 – 12/15	
MethCare - a German language database on methamphetamine	03/15 – 12/15	
Quadros - Quality development in counselling and prevention in the context of drugs and sexuality amongst gay men.	03/15 – 02/16	
Online self-help for methamphetamine users	10/14 – 04/16	
<b>Other projects funded by the BMG which are related to drugs</b>		
safe - clean partying	08/14 – 01/15	Development and trialling of a further training concept for employees in dance locales and nightclubs on how to handle risky addictive substance use of their guests.
CNN – Chancen nahtlos nutzen (use chances seamlessly) – specific follow-up project	10/13 – 06/15	Improvement of the image of addiction self-help and intensification of cooperation / communication with vocational addiction support.
Development of cross-sectoral quality indicators	02/15 – 05/15	
Regional cooperation model for improving treatment of women with addiction issues affected by violence	01/15 – 12/17	
Problematic substance use and paternity	03/15 – 08/16	
Relatives of people with addiction diseases: Burdens and need for support	03/15 – 02/17	

### 3 Additional information (T4)

#### 3.1 Additional sources of Information (T4.1)

No additional information is available on this.

### 3.2 Further aspects (T4.2)

No additional information is available on this.

## 4 Notes and queries (T5)

### 4.1 Planned evaluations (T5.1)

The National Strategy on Drug and Addiction Policy does not provide for any comprehensive systematic evaluation or scientific monitoring of the implementation. The National Board on Drugs and Addiction (DSR) convened by the Drug Commissioner as well as the specialist departments of the German Federal Ministry of Health (BMG) and other institutions will support the Drug Commissioner with expert knowledge and with individual studies and oversee the implementation of the national strategy with accompanying assessments.

### 4.2 EUROSTAT (T5.2)

The German Federal Statistical Office first produced estimated values for the increase in gross domestic product (GDP) with the inclusion of drug and smuggling activity in 2014. "For 2010, the estimation model produced a value of 1.9 billion euros for consumption expenditure for the five types of drugs included in the model (heroin, cannabis, cocaine, ecstasy and amphetamine). From that, one can deduce, after deduction of import values and advance payments, a gross value added of the drug industry of approximately 1.2 billion euros. That corresponds to approximately 0.05% of GDP.

Table 2 Model-based calculations of gross value added from drug trafficking and production for 2010

Use nationally	1,930 m euros
- Drug imports	557 m euros
= Production value (mark-up)	1,372 m euros
- Advance payments	169 m euros
= Gross value added	1,203 m euros

Quantitatively, the effects of including illegal activities in GDP are small. On the basis of the described model estimates, the inclusion of drug and smuggling activity leads to an increase in gross domestic product of less than 0.1%. One reason for this is that a large proportion of smuggled cigarettes and drugs are produced abroad and thus only the domestic mark-up increases the value created. There have been no effects on GDP growth rate in previous years nor are they to be expected in future. The quantitative significance of these two illegal activities is too low" (Text and tables from: Taschowsky 2015).

## 5 Sources and methodology (T6)

### 5.1 Sources (T6.1)

- National Strategy on Drug and Addiction Policy<sup>4</sup>
- Drug and Addiction Report 2015 (Die Drogenbeauftragte der Bundesregierung 2015)
- Personal communications from the German Federal Ministry of Health and from the Drug Commissioners in the federal Laender

### 5.2 Methodology (T6.2)

The methodology of the individually listed studies is described in detail in the respective publications (see point 6 bibliography for information on sources).

## 6 Bibliography

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## 7 Tables

Table 1	Pilot programmes and research projects funded by the federal government.....	13
Table 2	Model-based calculations of gross value added from drug trafficking and production for 2010 .....	15

<sup>4</sup> [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/Nationale\\_Strategie\\_Druckfassung-Dt.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/Nationale_Strategie_Druckfassung-Dt.pdf) (last accessed: 29 Oct. 2015).