



European Monitoring Centre  
for Drugs and Drug Addiction



## **GERMANY**

2016 NATIONAL REPORT (2015 / 2016 data)  
to the EMCDDA by the Reitox National Focal Point

### **Drug Policy**

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Gefördert durch:



aufgrund eines Beschlusses  
des Deutschen Bundestages

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## 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 addiction but also on high risk use behaviour, which is harmful to health and limits personal development even if it does not necessarily lead to an addiction.

The basis of the National Drug and Addiction Policy are the four "columns" (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 responsibility for the Drug and Addiction Policy: according to the German Constitution, the Federal Government has legislative competence for narcotic drugs law, criminal law and social welfare law. The Office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health since 1998. The Commissioner 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 assistance with the aim of preventing or alleviating health, social and mental problems as well as representing the German Federal Government's addiction and drug policy on an international level 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 *Länder*, 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 convened two working groups in October 2015 on the topics of "Addiction prevention in the young adults age group" as well as "Participating and remaining in working life".

## **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 drug and addiction related problems in society. 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 "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 addiction but also on high risk 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 an ageing society. This means that prevention takes on a central significance in addition to the existing offerings for counselling and treatment, cessation support, harm reduction measures and repression.

The basis for the national drug and addiction policy comprises four "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. The importance of prevention is also underlined in the Prevention Statute passed in the Bundestag in June 2015, that strengthens the basis for an improved cooperation between the statutory social insurance providers, *Laender* and municipalities in the areas of prevention and health promotion (German Federal Law Gazette 2015; see also the Legal Framework workbook). 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 on this.

## **1.2 Evaluation of national drugs strategies (T1.2)**

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

As yet, no systematic evaluations of the drug and addiction policy or of the implementation of the central documents at federal level have been conducted nor are any such formalised evaluations planned for the current National Strategy. The prevalence of use of drugs is reviewed every three years by the major epidemiological studies. In addition many individual projects are being continuously evaluated; more detail can be found in the Prevention and Treatment workbooks under the respective projects.

As a result of the federal structure of Germany and the principle of subsidiarity, but also as a consequence of the differences in the extent of problems and basic conditions, there are regional differences in how substance-related disorders are dealt with. Consequently, differences exist in the guidelines and standards as well as in the drug and addiction programmes of the 16 German *Laender*. However, all *Laender* have produced a common profile of the requirements for regional outpatient addiction support facilities. There are no uniform, formal requirements or criteria for quality assurance with regard to measures aimed at reducing demand for drugs. Approaches in this area – the development of guidelines and programmes for quality assurance – are, however, followed in practice by professional and scientific associations, as well as by the funding agencies, without any mandatory

requirement to apply or take into account such approaches (for information on the guidelines for quality assurance see also the Best Practice workbook). As a result of the factors mentioned above, 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 DSR of the Commissioner at that time. 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 of the latest evaluation (T1.2.2)**

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

## **1.3 Drug policy coordination (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**

Responsibility for the "Drug and Addiction Policy" in Germany is shared between the Federal Government, *Laender* and municipalities: 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.

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 Commissioner 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 Commissioner reconvened the DSR on 1 December 2014. It will 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, of the Symposium of Ministers of the *Länder*, of municipal umbrella associations, of the German Pension Fund, of the German Federal Employment Agency, of the umbrella organisations of the health insurance providers as well as stakeholders from addiction support, addiction prevention and research. The DSR convened two working groups in October 2015 on the topics of "Addiction prevention in the young adults age group" as well as "Participating and remaining in working life".

The Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, 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 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/or precursors and 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 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.

Currently, as far as the implementation of drug policy in practice is concerned, some *Laender* are increasing the emphasis on the responsibility of the municipalities, especially with regard to counselling, care and general prevention activities. The aim thereby is not least to improve the integration of youth welfare and drug support. However, this will tend to make the exchange of information across regions as well as 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. The network is based on the cornerstones of prevention, treatment and aftercare. The services available nationwide cover prevention, outpatient addiction counselling, qualified detoxification facilities, rehabilitation treatments and transition facilities, complementary services (low-threshold facilities, day-care facilities, employment programmes and work projects, outpatient assisted living, hostels for young people, socio-therapeutic transitional residential facilities, hostels for the homeless) and other specific services (care homes and secure psychiatric facilities) and addiction self-help initiatives. The work of the large majority of the care facilities is governed by an integrative approach (legal and illegal substances, pathological gambling, problems linked to computer or internet use, eating disorders, etc.), which is, where necessary, complemented by specific measures for specific target groups. As for the preventive activities undertaken amongst at-risk groups in addition to local measures, projects available nationwide such as the Early Intervention with Drug Users Coming to the Attention of Law Enforcement for the First Time (Frühintervention bei erstaußälligen Drogenkonsumenten, FreD) or the implementation of the intervention programme "Realize it" have also proven successful in the *Laender*.

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

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

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

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

In Germany, 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 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) does the Federal Government itself fund special assistance 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. Its most important partners in this respect 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 expenditure (T1.4)**

A detailed overview of the data sources available in Germany regarding public expenditure, as well as a presentation of the problems associated with the collection and analysis of this data, were the subject of a Selected Issue chapter of the REITOX Report 2007, which is available in German and English on the DBDD website. In addition to that, in spring 2008, the EMCDDA published a summary of the information provided by the EMCDDA member states on that subject. That summary is available from the EMCDDA.

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 the 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 between legal and illegal substances, rendering the task of ascertaining the share of illicit drugs in the costs incurred almost impossible. It is furthermore particularly difficult to include expenditure specifically relating to addiction which has not been specifically recorded as such within multi-issue areas such as the police and the judiciary, detention units and the social welfare system. However these areas would account for a considerable proportion of any comprehensive estimation of the overall costs.

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

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

Funded by the BMG, the DBDD carried out a study in 2008, 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 (marked and non-marked) expenditure from public funds and social insurance providers related to illicit drugs (Mostardt et al. 2010).

From the varying expenditures identified and calculated, it was concluded that a range of between 5.2 and 6.1 billion EUR was spent in the reference year 2006 for the area of illicit drugs. This overall total should, however, be seen as a conservative estimate due to missing data and methodological limitations.

The expenditures are broken down in more detail in standard table STPE for the year 2008 as well as in the publication of the findings (Mostardt et al. 2010). In view of the huge

workload involved in a comprehensive collection of data and estimation of public expenditure, the findings of the 2008 study have not been followed up since. Therefore, there is no current data available.

In order to be able to meaningfully assess the negative effects of cannabis consumption in the scope of economic cost-benefit decisions, and include them as part of the health policy decision making process, an analysis of the medical-economic costs of cannabis consumption in Germany was presented by Effertz, Verheyen und Linder (2016), which is reported under "2. New developments".

#### **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 and T3.1)**

The BMG promotes a series of model programs and research projects, the content and objectives of which are derived from the National Strategy and current problem areas or issues. Table 1 below shows just a simple overview of the model programs and research projects funded by the Federal Government in tabular form. 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 recent REITOX reports).

As in the previous year, the BMG additionally continues to fund a number of projects that focus on the target group of (meth-)amphetamine users. Funding measures in the area of "new psychoactive substances" and plans concerned with the extent of problem substance use among refugees also reflect current priorities of the drug policy in Germany. Furthermore, more projects are being supported which, among other things, include a scientific appraisal of the potential and the risks of cannabis use, strengthen (online) self-help activities or promote the use of modern media in addiction prevention.

Also in the *Laender*, in which an integrative approach of the Drug and Addiction Policy is also followed, the areas of focus are being set taking current trends into account. Thus, for example, the *Land* Thuringia is currently focusing on general addiction support based on the measures of prevention, counselling, treatment and minimisation of harm with regards to the substances alcohol and illicit drugs, particularly in the field of stimulants. In 2015 a major interpellation addressed the topic of "Illicit Drugs in Thuringia - Use, Abuse and Prevention". A motion from the coalition government in December 2015 requested a report from the *Land* government on the topic "Strengthen addiction prevention - support families". Both parliamentary requests address with their questions, among other things, the aspects of the coalition agreement. These include, in particular, the increased support for research projects related to the drug methamphetamine (crystal meth), the improvement of care for persons dependent on opium who are receiving substitution treatment as well as the assessment of

projects on so called "Drug Checking" and other methods of harm reduction. Saxony-Anhalt has also reported that, among illicit drugs, the substance methamphetamine in particular is given particular attention. In June 2016 there was an inquiry in the Saarland *Land* Parliament into the causes for the sharp increase in drug related deaths since 2015. In a committee session the possible reasons for and causes of the increase were debated with a representative of the Ministry of Social Affairs, Health, Women's Affairs and Family and measures for addiction support were proposed and discussed. In other *Laender* also, a more intensive examination is currently being undertaken as to the potential causes for the renewed increases in drug induced deaths.

Similarly, as a reaction to specific regional challenges, the Bavarian State Ministry of Public Health and Health-Care (StMGP) created the project "Addiction Prevention for People with a Russian-Speaking Migration Background" which launched in June 2015 and will initially run for a period of two years. In October 2015 the addiction support provider mudra (Nuremberg), with support from "Aktion Mensch", started the project: "Case Management 40+" which will run for a period of three years. This project concerns a specific provision of services for older drug users and patients receiving substitution treatment with additional health restrictions.

On 6 June 2016 the third "Alternative Drug and Addiction Report"<sup>1</sup> was presented to the public by its editors akzept e.V. The Federal Association for Accepting Drug Work and Humane Drug policy, German Aids Service Organisation e.V. and JES Federal Association e.V.. The authors of that report have as their aim a critical examination of the drug situation in Germany and the development of proposed alternative solutions. The press release on the Alternative Drug and Addiction Report formulated amongst their central demands a state controlled distribution of as yet illegal substances (e.g. in the case of cannabis via licensed shops, in the case of heroin via the medical system), exemption from punishment for possession of small amounts of drugs, the comprehensive introduction of life saving measures such as drug consumption rooms and the availability of the emergency medication Naloxon as well as "Drug Checking" and syringe provision in places of detention among other things.

On 7 June the Federal Government Commissioner on Narcotic Drugs presented her "Drug and Addiction Report 2016"<sup>2</sup> which reported comprehensively on measures, data, framework conditions and projects concerning legal addictive substances, illicit drugs and behavioural addictions. In the press release the Commissioner on Narcotic Drugs referenced the importance of prevention as a means of maintaining and promoting the individual health of users as well as the health of society as a whole. According to the assessment of the Commissioner on Narcotic Drugs the situation regarding illicit drugs is stable whilst for legal drugs there is a positive trend. She further stated that the resources, particularly for prevention measures, had increased significantly and in her opinion had been well invested.

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1 <http://alternativer-drogenbericht.de/> [accessed: 20 Aug. 2016].

2 [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Pressemitteilungen/Pressemitteilungen\\_2016/Drogenbericht\\_2016\\_web.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Pressemitteilungen/Pressemitteilungen_2016/Drogenbericht_2016_web.pdf) [accessed: 20 August 2016].

The prevention measures in recent years have proven effective, particularly in the field of legal addictive substances. In this context the Commissioner on Narcotic Drugs is calling for, among other things, a ban on tobacco advertising. In the context of illicit drugs the number of drug related deaths - although lower than at the beginning of the 2000s - is cause for concern and greater attention should be focussed in this area. Here, the Commissioner on Narcotic Drugs also draws a connection to the fact that new, mostly chemical substances are continuously being developed to circumvent the German Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG). Through the appearance of legality, the Commissioner states, drugs with unknown effects are reaching consumers. In the Commissioner estimation, variants of drugs already recognised as illegal are also leading to new problem situations (e.g. methamphetamine).

In connection with political framework conditions, debates, particularly regarding the substance cannabis, are taking place in Germany in various places. Few topics in drug and addiction policy are addressed publicly as often and few other topics are discussed as controversially in public, amongst politicians and amongst experts. Aspects of discussion which regularly crop up are the effects of the ban in the areas of youth protection, prevention and harm reduction as well as consequences for the economy, foreign policy, security policy and development policy. In addition, as a result of the high prevalence of cannabis in comparison to other illicit drugs, this debate is followed closely by all parties concerned (cited according to: DHS 2015). Among other things the DHS drew up an overview at the end of 2015, which makes a range of demands, including the establishment of a committee of enquiry into cannabis to assess and conceptualise the exact organisation and options for a regulation of cannabis (DHS 2015). Information is available from several *Laender*, on parliamentary procedures such as written minor interpellations or motions concerning the various aspects of cannabis use, including questions of access to cannabis on medical grounds, the trend in cannabis use and an assessment of this or a pilot project for the controlled distribution of cannabis. In most cases the relevant documents are lodged in the parliamentary databases and can be accessed there.

At the end of 2015 the German Federal Ministry of Health commissioned a systematic scientific analysis, which consisted of two parts, concerning the risks of recreational cannabis use<sup>3</sup> and the potential for cannabis based pharmaceuticals. The project with the acronym "CaPRis" involved a great number of experts in an advisory function and will present its results in 2017. To supplement the scientific contributions, which are examining the current state of research, in particular regarding the effects of cannabis use, a German language overview on the ongoing discussions about a reform of the law on cannabis was recently presented by Simon (2016) which separately considered the aspects of "prohibition, legalisation, decriminalisation". All major German expert societies have published their professional opinions concerning cannabis policy and the risks of cannabis use. Examples include the following published opinions:

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3 [http://www.crd.york.ac.uk/PROSPERO/display\\_record.asp?ID=CRD42016033249](http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016033249) [accessed: 21 Aug. 2016].

- German Society for Addiction Research and Treatment<sup>4</sup>,
- German Society for Addiction Medicine<sup>5</sup>,
- German Society for Psychiatry, Psychotherapy and Neuropsychiatry<sup>6</sup>,
- German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy<sup>7</sup>
- German Centre for Addiction Issues (DHS)<sup>8</sup>,

This list is not exhaustive and professionals are still in a lively discussion about different aspects of cannabis use.

Reuband (2015) presented an up to date overview in which the attitudes of the German population towards the legalisation of cannabis, the belief that hashish is a deviant behaviour as well as the perception of the health risks and mental health risks of cannabis use between 1982 and 2014 were considered. Nationwide face-to-face and telephone surveying of the adult population in the former West German *Laender* formed the basis of this study. In Reuband's estimation, support for the legalisation of cannabis has increased but remains behind corresponding values in the USA. According to him, it is still only the minority that is in favour of legalisation. The perception of the risks of experimental and regular use of hashish has remained largely constant over time. The perception of cannabis use as a serious form of deviant behaviour has significantly reduced over time. Regardless of whether or not one agreed with the legalisation of cannabis or not, attitudes in the early 1980s were determined primarily by the perception of it being an offence, and in more recent times by the perceived risk. The assessment is clearly, in the author's view, being increasingly based on rational considerations instead of traditional morally influenced standards. In order to be able to meaningfully assess the negative effects of cannabis consumption in the scope of economic cost-benefit decisions and include them as part of the health policy decision making process, it is necessary to quantify the causal costs connected to cannabis use in full. The objective of a paper by Effertz, Verheyen and Linder (2016) was to give an overview of the medical-economic costs of cannabis use in Germany. To this end, the authors analysed a sample of 146,000 people insured by the health insurance provider Techniker Krankenkasse, of whom 1,245 had a diagnosis that suggested harmful cannabis use (ICD-10-gm-Code F12). With the help of suitable statistical regression models the causal additional costs in the healthcare sector, that could be traced back to cannabis, as well as further impairments that were intangible or relevant to productivity were ascertained. According to the results of the analysis, insured people who consume cannabis in a harmful manner cause 2,438 EUR in

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4 [http://www.dg-sucht.de/fileadmin/user\\_upload/pdf/stellungnahmen/Stellungnahme\\_Legalisierungdebatte\\_Cannabis\\_DG-Sucht.pdf](http://www.dg-sucht.de/fileadmin/user_upload/pdf/stellungnahmen/Stellungnahme_Legalisierungdebatte_Cannabis_DG-Sucht.pdf) [accessed: 07.10.2016].

5 [http://www.dgsuchtmedizin.de/fileadmin/documents/dgs-info\\_extra\\_20150218/DGS-BtMG-Pru%CC%88fbedarf-2015.pdf](http://www.dgsuchtmedizin.de/fileadmin/documents/dgs-info_extra_20150218/DGS-BtMG-Pru%CC%88fbedarf-2015.pdf) [accessed: 07.10.2016].

6 <https://www.dgppn.de/presse/pressemitteilungen/detailansicht/article//dgppn-positi.html> [accessed: 07.10.2016].

7 <http://www.dgkjp.de/stellungnahmen-positions-papiere/348-cannabiskonsum> [accessed: 07.10.2016].

8 [http://www.dhs.de/fileadmin/user\\_upload/pdf/news/Cannabispolitik\\_in\\_Deutschland.pdf](http://www.dhs.de/fileadmin/user_upload/pdf/news/Cannabispolitik_in_Deutschland.pdf) [accessed: 07.10.2016].

additional costs per person per year. In total this results in costs of up to 975 million EUR per annum. It is possible that further additional costs are incurred as a result of tobacco consumption, when the two are consumed together. Finally the findings also show increased intangible damage such as exhaustion, depression and pains. The authors conclude from their analyses the necessity of careful consideration of the multitude of risks and costs connected to cannabis use when considering potential changes in Drug Policy.

For more on the discussion surrounding improved care for the chronically ill using medicines containing cannabinoids and medical hemp, which the German Federal Ministry of Health is striving towards, and the submission of the draft legislative act "Cannabis as Medicine" see Legal Framework workbook.

Table 1 Pilot programmes and research projects funded by the Federal Government

<b>Funded Projects</b>	<b>Project Period</b>	<b>Notes</b>
<b>Drug use in the population and specific targeted-groups</b>		
Crystal meth and Families II	03/16 – 09/18	Follow-up project on crystal meth and families (Analysis of living situation)
Monitoring NPS and medicinal drugs	01/15 – 12/16	
Extent of problem substance use in unaccompanied refugee minors	04/16 – 06/17	
New Psychoactive Substances	10/15 – 08/17	Co-financing EU project on new psychoactive substances
<b>Drug-related treatment</b>		
CAN Stop Intramural	10/14 – 05/16	Implementation of group training "CAN Stop" in juvenile detention institutions
Development of treatment proposals for the treatment of methamphetamine dependent persons	03/15 – 12/15	
MethCare - a German language database on methamphetamine	03/15 – 02/16	
Quadros - Quality development in counselling and prevention in the context of drugs and sexuality amongst gay men	04/15 – 01/16	
Online self-help for methamphetamine users	10/14 – 04/16	
Future workshop on addict care	10/15 – 01/16	
QUASIE	03/16 – 03/18	Qualified approach in juvenile detention institutions
Evaluation of a fixed site pilot project, e.g. Matrix, for crystal meth users	07/16 – 06/19	
Early intervention for (Crystal-Meth-) Amphetamine users coming to the attention of law enforcement for the first time, "FreD-ATS"	05/15 – 02/17	
Development of a smartphone supported programme to accompany the counselling programme	08/15 – 07/16	
Development and validation of an instrument to assess quality of life under opiate substitution treatment (QOLOSS)	04/15 – 09/16	
Research based further development of the self-help portal "Breaking Meth" for various user groups with methamphetamine problems	05/16 – 04/19	

Table 1 (continued)

<b>Funded Projects</b>	<b>Project Period</b>	<b>Notes</b>
<b>Prevention</b>		
Prevention and reduction of substance use amongst students	04/13 – 4/16	3 projects
Follow-up project on substance use among students	02/16 – 07/17	
Prevention project for users of crystal meth and ATS ("Spotting")	03/15 – 04/17	
Workshop discussion on risk assessment of the threat to child welfare in the case of parents who use crystal meth	06/15 – 01/16	
Catamnesis survey for review of the long term effects of the federal pilot project "Trampolin"	03/16 – 02/17	
<b>Other projects funded by the BMG which are related to drugs</b>		
Regional cooperation model for improving treatment for women with addiction issues affected by violence	01/15 – 12/17	
Problem substance use and paternity	03/15 – 08/16	
Relatives of people with addiction disorders: Burdens and need for support	03/15 – 02/17	
Support networks and burdens on relatives of people with problem use of alcohol and illicit drugs	04/15 – 09/17	
9th Addiction Congress	01/16 – 12/16	
Study of integration of addicts into working life	03/16 – 11/16	Repeated survey
Conference on "Stigma of addiction disorders"	03/16 – 12/16	Understanding and overcoming addiction disorders
Cannabis: Potential and Risks CaPRis	10/15 – 03/17	A scientific analysis

### 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 DSR convened by the Drug Commissioner as well as the specialist departments of the BMG and of other institutions will support the Drug Commissioner with expert knowledge and oversee the implementation of the national strategy with accompanying assessments and individual studies.

### 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 by the drug industry of around 1.2 billion euros. That corresponds to around 0.05 % of GDP.

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

Use within Germany	1.930 m EUR
- Drug imports	557 m EUR
= Production value (gross margin)	1.372 m EUR
- Advance payments	169 m EUR
= Gross value added	1.203 m EUR

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 gross margin increases the value created. There have been no effects on the GDP growth rate in the past years nor are they to be expected in future. The quantitative significance of these two illegal activities is too low for that" (text and tables from: Taschowsky 2015). DBDD did not have any more up to date data available to it in 2016. However, in a current publication, R ath (2016) again pointed out, that "*occasionally [...] marginal areas of the VGR [are] highlighted by the press in an exaggerated manner, although they are only of very slight importance (for example drugs and prostitution.)*" If one follows this assessment, the data reported in the previous reporting year represent, as before, a sufficient estimation, working

on the assumption that there have not been any fundamental changes to the situation as a whole.

## 5 Sources and methodology (T6)

### 5.1 Sources (T6.1)

- National Strategy on Drug and Addiction Policy<sup>9</sup>
- Drug and Addiction Report 2016 (Federal Government Commissioner on Narcotic Drugs 2016)<sup>10</sup>
- 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 used in the individual publications is described therein (see Point 6, Bibliography).

## 6 Bibliography

Bundesgesetzblatt (2015). Gesetz zur Stärkung der Gesundheitsförderung und der Prävention (Präventionsgesetz - PräVG). Vom 17. Juli 2015. Bundesgesetzblatt Jahrgang 2015 Teil I Nr. 31, Bonn.

DHS (Deutsche Hauptstelle für Suchtfragen; German Centre for Addiction Issues) 2015 Cannabispolitik in Deutschland. Maßnahmen überprüfen, Ziele erreichen. DHS, Hamm.

Die Drogenbeauftragte der Bundesregierung (2008). Arbeitsbericht des Drogen- und Suchtrates von 2006 bis 2008 [online]. Available at: [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Service/Publikationen/Drogen\\_und\\_Suchtbericht\\_2009\\_Drogenbeauftragte.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Service/Publikationen/Drogen_und_Suchtbericht_2009_Drogenbeauftragte.pdf) [accessed: 29 Oct. 2015].

Die Drogenbeauftragte der Bundesregierung (2016). Drogen- und Suchtbericht. Juni 2016. Die Drogenbeauftragte der Bundesregierung, Berlin.

Effertz, T., Verheyen, F. & Linder, R. (2016). Ökonomische und intangible Kosten des Cannabiskonsums in Deutschland. Sucht **62** (1) 31-41.

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9 [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) [accessed: 29 Oct. 2015].

10 [http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Pressemitteilungen/Pressemitteilungen\\_2016/Drogenbericht\\_2016\\_web.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Pressemitteilungen/Pressemitteilungen_2016/Drogenbericht_2016_web.pdf) [accessed: 20 August 2016].

- Mostardt, S., Flöter, S., Neumann, A., Wasem, J., & Pfeiffer-Gerschel, T. (2010). Schätzung der Ausgaben der öffentlichen Hand durch den Konsum illegaler Drogen in Deutschland. Das Gesundheitswesen **72** (12) 886-894.
- Räth, N. (2016). Volkswirtschaftliche Gesamtrechnungen. Reflexionen 2016. Wirtschaft und Statistik **2016** (3) 96-113.
- Reuband, K.-H. (2015). Einstellungen der Bundesbürger zum Cannabisgebrauch und zur Cannabislegalisierung. Ein Langzeitvergleich bundesweiter Bevölkerungsumfragen, 1982-2014. Soziale Probleme **26** (1) 29-45.
- Simon, R. (2016). Prohibition, Legalisierung, Dekriminalisierung: Diskussion einer Neugestaltung des Cannabisrechts. Sucht **62** (1) 43-50.
- Taschowsky, P. (2015). Illegale Aktivitäten in den volkswirtschaftlichen Gesamtrechnungen. Möglichkeiten und Grenzen der Erfassung von Zigarettenschmuggel und Drogen. Wirtschaft und Statistik **2015** (2) 28-41.

## 7 Tables

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