



**Drug Commissioner of  
the Federal  
Government**

## **Key points for the Action Plan on Drugs and Addiction**

**June 2002**

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# **1. Introduction**

Addiction-related problems remain a massive health and social policy challenge for our society. They cause considerable suffering to those involved and to their family members, and result in high costs for the healthcare system. For this reason, a priority goal of health policy is to prevent the development of abuse and dependence in our society with all emphasis since one bed in five in German hospitals is an "addiction bed", and one doctor's visit in ten is an "addiction visit". Addiction prevention is hence afforded special status in the overall spectrum of the Action Plan for Drugs and Addiction. At the same time there is a right to assistance in Germany, and this right is satisfied by means of a wide spectrum of addiction and drug assistance offerings for people with addiction-related problems. This treatment system puts us right at the forefront in Europe and the world over. However, shortcomings remain in approachability when it comes to treating addicts and people who are at risk from addiction.

It is a generally-recognised fact today that addictions are the result of a combination of factors, in other words that constitution, development, life and learning history and the current situation form the basis.

The state has a social and health policy obligation to indicate means of overcoming addiction and drug problems, and in particular to protect its citizens from damage to their health. In order to do so, it must also use criminal law and other administrative law measures - especially prohibitions of cultivation, procurement and sale of specific psychoactive substances - as well as developing monitoring mechanisms for licit substances<sup>1</sup> in order for instance to avoid or at least reduce the consumption of psychoactive<sup>1</sup> substances via pricing, licensing, production monitoring, restrictions on sale and on advertising.

We need a **comprehensive overall strategy** for the coming years in the form of an **Action Plan on Drugs and Addiction** concerning the use of substances of abuse in our society, and helping to set **specific goals and measures** in order to **change health awareness** and to prevent or at least reduce **health-damaging consumption and the concomitant consequences**.

The "National Plan to Combat Narcotics" as it was adopted in 1990 no longer corresponds to the current research findings and practice of addict assistance. For instance, the measures are not tailored to the new risk groups consisting of children from addicts' families, the party drug scene and young repatriates. In addition, it is too single-mindedly orientated towards illicit drugs, and hence overlooks the massive social and health impact of the detrimental consumption<sup>2</sup> of licit substances of abuse. Furthermore, it was not possible to accommodate the trends in the new Federal Länder at that time. New low-threshold offerings for survival assistance (for instance drug consumption rooms) are also not included. There is further need to act using the new technologies because the Internet has made it possible to develop new communication and trafficking channels for national and

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<sup>1</sup> The term psychoactive (more recent term for psychotropic) refers to all substances which have an impact on the central nervous system.

<sup>2</sup> The term detrimental consumption is defined in the WHO's International Classification of Diseases (ICD 10) disorders due to psychoactive substance use. It has increasingly replaced the term abuse, which also covers conduct that deviates from the norm, in addition to being detrimental to health. The term dependence, in turn, suggests internal compulsion, a reduced ability to control oneself, physical withdrawal syndromes, development of tolerance and an ongoing neglect of other interests. It has replaced the term addiction, which is still however common in general usage (cf. Backmund: Suchttherapie; Munich 1999 or Götz: Moderne Suchttherapie; Stuttgart/New York 1998)

international drug trafficking which in turn demand new responses for drug and addiction policy.

## **2. Stocktake of the National Plan to Combat Narcotics**

### **2.1. Measures of 1990 - 1998**

The "National Plan to Combat Narcotics" was adopted on 13 June 1990. It was based amongst other things on the assessment of the then-arising dramatic increase in the number of drug-related deaths and of users of illicit drugs who came to notice for the first time.

It focused largely on three areas:

- ? measures to reduce the demand for illicit drugs
- ? the fight against narcotics crime at national level, including legislative measures
- ? international cooperation

#### **2.1.1. Measures to reduce the demand for illicit drugs**

The Federation has implemented various Federal pilot programmes, for instance on "Mobile drug prevention". Furthermore, the Federal Centre for Health Education (BZgA) has developed teaching materials covering addiction and drug prevention. So-called "drug contact teachers" have been appointed at many schools. The systematic implementation of addiction prevention structures has however developed in highly independent ways in schools.

The Federal Centre for Health Education implemented various measures on addiction prevention, such as the "Make Children Strong" campaign and the travelling exhibition entitled "Longing". The "Don't give drugs a chance" campaign ended in 1998 after it had been the subject of increasing criticism from the professional public because it allegedly failed to reach the actual target group - namely juveniles who were experimenting with and consuming drugs - but tended to approach the majority of juveniles who already took a reserved stance towards drugs.

In order to improve the treatment measures for addicts with a long-term addiction history, a series of pilot projects was implemented, including "outreach social work", "residential crisis intervention" to reduce therapy cessation, or the care of HIV-infected drug addicts, and the so-called "Booster programme" to support low-threshold assistance. These programmes have helped improve the treatment and approachability of long-term addicts.

#### **2.1.2. The fight against narcotics crime at national level, including legislative measures**

In the police fight against narcotics, a large number of measures have been implemented at Federal level following the National Plan to Combat Narcotics.

At the Federal Criminal Police Office (BKA), a restructuring scheme was implemented in 1994 in order to reduce the number of interfaces with the aim of increasing efficiency.

Cooperation between the Federal Criminal Police Office and the customs service has been expanded. In 1992, the Joint Finance Investigation Group of the Federal Criminal Police Office/Criminal Customs Police Office within the Federal Criminal Police Office (GFG) commenced its work. Its establishment also took account of the fact that both authorities have restricted competence in the prosecution of money laundering.

Operation of the police monitoring system has been consistently pursued. The Precursors Control Act (Grundstoffüberwachungsgesetz - GÜG) entered into force in 1995. The Act

serves to transpose relevant, binding EU legal acts into domestic law, including the required adjustment measures of national administration. By establishing the *Joint Precursors Monitoring Agency (GÜS)* in the Federal Criminal Police Office in the same year, the foundation was created to facilitate direct, close cooperation in this field between the police and the customs service.

The improvements envisioned in the 1990 National Plan to Combat Narcotics in the criminal procedure field have been largely implemented.

The introduction of a supra-Land public prosecution office register of proceedings makes it easier for the criminal prosecution authorities to accelerate and intensify the criminal prosecution and execution of sentences. In particular with the Act on Suppression of Illegal Drug Trafficking and other Manifestations of Organised Crime (Gesetz zur Bekämpfung des illegalen Rauschgifthandels und anderer Erscheinungsformen der Organisierten Kriminalität - OrgKG, 1992) and the Act on the Suppression of Crime (Verbrechensbekämpfungsgesetz) (1994) strong measures have been realised that had been envisioned in the 1990 National Plan to Combat Narcotics as strengthening the set of tools available to the criminal prosecution authorities. Thus, for instance, the possibilities to deploy specific technical tools, such as telephone surveillance, have been expanded, or in some cases new ones have been created. In addition, an express statutory basis has been created for the deployment of so-called undercover investigators.

In particular by means of the Act on Suppression of Illegal Drug Trafficking and other Manifestations of Organised Crime, but adjustments have also been effected on the basis of substantive law to trends in narcotics. Thus, for instance, for the fight against organised crime and drugs crime targeting children and juveniles, the existing statutory range of punishment has been increased and new elements of offences have been created. Furthermore, legislative measures have been taken in order to make it easier to access the assets acquired by means of criminal offences, in particular from the perpetrators of narcotics-related crimes. The institution of "extended forfeiture" (section 73d of the Criminal Code - StGB) with certain elements of offences, including most criminal offences that are commercial and gang-based in accordance with the Narcotics Act (BtMG) now also includes the siphoning off of proceeds which originate not from the specific offence, but which in the conviction of the judge certainly originate from another offence. These and other measures are supported by state access to items acquired from criminal offences by the element of the offence of money laundering, newly created by the Act on Suppression of Illegal Drug Trafficking and other Manifestations of Organised Crime (section 261 of the Criminal Code).

The empowerment sought to issue time-limited orders (without the consent of the Federal Council), by means of which it will be possible to incorporate newly-arising synthetic drugs into the Narcotics Act quickly, was inserted into the Narcotics Act in 1992 (section 1 subsection 3 of the Narcotics Act).

### **2.1.3. International cooperation**

In 1990, the United Nations General Assembly adopted a Global Programme of Action, and the period from 1991 to 2000 was called the United Nations Decade Against Drug Abuse. The United Nations Office for Drug Control and Crime Prevention (UN-ODCCP) was created in 1991 by combining various units. Under the umbrella of this facility, the United Nations International Drug Control Programme (UNDCP) was also established in the same year and mandated to implement the Global Programme of Action and the Decade Against Drug Abuse. The UNDCP is headquartered in Vienna and has an annual budget of roughly USD 100 million to coordinate all United Nations measures in the field of drug control.

European cooperation in drugs policy has considerably intensified since 1990: The 1993 Maastricht Treaty mentioned drugs, and in particular police cooperation on the prevention and suppression of illegal drug trafficking, in a Community Treaty for the first time. The Treaty of Amsterdam further extended the provisions relating to the goals of and tools available to the fight against drugs (cf. Articles 29 and 31 of the 1997 Treaty of Amsterdam). The 1990 Schengen Implementation Convention also contains provisions relating to narcotics (cf. Articles 70 - 76).

International cooperation was also expanded by Interpol. In order to further expand this cooperation, intensification of national and international police message passing was agreed as regards international trafficking in synthetic drugs, based on Interpol's EXIT project (international ecstasy trafficking).

56 Federal Criminal Police Office liaison officers are now deployed in 40 states. The liaison officers are to advise their partners abroad, as well as acquiring knowledge, for instance about organisational structures of narcotics-related and organised crime and its suppression.

The first European plan to combat drugs was adopted in 1990 by the European Council and updated in 1992. It was followed by the EU action plan on drugs 1995 - 1999.

In the context of the Council of Europe, the members of which have increased in number from 24 in 1990 to present level of 44, cooperation in drug policy is being continued through the so-called Pompidou Group.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) called for in the 1990 National Plan to Combat Narcotics was established in 1993 as an independent EU agency, starting work at the beginning of 1995. Its task is to provide the Community and the Member States with objective, reliable information on drug and drug addiction-related problems and their consequences which is comparable at European level, and in doing so to contribute towards better cooperation in repression.

#### **2.1.4. Further measures**

In addition to these amendments, Parliament has made many other amendments to the narcotics law in the broader sense of the word since 1990 which take account of the rapidly advancing discussion in drug policy and the continually changing circumstances.

In 1992, the advisors of recognised addiction advice agencies were given the right in questions related to narcotics addiction to refuse to testify in criminal proceedings about what they learned in this capacity (section 53 subsection 1 No. 3b of the Code of Criminal Procedure - StPO). This provision is intended to increase the confidence of those who are at risk and those who are already addicted in the drug advice facilities.

The provisions relating to refraining from prosecution and the postponement of execution of sentence were reworded by the 1992 Amending Act to the Narcotics Act (Betäubungsmittel-Änderungsgesetz) (now sections 31 a and 35 of the Narcotics Act).

The fact that issuing sterile one-use needles to narcotics addicts is not "creating an opportunity for consumption" within the meaning of section 29 subsection 1 of the Narcotics Act was also made clear by the 1992 Amending Act to the Narcotics Act.

Above all else, Parliament has striven to make therapy of drug addicts easier and to alleviate the need of those most heavily addicted: Thus, substitution was placed on a clear legal footing by the 1992 Amending Act to the Narcotics Act. In 1994, the 5th Narcotics Amending Ordinance (BtM-ÄndVO) additionally approved methadone for substitution

treatment, whilst in 1998 the 10th Narcotics Amending Ordinance completely reregulated substitution with codeine.

Driving a motor vehicle under the influence of drugs has been sanctioned as an administrative offence since 1 August 1998 with administrative fine and prohibition to drive. This created a major cover-all offence, in addition to the existing criminal law provisions, which is applicable independently of determining inability to drive. The list of prohibited intoxicating substances is being supplemented as knowledge increases. The measures serve to reduce the number of traffic accidents occurring under the influence of psychoactive substances which reduce the ability to drive. As an accompanying measure, a training programme for police officers was drafted and published by the Federal Ministry of Transport, Building and Housing. The training programme aims amongst other things to recognise influence of drugs in road traffic incidents and prove failings which are relevant to traffic after the consumption of drugs.

## **2.2. Measures since 1998**

The following measures have already been implemented or initiated in recent years.

### **2.2.1. Measures to improve prevention and treatment**

The "Early intervention for drug users coming to notice for the first time" (FreD) pilot project has been promoted by the Federal Ministry for Health since 2000. In FreD, juvenile drug users coming to the notice of the police for the first time are targeted and approached early and informed about the risks of drug consumption through advice groups.

The [www.drugcom.de](http://www.drugcom.de) Internet portal was established in the summer of 2001 in order to reach juveniles with high-risk forms of consumption. It targets young people who have already experienced drugs. The juveniles can examine their consumption patterns by testing themselves. A chat with a teacher in charge makes it possible to assume contact anonymously and seek advice and assistance.

The heroin-based treatment pilot project which had been in preparation since 1999, began in March 2002 with academic support. Trials are underway in seven major cities to determine whether a group of seriously ill, long-term opioid addicts who so far could be successfully treated neither by means of therapy, nor through substitution treatment, can be reached and their health condition improved by means of this offering. This group of the most seriously dependent individuals should also be enabled to enter survival assistance offerings and to escape from addiction in the long term.

Following the successful negotiations between the Federal Ministry for Health and the tobacco industry, a contract concluded in March 2002 agreed that the cigarette industry will pay a total of Euro 11.8 million in the next five years for prevention measures to promote non-smoking among children and juveniles. The money will be provided to the Federal Centre for Health Education.

### **2.2.2. Legislative measures**

In March 2000, the 3rd Amending Act to the Narcotics Act (BtMG-Änderungsgesetz) created the legal framework for the approval and operation of drug consumption rooms and set out minimum standards for their operation.

Furthermore, it was made clear that public information on the distribution of one-use needles does not constitute a criminal offence (section 29 subsection 1 second sentence of the Narcotics Act).

In the fight against alcohol at the wheel, the increase in the sanctions imposed at the 0.5 parts per thousand limit which came into force as on 1 April 2001 is of decisive importance. This new regulation is intended to send out a clear signal to drivers concerning the significance and risk of driving under the influence of alcohol since alcohol at the wheel is still the main cause of a large number of traffic deaths.

Improvements for addicted people have also been introduced by virtue of the Ninth Book of the Social Code (Sozialgesetzbuch - SGB IX) - Rehabilitation and participation of the disabled - which entered into force on 1 July 2001. Addicts are among those entitled to assistance under this Act. The Ninth Book of the Social Code accelerates access to the necessary services as it contains an assurance that the decision of the funding agencies regarding the benefits to which they are entitled is to be taken within a few weeks only. Disputes as to clarification of competence no longer impose a burden on those concerned. The improved coordination of the benefits of participation and cooperation between the different funding agencies is another core concern of the Act. The Ninth Book of the Social Code provides that benefits taking account of personal circumstances may be carried out with the same rights in non-residential, partly residential and residential treatment forms. Quality assurance of the benefits for rehabilitation and participation is described in the law in the Ninth Book of the Social Code, and is to be continually developed.

The 15th Narcotics Amending Ordinance of 2001 improved the safety and quality of substitution treatment by requiring doctors prescribing substitution substances to have an addiction therapy qualification to be defined by the doctors' chambers, and by introducing a mandatory reporting system for prescribing substitution substances (substitution register).

An amendment of the Act on Public Houses (Gaststättengesetz) entered into force on 1.1.2002. Since then, all landlords must offer at least one alcohol-free beverage that is cheaper than the same quantity of the cheapest alcoholic drink. This measure serves in particular the purpose of youth protection because juveniles, because of their lack of funding, frequently buy the cheapest drink in discotheques.

The Amendment of the Workplaces Ordinance to Improve the Protection of Non-smokers in Companies (Arbeitsstättenverordnung zur Verbesserung des Nichtraucher-schutzes in Betrieben) was adopted in the Federal Cabinet in April 2002. Once the ordinance has entered into force, each employer will be required to take measures to protect non-smoking employees.

On 8 May 2002, the Federal Cabinet adopted a Draft Youth Protection Act (Jugendschutzgesetz) to provide assistance in wording for the government parliamentary coalitions. Accordingly, amongst other things the sale of tobacco goods to juveniles under the age of 16 is to be prohibited. In addition, cigarette vending machines are to be equipped with technical security measures by 1 January 2007 at the latest so that juveniles under 16 cannot purchase cigarettes from vending machines. Furthermore, the showing of films advertising alcoholic beverages and tobacco products in cinemas is to be restricted. The Draft Act is currently being debated by the government parliamentary coalitions in the German Federal Parliament. It requires the approval of the Federal Council.

### **2.2.3. International measures**

In the field of supply reduction, in 1998 the United Nations achieved a major breakthrough by adopting an " Action Plan International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development", in which for the first time the concept of "alternative development", already practised for many years, was formally defined and used in the pursuit of approaches towards integrated rural development. This concept aims not only to replace drug cultures with alternative cultures, but rather to develop a comprehensive

approach, attempting to help solve economic, ecological and social problems in drug cultivation areas.

The Federal Republic of Germany has promoted UNDCP projects, especially in the field of alternative development, and hence is regarded at international level as a defender of development-orientated drug policy.

The EU's drug strategy for 2000 - 2004 was adopted in December 1999, on which in turn the current EU action plan on drugs 2000 - 2004 is based.

The Member States of the EU are working closely together through many bodies of the Council and the Commission in concrete matters concerned with drug policy. The coordination of the various Council working parties is a matter for the Horizontal Drugs Group (HDG).

### **3. Objectives pursued in reducing drug- and addiction-related problems**

#### **3.1. Overriding goals**

The consumption of licit psychoactive substances such as tobacco and alcohol is still at a high level. It is noticeable here that the starting age is falling at an alarming rate. 5 % of 12-year-olds regularly drink alcohol, 7% are regular cigarette smokers. One in four has an addict in the family. The consequential costs of abusive alcohol consumption alone are Euro 20 billion per year.

The consumption of illicit substances is falling slightly in the case of heroin and increasing slightly in the case of cocaine. Furthermore, there are considerable increases in the consumption of cannabis and ecstasy, in particular among juveniles. More and more young people consume licit and illicit drugs in the context of a "fun culture", without being aware of the risks. The number of drug-related crimes has also increased in recent years.

We therefore need a discussion within society relating to the health, mental and social risks in connection with the consumption of **licit** and **illicit** substances of abuse.

In drug and addiction policy, the Federal Government has undertaken to develop the assistance system further and to expand the previously one-sided concentration on illicit substances of abuse to take in legal forms of addiction, especially tobacco and high-risk alcohol consumption. The focus on prevention is to be increased here since prevention has a double dividend: first, it helps individuals to avoid addiction, and secondly, it helps society to reduce the long-term consequential costs of addiction.

**The overriding goals of the Federal Government's drug and addiction policy for the use of substances of abuse are:**

- 1. to delay the start of consumption**
- 2. to reduce high-risk use patterns early**
- 3. to treat dependence with all available possibilities, ranging from abstinence therapy to medication-based treatment**

**The following sub-goals serve to achieve the overriding goals:**

- 1. Promoting general health awareness to prevent dependence arising**

It is known from health research that a greater awareness of health among the population also leads to a reduction in health-damaging conduct. This health awareness does not however simply mean the absence of illness, but - as defined by the World Health Organisation - the mental and physical well-being of the

individual, improving their quality of life and strengthening social competences in order to be able to cope appropriately with difficult situations. Self-confident personalities are less likely to develop a dependence.

## **2. Changing the social atmosphere towards more cautious use of licit substances of abuse**

The consumption of psychoactive substances in our society as a whole is still too high and - in particular with licit substances of abuse - its health, mental and social impact is not sufficiently taken into account. It is frequently linked with leisure and relaxation situations. Since however the overall individual and social damage is considerable, it becomes necessary to influence the social atmosphere such that a more guarded use of licit substances of abuse is developed.

## **3. Identifying abuse as early as possible**

To ensure that early developments that are detrimental to health can be recognised in the consumption of psychoactive substances, the diagnostic tools necessary for this must be developed and made available. Advice agencies, offices and non-hospital doctors must notice a trend towards addiction earlier and place patients in further assistance as soon as possible.

## **4. Improving early recognition of new substances and consumption patterns**

As a result of the methods available to synthesise drugs, change in the preference for specific psychoactive substances is often rapid. Consumption patterns may change quickly, particularly in sub-groups of juveniles. For this reason, assistance frequently comes too late or is unsuitable. The goal of drug and addiction policy is hence to recognise at an earlier stage changes in the substances consumed and in the consumption patterns followed, in order to be able to offer suitable assistance more quickly.

## **5. Creating an awareness of the dangers of co-consumption**

Co-consumption of various licit and illicit psychoactive substances has increased among juveniles in particular. The health and mental risks are greatly increased by such co-consumption. The assistance system is however still too closely focused on specific dependence groups. The goal is hence to take account of the new consumption patterns and to broaden the assistance system to deal with this development.

## **6. Target group-orientated support of groups at particular risk to avoid dependence**

Even if the development of an addiction has complex causes and the danger of stigmatisation exists if particular social groups can be linked with an increased vulnerability to developing addictions, there are nevertheless biographical or social development burdens (for instance addicted parents, traumatising experiences of sexual violence in childhood, lack of integration of an ethnic group, et al.), which entail a higher risk of dependence. These stressful situations and the groups which are exposed to them are to be targeted and approached to improve prevention and intervention.

## **7. Implementing gender mainstreaming in drugs policy**

Increasing awareness of the significance of gender, because the consumption of substances in conjunction with cultural patterns of manliness and womanliness, and male and female development, also leads to different consumption patterns and different preferences in the substances consumed.

## **8. Ensuring interdisciplinary cooperation**

An effective drug and addiction policy requires the interdisciplinary cooperation of various professional groups (for instance doctors, the health professions, social educationalists, health administration, health insurance funds and pensions insurance organisations), the non-residential and residential facilities and the various decision-makers from the Federation, the Länder and the local authorities.

## 3.2. Licit drugs

### 3.2.1. Tobacco

At 16.7 million, the number of smokers in Germany (9.5 million men and 7.2 million women), of whom almost 4 million smoke according to the DSM-IV criteria<sup>3</sup>, is very high, even in comparison with the neighbouring European countries. The increase in the number of juvenile smokers and of women who smoke is worrying. A problem concerned with this development which one must take particularly seriously is the increase in the incidence of cancer of the lung among women. The average annual increase in cases of cancer of the lung among women is 3.5%. 9,000 women died of this illness in 1998, which is largely caused by smoking. In the age group of juveniles, one-quarter are regular smokers, with roughly similar rates among girls and boys. In total, more than one thousand tobacco-related deaths are registered per year.

The **uppermost goal** in dealing with tobacco is:

#### ? Reducing tobacco consumption to reduce tobacco-related illnesses and deaths

This goal is one of the five priority health goals in Germany. Since health damage by tobacco consumption depends considerably on the number of smokers and on smoking habits, there is a need to further reduce the number of smokers. In order to do so, it is necessary to reduce the frequency of smoking because this both reduces the health damage and makes it easier to quit.

The following **sub-goals** must be achieved in order to achieve the uppermost goal:

#### 1. Making accessibility of tobacco products more difficult for children and juveniles

Since the easy availability of and legal access to tobacco products for children and juveniles favour an early start to consumption, the goal is to make such access difficult.

#### 2. Stabilising non-smoking among children and juveniles

The quota of non-smokers among children and juveniles has risen continually over the past 20 years, and in 2001 was around 52 %. The goal is hence to continue to increase this quota since according to scientific knowledge, the vast majority of juveniles who have not started smoking by the age of 18 will not do so later.

#### 3. Improving the social atmosphere in favour of a lifestyle free of smoking

The vast majority of the population does not smoke. For this reason, the advantages of a lifestyle free of smoking must be more publicly emphasised.

#### 4. Increasing the level of knowledge of the consequences of smoking and passive smoking among the population

Information on the possible damage to health caused by tobacco consumption has now become well disseminated, in particular also as a result of activities carried out by non-governmental organisations. It nevertheless remains an important aim to increase the level of knowledge of this matter within the population as a whole, and among children and juveniles in particular.

#### 5. Improving working and living conditions for non-smokers

The amendment to the Workplaces Ordinance is a major step towards improving the quality of life since it increases protection for non-smokers at work by obliging employers to ensure that smoke-free workplaces

<sup>3</sup> Diagnostic Statistic Manual of Mental Disorders, American Psychiatric Association, which is the most commonly-used classification system, in addition to the ICD

are available. Furthermore, attempts are being made to improve protection of non-smokers in other areas of life also, such as in public houses, railways and airports.

#### 6. Smoke-free public facilities

Public facilities, in particular schools and hospitals, are places where the protection of non-smokers must be much improved and where an atmosphere must be created to support freedom from smoke. The aim is to implement an atmosphere free of smoke or smoke-free zones in public facilities nationally.

#### 7. Expanding the advice offering for quitting and providing individually-adjusted quitting strategies

There now exist a number of effective aids for quitting a nicotine addiction, but the goal - together with the health insurance funds - should be to develop a wide spectrum of offerings making it easier to quit, and starting with juveniles.

### 3.2.2. Alcohol

A wide range of studies has made it possible to show that the amount of alcohol consumed by a population is linked to the scale of alcohol-related problems. 90% of all German citizens have experience with alcohol, roughly one-third drinks regularly, and a smaller proportion daily. At the same time, we can observe that juveniles in particular increasingly consume on a high-risk basis. In total, there are more than nine million people with serious alcohol problems, of whom 1.6 million have an alcohol addiction, only a small proportion of whom in turn are being treated. More than 42,000 alcohol-related deaths are registered every year. Treatment mostly starts too late, as a rule not before five or ten years of dependence have passed.

The **uppermost goal** in dealing with alcohol is:

? To reduce average alcohol consumption among the population and to reduce the share of the population with critical alcohol use in order to reduce the amount of alcohol-related illnesses and deaths

Since research suggests that there is a link between the average amount imbibed across the overall population and alcohol-related health and social damage, the goal should be to reduce average total consumption as well as the share of those whose consumption is high risk. This goal is also based on the fact that the average annual consumption quantity in Germany is still more than ten litres of pure alcohol, and is thus in the top third in a European comparison.

We are striving towards the following **sub-goals** in order to achieve the uppermost goal:

#### 1. Supporting an alcohol-free lifestyle

The objective means that an alcohol-free lifestyle should no longer be perceived as a lifestyle of outsiders, but is recognised as an independent decision and not one taken only after dependence has been overcome.

#### 2. Promoting responsible use of alcohol

Responsible use of alcohol will be a focus of prevention policy in the area of alcohol. Distinguishing in the public debate between enjoying and abusing alcohol is an important step towards educating people about the risks of alcohol consumption.

#### 3. Increasing the level of knowledge regarding the consequences of excessive alcohol consumption

The consequences of excessive alcohol consumption are still not sufficiently well known in the population as a whole, or they are played down. For this reason, education about this topic should be expanded, in

particular because there are still a lot of myths ("One more for the road...") about the allegedly low impact of alcohol consumption.

#### 4. Promoting early recognition and early intervention

Since almost one patient in ten in practices of non-hospital doctors in particular has an addiction-related problem causing acute complaints, there is an urgent need to improve the early recognition of alcohol-related problems or illnesses. There are now corresponding advice guidelines which have been developed in cooperation between the Federal Centre for Health Education and the Federal Medical Association, and which are being tested in various districts of the Associations of Panel Doctors.

#### 5. Promoting absolute sobriety, for instance at work, in traffic or during pregnancy

It is unrealistic to expect that no alcohol will be consumed in our society at all - in particular in the leisure area. It is however desirable that the elimination of alcohol consumption should become the rule in certain situations in which this consumption leads to a direct danger to other people or to personal harm.

#### 6. Expanding survival assistance/damage limitation for alcoholics

The range of treatment available from addict assistance for alcoholics is largely orientated towards reaching clients who are motivated towards abstinence and to stabilising them in that abstinence. By far the largest share of alcoholics do not accept abstinence treatment, however. In particular alcoholics with multiple chronic disadvantages are frequently not reached by the offerings of addict assistance, or are not retained there. The Federal "Outreach social work" pilot programme (case management) has however shown that this target group can indeed be reached, and that a reduction in alcohol-related consequential diseases can be attained by means of low-threshold assistance offerings. The goal must therefore be to expand these offerings and to improve the network of existing assistance for addicts and for the homeless.

#### 7. Qualitative improvement in the range of treatment

Alcoholics in Germany receive high-quality treatment. The "Treatment Guidelines" for the expert medical societies, which are being prepared in cooperation with the addict assistance umbrella associations, will help improve the diagnosis and treatment of substance-related disturbances. The goal is to be to make these Treatment Guidelines the treatment standard, not only in specialist clinics, but also in general medical and psychiatric care.

### 3.2.3. Medication

Abuse of medication is a very common social problem which frequently leads to dependence. 6-8 % of all medications prescribed have their own abuse and dependence potential. The total number of medication addicts is stated to be 1.5 million, of which two-thirds are women. In particular, psychoactive medication (sleeping and sedative substances), lifestyle drugs (appetite-killers, anabolics), pain killers and laxatives are prescribed with too little care and are often used abusively. Particular attention should be paid to the high medication use of women and elderly citizens. The prescription of medication (pain killers, methylphenidate) to children and juveniles has also increased considerably in recent years. As yet, there are no reliable statements regarding the damage caused by abuse of medication. However, it is evident that considerable costs could be saved in the health system given medication turnover of roughly DM 54.9 billion (2000).

The following **goals** are intended to be achieved in the use of medication:

#### 1. Reducing individual abuse

Targeted education is to encourage women in particular not to react to stress and disturbances in mental well-being solely by using psychoactive medication.

## 2. Promoting early recognition and early intervention in the event of improper use of medication

Only a small proportion of medication addicts - largely women - are receiving specific treatment. It is therefore desirable for a medication dependence to be recognised at an earlier stage in the doctor's practice, in hospital, as well as in the framework of other specific support systems (for instance mother-and-child spa visits) and that those concerned should be motivated to undergo treatment.

## 3. Improving the proper prescription of medication

Special care must be taken in prescribing psychoactive medication which is in line with the principle of "less is more". Furthermore, doctors' competence to recognise and treat the emotional disturbances earlier that give rise to a need for treatment with medication should be increased.

## 4. Communicating more critical use of medication

In particular in the framework of medical training, it must be guaranteed that doctors learn to be more critical in prescribing medication, in particular medication with a psychoactive effect. Furthermore, this critical awareness must be increased among the general population, and in particular among women, to avoid dependence coming about in the framework of self-medication, since these cases do not become visible for a long time and are difficult to treat with therapy.

### 3.2.4. Pathological gambling

"Pathological gambling" is a depressing reality for roughly 80,000 to 130,000 gamblers in need of advice and treatment and their family members. Roughly 1,300 clients have been listed for the year 2000 in advice and treatment in non-residential addiction assistance, accounting for roughly 2.3 % of all clients, of whom more than 90% are men. However, the rising number of self-help groups like "Gamblers Anonymous" since the beginning of the eighties indicates that the group of those concerned is much larger than the number of those who seek treatment.

The following **goals** should be achieved in dealing with pathological gambling:

### 1. Increasing the awareness of the problem

Although everyone likes to play, and a desire to take risks is a basic form of dealing with life and self-realisation, more and more people - mostly men - are affected by pathological gambling and ruin themselves and their families. For this reason, the goal must be to make clearer the negative aspects of pathological gambling to the providers of games of chance and to the public as a whole.

### 2. Providing resources for prevention and treatment

As a rule, the income from casinos and similar establishments flows into the Land budgets. Negotiations are to be carried out with the Federal Länder to set aside some of the income for the prevention of pathological gambling and its treatment.

### 3. Improving the range of assistance for pathological gambling

Only a very small proportion of the overall clientele of non-residential and residential addict assistance are pathological gamblers. The good therapeutic success - between 50 and 80 % do not become addicted to gambling again after treatment, or they improve their gambling-addicted conduct - certainly allows one to hope that addiction therapy is worthwhile in this area too. The goal is hence to increase the number of persons treated in the framework of what is possible within the Recommendation Agreement of the Pension Funds of March 2001.

### 3.3. Illicit drugs

Cannabis consumption plays the leading role among illicit drugs. More than one-quarter of juveniles have experience with it, and there are only minor residual differences between Western and Eastern Germany. There is an increasing number of reports of high-risk consumption patterns and co-consumption in the youth and drug assistance facilities. The number of those receiving care from advice agencies has doubled in recent years.

The consumption of opiates, in this case heroin, continues to stagnate at a high level. Heroin consumption starts early among sub-groups of juvenile repatriates. Cocaine consumption is increasing slightly but continuously. The consumption of crack is increasing in some towns. The prevalence of cannabis and ecstasy consumption is almost ten times as high in the party and techno scene as in the same age group outside this scene.

Trafficking in illicit drugs and procurement-related crime is also a considerable detriment to public security and order.

The main goal of drug policy is to reduce as far as possible the health risks, illness and death arising through the use of illicit drugs (cannabis, ecstasy, amphetamines, cocaine, heroin, etc.). The following uppermost goals are to be achieved for this:

#### ? Avoiding or reducing consumption (demand reduction)

The general goal is to avoid or at least reduce the consumption of illicit psychoactive substances because of the concomitant health risks - in spite of the fact that there are different health risk and dependence potentials in the various substances. The acquisition and possession of specific psychoactive substances is therefore prohibited under criminal law in the Narcotics Act – including in accordance with the provisions of the international narcotics conventions. The risk of becoming infected with certain infectious diseases increases in particular as a result of injecting specific substances, as well as following unprotected sexual activity under the influence of drugs. Up to 80 % of drug addicts in open scenes are already infected with hepatitis C. These infections are as a rule chronic and lead to considerable physical harm, and in the worst case to death.

#### ? Reducing the availability of illicit drugs and making access difficult (supply reduction)

Since the consumption of illicit substances also heavily depends on its accessibility, suitable measures must be applied to make this accessibility more difficult. For this purpose, in particular the set of criminal law tools must be promoted for the fight against illicit drug trafficking, as should measures for alternative development in the cultivation countries.

We are attempting to achieve the following **sub-goals** on the demand side – in supplementation of the abovenamed repressive measures:

#### 1. Reaching those at risk early

Apart from cannabis, people frequently start to consume illicit drugs in specific sub-groups of juveniles and young adults (for example in a sub-group of juvenile repatriates or in the group of juveniles whose conduct comes to notice or in the techno party scene). For this reason, outreach assistance for instance must seek specific access to these sub-groups in order to reach the juveniles who are at risk, to prevent them starting or motivate them to leave the addiction early.

#### 2. Increasing the number of successfully-treated drug addicts and improving social rehabilitation

Roughly 60 % of opiate addicts are currently reached through substitution treatment or drug-free therapy. This number should be increased further because an untreated opiate dependence is connected with

considerable health risks, and public safety and order are also damaged by the associated procurement-related crime. Furthermore, people who are dependent on cocaine or cannabis have so far remained virtually unreached by the drug assistance system. The stabilisation of therapy successes also depends on whether the social and professional (re)integration of those concerned is successful.

### 3. Reducing high-risk consumption patterns

Injecting heroin or cocaine is a particularly high-risk consumption pattern. Excessive consumption patterns apply to cannabis, ecstasy, amphetamines and other substances. The aim is to win those who are already consuming over to less high-risk consumption patterns, with the long-term aim in mind of motivating them to cease consumption entirely.

The following **sub-goals** are striven for in the effort to **reduce** the **supply of illicit drugs**:

#### 1. Reducing the cultivation of drug plants for the production of illicit drugs

Measures to prevent the importation of illicit drugs will ultimately be successful only if cultivation can be considerably reduced at the same time. This can only be done effectively if in particular small farmers in the Andes states and in Afghanistan and neighbouring regions can be offered an alternative which reduces their economic dependence on the cultivation of drug plants.

#### 2. Improving control of licit precursors to the production of illicit drugs (precursors control)

Drugs cannot generally be produced without chemical precursor substances. For this reason, control and monitoring of domestic and third country trafficking in precursors has been expanded in Germany and the other Member States of the European Union, and constant examinations are carried out in cooperation with the chemical industry in accordance with the latest research findings. The goal here is to make it more difficult to produce illicit drugs.

#### 3. Reducing the importation of illicit drugs

Police measures continue to focus on reducing the importation of illicit drugs - in close cooperation with the Member States of the EU and the neighbouring states in Eastern and South Eastern Europe.

#### 4. Preventing and reducing trafficking in illicit drugs, in particular international and/or organised illicit drug trafficking

The supply of illicit drugs can only be effectively reduced if, above all, organised drug trafficking is suppressed as a part of organised crime. For this reason, the priority goal of police measures is to suppress the structures of organised crime.

## 4. Measures to reduce drug and addiction-related problems

Federal Government drug and addiction policy has accelerated the pace of reform, in several fields since 1998, which was progressing too slowly, in particular as concerns securing survival assistance. Furthermore, the assistance system has been developed, and the earlier one-sided fixation on illicit substances of abuse abandoned.

The drug and addiction policy of the Federal Government now rests on **four pillars**:

**Pillar 1: prevention**

**Pillar 2: therapy/advice**

**Pillar 3: survival assistance**

**Pillar 4: repression and supply reduction**

It is important to coordinate this basis across the various fields of drug and addiction policy with those concerned in the Federation and the Länder, with the health insurance and pension funds and with the associations of addict assistance and influential powers within society such as the churches, employers and trade unions in order to achieve a *coherent, combined* drug and addiction policy.

#### **4.1. Prevention**

Today's addiction prevention aims to promote health as far as possible to maintain abstinence and to prevent abuse. Addiction prevention can only be effective and sustainable if it follows its overall conceptual strategy, and if the various complementary measures of the Federation, the Länder and the local authorities interlink and complement one another. The focus here should be on decentralised local concepts since effectiveness in situ is the highest.

Addiction prevention must be comprehensive and place greater emphasis on children and juveniles. Deterrence and a raised finger are not suitable measures for prevention. Like the Federal Centre for Health Education campaign, addiction prevention must therefore be orientated towards making children strong. Self-confident children and juveniles able to live their own lives, with the confidence to say no, are those best protected against the dangers of addiction.

On principle, measures of prevention should be orientated in line with everyday life and the world in which the target group lives, and should promote the existing strengths of those concerned and get them involved (peer education) since peers are more plausible. New target groups can be approached and reached by promoting interactive offerings which make it possible to help shape the process and influence development.

At the same time, prevention measures must be more closely coordinated to suit gender-related factors. Girls and women in most cases consume differently than boys and men. These consumption patterns are frequently better hidden, and are influenced by other models. Prevention measures must be coordinated along these lines in order to achieve greater effectiveness.

Directly approaching users of illicit drugs via the Internet has proven its value. However, the take-up of this offering still needs to be considerably increased, and where appropriate given stronger orientation towards a differentiated approach via cooperation partners from the scene (party projects) to provide an even stronger orientation towards individual groups of users.

Since prevention aims to change behaviour, only those programmes which have a longer-term orientation will have a sustained impact. A once-off message is not sufficient, instead the messages must be repeatedly communicated in a variety of contexts.

Additionally, future prevention work should place greater emphasis on polyvalent and high-risk consumption patterns since any separation of illicit and licit drugs corresponds less and less to actual consumption conduct, in particular among juveniles.

The following factors stand for successful prevention work:

1. conceptual overall strategy which is incorporated into holistic health promotion
2. expanding life skills
3. communicating positive messages. Instead of "You may not" – "You may"
4. approaching particular target groups
5. involving "peers"
6. long-term nature of the measures

**The following prevention measures should (continue to) be developed, expanded and implemented:**

**1. Expanding structural measures**

Structural measures concern both improving people's living and residential environments, and strengthening cooperation at Federal, Land and local authority level to use synergistic effects and savings potentials by means of more intensive cooperation and construction of specialist units on addiction prevention. However, these also cover the restriction of advertising for licit substances of abuse, pricing of licit substances and tightening up the self-obligation of the tobacco and alcohol industry.

**2. Expanding statutory measures**

The reform of the Youth Protection Act (Jugenschutzgesetz) in order to restrict the damaging influence of substances of abuse or media on children and juveniles, will be a major tool of the State and of society in efforts to reduce the development of addiction-related illnesses. The sale of tobacco goods to children and juveniles under the age of 16 is to be prohibited. Cigarette vending machines must be so secure that this age group is unable to access the machines. A transitional regulation is provided to cover the conversion period. Advertising films for alcoholic beverages and tobacco products in cinemas are only to be released within restrictions. Furthermore, the aim is to anchor the concept of prevention as a priority health policy measure more strongly into the benefits statutes of the statutory health insurance funds.

**3. Establishing a "funding pool" fed from several sources (health insurance funds, the Federation, the Länder, the local authorities, etc.) for addiction prevention measures**

State funding to promote prevention measures is insufficient. For this reason, a concept for a nationwide "funding pool" is to be developed in order to promote preventive activities and combine funding. The contractual agreement of the Federal Ministry for Health with the cigarette industry on the payment of Euro 11.8 million for youth-specific prevention measures is a step in this direction. At the same time, the industry is taking responsibility for its product for the first time.

**4. Documenting and evaluating the prevention activities**

With concrete interventions, regular systematic evaluation and quality assurance should become the irrefutable standard. They should, correspondingly, be much more strongly entrenched than was previously the case.

**5. Promoting networked local strategies**

Unbureaucratic, local prevention strategies are orientated in line with regional circumstances and refer the local authority players directly to their responsibility for health-promoting structures and measures. They can develop sustainable methods to reduce damage to health, including avoidance of addictions. For this reason, such networks should be supported as a matter of priority.

**6. Developing a list of "Models of Best Practice" measures**

The exchange of ideas between local community addiction prevention offerings is not intended to lead to the transfer of pilot projects pure and simple, but rather to adjusting the positive experience of a successful example to the local circumstances and to benefiting from them. The generalisable patterns of such positive experience are to be combined to create a list of measures useable by all. The local authority competition on strategies of local addiction prevention implemented in 2002 serves as a starting point for longer-term strategies.

**7. Promoting educational programmes on health and development promotion with kindergarten children and the involvement of addiction prevention in school health education and promotion**

As early as the social environmental setting of kindergartens, children have their first experience of social learning and of dealing with group pressure. They also learn basic skills for health-conscious conduct. Greater use should be made of programmes which teach these skills, such as those on which the "Class of 2000" programme is based.

#### 8. Implementing addiction prevention as an integrated element of the school curriculum

As the main environment in which children and juveniles live, school must be more closely involved in addiction prevention measures because it is here that conduct patterns for adulthood are decisively formed. For this there is a need for addiction prevention to be anchored as an integral element of the curriculum of various cross-sectional subjects. Furthermore, a positive school environment must also be promoted and the model function of the teaching collegiate added so that positive resources for pupils can be strengthened. Furthermore, more schools are to be won over to link to the WHO's "Global School Health Initiative".

#### 9. Promoting the interlinking of addiction prevention and youth assistance

Juveniles spend a large amount of their everyday lives after school closes in the neighbourhood social space. The offerings of out-of-school youth work and the measures and offerings of youth and drug assistance must continue to be more closely networked so that early changes in behaviour among children and juveniles can be remedied together.

#### 10. Intensifying prevention in out-of-school youth work, especially in socially deprived areas

One may presume a greater susceptibility for addiction to develop if children and juveniles grow up in socially deprived areas. For this reason, measures on addiction prevention are to be entrenched here as a matter of priority.

#### 11. Implementing addiction prevention work in public health services, doctors' practices and clinics

Addictions are frequently noticed not in social work, but in the health services, in doctors' practices or in hospital. The doctors working here, especially those specialising in children and adolescents, must be given the skills to identify early, and then treat, the development of damaging consumption patterns of psychoactive substances. Early addiction diagnosis must be worked into the curricula of medical basic and further training.

#### 12. Implementing training for those responsible for personnel, for teachers or therapists on the topic of addiction prevention

There must be regular training offerings for this group of people. Contents should include both the (early) recognition of addiction and forms of intervention on the basis of diagnosed addiction.

#### 13. Involving the media (TV, radio, poster campaigns) in education and information campaigns

Even if prevention science knows the limited effectiveness of purely mass media campaigns on prevention, the mass media must be involved in an overall strategy of a "Drug and addiction action plan" so that the goals can be made public and a positive atmosphere created for addiction prevention messages.

### 4.2. Advice and therapy

The measures in the field of advice and therapy are above all to aim to reach people earlier who are at risk or who are already dependent, to provide assistance, to ensure that they survive and to motivate them to undergo treatment.

Roughly one patient in five in hospital and every tenth patient visiting a non-hospital doctor has an addiction. Roughly 70% of people with an alcohol problem are in contact with their GP at least once per year. Early recognition of an addiction in a GP's practice is therefore a

major step towards preventing chronic alcohol addiction with all its health and social consequences.

One heroin addict in two is now reached by drug assistance - either by substitution-based treatment or by drug-free therapy. The aim is to further increase this proportion.

Migrants are being affected by addiction-related problems to an increasing degree. Two trends come to notice, namely that the share of smokers among migrants of Turkish origin is disproportionately high, and that awareness of the concomitant health risks is low. This problem hence needs to attract greater attention. Furthermore, a group of young repatriates is becoming recognisable who consume heroin, frequently in a high-risk mix with alcohol.

The following measures are needed to improve advice and therapy:

#### 1. Establishing a national drug and addiction helpline (standard number)

In addition to the existing telephone advice of the Federal Centre for Health Education, it is also necessary to establish a nationwide emergency number which is cheap for the caller – similar to telephone helplines - so that people with addiction-related problems or their families can receive professional assistance faster.

#### 2. Improving cooperation between drug and youth assistance for earlier intervention in the case of persons at risk

Improving cooperation in the link between youth and drug assistance may make a decisive contribution towards improving earlier treatment successes and preventing an addiction becoming chronic. This is to be supported by:

- initiating joint further training events/expert conferences for both areas of work,
- developing a manual on cooperation between youth and drug assistance,
- cooperation agreements at local authority level which determine that when young people abuse drugs, drug assistance and youth assistance workers on principle consult one another,
- further promotion of the exchange that has already begun between existing cooperation measures in both areas, which is already happening with the [www.dialog-jugendhilfe-drogenhilfe.de](http://www.dialog-jugendhilfe-drogenhilfe.de) homepage,
- expansion of networking with youth court assistance and migration advice agencies.

#### 3. Expanding non-residential, abstinence-orientated treatment

The possibility opened up by the Ninth Book of the Social Code to make more use of non-residential and partly residential treatment should be implemented within the administrative practice of the rehabilitation organisations. This concerns, for instance, the use of opiate antagonists for forecasting relapse, including trying new, promising types of forms of therapy.

#### 4. Improving the proper treatment of mental disorders related to addictions

As addictions progress, a series of psychopathologically significant symptoms frequently occurs which can become illnesses in their own right. In later phases of dependency especially, depression, states of anxiety and psychosyndromes related to the brain organ occur. On the other hand, primarily emotional illnesses, such as anxiety, may lead to contact with substances of abuse (for instance tranquillisers) and to abuse or dependence. Recognition and proper treatment of these mental disorders is of particular significance, especially in terms of avoiding the genesis or complication of dependence symptoms. A particular problem is constituted by the combination of schizophrenic psychoses and drug abuse.

That is why competence networks are to be created, linking psychiatric and addiction clinics, non-hospital psychiatrists, doctors with addiction therapy skills and drug assistance facilities.

#### 5. Expanding benefits to participate in working life

The possibilities envisioned by the Ninth Book of the Social Code of giving benefits in the field of participation in working life are to be consistently used by the rehabilitation organisations – where the statutory preconditions are met. It will be important in the future to attentively observe how the statute is implemented in practice.

#### **6. Taking more account of experience with violence in connection with addiction**

Experience of violence or sexual violence is very important as an element in causing addictions among women. There is therefore a need to strive towards systematic recognition of this in its significance for illness, diagnosis and treatment, for instance through appropriate training of the clinic staff, by recruiting female specialist therapeutic staff or setting up protected spaces for women in clinics.

#### **7. Promoting intercultural skills and accommodating migration-related backgrounds in addiction advice agencies**

The intercultural skills of addiction advice agencies must be expanded by:

- closer cooperation between migration and addiction assistance advice agencies,
- joint further training of migration and addiction assistance advice agencies,
- evaluation of the experience from pilot projects on addiction prevention among migrants,
- provision of suitable specific therapeutic offerings which accommodate a migration background by means of intercultural skill-building,
- including ethnic associations in prevention and treatment work.

#### **8. Promotion and skill-building for self-help**

In accordance with section 20 subsection 4 of the Fifth Book of the Social Code (SGB V), the health insurance funds promote self-help groups which aim to provide prevention or rehabilitation of insured parties according to the list of defined illnesses. In accordance with section 29 of the Ninth Book of the Social Code, self-help groups which aim to provide prevention, rehabilitation, treatment and support in coping with illnesses and disabilities should be promoted by the rehabilitation agencies. Since self-help is a vital component in the success of addiction treatment, it is better for it to be supported by means of:

- better funding of self-help groups and organisations,
- involvement of self-help in planning for addiction assistance measures at local authority level,
- skill-building of self-help in the sense of self-evaluation,
- free provision of premises for meetings.

#### **9. National introduction of the availability of evidence-based programmes for quitting smoking and intervention assistance**

Comprehensive programmes for quitting smoking are to continue to be made available to the public and broadly disseminated. Experience with the programmes is to be systematically evaluated in order to make them more effective.

#### **10. Including smoker treatment in the list of the Public Health Insurance (GKV) benefits**

Early cessation treatment of smokers may lead to a considerable reduction in tobacco-related illnesses, and hence also to considerable cost savings for health insurance funds. One should examine whether and under what circumstances in this sense the list of benefits in the Public Health Insurance (GKV) can be adjusted without having an impact on contributions.

#### **11. Expanding early intervention in cases of high-risk alcohol consumption**

Early recognition of alcohol-related problems in particular may help to avoid long-term damage. This is to be supported by:

- works agreements for early recognition of alcohol-related problems,
- obligation for clinics to give advice if patients are treated on a residential basis,

- implementation of training measures for management on early recognition and on how to discuss the subject,
- improving medical advice to pregnant women,
- financial incentive systems for benefit providers.

## 12. Expanding early intervention in cases of medication abuse

The previously underestimated risks of medication addiction can be reduced by means of:

- better education regarding alternatives to using medication and about the risks and dangers of abuse,
- systematically covering and evaluating the problematic use of medication (building up a monitoring system),
- targeted preventive measures towards specific target groups,
- expedient regulations on the prescription of medication,
- improving doctors' pharmacological skills.

## 13. Expanding and improving substitution-based treatment

The goal of substitution-based treatment is for patients to gradually attain complete abstinence. It is important to further improve the accessibility and quality of substitution-based treatment. In addition to the implementation of the measures envisioned for this so far (the introduction of a substitution register and of a specific addiction therapy qualification for substitute-prescribing doctors, adherence to guidelines of the Federal Medical Association) there is a particular need:

- to improve the psychosocial, psychiatric and psychotherapeutic treatment and care measures and to offer them at the right level,
- at Land level, to build up networks of skills on substitution-based treatment, and
- to reform the guideline of the Federal Committee of Doctors and Health Insurance Funds on Substitution-Based Treatment of Opiate Addicts (Guidelines on Recognised Examination and Treatment Methods) in line with recent knowledge of medical science, and in doing so in particular to better the previous guarantee by examining the application and approval procedure for proper substitution in good time.

Furthermore, substitution-based non-residential and residential assistance aiming towards abstinence should be expanded (in accordance with the "Addicts' agreement" of the pension insurance funds and health insurance funds dated 1 July 2001).

## 14. Examining the implementation of the heroin-based treatment pilot programme

The results of academic support for the pilot project on heroin-based treatment of opiate addicts anticipated in 2004 are being evaluated. The results are to be implemented in the treatment of those with serious heroin addictions.

## 15. Improving social rehabilitation after prison or therapy

A transfer from therapy or a stay in prison is an especially difficult phase in the rehabilitation of drug addicts.

It is to be supported by:

- making work offers more flexible,
- a seamless transition into care after release from prison,
- general placement into aftercare and advice after residential therapy has been completed.

## 16. Expanding the motivation to undergo therapy and advice in prison

Inmates incarcerated because of drug-related crimes are to have the opportunity to become rehabilitated if they themselves are addicts. For this, the advice available in prison is to be expanded, whilst at the same time outreach work in prison has been strengthened, in particular also for criminal offenders with alcohol problems. Furthermore, the probation service strives for close, rapid consultation of addiction assistance services.

### **4.3. Survival assistance**

Survival assistance is especially to lead to a reduction in the mortality of drug and alcohol users with multiple chronic addictions.

In the cities in which drug consumption rooms are offered in addition to low-threshold contact shops, the mortality rate among drug users has either continued to fall or has become stable, in contrast to the national trend.

#### **1. Promoting low-threshold assistance programmes to reach chronic alcoholics and reducing alcohol-related deaths**

Low -threshold assistance programmes to reach alcoholics with multiple chronic disadvantages are to be expanded in cooperation with the offerings of assistance for the homeless in order to reduce the number of alcohol-related deaths. Acute treatment is to be linked with a motivation phase in order to reduce relapses and to develop alternatives to chronic alcohol consumption, including conduct therapy measures to reduce the occasions to drink and the quantities imbibed.

#### **2. Increasing the number of drug consumption rooms on the basis of the evaluation results**

The Federal Government has placed drug consumption rooms on a statutory basis. Now, there are many consumption rooms contributing towards ensuring the survival of the worst affected addicts and easier access to treatment. Experience to date with the existing drug consumption rooms shows that they reach their target group and can also offer assistance to very hard-to-reach long-term heroin addicts. For this reason, further offerings are to be established where this is considered necessary at local authority level.

#### **3. Improving emergency assistance**

It would still be possible to prevent many more deaths by providing emergency medical assistance on time. This should be promoted by:

- training the emergency staff with the aim of including emergencies in residential treatment,
- training those concerned to help one another in emergencies.

#### **4. Promoting measures in prison to minimise infection**

The Federal Government, together with the Land administrations of justice, will strive towards intensifying the measures in the prisons to reduce health damage with special groups of inmates. This will include, for instance, education, inoculation programmes and the expansion of the substitution treatment of opioid addicts. The Federal Government will in some cases observe the trials in which sterile needles are handed out in prisons and examine the results carefully.

### **4.4. Repression and supply reduction**

Repressive measures, in particular under criminal law, form the traditional pillar of drugs policy with which to reduce, on the one hand, the supply of substances of abuse, and on the other hand the demand for such substances. Criminal law in particular is gaining significance as an important tool in the fight against illicit drug trafficking at national and international level. Criminal law as it relates to narcotics is determined largely by international agreements, and increasingly also by EU law. It must be examined at regular intervals to determine whether it:

- achieves the goals it is intended to achieve,
- is suitable, and
- can be structured more effectively.

In addition to repression, alternative development is a another strategy of supply reduction, applied in the cultivation countries of drug plants.

Alternative development covers a process by means of which the production of illicit drug cultures (for instance coca bushes, sedative poppy seeds) is prevented, reduced or eradicated by means of specific rural development measures. This process is understood as an open, flexible strategy which must be suitably adjusted to local conditions and circumstances. It thus also falls within the field of international cooperation, which is why the measures to implement it are detailed at item 6 (International cooperation).

#### **4.4.1. Examining legislative measures**

Legislative measures which were taken in the past and are now being put into practice are to be examined in the light of their significance and the influence which they exert on the joint goal, namely to continue to reduce drug-related crime. Police and judicial experience in connection with the available investigation tools must be evaluated - to achieve this, with the concrete structure of the major points especially, the experience and knowledge of the Länder should be deployed.

##### **1. Evaluating the effects of the provisions of sections 35 et seq. of the Narcotics Act**

The provisions of sections 35 et seq. of the Narcotics Act (therapy instead of punishment) which has been valid since 1982, and the postponement of execution of sentence on probation on condition that therapy is undergone, which permit drug-addicted offenders to both postpone outstanding sentences and to interrupt an initiated execution of sentence in favour of treatment, have on the whole proven their worth in practice. Nevertheless, there is a large number of cases of withdrawal of the postponement of the execution or of the suspension of sentence. In coordination with the Länder, the Federal Government will examine whether by means of a facts of law examination of the concrete causes for this relatively high number of withdrawals should be undertaken in order to be able to evaluate how the application of sections 35 et seq. of the Narcotics Act can be further improved in practice.

##### **2. Evaluating the impact of the provisions of section 31a of the Narcotics Act**

The statutory provision to be able to forego prosecution in accordance with section 31a of the Narcotics Act will be examined once again from the point of view of nationwide application of the law and effective prevention in accordance with the instructions of the Federal Constitutional Court of 1994. A facts of law survey commissioned by the Federal Ministry for Health in 1997 on the basis of this ruling by the Federal Constitutional Court and undertaken by the Center for Criminology (KrimZ) revealed that one may speak of "largely uniform" application practice in the field of so-called soft drugs (cannabis). These results are to be re-examined on the basis of the time that has now passed. In doing so, the question should be explored at the same time as to which special preventive effects the application of section 31a of the Narcotics Act has on the person concerned.

##### **3. Siphoning off the proceeds of criminal offences and their use**

As stated in greater detail at 2.1.2., the statutory measures have been expanded in recent years in order to improve access to assets acquired by means of criminal offences. This and more intense application of the available set of tools by practitioners has led to a considerable increase in the proceeds siphoned off. Against this background, the question of the purposes for which these proceeds can be put has become more significant. Thus, as early as in June 2001 the Conference of Ministers of Justice - in particular discussing the proceeds from trafficking in human beings - spoke out in favour of consistent use of the tools of siphoning off assets and for suitable, reliable funding by the agencies with specialist competence, in particular for the care needed by the victims of trafficking in human beings. In a similar vein, within the Federal Länder, into whose budgets these proceeds as a rule flow, it should be discussed to what extent proceeds from drug-related offences can be used for measures of drug prevention, therapy and the fight

against drugs. The Federal Government is aware here that the decision on the use of funds falls within the financial sovereignty of the Länder (Art. 109 of the Basic Law).

#### 4. Examining the impact of the changes in the Right to Drive Ordinance (Fahrerlaubnisverordnung)

By means of a research project by the Federal Highway Research Institute, the impact of the provision of the Driving Licence Ordinance which entered into force as on 1 January 1999 was examined with a view to clarifying doubts as to its suitability as regards narcotics and medication consumption in order to gain an overview of the number of checks relating to driving under the influence of drugs, or possession of drugs, and the number of the resulting deprivations of the right to drive.

#### 5. Examining the impact of the future EU Framework Decision on Drug Trafficking

The proposal of a Council Framework Decision is currently being discussed at EU level to determine minimum regulations regarding elements of offences of criminal acts and the punishments in the field of illicit trafficking in drugs. It is hoped that the work will be concluded by summer/autumn of this year. Following on from this, it will become necessary to examine whether the provisions governing this element require any amendments to national law. This is unlikely to be the case as the negotiations stand at present.

#### 4.4.2. More efficient fight against organised crime by:

1. Combining the resources of the criminal prosecution authorities
2. Making the investigation tools more intensive (for instance in a similar manner to the strengthening of the financial investigations for the siphoning off of profits which has already taken place)

#### 3. Expanding the strategies to recognise the structure of criminal organisations

Taking account from a methodical point of view of the entrepreneurial approach, the Federal Criminal Police Office is undertaking information analyses in the framework of its strategy for the fight against international organised drugs crime to identify the structures of criminal organisations. In doing so, the following goals are being pursued as a matter of priority:

- ? gaining current, authoritative overviews,
- ? continuation of strategic and operational concepts to suppress drug crime, and
- ? initiation of appropriate investigation procedures, with the participation of the Länder and in coordination with foreign states.

In order to achieve the goal, amongst other things special evaluations have been used. These are prioritised complexes in the framework of the operative evaluation, in which the financial investigations and the recognition of internationally-orientated structures of offenders and logistics and their branches in Germany are given high significance. With this parcel of measures, the intention is to recognise criminal structures and facilitate more far-reaching investigations in order to do them long-term harm.

#### 4. Fighting cigarette smuggling

#### 5. Reducing the importation of illicit drugs

Both the police and the customs service have competences in this field and have to take corresponding measures. These include both international (see at Section 6) and national measures, such as

- ? improving risk analysis by concluding further cooperation agreements with hauliers, and electronic access by the Federal Customs Administration to hauliers' and carriers' freight and passenger information.

## 6. Further intensifying border controls

By means of:

- ? participation in the development and deployment of new mobile detection technology,
- ? establishing further container checking equipment,
- ? intensifying regional, bilateral and time-limited control measures,
- ? strengthening the mobile control groups,
- ? intensifying export controls at German airports in connection with the export and transit of synthetic drugs,
- ? developing a holistic control approach for control staff of the Federal Customs Administration and the police forces of the Länder in the case of vehicles suspected of being used for smuggling.

### 4.4.3. The fight against street and small-scale trafficking and making it more difficult to gain access to drugs

The first priority for the criminal prosecution authorities is to achieve a sustained reduction of the drug supply. As to the approach towards international organised drug trafficking, there is a need for a strategy which accommodates all levels of narcotics trafficking, ranging from local small-scale trafficking via regional and supraregional intermediate trade, through to national and international organised "wholesale" trafficking. The fight against commercial street and small-scale trafficking and making it more difficult to acquire illicit substances of abuse falls within the primary competence of the criminal prosecution authorities of the Länder. Strategic approaches can be secured here only if all participating criminal prosecution authorities work together at Federal and Land level.

## 5. Research

Addiction research creates an academic basis for improvements in prevention and treatment. Addiction research that is close to the supply is important for the application orientation in addiction research which deals with risk factors regarding how addiction comes about, improvements in early recognition and intervention, and strategies on secondary prevention and forecasting a relapse. Non-residential therapy procedures and quality management in non-residential practice are further significant research fields. The current research interest focuses on alcohol and tobacco consumption, but it also deals with illicit drugs.

In the context of the Federal Government health research programme, therefore, interdisciplinary research associations are being built up in which substance-specific and supra-substance questions are to be discussed. By promoting application-orientated research in close cooperation with care facilities, the aim is to make the results of the research carried out by the advisory and treatment institutions accessible, and to guarantee transfer to everyday care thereby.

A further goal in the long term is to establish addiction research at higher education institutes in order to achieve ongoing further development of research.

Furthermore, over the past years, the Federal Highway Research Institute has implemented or begun further research projects on the problem of "Drugs and medication" commissioned by the Federal Ministry of Transport, Building and Housing.

**Measures** in the research field:

1. Building a monitoring system for early recognition of high-risk substance consumption patterns

2. Promoting research projects aiming to improve prevention and treatment

3. Promoting research projects on the causes of addiction, taking account of gender-specific differences and safer use concepts

4. Promoting research projects concerned with the influences of drug and medication consumption on the ability to drive

## **6. International cooperation**

The prevention and repression strategies in Germany are orientated in line with the UN narcotics conventions, the Drug Demand Reduction Declaration and the new Guiding Principles of Drug Demand Reduction of the UN's Commission on Narcotic Drugs.

The preventive and repressive **measures** of the Federal Government at international level aim to:

1. contribute towards an even better coordinated strategy for monitoring trafficking in substances of abuse at international level,
2. intensify international cooperation in the fight against cross-border and organised drug-related crime,
3. support partner countries in developing drug assistance systems (prevention and treatment) and to help establish control mechanisms (repression) to achieve a sustained reduction in illicit drug trafficking (for instance the advancement strategy, assistance for police training and equipment),
4. develop policy measures in the cultivation and production countries with the aim of supporting a reduction in the cultivation of drug plants, reducing poverty in these regions and improving the living conditions of the people involved in cultivating drug plants in order to contribute thereby towards crisis prevention and ensuring peace,
5. coordinate development policy measures in the cultivation, production and transit countries in drafting worldwide strategies to control chemicals which can be misused to produce narcotics, and
6. conclude cooperation agreements with those countries with which there are no contractual support agreements in the field of drugs.

**Specific measures** here include, amongst others:

### **1. Supporting the United Nations drug suppression programmes**

The Federal Government will continue to help shape international drugs policy by means of its cooperation with the narcotics bodies of the United Nations (CND/UNDCP) and in doing so in particular will strive towards supply reduction and damage minimisation. In the framework of multilateral development cooperation with UN organisations, such as UNDCP and FAO, programmes and projects of alternative development and prevention, as well as measures in the fields of "Good Governance" and "Law Enforcement" will be supported.

### **2. Further implementing the EU action plan on drugs 2000-2004**

In implementing the EU action plan on drugs 2000-2004, the Federal Government will emphasise the integrated approach (taking account of licit drugs too) and will stress the need to strike a balance between measures for demand and supply reduction. Further focal points are cooperation with Non-Governmental Organisations, the provision of appropriate resources, the evaluation of state measures, skill-building in treatment and rehabilitation offerings, the reduction of drug-related crime and the promotion of alternative developments in the drug cultivation regions.

### 3. Further developing the exchange of experience by the European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction is to promote more forcefully the exchange of experience regarding innovative projects in the fields of prevention, treatment, survival assistance and repression and on the development of quality standards.

### (4) Bilateral development cooperation

The Federal Government supports measures and projects aimed at remedying the social and economic causes of the drug problem and reducing the cultivation of drug plants in direct development policy cooperation with development countries and countries in transformation.

### (5) EU Framework Decision on Drug Trafficking

Currently, a proposal is being discussed at EU level by the Commission for a Proposal for a Framework Council Decision, laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking (cf. above at 4.4.1). The Federal Government is striving here towards a balanced approximation of the legal orders of the EU which builds on the instructions of the international narcotics conventions without losing sight of the concept of subsidiarity.

### (6) International police cooperation

Because of the internationalisation of crime resulting from the globalisation of social and economic life and in the more narrow field from increasing European integration, international police cooperation is a current and future task, in particular of the Federal Criminal Police Office and other criminal prosecution institutions. It takes place multilaterally and bilaterally. For multilateral cooperation, Interpol, Europol and the Schengen cooperation are cooperation frameworks that are established or developing promisingly. They complement one another in the tasks to be done and how to fulfil them, and constitute complementary systems, each with its own character and goal. Additionally, the Federal Criminal Police Office cooperates with the United Nations (for instance UNDCP) and, in its function as a central agency, represents the interests of the Federal German Police in a number of international bodies.

Multilateral police cooperation is important, but cannot replace bilateral cooperation. Bilateral police cooperation is based in many ways on multilateral and bilateral agreements determining the nature and extent, as well as the restrictions on, police cooperation in a manner that is binding under international law. The network of bilateral treaties between the Federal Republic of Germany and its partner states will be further expanded.

### (7) Control of Internet trafficking in drugs, substances of abuse and of the accessories to produce drugs

The Internet provides new communication and trafficking channels for the sale of narcotics, hallucinogenic substances (psilocybin-containing mushrooms and the like) and licit substances of abuse. Furthermore, instructions for producing and using illicit drugs are disseminated on the Internet and accessories for cultivation are sold. This is also described by the International Narcotics Control Board (INCB) in its 2002 Report.

### (8) International measures to reduce the importation of illicit drugs

These measures in the field of police and the customs work include, for instance:

- ? the further expansion of the networks of liaison officers of the Federal Criminal Police Office and of the customs service,
- ? the accelerated expansion of equipment and training measures for foreign police and customs administrations in the countries of origin and transit for narcotics,
- ? participation in international monitoring teams for advance information acquisition abroad,
- ? increased cooperation with Europol and OLAF, both within the EU and in relation to third states, including the agreed use of technical and organisational means by official assistance.

## **7. Outlook**

This key paper is the starting point of the Federal Government for drafting a **Drug and Addiction Action Plan**.

The Action Plan itself is to be coordinated with the Länder, the local authority central agencies, the social insurance organisations, the competent Federal authorities and the addict assistance associations.

In this Action Plan, specific

- ? timescales,
- ? implementation steps, and
- ? evaluation elements

for achieving the goals sought and implementing the named measures are to be drafted.

In order to support the implementation of the coordinated Action Plan, a "**National Drug and Addiction Council**" is to be established comprising representatives of the abovementioned participants and under the chairmanship of the Drug Commissioner of the Federal Government.

The task of the "**National Drug and Addiction Council**" is to examine the goals of the Action Plan and the respective implementation steps.

The goal is to ensure that the Action Plan becomes a central instrument in the reduction of drug- and addiction-related problems in our society.

The Action Plan is to also become the basis of further cooperation with the Member States of the European Union and the international bodies to reduce drug- and addiction-related problems worldwide.

## Annex:

Goals of the EU action plan on drugs 2000-2004:

Commission of the European Communities: Communication from the Commission to the Council and the European Parliament on the implementation of the EU Action Plan on Drugs (2000-2004) of 8 June 2001 (COM(2001) 301 final); Brussels

The *eleven general aims* of the strategy are:

- to ensure that drug-related problems remain a top priority in EU measures;
- to ensure that actions undertaken in the fight against drugs are evaluated;
- to continue the balanced approach to drugs;
- to give greater priority to drug prevention, demand reduction and the reduction of the adverse consequences of drug use;
- to reinforce the fight against drug trafficking and to step up police cooperation between Member States;
- to encourage multi-agency cooperation and the involvement of civil society;
- to use to the full the possibilities offered by the Amsterdam Treaty;
- to ensure collection and dissemination of reliable and comparable data on drugs in the EU;
- to progressively integrate the applicant countries and to intensify international cooperation;
- to promote international cooperation, based on the UNGASS principles;
- to emphasise that implementation of the strategy will require appropriate resources.

The EU Action Plan on Drugs concentrates here on *six main targets*:

1. to reduce significantly over five years the prevalence of drug use, as well as new recruitment to it, particularly among young people under 18 years of age;
2. to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths;
3. to increase substantially the number of successfully treated drug addicts;
4. reduce significantly over five years the availability of illicit drugs;
5. to reduce substantially over five years the number of drug related crimes;
6. to reduce substantially over five years money laundering and the illicit trafficking in precursors.