DRUG POLICY – TODAY AND TOMORROW
The Action Plan on Drugs & Addiction and its Implementation
www.drogenbeauftragte.de

Finnish-German Media Seminar
on Prescription Drugs as Addictions and Remedies
September 5, 2008
Berlin, Germany

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Head of the Office of the Drug Commissioner of the Federal Government

Drugs and Addiction Policy in the Federal Republic of Germany
www.drogenbeauftragte.de

Overview
I. Organisation of the Drugs and Addiction Policy
   Fields of Action, Structure, Institutions
II. Action Plan on Drugs and Addiction,
    Drug and Addiction Council
III. Situation of Drugs in Germany
IV. Measures and Programs for the Implementation
    of the Action Plan on Drugs and Addiction
Tasks and Fields of Action

Tasks:
- Coordination of drug and addiction policy within the Federal Government
- Coordination with the Federal Länder
- Representation of addiction policy towards the public
- Representation of German drugs and addiction policy on the international level

Fields of Action:
- Legal addictive substances (alcohol, tobacco, prescription drugs)
- Illegal substances with addiction potential
- Non-substance addictions (compulsive gambling, internet addiction)

Federal Organisation of the Drugs and Addiction Policy in Germany

Governmental Levels of the Drug and Addiction Policy

FEDERAL GOVERNMENT
Legislation, External Representation
Narcotic Act, National Models and Programs; Campaigns of Prevention; International Cooperation

FEDERAL LÄNDER and COMMUNITIES
Executive, Administration
Addict Support System; Public Health Care
Federal Structure of the Drugs and Addiction Policy in Germany

Important Ministries of the Laender for the Drugs and Addiction Policy in Germany

- Health
- the Interior
- Justice
- Youth
- Education (School)

Federal Organization of the Drugs and Addiction Policy in Germany

Non Governmental Stakeholders

Communities  Churches and Charitable Associations  Non Governmental Organisations

Principle of Subsidiarity

The Government (Federation, Laender) will only act if the Non Governmental Organisations are not active
# Federal Organisation of the Drugs and Addiction Policy in Germany

![Image](www.drogenbeauftragte.de)

## Social Security in Germany – Social Book Code

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</thead>
<tbody>
<tr>
<td>Federal Employment Agency / Communities</td>
<td>Unemployment Insurance</td>
<td>Health Insurance</td>
<td>Pension Insurance</td>
<td>Youth Work and Youth Welfare</td>
<td>Social Assistance Agencies</td>
<td></td>
</tr>
</tbody>
</table>

## Drug Commissioner of the Federal Government

![Image](www.drogenbeauftragte.de)

- Drug Commissioner of the Federal Government
- Sabine Bätzing, MP
- Office
- Federal Ministry of Health
- Federal Centre for Health Education
- Interministerial Working Group
The Drug and Addiction Council

Composition:
- Representatives of the Federal Ministries
- The Conferences of Länder Ministers
- The central associations of local authorities
- The social insurance carriers (funds, pensions insurance)
- The associations of the addict support services and self-help schemes
- Addiction researchers
- Medical professionals

Work Basis and Support

Action Plan on Drugs and Addiction

Drug and Addiction Council

- Federation-Länder Steering Group
  - Working Group on Addiction Prevention
  - Working Group on Interface Problems
  - Working Group German Addiction Statistics
The four pillars of drug and addiction policy

- Inclusion of legal substances
- Inclusion of European and international trends and developments in national measures

Orientation according to the four pillars of drug and addiction policy:

- Prevention
- Counselling, Treatment and Rehabilitation
- Survival Assistance and Harm Reduction
- Repression and Supply Reduction
General Goals of the Action Plan

- Preventing or delaying the start of consumption
- Recognising and reducing risky consumption patterns at an early stage
- Safeguarding survival
- Treating dependence using all the options available according to the latest state of scientific knowledge
- Containing the availability of illicit additive substances

Tasks of the Drug and Addiction Council

Supports the Drug Commissioner by:

- Monitoring the progress of the Action Plan and identifying priorities
- Checking, supplementing and adjusting the aims identified
- Implementing the aims in the individual fields of work
International level: Drugs don’t know any borders

Institutions:
- United Nations / WHO / UNODC
- European Union / GHD / EMCDDA
- Pompidou Group of the Council of Europe

Fields of Action:
- International Cooperation
- Development aid and promotion
- International treaties

Prevalence of the Consumption of psychoactive Substances
Number of Cases per year

![Graph showing prevalence of psychoactive substances consumption](image-url)

- Alcohol: 1.6, 1.7
- Illicit Drugs without Cannabis: 0.163, 0.275, 0.377
- Cannabis: 0.175, 0.074, 0.377
- Psychoactive Medicaments: 0.24, 0.14, 0.17
- Tobacco: 6.3, 4.3
Data: Substance-related Deaths

- Tobacco: 117,000
- Alcohol: 42,000
- Illicit Drugs: 1,296

Persons in 2006

Source: IFT Munich 2007

Data: Economic Costs

- Tobacco: 18.8 Billion Euros p.a.
- Alcohol: 20.6 Billion Euros p.a.
- Illicit Drugs: 3.7 Billion Euros p.a.

Source: IFT Munich 2003; Pies 1995
The key aspects in implementing the Action Plan in respect of addiction prevention are:

- Tobacco
- Alcohol
- Prescription drugs addiction
- Cannabis
- Other illicit drugs
- Pathological gambling

Facts: Tobacco

Smoking is the single largest preventable health risk

- More than 300 premature deaths each day due to the direct consequences of smoking
- 17 million smokers in Germany (35% of the population)
- Early start: 18% of 12-17 year-olds, 45% of 18-25 year-olds
- The costs of tobacco-related damage by far exceed the annual revenue from the tobacco tax (18 bn € vs. 14 bn € per year)
Work Priority: Tobacco Prevention and Non-Smoker Protection

Aim: Reduction of tobacco use

- Target by 2008: Reducing the number of child and teenage smokers to 1.7%
- to be implemented through: a set of measures consisting of legislation and prevention

Work priority: Tobacco Prevention and Non-Smoker Protection

- Non-smoker Protection Act from 1 September 2007 Act effective on the Federal level
- Since 1 January 2008 non-smoker protection laws in all Federal Laender
- Network ‘smoke-free hospitals’
- Expansion of tobacco cessation schemes
- Action programme on tobacco prevention
Facts: Alcohol

Alcohol

- 6.1 m people show hazardous use patterns
- annual per capita consumption in Germany: 10.0 litres of pure alcohol
- the age of onset is very young: 14.1 years
- 1.6 m alcohol dependents in Germany and 42,000 alcohol-related fatalities/year
- only approximately 10% of those affected are under medical treatment

Work priority: Alcohol prevention

Aim: Reduction of hazardous alcohol use

- Compliance with the Young Persons Protection Act to eliminate drinking in youths under age 16 and reduce underage drinking
- Moderate and responsible alcohol use in adults
- Measures on the Federal level:
  - pilot project HaLt
  - drinking ban for novice drivers under 21 years of age
Work priority: Alcohol prevention

- Development and implementation of a ‘catalogue of measures on alcohol prevention’
- Expansion of early intervention against hazardous use
- Creating awareness of a responsible use of alcohol
- Promotion of situational abstinence in road traffic, at work, in sport and when pregnant and breastfeeding

New Challenge:
Increase of alcoholic intoxications of children and youngsters in clinics

Source: Prognos
Peer Aktion

- Einsatz: Musik-Festivals, Jugendherbergen, Innenstädte, Nord- und Ostseestände
- „Einlag“: Alkohol-Quiz mit 10 interessanten Fragen
- Gespräche: Qualität statt Quantität

Peer Education

- Einsatz: Fachtag in Deutschland
- Ziel: Erhöhung von Wissen und Bewusstsein
- Kooperation mit verschiedenen Organisationen
Facts: Prescription Drugs

... not without side effects

? ‘hidden addiction’ – hard to reach

? 1.3 – 1.9 m people in Germany are dependent on prescription drugs

? dependence on prescription drugs shows age and sex-specific differences:
  - women are about twice as likely to be affected as men
  - incidence increases with the age

Work priority: Prescription Drugs

Aim: Reducing prescription drugs abuse

• Education about the problem use of prescription drugs

• Sensitisation of relevant professionals
  (medical profession, pharmacists and nursing staff)

• Conveying to laypersons and professionals a responsible and sensible attitude towards pharmaceuticals
Facts: Cannabis

Cannabis is illegal

- one man in three and one woman in five (18-59 years) have used Cannabis at least once in their lives
- 15.1% of 12-19 year-olds have been exposed to Cannabis
- approximately 1.15 m Cannabis users in Germany aged 18-64
  - misuse: 380,000 individuals
  - dependence: 220,000 individuals
- possible health implications: lung damage, psychoses, increased cancer risk

Work Priority: Cannabis Prevention

Aim: Reduction of Cannabis use

- Target by 2008: Reducing frequent and hazardous cannabis use in young people to less than 3%
- Measures:
  - Education campaigns and materials for young people and risk groups
  - Tobacco prevention
  - Education of parents and teachers
New Challenge: increase of treatment demand for Cannabis addiction

Behandlungsaufragen für ambulante Therapien

New Ways: Internet based Interventions
Facts: Heroin

- Between 168,000 and 282,000 persons are considered to be regular heroin users; among between 80,000 and 160,000 problematic heroin users.
- Possible adverse health consequences: mainly blood-borne infections (Hepatitis, HIV) and liver damage.
- Treatment: 69,300 individuals are undergoing substitution therapy (1.7.2007) and about 12,000 persons are undergoing addiction treatment as a medical rehabilitation p.a.
- Assistance services:
  - Detoxification facilities
  - Rehabilitation centres
  - Non-residential addict support schemes

Facts: Drug dependence and hepatitis C risk factors

- Approx. 50-70% of all drug dependents are hepatitis C-infected.
- Only 3% of those infected receive treatment.
- Approximately 7,000 new infections per year, 35% of them are drug dependents.

Source: Murphy (2000), n=4632.
Survival Assistance:
- low threshold contact centres
- drug consumption rooms
Opiate Substitution Treatment
Opiate Substitution Treatment:
used substances

<table>
<thead>
<tr>
<th>Substitution Method</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
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<tbody>
<tr>
<td>Methadone</td>
<td>22.1%</td>
<td>70.8%</td>
<td>68.3%</td>
<td>66.2%</td>
<td>64.1%</td>
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<tr>
<td>Levomethadone</td>
<td>16.2%</td>
<td>14.8%</td>
<td>15.0%</td>
<td>15.8%</td>
<td>17.2%</td>
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<tr>
<td>Buprenorphine</td>
<td>9.7%</td>
<td>13.0%</td>
<td>15.6%</td>
<td>17.2%</td>
<td>18.0%</td>
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<tr>
<td>Dihydrocodein</td>
<td>1.7%</td>
<td>1.2%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Codein</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Facts: Other illegal drugs

**Amphetamines:**
- Lifetime prevalence: 3.4% (2003) to 2.7% (2006); aged 18-59
- 2006: approximately 1.46 m persons aged 12-59
- Current users: ca. 285,000 aged 18-39

**Cocaine:**
- Lifetime prevalence 3.1% (2003) to 2.7% (2006); age: 18-59 years
- 2006: approximately 1.45 m persons aged 12-59
- Current users: ca. 285,000 aged 18-39

**Ecstasy:**
- Lifetime prevalence: 2.5% (2003) to 2.2% (2006); aged 18-59
- 2006: approximately 1.21 m persons aged 12-59
- Current users: ca. 214,000 aged 18-39
Work priority: Pathological gambling

Aim: Reducing compulsive gambling

- **Facts:**
  80,000 to 400,000 people in Germany are problem gamblers

- **Aims:**
  Reducing gambling patterns by improving prevention services for pathological gambling

- **Measures at the Federal level:**
  - Federal pilot project for the expansion of counselling services
  - Supporting prevention by means of education campaigns

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Work priority: Children with a family background of addiction

Aim: Promoting concrete services for affected families

- **Facts:**
  2.65 m minors grow up in families with at least one alcohol-dependent parent
  40 – 60,000 minors grow up in families with at least one drug-dependent parent

- **Measures:**
  Meta study on the projects in place and making best-practice models known throughout Germany
Implementation...

... is always the most difficult and most important step

Thank you very much for your attention!