Drug Commissioner
of the Federal Government

National Strategy on Drug and Addiction Policy

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15. February 2012

Foreword

Dear Reader,

When we think of preventive health, what mainly comes to mind is a great deal of exercise, a healthy diet and regular visits to the doctor for preventive check-ups. However, preventive health encompasses far more than just these aspects. Assuming a responsible attitude towards alcohol consumption is just as much a part of it as relinquishing tobacco and illicit drugs.

The health policy we pursue, as the Federal Government, provides framework conditions which make it easier for you to engage in preventive health. This includes supporting you in taking the right approach to the use of pleasurable and addictive substances.

This “National Strategy on Drug and Addiction Policy” consequently places special emphasis on addiction prevention and early intervention. With the aim of promoting a healthy lifestyle among the people of our country, it demonstrates ways of approaching the use of pleasurable and addictive substances responsibly, in day to day life, and finding the right balance.

The National Strategy on Drug and Addiction Policy, elaborated on the initiative of the Federal Government’s Drug Commissioner, Ms. Mechthild Dyckmans, places people, and the maintenance of their health, at the very centre of our efforts. It is a part of the general prevention strategy which is currently being drawn up by the Federal Government and therefore another important step on the path to comprehensive health promotion in Germany.

Daniel Bahr,
Federal Minister of Health,
Member of the Bundestag

On 15th February 2012, the National Strategy on Drug and Addiction Policy was adopted in the current version by the Federal Cabinet. It places Germany's drug and addiction policy on a modern footing. The National Strategy describes the current challenges and the priorities which will determine the drug and addiction policy of the coming years and replaces the Action Plan on Drugs and Addiction which dates from 2003.

Addiction significantly affects many millions of people in Germany. In terms of numbers, the legal addictive substances such as tobacco, alcohol and medicinal products are the most prominent among the substances abused. New forms of addiction, such as gambling or internet addiction, are also coming to the fore. In the area of illicit drugs, it is particularly the spread of synthetic drugs which is posing new challenges both nationally and internationally.

In order for our drug and addiction policies to really reach the affected persons, the opportunities must be tailored to suit the reality in which they live. Persons at risk of or already affected by addiction are therefore at the focal point of our National Strategy, the primary aim of which is the avoidance and reduction of the consumption of addictive substances, whether legal or illicit. Prevention is consequently at the forefront of the National Strategy.

Drug and addiction policy is a community task. In the discussions held while visiting specialist prevention centres and facilities offering addict support, I have been able to satisfy myself of the challenging work that is being done in this field. All of those involved in the area of drugs and addiction are making a valuable and indispensable contribution to long-term behavioural and situational prevention.

I wish to express my gratitude for the substantive proposals and the constructive co-operation which characterised the consultations on the Strategy. The task before us now is to successfully implement the targets and measures contained in the National Strategy at the various levels and adapt them continuously.

Mechthild Dyckmans,
Drug Commissioner of the Federal Government,
Member of the Bundestag

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Introduction (Preamble)

Addiction and dependency are problems that affect society on the whole and their solution requires the cooperation of all forces in society, in the interest of those affected. This National Strategy on Drug and Addiction Policy describes the comprehensive national orientation of drug and addiction policy in Germany for the coming years, which will replace the Action Plan on Drugs and Addiction adopted in 2003. The many different joint efforts and initiatives to prevent addiction and to reduce the harmful consumption of and dependency on addictive substances and behaviours are thus to be coordinated with each other on the national and international level.

In our federal system, numerous people and organisations are active in the area of addiction prevention and addiction services. This spectrum includes municipal governments, the Länder, the federal government and the social insurance providers (statutory and private, pension insurance, as well as accident insurance). Providers of services on various levels also play a role, such as doctors, pharmacists, psychologists and psychotherapists, facilities that provide aid to addicts and social welfare associations, parent and family counselling, self-help groups and, not least of all, many people in the broader field of youth services, senior services, psychiatric institutions, schools, companies, industry, etc. The diversity of the many parties involved requires comprehensive coordination and integration into a single network. At the same time, every individual is also called upon to assume responsibility for their own behaviour and their own health. Parents and all other adults are important role models for children and adolescents.

Addiction is not a marginal problem in society; it affects many people in Germany. For years now, professionals have stopped using the term addiction, and now refer instead to dependency in the sense of a disease. In the following, however, the entire spectrum of high-risk, abusive and dependent behaviours related to addictive substances (legal as well as illegal) and high-risk behaviours not related to substances (such as gambling and pathological use of the Internet) will be addressed – therefore we have decided to continue to use the term "addiction". However, the focus of our drug and addiction policy is not on addiction or on addictive substances or behaviours, but rather on individuals with their specific problems, which usually go beyond just an addictive substance or behaviour.

Addiction is linked to personal misfortune. It affects not only the addicts, but also their family members, friends and co-workers. Dependency is a serious chronic illness, which can lead to considerable health problems and premature death.

Addictive substances and behaviours cause health, social and economic problems in Germany. According to a recent representative study, 16 million people[1] smoke, 1.3 million people are addicted to alcohol[2], and 1.4 million people are addicted to prescription drugs.[3] 600,000 people exhibit problematic cannabis consumption, and 220,000 people are addicted to cannabis[4]. Over 200,000 people exhibit a problematic consumption of other illegal drugs.[5] As many as 540,000 people are considered to be addicted to gambling.[6] It is assumed that ca. 560,000 Internet users suffer from online addiction.[7]

The development of an addiction has its roots in a complex network of previous individual experiences, certain living situations, interaction with other people, emotional disturbances, the influence of a significant figure and the availability of addictive substances. The effect of psychoactive substances can ultimately lead to lasting changes in the brain, which in turn make it more difficult to change behaviours. However, even in these cases, overcoming addiction opens up new perspec-

1 Cf. DHS (2011): Jahrbuch Sucht, p. 17
2 Cf. DHS (2011): Jahrbuch Sucht, p. 11
3 Cf. DHS (2011): Jahrbuch Sucht, p. 22
4 Cf. DHS (2011): Jahrbuch Sucht, p. 23
5 Cf. DHS (2011): Jahrbuch Sucht, p. 22 (Based on the figure of 66 million 15- to 64-year-olds in Germany – on 31 Dec. 2010 – this means exactly 217,800 problematic drug consumers.)
6 Cf. DHS (2011): Jahrbuch Sucht, p. 27
7 According to the study funded by the Federal Ministry of Health, "Prävalenz der Internetabhängigkeit (PINTA I)" (Prevalence of Internet Addiction (PINTA I)), compiled by the Universities of Lübeck and Greifswald, roughly 1 per cent of the 14- to 64-year-olds in Germany is considered to be addicted to the Internet. This equates to roughly 560,000 people.

tives and the possibility of participating in society, as well as greater satisfaction with one's own life. Hence, our goal must be to help every individual in overcoming his or her dependency.

Prevention and the promotion of better health by avoiding addiction are at the very top of the federal government's agenda. Preventive measures are directed primarily at high-risk groups. Children and adolescents are an especially important target group, because they must be prevented from ever engaging forms of behaviour that threaten their health and promote addiction.

The goal of our drug and addiction policy is to reduce the consumption of legal and illegal addictive substances and to avoid problems related to drugs and addiction in our society. In the ongoing development of our system of preventing addiction and providing aid for those suffering from addiction, special attention is devoted to legal substances that can lead to addiction, such as alcohol, tobacco and psychotropic drugs, because they are more widespread.

This national strategy is intended as a health policy guideline for a modern drug and addiction policy in Germany. It defines areas of focus and challenges faced by drug and addiction policy against the background of current developments, the existing system of providing help with addiction, the legal framework and proven concepts in addiction prevention. In this conjunction, the strategy integrates international initiatives and activities on the European level as well as on the level of the WHO and the United Nations.

In relation to the goals it sets and the steps it foresees, the national strategy on drug and addiction policy is part of the general prevention strategy currently being developed by the federal government in the field of drug and addiction policy. Both strategies emphasize the central importance of promoting health and prevention in health policy. Germany has extensive experience with successful measures in universal, selective and indicated prevention and places emphasis, in this conjunction, on children and adolescents, in order to promote healthy development early on, as well as on adults, in order to maintain their health.

Measures of proven quality and efficiency are to be included in the strategies in order to sustainably ensure and improve health and the quality of life and to meet the challenges of current demographic developments in a society that is growing older.

Primary importance is thus assigned to prevention and existing programmes for counselling and treatment, help in overcoming addiction, harm reduction measures and repression in drug and addiction policy.

Part I – Goals of the National Strategy

A. The Basis of a Responsible Drug and Addiction Policy

The federal government is in favour of a modern and progressive strategy to reduce drug and addiction problems in Germany.

We pursue an integrative approach to addiction policy. Unlike some other European countries, we take both legal and illegal addictive substances into consideration jointly. We do not orient our policy on individual substances, but rather on the needs of individuals – in keeping with our motto, "Focus on the individual". In this conjunction, we adhere to the proven fundamentals of addiction policy – as described in the coalition agreement of 2009 – "Our drug and addiction policy focuses on prevention, therapy, aid in overcoming addiction and combating drug-related criminality." This policy is augmented by harm reduction measures.

I. The Four Levels of Drug and Addiction Policy

Prevention
The purpose of prevention measures is to help people avoid ever engaging in the consumption of health-threatening substances and suffering from addiction by providing information regarding the dangers that they represent. Prevention measures directed towards children and adolescents are especially important. The earlier we succeed in reaching children and adolescents with preventive measures and programmes to promote health, the higher the probability that we will be able to prevent the development of problematic consumption patterns.

Counselling and Treatment, Help in Overcoming Addiction
Counselling and treatment programmes are necessary in order to help addicts break out of the vicious cycle of addiction. Many outpatient and inpatient programmes already exist in Germany. These must be maintained and enhanced so that every addict can take advantage of the counselling and treatment programmes that he or she needs.

Harm Reduction Measures
Aid in surviving from day to day and harm reduction measures, such as providing drug consumption rooms and opportunities to exchange hypodermic syringes, help to stabilise the addict's health and social situation. This is an important precondition for eventually being able to overcome addiction.

Repression
Legal regulations aimed at reducing the supply of addictive substances and general bans are another element of our drug and addiction policy. These include, for example, laws protecting the rights of non-smokers, the Protection of Young Persons Act and the Narcotics Act. Efforts to combat drug-related crime are of greater, often international, importance.

II. Our Image of the Individual – How do we see people?

People suffering from addiction are afflicted with a disease and require extensive medical help and support. Addiction is a disease that can affect anyone. It is not a matter of personal failure, but often the result of personal circumstances or experience.

Our image of the individual is one of a person who is free and independent. People suffering from dependency have far less freedom in making decisions regarding their lives.

Our drug and addiction policy seeks to ensure that they have this freedom, to promote personal responsibility and – in cases where they have lost this freedom – to provide help in re-attaining it. It emphasizes insight and personal responsibility.

The goal of prevention is to ensure that an addiction is never developed. It provides encouragement to reflect upon and reconsider one's own behaviour in order to be able to change it.

Our drug and addiction policy focuses primarily on prevention and help in overcoming addiction. Repressive measures by the state are a result of a social consensus regarding certain goods that warrant protection (such as the health of children and adolescents or the protection of society against particularly dangerous addictive substances and behaviours) and the need to prevent undesired consequences for society as a whole – such as accidents or crime. Wherever a free, self-responsible person injures not only himself, but also others, society and the state must institute and enforce regulations.

In our well-recognized, professional system of providing help, many thousands of people assume repsonsibility for others every day. They are essential for the success of the system of providing aid for addicts. Assuming responsibility is an essential principle of our drug and addiction policy. Everyone can contribute to preventing addiction and to helping people overcome their addictions.

B. New Challenges in Drug and Addiction Policy – What problems are we facing?

Drug and addiction policy is facing great challenges. These include, among others, the demographic transition, social change, old and new forms of addiction and the corresponding trends in consumption. To a greater extent than in the past, it is now also necessary to focus not only on addiction, but, above all, on forms of high-risk consumption, which are detrimental to health and to development, even when they do not necessarily lead to addiction.

I. Demographic and Social Change

In recent years and decades, our society has undergone fundamental change and is still changing. Social and interpersonal relationships have changed radically; new lifestyles and forms of cohabitation are on the rise. More and more people live alone. Increased individuality and a greater range of options in making personal decisions in modern society can also lead to insecurity and a loss of what were once self-evident certainties. People can sometimes feel overwhelmed in view of what seems to be an unlimited range of possible lifestyles. They may lack emotional support or be confonted with multiple demands in their everyday lives, for example from trying to balance working life and raising children, just as children and adolescents can feel excessive pressure from the behaviour and consumption patterns within their peer groups. Efforts to prevent addiction and help people suffering from addiction must take these circumstances into consideration.

One of the most important social changes in our time is the demographic transition. As a result, addiction in old age has come to play a greater role. Studies show a growing number of older people exhibiting higher consumption, abusive behaviour, and an increasing rate of addiction. This is especially true of alcohol and prescription drug consumption. While experts recognize the importance of addiction problems in old age, there are still many deficits in everyday practice with regard to dealing with such problems. There are many indications that counseling and the system of providing addiction aid are rarely suited to the needs of older people. Hence, there is a great need to take action to establish special programmes to help older people.

II. New Forms of Addiction

The development of our society into a knowledge-based economy and the growth in the use of digital media also presents new callenges in relation to addiction policy. The use of the Internet and of computers has become essential in people's everyday lives. On the one hand, the Internet offers numerous opportunities in the field of prevention; for example, as a means of reaching those who are affected at an early stage. On the other hand, for some people the use of computers and the Internet can become increasingly excessive, and lead, in extreme cases, to a loss of self-control and, ultimately, addiction. Various terms are used in the professional discussion. Pathological Internet use, media or online addiction – the designations are diverse. This is related to the fact that a diagnostic classification has not yet been adopted within the most common diagnostic systems. However, the fact remains that there are a growing number of people for whom suitable methods of help must still be developed.

Addiction policy is also faced with new challenges in relation to gambling addiction as a form of non-substance-related addiction, not least of all due to current technical, political and legal developments (e. g. due to the Internet and new regulations for commercial gaming machines).

III. Trends and New Patterns of Consumption

In recent years, patterns of behaviour have shifted in relation to the consumption of addictive substances. While, previously, the consumption of illegal drugs mainly affected a small group on the margins of society, the consumption of illegal addictive substances is now prevalent at the core of society.

A growing number of people of every age and level of education now demonstrate problematic and, in part, excessive patterns of consumption, also in relation to legal addictive substances, which do not inevitably lead to addiction. High-risk alcohol consumption, for example, is a phenomenon that affects adolescents today just as much as older and young people, successful women, and middle-aged men. This necessitates new approaches in drug and addiction policy.

Another challenge can be seen in the emergence of a growing number of new psychoactive substances (so-called “legal highs”). They include new synthetic ingredients and substances, such as the synthetic cannabinoids in products sold as herbal blends (e. g., “spice”) or cathinones in products sold as bath salts. An increasing volume of these substances and their chemical derivatives are now available on the market. It is difficult to assess what health risk they represent.

An addition problem is that young people increasingly consume various types of psychoactive substances simultaneously. The risks involved in polydrug use are, however, particularly high. The effects that result from the combination of two or more substances are difficult to calculate and, as a rule, do not correspond with the sum of individual effects. Depending on the substance, the effects of each are multiplied or amplified or they influence the body and the mind in different ways. In both cases, the body is subjected to an extreme level of stress. The danger of health-threatening incidents is increased by mixed consumption.

It is, therefore, necessary for us to devote more attention to preventive approaches to mixed consumption among younger consumers, to develop targeted prevention measures for this purpose, as well as for young partygoers, and to develop a system of providing more qualified help in this context.

The Internet also presents us with new challenges. Special websites provide access to some of these psychoactive substances and offer adolescents and young adults, in particular, an opportunity to share information on the consumption of various legal and illegal substances, often accompanied by detailed instructions on how to intensify the feeling of intoxication.

C. Cornerstones for the Formulation of Drug and Addiction Policy – Where do we want to go?

The existing system of prevention and aid with addiction offers a good basis for meeting the new challenges described above. In some areas, optimization is needed, in other areas, the approaches pursued thus far must continue, and, in some cases, there is a need to focus on new areas. This National Strategy paper will begin by outlining these areas of focus. In the second part our efforts in these areas will be underlined by citing concrete goals and measures.

The funds needed to ensure the ongoing and successful implementation of the National Strategy are to be appropriated by the responsible parties on various levels. Additional funds that may be required by the federal government to cover the cost of expenditures for material and personnel must be made available within the budgets of individual departments.

The presentation of drug and addiction policy from a perspective of individual addictive substances and behaviours, as in Part II, is intended to provide a better overview. Topics that cut across a broader spectrum are presented in highlighted boxes within the text; they provide examples of the effects people suffer beyond those stemming from individual addictive substances.

I. Focus on the Individual

The focus of the federal government's drug and addiction policy is on the person suffering from addiction as an individual and not on their disease. In order to prevent addiction and to help people suffering from addiction, it is necessary to take people's overall living situations into consideration. We must discover their backgrounds, their addictions and the individual help required, in order to determine where we to begin offering help. This also means that the segmentation of our system according to categories of social law, which has undoubtedly proven itself on the whole, does not always best serve the needs of the individual requiring help.

In addition, we also need people who are willing to help. Nothing can take the place of direct contact between someone suffering from addiction and other people, regardless of whether they are doctors, pharmacists, addiction service workers, psychologists, psychotherapists or relatives. They are, therefore, the most important starting point for our assistance-oriented drug and addiction policy.

II. Directing Prevention towards High-Risk Groups

Prevention and promoting good health will continue to remain at the forefront of modern drug and addiction policy in the future. They are essential elements in enhancing individual competency in responsibly structuring one's own life. Prevention must, however, be better targeted and focus more strongly on high-risk groups. For every addictive substance or behaviour, the groups at greatest risk must be identified and addressed directly. In order to avoid the development of an addiction later in life, children and adolescents must be able to develop self-confidence and strong personalities. In order to achieve this goal, they need a stable family and social environment while they are growing up, one that provides them with sufficient security, recognition and understanding. This support gives them the strength they need in order to meet the challenges with which they will be faced in life, even during critical periods. In order to ensure that children and adolescents have the necessary resources at their disposal, and are able to say no to tobacco, alcohol and drugs, measures to prevent addiction and promote health must support disadvantaged children and adolescents with targeted programmes in close cooperation with schools, family and youth services and parental and family counselling. To a greater degree than has been the case up until now, the emphasis must be placed on the dangers of developing an addiction, on high-risk consumption patterns and, thus, on the development of competence in dealing with the risks. Young people who want to be "cool"

hardly see themselves as being in danger of becoming addicted. It is therefore necessary to develop specific prevention measures for endangered adolescents within the context of selective prevention.

High-risk groups include people who have had negative experiences, such as sexual abuse, neglect and violence during their childhoods, or with the addiction of one of their parents, which considerably increases the risk of later dependency. Stress situations, such as unemployment, also present a particular risk and must be more specifically addressed in addiction prevention and intervention. Approaches to prevention and treatment measures must be oriented increasingly towards high risk groups, so that the threat to their health resulting from high-risk or harmful consumption of legal and illegal addictive substances is realised and these groups are reached through appropriate aid measures.

III. Expanding Early Intervention

In Germany, a highly differentiated system of providing aid with addiction and drugs, which includes a wide variety of measures, is already available to people suffering from addiction. It is well developed and successful in both European and international comparison. Nevertheless, there are still deficits in relation to the use of counselling and treatment measures. The number of people suffering from addiction who are reached on time is too low. Many people suffering from addiction take advantage of the existing treatment measures much too late, often only after they have been addicted for many years. This is true of all forms of addiction, from alcohol through to tobacco and gambling.

The development of an addiction or abusive consumption can often be recognized early, provided that outpatient or inpatient medical care includes enquiries about problems with addiction. The context of medical treatment by a doctor is a highly appropriate setting for early intervention, because this is where the entire population has contact with the medical care system. Hence, in the future, the focus must be on enhancing the role of doctors – especially general practitioners and paediatricians – as initial contacts for people seeking help. National and international studies provide reliable evidence of the effectiveness of early intervention by general practitioners (in the sense of brief counselling sessions to motivate patients to reduce consumption) particularly in relation to alcohol.

IV. Reaching More People in a Local Context – Expanding Addiction Prevention in the Workplace

The workplace is another important location where people of different ages and social strata can be reached in order to promote healthier behaviour. According to the Safety and Health at Work Act, every employer is obliged to adopt measures to prevent accidents and occupational threats to health in the interest of his employees. According to the Occupational Safety Act, company doctors are obliged to support the employer in all questions of occupational health and safety. In this context, company doctors can also offer advice on company measures to prevent addiction. The Regulation on Occupational Preventive Healthcare Measures is aimed, in addition to the early recognition and prevention of occupational diseases, at contributing to the preservation of employability and the further development of occupational health and safety. Preventive occupational healthcare measures can, therefore, also include measures related to general preventive health care as well as individual addiction prevention and addiction counselling. Measures for the promotion of occupational health, which include measures to prevent addiction and alcohol abuse, are mandatory tasks of the health insurance funds. The potential for preventing addiction that exists in the workplace has already been recognised by larger enterprises. They offer their employees comprehensive programmes to promote health, which also address the topic of addiction (e.g. ceasing to consume tobacco as well as help with alcohol addiction). Our goal is to improve the framework conditions so that these instruments can be used on a broader front. Today, health insurance funds are already engaged in cooperative workplace measures with individual companies in order to prevent alcohol addiction.

These activities must be implemented more broadly and comprehensively. We also want to support small and mid-sized companies, which are the most important employers in Germany, in expanding occupational measures to prevent addiction and to promote health with the aid of self-help groups for addicts. Only in this manner will a situation be created in which employees will profit from improved health and higher motivation to work and companies from fewer sick days and improved performance.

V. Improving Professional Cooperation at System Interfaces – Building Networks

The system of providing services to people with drug and addiction problems in Germany has, for the most part, a subsidiary structure, in which responsibilities are distributed among various parties or institutions. Various, often independently operating, programmes offering aid and counselling for addiction, youth services, school, social and public employment services and the health care system, often work alongside each other rather than with one another.

Today, for example, counselling for problems with addictive substances or behaviours takes place in addiction counselling centres that are mainly funded by municipal governments. Detoxification or withdrawal treatment for addicts takes place in hospitals or in special wards of psychiatric hospitals, with the coverage of the costs negotiated with the health insurance funds. On the other hand, the German Federal Pension Insurance Fund is usually responsible for the costs of withdrawal treatment, which often follows withdrawal, i. e., the medical rehabilitation of addicts. Both the pension insurance fund and addiction counselling centres are responsible for immediate follow-up treatment as prophylaxis against a relapse. The office in charge of administering basic income support and the employment agencies are responsible for the integration of former addicts into some form of employment, the debt counselling centres are responsible for any debt, and psychiatric specialists, psychologists and psychological psychotherapists are to be contacted for the treatment of the psychological problems that often accompany addiction. Between all of these agencies, which each have their own procedures and sources of funding, one finds the addict in search of help. This is often especially problematic because addictions are, as a rule, accompanied by social problems and comorbidity. Hence, focusing solely on the addiction problem is insufficient if counselling and treatment are to be successful.

In order to achieve better integration, policy must focus on the interfaces between the systems of providing aid, so that no addict gets lost in it. In the interest of those affected, the different providers of funding and organisational support must ensure better linkage and cooperation between the services and programmes that they offer.

Networks and integrated care approaches, diverse forms of which have been long established in Germany, are one way of effectively managing interfaces. They facilitate the smoothest possible long-term cooperation between various professionals in the systems that must be coordinated with one and other and make it possible to comprehensively address the main problems of people seeking advice in relation to an addiction. In this conjunction, we must seek ways in which the necessary services provided by different parties can be synchronised with and augment each other.

In municipal or regionally oriented networks for providing help for addicts and preventing addiction, numerous parties from diverse professions and different sectors are involved. Not only numerous outpatient and inpatient facilities, organisations and health care organisations are involved here, but also organisations that provide aid in other areas, which overlap with the tasks for which addiction and drug aid organisations assume responsibility. This includes schools, companies, sports clubs, recreational facilities, youth services and youth social work, parent and debt counselling services and employment as well as occupational training projects.

The cooperation between addiction services, youth services and schools can be cited as an example of the sort of networking that is necessary to overcome coor-

dination and communication problems. The different systems of providing aid have, in recent years, begun to work together more closely and counselling and care programmes are now better coordinated. It became evident that despite different possible approaches, there is still a lot of common ground for fruitful cooperation, upon which we can continue to build. Within each area of professional responsibility, a successful division of labour creates additional synergies.

The quality and effectiveness of networks are, in no small measure, dependent upon the parties involved; however, in the case of almost all of the parties involved, there is seldom continuity in terms of personnel over a longer period of time. Therefore, functioning networks require binding agreements between the institutions as an essential basis for their work. Thus, one ongoing challenge faced in the cooperation between networks is the task of filling them with new life.

VI. Consistently Establishing Gender Sensibility

Today, there are still considerable differences between the sexes in relation to addiction, even if a trend towards more similar consumption patterns has been exhibited in some areas in recent years, e. g., in relation to smoking or alcohol consumption by young women. Nevertheless, the consumption of illegal drugs and alcohol abuse are still more of a male problem, while women are more inclined to an above average rate of prescription drug abuse.

Hence, specific reasons for female and male addictive behaviour must be viewed separately in addiction prevention measures, along with their addiction careers and the underlying causes. This also includes developing gender-specific programmes, without further reinforcing gender role models.

Pregnant women are an important target group for prevention efforts. Many women begin to reconsider their consumption patterns when facing pregnancy and thus embark on new paths. By the same token, the continued consumption of alcohol, tobacco or prescription drugs during pregnancy involves risks for the unborn child. The consumption of addictive substances during pregnancy has considerable effects on every woman and her child. It is therefore our goal to specifically address pregnant women whose consumption threatens to become problematic.

VII. Targeting Research

There have been positive developments in addiction research in Germany in recent years. With the four addiction research groups funded by the Federal Ministry of Education and Research (BMBF) and the care-oriented departmental research funded by the Federal Ministry of Health and many additional grants, a viable structure has been developed over the last 15 years, one that can also stand up to international comparison. Addiction research in Germany encompasses both epidemiological as well as biological, psychological, social and legal aspects and combines diverse scientific traditions. In this context, the spectrum ranges from basic research to research on care for addicts. It is especially important that practice-related research in the field of addiction is further enhanced in order to increase the effectiveness of drug and addiction policy concepts and initiatives through evidenced-based and evaluated measures. Therefore, the study of research questions related to both specific substances and all substances will be supported within the context of the Federal Ministry of Health's departmental research, in close cooperation with the facilities providing care, in order to further develop counselling and treatment concepts closely aligned with everyday practice and to apply the research findings as seamlessly as possible in the everyday practice of facilities that provide counselling and treatment. The model projects and research supported by the Federal Ministry of Health increasingly examine and test prevention and treatment approaches for all substances as well as for specific target groups; in recent years, there has also been more interest in the question of how the various sectors in the system of providing help can work together more effectively by better managing the interfaces between them. In addition to this, the Federal Ministry for Family Affairs, Senior

Citizens, Women and Youth supports measures related to the excessive use of the Internet. Along with clinical and therapeutic aspects, it is also a question of developing educational and pedagogical media approaches to prevention, as well as discovering possible connections between excessive computer and Internet use and family interaction. In view of the dynamic development of computer and Internet use as a share of our media consumption, it can be assumed that the average length of use, as well as the perception of the problem of time-consuming media use, will be subject to rapid change. In addition, research must meet new challenges such as online gaming addiction or the initial appearance of psychoactive substances.

VIII. Evaluate Measures

Measures and concepts to reduce the consumption of drugs and addictive substances must be effective. In order to be able to assess them in terms of the goals targeted and the funds invested, evaluation and accompanying research must automatically be a component of all development of measures. All approaches to prevention, addiction aid, harm reduction and repression must be examined in terms of their effectiveness and relevance. This is especially true in times when less funding is available in order to ensure that the funds available are employed to best advantage.

The effectiveness of measures must be proved before they are introduced on a broader scale. An empirically proven and reliable basis for the implementation and further development of prevention strategies is only possible on the basis of evaluated and evidence-based measures.

In this conjunction, measuring success, especially in the field of prevention, represents a considerable challenge. The goal of prevention is to avoid the occurrence of an event, whether this means the initial consumption of a substance, the emergence of abusive behaviour or addiction. Monitoring success therefore involves measuring the non-occurrence of an event. This is the main reason why the evaluation of prevention measures is one of the most difficult areas to evaluate in terms of methodology. Nevertheless, great advances have been made in his field in recent years. The federal government supports many projects by funding accompanying research studies. It only makes sense to broadly implement a measure in practice, when we have clear findings indicating that it is effective and that the target group has been reached.

IX. Legislation when Necessary

An important aspect of focussing on the individual in drug and addiction policy is to increase personal responsibility. It is of primary importance to establish a broad consensus among the diverse parties on various levels in society regarding the dangers related to the consumption of addictive substances or engaging in addictive behaviours. Nevertheless, legal norms can also be important in trying to promote healthy behaviour. When an individual is injured or endangered as a result of the health-threatening behaviour of others, legal measures, such as those to protect non-smokers, are imperative. The state is responsible for ensuring the protection of children and adolescents through legal regulations, when other measures are insufficient in providing effective protection. Legal measures must find adequate answers to the new challenges. In relation to the new synthetic substances, for example, we face the problem of only being able to ban ingredients and substances that have been specifically cited during the course of a relatively time-consuming legislative process. These bans can, however, easily be circumvented by synthesising new ingredients or by slightly altering the chemical composition of existing substances. There are international possibilities for circumvention; cross-border distribution via the Internet requires little effort. In this conjunction, means must be found to ensure fast and effective protection of the population against such substances.

X. Enhance Addiction Self-Help

As the oldest form of self-help in Germany, addiction self-help makes an essential contribution to the overall system of providing help for people suffering from addiction. Self-help facilities breathe life into our ideal of helping people to help themselves in overcoming addiction. The help they offer is directed at addicts before, during and after therapy, as well as their relatives and friends. Self-help organisations also serve as a contact for service providers (such as companies, doctors' practices and counselling services). There are self-help groups for all types of addiction (e.g. alcohol, drugs, prescription drugs, gambling, computer and the Internet). They provide motivational aid and support for those affected, support for relatives and contribute, by providing information about addiction, to a change in the public's perception of addiction.

Most of the addiction self-help organisations in Germany are members of the German Center for Addiction Issues (DHS): Blaues Kreuz in Deutschland, Blaues Kreuz in der Evangelischen Kirche, Bundesverband der Elternkreise drogengefährdeter und drogenabhängiger Jugendlicher (National Association of Parent's Groups for Adolescents threatened by Drugs and Addiction), Deutscher Frauenbund für alkoholfreie Kultur, (German Women's Association for Alcohol-free Culture), Freundeskreise für Suchtkrankenhilfe (Friends' Circles for Addiction Aid), Good Templers in Germany and the Kreuzbund. There are a number of self-help groups that are directly tied to welfare associations such as the National Society for Workers' Welfare, the German Caritas Association, der Service Agency of the Protestant Church in Germany or the German Red Cross, as well as professional associations, such as the Professional Association for Gambling Addiction. The majority of the self-help groups in the area of illegal drugs are associated with the JES Groups (*Junkies, Ehemalige, Substituierten* – Junkies, Former Users, Subsitution Patients), an organisation supported by the Deutsche Aidshilfe (German Aids-Relief Association). With funding from the statutory health insurance funds and the statutory pension fund, self-help groups in the health sector have an excellent working basis in Germany.

XI. Individually Tailored Counselling and Treatment

All of the parties involved in providing help for addicts and drug users, or related forms of aid, are repeatedly faced with the challenge of re-examining proven and established programmes and aid measures. They must be modified as needed in order to suit new circumstances. Addicts and other people seeking advice are entitled to the type of aid that suits them personally. Providing such help is a complicated task, particularly when the cooperation of various parties is needed in order to provide optimal aid. Providing such complex services not only requires a clear division of labour, it must also take the different perspectives of those who provide the services into consideration. In the case of the highly desirable cooperation between addiction services and addiction self-help groups, for example, the divergent perspectives of professional and voluntary helpers play an important role.

In addition to continually improving programmes and services – especially in relation to new forms of addiction or new psychotropic substances – it is also necessary to create new, specialised forms of aid and programmes. The experience in the field of counselling and treating young people who seek help because of cannabis consumption has shown that the simple geographic separation in the counselling centres for different client groups or renaming an addiction counselling centre can lead to considerably more people seeking help and taking advantage of the services provided by the counselling centres than was previously the case. In the field of counselling people with migration backgrounds, it became clear that professionals with corresponding linguistic, cultural and migration-related backgrounds can make an essential contribution to increasing the number of people who take advantage of the given service. Addiction and drug services also face the challenge of reacting to the pathological use of the Internet in a suitable manner.

Part II – Sub-Areas of the National Strategy

A. Alcohol

I. General Situation: Alcohol Consumption and Abuse in Germany

For many people, the consumption of alcohol is considered normal behaviour in our culture. Abusive or high-risk alcohol consumption, however, leads to considerable health risks and harm, both to the consumers themselves and to third parties. The basic goal of prevention is to preclude abuse and addiction, without fundamentally questioning the enjoyment of alcohol.

A precondition for successfully preventing alcohol abuse is a coordinated bundle of legal regulations, information, and preventive measures aimed at changing behaviour. Preventing alcohol abuse is a social policy measure that reaches across federal, Länder, municipal and self-administrative bodies, as well as additional interest groups in society such as employers, unions, associations and institutions involved in addiction prevention. Among the 20 most common diagnoses for male patients in inpatient hospital care, "psychological or behavioural disorders due to alcohol" (F10) is the most prevalent with a total of 334,000 cases diagnosed per year.[8] In view of the population on the whole, 18.3 % of all adults exhibit high-risk alcohol consumption, i. e., over 12 g of alcohol per day for women and over 24 g for men, this equates to 9.5 million.[9] 2.4 % of the adult population is adducted to alcohol, which corresponds to a total of 1.3 million people.[10] A differentiation of consumption according to social strata shows that in most age groups there is a lower tendency towards alcohol consumption in the lower social strata.[11] Every year, over 73,000 people in Germany die as a result of abusive or high-risk alcohol consumption. The costs of alcohol-related diseases in Germany total 26.7 billion euros per year.[12] The connection between excessive alcohol consumption and violent altercations is a proven fact.

Alcohol consumption by children and adolescents has changed in recent years. On the one hand, the proportion of adolescents (12- to 17-year-olds) who consume alcohol at least once a week has declined since 2004; the figure was 13 % in 2010. Hence, the vast majority of young people do not consume alcohol regularly. On the other hand, high-risk consumption behaviour is increasing. The number of adolescents between the ages of 10 and 20 who are admitted to hospital emergency rooms due to alcohol poisoning increased between 2000 and 2010 from 9,500 to 26,000.[13]

This all serves to underline why a reduction in alcohol abuse must be seen as an urgent goal in health policy. Not least of all, because Germany, despite a gradual reduction in recent years, still has one of the highest levels of annual alcohol consumption. According to the most recent statistics, every citizen of the Federal Republic of Germany consumes 9.7 litres of pure alcohol per year.[14]

8 Cf. Gesundheitsberichterstattung des Bundes (2009): Diagnosedaten der Krankenhäuser
9 Cf. DHS (2011): Jahrbuch Sucht, p. 11
10 Cf. DHS (2011): Jahrbuch Sucht, p. 11
11 Cf. Hapke, U., Hansich C. et al. (2009), "Epidemiologie des Alkoholkonsums bei älteren Menschen in Privathaushalten: Ergebnisse des telefonischen Gesundheitssurveys 2007," in: Sucht 55(5), pp. 281–291
12 Cf. DHS (2011): Jahrbuch Sucht, p. 13
13 Cf. Statistisches Bundesamt (2011): Tabelle: Psychische und Verhaltensstörungen durch Alkohol – Akute Intoxikation (akuter Rausch) sowie http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/Kopie_von_F100_Alkohol_Jugendliche_BL_00-10_absolut.pdf
14 DHS (2011): Jahrbuch Sucht, p. 7

Individuals and Addiction: Children from families with a history of addiction

In Germany, as many as 2.6 million children and adolescents under the age of 18 are affected by the alcohol addiction of a father, a mother, or both parents. Approx. 30,000 children have parents who are addicted to illegal drugs. These children have a much higher risk of developing a substance-related disorder during the course of their lives. Over 30 % of the children from families with addiction histories will suffer from addiction themselves – usually early in their lives. Because addiction is still a stigmatised disease, and seen as a sign of weakness, failure, or even as a disgrace, it is difficult for those who are involved to admit to an addiction problem. As a result of the concerted efforts of all family members to create the impression that nothing is wrong, children often do not receive adequate help or support from external sources.

The Federal Ministry of Health supported the development and testing of a *Modulares Preventionskonzept für Kinder aus suchtbelasteten Familien* (Modular Prevention Concept for Children from Families with Addiction Histories) (www.projekt-trampolin.de) during a three-year project completed in 2011. The multi-centre study was conducted at 16 project locations in a total of ten Länder and assesses the effectiveness of a modular group programme for 8- to 12-year-old children from families with addiction histories under various structural and local framework conditions using standardised measuring instruments in the case of both the children and their parents. Parent training is integrated into the prevention measures. The goal of the project is to reduce the psychological strain on children from families with addiction histories, enhance their capacity to deal with various situations and to achieve a long-term increase in the children's resources and resistance. The presentation of the findings will enable us to assess the possibility of reaching the target group and the effectiveness of these measures. Based on these results, the federal government will consider the transfer of these measures.

Within the context of the work of the *Nationales Zentrum Frühe Hilfen* (National Centre for Early Assistance), which was established, in part, in reaction to the tragic death of a child whose parents were addicted to opiates and were receiving substitute substances, all aspects that can contribute to discovering threats to the welfare of a child and to offering help to those affected on time are considered. One of the numerous model projects that test approaches to this problem is specifically dedicated to children from families with addiction histories and/or children of parents with psychological disorders.

II. Goals and Measures

1. Alcohol Consumption by Children and Adolescents

Goal 1:
Reduction in the frequency of binge drinking among children and adolescents

The injurious effects of binge drinking on adolescents are considerable. Studies have shown that excessive consumption can lead to massive and sometimes irreversible damage to the health of adolescents, due their higher susceptibility to alcohol. The probability of early addiction is considerably higher in this group than for adults.[15] The increase in binge drinking among adolescents has many causes; important influencing factors are the family, peers, recreational behaviour, the tendency to seek borderline experiences as well as marketing campaigns by the alcohol industry. With the goal of promoting responsible alcohol consumption among adolescents, the campaign by the Federal Centre for Health Education (BzgA) *Null Alkohol – Voll Power*[16] (Zero Alcohol – Full Power) has been conducted in popular holiday destinations as well as within the context of recreational events and other events for young people. The prevention campaign staged by the Federal Centre for Health Education, *Alkohol? Kenn dein Limit* (Alcohol? Know your limit), is directed towards adolescents and provides information on the risks and threats to health that result, particularly from high and high-risk alcohol consumption among adolescents. In order to motivate adolescents to espouse prevention goals, it is especially important to increase measures that adopt a peer approach. While studies show that parents have an important influence on the drinking habits of their children, parents tend, for a variety of reasons, to refrain from talking to their children about alcohol. The federal government supports the intensification of measures, both within the context of schools and beyond, to help parents re-examine themselves as role models and the way they deal with the consumption habits of their own children.

Existing cooperative efforts between the BZgA and private organisations, such as private health insurance funds, provide important support for campaigns in the field of alcohol prevention among adolescents.

Measures

- Enhancement of manpower-intensive measures within the context of the *Null Alkohol – Voll Power* programme
- Development of evidence-based recommendations for parents on how to deal with their children's consumption of alcoholic beverages
- Workshops for drug commissioners on the topic of parental competency
- Study on preventive measures related to alcohol consumption that address parents in the school setting
- Ensure that the *HaLT – Hart am Limit* project becomes widely known by enlisting the participation of the health insurance funds
- Further development of the BZgA campaigns *Alkohol? Kenn Dein Limit*

15 Cf. Singer, M.V.; Teyssen, S. (eds.) (1999): Alkohol und Alkoholfolgekrankheiten – Grundlagen. Diagnostik. Therapie and Burger, M.; Brönstrup, A.; Pietrzik, K. (2000): Alkoholkonsum und Krankheiten

16 More under www.null-alkohol-voll-power.de

Goal 2:
Rigorous Implementation of the Existing Regulations Found in the Protection of Young Persons Act

In Germany, the Protection of Young Persons Act prescribes a minimum age under which alcoholic beverages cannot be obtained or consumed in public – the minimum age for wine, beer, sparkling wine or beverages and foods containing beer is 16 years of age and the minimum age for spirits and other beverages containing spirits or brandy is 18 years of age. This legal regulation is intended to prevent alcohol from being made available to adolescents under a certain age. The federal government supports the rigorous adherence to the age limits for the protection of children and adolescents. Reducing the availability requires, among other things, a responsible attitude regarding the sale of alcohol through retail outlets (including petrol stations) and in pubs and restaurants. Since numerous reports have been submitted indicating deficits in the enforcement of the Protection of Young Persons Act, increased monitoring of retail sales of beer and wine to persons under 16 years of age, and of spirits to persons under 18 years of age, is imperative. The goal, in this context, is to identify violations of the Protection of Young Persons Act and to rigorously impose the corresponding sanctions. For this purpose, the Federal Government Commissioner on Narcotic Drugs has reached an agreement on action plans for the protection of young people in cooperation with the German Retail Federation and representatives of the petrol station owners that will also include training programmes for employees, warning signs at the cash registers, new cash register systems and internal test purchases by adult test purchasers.

Measures

- Oversee the implementation of the Action Plan for the Protection of Young Persons
- Implementation of the retail federation's Guideline for Action to Ensure the Protection of Children and Young People *(Aktionsleitfaden des Handels zur Sicherung des Jugendschutzes)*
- Develop guidelines for preventing alcohol misuse in pubs and restaurants
- Intensify the acceptance of the need for the effective protection of young people through the Active Protection of Children and Young People (*Jugendschutz aktiv*) campaign

Goal 3:
Protect Children and Adolescents against Alcohol Advertising

Advertising is a legitimate marketing instrument. Alcohol, however, is not like other consumer goods. Alcohol abuse can seriously compromise a person's health. Hence, advertising for beverages containing alcohol must fulfil certain standards. The expenditures for alcohol advertising have ranged between 471 and 597 million euros since the year 2000.[17] The federal government is in favour of effective self-control in industry. Companies that advertise, the media, retailers and agencies must adhere to the code of conduct introduced by the German Advertising Council regarding commercial communications to promote alcoholic beverages. It stipulates that all activities that can be interpreted as an encouragement of the abuse of alcoholic beverages must be avoided. Special regulations ensure the protection of young people. Hence, advertisements for alcoholic beverages are not to be featured in media in which the content is primarily geared towards children or adolescents and advertising is also prohibited from showing children or adolescents who are drinking or who are encouraging others to drink.

Measure

- Evaluation of the effectiveness of the self-control of advertising in Germany by an independent body (German Advertising Council)

2. Alcohol Consumption in the Adult Population

The goal of all efforts to communicate with the public must be to counteract the tendency to take a mild view of high-risk alcohol consumption and binge drinking, provide information about limits on the amount of alcohol that should be consumed and encourage critical reflection upon one's own alcohol consumption. In this conjunction, references can be made to the BZgA's campaign platform, *Alkohol? – Verantwortung setzt die Grenze!* (Alcohol? – Responsibility dictates the limits!).

The Internet site www.kenn-dein-limit.de (know-your-limit), maintained by the Federal Centre for Health Education, is directed specifically towards adults and provides important information on the topic of responsible drinking. In addition to an extensive range of information on the dangers and health risks that result from alcohol, an alcohol self-test is also available in order to assess one's own alcohol consumption and to test one's knowledge on the topic of alcohol.

17 DHS (2011): Jahrbuch Sucht, p. 48

Goal 4:
Reduce the Incidence of Driving under the Influence

A positive development can be seen in relation to the topic of alcohol consumption and road traffic. For years now, the number of fatalities related to alcohol consumption has been sinking. In 1975, some 3,641 traffic fatalities were still attributed to alcohol, while the Federal Statistical Office registered only 342 fatalities in the wake of accidents caused by alcohol in 2010. This success is primarily due to the introduction of tougher legal regulations regarding the highest allowable blood alcohol level and the increase in police monitoring. Nevertheless, driving under the influence of alcohol is still a relevant factor in traffic accidents. In comparison to 1997, when the 0.5 limit on blood alcohol was introduced, the number of alcohol-related accidents has fallen by 52 %, and the number of people killed in this context has fallen even more dramatically, namely by 76 %.[18] Nevertheless, there is no reason to be complacent: driving under the influence of alcohol is still one of the most important causes of traffic accidents and is responsible for roughly every tenth traffic fatality. Young adults and inexperienced drivers are particularly at risk.

The Federal Ministry of Transport, Building and Urban Development's Traffic Safety Programme 2011 and the proposal by the governing factions in the German Bundestag for the Improvement of Traffic Safety in Germany (Printed Paper of the Bundestag, No. 17/5530) support the assessment of alcohol-activated vehicle immobilisers, which can only be deactivated after the breath alcohol level of the driver is tested. It is to be determined to what extent alcohol-activated vehicle immobilisers represent a suitable instrument for rehabilitating drivers with a history of alcohol offences. The possibilities and limits of implementing this technology within the context of driver rehabilitation is to be discussed on the basis of scientific findings

Measure

- Assessment of the possibility of implementing alcohol activated vehicle immobilisers (alcolocks) as an aid during probation/rehabilitation of drivers with a history of driving under the influence

18 Statistisches Bundesamt (2011): Unfallentwicklung auf deutschen Straßen 2010, pp. 21, 26

Goal 5:
Absolute Sobriety in the Workplace

Absolute sobriety is the complete abstinence from alcohol in a certain situation (e.g., at work or while driving) or in a certain phase of life (e.g., during pregnancy). Some 5 to 10 % of the employees in the private and public sectors in Germany have problems with alcohol.[19] Alcohol consumption in the workplace considerably reduces effectiveness, and the danger of occupational accidents increases. Absence from work and the incidence of job loss increases. Employees in the private and public sectors should be motivated to abstain completely from alcohol consumption in the workplace. In this context, the institutions and measures related to occupational addiction prevention play a central role, especially in smaller and mid-sized companies.

Measures

- Scientific studies on the consumption of addictive substances in occupational addiction prevention programmes
- Support for company agreements on addiction prevention in the workplace
- Support for model projects in the field of occupational addiction prevention
- Implementation of occupational addiction prevention in small and mid-sized companies, through institutions such as the occupational accident insurance funds and chambers of crafts

19 Cf. Fuchs, Reinhard u. a. (eds.) (1998): Betriebliche Suchtprävention

Goal 6:
Absolute Sobriety during Pregnancy and while Nursing

In Germany, the health of some 10,000 children per year is detrimentally affected by their mothers' alcohol consumption during pregnancy. A particularly grave form is Fetal Alcohol Syndrom (FAS), the most extensive form of Fetal Alcohol Spectrum Disorder (FASD). It counts among the most common congenital disabilities in Germany. Conservative estimates indicate that approx. 3,000 to 4,000 newborns are affected every year. Hence, complete abstinence from alcohol during pregnancy is of essential importance. Even the consumption of low levels of alcohol, or individual instances of excessive drinking, can lead to lasting physical and mental disabilities in the unborn child. Most women reduce their consumption or practice total abstinence. Nevertheless, there are still too many women in Germany who continue to drink alcohol during pregnancy.

What is required is an offensive, mainly in the field of medical care, to make use of the possibilities of recognising alcohol abuse by pregnant women at an early stage. Women of childbearing age should be warned of the risks for the unborn child resulting from alcohol consumption during pregnancy within the context of medical examinations. Medical counselling could also be conducted within the context of pre-natal examinations. Early detection and counselling appointments should be used for prevention.

Measures

- Priority funding for New Approaches to Prevention of Substance Abuse during Pregnancy and Nursing *(Neue Präventionsansätze gegen Substanzmissbrauch in der Schwangerschaft und Stillzeit)*
- Guideline process to develop diagnostic standards for FASD
- Expansion of the information campaign to prevent alcohol consumption during pregnancy, originally launched in conjunction with pharmacists, to include gynaecologists and midwives
- Changes in the maternal progress record to ensure that the topic of alcohol consumption is dealt with explicitly

Goal 7:
Reduce Alcohol-Related Violence

In addition to endangering health, massive alcohol consumption is also a catalyst for violence. In 2009, 32 % of all violent crimes in Germany, including grievous bodily harm, rape and sexual assault, were related to alcohol consumption. The police are frequently confronted with violent altercations in which alcohol has played a considerable role. Bodily harm resulting in death occurred in 28.0 %, second degree murder in 42.3 % and rape/sexual assault in 28.8 % of the cases of violence under the influence of alcohol. The proportion of offences involving resistance against public authorities that take place under the influence of alcohol is remarkably high, namely 66.1 %, i. e., nearly two-thirds of the delinquents had consumed alcohol.[20]

Measures

- Support for the campaign *Don't drink too much – Stay Gold*
- Support for rigorous regulatory action against violations of laws regulating pubs and restaurants and for the protection of young people

20 Cf. Bundesministerium des Inneren (BMI) (2010). Polizeiliche Kriminalstatistik 2009. Die Kriminalität der Bundesrepublik Deutschland. Bundeskriminalamt, Wiesbaden

Goal 8:
Concentration on high-risk groups in the adult population

Prevention measures among the adult population must concentrate on high-risk groups. In addition to certain groups of people, this also includes the proportion of the population that engages in high-risk alcohol consumption: hence, some 10 % of the alcohol consumers account for 50 % of all alcohol consumed. In Germany, there is a highly developed system of counselling, therapy and rehabilitation for people addicted to alcohol. People who engage in high-risk consumption or have a high risk of abuse are, on the other hand, only rarely taken into consideration in the system of providing aid. Particularly in the field of medical care, in which a large number of patients with alcohol-related diseases are under treatment, there is almost no implementation of procedures for early recognition and short-term intervention.

Hence, what is required is the implementation of short-term intervention in all areas of medical care, where, according to experience, a high percentage of patients with alcohol-related diseases are treated (including GP practices, emergency rooms and internal medicine wards). Here it is necessary to create the required professional and economic conditions so that patients with alcohol problems can be identified and receive counselling and treatment for their alcohol problems at an early stage. Proven methods of early detection and short-term intervention are already available for implementation in practice. The competence of doctors and other medical professionals in providing counselling should be supported by suitable tools. Resources must be made available to ensure the implementation of diagnoses and intervention programmes in the field of medical care.

Measures

- Enhancement of gender-related research on alcohol prevention
- Enhancement of early intervention by doctors and medical professionals
- Enhancement of the training and additional training of doctors in the field of early intervention against alcohol abuse
- Travelling exhibition on the prevention of alcohol abuse by adults
- Expansion of the BZgA campaign *Alkohol? Kenn Dein Limit*, adult age group
- Enhance the acceptance and the expansion of outpatient therapy
- Ensure subsequent treatment for older patients after alcohol withdrawal
- Model project on alcohol prevention in the party setting

B. Tobacco

I. General Situation: Tobacco Consumption in Germany

Tobacco smoke contains numerous toxic substances, which are quickly ingested into the system when inhaled, so that smoking can damage nearly every organ in the body. Smoking is therefore a risk factor for a number of diseases, above all cardiovascular diseases, respiratory diseases and various types of cancer, especially lung cancer. Tobacco products cause addiction, both physical as well as psychological. The costs that result from diseases caused by smoking tobacco are estimated to be approx. 21 billion euros per year in Germany. A third of the costs is incurred for medical care for tobacco-related diseases,[21] which indicates the considerable burden that this places on the mandatory health insurance funds. The other expenditures result from premature death, occupational disability and early retirement.

Since roughly the 1980s, the proportion of smokers in the adult population has been declining slightly. Among men over the age of 20, a decline from a total of 41.8 %, in 1984, to 35.5 %, in 2006, was recorded. Among women, the proportion rose from 26.7 %, in 1984, to 31.1 %, in 2003, but had fallen to 27.8 % by 2006.[22]

Among adolescents, a marked decline in the proportion of smokers can be observed. Among the 12- to 17-year-olds, a total of 13.5 % smoked in 2010, this was the lowest level measured to date. At the same time, the share of those who have never smoked rose to 68.1 %.[23]

Smoking habits and social status are very closely related in Germany. Among adolescents, a marked difference can already be observed according to the type of school attended. Among pupils at secondary modern (lower level) schools, the share of smokers is twice as high as among pupils at grammar (higher level) schools. Therefore, the federal government will focus tobacco prevention measures on target groups that are especially in need of protection. These include not only children and adolescents, but also everyone from socially disadvantaged social strata, as well as pregnant women. In addition, measures to reduce the number of women who smoke, in the population at large, continue to be of great importance.

In the National Strategy for Sustainable Development, the federal government declared sustainability to be a central principal in German policy. In it, the reduction of the share of smokers among children and adolescents, as well as among adults, was adopted as a primary goal of prevention measures to reduce premature death. This foresees a reduction in the proportion of adolescent smokers aged 12 to 17 to a level of under 12 % and to a level of under 22 % among the adult population by 2015.

21 DHS (2009): Jahrbuch Sucht, p. 69
22 DKFZ (2009) Quelle Tabakatlas, p. 29
23 Cf. BZgA (2010): Aktuelle Daten zum Rauchverhalten von Jugendlichen und jungen Erwachsenen

Individuals and Addiction: Adolescents

It is with good reason that adolescents represent the central target group in addiction prevention. Why is the focus on young people? Arguments based both on developmental psychology and social and biographical factors support this focus.

Young people's brains are not yet completely developed and thus react more sensitively to the influence of addictive substances. The later a person begins to consume alcohol or tobacco, the less likely it is that he or she will become addicted for life.

The developmental phases that a young person goes through, especially during puberty with its many changes, represent a great challenge to adolescents. The susceptibility to addiction during this phase of life is higher. Intoxicating substances, as well as non-substance-related behaviours, can become an inadequate strategy for coming to terms with problems that are either actually experienced or merely perceived. Psychoactive substances make it possible for them to leave the real world with all its hardships perceived as greater or lesser burdens.

In addition to these risks, adolescents are also more receptive to preventive messages than in later years. The willingness to learn something new and to change behaviours that represent a health risk as a result of new information make it possible to instil a low-risk life style over the long-term. This includes the ability to say no to drugs, tobacco, gambling and alcohol abuse.

Adolescents are integrated into social structures that include their families, friends and school. The lifestyles that they observe and adopt in these contexts make a lasting mark on their lives, either consciously or subconsciously. Hence, social influences of this sort represent both a potential risk as well as a point of departure for preventive strategies.

Numerous studies emphasise the relevance of parents, both in terms of child raising as well as in the role of models for dealing with addictive substances and promoting healthy behaviour. The influence of friends – peers – and the immediate social context, for example in sports clubs, is also emphasised in the research. Schools are, in turn, a location at which nearly every adolescent can be reached; it is thus excellently suited for prevention. In this context, the quality of the programmes and, especially, the credibility of teachers play a decisive role in determining acceptance on the part of adolescents. If prevention is successful during this phase of life, it often has a lifelong effect. Hence, the focus of every sustainable and strategic addiction prevention programme must be on young people.

II. Goals and Measures

Goal 1:
Reduce tobacco consumption among children and adolescents

Reducing the number of smokers is – and will continue to be – the most important goal of the federal government. Marked successes could be recorded along this path during recent years. A bundle of measures consisting of an increase in tobacco taxes, expansion of protection for non-smokers, increase in the minimum legal age and limits on advertising made a contribution to this in combination with the major prevention campaign *rauchfrei* (smoke-free) mounted by the BZgA.

In the long-term, the increase in the quota of adolescents who have never smoked represents a success. Scientific studies show that the danger of addiction is less pronounced, the later in life people start smoking. It is therefore to be expected that the quota of smokers will also continue to decrease in coming years. This should not, however, lead to a reduction in efforts to prevent the consumption of tobacco.

In relation to the target group of adolescents and young adults, important contributions to the success of tobacco policy have been made not only by legal measures, such as the prohibition of smoking under age 18, in keeping with the Protection of Young Persons Act, but also by the increase in the tobacco tax and protection against passive smoking introduced by the federal and Länder governments, and especially by the *rauchfrei* campaign among adolescents mounted by the BZgA. This prevention campaign includes an extensive Internet programme, which focuses on two areas: increased knowledge/motivation for a smoke-free lifestyle and an automated programme to help people quit consuming nicotine. Personal communication measures, such as the *Mitmach-Parcours "Klarsicht"* and the *Jugendfilmtage "Nikotin und Alkohol – Alltagsdrogen im Visier"* are also an especially important element. They offer the opportunity for initiating a process of increasing awareness among adolescents, especially in a school setting.

In order to address disadvantaged target groups specifically, existing prevention measures on the school level, the activities of the BZgA on the national level, as well as the competition *Be smart – Don't start* are to focus on the lower, middle and comprehensive school forms.

Measures

- Continuation and expansion of the BZgA's youth campaign *rauchfrei*
- Concentration of personal communication measures on disadvantaged target groups

Goal 2:
Support for weaning children and adolescents off of tobacco

Children and adolescents begin to smoke without being able to assess the addictive effect of nicotine. The smoking habits of adolescents are also often underestimated by health experts, due to the false assumption that it is easy for them to quit smoking, because their smoking habits have not become as ingrained as in the case of someone who has smoked for decades. In this conjunction, one sees that, in reality, young people's smoking habits progress in quick succession and pass through the same stages as is the case with adults (preliminary phase, experimental phase, regular smoking through to addiction). Many examples show that adolescents go through these stages from the first cigarette to the development of a strong nicotine addiction very quickly, often within just a few months.

When adolescents realise symptoms of their own addiction (withdrawal symptoms, loss of control), it is usually very difficult for them to quit smoking.

In order to provide targeted support in this context, a quality-assured programme to help adolescents quit smoking was developed in 2007, and is offered in course and group form (*losgelöst* (cut free)). It is comparable to the adult programme *Rauchfrei in 10 Schritten* (Smoke-free in 10 Steps). In 2008, the ability of the programme to reach the target group as well as its acceptance and possibilities for its execution were tested in regionally limited areas within the context of a pilot study. Subsequently, a national feasibility study was begun in order to verify whether the findings of the pilot study could be generalised for the entire country.

Measure

- Nation-wide implementation of the programme to help adolescents quit smoking

Goal 3:
Reduction of tobacco consumption by adults

The reduction of tobacco consumption by adults is still one of the federal government's goals. In this conjunction, efforts to enhance the protection of non-smokers have made an effective contribution. This is impressively documented by recent studies. Hence, the prohibition of smoking in the workplace has led to less smoking overall. The prohibition of smoking in public spaces has also led to an increased willingness to refrain from smoking in people's own homes.

Nevertheless, prevention efforts must be continued. In the future, the federal government will continue to pursue the goal of increasing the population's awareness of the negative effects of smoking, promoting the willingness to refrain from smoking and making the population more aware of the consequences of passive smoking.

In addition, the introduction of warning labels on cigarette packages has proved to be an effective means of prevention. Numerous studies have proven that they encourage smokers to think about their cigarette consumption.

The existing legal regulations on the European level now already allow Member States to require cigarette packages to include additional graphic warnings. To date, countries such as Belgium, the UK, Romania and Lettland have made use of this option. Currently, both the graphic warnings and the EU tobacco products guideline are being evaluated. The results of this evaluation will be forthcoming.

Studies prove that 80 to 90 % of smokers are dissatisfied with their cigarette consumption, and that roughly every second smoker would like to quit. There is, however, also evidence of the fact that this succeeds in only a very few cases, due to tobacco addiction. Short counselling sessions, e. g., by doctors, can provide motivation to quit. Courses and repeated counselling make an import contribution to stopping smoking, provided that their quality is assured. The goal of the federal government is to support smokers who are willing to quit. The most important aspect, in this conjunciont, is the provision of information about quality-assured measures.

Measures

- Continuation and expansion of the BZgA's *rauchfrei* (smoke-free) campaign for adults
- Consideration of the introduction of graphic warnings on tobacco products on a national level after the results of an evaluation of graphic warnings on the EU level becomes available
- Proliferation of quality assured measures for weaning one's self off of tobacco through a data bank of service providers
- Review of possible improvements in the treatment of seriously ill smokers by doctors with the aim of weaning them off of tobacco

Goal 4:
Improving medical professionals' competency in counselling patients to refrain from smoking

In the perception of the public, smoke-free hospitals have become a matter of course since the non-smoker protection laws introduced by the Länder came into force in 2007. From the perspective of the federal government, hospitals and health care facilities can, however, play a much more important role than just being locations where smoking is not allowed. Hospitals, as teaching and training centres for doctors, nurses and other health care professionals, are very important. Their potential for contributing to the dissemination of concepts for actively promoting health should not be underestimated. The hospital setting combines the possibilities of working to promote the health of the hospital staff, patients and visitors, as well as of the region as a whole, through behavioural and conditional prevention in an ideal manner. Hence, the federal government supported the establishment of a network of smoke-free hospitals. With the expansion of the project *rauchfrei plus* to other health care facilities, the concept has become more widespread. The share of women in health professions who smoke, mainly caregivers to the elderly, assistant caregivers, healthcare nurses, (paediatric) nurses and midwives, is still higher on average than for the population at large. In the future, the question of how to increase the motivation on the part of these health care professionals to lead smoke-free lives will need to be addressed.

Measure

- Expansion of counselling measures in health care professions through support for training and further training measures on the topic of not smoking

Goal 5:
Improve protection of non-smokers

The federal government has enacted concrete regulations for protection against passive smoking, above all in the workplace and other locations, within the framework of the federal legislation, namely the Federal Non-Smoker Protection Act and the Workplaces Ordinance. The Federal Non-Smoker Protection Act has been in force since 2007. Through this act, the federal government has realised its responsibilities and prerogatives in relation to the protection of non-smokers and ensured that federal institutions and public transit are smoke-free.

According to the Workplaces Ordinance, employers are obliged to make provisions for the protection of non-smoking employees against passive smoke in the workplace. This can entail generally prohibiting smoking throughout company facilities or the prohibition of smoking in individual areas of the workplace. In all of the 16 Länder there are also comprehensive regulations to protect non-smokers. These, however, allow different exceptions, particularly in relation to smoking in pubs and restaurants, discotheques or festival tents. The guidelines for sanctions also vary. The Federal Constitutional Court confirmed, in a decision handed down in 2008, that protection against the dangers of passive smoking is to be seen as a matter of outstanding importance to society on the whole. When a complete prohibition of smoking is not enacted, discrimination against smaller pubs and restaurants that have no side room must, however, be avoided.

A current study by the German Cancer Research Centre provides evidence of the major success of these measures. Before smoking was prohibited, roughly 75 % of the entire population was exposed to tobacco smoke during visits to restaurants, in 2009; this figure was down to roughly 20 %. The GEDA (German Health Update) study by the Robert Koch-Institute compared the exposure to passive smoke in 2009 to data from the Health Survey for 1998. This showed that the percentage of non-smokers who were regularly exposed to passive smoke sank from 57 % to 34 %. In the workplace, the percentage fell during the same period from 22 % to 13 %.

The acceptance of a general prohibition on smoking in public buildings is very high – even among smokers – and has markedly increased for most areas in the wake of legislation. In the mid-term, this will also have effects on the incidence of disease, as studies from other European countries with a longer tradition of non-smoker protection show. The federal government intends to continue its support for the positive trend towards more protection for non-smokers and to continue monitoring tobacco control policy.

There are still problematic areas, where people continue to smoke. For example, smoking on playgrounds is not only such a critical issue because smoking adults are bad role models for children; cigarette butts that have been thrown away can also cause serious problems, especially for small children. Swallowing cigarette butts can lead to serious cases of poisoning, because the filters contain up to 50 % of the tar from the cigarette smoke. The Länder have the prerogative for passing laws to make playgrounds smoke free. The federal government is pleased that three Länder (Bavaria, Brandenburg and Saarland) have already enacted such a ban on smoking. Individual municipal governments have also enacted smoking bans on playgrounds. In this conjunction, it is of particular importance that clearly visible prohibition signs are posted on playgrounds.

Certain segments of the population know too little about the considerable impact of smoking in private vehicles, especially on the health of children. A broad consensus must be established among the population at large, in cooperation with various organisations, regarding the importance of refraining from smoking in automobiles. This can be achieved by ongoing measures to make more information available on the dangers of smoking in automobiles where children are present.

Measures

- Highlighting the topic of protection for non-smokers within the context of the *rauchfrei* (smoke-free) campaign, especially in relation to parents' and guardians' responsibility towards children
- Support for smoking bans on playgrounds
- Information campaign on refraining from smoking in the presence of children in private vehicles
- Monitoring existing regulations for the protection of non-smokers as well as their observance and adherence to them

C. Prescription Drug Addiction and Prescription Drug Abuse

I. General Situation

In Germany, roughly 1.4 million people are addicted to prescription drugs. Addiction to prescription drugs is thus a problem of similar magnitude as the addiction to alcohol. Roughly 4 to 5 % of the frequently prescribed drugs are potentially addictive.[24] They include, above all, sleeping pills and sedatives and drugs with similar effects. These substances can lead to addiction even after a short period of use and even at low doses. Another major group of addictive prescription drugs are painkillers.

We are currently witnessing the following trends: on the one hand, there has been a shift from prescriptions covered by insurance to prescriptions that are paid for out of pocket, on the other, the benzodiazepine analogs (e. g., so-called Z-drugs like zolpidem) are now prescribed more often than the classic forms of benzodiazepine. Initially, a low potential for addiction was anticipated for this group of drugs. In the meantime, however, the WHO has classified the abuse and addiction potential as being equal to that of benzodiazepines.[25]

Addiction to prescription drugs, especially to sleeping pills or sedatives, increases with age. Many of those affected are not conscious of their own addiction. As long as the drugs are prescribed by doctors, they are viewed as part of a necessary therapy. Reasons for the low demand for help are that people who are addicted to prescription drugs remain inconspicuous for a long time, and since they often do not seem to be suffering, they are relatively unwilling to alter their behaviour.

Even when addiction often remains undiscovered, it still has considerable negative effects for those affected. A long-proven connection has been established between taking sedatives and the increased danger of falling among older people. Falling can have serious consequences for people in this age group: confidence in one's own physical abilities is reduced, and this leads to a reduced quality of life. Moreover, the loss of mobility is often accompanied by a loss of social contacts and independence.[26] Addiction to prescription drugs can also lead to memory and concentration loss, behavioural problems and sleep disorders.

24 Glaeske (2011): "Medikamente – Psychotrope und andere Arzneimittel mit Missbrauchs- und Abhängigkeitspotenzial," in: DHS (2011): Jahrbuch Sucht, pp. 20, 22, 73–96

25 Glaeske (2011): "Medikamente – Psychotrope und andere Arzneimittel mit Missbrauchs- und Abhängigkeitspotenzial," in: DHS (2011): Jahrbuch Sucht, pp. 73–96

26 Koeppe (2010): "Medikamentenabhängigkeit im Alter," in: DHS (2010): Jahrbuch Sucht, pp. 215–228

Individuals and Addiction: Addiction in Old Age

German society is currently undergoing a far-reaching process of transformation. The demographic transition, e. g., the aging and reduction of the population combined with a low birth rate, and immigration are two of the more important reasons. In short, the German population is shrinking, is becoming older and more diverse. The ethnic, demographic, cultural and social diversity manifests itself differently from one region to the next, bringing different regional challenges for addiction and drug policy with it.

Even though the average consumption of alcohol and tobacco decreases with increasing age, substance abuse and addiction in old age are no longer a rarity. Among people over 60 years of age, the abuse of and addiction to prescription drugs and alcohol, are the most prominent problems. Current estimates indicate that among older people, alone, as many as 400,000 people have problems with alcohol. Due to the demographic transition, the number of older people who exhibit high-risk consumption is likely to increase in coming years. The trigger for abuse among older and old people can be a decisive personal experience, e. g. coming to terms with the transition from working life to retirement or the loss of a partner. Often, abuse and addiction already existed before entering this phase of life. Currently, a generation that traditionally consumed considerable amounts of alcohol is now reaching the age of 60 or older.

Contrary to common opinion, the few international studies on intervention that are available indicate that older people are often more receptive to offers of help than younger ones. They exhibit a considerable potential for success, especially when these measures are tailored specifically to an older target group.

In the existing system of providing help, the topic of “addiction in old age” is still only treated marginally. It must be admitted that the familiarity with the problem and with the likelihood of successful intervention among doctors and employees of addiction services and elder services is relatively low. The primary goal for the near future is, therefore, to raise awareness of the consequences of harmful consumption and addiction in old age within the system of providing care. An important focus of the model project launched by the Federal Ministry of Health in 2010 is on promoting training and cooperation between elder and addiction services.

Prescription drug abuse is also a topic of discussion in conjunction with the systematic use of substances to enhance the performance of healthy people, especially in mass sports, as well as to enhance intellectual performance. A recent survey shows that the use of doping substances among the adult population is, at a rate of 0.9 %, very low.[27] The highest level of use was among 18- to 29-year-olds (approx. 2 %) and practically non-existent among men and women over the age of 45. In total, approx. 6 % of all of the participants in the survey indicated that they used prescription drugs without a medical indication within the previous twelve months.

27 RKI 2011. KOLIBRI – Studie zum Konsum leistungsbeeinflussender Mittel in Alltag und Freizeit

II. Goals and Measures

Goal 1:
Improving the data base on performance enhancement through prescription drugs and the development of target-group specific prevention measures against prescription drug abuse

Estimating prescription drug abuse and prescription drug addiction is particularly challenging. The differentiation between the medically justified use of prescription drugs and their abuse is difficult to determine. To date, there has been very little or no reliable data on the abuse of performance-enhancing substances by healthy people or the use of prescription drugs in amateur and mass sports. Hence, the federal government began by funding a representative study by the Robert Koch Institute, the Study on the Consumption of Performance-Enhancing Substances in Everyday Life and in Leisure Time *(KOLIBRI)*. In addition to assessing the extent of the problem, the *KOLIBRI* study makes it possible to identify groups of users who are more readily willing to abuse such substances (e.g. young male body builders).

In the media, there are widespread reports on the use of substances to enhance concentration by students. Due to the tremendous pressure to perform, it is assumed that an increasing number of students make use of performance-enhancing prescription drugs before examinations and during periods of stress. A survey among students is planned in order to attain a realistic picture.

The federal government will discuss the need for further initiatives based on the results of these studies.

Measures

- Clarification of the extent of the problem of Prescription Drug Abuse to Enhance Cognitive Abilities and to Improve Psychological Well-Being
- Support for the development of target-group specific prevention activities within the field of body building

Goal 2:
Provide better information concerning prescription drug addiction through pharmacists

Pharmacists can play an essential role in providing advice concerning prescription drugs and, thus, in the prevention of prescription drug abuse. At a very early stage, they can clearly point out the risks of addiction, as well as other risks, and motivate people to use prescription drugs in a manner appropriate to the indicated reason.

The National Council of Pharmacists developed the guideline entitled *Medikamente: Abhängigkeit und Missbrauch. Leitfaden für die apothekerliche Praxis* (Prescription Drug: Addiction and Abuse: A Guideline for Pharmacists).

Measure

- Increased circulation of the revised guideline by the National Council of Pharmacists *Medikamente: Abhängigkeit und Missbrauch. Leitfaden für die apothekerliche Praxis*

Goal 3:
More appropriate prescription of psychotropic drugs by doctors

The awareness of the abuse and addiction potential of many prescription drugs has increased in recent years within the German health care system. Nevertheless, the number of prescriptions for psychotropic drugs for purposes other than those for which they were intended, particularly in the case of benzodiazepines, remains high. Doctors play a key role in preventing addiction to prescription drugs.

The German Medical Association developed the guideline *Medikamente – schädlicher Gebrauch und Abhängigkeit* (Prescription Drugs – Dangerous Use and Addiction) in 2007 in order make general practitioners more aware of the relevance of the topic of prescription drug addiction and to give them practical tips on diagnostics and treatment. Adherence to the guideline was evaluated within the context of a grant by the Federal Ministry of Health. This showed that the guideline has, for the most part, fulfilled its purpose, but is still not sufficiently well known among doctors.

Measures

- Broad application of the German Medical Association's guideline on prescription drug addiction
- Development of a curriculum for training and further training of doctors to prevent prescription drug abuse

Goal 4:
Enhanced early detection and early intervention to reduce addiction to prescription drugs, especially among older people

Older people are affected by prescription drug addiction with greater frequency, hence roughly a third of all repeat prescriptions for benzodiazepines are for people over 70 years of age. They represent a serious threat to a healthy and self-determined life. The early recognition of prescription drug abuse and early intervention can reduce subsequent harm and improve the quality of life of those affected.

In 2010, the Federal Ministry of Health made the issue of *Sucht im Alter – Sensibilisierung und Qualifizierung von Fachkräften in der Alten- und Suchthilfe* (Addiction in Old Age – Raising Awareness and Qualifications among Professionals in Elderly and Addiction Services) a priority issue. The goal is to increase awareness and knowledge in elderly and addiction services regarding the dangers of dependency and addiction in old age through new cooperation structures. The specialised qualification of professionals can make it possible for older and old people to receive long-term and professional counselling and treatment in their living environments. Support is provided for local and regional model projects that develop and test new forms of cooperation regarding innovations, as well as concrete and demand-appropriate measures for training qualified experts in elderly and addiction services in an exemplary manner. The goal is both a specific increase in knowledge as well as the expansion of the options professionals have for taking action.

To date, too little use has been made of pharmacists' competence in providing pharmacological advice in relation to prescription drug abuse, although they have often known the persons affected for many years and would be able to provide specific counselling and motivation to change their behaviour in cooperation with the doctor providing treatment. Within the context of a model project funded by the Federal Ministry of Health, pharmacists are being encouraged to pay more attention to patients who are addicted to benzodiazepine and to make active use of the legal framework that allows them to provide advice. On this basis, effective cooperation between pharmacists and doctors in relation to benzodiazepine addiction is to be tested.

Measures

- Promotion of effective cooperation between pharmacists and general practitioners within the context of a model project
- Expansion of the cooperation between elderly and addiction services

D. Pathological Gambling

I. General Situation

Playing games is a natural and widespread aspect of human behaviour – not only among children. Games played for money are, however, accompanied by the risk that certain individuals may loose control of their gaming habits and thus often suffer considerable financial losses and become entangled in emotional conflicts. Such cases involve what is called pathological gambling or gambling addiction. Pathological gambling is recognized as an independent psychological disorder according to the International Classification of Diseases (ICD-10).

The types of gambling that are available are highly diverse and differ greatly in terms of prevalence and legal regulation. It is of decisive importance that a high degree of protection for the gambler and effective measures to prevent addiction are ensured for all forms of gambling. What legal form they take is of secondary importance; recent decisions by German and European courts have also emphasised this.

Since the reform of Germany's federal structure, gambling has been essentially subject to regulation by the Länder. According to the State Treaty on Gambling Concluded by the Länder, which is still in effect, lotteries and betting on sports are subject to a state monopoly. This is justified when it serves to channel the desire to gamble onto an orderly track and help to prevent gambling addiction. Staging and brokering any form of public gambling on the Internet is prohibited by the State Treaty on Gambling, with the exception of betting on sports and lotteries. The first State Treaty on Gambling was ratified by 15 Länder on 15 December 2011. It includes regulations related to gaming halls, which have been subject to the jurisdiction of the Länder since the reform in Germany's federal structure. Machine-related regulations pertaining to slot machines in gaming halls and pubs or restaurants are not covered by the State Treaty on Gambling, but instead regulated by the Gambling Ordinance *(SpielV)*. The Gambling Ordinance is also slated for revision.

Gambling is widespread. Nearly every second person in the age group between 16 and 65 in Germany (i. e. 46.5 per cent) has engaged in one or more forms of publicly offered gambling for money in recent months. On the whole, one per cent of the population aged between 16 and 65 exhibited problematic or even pathological gambling habits. That equates to 540,000 people affected nationally. The development of gambling on machines continues to be critical. Since 2007, the number of 18- to 20-year-olds who have gambled on machines during the past year has risen from 4 % to 13 %, i. e. more than tripled. Gambling is also increasing among adolescents between 16 and 17 years of age, who should not be allowed access to gambling according to the Protection of Young Persons Act.[28] A survey showed that male gamblers tended to gamble approx. four times more often on slot machines than the females surveyed.[29]

Within the system of addiction services, gamblers who use slot machines represent the largest group of those affected.[30] As a proportion of those seeking help, their share has increased in outpatient addiction services, for example, from 2.6 % to 3.1 % between 2006 and 2007.[31] In view of this, the Federal Ministry of Health has promoted increased competence on the part of addiction counselling services in recent years to include the field of gambling addiction through a national model project. Nationwide specialized counselling centres could be established at 18 different locations where an outpatient counselling and treatment concept had been successfully developed and tested. Through accompanying public relations efforts, it was also possible to increase the proportion of people with pathological gambling habits who could be reached through addiction services.

28 Cf. BZgA (2011): Glücksspielverhalten und Glücksspielsucht in Deutschland – Ergebnisse aus drei repräsentativen Bevölkerungsbefragungen

29 Cf. BZgA (2011): Glücksspielverhalten und Glücksspielsucht in Deutschland – Ergebnisse aus drei repräsentativen Bevölkerungsbefragungen

30 Grüsser-Sinopoli/Albrecht (2008), "§ 25, Glücksspielsucht: diagnostische und klinische Aspekte," in: Gebhardt/Grüsser-Sinopoli (eds.) (2008): Glücksspiel in Deutschland, p. 538

31 Cf. DHS (2008): Zwischenbericht – Modellprojekt "Frühe Intervention bei Pathologischem Glücksspielen"

Problematic and pathological gamblers find different types of gambling more or less attractive. In the case of gambling on slot machines and in the case of participation in live betting, the risk of developing problematic or pathological gambling habits is five times higher because of the fast pace of the betting and the games. There is no comparable risk for participation in the lottery "6 out of 49".[32]

Slot machines have a particularly high potential for addiction. From the perspective of addiction policy, many of the criteria regulated by the currently valid regulations on gambling must be critically assessed. Hence, the high frequency of new rounds and the possibility of playing on a number of machines simultaneously are considered to be particularly problematic, because the experience of loss takes place less often. With increasingly high wagers, the psychological effects, including stimulation, feelings of euphoria, the experience of success and the need to engage in chasing (to compensate losses), increases. Especially problematic in this context is the high degree of availability of slot machines in pubs and restaurants; here adolescents, in particular, have easy access to the machines and measures to protect gamblers are not sufficiently monitored by the authorities responsible for maintaining public order.

The dangers of addiction to gambling on the Internet have been attracting an increasing degree of attention. It is possible to gamble around the clock in one's own home without any form of social control. This diminishes inhibitions and reservations and leads to a greater availability of all forms of gambling. In addition, it is possible to participate in gambling in this context anonymously, while using simple, if not always completely comprehensible, means of payment by credit card and other non-cash payment methods.

II. Goals and Measures

Goal 1:
Preventing addiction and protecting gamblers

The goal of the federal government in the field of gambling is to improve protection for gamblers and to avoid addiction to gambling. This is to be taken into consideration in drafting all new regulations, not least of all because of the clear rulings handed down by the Federal Constitutional Court. The addictive potential of all forms of gambling must be determined and the measures for preventing addiction must be designed accordingly. This applies to lotteries just as much as to betting on sporting events, which has a high potential for addiction. The protection of children and young people must be improved for all forms of gambling.

Measures

- Continuation of proven – and development of new – prevention measures specifically geared towards different forms of gambling
- Improvement of the epidemiology of pathological gambling behaviour, especially in relation to adolescents

32 Cf. BZgA (2011): Glücksspielverhalten und Glücksspielsucht in Deutschland – Ergebnisse aus drei repräsentativen Bevölkerungsbefragungen

Goal 2:
Higher degree of protection for people who gamble on slot machines

Despite the different approaches to regulating slot machines (slot play in casinos, on the one hand, and slot machines in gaming halls or pubs and restaurants, on the other hand) it can, in the meantime, be seen as a proven fact that the addictive potential in both areas is high.[33] This knowledge makes it imperative that an equally high degree of protection is adopted for gamblers in both areas. Important in this conjunction is that the measures to protect gamblers are related to the person, i. e. are oriented on the gambler and not limited to technical measures on the machines. New legal regulations must be clearly formulated in order to avoid any subsequent circumvention.

Measures

- Enhance protection of children and young people as well as protection for gamblers and addiction prevention in amending the Gambling Ordinance by introducing technical and gambler-related measures
- Mid-term: introduction of a gambling card
- Ensuring that the operators of gambling machines are better informed regarding the criteria for problematic and pathological gambling habits
- Introduction of stronger sanctions for infringements against legal regulations
- Limiting the number of gambling machines in pubs and restaurants

Goal 3:
Practicable regulations for gambling on the Internet

Gambling on the Internet has a special potential for addiction. Hence, it is the goal of the federal government to take account of this fact by introducing strict regulations.

Responsible and realistic addiction and drug policy must also take into account that prohibitions cannot be completely enforced within a worldwide web. Gambling opportunities can be offered by foreign providers who are subject to less strict or no regulations at all. This can lead to the circumvention of bans and the emergence of an illegal market that cannot be controlled at all. These circumstances must be brought into line with effective efforts to combat addiction. Hence, in the event of a relaxation of the ban on gambling on the Internet, strict measures to protect gamblers and to prevent addiction must be assured.

Measure

- Support the Länder in their efforts to protect gamblers on the Internet, e. g., through:
  - systems making it possible to ban certain gamblers
  - measures to exclude adolescent gamblers
  - limits on losses

33 Meyer/Hayer (2010): Bundesgesundheitsblatt, p.10; DHS (2010): Jahrbuch Sucht. Cf. auch BVerfG, Urteil vom 28.03.2006, 1 BvR 1054/01, C. I. 3. c) aa)

E. Online/Media Addiction

I. General Situation

Today it is nearly impossible to imagine a world without the Internet. However, for roughly ten years now, we have witnessed an increase in the excessive use of computers and, especially, the Internet, and this can even take on the form of addictive behaviour. In some cases, the term online or media addiction is used for this phenomenon, along with the term pathological Internet use.

While media addiction also encompasses other media, use of the Internet plays a primary role in online addiction. In this conjunction, online computer gaming addiction, e.g., the addiction to online games offered and played on the Internet, plays a major role. These games have a high potential for addiction due to various game-immanent factors (such as reward systems and the integration in a social gamer network).

The addiction counselling centres have registered an increasing demand for treatment for this disorder in recent years. However, up until now, it has yet to be ultimately determined at what point such behaviour can actually be considered an addiction. The net time spent online is not a viable criterion for determining pathological use of the Internet; other factors must also be involved. Gaming must become so excessive that the demands of everyday social and professional life are completely neglected. The person affected is unable, despite being aware of the detrimental effects, to limit his Internet use. Adolescents who are entering puberty and experiencing the accompanying developmental processes are particularly susceptible to such inadequate forms of dealing with stress by escaping into virtual worlds.

In various international studies, the data cited for the prevalence of pathological Internet use among adolescents varies between 1.6 % and 8.2 % of Internet users.[34] For Germany, there are currently no valid data available from comprehensive long-term studies. In some cases, a rough estimate of 3 % of the 15- to 59-year-old Internet users is cited.[35] A more recent study operates on the assumption of 1 % of the users between 14 and 64 years of age are addicted and 4.6 % can be seen as problematic users.[36]

Those affected are often adolescents and young adults. Male users are also in the overwhelming majority. Excessive media use resulting from online addiction is, however, not a problem that affects any particular social strata, it is found among all social groups.

People who use the Internet pathologically are more likely to exhibit other psychological disorders, so-called comorbid disorders. These are primarily depression, affective disorders, ADHS, but also substance abuse in relation to alcohol and nicotine. Generally, medical and psychiatric treatment for online addiction is only provided via these accompanying disorders, due to its lack of recognition as an independent disorder.

34 Petersen, Weymann, Schelb, Thiel, Thomasius (2009): Fortschr Neurol Psychiat, p. 263
35 Peterson, Thomasius (2010): Psychiatrie und Psychotherapie up2date 4, pp. 100 f.
36 Rumpf, H.-J./Meyer, C./John, U. (2011): Prävalenz der Internetabhängigkeit (PINTA)

II. Goals and Measures

Goal 1:
Recognition as an independent disorder
Online/media addiction is currently not recognised as an independent disorder. Unlike pathological gambling, it is not included in the ICD-10. The criteria that are applied must be oriented on the criteria for substance-related and non-substance-related addictions. The federal government's goal is, therefore, to initiate and oversee a process for determining generally valid and universally applicable criteria for the diagnosis of online addiction. A clarification and further differentiation serves both those affected and their patients, as well as the agencies that organise the provision of service.

Measure

- Support for the process of adopting pathological online use in the diagnostic system, International Classification of Diseases (ICD-11), which is currently under revision

Goal 2:
Improvement of the data base
The federal government is pursuing the goal, in cooperation with research and treatment facilities, of gaining more reliable information, particularly with regard to the prevalence of online addiction in Germany.

Measure

- Improvement of the epidemiology of online addiction

Goal 3:
Further development of the diagnostic and treatment instruments
In this conjunction, the goal of the federal government, in cooperation with counselling and treatment centres, is to establish uniform and standardised instruments.

Measures

- Evaluate existing diagnostic and treatment instruments
- Initiate and oversee a process to establish uniform treatment instruments

Goal 4:
Early training in the competent use of media
Every addiction policy measure in the realm of online addiction must span the gamut between preventing undesired, pathological behaviours, on the one side, and responsible, controlled use, on the other. It is therefore the goal of the federal government to enhance children's competency in the use of media at an early age, so that they can learn to use media, in general, and the Internet, in particular, in a responsible manner. Just as in the case of other addictions, efforts to prevent online/media addiction must start early.

Measures

- Further training and qualification of teachers and professionals in the field of parental and family counselling, as well as in the field of media pedagogy, in cooperation with the Länder
- Enhance the competence of parents by developing and implementing measures to educate them regarding the opportunities and possible risks of being online, as well as raising their awareness of the need to install appropriate programmes to protect children and young people on the computers in their homes

Goal 5:
Improve the protection of children and young people in relation to computer games
In this sense, it is also the federal government's goal to warn children, adolescents and, above all, parents of the dangers of online addiction and to clearly illustrate the risks.

Measure

- Development of criteria to identify the danger of addiction for individual computer games and the adoption of these criteria in the rating catalogue for suggested age limits

F. Illegal Drugs

I. General Situation

Illegal drugs such as cannabis, heroin, cocaine, or amphetamines represent a considerable threat to people's health. They also seriously interfere with the lives of friends and relatives of those who consume drugs. Tragic evidence of how dangerous these substances are can be seen in the number of deaths due to drugs every year. Currently, roughly 1,250 people in Germany die every year due to the consequences of their drug consumption. Drug dealing and drug-related crime represent a threat to society on the whole. Hence, the federal government's addiction and drug policy aims to reduce drug consumption in order to lessen the harm to society and to health caused by the use of illegal drugs and to limit their availability through the rigorous prosecution of drug dealers.

A current challenge in relation to illegal drugs is now posed by the emergence of new psychoactive substances. In this context, the drugs are often synthetic substances, which are not subject to the Narcotics Act as a result of minor chemical alterations, but which still have psychoactive effects. A current study[37] shows that 3.7% of the 15- to 24-year-olds in Germany has already had experience with the consumption of these substances.

In Germany, the lifetime prevalence of the consumption of illegal drugs among adults in the age group from 18 to 59 has, with the exception of cannabis, barely changed since 2003.[38] The proportion of those who have consumed illegal drugs, such as amphetamines, ecstasy or cocaine, within the previous 12 months is less

37 The Gallup Organization (2011): Youth attitudes on drugs. Analytical report. Flash Eurobarometer 330

38 Kraus, L., Pabst, A., Piontek, D. & Müller (2010): Trends des Substanzkonsums und substanzbezogener Störungen. Ergebnisse des Epidemiologischen Suchtsurveys 1995–2009, in: Sucht, 56 (5), p. 337–348. These and other data on the consumption of illegal drugs in Germany can also be found in the annual "Bericht 2010 des nationalen REITOX-Knotenpunktes an die EBDD" on the drug situation in Germany 2009/2010, www.dbdd.de, published by the Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD)

than 1 % in each case, with slight variations. The only relevant changes were recorded in relation to cannabis. After an increase in the 12-month-prevalence between 1997 and 2003, a decrease has been determined in the meantime. In 2009, 4.8 % of the population between 18 and 64 years of age indicated that they had consumed cannabis during the previous 12 months.[39] The number of people with cannabis-related disorders has also remained practically unchanged; hence the proportion of 18- to 59-year-olds with a cannabis addiction[40] was 1.5 % in 2006 and 1.3 % in 2009.[41]

The Drug Affinity Study (DAS) compiled by the Federal Centre for Health Education regularly provides data on the consumption of illegal drugs among adolescents and young adults. These surveys show a similar development. According to the last study,[42] conducted in 2010, the 12-month-prevalence for the consumption of illegal drugs in the age group between 12 and 17 years of age was 5.0 % and, thus, markedly lower than the figure of 10.1 % reported in the 2004 survey. The illegal drug that is, by far, most frequently consumed in this age group is also cannabis (hash, marijuana). While in 2004 31 % of the 12- to 25-year-olds still reported that they had consumed cannabis at least once in their lives; in 2010 the figure was down to 24 %. In relation to all other drugs, so-called experimental consumption has been stagnant for years now at a very low level.

After a considerable increase in the prevalence of cannabis consumption and the proliferation of cannabis among adolescents and young adults, in particular, as of the mid-1990s, recently submitted findings show a decline. The police have also been able to determine a similar decline in relation to cannabis. Evidence of this is provided by the continual decline in the number of offences related to cannabis consumption since 2005, with the exception of 2009.[43] On the other hand, indicators such as the large volume of cannabis products confiscated as well as the extensive cultivation of cannabis, especially in so-called indoor plantations, are evidence of a continued high demand for cannabis. The high content of the active ingredient THC in cannabis from indoor plantations is a reason for us to be especially cautious.

Numerous initiatives and projects that specifically address adolescent cannabis consumers have been developed with the support of the federal government, especially since 2003. These measures range from low-threshold measures through to psychotherapeutic intervention approaches. In addition, possible risks and long-term consequences of intensive or addictive cannabis consumption have been more seriously discussed, among both the public at large as well as professional and experts.

Germany has an extensive system for providing aid to people who seek to overcome their consumption of illegal drugs, or an addiction, with professional support. Numerous measures to provide help in quitting, as well as a variety of therapeutic options, are available and financed by the statutory social insurance system or supported by municipal and Länder governments. These include therapies based on abstinence and substitution options.

39 Pabst, A., Piontek, D., Kraus, L. & Müller (2010): "Substanzkonsum und substanzbezogene Störungen. Ergebnisse des Epidemiologischen Suchtsurveys 2009," in: Sucht 56 (5), pp. 327–336

40 Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W. et al. (1995): "The Severity of Dependence Scale (SDS): Psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users," in: Addiction 90 (5), p. 607

41 Kraus, L., Pabst, A., Piontek, D. & Müller, S. (2010): "Trends des Substanzkonsums und substanzbezogener Störungen. Ergebnisse des Epidemiologischen Suchtsurveys 1995–2009," in: Sucht 56 (5), pp. 337–348

42 Federal Centre for Health Education (2011). Der Cannabiskonsum Jugendlicher und junger Erwachsener in Deutschland 2010. Ergebnisse einer aktuellen Repräsentativbefragung und Trends. Köln: Federal Centre for Health Education

43 Cf. Polizeiliche Kriminalstatistik 2010; Herausgeber: Bundesministerium des Innern

Individuals and Addiction: Migrants

Germany is a country that attracts immigrants – this was confirmed by the Independent Commission on Immigration (Süssmuth Commission) in 2001. 15.6 million of the 82.1 people who resided in Germany in 2008 had a migrant background. This means that 19 % of the entire population (2005: 18.3 %, 2007: 18.7 %) either immigrated to Germany after 1950 or are the descendants of immigrants. Of the 15.6 million people with migrant backgrounds, 8.3 million are ethnic Germans.

Some people with migrant backgrounds suffer from considerable disadvantages. This may result from the additional stress of adapting to a new culture as wells as difficulties with the language in school, vocational training, working life and in seeking treatment, which can have a negative effect on people's health.

For addiction and drug policy, eliminating the barriers to accessing counselling and treatment for people with migrant backgrounds represents a challenge that must be met across the board. Difficulty in accessing addiction and drug services can, for example, result from a lack of familiarity with the German language, or from a different view of the causes of addiction and of the addiction itself than in German society, or from cultural concepts of counselling and treatment that differ from the traditional measures offered here. Until 2012, the Federal Ministry of Health will be supporting a series of model projects in different settings, which are aimed at improving the access to and use of aid measures. The Federal Office for Migration and Refugees also supports community-oriented projects to prevent addiction and drug use as measures to promote the social integration of adolescent and adult immigrants. In this context, culture-specific phenomena must be taken into consideration: young repatriated Germans with a Russian background tend to use opiates, while Muslims exhibit a higher percentage of cannabis- or alcohol-related disorders. In addition, young men with migrant backgrounds exhibit a higher risk of becoming addicted to slot machines.

Everyone involved in addiction and drug policy faces the challenge of adapting more successfully to growing ethnic, cultural and social diversity and sufficiently taking these phenomena into account in all of these fields of activity, for example by recruiting personnel with culture-specific skills and the provision of information in a number of languages.

II. Goals and Measures

Goal 1:
Meeting the challenge of new synthetic drugs more rapidly and effectively

Psychoactive substances and compounds with a potential for addiction listed in the appendix to the Narcotics Act (BtMG) are considered narcotics in the sense of the BtMG. In the case of the new synthetic psychoactive substances (e.g., herbal mixtures or so called bath salts) we are dealing with substances and compounds that were hitherto unknown or not on the market, and which are not subject to regulation by the BtMG for this reason. Often, the chemical structure of a narcotic substance that has already been placed under regulation is changed so that the new substance that results is no longer subject to the Narcotics Act. At the same time, the psychotropic effect of the new substance, which represents a potential for abuse, is preserved or even enhanced. Those involved in drug dealing deliberately circumvent the legal bans on and the regulation of highly effective psychoactive substances through the BtMG and, thus, new markets are created. According to findings by the Federal Criminal Police Office, these new substances, which are sold through so-called head shops or on the Internet, are now found more often in the drug scene.

Up until now, the BtMG has only regulated individual substances, and not entire substance groups, in order to comply with the principle of precise definition dictated by the Basic Law. In actual practice, the chemical composition of the substances is frequently altered and thus no longer subject to the BtMG. Hence, making entire classes of chemically similar substances (= defined groups of substances) subject to the BtMG is to be assessed in relation to its conformity with the Basic Law. In addition, clarification is needed regarding which substance classes are suited for regulation in substance groups of this sort and which should be taken into consideration first.

Measures

- A feasibility study on including regulations on groups of substances in the Narcotics Act
- Expansion and increased linkage of the existing early warning systems in the field of new synthetic drugs

Goal 2:
Expansion of selective prevention in relation to illegal drugs

Even if the consumption of, and addiction to, illegal drugs only affects a small part of society, the consumption of illegal substances not only has considerable negative consequences for the individual, but also for society as a whole. Therefore, the goal of the federal government is, and will continue to be, to reduce the number of consumers. Most importantly, adolescents must be prevented from embarking on a drug carrier.

It must be taken into consideration, particularly in relation to illegal drugs, that broad-based information campaigns can also have negative effects and may entail the risk of providing an impetus to consume drugs. Scientific findings have shown that effective prevention campaigns are not only designed for the mass media, but must also include personal communication and Internet-related measures.

The Internet has proved to be an especially good mode of access in reaching the adolescent and young adult target group that consumes cannabis and other illegal drugs. The BZgA's Internet site, www.drugcom.de, will therefore continue to play a central role within the framework of an overall concept for preventing the abuse of illegal drugs. Drugcom.de is a low-threshold Internet project to promote selective prevention, which addresses adolescents with an affinity to drugs via the leisure sector. With the help of anonymous Internet supported information and counselling options, adolescent drug consumers are to be encouraged to critically reconsider and modify their own drug consumption habits. Beyond this preventive information on individual substances and their potential dangers, there is also an option for ending or at least reducing one's own cannabis consumption by using the online-supported "Quit the shit" programme, which can be accessed via the homepage.

Measures

- Continue support for and promote awareness of www.drugcom.de
- Make the programme "Quit the shit" available nationwide
- Enhanced prevention approaches for the target group of young partygoers while focusing the risks of mixed consumption

Goal 3:
Expansion of medically indicated prevention and therapy measures for people with high-risk cannabis consumption

People with high-risk cannabis consumption can be reached earlier when counselling centres design their programmes to specifically address people with different consumption disorders. In the past, counselling centres mainly focused on alcoholics and consumers of opiates; in recent years, these measures were augmented by special programmes for cannabis consumers. They are intended to address people with different patterns of consumption through tailored measures and thus make it possible for people to overcome addiction or at least to reduce their level of consumption.

In the past, the federal government has contributed to the development and testing of new approaches in the fields of selective and medically indicated prevention by supporting research and model projects. Results from some measures are already available for assessment, and others will follow soon. Hence, in the future, the federal government will primarily support the transfer and preparation of new approaches on the municipal level.

The Internet platform www.averca.de[44] was developed in order to enable professionals to gain a better overview over all of the existing projects aimed at people with high-risk cannabis consumption. It consists of an Internet based toolbox (platform), which provides professional institutions with the tools to further develop the quality of prevention and counselling according to the principal, "from everyday practice for everyday practice".

Within the context of developing programmes for cannabis consumers, it became clear that many of those affected also exhibited problematic alcohol consumption. This is why programmes like "realize it" and "FreD" were augmented and a new approach to comprehensive prevention was developed. The model project SKOLL combines behavioural and relational approaches to addiction prevention, regardless of the specific addictive substances or behaviours. In the case of SKOLL, a practice-oriented intervention approach on the level of secondary prevention is foremost and is aimed specifically at people whose goal is not abstinence, but rather a reduction in the consumption of addictive substances. SKOLL addresses people as of the age of 16 with different degrees of dependency. Stages ranging from the initial development of a dependency through to its chronification and, ultimately, addiction are addressed. In the spring of 2012, the results of the project and the accompanying study allowing the programme to be assessed will be available.

Measures

- Make professionals more aware of the availability of existing programmes for treating and counselling cannabis consumers through the Internet platform AVerCa
- The transfer and broad implementation of evaluated new intervention methods to reduce cannabis consumption, such as Quit the Shit, CANDIS, CANStop and INCANT by providing support for professional conferences and specific further training measures
- Development of a comprehensive approach for all substances and transfer into practice in addiction counselling through the SKOLL (*Selbstkontrolltraining* – Self-control Training) project
- Special assessment of the available representative surveys (ESA, DAS) as well as studies from individual Länder and cities on the consumption of illegal drugs (esp. cannabis) among adolescents and adults
- Expansion of the programme Early Intervention with First-Offence Drug Consumers, to include, especially, adolescents who have encountered problems in school because of cannabis consumption

44 AVerCa is the acronym for the model project "Aufbau einer effektiven Versorgungsstruktur zur Früherkennung und Frühintervention jugendlichen Cannabismissbrauchs" (Establishment of an Effective System for Early Detection and Early Intervention in the Case of Adolescent Cannabis Abuse)

Goal 4:
Enhance the preventive health effects in harm-reduction programmes

Germany has a very diverse system of drug services in relation to measures to reduce harm: it ranges from drug consumption rooms and contact stations for syringe exchange to substitution. In view of the high prevalence of hepatitis C among opiate addicts, effective measures for its prevention in this area are imperative.

In order to develop effective measures to prevent HCV among drug consumers, a model project was launched in conjunction with the organisation Fixpunkt e. V. The target group consists of opiate and cocaine consumers who are to be primarily reached through drug consumption rooms and Fixpunkt-mobiles. Various measures are being tested, such as training in lower risk consumption practices, short-term intervention in various settings (e. g., hospital emergency rooms, pharmacies, etc.) and test counselling. After the conclusion of the project, an assessment must be made to determine how the findings can be made accessible to other low-threshold facilities.

Measures

- Test new methods within the framework of the Early Intervention model project as a measure for preventing hepatitis C among drug consumers in Berlin
- Transfer of the findings of the model project into low-threshold measures in other municipalities
- Increase the testing rate and competence in HCV counselling in these facilities

Goal 5:
A sufficient number of opportunities for high quality, substitution-based treatment

The system of providing patients who are addicted to opiates with substitute substances has made great progress in Germany over the past ten years. Current figures and information confirms that Germany has, in the meantime, a broad-based programme of substitution-based treatment. The number of people in substitution programmes has risen and, in the meantime, encompasses some 77,000 people, while the number of doctors offering substitution-based treatment has remained the same, at roughly 2,700. Substitution therapy is a means of treating opiate addiction with the long-term goal of achieving opiate abstinence as well as of improving and stabilising the addict's health and general situation. The federal government will continue to support the provision of high-level care for opiate-dependent patients in the future and to recruit doctors who will provide substitution-based treatment.

In order to gain representative results on the long-term development of, and care in, substitution programmes, the federal government has commissioned a comprehensive research study (PREMOS). The results will be discussed and any necessary adjustments undertaken within the framework for substitution treatment. Furthermore, the federal government continues to engage in discussions with all of the facilities involved in order to assess practical experience with substitution and, if needed, make adjustments in the conditions under which it is provided.

A considerable expansion in the substitution-based treatment of opiate addicts was achieved through the Act on Diamorphine-Based Substitution Treatment (Diamorphine Act) of 15 July 2009.[45] The federal government is carefully observing how these new forms of substitution-based treatment develop under the framework conditions proscribed by the Federal Joint Committee (G-BA)[46] and regulations adopted by the Committee for Rating Office-Based Doctor's Services.[47] This applies to the seven outpatient facilities, which have existed since the launch of the model heroin project, as well as to the establishment of new outpatient facilities for diamorphine substitution.

Measures

- Assessment and discussion of the findings of the study on the long-term treatment of opiate addicts (PREMOS Study) and adjustments in the framework conditions if indicated to be necessary by the study
- Continuation of the discussion in order to further develop substitution treatment with the relevant parties
- Evaluation of the results of the documentation and monitoring of diamorphine-supported treatment in Germany

45 BGBl. 2009 I p. 1801

46 The Federal Joint Committee (G-BA) ratified the amendment to it "Methoden vertragsärztliche Versorgung: Diamorphingestützte Substitution Opiatabhängiger" on 18 March 2010, which made it possible to conduct diamorphine supported substitution treatment at the cost of the statutory insurance funds. The amendment to the directive came into force on 12 June 2010.

47 The Committee for Rating Office-Based Doctor's Services (Ger. abbr. = BWA) agreed to the change in the remuneration scale for office-based doctors' services (Ger. abbr. = EBM) and ratified an Implementation Recommendation for the Financing of Services for the Diamorphine-Supported Treatment of Opiate Addicts, both of which came into force on 1 October 2010.

Goal 6:
Prevention of drug-related crime

In addition to detrimental health and social effects, crime is one of the negative effects related to drug consumption. The statistics compiled by the Federal Criminal Police Office (BKA) differentiate drug-related offences according to the categories "crimes related to offences against the Narcotics Act ('drug-related offences')" and cases of direct procurement crime, which is mainly an issue in relation to theft and robbery. In 2010, a total of 231,007 drug crimes were registered. Hence, drug-related crime sank again in relation to the previous year.[48]

Measure

- Promotion of the awareness and implementation of the programme for Early Intervention with First-Offence Drug Consumers (FreD) among law enforcement authorities

48 Cf. Polizeiliche Kriminalstatistik 2010; Herausgeber: Bundesministerium des Innern

Goal 7:
Improve the living situations of older people with drug addictions

Studies and statistics indicate that there is now a larger proportion of older drug consumers than ten years ago. On the one hand, this is attributed to the fact that people with an addiction now live longer and, on the other hand, fewer younger people consume opioids, such as heroin. The increased survival rate, despite continued drug consumption, is a result primarily of the introduction of strategies to reduce harm. Since the mid-1980s, addiction services have been offering survival support measures, which are no longer solely oriented on becoming abstinent and, thus, now reach a greater number of addicts through low-threshold measures. The professionalisation of these measures has lead to a reduction in the risk of HIV infection, a reduction in the number of lethal overdoses and an overall increase in life expectancy. The expansion of substitution-based treatment has also made a considerable contribution to the survival of many drug addicts.

Despite this progress in terms of health, the health and social situations of older drug addicts are still extremely problematic. They exhibit grave physical and psychological health problems and are excluded from society. The complicated system of German social law, with different institutions assuming different responsibilities in relation to treatment and care, requires that the professionals in charge expend considerable effort in mastering the bureaucracy. This is the case, for example, in establishing living groups for older (ex-)drug addicts who are cared for on an outpatient basis. Experts recommend close cooperation between drug services and the system of care for the elderly based on legal regulations regarding the provision of care and other areas of responsibility.

Measure

- Promote awareness among professionals of existing models of living and working for older drug addicts

Goal 8:
Improve the situation of drug-consuming inmates

According to data from the Federal Statistical Office, the number of people incarcerated because of offences against the BtMG totalled 9,283 in 2009 (2008: 9,540).[49] This equates to 15 % of all prison inmates. Among male adults, the proportion is stable at 16.2 % (2008: 16.3 %). The share of women imprisoned due to offences against the BtMG is 17 % and, thus, lower than the figure for 2008 (18.9 %). Among adolescents, the share of inmates imprisoned due to BtMG offences was 5.2 % (men) and 10.5 % (women) in 2009. It must be assumed that a high proportion of people in prison due to offences against the BtMG are themselves addicted to drugs.

The prisons are faced with the challenge of executing diverse preventive measures and providing appropriate treatment for drug-addicted inmates, despite a low level of funding. In addition to detoxification measures and abstinence-based therapy, prisons should also offer long-term substitution treatment. The new guidelines for substitution-based treatment of opiate addicts, adopted by the German Medical Association in 2010, explicitly state that if patients are transferred to hospitals, rehabilitation centres, prisons or any other form of inpatient care, the continuity of treatment must be ensured by the institution assuming responsibility for the patient. In justified individual cases, substitution treatment can even be initiated in abstinent or protected environments, such as prisons.

Measures

- Encourage the development of a process for the uniform monitoring of health programmes for drug-addicted prison inmates in all 16 Länder
- Further testing of treatment programmes for cannabis consuming inmates in juvenile prisons, for example CANStop
- Improvement of testing and treatment of infectious diseases, such as hepatitis and HIV, among consumers of intravenous drugs in prison

49 Tim Pfeiffer-Gerschel, Ingo Kipke, Stephanie Flöter & Krystallia Karachaliou, IFT Institut für Therapieforschung/Christiane Lieb, Federal Centre for Health Education/Peter Raiser, Deutsche Hauptstelle für Suchtfragen (2010): Bericht 2010 des nationalen REITOX-Knotenpunktes an die EBDD; esp. paragraphs 9.4 to 9.7

Goal 9:
Combat international drug trafficking networks in a sustainable manner

In addition to reducing the demand for illegal drugs, combating drug crime also plays an important role. The focus of police and customs authorities in combating drug crime is on preventing the illegal production and import of drugs as well as the illegal sale of drugs, rigorous confiscation of illegal drugs, the lasting destruction of organisational structures, the identification and confiscation of illegal profits, as well as making access to illegal drugs more difficult.

Since, in the case of drug crime, we are dealing mainly with internationally organised crime networks, it is essential to confront them with an effective international network of public safety authorities in order to combat this crime sustainably. Against this background, the concept of networked security as well as the rigorous continuation of the anticipatory strategy pursued by the Federal Criminal Police Office will also play a central role in the future. In a networked Europe without borders, it is necessary for concepts for combating drug crime to focus increasingly on joint European initiatives in the future.

In view of operative collaboration, the option of using the cooperation model established by the Joint Investigation Team will also be of importance. In order to recognise new developments and phenomena on the national market for drugs early on, and to be able to describe these precisely and back them up with reliable figures, a comprehensive and detailed survey of the data in the various drug-specific data banks is essential in order to identify or determine any needed action.

Measures

- Continuation and expansion of the operative and strategic alliances with the security authorities in the countries of origin and in transit countries relevant to drug crime
- Countering new phenomena in drug crime through the development of appropriate and effective measures

G. International and European Drug and Addiction Policy

Drugs and addiction are global problems that require joint activities by all parties in the international community. Germany cannot meet the challenge of the drug and addiction problem solely through national policies. The challenges that are evident in Germany reflect, as a rule, far-reaching international trends and causes.

I. Global Challenges – Global Approaches

The drug problem represents not only a risk to the health and safety of the population in many countries, but also a challenge to social coexistence, development and political stability as well as the safety of the community and the rule of law. Worldwide, the number of intravenous drug users, alone, is estimated to be roughly 13 million; approx. 78 % of these people live in developing or transition countries. The prevalence of hepatitis and tuberculosis among intravenous drug users is a cause for tremendous concern. At the same time, the violent altercations and conflicts in many drug cultivation and transit regions in Asia, Latin America and Africa have rapidly increased in recent years.

The task of drug policy must be to confront the complex risks on individual and social levels with all suitable means. The health and welfare of people must be ensured by reducing the availability and illegal consumption of drugs as far as possible and by decreasing or eliminating the negative effects of drug abuse. It is Germany's responsibility – not least of all in its own interest – to take part in the worldwide efforts to reduce and solve global drug problems.

The international drug problem encompasses three main elements, against which action must be taken within the context of a comprehensive drug policy:

- illegal cultivation and production of drugs,
- illegal drug dealing and drug smuggling,
- Drug consumption, abuse and addiction.

The United Nations has established special bodies and organs to address the problem of drugs:

- the United Nations Office on Drugs and Crime (UNODC) along with its annually convening Commission on Narcotic Drugs (CND) and
- the International Narcotics Control Board (INCB).

Germany is represented in the CND and works closely with the UNODC. The position that Germany takes in this international context is that the international community's current drug control system has, in recent years, achieved ambitious goals, such as the reduction of drug cultivation in a number of countries as well as the stabilisation of consumption rates for some types of drugs. Despite fundamental success in these areas, there are still a number of regional and strategic shortcomings in international drug policy. In order to overcome them, it is necessary to promote a concentration of responsibilities and a bundling of successful concepts with new approaches and partnerships. These approaches must be continued and developed further in all areas of policy. From a German perspective, more attention must be paid, above all, to the negative health and social effects of drug consumption. In the meantime, over 80 countries in the world – including Germany – make use of so-called harm reduction measures, such as syringe exchanges and substitution-based treatment.

1. New Worldwide Trends

The annual World Drug Reports and the Afghanistan Opium Survey, compiled by the United Nations Office of Drugs and Crime (UNODC), clearly illustrate that, when viewed over a long period of time, there has been a shift in drug consumption towards the consumption of new types of drugs and new markets and that drug production has always been subject to change. The fungus on the opium poppies in Afghanistan in 2010 has, for example, led to reductions in the harvest and, in early 2011, to prices three times as high as in 2009. The worldwide production of cocaine also varies due to alternating areas of cultivation for the coca bush, differing yearly yields of coca leaves in different cultivation areas and variations in the alkaloid content of the leaves and the ability of illegal laboratories to extract this content. Overall, it can be concluded that the cultivation of coca in Columbia has decreased markedly during recent years, while there has been a gradual increase in the cultivation areas in Peru since 2005, and the volume of cultivation in Bolivia is currently stable.[50]

The consumption of organically based drugs such as heroin (opium) and cocaine (coca) – has levelled off or declined in some countries. At the same time, the continued high demand for these drugs can be attributed to increasing consumption in developing countries, often in direct proximity to the countries of cultivation. At the same time, the abuse of amphetamine-type stimulants (ATS) and prescription narcotics has increased, both in industrial and in developing countries. Cannabis is still the drug that is produced and consumed most frequently worldwide. In contrast to opium and coca – for which 80 % of the worldwide cultivation is concentrated in five countries – cannabis is cultivated in nearly every country in the world.

Developing and threshold countries are especially affected by drug consumption: they are no longer just regions of cultivation or transit countries, they are now rapidly becoming consumer countries and increasingly burdened by the negative health and social consequences that go along with this. Negative side effects, such as organised crime, excessive violence within illegal markets, arms dealing, money laundering and corruption, extend far into the already fragile political, economic and social processes in these countries. In some particularly fragile regions, such as in Central America and West Africa, the infiltration of illegal drug economies leads to a paralysation of government structures and the government's ability to take action. In some cases, the countries affected are no longer able to ensure public health and safety.

Similar market shifts can also be observed for the legal substances alcohol and tobacco. While tobacco and alcohol consumption are stagnant or in decline in some countries in Europe, the consumption in middle- and low-income countries is increasing. As a consequence, alcohol- and tobacco-related diseases are increasing. WHO calculations on the global burden of disease, indicate that alcohol and tobacco are, in the meantime, one of the highest risk factors for the loss of years lived without disability (DALYs) in middle-income countries.

In recent years, we have also seen that new and high-risk patterns of consumption do not stop at national borders. This applies both to illegal as well as legal addictive substances. The increasing consumption of different drugs simultaneously ("polydrug use"), or the increasing tendency by adolescents to engage in high-risk consumption, are only two examples of a development seen throughout Europe. Consequently, our neighbouring countries are also faced with the challenge of developing prevention and intervention approaches for high-risk forms of consumption, in order to prevent harmful consumption, even in cases where the consumers do not develop an addiction.

One of the consequences of a global society is the fact that tobacco, alcohol and prescription drugs are advertised and sold internationally. The Internet opens up new sources of procurement and enables producers to engage in new means of advertising. International cooperation is imperative in order to achieve responsible advertising for legal addictive substances.

50 See: http://www.unodc.org/documents/wdr/WDR_2010/2.3_Coca-cocaine.pdf (esp. p.4)

Internationally, Germany supports a balanced policy in the fields of prevention, counselling and treatment measures to reduce harm, and repression. An international drug and addiction policy, which focuses on the individual, integrates elements of health policy, social policy, law enforcement and development policy into a coherent overall concept and is oriented on the actual living situations of the people affected.

In German addiction and drug policy, an integrative approach to legal and illegal addictive substances has proven itself for years. In international bodies, drug policy is still, for the most part, separated from policies to promote health in relation to tobacco and alcohol. Germany champions an integrative policy that takes aspects that go beyond individual substances into consideration and avoids redundant structures and activities.

2. Development-Oriented Drug Policy

In relation to the problem of drug cultivation, the federal government is a proponent of sustainable development in regions where drugs are cultivated and pursues the internationally recognised approach of a development-oriented drug policy. Germany's drug-specific developmental cooperation programme can now look back on over 20 years of experience with projects and providing policy advice. Germany's partners in its international cooperation in the field of drugs include the EU, the UNDOC, non-governmental organisations, community and self-help groups. The federal government has supported developmental projects within the context of drug policy since 1981.

A central element of developmental cooperation within the context of drug policy is the Programme to Promote Development-Oriented Drug Policy in Developing Countries, conducted by the *Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)* on behalf of the Federal Ministry for Economic Cooperation and Development (GMZ). The project advises the federal government and international partners on development-oriented drug policy in regions of drug cultivation. Through its approaches and instruments, the programme aims to break the vicious circle of drug production, fragile statehood, poverty and violence through sustainable rural development in regions of drug cultivation and a transformation of the framework conditions that initially led to the establishment of drug economies.

The goal is to offset the negative individual and social consequences of drug production, dealing and consumption by creating economic and social alternatives to the illegal cultivation of drug crops. The federal government is of the opinion that successful rural development in regions of drug cultivation must be accompanied by a reform of state institutions, their enhanced presence, prevention of violence and sustainable local economic assistance in order to reduce drug economies in the long term. Projects for alternative development are currently (2011/2012) being funded in Afghanistan, Bolivia, Laos, Myanmar and Peru.

On an international level, the German approach of promoting alternative development and development in drug environments is widely recognized and Germany is a much sought-after partner in this context. The federal government promotes the approach on the levels of the UN and the EU and examines and advises numerous projects for alternative rural development in drug cultivation regions on this basis along with its partners.

3. Harm Reduction

The number of intravenous drug addicts worldwide is estimated to be roughly 16 million, 80 % of these addicts live in developing and transition countries. This must be seen, above all, against the background of the troubling epidemiological development of HIV-infections in Eastern Europe, Central Asia, South and Southeast Asia, which is mainly a result of intravenous drug use and prostitution. Worldwide, 10 % of all HIV infections outside of Sub-Saharan Africa can be attributed to intravenous drug consumption, and 30 % of all new infections are registered for intravenous drug users.

The recognition of the harm reduction approach within the context of the United Nations has grown markedly in recent years. Germany is also a proponent of the approach internationally and can draw on years of

broad experience in this area. Germany has established international standards in this context, such as in opiate substitution therapy (OST).

The federal government promotes harm reduction measures especially within the context of HIV prevention in Asia, the Ukraine and Central Asia and intends to continue its efforts in this area. In light of the international demand, Germany will increasingly deploy experienced professionals to foreign countries within the context of German developmental cooperation projects and programmes with a focus on substitution therapy and gender-specific approaches.

4. Global Strategy to Reduce Harmful Use of Alcohol

In May of 2010, the WHO ratified the Global Strategy to Reduce Harmful Use of Alcohol. Its goal is to create a global consciousness, increase the willingness to take action to address the problem, and to improve the knowledge base for effective measures to reduce and avoid harm caused by alcohol. In addition to an enhancement of technical support, especially in low- and middle-income countries, performance in the field of treatment and prevention is to be improved. The strategy aims at better cooperation between the representatives of interest groups and the provision of the necessary resources for coordinated measures to prevent alcohol misuse. Improvements must be made, not least of all, in the monitoring system for alcohol consumption, as well as in relation to morbidity and mortality due to alcohol.

The measures are to be implemented according to the discretion of the Member States in keeping with national, religious and cultural backgrounds, health care priorities and the available resources in harmony with the principals of the Basic Law or constitution and international obligations.

The recommendations for political interventions can be categorised in nine areas:

- setting priorities, increasing awareness and engagement,
- the role of the health care system,
- Inclusion of local parties and enhancement of local initiatives,
- Driving under the influence,
- Availability of alcohol,
- Marketing of alcoholic beverages,
- Price policy,
- Reduction in the negative effects of alcohol consumption and alcohol poisoning,
- Reduction in the negative influence of illegally or informally produced alcohol on health.

In the autumn of 2011, the WHO's European Action Plan to Reduce Harmful Use of Alcohol (2012–2020), which is based on the WHO Global Strategy, was ratified. To accommodate the needs of the 53 Member States in the European region, the WHO made a broad spectrum of recommendations to the Member States regarding measures against the harmful use of alcohol in the Action Plan. Since many alcohol-related problems in the region are cross-border phenomena, the strategy also aims at a coordinated approach by the various countries. Indicators are determined for each of the ten areas of the Global Strategy, and the progress of the Member States and, thus, the region as a whole, will be measured accordingly.

Numerous measures cited in the Global Strategy and Action Plan of the European Region are already being implemented in Germany. Germany is, therefore, also involved in the exchange of best practices and contributes, through the evaluation of the executed measures, to increasing the body of evidence and assessing their effectiveness. As one of the first areas of focus, the WHO

will also address the problem of Fetal Alcohol Spectrum Disorder (FASD), especially in countries with low and middle incomes. Even though the epidemiological data for children with FASD are much higher in many threshold countries than in Germany, the opportunity to learn from each other and to promote international awareness is welcomed and actively supported by Germany.

5. Global Measures to Prevent Tobacco Consumption and Weaning off of Tobacco

International tobacco policy has an increasing influence on national measures to reduce tobacco use. Many of the measures and legal regulations which have also been implemented in Germany in recent years, with regard to tobacco policy, can be traced back to recommendations and initiatives by the WHO. The fundamental basis for this is the Framework Convention on Tobacco Control (FCTC), which was ratified in May 2003 by all 193 members of the WHO. It is the first global health agreement and aims at a global reduction of tobacco consumption. With the ratification of the International Tobacco Convention in 2005, Germany assumed obligations to reduce tobacco consumption, which were implemented in national law. The convention foresees the global reduction in tobacco consumption through national measures in the signatory countries, such as improving the protection of children and young people, reducing demand through instruments of tax policy, introducing regulations for the protection against passive smoking, banning advertising for tobacco products, regulating the additives in cigarettes as well as mounting extensive campaigns to provide information and raise awareness regarding the dangers of smoking.

In addition to the obligations stemming from the Framework Convention on Tobacco Control from 2005, the participating signatory states will draft guidelines for the implementation and updating of the Framework Convention on Tobacco Control during regularly held conferences. These are recommendations for legislative, administrative and other measures for formulating national tobacco policy in the signatory states. Germany participates in this process through active cooperation in various working groups. Since 2006, it has been possible to ratify a binding protocol to combat tobacco smuggling as well as to adopt guidelines regarding the individual articles of the convention. These are related to the following topics:

- Protection against commercial and other interests of the tobacco industry,
- Packaging and labelling of tobacco products,
- Tobacco advertising, sales promotion and sponsoring,
- Cross-border tobacco advertising,
- Protection against passive smoking,
- Measures to avoid tobacco addiction and to quit consuming tobacco,
- raising public awareness to reduce the consumption of tobacco as well as
- labelling of contents and tracing of the origins of tobacco products (partial guideline).

II. European Drug and Addiction Policy

1. European Drug Policy

Within the context of the European Union, Germany actively cooperates with the European Commission, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol and Eurojust. Representatives of federal ministries regularly participate in meetings of the responsible Council Working Groups (e.g., Horizontal Drug Group – HDG), which prepare the Council resolutions in relation to drugs. The EU Drugs Strategy 2005–2012 provides the framework for this cooperation. It has been implemented through two EU Drugs Action Plans (2005–2008 and 2009–2012).

Germany will continue to actively participate in bodies of the European Union, work towards bundling existing

activities and engage in a productive, fruitful exchange of ideas.

In November of 2010, the European Commission presented its progress report 2010 on the EU Drugs Action Plan. In this conjunction, the decline in HIV infections among drug users was seen as a positive development. Progress could also be made in cooperation on combating cross-border cocaine and heroin trafficking.

However, the commission also pointed out altered patterns of consumption, for example polydrug use. New psychoactive substances ("legal highs") are cited as a major problem for the future. The commission calls upon Member States to make their prevention programmes more effective by conducting prevention programmes aimed at certain target groups rather than broad ranging, but relatively ineffective, prevention programmes. On 3 June 2010, the justice and internal affairs ministers of the EU Member States ratified The European Pact to Combat International Drug Trafficking at the Justice and Internal Affairs Council meeting; it was based on a French initiative with Germany playing an essential role in its formulation.

The goal of the European Pact is the coordination and improvement of cooperation between the EU Member States in relation to drug crime. The "European Pact to Combat International Drug Trafficking" encompasses measures in the area of cocaine smuggling via West Africa, in the area of heroin smuggling via the so-called Balkan route, and in the area of asset recovery. Certain Member States have assumed the responsibility for the implementation of individual measures by 2012. Germany assumed responsibility, along with Italy, for the area of heroin smuggling via the so-called Balkan route.

Under the Polish Presidency of the Council of Europe, the European Pact against Synthetic Drugs was ratified at the Justice and Internal Affairs Council meeting on 27 October 2011. The implementation, along with corresponding operative measures, is taking place with the participation of Germany within the framework of the so-called EU policy cycle, which is dedicated to the strategic coordination of the fight against organised crime in the Member States on the EU level.

In November 2011, the Commission published its communication to the European Parliament and the Council, "Towards a Stronger European Response to Drugs", with the intention of providing new impulses in EU drug policy; it included a number of legislative recommendations and other measures. In the Communication, the Commission submits suggestions on how to effectively counter the problem of illegal drugs and new psychoactive substances and calls for a broad debate on the subject. It is intended as a reaction to the new challenges in recent years: drugs and the chemical substances required for their production ("drug precursors") are being sold in new ways, soon new drugs will be on the market; and new channels of sales will be used for these new substances.

2. The Alcohol Strategy of the European Union

High-risk alcohol consumption is not solely a German phenomenon. On the contrary, a European trend shows that so-called binge drinking has also increased in many European countries and is, in the meantime, widespread. Therefore, an EU alcohol strategy to support the Member States in reducing harm caused by alcohol was ratified in the European Union in 2006. The European Commission and the EU Member States are thereby focusing on the following points:

- Protecting young people, children and the unborn child from alcohol,
- Reducing injuries and deaths due to alcohol-related road traffic accidents,
- Preventing alcohol-related harm among adults and reducing the negative impact on the workplace,
- Informing, educating and raising awareness on the impact of harmful and hazardous alcohol consumption and on appropriate consumption patterns,

- Developing, supporting and maintaining a common evidence base.

In Germany, measures related to these areas of focus have long since been implemented. In order to profit from experience in the various EU Member States and to promote the exchange of successful approaches within the EU, Germany is an active member in the Committee on National Alcohol Policy and Action. The regular meetings clearly illustrate that attempts are being made to make the protection of children and young people more effective not only in Germany, but also in many other European countries. In recent years, early interventions in a medical setting were comprehensively introduced in a number of Member States. In both areas, Germany will be able to profit from foreign experience. As one of the first countries, Germany has give the question of the demographic transition and the increasing phenomena of addiction in old age intensive consideration and thus plays a pioneering role. In addition, the Member States and the Commission jointly support effective self-control in the alcohol industry's advertising. Due to the increasing level of advertising in new media and an industry that often operates internationally, this can only succeed through a targeted approach adopted by all of the European Member States and the international community.

In order to illustrate options for further development, the commission has, in the meantime, commissioned an external assessment of the EU Alcohol Strategy, in which the experience of the Member States, the associations of the alcoholic beverage industry and non-governmental organisations are to contribute to the development of addiction prevention measures.

Parallel to the EU Alcohol Strategy, the European Commission has also established the Health and Alcohol Forum, a platform, in which various parties can commit themselves to activities of their own to avoid harm related to alcohol. German participants can also be found here.

In addition, the new EU regulation regarding the provision of food information to consumers (No. 1169/2011, ABl. L 304 from 22 Nov. 2011, p. 18), which came into force on 12 December 2011, after three years of deliberation, foresees the submission of a report on alcoholic beverages by the European Commission within three years. It should express an opinion (and if necessary submit legislative recommendations), as to whether alcoholic beverages with an alcohol content of over 1.2 % vol. must be required to provide information on their contents and nutritional value (i. e., the energy value) in the EU in the future.

Furthermore, the Commission is to examine a definition of so-called alcopops, which are mainly consumed by adolescents or young adults. The goal in the labelling of alcopops is to create transparency regarding the ingredients and the nutritional value, and to thus make a direct contribution to reducing excessive alcohol consumption of younger consumers, in particular. Germany expressly supports the Commission's being charged with reviewing this matter.

3. European Tobacco Policy

The European level is of central importance in the formulation of laws related to national tobacco policy. The EU is responsible for binding regulation in individual areas, such as in relation to tobacco products; these, in turn, are ratified as binding directives and adopted by the Member States. Hence, the EU's Tobacco Product Directive of 2001 led to legislation on the national level in Germany as well as to initiatives for the protection of non-smokers.

In addition, European tobacco policy provides important impulses for the Member States. Hence, Germany continues to actively participate in the further development of tobacco policy on the European level.

On 28 May 2008, the European Commission submitted a report on the implementation of the Tobacco Advertising Directive (Directive 2003/33/EG of the European Parliament and of the Council of 26 May 2003), which was implemented in Germany with the First Act Altering the Provisional Tobacco Law, which came into force on 29 December 2007. As a result, advertising and spon-

soring on behalf of tobacco products with cross-border effects is prohibited in print media, radio and on the Internet.

As a result of the implementation of the Telemedia Directive (Directive 2007/65/EG of the European Parliament and of the Council of 11 December 2007 amending Council Directive 89/552/EEC on the Coordination of Certain Provisions Laid down by Law, Regulation or Administrative Action in Member States Concerning the Pursuit of Television Broadcasting Activities), the prohibition of sponsoring and advertising and product placement in audiovisual media services and programmes has been regulated, since 2010, through the Second Bill Amending the Provisional Tobacco Act.

The Directive 2001/37/EG of the European Parliament and of the Council of 5 June 2001 on the approximation of legal and administrative regulations in the Member States regarding the manufacture, presentation and sale of tobacco products (Tobacco Products Directive), determined the requirements for tobacco products on the EU level. The European Commission submits a report to the European Parliament and the Council every two years regarding its implementation.

In 2007, guidelines establishing a uniform format for reporting the additives used in tobacco products were published. The reported data are to be assessed by a working group at the Joint Research Centre of the European Commission regarding their toxicity and addictive effects with the goal of prohibiting the use of certain dangerous additives in tobacco products.

In a report from 27 November 2007, additional areas in which the Directive could possibly be altered are outlined, such as the establishment of legally binding formats for registering additives or the further development of warnings on tobacco products.

The revision of the Tobacco Products Directive introduced by the European Commission, which will be agreed upon within the context of a comprehensive discussion with the Member States and the European Parliament, is welcomed by the federal government. The commission will submit recommendations for changes in this directive based on this consultation process.

In order to revise the text warnings currently used for tobacco products according to the Tobacco Products Directive, the results of the TNS study commissioned by the European Commission were presented suggestions on 25 October 2010, which are to replace the warnings used up until now.

Within the context of the National Strategy, Germany is examining the implementation of EU recommendations on the inclusion of graphic warnings (2003/641/EG) on all tobacco products, provided that the effectiveness of graphic warnings is proven.

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