ACTION PLAN
ON DRUGS AND ADDICTION
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Preface

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What is new about the ‘Action Plan on Drugs and Addiction’? Its key aims include the encouragement of a ‘culture of looking’. In Germany, drug and addiction problems are not unique to marginalized groups - Germany is home to more than nine million individuals who experience addiction. Nobody can nor may close their eyes to the fact that many people in our midst suffer from addiction diseases. We all must face up to this social challenge that is made up of myriad individual tragedies.

The overwhelming majority of addicts in Germany are dependent on what are known as licit addictive substances, such as alcohol, tobacco or pharmaceuticals. This is why containing this type of dependence takes pride of place. The sad news about illicit drugs is that the problems involved are increasingly globalising. Consequently, the Action Plan awards great significance to European and international co-operation in controlling the illicit drug trade.

Prevention heads the lists of priorities in the Action Plan; this goes for both licit and illicit drugs. The aim must be - and continue to be - to prevent addictive disorders from developing in the first place. Prevention is better than cure.

The ‘Action Plan on Drugs and Addiction’ advocates a realistic drug policy. It responds more to the concrete reality of life of those affected than to any ideological principles. Every addict must have access to appropriate therapy options. Survival assistance is an in-
dispensable mainstay, because only those who survive can decide to move out of addiction. Another key aim which will be pursued further is to restrict the availability of addictive substances in our society overall - but first and foremost for children and young persons!

The Plan’s adoption in the Federal Cabinet was preceded by one year of hard work drafting it. Upwards of 50 statements from associations are reflected in the ‘Action Plan on Drugs and Addiction’ and enrich it. At this juncture, I would like to express my thanks to all of those involved for the constructive dialogue we had. An ideas workshop and a hearing brought additional input. This way, we were able to accommodate many more suggestions. Even as it was prepared, the Action Plan met with great approval.

The ‘Action Plan on Drugs and Addiction’ was drawn up in close consultation with the Länder and associations of local authorities. I would like to offer thanks to all our partners for the good co-operation. In the years to come, it will be even more important that we combine our efforts to translate the aims identified into actual reality. Now we must all look forward – the ‘Action Plan on Drugs and Addiction’ is a solid concept for reducing drug and addiction problems. I am positive that, together, we will accomplish this task over the next few years.
Action Plan on Drugs and Addiction
1. Introduction

In our modern, consumption-oriented society, there is a large market for tobacco, alcohol and other intoxicating substances with psychoactive properties that can lead to health-related and social impairments, all the way to dependence. A number of substances are subject to more or less stringent restrictions or bans on advertising, sale and purchase because of the special health risks they involve. This relates, for example, to restrictions of alcohol and tobacco consumption by persons of minor age (Act Protecting Youth in Public), restrictions on the sale of medicinal drugs (Drug Law) and the particularly strict restrictions on the sale, purchase and possession of narcotic drugs, all the way to total bans on trade in some cases (Narcotics Act).

Despite the restrictions imposed by the state in order to protect the public, the fact cannot be overlooked that many of these substances are consumed abusively and occasionally cause substantial health-related and social harm, all the way to deaths.

The figure of 16.7 million smokers (9.5 million men and 7.2 million women) in Germany - including just under 4 million dependent smokers according to the criteria of the DSM-IV - is very high, also in comparison with neighbouring European countries. The increase in the number of young smokers and female smokers is worrying. One particularly serious problem resulting from this trend is the increase in lung cancer among women. The mean annual growth rate of lung cancer cases among women is 3.5%. In 1998, 9,000 women died of this disease, which is primarily attributable to smoking. In the age group of young people, one-quarter are permanent smokers, the smoker rates being roughly equal among girls and boys. In total, more than 100,000 tobacco-related deaths are recorded each year. The loss sustained by the national economy as a result is estimated at € 16 billion.

Many studies have revealed that there is a connection between the level of alcohol consumption in a population and the extent of alcohol-related problems. Ninety per cent of all German citizens have had experience with alcohol, roughly one-third are regular drinkers, and a smaller percentage drink alcohol daily. At the same time, we can observe that the consumption habits of young people, in particular, are becoming increasingly risky. In total, there are more than 9 million people with serious alcohol problems; 1.6 million of them are alcohol-dependent, of whom still only very few are undergoing therapy. Over 42,000 alcohol-related deaths are recorded each year. Treatment usually begins too late, generally not until 5 to 10 years after the onset of dependence.

Medication abuse is a widespread problem in society that often leads to dependence. Between 6 and 8% of all prescribed medicines possess their own potential for abuse and dependence. The total number of medication-dependent people is stated as being 1.5 million, two-thirds of whom are women. In particular, psychoactive medicines (sleeping pills

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1 The concept of harmful consumption is defined in the WHO International Classification of Diseases (ICD 10) as a pattern of consumption of psychoactive substances that leads to damage to health. It has increasingly replaced the term ‘abuse’, which covers not only health damage, but also abnormal behaviour. The term ‘dependence’, on the other hand, is based on an inner compulsion, reduced control, physical withdrawal symptoms, tolerance development and progressive neglect of other interests. It has replaced the term ‘addiction’, which, however, is still used in everyday language (cf. Backmund: Suchttherapie; Munich 1999, or Gölz: Moderne Suchttherapie; Stuttgart/New York 1998).

2 Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, the most commonly used classification system alongside the ICD.
and tranquillisers), lifestyle drugs (appetite suppressants, anabolics) and analgesics are prescribed too carelessly and often abused. Special attention should be devoted to the large amounts of medication consumed by women and the elderly. The prescription of medicines (analgesics, methyl phenidate) for children and young people has also increased rapidly in recent years. Sound statements regarding the losses caused by the abuse of medication are not yet available. However, given medication sales of roughly € 30 billion (2002), it is obvious that substantial costs could be saved in the health system.

In the field of illicit drugs, cannabis consumption plays the leading role as regards the number of users. More than one-quarter of young people have had experience with it, there being only slight differences between Western and Eastern Germany today. Roughly two million, mainly young people use cannabis regularly, some 200,000 of them in dependent fashion.

Youth welfare and addict support institutions are increasingly receiving reports of high-risk consumption patterns and multiple drug use. The number of people supported by counselling centres has doubled in recent years. It is estimated that 150,000 people are dependent on heroin and other opiates. Some sub-groups of young repatriates start using heroin at a very early age. Roughly 300,000 people regularly use cocaine. The use of crack is increasing in some towns. The prevalence of cannabis and Ecstasy use in the party and techno scene is almost ten times higher than in the same age group outside this scene. Approximately half a million, mainly young people use 'party drugs', such as Ecstasy, mostly in combination with other illicit addictive substances, such as cannabis and cocaine, but also with licit ones like alcohol.

In addition, trafficking in illicit drugs and crime related to the procurement of drugs constitute a substantial impairment of public safety and order.

Pathological gambling counts as a 'non-substance-related addiction', whereas eating disorders do not. Estimates assume that between 50,000 and 80,000 people have developed a pathological condition requiring treatment. This is also a depressing reality for their relatives. In the framework of ICD-10, pathological gambling is a clinical picture in its own right.

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1 The term 'lifestyle drugs' refers to the consumption of psychoactive substances that are used in connection with transient trends in fashion, youth culture, the sports sector etc., and whose use is discontinued when these trends change.

4 Eating disorders are often classed in the group of addictive illnesses, both in everyday language and by sections of the professional public. This is, however, not in keeping with the diagnostic systems, which define eating disorders as a clinical picture in their own right. The number of persons affected is estimated at roughly 5% for anorexia nervosa and bulimia nervosa, while the figure for adiposity (substantial overweight) is estimated at roughly 20% for women and 10% for men. The affected persons - most of whom are women - initially turned to the existing support system. However, the addict support system is not the only place, and in many cases also not the right place, for providing advice and therapy for people with eating disorders. Moreover, it is estimated that between 10% and 30% of people with eating disorders also have addiction problems. Much the same also applies in relation to 'online addiction'. There is not yet a standard, generally accepted definition of this disorder. The estimates regarding the number of persons affected also differ widely.
The spectrum of potential health damage resulting from the use of addictive substances is broad, ranging from organic and mental secondary and concomitant disorders, damage to unborn children in the womb, all the way to the manifestation of the addiction itself. It moreover results in road accidents causing personal injury, occupational accidents, criminality and the use of violence. The damage suffered by the national economy due to substance abuse and dependence is substantial. One bed in five in German hospitals is an 'addiction bed', and one doctor's appointment in ten an 'addiction appointment'.

It is, of course, best if an addictive illness does not occur in the first place. This is why it must be the aim to encourage young people, in particular, not to start using addictive substances, or not until a later stage.

It is a key objective of health policy to prevent or substantially reduce risky consumption, harmful use and dependence on addictive substances by every possible means. Consequently, drug prevention is of outstanding importance.

In addition, it is important to recognise addictive developments at an early stage and offer assistance in good time, so that addiction can be prevented or a way out of addiction found. Addiction seriously impairs the quality of life of the individual and his or her relatives, on the one hand, and causes substantial costs, on the other.

Addiction is an illness requiring treatment. The aim is to make the existing treatment options available to addicts as soon and as comprehensively as possible.

The development of dependence is based on multiple factors. Possible influences include genetic factors, influences relating to development, living circumstances and the environment, and the addictive potential of the respective substance. Societal and social aspects also play a key role (e.g. opportunities for participating in education, work and society, consumption patterns of a society, easy access to addictive substances).

Addicts in Germany have a legal claim to assistance. The providers of social security benefits are obliged to finance this assistance. Together with the service providers and self-help groups, they have in recent decades established a highly differentiated range of drug dependence and addict support services, offering a wide variety of different programmes for people in need of help.

With this support and treatment system, Germany is way ahead by both European and international standards.

First, it is a differentiated support system that takes into account the different situations in life, the different clinical pictures, the different genders and ages of the affected persons;
Second, it is also of high quality.

**The addict support system in Germany: high quality - potentials regarding access and effectiveness**

In the last 30 years, a high-quality, differentiated treatment system has been developed in the addict support sector in Germany, encompassing outreach and low-threshold support, non-residential counselling and treatment offers, qualified withdrawal, residential withdrawal treatment with a subsequent adaptation phase and continuing, post-residential support services in the framework of integration (e.g. nonresidential rehabilitation, assisted living, vocational rehabilitation projects, aftercare and self-help groups).

In addition, there is a medication-assisted, non-residential treatment system, especially for opiate addicts. The efficacy of this counselling and treatment system has been widely confirmed. Cooperation between doctors in private practice and the addict support system should be promoted in order to improve the interfaces in the field of acute medicine. Withdrawal treatment should generally be provided in qualified form, meaning that the motivation, psychosocial support of patients and the initiation of continuing rehabilitation services should be part of the normal standard in withdrawal in the acute medicine sector.

In the field of withdrawal, we have a differentiated range of treatment offers (non-residential, semi- and fully residential withdrawal and rehabilitation programmes, combination treatment, etc.), whose quality must be maintained and whose further development should be promoted.

Substitution treatment for opiate addicts has been quantitatively expanded and qualitatively improved in recent years. It has become a pillar of the support available for opiate addicts.

There is a need for patients suffering from chronic multiple addiction, and thus presenting unfavourable starting conditions, also to be given the possibility of taking up the offer of withdrawal treatment.

The resources available for the treatment of pathological dependence are also to guarantee need-based, high-quality care in the future. However, too few people with addiction problems are still being reached, and often too late. For this reason, *improving access to addicts and people at risk of addiction* is a central objective of health policy.
Reduction of addictive illnesses: a task of society in health policy and regulatory law.

The state has an obligation in social and health policy to illustrate ways of overcoming addiction and drug problems and, in particular, to protect its citizens against health damage. To this end, in addition to providing support, it must also apply criminal law and other measures of regulatory law, especially bans on the cultivation, purchase and sale of certain psychoactive substances. As regards licit substances, the state must make use of control mechanisms in order to avoid, or at least reduce, the consumption of psychoactive substances by way of their pricing, licensing, production controls, or restrictions on sale and advertising, for example.

An all-embracing strategy in an Action Plan is necessary in order to pool all the forces of society for reducing addiction problems.

The Action Plan on Drugs and Addiction comprises an all-encompassing, longterm overall strategy for dealing with addictive substances that contributes to changing health-consciousness and to avoiding, or at least reducing, harmful consumption. The ‘National Programme on Drug Abuse Control’, adopted in 1990, no longer reflects the latest knowledge in research and practice. For instance, the measures are not tailored to the risk groups of children from addicted families, young repatriates and the party drug scene. Moreover, it is one-sidedly geared to illicit drugs, thus overlooking the serious social and health-related effects of the harmful consumption of licit addictive substances. Similarly, developments in the new Federal Laender could not be taken into consideration at that time. New, low-threshold offers of survival assistance (e.g. drug consumption rooms) are likewise not included. There is also a need for action in the field of new technologies, since the Internet has created new communication and trading channels for national and international drug trafficking that demand new responses on the part of drug and addiction policy.

By drawing up an Action Plan, Germany is joining the ranks of other European and non-European countries that have adopted comparable instruments in recent years. In particular, the drug strategy approved by the European Council in the Action Plan on Drugs 2002–2004 of the European Union is of outstanding political significance.

The essential contents of the Action Plan on Alcohol, adopted by the Conference of the Ministers of Health (GMK) in 1997, have been integrated into the Action Plan on Drugs and Addiction.

The Action Plan on Drugs and Addiction describes priority fields of action and defines goals that are presented in the four pillars of Prevention, Counselling/Treatment, Survival
assistance/Harm reduction and Repression/Supply reduction. Most Länder have integrated survival assistance in the pillar of Counselling/Treatment.

Measures for achieving the defined goals are described for the individual fields of action. Clear time frames and goal-setting are important elements of the plan, along with evaluation of the measures.

In this context, the proposals for improving and optimising the addict support system are to be integrated in the overall reform of the health sector. The existing resources and fields of action in the health sector (prevention, treatment, rehabilitation and care) are to be pooled and their goals also geared to the needs and situations in life of chronically ill and disabled people.5

The implementation of the Action Plan is to be monitored by a Drug and Addiction Council, which will include representatives of all socially relevant groups and institutions involved in the reduction of addiction problems and the provision of support for addicts. The task of the Drug and Addiction Council is to review the implementation of the defined goals in corresponding measures.

The representatives will work towards the measures being implemented in their respective spheres of responsibility.

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5 The somatically oriented concept of illness is to be expanded to include social and psychological dimensions, with the aim of achieving the fullest possible involvement and participation in social life (see also: Key paper for an integration-oriented health reform from the point of view of chronically ill and disabled persons, August 2002). According to the Basic Law, the health sector is committed to overriding principles. These include the protection of the dignity of man (Art. 1 Para. 1 Basic Law), the right to the free development of the personality (Art. 2 Para. 1 Basic Law) and the right to life and to inviolability of the person (Art. 2 Para. 2 Basic Law). In this connection, the promotion of physical, mental and spiritual health, and the warding off of corresponding hazards, is one of the essential tasks of health policy.
2. Reduction of Drug and Addiction-related Problems

2.1. General Goals

In drug and addiction policy, the Federal Government and the Laender propose to further develop the support system and focus on fighting dependence on licit addictive substances, especially the reduction of tobacco use and risky alcohol consumption. Greater importance is to be attached to the role of prevention in this context.

The following general goals apply in addiction policy:

1. Preventing or delaying the start of consumption
2. Recognising and reducing risky consumption patterns at an early stage
3. Safeguarding survival
4. Treating dependence using all the options available according to the latest state of scientific knowledge
5. Containing the availability of illicit addictive substances

In this context, the following sub-goals serve to achieve the general goals:

Promotion of general health-consciousness to prevent the development of dependence

Empirical studies demonstrate that greater health-consciousness among the public also leads to a reduction in harmful behavioural patterns. The concept of health used here does not mean the mere absence of illness, but – as defined by the World Health Organisation – the mental and physical feeling of well-being of the individual, the improvement of his or her quality of life and the strengthening of social skills, so as also to be able to respond appropriately to difficult situations in life. Self-confident ('strong') personalities have less of a tendency to become dependent.

This also requires an improved level of information among the public as regards the criteria of risky, harmful and dependent consumption of licit and illicit psychoactive substances and the associated risks. Improving health and health-consciousness cannot be a task of addiction policy alone. It must be an integral element of a comprehensive health, social, education and youth policy, whose goals can only be achieved if the various players involved cooperate.
Changing the social climate towards a more critical attitude to licit and illicit addictive substances

The level of consumption of psychoactive substances in our society is generally too high and - especially in relation to licit addictive substances - too little attention is paid to its health, psychological, social and economic effects. It is often associated with leisure-time situations and relaxation. However, since the overall harm caused to the individual and society reaches substantial dimensions, there is a need to influence the social climate in such a way that a more critical attitude towards addictive substances emerges.

Identification of abusive behaviour as early as possible and improvement of the early detection of new psychoactive substances and consumption patterns

Earlier detection of harmful trends regarding the consumption of psychoactive substances requires the further development and provision of the necessary diagnostic instruments. Counselling centres, health and youth welfare institutions, schools, the medical community and hospitals must recognise the development of an addiction or abusive consumption at an early stage, in order to be able to provide and arrange more extensive support in good time. The same applies to new psychoactive substances and consumption patterns.

Sensitisation to the risks of multiple consumptions

Multiple consumption of different licit and illicit psychoactive substances has grown, especially among young people. Multiple consumption of this kind greatly increases the health risk. Consequently, the objective is to cater to the new consumption patterns and to further open and qualify prevention and the support system for this trend and for young consumers.

Target group-oriented support of groups at particular risk in order to avoid dependence

The development of an addictive illness has complex causes. There are, for example, biographic and/or social developmental burdens (e.g. addicted parents, traumatising experiences of sexual violence in childhood, lacking integration of an ethnic group, migration experiences and the like) that result in a higher risk of dependence. These stressful situations (e.g. unemployment), and the groups exposed to them, are to be addressed more specifically in prevention and intervention.
Reduction of accidents on the road and at work under the influence of psychoactive substances

25,690 road traffic accidents involving personal injury (- 6.2%) occurred in 2001, with 23,152 road users suffering slight injuries (- 5.2%), 10,365 severe injuries (- 8.5%) and 909 fatal injuries (- 11%). The threat to road safety due to drivers under the influence of drugs has increased in recent years. Alcohol abuse and dependence cause substantial costs in businesses. For example, it is estimated that 10 to 30 percent of occupational accidents and accidents en route are alcohol-induced. Compared to their colleagues, alcohol addicts stay away from work 16 times more often, are ill 2.5 times more often and are absent for longer of achieving roughly three-quarters of their normal working capacity.

Implementation of gender mainstreaming in addiction and drug policy

Sensitivity regarding the importance of gender must be increased because, in conjunction with cultural patterns of masculinity and femininity, as well as male and female development, substance consumption also leads to different consumption patterns and different preferences for psychoactive substances. The special consideration of gender-specific offers in prevention and the addict support system is to be intensified.

Anchoring of interdisciplinary cooperation

An effective policy on drugs and addiction requires interdisciplinary cooperation between the various players from the fields of medicine, education, social occupations, self-help, politics, administration, the judiciary and the police. Systematic cooperation of the addict support system with the field of medical and social-psychiatric basic care is just as necessary as with support for the homeless, general social counselling, youth welfare and specialist migration services. To this end, binding agreements must be reached on the use of case management and on the mandate to provide care. In addition, Book IX of the Social Security Code (SGB IX - Rehabilitation and participation of the disabled), which entered into force on 1 July 2001, contains effective instruments for guaranteeing coordination of the benefits and services, and cooperation between their service providers. Among other things, they include the establishment of joint service centres, the rapid clarification of the need for support in individual instances, and the statutory obligation to act jointly.

In the field of control, it is indispensable that competences be assigned and distributed between regulatory authorities, youth welfare offices and the police.
Control of drug-related crime

However, the threat posed by the use of psychedelic substances relates to more than just the aspect of health policy. After all, not every use of licit or illicit drugs automatically leads to dependence. The common feature of all motives for using intoxicating substances (curiosity or addiction) is the willingness (later: dependence or compulsion) to consume. In turn, from the point of view of market economics, this willingness to consume constitutes a demand potential that is covered by a varied (licit and illicit) supply of intoxicating substances. In particular, the illicit drug market should also not be underestimated as regards the damage it does to the national economy.

In addition, ‘organised crime’ - and especially illicitly organised trafficking in narcotics - represents a potential threat whose extent and implications are of great significance in terms of security and economic policy due to infiltration of the legal economic cycle.

2.2. Substance-related Goals

Reduction of tobacco consumption to reduce tobacco-related diseases and deaths

This goal is one of the five priority health goals in Germany and applies to active and passive smokers. Since the health damage caused by tobacco consumption is not insubstantially dependent on the smoker rate and smoking habits, there is a need to further reduce the smoker rate. To this end, it is also necessary to reduce the frequency of smoking, as this not only reduces the health damage, but also makes cessation easier.

In a ‘National Anti-Tobacco Programme’, the Federal Government will adopt a package of concrete measures, encompassing prevention, self-obligations on the part of industry, tax measures and statutory regulations, as part of the implementation of the ‘Action Plan on Drugs and Addiction’.

Improving public relations work to create a social climate in favour of a smoke-free lifestyle, increasing awareness of the consequences of smoking and passive smoking among the public

The majority of the population does not smoke. The advantages of a smoke-free lifestyle must be given even greater emphasis in the public eye.

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6 Following the resolution of the 72nd Conference of the Ministers of Health in 1999, the Federal Ministry of Health and Social Security initiated the process for defining nationally uniform health goals and their implementation in everyday health care. The development of health goals pursues a comprehensive approach for improving health in defined, exemplary sectors and for improving structures having an influence on the health of the population and the care of the sick. All strata of the population are to be reached in this context. Prevention plays a special role, and self-responsibility and self-help are to be strengthened. Five priority health goals have been selected in close coordination between tobacco consumption; Health has a future - Nutrition; Stress management in children and young people; Strengthening the health skills of the public and patients. Information at www.gesundheitsziele.de
Information on the potential damage to health caused by tobacco consumption is today widely disseminated - partly as a result of campaigns on the part of non-governmental organisations. Nevertheless, it still remains an important goal to even further increase knowledge on the subject in the population as a whole and among children and young people, in particular.

**Reduction of alcohol consumption to reduce per capita alcohol-related diseases and deaths and to reduce the percentage of the population displaying risky alcohol consumption (e.g. binge drinking)**

Since research assumes that there is a connection between per capita alcohol consumption and alcohol-related health and social harm, the objective is to reduce average total consumption, and also the percentage of people displaying risky consumption patterns. This goal is also based on the fact that annual per capita consumption in Germany is still in excess of ten litres of pure alcohol and thus in the top third of the range in an European comparison.

**Avoidance or reduction of the consumption of illicit drugs**

Even though the various substances have different potentials for causing health damage and dependence, the general objective is to avoid, or at least reduce, the consumption of illicit psychoactive substances because of the health hazards associated with their use. Consequently, the purchase and possession of certain psychoactive substances is banned and punishable under the Narcotics Act (BtMG) - and also under the provisions of the international drug conventions. At the same time, there is a growing risk of contracting certain infectious diseases (especially hepatitis and HIV), particularly due to poor hygiene when injecting certain substances, but also as a result of unprotected sexual activities under the influence of drugs. Up to 80% of drug addicts in open scenes are already infected with hepatitis C. These infections are generally chronic, leading to substantial physical impairments and, in the worst-case scenario, to death.

In addition, research has revealed new pointers towards organic brain impairments and long-term damage due to the consumption of synthetic drugs. For this reason, one important concern of European drug policy is the reduction of health damage resulting from the consumption of designer drugs with the help of preventive measures, and the containment of their production and trafficking.
The prevalence of cannabis and Ecstasy consumption in the party and techno scene is almost ten times higher than in the same age group outside this scene.

**Reduction of abuse and promotion of early detection and early intervention in cases of improper use of psychoactive medication**

By means of targeted education, women, in particular, are to be addressed and encouraged not to respond to psychological upsets and stress situations exclusively by taking psychoactive medication. Only a small percentage of medication-dependent people – predominantly women – are undergoing specific treatment.

**Strengthening awareness of the problem of pathological gambling**

More and more people – two-thirds of whom are men – are affected by pathological gambling, ruining themselves and their families. Consequently, the goal must be to illustrate the negative aspects of pathological gambling more clearly, both to the providers of gambling opportunities and to the public in general.

3.1. Prevention

The aim of drug prevention today is to promote health, maintain abstinence, and avoid abuse and dependence. Prevention has a dual objective: on the one hand, it helps an individual avoid an addictive illness and, on the other hand, it serves society in reducing the consequential costs of addictive illnesses in the long term.

THE FUNDAMENTAL ELEMENTS OF PREVENTION WORK ARE:

1. An overall conceptual strategy embedded in holistic health promotion
2. The expansion of life skills
3. The communication of positive messages: ‘Not smoking is cool’
4. A target group-oriented address
5. The integration of peers and self-help
6. The long-term nature of the measures

Drug prevention can only be effective and sustainable if it follows an overall conceptual strategy and if various complementary measures on the part of the Federal Government, the Länder, municipalities and social insurance funds are intermeshed and supplement each other. Emphasis should be placed on decentralised and municipal concepts in this context, since local efforts are the most effective.

Drug prevention must be of all-embracing design and focus even more strongly on children and young people. Deterrent and pointing the finger are unsuitable measures for prevention. Therefore, drug prevention must be geared to making children strong. After all, self-confident children and young people, who have the necessary life skills and are also capable of saying ‘no’, are best protected against addiction risks.

In principle, all prevention measures should be geared to the everyday experiences of the target group and the world in which they live; they should promote the existing strengths of affected persons and involve the group itself (peer education), since people of the same age are more credible. New target groups can be addressed and reached by promoting interactive offers that enable active involvement and development.

However, drug prevention measures are aimed not only at children, young people and young adults. For instance, parents in particular are likewise addressed by projects of this kind, as are older people, especially with regard to the problem of medication abuse. Measures for
the group between 18 and 27 years of age must also be intensified, particularly in connection with participation in road traffic, the leisure-time behaviour of young people, the handling of licit and illicit drugs, and also the social and psychological development phases of young people of full age.

Preventive measures must also be tailored more accurately to gender-related factors. Girls and women mostly consume differently than boys and men; they also often do so more secretly and are influenced by other models. Preventive measures must be geared to this fact in order to become more effective.

Since prevention is aimed at changing behaviour, only relatively long-term programmes have a sustained effect. A one-off message is not enough; rather, the messages must be communicated repeatedly in different contexts.

In future, prevention work is additionally to devote greater attention to multiple consumption and risky consumption patterns, since the distinction between illicit and licit drugs reflects real consumption behaviour less and less, especially among young people.

3.1.1. Non-substance-specific Prevention Measures

**Expansion of structural measures**

Structural measures relate to the improvement of people's living environment, the intensification of cooperation at the federal, Laender and municipal level, the exploitation of synergistic effects and savings potentials by more intensive collaboration and by safeguarding the work of drug prevention professionals. The maintenance and expansion of educational child and youth protection in the Laender and municipalities is also necessary in the framework of structural measures. They likewise encompass restrictions on advertising for, and the pricing of, licit substances and intensification of the self-obligations of the tobacco, alcohol and gambling industries.

**Implementation and expansion of statutory measure**

The amendment of the Act Protecting Youth in Public in order to restrict the harmful influence of addictive substances on children and young people, as well as the advertising of
tobacco and alcohol in the media, is an important means of the state and society for reducing the development of addictive illnesses. The implementation of legislative measures for reducing access to psychoactive substances, particularly for young people, must be subject to more intensive local monitoring. In addition, an effort must be made to more strongly embed the concept of prevention in the benefits statutes of the statutory health insurance system as a priority measure of health policy. The new wording of Section 20 Para. 1 of Book V of the Social Security Code (SGB V - Healthinsurance) charged the statutory health insurance funds with the task of using prevention as a means for counteracting socially induced inequalities in health, in particular.

**Establishment of a ‘financing pool’, funded from several sources, for drug prevention measures**

The state funds available for promoting preventive measures are insufficient. Therefore, a concept for a ‘financing pool’ (health insurance funds, Federal Government, Laender, municipalities, etc.) must be examined, in order to promote preventive activities and bundle financial resources.

The cooperation between the Federal Government, the Laender, the alcohol industry and the advertising industry in a joint working group for promoting harm-reducing measures, and the envisaged joint measures, follow on from the activities already being initiated in a number of Federal Laender in the form of prevention measures funded jointly with the alcohol industry and social insurance funds (campaign alliances). Also to be seen in this context is the contractual agreement between the Federal Ministry of Health and the cigarette industry regarding the funding of media for youth-specific prevention measures.

In addition, the question should be examined as to whether a certain percentage of the tax proceeds from tobacco and alcohol tax can be used for the prevention of, and support for, tobacco and alcohol-related health problems.

**Quality assurance in prevention**

Concrete interventions require regular, systematic evaluation and quality assurance. This includes standards and guidelines for prevention measures. In addition, the Federal Centre for Health Education (BZgA) is developing a computer-aided ‘documentation tool’ for professional prevention agencies and a joint prevention network in the form of an Internet portal.
Promotion of networked municipal strategies and development of a catalogue of ‘Models of Good Practice’

Citizen-oriented prevention strategies are geared to prevailing regional conditions. The demand for regional networking is served by corresponding working groups which may, in turn, be led by supraregional professional agencies.

Through the ‘Model Strategies for Municipal Drug Prevention’ competition, initiated by the Federal Government, positive experiences are collected in a catalogue of measures that is also suitable for international use. Successful examples need to be adapted to prevailing local conditions.

Further development of measures for promoting health and development in kindergarten and the school sector

Children already acquire their first experiences with social learning and handling group pressure in the social setting of the kindergarten. They also learn basic skills necessary for health-conscious behaviour. More intensive use is to be made of programmes that also communicate these skills in the school sector, such as those on which the ‘Class2000’, ‘Lions Quest’ and ‘Becoming independent’ projects are based.

The ‘Curriculum for Parental Education Work’, developed by the BZgA, is to be used more extensively by the providers of parental education work. The existing curricular basics are to be introduced as binding in both the training and qualification of educators. Being the place where children and young people spend a major part of their lives, the school must be involved more extensively in drug prevention measures, since behavioural patterns for adult life are decisively shaped in school. To this end, there is a need to embed drug prevention as an integral element of the curricula of various crosssectional subjects. In-school health education and promotion is already to be embedded in teacher training. In addition, in order to expand in-school secondary drug prevention for particularly high-risk groups (e.g. tobacco-smoking children), manuals are to be made available to permit early recognition of addiction problems and initiation of appropriate steps to reduce them. Moreover, a positive school climate must be promoted and supported by the role-model function of the teaching staff, so that pupils' positive resources can be strengthened. A nationwide 'Healthy School' label is to be developed that gives recognition for the introduction of 'smoke-free schools' and 'alcohol-free schools', in particular.

Promotion of the networking of drug prevention and youth welfare

After coming out of school, young people spend much of their daily life in the neighbourhood social sphere. The services offered by extracurricular youth work, and the measures
and programmes of youth welfare and addict support organisations, must be networked more strongly again, so that early conspicuous signs in children and young people can be addressed in a joint effort. Workers in youth welfare institutions, especially in open youth work and youth association work, and also in residential disciplinary aid institutions, are to be given tools and working aids specific to their field of work, so that they can perform more effective prevention work with young users. Everyone who works professionally with children and young people must be qualified and sensitised appropriately. Sufficient training and continuing education programmes addressing the problem must be offered.

Drug prevention is also a cross-sectional task of education, community work and social policy that affects every sphere of life of children and young people. Consequently, an effective, efficient youth welfare system makes a significant contribution to qualified drug prevention.

**Intensification of target group-oriented prevention**

Social indicators (such as the social environment) are also of importance in the context of addiction development in children and young people. Therefore, drug prevention measures must primarily be embedded in this sector. In this context, greater promotion of community-oriented work and setting-based approaches is just as important as work with the affected children and young people.

**PREVENTION APPROACHES ARE NECESSARY FOR**
- the elderly,
- the mentally handicapped,
- the unemployed,
- people in difficult social situations, and
- people of other ethnic affiliations.

In this context, it is primarily a question of recognising and activating the existing skills and competencies of the people involved. Work with addicted parents is also important for avoiding the development of an addiction in the children. The direct addressing of consumers of illicit drugs via the Internet has proven successful. However, the number of people taking up this offer still needs to be increased substantially and, where appropriate, the offer itself needs to be geared more effectively to individual user groups by developing a more differentiated manner of address via cooperation partners from the scene (party projects).

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7 Since the switch to a lifestyle-based approach, attention has focused on integrating the context of the world or subculture in which the addressees live. Independently of any risk or addiction potential, target groups are differentiated on the basis of their different worlds and lifestyles, with the respective stress or protective factors, ritualisations of consumption, symbolic meanings of substances, social networks or risk-handling skills. The phenomenon can be defined more narrowly (e.g. crack consumption) or more broadly (e.g. development of dependence), or relate to substances or to mediating aspects (e.g. life skills). This applies both when thinking along the lines of substances (e.g. smoking - Which groups are most severely affected? Which field is the most relevant?), and when taking target groups as the basis (e.g. old people - Which phenomenon affects them most severely?). The general statements apply to all substances covered by drug prevention, including psychotropic drugs.
Implementation of drug prevention work in public health service institutions, doctors’ surgeries and hospitals, and of training on the subject of drug prevention

Addicts are often first recognised in health service institutions, doctors’ surgeries or hospitals. Greater consideration must be given to the diagnosis of addictive illnesses in the curricula of medical basic training and continuing education. There must be regular offers of continuing education for the corresponding group of persons.

Integration of television, radio and print media in education and information campaigns

The mass media must be included in an overall strategy of an Action Plan on Drugs and Addiction, so that the objectives can be made known to the public and a positive climate created for drug-prevention messages. It is to be examined whether an obligation to broadcast target group-specific health education spots can be incorporated into the individual Land Broadcasting Acts. The media are to be won over to making a contribution to drug prevention by way of voluntary, self-imposed restrictions on advertising, especially for alcohol and tobacco.

Continuation of cooperation with sports associations in drug prevention

The successful cooperation between sports associations and the BZgA, as well as at the Laender level, is to be continued, in order to reach young people with offers of primary prevention by integrating these offers in sporting activities.

3.1.2. Substance-specific Prevention Measures

Improvement of the protection of non-smokers by implementation of the Workplaces Ordinance

The amendment of the Workplaces Ordinance with effect from 3 October 2002, which strengthens the protection of non-smokers at the workplace by obliging employers to provide smoke-free workplaces, is an important step. Greater attention is to be drawn to the problem of the health hazards resulting from passive smoking. A further aim is to improve the protection of non-smokers in other spheres of life as well, e.g. restaurants, railway stations and airports. Public institutions, especially schools and medical facilities, are places where the protection of non-smokers must be substantially improved and a climate...
of support for freedom from smoke created. The aim is the nationwide enforcement of smoking bans or smoke-free zones in public institutions.

**Support of an alcohol-free lifestyle, promotion of the responsible handling of alcohol**

An alcohol-free lifestyle must be recognised as a lifestyle in its own right. The consequences of excessive alcohol consumption are still not sufficiently known among the general public, or they are trivialised. Consequently, information on the subject must be intensified. In particular, doctors in general practice and in hospitals have a key function in this context. The responsible handling of alcohol will be a key field.

**Promotion of absolute sobriety**

The term absolute sobriety means not consuming alcohol in certain situations in which such consumption leads to immediate danger to others or to personal impairments. Accordingly, the responsible handling of alcohol includes absolute sobriety at the workplace, on the road, during pregnancy and breast-feeding, or when taking medicines. It is likewise a target that children and young people should forgo drinking alcohol under the age of 16.

**Improvement in the prescription of medication for the intended purpose**

To improve the approachability of medication-dependent persons - predominantly women - an effort must be made to detect medication dependence earlier in the doctor’s surgery, in hospital, or also in the context of other, specific support systems (e.g. mother-and-child recreation cures) and to motivate the affected persons to undergo treatment.

Special caution should be targeted in connection with the prescription of psychoactive medication, in keeping with the principle that ‘less is more’. The hitherto underestimated risks of medication dependence can be reduced by:

- increased education about the risks and hazards of abuse, and about alternatives to the use of medication,
- Systematic documentation and assessment of the problematic use of medication (establishment of a monitoring system),
- Specific preventive measures for particular target groups,
- Improved qualification (pharmacology/psychiatry/pharmacy) of doctors and dispensing chemists.

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8 The use of methylphenidate in the treatment of attention deficit and hyperactivity disorder (ADHD) is to be improved by quality-assuring, need-based standards.
Use of profits from gambling revenue for funding prevention and support measures in connection with addictive illnesses

Part of the profits of casinos and similar organisations usually goes into the budgets of the individual Länder. A certain portion of this income is to be made available for drug prevention and addict support.

3.2. Counselling, Treatment and Rehabilitation

Measures in the above-mentioned field are geared to persons who are at risk or already dependent, with the aim of

- reaching them at an early stage in order to provide support,
- securing their survival,
- motivating them to accept continuing support,
- stabilising their health, and
- rehabilitating them socially and occupationally.

The following measures are necessary for improving counselling and therapy:

Establishment of a nationwide drug and addiction helpline (standard number)

The expansion of telephone drug and addiction counselling under a standard telephone number across the country must be examined. Existing telephone counselling services that can only be reached regionally are to be networked in such a way that people with addiction problems, or their relatives, can obtain professional help faster.

Improvement of cooperation between addict support and youth welfare services for earlier intervention when people are at risk

Improved cooperation between youth welfare and addict support services is intended to contribute to earlier intervention when people are at risk and thus prevent the development of an addiction. This is to be supported by:

- The initiation of joint continuing education events/expert meetings,
- The development of a manual for cooperation between youth welfare and addict support services,
- Cooperation agreements at the municipal level, stipulating that the addict support and youth welfare services are always to involve each other in the event
of addictive substance abuse by young people and their parents, whose child-raising skills are impaired by the addictive illness,

- The further promotion of the initiated exchange of existing cooperation measures in the two fields,
- The expansion of networking to include juvenile court assistance and migration counselling centres.

**Earlier approaching of people at risk from illicit substances**

Except in the case of cannabis, a career of using illicit drugs often begins in certain sub-groups of young people and young adults (for example, in a sub-group of young repatriates, in the group of young people whose conduct comes to notice, or in the techno party scene).

For this reason, outreach support programmes must, for example, seek specific access to these sub-groups (especially by integrating peers in this low threshold work), in order to reach the young people at risk, prevent them beginning a drug career, or motivate them to quit their addiction at an early stage.

**Improvement and expansion of the non-residential treatment of addicts**

Addiction treatment should be as close as possible to the home and more readily accessible. The possibility created by SGB IX of making greater use of non-residential and semi-residential rehabilitation must be put into practice in the administration of the rehabilitation funds. The 'Addicts' Agreement' of 4 May 2001 between the health insurance funds and the pension insurance funds is based on better differential diagnosis to permit tailor-made therapy, and expands the treatment options to include substitution-aided non-residential (and residential) rehabilitation.

Non-residential measures should be intensified, e.g. by using opiate antagonists or by means of other medication for preventing relapses. Qualified withdrawal treatment should also be possible on a non-residential basis. The involvement of psychiatrists and psychotherapists in private practice is to be intensified in this field.

**Further development of residential abstinence therapies for addicts**

The residential facilities of professional addict support

- in hospitals and wards for the acute medical/psychiatric treatment of addicts for withdrawal treatment,
• in specialist and rehabilitation clinics, as well as the rehabilitation departments of psychiatric hospitals, for implementing medical rehabilitation services with a differentiated range of indications,
• in therapeutic communities, especially for young addicts and drug addicts, and
• in adaptation facilities for the social and societal integration of the affected persons
give addicts appropriate, professional treatment. There is today increasing individualisation of the therapies, into which motivating methods (motivating talks) are integrated.

The residential facilities take part in the quality assurance programme of the pension insurance funds and ensure quality management that guarantees and constantly improves the quality of the care provided by means of target-oriented, systematic methods and measures (Section 20 SGB IX). The possibility must be examined of awarding a seal of quality, developing common catamnesis standards and formulating joint research projects. In the context of residential therapy, it is also a question of reducing the long-term consequences of intensive drug use, which may be associated with a change in the neurological structure of the clients (development of a strong craving for addictive substances). The treatment must be aimed at overcoming this craving. Simultaneously learning to cope with social deficits, traumas and mental illnesses is also part of the treatment.

Improvement of the professional, appropriate treatment of mental disorders in connection with addictive illnesses

In the course of addictive illnesses, a number of psychopathologically significant symptoms often occur, which can develop into illnesses in their own right. Later phases of addictive illnesses are, above all, accompanied by depressions, anxiety states and organic brain syndromes. On the other hand, primarily psychological illnesses, such as anxiety disorders, can lead to contact with addictive substances (e.g. tranquillisers) and to abuse or dependence. The recognition, and also the appropriate, professional treatment, of these mental disorders is of special importance, also with a view to avoiding the development or complication of dependence symptoms. The combined presence of schizophrenic psychoses and drug abuse constitutes a particular problem. In addition to descriptive classification systems, diagnostic instruments for early identification of an addictive illness and for comorbidity should be developed. A marked increase in the number of providers of psychotherapeutic services has been recorded since the Psychotherapists Act came into force on 1 January 1999, meaning that the care situation can be improved. 'Addiction competence networks' are to be created for this reason.
**Strengthening the interfaces between non-residential and residential abstinence programmes and drug-based treatment**

People on substitution therapy can also be motivated to take up abstinence therapy. The service providers have created the necessary conditions for financing treatment of this kind. It is now a question of addressing clients receiving non-residential substitution treatment as regards this option. Cooperation between doctors in private practice and non-residential and residential addict support centres must be intensified to this end. In addition, residential drug therapy centres must provide places for an initial substitution phase followed by abstinence treatment.

**Expansion of occupational integration services**

Provided that the statutory prerequisites are met, the rehabilitation funds must make consistent use of the options envisaged in SGB IX for granting benefits in connection with participation in working life. Implementation of the law in practice must be closely monitored in future. Unemployment and the associated processes of impoverishment are associated with a host of psychosocial risks, which may have the effect of intensifying the use of addictive substances and the development of substance-related dependence. Consequently, the integration of people who are dependent on addictive substances by means of work and employment is of very great importance. Regarding participation in working life, binding agreements must be reached with the providers of medical rehabilitation concerning cooperation in rehabilitation, and also with the responsible labour administrations.

**Greater consideration of gender-specific experiences of violence in connection with addictive illnesses**

Experienced violence, and especially sexual violence, is of great importance as a factor contributing to the development of addictive illnesses in women. Therefore, an effort must be made to ensure that systematic attention is paid to the significance of this fact in relation to the illness, its diagnosis and treatment, for instance by means of corresponding training of hospital staff, appointment of female professional therapists or the provision of sheltered rooms for women in clinics.
**Promotion of intercultural skills and consideration of migration-related backgrounds in cases of addictive illnesses**

The intercultural skills of staff in drug counselling centres must be expanded by means of:

- Closer cooperation between migration and addict support counselling centres,
- Point continuing education programmes for migration and addict support counselling centres,
- Evaluation of the experience acquired in pilot projects for drug prevention among migrants,
- Provision of adequate, specific therapeutic offers that give consideration to the migration background through intercultural qualification,
- Involvement of ethnic associations in prevention and treatment work.

Successful rehabilitation of addicted migrants is only possible on the basis of preceding integrative measures (e.g. improvement of German language skills, communication via the culture).

**Promotion and qualification of self-help**

Pursuant to Section 20 Para. 4 SGB V, the health insurance funds promote self-help groups whose purpose is prevention or the rehabilitation of insureds in accordance with the list of clinical pictures. Pursuant to Section 29 SGB IX, self-help groups whose purpose is prevention, rehabilitation, early detection, treatment and coping with illnesses and disabilities are to be promoted by the rehabilitation funds on the basis of standard principles. Since self-help is a decisive component in the successful therapy of an addictive illness, it is to be supported by:

- Better financing of self-help groups and organisations,
- Integration of self-help in the planning of addict support measures at the federal, Land and municipal level,
- Qualification of self-help groups,
- Free provision of premises for meetings.

Self-help groups (including parental self-help groups) are to be more extensively involved in the coordination and planning work for measures aimed at reducing problems with handling psychoactive substances. These groups are an indispensable element of the offers of support for people at risk of addiction and addicts.
**Expansion of the counselling offers relating to smoking cessation and the communication of individually coordinated cessation strategies**

Based on the cessation aids developed to date for people wanting to give up their tobacco addiction, further offers must be developed in cooperation with the health insurance funds. Specific smoking cessation measures are to be tested among young people, in particular. Doctors in private practice must be integrated in this effort.

**Promotion of early detection and early intervention in connection with substance-related health disorders**

Early detection of substance-related problems, and an appropriate reaction, can help avoid long-term harm. This is to be supported by:

- Works agreements regarding early detection of substance-related problems and on dealing with affected persons,
- An obligation of hospitals to give counselling to in-patients,
- Implementation of training programmes for management staff on early detection and on holding talks,
- Improvement of the medical counselling of pregnant women.

Since almost one patient in ten in the surgeries of doctors in private practice has an addiction problem as the underlying cause of his or her acute complaints, it is urgently necessary to improve the early detection of alcohol-related problems or illnesses, in particular. There are now corresponding counselling guidelines, which were developed in a cooperative effort of the BZgA, the addict support associations and the German Medical Association and are being tested in various districts of the Associations of Statutory Health Insurance Physicians.

**Improvement of the offers of support for pathological gamblers**

Only a very small percentage of the total number of clients of the non-residential and residential addict-support system are pathological gamblers. Therefore, the aim is to increase the number of persons treated within the framework of the possibilities described in the Recommendations of the Central Associations of the Health Insurance and Pension Insurance Funds for the Medical Rehabilitation of Pathological Gamblers of 5 February 2001.
**Improvement of substitution treatment**

The objective of substitution treatment is to stabilise the health of drug addicts and gradually achieve abstinence on the part of the patient. It is of crucial importance to further improve the accessibility and quality of substitution treatment. In addition to implementing the measures envisaged for this purpose to date (introduction of a substitution register and of specific addiction-therapy qualification for doctors providing substitution treatment, compliance with guidelines of the German Medical Association), there is a need to:

- improve the psychosocial, psychiatric and psychotherapeutic treatment and support measures, and also apply sociotherapy according to Section 37a SGB V,
- establish quality circles for substitution treatment at the regional level.

Furthermore, offers of substitution-based, non-residential and residential rehabilitation aimed at achieving abstinence are to be expanded (in accordance with Appendix 4 ‘Addicts’ Agreement’ of the pension and health insurance funds of 4 May 2001).

The Guidelines of the Federal Committee of Doctors and Health Insurance Funds on Substitution-Based Treatment of Opiate Addicts (Guidelines on Recognised Examination and Treatment Methods) were amended on 28 October 2002 in line with the recent findings of medical science, in which context manifest opiate dependence was, in particular, recognised as the sole indication for treatment and the previous application procedure replaced by a reporting procedure. The Federal Ministry of Health and Social Security (BMGS) is examining the impact of the amendment. This also includes the implementation and financing of psychosocial support.

**Consideration of the results of the pilot programme for heroin-based treatment in the further development of addict support**

The results of the scientific monitoring of the pilot project for heroin-based treatment of opiate addicts, which can be expected in 2004, will be analysed. The results are to be taken into account in the further development of addict support for the group of extreme heroin addicts.

**Improvement of social integration following therapy**

The transition from therapy to daily life is a particularly difficult phase in the rehabilitation of addicts. It is to be supported by means of
• Flexible utilisation of training, employment and work opportunities,
• The option of aftercare and counselling after the completion of residential therapy.

Expansion of therapy motivation and counselling in the prison system

Both drug counselling in the prison system and cooperation with external drug counselling centres and other professional services are to be improved, especially also for offenders with alcohol problems.

3.3. Survival Assistance and Harm Reduction

Survival assistance is primarily intended to result in a reduction in mortality and morbidity among addicts. In addition to helping addicts quit, both the establishment of low-threshold contact points and drug consumption rooms, and quality-assured substitution treatment are particularly aimed at reducing the mortality rate among drug users.

Additionally, these aids are geared to reducing the social, psychological and somatic consequential damage associated with substance use. By networking with other offers, the aim is to ensure that the target groups for survival assistance also face no major obstacles if they wish to take up offers of continuing measures.

Promotion of low-threshold support programmes for approaching chronic alcoholics, reduction of the number of alcohol-related deaths and expansion of survival assistance / harm reduction for alcohol-dependent people

Offers of professional addict support for alcoholics reach only a small proportion of affected people, since they primarily work on the basis of abstinence. By far the great majority of alcoholics, however, do not take up abstinence treatment. In particular, chronic alcoholics with multiple addictions are often not reached or not retained by the offers of more 'high-threshold' addict support. However, the national 'Outreach Social Work' (Case Management) pilot project, which was implemented in close cooperation with the Laender, illustrated that this target group can be reached and that low-threshold offers of support also lead to a reduction in alcohol-related secondary illnesses. Consequently, the goal must be to expand these offers and improve the networking of existing support for addicts and the
homeless. Low-threshold support programmes for reaching chronic alcoholics with multiple addictions are to be improved in cooperation with the offers of support for the homeless, in order to reduce the number of alcohol-related deaths. Acute treatment is to be combined with a motivation phase, in order to reduce the number of relapses and develop alternatives to chronic alcohol consumption, including behavioural therapy measures for reducing the occasions for drinking and the quantities drunk. In addition to forms of outreach work, this also requires accommodation and (assisted) living options, as well as offers of work and employment. The care of chronically alcohol and medication-dependent people with multiple addictions must be understood as a care task in a community-oriented, integrated support network. This requires binding, regional care concepts with jointly defined goals, binding ‘case responsibility’ and low-threshold access prerequisites.

Further development of harm-reducing measures in cases of risky use of illicit drugs

Injecting heroin or cocaine is a particularly risky and harmful form of consumption. In the case of cannabis, Ecstasy, amphetamines and other substances, there are excessive forms of consumption. The aim is to persuade current users to switch to less risky forms of use and to reduce their consumption, insofar as total abstinence from the use of illicit drugs cannot yet be achieved in these users. The aim of this is to secure their survival and motivate them to give up consumption in the long term. To this end, corresponding information materials must be developed and qualification programmes offered for people working in low-threshold addict support institutions.

Offers of drug consumption rooms

The Federal Government has given drug consumption rooms a legal foundation. Some Federal Laender have created the necessary implementing regulations. Municipalities have in the meantime made use of the possibilities offered by the law and set up drug consumption rooms. The initial results of nationwide evaluation indicate that drug consumption rooms reach their target group and that more extensive support can also be offered for long-term heroin addicts who are very difficult to reach. Furthermore, in addition to other factors, drug consumption rooms have been able to make a specific contribution to reducing the number of drug-related deaths. It should be examined whether further offers can be created.
Improvement of emergency help

It is still the case that far more deaths could be prevented by timely emergency medical help. Emergency help is to be promoted by training affected persons in providing mutual assistance.

Promotion of measures to reduce infection in prisons

Together with the Länder agencies for the administration of justice, the Federal Government will work towards prisons intensifying measures for reducing health damage among specific prisoner groups. This includes, for example, education measures and examination of the question of whether and to what extent vaccination programmes and substitution treatment for opiate addicts are to be implemented or expanded. The Federal Government will closely monitor the pilot programmes for issuing sterile syringes in prisons and carefully examine the results.

3.4. Repression and Supply Reduction

Repressive measures, especially criminal law, are one of the traditional pillars of drug policy. They aim to reduce the supply of addictive substances, on the one hand, and the demand for them, on the other. Above all, criminal law is becoming increasingly important as a key instrument for fighting illicit drug trafficking at both the national and international level. Criminal law relating to narcotics is largely determined by international conventions, and increasingly also by EU law. It must be examined regularly to establish whether it

- achieves the goals pursued,
- is appropriate, and
- can be made more effective.

In addition to repression, Alternative Development is a further strategy for reducing supply. It is applied directly in the countries where drug plants are grown for producing illicit drugs. Alternative Development involves a process that prevents, reduces or eliminates the production of illicit drug crops (e.g. coca bushes, opium poppies) by means of specific measures for rural development. This process is seen as being an open, flexible strategy, whose
implementation has to be adapted to local conditions and situations. It thus also belongs to the field of international cooperation, which is why the measures for its implementation are described in more detail in Section 4 (International cooperation).

### 3.4.1. Reduction of the Supply of Illicit Drugs

**Effective control of the licit starting materials for the production of illicit drugs (precursor monitoring)**

It is usually impossible to manufacture drugs without chemical precursor substances. It is for this reason that the control and monitoring of trading in precursors in the EU and third countries has been expanded in Germany and the other Member States of the European Union, and is subject to constant review on the basis of the latest scientific findings in cooperation with the chemical industry. The objective is to make the production of illicit drugs more difficult as a result.

**Reduction of the availability of illicit drugs and making access to them more difficult**

Since the consumption of illicit substances is also highly dependent on their accessibility, appropriate action must be taken to make access to them increasingly difficult. The instruments of criminal law for controlling illicit drug trafficking are particularly called upon in this context, but also alternative development measures in the drug-growing countries

**Prevention or reduction of trafficking in illicit drugs, especially international and/or organised illicit drug trafficking**

Effective reduction of the supply of illicit drugs can only be achieved if organised drug trafficking, above all, is fought as part of organised crime. This is why the priority goal of police and judicial measures is to combat the structures of organised crime. Fighting the structures of organised crime presupposes a strategic, holistic approach. At the wholesale and intermediate trade level, internationally organised drug trafficking is characterised by numerous gang-like groups and full-fledged organisations, whose structures are comparable to those of business enterprises and which apply the means and methods of organised crime. A nationally and internationally coordinated strategy, ranging from activities in the drug-growing regions all the way to individual investigation and control measures within the sales market in Europe, is necessary to effectively and lastingly counteract the interna-
tionally networked trafficker organisations. When developing a strategy of this kind, it would seem logical to fall back on existing, time-proven concepts in the international field. For the EU, this means its Action Plan 2000-2004.

3.4.2. Review of Legislative Measure

Legislative measures taken in the past and now being put into practice must be examined in the light of their importance and their influence on the common goal of lastingly reducing drug-related crime and addiction-related problems. The experience gained by the police and the judiciary in connection with the available investigation instruments must be evaluated - in this context, reference will primarily have to be made to the empirical knowledge of the Länder.

Examination of the need for legislative action

Particularly against the backdrop of emerging, new trends in organised drug-related crime - such as the development away from the cultivation of plant drugs in developing countries and towards the production of synthetic drugs - the question will have to be examined of whether action needs to be taken in the fields of narcotics, pharmaceuticals or criminal law. The Länder will evaluate police and criminal-law practice against the backdrop of the emerging, new trends to establish whether and to what extent deficits have been revealed there that cannot be countered by organisational measures alone and thus suggest that the examination of legislative measures is indicated.

The proposal for a Framework Decision of the Council defining minimum regulations concerning the elements constituting punishable acts and the penalties in the field of illicit trafficking in drugs is currently being discussed at the EU level. However, a final decision has not yet been reached. Once a decision has been reached, there will be a need to examine whether the pertinent regulations necessitate changes in national law.

Reduction of the availability of tobacco products to children and young people

Since the ready availability of, and legal access to, tobacco products for children and young people favours an early start of a career of smoking, the aim is to make this access more difficult. In this context, consistent compliance is required with the ban on selling tobacco
products to children and young people under the age of 16, as stipulated in the new Act Protecting Youth in Public. Similarly, it will be necessary to monitor the implementation of the regulation, to enter into force in 2007 at the latest, according to which cigarette vending machines may no longer be accessible to children and young people under the age of 16.

**Evaluation of the impact of the regulations of Sections 35 ff Narcotics Act (BtMG)**

The provisions of Sections 35 ff Narcotics Act (therapy instead of punishment), which have been in force since 1982, and those relating to the suspension of punishment on probation on condition that therapy is undergone, have proven successful on the whole. They permit not only the deferment of an impending prison sentence for drug-dependent offenders, but also the interruption of a running prison sentence in favour of treatment. Nevertheless, the deferment of the prison sentence or its suspension on probation is revoked in a substantial percentage of cases. In coordination with the Länder, the Federal Government will examine whether the concrete causes of these relatively high numbers of revocations should be studied more closely by way of an empirical legal study, in order to be able to assess whether and how the application of Sections 35 ff BtMG can be further improved in practice.

**Evaluation of the impact of the regulations of Section 31a Narcotics Act (BtMG)**

The statutory regulation according to which prosecution can be waived pursuant to Section 31a BtMG will be reviewed again from the point of view of uniform, nationwide application of the law and effective prevention on the basis of the specifications of the Federal Constitutional Court of 1994. An empirical legal study entitled 'Legal equality and legal reality in the prosecution of drug users', compiled by the Centre for Criminology on behalf of the Federal Ministry of Health in 1997 on the basis of the decision of the Federal Constitutional Court, had revealed that the practice of the public prosecutors in cases involving up to 10 g cannabis was largely identical, although widely differing limits for determining 'small quantities' in the corresponding guidelines or recommendations for the departments of public prosecution offer much greater latitude in some cases.

In view of the time that has passed since then, the results are currently in the process of being reviewed again. At the same time, the special preventive impact of the application of Section 31a BtMG on the affected persons is also being studied.
Examination of the impact of the amendments of the Road Traffic Act and the Driving Licence Ordinance

Since 1 August 1988, driving a motor vehicle under the influence of any of the intoxicating substances named in the Annex to Section 24a Para. 2 Road Traffic Act (including cannabis, heroin and cocaine, among others) has been an offence subject to a fine and a driving ban. This created an important omnibus clause to supplement the existing provisions of criminal law that can be applied independently of establishing fitness to drive. The list of banned intoxicating substances is updated in line with scientific knowledge. The measures are aimed at reducing the number of road traffic accidents, under the influence of psychoactive substances capable of impairing a person’s fitness to drive. To accompany these measures, the Federal Ministry of Transport, Building and Housing drafted and issued a training programme for police officers. Among other things, the training programme deals with the detection of drugs in road traffic and the determination of traffic-relevant impairments following the use of drugs.9

The training programme for detecting drugs in road traffic and for determining traffic-relevant impairments following the use of drugs should also be used in specific form to train persons working in the youth welfare field, since they work with the addressed target group of these measures in the youth organisations (youth clubs).

A research project by the Federal Agency for Roads (BASt) is studying the impact of the regulations in the Driving Licence Ordinance that came into effect on 1 January 1999 and relate to the clarification of doubts concerning aptitude in cases of use of narcotics and medication. The aim is to obtain an overview of the number of aptitude tests performed due to driving under the influence of drugs or drug possession, as well as the number of resultant driving licence revocations.

3.4.3. More Efficient Control of Organised Drug-related Crime

Evaluation of the impact of the regulations of Section 31a Narcotics Act (BtMG)

Pooling of the resources of the criminal prosecution authorities. The pooling of the forces of all criminal prosecution authorities in accordance with the statutory tasks assigned to them

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9 The endangerment of road safety by drivers under the influence of drugs has become increasingly important in recent years. In 2001, personal injuries were sustained in 1,080 road traffic accidents under the influence of other intoxicating substances (+7%). In this context, 1,004 road users were slightly injured (same number as in 2000), 586 severely injured (+83%) and 63 killed (+13%). Data concerning alcohol-related accidents involving personal injury have been available since 1975. The number of alcohol-related accidents has been on the decline again since 1992. In 2001, there were 25,690 alcohol-related accidents involving personal injury (+6.2%), in which context 23,152 road users were slightly injured (5.2%), 10,365 severely injured (+8.5%) and 909 killed (+11%).
is an important maxim in the field of crime control. Effective use of resources within the criminal prosecution authorities is the result of a coordinated control strategy. Examples of synergistic effects achieved through joint efforts include the creation of the Joint Investigation Groups (customs/police) and the establishment of the Joint Precursor Monitoring Centre (Federal Office of Criminal Investigation/customs). On the judicial side, mention should be made of the organisational measures taken at the level of the departments of public prosecution in order to concentrate responsibilities for narcotics offences with links to organised crime. To further increase efficiency when conducting investigations to establish criminal structures and for exploiting the knowledge obtained in the framework of such investigations in criminal proceedings, efforts should be undertaken to further expand the necessary resources on the judicial side as well.

**Intensification of investigative instruments**

To intensify investigations, the expansion of statutory investigation instruments should be examined, e.g. in the field of telephone tapping or the recording of connection data. This examination must, in particular, also consider the necessary balance between telecommunications secrecy, the basic right to informational self-determination, the requirement for concrete specification of the purpose of data processing, the principles of commensurability, data avoidance and data economy, and the interests of telecommunications providers that deserve protection, on the one hand, and the justified interests of the criminal prosecution authorities, on the other.

**Expansion of the strategies for identifying the structures of criminal organisations**

In the framework of its strategy for controlling internationally organised drug-related crime, the Federal Office of Criminal Investigation undertakes information analyses for identifying the structure of criminal organisations, giving methodological consideration to their similarity to business enterprises. The following objectives are primarily pursued in this context:

- Obtaining current, informative status reports,
- Updating strategic and operational concepts for controlling drug-related crime, and
- Initiating corresponding investigations, also involving the Länder or in coordination with foreign countries.
One of the instruments used for achieving these goals is special analyses, which are performed in close coordination and cooperation with the federal and Land authorities involved in the fight against drug-related crime, specifically the departments of public prosecution conducting the proceedings. This relates to prioritised complexes in the framework of operational analysis, in which great importance is attached to financial investigations and the identification of international offender and logistics structures and their branches in Germany. This package of measures is intended to identify criminal structures and enable more extensive investigations aimed at lastingly damaging these structures.

### Control of cigarette smuggling

It is estimated that smuggled cigarettes account for roughly 10% of the total market in Germany. Customs officials confiscated 653 million smuggled cigarettes in Germany in 1999. The illicit sale of cheap cigarettes undermines health policy efforts for reducing tobacco consumption.

### Reduction of the import of illicit drugs

The focus of police and judicial measures is still to reduce the import of illicit drugs – in close cooperation with the Member States of the EU and the neighbouring countries in Eastern and Southeast Europe.

In this sector, not only the departments of public prosecution, but also the police and the customs authorities have responsibilities and must take appropriate action. This includes both international and national measures, e.g. the improvement of risk analysis by concluding further cooperation agreements with transport companies, and by electronic access of the Federal Customs Administration to freight and passenger information of transport companies.

### Further intensification of border controls

This is to be achieved by:
- Participation in the development and use of new and mobile detection equipment,
- Installation of further container testing installations,
Action Plan on Drugs and Addiction

- Intensification of regional, bilateral and temporary control measures,
- Strengthening mobile control groups,
- Intensification of export controls at German airports in connection with the export and transit of synthetic drugs,
- Development of a holistic control approach for control personnel of the Federal Customs Administration and the police authorities of the Laender in cases of vehicles suspected of smuggling.

3.4.4. Control of Street and Small-scale Dealing

The lasting reduction of the supply of drugs takes top priority for the criminal prosecution authorities. Action against internationally organised drug trafficking requires a strategy that gives consideration to every level of drug trading, from local, small-scale dealing or regional and supraregional middlemen, all the way to nationally and internationally organised 'wholesale' trafficking. Control of commercial street and small-scale dealing, and making it more difficult to purchase illicit addictive substances, is one of the primary responsibilities of the criminal prosecution authorities of the Laender. In this context, strategic approaches can only be guaranteed by joint action of all the criminal prosecution authorities involved at the federal and Laender level.
4. International and European Cooperation

Prevention and repression strategies in Germany are geared to the UN Drug Conventions, the Recommendations of the World Health Organisation (WHO), the Declaration on Demand Reduction and the new Guidelines on Demand Reduction of the UN Drugs Commission. The Directives and Recommendations on tobacco, alcohol and drug dependence, adopted at the European Community level, are of special importance.

International cooperation must include development policy measures, such as the promotion of alternative production and income options, in order to provide alternatives for people in developing and emerging countries. In view of growing consumption problems in the classical producing countries and transit regions, the aim must also be to provide help in establishing prevention projects and addict support structures.

In this context, a distinction must be made between small-scale farmers, who make up the first step of the production chain for reasons of securing their survival, and people who cream off the profits in the other steps with criminal energy and Mafia-like structures. However, presenting and promoting alternative cropping options will be unsuccessful unless the small-scale farmers and countries affected are not also offered possibilities for storing, transporting and marketing alternative products. This includes democratisation and the economic, social and ecological strengthening of rural areas.

The existing cooperation and professional exchange on drug-related projects and programmes at the European level is in future also to be increasingly developed in conjunction with non-European projects (primarily in developing countries). This likewise applies to the development and communication of relevant quality standards in development cooperation.

The preventive and repressive measures of the Federal Government at the international level are aimed at:

- Contributing to even better international coordination of the strategy for controlling international trafficking in addictive substances
- Further intensifying international cooperation in the control of cross-border and organised drug-related crime,
- Supporting partner countries in the development of addict support systems (prevention, treatment, harm-reducing measures and reintegration) and participating in the establishment of control mechanisms (repression) for sustainably reducing illicit drug trafficking (e.g. advancement strategy, police training and equipment assistance),
- Supporting development policy measures in the growing and producing countries, with the goal of reducing the cultivation of drug plants, alleviating poverty
in these regions and improving the living conditions of the people affected by drug plant cultivation, in order to contribute to crisis prevention and peacekeeping in this way. Chemical destruction of drug plants that is not coordinated with development policy measures and is insufficiently controlled, such as is increasingly taking place in Colombia, is rejected,

- Coordinating development policy measures in the growing, producing and transit countries when elaborating global strategies for controlling chemicals that can be abused for the production of narcotics, and
- Concluding cooperation agreements with countries with which there are no contractual support agreements in the drug sector.

Specific measures in this context include, for example:

**Support of the drug control programmes of the United Nations**

Support of the drug control programmes of the United Nations Through its involvement in the drug organisations of the United Nations (CND/UNDCP), the Federal Government will continue to play a role in shaping international drug policy, specifically working towards supply reduction and harm reduction. In the framework of multilateral development cooperation with UN organisations, e.g. UNDCP, programmes and projects for Alternative Development and for prevention are supported, as well as measures in the fields of ‘Good Governance’ and ‘Law Enforcement’.

Against the backdrop of the fact that consumption problems are also rapidly increasing in the growing and transit countries, measures for preventing and reducing problematic consumption must be increasingly expanded. In particular, the numerous interfaces between drug problems and development problems (poverty, hunger and malnutrition, inadequate education, lack of health care, HIV/AIDS, insufficient youth promotion, violence problems, etc.) must be taken into account in this context.

**Further implementation of the EU Action Plan on Drugs 2000-2004**

When implementing the EU Action Plan on Drugs 2000-2004, the Federal Government will emphasise the integrated approach (consideration of licit drugs as well) and the balance between measures for reducing both demand and supply. Other key aspects are cooperation with non-governmental organisations, the provision of appropriate resources, the evaluation of state measures, the qualification of treatment and rehabilitation offers, the reduction of drug-related crime and the promotion of Alternative Development in the drug-growing regions.
Even ahead of the mid-term evaluation, the Council of the European Union was unanimous in agreeing that it would be of advantage for the European drug control measures if certain key fields were to be defined, on which attention should focus in the remaining two years of the term of the EU Action Plan on Drugs. The general opinion was voiced that synthetic drugs would be an obvious choice as one of these key fields.

In November 2002, the Council of the European Union therefore adopted a plan for implementing measures against the supply of synthetic drugs. This plan is based on Title VI of the EU Treaty and is designed to implement various items of the EU Action Plan on Drugs 2000-2004. It provides for concrete initiatives on the following subject areas in connection with the supply of synthetic drugs, to which the European Union should devote more intensive attention in the coming years: supply of precursors to illicit industry, measures relating to illicit laboratories and illicitly operating chemists, measures relating to distribution networks and distribution to end-users, as well as measures relating to the production and distribution of synthetic drugs outside the European Union. In addition, the appropriate bodies (Member States, Council, Commission and Europol) are listed that are to progress the work within set periods of time. The key elements for successful implementation of the measures presented are the efficient exchange of comparable data, as well as constant efforts to avoid duplicate work, and that, wherever possible, new measures be based on existing structures and the possibilities offered by these structures.

Further development of the exchange of experience by the European Drug Monitoring Centre

To a greater degree than in the past, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and its German reference centre (DBDD) are to promote the exchange of experience on innovative projects in the fields of prevention, treatment, survival assistance and repression, as well as for the development of quality standards.

Cooperation in the implementation of Directives and Recommendations of the European Parliament and the Council on the reduction of tobacco and alcohol-related harm

The following are necessary:


**Promotion of European cooperation in the field of rehabilitation**

The rehabilitation funds should attempt to develop common quality standards, test partnership models, engage in benchmarking processes and network rehabilitation research more strongly at the European level.

**Bilateral development cooperation**

In its direct development policy cooperation with developing countries and transformation countries (partner countries), the Federal Government supports measures and projects that are aimed at eliminating social, economic and political causes of the drug problem and work towards reducing the cultivation of drug plants.

In addition, it is increasingly supporting measures in the field of prevention, therapy, survival assistance and risk reduction, as well as rehabilitation, with an eye to the growing consumption problem in the partner countries of development cooperation. These measures are also to be based on the ‘four-pillar model’ and be applied in multidisciplinary fashion at three intervention levels. In this context, micro-projects serve to provide continuing education for professional personnel and to test innovative methods in the framework of pilot projects; sustainable, multisectoral cooperation is promoted at the meso-level, while the macro-level involves the sensitisation and professional support of political decision-makers, the judiciary and the executive as regards the complex problem contexts.

The central element of the Federal Government in development cooperation in the drug sector is the ‘Drugs and Development Action Programme’ (ADE), which was established in 1990 and is implemented by the German Society for Technical Cooperation (GTZ) on behalf of the Federal Ministry for Economic Cooperation (BMZ). As the interface between drug control and development cooperation, the ADE plays a central role.
It contributes the experiences and principles of development cooperation to drug control, while conversely aiming to embed the interests of drug control more firmly in development cooperation. It has a funding volume of approx. € 6.1 million (1990 to 2003) and will be superseded by a ‘Programme for the Promotion of Development-Oriented Drug Control and Addict Support in Developing Countries’ in April 2003. This will then be increasingly geared to drug control and addict support in the context of crisis prevention, reduction of poverty, youth and gender promotion, and HIV/AIDS prevention.

The regional focus of bilateral development cooperation in the drug sector is currently on Latin America (primarily Bolivia, Peru and Colombia). Support is mainly provided for projects relating to Alternative Development and rural development. A drug prevention project in the framework of technical cooperation is currently being promoted in San Salvador, Peru and Chile. The projects promoted in Latin America have a total volume of roughly € 81.0 million.

The regional focus of bilateral development cooperation in Asia is mainly on Laos, where efforts centre on Alternative Development projects in combination with drug prevention components. Technical cooperation projects in Thailand and India are also being supported. The total volume of the projects promoted in Asia is about € 37.5 million.

Technical cooperation projects are predominantly implemented by the German Society for Technical Cooperation (GTZ), but also by other non-governmental implementing organisations, as well as on behalf of the Reconstruction Loan Corporation (KfW).

**International police and judicial cooperation**

In view of the internationalisation of crime resulting from the globalisation of social and economic life and, in the narrower sphere, from increasing European integration, international police and judicial cooperation is a central task now and in the future. It is implemented on a multilateral and bilateral level. Interpol and Europol are established or promising collaboration frameworks for multilateral police cooperation. Schengen cooperation is equally important for the police and the judiciary. These forms of cooperation supplement each other in terms of the formulation and fulfilment of tasks and are complementary systems that each have their own specific characteristics and objectives.

Cooperation with EUROPOL, the European Police Office, should be emphasised as regards police cooperation in the sphere of the European Union. Europol, which had already been working to a limited extent as the Europol Drug Unit since 1994, became fully operational on 1 July 1999, with the fight against drug-related crime remaining an important sphere of
activity. Initially designed as a central agency for the exchange of police information and crime analysis, Europol is in future to support the responsible authorities and coordinate their investigations, e.g. by supporting joint EU investigation teams with Europol staff and by the possibility of requesting national investigating authorities to initiate preliminary investigation proceedings.

In addition, the Federal Office of Criminal Investigation (BKA) also cooperates in the framework of the United Nations (e.g. UNDCP), acting as the central agency to represent the interests of the federal German police in a number of international bodies. The aim of this committee work is not only to promote a general exchange of information on developments in drug-related crime, but also to elaborate coherent control concepts and initiate joint operational measures.

Examples of the measures agreed upon in the framework of this committee work include:

• **Operation PURPLE:**
  'Operation PURPLE' (OPP) is a special measure for international monitoring of potassium permanganate (PP), a 'key chemical' abused for the production of cocaine. Since the beginning of 1999, PP has no longer been produced in Germany, now only being refined, traded and (re-)exported. National implementation of OPP proved to be smooth and effective against the backdrop of the precursor control and monitoring measures existing here on the basis of the requirements and obligations arising from the UN Convention of 1988 and the pertinent EU regulations, as implemented by means of the Precursor Monitoring Act (GÜG), as well as the additional measures in the framework of the monitoring system (voluntary cooperation of trade and industry with investigating authorities).

• **Operation TOPAZ:**
  Acetic anhydride is a chemical necessary for the production of heroin. Following a United Nations General Assembly Special Session on Drugs (UNGASS) in 1998, at which acetic anhydride was selected for special monitoring in the context of the UNGASS Action Plan, the United Nations issued a Resolution that encourages interested countries to take appropriate measures to monitor this chemical. The BKA was involved in a Steering Group that was established for creating global guidelines and standard procedures for this operation. A limit was defined for the monitoring of acetic anhydride deliveries intended for export, and report forms were devised. The BKA assumes that the commitment and cooperation of all parties involved, both within the European Union and worldwide, will lead to Operation Topaz being a success, especially in relation to the prevention and control of trading in precursors.
• PRISM
This is a project designed to monitor precursors for the production of synthetic drugs (including ephedrine, pseudo-ephedrine, safrol, sassafras oil). The goal of PRISM is to identify production sources. The prerequisite for its implementation is, in particular, further improvement of the existing, good cooperation with China on matters relating to precursors.

• Joint Precursor Unit
At the European level, ongoing consideration is being given to how the production of synthetic drugs in the EU can be suppressed by improving cooperation between the investigating authorities and initiating transnational investigation measures in the field of precursor control. The results of these considerations include, among other things, the formation of the 'European Joint Unit on Precursor Chemicals', which started work in November last year, initially for a trial period of six months. This Unit consists of members from selected EU Member States (UK, F, NL, B and D) that have developed the most extensive activities in the precursor sector so far, or that are most affected by the phenomenon of precursor diversion / drug production. At the same time, an Analytical Work File (AWF) for precursors for Amphetamine-Type Stimulants (ATS) is to be set up at EUROPOL.

Multilateral police cooperation is important, but cannot replace bilateral cooperation. Bilateral police cooperation is based in many ways on multilateral and bilateral agreements that define the nature and scope, as well as the limits, of the options for police cooperation in a manner binding under international law. The network of bilateral agreements between the Federal Republic of Germany and its partner states is being expanded further.

Another element of the optimisation of international cooperation is the strategy of advancement. Its components are training and equipment assistance, together with a system of liaison officers. The BKA regards the latter as a highly efficient instrument for fighting crime, both in the operational field and in the strategic sector. The liaison officers advise their police partners in the host country and acquire information, e.g. on the organisational structures of drug-related and organised crime, thereby contributing to its control. The provision of training and equipment assistance enables the criminal prosecution authorities cooperating with the BKA in these countries to more effectively pursue the joint goal of fighting crime.

The BKA engages in targeted, bilateral and multilateral cooperation, especially with those countries that play an important role as regards the cultivation of drug crops, the production and sale of illicit substances to Europe. A current example deserving mention is the commitment of the BKA in granting training and equipment assistance for the countries of Central Asia. In Afghanistan, Germany has, at the request of the community of states and
the provisional Afghan government, assumed the leading role in advising the Afghan security authorities on the establishment of an Afghan police force committed to the principles of the rule of law and to the observation of human rights, and on the control of drug cultivation, processing and trafficking.

Also of decisive importance is the expansion and improvement of cross-border judicial cooperation. Especially in the sphere of the European Union, bodies such as the European Judicial Network (EJN) and Eurojust are becoming increasingly important in this context. For instance, Eurojust, an institution that is still relatively young, but nonetheless has a promising future, is designed to improve judicial cooperation, especially the coordination and promotion of cross-border investigation and criminal prosecution proceedings in the field of serious crime. To achieve its goals, Eurojust cooperates closely with the national criminal prosecution authorities and other European institutions, e.g. Europol and the EJN. The sphere of responsibility of Eurojust includes, for example, such forms of crime as drug trafficking and the laundering of proceeds from crime.

Both the EJN and Eurojust require continued, lasting support. Finally, another aim is to expand and, as far as possible, simplify mutual judicial assistance, particularly (but not only) in the sphere of the European Union.

**International measures for reducing the import of illicit drugs**

These measures include, for example:

- Further expansion of the liaison officer networks of the Federal Office of Criminal Investigation and the customs authorities,
- Increased expansion of equipment and training assistance programmes for foreign police and customs administrations in countries of drug origin and drug transit,
- Participation in international monitoring teams for obtaining advance information abroad,
- Increased cooperation with Europol, both within the EU and in dealings with third countries, including agreement on the use of technical and organisational resources by way of administrative aid; increased cooperation of criminal prosecution authorities, integrating the European Judicial Network and Eurojust,
- Simplification of mutual judicial assistance,
- Promotion of institutions that serve cross-border judicial cooperation.
5. Research

Addiction research provides a scientific basis for improvements in prevention and treatment. Important for practical application is care-oriented addiction research that deals with risk factors involved in addiction development and improvements in early detection and early intervention, as well as strategies for secondary prevention and the prevention of relapses. Non-residential therapeutic methods and quality management in non-residential practice are other important fields of research. The interest of research currently focuses on alcohol and tobacco consumption, but also addresses illicit drugs

Consequently, as part of the health research programme of the Federal Government, interdisciplinary research networks are being established to examine substancespecific and cross-substance issues. The promotion of application-oriented research in close cooperation with institutions providing care is aimed at making the results of research accessible to the counselling and treating institutions, thereby guaranteeing their application in the day-to-day provision of care.

The involvement of institutions providing care in research work is indispensable, since these institutions acquire extensive knowledge regarding counselling and care that cannot, however, be scientifically analysed there alone. Cooperation between research and practice is necessary in order to improve the transfer of research results to practice. Addiction research must be permanently established at institutions of higher education, so that research and teaching can be networked.

With the aim of improving road safety, the Federal Agency for Roads has in recent years implemented or started further research projects on the problem of 'Drugs and Medication' on behalf of the Federal Ministry of Transport, Construction and Housing.
MEASURES IN THE RESEARCH FIELD

• Establishment of a monitoring system for early detection of risky substance and consumption patterns

• Promotion of research projects aimed at improving prevention and treatment

• Promotion of research projects on the causes of addiction, taking gender-specific differences into account, and on secondary prevention measures

• Promotion of research projects on the influence of the consumption of drugs and medication on fitness to drive, and on accidents at home, work or school in general

• Promotion of research projects for studying alcohol abuse as a risk factor in the occurrence of violent crime

• Research into effective factors in the rehabilitation process for developing rehabilitation guidelines / cost-benefit analyses / for differential allocation to rehabilitation
6. Goals and Examples of Implementation Measures

There now follows an initial list of exemplary measures of the Federal Government which will, however, not in themselves be sufficient to achieve the specified goals or actually change the selected indicators in the desired direction. Only mutually coordinated activities on the part of the Federal Government, the Laender and municipalities, benefit and service providers, independent agencies and initiative groups will make it possible to achieve the goals. There is also a need for detailed coordination regarding concrete individual goals, measures and evaluation steps in order to review the effectiveness of the measures.

| SUB-GOAL: PROMOTION OF GENERAL HEALTH-CONSCIOUSNESS TO PREVENT THE DEVELOPMENT OF DEPENDENCE |
|---|---|
| **Measures in 2003** | • Implementation and further development of the 'Make Children Strong' campaign of the BZgA  
• Implementation of the 'SehnSucht' exhibition on addiction of the BZgA  
• Updating of education materials of the BZgA and the German Centre for the Control of Drug Abuse (DHS) on addiction and drugs (also for the www.drugcom.de Internet portal) |
| **Primary indicator** | • Greater health-consciousness and improved level of information of the public about addiction risks |
| **Other indicators** | • Decline in the consumption of psychoactive substances  
• Decline in the number of deaths in connection with the abuse of psychoactive substances |
| **Measuring instruments** | • Representative survey by the Institute for Therapy Research (IFT) 2003/2004  
• Repeat study of the BZgA 2003/2004  
• Hospital statistics |
| **Partners** | Federal Government, Laender, BKA, IFT, BZgA, DHS, German Medical Association, media |

| SUB-GOAL: CHANGING THE SOCIAL CLIMATE TOWARDS MORE CRITICAL HANDLING OF ADDICTIVE SUBSTANCES |
|---|---|
| **Measures in 2003** | • Public relations work of the Drug Commissioner  
• Dissemination of the information materials of the BMGS, the BZgA and the DHS  
• Involvement of the medical community in educating the public |
| **Primary indicator** | • Improved level of information of the public about addiction risks |
| **Other indicators** | • Decline in the consumption of psychoactive substances |
| **Measuring instruments** | • Representative survey of the Institute for Therapy Research (IFT) 2003/2004  
• Repeat survey of the BZgA 2003/2004  
• Press analyses |
| **Partners** | Federal Government, Laender, BZgA, DHS, German Medical Association, media |
### Action Plan on Drugs and Addiction

**SUB-GOAL:** IDENTIFICATION OF ABUSIVE BEHAVIOUR AT THE EARLIEST POSSIBLE TIME

| Measures in 2003 | • Dissemination of the Manual of the German Medical Association and the BZgA on Short-Term Intervention in Patients with Alcohol Problems  
• Promotion of addiction-related medical qualification of general practitioners and hospital doctors |
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<tr>
<td>Primary indicator</td>
<td>• Increase in the treatment and referral rate of people at risk of addiction in doctors’ surgeries and hospitals</td>
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| Measuring instruments | • Hospital statistics  
• National annual statistics on referral sources in counselling and treatment |
| Partners | Federal Government, Laender, BZgA, German Medical Association, National Association of Statutory Health Insurance Physicians |

**SUB-GOAL:** IMPROVEMENT OF THE EARLY DETECTION OF SUBSTANCES AND CONSUMPTION PATTERNS

| Measures in 2003 | • Publication of information of the European Drug Monitoring Centre and the BKA on new risks due to synthetic drugs  
• Education work by means of scene-oriented projects  
• Updating of information via the [www.drugcom.de](http://www.drugcom.de) Internet portal |
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<tr>
<td>Primary indicator</td>
<td>• Greater health-consciousness and improved level of information among groups with risky consumption patterns (e.g. party drug users)</td>
</tr>
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</table>
| Other indicators | • Decline in the consumption of ‘party drugs’  
• Decline in the number of deaths in connection with the abuse of ‘party drugs’ |
| Measuring instruments | • Representative survey of the Institute for Therapy Research (IFT) 2003/2004  
• Repeat study of the BZgA 2003/2004  
• Current information from EMCDDA, DBDD and BKA  
• Hospital statistics |
| Partners | Federal Government, Laender, EMCDDA, DBDD, BKA, BZgA, [www.drugcom.de](http://www.drugcom.de) |

**SUB-GOAL:** SENSITISATION FOR THE RISKS OF MULTIPLE DRUG USE

| Measures in 2003 | • Production of education flyers for young people at risk (BZgA)  
• Continuing education programmes for staff of low-threshold institutions |
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<tr>
<td>Primary indicator</td>
<td>• Reduction of the consumption of multiple psychoactive substances</td>
</tr>
</tbody>
</table>
| Measuring instruments | • Drug Affinity Study of the BZgA/repeat survey 2003/2004  
• National annual statistics on referral sources in counselling and treatment |
| Partners | Federal Government, Laender, BZgA, [www.drugcom.de](http://www.drugcom.de), low-threshold addict support institutions |
### SUB-GOAL: TARGET GROUP-ORIENTED SUPPORT OF GROUPS AT PARTICULAR RISK IN ORDER TO AVOID DEPENDENCE

**Measures in 2003**
- Continuing education programmes for staff in interface areas between migration and addict support / youth welfare and addict support, and strengthening of intercultural skills
- Dissemination of materials in Russian for educating repatriates
- Evaluation of the study on children from families with addictions
- Implementation of a conference on children from families with addictions and improvement of cooperation between family welfare, youth welfare and addict support

**Primary indicator**
- Approachability rate of groups at particular risk

**Measuring instruments**
- Evaluation of information from drug counselling centres
- National annual statistics

**Partners**
Federal Government, Laender, professional associations, low-threshold addict support institutions

### SUB-GOAL: REDUCTION OF ROAD TRAFFIC ACCIDENTS CAUSED BY DRIVING UNDER THE INFLUENCE OF PSYCHOACTIVE SUBSTANCES

**Measures in 2003**
- Prevention campaign of the German Road Safety Council to address 14 to 21 year-olds or 24 year-olds
- Nationwide introduction of rapid drug tests

**Primary indicator**
- Reduction of the number of traffic accidents involving young people and young adults under the influence of psychoactive substances

**Other indicators**
- Reduction of the number of positive police drug screenings

**Measuring instruments**
- Police statistics

**Partners**
Federal Government (Ministry of Transport), Laender, German Road Safety Council (DVR), motoring associations (ADAC, VCD); BZgA, employers’ liability insurance associations, automotive industry, media

### SUB-GOAL: IMPLEMENTATION OF GENDER MAINSTREAMING IN DRUG AND ADDICTION POLICY

**Measures in 2003**
- Public relations work of the Drug Commissioner
- Dissemination of information materials
- Dissemination of the publication of the professional conference on 'Women and Addiction'
- Implementation of a conference on the subject of 'Children from Families with Addictions'
- Further sensitisation of pregnant women regarding not smoking

**Primary indicator**
- Improved level of information among the public regarding gender mainstreaming and incorporation of the concept in the guidelines for addict support

**Other indicators**
- Reduction of smoking during pregnancy
- Development of additional support for families with addictions

**Measuring instruments**
- Review of the concepts/guidelines

**Partners**
Federal Government, Laender, BZgA, DHS, German Medical Association, media
### SUB-GOAL: EMBEDDING OF INTERDISCIPLINARY COOPERATION

#### Measures in 2003
- Establishment of a council for implementing the Action Plan
- Dissemination of information on Book IX of the Social Security Code (SGB IX) in addict support associations

#### Primary indicator
- Establishment of joint service centres

#### Other indicators
- Cooperation agreements on defined forms of support for addicts

#### Measuring instruments
- Enquiry about cooperation agreements

#### Partners
Federal Government, Laender, Federation of German Pension Insurance Funds (VDR), health insurance fund associations, youth welfare/social welfare providers, DHS, German Medical Association

### Activities to focus on the following key areas in 2003 in order to implement the objectives of the ‘Action Plan’ and the necessary measures:

#### REDUCTION OF TOBACCO CONSUMPTION AND TOBACCO-RELATED DAMAGE

### OVERALL GOAL: REDUCTION OF TOBACCO CONSUMPTION

#### SUB-GOAL: MAKING ACCESS TO TOBACCO PRODUCTS MORE DIFFICULT FOR CHILDREN AND YOUNG PEOPLE

#### Measures in 2003
- Entry into force of the Act Protecting Youth in Public
- Ban on sale to children and young people under the age of 16

#### From 2007
- Access to tobacco vending machines by chip card only

#### Primary indicator
- Decline in the prevalence of smoking among children and young people

#### Other indicators
- Decline in the number of violations of the ban on sale

#### Measuring instruments
- ESPAD study 2003 and BZgA
- Repeat study 2003/2004

#### Partners
Federal Government, Laender, municipalities, points of tobacco sale
### OVERALL GOAL: SMOKE-FREE PUBLIC INSTITUTIONS

#### SUB-GOAL: CONCLUSION OF AGREEMENTS WITH STAFF REPRESENTATIONS

| Measures in 2003 | • Preparation of a model agreement with the staff representation in the Federal Ministry of Health and Social Security (BMGS)  
|                 | • Promotion of other staff agreements / works agreements in the civil service and industry |
| Primary indicator | • Decline in the prevalence of smoking among staff |
| Other indicators | • Number of smoke-free rooms in the BMGS  
|                 | • Number of staff members participating in smoking cessation programmes |
| Measuring instruments | • in-house evaluation |
| Partners | Management, staff council, medical and social service, staff, service unions (e.g. ver.di) |

#### OVERALL GOAL: SMOKE-FREE RESTAURANTS

#### SUB-GOAL: CONCLUSION OF A VOLUNTARY AGREEMENT WITH THE GERMAN HOTEL AND RESTAURANT ASSOCIATION (DEHOGA)

| Measures in 2003 | • Creation of a 'Smoke-free Restaurant' label |
| From 2003 | • Award of the label to restaurants |
| Primary indicator | • Number of participating restaurants |
| Other indicators | • Decline in the number of complaints from guests |
| Measuring instruments | • DEHOGA survey |
| Partners | Federal Government, DEHOGA |
### REDUCTION OF ALCOHOL CONSUMPTION AND ALCOHOL-RELATED DAMAGE

**OVERALL GOAL:** DECLINE IN THE NUMBER OF ALCOHOL DISINTOXICATION TREATMENTS

**SUB-GOALS:**
- REDUCTION OF ‘BINGE DRINKING’
- DECLINE IN THE NUMBER OF ALCOHOL DISINTOXICATION TREATMENTS IN YOUNG PEOPLE

**Measures in 2003**
- Introduction of a pilot programme for early intervention in hospitals to reduce binge drinking
  - [www.drugcom.de](http://www.drugcom.de) (Alkohol-Selbsttest)

**From 2005**
- Nationwide implementation of qualified treatments for young people with alcohol poisoning in general hospitals

**Primary indicator**
- Decline in binge drinking

**Other indicators**
- Decline in the number of acute disintoxication treatments among young people

**Measuring instruments**
- ESPAD study 2003 and BzgA
- BzgA repeat study 2003/2004
- Hospital statistics

**Partners**
- Federal Government, Länder, health insurance funds, German Hospital Association, German Medical Association

### REDUCTION OF ILLICIT DRUG CONSUMPTION AND DRUG-RELATED DAMAGE

**OVERALL GOAL:** REDUCTION OF RISKY CONSUMPTION PATTERNS OF ‘PARTY DRUGS’

**SUB-GOALS:**
- PREVENTION OF MULTIPLE USE OF ECSTASY, OTHER ILLICIT DRUGS AND ALCOHOL
- REDUCTION OF THE NUMBER OF DEATHS FOLLOWING ECSTASY USE

**Measures in 2003**
- Implementation of a meeting of experts on new studies relating to the health risks associated with Ecstasy use (especially long-term organic brain damage)
- Updating of information materials (also for the [www.drugcom.de](http://www.drugcom.de) Internet portal)
- Implementation of a joint campaign of education projects in the party scene

**Primary indicator**
- Decline in the prevalence and frequency of use

**Other indicators**
- Decline in the number of acute treatments in hospitals and psychiatric units
- Decline in the number of deaths in connection with Ecstasy use

**Measuring instruments**
- BzgA repeat study 2003/2004
- Hospital statistics

**Partners**
- Federal Government, Länder, BKA, Federal Institute for Drugs and Medicinal Devices (BfArM), BzgA, [www.drugcom.de](http://www.drugcom.de) project, prevention projects in the party scene
7. **Composition and Tasks of the Drug and Addiction Council**

The task of the Drug and Addiction Council is to monitor the implementation of the goals and measures defined in the Action Plan, to evaluate the results of the measures in terms of goal achievement and, if necessary, to adapt the goals and measures accordingly.

Once the Federal Government and the Länder have drawn up a framework concept concerning the detailed tasks and the modus operandi of the National Drug and Addiction Council, they will also decide on the composition of the Council.
8. Appendices


The Feira European Council adopted the EU Action Plan on Drugs 2000-2004 in June 2000. It provides for mid-term evaluation after 2 years, and this evaluation was completed by the EU Commission on 4 November 2002. It carefully analyses developments at the individual country level and the EU level in the five areas of the EU Action Plan on Drugs, i.e.

- Coordination of drug policy,
- Information and evaluation of the measures,
- Drug demand reduction and prevention of drug use and drug-related crime,
- Drug supply reduction,
- International cooperation.

It reports both progress and deficits in these areas. There is seen to be a need for the following action in the next 2 years:

- Synthetic drugs are to be given priority.
- The evaluation of drug policy and its measures must be progressed.
- There must be close cooperation with the candidate countries.
- EU measures in third countries must be coordinated more efficiently.

The Council of the EU took note of the mid-term evaluation on 28.11.2002. It approved the conclusions of the Commission in its declaration and attempted to formulate their implementation in concrete terms. In particular, it endorsed the Commission's decision to focus on synthetic drugs. In addition, it demanded clearer prioritisation, and the specification of concrete goals and deadlines in each case, for the further implementation of the EU Action Plan on Drugs. The European Council likewise took note of, and approved, the mid-term evaluation on 12/13 December 2002.

The mid-term evaluation and its conclusions serve as a basis for the drug policy activities of the EU in the second half of the Action Plan 2000-2004. The Commission is expected to start work on the final evaluation of the Action Plan at the end of 2003. The Federal Government was involved both in the elaboration of the mid-term evaluation and in its discussion and assessment by the Council. It shares the view of the Commission and the Council.

Objectives of the EU Action Plan on Drugs 2000–2004:


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

In this context, the EU Action Plan on Drugs concentrates on six main targets:

1. To substantially reduce in the next five years the use of illicit drugs and the number of persons under the age of 18 beginning a career of drug abuse;
2. To substantially reduce in the next five years the impact of drug-related diseases (HIV, hepatitis B and C, TB, etc.) and the number of drug-related deaths;
3. To substantially increase the number of successfully treated addicts;
4. To substantially reduce the availability of illicit drugs in the next five years;
5. To substantially reduce the number of drug-related crimes in the next five years;
6. To substantially reduce money laundering and illicit trafficking in precursors in the next five years.

8.2. Review of the Federal Government Regarding the Implementation of the National Programme on Drug Abuse Control of 1990

Measures from 1990 to 1998

The 'National Programme on Drug Abuse Control' was adopted on 13 June 1990. It was based, among other things, on the assessment of the situation at the time, which indicated a dramatic increase in the number of drug-related deaths and first-time users of illicit drugs.

It essentially focused on three areas:

• Measures for reducing the demand for illicit drugs,
• Control of drug-related crime at the national level, including legislative measures,
• International cooperation.
Measures for reducing the demand for illicit drugs

The Federal Government implemented various national pilot programmes, such as for 'Mobile Drug Prevention.' In addition, the Federal Centre for Health Education (BZgA) developed teaching materials on the subject of addiction and drug prevention. 'Drug contact teachers' were appointed at many schools. However, the degree of systematic implementation of drug prevention structures in schools still varies greatly.

The BZgA implemented various drug and addiction prevention measures, e.g. the 'Make Children Strong' campaign and the 'SehnSucht' travelling exhibition on addiction. The 'No Power to Drugs' campaign was withdrawn in 1998, following increasing criticism among the professional public that it did not reach the actual target group - i.e. young people experimenting with and using drugs - but rather addressed the majority of young people, who are more reserved as regards drugs.

A number of pilot projects were implemented to improve the treatment measures for existing, long-term addicts, e.g. 'Outreach Social Work', 'Residential Crisis Intervention' for reducing the number of therapy drop-outs or the care of HIV-infected drug addicts, and the 'Booster Programme' to support low-threshold offers of assistance. These programmes contributed to improving the treatment and approachability of long-term addicts.

Control of drug-related crime at the national level, including legislative measures

In the field of police drug control efforts, numerous measures were implemented at the national level in accordance with the National Programme on Drug Abuse Control.

A new structure was introduced at the Federal Office of Criminal Investigation (BKA) in 1994 in order to reduce the number of interfaces and thus improve efficiency.

Cooperation between the BKA and the customs authorities was expanded. The Joint Financial Investigation Task Force (GFG) of the Federal Office of Criminal Investigation and the Customs Criminological Office (ZKA) started work at the BKA in 1992. Its establishment also catered to the fact that both authorities have limited responsibilities as regards the prosecution of money laundering.

The police monitoring system was consistently pursued and expanded. The Precursor Monitoring Act (GÜG) has been in force since 1995. This Act implements corresponding, binding legal acts of the EU in national law, including the necessary adaptation measures in the national administration. The establishment of the Joint Precursor Control Unit (GÜS) at the BKA in the same year created the basis for direct, close cooperation between police and customs in this field.
The improvements regarding the law of criminal procedure provided for in the National Programme on Drug Abuse Control of 1990 were largely implemented. The introduction of a nationwide register of proceedings of the departments of public prosecution makes it easier for the criminal prosecution authorities to accelerate and intensify criminal prosecution and execution. The Act on Combating Organised Crime (OrgKG, 1992) and the Crime Suppression Act (1994), in particular, implemented key measures for strengthening the investigation instruments of the criminal prosecution authorities, envisaged in the National Programme on Drug Abuse Control of 1990. For example, the possibilities for using certain technical means, such as telephone tapping, were expanded and some new ones created. In addition, an explicit statutory basis was created for the use of undercover agents.

However, the OrgKG, in particular, also adapted substantive law to the development of the drug situation. For example, the existing range of punishment was increased and new crimes were defined as part of the effort to control organised drug-related crime and that directed at children and young people. In addition, legislative measures were taken to facilitate seizure of the proceeds of crime, especially those of the perpetrators of narcotics-related offences. In connection with certain criminal acts, including most of the professionally and gang-structured crimes under the Narcotics Act (BtMG), the institution of ‘extended forfeiture’ (Section 73d Criminal Code) now also permits the skimming-off of proceeds that do not originate from the specific offence in question, but at least, according to the judge’s conviction, from another crime. These and other measures of state seizure of objects from crimes are supplemented by the new crime of money laundering defined in the OrgKG (Section 261 Criminal Code).

The demanded authority to issue limited-term ordinances (without the approval of the Bundesrat), by means of which newly emerging synthetic drugs can rapidly be made subject to the BtMG, was added to the BtMG in 1992 (Section 1 Para. 3 BtMG).

International cooperation

In 1990, the General Assembly of the United Nations adopted a Global Action Programme and declared the decade from 1991 to 2000 the United Nations Decade Against Drug Abuse. The merging of various units in 1991 led to the establishment of the United Nations Office for Drug Control and Crime Prevention (UN-ODCCP), which was renamed the Office on Drugs and Crime with effect from 1 October 2002. Under the umbrella of this institution, the United Nations International Drug Control Programme (UNDCP) was also created in the same year and commissioned with realising the Global Action Programme and implementing the Decade Against Drug Abuse. UNDCP is based in Vienna and, with an annual budget of roughly US $ 100 million, coordinates all United Nations measures in the field of drug control.
European cooperation on drug policy has been intensified greatly since 1990: drugs and, in particular, police cooperation for preventing and controlling illicit drug trafficking were mentioned for the first time in a Community treaty in the 1993 Maastricht Treaty. The Amsterdam Treaty further expanded the regulations concerning the goals and instruments of drug control (cf. Arts. 29, 31 of the Treaty on European Union in the version of Amsterdam, dated 2 October 1997). The 1990 Convention Implementing the Schengen Agreement also contains regulations on narcotic drugs (cf. Arts. 70 to 76).

Interpol likewise expanded international cooperation. In connection with international trafficking in synthetic drugs, an agreement was signed on further expanding international cooperation by intensifying the national and international exchange of police intelligence using Interpol’s EXIT project (international Ecstasy trafficking).

56 BKA liaison officers are currently working in 40 countries. The task of the liaison officers is to advise their partners abroad, and also to obtain information on, for example, the organisational structures of drug-related and organised crime and its control.

The First European Plan to Combat Drugs was adopted by the European Council in 1990 and updated in 1992. It was followed by the EU Action Plan on Drugs 1995-1999.

In the framework of the Council of Europe, whose number of members has risen from 24 in 1990 to 45 at the moment, drug policy cooperation is also being continued in what is known as the Pompidou Group.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), called for in the National Programme on Drug Abuse Control of 1990, was established as an independent EU agency in Lisbon in 1993 and began work in early 1995. Its task is to provide the Community and the Member States with objective, reliable information on the problem of drugs and drug addiction, and its consequences, that is comparable at the European level, and also to contribute to improved cooperation in the field of repression.

Other measures

In addition to these changes, the legislature has made numerous other amendments to narcotics law in the broader sense since 1990, catering to the rapid progress in the drug policy debate and the constantly changing situation.

In 1992, counsellors from recognised drug counselling centres for matters relating to narcotics dependence were granted the right to refuse to give evidence concerning information coming to their knowledge in this capacity in criminal proceedings (Section 53
Para. 1 No. 3b Code of Criminal Procedure - StPO). This regulation is intended to boost the confidence of potential and actual addicts in the drug counselling institutions.

The regulations concerning refraining from prosecution and deferring the execution of sentences were reformulated in the 1992 Act Amending the Narcotics Act (now Sections 31 a and 35 BtMG).

The 1992 Act Amending the Narcotics Act clarified that the issue of sterile, disposable syringes to narcotics addicts does not constitute 'creating an opportunity for consumption' as defined by Section 29 Para. 1 BtMG.

Above all, the legislature has attempted to facilitate the therapy of drug addicts and relieve the distress of hard-core addicts: for instance, substitution therapy was given a clearly defined legal foundation by the Act Amending the Narcotics Act (1992). The 5th Ordinance Amending the Narcotics Act (1994) additionally approved methadone for substitution treatment, while the 10th Ordinance Amending the Narcotics Act (1998) revised the provisions concerning substitution treatment with codeine.

Since 1 August 1998, driving a motor vehicle under the influence of drugs has been a regulatory offence subject to a fine and a driving ban. This created an important omnibus clause to supplement the existing provisions of criminal law, which can be applied independently of the establishment of fitness to drive. The list of forbidden intoxicating substances is updated in line with scientific findings. The measures are aimed at reducing the number of road traffic accidents under the influence of psychoactive substances that impair fitness to drive. To accompany these measures, the Federal Ministry of Transport, Building and Housing drafted and issued a training programme for police officers. Among other things, the training programme deals with the detection of drugs in road traffic and the determination of traffic-relevant impairments following the use of drugs.

**Measures since 1998**

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

**Measures for improving prevention and treatment:**
The Federal Ministry of Health (BMG) has been promoting a pilot project entitled ‘Early Intervention for Drug Users Coming to Notice for the First Time’ (FreD) since 2000. In FreD, young drug users who have come to the notice of the police for the first time are addressed early and specifically and informed about the risks of drug use in counselling groups.
The www.drugcom.de Internet portal was created in summer 2001 to approach young people with risky forms of use. It is aimed at young people who already have experience with drugs. It allows young people to check their knowledge by way of self-tests and make anonymous contact in the framework of an educator-supported chat in order to avail themselves of professional counselling.

A model project for heroin-based treatment had been in preparation since 1999 and was launched under scientific supervision in March 2002. A trial is being conducted in seven major cities to determine whether this offer is capable of reaching a group of seriously ill, long-term opiate addicts, who could so far not be successfully treated by means of either therapy or substitution treatment, and of improving their state of health. This group of hard-core addicts is additionally to be offered survival assistance and the possibility of quitting their addiction in the long term.

Following successful negotiations between the BMG and the tobacco industry, it was contractually agreed in March 2002 that the cigarette industry will, in the next 5 years, pay a total of €11.8 million for prevention measures aimed at promoting non-smoking among children and young people. The money will be put at the disposal of the BZgA.

Legislative measures:
In March 2000, the 3rd Act Amending the Narcotics Act (Federal Law Gazette I, p. 302) created the legal prerequisites for the licensing and operation of drug consumption rooms and defined the applicable minimum standards.
It was additionally clarified that public announcement of the issue of disposable syringes does not constitute a criminal offence (Section 29 Para. 1 Sentence 2 BtMG).

The stiffer penal sanctions regarding the blood alcohol limit of 0.5 per thousandth, which came into effect on 1 April 2001, are of decisive importance in the fight against drinking and driving. This new regulation is intended as an unmistakeable signal that clearly shows drivers the implications and dangerousness of driving under the influence of alcohol, since drunk driving is still one of the major causes of the high number of road deaths.

Improvements for addicts also result from Book IX of the Social Security Code (SGB IX) - Rehabilitation and Participation of the Disabled - which came into force on 1 July 2001. People with addictions are among the group of persons who benefit from this law, provided the prerequisites of Section 2 SGB IX are met. SGB IX accelerates access to the necessary benefits and services, in that the decision of the benefit providers regarding the entitlement to benefits must be reached within a few weeks. Disputes regarding the clarification of responsibility are no longer to the detriment of the affected persons. Improved coordination of the benefits for participation and of cooperation between the different benefit and service providers is another major concern of the law. According to SGB IX, benefits can be awarded to people who are disabled, if their physical functions, mental capacity or mental health very probably differ from the state typical for their age for longer than six months and their participation in life in society is impaired as a result.
provided on an equal basis in non-residential, semi-residential and residential forms of treatment, taking personal circumstances into account. Quality assurance of the benefits for rehabilitation and participation is defined by law in SGB IX and is to be permanently updated.

The 15th Ordinance Amending the Narcotics Act (2001) improves the safety and quality of substitution treatment by demanding that doctors who prescribe substitution drugs have a qualification in addiction therapy to be defined by the medical associations, and by introducing a binding reporting system for the prescription of substitution drugs (substitution register).

An amendment to the Act on Public Houses came into force on 1 January 2002. Since that time, every landlord has been obliged to sell at least one non-alcoholic drink that is cheaper than the same quantity of the cheapest alcoholic drink. This measure is especially intended to protect young people, since young people often buy the cheapest drink in discotheques owing to lack of funds.

The Bundestag and the Bundesrat adopted the amendment of the Workplaces Ordinance to improve the protection of non-smokers in businesses. According to Section 3a of the Ordinance, which came into effect on 3 October 2002, every employer must take steps to protect non-smoking employees.

The amendment of the Act Protecting Youth in Public was promulgated on 26 July 2002 (Federal Law Gazette I, p. 2730) and essentially came into force on 1 April 2003. According to the Act, the sale of tobacco goods to children and young people under the age of 16 is forbidden. By 2007 at the latest, cigarette vending machines must be protected in such a way as to make them inaccessible to children and young people under the age of 16. In addition, advertising films for alcoholic drinks and tobacco products may not be shown in cinemas until after 6.00 p.m., in order not to encourage young people to drink and smoke. The Bundesrat approved the amendment.

The Tobacco Products Ordinance of 20 November 2002 lowers the previously defined maximum limit for the tar content of cigarette smoke from 12 milligrams to 10. The nicotine and carbon monoxide content of cigarette smoke is now also subject to maximum limits. The tar, nicotine and carbon monoxide contents measured in cigarette smoke must be indicated on the packs.

The Ordinance obliges manufacturers and importers to report the additives used in the manufacture of tobacco products, and other information, to the responsible authorities, this information then being forwarded to the EU Commission and made accessible to the public.
The warnings to be printed on tobacco products will be much stronger. The information ‘Smoking kills’, ‘Smoking can kill’ and ‘Smoking seriously damages you and the people around you’ is to be applied alternately. These warnings are to be preceded by the words ‘The EC Ministers of Health’. In addition, 14 supplementary warnings are to be printed that draw attention to the health risks. All warnings must be conspicuously printed on the packs in the prescribed manner.

International measures

In 1998, the United Nations achieved a major breakthrough in the field of supply reduction by adopting an ‘Action Plan on International Cooperation on Eradication of Illicit Drug Crops and Promotion of Alternative Development Programmes and Projects’. This document for the first time contains a formal definition of the concept of ‘Alternative Development’, which had already been practised for many years and which pursues approaches for integrated rural development. This concept is intended to do more than just replace drug crops by alternative crops. Rather, a comprehensive approach is adopted in an effort to contribute to solving economic, ecological and social problems in drug-growing regions.

The Federal Republic of Germany primarily promoted UNDCP projects in the field of Alternative Development and is thus regarded at the international level as an advocate of a development-oriented drug policy.

The EU Drug Strategy 2000–2004 was adopted in December 1999 and served as the basis for the current EU Action Plan on Drugs 2000–2004. The EU Member States cooperate closely on concrete drug policy issues in numerous bodies of the Council and the Commission. The Horizontal Group on Drugs is responsible for coordination of the various Council Working Groups.