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for Drugs and Drug Addiction



Prevention

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0 SUMMARY

The prevention of addiction is, alongside treatment, survival support and repressive measures, one of the four pillars of the comprehensive addiction and drug policy in Germany. Measures for addiction prevention fall within the competence of the ministries at federal and *Land* levels and are availed of in particular by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA), by the *Laender*, on a municipality level and by the self-governing bodies of the insurance providers. The structure and strategy of addiction prevention in Germany as well as the roles of the individual institutions are outlined in the first section.

Measures for environmental prevention comprise, in the case of legal drugs such as alcohol and tobacco, in particular sales and advertising restrictions, as well as price increases. As far as illicit drugs are concerned, statutory regulations such as the German Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG) apply. In the section on environmental prevention, the variety of new and updated addiction prevention activities in the categories of universal, selective and indicated prevention in different settings, is illustrated using examples from 2017 and 2018. These include projects at municipal, *Land* and national level as well as new and updated materials and media. Different instruments for the quality assurance of addiction prevention measures are presented in the following.

The documentation system Dot.sys has recorded around 33,000 addiction prevention measures every year since 2006. As no data is available for 2017 due to a technical reworking, the 2016 data will be briefly shown.

In the scope of the German Preventive healthcare Act (Präventionsgesetz, PräVg) which has been in force since 2015, among other things, the National Prevention Conference was constituted, federal framework recommendations approved and *Land* framework agreements passed. It is significant that the PräVg is linked to the process of setting national health objectives and that two of the nine health objectives are dedicated to addiction prevention: "to reduce alcohol consumption" and "to reduce tobacco consumption".

1 NATIONAL PROFILE

1.1 Strategy and structure

1.1.1 Main prevention – related objectives

The primary objective of addiction prevention is to promote the health of every individual. This includes avoiding or delaying the first use of legal and illicit drugs, early detection of and intervention in high risk use behaviour as well as the reduction of misuse and addiction. Prevention is – alongside addiction treatment, survival support and repressive measures – a central component of the comprehensive addiction and drug policy in Germany (c.f. section 1.1.2). In addition to severe psychological and physical harm to the individual, substance abuse and dependence also cause enormous cost to the national economy.

Modern addiction prevention systematically reaches target groups in their living environments and strives to effect a health-promoting change in knowledge, attitudes and behaviour. A salutogenetic approach, in the sense of a strengthening of resources, is primarily pursued i.e. strengthening life skills and risk competence.

The importance of addiction prevention is shown by the fact that the *National Strategy on Drug and Addiction Policy*¹ (Nationale Strategie zur Drogen- und Suchtpolitik) (Die Drogenbeauftragte der Bundesregierung, 2012), with its specific measures and objectives in the field of addiction prevention, is intended to be embedded in an overarching prevention strategy.

1.1.2 Organisational structure

The responsibility for implementing the National Strategy on Drug and Addiction Policy falls within the relevant federal ministries, the BZgA, the *Laender*, the municipalities as well as the social insurance providers. To the extent that addiction prevention measures fall within the areas of health, social insurance, education and youth, they are subject to conflicting legislation. The *Laender* only have the authority to legislate insofar as the Federal Government does not exercise its legislative competence (Art. 72 German Constitution (Grundgesetz, GG)). Addiction prevention services are mainly financed by the *Laender*, social insurance providers and the municipalities.

The statutory health insurance providers (gesetzliche Krankenversicherung, GKV) provide services in the scope of primary prevention and health promotion (Sec. 20-20b German Code of Social Law, Volume 5, (SGB V)) for the prevention of dependence on addictive substances and possible secondary diseases from the use of addictive substances. The services provided by the health insurance providers also aim, in addition to the addiction prevention aspects, to promote a healthy lifestyle in all age groups. The content and quality criteria of the prevention and health promotion measures have been set by the Umbrella

¹ Further information on the *National Drug and Addiction Strategy* can be found in the Drug Policy workbook.

Association of Statutory Health Insurance Schemes (GKV Spitzenverband) for health insurance providers and service providers in its prevention manual ("Leitfaden Prävention").

Since 1992, the BZgA has coordinated the "BZgA-*Laender* cooperation working group on addiction prevention". The function of the committee, which meets twice a year, is to optimise the networking of the persons and entities involved at *Land* and federal level as well as to coordinate nationwide and *Land*-wide measures in addiction prevention. Specialists from the *Land* coordination agencies for addiction prevention are represented as well as, in part, members of the corresponding *Land* ministries. The coordination agencies and specialist bodies of the *Laender* are, as a general rule, independently governed, registered associations that are funded using *Land* resources. The German Centre for Addiction Issues (Deutsche Hauptstelle für Suchtfragen e.V., DHS) also takes part in the meetings, as a representative of civil society as well as of the interests of addiction support at a federal level. The DHS is also a registered association with non-profit objectives.

Roughly every two years, one of the 16 *Laender* represented in the addiction prevention working group organises a BZgA-funded expert conference on the topic of quality assurance in addiction prevention. The two-day expert conference provides a forum for the exchange of research and practice knowledge through plenary lectures and workshops and has the aim of making the professionals present familiar with the quality assurance instruments currently in use in addiction prevention, so that the practical utilisation of these instruments will be promoted at regional and municipal levels. The target group of the expert conference on quality assurance is therefore primarily the addiction prevention professionals from the municipalities allocated to the *Land* bodies (c.f. section 1.1.3).

Since 1998, the office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG). The Federal Government Commissioner on Narcotic Drugs heads the National Board on Drugs and Addiction (Drogen- und Suchtrat), which helps develop the strategic basis and pass recommendations for the current drug and addiction policy of the Federal Government. The board consists of representatives from federal and *Land* administrations, the municipal umbrella associations as well as other members appointed by the Commissioner. In an annual "Drug and Addiction Report", the Commissioner reports on current developments and projects. In 2017, the Commissioner's focus for that year was the topic "Children from families affected by addiction" (Drogenbeauftragte der Bundesregierung, 2017).

In the *Laender* and in the municipalities, a range of further structures exists for the professional cooperation between ministries, municipalities, associations and clubs in the area of addiction prevention. In this way, the principle of subsidiarity is adhered to and a broad dispersion of preventive measures across all federal levels in Germany is guaranteed. International cooperation also takes place at all levels, primarily in the form of projects within the European Union (EU).

1.1.3 Commentary on funding

1.1.4 National action plan for drug prevention in schools

Education policy in Germany is the responsibility of the *Laender*. This affects both schools and higher education. For this reason, the school systems differ, in some aspects strongly, from each other, e. g. through the number of school years or different curricula. In regular sessions of the Standing Conference of Ministers of Education and Cultural Affairs² (Kultusministerkonferenz), the *Laender* coordinate their joint interests in this area.

Due to the federal structure in Germany, there is no national action plan for drug prevention in schools. However, in 2012 the Kultusministerkonferenz issued a Recommendation on Health Promotion and Prevention in Schools (KMK, 2012). That recommendation stated: "Addiction prevention is a particularly important topic in health promotion and prevention. The aim must be to prevent the start of addictive substance use and other behaviours with a high risk of leading to addiction as well as to identify and reduce high-risk use and behaviours at an early stage, in particular through early intervention and measures to improve life skills."

Through guidelines and curricula, the *Land* cultural affairs ministries have, for some years, made addiction prevention a mandatory lesson topic. One example in this respect is the *Land* programme "*Gute gesunde Schule*"³ ("Happy, healthy school"), which is currently carried out in four *Laender*.

1.2 Prevention interventions

1.2.1 Environmental prevention

Individual decisions to use a substance are influenced by social-ecological factors. Environmental prevention interventions aim to change these cultural, social, physical and economic conditions. The intention is to influence the use behaviour of individuals by limiting the availability of consumption opportunities.

As environmental prevention is primarily of significance in respect of legal drugs, the most important rules on the consumption of alcohol and tobacco will be set out here. A selection of the legislation on the use of illicit drugs are described below.

Legislation on alcohol consumption

With regard to illness, health economic costs and early death, high alcohol consumption represents one of the most significant avoidable risk factors (Batra et al., 2016). Direct and

² The Kultusministerkonferenz is a coming together of the ministers and senators of the *Laender* responsible for training and education, for universities and research as well as for cultural matters.

³ Bundeszentrale für gesundheitliche Aufklärung. Gute gesunde Schule [Online] https://www.bzga.de/bot_Seite4427.html [Accessed: 31 Oct. 2018].

indirect⁴ costs to the economy as a whole in Germany, associated with high alcohol consumption, amount to an estimated € 40 bn. (Effertz, 2015 a).

Noteworthy environmental prevention measures that have the aim of reducing alcohol consumption are for example sales and advertising restrictions as well as price increases (John et al., 2017; DKFZ, 2017). Proven measures include youth protection, tax increases, local and temporal regulations on the availability of alcohol and rules on alcohol in public (John et al., 2018).

German Youth Protection Act (Jugendschutzgesetz, JuSchG)

The JuSchG⁵ addresses the topic of "alcohol" in Sec. 9 "Alcoholic Drinks". It is illegal in Germany to supply alcohol of any type to under-16s. This age is below the EU average of 17.4. The legal minimum age for the purchase of beer, wine or sparkling wine is 16. Alcoholic spirits may only be purchased from the age of 18 (Gaertner et al., 2015).

Alcohol tax

In Germany, the applicable tax rate is determined by the type of alcoholic drink. The different types of alcoholic drink are taxed differently. Apart from the introduction of the tax on alcopops, there have been no significant tax increases since 1982 (DKFZ, 2017). Currently, beer is taxed at € 1.97 per litre, spirits at € 13.03 per litre, sparkling wine at € 13.60 per litre and alcopops at € 55.50 per litre of pure alcohol. No tax is levied on wine (Rummel et al., 2017 according to the German Federal Ministry of Finance, 2016)⁶.

The revenue from alcohol taxes in Germany in 2016 was virtually unchanged in comparison to previous years, at € 3.2 billion. As such, the tax revenue was, as in the previous year, below the EU average, which has increased in recent years (Gaertner et al., 2015).

Drink driving

The legal provisions are laid out in the German Road Traffic Act (Straßenverkehrsgesetz, StVG) and the German Criminal Code (Strafgesetzbuch, StGB).

The upper limit of 0.5 mg/ml blood alcohol concentration (BAC) has applied to the driving of vehicles since 2011 and is thus aligned to the European standard (DHS, 2017). Provided there are no signs of unsafe driving, a BAC of between 0.5 and 1.09 mg/ml is considered a regulatory offence (Sec. 24a StVG). In such cases, the driver can expect, among other things, a fine, a driving ban or points in the Register of Driver Fitness (Fahreignungsregister).

⁴ As far as the indirect costs are concerned, the greatest loss of resources can be attributed to the premature mortality of 50,000 persons every year due to alcohol related diseases (Adams & Effertz, 2011).

⁵ The JuSchG serves to protect children and adolescents in public. Within the meaning of the Act, children are considered persons under 14 and adolescents as persons between 14 and 18 years old.

⁶ The 2017 Alcohol Atlas (Alkoholatlas 2017) from the German Cancer Research Centre (Deutsches Krebsforschungszentrum) (DKFZ, 2017) provides a detailed overview on alcohol tax levels in Germany by type of tax.

For beginners, an absolute ban on alcohol applies during the two-year probationary period or if the driver is not yet 21 years old (Sec. 24c StVG).

A BAC of between 0.3 and 1.1 mg/ml with alcohol-related conspicuous driving behaviour represents a relative unfitness to drive (criminal offence as per Sec. 316 StGB). If a BAC of under 0.3 mg/ml is determined, relative unfitness to drive only exists in exceptional circumstances. A complete unfitness to drive is assumed if the BAC is over 1.1 mg/ml, regardless of indications of lack of fitness to drive (Sec. 315c StGB). In both cases, legal consequences can be expected, for example imprisonment or a fine, a driving ban or a medical-psychological evaluation (Medizinisch-Psychologische Untersuchung, MPU).

Cyclists with a BAC of 1.6 mg/ml or more are considered to be "completely unfit to drive" (DHS, 2017) – they can have their driving licence withdrawn and an MPU ordered. The driving licence can even be revoked in certain cases from a drunk pedestrian who has caused an accident.

Alcohol consumption in public

Regulations on consuming alcohol in public are set, depending on how they are needed, by the *Laender* or the municipalities⁷. In this respect, for example, there are bans on consuming alcohol on local public transport (for example in Hamburg, Cologne and Munich) or in certain places in innercity zones (e.g. in Herne, Duisburg and Gelsenkirchen).

Statutory regulations on tobacco consumption

Tobacco consumption in Germany is the leading cause of premature deaths. It is estimated that 110,000 to 140,000 people die every year from the consequences of smoking (BMEL, 2017). Costs incurred by the health system as a direct result of tobacco were estimated at € 25.41 billion annually for the period 2008 to 2012 (Effertz, 2015 b); indirect costs as a result of tobacco consumption, such as loss of production due to illness, accounted for € 53.68 billion annually (DKFZ, 2015).

Environmental prevention measures aimed at reducing tobacco consumption are for example tax increases on tobacco products, sales and advertising restrictions and smoking bans in public or in the workplace. In recent years, tobacco prevention and tobacco control policy measures have led to a reduction in smoking, especially among adolescents and young adults (Kuntz et al., 2017).

Germany ratified the Framework Convention on Tobacco Control (FCTC) of the World Health Organisation (WHO) which came into force in 2005 and thus committed to introducing price related and tax measures for the purpose of tobacco control and of protection from passive smoking.

⁷ In the scope of the BZgA youth campaign "Alcohol? Know your limit." a legal expert report has been commissioned on the legal options for preventive measures in municipalities, which will be made available to interested parties at municipality level. The expert report is expected in 2018 / 2019.

In May 2016, the new version of the Tobacco Products Directive 2014/40/EU⁸ passed by the EU, was transposed into national law and implemented by the German Tobacco Products Ordinance (Tabakerzeugnisverordnung, TabakerzV) (BMEL, 2017). The most visible change relates to the picture-text warnings on the outer packaging of tobacco products, which makes up 65 % of the packaging surface on both the front and reverse. The written warnings are illustrated with photos of possible adverse health effects and consequences of smoking. In addition, information is provided on free consultation services such as www.rauchfrei-info.de and the BZgA telephone counselling service on quitting smoking at, 0 800 8 31 31 31.

Tobacco products with characteristic flavours or with technical features which change the aroma, flavour or smoke intensity are prohibited (Drogenbeauftragte der Bundesregierung, 2017). Up to May 2017, there was a transition rule under which tobacco products which had already been produced prior to the directive coming into force were still allowed to be sold. In the new directive, electronic cigarettes (e-cigarettes) containing nicotine and refill cartridges are subject to greater regulation and have stricter requirements regarding product safety, in particular concerning the maximum amount of nicotine in the liquid and better information to users regarding the ingredients⁹.

Protection against passive smoking

The German Workplaces Ordinance (Arbeitsstättenverordnung, ArbStättV) passed in 2004 and the German Maternity Protection Act (Mutterschutzgesetz, MuSchuG) obligate employers to protect non-smoking employees from the dangers of passive smoking. In 2007, the German Federal Act on the Protection of Non-Smokers (Bundesnichtraucherschutzgesetz, BNichtrSchG) also came into force. Under the Act, employees in public authorities as well as passengers on public transport have a legal right to protection from passive smoking. More extensive provisions are imposed by the *Laender* in laws governing the protection of non-smokers¹⁰.

Youth Protection

The JuSchG¹¹ addresses the topic of "smoking" in Sec. 10 "Smoking in public, tobacco goods". The prohibition covers selling products containing tobacco and nicotine to children or adolescents, as well as smoking for under 18-year-olds in restaurants and public houses, shops or in public. In addition, cigarette machines must be modified to ensure that

⁸ Replaced the previous version, 2001 / 37 / EC.

⁹ Further provisions can be found in the "German Act to Implement the Directive on Tobacco Products and Related Products" (Gesetz zur Umsetzung der Richtlinie über Tabakerzeugnisse und verwandte Erzeugnisse).

¹⁰ A good summary of the *Laender* laws on the protection of non-smokers can be found at: <http://www.rauchfrei-info.de/informieren/gesetzliche-regelungen/laendergesetze-zum-nichtraucherschutz/> [Accessed: 24 May 2018].

¹¹ The JuSchG serves to protect children and adolescents in public. Within the meaning of the Act, children are considered persons under 14 and adolescents as persons between 14 and 18 years old.

adolescents can not gain access to the cigarettes. In most cases, when buying cigarettes from vending machines, age is checked through the (obligatory) "Geldkarte" payment method. Since 1 April 2016, the ban on the sale and consumption of tobacco products to children and adolescents also applied to e-cigarettes and e-shishas, regardless of whether they contain nicotine or not.

Tobacco duty

In Germany, tobacco goods are subject to tobacco duty and value added tax. The tobacco duty is regulated by the German Tobacco Duty Act (Tabaksteuergesetz, TabStG) and in recent years has been gradually increased (Sec. 2 (1) No. 1a TabStG). Cigarettes are currently taxed at 9.82 cents each with a further tax of 21.69 % on the retail price, plus 19 % value added tax¹².

In 2017, the revenue from tobacco duty was approx € 14.4 bn, and has slightly increased compared to the previous year (€ 14.2 bn). This increase is apparently due to increases in cigarette sales (Kuntz et al., 2018). In 2015, tobacco duty revenue was € 14.9 bn (Kuntz et al., 2017).

Trading in tobacco products

To combat the illicit trade in tobacco products, tobacco packaging must be packaged with individual identifying features (traceability) and a tamper proof security feature (Art. 15 and 16 Tobacco Products Directive 2014/40/EU). This applies to cigarettes and to hand rolling tobacco from 20 May 2019. For all other tobacco products, the rules will apply from 20 May 2024 (BMEL, 2018).

Advertising for tobacco products

With the Tobacco Products Act (Tabakerzeugnisgesetz, TabakerzG), an advertising ban on tobacco and e-cigarettes in the press and other printed publications applies. Advertising on the internet, on the radio and on television is also prohibited. Additionally, tobacco companies are not allowed to sponsor radio programmes or events that are aimed at more than one EU Member State (e.g. Formula One). In addition, the German Federal Government presented further amendments to the TabakerzG in 2016: a ban on outdoor advertising and cinema advertising for tobacco products and e-cigarettes (Presse- und Informationsamt der Bundesregierung 2016), however parliament was not able to pass this in the last legislative period. Tobacco advertising in public, whether on billboards or advertising columns, is now banned in all other EU countries.

¹² How much tax to levy on products containing nicotine - "Liquid-Steuer" ("liquid tax") - is currently under discussion.

As a Member State of the FCTC (see above), Germany is obliged to disclose the tobacco industry's advertising costs. In 2015, the tobacco industry's advertising expenditure amounted to a total of approx. € 232 million (Drogenbeauftragte der Bundesregierung, 2017).

Statutory regulations on the use of illicit drugs

In Germany, the BtMG regulates, as the central legislative instrument, how the state deals with drug offences. It provides for a variety of sanctions which, depending on the severity and type of offence, range from administrative fines to custodial sentences. According to the BtMG, a narcotic (illicit drug) is any substance which is included in one of the three annexes to the BtMG: Annex I: narcotics not eligible for trade and non-prescribable narcotics (e. g. MDMA, heroin or cannabis), Annex II: narcotics eligible for trade, non-prescribable narcotics (e. g. methamphetamine) and Annex III: narcotics eligible for trade and for prescription (e. g. amphetamine, codeine, cocaine, morphine and opium). Since its introduction in 1971, the BtMG has been modified and amended several times in order better to suit the changing conditions (c.f. on this, the Legal Framework workbook).

With the threat of punishment (Sec. 29-30a BtMG), the possibilities for action regarding environmental prevention interventions have, to a great extent, been exhausted as far as illicit drugs are concerned.

In 2015, cannabis was the most frequently used illicit drug among both adolescents and adults (Orth, 2016; Piontek & Kraus, 2016). Cannabis and cannabis products are subject to the BtMG, i.e. cultivation, trafficking / dealing, purchase and possession are punishable (Sec. 29 (1) first and third sentences BtMG). If the cultivation, purchase and possession of cannabis is exclusively for personal use, it is possible to refrain from prosecution (Sec. 29 (5), Sec. 31a BtMG). To this end, guidelines on the application of Sec. 31a BtMG have been issued in the *Laender*, with current limit values of 5 to 15g. In most *Laender*, these are so-called "can" provisions. At the Justice Ministers' Conference in June 2018, one of the topics discussed was a standardisation of the exempt amounts for cannabis.

Driving and illicit drugs

Road traffic law and criminal law have a special role to play in environmental prevention: Under Sec. 24a (2) StVG, it is a regulatory offence to drive a vehicle in traffic whilst under the influence of "intoxicating substances" (StVG Annex (to Sec. 24a)) and the substance is detected in the blood. Sanctions range from fines or points in the Register of Driver Fitness to a driving ban. If positive proof of drugs in the blood is established in connection with irregular driving and signs of deficient driving, criminal proceedings are instituted. Possible sanctions include imprisonment and fines and the revocation of the driving licence (Sec. 315c, Sec. 316 StGB). A successfully completed MPU is a requirement of having the driving licence reissued. Proof of abstinence from drugs for over one year is also a requirement. After an accident whilst under the influence of drugs, civil and insurance law consequences can be expected.

In contrast to alcohol, there are no legal threshold values for driving under the influence of illicit drugs. The recommendation of the Commission on Legal Limits (Grenzwertkommission)¹³ includes a detectability threshold for cannabis of under 1ng tetrahydrocannabinol (TCH)/ml blood serum, for fitness to drive not to be acutely affected. In the case of other illicit drugs, driving licence authorities and courts generally assume a lack of fitness to drive. In this respect, the driving licence authorities do not have to furnish proof that someone was driving under the influence of a narcotic drug.

The German Act Amending Narcotics and Other Provisions (Gesetz zur Änderung betäubungsmittelrechtlicher und anderer Vorschriften), which came into force on 10 March 2017 (BT Printed Paper 18/8965) regulates the use of cannabis-based pharmaceuticals as a therapeutic alternative for patients with serious diseases. Cannabis patients are generally allowed to drive, provided their fitness to drive is not impaired by the medication (BT Printed Paper 18/11701; c.f. Legal Framework workbook).

German New Psychoactive Substances Act (Neue-psychoaktive-Stoffe-Gesetz, NpSG)

NPS are distributed as so-called "legal highs", under the misleading names herb mixtures or bath salts, and look supposedly harmless in their colourful packaging. The composition of the ingredients is not displayed and thus holds incalculable health risks. Deaths caused by NPS use and other illicit drugs are regularly published in the BKA Federal Situation Report (Bundeslagebild). The first NPS were identified in 2008 in the herb mixture "Spice" and were subject to the BtMG in 2009. Since then, manufacturers have repeatedly switched, after a health-endangering substance is prohibited under the law, to new psychoactive substances, the chemical structure of which is often only minimally changed, and have thus circumvented the ban.

The NpSG, which came into force in November 2016, confronts this approach by prohibiting whole substance groups for the first time, in addition to the sale, possession and dealing / trafficking in NPS (Pressestelle der Drogenbeauftragten der Bundesregierung und des Bundeskriminalamtes, 2016; c.f. Legal Framework workbook). The effects of the NpSG on users, the addiction support system and law enforcement authorities are currently being qualitatively and quantitatively evaluated (BMG funded project running from 2017 to 2019). Between November 2016 and March 2017, in the scope of the "Phar-Mon NPS" project – a Germany-wide information system on the abuse of NPS and medical drugs – investigated which changes users could expect from the introduction of the NpSG (Piontek & Hannemann, 2017)¹⁴.

¹³ Working group which consists of members of the German Society of Legal Medicine (Deutsche Gesellschaft für Rechtsmedizin, DGRM), the German Society of Traffic Medicine (Deutsche Gesellschaft für Verkehrsmedizin, DGVM), and the Society of Toxicological and Forensic Chemistry (Gesellschaft für Toxikologische und Forensische Chemie, GTFCh) and which advises the German Federal Government.

¹⁴ Further information at <https://legal-high-inhaltsstoffe.de/de/phar-mon-nps.html> [Accessed: 31 Oct. 2018] and in the Drugs workbook (Data year 2016/2017).

1.2.2 Universal prevention

Universal prevention activities form the mainstay of addiction prevention activities in Germany. Programmes, projects and activities are subsumed within these which are aimed at a general population with low or average risk of developing an addiction or dependence. Preventive activities are ideally provided in the everyday life and living environments of the target groups; this also applies in respect of universal prevention measures. Typical areas of activity for universal prevention measures are, for example, school, leisure, work, community and sports club settings etc.

In addition to a differentiation in behavioural and environmental prevention measures within universal prevention, the interventions primarily differ in respect of the specific substances they are aimed at, non-substance-related or behavioural addictions as well as cross-substance projects. Cross-substance interventions primarily serve to teach life skills or to promote the formation of critical opinions.

As there are many different projects from the widest variety of providers, an exhaustive listing of these is almost impossible. In order to give some insight into the diversity of universal prevention measures, new and current projects will be outlined as examples. Older projects are listed in previous REITOX reports.

Kindergarten

The programme "**Papilio**" has been conceived as a development prevention programme to combat the development of addiction and violence in later childhood and adolescence. In addition to promoting socioemotional competence and strengthening psychosocial health among participating children, "Papilio" minimises risk factors by teaching parenting skills to parents (Hessische Landesstelle für Suchtfragen e.V., 2009). Studies have shown that "Papilio" contributes to improving prosocial behaviour and reducing behavioural problems. Children with behavioural problems, in particular those with hyperactivity and attention deficiencies, particularly benefit. Withdrawn children become better integrated into the group and generally better accepted by other children. The children display higher socio-emotional competence (e.g. conflict resolution skills)¹⁵. "Papilio" is today a provider of several programmes, including "Papilio-U3", "Papilio-3bis6" and "Papilio-6bis9" (Papilio Under 3, Papilio 3 to 6, Papilio 6 to 9)¹⁶.

School

The school environment is particularly well-suited for carrying out universal prevention measures. Firstly, schools provide comprehensive access to the main target group of children and adolescents and secondly, preventive measures can be integrated very well into

¹⁵ <http://www.gruene-liste-praevention.de/nano.cms/datenbank/programm/35> [Accessed: 24 May 2018].

¹⁶ Further information and annual reports can be found at <http://www.papilio.de> [Accessed: 31 Oct. 2018].

the school curriculum¹⁷ and beyond. Schools are equally well-suited as settings for non substance-related, substance-related and cross-substance prevention activities.

The effectiveness of addiction prevention measures in primary schools has been intensively investigated. Measures that build on a psychosocial approach as well as on behaviour-modifying interventions are likely to succeed, usually on the condition that they are supplemented by components in non-classroom settings (Bühler & Thrul, 2013). Starting to use legal addictive substances at an early age has a negative effect on psychosocial development, which is why the employment of addiction prevention measures in primary schools seems a particularly good idea. In addition, where use of legal drugs begins at an early age, a use of illicit drugs later on can be predicted (Brook et al., 2002; Hanna et. al., 2001; Maruska et. al., 2011; McGue et. al., 2001). School-based life skills programmes are an important approach within addiction prevention in Germany. The results from 13 systematically identified, randomised and non-randomised studies with German speaking target groups between 1997 and 2014 have been quantitatively integrated: the results of the meta-analysis demonstrate an effectiveness of addiction prevention life skills programmes with German (speaking) pupils, to the extent that they reduce the risk of use at an early age, which is a risk factor for later substance abuse (Bühler, 2016).

Since 2015, the BMG has, through the BZgA, supported the increase in the nationwide reach of the widely evaluated life skills programme for health promotion and prevention of addiction and violence, "**Klasse2000**", in primary and special needs schools. The programme follows children from the first to the fourth grades. Teachers receive evaluated teaching materials for ten to twelve "Klasse2000" hours per school year. In addition, specially trained health promoters are deployed. Since 1991, "Klasse2000" has reached over 1.4 million children in total and is thus the furthest reaching education programme on health promotion, addiction and violence prevention in primary schools in Germany. In 2015, its reach was broadened: a total of 5,168 new first grade classes were incorporated into the programme in the school year 2015 / 2016. In the school year 2016 / 17, the classes in the second grade were included and the number increased to 5,322 classes. Nationally, 20,255 classes took part in this school year, comprising around 458,000 children from over 3,700 schools. For 2017 / 2018, there were 21,223 classes nationwide (+4.8 %) from around 3,770 schools (+1.1 %) reaching around 480,740 children (+5 %). The effectiveness of the programme has been proved by several studies (e. g. Isensee et al., 2015; Kolip & Greif, 2016). Positive effects have been seen primarily in the areas of nutrition and physical activity, as well as in smoking and alcohol consumption. An evaluation study on the long and short term effects is being carried out by the Criminological Research Institute of Lower Saxony (Kriminologisches Forschungsinstitut Niedersachsen e.V.), for the period 2016 - 2019; results are expected in 2019.

¹⁷ Guidelines and curricula from the Land cultural affairs ministries make addiction prevention a compulsory teaching topic (see on this point, section T1.1.4).

The primary school intervention programme "**KLASSE KLASSE**" is holistically implemented in game form within the school setting and includes the topics of addiction and violence prevention as well as promoting physical activity and nutritional education. Psychosocial health is understood as the foundation on which all other skills can be built and thus forms a focus of the programme. "KLASSE KLASSE" is a sub-programme of the holistic prevention programme "KIKS UP" from Bad Nauheim (Hesse). It was evaluated by Gießen University in 2016 (not yet comprehensively published) and in 2017 it was included in the *Grüne Liste Prävention* (Green List Prevention)¹⁸.

"1000 little treasures – health and addiction prevention at primary school" (1000 Schätze – Gesundheit und Suchtprävention in der Grundschule) is a programme to strengthen first grade pupils' psychosocial health. It focuses on the resources and strengths of first graders, and promotes their life skills, exercise and mindfulness. The modular programme is based on the life skills approach and social learning theory and takes into account the pupil, parent, teacher and school level. In the pilot phase in the 2017 / 2018 school year, 13 schools from 7 regions in Lower Saxony took part. They were supervised by 8 trained "1000 Schätze" trainers. The Lower Saxony State Office for Addiction Issues implements the programme as a pilot in Lower Saxony, together with the Network of Experts for Addiction Prevention (Netzwerk der Fachkräfte für Suchtprävention)¹⁹.

Approximately one in ten interventions in schools follows the approach of peer education (documentation system Dot.sys). Peer education approaches are based on the assumption that other persons of the same age group (peers) are better able than teachers or counselling experts to create favourable conditions for the initiation of learning processes. This can be attributed to, amongst other things, a greater social connection between peers, the use of common vocabulary and greater authenticity (Backes & Schönbach, 2002). In the scope of life skills programmes in cannabis prevention, the involvement of peers is more likely to lead to success than if the skills are taught by teaching staff (Bühler & Thrul, 2013).

One such peer project is, for example, the media based concept "**REBOUND – meine Entscheidung**" (REBOUND – my decision) for young people between 14 and 25 years old, and their sponsors. "REBOUND" is a flexible yet structured course for young people from 14 to 25 years old, which focusses on their strengths and those of their own peer group. The life skills and addiction prevention programme is carried out in schools or youth centres and taught by specially trained professionals (teachers, social workers) (Jungaberle & Nagy, 2015). A scientific survey (Hoch et al., 2017) examined which school prevention programmes had been developed and evaluated specifically on the topic of cannabis and whether the measures showed positive, unintended or no effects. Four school-based cannabis programmes with documented evidence were identified in Germany and the EU, including

¹⁸ <http://www.gruene-liste-praevention.de/nano.cms/datenbank/programm/110> [Accessed: 20 Jul. 2018].
Further informationen at <https://www.kiksup.de/klasse-klasse> [Accessed: 12 Nov. 2018].

¹⁹ Further information at <https://nls-online.de> [Accessed: 31 Oct. 2018].

"REBOUND". As well as various positive effects, the project also reported a potentially unintended consequence: among non-users, risk perceptions of cannabis and tobacco fell during the course of the project. This phenomenon could in certain circumstances be due to the fact that the participants with no use experience at the start of the project had a particularly high risk perception of substances which was relativised by the project (Hoch et al., 2017)²⁰.

"**Prev@SCHOOL**" is an holistically-oriented addiction prevention programme for Berlin pupils / educational institutions that has been running since 2016. It reaches out to pupils, their parents / guardians, and teachers and specialists in school social work. Schools, teaching staff and parents receive a needs-based, service tailored to their needs, on the topic of cannabis and other illegal substances. In 2017, around 350 pupils in classes from vocational course, sixth form centres, secondary schools and grammar schools were reached. The project is internally evaluated and reported an 83 % satisfaction rate among pupils²¹.

Training and higher education

"**Prev@WORK**" is a programme which makes addiction prevention an integral element of an education course. Trainees are reached in their daily lives and taught about the dangers of addiction and the risks of using psychoactive substances. The concept is very well suited to the implementation of addiction prevention in vocational training in different settings (BMG, 2016 a). The programme has been further improved as a result of a quality conference and achieved a sustained implementation of addiction prevention in occupational health management training. To date, just under 300 professionals have been trained as "Prev@WORK" trainers. Since the start of the programme in 2008, 300 seminars have been carried out nationwide, reaching a total of around 3,800 vocational trainees²².

The project "**Addiction prevention and health promotion in training**" (Suchtprävention und Gesundheitsförderung in der Ausbildung), which is currently carried out by the Institute for Therapy and Health Promotion (Institut für Therapie- und Gesundheitsforschung, IFT-Nord) and is being promoted by the BMG until 2018, examines the prevalence, availability and influence of prevention and health promotion measures in vocational schools and specialist vocational schools. The project is based on a survey of 5,688 trainees, which the IFT-Nord carried out in seven *Laender* on behalf of the BMG between 2012 and 2014 (e.g. Montag, Hanewinkel & Morgenstern, 2015). The intention was to investigate what the proportion of trainees is that takes part in a measure as well as whether their substance use has changed. In addition, for the first time an overview will be presented on which specific measures are offered and implemented in the individual survey regions. A total of 343

²⁰ Further information at <http://my-rebound.de> [Accessed: 31 Oct. 2018].

²¹ Further information can be found at <https://www.berlin-suchtpraevention.de> [Accessed: 3 Dec. 2018].

²² Further information at <https://prevatwork.de> [Accessed: 31 Oct. 2018].

vocational schools from Germany participated in the study conducted in 2017 / 2018. Detailed results will be published end of 2018, beginning of 2019²³.

While prevention work in schools can look back on many years of experience, prevention and health promotion in higher education institutes take place less frequently. In the scope of the BMG funding line, "**Prevention of high-risk substance use among students**", different approaches in web-based prevention in relation to substance abuse have, in recent years, been developed and carried out for students and scientifically evaluated. Building on the study findings of the HISBUS panel ("Forms of stress relief and performance improvement among students") by the German Centre for Higher Education Research and Science Studies GmbH (Deutsches Zentrum für Hochschul- und Wissenschaftsforschung, DZHW), the BMG has funded three pilot projects since 2013, in which new approaches to prevention work for students have been developed and the effectiveness of the measures developed in the scope of the projects has been demonstrated by way of scientific evaluation. These include:

- "Prevention of high-risk substance use among students" (Delphi, Berlin); providing information, reflecting on own use behaviour through self-tests and suggestions for changing behaviour on the extensive website www.dein-masterplan.de;
- "Online prevention of substance related disorders among students" (eCHUG-D) (Esslingen University); prevention of high risk alcohol consumption among students in the university setting (the US online prevention programme "eCHECKUP to GO" was adapted and supplemented by peer-counselling) and
- "Internet based social norms intervention for the prevention of substance use among students" (INSIST) (BIPS, Bremen); development of a "social norms" intervention aimed at reducing students' substance use. The effectiveness of the approach was investigated using a cluster-randomised study at eight higher education institutes: alcohol and cannabis use in particular declined among students following the intervention (BMG, 2016 b).

The intention of the follow-up project, "**Dissemination and permanent implementation of (online) prevention measures for substance abuse among students**" ("DIOS – Dissemination und nachhaltige Implementierung von (Online-)Präventionsmaßnahmen für missbräuchlichen Substanzkonsum bei Studierenden") was permanently to embed these measures in higher education institutes. As part of "DIOS" 40 qualitative interviews were conducted with four key persons at ten universities. Subsequently, an implementation strategy was developed and tested at the ten colleges. The strategy planned that the implementation willingness of the particular college should first be recorded and then a tailor-made implementation recommendation based thereon would be issued. On this basis, the colleges were given individual feedback on the willingness and possible implementation

²³ Further information can be found at <https://www.ift-nord.de/> [Accessed: 31 Oct. 2018].

steps. In addition to that, a manual has been published which describes the DIOS prevention offers and their implementation. The results are available in the final report of 2018. The BMG funded project was carried out from February 2016 to July 2017 at Esslingen University, the BIPS, Bremen and Delphi, Berlin. The implementation and distribution of the (online) prevention services is monitored and evaluated. The results are awaited²⁴.

Driving school

The **"PEER project at driving schools"** explains the dangers of alcohol and drug use in connection with driving motorised vehicles on the roads. For this purpose, young people who are young drivers are trained as peers by experts in basic seminars. The service is aimed directly at the target group of learner drivers in the form of a peer-led brief intervention (talks, discussions). The results of the accompanying evaluation prove the success of this approach, in particular the fact that this target group is reached with the content (incompatibility of drug use and driving) and by the methods (peer discussions): Since 2000, more than 120 peers have reached over 10,000 drivers nationwide in around 1,000 lectures every year. Since 2004, an amalgamation of the respective coordination agencies in the *Laender* and the individual locations has existed in the form of the interest group "Peer project in driving schools" (Peer-Projekt an Fahrschulen). Today, representatives from eight *Laender* exchange views in this committee (LWL-Koordinierungsstelle Sucht, 2018)²⁵.

The **"Young driver initiative"** programme is aimed at the target group of young drivers. The events carried out in the scope of the programme are intended to sensitise adolescents and young adults to and encourage them to reflect on dangers in road traffic. The programme was evaluated in 2016; the optimisation proposals issued on the basis of the findings led to the inclusion of the project component "Drugs" (Die Drogenbeauftragte der Bundesregierung, 2017). The programme is an initiative by the Deutsche Verkehrswacht (a German road safety organisation) and is supported by the German Federal Ministry of Transport and Digital Infrastructure (Bundesministerium für Verkehr und digitale Infrastruktur, BMVI). The "Young driver" campaign days are carried out, among other places, in discotheques, public places near schools or public school events of Sekundarstufe II (second stage of secondary education)²⁶.

Cross-sectoral

The EU research project **"UPC Adapt"** (Universal Prevention Curriculum) provides for the modification and implementation of the curriculum developed in the USA in nine EU Member States. "UPC Adapt" is based on the International Standards on Drug Use Prevention of UNODC (United Nations Office on Drugs and Crime) and aggregates current knowledge on

²⁴ Further information at www.bundesgesundheitsministerium.de and <https://dios.bips.eu/> [Accessed: 31 Oct. 2018].

²⁵ Further information at <http://www.peer-projekt.de> [Accessed: 31 Oct. 2018].

²⁶ Further information at <https://www.deutsche-verkehrswacht.de> [Accessed: 31 Oct. 2018].

addiction prevention. The FINDER Institute for Prevention Research (Institut für präventionsforschung) and the Crime Prevention Council of Lower Saxony (Landespräventionsrat Niedersachsen) form the German contribution to the "UPC Adapt" project. The plan is that, in the course of the project, available "basic knowledge on prevention" in Germany will form the foundation of the project and funding decisions in the area of addiction prevention. In 2017, focus groups with experts were organised, in order to present the content and receive feedback for adapting it to a European context. The pilot training sessions were held in early 2018 for testing purposes²⁷.

The aim of the new joint project "**IMAC MIND**" ("Improving Mental Health and Reducing Addiction in Childhood and Adolescence through Mindfulness: Mechanisms, Prevention and Treatment") is to improve risk factors for identifying the emergence of addiction disorders and improving diagnostic procedures. In various sub-projects, among other things, prevention programmes specifically for children and adolescents are being developed, the effectiveness of prevention at various stages of development is being investigated and favourable development conditions for children are being set up even before birth (e.g. testing a smartphone app for pregnant women aimed at preventing stress, alcohol and smoking during pregnancy). The joint project has been funded by the Federal Ministry of Education and Research (Bundesministerium für Bildung und Forschung, BMBF) for four years, starting in 2017, in the scope of the "Lifelong health initiative" ("Förderinitiative Gesund – ein Leben lang") and carried out in different institutions in seven locations. The results are awaited. IMAC Mind is aimed at the intersection between prevention and treatment²⁸.

The university certificate course "**Addiction specific prevention approaches for school and youth work**", which is offered part-time alongside students' jobs, was set up in Berlin (cooperation between the Office of Addiction Prevention and the Alice Salomon University, Berlin). The six-month course will start for the first time in September 2018 and is aimed at teaching professionals and social workers, both in schools as well as outpatient and inpatient institutions.

Bleckwenn et al. (2017) investigated the **Integration of Addiction Medicine into Medical Studies**. In addition, a model seminar on addiction medicine topics was taught interactively, i.e. redesigned using active teaching methods and addiction medicine fundamentals were taught in a practical context. Acceptance, satisfaction and practical relevance among students was reviewed with positive conclusions.

The "**BZgA Helpline for addiction prevention**" (BZgA-Infotelefon zur Suchtvorbeugung) provides personal, anonymous counselling for issues related to drugs (+49 221 892031).

²⁷ Further information at <http://upc-adapt.eu/project/> [Accessed: 31 Oct. 2018].

²⁸ Further information, in particular on the various subprojects, can be found at <https://www.gesundheitsforschung-bmbf.de> [Accessed: 3 Dec. 2018].

Additionally, the nationwide "**Drug & addiction hotline**" (Drogen- & Sucht-Hotline) is available 24 hours a day (+49 1805 313031)²⁹.

Family

The family has the most important influence on the development of children (Irwin et al., 2007) and there is extensive evidence that the upbringing provided by parents can have a positive effect on the health of adolescents (Barber et al., 2005). A family bond is one of the most important protective factors against negative health effects in adolescents (Resnick et al., 1997), even if factors such as ethnic origin, income and family structure are taken into account. In a US population study, adolescents who felt connected to their families reported a lower consumption of cigarettes, alcohol and cannabis. A study from Great Britain also reached similar conclusions (Viner et al., 2006). Family norms and attitudes have a strong influence amongst adolescents on smoking behaviour (Wang et al., 1995). Young persons whose parents smoke (Bauman et al., 2001) or drink alcohol (Donovan, 2004) are more likely to do so themselves as well. As such, the family, as the base for the socialising of children and adolescents, assumes a very important role as a setting for preventive measures.

The programme "**Strengthening Families**" ("Familien stärken") is a family-based prevention programme for 10 to 14-year-olds with the objective of achieving a responsible attitude to addictive substances and delaying or preventing the first use of addictive substances. The "Strengthening Families Program 10-14" from the USA on which it is based was able to demonstrate its effectiveness in several randomised controlled studies. In Germany, the programme was conducted in socially disadvantaged areas in Hamburg, Munich, Hannover and Schwerin and its effectiveness was assessed in a multi-centric, randomised controlled evaluation study (Baldus et al., 2016; Bröning et al., 2014): the effects show convincing results in a group comparison over 18 months, in particular for reduced numbers and delayed start of cigarette smoking. Increased effects were also achieved in the psychological health and quality of life in families with children with behavioural problems as well as in a good implementation and acceptance within the structure of the psychosocial support system³⁰.

On selective prevention projects for *children from families affected by addiction*, see section 1.2.3.

Community setting

Holistic and enduringly effective addiction prevention needs to involve not only the family and school but also the social living environment of children and adolescents. Community-based addiction prevention activities are often conducted in inter-municipal and supra-local cooperation projects with various local partners, such as professional addiction prevention

²⁹ Addresses for drug counselling centres throughout Germany can be found at: <https://www.bzga.de/service/beratungsstellen/suchtprobleme> [Accessed: 3 Dec. 2018].

³⁰ Further information can be found at www.familien-staerken.info [Accessed: 3 Dec. 2018].

facilities, churches, self-help organisations, local clubs and facilities, parties and associations, etc. In addition to kindergartens and schools, above all organised and non-organised recreation as well as the public health sector serve as settings for municipal addiction prevention work.

At the urging of the Federal Government Commissioner on Narcotic Drugs and with the support of the municipal umbrella organisations as well as the statutory health insurance umbrella organisation (GKV Spitzenverband), the BZgA ran the **"7th national competition on municipal addiction prevention: Innovative local addiction prevention"** (7. Bundeswettbewerb Kommunalen Suchtprävention: Innovative Suchtprävention vor Ort") from 2015 to 2016. Nationally, 68 cities, local authorities and administrative districts made entries. A jury, appointed by the Federal Government Commissioner on Narcotic Drugs together with the BZgA, judged the competition entries and in March 2016 made its selection: eleven municipalities from eight *Laender* were awarded prizes³¹. The competition is currently being evaluated and the results are expected in summer 2018. A subsequent workshop involving the relevant parties to discuss the results will form the basis for a content-related, strategic refinement in the sense of improved sustainability. The next national competition will be carried out in autumn 2019.

A comprehensive local alcohol strategy has proven to be a promising approach for reducing underage alcohol consumption and binge drinking. Against this background, the project **"Localize It!"** was developed. It started in 2017 with a 30-month duration, funded by the EU Health Programme (2014 to 2020). In the scope of the project, two municipalities were selected in each of 13 European countries and supported in developing and implementing bespoke local alcohol strategies. For Germany, the Diakonische Werk in Herford is involved. Different alcohol prevention settings were considered, an overview of the local situation in all municipalities was obtained and the relevant bodies and stakeholders were sensitised. An individual action plan containing measures based on good practices, was developed from needs analyses in selected settings. The project is monitored and evaluated by a process and results evaluation by the Hamburg-Eppendorf University Medical Centre (LWL, 2017)³².

The pilot project **"GigA"** ("Gemeinsam initiative gegen Alkoholmissbrauch im Kindes- und Jugendalter" – Joint initiative against alcohol abuse in childhood and adolescence) started in 2011, with funding from the BZgA, in the scope of "municipal alcohol prevention". The project was implemented between 2011 and 2014, initially at six pilot locations in North Rhine-Westphalia. The evaluation of the findings of the first project phase showed a clear improvement in the pilot regions of the networking and coordination of prevention work facilities on the ground as well as a clearer visibility of alcohol prevention actions. In 2017, two *Land* conferences took place on the subject of municipal alcohol prevention (Nuremberg

³¹ The winning entries and competition documentation are available at <https://kommunale-suchtpraevention.de> [Accessed: 3 Dec. 2018].

³² Further information can be found at <https://www.lwl-ks.de/de/localize-it/> [Accessed: 3 Dec. 2018].

and Stuttgart). The conferences of recent years are documented and available online. "GigA" will be provided in further areas and municipalities in North Rhine-Westphalia, Rhineland-Palatinate, Mecklenburg-Western Pomerania and Brandenburg until 2018³³.

Recreational settings and sports clubs

The settings of recreation and sports are important areas of work for universally targeted, early prevention activities. The majority of children and adolescents are, at least for a short time, members of a sports club. Moreover, the widespread existence of sports clubs throughout the country guarantees a high degree of accessibility to children of different social strata, including socially disadvantaged children, with a low risk of stigmatising this target group.

The BZgA programme on early addiction prevention "**Make children strong**" ("Kinder stark machen") is aimed at multipliers who work with 4 to 12 year-old children. The programme is based on promoting life skills and a local focus. Of particular importance is the cooperation with popular sports, because sports clubs represent an important living environment for children and adolescents. For many years, the BZgA has worked together with sports organisations with large numbers of members, such as the German Olympic Sports Confederation (Deutscher Olympische Sportbund), German Sports Youth (Deutscher Sportjugend), the German Football Association (Deutscher Fußball-Bund), the German Gymnastic Federation (Deutscher Turner-Bund), the German Handball Federation (Deutscher Handball-Bund) and German Youth Sport (DJK-Sportjugend). A central component is the BZgA qualification on the topic of early addiction prevention for opinion leaders working in the clubs in the field of youth work (around 120 training sessions with around 3,000 participants every year). At a municipality level "Kinder stark machen" also uses sports and family events to reach parents, children and opinion leaders personally. In 2017 the programme was presented nationwide at 23 sport and family events with around 500,000 visitors in total. In addition over 2,600 trainers were personally reached through special training measures in 2017³⁴.

The BZgA is also the exclusive partner in the "**DFB "one-two" / "give-and-go" 2020**" (DFB-Doppelpass 2020) initiative. The objective of this project is to strengthen synergies between schools and clubs in the area of early addiction prevention. In this context, the BZgA supports schools and clubs with action packs on the addiction prevention topics of "Make children strong" ("Kinder stark machen"), "Enjoy sport alcohol-free" ("Alkoholfrei Sport genießen") and "zero alcohol – full power" ("Null Alkohol – Voll Power"). Since the start of the initiative "DFB "one-two" / "give-and-go" 2020" in 2012, over 10,000 clubs and schools have carried out a programme under the motto "Make children strong".

³³ Further information at <http://gemeinsaminitiativ.de> [Accessed: 31 Oct. 2018].

³⁴ Further information can be found at <https://www.kinderstarkmachen.de> [Accessed: 3 Dec. 2018].

Since 2017, the BZgA has been a partner in German Youth Gymnastics (Deutschen Turnerjugend, DTJ) in the **"Children's gymnastics campaign"** (Offensive Kinderturnen), which focusses on the target group of 3 to 7-year-olds. In particular, the campaign seeks to reach children with a migration background, with a disability and educationally disadvantaged children. Associations are supported by the DTJ in developing networks and cooperations with other institutions and organisations (such as schools, daycare centres, institutions for people with disabilities). The initiative is initially intended to run until 2021³⁵.

Police crime prevention programme

The "Police Crime Prevention programme of the *Laender* and the Federal Government" ("Polizeiliche Kriminalprävention der Länder und des Bundes") made it its aim to inform people of the various forms of crime and to show how these can be prevented. It is an institution of the Conference of Interior Ministers and publishes media nationwide, such as brochures, films and computer games. In addition to the relevant public relations work, the Police Crime Prevention programme also develops topic and target group specific campaigns. In projects which are conceived and funded across *Land* boundaries, the aim, amongst other things, is police prevention of addiction. It is aimed at a broad range of groups – from children, adolescents and their parents and teachers to business operators and media professionals.

Anyone who is interested can obtain information, primarily through the website www.polizei-beratung.de. Under "Topics and Tips" there is a section devoted specifically to the issue of drugs which covers topics including drugs in general, the protection of children from drugs as well as how people can be exploited as drug couriers (mules). Moreover, the police crime prevention programme issues the brochure "Spotlight on addiction", updated for 2018, which can be downloaded online or ordered for free via the website.

The prevention portal www.polizei-dein-partner.de provides information, in the topic module "addiction", about drug, alcohol and medicinal drug addiction as well as links to regional counselling centres.

The new website www.polizeifürdich.de provides comprehensive information about youth specific police topics. The subject area "drugs" contains, among other things, basic information on legal, illegal and synthetic drugs.

Substance related

Against the background of increasing seizures of crystalline methamphetamine (crystal meth) in Germany and an observed rise in use in the regions bordering the Czech Republic³⁶, the prevention of the use of crystal meth became a stated political objective. The high profile in the media of the issue of crystal meth was countered by the BZgA with a fact-based

³⁵ Further information at <https://www.dfb.de> and www.dtb-online.de [Accessed: 31 Oct. 2018].

³⁶ See on this point also the results of the SCHULBUS study (Baumgärtner & Hiller, 2016).

educational strategy which, in particular, aimed to reach at-risk groups with informational materials. On the one hand, there are as yet no adequate findings on the effectiveness of mass media prevention campaigns for the general population in relation to illicit drugs (Bühler & Thrul, 2013). A recent Cochrane Review confirms this heterogeneous finding (Allara et al., 2015). On the other hand, as several of the campaigns analysed in the studies demonstrated unintended effects, namely they contributed to an increase in use, the authors recommend only using mass media campaigns after rigorous evaluation. A measure for the population as a whole can fuel the false impression that the use of crystal meth is more widespread than generally assumed. As an erroneously high estimation of the frequency of use of an illicit substance is a strong predictor of own use, this phenomenon, known as "descriptive normalisation" is a risk inherent to mass media prevention campaigns (Sumnall & Bellis, 2007). Given these risks, the BZgA is continuing its target group oriented prevention approach for crystal meth prevention in close cooperation with relevant parties at *Laender* and municipality level.

Dresden is tackling the problem of locally increasing prevalence of crystal meth use with innovative prevention approaches. With the Dresden **"Year of Culture – focus on addiction"** ("Kulturjahr Sucht") a nationwide interface between art, culture and addiction prevention has been created for the first time. Artists and people in the cultural sector in the city are invited to develop concepts in the scope of addiction prevention, with a focus on crystal meth. The artistic creations address the topic of high risk addictive substance use and are designed to be easily accessible, informative and sensitise people at an emotional level to this topic. The project, "Prevention of crystal meth use in Dresden" (Prävention des Crystalkonsums in Dresden) consists of, among other things, regularly occurring events on addiction prevention (such as "Legst du dich mit Crystal an?", "Are you taking (on) crystal meth?") and with the support of various cooperation partners. The "Kulturjahr Sucht" was developed in 2016 / 2017 as a pilot project by the Dresden Health Department and has since been funded – also in 2018/19 – by the BZgA³⁷.

The new Bavaria-wide crystal meth prevention campaign **"My false friend – crystal meth"** ("Mein falscher Freund – Crystal Meth") is aimed primarily at those potentially at risk, crystal meth users and their relatives. 18 to 45-year-old young women and mothers are addressed in particular, many of whom in precarious social living situations, as well as people in this age group who are under a high degree of pressure to perform. The internet-based campaign consists of two parts: a cinema spot that was shown in cinemas across Bavaria at the end of 2017, and two viral videos ("A friend of mine" and "Crystal meth baby"), which were published on the internet and across social media networks. The aim is to encourage viewers to visit the campaign website, where they are then presented with the second part of the campaign: on that website, information is provided on crystal meth, the legal consequences of use and the health risks. Moreover, counselling and assistance services are listed.

³⁷ Further information can be found www.dresden.de/kulturjahr-sucht [Accessed: 4 Dec. 2018].

Together with the Bavarian Ministry of the Interior, the Bavarian Health Ministry launched the *Land-wide* prevention campaign in November 2017.

Against the background of rising figures for use in rural regions, a crystal meth prevention project is currently being implemented in Saalekreis. School prevention teams and the working group "Crystal Meth Prevention" developed the so-called "**Crystal Meth Box**" ("Crystal-Box"), which contains a 90-minute educational package for both for school classrooms as well as for activities in recreational facilities. In workshops, the work with the Box was trialled with parents, teachers and pupils. Based on the feedback, the didactic-methodical preparation was further optimised. Additional material (flyers, fact-sheets etc.) is also in the box, which can be used from year nine as required. The experiences with the "Crystal Meth Substance Box" ("Substanz-Box Crystal") have been positive and have led to similar prevention materials for other substances (cannabis, alcohol, tobacco) being produced.

The "Crystal Meth Box" was further developed in a second pilot phase, funded by the BZgA, and evaluated during implementation. The accompanying research revealed that the use of the "Crystal Box" among the students leads to an immediate and sustained increase in knowledge. But it also revealed that the use of the box does not lead to a measurable change in attitude. The majority of respondents want more lessons on substance use and addiction prevention (N = 1,638). In order to draw attention to the possibilities and limits of school addiction prevention and to enter into a dialogue on that topic with relevant bodies and interested parties, the documentary "Prisma & Kristall" was produced which was shown in cinemas in Halle at the start of 2018. The film is also intended to be used beyond the end of the project period, among other things, in work with opinion leaders³⁸.

Since 2015, the BZgA has offered an information brochure for opinion leaders, who have to deal with the topic of crystal meth, either professionally or privately. A further "**Information booklet on methamphetamine**" ("Informationsheft Methamphetamin") (2015) from the BZgA outlines facts, effects and prevention approaches. The "tool for consultants dealing with methamphetamine using clients" (Arbeitshilfe für Beraterinnen und Berater zum Umgang mit Methamphetamin) created as a joint project from the DHS and BZgA was updated in 2017. In addition, the BZgA published teaching material in 2015 for addiction prevention in years eight to twelve on the topic of crystal meth. The teaching material was supplemented by an educational film, in order to enable interactive lessons. The educational film, complete with accompanying material, is expected at the end of 2018 and will be issued from the *Laender* or schools on request.

In the information series "**Addiction and its substances**" ("Die Sucht und ihre Stoffe") by the DHS, crystal meth is to be included in the "Amphetamine & Ecstasy" leaflet updated for 2018 (currently being printed).

³⁸ Further information can be found at <https://www.awo-halle-merseburg.de> [Accessed: 4 Dec. 2018].

The cannabis prevention campaign „**Stay strong! Stay yourself!**“ (“Bleib stark! Bleib du selbst!”) in Hamburg is aimed at adolescents, parents and professionals. In addition to new flyers for adolescents, social media platforms (Facebook, Twitter and Instagram) will be used to reach the target groups³⁹.

In order to inform the public, in particular already drug-savvy people, about the risks of use of "legal highs", the BZgA website www.drugcom.de contains scientifically sound and up to date information (compare 1.2.3).

In 2016, the DHS published, with BZgA funding, the brochure "**Synthetic drugs**", which among other things provides information on poly drug use.

The project "**Clean on it**" (“Sauber drauf”) of the website www.mindzone.info provides detailed information on substance classes, effects and risks as well as poly drug use. Also, the websites www.legal-high-inhaltsstoffe.de and <http://infoboerse-neue-drogen.de>, offer users, parents and experts, in addition to online counselling, media library and useful links, extensive information on NPS. (c.f. section 1.2.3).

In North Rhine-Westphalia, the established prevention programme "**strong not stoned**" (“Stark statt breit”) has been extended to include the "**cannabis prevention toolbox**" (“Methodenkoffer Cannabisprävention”). The toolbox contains materials for interactive work with adolescents and young adults and conveys various methods on the topic of cannabis use and the associated risks. It can be used in schools or youth centres. The "Alfred-Koffer" (Alfred toolbox) (Suchthilfe direkt Essen) and the "Cannabis-Präventionskoffer" (Cannabis prevention toolbox) from the addiction support in Caritasverband (Caritas Association) Paderborn form the basis of the new toolbox. In addition, the practical experience from the addiction prevention on cannabis were incorporated into its development. 100 toolboxes were funded by the North Rhine-Westphalia Ministry for Labour, Health and Social Affairs and since April 2018 have been available to all professionals following prior training. The toolbox will be evaluated in 2019⁴⁰.

The Main-Kinzig-Kreis (Hesse) Special Unit for Addiction Prevention developed the "**cannabis toolcase**". The project can be used in all types of school from the eighth grade and includes three lessons, which are mostly carried out by employees of the Unit alone (without a teacher). Using the risk competence approach, adolescents are given information, facts and opinions, which are the basis of their own actions when making decisions. Methods used include polling participants' attitudes, group work followed by presentations and various methods of critical self-reflection. The effects and risks of cannabis use, the current legal situation and consequences in relation to school, training, social environment and traffic / obtaining a driving licence are developed. The materials and worksheets used are all

³⁹ Further information can be found at www.sucht-hamburg.de and www.bleib-stark.com [Accessed: 4 Dec. 2018].

⁴⁰ Further information can be found at <http://www.stark-statt-breit.de> [Accessed: 4 Dec. 2018].

collected together in the cannabis toolbox (coll. "Kifferkoffer", approx. junkie's toolbox), as well as some basic information⁴¹.

The brochure of the DHS "**Smoking pot is risky – A brochure in easy language**" ("Kiffen ist riskant – Ein Heft in leichter Sprache") from 2017 is currently slightly revised and will be published in print in late 2018.

1.2.3 Selective prevention

Selective prevention is aimed at groups of people who have an increased risk of developing a substance dependence – mostly without exhibiting it. The target groups of selective prevention measures are very often approached in recreational settings. Interventions for socially disadvantaged adolescents or children and adolescents from families affected by addiction problems are often carried out in school and pre-school settings. Generally speaking, this approach has the advantage of using existing resources at an early stage in a targeted manner. However, the risk of stigmatising the target groups of selective prevention activities should be taken into account during the planning phase. The National Strategy on Drug and Addiction Policy envisages a stronger focus on at-risk groups (Die Drogenbeauftragte der Bundesregierung, 2012) and sees the need "... to develop specific services for at-risk adolescents in the field of selective prevention" (ibid).

As there are many different projects from the widest variety of providers, an exhaustive listing of these is almost impossible. To give an insight into the diversity of selective prevention measures, new and current projects will be outlined as examples. Older projects are listed in previous REITOX reports.

Recreational setting

Prevention measures carried out in the recreational setting usually address a very heterogeneous group of children and adolescents such as adolescents with substance use experience, socially disadvantaged adolescents or juvenile delinquents who each require different prevention focuses to, for example, adolescents without substance use experience.

Generally speaking, recreational settings may be categorised as either organised or non-organised. The prevention measures undertaken in the **organised recreational setting** (e.g. youth welfare facilities, church-run facilities, community-based or urban youth centres) are often derived from the German Child and Youth Welfare Act (Kinder- und Jugendhilfegesetz (KJHG), SGB VIII). These measures mainly aim at promoting the development of children and adolescents and helping them to become responsible individuals capable of living in a community. The described heterogeneity clearly shows the importance of taking into account the living environments of the adolescents and of not restricting prevention activities merely to achieving abstinence or use reduction, but that skills such as risk competence and risk management must also be taught.

⁴¹ Further information at <http://www.suchthilfe-awo-mk.de> [Accessed: 31 Oct. 2018].

One such service is the **"Out of the grey area"** project ("Raus aus der Grauzone") (2018 to 2020) from the Berlin Special Unit for Addiction Prevention, which supports and supplements existing addiction prevention and support services. The focus is on adolescents having initial issues, such as first experience with addictive substances. "Raus aus der Grauzone" clarifies whether this is pubescent isolation behaviour or coping strategies. Where needed, parents and adolescents are referred to further support services, for example addiction support. Furthermore, parents can talk with one another in parent groups and receive expert input on topics such as puberty, relationships and self-care for people raising children. Adolescents' skills in dealing with risks are strengthened through experiential learning activities. Educational professionals receive guidance on the questions of what help is required and how adolescents can be motivated to take advantage of it, with and without their parents⁴².

In the **non-organised** recreation setting, prevention of addiction is more open. This means that activities and services are low-threshold and generally voluntary. They are mostly aimed at minimising behaviours that are harmful to health and at promoting responsible substance use. The basis of the work in the non-organised recreational setting includes guidelines of accepted drug work and resource-oriented prevention.

Music and party settings

These approaches can be found in numerous scene or party-based projects which are provided in many larger towns and cities. Activities undertaken within the framework of such party projects are often developed by specialist agencies or addiction prevention facilities and implemented in cooperation with local clubs, discos and organisers of music and party events.

One such project is **"Drug Scouts"**. The initiative from Leipzig was founded in 1996 by "young people from the electronic music and party scene" and is active in this setting with counselling stands. The aim of the project is to encourage users of party drugs to reflect critically on their drug use, to inform them about health risks and to offer them support in reducing their consumption⁴³. Between 2013 and 2015, the IFT analysed partygoers' assessments of the party projects "MINDZONE" in Munich, "Drogerie" (drug store) in Erfurt and "eve & rave" in Münster. The non-representative survey (N=1,679) showed that the hard to reach target group was reached to a high degree and revealed, on average, a very positive evaluation of the services, in particular of the information provided (Hannemann & Piontek 2015).

The music scene project **"Drogerie"** by Suchthilfe in Thüringen GmbH (Addiction Support in Thuringia Ltd.) is aimed at adolescents and (young) adults in the scene and has been a component of the Thuringia addiction support system since 2000. It is represented nationwide at various rave and music events as a safer nightlife project and provides on-site,

⁴² Further information can be found at www.rausausdergrauzone.de [Accessed: 4 Dec. 2018].

⁴³ Further information at <http://drugscouts.de> [Accessed: 31 Oct. 2018].

acceptance oriented, low-threshold addiction prevention and drug education in the sense of risk and harm reduction. At the beginning of 2017, the newly designed project website www.drogerie-projekt.de was published with the aim of achieving the greatest possible reach using preventive measures. It serves as a scene-savvy information platform, providing extensive information – for example the "Drogen-ABC" (the ABC of drugs) as well as links to other safer nightlife projects⁴⁴.

The new pilot project "**SubCheck**" in Thuringia deals with the methodology of drug checking as an intervention and prevention strategy, including legally accepting and analysing samples of illegally acquired, psychoactive substances to determine their actual, qualitative and quantitative composition⁴⁵. In this way, dangerous and unexpected content such as diluents or high concentrations can be detected. Their implications in terms of risk and harm reduction can be communicated to users and the health risks of taking such drugs can be explained. The pilot project includes preliminary off-site checking: it is carried out at a fixed location in the analytics department at Jena University. This enables a qualitative examination to be carried out, in conjunction with a face to face discussion on risk and harm reduction. Users who want to have substances tested are given expert, risk-oriented advice on an anonymous basis. "SubCheck" is linked to the "Drogerie" project (see above). The findings of the tests are published on the www.drogerie-projekt.de website as pill warnings with hardcopies made available to those interested, e.g. at "Drogerie" on-location operations. In addition, "Drogerie" project workers carry out an anonymous survey with users on the topic of drug checking, in order to poll quantitative demand, acceptance, willingness to use or rejection of the project, as well as the possibility of setting it up within the electro-party scene. "SubCheck" is being run from April to September 2018 by the Suchthilfe Thüringen e.V. prevention centre.

"**TAKE**", a project developed in Baden-Württemberg, was developed to provide addiction prevention for adolescents and (young) adults in the setting of electronic music events. As users of "recreational drugs" represent a difficult to reach target group to reach for prevention services, access was developed through outreach, low threshold advice and prevention services at electronic music events by educational experts and trained peers familiar with the scene. NPS are addressed as well as "classic" substances. By being present at music events and gaining the trust of users, users are caused to reflect on and critically question their intoxication experiences. With a scene and dialogue-oriented approach, all participants are encouraged and empowered to cooperate. Access to the Stuttgart addiction support system is also opened up. "TAKE" is evaluated by the Stuttgart Institute for Applied Social Sciences (IfaS)⁴⁶.

⁴⁴ Further information at www.drogerie-projekt.de [Accessed: 31 Oct. 2018].

⁴⁵ None of the safer nightlife services in Germany offer official drug checking (Bücheli et al., 2017). Further information on the topic of drug checking can be found in the Harms and Harm Reduction workbooks 2016/17 and 2018/19.

⁴⁶ Further information can be found at <http://www.take-stuttgart.de/> [Accessed: 4 Dec. 2018].

In the scope of the **"Clubmission Project"**, launched in 2012 by the Berlin Special Unit for Addiction Prevention, young partygoers are approached by trained prevention professionals and peers in the queues of Berlin nightclubs. Discussions and survey results show that the vast majority of those spoken to in a typical night out consume alcohol and around one third use illegal substances. The aim of the "nightclub queue streetwork" is to support young people in developing their risk and consumption competence. In this way the reflecting approach (communication model) aims to empower young people to examine their intoxication and risk competence, to reflect on and control it. Club and party operators are also informed about current addiction prevention topics (Fachstelle für Suchtprävention Berlin, 2017).

Commissioned by the Senate Department of Health, Care and Gender Equality, the explorative study **"Substance use and expectations of prevention services in the Berlin party scene"** (SuPrA Survey Berlin) was carried out through the Charité Berlin. One finding of the non-representative survey was that visitors to clubs in Berlin frequently use legal and illegal drugs (mainly cannabis, amphetamines and ecstasy) – mostly for reasons of impacting the mood, intensification of activities, the perception of physical effects consume – and are looking for more education and prevention at the same time. Experts who were questioned requested, among other things, on-site outreach and acceptance information and advice, supplemented by training for club, door and bar staff (Senatsverwaltung für Gesundheit, Pflege und Gleichstellung, 2018; Fachstelle für Suchtprävention Berlin, 2018).

In Dresden, the **"Mobile addiction prevention team (pharmacy) bar"** ("Mobile Suchtpräventionsteam (apo)THEKE") is out informing partygoers and music and party event organisers about low-risk nightlife in the sense of a reflective and health conscious behaviour. A large round tent with bean bags (chill-out area), an information point, fruit, water and safer use materials (condoms, glucose etc.) are offered, as well as brief consultations and referral to addiction counselling facilities. The safer nightlife project is carried out by the Diakonisches Werk und der Stadtmission Dresden⁴⁷.

Web-based services and mobile applications

"Click for Support – Guidelines for effective web-based services in selective addiction prevention" („Click for Support – Leitlinien für effektive webbasierte Angebote in der selektiven Suchtprävention“) intends to utilise modern media and means of communication, such as laptops, tablets or smartphones, in the everyday life of young people as a way to access addiction prevention measures. In the multilateral project, funded by the European Commission and conducted primarily by the LWL Coordination Office for Drug Related Issues, guidelines on the use of web-based prevention and intervention services have been developed and recently published on the project website. Between 2017 and 2018, various

⁴⁷ Further information can be found at <https://www.diakonie-dresden.de> [Accessed: 4 Dec. 2018].

workshops took place with the project partners – the communication tools developed in the workshops are currently being tested⁴⁸.

Based on the findings of the EU funded project "Click for Support", the follow-up project **"Click for Support – REALized!"** was developed and implemented in 2017 as the first Europe-wide, web-based intervention, specifically for new psychoactive substances. The web-based intervention will be available as an interactive website and app, according to the needs and requirements of young NPS users recorded in "Click for Support", and will comprise an information section, a self-evaluation test and a structured 30-day intervention programme. The content is prepared by the LWL Coordination Office for Drug Related Issues, adapted to the country-specific requirements by the 13 partner organisations and translated to those countries' languages. The first content of the resulting "Mind your trip" website including, among other things, information on NPS, the legal situation and on safe use as well as counselling by means of self-testing and journaling, is already available at <https://de.mindyourtrip.eu/de>. The results are expected at the end of 2018⁴⁹.

The BZgA web portal on drugs and addiction prevention, **"www.drugcom.de"**, set up in 2001, provides comprehensive and quality assured information on legal and illicit addictive substances. www.drugcom.de provides adolescents and young adults up to 25 years old who occasionally or regularly use drugs, with counselling and programmes for changing behaviour. In addition to a more drug-savvy target group, opinion leaders from the areas of school, youth recreation, addiction prevention, addiction counselling or addiction support are important target groups. As far as the prevention of illegal substance use is concerned, www.drugcom.de, with its various services and broad reach – in 2016 the internet portal recorded around 5,367 visitors to the site every day – is the central module of the national BZgA addiction prevention strategy. Adolescents and young adults in particular see the internet as a low-threshold information and counselling service and use it accordingly (Van Eimeren & Frees, 2010). The website also offers "check your drinking" and "cannabis check" tests, with which personal use behaviour for alcohol and cannabis can be assessed. The objective is to encourage participants to reflect critically on their own consumption and as a second step motivate them to change their behaviour. At the start of 2018, www.drugcom.de was supplemented by a YouTube channel, on which five short video clips on cocaine, cannabis, amphetamine and ecstasy can currently be found⁵⁰.

Amphetamines, alongside cannabis, are the most commonly consumed illegal drug in Germany. Since the summer of 2018 www.drugcom.de has offered an anonymous and quality assured option, with the online self-test "Speed Check", to create a personal risk profile for amphetamine and methamphetamine use. The self-test gives indications of a

⁴⁸ Further information can be found at <http://www.clickforsupport.eu/> [Accessed: 4 Dec. 2018].

⁴⁹ Further information can be found at <http://www.clickforsupport.eu/taking-it-next-level-click-support-realized> [Accessed: 4 Dec. 2018].

⁵⁰ <https://www.drugcom.de/videos/> [Accessed: 4 Dec. 2018].

substance addiction and motivates to critically question and adjust the consumption. The "Speed Check" considers different motives for the consumption of amphetamine and the individual circumstances of life. It also gives recommendations for withdrawal from consumption.

Amphetamine is, alongside cannabis, one of the most commonly used illegal drugs in Germany. Since summer 2018, www.drugcom.de has offered the online self-test "speed check", an anonymous and quality-assured opportunity to create a personal risk profile for amphetamine and methamphetamine use. The self-test provides indications of substance dependency and encourages a critical evaluation of the use and possible cessation thereof. The "speed check" takes into account various motives for amphetamine use, as well as the individual living conditions of users. Recommendations regarding cessation of use accompany the new self-test service⁵¹.

The online portal, "**Information point – new drugs**" ("Infobörse Neue Drogen"), is a new information and counselling service from Landes-Caritasverband Bayern e.V. It was launched by the MINDZONE project in December 2017, offers a comprehensive information and counselling service around the topic of NPS with the aim of providing information, in a fast and uncomplicated manner, on the risks and legal consequences of drug use. The website is aimed at young adults, their relatives and experts. In order that target group specific information can be retrieved, the website has separate areas for users, experts and parents. In addition to sound information on substances, it offers those seeking advice the option of anonymous and confidential online counselling. A special factsheet is available for download for addiction support professionals, containing basic information on NPS. The project is funded by the Bavarian State Ministry of Public Health and Health-Care⁵².

Since May 2018, Diakonie Niedersachsen has been offering online videos with advice on the topic of addiction, on the YouTube channel "**Your addiction experts**" ("Deine Suchtexperten"). In the films, the Diakonie addiction counsellors speak about, among other things, Cannabis.

The Blue Cross has been offering the smartphone app "**blu:app for school**" since the beginning of 2018, which teachers can use to carry out educational work on the abuse of alcohol⁵³.

The free smartphone app "**CheckPointC**" is aimed at crystal meth users, who so far have no access to the support system. Among other things, it provides information anonymously on the effects, risks and possible risk management strategies and their implementation and sensitises on the side effects and long-term effects of the use of "weckamines" (approx. "awake-amines"). In 2017, "CheckPointC" was extended to include the areas of "exit" (exit-

⁵¹ <https://www.drugcom.de/selbsttests/speed-check> [Accessed: 4 Dec. 2018].

⁵² Further information can be found at <http://infoboerse-neue-drogen.de> [Accessed: 4 Dec. 2018].

⁵³ Further information can be found at <https://school.bluprevent.de/> [Accessed: 4 Dec. 2018].

diary: cessation coach with and without support) and "craving" (craving-diary: coping strategies and coaching when under pressure to use). The project is funded by the BMG⁵⁴.

In the project **"Your life belongs to you"** ("Dein Leben gehört dir") (a tablet/app-based interactive addiction prevention for cannabis and other illicit drugs) programme schools in the *Land* programme "Gute gesunde Schule" (Good, healthy school) in Mecklenburg-Western Pomerania have been supported since the end of 2017 in their addiction prevention work. Mechanisms of action, risks and consequences of illicit drug use, explanations on legal foundations and reflection on use are discussed, among other things. The project is aimed at pupils from the ninth grade onwards, at teachers, parents and school social workers⁵⁵.

People with migration and / or refugee background

In the scope of the nationwide pilot project **"Family and addiction prevention – culture sensitive information and prevention services for Russian-speaking parents and relatives to extend addiction prevention services and ease access to the German addiction support system"** ("Familie und Suchtprävention – Kultursensible Informations- und Präventionsangebote für russischsprachige Eltern und Familienangehörige zur Erweiterung der Angebote der Suchtprävention und der Verkürzung des Zugangs in das deutsche Suchthilfesystem") the Bundesverband russischsprachiger Eltern e.V. (German Association of Russian speaking parents) is training 40 opinion leaders on various topics on drug addiction and prevention between 2017 and 2019. At the same time, this was accompanied and supported by peers (adolescents who are themselves at risk of drug addiction). The project is funded by the BMG⁵⁶.

The project **"Perspektive 3D"** which started in 2016 in Berlin (previously "Hinschauen – Hinhören – Handeln"; "Look – listen – act") offers counselling, coaching and training sessions on culturally sensitive addiction prevention for opinion leaders in e.g. job centres, housing, and occupational schemes, that work with refugees. In addition, addiction prevention workshops for refugees are offered, and information materials have been developed in various languages. New to the project are, for example, three posters which provide brief information in ten languages on the topics of health, child and youth protection as well as on drugs and the law, and which can be placed in accommodation and communal areas (Fachstelle für Suchtprävention Berlin, 2017). The project is funded by the Senate Department of Health, Care and Gender Equality⁵⁷.

The Berlin peer project **"Addiction support and prevention for refugees"** („Suchthilfe und Suchtprävention für Geflüchtete“) pursues the goal of educating people on the effects and

⁵⁴ Further information can be found at <https://checkpoint-c.de> [Accessed: 4 Dec. 2018].

⁵⁵ Further information can be found at <http://suchtpraevention.lk-mecklenburgische-seenplatte.de> [Accessed: 4 Dec. 2018].

⁵⁶ Further information can be found at <http://bvre.de> [Accessed: 4 Dec. 2018].

⁵⁷ Further information can be found at www.helpisok.de and <https://www.berlin-suchtpraevention.de> [Accessed: 4 Dec. 2018].

risks of alcohol and other addictive substances and raising awareness for existing addiction support counselling services. The project was developed in cooperation with addiction support coordinators from different Berlin districts, as well as agencies from the areas of addiction support and intercultural counselling. Refugees are educated by the participating addiction support agencies and registered with local addiction counselling facilities. The content of the training was compiled together with the peers in an intercultural and participative dialogue. The trained peers provide information in the refugees' living environments on the risks of addictive substance use and, where required, accompany them to regional addiction counselling facilities. The project is funded by the Integration and Safety Masterplan. Since summer 2017, around 20 peers have regularly visited emergency or shared accommodation facilities, for example, to establish themselves as contact persons for the subject.

“Diversity-oriented and participative development of addiction prevention and addiction support for migrants, PaSuMi” (“Diversity-orientierte und partizipative Entwicklung der Suchtprävention und Suchthilfe für und mit Migrant_innen”) has the aim of initiating, promoting and evaluating a diversity-oriented and participative (further) development of measures for selective and indicative addiction prevention for and with migrants. “PaSuMi” is a pilot project of the Deutschen AIDS-Hilfe (German Aids Service Organisation, DAH), funded by the BMG and carried out between 2017 and 2019 in close collaboration with eight institutions in five local locations. An individual project has been implemented in all participating institutions: Community members from the target group of refugees or with access to them are included in the project as peers. They identify needs and are trained on relevant content and methods. Based on this, they develop, implement and evaluate local addiction prevention measures together with their communities and institution staff. In addition, multi-location workshops on expert / methodological training are taking place. The project is evaluated, scientifically supported and backed up by an advisory board⁵⁸.

In 2017, the DHS updated the dual language brochure **“Drugs? Alcohol? Tablets? At some point the fun is over”** (“Drogen? Alkohol? Tabletten? Irgendwann ist Schluss mit lustig”), which provides information in German and one of Bulgarian, Polish, Romanian or Russian, about the risks of the named substances and refers to support services for addiction problems. This was in reaction to increased demand from sub-populations with these corresponding migration backgrounds. Additionally, in 2017, the materials **“Information on alcohol and other drugs – counselling and support”** (“Informationen zu Alkohol und anderen Drogen – Beratung und Hilfe”) appeared in Arabic/German and English/German, and in 2018 in Farsi/German and French/German, available at www.dhs.de. The brochure will be published in Pashto/German at the end of 2018. The

⁵⁸ Further information can be found at <https://www.aidshilfe.de> [Accessed: 4 Dec. 2018].

brochures are dual language so that German-speaking opinion leaders know the content and can easily use it.

In the scope of the "QuaSiE" project, the LWL Coordination Office for Drug Related Issues published the brochure **"Addiction prevention services for adolescents with a migration and / or flight background"** ("Suchtpräventive Angebote für Jugendliche mit Migrations- und / oder Fluchthintergrund") (2018) with national prevention material, currently in 16 different languages. In addition to Russian and English, material is also provided in languages such as Dari, Pashto and Urdu⁵⁹.

Under the title **"Information services for addiction and migration"** ("Informationsangebote Sucht und Migration"), the North Rhine-Westphalia State Office for Addiction has compiled materials in various languages, which are updated on an ongoing basis⁶⁰.

The information service of the BMG online portal, **"Migration and health"** ("Migration und Gesundheit"), makes material available in various languages in the category of "Sucht & Drogen" ("Sucht und Drogen")⁶¹.

The brochure **"Migration – addiction – transculturality"** (2017) by Sucht.Hamburg provides, among other things, background information on culture-specific handling of addictive substances and contains recommended actions for professionals. In a brochure (April 2018), Hamburg addiction prevention services and outpatient addiction support are listed in foreign and native languages in Hamburg⁶².

Short, easy to understand **educational clips**, targeted at people with migration and / or refugee experience, have been released for various substances: at the start of 2018, Caritasverband e.V. released the video "Alcohol – less is better" ("Alkohol – weniger ist besser")⁶³ in German, English, French, Polish, Russian, Arabic and Farsi, each with subtitles. The educational clips from the Hesse *Land* Office for Addiction Issues "Why can alcohol be dangerous for me?" ("Warum kann Alkohol für mich gefährlich werden?") (2017), "Why can cannabis be dangerous for me?" ("Warum kann Cannabis für mich gefährlich werden?") (2018) and "Why can medicine also harm?" ("Warum können Medikamente auch schaden?") (2018), explain, among other things, the legal background in Germany and list support services⁶⁴. The German Red Cross (Deutsches Rotes Kreuz, DRK) provides information with various short films, such as "Addiction support" ("Suchthilfe"), on important questions

⁵⁹ The brochure is available online at <https://www.lwl-ks.de> [Accessed: 4 Dec. 2018].

⁶⁰ <http://www.landesstellesucht-nrw.de> [Accessed: 4 Dec. 2018].

⁶¹ <https://www.migration-gesundheit.bund.de> [Accessed: 4 Dec. 2018].

⁶² It is available online at <http://www.sucht-hamburg.de> [Accessed: 4 Dec. 2018].

⁶³ <https://www.caritas.de> [Accessed: 4 Dec. 2018].

⁶⁴ Each video is available in five languages (German, English, Arabic, Dari and Tigrinya) at <https://www.hls-online.org> [Accessed: 4 Dec. 2018].

regarding health and healthcare provision. The films are available in German, English, Arabic, Pashto, French and Sorani⁶⁵.

The BZgA's **"Informationsservice on migration, flight and health"** ("Informationsdienst Migration, Flucht und Gesundheit") is released four times a year. It encompasses dates for seminars and further training courses, current materials, projects and ideas as well as an extensive collection of links⁶⁶.

In autumn 2018, the North Rhine-Westphalia *Land* Coordination Office for Women and Addiction (Bella Donna) is carrying out an inventory and needs assessment, together with the research institute, tifs, on the subject of **"Refugee girls / women and substance use"** ("Geflüchtete Mädchen / Frauen und Substanzkonsum"). The online questionnaire is surveying, among others, Suchthilfe NRW (North Rhine-Westphalia addiction support), refugee / migration work organisations, women and girl institutions as well as pregnancy conflict counselling centres in North Rhine-Westphalia (NRW)⁶⁷.

The app **"Guidance"** from Notdienst Berlin e.V. has been available since summer 2017. The app, which provides information on alcohol, medication, drugs, risks and the legal situation, is intended to facilitate access to Berlin addiction support for refugees. Using simple tools, a variety of information can be retrieved in five different languages, local counselling services can be found, appointments made and questions asked. The app is also aimed at opinion leaders who work with refugees⁶⁸.

"ReFuDat", the reference database for quantitative research on the health and healthcare of refugees, has been online since June 2018⁶⁹.

Residential care

In 2017, the DHS published "Handbook on addiction prevention in residential care" ("Arbeitshilfe Suchtprävention in der Heimerziehung") with funding from the BZgA, which addressed legal and illicit drugs as well as media and nutrition. The handbook addresses, in a practice-oriented manner, questions on the handling of high risk use behaviour of children and adolescents in public residential care. Specific tips can immediately be tried out and applied by educators in their everyday work. Suggestions help to integrate individual building blocks or an overall concept on health promotion and addiction prevention into the existing educational concept of the institution. In addition, addiction support and addiction prevention

⁶⁵ Further information can be found at <https://www.drk-gesundheitsfilme.de> [Accessed: 4 Dec. 2018].

⁶⁶ It can be ordered by post or downloaded as a PDF from www.infodienst.bzga.de [Accessed: 4 Dec. 2018].

⁶⁷ Further information can be found at <http://www.landesstellenucht-nrw.de> [Accessed: 4 Dec. 2018].

⁶⁸ Further information can be found at www.guidance-berlin.de [Accessed: 4 Dec. 2018].

⁶⁹ Further information can be found at <http://projekt-refudat.uni-bielefeld.de/> [Accessed: 4 Dec. 2018].

professionals can seek a dialogue with youth welfare professionals about the handbook and offer support⁷⁰.

People with physical and / or mental impairments

The addiction prevention programme "**Say No!**" ("Sag Nein!") by the LWL Coordination Office for Drug Related Issues is aimed at pupils from middle and upper year groups at special needs schools for mental development. Its aim is, among other things, to convey knowledge about substances, offer alternative ways of behaving, and strengthen the person's personality and ability to understand their own actions. "Say No!" is targeted at adolescents who already have experience of drug use. Imparting knowledge on an individual basis plays a decisive role, as prevention measures cannot simply be adapted to every target group. The knowledge of the addiction and disabled support professionals involved helps, in the development of the programme, enable the learning behaviour and experience of use of mentally disabled children and adolescents to be taken into account. Corresponding processes and methods, as well as considering plain language, are incorporated into the programme⁷¹.

Between 2017 and 2018, the Voluntary Welfare League – umbrella organisations in the *Land* of Brandenburg (LIGA der Freien Wohlfahrtspflege – Spitzenverbände im *Land* Brandenburg) and the Brandenburg *Land* Office for Addiction Issues (Brandenburg Landesstelle für Suchtfragen e.V.) ran a project to **network support systems for people with mental and / or physical disabilities as well as people with psychological disorders, and support systems for people with dependence disorders**. The aim of the project was a status, needs and material analysis as well as the creation of a curriculum for networking meetings and the project was financed by the Ministry for Labour, Social Affairs, Health, Women and Family (Ministerium für Arbeit, Soziales, Gesundheit, Frauen und Familie, MASGF). A continuation of the project is planned. The plan is to offer networking meetings in various regions in Brandenburg in 2018⁷².

Children from families impacted by addiction

In Germany, over three million children and adolescents have at least one parent who is an addict. In most cases, the issue is an alcohol dependence of the parents. Today, sound scientific findings are available which show that children from families in which at least one parent is affected by alcohol or drug dependence have a higher risk of developing addiction disorders themselves than children from families without addiction problems. Therefore, children and adolescents from addiction-stricken families form one of the largest known

⁷⁰ A document is available to download at www.dhs.de under the menu option "Informationsmaterial" [Accessed: 4 Dec. 2018].

⁷¹ Further information, as well as the link to the "Mental disability and addiction database" ("Datenbank Geistige Behinderung und Sucht") and materials can be found at <https://www.lwl-ks.de> [Accessed: 4 Dec. 2018].

⁷² The final report (Neugebauer et al., 2018) is available at <https://www.blsev.de> [Accessed: 4 Dec. 2018].

target groups of selective addiction prevention measures. The causes of the higher risk of developing addiction are, in addition to experiencing the (parental) addictive substance use, among other things experiencing domestic violence, separation and divorce, physical and emotional abuse or even sexual abuse, which occur more frequently than average in families affected by addiction (Thomasius et al., 2008).

In the current coalition agreement, the Federal Government has undertaken to improve the situation of children of mentally ill and addicted parents. In order to help children and adolescents from families with addiction problems, a concerted action of all participating organisations and institutions is necessary, as called for in the German Federal Child Protection Act (Bundeskinderschutzgesetz, BKiSchG). Prevention and intervention measures in Germany for children and their addicted parents are provided by child and youth welfare, outpatient and inpatient addiction support as well as self-help groups.

The **"National Centre for Early Support"** (Nationale Zentrum Frühe Hilfen, NZFH) has, since 2007, supported the specialist practices in recognising family pressures at an earlier stage and to promote the networking of different professional groups – in particular within child and youth welfare and healthcare. "Frühe Hilfen" is intended to ensure parents receive needs-based services at an early stage. The addiction disorder of a parent is one of the most serious family stress factors which can adversely affect the healthy development of a child. To support practitioners, the NZFH offers, among other things, working materials such as the NEST materials, which were specially developed for the work of professionals in early stage support with families and which has been extended to include the topics of "addiction" and "alcohol"⁷³. The NZFH is funded by the BZgA in cooperation with the German Youth Institute (Deutsches Jugendinstitut e.V., DJI). It is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, BMFSFJ).

"KidKit – help with problem parents" ("Kidkit – Hilfe bei Problemeltern") is a cooperation project between KOALA e.V, Cologne Drug Support (Drogenhilfe Köln e.V.) and the German Institute for Addiction and Prevention Research at the Catholic University of Applied Science in Cologne (Deutsches Institut für Sucht- und Präventionsforschung and der Katholische Hochschule (DISuP)), which has been running since 2003. On the website, children and adolescents who are growing up in dysfunctional families and / or who experience violence in the family receive age-appropriate information on the topics of addiction, gambling addiction, violence and psychological disorders as well as free and anonymous counselling. Services offered are chat rooms, online counselling and crisis telephone services as well as an overview of national counselling institutions. In addition to children and adolescents from families affected by addiction, children from families suffering from violence and mental health problems are also targeted. The website offers counselling via email and chat to

⁷³ The material can be obtained from the website www.fruehehilfen.de (NEST Erweiterungsset) [Accessed: 4 Dec. 2018].

children and adolescents between 10 and 18 years old, by voluntary and full-time employees, where necessary helping the children make contact with regional support services⁷⁴. "KidKit networks" is being funded by the BMG from 2017 to 2018⁷⁵.

The BMG-funded, national pilot project **"Trampolin"** is a standardised prevention programme aimed at children aged between eight and twelve from families affected by addiction. The aim is to reduce the psychological burden on children, to strengthen their action competence and coping skills and to achieve a lasting improvement in the childrens' resources and resilience. "Trampolin" (2008 to 2012) was carried out in 27 addiction counselling facilities throughout Germany and was assessed in the scope of a randomised controlled study design in relation to its effectiveness and acceptance by all participants. Significant improvements were observed in the areas of avoidance stress management, constructive palliative stress management, negative stress management overall, psychological stress caused by the parental addiction, psychological well-being as an aspect of quality of life as well as self-image. The public health insurance providers certified "Trampolin" as a prevention service, meaning participating in the course was funded from prevention resources⁷⁶.

To assess the long term effects of the "Trampolin" prevention concept, a catamnesis survey, **"Trampolin II"**, was conducted with a measurement time at around five years after the end of the intervention. In this, the participants of both the assessment group (Trampolin) and the control group (Hüpfburg) were newly surveyed (Klein et al., 2017). The results indicate that the adolescents in the assessment group hardly differed from the adolescents in the control group, in respect of the characteristics investigated. Statistically significant group differences were seen in individual areas of psychological stress (hyperactivity) or stress management. Adolescents from both groups have more experience of substance use overall than those of the same age in the general population. According to the study, this confirmed the findings to date, that children from families with addiction problems are a particularly at risk group for substance-related disorders and require special assistance. The authors refer to the fact that only a small proportion of participants from the prior survey could be reached. According to the authors, group differences were statistically difficult to demonstrate, due among other things to the low number of cases in the sample; in addition, selection effects could have affected the results. Thus, according to the presented long-term catamnesis, the superiority of "Trampolin" – several years after the intervention – can no longer be empirically proven, and the effectiveness cannot be reliably estimated (Klein et al., 2017). "Trampolin II" is a cooperation project between the German Institute on Addiction and Prevention Research (Deutsches Institut für Sucht- und Präventionsforschung, DISuP) and the German Center for

⁷⁴ <http://www.kidkit.de/hilfe-vor-ort> [Accessed: 12 Nov. 2018].

⁷⁵ Further information can be found at www.kidkit.de [Accessed: 12 Nov. 2018].

⁷⁶ Further information can be found at <http://www.projekt-trampolin.de> [Accessed: 4 Dec. 2018].

Addiction Research in Childhood and Adolescence (Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters) which was funded by the BMG from 2016 to 2017.

From 2016 to 2018, the project **"Shoulder to Shoulder"** ("Schulterschluss") was implemented in Bavaria. The central element is in-house seminars at administrative district level or city level. The target groups for the seminars are staff of youth and addiction support facilities. In the scope of a cooperation seminar on the topic of "children of addicted parents", the understanding of the problem situations in affected families and the children was strengthened and cooperative relationships between youth and addiction support were analysed and promoted. Funded by the Bavarian State Ministry of Health and Care (Staatsministerium für Gesundheit und Pflege, StMGp), the project is implemented by the Campaign for Youth Protection, Bavaria (Aktion Jugendschutz Bayern) in cooperation with the addiction support agency Prop – the Association for prevention, youth welfare and addiction therapy (Verein für Prävention, Jugendhilfe und Suchttherapie e.V.)⁷⁷.

The model for "Shoulder to Shoulder" in Bavaria comes from Baden-Württemberg: In Baden Württemberg, it will be continued in 2018 as **"Shoulder to Shoulder II"**, with funding from the Ministry for Social Affairs and Integration (Ministerium für Soziales und Integration) and implemented by the *Land* Office for Addiction Issues (Landesstelle für Suchtfragen) and the Municipal Association for Youth and Social Affairs (Kommunalverband für Jugend und Soziales). The starting point was that "Schulterschluss" had already been carried out in that *Land* between 2013 and 2015, and the evaluation and follow-up survey in 2017 showed good outcomes among the participants⁷⁸.

The DHS published, with funding from the BZgA, the following **print media** on the topic: "Addiction problems in the family" (2016); "Mia, Matz and Moritz... and their mum, when she is drinking again" (2017); "Mia, Matz and Moritz. Accompanying Booklet" (2016); "Luis and Alina" (2017); "Luis and Alina – Accompanying Booklet (2017)" and "You're pregnant... and taking drugs?" (2016).

The websites of "NACOA Germany"⁷⁹, the "Federal Association of Friends for Addiction Support" ("Bundesverband Freundeskreise für Suchtkrankenhilfe")⁸⁰ and "Al-Anon Family Groups' Interests Society" (Al-Anon Familiengruppen Interessengemeinschaft e.V.)⁸¹ also provide information on addiction within the family.

As the focus for 2017 was on the topic "children from families impacted by addiction", in the 2017 drug and addiction report (Die Drogenbeauftragte der Bundesregierung, 2017) several

⁷⁷ Further information at <http://www.schulterschluss-bayern.de> [Accessed: 31 Oct. 2018].

⁷⁸ Further information, including evaluation and follow-up survey report, is available at <https://www.suchtfragen.de/projekte> [Accessed: 31 Oct. 2018].

⁷⁹ www.nacoa.de [Accessed: 4 Dec. 2018].

⁸⁰ <http://freundeskreise-sucht.de/freundeskreise/> [Accessed: 12 Nov. 2018].

⁸¹ <http://al-anon.de> [Accessed: 4 Dec. 2018].

projects were described in more detail, such as "MIKADO / StandUp / Mobilé" in Cologne⁸², "PICKNICK" in Chemnitz⁸³, "Drachenherz" in Marburg⁸⁴.

1.2.4 Indicated prevention

Indicated prevention is focused on the identification of vulnerable people, in order to counteract individual risk factors and support and strengthen this group's personal development as early as possible. However, the "usual" prevention measures are often almost impossible to apply when working with socially disadvantaged children and adolescents as such measures do not always meet the needs of that target group.

As there are many different projects from the widest variety of providers, an exhaustive listing of these is almost impossible. To give an insight into the diversity of indicated prevention measures, new and updated projects will be outlined as examples. Older projects are listed in previous REITOX reports.

In addiction prevention, internet based interventions have been increasingly used successfully to reduce problem substance use for many years – as, for example, on www.drugcom.de (c.f. 1.2.3): since 2004, the BZgA programme, "**Quit the Shit**", has been enabling cannabis users to receive effective, anonymous and individual support online, if they want to stop or reduce their cannabis use. The central object is to significantly reduce users' cannabis consumption within 50 days. The programme mainly addresses adolescents and young adults and was used by 787 people in 2017. Over 7,000 people have benefitted from the programme since its launch. In order to implement the programme, some *Laender* part-finance it at *Land* level.

A control group study (2006 to 2008) examined what effects "Quit the Shit" had achieved. The final report of the controlled study on the effects of the reduction and cessation programme for users of cannabis, shows that a use of the whole programme of at least 45 days is associated with a considerably higher probability of significantly reducing cannabis use (Tossmann et al., 2011). It has been possible since 2017 to take part in a shortened programme and to forego the personal admission chat with a consultant: a further randomised control group study (2014 to 2016) investigated how the effectiveness of the programme is affected by changing the duration from 28 to 50 days and by the provision of real-time counselling (live chat counselling). Consumption days, amount consumed and the presence of a cannabis dependency were determined for each of the study participants. In addition, specific questionnaires were used to assess the therapeutic alliance and satisfaction with support received. 534 people were admitted and questioned about their cannabis use after three, six and twelve months according to a randomised process. The results show: all programme variations lead to a significant reduction in cannabis use. In the

⁸² <https://www.skm-koeln.de> [Accessed: 4 Dec. 2018].

⁸³ <https://www.stadtmission-chemnitz.de> [Accessed: 4 Dec. 2018].

⁸⁴ <http://alkohol-praevention.de> [Accessed: 4 Dec. 2018].

programme variants with live chat counselling however, a higher satisfaction rate and stronger therapeutic alliance was observed. The programme duration had, in contrast, no significant effect on the level of satisfaction (Jonas et al., 2018; www.delphi.de).

The early intervention programme "**FreD**" ("Early Intervention in First-Offence Drug Users", 2013 to 2014 – "Frühintervention bei erstauffälligen Drogenkonsumentinnen und Drogenkonsumenten bei den Strafverfolgungsbehörden") which had already been successfully tested and implemented nationwide, was supplemented by an extension project "**FreD-ATS / Crystal**". This was aimed at users of (meth)amphetamine or amphetamine type stimulants (ATS). According to the currently available information, the *Laender* Bavaria, Saxony and Thuringia are particularly affected. When modifying the intervention, a working group considered the cooperation level (e.g. access routes) as well as the adaptation of the content. The programme is applied in particular if dropping a case with no consequences is not justifiable on legal or educational grounds but youth crime sanctions do not seem necessary. Today, trainers in several *Laender* have been trained on how they could expand the "FreD" service in their region and offer courses for ATS users as well. The "FreD-Crystal / ATS" manual supplement was tested in practice and deemed to be helpful. The evaluation results to date point in a positive direction⁸⁵.

A two-year federal pilot project, "**QuaSiE**" ("Qualified addiction prevention in inpatient youth welfare facilities" – "Qualifizierte Suchtprävention in Einrichtungen der stationären Jugendhilfe") funded by the BMG ran until June 2018. The background to and impetus for the project were the results of the study "Children's and adolescents' addictive substance use and addiction related problems in inpatient youth support" ("Suchtmittelkonsum und suchtbezogene Problemlagen von Kindern und Jugendlichen in stationärer Jugendhilfe") (LWL-Koordinationsstelle Sucht, 2014). The study showed the impact on children and adolescents in inpatient youth support facilities who are frequently affected by addiction related problems through excessive substance use. The main aim of "QuaSiE" is the professionalisation of how use related issues are dealt with in inpatient youth support institutions and the development of a practical handling manual for and with these institutions. Within the scope of "QuaSiE", six inpatient youth support institutions nationwide were supported in developing target-oriented routines for use related issues (among other things, by creating environmental prevention structures at institutional and personal levels which train professionals to identify substance use and addiction related problems at an early stage and react to them in a qualified manner. At the conclusion of the project, a guide on implementing qualified addiction prevention in inpatient youth support institutions is expected, developed together with the participating agencies. This is intended, in addition to useful practical examples, to include practical work aids for youth support professionals and

⁸⁵ Further information at <http://www.lwl-fred.de> [Accessed: 31 Oct. 2018].

agencies, instruments for network analysis and advice on beneficial and obstructive factors based on the evaluation results. The continuation of the project as "QuaSiE 2.0" is planned⁸⁶.

The online based, self-help portal "**Breaking Meth**" for methamphetamine users was developed by the Hamburg University Centre for Interdisciplinary Addiction Research (Zentrum für Interdisziplinäre Suchtforschung der Universität Hamburg, ZIS) and operated by the "Drug Scouts" Project (Suchtzentrum gGmbH in Leipzig). The website addresses different groups of users and has been extended to include a German version of the American "Quitting Crystal Meth". Membership of the self-help portal is anonymous and free of charge. The research based further development of the self-help portal is receiving continued funding from the BMG for the period 2016 to 2019 ("Breaking Meth II")⁸⁷.

In the scope of the project "**Crystal Meth and Family II**" ("Conception and evaluation of an intervention for parents dependent on and abusing methamphetamine for the promotion of family resilience and parenting skills"), a group programme was developed for methamphetamine dependent parents with children between zero and eight years old intended to strengthen their parenting skills and family resilience, stabilise their abstinence and promote further use of support. The parent training programme entitled "SHIFT" ("Addiction support family training" – "SuchtHilfe-FamilienTraining") was implemented in seven practice locations in regions particularly affected by crystal meth use (Saxony, Thuringia) and evaluated in terms of effectiveness and acceptance in the scope of a randomised controlled research design: in particular, when promoting positive parenting and the reduction of drug-related problems and parental stress, the intervention has proven itself effective. The "SHIFT Parent Training" developed in the project is intended to be implemented in a sustained manner in the area of addict care. The manual is intended to be published through a specialist publisher in 2018. An extension of the manual to other illegal drugs is planned⁸⁸.

"**Spotting**" is a BMG funded project directed at young (at risk) users in particular of methamphetamine and ATS and takes place in cooperation with peers (former users) from the Mountain Activity Club. The objective is to use experience-based approaches in the community (bouldering, climbing) to provide experiences which allow previous drug use to fade into the background. In addition, regular bouldering training and so-called "CleanClimbingCamps" are held in European climbing / bouldering areas. To date, there have been over 450 participants and 40 people took part repeatedly in the regular climbing sessions. In addition, it was possible to recruit additional peers from the circle of mudra

⁸⁶ Further information can be found at <https://www.lwl-ks.de/de/quasie> [Accessed: 4 Dec. 2018].

⁸⁷ Further information at <https://breaking-meth.de/> [Accessed: 31 Oct. 2018].

⁸⁸ Further information at <http://www.shift-eltertraining.de> [Accessed: 31 Oct. 2018].

clients for permanent participation in the project (Die Drogenbeauftragte der Bundesregierung, 2017)⁸⁹.

1.2.5 Additional information

No additional information is available on this.

1.3 Quality assurance of prevention interventions

1.3.1 Standards, guidelines and targets

The "**National Strategy on Drug and Addiction Policy**" stipulates that addiction prevention measures be tested for their effectiveness and relevance. Moreover, to increase the effectiveness of addiction prevention measures a stronger focus on at-risk groups is provided for (Die Drogenbeauftragte der Bundesregierung, 2012).

The central areas looked at in terms of increasing the effectiveness and efficiency of addiction prevention are evaluation, networking and transfer of good examples. In order to guarantee a structured and systematic exchange, in recent years structures have been successfully developed and cooperations agreed at various levels with almost all relevant parties involved in addiction prevention. This has included, for example, the development of quality standards, the further development of existing quality assurance measures and the deployment of recognised quality assurance instruments in addiction prevention.

In this context, **a cooperation between the *Laender* authorities responsible for drug prevention and the BZgA** ("BZgA-Länder-Kooperationskreis Suchtprävention"), provides direction, as do the events and expert conferences organised by the German Monitoring Centre for Drugs and Drug Addiction (Deutschen Beobachtungsstelle für Drogen und Drogensucht, DBDD), the BZgA, the DHS, specialist addiction associations as well as by many other parties involved.

Roughly every two years, one of the 16 *Laender* represented in the addiction prevention cooperation association organises a BZgA-funded conference on the topic of "**quality assurance in addiction prevention**". In 2016, the two-day conference took place in Hannover, focussing on, among other things, the clash between research and the content and methodological limits of evidence of efficacy in addiction prevention (Niedersächsische Landesstelle für Suchtfragen, 2016). In 2018, the conference took place in Potsdam with around 130 addiction prevention professionals. An opening round table discussion addressed the question of the future orientation of addiction prevention as an element of modern health promotion with a focus on promoting life skills and risk competence. In subsequent workshops and satellite events, the broad range of topics in current quality assurance in addiction prevention was covered – from the PräVg, to chains of prevention

⁸⁹ Further information can be found at <http://mudra-spotting.de/> and <http://www.mountain-activity-club.de> [Accessed: 4 Dec. 2018].

and inter-cultural competence, from peer measures, to internet communication and cannabis prevention, from the "Memorandum on quality in addiction prevention" ("Memorandum Qualität in der Suchtprävention") (Hoff et al., 2015) to ethics in addiction prevention.

Commissioned by the BZgA, the IFT compiled an **"Expert report on the effectiveness of addiction prevention measures"** ("Expertise zur Wirksamkeit suchpräventiver Maßnahmen") (Bühler & Thurl, 2013). This report evaluates 64 high quality scientific papers on effective addiction prevention measures and summarises the current state of prevention research. The expert report will be updated in 2018 and published in 2019.

The Lower Saxony *Land* Crime Prevention Council (Landespräventionsrat Niedersachsen) provides, in the form of the online database **"Green List Prevention"** ("Grüne Liste Prävention")⁹⁰, a collection of examples of good practice in the prevention of addictive behaviour, violence, crime and other problem behaviours in children and adolescents. In the database, evaluated prevention programmes in Germany are categorised according to the degree of evidence in the underlying studies and can be ordered according to target groups, settings and relevant risk / protection factors.

The documentation system **"Dot.sys"** has, since 2006, provided comprehensive information on addiction prevention measures implemented in Germany (c.f. section 2.1).

The portal for specialists, **"PrevNet"**, a joint project between the BZgA and the *Laender*, links the work of professionals in the addiction prevention system. Collaboration across *Land* borders is promoted, among other things, through virtual working groups. In addition, own projects or events can be shared with other professionals online. As part of a relaunch, since 2017 PrevNet has been made available as a part module on the platform inforo⁹¹.

2 TRENDS

2.1 Changes in prevention interventions

The project **Dot.sys**, jointly conducted by the BZgA and the *Laender*, has provided comprehensive information on addiction prevention measures implemented in Germany within a given calendar year since 2005. As such, Dot.sys makes an essential contribution to reporting on prevention whilst not least improving quality and transparency in the addiction prevention system. The specialist and counselling centres, authorities, associations, specialist walk-in clinics and *Laender* coordination agencies of all the *Laender* participating in Dot.sys, continuously document their activities in the electronic data collection system. Documentation takes place on a voluntary basis; therefore, there can be no expectation as to the completeness of the documented addiction prevention measures. The online-based, free

90 www.gruene-lists-praevention.de [Accessed: 4 Dec. 2018].

91 www.inforo.online/prevnet [Accessed: 4 Dec. 2018].

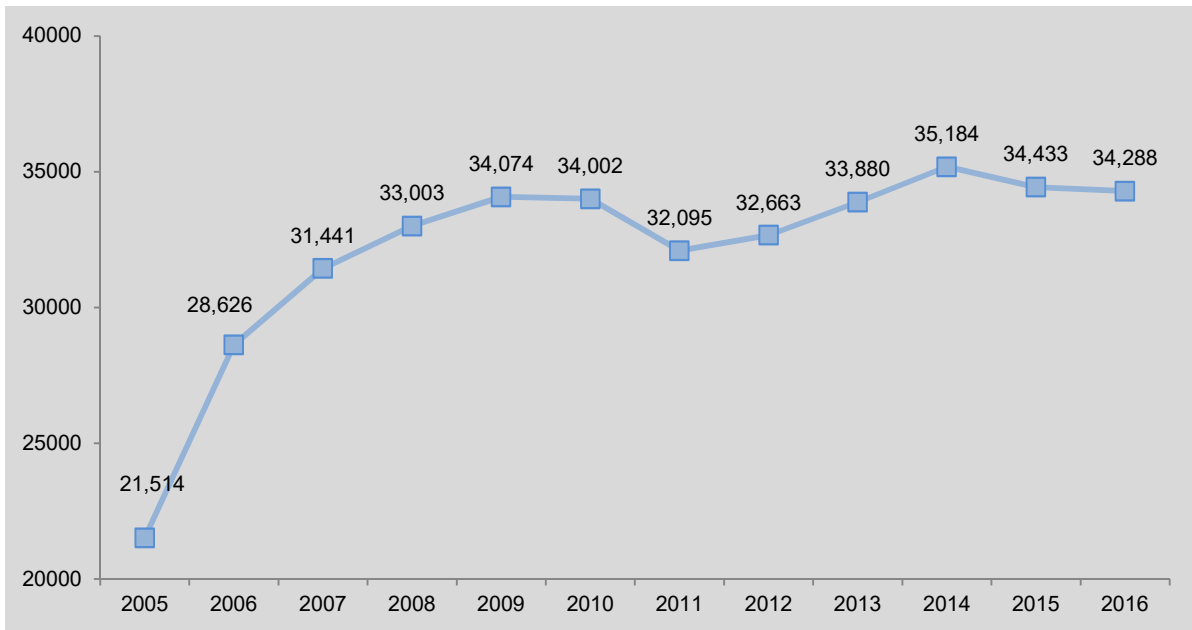
of charge documentation system is used for collecting data and presenting addiction prevention measures on a federal, *Land*, and municipal level.

As Dot.sys is being further optimised in 2018 as part of a complete technical and safety-related revision, there is no data available for 2017. Therefore, a brief summary of the 2011 - 2016 data will be set out. In order to still be able to illustrate the diversity of the German addiction prevention landscape however, this year a greater weight will be placed on universal, selective and indexed projects at municipal, *Land* and national level (see 1.2.2 to 1.2.4). A detailed presentation of the Dot.sys data is set out in the REITOX Reports of past years (Prevention workbook)⁹².

In **2016**, 34,288 addiction prevention measures were recorded: the majority of measures were aimed at the final target persons (Figure 1). The most important goals overall were providing information and strengthening and changing addiction relevant attitudes, as well as increasing competence levels. Children and adolescents were frequently addressed. The content of most of the addiction prevention activities was directed at specific substances: alcohol, tobacco, cannabis were at the forefront. Four out of every ten measures were on the subject of life skills, approximately every fifth measure tackled behavioural addictions. As in previous years, schools were at the top of the list of most frequently selected settings with almost every other measure located there. Addiction support, recreational, family and youth work settings followed, some way behind. Most measures concerned the provision of information. In implementing them, a broad range of methods was used, first and foremost training and education sessions. The public relations work carried out by institutions involved in Dot.sys was particularly characterised by personal communication activities, the distribution of printed media and press relations. Two thirds of the measures were systematically documented, a good quarter underwent an evaluation (BZgA, 2017).

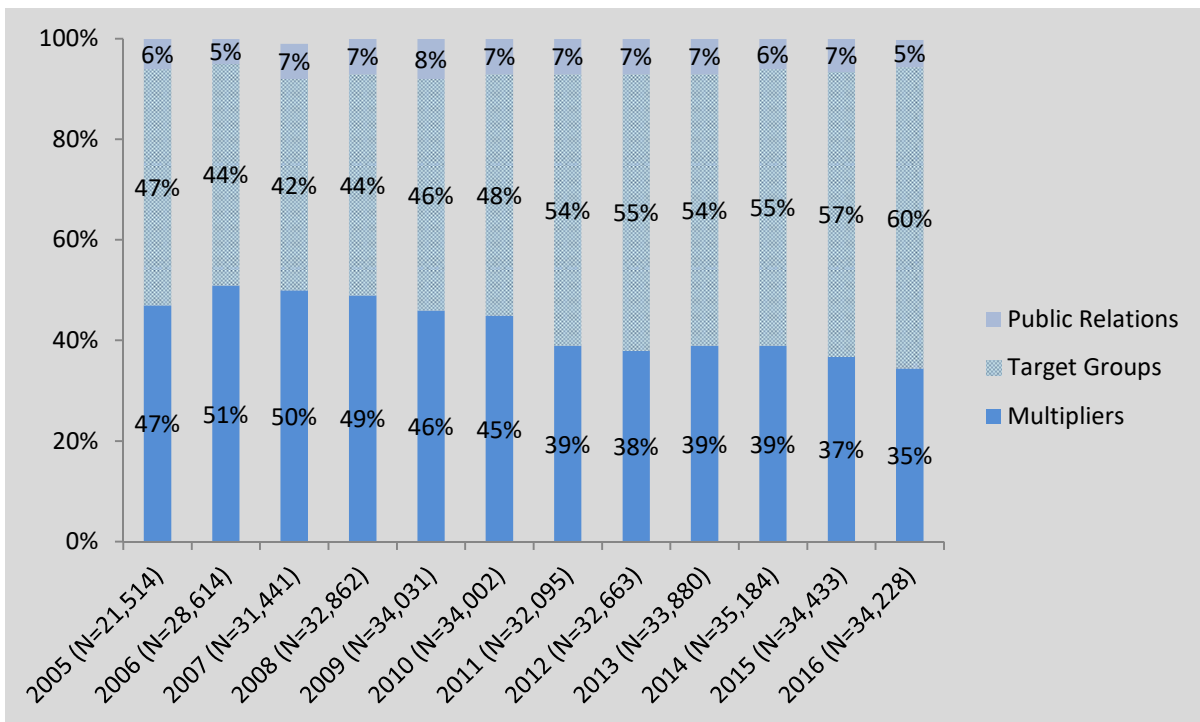
Between **2005 and 2016**, on average 33,000 measures were documented each year (Figure 1). This means that the trend, apparent since 2006, of a declining proportion of measures being directed at opinion leaders – in favour of an increase in the measures aimed at the final target persons – continued (Figure 2). The tabular overview shows the characteristics of the measures targeted at "final target persons" (Table 1), "opinion leaders" (Table 2) and "public relations" (Table 3) from 2012 to 2016.

⁹² Dot.sys annual reports are also available for download from <https://www.bzga.de/die-bzga/nationale-kooperationen> [Accessed: 4 Dec. 2018].



(Dot.sys, 2018)

Figure 1 Number of prevention activities recorded in Dot.sys from 2005 to 2016



(Dot.sys, 2018)

Figure 2 Trend in targeted levels recorded in Dot.sys between 2005 and 2016

Table 1 Documented measures aimed at "final target persons" (2012 - 2016)

Year	2012	2013	2014	2015	2016
Total number of measures	18,012	18,294	19,239	19,481	20,587
Target groups (multiple entries possible)					
Children & adolescents	56 %	57 %	57 %	58 %	59 %
Adolescents / adults with use experience	25 %	24 %	25 %	26 %	25 %
(Experimental) users	18 %	19 %	18 %	17 %	17 %
Parents / family members	18 %	14 %	14 %	13 %	13 %
Trainees	8 %	9 %	8 %	8 %	7 %
Other (collectively (<5 %))	26 %	25 %	26 %	24 %	27 %
Setting (Multiple entries possible)					
School	51 %	54 %	56 %	57 %	57 %
Recreational	14 %	16 %	15 %	14 %	14 %
Family	17 %	18 %	18 %	13 %	14 %
Addiction support	9 %	9 %	10 %	11 %	11 %
Operation	7%	7%	6%	6%	5%
Other (collectively (<6 %))	28%	24%	19%	21%	22%
Target groups (multiple entries possible)					
Increase in knowledge / awareness	79 %	80 %	80 %	80 %	81 %
Strengthening / changing of attitudes	68 %	68 %	69 %	68 %	68 %
Competence promotion / strengthening of resources	49 %	45 %	47 %	51 %	50 %
Promotion of risk competences	30 %	32 %	32 %	33 %	34 %
Change in behaviour	32 %	30 %	29 %	28 %	27 %
Other (collectively (<5 %))	11 %	14 %	17 %	11 %	11 %
Concept level (multiple entries possible)					
Provision of information	82 %	79 %	81 %	82 %	84 %
Forming critical opinions	61 %	63 %	67 %	66 %	67 %
Competence promotion	51 %	50 %	49 %	50 %	51 %
Early intervention	27 %	24 %	24 %	25 %	23 %

Standard setting	24 %	23 %	22 %	22 %	21 %
Alternative experiences	19 %	19 %	18 %	19 %	16 %
Structure forming measures	5 %	5 %	5 %	5 %	4 %
Implementation level (multiple entries possible)					
Training / education	48 %	51 %	52 %	53 %	54 %
Prevention counselling	26 %	19 %	20 %	19 %	19 %
Provision of information	7 %	10 %	9 %	10 %	11 %
Exhibition/Project days / campaign weeks	9 %	10 %	9 %	9 %	8 %
Other (collectively (<7 %))	9 %	10 %	10 %	9 %	7 %

(Dot.sys, 2018)

Table 2 Documented measures targeted at “opinion leaders“ (2012 - 2016)

Year	2012	2013	2014	2015	2016
Total number of measures	12,495	13,081	13,806	12,678	11,848
Target groups (multiple entries possible)					
Teachers / tutors	33 %	33 %	36 %	35 %	34 %
Youth work employees	25 %	22 %	22 %	23 %	24 %
Addiction support employees	17 %	16 %	15 %	17 %	19 %
Healthcare employees	17 %	15 %	14 %	16 %	17 %
Municipal / authority employees	16 %	16 %	16 %	18 %	16 %
Parents / family members	12 %	10 %	10 %	10 %	10 %
Peers	7 %	8 %	9 %	8 %	10 %
Employees in the workplace	9 %	13 %	11 %	11 %	9 %
Kindergarten employees	8 %	7 %	7 %	7 %	7 %
Other (collectively (<8 %))	27 %	27 %	23 %	29 %	24 %
Setting (Multiple entries possible)					
School	34 %	35 %	38 %	35 %	35 %
Youth work / support	19 %	17 %	18 %	18 %	19 %
Addiction support	15 %	15 %	13 %	15 %	17 %
Healthcare	13 %	11 %	11 %	12 %	14 %

Operation	n/a****	11 %	10 %	11 %	10 %
Politics/municipality	n/a****	10 %	10 %	11 %	10 %
Other (collectively (<10 %))	n/a****	38 %	33 %	35 %	35 %
Target groups (multiple entries possible)					
Increase in knowledge / awareness	67 %	69 %	71 %	74 %	74 %
Network strengthening	51 %	50 %	52 %	52 %	52 %
Building structures	45 %	46 %	45 %	44 %	45 %
Strengthening / changing of attitudes	29 %	33 %	33 %	33 %	32 %
Competence promotion/strengthening of resources	21%	19 %	18 %	17 %	17 %
Publicity	9 %	9 %	9 %	9 %	8 %
Other (collectively (<8 %))	14 %	16 %	15 %	15 %	15 %
Concept level (multiple entries possible)					
Provision of information	76 %	78 %	79 %	79 %	81 %
Structure forming measures	48 %	45 %	46 %	47 %	46 %
Forming critical opinions	29 %	30 %	31 %	32 %	31 %
Competence promotion	25 %	23 %	23 %	22 %	20 %
Early intervention	17 %	20 %	20 %	19 %	17 %
Standard setting	16 %	17 %	16 %	15 %	16 %
Alternative experiences	8 %	8 %	8 %	7 %	7 %
Implementation level (multiple entries possible)					
Training / education	26 %	29 %	28 %	28 %	28 %
Cooperation / coordination	33 %	30 %	29 %	28 %	27 %
Prevention counselling	21 %	20 %	21 %	22 %	20 %
Provision of information	7 %	9 %	9 %	8 %	11 %
Talk/Unit	9 %	8 %	9 %	9 %	9 %
Other (collectively (<3 %))	4 %	4 %	4 %	5 %	5 %

(Dot.sys, 2018)

Table 3 Documented measures targeted at "public relations work" (2012 - 2016)

Year	2012	2013	2014	2015	2016
Total number of measures	2,156	2,505	2,139	2,273	1,853
Media used (multiple entries possible)					
General press work	31 %	32 %	30 %	29 %	29 %
Personal communication measures	29 %	31 %	36 %	34 %	32 %
Printed media	34 %	30 %	28 %	31 %	29 %
Internet	16 %	15 %	15 %	17 %	23 %
Radio/TV/cinema	7 %	9 %	7 %	6 %	5 %
Other (collectively (<2 %))	16 %	21 %	13 %	15 %	15 %
Types of public relations work (multiple entries possible)					
Press Release	30 %	30 %	29 %	29 %	25 %
Information/campaign stand	21 %	24 %	26 %	27 %	26 %
Interview	22 %	23 %	22 %	18 %	17 %
Flyer	18 %	17 %	17 %	20 %	18 %
Poster	12 %	12 %	9 %	13 %	9 %
Brochure	10 %	9 %	8 %	10 %	7 %
Websites / internet	9 %	5 %	8 %	9 %	11 %
Internet social network	6 %	5 %	8 %	11 %	14 %
Other (collectively (<5 %))	36 %	33 %	33 %	38 %	37 %

(Dot.sys, 2018)

3 NEW DEVELOPMENTS

3.1 New developments

In 2015, the German Act to Strengthen Health Promotion and Preventive healthcare (German Preventive healthcare Act) (Gesetz zur Stärkung der Gesundheitsförderung und der Prävention (Präventionsgesetz – PräVG)) was passed. It places the focus on interventions in the living environment; i.e. anywhere that people live, learn and work, there will be an influence on health. Therefore, preventive activities should take place in peoples' daily lives and where possible continue throughout their lives. The PräVG therefore strengthens health promotion and prevention in child day care facilities, schools, cities and

local authorities as well as in businesses and welfare facilities. The focus is on concerted activities by all parties with responsibility in the areas of prevention and health promotion. To this end, the PräVG provides for a co-operation between social insurance providers, private health insurance providers, the Federal Government and the *Laender* and other relevant actors under the umbrella of the National Prevention Conference. For the first time in Germany there will be a common national prevention strategy aligned with common objectives as well as a concerted approach, which all parties with responsibility in the areas of health promotion and prevention will participate in drawing up. In this way, resources will be bundled and activities steered into living environments.

This National Prevention Conference was constituted in October 2015. In February 2016, the first multi-agency **federal framework recommendations** on health promotion and prevention in living environments were adopted, which are showing the way for all funding agencies and those responsible in living environments. The federal framework recommendations (Bundesrahmenempfehlungen) (Sec. 20d (3) SGB V) define the common aims as "growing up healthily", "living and working healthily" as well as "being healthy in old age". This approach geared towards the stage of life is intended to ensure that generally all people will be reached by living-environment based prevention – starting from measures in child day care facilities and schools to health promotion in companies and prevention work in municipal facilities to health-oriented activities in nursing care facilities. Priority target groups are therefore families, children, adolescents, trainees, students, working and unemployed people, volunteers and those in need of care, who are either cared for at home or in a care home as well as their relatives who provide care. The federal framework recommendations describe the specific areas for action and the range of services for these objectives and target groups. Statutory health, accident and pension insurance should contribute to the implementation of addiction prevention for all three objectives. The federal framework recommendations will in the future be revised and further developed by the BMG.

For the implementation of the federal framework recommendations, the PräVG stipulates **Land framework agreements**, in which the statutory health and social care insurance providers come to an agreement with the agencies of the statutory pension and accident insurance as well as the authorities in the *Laender* on joint principles of their local cooperation (Sec. 20f SGB V). In the agreements, objectives and areas for action in particular are defined and the coordination of services is set out, questions of responsibility are clarified and the collaboration with or involvement of third parties is regulated. In this context, both the federal framework recommendations and the respective regional requirements must be taken into account (GKV-Spitzenverband, 2017)⁹³.

⁹³ The federal framework recommendations of the National Prevention Conference and an overview of the individual *Land* framework agreements on the implementation of the national prevention strategie can be viewed at: https://www.gkv-spitzenverband.de/gkv_spitzenverband/presse/fokus/praeventionsgesetz/s_praeventionsgesetz.jsp [Accessed: 24 May 2018].

In the scope of the **National Prevention Conference** the first Prevention Forum was held in 2016, which serves as a platform for the exchange of information and experiences between the National Prevention Conference and the specialist public. The focus of the specialist discussion was on cooperation and networking opportunities for the implementation of the federal framework recommendations⁹⁴. Addiction prevention is embedded within this. In October 2017, prevention and health promotion at municipal level was the main topic of the second prevention forum. The overarching aim of the event was also to identify further development possibilities for the National Prevention Conference's federal framework recommendations. The documentation from the event is online available⁹⁵.

The first **National Prevention Report** will be issued in 2019. Nationwide data is currently being generated for it, collected and coordinated by the IGES Institute in Berlin.

In the area of substance use it is significant that the PräVg is linked to the process of setting national health objectives. **The national health objectives** are agreements between those responsible within the healthcare system, the focus of which, as an overarching aim, is the health of the population. On the basis of established knowledge, recommendations are formulated and catalogues of measures created for selected target areas. Out of nine healthcare objectives so far, two are in the area of addiction prevention: "Tabakkonsum reduzieren" ("reduce tobacco consumption") was published in 2003, evaluated five years later and updated in 2015. For the achievement of the objective, among other things, the following environmental prevention measures were recommended in the scope of the healthcare objective: influencing prices through tobacco duty; target group specific, national and regional awareness-raising measures; strict prosecution of violations of the statutory regulations regarding the protection of non-smokers. The healthcare objective "Alkoholkonsum reduzieren" ("reduce alcohol consumption") was first published in 2015⁹⁶.

The GKV umbrella association has, under to the PräVg, commissioned the BZgA to develop, implement and evaluate prevention and health promotion services provided across health insurance providers, in the living environments at an annual level of around € 32 million. The contracts awarded are aimed at the distribution and quality assurance of health promotion and prevention for socially disadvantaged target groups in their living environments. These include, among other things, the development and testing of prevention and healthcare promotion measures for vulnerable target groups, such as children from families impacted by addiction (Wanek, 2017). The contracts granted in the area of addiction prevention in 2016 and 2017 included alcohol prevention and municipal addiction prevention. Within municipal addiction prevention, for example, prizes were awarded to projects at the national

⁹⁴ Documentation on the prevention forum of the National Prevention Conference can be found at: https://www.gkv-spitzenverband.de/media/dokumente/presse/presse_themen/praevention_npk/Praeventionsforum_2016_Dokumentation_web.pdf [Accessed: 24 May 2018].

⁹⁵ <https://www.bvpraevention.de> [Accessed: 4 Dec. 2018].

⁹⁶ The national healthcare objectives can be viewed at: http://gesundheitsziele.de/cgi-bin/render.cgi?cms_page=nationale_gz [Accessed: 24 May 2018].

competition "Model Strategies of Municipal Drug Prevention" (c.f. section 1.2.2, Municipalities). In order to raise awareness of these contributions and to promote networking, opinion leaders' conferences were held on municipal addiction prevention took place in 2017, organised by the BZgA.

4 ADDITIONAL INFORMATION

4.1 Additional sources of information

No additional sources of information are available on this.

4.2 Further aspects

No information on further aspects is available.

5 SOURCES AND METHODOLOGY

5.1 Sources

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