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for Drugs and Drug Addiction



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### Workbook Prevention

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## 0 Summary (T0)

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 utilised in particular by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA), 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 are outlined in the first section as well as the roles of the individual institutions.

In the environmental prevention section, the different practices in the *Laender* regarding dismissing proceedings under Sec. 31a German Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG) are presented. In addition, the backgrounds of environmental prevention measures in road traffic law are explained as well as the administrative law penalties (including trends) and their possible environmental prevention effects.

Using examples, the wide range of (new) addiction prevention activities in 2015 are presented and illustrated in the categories of universal prevention, selective prevention and indicated prevention.

In part 2, changes in prevention measures are presented, initially based on numbers from the documentation system Dot.sys. These include the orientation of addiction prevention activities according to substances, objectives and settings. Thereafter, substance-specific epidemiological developments are described and whether and how the addiction prevention programmes from the last few years have been adjusted accordingly is discussed.

Alcohol continues to be the most frequently discussed substance, followed by tobacco. Cannabis, as the most important illicit drug, has further grown in importance as a topic in the reporting year, as in previous years. The trend of making amphetamine-type stimulants (ATS) the object of addiction prevention work has also continued unbroken. As in previous years, disseminating knowledge was again stated as the most common aim in 2015. There were no significant changes when setting out the objectives of changing attitudes, providing skills or resources, changing behaviours, networking, public relations work and developing structures. Only support for risk competence was named more frequently as an objective than in previous years.

# 1 National profile (T1)

## 1.1 Strategy and structure (T1.1)

### 1.1.1 Main prevention-related objectives (T1.1.1)

The primary goal of addiction prevention is to promote the health of every individual, maintain abstinence and to prevent, or at least reduce, abuse and addiction. Prevention is - alongside addiction treatment, survival support and repressive measures – an integral part of the comprehensive addiction and drug policy in Germany. In addition to severe psychological and physical harm to the individual, substance abuse and dependence also cause enormous damage to the national economy. Prevention is one of the four pillars of the German addiction and drug policy (cf. section 1.1.2).

The importance of addiction prevention is also shown by the fact that the *National Strategy on Drug and Addiction Policy* (Die Drogenbeauftragte der Bundesregierung 2012b), with its specific measures and objectives in the field of addiction prevention, is to be embedded in an overarching prevention strategy.

### 1.1.2 Organisational structure (T1.1.2)

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.

Insofar as addiction prevention measures fall within the areas of health, social insurance, education and youth, they are subject to concurrent legislation. The *Laender* only have the authority to legislate insofar as the Federal Government does not exercise its legislative competence (Art. 72 German Constitution).

Addiction prevention services are mainly financed by the *Laender*, social insurance providers and the municipalities.

Since 1992 the BZgA has coordinated the "BZgA-*Laender* cooperation association on addiction prevention". The function of the meetings, held twice a year, is the optimisation of networking of the parties involved at *Land* and federal level as well as the coordination of nationwide and *Land*-wide measures in addiction prevention. In the BZgA-*Laender* cooperation association on addiction prevention specialists from the coordination agencies for addiction prevention at *Laender* level are represented, as well as, in part, members of the corresponding *Land* ministries. The coordination and specialist agencies of the *Laender* are, as a general rule, independently governed registered associations that are funded using *Land* resources. Representing civil society as well as representing the interests of addiction

support at a federal level, the German Centre for Addiction Issues (Deutsche Hauptstelle für Suchtfragen e.V., DHS) also takes part in the meetings. 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 association organises a BZgA funded conference on the topic of quality assurance in addiction prevention. The two-day conference provides a forum to exchange research and practice knowledge through plenary lectures and workshops and has the aim of making the professionals present familiar with the addiction prevention quality assurance instruments currently in use, so that the practical utilisation of these instruments will be promoted at regional and municipal levels. The target group of the conference on quality assurance is therefore primarily the professionals of addiction prevention from the municipalities allocated to the *Land* associations.

Since 1998 the office of the Federal Government Commissioner on Narcotic Drugs has been attached, with a central office, 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, which helps develop the strategic foundations of the current drug and addiction policy of the Federal Government. The council consists of representatives from federal and *Land* administrations, the municipal umbrella associations as well as other members appointed by the Commissioner. In the current legislative period two working groups of the National Board on Drugs and Addiction are concerned with the topics of "prevention of pathological internet use" as well as "participation of addicts in the workplace". The Federal Government Commissioner on Narcotic Drugs publishes an annual "Drug and Addiction Report" in which she provides information on current developments and projects.

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 can thus also be found at all levels, primarily in the form of projects within the European Union.

## **1.2 Prevention measures (T1.2)**

### **1.2.1 Environmental prevention (T1.2.1)**

Individual decisions to use drugs 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.

By definition, subjecting substances to the BtMG is, in the broadest sense, an environmental prevention measure as the purpose of the provision is to control the availability of the substances listed in the schedules.

The threat of punishment for dealing/trafficking and acquisition of the substances listed in Annex I of the BtMG ("illicit drugs") largely exhausts the possibilities for action regarding environmental prevention interventions, meaning that measures such as increasing taxes, performing age checks or imposing advertising bans are not applicable here.

The German Federal Constitutional Court decided in 1994, that subjecting cannabis products to the BtMG does not fundamentally infringe the constitutional principle of proportionality, because it enables lower levels of guilt to be taken into account, through refraining from punishment (Sec. 29 (5) BtMG) and prosecution (Sec. 153 et seqq. German Code of Criminal Procedure (StPO), Sec 31a BtMG). In these cases a prosecution is generally not pursued. Today, almost all *Laender* have passed corresponding directives on the application of Sec. 31a BtMG, or refraining from prosecution or refraining from prosecution with conditions is standard legal practice. Threshold values of 5-15g currently exist in the *Laender*. In most *Laender* the provisions are based on "can", while in some *Laender* proceedings must generally be refrained from. Individual *Laender* have also passed respective implementation rules and threshold values for other narcotic drugs, in addition to cannabis, for refraining from proceedings under Sec 31a BtMG.

Table 1 Quota of refraining from proceedings under Sec. 153, 153b and c, 154 (1) and 154b-f StPO, Sec. 45 (1 and 2) JG, Sec. 31a (1) BtMG

<b>Bundesland</b>	<b>Share (%)</b>
Baden-Württemberg	34.3
Bayern	27.9
Berlin	60.6
Brandenburg	35.5
Bremen	46.9
Hamburg	56.0
Hessen	51.1
Mecklenburg-Vorpommern	31.2
Niedersachsen	37.1
Nordrhein-Westfalen	35.1
Rheinland-Pfalz	27.6
Saarland	38.5
Sachsen	27.7
Sachsen-Anhalt	26.3
Schleswig-Holstein	62.5
Thüringen	23.4

## Driving and illicit drugs

For substances which are subject to the BtMG, the road traffic law takes a special position in respect to environmental prevention through the sanctions of driving bans and revocation of driving licences.

According to Sec. 24a (2) German Road Traffic Act (Straßenverkehrsgesetz, StVG) it is a regulatory offence to drive a vehicle whilst under the influence of "intoxicating substances". This provision is an abstract endangering offence with specific reference (as distinct from an injury offence). An act is punished which is seen by the legislator as generally dangerous and which represents a danger for a specific individual legal right, even if it does not actually violate it (here: the physical safety of other road users). "Intoxicating substances" within the meaning of the provision are the substances cannabis, heroin, morphine, cocaine, amphetamine, MDE, MDMA and methamphetamine, listed in annex 4. Driving under the effect of other intoxicating substances does not satisfy the elements of the offence (BayObLG NZV 2004, 5; DAR 2004, 457).

Recommendations exist, in respect of detecting active substances, from one of the multidisciplinary working groups which advise the Federal Government, which consists of members of the German Society of Legal Medicine (Deutschen Gesellschaft für Rechtsmedizin, DGRM), the German Society of Traffic Medicine (Deutschen Gesellschaft für Verkehrsmedizin, DGVM), and the Society of Toxicological and Forensic Chemistry (Gesellschaft für Forensische und Toxikologische Chemie, GTFCh). This "Threshold value commission" saw cannabis as originally having a detectability threshold of 1 ng tetrahydrocannabinol (THC)/ml blood serum. In September 2015, the threshold value commission supplemented its recommendation, saying that from 3 ng THC/ml blood serum one can assume a lack of ability to separate between consumption and driving a vehicle ("separation ability") as well as regular use.

While the personal use of cannabis, where liability is negligible, is generally no longer criminally sanctioned (under the BtMG), the possible administrative law consequences for using cannabis were tightened in 1999 through the adoption of the German Driving Licence Regulation (Fahrerlaubnisverordnung, FeV). While the StVG sanctions driving in traffic under the influence of intoxicating substances with a fine and driving ban, driving licence law is a law on preventing danger. The aim of danger prevention is not the sanction itself, rather the prevention of participation in (potentially) dangerous road use by driving licence holders. In the case of illicit drugs other than cannabis, driving licence authorities and courts generally assume a lack of fitness to drive. Therefore, the driving licence authorities do not have to furnish proof that a vehicle was driven by someone under the influence of a narcotic drug.

In the case of cannabis, the FeV assumes that there can be no fitness to drive where there is dependence, misuse and regular use. If there are other facts present, which are reasons for



doubt as to a person's fitness to drive, a driving licence can be revoked even in cases of occasional drug use. A lack of ability to separate drug use and driving is an example of such a fact. German courts also generally assume a lack of separation ability in cases of a detected THC concentration in blood serum of 1ng/ml (VG Gelsenkirchen, case no. 9 K 1253/15).

Where there is suspicion of regular or occasional cannabis use with an additional fact giving rise to doubts, e.g. a traffic-related aspect, a medical opinion can be ordered. For other narcotic drugs, even just indications of one-time use are sufficient for a medical opinion to be ordered.

The published numbers (KBA 2016) from the Federal Motor Transport Authority (Kraftfahrtbundesamt, KBA), do not differentiate between the reasons for driving bans, rather they cover all driving bans. The 2015 KBA statistics reports state as follows: "In 2015 this sanction (sic!) accounted for approximately 17 percent of all measures" (KBA 2016). However court ordered bans according to Sec. 69 StGB for traffic offences are distinguished from bans for administrative law measures for reasons of danger prevention. Out of a total of 95,962 driving bans, 58 % were imposed by the courts and the remaining 42 % by driving licence authorities.

Of the court-ordered bans, criminal offences in connection with alcohol made up 85 % of cases. 16 percent of cases were in connection with hit-and-run accidents. Two-thirds of those issued with driving bans were in the age group 25-54 years old, 81 % of whom were men. A one year ban was issued in 92 % of cases. Bans issued by the driving licence authorities were carried out "in roughly half of cases due to the propensity for addiction to alcohol, medicines or drugs" (KBA 2016). In only 13 % of cases was the ban a result of collecting the maximum number of points allowed in the Register of Driver Fitness (proportion of males: 94 %). As can be seen from the graph below, a statistically significant increase in the proportion of administrative bans was recorded in the time period 2004 to 2015<sup>1</sup>. The average annual percent change (AAPC) amounted to 4.2 %. The share of administrative bans amounted to 29 % in 2004 and increased significantly at 5.5 % per year up to 2011, reaching the level of 42 % through annual increases in the share of 1.9 % between 2011 and 2015.

The KBA numbers do not allow any clear conclusions to be drawn on the significance of non-traffic-offence related administrative driving bans in the case of occasional cannabis use, however they do show that overall a statistically significant shift in importance from criminal law to administrative law has occurred in respect of driving bans.

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<sup>1</sup> On the methodology of the trend analysis see section 2 Trends (T2)

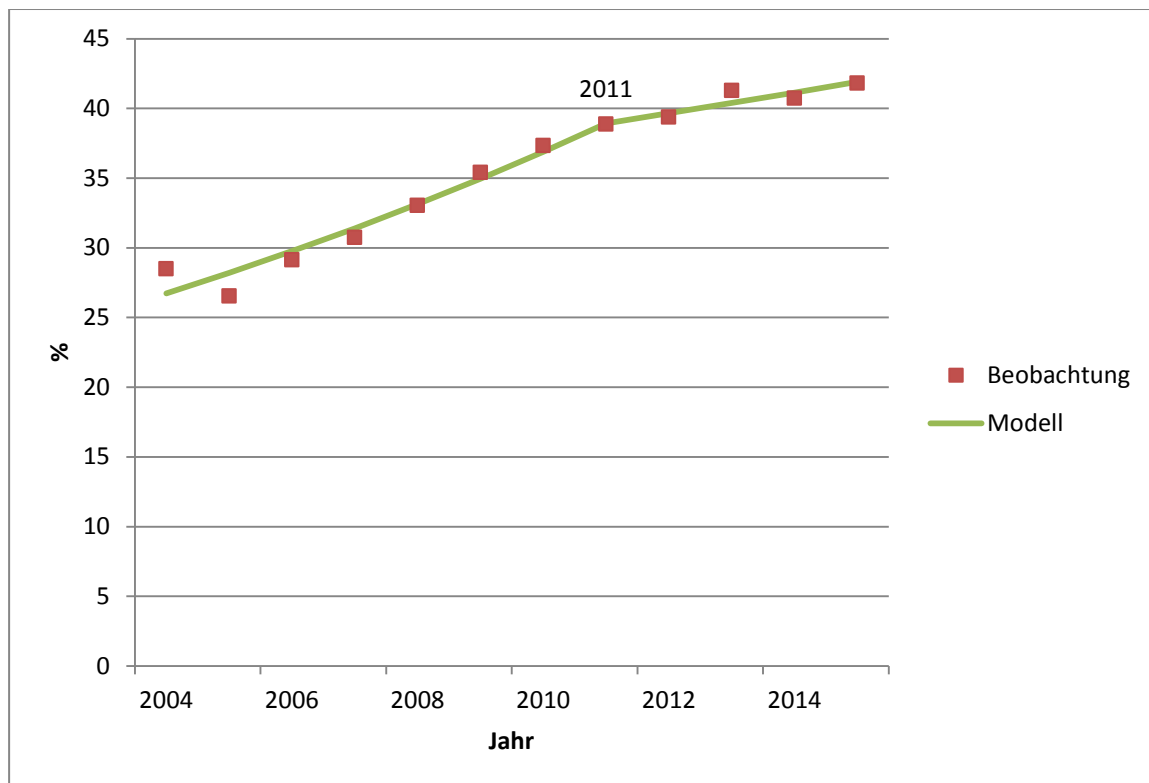


Figure 1 Proportion of administrative driving bans according to Sec. 2a, Sec. 3 and Sec. 4 StVG in conjunction with Sec. 46 FeV

Since environmental prevention, apart from the aspects outlined, is of particular significance, especially in respect of legal drugs, the corresponding rules on the consumption of alcohol and tobacco will be illustrated below.

### Legal regulations on alcohol consumption

The total direct costs caused by harmful alcohol consumption in Germany are estimated at €7.39 billion with indirect costs of up to €16.7 billion (Adams, Effertz 2011). In the case of the indirect costs, the greatest loss of resources can be attributed to the premature mortality of 50,000 persons annually due to alcohol related diseases (Adams, Effertz 2011). Age group specific analyses on mortality and morbidity indicate a focus on middle aged users (Bergmann, Horch 2002). Effective instruments for prevention can, however, be particularly effectively used in this target group.

### **Youth Protection Act (*Jugendschutzgesetz, JuSchG*)**

The JuSchG <sup>2</sup> addresses the topic of "alcohol" in Sec. 9 "Alcoholic Drinks". Serving any type of alcohol to under 16s is prohibited in Germany. Under the law, alcoholic spirits may only be purchased from the age of 18. A permitted exception is serving and consuming other alcoholic drinks (e.g. wine, beer and similar drinks) if the young person is accompanied by a parent/guardian (or person with parental authority) (Sec. 9 (2) JuSchG).

With the Act on the Imposition of a Special Tax on Sweet Alcoholic Drinks (alcopops) for the Protection of Young Persons (Gesetz über die Erhebung einer Sondersteuer auf alkoholhaltige Süßgetränke (Alkopops) zum Schutz junger Menschen, AlkopopStG) the notice "May not be supplied to persons under the age of 18, Sec. 9 German Youth Protection Act" is mandatory when commercially supplying sweet alcoholic drinks. Sale of alcoholic drinks

The sale of alcoholic drinks is regulated in the German Restaurants and Public Houses Acts of the individual *Laender* (Gaststättengesetz, GastG). If the sale of alcoholic drinks is permitted, alcohol free drinks must also be offered on request with food, irrespective of any order of alcoholic drinks. At least one alcohol-free drink must be offered at a price not higher than the least expensive alcoholic drink of the same volume. Furthermore, serving alcoholic drinks to obviously drunk persons is prohibited.

### **Alcohol tax**

"The taxation of alcoholic drinks in Germany is differentiated according to the type of drink" (Gaertner 2016). Spirits and sparkling wine are taxed at €13.03 and €13.60 respectively per litre of pure alcohol, beer is taxed on average at €1.97 and alcopops at €55.50 per litre of pure alcohol. Wine is not subject to taxation.

Gaertner et al. (2016) call for a uniform taxation of alcoholic drinks on the basis of the alcohol content as well as an alignment of the alcohol tax in Germany with the average of the European Union (EU) (increase), not least in order to utilise the health policy potential of the alcohol tax. The revenue from alcohol taxes in Germany in 2015 was €3.2 billion and thus remained virtually unchanged in comparison to the previous year.

### **Drink driving**

Legal provisions on drink driving can be found in the StVG, in the FeV and in the StGB.

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<sup>2</sup> The JuSchuG serves to protect children and youths in public. Within the meaning of this act, children are defined as persons who are not yet 14 years of age. Youths/adolescents are persons between the ages of 14 and 18 years old.

In contrast to cannabis there are threshold values in the case of alcohol, which vary according to driver experience (new drivers, experienced drivers). For new drivers, an absolute ban on alcohol whilst driving applies during the two year probationary period. For experienced drivers a maximum blood alcohol concentration of 0.5 mg/ml when driving a vehicle is tolerated. However, if a driver has an accident with less than a 0.5 mg/ml alcohol in their blood, that constitutes a crime under the StGB. In addition, there is the threat of a driving ban or the revocation of the driving licence. A driving ban is a sanction, while the withdrawal of a driving licence represents a danger prevention measure. Where there are indications of unsafe driving, an alcohol level of 0.3 mg/ml in the blood is punishable by law.

A blood alcohol level of 0.5 mg/ml can be prosecuted as a regulatory offence with a fine and a driving ban, or under administrative law with the revocation of the driving licence. If there are driving impairments present, driving a vehicle can be punished even at a blood alcohol level (Blutalkohol, BAK) of 0.3 mg/ml, as a regulatory offence ("relative unfitness to drive").

A driver with an alcohol concentration in the blood of 1.1 mg/ml and above ("absolute unfitness to drive") renders himself or herself liable to criminal prosecution if there are or are not indications of unsafe driving or not or if an accident occurs. Monetary fines or imprisonment (of up to 5 years) are provided for as sanctions and a driving ban can be issued. As a danger prevention measure the, driving licence can be revoked. For the licence to be reissued following an alcohol concentration of 1.6 mg/ml, a medical-psychological evaluation (medizinisch-psychologische Untersuchung, MPU) is carried out. In some *Laender* the threshold is from just 1.1 mg/ml blood: Where a third party is injured, the victim of the accident can make civil claims (damages/compensation).

Where a blood alcohol content of 1.6 mg/ml is established, even cyclists can have their driving licence withdrawn and an MPU ordered before it is re-instated. A driving licence can even be revoked by the driving licence authorities in certain cases from a drunk pedestrian who has caused an accident.

### ***Alcohol consumption in public***

Rules regarding alcohol consumption in public are set out by the German *Laender*. In this respect, for example, the city state of Hamburg was the first German major city to decide, in September 2011, to prohibit alcohol consumption on all public transport within the city limits. Passengers on all underground trains (U-Bahn) and urban railways (S-Bahn) of the operator, Hamburger Verkehrsverbund (HVV), as well as in the stations are not allowed either to drink alcohol or be carrying open bottles. The intention of this is to prevent alcohol excess and violence. In addition, Hamburg is currently assessing whether it is possible to prohibit alcohol consumption in specific places and at particular times. In Baden-Württemberg, since 1 January 2010, there has been a ban on the sale of alcohol at night (between 10 p.m. and 5 a.m.) at petrol stations, kiosks and supermarkets.

Whether a night-time ban on the sale of alcohol at petrol stations and kiosks makes sense from a preventive point of view is the subject of much contentious debate in Germany. The JuSchG already provides for a ban on serving alcoholic drinks to children and adolescents. Again and again, there have been calls for compliance with existing youth protection regulations to be policed more strictly before more restrictive measures on alcohol sale are implemented. Targeted information campaigns and the strengthening of the role model function of adults in how to deal with alcohol are also seen as effective strategies for reducing alcohol consumption amongst adolescents in Germany.

### **Legal regulations on tobacco consumption**

Tobacco consumption in Germany is the leading cause of premature deaths. In order to curtail smoking in as many population groups as possible, a mixture of structural and legal measures as well as information and support services are utilised. The number of deaths caused by tobacco consumption is estimated at 110,000 per year (Effertz 2015). The direct tobacco related costs incurred the public health authorities between 2008 and 2012 are estimated at €25.41 billion per year (Effertz 2015).

Some examples of structural measures with the objective of changing the societal framework for smoking are: increasing tobacco taxes, smoking bans, prohibition of selling tobacco products to adolescents under 18 years old or impeding access to cigarette machines for adolescents.

In 2015 Germany ratified the Framework Convention on Tobacco Control (FCTC) of the WHO and thus bindingly undertook to introduce certain measures for the control of tobacco<sup>3</sup>.

### ***Protection against passive smoking***

Through the German Workplaces Ordinance (Arbeitsstättenverordnung, ArbStättV) passed in 2004 (and the Maternity Protection Act (Mutterschutzgesetz, MuSchuG)), employers are obligated to protect non-smoking employees from the dangers of passive smoking. On 1 September 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. This basically amounts to a general prohibition on

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<sup>3</sup> <http://www.who.int/fctc/en/> [accessed: 19 Sept. 2016].

smoking. More extensive regulations are imposed by the German *Laender* in laws governing the protection of non-smokers<sup>4</sup>.

### **Youth Protection**

The JuSchG<sup>5</sup> addresses the topic of "smoking" in Sec. 10 "Smoking in public, tobacco goods". According to the JuSchG, it is not permitted to sell tobacco goods to children or adolescents or to allow them to smoke in restaurants or public houses, retail outlets or in public. The prohibition of sale of tobacco goods to adolescents under the age of 18 has been in force since 2007. Furthermore, there is a rule stipulating that tobacco goods may only be offered in vending machines if it has been ensured, with technical access restrictions, that children and adolescents cannot remove them. The EU Tobacco Products Directive has been in force since May 2016. In the scope of these changes, the German Federal Government made further changes to the German Tobacco Products Act (Tabakerzeugnisgesetz, TabakerzG). Since 1 April 2016, e-cigarettes and e-shishas are no longer allowed to be sold to children and adolescents.

### **Tobacco tax**

In Germany, tobacco goods are subject to tobacco duty and value added tax. Tobacco tax has been increased in stages in recent years. Since February 2016, it has amounted to 9.82 cents per cigarette plus 21.69 percent of the retail selling price<sup>6</sup>. On average, the taxation amounts to around three quarters of the retail price of a cigarette (tobacco duty plus value added tax).<sup>7</sup> Cigars and cigarillos as well as fine-cut and pipe tobacco are taxed similarly. Chewing tobacco and snuff are exempt from taxation because they are not classified as smoking tobacco goods. The revenue from tobacco taxes in Germany in 2015 was €14.9 billion which represents an increase of 4.5% in comparison to the previous year.

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4 A good summary of the *Laender* laws on the protection of non-smokers as well as links to further information can be found at: <http://www.rauchfrei-info.de/informieren/gesetzliche-regelungen/laendergesetze-zum-nichtraucherschutz/> [accessed: 19 Sept. 2016].

5 The JuSchuG serves to protect children and youths in public. Within the meaning of this act, children are defined as persons who are not yet 14 years of age. Youths/adolescents are persons between the ages of 14 and 18 years old.

6 The retail selling price is set by the manufacturer.

7 The retail price of a tobacco product can vary depending on manufacturer or brand and therefore the respective tax also varies.

### ***Sale of tobacco***

Tobacco products may be sold freely in Germany, for people over the age of 18, in compliance with the JuSchG, and are available in supermarkets, kiosks and petrol stations. The general availability of tobacco products is provided through sale via cigarette machines in public places.

### ***Advertising for tobacco products***

Since as far back as 1975, advertising tobacco products on the radio and television has been prohibited. In January 2007, German legislation was amended to bring it in line with the EU Tobacco Advertising Directive (2003/33/EC)<sup>8</sup>. As a result, since the start of 2007, the advertisement of tobacco products has also been prohibited in newspapers, periodicals, magazines and on the internet. Publications which are intended for employees of the tobacco industry as well as print media not intended for the EU market are exempt. Tobacco advertising is still allowed in the cinema, on posters and on objects such as lighters and ashtrays. Sponsoring events which are aimed at several EU member states or which have another type of cross border effect (e.g. Formula 1) is also prohibited. At such events, no free tobacco products may be distributed either.

A ban on the outdoor advertising of tobacco products is currently being debated in Parliament, which would come into force in 2020. The planned regulation, which e-cigarettes will also fall under, relates to outside areas and includes exceptions for specialist shops and retail outlets. In addition, the advertising ban will also include cinema advertising, where the film concerned is certified for viewing by under 18s.

### **1.2.2 Universal prevention (T1.2.2)**

Universal prevention forms the mainstay of the addiction prevention activities undertaken in Germany. Universal prevention comprises programmes, projects and activities that are aimed at the general population or parts of it which have a low or average risk of developing addiction or dependence. Preventive activities and support measures are ideally provided in the everyday and living environments of the targeted groups; this also applies in respect of universal prevention measures. Typical areas of activity for universal prevention measures are schools, workplace settings, communal facilities or sports clubs, to mention just a few examples (Springer, Phillips 2007).

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<sup>8</sup> The EU Tobacco Advertising Directive (2003/33/EC) provides for a uniform regulation of tobacco advertising and sponsorship for all EU member states. The Directive is available online at: [http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11571\\_de.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11571_de.htm). The German Tobacco Act is available online at: [http://www.gesetze-im-internet.de/lmg\\_1974/index.html](http://www.gesetze-im-internet.de/lmg_1974/index.html)

In addition to a differentiation in behavioural and environmental prevention measures of 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.

### **Effectiveness and efficiency in addiction prevention**

Good examples of the central factors in increasing effectiveness and efficiency of addiction prevention are evaluation, networking and transfer. 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 employment of recognised quality assurance instruments in addiction prevention. In this context, the BZgA-Laender cooperation association on addiction prevention (a cooperation between the Laender authorities responsible for drug prevention and the BZgA), provides direction just as 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, addiction societies as well as by many other parties involved, and not least the monitoring system Dot.sys (documentation system used for addiction prevention), a joint project of the BZgA and the Laender. Working on behalf of the BZgA, the Institute for Therapy Research (Institut für Therapieforschung, IFT) compiled an expert report on the effectiveness of addiction prevention measures (Bühler, Thurl 2013). The *National Strategy on Drug and Addiction Policy* stipulates that preventive measures be tested for their effectiveness and relevance. "That applies in particular in times of tight finances in order to utilise the available resources in a targeted manner" (Die Drogenbeauftragte der Bundesregierung 2012). To increase the effectiveness of addiction prevention measures a stronger focus on at-risk groups is provided for (Die Drogenbeauftragte der Bundesregierung 2012b).

### **Kindergarten**

"Papilio" has been conceived as a development prevention programme and is aimed at combating the development of addiction and violence in later childhood and adolescence. In addition to promoting socioemotional competence, Papilio minimises risk factors, for example by teaching parenting skills to parents (Hessische Landesstelle für Suchtfragen e.V. 2009). Previous findings show that the Papilio measures contribute to increasing pro-social behaviour and reducing behavioural problems among pre-schoolers significantly (Barquero et al. 2005). Since the programme began, teachers have been educated as trainers in eleven Laender. Nationwide, 6,464 Papilio trainers have been trained to date and approximately 129,280 children have been reached (Papilio e.V.).



The project "Toy-free Kindergarten" ("Spielzeugfreier Kindergarten") by the campaign group Jugendschutz Landesarbeitsstelle Bayern e.V. München is based on cause based prevention and focuses on the living environment of pre-school children. There is often an abundance of toys. The purchase of new toys is used in part to suppress frustrations and unsatisfied needs. The "Toy-free Kindergarten" project is aimed at creating a space for children for fantasy and creativity and thus also for self-affirmation and self-confidence. The addiction prevention project begins with promotion life skills, by encouraging skills (making yourself understood, understanding others, perceiving needs, building relationships etc.) and uses findings from pre-school pedagogy: Children need spaces to play, in which they can set out their own topics, set the pace and pick and choose their own playmates. The "Toy-free Kindergarten" promotes these skills, by completely removing toys and materials such as paper and pens for a period of three months. The children are actively engaged in the decision making process in advance. The project is not against toys, rather it wants to enable a new experience space for children to better perceive their own skills and rhythms. In this way, they learn to be more engaged in group processes and to try out different positions in the group, as well as to try different roles. The trainers also take on a new role in the project: they are guided to support the children cooperatively through the use of the new experience space. Parents get the opportunity to give feedback in the scope of the project.

The "starKids" project implements addiction prevention and health promotion in Lower Saxony kindergartens and is aimed above all at a targeted broadening of the competence of teachers and trainers in relation to addiction prevention. To this end, there is a working group which is initiated and controlled in each case by a regional specialist for addiction prevention. The kindergartens in a region can then participate in this starKids working group, which meets regularly over a period of three years. Together with the specialist for addiction prevention, relevant addiction prevention topics are discussed and worked on. These topics will then be integrated into the work with the children. In the third year, specific addiction prevention actions are implemented with the children: Over a period of six months, a large toy is assembled and the amount of existing toys is then significantly reduced. Many topics from the previous two years (feelings, conflicts, use behaviour, frustration tolerance etc.) are directly reflected in this initiative. Through the intensive study and development of addiction prevention topics, the starKids programme is intended to be integrated permanently into kindergartens in even after the project period has ended.

## **School**

Schools are a setting which is particularly well-suited for carrying out universal prevention measures. Firstly, schools provide the fullest access to the main target group of universal prevention measures and secondly preventive measures can be integrated very well into the school curriculum. Schools are equally well suited as settings for non substance-related, substance-related and cross-substance-related activities.

In 2012, the Standing Conference of the Ministers of Education and Cultural Affairs ((Ständige Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland = Kultusministerkonferenz, KMK) issued a "Recommendation on Health Promotion and Prevention in Schools"(KMK 2012). That recommendation stated: "Addiction prevention is a particularly significant topic in health promotion and prevention. The aim is 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 teaching plans, the Ministers for Cultural Affairs of the *Laender* have made addiction prevention a binding topic of classroom teaching.

In the "school" setting, innovative programmes such as "REBOUND" are used as well as programmes which have already been successfully implemented all over Germany for many years such as "Unplugged". The aforementioned programmes are made up of different modules ranging from promoting social skills and conveying information to motivating participants to lead a healthy lifestyle.

Through the BZgA, the BMG has, since 2015, supported the increase in the nationwide scope of the widely evaluated life skills programme on health promotion, addiction and prevention of violence, "Programm Klasse2000", in primary and special needs schools. The programme follows children from the first to the fourth grades. Teachers receive evaluated teaching materials for 10-12 Klasse2000 hours per school year. In addition, specially trained Klasse2000 health promoters are deployed. The most important topic areas in lessons are: "healthy eating and drinking", "exercising and relaxing", "liking oneself and having friends", "problem and conflict resolution", "critical thinking and "saying no". In recent years an average of 3,700 primary school pupils were able to take part every year. The effectiveness of the Klasse2000 programme has been documented in several studies.

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 (peers) are better able than teachers or counselling experts to create favourable conditions for the initiation of learning processes. This can be attributed, among other things, to the greater social proximity between peers, the use of common language codes and thus to greater authenticity (Backes & Schönbach 2002). Adolescents who are willing to assume the roles of peers are trained and given the skills to provide support as experts in problem situations and to promote problem-solving skills among the target group (pupils). Peers thus serve as prevention helpers at ground level, i.e. also in places where legal and/or illicit drugs are used. In the context of life skills programmes in cannabis prevention, the involvement of peers is more likely to lead to success than delivery by teaching staff (Bühler, Thrul 2013).

The effectiveness of addiction prevention measures at primary school has been intensively investigated. Measures that build on a psychosocial approach and on behaviour-modifying interventions are particularly likely to succeed, usually on the condition that they are supplemented by components in non-classroom settings, (Bühler, Thurl 2013). Beginning to use legal addictive substances at an early age has a negative effect on psychosocial development, which is why the use of addiction prevention measures in primary schools seems particularly useful. In addition, where legal drugs are used 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).

One example of the lasting effects of behaviour modifying measures in primary schools is the "Good Behavior Game" developed back in 1969 by a teacher in the USA (Barrish et al. 1969). The target group for this intervention, which is based on learning theory principles, is primary and special needs school pupils of various ages. In the first step, rules for the successful cooperation and inadequate behaviours ("fouls") are jointly agreed. Points are then handed out for every foul. The group with the lowest score at the end of the game receives a reward. In the first few weeks this takes place immediately after playtime, later it is pushed back. The game has been evaluated in more than 20 very different studies with very good results (Kellam et al. 2008, Kellam et al. 1994, Hillenbrand, C., Pütz, K. 2008). In a US sample of young adults who had played this game in the first grade, there were fewer addiction disorders in comparison to the control group; among the male participants the difference was significant. The largest effects were found for boys who, as first graders, had been considered "highly aggressive, disruptive". In Germany, the programme was first implemented and evaluated in 2007, in 23 primary schools in and around Cologne (Hillenbrand, C., Pütz, K. 2008). It has been adapted to suit German school culture and since then carried out under the name "KlasseKinderSpiel" (roughly "great kids' game").

For the 15 to 25 year-old age group, the concept "REBOUND – my decision" was developed at the Heidelberg University Clinic in cooperation with the Mentor Foundation Germany<sup>9</sup>. The development and study phases (2010–2012) were financially supported by DG Justice of the European Union and implemented within a network of schools (year 8 to year 10) from the Rhine–Neckar metropolitan region. The continuation of the measure as a standard service is ensured by funding from business, science and private donors. Since 2013, any school that has made a minimum of four teachers available can participate. In addition, REBOUND can be taught by social work professionals who take part in the 16-hour training course. REBOUND follows a media-based approach that centres on an activating film-based pedagogy. Awareness is developed and promoted through short films, lively group exchanges as well as other methods of self-assessment and the assessment of others. For

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<sup>9</sup> <http://my-rebound.de> [accessed: 19 Sept. 2016].

example, sets of cards are used to try out different roles in the classroom and practice empathy. Peers were involved in the development of the teaching materials and are also involved in communicating the material as external class visitors ("pupil mentors"). The pupil mentors accompany the programme for a 12-month period. The prerequisite is having completed a basic training course, which results in the award by the "Young University Heidelberg" of a "class visitor" or "course assistant" certificate (depending on the number of teaching hours). An important experience-oriented element is the creation of an own short film. Optional e-learning opportunities are also offered alongside the course. In the test phase, five schools (723 pupils, 60 school classes) participated in a controlled efficacy study (Kröniger-Jungaberle et al. 2015). In the intervention group, the incidence of experience with drunkenness fell. However, risk perceptions of cannabis and tobacco were also reduced. The authors suspect that in the case of cannabis, this may have been a shift to a more realistic risk perception. Fear-inducing strategies could achieve an unrealistically high perception of risk. In contrast to this, the intervention possibly contributed to a prevention of the trivialisation of the risks involved when target individuals came into contact with users or tried these substances themselves ("switching risks").

Findings from the efficacy study have also been implemented in the "Unplugged" classroom programme, which is targeted at 11 to 14 year olds in secondary schools. The aim of the measure, which is based on the *concept of comprehensive social influence*, is the prevention of use and abuse of legal and illicit substances. The basic starting points are the correction of normative convictions and the development of life skills. In this way, the intention is to reduce initial contacts with psychoactive substances and delay the transition from experimental to regular substance use. Parents' evenings were additionally organised in order to ensure that the in-school prevention programmes were also supported outside of the school setting.

"Unplugged" has been comprehensively evaluated in a number of European countries in randomised controlled studies with large sample groups and thus has a proven efficacy in preventing regular consumption of legal and illicit substances (Faggiano et al. 2007, Faggiano et al. 2010, Faggiano et al. 2008). A fall in regular cannabis consumption can primarily be attributed to changes in normative attitudes to illicit drugs in general, and to cannabis in particular, as well a modification of efficacy expectations (Faggiano et al. 2010). The programme, which consists of 12 teaching units delivered by specially trained teaching staff, was originally developed in the scope of the EU-DAP project (European Drug Addiction Prevention Trial).

## **University**

### Prevention of high-risk substance use amongst students

In the scope of the pilot project "Prevention of high-risk substance use among students" (Prävention von riskantem Substanzkonsum bei Studierenden, PräviS), funded by the

German Federal Ministry of Health, an online intervention in the form of an internet portal was designed, made available and evaluated. The aim is to prepare and focus information and advice on substance abuse and study related problems specifically for students. The topics in the study range from the high-risk contact with alcohol, tobacco, cannabis, party drugs or medicinal drugs and problem use of online services, computer games and gambling, to the experience of writer's block or exam nerves. Content and programmes from the BZgA which have already been established and evaluated are included, for example [www.drugcom.de](http://www.drugcom.de) (accessed 30. September 2016). In this context, the training programme Troubleshooter was developed, on dealing with study related stress. Self tests, information services and interactive counselling services were also integrated in this programme. The pilot also included the testing of different access options for internet based intervention and the evaluation of individual components using quantitative and qualitative data.

"Internet based social norms intervention for the prevention of substance use among students" (Internetbasierte Soziale Normen Intervention zur Prävention von Substanzkonsum von Studierenden, INSIST)

"INSIST" is a multi-centric cluster-randomised intervention study, which is carried out in eight universities in Germany. The study is funded by the BMG. The main objective of the study is to develop a "social norms intervention", in order to reduce substance use among students. The intervention will be analysed for its effectiveness.

"Social norms interventions" are already extensively used in the USA for the prevention of high risk behaviours such as substance use. In Germany they are still relatively unknown. They are based on the findings of scientific studies, which show that students frequently overestimate their peers' substance use. These misconceptions can lead to increased personal use. The approach of correcting misconceptions surrounding substance use among peers through the use of a feedback survey, has already proven to be a promising addiction prevention strategy in the USA. In Germany, this approach will, with INSIST, be researched in respect of its feasibility and effectiveness for the first time with a large group of students.

eCHUG-D - online prevention of substance related disorders among students

The project aims to become the German adaption of the online prevention programme "eCHECKUP to GO", developed by the State University of San Diego. The adaptation is being carried out with the inclusion of student focus groups and in close consultation with the American working group. Following the successful adaptation of the programme, the intervention effects will be assessed by means of a randomised controlled study. To further support students who show signs of problem alcohol consumption, an online forum, moderated by trained peers, will be set up.

### Examples from the *Laender*

The "10 Point Plan on Preventing and Combating Crystal Meth Use" (Landespräventionsrat Sachsen 2016) provides for a competent contact person for the topic of "crystal meth" to be available at all secondary schools in Saxony for teachers, parents and pupils seeking advice and support. Via school conferences, school boards also inform parent and pupil representatives about the topic of crystal meth as well as existing offers of help and support.

A transfer of knowledge and sensitisation is undertaken through further training and conferences for schools, universities, training institutes for skilled trade, agriculture and industry as well as for parents, social workers, doctors, midwives and police as specific contact persons. Schools are informed in a targeted and sound manner about backgrounds, characteristics, risks and effects of crystal meth use as well as about offers of support. For example, already existing further training on the topic of addiction risks is complemented, in the scope of regional further training, with an event for in particular - but not exclusively - school counsellors at secondary schools. The content is developed by addiction experts and the three ministries - the Saxon State Ministry of Education and Cultural Affairs (SMK), the Saxon State Ministry of Social Affairs and Consumer Protection (SMS) and the Saxon State Ministry of the Interior (SMI) - based on the already conducted measures of the Ministry of Social Affairs.

The "life skills portal", launched in 2014, for Saxon schools covering the topic of addiction prevention, which already includes the problems of addiction and drugs related to crystal meth, is continuously extended with specialist information, materials and links relevant to the topic. Regional addiction prevention and support should be better interconnected. In addition to municipal administrations, this affects all other relevant entities. The *Land* Pupils' Council and the *Land* Parents' Council are kept continuously informed through suitable channels about the risks of drug use - in particular with respect to crystal meth - and about existing support services of the Free State. All data on crystal meth is collated into a comprehensive situational report which comprises data from the addiction support system, the police, justice, border control and from the areas of schools, youth support and science and other sources. This helps to improve prevention and repression measures in a targeted manner.

The city of Dresden has taken up the problem of the locally growing spread of crystal meth use with innovative prevention approaches. The programme consists of a regularly occurring campaign week on addiction prevention ("Legst du dich mit Crystal an?", "Are you taking (on) crystal meth?") situated in a popular location and with the support of various cooperation partners. Here, public debate on the topic of crystal meth is promoted and managed. The second module is the theatre project "Absaufen" (Drowning) by WortGestiker. The play is aimed at schools and is constantly being adapted to current conditions. It sensitises students, but also teachers and parents, to the topic, in that it enables intensive preparation and follow-up. Workshops "Was macht mich stark?" (What makes me strong?) from the

society SPIKE Dresden complement the services of the city of Dresden on crystal meth prevention. Here, adolescents and young adults are introduced to creative options and self-reflection is encouraged.

The city of Dessau-Roßlau also has a crystal meth prevention project ("Du fühlst Dich wie ein Splitter...", "You feel like a splinter..."). The whole project consists of successive parts, the development of which involves, among others, young crystal meth users. In the target group of parents, the intended focus is information and awareness. For this, groups of people are involved, who come into increasing contact with crystal meth users (prison officers and medical assistants etc.). The project also has the aim of informing participants as well as facilitating an appropriate way of dealing with users. These information services are supplemented by a low-threshold service for users and people close to users. Within the school-based prevention work, the focus is on the development of materials by adolescents, in order to encourage them to reflect on the risks of crystal meth use. In cooperation with young crystal meth users, resulting materials are used in the so-called new "Crystal Methodenkoffer" ("crystal meth-ods suitcase").

The whole project is integrated into an accompanying network of regulatory law protection of minors by the Public Order Office (Ordnungsamt, OA) and into the network for children's health by the Public Health Authority (Gesundheitsamt, GA). This network handles all other cross-topic related prevention measures, from alcohol prevention to strengthening health in schools.

Another crystal meth prevention project is currently being run in Saalekreis - against the background of increasing numbers of users in schools and recreational facilities in rural areas. These increases led to demand from teachers and school social workers for interactive, didactically prepared materials. School prevention teams and the Saalekreis working group "Crystal Meth Prevention" subsequently developed the so-called "Crystal Meth Substance Box", which contains a 90 minute educational package for activities both in schools classrooms as well as in recreational facilities. In workshops, the work with the Box was tested 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 9 as needed. The experiences with the "Crystal Meth Substance Box" are positive - and have led to similar prevention materials for other substances (cannabis, alcohol, tobacco) being produced.

In Bavaria, Rhineland-Palatinate and Saxony, the programme PIT (Prevention in the Team, Prävention im Team) is conducted, aimed at all types of school. The objective is to encourage cooperation between schools, the police and other partners in the areas of: addiction, violence and media as well as property in the scope of the project. In the course of its implementation, the focus is on cooperation between schools and the police as well as with other non-school partners (e. g. justice, youth support, drug counselling).

In North Rhine-Westphalia, the LWL Coordination Office found back in 2009 that adolescents with an intellectual disability between the ages of 13 and 18 represented an especially at-risk group for problem intoxicant use. The search for existing services for this clientele showed that there is a gap in the support system as established prevention programmes and methods cannot simply be transferred. In reaction to this need the LWL developed, together with cooperation partners from disabled care and special needs schools, prevention services for that target group: "Say No! (Sag Nein!) – at special needs schools for mental development". The programme was recognised as exemplary by the *Land* initiative "Health *Land* NRW" in 2014. The pilot project was evaluated and in a next step, experiences, conception and materials will now be collated in a handbook.

"High 5" is an interactive exhibition from the German *Land* of Thuringia on the topic of illicit drugs which, for example, can be borrowed by teachers, school social workers, employees within the youth support system or addiction prevention professionals. The objective of the interactive exhibition "High 5" is to motivate young adults to think actively and critically about the use of illicit drugs and to make them aware of local support services. It uses different methods and play-based actions at seven stations. The service was conceived for adolescents from 14 years of age, for both in and out of school settings. From April to June 2015, "High 5" was evaluated in various types of school in Thuringia. The evaluation was conducted in the scope of a bachelor degree paper in cooperation with the Thuringia Office of Addiction Prevention.

Under Sec. 47 of the Thuringia Schools Act (Thüringischen Schulgesetzes, ThürSchulG), schools are obligated - similarly to in other German *Laender* - to develop a concept for maintaining health and a healthy lifestyle. A focus of the concept will be the prevention of the use of illicit drugs as well as of tobacco and alcohol. The educational content set out in the teaching plans regarding health promotion is cross-disciplinary and designed to be communicated also beyond the classroom. A healthy lifestyle should be actively organised at every school. Which individual measures the schools choose for the implementation of their objectives is left to the pedagogical discretion of the school. School psychological services are an element of a regional counselling network in each area which also includes drug prevention and addiction counselling facilities. The Thuringian police supports primary prevention in Thuringian schools. In this context, activities such as talks were given to school classes, teachers or at parents evenings.

The cannabis prevention campaign "Bleib stark! Bleib du selbst!" („Stay strong! Stay yourself!") in Hamburg is aimed at adolescents, parents and teachers. It was conceived in 2013 as a multi-level prevention strategy, the central component of which is internet communication. The portal [www.bleib-stark.com](http://www.bleib-stark.com) consists of an information and an action site. While the information site addresses all three target groups, on the action site young people have the opportunity to post their own comments about the subject of cannabis. This can be done anonymously or after having registered. An award at the end of the interactive



campaign encourages participation. Additionally, gender sensitive postcards with a blank space available for writing a private statement are provided for lessons and youth work. The annual interactive campaigns form the basis for a critical analysis of cannabis use. The 2015 interactive campaign "Cannabis & Du?" (Cannabis and you?) has the aim, within a currently very controversial debate about a possible regulation of the cannabis market, to make adolescents aware in particular of the dangers of early use. During the interactive campaign the previous year, adolescents could upload posters, films and activities, and enter a competition.

In addition to the internet presence two leaflets and a brochure were produced, to inform professionals and parents and thus enable them to discuss the topic of smoking cannabis with their children on an equal footing. Professionals and parents can also find lots of information on the risks and effects of, and legal situation surrounding, cannabis at [www.bleib-stark.com](http://www.bleib-stark.com). The campaign is currently being evaluated.

Cannabis prevention is also a main focus within addiction prevention in Berlin. "Na klar...!" ("But of course...!") - the first Berlin-wide campaign on the prevention of alcohol and illegal substances was continued in 2014 in a setting-approach oriented and modified manner with a focus on the "leisure behaviour of children, adolescents and young adults with respect to addictive substance use and risky behaviours". The campaign is jointly supported by the Senate Department for Health and Social Affairs, the Senate Department for Education, Youth and Science as well as all 12 Berlin districts, HaLT, the Berlin police, the Berlin *Land* Office for Addiction Issues and the Berlin Special Unit for Addiction Prevention. For cannabis prevention there is, among other things, an information brochure on the motives for use, effects and risks, as well as the legal foundations and prevention, counselling and support services, a seminar for parents, which provides information on the effects and dangers of cannabis whilst considering the parental perspective. In the seminar, specific questions from parents are answered and parents are encouraged to exchange ideas with each other. The Berlin cannabis prevention programme also includes the workshop "Cannabis - quo vadis?", an interactive prevention course designed for pupils between years 7 and 12 and youth groups between 14 and 18 years old.

## **Family**<sup>10</sup>

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).

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<sup>10</sup>On the significance of family as social determinant of health, see Viner et al. (2012)

A family bond is one of the most important protective factors against detrimental health effects in adolescents (Resnick et al. 1997) even when factors such as ethnic origin, income and family structure are to be taken into account. In a US population study, adolescents who felt connected to their families reported a lower use of cigarettes, alcohol and cannabis. A study from Great Britain also came to 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.

In order to improve the protection of children against neglect and abuse, the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth set up in 2007 the "National Centre for Early Intervention" ("Nationales Zentrum Frühe Hilfen, NZFH") within the scope of the action programme, "Early stage support for parents and children and social early warning systems". The intention is for the Centre to contribute to promoting the creation and expansion of support systems within the youth care and health systems for expectant parents as well as parents of nursing infants and small children. Improved and binding cooperation between child and youth support and the healthcare system should then intensify the protection of nursing infants and small children from families particularly affected by addiction against neglect and abuse.

The primary aim of the NZFH is to protect children against risks better and at an earlier stage through the most effective cooperation possible between support from the healthcare system and from *child and youth support*. In order to achieve this, the ability to reach at-risk groups must in particular be improved. This basic idea is also reflected in the joint funding for the Centre by the BZgA and the German Youth Institute (Deutsche Jugendinstitut, DJI). The NZFH strives for a knowledge based improvement in practice in the area of early support and the creation of a chain of prevention: from the general and early stage information and education on child development amongst expectant parents, the motivation to undergo medical check-ups and active referrals to specialist support and care right up to assistance for families in difficult social situations. The focus is on families with children from pre-birth up to the age of around three who are living in highly disadvantaged situations (for example, poverty, violence or dependence disorders of the parents). The NZFH, supported by these two establishments, has its headquarters in the BZgA in Cologne. The responsibilities of the NZFH include creating a knowledge platform for early support by, amongst other things, bundling and preparing findings from pilot projects, communicating to the specialist public and the general population as well as transferring experiences and knowledge from early support research and practice to the specialist public.

At present, about 2.65 million children and adolescents living in Germany have a parent affected by an alcohol-related disorder (abuse or dependence) and another 40,000 children

and adolescents live with a drug-dependent parent (Klein 2001). Moreover an estimated 6 million adults grew up in families with addiction problems<sup>11</sup>. Today, substantive scientific findings are available which show that children from families in which at least one parent is affected by alcohol or drug dependence run a higher risk of developing addictive diseases themselves than children from families without addiction problems. Therefore, children and adolescents from addiction-stricken families form one of the largest known target groups of selective prevention measures. Reasons for the higher risk of developing addiction are, in addition to the experience of (parental) addictive substance use, experiencing domestic violence, separation and divorce, physical and emotional abuse or also sexual abuse, among others, which occur more frequently in addiction-stricken families than on average (Thomasius et al. 2008).

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) and in the Act on Cooperation and Information in Child Protection (Gesetz zur Kooperation und Information im Kinderschutz, KKG)<sup>12</sup>. Prevention and intervention programmes in Germany for children and their addicted parents are offered by outpatient and inpatient addiction support and self-help groups. "KidKit – Hilfe bei Problemeltern" ("KidKit – help with problematic parents") is a cooperation project between KOALA e.V, Drogenhilfe Köln e.V. (Cologne Drug Support) and the German Institute for Addiction and Prevention Research based on the Catholic University of Applied Science campus in Cologne. 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 topics such as substance addiction, gambling, violence and mental illnesses as well as free and anonymous counselling<sup>13</sup>.

## **Municipality**

A 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. It is imperative for communities, cities, regions and districts to participate in the development and implementation of addiction prevention measures. Municipalities should therefore not only serve as a setting for the implementation of preventive measures but should also assume a more active role. Generally speaking, the role of a municipality as an active player in addiction prevention strongly depends on its size or more specifically on the number of

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<sup>11</sup> [www.fruehehilfen.de](http://www.fruehehilfen.de) [accessed: 19 Sept. 2016]

<sup>12</sup> Art. 1 Gesetz zur Kooperation und Information im Kinderschutz (KKG), <http://www.bmfsfj.de/BMFSFJ/kinder-und-jugend,did=119832.html> [accessed: 19 Sept. 2016]

<sup>13</sup> [www.kidkit.de](http://www.kidkit.de)

inhabitants. Small municipalities often do not have the staff and financial resources to have addiction prevention on their agenda at a municipal policy level.

Community-based addiction prevention activities are often carried out in inter-municipal and supra-local cooperation projects with various local partners involved such as professional addiction prevention facilities, churches, self-help organisations, local clubs and institutions, parties and associations, etc. In addition to kindergartens and schools, organised and non-organised recreation as well as the public health sector serve as settings for action for municipal addiction prevention.

### **Cross-sectoral**

The support programme "Prevention of Alcohol-Related Youth Violence" (Prävention alkoholbedingter Jugendgewalt, PaJ), initiated by the Baden-Württemberg Ministry of the Interior, and the Baden-Württemberg-Stiftung (Baden-Württemberg Foundation) was launched in October 2010 for the sustained combating of alcohol consumption amongst adolescents and to prevent violent offences by young people.

In the scope of this programme, 26 individual projects have been funded since October 2011 with funding of up to €40,000. Using new and unconventional approaches, those projects sought ways to prevent young people sliding into crime, violence and addiction. The target group of the programme is adolescents and young adults between the ages of 14 and 19 (sociological age definition) who have come to the attention of law enforcement for criminal, regulatory or traffic law offences under the influence of alcohol in the last four months due to acts of violence or as drivers.

### **Recreational settings and sports clubs**

Apart from the aforementioned settings, namely school, family and municipality, recreational and sports settings are important areas of activity for universally applied early prevention measures. More than 70% of all children and adolescents are, at least for a short time, members of a sports club. Sports clubs exist throughout the country and this guarantee high 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 "Kinder stark machen" ("Make children strong") is aimed at multipliers who work with 4 to 12 year-old children. The programme is based on two central concepts of addiction prevention - promoting life skills and local focus. Children are taught how they can be health conscious and socially responsible - and thus also addiction preventive - in everyday and conflict situations. This promoting of life skills is connected to a local authority and district related approach, since this is particularly promising.

Of particular importance for the implementation of the programme is the cooperation with popular sports, because the sports club, alongside the parental home and school, is an important living environment for children. At many sports clubs, this also applies to children and adolescents from socially disadvantaged or immigrant families. The area of football with 7.5 million members should be particularly emphasised here. Around 70% of all children and adolescents are members of a sports club for a short or longer period of time. For many years, the BZgA has worked with sport federations with large numbers of members. Important major cooperation partners are the German Olympic Sports Confederation (Deutsche Olympische Sportbund, DOSB), the German Youth Sport Association (Deutsche Sportjugend, dsj), the German Football Association (Deutsche Fußball-Bund, DFB), the German Gymnastics Association (Deutsche Turner-Bund, DTB), the German Handball Association (Deutsche Handball-Bund, DHB) and the DJK Youth Sport Association (DJK-Sportjugend). A central component of the cooperation is the BZgA qualification on the topic of early addiction prevention for opinion leaders working in the clubs in the field of youth work. In addition, the training structures at *Land* and municipality level are developed accordingly. At a municipality level "Kinder stark machen" also uses sports and family events to reach parents and their children as well as opinion leaders personally. A further important element of the programme is the so called club service, in which sport associations, schools and daycare settings can take part. Through the club service, the BZgA promotes independent initiatives in the region and voluntary engagement on the topic of early addiction prevention. Active sport clubs, kindergartens or schools receive personal advice and extensive materials on carrying out activities related to early addiction prevention.

The BZgA is, moreover, also an exclusive partner in the initiative "DFB-Doppelpass 2020 - Schule und Verein: ein starkes Team" (DFB "one-two" 2020 - school and club: a strong team"). The aim of this project is to strengthen synergies between schools and clubs in the area of early addiction prevention. The BZgA in this context supports schools and clubs with activity packs on the addiction prevention topics of "Kinder stark machen" (Make children strong), "Alkoholfrei Sport genießen" (Enjoy sport alcohol-free) and "Null Alkohol – Voll Power" (zero alcohol - full power). Since the start of the initiative "Doppelpass 2020" in 2012, over 3000 clubs and schools have carried out a programme under the motto "Kinder stark machen" (Make children strong).

### **Police crime prevention programme**

The "Police Crime Prevention programme of the *Laender* and the Federal Government" took it upon itself to inform people of the various forms of criminality and to demonstrate how these can be prevented. It is an institution of the interior ministers and the Conference of Interior Ministers and publishes nationwide media 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 targets a broad range of groups from children / adolescents and their parents and teachers through to business operators and journalists.

Anyone who is interested can obtain information, primarily from the website [www.polizei-beratung.de](http://www.polizei-beratung.de). The section "Themen und Tipps" ("topics and tips") is devoted specifically to the issue of drugs, covering topics including drugs in general and the protection of children from drugs as well as, for example, how people can be abused as drug couriers (mules). An important aspect is also the information on so-called "legal highs". Furthermore, the Police Crime Prevention programme produces the following print media which anyone can order from its website and which are also available throughout Germany from all police stations free of charge:

- The leaflet "Sehn-Sucht" (approx. "spotlight on addiction") with information on legal highs.
- The brochure, "Sehn-Sucht", which contains information on crystal meth and tips on how to protect children from drugs. The brochure also contains a list of drugs, be they legal, illegal or synthetic.

Both media were revised in spring 2014 and their content updated.

Most *Laender* also have their own media or programmes, for example for pupils in year 7, in which they are warned about drugs or which provide information on protection from drugs, such as in Baden-Württemberg, the brochure "Risiko Drogen" ("Risk: drugs"), published by the Ministry of the Interior. In Brandenburg, there is a multimedia drug prevention series produced by the *Land* Office of Criminal Investigation, under the title "Hast Du noch was vor?" ("Are you doing anything later?").

### **1.2.3 Selective prevention (T1.2.3)**

Selective prevention is aimed at groups of people who have an increased risk of developing an addiction. This risk can be inherent or a group of people can carry a higher risk of developing addiction through their whole lives due to a number of factors (Springer, Phillips 2007). Social environmental influences are also taken into account as risk factors. Selective prevention measures are for example developed for the following target groups, to name just a few:

- school drop-outs,
- socially disadvantaged people
- homeless youths
- people with a migration background
- children and adolescents from families with addiction problems
- adolescents with use experience
- clubbers.

The target groups of selective prevention measures are often approached in recreational settings. Interventions for socially disadvantaged adolescents or children and adolescents from families with 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).

Prevention measures carried out in recreational will usually address a very heterogeneous group of children and adolescents. These may be adolescents meeting at a youth club, early school leavers in a youth welfare centre or clubbers. Among them are often adolescents with substance use experience, socially disadvantaged youths or juvenile delinquents who each require different prevention focusses to, for example, youths without substance use experience.

Generally speaking, recreational settings may be divided into an organised and a non-organised area. The prevention measures undertaken in the organised recreational area (e.g. youth support facilities, church-run organisations, community-based or municipal youth centres) are often derived from the German Child and Youth Welfare Act (German Code of Social Law, Volume 8, (Sozialgesetzbuch, SGB)). These measures mainly aim at encouraging children and adolescents in their development and helping them to become self-dependent individuals capable of living in a community. The described heterogeneity clearly shows the importance of taking into account the different living environments of the adolescents and of not restricting prevention measures merely to achieving abstinence or use reduction, but of aiming them in addition at teaching skills such as risk competence and risk management.

In the area of non-organised recreation, prevention of addiction is more open. This means that activities and services are low-threshold and generally voluntary. They usually aim at minimising behaviours that are harmful to health and at promoting responsible substance use. Work in the non-organised recreational area can be based on guidelines of accepting drug work and resource-oriented prevention. These approaches are to be found in numerous scene or party-based projects which are offered in many larger cities. Activities undertaken within the framework of such party projects are often developed by specialist agencies or addiction prevention facilities, 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 advice stands (Drug Scouts 2016). The aim of the project is to use a variety of channels (telephone,

information points, internet), to encourage users of party drugs to reflect critically on their drug use, to inform them of health risks (e.g. warnings of high-dosage MDMA pills on the website [www.drugscouts.de](http://www.drugscouts.de)) and to offer them support in reducing their consumption. The project is supported by full time employees and volunteers. Between February 2013 and May 2015, the IFT analysed partygoers' opinions on 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 on average a very positive evaluation of the services, in particular of the information provided (Hannemann, Piontek 2015).

On behalf of the German Federal Ministry of Health BMG, Fixpunkt e.V. conducted, in cooperation with the LiveMusikKommission (live music commission, LiveKomm) a pilot project for health promotion in the party setting in the period 1 August 2014 to 31 March 2015. This project was successfully able to create a modular and manualised further training concept with the help of which staff at clubs, discos, festivals and other event formats or venues were able to receive training for their "drugs skills". In total, five training modules were developed which were then conducted for approximately 130 employees in the cities of Frankfurt/Main, Potsdam, Hamburg and Berlin. The project was carried out in those cities, in each case with cooperating projects from the areas of accepting party drug work and health promotion which now form the BEST network.

The project "safe - sauber feiern" (approx: safe - party clean), which was funded by the BMG in the period from August 2014 to January 2015, trained personnel from dance locales who routinely have to deal with users of intoxicants and possibly have experience with that issue themselves. The Association of German Discotheques and Dance Locales (Bundesverband Deutscher Diskotheken und Tanzbetriebe, BDT) in the German Hotels, Restaurants and Public Houses Association (Deutsche Hotel- und Gaststättenverband, DEHOGA) made contact with the discos, oversaw the project and supported the project organiser, the specialist outpatient clinic for addiction disorders of the Diakonisches Werk Rosenheim e.V., in an advisory capacity. For the group of young persons with high risk use, measures are necessary to provide them adequate support in order to prevent their moving towards dependence. Users do not necessarily define themselves as being at risk of addiction, provided no difficulties have arisen, and therefore rarely utilise the existing institutional counselling services voluntarily. "safe - sauber feiern" teaches dance locales and their employees, in six training modules, basic skills and action strategies in order to enable them adequately to deal with their guests - some of whom will be high risk addictive substance users - and to reflect on their own use behaviour. The project helps to promote health-conscious partying and the idea that substance abuse does not necessarily have to be a part of that. This basic attitude is communicated to managers and their employees. The feedback on the project after the respective training modules was positive: The training concept was very well received, the teams participated actively and were motivated during the practice



based sessions. There was an appreciable increase in the knowledge of the participants who benefited greatly in their everyday working lives and could also benefit from the workshops in their private lives. Furthermore, a low-threshold access to the addiction support system was also successfully created. The training materials are available to all interested dance locales; the managers can choose whether to avail themselves of an external expert from the specialist walk-in clinic for addiction disorders of the Diakonisches Werk Rosenheim e. V. or whether they want to conduct the workshops in their businesses themselves using the materials. In Saarland, an exchange with Luxemburg took place within the framework of the project "Mag-Net" (slang approx.: "don't like it"): "Sensitisation of specialist workers in the health care system through information and further training on the topic of recreational drug use in the wider region."

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 Republic, the prevention of the use of crystal meth became a stated political objective. The high media presence of the issue of crystal meth was countered by the BZgA with a fact-based education strategy which, in particular, aimed to reach at-risk groups with informational materials. 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. The brochure gives clear answers to frequently asked questions and provides support in an advisory capacity. A further "information booklet on methamphetamine" from the BZgA outlines facts, effects and prevention approaches. Since 2015 a "Tool for consultants dealing with methamphetamine using clients" has also been newly distributed as a joint project from the DHS and BZgA.

In addition, the BZgA published new teaching material in 2015 on addiction prevention for years 8 to 12 on the topic of "crystal meth". The teaching material is supplemented by an educational film, in order to enable interactive lessons. It is not widely distributed, rather merely provided upon request from *Laender* and schools.

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 heterogenous state situation (Allara et al. 2015). On the other hand, as several of the campaigns analysed in the studies demonstrated unintended effects, namely they led to an increase in use, the authors recommend only using mass media campaigns in relation to illicit drugs after rigorous evaluation. A measure for the population as a whole can fuel the idea that the use of crystal meth is more widespread than generally assumed. As an erroneously high assumption 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 organisations in *Laender* and municipalities.

"Click for Support - Guidelines for effective web-based services in selective addiction prevention" 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, guidelines on the use of web-based prevention and intervention services have been developed and in 2015 these were published on the project website: <http://www.clickforsupport.eu>.

The Bavarian State Ministry of Public Health and Health-Care (Staatsministerium für Gesundheit und Pflege, StMGP) initiated the project "Addiction Prevention for People with Russian-Speaking Migration Backgrounds" which launched on 1 June 2015 and will run for a period of two years, funded by the Bavarian Ministry of Health. The objectives of the project are the reduction of barriers to access and thus a corresponding improvement in accessibility to addiction support systems for addicts and people at risk of addictive substance dependence with a Russian-speaking migration background, as well as their relatives and other related people. With different approaches and various measures, the projects are conducted by four charitable organisations, spread over the whole of Bavaria. (Ingolstadt and Munich - Condrobs e.v., Prop e.V., the Hannover Ethnomedical Centre (Ethnomedizinisches Zentrum Hannover) in cooperation with the Bavarian Centre for Transcultural Medicine (bayerischen Zentrum für Transkulturelle Medizin e.V.).

For one year now, the BMG has been funding the "Spotting" project as a national pilot project in the scope of selective prevention. The aim of the project is to provide the participants with and help them perceive experiences, which let previous drug use fade into the background, through alpine sport experience-oriented methods in the community. The participants currently mainly use methamphetamine, amphetamine, "herb mixtures", cannabis and alcohol, or did so in the past. Motivating factors for participation are problematic ambivalence, as well as therapy stays or imprisonment. Access is either by direct placement or through own application.

In addition to the socio-pedagogical project management by *mudra Drogenhilfe*, the members of the Mountain Activity Club e.V. (MAC) take part in project Spotting on a voluntary basis. They are made up in part of peers with their own past drug use as well as climbing enthusiasts with no history of drug use problems. As credible role models, they coach participants in climbing and everyday problems and encourage inclusion. Young drug users, professionals, ex-users and MAC members with no history of drug use are all equally represented.

In addition to the target group that was the original focus, Spotting is also proving to be a popular service for people over 25 who, following particularly strong experiences of addiction, are looking for alternative, drug-free opportunities for needs orientated recreation activities. Spotting counteracts risk factors such as contact with the drug scene or boredom and promotes relapse prevention and intrapsychic stabilisation.

The current mudra project "mudra-port"<sup>14</sup> (Russian: "port") is a part of the Bavarian pilot project "Addiction Prevention for People with a Russian-Speaking Migration Background". The term "port" is supposed to represent the basic subject of migration – departing and arriving – but also a safe haven or a kind of market place for information. The mudra-port project offers information, support, personal and online counselling to those seeking help. In order to receive personal counselling, there is the opportunity to make an appointment or use the open consultation service. The category of drug users and people at risk of addiction, who need care, comprises the following groups of people:

- emigrants
- Jewish quota refugees (mainly from Ukraine)
- asylum seekers (from Belarus, Central Asian Republics, Caucasus, Russia)
- Parents, other relatives as well as friends of those affected

The objectives of mudra-port, in addition to the possibility of making (anonymous) contact in the scope of online counselling, are most importantly providing information, education and knowledge on drug dependence and its backgrounds, expertise on substances, effects, risks, support and quitting options, as well as the referral of those affected to relevant counselling and treatment facilities. Flyers were produced to inform people about the available services. These are given out at other facilities as well as handed to those affected in the scope of streetwork. The flyers and website are available in both Russian and German, online counselling is also offered in both languages. Visits to the port website have been steadily increasing. In the further course of the project, a good networking structure with further relevant facilities will be created and training courses for specialists developed, in order to inform them about the services and support options in the addiction and drug support system and to help smooth the way there. The aim here is competently to provide employees and teams with knowledge and awareness and to promote a culturally sensitive approach to those seeking support.

In 2015 the DHS, with funding from the BZgA, published the brochure entitled "Drugs? Alcohol? Tablets? At some point the fun is over.", which provides information in two languages, namely German and one of Bulgarian, Polish, Romanian or Russian, about the

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<sup>14</sup> <http://www.mudra-port.de/index.php/de/> [accessed 21. October 2016]

risks of the stated substances and refer to support services for addiction problems. This was in reaction to increased demand from sections of the population with these corresponding migration backgrounds.

#### **1.2.4 Indicated prevention (T1.2.4)**

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.

The BZgA web portal on drugs and addiction prevention, [www.drugcom.de](http://www.drugcom.de), set up in 2001, provides comprehensive and always up to date, quality assured information on legal and illicit addictive substances. It also provides drug-savvy adolescents and young adults 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 areas of school, youth recreation, addiction prevention, addiction counselling or addiction support are important target groups of the BZgA web portal [www.drugcom.de](http://www.drugcom.de).

When it comes to the prevention of illegal substance use, [www.drugcom.de](http://www.drugcom.de) with its various services and broad reach - in 2014 the internet portal reported around 3,600 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).

In addition to a multitude of information services, such as a drug lexicon as a module for communicating information, the internet portal [www.drugcom.de](http://www.drugcom.de) also offers different communication and counselling options such as the self-test "Check your Drinking" and "Cannabis Check". The tests allow people to assess their own use behaviour for alcohol and cannabis. The objective is to encourage participants to reflect critically on their own consumption and as a second step motivate them to change their behaviour. In addiction prevention internet based intervention has proved successful in reducing problem substance use for many years - as on [www.drugcom.de](http://www.drugcom.de): since 2004, the "Quit the Shit" programme has been enabling cannabis users to receive effective, anonymous and individual support online, if they want to stop or reduce their cannabis use<sup>15</sup>.

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<sup>15</sup>C.f. REITOX Report 2011: A control group study (study period: 2006 – 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, "Quit the Shit", 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.

## FreD

The project "Early Intervention with Drug Users Coming to the Attention of Law Enforcement for the First Time" (Frühintervention bei ersttauffälligen Drogenkonsumentinnen und Drogenkonsumenten bei den Strafverfolgungsbehörden, FreD) of the Coordination Office for Drug Related Issues of the Regional Authority of Westfalen-Lippe (LWL), which began in 2013, was successfully concluded in August 2014. The intervention, funded by the BMG, is aimed at the interface between addiction prevention and justice. The programme offers - on the basis of cross-sectoral cooperation - the possibility of pedagogical and health related intervention as a reaction to someone drawing attention of law enforcement in connection with substance use.

Based on the National Strategy on Drug and Addiction Policy, the project is aimed at making FreD more well-known amongst criminal procedure institutions, law enforcement authorities, justice, police and youth support in order to promote its application. In addition, the project included the development and production of a fact sheet, "Early Intervention" as a basis of information for the different target groups, sending materials nationwide to recipients in the relevant authorities and offices from the areas of justice, police and youth support in criminal proceedings, the creation of specialist articles and publications for justice, youth court support and police and the qualification of specialists to FreD trainers. With 113 locations and 235 qualified trainers, the project is unique as a selective addiction prevention programme for illicit drugs, in that it is manualised and evaluated and aims at the point where a person comes to the attention of (criminal) law enforcement for the first time after use of addictive substances. A conceptional further development of FreD, especially in relation to the first use of crystal meth which comes to the attention of law enforcement, is planned.

For quality control purposes, minimum standards were stipulated. That meant specifically that the project organisers had to adhere to a holistic concept and a networked approach when designing the project and take into account defined and promising socio-pedagogical as well as addiction prevention approaches in the context of clarifying the consequences of behaviour which deviates from the norm and proving this right at the point of applying for funding. The funding programme had scientific oversight and was evaluated according to recognised standards by the proVal institute in Lower Saxony. It is primarily aimed at municipalities, city districts and administrative districts, independent youth support agencies and the police but also other institutions and associations (for example clubs) as network partners.

### **Early Intervention with (crystal meth-) Drug Users Coming to the Attention of Law Enforcement for the First Time - extension of the FreD programme "FreD-ATS"**

The FreD programme of the Coordination Office for Drug Related Issues of the LWL has received an extension to its approach, to include (meth) amphetamine type stimulants in the

current "FreD-ATS" project, funded by the BMG. The FreD programme offers the possibility of pedagogical and health related intervention as a reaction to drawing attention in connection with substance use.

As the *Laender* of Bavaria, Saxony and Thuringia are particularly affected in this respect, the project was carried out primarily in these regions, in addition to North Rhine-Westphalia. At the FreD symposium in September 2015 it was established that regionally there is great variation in crystal meth prevalence even within individual *Laender*. In general, the increase in requests for counselling in connection with stimulants including crystal meth is emphasised, also outside of the designated *Laender*. The project has the aim of developing an ATS supplement to the FreD manual, and then testing and evaluating it in practice.

## **2 Trends (T2)**

### **2.1 Changes in prevention measures (T2.1)**

The project "Dot.sys", jointly conducted by the BZgA and the *Laender*, provides comprehensive information on addiction prevention measures implemented in Germany within a given calendar year. With this, Dot.sys makes an essential contribution to reporting on prevention whilst not least improving the quality and transparency in addiction prevention. The specialist and counselling centres, authorities, associations, specialist outpatient 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 no claim can be made as to the completeness of the documented addiction prevention measures. The computer-based documentation system of addiction prevention measures, "Dot.sys", is used for collecting data and presenting addiction prevention measures on a federal, *Land*, and municipal level. The system has been available since 2011 free of charge as an online database at [www.dotsys-online.de](http://www.dotsys-online.de).

Of the 34,492 addiction prevention measures, projects and programmes documented in Dot.sys 3.0 in 2015, a share of 61 % took a universal preventive approach, 14 % were carried out as indexed prevention and 15 % as selective prevention. 10 % of the measures can be classified as structural or environmental prevention. The "school" setting remained the primary field of action of addiction prevention activities in Germany in 2015, accounting for 45 % of the measures performed and documented with Dot.sys. Methamphetamine has been listed as a separate category for the first time. The proportion of activities which treat methamphetamine explicitly, is to date low, however.

Other selected results show the following:

- At 57 %, measures aimed at the ultimate target persons, thus remaining almost unchanged in comparison to last year. The proportion of measures which were aimed at opinion leaders reduced from 39 % to 37 %. This means that the trend, seen since 2006,

of a declining proportion of measures being directed at opinion leaders in favour of an increase in the measures aimed at the ultimate target persons, continued once again in 2015. Following a small increase in 2013 and 2014, the proportion of end users as the ultimate target persons hit its lowest level since 2005.

- At 30 %, the proportion of measures which took a gender-specific approach remained nearly unchanged.
- In 2015 58 % of the documented measures were substance-specific. As such, the proportion remained almost the same as that of the previous year.
- The focus of prevention at federal and *Land* level remained the prevention of misuse of the substances alcohol (76 %), cannabis (52 %) and tobacco (34 %). Alcohol remains by far the most important substance but has been mentioned less often by 5 percent points since 2011. Cannabis specific interventions, the proportion of which amounted to over 50 % in the previous reporting year, continue to gain in importance in substance specific approaches. The proportion grew by 11 percentage points in comparison to 2011, and by 2 % in comparison to the previous year.
- 42 % of measures were carried out "without reference to substance" and thus aim at a cross-addictive substance approach to promote life skills. Life skills encompass self-awareness, empathy, creative and critical thinking, decision making and problem solving skills, coping with emotions and stress as well as communication and relationship skills.
- In addition to training sessions and courses (40 %), counselling (19 %) and cooperation/coordination are in the foreground of addiction prevention activities (11 %).
- The most commonly named objective of the measures is still imparting knowledge (76 %). Changing attitudes (52 %) was slightly less frequently mentioned than the previous year (54 %). The conveying of skills and resources was mentioned exactly as frequently as the objective (35 %), whilst at 19 % behaviour change was somewhat less often mentioned than the previous year.
- The "school" setting continued to be the primary field of action for addiction prevention activities, accounting for 45 % of the measures documented in 2015. It is followed at 13 % by measures taking place in the "family" setting as well as measures in the recreational setting, which comprise 10 %. The setting "addiction support" is the background to the activities in addiction prevention work in 12 % of cases whilst youth work has a share of 10 %, followed by measures in the workplace (8 %) and in healthcare settings (7 %).
- 25 % of the measures are being or have already been evaluated, which represents an almost unchanged proportion compared to the previous year.

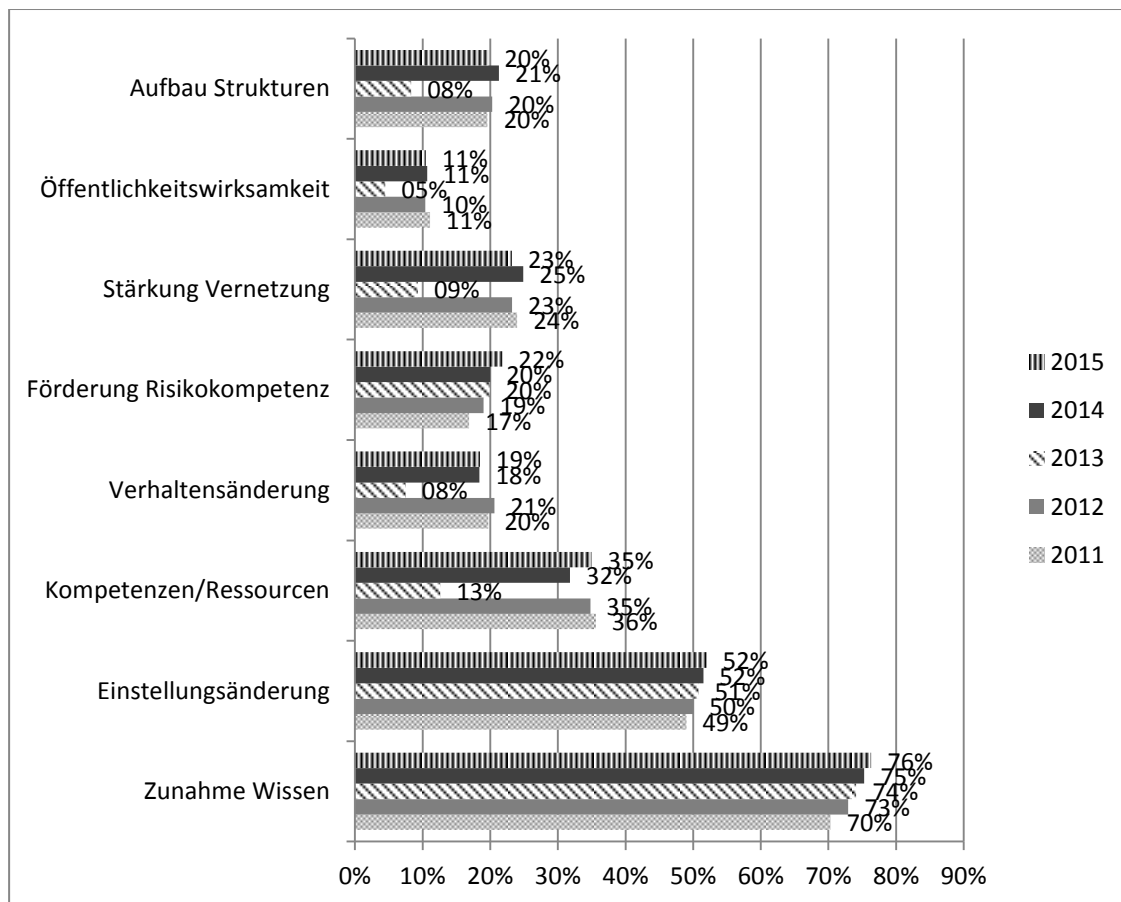
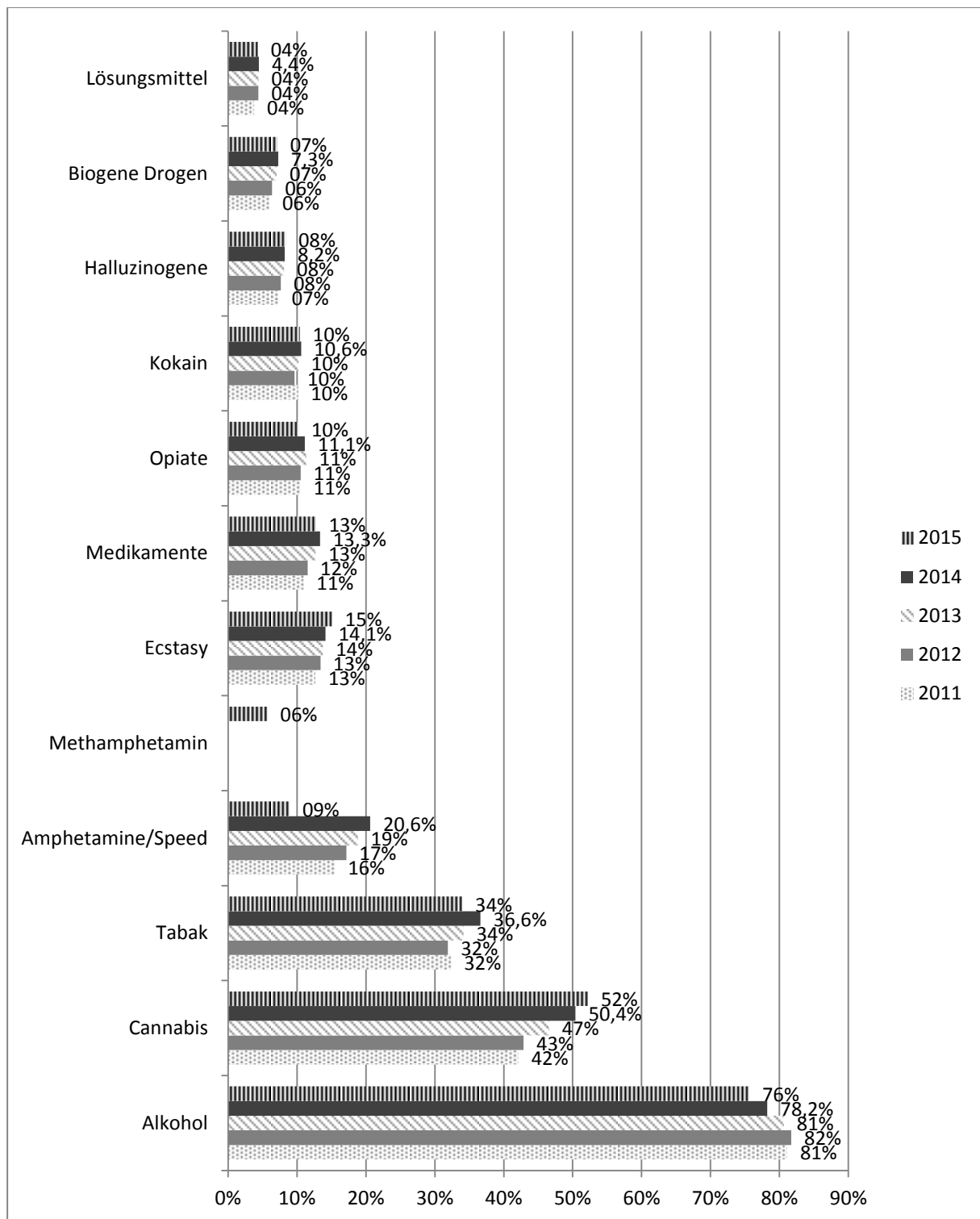


Figure 2 Objectives of addiction prevention activities





N (2015) = 20,110 N (2014) = 19,351, N (2013) = 20,105, N (2012) = 20,046, N (2011) = 19,000

Figure 3 Proportion of substance related prevention activities recorded in Dot.sys

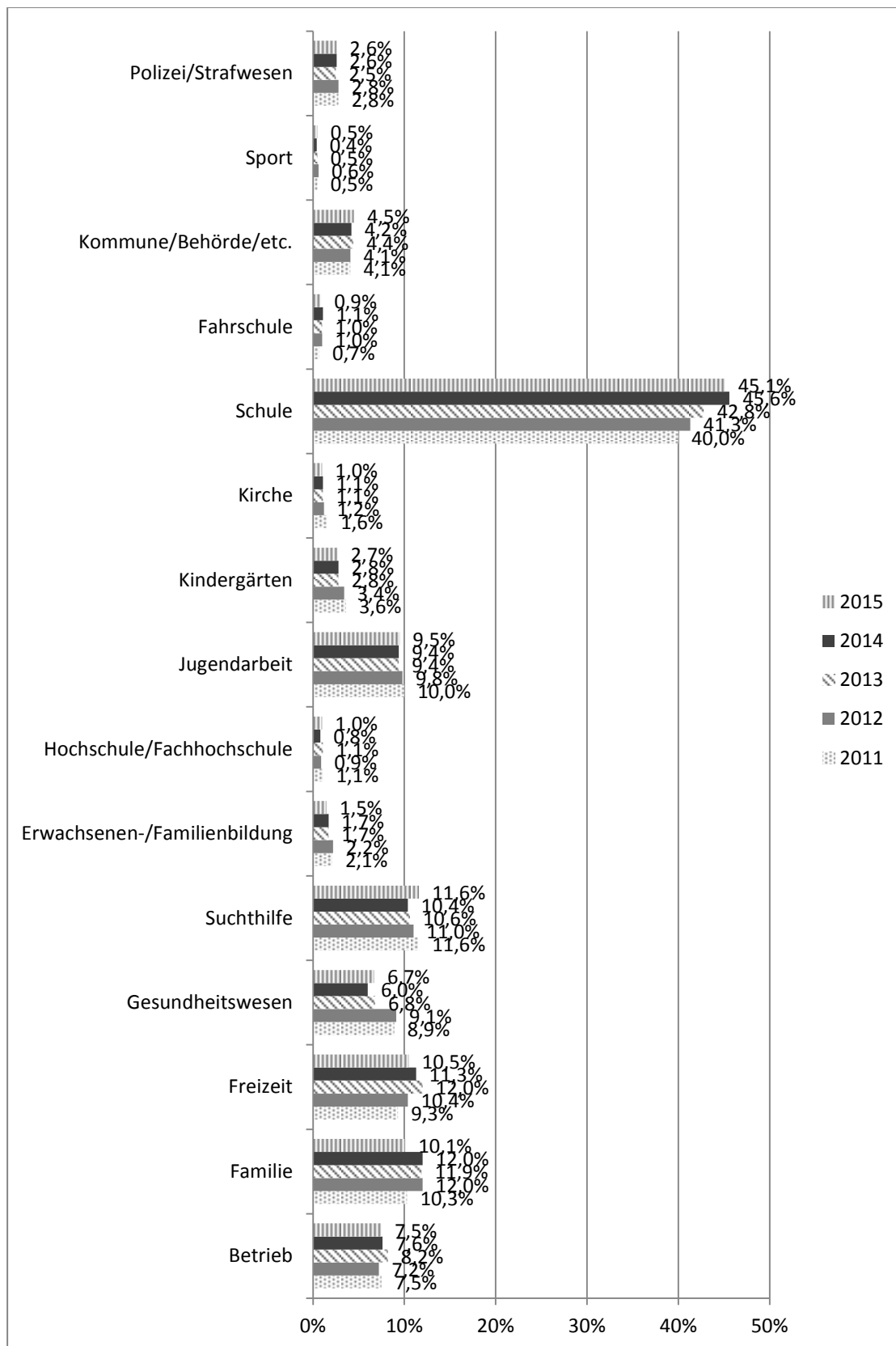


Figure 4 Addiction prevention activity settings

## **2.2 Epidemiologically significant changes in addiction prevention**

Ideally, the range of substance specific activities in Germany documented with Dot.sys is focussed on the health risks of individual substances for the population and their needs. However it is not always ensured that the allocation of resources is made solely on the basis of objective criteria. If subjective assessment deviates from factual conditions, the result is the misallocation of resources.

The difficulty of correctly estimating current and future health risks exists in respect of addiction prevention, especially for "new" substances (for example NPS, crystal meth) and "new" patterns of use (for example inhalation of cocaine as a base). The estimate is made more difficult by the fact that the use of illicit drugs (other than cannabis) takes place in "hidden populations". Problem use of illicit drugs is a socially undesirable behaviour, which generally cannot be reliably captured with representative surveys (not even with very large samples).

For emerging substances or forms of use the danger for addiction prevention is therefore underestimating or overestimating the risks and not appropriately distributing the financial and human resources. In this respect there is, in principle, no difference between the prevention of emerging non-communicable diseases and the prevention of communicable diseases. Even in emerging infectious diseases the question as to whether and to what extent preventive measures should be taken is often controversial, since the emergence of new diseases implies increased future health consequences, the extent of which can often not be easily estimated.

## **3 New developments (T3)**

### **3.1 New developments (T3.1)**

In 2015 the German Prevention Act (Präventionsgesetz) was adopted into law in Germany. It places the focus on interventions in living environments. Wherever people live, learn and work, there will be an influence on health. Therefore, preventive activities should take place in peoples' daily lives and continue where possible throughout their lives. The German Prevention Act thus 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 involved in prevention and health promotion. To this end, the Act provides for a co-operation among social insurance providers, the private health insurance providers, of 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 those involved in health

promotion and prevention will participate in drawing up. In this way, resources will be pooled and activities spread into and within living environments.

This National Prevention Conference was set up in October 2015. In February 2016, the first cross-agency federal framework recommendations on health promotion and prevention in living environments were adopted, which are leading the way for all funding agencies and those responsible in living environments.

The federal framework recommendations define the common aims as "growing up healthily", "living and working healthily" as well as "being healthy in old age". This orientation towards lifestyle should guarantee that living-environment based prevention will generally reach everyone - starting from measures in kindergarten and schools to health promotion in companies and prevention work in municipal facilities to health-oriented activities in 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 carers. The federal framework recommendations describe the specific areas for action and the range of services for these objectives and target groups.

The *Laender* are currently developing their own *Land* framework agreements for the regionally specific targets and measures for prevention in living environments. In this context, those involved in the area of addiction prevention should also be included. It can be assumed that the promotion of health awareness in living environments also has a positive impact on the use of addictive substances.

In the area of substance use it is significant that the law is linked to the process of setting national health objectives. In this respect, objectives have already been developed for the prevention of tobacco and alcohol consumption.

## **4 Additional information (T4)**

### **4.1 Additional sources of information (T4.1)**

With the online databank "Grüne Liste Prävention" (Green List Prevention), the Lower Saxony *Land* Crime Prevention Council offers 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 of the underlying studies and can be ordered according to target groups, settings and relevant risk / protective factors.

### **4.2 Further aspects (T4.2)**

There are currently no further aspects to report.

## **5 Notes and queries (T5)**

### **5.1 Changes in tobacco and alcohol strategies (T5.1)**

On 1 January 2015, the fourth tax rise in the scope of the tobacco tax model, implemented with the Fifth Act Amending Excise Duty Laws (Fünften Gesetz zur Änderung von Verbrauchersteuergesetzen, 5. VStÄndG) of 21 December 2010, came into force. The tobacco tax on cigarettes and fine-cut tobacco had already been increased on 1 May 2011, 1 January 2012 and 1 January 2013. The tax increases are designed so that the tax burden on fine-cut tobacco increases more sharply than the tax burden on cigarettes. Depending on the respective price class, each tax increase on cigarettes requires a tax induced price adjustment of between 4 and 8 cents on a pack of 19 cigarettes and of 12 to 14 cents on a 40g pack of fine-cut tobacco.

In April 2015 the national health objective to "reduce alcohol consumption" was adopted. National health objectives are drawn up by representatives from politics, funding agencies, service providers, self-help and patient organisations, science and research.

### **5.2 Research on aetiology and/or effectiveness of prevention interventions (T5.2)**

The life skills programme REBOUND, a pilot project in the scope of the initiative, European Drug Prevention Quality Standard (EDPQS), was examined in the school setting for its effectiveness in relation to substance use, gender, age and type of school (Kröninger-Jungaberle et al. 2015). Overall, there was a fall in the first-time experience of drunkenness which the authors interpreted as an indication of increased risk competence when dealing with alcohol. Among smokers, the course led to a lower perception of the personal risk and amongst non-smokers to a lowering of the general perception of the risks associated with tobacco and cannabis, however this did not lead to an increase in the use of tobacco or cannabis. It is unclear whether the lower perception of risk should be seen as an iatrogenic effect or as a lowering of an unrealistically high perception of risk which can lead to a trivialisation of risks. An analysis of sub-groups has shown that male pupils in the intervention group more rarely initiated first experiences with drunkenness which can be attributed to an increased risk competence when dealing with alcohol. The effect of REBOUND on a lowering of consumption was greater for pupils at grammar schools (Gymnasium) than for pupils at intermediate secondary schools (Realschule) whilst it led to a better understanding of the substance and a better ability to deal with objectively verifiable information. Amongst pupils at intermediate secondary schools, REBOUND led to an increase in the perceived relative risk which the authors attributed to a "self-serving perception", namely an underestimation of their own vulnerability. Amongst younger participants (14-15 years old), the frequency of first-time experience of drunkenness fell.

With funds from the German Federal Ministry of Education and Research (Bundesministerium für Bildung und Forschung, BMBF), the German Centre for Addiction

Research in Childhood and Adolescence (Deutsche Zentrum für Suchtfragen des Kinder und Jugendalters, DZSKJ) conducted an evaluation of the project: "Familien Stärken", an adaptation of the US "Strengthening Families Programme 10-14" on family based addiction prevention. At the time of delivery of this report, no findings were yet available from the randomised controlled multicentre study.

In addition, the BMBF financed a study of the DZSKJ on cognitive behavioural therapy in adolescents with posttraumatic stress disorders and substance related disorders: "Childhood Abuse and Neglect as a cause and consequence of Substance Abuse – understanding risks and improving Services (CANSAS)". The findings of this study were also not available at the time of finalising this report.

The modular prevention concept "Trampolin"<sup>16</sup>, already described in previous REITOX Reports, which is aimed at children from families affected by addiction, was studied with a prospective, randomised-controlled design. Parents and children were interviewed at three measurement times. The findings show that the children did benefit from participating in "Trampolin" in multiple ways: In comparison to a control group, their psychological burden was significantly lower even six months after the end of the course. In addition, they had more knowledge around the topic of addiction in the family and how to deal with it. Long-term catamnesis is planned in relation to the children involved. The issues of specific measures and challenges for science and practice resulting from the evaluation were discussed as part of the final conference in February 2012. Hence, strengthening the network of youth support services and medicine, the abandonment of strict separation between prevention and treatment as well as the establishment of "Trampolin" as a standard programme for children from families with addiction issues were called for as challenges in practice (DZSKJ & DISuP 2012).

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<sup>16</sup> [www.projekt-trampolin.de](http://www.projekt-trampolin.de) [accessed: 19 September 2016]

Trampolin aims to prevent negative developments in children from families afflicted by addiction, using methods of promoting resilience and supporting children in building their own resilience and protection factors.

## 6 Sources and methodology (T6)

### 6.1 Sources (T6.1)

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## 6.2 Methodology (T6.2)

The methodology of the individually listed studies is discussed in detail in the respective publications.

## 7 Tables

Table 1	Quota of refraining from proceedings under Sec. 153, 153b and c, 154 (1) and 154b-f StPO, Sec. 45 (1 and 2) JG, Sec. 31a (1) BtMG .....	7
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