

Part B: Selected issues

1 Drug-use and related problems among very young persons

1.1 Summary

The extent of drug use among children and teenagers aged below 15 years is rather small in Germany, but apparently growing in some areas as reflected by the therapy demand. The predominant drug in this age group is cannabis. In 2005, ten times more children and teenagers presented to outpatient therapy than in 1996. There is a strong correlation between drug use and use/abuse of alcohol and tobacco. Therapeutic offers for this age group are rare.

1.2 Drug use and problematic drug use

Epidemiological data on the age group below 15 years are only provided at national level by the drug affinity study carried out by the BZgA. Details of the study are contained in chapter 2.1. However, with 52 cannabis users and 25 users of other drugs, the total case figure has been quite limited in the last three surveys. Prevalence of cannabis use in the lifetime category was at 5% both for girls and boys, prevalence for the use of other drugs ranged below 2% (table 30).

Table 1: Prevalence of the use of cannabis and other drugs in the lifetime among 12-14 year-olds from 1997 to 2004

	Males		Cannabis		Total		Other drugs	
			Females				Total	
	N	%	N	%	N	%	N	%
1997 (N=504)	2	0.8	7	2.9	9	1.8	8	1.6
2001 (N=647)	15	4.5	4	1.3	19	2.9	8	1.2
2004 (N=631)	15	4.5	9	3.0	24	3.8	9	1.4

Source: Orth (2006), personal communication

When looking at this age group and the relatively low prevalences, the possibility of dissimulation needs to be taken into account – i.e. the reporting of drug experience which is actually inexistent. Pape & Storvoll (2006) asked among others about experience with a fake drug among 13-19-year-old Norwegian pupils finding a lifetime prevalence of 0.5%. If these cases are left out of count in the evaluation, prevalence declines also for actually existing hard drugs especially among male interviewees. However, also here, it is quite possible that these drug-affine teenagers do have experience with drugs, but want to deny their alleged ignorance about a fake drug. That is why these statistical figures require cautious interpretation.

Table 31 shows the consumption features of 24 persons who took part in the drug affinity study in 2004 and who used cannabis at least once in their lifetime.

Consumption took place longer than a year ago in only in a fifth of the interviewees, about half of them had just started using cannabis at the age of 13 or 14. Only a total of 5 children had started cannabis consumption before their 13th anniversary.

About half of those with drug experience, had not used cannabis more than twice in their life. About a third did so more than 10 times in their lifetime and about a quarter even ten times or more in the last year.

It is difficult to generalize these figures beyond the sample due to the small case figures. These data may nevertheless give an idea or indication of the present situation (table 31).

Table 2: Consumption features in 24 lifetime cannabis consumers

		N	%
Recent use	yes, recently used	7	27.6
	no, but used during the last year	12	52.2
	no, but used in lifetime	5	20.2
Age of first use	11 years	2	7.7
	12 years	3	12.5
	13 years	10	40.0
	14 years	10	39.9
Frequency of use during lifetime	Once	10	40.2
	Two times	3	12.5
	3 to 10 times	3	11.4
	More often	9	35.9
Frequency of use during the last year	Never	5	20.2
	Once	8	32.2
	Two times	3	11.9
	3 to 10 times	2	7.8
	More often	7	27.9

Source: Orth (2006), personal communication

1.3 Treatment demand

The number of children aged under 15 years who attend counselling or therapy in outpatient or inpatient facilities because of addiction problems is generally very low. In the reporting year 2005, 1,207 persons of this age group were in outpatient therapy (0.8% of all clients). Out of these, 700 did not have a substance-related disorder of their own. They were either treated for non-substance-related disorders or as part of the therapy of their addicted parents. The portion of the age group below 15 years is for almost all substances at below 0.5%; only for cannabis, hallucinogens and tobacco, figures are somewhat higher. The only diagnosis which takes up a relatively high portion, is related to volatile solvents, whereby the absolute figure was below 30 for the whole of Germany in 2005. 3 persons (0.0% of all clients) in the age group under 15 years, were in inpatient therapy, out of these only one was given an addiction diagnosis (table 32).

Table 3: Admissions of clients under 15 years to outpatient and inpatient therapy

Substance/ Main diagnosis	Out-patient		In-patient	
	Clients below the age of 15	Ratio below 15	Clients below the age of 15	Ratio below 15
Alcohol	128	0.2%		
Opioids	27	0.1%		
Cannabinoids	338	2.0%		
Sedatives/ Hypnotics	1	0.1%		
Cocaine	2	0.1%		
Stimulants	6	0.2%		
Hallucinogenics	1	0.9%		
Tobacco	51	3.1%		
Volatile substances	8	30.8%		
Other psychotropic substances	13	1.2%	1	0.1%
Eating disorders	44	2.6%		
Pathological gambling	4	0.1%		
Other problems	433	1.9%	2	0.2%
Total	1,056		3	

Source: Strobl et al. (2006a,b)

The development of client figures of this age group for the three main substances is presented in table 33. Despite the differences in the figures reported by the facilities, absolute figures are given because of the quite small case figures. Apart from changes in the therapy demand, there are also changes in the sample of the participating facilities which need to be taken into account when interpreting the therapy demand. Considering the different facility basis when comparing the case figures from 1996 to 2005, there was a decline in client figures by about 35% for alcohol, an increase by 67% for opioids and an increase by more than 900% for cannabis. With that, even when taking into account the above mentioned detail problems, the increase of cannabis cases in this age group is evident (table 33).

Table 4: Admissions of clients aged below 15 years to outpatient therapy from 1990 to 2005

Main diagnosis	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2005 vs 1996
Alcohol	121	135	181	147	22	14	46	68	78	128	0.65
Opioids	10	24	30	44	8	8	5	12	22	27	1.67
Cannabis	20	42	60	65	96	84	137	250	310	338	10.48
N	436	436	463	447	400	362	454	699	682	703	

Source: DSHS

1.4 Main groups

Studies carried out on risk factors for the development of drug use, especially cannabis use, show children who play truant, ran away from home or come from problem families,

especially families with drug problems, as a risk group. Recent studies on this subject are however not available.

Experience with alcohol and tobacco correlate with the use of cannabis. The portion of present smokers in those who have experience with cannabis is markedly higher at the point of the interview than in persons without cannabis experience. The portion of non-smokers is correspondingly smaller. Similar correlations were found for alcohol. Prevalence of alcohol use and binge-drinking in the last 30 days, alcoholic intoxication at least once in the lifetime as well as the average weekly consumption of alcohol (gram alcohol, quantity-frequency-index) are markedly higher in cannabis users (table 34).

Table 5: Consumption of licit substances and lifetime experience with cannabis

		Cannabis experience			p
		Yes (N=24 ^a)	No (N=607 ^a)	Total (N=631)	
Smoker (at least 1 cigarette during the last 30 days)	N	12	14	26	0.00 ^b
	%	52.2	2.3	4.1	
Non-smoker	N	3	446	449	0.00 ^b
	%	12.5	73.6	71.3	
Use of alcohol during the last 30 days	N	21	216	237	0.00 ^b
	%	87.5	35.7	37.7	
5+ glasses of alcohol at least one day during the last 30 days	N	12	31	43	0.00 ^b
	%	52.2	5.1	6.9	
At least one alcohol intoxication during lifetime	N	17	54	71	0.00 ^b
	%	70.8	8.9	11.3	
Average consumption of alcohol per week (gram)	M	109.9	7.8	11.7	0.00 ^c
	SD	148.3	46.9	57.4	

a) Minimum N because of missing data: Cannabis-yes: 23 Cannabis-no: 560 for gram alcohol, for other items 603

b) Fisher's exact test

c) Mann-Whitney-Test

Source: Orth (2006), personal communication

1.5 Correlates and consequences of drug use

In Germany, drug use – especially in this young age group – can be equalled to cannabis use. Correlates of cannabis use are described in literature: lower school performance, retarded maturation processes, higher risk of other substance-related disorders and psychiatric disorders like for example depression.

1.6 Policy and legal development

Prevention is a cornerstone of national drug and addiction policy. Included in this are naturally children and teenagers aged below 15 years. However, special programs which are specifically addressed to this target group are scarce and based only on isolated initiatives.

An important role in this field is played by the youth welfare offices whose task is to support parents in raising their children or respectively to intervene when parents are no longer able to fulfil their parental duties. Weighing between rights of the parents and welfare of the child,

state authorities exercise restraint if parents do not agree with intervention from outside. The requested stronger cooperation between youth welfare and drug aid systems is to improve conditions to be better able to provide adequate care for this target group and take early interventions measures when problematic developments begin to show.

1.7 Prevention and treatment

Youth welfare and addiction aid facilities primarily look after the risk group of families with addiction problems/children of addicted parents. In addiction aid, there is already well documented experience in dealing with children of addicted parents.

Currently, increased efforts are undertaken to better network different social services and institutions to create cross-sectional cooperation (see conference on the subject of children of addicted parents, organized by the 'Land Forum Addiction' of the Hessian Land Office for Dependence Matters (HLS) on 05.07.06).

There are few isolated specific projects to be found in addiction prevention. In the following, a few early intervention projects or self-help/counselling projects respectively which are of interest especially for children under 15 years are presented. Other offers available to this and other age groups are not listed in this report. Details on most of the offers can be found in the EDDRA data base. Some offers are addressed to children from families with drug problems:

- Connect – help for children with addiction problems – Office for Addiction Prevention Hamburg
- The Land Centre for Health Promotion in Rhineland-Palatinate has published the picture book "Leon findet seinen Weg" ("Leon finds his way") which is to establish a dialogue with children from families with addiction problems and look at the child's perception of alcohol use in everyday life.
- The brochure "Kinder - Netz – Hilfe" ("children – network – help") was published in Hamburg. It propagates not to turn a blind eye and gives a lead about cooperation between specialists, honorary workers and relatives of children of families with addiction problems. It also gives information on possibilities of help in the individual work and life areas around the child and his family. The brochure is used in kindergartens, schools, practices of pediatricians and in the neighbourhood.

Other projects are addressed to children and teenagers who have drug problems themselves:

- "Stop over" – an abstinence-oriented clarification and motivation program for young drug users or teenagers who are at risk of developing addiction – Berlin.

There are relatively few specialized facilities to offer counselling and care for children and teenagers with drug problems. The example of one facility in Hannover shows a combination of inpatient and outpatient measures which comprises important elements from both addiction therapy and youth welfare and which is funded by child and youth welfare. Care is

provided by one and the same person over the longest possible period of time, which is particularly important for this age group (Schoor & Möller, 2005).