

# **1 Vulnerable groups of young people**

## **1.1 Summary**

In Germany there has been extensive research on groups of adolescents who are particularly at risk of consuming drugs. These are usually not epidemiological, but rather sociological studies which seek to explain the factors which can lead to drug consumption. The disciplines involved moreover adopt different perspectives: while representative studies on prevalence only provide limited information on the various risk groups, research on youth welfare and addiction support services – which are in contact with the risk groups – tends to be more process and output or qualitatively oriented. Research on impact is rare to date, as the tools and funding are often lacking. In the therapeutic environment, on the other hand, research is usually quantitative and outcome oriented, but less focused on risk groups. One response to increased quality demands in the area of addiction prevention has been to devote increased attention to examining the impact of behavioural and preventive approaches in prevention measures and programmes (Bühler & Kröger 2006).

There is a broad range of prevention, counselling, support and treatment possibilities with which to confront the multifarious problems experienced by particularly vulnerable adolescents.

## **1.2 Profiles of risk groups**

### **1.2.1 Children and adolescents in youth welfare facilities**

Inpatient help in raising children means: placing children, adolescents and young adults of majority age who for widely differing reasons can no longer stay in their biological or foster families in suitable forms of dwelling. The Social Code (SGB VIII) sets out the framework for this. It is up to the Länder and local governments to implement the Social Code, and these have established youth welfare offices at Land and local level. Programmes and facilities in the area of youth welfare services are usually reserved for non-statutory welfare agencies. This type of help in raising children is provided in a facility (children's home, home for adolescents, etc.) or through a form of assisted living (flat-sharing adolescents, individual assistance in an individual flat). There are thus different forms of assistance subsumed under the rubric of assisted living.

Out of the total 23.4 million young people in Germany, 61,806 (0.26%) were living in homes or other forms of assisted living in 2005. 9.1% of young people living in homes and other forms of assisted living were non-German (Statistisches Bundesamt 2006c).

63% of minors between 12 and 17 years of age (39,293) were living in inpatient facilities run by children and youth welfare organisations, while this figure for young adults between 18 and 26 was 16% (9,951). In terms of gender, 56.3% were boys and 43.7% girls. Most of the housing (25,200 = 51%) was provided to adolescents aged 15 to 18 years (Statistisches Bundesamt 2007e).

Children and adolescents who are looked after by youth welfare facilities often have had very negative and difficult living conditions. Their family living conditions are marked by unemployment, poverty and exclusion. The constellation prevailing in such families is usually described as a complex set of multiple problems in which alcohol, drug and pill consumption often play a crucial role. Families are often only nominally present or exhibit difficult relationships between the parents. Some children and adolescents have experienced physical, psychological and sexual violence. But the percentage of children and youth from middle-class families who are receiving aid is also on the rise. Parents feel increasingly insecure when it comes to raising children.

There are gender-specific differences in deciding on assistance and help in raising children. While problems in school and general problems raising children of both genders are important when applying for child-rearing aid, girls are more frequently assisted because they run away from home, because sexuality plays an important role earlier on or because they develop psychological illnesses in response to crisis situations. Boys on the other hand receive child-rearing aid because of aggressive behaviour or delinquency (Kolmer 2003).

### **1.2.2 Early school leavers / failure in school**

The term “early school leavers” is used in statistics kept by the European Union (EUROSTAT) comparing indicators in the area of education. This designates 18 to 24-year-olds who do not have any secondary school degree allowing them to study at universities (at least a degree in the so-called “secondary area I”) and do not engage in any training or continuing education (Jörger 2004). This term is not used anywhere in the Federal Republic of Germany as a statistical feature of a group of persons, either in educational statistics or population statistics. Nor is there any uniform definition of the term “early school leaver”. The German Association of Towns and Municipalities (deutsche Städte und Gemeindebund (DStGB)) has estimated school leavers in Germany in 2005 to number 10% among Germans and 20% among foreigners living in Germany (DStGB 2005).

The literature in this area tends to use terms such as truancy, school fatigue, refusal to go to school or absenteeism. A distinction is generally made between three groups of schoolchildren:

- children who show the first indications of rejecting school in the form of e.g. loss of motivation, or who come late to school or leave early
- vulnerable children and adolescents who have mentally and physically withdrawn from school and are frequently absent for several days and
- school leavers who no longer view themselves as pupils of a school and are absent for weeks or months at a time (Rödel 2007).

It is estimated that 300,000 to 500,000 pupils in Germany show aversive behaviour relating to school, 10,000 of whom can be said to completely reject school.

Pupils who refuse to go to school frequently come from families with low education living in difficult social and material conditions. But also children who are especially gifted and

children who have learning challenges who do not learn at the same pace as taught in schools may also reject school.

Children between 12 and 14 years of age are particularly susceptible to school fatigue. Boys tend to be more prone to this, as they actively refuse to take part in classroom instruction, are disruptive or are absent, while girls tend to be less conspicuous and withdraw from the classroom environment (Rödel 2007).

### **1.2.3 Children from families with addiction problems**

Children from families with addiction problems denote those children and adolescents who at least part of the time live together with a parent who has a substance-abuse problem. It is estimated that there are 2.65 million children and adolescents living in families with an alcohol problem. This means that one in seven minors lives at least part of the time and one in twelve minors lives all the time in a family with an alcohol problem. 30,000 to 40,000 children and adolescents live with parents who are dependent on drugs. 2,200 babies are born with impairments due to alcohol consumption by their mothers during pregnancy in Germany every year. There are approximately 5 to 6 million adolescents whose parents are alcoholics. In addition, there are 5 to 7 million family members affected by the alcoholism of a member of the family (Klein 2007a; DHS 2006c).

Almost all mothers who are dependent on alcohol who have a partner live with a man who is dependent on alcohol (Klein 2007aa). Every third child in a family which suffers from dependence, experiences physical violence on a regular basis, be it as a witness or a victim. Children of parents suffering from an addiction constitute the largest risk group with respect to the development of a substance dependence. Approximately 30 to 40% of them will become addicts themselves. The risk of heavy consumption, abuse and dependence on illicit drugs is also greater among these children as is the risk of other psychological disorders such as anxiety, depression and ADHS (attention-span deficits / hyperactivity) (Klein 2007b; DHS 2006c; Lieb et al. 2001).

### **1.2.4 Young homeless people / street children**

In contrast to adult homeless people, young homeless people frequently have an official place of residence, as they are still registered as living with their parents. Young homeless people are often referred to in Germany as street children even when they are no longer children. The German Youth Institute (Deutsche Jugendinstitut - DJI) German Youth Institute uses the following criteria to define street children:

- high degree of withdrawal from socialisation points such as family or, lacking such, youth welfare organisations, schools and training programmes,
- they turn to the street, which becomes the most important or only area providing socialisation,
- these children begin to earn money on the street, largely by deviant, in part delinquent adult behaviour such as begging, theft, prostitution, drug trafficking and
- de facto homelessness (DJI 1995).

Short term “run-aways” from home are not considered to be street children. Programmes for the target group of “young homeless persons” are no longer only based on minors, but also on young adults, in part up to 27 years old.

Up to 2,500 children and adolescents beginning with the age of 12 run away from their homes or youth welfare service facilities each year to live on the street. The majority of them return home, however, or are taken in by an inpatient facility. Around 300 remain on the street, however. At present there are between 7,000 and 9,000 children and adolescents living on the street in Germany, one-third of them alone living in Berlin. Most street children are 13 and over ([www.tdh.de](http://www.tdh.de) / [www.offroadkids.de](http://www.offroadkids.de)).

Street children in Germany come from all social strata. Almost all of them are German. Most of them do not come from the large cities where they usually live. They tend to come from rural areas, rather, and seek protection in the anonymity of big cities. Street children are very mobile and frequently change cities. Up to 5 changes of their whereabouts in six months is not a rarity. Abuse in families is one of the main reasons why children and adolescents run away from their families. Little is known about foreign street children ([www.offroadkids.de](http://www.offroadkids.de)).

Some young people attempt to earn a living through prostitution. Drug-related prostitution or prostitution to acquire drugs are the terms used to designate the practice, toleration and encouragement of sexual acts in return for money or other material goods such as, for instance, food, lodging or drugs. This is practiced by girls as well as boys, especially those who consume heroin. The extent to which the increase in cocaine and crack consumption in some large cities has an impact on prostitution to acquire drugs has not been studied.

For girls and young women who consume drugs, prostitution is the second most important source of income to finance their own drug consumption after the sale or brokerage of drugs. A study carried out in Hamburg on women engaging in prostitution to acquire drugs determined that the average age of the 14 to 23-year-olds was approximately 19. These are girls and young women who have experienced many problems in their lives such as the death of their parents (19.1%), having to live away from their families (44.7%) and experience of violence (61%) (Zurhold 2005).

### **1.2.5 Young offenders**

Lawmakers deem persons who have reached 14 years of age to be cognisant of the consequences of their actions. For this reason they have to assume responsibility for their actions beginning at this age, which is denoted by the term “age of legal accountability”.

A person between fourteen and eighteen years of age who is accused of a crime is subject to the Youth Court Act (Jugendgerichtsgesetz). It is reviewed whether and, if so, the extent to which the accused is responsible for his actions under criminal law. Under some circumstances, the Youth Welfare Office (Jugendamt) may also take certain measures. If adolescents are responsible for an offence, then the juvenile criminal code applies. Young adults are generally deemed to be responsible for their actions under criminal law. It is reviewed, however, whether young adults were mature at the point in time when actual offences were committed or whether they should be treated as an adolescent, or if they

committed offences which were typical of adolescents. In actual practice, juvenile criminal law is often applied to young adults. Young drug addicts who commit offences also have the possibility of undergoing therapy for addictions in special facilities.

Delinquency varies with age in terms of type and frequency. It reaches a climax among young people between 16 and 20 and then declines continuously and significantly. Surveys of unreported crimes indicate that a majority of young people (80% to 90%) commit offences at least occasionally. A small percentage of young suspects, approximately 3% to 6%, are repeat offenders. This group includes boys more often than girls. This small group of multiple or intensive offenders commit between 30% and 60% of the offences committed by this age group according to surveys by the Länder bureaus of criminal investigation.

Statistics kept by the German police distinguish between child suspects (8 to 14 years of age), adolescents (14 to 18) and young adults (18 to 21).

Young suspects accounted for 27.2% of all offenders in Germany in 2006. 70% were males. The percentage of young female suspects declines with increasing age (Bundeskriminalamt 2007b) (Table 1). As for drug-related crime, 18.9% of these offences committed in 2006 were accounted for by young adults, 8.7% by adolescents and 2.3% by children in connection with the Narcotics Act. (For a more detailed discussion, see the section on “Social correlates and consequences”).

**Table 1.** Persons suspected of crimes broken down by age groups and gender for 2006

Suspected persons	total	%	Male %	Female %
Children	100.487	4,4	71,4	28,6
Young adults	278.447	12,2	72,5	27,5
Adolescents	241.824	10,6	79,2	20,8
Adults	1.662.369	72,8	76,3	23,7
Total	2.283.127	100,0		

Bundeskriminalamt 2007b

### **1.2.6 Adolescents in socially deprived residential areas and/or with high availability of drugs**

Reference is often made to city districts with special development needs rather than socially deprived residential areas. The term “socially deprived districts” is usually applied to large cities. The percentage of long-term unemployed, poor persons, older people, single parents and migrants is very high in these residential areas. There are few jobs or training positions, and problems like violence, crime, alcohol and drug abuse are rampant in schools. Families move out of these city districts when they can afford it. The ones who remain behind are often dependent on government welfare support. Children and adolescents learn from the very beginning that government support is a “normal” form of income (Institut für Stadtforschung und Strukturpolitik 2004).

Young people who grow up in socially deprived residential areas experience disadvantages in many respects, although these disadvantages also add up in a cumulative manner. German and foreign adolescents often do not receive any training in a trade or a job.

Children and adolescents have significantly lower chances of being healthy. They are more likely to have accidents, exhibit a greater proclivity of psycho-social problems and only undergo insufficient preventive health examinations. Their life expectancy is several years lower than that of children and adolescents who grow up in a safe and secure social setting (Hemme 2003)<sup>1</sup>.

Basic data can be called up for any politically autonomous community in Germany at the Länder offices for statistics and data collection. The directory of communities lists among other things the official community identification key, the names of communities, their postal codes, geographical size and population. Moreover, data is also available on a broad spectrum of socio-demographic and economic factors. Individual research on small communities is also possible.

### **1.2.7 Young persons with migration backgrounds**

The term “ethnic minorities” is rarely used by social scientists with respect to Germany. Instead, the term “people with migration backgrounds” is used. This is also evident in statistical data gathering. Immigration has no longer been counted by using a definition of foreigners based on nationality since 2005, having been replaced by the notion of migration (Konsortium Bildungsberichterstattung 2006).

Of the 15.3 million people with migration backgrounds living in Germany in 2005, 96% were living in the old German Länder and Berlin. Their percentage of the overall population is highest in large cities such as e.g. Stuttgart, with 40%, or Frankfurt on the Main with 39.5%. For children under 5 years of age, this portion exceeds 60% in six cities. Altogether, almost one-third of all children under five have a migration background. (Statistisches Bundesamt 2007).

In the age group of persons below 25, more than one-fourth (27.2%) – which corresponds to approximately 6 million persons – have a migration background. 10% of the young population with migration background is made up of first, second and third generation foreign immigrants. Ethnic Germans from Eastern Europe account for 3.1% compared with 6.7% of children and adolescents who have been naturalised. 7.5% are 2<sup>nd</sup> generation Germans with one parent having a migration background or citizenship based on *Ius soli* arrangements<sup>2</sup>. Almost half of young people with migration background have German citizenship and have not immigrated to Germany themselves (Konsortium Bildungsberichterstattung 2006). Over

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<sup>1</sup> At the offices for statistics and data collection of the Länder, the basic data for any politically independent community Germany can be retrieved. The community directory contains amongst others the characteristics of official municipal keys (AGS), community names, zip codes, areas and population. In addition, data for a wide range of socio-demographic and economic data are available. Also individual local investigations are possible.

<sup>2</sup> *Ius Soli* (lat. right of land) designates the principle under which a state confers citizenship on all children who are born in its territory. This is also referred to as the “principle of territoriality”. An element of *Ius Soli* has also been part of German naturalisation law since 1<sup>st</sup> January 2000. Requirements for persons to acquire citizenship by virtue of birth are very strict, however, and constitute a so-called “optional model” in which there is double nationality until the age of majority, when these persons then must decide on one nationality (generally by the age of 23) ([www.wikipedia.de](http://www.wikipedia.de)).

the last five years approximately 36% of ethnic Germans from Eastern Europe who immigrated into Germany were less than 20 years old upon immigration (Kazin 2006).

In comparison to Germans without any migration background, migrants have a lower level of education on average. This applies both to general secondary school degrees as well as vocational training degrees. While young Germans usually attain a degree from a medium-level (Realschule) or the *Abitur* from a higher-level secondary school (Gymnasium), half of young foreigners graduate from a lower-level secondary school (Hauptschule). 20% of foreign adolescents do not graduate from a lower-level secondary school compared to 9% of Germans. Among Germans who do not have any migration background, the percentage of persons without any vocational degree in the age group 25 to 34 year-olds is 15%, while among persons with migration backgrounds it is 41%. The gender differences are similar between the population groups of people with and without migration background (Bundeszentrale für Politische Bildung 2004; Konsortium Bildungsberichterstattung 2006).

Drug dependence is in third place on the list of psychological disorders of migrants living in Germany. Psychosomatic syndromes and depression crop up even more frequently. Post-traumatic stress syndrome and psychoses are of a lower incidence than drug dependence (Collatz 2001). Adolescent Russian immigrants of ethnic German background constitute a special social risk group in Germany exhibiting disintegrated biographies on a disproportionately high scale, including addictive behaviour and deviance.

Children and adolescents with migration background usually live under more difficult conditions than children and adolescents without migration background. Nevertheless this group makes much less use of youth welfare services than average, with the drop-out quota right in aid programmes on the other hand being disproportionately high. Except for the area of outpatient aid and measures involving the judicial system such as social group work, foreign minors are underrepresented in programmes providing child-rearing assistance. This is in part also due to the restrictive legal requirements which apply to benefits for non-German children and adolescents. Facilities in the area of "Open Youth Work" (offene Jugendarbeit), which are open to all children and adolescents, are on the other hand used by a disproportionately large number of children and adolescents with migration background (Schuch 2003).

### **1.2.8 Party scene**

The "party scene" is the term used in Germany to denote young people who attend clubs, parties or events with electronic music, especially on weekends. Stimulants or drugs having a euphoric effect are accordingly referred to as "party drugs", examples being ecstasy, amphetamines, methamphetamines or cocaine which are taken at these parties and events. Alcohol and hallucinogenic drugs (LSD or psilocybin mushrooms) are also party drugs, although the latter on a more limited scale. Cannabis tends to be used as an "after-party drug" in order to "come down" from the stimulating effect of the substances consumed earlier.

The popularity of so-called party drugs among adolescents and young adults has risen continuously since the beginning of the 1990s. Thus approximately 11.4% of the 18 to 24-

year olds have experimented with ecstasy and/or amphetamines and 4.7% have consumed cocaine at some time in their lives (Kraus et al. 2005).

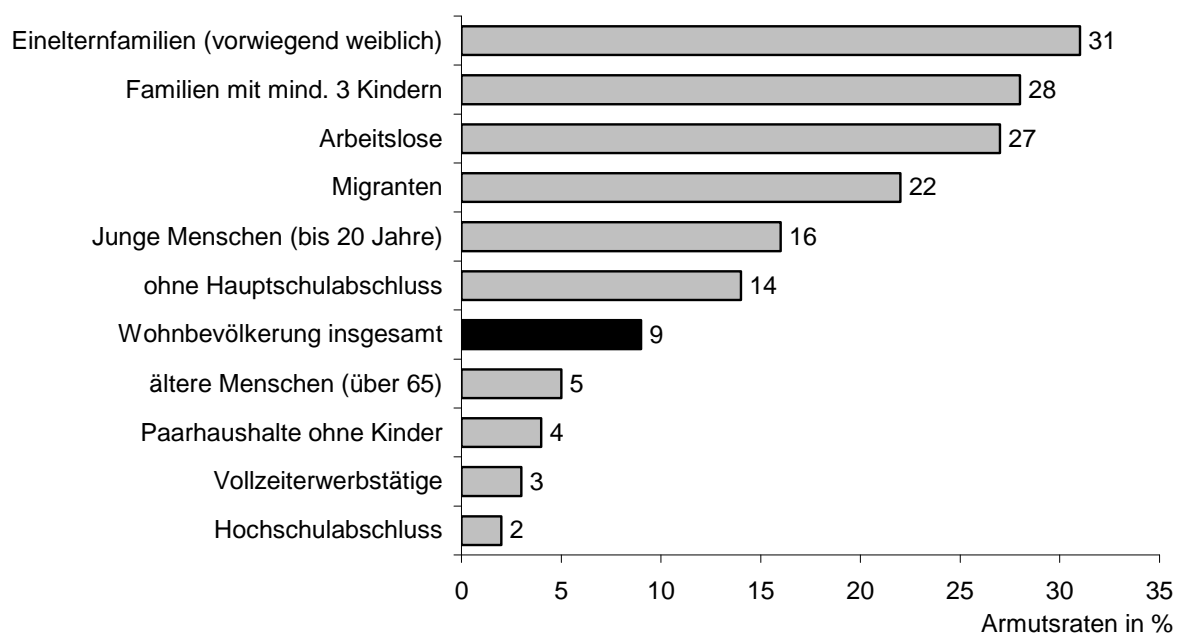
Party-goers are 21 years old on average. The main age group is made up of 18 to 19-year-olds. Around half of this group is between 16 and 21. People who go to techno parties – if they have already graduated from secondary school – tend to have higher degrees. One-third have passed the *Abitur*. Party-goers are of predominantly German nationality. The genders are equally represented (Schroers & Schneider 1999).

### 1.2.9 Young people from socially disadvantaged families

Comparative European research on poverty works with the notion of “relative poverty”. Individuals or families which earn under 50% of the average net household income – weighted according to number and age of the persons living in the household – are defined as poor (50% borderline). Anyone with under 40% of average income is categorised as “very poor” (40% borderline). More people live below the 50% borderline than the number of people at or under the official borderline for social welfare aid or, since 2005, the basic security benefits for needy persons capable of working (unemployment benefits II). Thus about 6.6 million western Germans (9.7%) and 0.8 million eastern Germans (5.8%) were poor in 2000.

Children and adolescents are particular threatened by poverty at present. 16% of young people under 20 live in relative poverty. Almost twice as many persons in this group are recipients of social welfare aid compared to the overall population (Bundeszentrale für politische Bildung 2004, (

Figure 1).



**Figure 1.** Poverty rates as percentage under the 50% borderline (net equivalent income)



By signing the final document of the World Social Summit in Copenhagen in 1995, the Federal German Government assumed the obligation to issue a national report on poverty. Regional and national reports are issued on poverty and health at irregular intervals. Some German Länder such Berlin, Hamburg or Saxony have published social structure atlases.

### **1.3 Drug use and problem drug use among vulnerable young people**

#### **1.3.1 Prevalences**

Current epidemiological data on substance consumption by children and adolescents in Germany has been described in detail under 2.3 (beginning on page **Fehler! Textmarke nicht definiert.**). Current data is provided in the Survey of Children's and Adolescents' Health (KiGGS, Lampert & Thamm 2007), the HBSC (Settertobulte & Richter 2007), surveys by the Federal Center for Health Education (BZgA 2004, 2007a) and regional surveys among pupils such as, for example, in Hamburg (Baumgärtner 2006a).

The results of the 2003 ESPAD study (ESPAD Report 2003) do not provide much in the way of relevant correlations between socio-demographic factors which may influence the consumption of drugs in Germany. No correlation can be found between poor economic status of a family and consumption of cannabis by adolescents from these families. A weak correlation exists between cannabis consumption among adolescents and single-parent households. This correlation is somewhat higher if there is a step-parent in the family. On the other hand, there is a greater correlation between checks and monitoring by parents (measured in terms of whether the parents knew where their children were on Saturday evening) and low cannabis consumption. The highest correlation is between cannabis consumption and truancy as well as substance use by a sibling (Björn et al. 2004).

A representative study of pupils in the 9<sup>th</sup> grade in County Rhine-Neckar and Heidelberg (n=5,832, mostly 14 and 15 years of age) enquired into the correlation between substance consumption and migration background. A distinction was made between four groups: German, Turkish, Russian and others. According to this study, there are only slight correlations between drug consumption and migration background. Adolescents with a Turkish background tend to consume less drugs, while adolescents classified under "other migration background" (neither Turkish nor Russian) are more likely to take drugs (Haffner et al. 2006).

**Table 2.** Drug consumption and migration background

Drug use	German (n=4.536)	Turkish (n=410)	Russian (n=268)	Others (n=550)
Never	87,5%	92,4%	88,4%	83,6%
Occasionally	9,2%	5,4%	8,6%	11,3%
Weekly	3,3%	2,2%	3,0%	5,1%
Total	100,0%	100,0%	100,0%	100,0%

Haffner et al. 2006

With regard to the correlation between substance consumption and the size of the community people live in, the urban group (Heidelberg) was the largest group among adolescents who occasionally consumed drugs. Regular drug consumption, on the other hand, is most prevalent in small communities (Haffner et al. 2006).

The same study demonstrates that parents scarcely perceive or do not perceive at all the consumption of illegal drugs by their children. Whereas parents of boys as well as girls assume that their children do not consume any illegal drugs, 15% of boys and 10% of girls reported engaging in illegal drug consumption (Table 3).

**Table 3.** Drug consumption by school children. Self-reports and opinions by parents.

Drug use	Self-reports of school children (n=5.541)		Opinions by parents (n=3.255)	
	male	female	male	female
Never	84,8%	90,4%	98,2%	99,0%
Occasionally	10,6%	7,6%	1,3%	0,8%
Once a week	1,6%	0,6%	0,3%	0,0%
Several times a week	1,2%	0,8%	0,1%	0,0%
Daily	1,8%	0,6%	0,1%	0,2%
Total	100,0%	100,0%	100,0%	100,0%

Haffner et al. 2006

### 1.3.2 Drug use and problem drug use among children living in homes

A random sample of 689 children and adolescents was examined in the Children-in-Homes Study conducted in Ulm between 2002 and 2004 (Fegert 2006). The study shows that children and adolescents living in homes are becoming increasingly difficult and showing signs of disorders like those previously found in children and adolescents undergoing psychiatric treatment. According to the survey, 60% of children living in homes in southern Württemberg suffer from psychological disorders requiring treatment. A screening with the "Child Behaviour Checklist" (CBCL) found that 8.8% of children and adolescents exhibited disorders relating to alcohol or drug abuse (Fegert). Socio-demographic and diagnostic data were collected for the overall sample in this study, but were not analysed specifically for the group of persons who consume substances.

### **1.3.3 Drug use and problem drug use among children in families with addiction problems**

The “Competence Platform for Research on Addiction” has been carrying out a studies project on the topic of “experience of violence, accidents and injuries by children in families with an alcohol problem (ALC-VIOL)” since March 2005. Approximately 500 children between 12 and 18 years from families with an alcohol problem as well as control children were surveyed on *inter alia* family variables and psychological problems in interviews within the framework of ALC-VIOL (Addiction 2007).

The results of ALC-VIOL corroborate studies from the Anglo-American area, according to which around 33% to 40% of children of parents dependent on alcohol themselves develop a substance-related dependence illness (OR=6.0). A particularly salient retrospective transmission of alcohol dependence – 50% to 75% - was found among children living in homes, adolescents in juvenile detention centres, patients ordered to undergo treatment by a judge and patients in psychiatric facilities for children and adolescents. The retrospective transmission of drug dependence from one generation to the next is also high: 45% to 50% of parents of children dependent on drugs have an alcohol dependence (Klein 2007a). Men with a dependent father are dependent on alcohol twice as often as men whose father is not dependent.

### **1.3.4 Drug use and problem drug use among young offenders**

There have been no epidemiological studies on substance consumption in juvenile detention centres in Germany. There are however estimates available made at the beginning of detention with regard to vulnerability of young offenders to drug use and the need for therapy. According to these statistics, 67% of the new offenders imprisoned in a Baden-Württemberg juvenile detention centre with 750 inmates between 16 and 21 years of age in 2004 were vulnerable to the use of addictive substances, while 43% were in need of therapy. No inferences could be drawn on the scale of actual consumption during the period of incarceration (JVA Adelsheim 2007, personal memorandum).

**Table 4.** Vulnerability to addictive substance abuse and need for therapy with new offenders in the Adelsheim Juvenile Detention Centre in 2004

<b>Vulnerability</b>	<b>Proportion</b>
No perceptible vulnerability	21%
Vulnerability to opiates	39%
Vulnerability to cannabis	17%
Exzessive alcohol use	11%
Conviction because of BtMG offences, no self-use	5%
<b>Treatment demand</b>	
Treatment demand	25%
Rather "yes"	18%
Uncertain	13%
Rather "no"	11%
No treatment demand	33%

JVA Adelsheim 2007

There are few young offenders addicted to drugs under forensic psychiatric treatment. The main group of addicts following a so-called hospital treatment order is between 31 and 40 years old, with ages ranging from 21 to 65 years. The main addiction diagnosed is alcohol dependence followed by drug dependence. These diagnoses often correlate with severe personality disorders. The most frequent reason for a hospital treatment order are violent offences. A majority of patients show significant deficiencies in education and vocational training, serious problems in living conditions and their working lives, while they are frequently heavily in debt. Immaturity among young offenders also plays a role (Claßen et al. 2006).

### **1.3.5 Drug use and problem drug use among young people with migration background**

To date no representative epidemiological data has been recorded on addiction-related illnesses among people with a migration background in Germany. A regional study conducted in Bavaria on ethnic Germans from Russia between 18 and 27 years of age who were dependent on opiates and who first began consuming heroin in Germany produced very little in the way of significant socio-demographic differences between addicts and the control group. Opiate consumers, for instance, were more often from larger cities, and the control group from rural areas. There were significantly more unemployed persons among the opiate consumers, however (38% became unemployed after they developed their opium dependence), but also more working persons, while there were more trainees and pupils in the control group. There were no significant differences found with respect to the family and living situation, religious affiliation and educational career (Kazin 2006).

The differences in the data specifically relating to migration are more significant. For instance, 68% of the group of ethnic Germans from Russia who were dependent on opiates did not speak German when they immigrated into Germany (as compared to 24% in the control group). The persons dependent on opiates were also less integrated in terms of

language when the survey took place. The main reason for immigrating to Germany in both groups was because their relatives so desired. 16% of the persons dependent on opiates did not want to leave Russia, while this figure for the control group was only 8%. Three reasons for emigration in the control group were statistically significant:

- “I wanted to be together with family members who were already living in Germany”
  - “Better developmental opportunities for children in Germany”
  - “I did not want to be discriminated against any longer because I was an ethnic German”
- (Kazin 2006).

The length of the stay in the transitional home played an important role. This was significantly longer for ethnic Germans from Eastern Europe dependent on opiates – 18.0 months on average compared to 10.5 months for the control group. Even though both groups had made positive as well as negative experiences with migration to Germany, the percentage of persons who had only had positive experiences was significantly higher in the control group. Keeping up contacts with German nationals or other ethnic Germans from Eastern Europe did not play any role, on the other hand (Kazin 2006).

Almost two-thirds of the ethnic Germans from Russia consumed heroin directly as the first drug. This distinguishes this group markedly from other selected groups of opiate addicts in Germany without any specific migration background. They also developed much more dangerous consumption patterns and showed less motivation to undergo therapy (Kazin 2006).

The number of female ethnic Germans from Russia in Germany dependent on opiates is low. No inferences can be drawn on gender-specific differences in this migration group, as women either were not included in the study or data was not broken down according to gender.

With opiates being readily available in the countries of origin of young ethnic Germans, in some cases they have already had experiences with the use of drugs before they arrive in Germany. They tend to mix alcohol and heroin, for example, greatly underestimating the dangers involved (Info-Dienst Deutsche Aussiedler 2002).

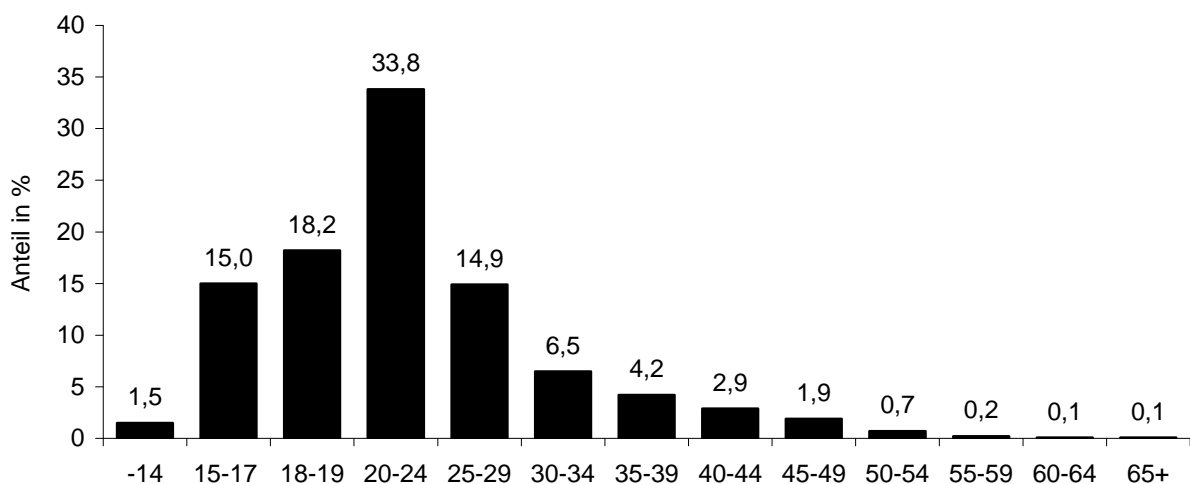
A more recent study (Heimann et al. 2007) explored explanatory models for addiction-related illnesses among ethnic Germans from Eastern Europe, migrants from Turkey and native Germans. According to the study, cultural differences in the explanatory models lead to communication problems with the staff working at aid facilities. Turkish adolescents and adolescent ethnic Germans from Eastern Europe tended to overestimate their ability to control their substance use. This can cause them to not seek out aid until later. Especially migrants from the former Soviet Union fear stigmatisation and social marginalisation.

### **1.3.6 Vulnerable groups among the treated population**

The data sets of German Statistical Report on Addiction Therapy do not allow one to venture interpretations with respect to risk groups, or only allow this on a limited scale, as they are

not collected according to specific risk groups. Inferences can only be made on adolescents and young adults as a whole.

Approximately 10% of the people seeking aid at counselling facilities are consumers with the main diagnosis cannabis dependence. The treatment data reflects the prevalence of drug consumption among adolescents by indicating that problems are minor in children up to 14 years of age, but then increase continuously up to the age of 24, when they decline again. 68.5% of the persons receiving ambulatory care are under 24 years old, and 83.4% are under 29.



**Figure 2.** Age distribution of people with cannabis main diagnosis seeking help at outpatient counselling and treatment facilities

Sonntag, Bauer & Hellwich 2007a

As a result of the high percentage of young people among cannabis consumers, cautious conclusions can be drawn on adolescent consumers based on other data provided by the German Statistical Report on Addiction Therapy. 90.2% of the cannabis consumers recorded by counselling offices are German, 2.3% come from the European Union (EU) and 7.4% from other countries. One can infer from this that the distribution is similar among the youth population. The same applies to the following parameters: 41% consume cannabis for the first time under the age of 14 years, another 41.1% consume cannabis for the first time at the age between 15 and 17 years. As one would expect given the young age of the majority of those seeking help, 45% of the cannabis consumers recorded in German addiction-aid statistics live with their parents. 43.7% go to school or are undergoing training. Much more than half, namely 64.1%, received counselling for the first time in 2006, which suggests improved access to the clientele. The average age was 23.6 years.

Because in the other main diagnosis groups the age distribution is much different and the average age is much higher, no inferences can be drawn on the socio-demographic traits of the young people.

There are descriptive data available from annual reports on individual regional agencies supplying aid to addicts for the risk group of street children and disadvantaged youth, youth

vulnerable to drug consumption or dependent on drugs. The evaluation of one project carried out by the Berlin facility “Karuna e.V.” which helps young people with addictions, provides insight into the problem of this target group. In “Zwischenland”, an inpatient project which is aimed at providing adolescents stabilisation, motivation, information and a new focus, the gender ratio is three boys to every girl. The average age is 16.4 and gender-specific differences in the age groups are very low. It is clear, however, that the adolescents in the project have been growing younger and younger over the last 4 years – by a total of 9 months between 2000 and 2004. The age variance has also declined. This decline in age is statistically significant (Karuna 2004).

Among the clients, cannabis was stated to be the main drug taken by 80%, followed by opiates with 13%, alcohol with 5% and amphetamines with 3%. An examination of the consumption pattern upon inclusion in the project indicated that all adolescents had consumed cannabis, alcohol and tobacco. More than half had had experience with amphetamines and hallucinogens and 45% had already consumed cocaine once (Karuna 2004).

Almost two-thirds of clients stated upon joining the project that there were problems with addiction in their families. Usually there was no traditional family structure and many clients no longer had any contact with their fathers. Two-thirds of adolescents had experienced violence within and outside the family. The living situation of the adolescents was marked by a high degree of mobility and variance before joining the project. A majority of them had already lived in other facilities, either in crisis facilities, emergency shelters or assisted living projects. Only 30% stated that they had a single place of residence; all the others had had 2 to 6 different places of residence over the previous 6 months. Half of the young people had refused to go to school in the previous months/years. Only one-third had graduated from a secondary school when they joined the project. 35% had been arrested previously (Karuna 2004).

## **1.4 Correlates and consequences of substance use among vulnerable groups of young persons**

### **1.4.1 Health correlates and consequences**

Chapter 6 reports in detail on general health aspects of drug consumption. There is scarcely any information above and beyond the risk groups addressed herein. As has already become clear in the preceding chapters, however, there is a marked correlation between psychological disorders and substance consumption, although the causal direction is not always clear.

The most serious consequence of drug consumption is fatalities. The group of ethnic Germans from Russia is particularly salient here, with a fatality rate of more than 10% in 2006 (132 out of 1,296) (BKA, personal memorandum). In the 2004 Addiction Report the Federal Government drew the attention to the increase in the percent of drug-related fatalities among ethnic Germans from Eastern Europe, while the absolute number of drug-fatalities as a whole dropped (Die Drogenbeauftragte der Bundesregierung 2004).

An increasingly disquieting problem in spite of the general decline in alcohol consumption among young people on the whole is binge drinking. This frequently leads to serious intoxication on the part of young people, there even having been one fatality in the first half of 2007. The number of alcohol-related inpatient admissions in the age group 10 to 19 years rose 49% between 2000 and 2004. Especially affected by this is the group of the under 16-year-olds who account for half of the persons involved. Among this group, girls are particularly vulnerable. More than half of the children and adolescents had blood alcohol levels of more than two per mil when they were admitted to hospital (Prognos 2007).

#### 1.4.2 Social correlates and consequences

Out of a total of 209,625 persons suspected of drug-related offences, almost half (45.4%) were young adults aged 18 to 25. 11.4% were children and adolescents under 18. Adolescents and young adults account for a relatively large share of suspects with respect to offences relating to cannabis and amphetamines. One-fourth of cannabis and amphetamine offences, respectively, are attributed to 18 to 21-year-olds (Bundeskriminalamt 2007b).

On the whole, however, the number of criminal offences in connection with the Narcotics Act (BtMG) in 2006 declined sharply both among children as well as adolescents and young adults, with the decline among non-Germans being particularly pronounced.

**Table 5.** Changes in the number of persons suspected of drug-related offences

Age groups	Germans		Change		non-Germans		Change	
	2006	2005	Abs.	%	2006	2005	Abs.	%
Adolescents	37.280	41.586	-4.306	-10,4	6.450	7.823	-1.373	-17,6
Young adults	20.456	26.766	-6.310	-23,6	2.527	3.404	-877	-25,8
Children	678	1.068	-390	-36,5	65	103	-38	-36,9

Bundeskriminalamt 2007b

#### 1.5 Responses to drug problems among vulnerable groups



### **1.5.1 Policy and legislative developments**

Legal aspects and policy strategies in dealing with drugs were already discussed at length in chapters Fehler! Verweisquelle konnte nicht gefunden werden. and Fehler! Verweisquelle konnte nicht gefunden werden.. The notion of vulnerability in connection with social inequality and addiction is still relatively new in Germany. This term tends to be used in the area of public health and health promotion. Vulnerability is accordingly associated with social disadvantage along with material disadvantage, poorer access to education and health care and lower social participation. Vulnerable people and groups have fewer resources and protective factors of their own and are at the same time subject to greater risks. This understanding of vulnerability has among other things influenced the risk and protection-factor model of behavioural prevention, with which risk factors are supposed to be weakened and protection factors strengthened.

### **1.5.2 Prevention and treatment**

Prevention of addiction in Germany was already addressed in detail in chapter Fehler! Verweisquelle konnte nicht gefunden werden.. In order to counteract the danger of addiction among young risk groups, measures are frequently necessary which go beyond specific information on addictions and take aspects such as assistance, encouragement and promotion as well as structural factors more into account. This means encouraging and promoting young children in socially disadvantaged neighbourhoods and children from families with addiction problems, the strengthening of parental competence, promotion of language skills and integration for children and adolescents with a migration background and learning and training programmes for young people who turn their backs on school.

There is a broad array of programmes available in all these areas which can be researched in project and good-practice databases (see the list of links) according to different fields of action and criteria. As a result of the increasing awareness of the need for project quality, many projects carry out structural and process evaluations. Very few projects can afford to perform more detailed evaluations of results or enlist the support of scientific researchers.

Competitions are tendered by foundations or public institutions in various fields of action in order to foster the development of innovative projects (see the list of links). The competition "model community strategies in the prevention of addictions" promoting innovative approaches at the community level was already presented in the last report.

There are many good approaches to prevention and intervention in Germany which have been evaluated. One problem, however, is ensuring continuity. This means that projects are frequently developed as models and supported (in some cases by the Federal Government). When the model or promotional phase is completed, however, even if it receives a positive evaluation it is difficult for the project to obtain follow-up funding from the responsible government body or to be absorbed in the regular health-care system.

There are a broad range of programmes available in the area of counselling and treatment for addictions specifically for young people. The register of institutions kept by the German Centre for Addiction Issues) lists 401 counselling and treatment offices which are specially

focused on adolescents or offer programmes specifically for adolescents. In addition, there are 60 withdrawal clinics and 105 inpatient rehabilitation facilities which admit children and adolescents as well as 196 assisted living facilities for adolescents.

### **1.5.3 Specific measures for vulnerable groups**

#### **Street children**

In the larger cities there are usually projects which address street children, socially disadvantaged young people and children and adolescents addicted to drugs. These offer children and adolescents easy access to survival aid with street social work, emergency shelters, contact points and cafés. Staff members act as contacts for all questions and provide support in dealing with government authorities. Moreover, these projects often reserve more limited access programmes and therapies for young people who want to change their living situation, thus serving as an interface between prevention, low-threshold practical aid and treatment.

Some examples of websites which provide tips on specific aid offers for street children are: [www.karunaberlin.de/](http://www.karunaberlin.de/) (Berlin), [www.kids-hh.de/](http://www.kids-hh.de/) (Hamburg), [www.strassenkin-der-leipzig.de/](http://www.strassenkin-der-leipzig.de/) (Leipzig), <http://www.treberhilfe-dresden.de/> (Dresden), <http://www.treber-hilfe.org/> (Berlin), [www.offroadkids.de](http://www.offroadkids.de), <http://www.klik-berlin.de/> (Berlin), <http://www.gang-way.de/> .

### **1.5.4 Institutional measures and offers**

#### **Emergency service for children and adolescents**

Public welfare facilities' emergency services for children and adolescents serve as central contact points for children and adolescents who are going through a crisis or are in a dire situation, taking them in and if need be placing them in suitable facilities.

#### **Inpatient aid for children and adolescents**

Placing children and adolescents in a home or inpatient facility can also have the aim of preventing careers as addicts or helping these young people overcome their addiction. One example of a combined approach targeting youth and addictions is the facility "Kleiner Bärenberg", a project sponsored by the Drogenhilfe-Nordhessen, which offers solely inpatient aid in raising children. Proceeding under the assumption that there is no such thing as an isolated addiction problem among adolescents, the project works with a comprehensive educational and therapeutic concept which also comprises school education and vocational orientation. The more general aim of the project is to enable young people to live without addictive substances ([http://www.drogenhilfe-nordhessen.de/boeddigerberg-boe\\_kbb.htm](http://www.drogenhilfe-nordhessen.de/boeddigerberg-boe_kbb.htm)).

Closed homes play a controversial role, as the mission of youth welfare service is to help and encourage the development of young people and not to incarcerate or punish them. If the well-being of children or adolescents is in jeopardy, they are not placed in closed facilities by order of a juvenile or criminal court, but rather upon the order of a family-court judge. One frequent reason for ordering such intensive therapeutic assistance is children running away

from home, usually in combination with deficits in the area of personality development as well as, among other things, danger of addiction, problems in school or the general danger of criminal tendencies (Deutsches Jugendinstitut 2000).

### **Programmes for drug consumers and drug addicts committing first offences in prisons**

The successful prevention and early intervention strategy “FreD” for drug consumers committing their first offence has already been reported on in earlier Reitox reports. There are also treatment possibilities for juvenile offenders who are sentenced to prison. For instance, some prisons have social and/or addiction-therapy facilities. Addiction therapy involves analysing drug addiction in group discussions, physical exercise, work therapy and learning social modes of behaviour along with basic preparation for release. In addition, drug counselling offices in all of the German Länder provide external counselling for prison inmates or persons on remand who have addictions.

#### **1.5.5 Social integration**

##### **Socially disadvantaged districts of cities**

There are a host of projects in this area which address different target groups or which work with multiple target groups or in several action fields such as, for example, “das Lernhaus” in Berlin ([www.lernhaus.net](http://www.lernhaus.net)), family programmes such as “Adebar” ([www.adebar-st-pauli.de](http://www.adebar-st-pauli.de)) and “Schutzengel” ([www.schutzengel-flensburg.de](http://www.schutzengel-flensburg.de)), city district and women’s meeting points ([www.tenever.de](http://www.tenever.de)), integration projects ([www.imaz.org](http://www.imaz.org) ; [www.bkk-promig.de](http://www.bkk-promig.de)) and community work projects ([www.oldenburg.de/stadtol](http://www.oldenburg.de/stadtol) ; [www.margaretenhuetten.de](http://www.margaretenhuetten.de)). These projects work in a preventive, comprehensive manner, basing their approach on low-threshold strategies aimed at strengthening resources and utilising integrated action concepts (see list of links).

##### **Early school leavers**

The political arena, social science and the field of practice have been focusing on refusal to attend school for some years now. Initiatives and associations have further developed and improved methods and concepts fostering social, school and vocational integration. There are two focal points in these efforts:

- Strategies which promote the resources of young people and motivate them to structure their lives themselves,
- Strategies which seek to improve coordination and linkages with other action fields and promotional possibilities.

The German Youth Institute (Deutsches Jugendinstitut (DJI)) organised a network of projects between 2003 and 2005 which along with youth social workers and schools jointly undertook efforts to counteract “school fatigue” and refusal to attend school. This project was funded by the Federal Ministry of Education and Research within the framework of the programme “Promoting Skills – Vocational Qualification for Target Groups with Special Promotional

Needs". The project was co-financed with resources from the European Social Fund ([http://cgi.dji.de/bibs/229\\_2190\\_praxisprojekte.pdf](http://cgi.dji.de/bibs/229_2190_praxisprojekte.pdf)).

### **Ethnic minorities**

Programmes on offer to ethnic groups were already discussed earlier in chapter 3.3.2.

### **Measures aimed at preserving public order**

In this area there are scattered prohibitions in communities against alcohol and drug consumption in public areas, in particular playgrounds. Persons who demonstrate problems with alcohol and display ragged appearance are subject to vagrancy laws and prohibitions in certain regions. There are no uniform Federal or Länder regulations along these lines, however.

Addiction support facilities which expect difficulties with their surrounding neighbourhoods due to the behaviour of their clientele usually seek non-bureaucratic solutions in their city districts by means of house rules, codes of conduct in the neighbourhood and "round table" neighbourhood discussions in which drug addicts can also be involved e.g. in gathering used syringes in an area frequented by addicts.

#### **1.5.6 Trends and changes**

With regard to groups of younger people who are particularly vulnerable, it is evident that the topic of "children from families with addiction problems" and "addiction and migration" are now receiving greater attention from policy-makers and the interested public. Problems with young people who reject school attendance are also given increased attention. In addition to specific measures and interventions focusing on specific target groups, there are also broadly focused programmes and projects dealing at a more general level of topics and target groups (see chapter 1.5.5).

Welfare facilities for young people and addicts at the community and county levels have begun to work together and solve interface problems. The prevention of addictions is first of all an integral part of the work of schools and aid facilities for young people. Secondly, there is an increasing realisation that specialised counselling and treatment facilities are necessary. Welfare associations and non-statutory associations such as e.g. Condrops ([www.condrops.de](http://www.condrops.de)) or "Suchthilfe direct" ([www.suchthilfe-direkt.de/](http://www.suchthilfe-direkt.de/)) and other associations have reacted to this need and designed counselling and treatment projects with different modules specifically targeting young people. Practical cooperation is developing at an accelerating pace such as, for example, in Saxony-Anhalt, where the Magdeburg Drug Counselling Office is training staff in a cooperation project with a youth home and has issued guidelines on how to deal with young people who consume drugs or are vulnerable to drug consumption in inpatient youth aid facilities.

### **Early intervention strategies**

"Stop – and go!" is a family-oriented addiction-prevention project sponsored by the Landesstiftung Baden-Württemberg in cooperation with Caritas. The target groups are

families with children aged 12 to 18 who consume psychoactive substances (nicotine, alcohol and drugs). The project is aimed at helping parents, adolescents and persons who are involved with young people to become aware of the health-damaging effects or risks of consuming addictive substances early on and then to provide these people speedy support when they need it. The project is integrated in the overall counselling and aid-counselling programmes of the psycho-social counselling office. In addition to personal counselling sessions with parents and children, there are also online counselling and a telephone counselling hour. Seminars are offered for interested parents as well as adolescents themselves during the project period.

The success of the project is closely linked to the early and direct involvement of possible cooperation partners at ground level. To be able to reach children, adolescents and parents on the same wavelength as much as possible, "Stop – and go!" thus attempts to achieve a close networking between existing (aid) programmes and partners from a wide range of action fields. Interfaces arise *inter alia* in the areas of youth work and help facilities for young people, school work and social work in schools, police and juvenile court aid as well as general physicians and hospitals. Training programmes and information events are offered for these institutions if they are interested. "Stop – and Go!" is provided scientific support by Esslingen University of Applied Science. Researchers supporting the programme focus on finding new paths of access to families (<http://www.caritas-ulm.de/34318.html>).

### **Selective prevention for at-risk families**

As was described in chapters 3.2.2 and 3.3.3, children and adolescents in families with addiction problems and socially disadvantaged families have become an important topic.

The Catholic University of Applied Science for North Rhine-Westphalia carries out research projects on different topics in the area of prevention of addictions and early intervention, *inter alia* on family risks in the development of addictions and on the correlation between alcohol problems and violent behaviour in families. It is involved in the European research project "ALC-VIOL". Its competence platform for research on addictions has been carrying out the project "Experience with Violence, Accidents and Accidents Involving Children in Families afflicted by Alcoholism (ACL-VIOL)" since March 2005. The European Commission is supporting the project with funding within the framework of the DAPHNE programme – an action programme with the aim of preventing and combating violence against children, youth and women (<http://www.addiction.de/index.php?id=71>).

In Baden-Württemberg a total of 23 locations carried out addiction-prevention projects with children of parents with addictions over the period 2002 to 2007 with funding from the Landesstiftung Baden-Württemberg. 16 of these projects were selected for an evaluation study which was to provide insight into the development of children of parents with addictions who take part in a children's group. Due to the heterogeneity of the various measures, no definitive conclusions can be drawn as to the efficacy of the programmes as of yet.

A few projects adopting different approaches are offered here as examples of strategies aimed at families with addiction problems and socially disadvantaged families. "Fitkids" in Wesel is a project which focuses especially on the needs of disadvantaged children in

families with addiction problems. In addition to programmes for children, there are also programmes for parents suffering from addictions, for parents-to-be and for specialists who want to undergo additional training. Further research and sustainability have had top priority for the project (<http://www.fitkids-wesel.de/>) since the very outset. The project works at the regional level in the working group “Aid for Children of Addicts” at the NRW Catholic University of Applied Science. A “mothers’ support training” (MUT) for mothers in substitution therapy is offered throughout North Rhine-Westphalia by twelve sponsoring institutions and receives research support and assistance through the programme “Transfer-Oriented Research at Universities of Applied Science” (TRAFO). The working group is linked to the European network ENCARE (<http://www.encare.info/>).

### **Additional projects:**

- “Outpatient Social Educational Family Aid in Families with Addiction Problems (SPFH-Sucht)”. Drogenhilfe Nordhessen e.V. <http://www.drogenhilfe-nordhessen.de/>
- Self-Help for Children and Adolescents: [www.nacoa.de](http://www.nacoa.de), <http://www.al-anon.de/subdomains/alateen/www/>
- Strategies in which mothers or parents are at the forefront include:
  - “Liliput”: <http://www.soziales.nuernberg.de/drogen/projekte.html#liliput>
  - “extra” <http://www-extra-ev.org/index.html> and
  - “Lichtpunkt” <http://www.idh-frankfurt.de/>.

“Lichtblick” is a partner organisation of the European project “Vulnerable People: addicted mothers and their young children – preventing upbringing problems by providing professional assistance” (<http://www.vulnerablepeople.org/>). This project aims at developing supra-national standards for dealing with children of addicted parents.

Prevention projects for socially disadvantaged families with children do not always focus on an explicitly addiction-related goal. Strategies which seek to help people by improving their child-raising skills also help prevent addictions, however. Examples of this approach include the Magdeburg prevention programme “Eltern-AG”, which is sponsored by the Land Ministry of Health and Social Affairs in Saxony-Anhalt. Easy access and empowerment are central features of the project, which seeks to contribute to an improvement in the child-raising skills of socially disadvantaged parents. The aim is furthermore to promote the social and educational skills of parents while fostering the emotional, cognitive and social development of children during the first seven years of their lives, alleviating risk factors associated with certain socio-economic strata and stimulating the formation of neighbourhood networks of parents. “Eltern-AG” has the potential to have an impact beyond the project itself by encouraging autonomy and self-help skills. The project receives support from social scientists and has been conferred the “good practice” label ([www.eltern-ag.de](http://www.eltern-ag.de)).

### **1.5.7 List of project databank links**

#### **Socially disadvantaged persons**

- [www.iss-ffm.de/infoboerse/projekt/recherche.html](http://www.iss-ffm.de/infoboerse/projekt/recherche.html) Information exchange on participation and integration (Bundesministerium für Arbeit und Soziales, Institut für Sozialarbeit und Sozialpädagogik)
- <http://db.dji.de/cgi-bin/db/default.php?db=17> SINTEGRA database (Deutsches Jugendinstitut)
- [www.gesundheitliche-chancengleichheit.de](http://www.gesundheitliche-chancengleichheit.de) Database for the promotion of health among socially disadvantaged persons (Bundeszentrale für Gesundheitliche Aufklärung, Gesundheit Berlin)
- [www.good-practice.de/loesungen/](http://www.good-practice.de/loesungen/) Information exchange participation and integration (Bundesinstitut für Berufsbildung)
- <http://www.dji.de/cgi-bin/projekte/output.php?projekt=25> PRAXIMO – practical model for young people and work (Deutsches Jugendinstitut)
- [www.sozialestadt.de/](http://www.sozialestadt.de/) Bundestransferstelle Soziale Stadt
- <http://infodok.bka.de/> Bundeskriminalamt
- <http://www.kriminalpraevention.de/> Deutsches Forum Kriminalprävention

### **Competitions / Funding**

- [www.deutscher-praeventionspreis.de](http://www.deutscher-praeventionspreis.de) German Prevention Prize
- <http://www.bosch-stiftung.de/content/language1/html/8186.asp> LISA projects start-up for better integration of young ethnic Germans from Eastern Europe
- <http://www.institut.de/preis/foerderpreis.htm> German Promotional Prize for Prevention of Crime)
- <http://www.eundc.de/themen/eundc.html> Federal Model Programme Development and Opportunity for Younger People in Socially Disadvantaged Districts (SPI Foundation) (completed in 2006)
- [http://www.los-online.de/content/e2717/index\\_ger.html](http://www.los-online.de/content/e2717/index_ger.html) LOS – Local Chapter for Social Purposes (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth) (completed in 2006)