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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 availed of in particular by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA), by the *Laender*, on a municipality level and by the self-governing bodies of the insurance providers. The structure and strategy of addiction prevention in Germany as well as the roles of the individual institutions are outlined in the first section.

Measures for environmental prevention comprise, in the case of legal drugs such as alcohol and tobacco, in particular tax increases, sales and advertising restrictions, as well as price increases. As far as illicit drugs are concerned, statutory regulations such as the German Narcotic Drugs Act (Betäubungsmittelgesetz, BtMG) apply. In the section on environmental prevention, the variety of new and updated addiction prevention activities in the categories of universal, selective and indicated prevention in different settings is illustrated, using examples from 2016 and 2017. Different instruments for the quality assurance of addiction prevention measures are presented in the following.

The documentation system *Dot.sys* has recorded around 33,000 addiction prevention measures every year since 2006. Changes in prevention measures in comparison to previous years are illustrated using the 2016 *Dot.sys* data. This includes the orientation of addiction prevention activities according to substances, objectives and settings: Alcohol continues to be the most frequently discussed substance by far, followed by tobacco. Cannabis, as the most important illicit drug, has further grown in significance as a topic in the reporting year 2016, 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 in 2016 again stated as the most common aim for addiction prevention, and schools were named as the most frequent setting.

In the scope of the German Prevention Health Care Act (Präventionsgesetz, PräVG) which has been in force since 2015, i.a. the national prevention conference was constituted, federal framework recommendations approved and *Land* framework agreements passed. It is significant that the PräVG is linked to the process of setting national health objectives and that two of the nine health objectives are dedicated to addiction prevention: "to reduce alcohol consumption" and "to reduce tobacco consumption".

1 National profile (T1)

1.1 Strategy and structure (T1.1)

1.1.1 Main prevention-related objectives (T1.1.1)

The primary objective of addiction prevention is to promote the health of every individual. This includes avoiding or delaying the first use of legal and illicit drugs, early detection of and intervention in high risk use behaviour as well as the reduction of misuse and addiction. Prevention is - alongside addiction treatment, survival support and repressive measures – an central component of the comprehensive addiction and drug policy in Germany (c.f. section T1.1.2). In addition to severe psychological and physical harm to the individual, substance abuse and dependence also cause enormous damage to the national economy.

The importance of addiction prevention is also shown by the fact that the *National Strategy on Drug and Addiction Policy* (Nationale Strategie zur Drogen- und Suchtpolitik) (Die Drogenbeauftragte der Bundesregierung 2012), with its specific measures and objectives in the field of addiction prevention, is 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. To the extent that addiction prevention falls within the areas of health, social insurance, education and youth, they are subject to conflicting legislation. The *Laender* only have the authority to legislate insofar as the Federal Government does not exercise its legislative competence (Art. 72 German Constitution (Grundgesetz)). Addiction prevention services are mainly financed by the *Laender*, social insurance providers and the municipalities.

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

Since 1992, the BZgA has coordinated the "*BZgA-Laender cooperation working group on addiction prevention*". The function of the committee, which meets twice a year, is to optimise the networking of the entities involved at *Land* and federal level as well as to coordinate nationwide and *Land*-wide measures in addiction prevention. Specialists from the *Land* coordination agencies for addiction prevention are represented as well as, in part, members of the corresponding *Land* ministries. The coordination 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 working group organises a BZgA-funded expert conference on the topic of quality assurance in addiction prevention. The two-day expert conference provides a forum for the exchange of research and practice knowledge through plenary lectures and workshops and has the aim of making the professionals present familiar with the quality assurance instruments currently in use in addiction prevention, so that the practical utilisation of these instruments will be promoted at regional and municipal levels. The target group of the conference on quality assurance is therefore primarily the addiction prevention professionals from the municipalities allocated to the *Land* bodies. In 2016, the conference focussed on, among other things, the areas of conflict between research design and the content and methodological limits of proof of efficacy in addiction prevention (Niedersächsische Landesstelle für Suchtfragen 2016).

Since 1998, the office of the Federal Government Commissioner on Narcotic Drugs has been attached to the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG). The Federal Government Commissioner on Narcotic Drugs heads the National Board on Drugs and Addiction (Drogen- und Suchtrat), which helps develop the strategic basis and pass recommendations for the current drug and addiction policy of the Federal Government. The board consists of representatives from federal and *Land* administrations, the municipal umbrella associations as well as other members appointed by the Commissioner. 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". In an annual "Drug and Addiction Report", the Commissioner reports on current developments and projects. In 2016, the Commissioner's focus for the year was the topic "Internet and online dependence". In 2017, the focus for the year is on the topic "children from families affected by addiction" (Drogenbeauftragte der Bundesregierung 2017).

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

1.1.3 Commentary on funding (T1.1.3)

1.1.4 National action plan for drug prevention in schools (T1.1.4)

In Germany, the education policy is the responsibility of the *Laender*, that concern to school and higher education. Therefore, the school systems differ, in some aspects strongly, from each other, e. g. through the number of school years or different curricula. In regular sessions of the Standing Conference of Ministers of Education and Cultural Affairs¹(Kultusministerkonferenz), the *Laender* coordinate their joint interests in this area.

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

Through guidelines and curricula, the *Land* ministries of education and cultural affairs have made addiction prevention a mandatory lesson topic. One example is the *Land* programme *Gute gesunde Schule* ("Happy, healthy school"), which is currently being implemented in four *Laender*.

1.2 Prevention interventions (T1.2)

1.2.1 Environmental prevention (T1.2.1)

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

As environmental prevention is of particular significance in respect of legal drugs, the most important rules on the consumption of alcohol and tobacco will be set out. Several legislative regulations on the use of illicit drugs are described below.

Legislative regulations on alcohol consumption

With regard to illness, health economic costs and early death, high alcohol consumption represents one of the most significant avoidable risk factors (Batra et al. 2016). Direct and indirect² costs to the economy as a whole in Germany connected to high alcohol consumption, amount to an estimated € 40 bn. (Effertz 2015 a).

¹ The Kultusministerkonferenz is a coming together of the ministers and senators of the *Laender* responsible for training and education, for universities and research as well as for cultural matters.

² As far as the indirect costs are concerned, the greatest loss of resources can be attributed to the premature mortality of 50,000 persons every year due to alcohol related diseases (Adams & Effertz 2011).

Noteworthy environmental prevention measures that have the aim of reducing alcohol consumption are tax increases, sales and advertising restrictions and price increases (John et al. 2017).

German Youth Protection Act (Jugendschutzgesetz, JuSchG)

The JuSchG ³ addresses the topic of "alcohol" in Sec. 9 "Alcoholic Drinks". It is illegal in Germany to supply alcohol of any type to under-16s. This age is below the EU average of 17.4. The legal minimum age for the purchase of beer, wine or sparkling wine is 16. Alcoholic spirits may only be purchased from the age of 18 (Gaertner et al. 2015).

Alcohol tax

In Germany the applicable tax rate is determined by the type of alcoholic drink. Beer is taxed at € 1.97 per litre, spirits at € 13.03 per litre, sparkling wine at € 13.60 per litre and alcopops at € 55.50 per litre of pure alcohol. No tax is levied on wine (Rummel et al. 2017 according to the German Federal Ministry of Finance 2016).

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

Drink driving

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

The upper limit of 0.5 mg/ml blood alcohol concentration (BAC) applies to vehicle drivers, which is thus aligned to the European standard (DHS 2017). Provided no indications of unsafe driving are present, a BAC of between 0.5 and 1.09 mg/ml is considered a regulatory offence (Sec. 24a StVG). In such cases, the driver can expect, among other things, fines, a driving ban or points on the driving licence. For beginners, an absolute ban on alcohol applies during the two year probationary period or if the driver is not yet 21 years old (Sec. 24c StVG).

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

³ The JuSchG serves to protect children and adolescents in public. Within the meaning of the Act, children are defined as persons under 14 and adolescents as persons between 14 and 18 years old.

In the case of cyclists, they can have their driving licence withdrawn and an MPU ordered, in the case of a BAC of 1.6 mg/ml. A driving licence can even be revoked in certain cases from a drunk pedestrian who has caused an accident.

Alcohol consumption in public

Regulations on consuming alcohol in public are made according to the needs of the *Land* or municipality. In this respect, for example, there are alcohol bans on local public transport (in Hamburg, Cologne and Munich) or in public spaces (e. g. in Herne).

Statutory regulations on tobacco consumption

Tobacco consumption in Germany is the leading cause of premature deaths. The number of deaths due to tobacco use was estimated at 121,000 for 2013 (DKFZ 2015). The costs incurred by the health system as a direct result of tobacco, were estimated at €25.41 billion annually for the period of 2008 to 2012 (Effertz 2015 b).

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

In 2015, Germany ratified the Framework Convention on Tobacco Control (FCTC) of the World Health Organisation (WHO) and thus bindingly undertook to introduce price related and tax measures for the purpose of tobacco control and the protection from passive smoking.

In May 2016, the new version of the Tobacco Products Directive 2014/40/EU⁴ passed by the EU was transposed into national law and implemented by the German Tobacco Products Ordinance (Tabakerzeugnisverordnung, TabakerzV) (BMEL 2017). The most visible change relates to the new picture-text warnings on the packaging of tobacco products, which makes up 65% of the packaging surface on both the front and reverse. The written warnings are illustrated with photos of possible damage to health and consequences from smoking. In addition, there is advice about free counselling services such as www.rauchfrei-info.de. Up to May 2017, there was a transition rule under which tobacco products which had already been produced prior to the directive coming into force were still allowed to be sold. In the new directive, electronic cigarettes (e-cigarettes) containing nicotine and refill cartridges are subject to greater regulation and have stricter requirements on product safety, in particular concerning the maximum amount of nicotine in the liquid and better information to users regarding the ingredients⁵.

⁴ Replaced the version 2001/37/EC

⁵ Further provisions can be found in the "German Act to Implement the Directive on Tobacco Products and Related Products" (Gesetz zur Umsetzung der Richtlinie über Tabakerzeugnisse und verwandte Erzeugnisse).

Protection against passive smoking

The German Workplaces Ordinance (Arbeitsstättenverordnung, ArbStättV) passed in 2004 and the German Maternity Protection Act (Mutterschutzgesetz, MuSchuG) obligate employers to protect non-smoking employees from the dangers of passive smoking. In 2007 the German Federal Act on the Protection of Non-Smokers (Bundesnichtraucherschutzgesetz, BNichtrSchG) also came into force. Under the Act, employees in public authorities as well as passengers on public transport have a legal right to protection from passive smoking. More extensive regulations are imposed by the German *Laender* in laws governing the protection of non-smokers⁶.

Youth Protection

The JuSchG⁷ addresses the topic of "smoking" in Sec. 10 "Smoking in public, tobacco goods". The prohibition includes selling products containing tobacco and nicotine to children or adolescents, as well as smoking itself for under 18-year-olds in restaurants and public houses, shops or in public. In addition, cigarette machines must be modified to ensure that adolescents cannot gain access to the cigarettes. In most cases, when buying cigarettes from vending machines, age is checked through the (obligatory) "Geldkarte" payment method. Since 1 April 2016, the ban on the sale and consumption of tobacco products to children and adolescents also applied to e-cigarettes and e-shishas, regardless of whether they contain nicotine or not.

Tobacco tax

In Germany, tobacco goods are subject to tobacco duty and value added tax. The tobacco tax is regulated by the German Tobacco Duty Act (Tabaksteuergesetz, TabStG) and in recent years has been gradually increased (Sec. 2 (1) No. 1a TabStG). Cigarettes are currently taxed at 9.82 cents each with a further tax of 21.69% on the retail price, plus 19% value added tax⁸. In 2016, the revenue from tobacco taxes was approx €14.2 bn, which corresponds to a decline of 4.9% compared to the previous year (Statistisches Bundesamt 2017). This decrease is due to a fall in cigarette sales (Kuntz et al. 2017).

Advertising for tobacco products

With the Tobacco Products Act (Tabakerzeugnisgesetz, TabakerzG), an advertising ban on tobacco and e-cigarettes in the press and other printed publications applies. It is also prohibited to advertise on the internet, on the radio and on television. Additionally, tobacco companies are not allowed to sponsor radio programmes or events that are aimed at several EU Member States (e. g. Formula 1). Furthermore in 2016, the German Federal Government

⁶ A good summary of the *Laender* laws on the protection of non-smokers can be found at: <http://www.rauchfrei-info.de/informieren/gesetzliche-regelungen/laendergesetze-zum-nichtraucherschutz/> [accessed: 15 May 2017].

⁷ The JuSchG serves to protect children and adolescents in public. Within the meaning of the Act, children are defined as persons under 14 and adolescents as persons between 14 and 18 years old.

⁸ The amount of tax for products containing nicotine - "Liquid-Steuer" ("liquid tax") - is still awaiting approval.

has presented additional changes to the TabakerzG. A ban on external advertising and cinema advertising for tobacco products and e-cigarettes (Presse- und Informationsamt der Bundesregierung 2016), which parliament has however not adopted.

Statutory regulations on the use of illicit drugs

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

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

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

Driving and illicit drugs

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

In contrast to alcohol, there are no legal threshold values for driving under the influence of illicit drugs. The threshold value commission⁹ saw cannabis as having a detectability threshold of under 1ng tetrahydrocannabinol (TCH)/ml blood serum, for fitness to drive not to be acutely affected¹⁰. In the case of other illicit drugs, driving licence authorities and courts generally assume a lack of fitness to drive. In this respect, the driving licence authorities do not have to furnish proof that someone was driving under the influence of a narcotic drug.

The *Amending Act on Narcotic Drugs and other Regulations* (Gesetz zur Änderung betäubungsmittelrechtlicher und anderer Vorschriften), which came into force on 10 March 2017 (BT Printed Paper 18/8965) regulates the use of cannabis-based pharmaceuticals as a therapeutic alternative for patients with serious diseases¹¹. Cannabis patients are allowed to drive, provided their fitness to drive is not impaired by the medication.

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

NPS are misleadingly distributed as so-called "legal highs", under the names herb mixtures or bath salts, and look supposedly harmless in their colourful packaging. The composition of the ingredients is not displayed and thus holds incalculable health risks. In 2015, 39 deaths were recorded as a consequence of NPS use in Germany. In 2016 there were more than twice as many deaths, at 98 in total. The first NPS were identified in 2008 in the herb mixture "Spice" and were subject to the BtMG in 2009. Since then, manufacturers have repeatedly switched, after a health-endangering substance is prohibited under the law, to new psychoactive substances, the chemical structure of which is often only minimally changed, and have thus circumvented the ban. The NpSG, which came into force in November 2016, confronts this approach by prohibiting whole substance groups for the first time, in addition to the sale, possession and dealing/trafficking in NPS. That affects, above all, synthetic cannabimimetics and phenethylamines (Pressestelle der Bundesdrogenbeauftragten und des Bundeskriminalamtes 2016).

⁹ Working group 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) and advises the German Federal Government.

¹⁰In 2015, the threshold value commission increased its recommendation to 3ng THC/ml blood serum. The Higher Administrative Court (Oberverwaltungsgericht, OVG) of North Rhine-Westphalia (NRW), however, still maintains the previous threshold value of 1.0ng THC/ml blood serum (OVG NRW 16 A 432/16, 16 A 550/16 and 16 A 551/16).

¹¹The condition for this is that, according to the medical assessment, this substance positively influence the course of a disease. The German Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) is responsible for implementation. Accompanying data collection will be undertaken in order to obtain further information on the effects of cannabis. To this end, doctors will transmit specific data, in anonymised form, to the BfArM. The survey is also intended to collect information on the long term use of cannabis for medicinal purposes (BMG 2017). What effect the administration of medicinal cannabis has on the prevention of recreational cannabis use remains to be seen.

The effects of the NpSG on users, the addiction support system and law enforcement authorities are currently being qualitatively and quantitatively evaluated (BMG funded project running from 2017 to 2019). Information and prevention services on designer drugs are, in addition, a focus area of the BZgA portal www.drugcom.de, on which current and scientifically based information on NPS is provided. Consulting, a media library and link collection can also be found on the website www.legal-high-inhaltsstoffe.de. It provides substance analyses and information for consumers, parents and multipliers in German and English.

1.2.2 Universal prevention (T1.2.2)

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

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.

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

Kindergarten

The programme *Papilio* has been conceived as a development prevention programme to combat the development of addiction and violence in later childhood and adolescence. In addition to promoting socioemotional competence among participating children, *Papilio* minimises risk factors by teaching parenting skills to parents (Hessische Landesstelle für Suchtfragen e.V. 2009). Studies show that *Papilio* contributes to improving social behaviour and reducing behavioural problems among pre-schoolers (Barquero et al. 2005). Up to 2017, there had been a total of 224 *Papilio* tour days held in eleven *Laender*, 200 trainers had been produced in 14 *Laender*, 6,871 educators were further trained and 137,420 children were reached. The programme received positive reviews¹². Further information can be found at <http://www.papilio.de>.

¹² <http://www.gruene-liste-praevention.de/nano.cms/datenbank/programm/35> [accessed 9 Jun. 2017].

The *starKids* project implements addiction prevention and health promotion in Lower Saxony kindergartens and is aimed at a targeted broadening of the competence of teachers and trainers in relation to addiction prevention. To this end, there is, among other things, a working group which is initiated and controlled in each case by a regional specialist for addiction prevention. Through the intensive study and development of addiction prevention topics, *starKids* is intended to be integrated permanently into kindergartens even after the project period has ended. The evaluation is showing positive results (Niedersächsische Landesstelle für Suchtfragen 2015). Since 2016, *starkids*-trained professionals for addiction prevention have been available in 13 Lower Saxony regions. Further information can be found at <https://nls-online.de>

School

The school environment is particularly well-suited for carrying out universal prevention measures. Firstly, schools provide comprehensive access to the main target group of children and adolescents, and secondly preventive measures can be integrated very well into the school curriculum¹³ and beyond. Schools are equally well-suited as settings for non substance-related, substance-related and cross-substance-related prevention activities.

The effectiveness of addiction prevention measures in primary schools has been intensively investigated. Measures that build on a psychosocial approach as well as on behaviour-modifying interventions are particularly likely to succeed, usually on the condition that they are supplemented by components in non-classroom settings (Bühler & Thrul 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 a particularly good idea. In addition, where use of legal drugs begins at an early age, a use of illicit drugs later on can be predicted (Brook et al. 2002; Hanna et. al. 2001; Maruska et. al. 2011; McGue et. al. 2001).

School-based *life skills programmes* are an important approach within addiction prevention in Germany. The results from 13 systematically identified, randomised and non-randomised studies with German speaking target groups between 1997 and 2014 have been quantitatively integrated: the results of the meta-analysis demonstrate an effectiveness of addiction prevention life skills programmes with German (speaking) pupils, to the extent that they reduce the risk of use at an early age, which is a risk factor for later substance abuse (Bühler 2016).

Through the BZgA, the BMG has, since 2015, supported the increase in the nationwide scope of the widely evaluated life skills programme for health promotion and prevention of addiction and 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 ten to twelve "Klasse2000" hours per school year. In addition, specially

¹³ Guidelines and curricula from the *Land* ministries of education and cultural affairs make addiction prevention a compulsory topic of teaching (see on this point, section T1.1.4).

trained "Klasse2000" health promoters are deployed. Since 1991, "Klasse2000" has reached over 1.3 million children in total and is thus the furthest reaching education programme on health promotion, addiction and violence prevention in primary schools in Germany. In 2015, the scope was broadened: a total of 5,168 new first grade classes were incorporated into the programme in the school year 2015/2016. In the school year 2016/17, the classes are in the second grade and the number has increased to 5,322 classes. The effectiveness of the programme has been proved by several studies (e. g. in Hesse by Isensee et al. 2015). An evaluation study on the long and short term effects has been carried out by the Lower Saxony Criminological Research Institute (Kriminologisches Forschungsinstitut) since 2016 (results are not yet available).

Approximately one in ten interventions in schools follows the approach of *peer education* (documentation system Dot.sys). Peer education approaches are based on the assumption that other persons of the same age group (peers) are better able than teachers or counselling experts to create favourable conditions for the initiation of learning processes. This can be attributed to, amongst other things, a greater social connection between peers, the use of common vocabulary and to greater authenticity (Backes & Schönbach 2002). 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).

One such peer project is, for example, the media based concept *REBOUND - meine Entscheidung* (REBOUND - my decision) for young people between 14 and 25 years old, and their companions. *REBOUND* is a flexible yet structured course for young people from 14 to 25 years old, which focusses on their strengths those of their own peer group. The life skills and addiction prevention programme is conducted in schools or youth centres and taught by specially trained professionals (teachers, social workers). *REBOUND* has been evaluated (Jungaberle & Nagy 2015). Further information can be found at <http://my-rebound.de>.

High 5 is an interactive exhibition from Thuringia on the subject of illicit drugs and is aimed at adolescents 14 years old and older in both school and non-school settings. The aim of the service is the active and critical examination of illicit drugs and also draws attention to local support services. In order to make the exhibition available throughout Thuringia, it was transferred to the five Thuringia schools offices on permanent loan; there is already a plan to also cover the non-school setting. In the scope of a bachelor thesis *High 5* was positively evaluated.

Cannabis denn Sünde sein? (Is cannabis a sin) is one of six join-in circuits on different addiction prevention topics in the project run by KARUNA pr|events in Berlin. The aim of the 90 minute cannabis circuit is to motivate healthy behaviour. The circuit consists of six topic stations, at which one can learn the latest about cannabis, the legal situation and its effects on the body, but also apply or test existing knowledge. *Cannabis denn Sünde sein?* is aimed primarily at 8th grade school classes and focusses i.a. on imparting knowledge, information on use risks, developing risk awareness and decision making skills as well as motivating people to stop using. The circuit has been internally evaluated - the assessment to date has

been overwhelmingly positive. Further information can be found at <https://www.karuna-prevents.de/>.

Prev@SCHOOL is an holistically-oriented addiction prevention programme for Berlin pupils/educational institutions that has been running since February 2016. It reaches out to pupils, their parents/guardians, and teachers and specialists in school social work. Schools, teachers and parents receive a bespoke service tailored to their needs, on the topic of cannabis and other illegal substances. Almost 400 pupils have taken part in the *Prev@SCHOOL* module on the subject of cannabis to date. The project has been internally evaluated.

Training and higher education

Prev@WORK is a programme which integrates addiction prevention as an integral element of an education course. Trainees are reached in their daily lives and informed about the dangers of addiction and the risks of using psychoactive substances. In the scope of the federal pilot project 90 *Prev@WORK* trainers have been produced, in a total of five training sessions in ten *Laender*, who have in turn carried out 19 pilot training sessions in six *Laender*. The concept is very well suited to the implementation of addiction prevention in vocational training in different settings (BMG 2016 a). The programme has been further improved through a quality conference and achieved a sustained implementation of addiction prevention in occupational health management training.

The project *Addiction prevention and health promotion in training* (Suchtprävention und Gesundheitsförderung in der Ausbildung), which is currently carried out by the Institute for Therapy and Health Promotion (Institut für Therapie- und Gesundheitsforschung, IFT-Nord) examines the distribution, availment and influence of prevention and health promotion measures in vocational schools and specialist vocational schools. The project is linked to a survey of 5,688 trainees, which the IFT-Nord carried out in seven *Laender* on behalf of the BMG between 2012 and 2014. The intention was to investigate how large the proportion of trainees is that takes part in a measure as well as whether their substance use has altered. In addition, for the first time an overview will be presented on which specific measures are offered and implemented in the individual survey regions. The project will be funded by the BMG from 2017 to 2018.

While the prevention work in schools can draw on many years of experience, prevention and health promotion in higher education institutes takes place less frequently. In the scope of the BMG funding principle, *Prevention of high-risk substance use among students*, different approaches to web-based prevention in relation to substance abuse have been developed for students, carried out and scientifically evaluated in recent years.

Building on the study results of the *HISBUS panel* ("Forms of stress relief and performance improvement among students") by the German Centre for Higher Education Research and Science Studies GmbH (Deutsches Zentrum für Hochschul- und Wissenschaftsforschung, DZHW), the BMG has funded three pilot projects since 2013, in which new approaches to prevention work for students have been developed and the effectiveness of the measures

developed in the scope of the projects has been demonstrated by way of scientific evaluation. These include: "Prevention of high-risk substance use among students" (www.dein-masterplan.de¹⁴) (Delphi, Berlin), "Online prevention of substance related disorders among students (*eCHUG-D*)" (Esslingen University) and "Internet based social norms intervention for the prevention of substance use among students (*INSIST*)" (Leibniz Institute for Prevention Research and Epidemiology (Leibniz-Institut für Präventionsforschung und Epidemiologie, BIPS), Bremen) (Drogenbeauftragte der Bundesregierung 2016).

INSIST was an intervention study conducted at eight higher education institutes in Germany and funded by the BMG. The main objective of the study was to develop a "social norms" intervention, in order to reduce substance use among students. The effectiveness of the social norm approach was investigated using a cluster-randomised study at eight higher education institutes. The results show that in particular alcohol and cannabis use declined among students following the intervention (BMG 2016 b).

With the follow-up project *DIOS* - "Dissemination und nachhaltige Implementierung von (Online-) Präventionsmaßnahmen für missbräuchlichen Substanzkonsum bei Studierenden" ("Dissemination and sustainable implementation of (online) prevention measures for substance abuse among students") has sustainably embedded these measures in higher education institutes. The plan is to combine the individual interventions of the respective projects into a toolbox, to build a stakeholder network (e.g. student unions) to promote the implementation of the services at higher education institutions with a targeted strategy, as well as evaluation. The BMG funded project was carried out from February 2016 to July 2017 at Esslingen University, the BIPS, Bremen and Delphi, Berlin. Further information can be found at <https://dios.bips.eu/>.

Cross-sectoral

The *BZgA Helpline* (BZgA-Infotelefon) for addiction prevention provides personal, anonymous counselling about problems related to drugs (+49 221 892031). Additionally, the nationwide *Drug & addiction hotline* is available 24 hours a day (+49 1805 313031). Addresses for drug counselling centres throughout Germany can be found at: <http://www.bzga.de/?id=Seite48>.

The EU research project *UPC Adapt* (Universal Prevention Curriculum) currently provides for the modification and implementation of the curriculum developed in the USA, initially on a pilot basis in nine EU Member States. *UPC Adapt* is based on UNODC's (United Nations Office on Drugs and Crime) International Standards on Drug Use Prevention and aggregated current knowledge on addiction prevention. The FINDER Institute for Prevention Research (Institut für präventionsforschung) and the Crime Prevention Council of Lower Saxony (Landespräventionsrat Niedersachsen) form the German contribution to the *UPC-Adapt*

¹⁴ The project will be presented in detail in section T1.2.3.

project. In the scope of the project, it is intended that the available "basic knowledge on prevention" in Germany will form the foundation of the project and funding decisions in the area of addiction prevention. In 2017, focus groups with experts will be organised, in order to present the content and receive feedback for adapting it to a European context. The pilot training sessions will be held in early 2018 for testing purposes. Further information can be found at <http://upc-adapt.eu/project/>.

Family

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

The programme *Familien stärken* (Strengthening Families) is a family-based prevention programme for 10 to 14-year-olds with the objective of achieving a responsible attitude to addictive substances and delaying or preventing first drug use. The *Strengthening Families Program 10-14*, on which it is based, was developed in the USA in 1993 and was able to demonstrate its effectiveness in several randomised controlled studies. The programme was conducted in socially disadvantaged areas in Hamburg, Munich, Hannover and Schwerin and its effectiveness was assessed in a multi-centric, randomised controlled evaluation study (Baldus et al. 2016; Bröning et al. 2014): the effects show convincing results in a group comparison over 18 months, in particular for reduced numbers and delayed start of cigarette smoking. Increased effects were also achieved in the psychological health and quality of life in families with children with behavioural problems as well as in a good implementation and acceptance within the structure of the psychosocial support system. Quality-assured *Familien stärken* groups are currently being conducted in Munich.

See section T.1.2.3 on the *Selective Prevention* projects for children from families affected by addiction.

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. Community-based addiction prevention activities are often conducted in inter-municipal and supra-local

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

At the urging of the Federal Government Commissioner on Narcotic Drugs and with the support of the municipal umbrella organisations as well as the statutory health insurance umbrella organisation (GKV Spitzenverband), from 2015 to 2016, the BZgA ran the 7th national competition on municipal addiction prevention: *Innovative local addiction prevention*. 68 cities, local authorities and administrative districts across Germany took part, each with their own contribution: the majority of contributions submitted focussed primarily on the use of new access routes to the target group as innovative elements (e. g. social media such as Facebook, Twitter) as well as collaboration with new, as yet rarely involved cooperation partners. As far as illicit substances are concerned, the municipalities centred their contributions on amphetamine and cannabis in particular (47% each), cocaine (34%) as well as NPS (25%). The majority of competition submissions were geared towards legal substances. A large proportion of the submissions were aimed, with respect to innovation, at as yet not at all or hardly addressed target groups, as well as those in particular life situations. In this respect, 44% of submissions were addressed towards socially disadvantaged groups and 38% at people with a migration background. Families affected by addiction were addressed in almost one third of the submissions. A jury, appointed by the Federal Government Commissioner on Narcotic Drugs together with the BZgA, evaluated the competition entries and in March 2016 made its selection: eleven municipalities from eight *Laender* were awarded prizes. Further information can be found at <https://kommunale-suchtpraevention.de>

A comprehensive local alcohol strategy has proven to be a promising approach for reducing underage alcohol consumption and binge drinking. In light of this, *Localize It!* was developed and began in April 2017. In the scope of the project, two municipalities were selected in each of 13 European countries and supported in developing and implementing bespoke local alcohol strategies. For Germany, the Diakonische Werk Herford is involved. Different alcohol prevention settings were considered (e. g. parental work, schools), an overview of the local situation in all municipalities was obtained and the relevant bodies and stakeholders were sensitised. An individual action plan with good practice oriented measures was developed from needs analyses in selected settings. The project is accompanied by a process and results evaluation by the Hamburg-Eppendorf University Medical Centre (LWL 2017).

The pilot project *GigA* ("Gemeinsam initiative gegen Alkoholmissbrauch im Kindes- und Jugendalter" - Joint initiative against alcohol abuse in childhood and adolescence) started in 2011, with funding from the BZgA, in the scope of "municipal alcohol prevention". The project was implemented between 2011 and 2014, initially at six pilot locations in North Rhine-Westphalia. The results evaluation of the first project phase showed a clear improvement in the pilot regions of the networking and coordination of prevention work facilities on the

ground as well as a clearer visibility of alcohol prevention actions. *GigA* will be offered up to 2018 in further areas and municipalities in North Rhine-Westphalia, Rhineland-Palatinate, Mecklenburg-Western Pomerania and Brandenburg. Training was provided back in 2016, in Brandenburg and Mecklenburg-Western Pomerania, for the institutions involved. Further information can be found at <http://gemeinsaminitiativ.de>

Recreational settings and sports clubs

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

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

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 objective of this project is to strengthen synergies between schools and clubs in the area of early addiction prevention. In this context, the BZgA supports schools and clubs with action packs on the addiction prevention topics of *"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 10,000 clubs and schools have carried out a programme under the motto *"Kinder stark machen"* (Make children strong) (status: June 2017).

Police crime prevention programme

The "Police Crime Prevention programme of the *Laender* and the Federal Government" (*"Polizeiliche Kriminalprävention der Länder und des Bundes"*) made it its aim to inform

people of the various forms of crime and to show how these can be prevented. It is an institution of the interior ministers and the Conference of Interior Ministers and publishes media nationwide, such as brochures, films and computer games. In addition to the relevant public relations work, the Police Crime Prevention programme also develops topic and target group specific campaigns. In projects which are conceived and funded across *Land* boundaries, the aim, amongst other things, is police prevention of addiction. It is aimed at a broad range of groups - from children, adolescents and their parents and teachers through business operators to media professionals.

Anyone who is interested can obtain information, primarily through the website www.polizei-beratung.de. Under "Topics and Tips" there is a section devoted specifically to the issue of drugs which covers topics including drugs in general, the protection of children from drugs as well as how people can be exploited as drug couriers (mules). An important aspect is also the information on "legal highs". Moreover, the Police Crime Prevention programme issues a printed leaflet and a brochure entitled "Spotlight on addiction" ("Sehn-Sucht"), which can be ordered from the website, and can also be obtained for free from all police stations in Germany. Both of these were revised in spring 2014 and their content updated.

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

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

Substance related

Against the background of increasing seizures of crystalline methamphetamine (crystal meth) in Germany and an observed rise in use in the regions bordering the Czech Republic¹⁵, the prevention of the use of crystal meth became a stated political objective. The high profile in the media of the issue of crystal meth was countered by the BZgA with a fact-based educational strategy which, in particular, aimed to reach at-risk groups with informational materials.

On the one hand, there are as yet no adequate findings on the effectiveness of mass media prevention campaigns for the general population in relation to illicit drugs (Bühler & Thrul 2013). A recent Cochrane Review confirms this heterogenous situation regarding findings (Allara et al. 2015). On the other hand, as several of the campaigns analysed in the studies demonstrated unintended effects, namely they contributed to an increase in use, the authors recommend only using mass media campaigns after rigorous evaluation. A measure for the population as a whole can fuel the 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

¹⁵ see on this point also the results of the current **SCHULBUS** study (Baumgärtner & Hiller 2016)

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.

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" (Informationsheft Methamphetamin) from the BZgA outlines facts, effects and prevention approaches. Since 2015 a "Tool for consultants dealing with methamphetamine using clients" (Arbeitshilfe für Beraterinnen und Berater zum Umgang mit Methamphetamin) has also been issued as a joint project from the DHS and BZgA, that is being updated in 2017. In addition, the BZgA published new teaching material in 2015 on addiction prevention for years eight to twelve on the topic of crystal meth. The teaching material will be supplemented in 2017 by a teaching film to enable interactive lessons. It is not widely distributed, rather merely provided upon request from *Laender* and schools. In the information series "Addiction and its substances" ("Die Sucht und ihre Stoffe") of the DHS, crystal meth is to be included in 2017, in the updated version of the "Amphetamine" leaflet.

In Saxony, the *10 point plan on preventing and combating crystal meth use* (10 Punkte-Plan zur Prävention und Bekämpfung des Crystal-Konsums) focuses on prevention through information, counselling and treatment as well as repression. The state ministries conduct the measures under the umbrella of the *Land Crime Prevention Council* (Landespräventionsrat Sachsen 2016). Further information can be found at <http://www.crystal.sachsen.de>.

Dresden has tackled the problem of locally increasing prevalence of crystal meth use with innovative prevention approaches. The project, *Prevention of crystal meth use in Dresden* (Prävention des Crystalkonsums in Dresden) consists of, among other things, a regularly occurring campaign week on addiction prevention ("*Legst du dich mit Crystal an?*", "Are you taking (on) crystal meth?") situated at a popular location and with the support of various cooperation partners. With funding from the BZgA, the programme has been implemented and further developed since 2016. In 2017, in the scope of the year of culture on addiction, among other things campaign days on addiction prevention took place in Dresden. The artistic concepts of the campaign days enable low-threshold emotional access to challenging addiction problems. Further information can be found at <http://www.dresden.de>.

Dessau-Roßlau has also implemented 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 also involved young crystal meth users. In the target group of parents, the intended focus is information and raising awareness. In addition, groups of people who come into increasing contact with crystal meth users are involved (prison employees, medical assistants etc.). In 2016, the project was honoured with an award at the 7th national

competition for municipal addiction prevention for "Innovative local addiction prevention" (c.f. section T1.2.2, Municipalities).

Against the background of increasing use figures in rural areas, a crystal meth prevention project is currently being implemented in Saalekreis. School prevention teams and the working group "Crystal Meth Prevention" developed the so-called "*Crystal Meth Box*" ("Crystal-Box"), which contains a 90-minute educational package for activities both in school classrooms as well as in recreational facilities. In workshops, the work with the Box was trialled with parents, teachers and pupils. Based on the feedback, the didactic-methodical preparation was further optimised. Additional material (flyers, fact-sheets etc.) is also in the box, which can be used from year nine as needed. The experiences with the *Crystal Meth Substance Box* (Substanz-Box Crystal) have been positive and have led to similar prevention materials for other substances (cannabis, alcohol, tobacco) being produced. The *Crystal meth box* is currently being further developed with funding from the BZgA and is being evaluated in implementation. Results are not yet available.

The cannabis prevention campaign *Bleib stark! Bleib du selbst!* (Stay strong! Stay yourself!) in Hamburg is aimed at adolescents, parents and professionals. It was conceived in 2013 as a multi-level prevention strategy, the central component of which is internet communication. The annual interactive campaigns form the basis for a critical assessment of cannabis use. In addition to the internet presence, print media were produced which inform professionals and parents and thus enable them to discuss the topic of cannabis use with their children on an equal footing. The campaign is currently being evaluated and in 2016 was honoured with the GKV special prize for "innovative local addiction prevention" at the 7th competition for municipal addiction prevention (c.f. section T1.2.2, Municipalities).

In order to inform the public, in particular already drug-savvy people, about the risks of use of "legal highs", the BZgA website www.drugcom.de is scientifically substantiated and kept up to date. In 2016, the DHS published, with BZgA funding, the brochure *Synthetic drugs*, which among other things provides information on poly drug use. The project *Sauber drauf* (approx "clean on it") of the website www.mindzone.info provides detailed information on substance classes, effects and risks as well as polydrug use. A media library and link collection for different target groups, such as consumers or multipliers can be found at www.legal-high-inhaltsstoffe.de. It also includes consulting, analyses and substance information.

1.2.3 Selective prevention (T1.2.3)

Selective prevention is aimed at groups of people who have an increased risk of developing a substance dependence - mostly without exhibiting it. Selective prevention measures are, for example, developed for the following target groups, to name just a few:

- school drop-outs
- socially disadvantaged people
- homeless adolescents

- people with a migration background
- children and adolescents from families with addiction problems
- 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 affected by addiction problems are often carried out in school and pre-school settings. Generally speaking, this approach has the advantage of using existing resources at an early stage in a targeted manner. However, the risk of stigmatising the target groups of selective prevention activities should be taken into account during the planning phase. The *National Strategy on Drug and Addiction Policy* envisages a stronger focus on at-risk groups (Die Drogenbeauftragte der Bundesregierung 2012) and sees the need "... to develop specific services for at-risk adolescents in the field of selective prevention" (ibid).

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

Recreational setting

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

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

In the *non-organised recreation setting*, prevention of addiction is more open. This means that activities and services are low-threshold and generally voluntary. They are mostly aimed at minimising behaviours that are harmful to health and at promoting responsible substance use. The basis of the work in the non-organised recreational setting includes drug work which works to guidelines, and resource-oriented prevention. These approaches are to be found in numerous scene or party-based projects which are provided 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 counselling stands. The aim of the project is to encourage users of party drugs to reflect critically on their drug use, to inform them about health risks and to offer them support in reducing their consumption. Further information can be found at <http://drugscouts.de> Between 2013 and 2015, the IFT analysed partygoers' assessments of the party projects MINDZONE in Munich, Drogerie (drug store) in Erfurt and eve & rave in Münster. The non-representative survey (N=1,679) showed that the hard to reach target group was reached to a high degree and on average a very positive evaluation of the services, in particular of the information provided (Hannemann & Piontek 2015).

On behalf of the BMG, Fixpunkt e.V. conducted, in cooperation with LiveMusikKommission e.V. (LiveKomm), a *pilot project for health promotion in the party setting* in the period August 2014 to March 2015. This project was successfully able to create a further training concept with the help of which staff at clubs, festivals and other event formats were able to receive training for their "drugs competence". In total, five training modules were developed which were then conducted for approximately 130 employees in the cities of Frankfurt am 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" (Fixpunkt e.V. 2015). From August to December 2016, a transfer phase followed, funded by the BMG and supported by LiveKomm. This is intended to expand the content of the training programme and offer it once more in Berlin, Potsdam, Frankfurt as well as Cologne, Kiel, Hamburg and Stuttgart. Further information can be found at <http://best-clubbing.fixpunkt.org>.

The project *safe - sauber feiern* (safe - clean party), which was funded by the German Federal Ministry of Health (BMG) in the period from 2014 to 2015, trained staff from dance locales which have to deal with guests who use intoxicants routinely and possibly have experience with that issue themselves. Specially designed for use in discos in rural areas and small towns, the project teaches dance locales and their employees basic skills and handling strategies over six training modules. The feedback after the respective training modules was positive.

The music scene project *Drogerie* by Suchthilfe in Thüringen GmbH (Addiction Support in Thuringia GmbH) is aimed at adolescents and (young) adults in the scene and has been a component of the Thuringia addiction support system since 2000. It is represented nationwide at different rave and music events as a safer nightlife project and provides on site acceptance oriented low-threshold addiction prevention and drug education within the meaning of risk and harm reduction. At the beginning of 2017, the newly designed project website www.drogerie-projekt.de was published with the aim of achieving the greatest possible reach using preventive measures. It thus serves as a scene-oriented information platform, providing extensive information.

Click for Support - Guidelines for effective web-based services in selective addiction prevention (2014 to 2015) 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 recently published on the project website: <http://www.clickforsupport.eu>.

Based on the findings of the EU funded project *Click for Support*, a two-year follow-up project *Click for Support - REALized!* was developed in 2017 as the first Europe-wide, web-based intervention, specifically for new psychoactive substances. The web-based intervention will be available as an interactive website and app, according to the needs recorded in *Click for Support*, and will comprise an information section, a self-evaluation test and a structured intervention programme. The content is prepared by the LWL addiction coordination centre, adapted to the country-specific requirements by the 13 partner organisations and translated to those countries' languages. Further information can be found at <http://www.clickforsupport.eu/taking-it-next-level-click-support-realized>.

The BZgA web portal on drugs and addiction prevention, www.drugcom.de, set up in 2001, provides comprehensive and quality assured information on legal and illicit addictive substances. www.drugcom.de provides adolescents and young adults up to 25 years old who occasionally or regularly use drugs, with counselling and programmes for changing behaviour. In addition to a more drug-savvy target group, opinion leaders from areas of school, youth recreation, addiction prevention, addiction counselling or addiction support are important target groups. As far as the prevention of illegal substance use is concerned, www.drugcom.de, with its various services and broad reach - in 2015 the internet portal recorded around 5,300 visitors to the site every day - is the central module of the national BZgA addiction prevention strategy. Adolescents and young adults in particular see the internet as a low-threshold information and counselling service and use it accordingly (Van Eimeren & Frees 2010). The internet portal also offers the tests *Check you Drinking* and *Cannabis Check*. The tests allow people to assess their own use behaviour for alcohol and cannabis. The objective in this respect is to encourage participants to reflect critically on their own consumption and as a second step motivate them to change their behaviour.

Higher education institution

The website www.dein-masterplan.de was developed in the scope of the BMG funded project "Prevention of high-risk substance use among students" (Prävention von riskantem Substanzkonsum unter Studierenden, PräviS). In the pilot project, internet-based measures on selective prevention for students were designed, provided and evaluated. The aim was to motivate students, who display high risk or harmful behaviours in relation to alcohol, tobacco, cannabis or medicinal drugs, to cultivate a reflective attitude or to change their behaviour. In this context, already established and evaluated content and BZgA programmes were also involved. Since 2016, the information portal www.dein-masterplan.de has appeared in a new

design: based on the evaluation results, the particularly requested information on study related stresses was focussed on to a greater extent and the corresponding tips were revised. The blog by student authors, among other things, is completely new. Regular updates and the continuous development of the website is intended to increase its reach and establish the platform as an information medium for students on the topic of "healthy studying".

People with migration background

The Bavarian State Ministry of Public Health and Health-Care (Staatsministerium für Gesundheit und Pflege, StMGP) initiated the 2-year pilot project *Addiction Prevention for People with Russian-Speaking Migration Backgrounds* in 2015. The objectives are the reduction of barriers to access and a corresponding improvement in accessibility of addiction support systems for addicts and people at risk of addictive substance dependence with a Russian-speaking migration background, as well as their relatives. With different approaches and various measures, the projects are conducted by four charitable organisations, spread across the whole of Bavaria. The results from 2016 so far show that open offers and the provision of a native speaking professional enables good access for the clientele, that the established structures take effect and the (Russian speaking) migration background of the professionals proves a valuable resource. Further information can be found at <http://www.suchtpraevention-migranten-in-bayern.de>.

The project *mudra-port* (Russian: port) is a part of the Bavarian project "Addiction Prevention for People with a Russian-Speaking Migration Background". The objectives of *mudra-port* are, in addition to (anonymous) online counselling, above all information, explanation and imparting knowledge on drug dependence as well as further referral to counselling centres and facilities. Flyers, the website and online counselling are created in dual-language format. In the further course of the project, a good networking structure with further relevant facilities will be created and training courses for professionals 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. Further information can be found at <http://www.mudra-port.de>.

In September 2016 the project *Hinschauen - Hinhören - Handeln* on culture-sensitive addiction prevention was launched in Berlin (funded by the Senate Department of Health, Care and Gender Equality). Staff of the Berlin Accommodation for Asylum Seekers are given further training in counselling, training and coaching sessions on addiction prevention topics. The knowledge provided covers risk of addiction (in particular with respect to traumatised), the effects of psychoactive substances, legal aspects, intervention possibilities and information on the support system. Since then, more than 300 people have been reached directly. The service is completed with the 2016 brochure *Mut machende Infos für Ihre Gesundheit! (Reassuring information for your health!)* Small guides for refugees in Berlin, which contain information in ten languages on addictive substances, child and youth protection, the legal situation and the Berlin support system. All the measures within the

project are evaluated and the content continuously adjusted. Further information can be found at <https://issuu.com/berlin-suchtpraevention>.

In 2015, the DHS, with funding from the BZgA, published the dual-language brochure entitled "Drugs? Alcohol? Tablets? At some point the fun is over", which provides information in German and one of Bulgarian, Polish, Romanian or Russian, about the risks of the named substances and refers to support services for addiction problems. This was in reaction to increased demand from sub-populations with these corresponding migration backgrounds. They are available at www.dhs.de and will be updated in 2017. Additionally, in 2017, the materials *Information on alcohol and other drugs - counselling and support* will appear in Arabic/German and English/German.

Residential care

In 2017 the DHS published the work aid *Addiction prevention in residential care* with funding from the BZgA, which discussed legal and illicit drugs as well as media and nutrition. The handbook addresses practice-oriented questions on the handling of high risk use behaviour of children and adolescents in public residential care. Specific tips can immediately be tried out and applied by educators in the everyday work. Suggestions help to integrate individual building blocks or an overall concept on health promotion and addiction prevention into the existing educational concept of the institution. In addition, addiction support and addiction prevention professionals can seek a dialogue with specialists in youth welfare about the work aids and offer support. A document is available to download at www.dhs.de under the menu option "Informationsmaterial".

Children from families impacted by addiction

In Germany, around 2.65 million children live in addiction affected families. In most cases, the cause is an alcohol dependence of the parents. These children suffer as a result of the dependence or psychological disorders of their parents, often their whole lives. In addition, they belong to the largest at-risk group of themselves developing dependence issues or psychological complaints, mainly due to a climate of instability, emotional coldness, a lack of support and violence. In 2017, the focus for the year is on the topic "children from families affected by addiction" (Drogenbeauftragte der Bundesregierung 2017).

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 addiction disorders 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. The causes of the higher risk of developing addiction are, in addition to experiencing the (parental) addictive substance use, among other things experiencing domestic violence, separation and divorce, physical and emotional abuse or also sexual abuse, which occur more frequently than average in addiction-stricken families (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). Prevention and intervention programmes in Germany for children and their addicted parents are offered by child and youth welfare, outpatient and inpatient addiction support as well as self-help groups.

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

"KidKit – Hilfe für Kinder und Jugendliche" ("Kidkit - help with problem 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 (Katholische Hochschule) 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 addiction, gambling addiction, violence and psychological disorders as well as free and anonymous counselling. Services offered are chat rooms, online counselling and SOS phone services as well as an overview of national counselling institutions. Further information can be found at www.kidkit.de.

Since 2017, the creation of a digital map has been planned with the project *KidKit networks*, which shows where support services are located nationwide. *KidKit networks* is being funded by the BMG from 2017 to 2018.

The BMG-funded, national pilot project *Trampolin* is a standardised prevention programme aimed at children from families affected by addiction and aged between eight and twelve. The aim of the programme is to reduce the psychological burden on children, to strengthen their handling and coping skills and to achieve an enduring improvement in the children's resources and resilience. *Trampolin* (2008 to 2012) was carried out in 27 addiction counselling facilities throughout Germany and was assessed in the scope of a randomised controlled research design in relation to its effectiveness and acceptance by all participants. Significant improvements were observed in the areas of avoidance stress management,

constructive palliative stress management, negative stress management overall, psychological stress caused by the parental addiction, psychological well-being as an aspect of quality of life as well as self-image. The public health insurance providers certified "Trampolin" as a prevention service, meaning participating in the course was funded by prevention resources. Further information can be found at <http://www.projekt-trampolin.de>.

To assess the long term effects of the *Trampolin* prevention concept, a catamnesis survey was conducted with a measurement time at around five years after the end of the intervention (*Trampolin II*). In this, both the participants of the assessment group and the control group, who had received a control intervention (*Hüpfburg*) were newly surveyed. Analogous to the national pilot project *Trampolin*, in addition to the self evaluations of the adolescents, outside assessments of parents were also recorded in the catamnesis survey. It was attempted to contact all families who had previously taken part in the project, irrespective of which intervention had been carried out and to what extent the participation in this intervention and the survey was. *Trampolin II* is a cooperation project between the German Institute on Addiction and Prevention Research (Deutsches Institut für Sucht- und Präventionsforschung, DISuP) (Catholic University of Applied Sciences, North-Rhine Westphalia) and the German Center for Addiction Research in Childhood and Adolescence (Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters) funded by the BMG from 2016 to 2017. The results are expected at the end of 2017.

From 2016 to 2018, the project *Schulterschluss* (Shoulder to Shoulder) was implemented in Bavaria. The central element is the creation of in-house seminars at *Land* or city level. Staff in youth and addiction support are the target groups for the seminars. In the scope of a cooperation seminar on the topic of "children of addicted parents", the understanding of the problem situations in affected families and the children was strengthened and cooperative relationships between youth and addiction support were analysed and promoted. Funded by the Bavarian StMGP, the project is being carried out by the Campaign for Youth Protection, Bavaria (Aktion Jugendschutz Bayern) in cooperation with the addiction support agency Prop - the Association for prevention, youth welfare and addiction therapy (Verein für Prävention, Jugendhilfe und Suchttherapie e.V.). Further information can be found at <http://www.schulterschluss-bayern.de>. The model for *Schulterschluss* in Bavaria comes from Baden-Württemberg.

The DHS, with funding from the BZgA, currently publishes the following print media:

- "Addiction problems in the family" (2016): the brochure is aimed at professionals and volunteers in social work, healthcare and education and offers support for recognising and addressing addiction problems.
- "Mia, Matz und Moritz... and their mum, when she is drinking again" (2017): the child-friendly, illustrated brochure is intended for reading out to Kindergarten and primary school children from families affected by addiction.

- "Mia, Matz und Moritz. The Book" (2016) is aimed at professionals in addiction prevention and addiction support, within the education and school system, who come into contact with children and families affected by addiction.
- "Luis and Alina" (2017): This brochure aims to reach the 10 to 15-year-old age group. It focusses on diary entries which describe living with an alcohol-addicted father. The aim is to facilitate the route to expert support for the children of addicts.
- "Luis and Alina - Accompanying Booklet (2017)": In this handout, addiction prevention and addiction support professionals who are actively involved with children from families affected by addiction and looking for discussion, can find suggestions and background information.
- "You're pregnant... and taking drugs?" (2016)

The website by NACOA Germany - Representing the Interests of Children of Addicts e.V. (NACOA Deutschland - Interessenvertretung für Kinder aus Suchtfamilien e.V.) (www.nacoa.de) and Al-Anon Family Groups' Interests Society (Al-Anon Familiengruppen Interessengemeinschaft e.V.) (<http://al-anon.de>) also provides information on addiction within the family.

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.

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

In addiction prevention, internet based intervention has been used with success in reducing problem substance use for many years - as on www.drugcom.de (c.f. section T1.2.3): since 2004, the BZgA programme, *Quit the Shit*, has been enabling cannabis users to receive effective, anonymous and individual support online, if they want to stop or reduce their cannabis use¹⁶. The central object is to significantly reduce users' cannabis consumption within 50 days. The programme mainly addresses adolescents and young adults and was used by around 650 people in 2016. Due to the steadily increasing demand for *Quit the Shit*, a randomised controlled study (2015/16) was carried out to test whether a reduction of the

¹⁶ 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.

case-related cost is possible without significant losses in counselling quality and programme effectiveness. The results show that a reduction in counselling costs per case, whether through omitting chats or by reducing the duration to 28 days, would not significantly reduce the effectiveness of the programme. The chat does have advantages in light of a better counsellor-client relationship, however this is not reflected, either in the short or long term, in lower use rates. In order to communicate the programme and www.drugcom.de to the specialist public, in 2017 selected evaluation results of the RCT study were submitted for publication in specialist journals. Since the start of 2017, the counselling service has been additionally funded by the Ministry for Social Affairs and Integration (Ministerium für Soziales und Integration) in Baden-Württemberg.

The project *Early Intervention with Drug Users Coming to the Attention of Law Enforcement for the First Time* (Frühintervention bei erstaufrälligen Drogenkonsumentinnen und Drogenkonsumenten bei den Strafverfolgungsbehörden, FreD) of LWL from 2013 was successfully concluded in 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. With 113 locations and 235 qualified trainers, the project is unique as an addiction prevention programme for illicit drugs that 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. Further information can be found at <http://www.lwl-fred.de/de/>.

The already successfully tested and nationally implemented early intervention programme *FreD* is extended in the current project *FreD-ATS/Crystal* ("Frühintervention für erstaufrällige (Meth)- Amphetaminkonsument/innen – Erweiterung des *FreD*-Programmes" - Early Intervention in First-Offence Amphetamine Consumers - Extension of the *FreD* Programme). This is aimed at users of (meth)amphetamine or amphetamine type stimulants (ATS). According to the currently available information, the *Laender* Bavaria, Saxony and Thuringia are particularly affected. When modifying the intervention, a working group considers the level of cooperation (e.g. access routes) as well as an adaptation of the content. The programme is applied in particular if dropping the case with no consequences is not possible on legal or educational grounds but youth crime sanctions do not seem necessary. In Munich in 2016, two ATS courses were carried out with 13 participants. In 2017, three courses took place with a total of 18 participants. *FreD-ATS/Crystal* was funded by the BMG from July 2015 to February 2017. The manual supplement is expected in the end of 2017.

A two-year pilot project, *QuaSiE* ("Qualifizierte Suchtprävention in Einrichtungen der stationären Jugendhilfe" - Qualified addiction prevention in inpatient youth welfare facilities) funded by the BMG started in 2016. The background to and impetus for the project are the results of the study "Children's and adolescents' addictive substance use and addiction

related problems in inpatient youth support" (LWL-Koordinationsstelle Sucht 2014). The study showed the impact on children and adolescents in inpatient youth support facilities who are frequently affected by addiction related problems through excessive substance use. The main aim of *QuaSiE* is the professionalisation of how use related issues are dealt with in inpatient youth support institutions and the development of a practical handling manual for and with these institutions. In the scope of *QuaSiE*, six inpatient youth support institutions nationwide were supported in developing target-oriented routines for use related issues. 36 professionals were schooled in 2016 on the topic of substance use in adolescence. Further information can be found at <https://www.lwl.org>.

The online, self-help portal *Breaking Meth* for methamphetamine users was developed by the ZIS of Hamburg University and operated by the Drug Scouts Project (Suchtzentrum gGmbH in Leipzig). It was assumed that when creating the service, initial support for the user from the care system would be necessary, which could be gradually reduced over time. A fixed part of the project is therefore aimed at measures to enable the portal to become a permanent, self-organised, online self-help service. The research based further development of the self-help portal is receiving continued funding from the BMG for the period 2016 to 2019.

In the scope of the project *Crystal Meth and Family II* ("Conception and evaluation of an intervention for methamphetamine dependent and abusing parents for the promotion of family resilience and parenting skills"), a group programme was developed for methamphetamine dependent parents with children between zero and eight years old intended to strengthen their parenting skills and family resilience, their abstinence stabilised and further use of support was promoted. Parent training entitled *SHIFT* (SuchtHilfe-FamilienTraining - Addiction support family training) was implemented in seven practice locations in regions particularly affected by crystal meth use (Saxony, Thuringia) and evaluated in terms of effectiveness and acceptance in the scope of a randomised controlled research design. *CM II* is carried out by DISuP (Katholische Hochschule NRW) and funded by the BMG (2016 to 2018). Initial results are expected in the summer of 2017.

Spotting is a BMG funded project directed at young (at risk) users in particular of methamphetamine and ATS (funded by mudra - Alternative Jugend- und Drogenhilfe Nürnberg e.V., Alternative Youth and Drug Support, Nuremberg). The objective is to use experience-based approaches in the community (bouldering, climbing) to provide experiences which allow previous drug use to fade into the background. According to the evaluation of developmental progress so far, improvements can be observed in the structuring of free time, in the sense of a consciously drug-free and nevertheless intensely experienced leisure activity. The participants develop a feeling of belonging to the climbing scene, in which they experience sincere respect instead of stigmatisation - the use of former using peers and volunteers has proved successful (Drogenbeauftragte der Bundesregierung 2016).

1.2.5 Additional information (T1.2.5)

1.3 Quality assurance of prevention interventions (T1.3)

1.3.1 Standards, guidelines and targets (T1.5.1)

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

Good examples of the central approaches 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 also included, for example, the development of quality standards, the further development of existing quality assurance measures and the deployment of recognised quality assurance instruments in addiction prevention.

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

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*. In 2016, the two-day conference took place in Hannover, focussing on, among other things, the areas of conflict between research and the content and methodological limits of proofs of efficacy in addiction prevention (Niedersächsische Landesstelle für Suchtfragen 2016). For 2018, the conference is planned to take place in Potsdam.

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

With the online database *Grüne Liste Prävention* (Green List Prevention; www.gruene-lists-praevention.de), 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 in the underlying studies and can be ordered according to target groups, settings and relevant risk/protection factors.

The documentation system *Dot.sys* has, since 2006, provided comprehensive information on addiction prevention measures implemented in Germany (c.f. section T2.1).

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

2 Trends (T2)

2.1 Changes in prevention measures (T2.1)

The project *Dot.sys*, jointly conducted by the BZgA and the *Laender*, has provided comprehensive information on addiction prevention measures implemented in Germany within a given calendar year since 2006. As such, *Dot.sys* makes an essential contribution to reporting on prevention whilst not least improving the quality and transparency in the addiction prevention system. The specialist and counselling centres, authorities, associations, specialist walk-in clinics and *Laender* coordination agencies of all the *Laender* participating in *Dot.sys*, continuously document their activities in the electronic data collection system. Documentation takes place on a voluntary basis; therefore no claim can be made as to the completeness of the documented addiction prevention measures. The computer-based documentation system for addiction prevention measures is used for collecting data and presenting addiction prevention measures on a federal, *Land*, and municipal level and is available free of charge as an online database at www.dotsys-online.de. Between 2006 and 2016, on average 33,000 measures were documented each year (Figure 1). *Dot.sys* will be further optimised in 2017 in the scope of a technical relaunch.

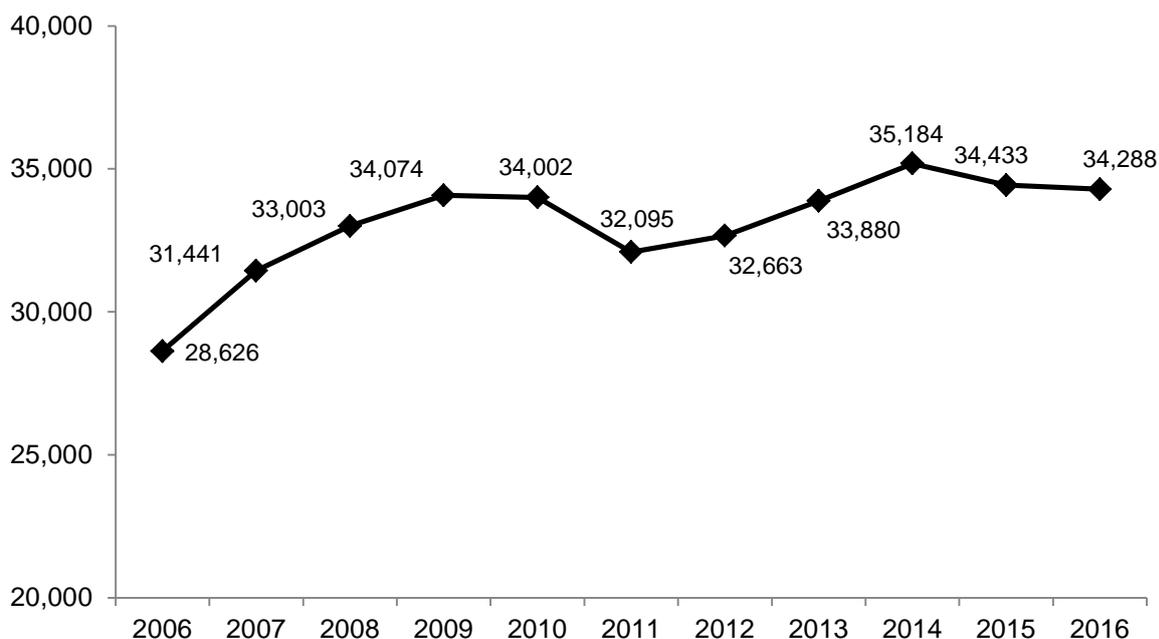


Figure 1 Number of prevention activities recorded in Dot.sys from 2006 to 2016

Of the 34,288 addiction prevention measures, projects and programmes documented in *Dot.sys* 3.0 in 2016, around 61% took a universal preventive approach, 16% were carried out as indicated prevention and 14% as selective prevention. 9% of the measures can be classified as structural or environmental prevention. As such, the types of prevention remain virtually unchanged from the previous year.

Selected nationwide results from 2016 show:

- At 60%, measures aimed at the final target persons were somewhat higher than the previous year (57%). The largest target group was children and adolescents, those with use experience and parents. The proportion of measures which were aimed at opinion leaders again reduced from 37% (2015) to 35%. Of these, teaching professionals and social work professionals made up the largest target group. 5% of all measures were based on public relations work. This means that the trend, seen since 2008, 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 (Figure 2).
- Most commonly measures were aimed at the age group 14 to 17-year-olds (36%), followed by young adults at 18% (18 to 27 years old), and children up to 13 years old (16%).

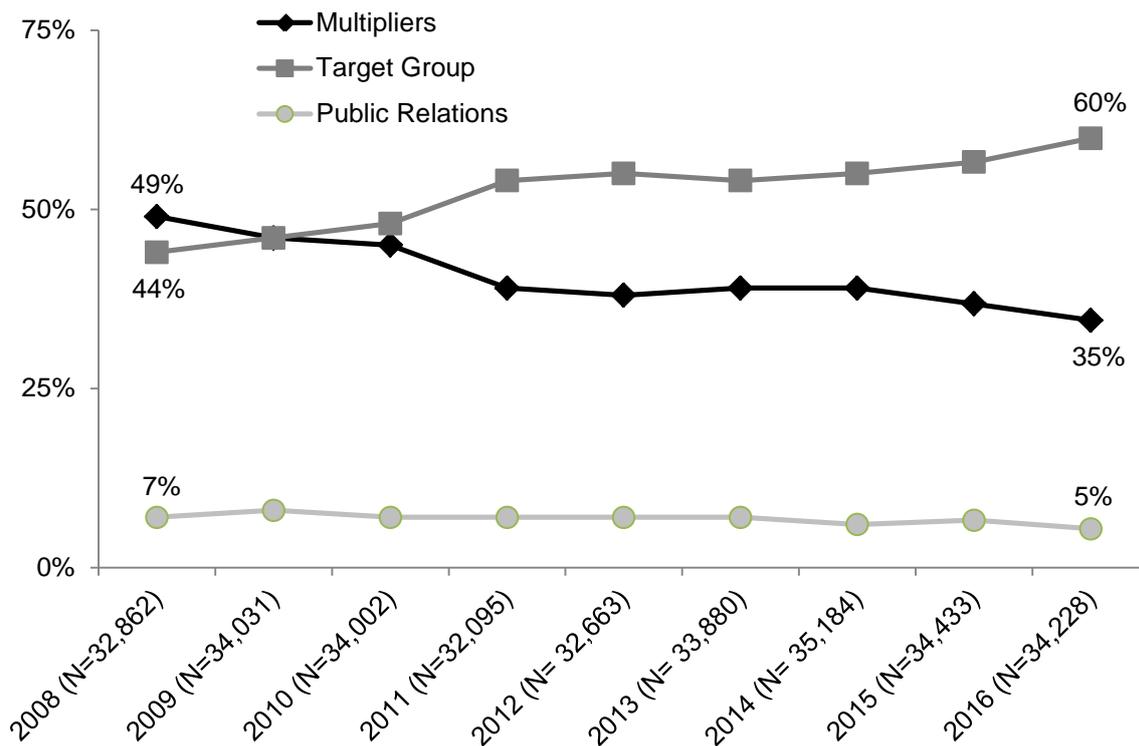


Figure 2 Course of target levels recorded in Dot.sys between 2008 and 2016

- 49% of the documented addiction prevention measures were located in the "school" setting, which continues to be the primary field of action of addiction prevention activities and increase continuously. Measures in the school setting, are followed by measures provided in the "addiction support" (13%), in "recreational" (12%), "family" (11%) and "youth work" (10%) settings. (Figure 3).

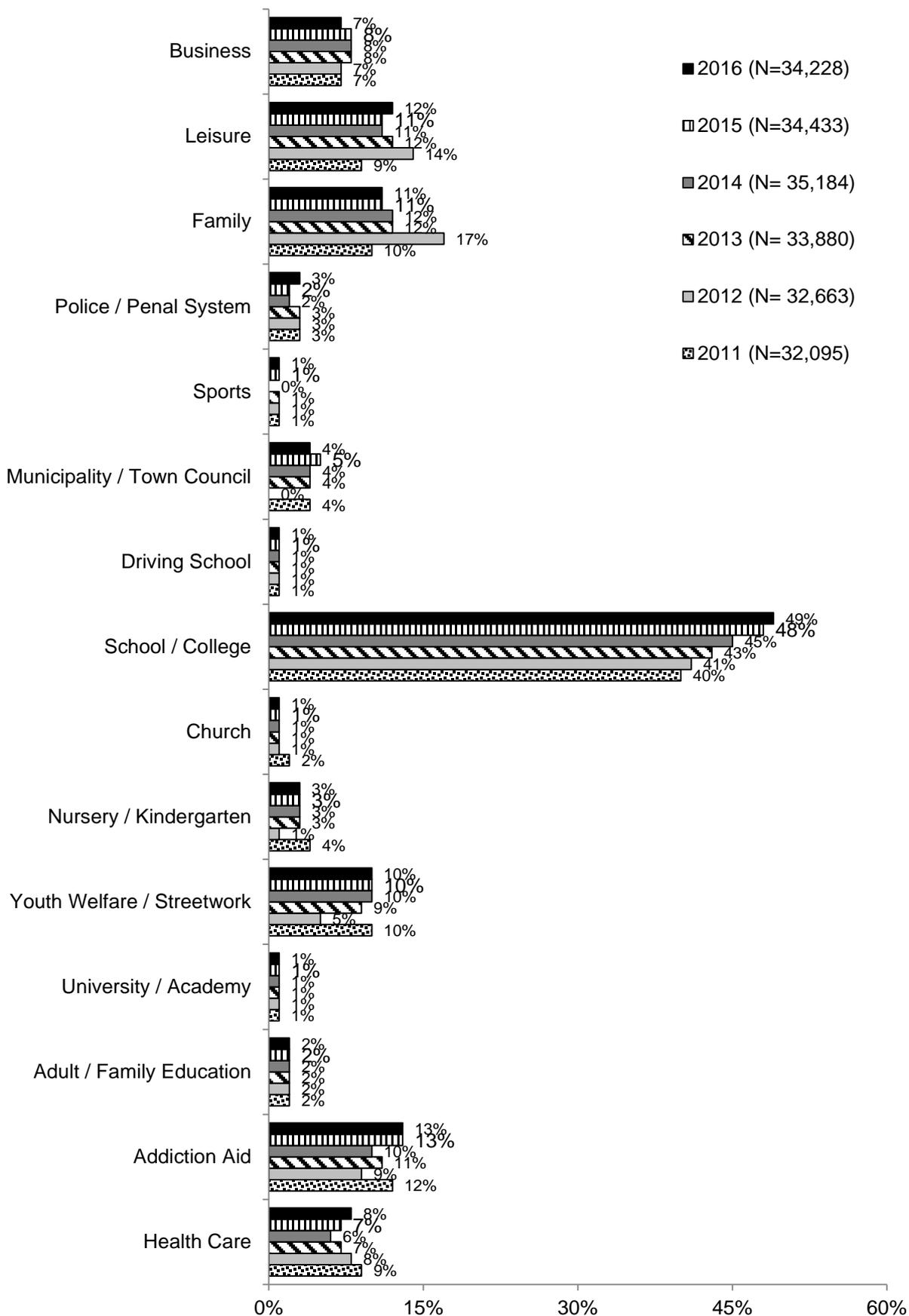


Figure 3 Setting of the prevention measures from 2011 to 2016 (multiple responses)

- The most commonly stated objective of the addiction prevention measures is still imparting knowledge (78%), followed by changing attitudes (53%) and the exchange of skills and resources (36%) - and as such almost unchanged from the previous year.
- In addition to training sessions and courses (42%), counselling (19%) and cooperation/coordination (10%) were the predominant addiction prevention activities in 2016. In comparison to the previous year (8%), providing information has increased slightly (10%) as a priority.
- At 29%, the proportion of measures with a gender-specific approach remained nearly unchanged. Around 9% of the measures had a culture specific approach.
- In 2016, 60% of the documented measures were substance-specific. This represents a slight increase from 2015 (58%). The focus remained the prevention of misuse of the substances alcohol (76%), cannabis (54%) and tobacco (35%), with almost identical results to the previous year. While the measures for alcohol prevention have continually decreased since 2011, in the same time period addiction prevention measures have increased in respect of illicit drugs such as cannabis. Methamphetamine has been listed as a separate category in Dot.sys since 2015. The proportion of activities which treat methamphetamine explicitly (10%), is to date low but increasing: in 2015 it was 6% (Figure 4).
- Since 2011, an increase in substance specific measures has been observed: cannabis increased from 42% (2011) to 54% (2016), amphetamine/speed from 16% (2011) to 21% (2014), methamphetamine from 6% (2015) to 10% (2016), tobacco from 32% (2011) to 35% (2016), and ecstasy and cocaine increased by two percentage points on average since 2011. Alcohol alone shows a continually declining trend (2011: 81%, 2016: 76%) (Figure 4).
- Around 41% of measures with no connection to a substance and thus aim at a cross-addictive substance approach to promoting life skills. Life skills are understood to encompass, among other things, 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. 25% of the measures carried out focused on "behavioural addictions".
- 27% of the measures are being or have already been evaluated, which represents a slight increase compared to the previous year (25%).

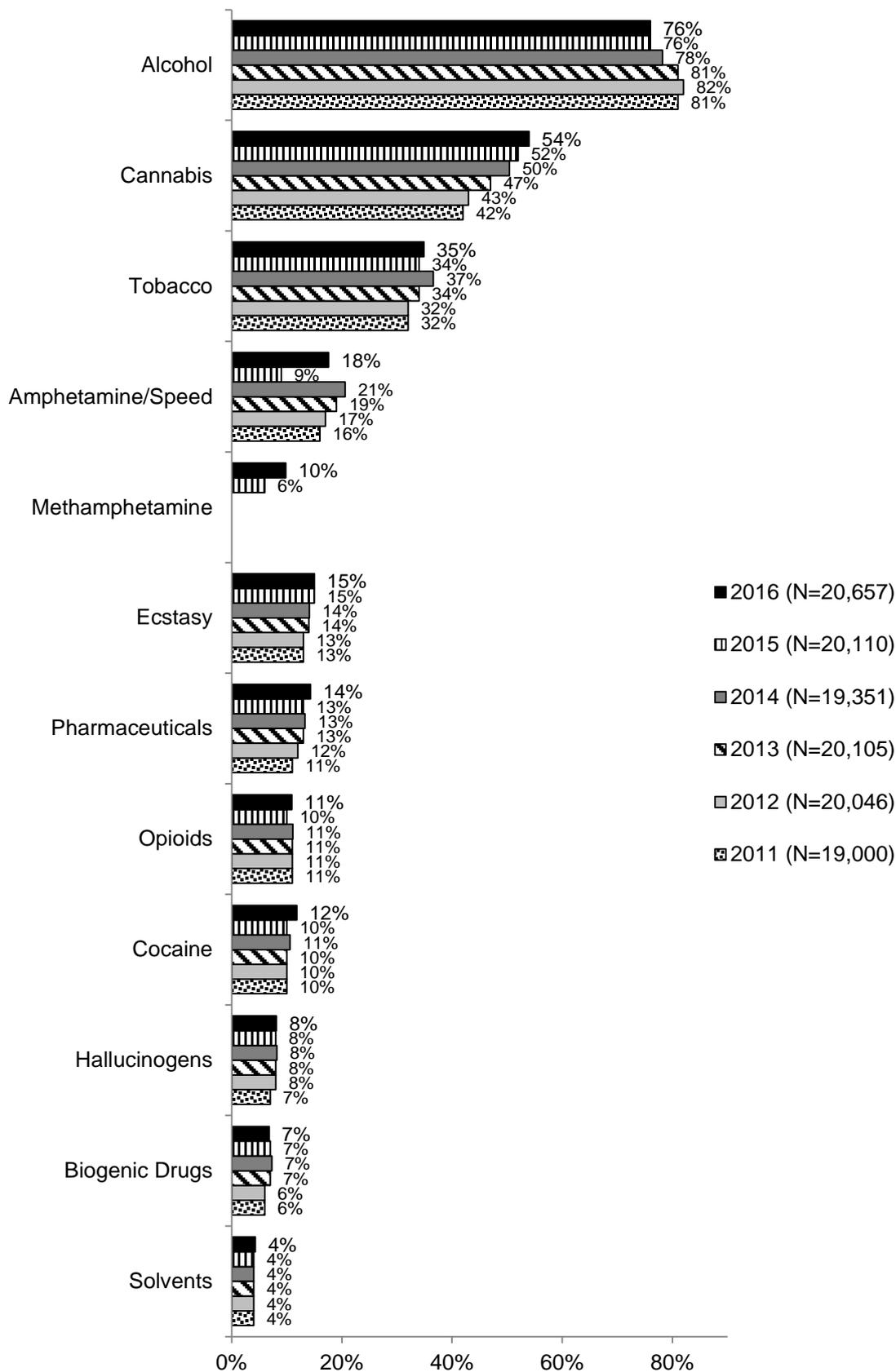


Figure 4 Proportion of prevention activities documented in Dot.Sys with connection to a substance from 2011 to 2016, categorised by substance (multiple responses)

3 New developments (T3)

2.2 New developments (T3.1)

In 2015, the German Act to Strengthen Health Promotion and Preventive Health Care (German Preventive Health Care Act) (Gesetz zur Stärkung der Gesundheitsförderung und der Prävention (Präventionsgesetz - PräVG) was approved. It places the focus on interventions in the living environment, i.e. 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 PräVG therefore strengthens health promotion and prevention in child day care facilities, schools, cities and local authorities as well as in businesses and welfare facilities. The focus is on concerted activities by all parties involved in prevention and health promotion. To this end, the Act provides for a co-operation between social insurance providers, the private health insurance providers, the Federal Government and the *Laender* and other relevant actors under the umbrella of the National Prevention Conference. For the first time in Germany there will be a common national prevention strategy aligned with common objectives as well as a concerted approach, which all those involved in health promotion and prevention will participate in drawing up. In this way, resources will be bundled and activities spread into and within living environments.

This *National Prevention Conference* was constituted 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 showing the way for all funding agencies and those responsible in living environments.

The *federal framework recommendations* (Bundesrahmenempfehlungen) (Sec. 20d (3) SGB V) define the common aims as "*growing up healthily*", "*living and working healthily*" as well as "*being healthy in old age*". This lifetime approach is intended to ensure that generally all people will be reached by living-environment based prevention - starting from measures in child day care facilities and schools to health promotion in companies and prevention work in municipal facilities to health-oriented activities in nursing care facilities. Priority target groups are therefore families, children, adolescents, trainees, students, working and unemployed people, volunteers and those in need of care, who are either cared for at home or in a care home as well as their relatives who provide care. The federal framework recommendations describe the specific areas for action and the range of services for these objectives and target groups. Statutory health, accident and pension insurance should contribute to the implementation of addiction prevention for all three objectives.

For the implementation of the federal framework recommendations, the PräVG stipulates *Land framework agreements*, in which the statutory health and social care insurance providers agree with the agencies of the statutory pension and accident insurance as well as the authorities in the *Laender* on joint principles of their local cooperation (Sec. 20f SGB V). In the agreements, objectives and areas for action in particular are defined and the coordination of services is set out, questions of responsibility are clarified and the

collaboration with or involvement of third parties is regulated. In this context, the federal framework recommendations as well as the respective regional requirements must be taken into account (GKV-Spitzenverband 2017)¹⁷.

In the scope of the National Prevention Conference the first *Prevention Forum* was held in 2016, which serves as a platform for the exchange of information and experiences between the National Prevention Conference and the specialist public. The focus of the specialist exchange was in particular on cooperation and networking opportunities on the implementation of the federal framework recommendations¹⁸. Addiction prevention is embedded within this. In autumn 2017, prevention and health promotion at municipal level will be the main topic of the second prevention forum.

In the area of substance use it is significant that the PräVG is linked to the process of setting *national health objectives*. The national health objectives are agreements of those responsible within the healthcare system, whose focus, as an overarching aim, is the health of the population. On the basis of established knowledge, recommendations are formulated and catalogues of measures created for selected objective areas. Out of nine healthcare objectives so far, two are in the area of addiction prevention: "*reduce tobacco consumption*" was published in 2003, evaluated five years later and updated in 2015. For the achievement of the objective, among other things, the following environmental prevention measures were recommended in the scope of the healthcare objective: influencing prices through tobacco taxation; target group specific, national and regional awareness-raising measures; strict prosecution of violations of the statutory regulations regarding the protection of non-smokers. The healthcare objective "*reduce alcohol consumption*" was first published in 2015¹⁹.

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

¹⁷ The federal framework recommendations of the National Prevention Conference and an overview of the individual *Land* framework agreements on the implementation of the national prevention strategie can be viewed at: https://www.gkv-spitzenverband.de/gkv_spitzenverband/presse/fokus/praeventionsgesetz/s_praeventionsgesetz.jsp [accessed: 7 Jul. 2017].

¹⁸ Documentation on the prevention forum of the National Prevention Conference can be found at: https://www.gkv-spitzenverband.de/media/dokumente/presse/presse_themen/praevention_npk/Praeventionsforum_2016_Dokumentation_web.pdf [accessed 7 Jul. 2017].

¹⁹ The national healthcare objectives can be viewed at: http://gesundheitsziele.de/cgi-bin/render.cgi?__cms_page=nationale_gz [accessed: 7 Jul. 2017]

In municipal addiction prevention, prizes were awarded to projects e.g. at the national competition "Model Strategies of Municipal Drug Prevention" (c.f. section T1.2.2, Municipalities). In order to raise awareness of these contributions and promote networking, the opinion leaders' conferences on municipal addiction prevention took place in May 2017 in Stuttgart and in June 2017 in Hamburg, organised by the BZgA.

3 Additional information (T4)

3.1 Additional sources of information (T4.1)

3.2 Further aspects (T.4.2)

4 Sources and methodology (T5)

4.1 Sources (T5.1)

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4.2 Methodology (T5.2)

5 Figures

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