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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 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 2018 and in part 2019. These include projects at municipal, *Land* and national level as well as new and updated materials and media. Different instruments for the quality assurance of addiction prevention measures are presented in the following.

In the scope of the German Act to Strengthen Health Promotion and Preventive Health Care (aka German Preventive Health Care Act) (Gesetz zur Stärkung der Gesundheitsförderung und der Prävention, aka Präventionsgesetz, PräVg)) which has been in force since 2015, among other things the National Prevention Conference was constituted, federal framework recommendations approved and *Land* framework agreements passed. It is significant that the PräVg is linked to the process of setting national health objectives and that two of the nine health objectives are dedicated to addiction prevention: "to reduce alcohol consumption" and "to reduce tobacco consumption". The first cross-provider prevention report was presented in 2019.

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 – a central component of the comprehensive addiction and drug policy in Germany. In addition to severe psychological and physical harm to the individual, substance abuse and dependence also cause enormous cost to the national economy.

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

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

1.1.2 Organisational structure (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 measures fall within the areas of health, social insurance, education and youth, they are subject to conflicting legislation. The *Laender* only have the authority to legislate insofar as the Federal Government does not exercise its legislative competence (Art. 72 German Constitution (Grundgesetz, GG)). Addiction prevention services are mainly financed by the *Laender*, social insurance providers and the municipalities.

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

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

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

representative of civil society as well as of the interests of addiction support at a federal level. The DHS is also a registered association with non-profit objectives.

Roughly every two years, one or more 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 on the ground familiar with the quality assurance instruments currently in use in addiction prevention, so that the practical utilisation of these instruments will be promoted at regional and municipal levels. The target group of the expert conference on quality assurance is therefore primarily the addiction prevention professionals from the municipalities allocated to the *Land* bodies.

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). In an annual "Drug and Addiction Report", the Commissioner reports on current developments and projects. In 2018, the key topic for the year was "addiction in our society"; in 2019 "municipalities as actors for addiction prevention and support" will be the focus².

In the *Laender* and in the municipalities, a range of further structures exists for 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 ensured. International cooperation also takes place at all levels, primarily in the form of projects within the European Union (EU).

1.1.3 Commentary on funding (T1.1.3)

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

Education policy in Germany is the responsibility of the *Laender*. This relates to both schools and higher education. For this reason, the school systems differ, in some aspects strongly, from each other, e. g. through the number of school years or different curricula. In regular meetings of the Standing Conference of Ministers of Education and Cultural Affairs³ (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 conference 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

² Further information can be found at <https://www.drogenbeauftragte.de> [accessed: 3 Jul. 2019].

³ The conference is a coming together of the ministers and senators of the *Laender* responsible for education and training, for universities and research as well as for cultural matters.

to addiction as well as to identify and reduce high-risk use and behaviours at an early stage, in particular through early intervention and measures to improve life skills.”

Through guidelines and curricula, the *Land* cultural affairs ministries have, for some years, made addiction prevention a mandatory lesson topic, one example being the *Land* programme “*Happy, healthy school*”⁴.

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

Legislation on alcohol consumption

In 2018, around 63% of 12 to 17-year-old adolescents had already drunk alcohol at some point in their lives, with almost 10% drinking at least once a week. Of 18 to 25-year-old young adults, around 96% have already drunk alcohol at least once in their lives, with 34% drinking regularly. Trends show that fewer adolescents have already drunk alcohol, and that regular alcohol consumption and intoxication in this age group has also decreased. Regular alcohol consumption, the consumption of risky amounts and the 30-day prevalence of intoxication among young men are currently less widespread than was the case in 2011 and 2012. There have been no significant changes in alcohol consumption among young women (Orth & Merkel, 2019a).

Overall, alcohol consumption in Germany has been decreasing, however at 10.6 litres of pure alcohol per inhabitant over 15 years old in 2016, this is very high when compared to other countries (John et al., 2019). 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 indirect⁵ costs to the economy as a whole in Germany, associated with high alcohol consumption, amount in 2018 to an estimated € 57.04 bn. (personal communication, BMG). In 2008 these costs amounted to 40 bn. (Effertz, 2015 a).

⁴ e. g. in North Rhine-Westphalia (<https://www.schulentwicklungspreis.de>), Mecklenburg-Western Pomerania (<https://www.bildung-mv.de/artikel/landesprogramm-gute-gesunde-schule-mv>), Berlin (<https://www.berlin.de/sen/bildung/unterstuetzung/praevention-in-der-schule/gesundheit>), Brandenburg (<https://mbjs.brandenburg.de/bildung/gute-schule/gute-gesunde-schule.html>).

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

German Youth Protection Act (Jugendschutzgesetz, JuSchG)

The JuSchG⁶ addresses the topic of "alcohol" in Sec. 9 "Alcoholic Drinks". The legal minimum age for the independent purchase of beer, wine or sparkling wine is 16, i.e. selling alcohol to anyone under 16 years old is prohibited. 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. Apart from the introduction of the tax on alcopops, there have been no significant tax increases since 1982 (DKFZ, 2017). Currently, beer is taxed at € 1.97 per litre, spirits at € 13.03 per litre, sparkling wine at € 13.60 per litre and alcopops at € 55.50 per litre of pure alcohol. No tax is levied on wine (Rummel et al., 2017 according to the German Federal Ministry of Finance 2016)⁷.

The revenue from alcohol taxes in Germany in 2017 was virtually unchanged in comparison to previous years, at around € 3.1 billion (John et al., 2019) and is below the EU average, which has increased in recent years (Gaertner et al., 2015).

Drink driving

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

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

⁵ There are current annual *direct* costs caused by harmful alcohol consumption in Germany in the amount of €16.59 billion (2008: €9.15 billion) related to sickness and care costs, rehabilitation measures, services for participation in working life and accidents. Annual *indirect* costs in the amount of €40.44 billion (2008: €30.15 billion) relate to loss of resources due to mortality, long-term unemployment, unfitness for work, short-term unemployment, reduction in earning capacity due to early retirement, rehabilitation measures, loss of productivity due to nursing care needs (BMG, personal communication; DKFZ, 2017, calculation according to Effertz).

⁶ The JuSchG serves to protect children and adolescents in public. Within the meaning of the Act, children are persons under 14 and adolescents as persons between 14 and 18 years old.

⁷ The 2017 Alcohol Atlas (Alkoholatlas 2017) from the German Cancer Research Centre (Deutsches Krebsforschungszentrum) (DKFZ, 2017) provides a detailed overview on alcohol tax levels in Germany by type of tax.

things, a fine, a driving ban or points in the Register of Driver Fitness (Fahreignungsregister). For beginners, an absolute ban on alcohol applies during the two year probationary period or if the driver is not yet 21 years old (Sec. 24c StVG).

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

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

Alcohol consumption in public

Regulations on consuming alcohol in public are set, depending on how they are needed, by the *Laender* or the municipalities⁸. In this respect, for example, there are bans on consuming alcohol on local public transport (for example in Hannover, Hamburg and Cologne) or in certain places in innercity zones.

Statutory regulations on tobacco consumption

Tobacco consumption in Germany is the leading cause of premature death. It is estimated that 110,000 to 140,000 people die every year from the consequences of smoking (BMEL, 2017). In 2013 it was around 121,000 people, thus making up 13.5% of all deaths (Kuntz et al., 2019). Costs incurred by the health system as a direct result of tobacco were estimated at € 25.41 billion annually for the period 2008 to 2012 (Effertz, 2015 b); indirect costs as a result of tobacco consumption, such as loss of production due to illness, accounted for € 53.68 billion annually (DKFZ, 2015).

Taking into account several national representative studies, Kuntz et al. (2019) show that roughly a quarter to a third of adult men and a fifth to a quarter of adult women smoke.

The current data on the smoking behaviour of adolescents and young adults in the 2018 alcohol survey (Orth & Merkel, 2019c) comes to the conclusion that the steady downward trends in both the smoking rates, at 6.6% among 12 to 17-year-olds (2001: 27.5%) and at 24.8% among 18 to 25-year-olds (2001: 44.5%) is continuing. 82.7% of adolescents and 44.3% of young adults reported never having smoked (2001: 40.5% and 23.1% respectively).

⁸ In the scope of the BZgA youth campaign "Alcohol? Know your limit." ("Alkohol? Kenn dein Limit.") a legal expert report has been produced on the legal options for preventive measures in municipalities, which will be made available to interested parties at municipality level in 2019.

Among young adults, a significant increase in the use of water pipes (shisha) has been recorded: 19.1% of this age group reported having smoked a water pipe in the 30 days prior to the survey. In 2008, the figure was 7.8%. Among adolescents, this type of consumption has slightly fallen (2018: 9.0%; 2008: 12.2%). Increases have also been recorded in the use of e-cigarettes in 2018: 4.2% of adolescents and 6.6% of young adults had used e-cigarettes in the 30 days before the survey (2012: 2.6% and 3.9% respectively).

Some isolated population-representative, cross-sectional surveys on the prevalence of e-cigarettes are available: in February 2018, 11.8% (N = around 2,000 respondents over 15 years old) reported having used e-cigarettes at some point in their lives (DKFZ, 2018). The dual, regular use of e-cigarettes (as an aid to quit smoking) and tobacco cigarettes is seen as problematic, “as a health benefit from e-cigarettes results primarily if they completely replace conventional cigarettes” (ibid.). The DEBRA study (Kotz & Kastaun, 2018), according to which 1.9% of the population (N = 18,415 people 14 years old and over) use e-cigarettes, also came to the conclusion that they were mainly used in addition to tobacco cigarettes.

Environmental prevention measures aimed at reducing tobacco consumption are for example tax increases on tobacco products, sales and advertising restrictions and smoking bans in public or in the workplace. In recent years, tobacco prevention and tobacco control policy measures have led to a reduction in smoking, especially among adolescents and young adults (Kuntz et al., 2019).

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

In 2016, the new version of the Tobacco Products Directive 2014/40/EU⁹, passed by the EU, was transposed into national law by way of the German Tobacco Products Ordinance (Tabakerzeugnisverordnung, TabakerzV) (BMEL, 2017). The most visible change relates to the picture-text warnings on the outer packaging of tobacco products, which make up 65% of the packaging surface on both the front and reverse. The written warnings are illustrated with photos of possible adverse health effects and consequences of smoking. In addition, there is advice about free counselling services.

Tobacco products with characteristic flavours or with technical features which change the aroma, flavour or smoke intensity are prohibited (Drogenbeauftragte der Bundesregierung, 2017). In the new directive, electronic cigarettes containing nicotine (e-cigarettes) and refill cartridges are subject to greater regulation and have stricter requirements regarding product

⁹ Replaced the previous version, 2001/37/EC.

safety, in particular concerning the maximum amount of nicotine in the liquids and better information for users regarding the ingredients¹⁰.

Protection against passive smoking

In 2015 around 11% of the adult, non-smoking population was regularly exposed to passive smoking in closed rooms, the highest exposure was found among 18 to 29-year-olds (Kuntz et al., 2019).

The German Workplaces Ordinance (Arbeitsstättenverordnung, ArbStättV) passed in 2004 and the German Maternity Protection Act (Mutterschutzgesetz, MuSchuG) obligate employers to protect non-smoking employees from the dangers of passive smoking. In 2007, the German Federal Act on the Protection of Non-Smokers (Bundesnichtraucherschutzgesetz, BNichtrSchG) also came into force. Under the Act, employees in public authorities as well as passengers on public transport have a legal right to protection from passive smoking. More extensive provisions are imposed by the *Laender* in laws governing the protection of non-smokers¹¹. Currently for example a (national) prohibition on smoking in cars in which children or pregnant women are also travelling is being discussed, as well as at bus stops.

Youth Protection

The JuSchG¹² addresses the topic of "smoking" in Sec. 10 "Smoking in public, tobacco goods". The prohibition covers the selling of products containing tobacco and nicotine to children or adolescents, as well as 18-year-olds smoking 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 (mandatory) "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 duty is regulated by the German Tobacco Duty Act (Tabaksteuergesetz, TabStG) and in recent years has been gradually increased (Sec. 2 (1) No. 1a TabStG). Cigarettes are

¹⁰ 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).

¹¹ A 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: 4 Jul. 2019].

¹² The JuSchG serves to protect children and adolescents in public. Within the meaning of the Act, children are persons under 14 and adolescents as persons between 14 and 18 years old.

currently taxed at 9.82 cents each, with a further tax of 21.69% on the retail price, plus 19% value added tax¹³.

In 2018, the revenue from tobacco taxes was approx € 14.3 bn, and has slightly decreased by 0.3% compared to the previous year (€ 14.4 bn). This can be attributed to declining cigarette sales (Kuntz et al., 2019). In 2015, tobacco tax revenue was € 14.9 bn (Kuntz et al., 2017).

Trading in tobacco products

To combat the illicit trade in tobacco products, tobacco packaging must be marked with a unique identifier (traceability) and a carry a tamper-proof security feature (Art. 15 and Art. 16 Tobacco Products Directive 2014/40/EU). This has now also applied to cigarettes and to hand rolling tobacco since 20 May 2019. For all other tobacco products, the rules will apply from 20 May 2024 (BMEL, 2018).

Advertising for tobacco products

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

Health policymakers of all parliamentary parties are currently once again discussing a ban on outdoor advertising in Germany. A public expert discussion took place in the Bundestag in December 2018, in which the majority of experts expressed support for the introduction of a comprehensive advertising ban¹⁴. A corresponding draft law has been announced.

As a Member State of the FCTC (see above), Germany is obliged to disclose the tobacco industry's advertising costs. In 2016, the tobacco industry's advertising expenditure amounted to a total of approx. €212 million, in 2015 it was €232 million (Drogenbeauftragte der Bundesregierung, 2018).

¹³ How much tax to levy on products containing nicotine - "Liquid-Steuer" ("liquid tax") - is currently under discussion.

¹⁴ Further information is available at <https://www.bundestag.de/dokumente/textarchiv/2018/kw50-pa-ernaehrung-tabakwerbung-577516> [accessed: 4 Jul. 2019].

Statutory regulations on the use of illicit drugs

In 2018, 1,276 people died as a result of the consumption of illicit drugs (2017: 1,272). As was also the case in previous years, most deaths were attributed to opioid overdoses, involving for example heroin or morphine (Die Drogenbeauftragte der Bundesregierung, 2019 a).

In Germany, the BtMG regulates, as the central legislative instrument, how the state deals with drug offences. It provides for a variety of sanctions which, depending on the severity and type of offence, range from administrative fines to custodial sentences. According to the BtMG, a narcotic (illicit drug) is any substance which is included in one of the three 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. methamphetamine) 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 (see on this, the Legal Framework workbook).

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

In 2015, cannabis was the most frequently used illicit drug among both adolescents and adults (Orth, 2016; Piontek & Kraus, 2016). Data from the current 2018 alcohol survey prove a general increase in cannabis consumption: 16.8% of 18 to 25-year-olds have consumed cannabis at least once in the last twelve months (2008: 11.6%). The increase is particularly noticeable among young men: one in four (22.9%) reported having taken cannabis at least once in the previous twelve months (2008: 14.8%). Cannabis consumption has also increased among 12 to 17-year-old male adolescents (12-month prevalence, 2018: 9.5%; 2011: 6.2%) (Orth & Merkel, 2019b).

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 are 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 five to fifteen grams. In most *Laender*, these are so-called "can" provisions. At the 2018 Justice Ministers' Conference, a national uniform upper limit for cannabis was discussed.

Driving and illicit drugs

Road traffic law and criminal law have a special role to play in environmental prevention: Under Sec. 24a (2) StVG, it is a regulatory offence to drive a vehicle in traffic whilst under the influence of "intoxicating substances" (StVG Schedule (to Sec. 24a)) and the substance is detected in the blood. Sanctions range from fines or points in the Register of Driver Fitness to a driving ban. If positive proof of drugs in the blood is established in connection with

irregular driving and signs of deficient driving, criminal proceedings are instituted. Possible sanctions include imprisonment and fines and the revocation of the driving licence (Sec. 315c, Sec. 316 StGB). A successfully completed medical-psychological assessment (Medizinisch-Psychologische Untersuchung, MPU) is a requirement of having the driving licence reissued. Proof of abstinence from drugs for over one year is also a requirement. After an accident whilst under the influence of drugs, civil and insurance law consequences can be expected.

In contrast to alcohol, there are no legal threshold values for driving under the influence of illicit drugs. The recommendation of the Commission on Legal Limits¹⁵ (Grenzwertkommission) includes a detectability threshold for cannabis of under 1ng tetrahydrocannabinol (TCH)/ml blood serum, for fitness to drive not to be acutely affected. In the case of other illicit drugs, driving licence authorities and courts generally assume that they are not safe for driving. In this respect, driving licence authorities do not have to prove that someone has driven whilst under the influence of a narcotic (see Legal Framework workbook).

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

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

NPS are 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 given and thus the associated risks are incalculable. Deaths caused by the use of NPS and other illicit drugs are regularly published in the BKA Federal Situation Report (Bundeslagebild). The first NPS were identified in 2008 in the herb mixture "Spice" and were subject to the BtMG in 2009. Since then, manufacturers have repeatedly switched, after a health-endangering substance is prohibited under the law, to new psychoactive substances, the chemical structure of which is often only minimally changed, and have thus circumvented the ban.

The NpSG, which came into force in 2016, has confronted this approach by prohibiting whole substance groups for the first time, in addition to the sale, possession and dealing/trafficking in NPS (Pressestelle der Bundesdrogenbeauftragten und des Bundeskriminalamtes, 2016; see Legal Framework workbook).

¹⁵ 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 Toxikologische und Forensische Chemie, GTFCh) and which advises the German Federal Government.

The Bundesrat adopted the Ordinance on the Amending of the Annex to the NpSG and to the Annexes to the BtMG, which came into force in July 2019: accordingly to that ordinance, further individual substances have been added to Schedule II of the BtMG and substance groups in the NpSG have been further developed and expanded (Die Drogenbeauftragte der Bundesregierung, 2019 b)¹⁶.

Effects of NpSG on users, the addiction support system and on law enforcement authorities were examined between 2017 and 2018 in the research project "Phar-Mon NPS" - a Germany-wide information system on the abuse of NPS and medicinal drugs - (funded by the BMG) (Pinotek & Hannemann, 2017). From 2019 onwards, the plan is to further transform "PharMon plus" into an information system for new developments in patterns of use and in the use of psychoactive substances and medicinal drugs¹⁷.

1.2.2 Universal prevention (T1.2.2)

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

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

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

Kindergarten

The programme "**Papilio**" is intended to combat the development of addiction and violence in later childhood and adolescence. In addition to promoting socioemotional competence and strengthening psychosocial health among participating children, "Papilio" minimises risk factors by teaching parenting skills to parents (Hessische Landesstelle für Suchtfragen e.V., 2009). Studies have shown that "Papilio" contributes to improving prosocial behaviour and

¹⁶ Further information can be found in the Legal Framework workbook.

¹⁷ Further information can be found at <https://legal-high-inhaltsstoffe.de/de/phar-mon-nps.html> [accessed: 4 Jul. 2019] and in the Drugs workbook.

reducing behavioural problems. Children with behavioural problems, in particular those with hyperactivity and attention deficiencies, particularly benefit. Withdrawn children become better integrated into the group and generally better accepted by other children. The children display higher socioemotional competence (e.g. conflict resolution skills)¹⁸. “Papilio” now offers several programmes:

- “Papilio-U3” (prevention programme for daycare centres looking after children under 3 years old; in development up to 2019),
- “Papilio 3to6” (“Papilio-3bis6”) (for the target group of under three-year-olds and their transition to primary school),
- “Papilio 6to9” (“Papilio-6bis9”) (Prevention project “Paula goes to school” for primary schools and after school day care; in development until spring 2019),
- “PapilioParentClub” (“PapilioElterClub”) (Module for child care workers in daycare centres on involving parents),
- “Papilio-Integration” (Practice-based seminar on contact with children with refugee background for child care workers in daycare centres)¹⁹.

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 curriculum²⁰ and beyond. Schools are equally well-suited as settings for non substance-related, substance-related and cross-substance prevention activities.

The effectiveness of addiction prevention measures in primary schools has been intensively investigated. Measures that build on a psychosocial approach as well as on behaviour-modifying interventions are likely to succeed, usually on the condition that they are supplemented by components in non-classroom settings (Bühler & Thrul, 2013). Starting to use legal addictive substances at an early age has a negative effect on psychosocial development, which is why the employment of addiction prevention measures in primary schools seems a particularly good idea. In addition, where use of legal drugs begins at an early age, a use of illicit drugs later on can be predicted (Brook et al., 2002; Hanna et. al., 2001; Maruska et. al., 2011; McGue et. al., 2001). School-based life skills programmes are an important approach within addiction prevention in Germany. The results of a meta-

¹⁸ <http://www.gruene-liste-praevention.de/nano.cms/datenbank/programm/35> [accessed: 4 Jul. 2019].

¹⁹ Further information and annual reports can be found at <http://www.papilio.de> [accessed: 4 Jul. 2019].

²⁰ Guidelines and curricula from the *Land* ministries of education and cultural affairs make addiction prevention a compulsory teaching topic.

analysis²¹ demonstrate an effectiveness of addiction prevention life skills programmes with German (speaking) pupils, to the extent that they reduce the risk of use at an early age, which is a risk factor for later substance abuse (Bühler, 2016).

Since 2015, the BMG has, through the BZgA, supported the increase in the nationwide reach of the widely evaluated life skills programme for health promotion and prevention of addiction and violence, "**Klasse2000**", in primary and special needs schools. The programme follows children from the first to the fourth grades. Teachers receive evaluated teaching materials for ten to twelve "Klasse2000" hours per school year. In addition, specially trained health promoters are deployed. The programme started in 1991 with 234 classes. Since then, over 1.7 million children have been reached. In the 2018/2019 school year alone, over 500,000 children nationwide, from the first to fourth grades, took part. "Klasse2000" is thus the furthest reaching education programme on health promotion, addiction and violence prevention in primary schools in Germany. The effectiveness of the programme has been proved by several studies (e. g. Isensee et al., 2015; Kolip & Greif, 2016). Positive effects have been seen primarily in the areas of nutrition and physical activity, as well as in smoking and alcohol consumption. An evaluation study on the long and short term effects has been carried out since 2016 by the Lower Saxony Criminological Research Institute (Kriminologische Forschungsinstitut); initial results are expected at the end of 2019.

Rehbein et al. (2019) examined which proportion of pupils in 9th grade classes in Lower Saxony (n = 10,638) had been reached in their lives to date by addiction prevention measures on specific use risks. Almost 83% of the surveyed adolescents had participated in an addiction prevention session in relation to at least one risk of use by the ninth grade. The percentage reached varied depending on the use risks addressed: Alcohol: 73,3%; smoking: 66.5%; cannabis: 53.6%; ecstasy/LSD: 37.4%; computer games: 35.7% and gambling: 22.1%; teaching methods used were as follows: lessons from a teacher: 55.5%; online information: 28.1%; information materials: 26.8%; workshops: 26.6%; project week: 24.4%; interactive stations: 11.5% und competitions: 8.5%. While the degree of urbanisation of the residential location was of almost no significance for the reach of addiction prevention, pupils at secondary general schools took part in externally conducted addiction prevention services to a lesser degree than grammar school pupils. The authors conclude that the proportion of adolescents reached by addiction prevention in the area of illicit substances and excessively pursued "rewarding" behaviours was too low and there is a need for this to be further expanded (ibid.).

"1000 little treasures - health and addiction prevention at primary school" (1000 Schätze – Gesundheit und Suchtprävention in der Grundschule) is a modular programme to strengthen first grade pupils' psychosocial health, that focuses on their resources and strengths and promotes life skills, exercise and mindfulness. At parent level, contact with

²¹ 13 systematically identified, randomised and non-randomised studies with German-speaking target groups between 1997 and 2014.

schools and exchange of knowledge and experiences with other parents is encouraged as well as the strengthening of parenting skills. Teachers and educational professionals are trained in the area of psychosocial health and the problem of children of addicted parents. At an environmental prevention level, the programme is intended to structurally anchor health promotion and extend networking in the social environment. In the 2017 to 2018 pilot phase, around 530 pupils took part from 13 schools in seven different regions in Lower Saxony. The programme is currently being revised on the basis of the evaluation results (Lower Saxony State Office for Addiction Issues (Niedersächsische Landesstelle für Suchtfragen, NLS, 2019)). The plan is to repeat the programme from the 2020/2021 school year onwards. The NLS implements the programme funded by the GKV together with the network of experts for addiction prevention in Lower Saxony²².

Specifically on the topic of cannabis, a scientific survey (Hoch et al., 2017) examined which school prevention programmes had been developed and evaluated and whether the measures showed positive, unintended or no effects. Four school-based cannabis programmes with documented evidence were identified which were Germany-wide or EU-wide²³.

Vocational schools and occupational settings

“**Prev@WORK**” is a holistically oriented programme for occupational addiction prevention which was reviewed and evaluated in terms of its transferability in the scope of a 2011/2012 national pilot project. Addiction prevention is integrated into training as an inherent element: trainees are reached in their daily lives and taught about the dangers of addiction and the risks of using psychoactive substances. The concept is very well suited to the implementation of addiction prevention in vocational training in different settings (BMG, 2016). Prev@WORK is implemented nationwide: since the start of the programme in 2008, around 360 trainers have received training in 14 *Laender*, who have then conducted basic seminars for almost 4,000 trainees (Fachstelle für Suchtprävention Berlin, 2019 b)²⁴.

The project "**Addiction prevention and health promotion in training**" (Suchtprävention und Gesundheitsförderung in der Ausbildung), which up to the end of 2018 was carried out by the Institute for Therapy and Health Promotion (Institut für Therapie- und Gesundheitsforschung, IFT-Nord) examined the distribution, availment and influence of prevention and health promotion measures in vocational schools and specialist vocational schools. The project is based on a survey of 5,688 trainees, which the IFT-Nord carried out in seven *Laender* on behalf of the BMG between 2012 and 2014 (e.g. Montag, Hanewinkel & Morgenstern, 2015). The intention was to identify what addiction prevention measures had

²² Further information is available at <https://nls-online.de> [accessed: 27 Jun. 2019] and in the 2018 NLS annual report (2019).

²³ “The Cannabis Show”, “Unplugged”, “Rebound – meine Entscheidung”, “Xktps.com” (Hoch et al., 2017), see also on this point the 2018 Prevention workbook

²⁴ Further information can be found at <https://prevatwo:rk.de/Programm.htm> [accessed: 22 Jul. 2019].

been on offer in vocational schools in Germany in previous years, which and how many trainees were aware of those measures or had visited them and whether participating in measures was associated with a change in consumption for the respective trainee cohort. In the 2017/2018 study, a total of 343 vocational schools in Germany took part, with 80% of participating schools having carried out at least one addiction prevention measure in the past; the ratio for the school year 2016/2017 was 57% which represents an increase of 30% from 2012/2013. The most frequently offered measures were on the topic of alcohol (72%), cannabis (68%), tobacco (56%), online gaming (40%) and gambling (25%). Facilities not previously offering addiction prevention mainly (86%) expressed a need for addiction prevention measures. At trainee level it emerged that only a minority of them were aware of the measures on offer at vocational schools. For people who participated in a preventive measure (self-reporting) it was observed that they more rarely increased their cannabis consumption and more frequently reduced it versus those who had not participated in a measure - particularly if the measure was mandatory (Morgenstern, Seidel & Hanewinkel, 2019)²⁵.

Driving school

Driving under the influence of drugs is one of the five main causes of accident-related injuries among young adults across Europe (WHO, 2019).

The "**PEER project at driving schools**" (Peer-Projekt an Fahrschulen) explains the dangers of alcohol and drug use in connection with driving motorised vehicles on the roads. For this purpose, young people who themselves belong to the group of young drivers are trained as peers²⁶ by experts in basic seminars. The service is aimed directly at the target group of learner drivers in the form of a peer-led brief intervention (talks, discussions). The results of the accompanying evaluation prove the success of this approach, in particular by the fact that this target group is reached with the content (incompatibility of drug use and driving) and by the methods (peer discussions): Since 2000, more than 120 peers have reached over 10,000 drivers nationwide in around 1,000 talks each year. Since 2004, an amalgamation of the respective coordination agencies in the *Laender* and the individual locations has existed in the form of the interest group "Peer project in driving schools" (Peer-Projekt an Fahrschulen). Today, representatives from several *Laender* exchange knowledge and experiences in this committee (LWL-Koordinierungsstelle Sucht, 2018)²⁷.

²⁵ Further information can be found at <https://www.ift-nord.de/> and <https://www.bundesgesundheitsministerium.de/service/publikationen/drogen-und-sucht.html> [accessed: 4 Jul. 2019].

²⁶ Peer education approaches are based on the assumption that other persons of the same age group (peers) are better able than teachers or counselling professionals to create favourable conditions for the initiation of learning processes. This can be attributed to, amongst other things, a greater social connection between peers, the use of common vocabulary and greater authenticity (Backes & Schönbach, 2002).

²⁷ Further information can be found at <http://www.peer-projekt.de> und https://www.lwl-ks.de/de/unsere-schwerpunkte-fuer-die-suchthilfe/projekte/PPF_Start [accessed: 11 Jul. 2019].

The "**Young driver initiative**" (Aktion junge Fahrer) is aimed at the target group of young drivers. The events carried out in the scope of that programme are intended to provide content on traffic safety to adolescents and young adults, for example dangers in road traffic in connection with substance use, and encourage them to engage in self-reflection. The programme is an initiative of the Deutsche Verkehrswacht (a German road safety organisation) and is supported by the German Federal Ministry of Transport and Digital Infrastructure (Bundesministerium für Verkehr und digitale Infrastruktur, BMVI). The "Young driver" campaign days are carried out, among other places, in discotheques, public places near schools or public school events of Sekundarstufe II (second stage of secondary education)²⁸.

Family

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

The programme "**Strengthening Families**" (Familien stärken) (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 the first use of addictive substances. The "Strengthening Families Program 10-14" from the USA on which it is based was able to demonstrate its effectiveness in several randomised controlled studies. In Germany, the programme was carried out in socially disadvantaged areas in Hamburg, Munich, Hannover and Schwerin. The evaluation results show that participating in the programme significantly reduced the chances of starting cigarette smoking, which particularly benefits families whose children are already showing behavioural problems. They also show that the programme is accepted by participating families in Germany as well as the professionals carrying it out, and that it is seen to be easily conducted within the structures of the psychosocial support system (in particularly youth support settings) (Baldus et al., 2016; Bröning et al., 2017). In the scope of the research association "IMAC-MIND" (see 1.2.3), developmentally appropriate, mindfulness-based intervention modules have been developed and integrated into the existing programme ("Strengthen Families' Mindfulness" (Familien

²⁸ Further information can be found at <https://www.deutsche-verkehrswacht.de> [accessed: 11 Jul. 2019].

achtsam stärken)). The effectiveness on reducing substance use among participating children and adolescents, among whom early behavioural problems are present, is studied²⁹.

Community setting

Holistic and enduringly effective addiction prevention needs to involve not only the family and school but also the social living environment of children and adolescents. Community-based addiction prevention activities are often conducted in inter-municipal and supra-local cooperation projects with various local partners, such as professional addiction prevention facilities, churches, self-help organisations, local clubs and facilities, parties and associations, etc. In addition to kindergartens and schools, above all organised and non-organised recreation as well as the public health sector serve as settings for municipal addiction prevention work.

The national competition “**Model Strategies of Municipal Drug Prevention**” (Vorbildliche Strategien kommunaler Suchtprävention) has been run a total of seven times since 2001 by the BZgA and the Federal Government Commissioner on Narcotic Drugs, with the support of municipal umbrella organisations and the GKV umbrella organisations. The aim of the competition is to identify and reward outstanding municipal addiction prevention activities and measures which are then publicised nationally to encourage their imitation in practice. German cities, local authorities and administrative districts were invited to take part, as well as municipal associations and local self-government agencies in city states. 68 cities, local authorities and administrative districts submitted entries in the most recent competition in 2016, of which eleven municipalities from eight *Laender* were honoured³⁰. The competition was evaluated in 2018 through a survey of all participating municipalities, in order to evaluate the sustainability of its effects and collect topics and proposals for optimisation in future competitions. The results were discussed between the relevant actors in the BZgA in a strategy consultation in November 2018, in which it was established, among other things, that the competition will take place for the eighth time in 2019 under the title “Effective local addiction prevention”. The planned participation period will run from October 2019 to January 2020, with the jury meeting planned for March 2020 and the prize ceremony for June 2020.

A comprehensive local alcohol strategy has proven to be a promising approach for reducing underage alcohol consumption and binge drinking. Against this background, “**Localize It!**” (“Local strategies to reduce underage and heavy episodic drinking”) was developed, and funded by the EU health programme (2014 to 2020). Since April 17, “Localize It!” has supported 22 municipalities in eleven *Laender* in the development and implementation of local alcohol strategies. For Germany, the Diakonische Werk in Herford is involved (municipalities: Bünde und Enger). Firstly, information on local needs was collected by

²⁹ Further information can be found at www.familien-staerken.info and <https://imac-mind.de> [accessed: 23 Jul. 2019]; siehe auch Bröning et al., 2014.

³⁰ The winning entries and competition documentation are accessible at <https://kommunale-suchtpraevention.de> [accessed: 5 Jul. 2019].

means of a Rapid Assessment and Response (RAR), and roundtables were set up as municipality steering committees. Those committees created individual action plans in 2018, focussing on schools, parental work, party scenes, festivals, retail and catering or road safety. The action plans are to be implemented in 2019 and a manual created for the “development and implementation of a local alcohol strategy”. This supports prevention experts and municipalities with practical examples and progress reports in acting together in the area of local alcohol prevention. Initial results of the project activities include an increased awareness of problem alcohol consumption among young people in municipalities, new cooperations between actors at a local level and agreements with municipalities not participating in the project (e.g. with reference to licensing for clubs or festivals). “Localize It!” is coordinated by the LWL Coordination Office for Drug Related Issues (LWL-Koordinationsstelle Sucht, LWL) and evaluated by the University Medical Centre Hamburg-Eppendorf. The project runs until September 2019³¹.

The project "**Joint initiative against alcohol abuse in childhood and adolescence**" ("Gemeinsam initiative gegen Alkoholmissbrauch im Kindes- und Jugendalter", GigA) started in 2011, with funding from the BZgA, in the scope of "municipal alcohol prevention". The project was initially implemented at six pilot locations in North Rhine-Westphalia. The ginko Foundation for Prevention (ginko Stiftung für Prävention), together with the Regional Authority of Rhineland, developed the concept for implementing network management within the scope of municipal alcohol prevention. It has also been carried out since 2015 in localities and municipalities in Brandenburg, Mecklenburg-Western Pomerania, Lower Saxony and Rhineland-Palatinate. At the beginning of 2019, cross-regional specialist conferences were held for opinion leaders in Cologne and Rostock to strengthen municipal alcohol prevention within the scope of GigA, under the topic “Sustainably strengthening municipal alcohol prevention” (“Kommunale Alkoholprävention nachhaltig stärken”). Also in 2019, national municipalities are being advised on the topic of network management, and professionals will be receive further education in the scope of training sessions³².

Recreational settings and sports clubs

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

The BZgA programme on early addiction prevention "**Make children strong**" ("Kinder stark machen") is aimed at opinion leaders who work with 4 to 12 year-old children. The

³¹ Further information available at www.localize-it.eu and www.lwl-ks.de/localize-it [accessed: 14 Jun. 2019].

³² Further information can be found at <http://gemeinsaminitiativ.de> [accessed: 13 Jun. 2019].

programme is based on promoting life skills and a local focus. Cooperation with popular sports is particularly important, 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 Handballbund) and German Youth Power Sports Association (DJK-Sportjugend). A central component is the BZgA qualification on the topic of early addiction prevention for opinion leaders working in clubs in the field of child and youth work. At a municipality level "Kinder stark machen" uses sports and family events to reach parents, children and opinion leaders personally. Over 2,000 trainers were personally reached through special training measures in 2018. In 2018 the programme was also presented nationwide at 19 sport and family events with around 400,000 visitors in total. In 2019 the programme will be 25 years old, and various celebratory activities are planned³³.

The objective of the "**DFB-Give-and-go 2020**" initiative ("DFB-Doppelpass 2020") is to strengthen synergies between schools and clubs in the area of early addiction prevention. In this context, the BZgA supports schools and clubs with action packs on the addiction prevention topics of "Make children strong", "Enjoy sport alcohol-free" ("Alkoholfrei Sport genießen") and "Zero alcohol - Full power" ("Null Alkohol – Voll Power"). Since the start of the initiative in 2012, over 12,000 clubs and schools have carried out addiction prevention activities³⁴.

Up to 2021, the BZgA will be a partner in German Youth Gymnastics (Deutscher Turnerjugend, DTJ) in the "**Children's gymnastics campaign**" ("Offensive Kinderturnen"), which focusses on the target group of 3 to 7-year-olds. In particular, the campaign seeks to reach children with a migration background, with a disability and educationally disadvantaged children. Associations are supported by the DTJ in developing networks and cooperations with other institutions and organisations (such as schools, daycare centres, institutions for people with disabilities)³⁵.

Police crime prevention programme

The "Police Crime Prevention programme of the *Laender* and the Federal Government" ("Polizeiliche Kriminalprävention der Länder und des Bundes") adopted as its aim, to inform people of the various forms of crime and to show how these can be prevented. It is an institution of the Conference of Interior Ministers and publishes media nationwide, such as brochures, films and computer games. In addition to the relevant public relations work, the

³³ Further information can be found at <https://www.kinderstarkmachen.de> [accessed: 14 Jun. 2019].

³⁴ Further information can be found at: <https://www.dfb.de/schulfussball/doppelpass-2020> [accessed: 14 Jun. 2019].

³⁵ Further information can be found at <https://www.dtb.de/offensive-kinderturnen> [accessed: 14 Jun. 2019].

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, aimed at various target groups (children, adolescents, parents, teachers, business operators or media professionals). Interested parties are mainly informed on the homepage of the website³⁶. Moreover, the police crime prevention programme issues the brochure "Spotlight on addiction", updated for 2018.

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 website www.polizeifürdich.de provides extensive information about youth-specific police topics.

Substance-related

In the past, 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 Republic³⁷, 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 heterogeneous situation (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 aimed at the population as a whole can fuel the false impression that the use of crystal meth is more widespread than generally assumed. As an erroneously high estimation of the frequency of use of an illicit substance is a strong predictor of own use, this phenomenon, known as "descriptive normalisation" is a risk inherent to mass media prevention campaigns (Sumnall & Bellis, 2007). Given these risks, the BZgA is continuing its target group oriented prevention approach for crystal meth prevention in close cooperation with relevant parties at *Land* and municipality level.

Dresden has tackled the problem of locally increasing prevalence of crystal meth use with innovative prevention approaches. With the Dresden "**Year of Culture - focus on addiction**" ("Kulturjahr Sucht") a nationwide interface between art, culture and addiction prevention has been created for the first time. Artists and people in the cultural sector in the region are invited to develop concepts in the scope of addiction prevention, with a focus on crystal meth. The artistic creations address the topic of high-risk addictive substance use and are

³⁶ <https://www.polizei-beratung.de/themen-und-tipps/drogen/> [accessed: 25 Jul. 2019].

³⁷ See on this point also the results of the SCHULBUS study (Baumgärtner & Hiller, 2016) and the JEBUS study (Baumgärtner & Hiller, 2018).

designed to be easily accessible and informative and to sensitise people at an emotional level to this topic. Proposals submitted will be discussed within an expert committee. The aim of the Kulturjahr Sucht is the promotion of life skills and de-stigmatising of addicts - for instance, events are held in public spaces on addiction prevention (such as theatrical productions, poetry slams or campaign days in various districts of Dresden) and supported by various cooperation partners. The "Kulturjahr Sucht" was developed as a pilot project by the Dresden Health Department and has been funded up to 2019 by the BZgA. A cross-regional expert event to present the evaluation findings and create a manual is planned for the start of 2020³⁸.

The Bavaria-wide prevention campaign "**My false friend - crystal meth**" (Mein falscher Freund – Crystal Meth) has been run jointly by the Bavarian Interior and Health ministry since November 2017. The internet-based campaign is aimed primarily at people potentially at risk, crystal meth users and their relatives. Particular topics of discussion are the risks of crystal meth use during pregnancy and supposed performance enhancement. Online short films, also available in sign language, call attention to the campaign website, which provides information about, among other things, medical and legal topics and provides contact addresses for counselling and support services (simple language version also available)³⁹.

In order to inform the public, in particular already drug-savvy people, about the risks of use of "**legal highs**", the BZgA website drugcom.de contains scientifically sound information. The project "**Clean on it**" ("Sauber drauf") of the website www.mindzone.info provides detailed information on substance classes, effects and risks as well as on polydrug use. Further resources include the websites <https://legal-high-inhaltsstoffe.de> and <https://infoboerse-neue-drogen.de>, which, in addition to online counselling, a media library and a collection of links, provide extensive information on NPS to users, parents and experts.

Cannabis is the most frequently consumed illicit drug, with current data from 2018 showing a general increase among 12 to 17-year-old adolescents and young adults aged 18 to 25: among young adults, the prevalence of cannabis use (lifetime prevalence), at 42.5%, is significantly higher than among adolescents. Every tenth adolescent has already tried cannabis at least once (10% lifetime prevalence) (Orth & Merkel, 2019 b).

A survey recently carried out among 1,725 people in Berlin aged between twelve and 20 years old came to the conclusion that, at 34.5%, the capital has a higher lifetime prevalence, and that adolescents, at an average age of 14.6, start consuming cannabis 1.8 years earlier than the national average (Fachstelle für Suchtprävention Berlin, 2019 c).

Since the start of 2019, the BZgA has been expanding its **cannabis prevention measures in adolescence** (Maßnahmen zur Cannabisprävention in Jugendalter). The aims of the national strategy are to explain the health and psychosocial risks of cannabis and promote a

³⁸ Further information can be found at www.dresden.de/kulturjahr-sucht [accessed: 18 Jul. 2019].

³⁹ Further information can be found at <https://mein-falscher-freund.de> [accessed: 13 Jun. 2019]

critical attitude, to avoid use-related harms by abstinence for as long as possible, and to reduce consumption among adolescents. The measures are primarily aimed at non-users and interested adolescents between 14 and 18 years old, but also parents, teachers and social workers. The plans include the following:

- new, target group-specific internet services, both for adolescents and for parents and opinion leaders, which are aimed at the respective living environment, and will be supplemented through target group-specific print media (planned for 2020)
- the expansion of prevention by way of personal communication in schools, vocational schools, youth leisure facilities: to this end, already existing modular services in the *Laender*, such as the course “Cannabis - Quo vadis?”⁴⁰ and the “Cannabis prevention toolbox” (Methodenkoffer Cannabisprävention) (see below), will be evaluated from July 2019 by IFT Nord, by means of a grant
- new didactic reporting material on the topic of cannabis (available from 2020)
- Intensification of public awareness for information offers.

The cannabis prevention measures in adolescence will be continually refined through regular exchanges with inter-disciplinary national, *Land* and municipality experts. Within the scope of a joint working group, national quality standards for cannabis prevention projects and programmes are being formulated.

In North Rhine-Westphalia (NRW), the established prevention programme “**strong not stoned**” (“Stark statt breit”) has been extended to include the “Cannabis prevention toolbox”. The toolbox contains materials for interactive work with adolescents and young adults and conveys various methods on the topic of cannabis use and the associated risks. It can be used in schools or youth centres. 100 toolboxes were funded by the NRW Ministry for Labour, Health and Social Affairs and since April 2018 have been available to all professionals following prior training. The toolbox will be evaluated in 2019⁴¹.

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

⁴⁰ Further information can be found at <https://www.villa-schoepflin.de/cannabis-quo-vadis.html> [accessed: 13 Jun. 2019].

⁴¹ Further information can be found at <http://www.stark-statt-breit.de> [accessed: 18 Jul. 2019].

competence is also strengthened and they critically reflect on their “party mode”. Legal and illegal party drugs are addressed⁴².

The cannabis prevention campaign "**Stay strong! Stay yourself!**" (“Bleib stark! Bleib du selbst!”) in Hamburg is aimed at the target groups of adolescents, parents and professionals. As well as flyers, social media is used to reach the target groups⁴³.

Additional information materials:

- In addition, teaching material, published by the BZgA back in 2015, for addiction prevention in years eight to twelve on the topic of crystal meth was extended in 2018: the media package “Crystal meth - films and working materials for school and youth work” (Crystal Meth – Filme und Arbeitsmaterial für Schule und Jugendarbeit) includes four short films with factual information and various lesson components.
- The BZgA guidelines for schools and teachers, “School and cannabis - rules, measures, early intervention” (Schule und Cannabis – Regeln, Maßnahmen, Frühintervention) was comprehensively updated in 2018⁴⁴.
- Using funding from the BZgA, the following DHS⁴⁵ information materials in 2018 on the topic of illicit drugs were updated: “Basic information on cannabis” (Basisinformation Cannabis) (11/2018), “Addiction prevention in residential child care” (Suchtprävention in der Heimerziehung) (09/2018), “Addiction problems in the family” (Suchtprobleme in der Familie) (11/2018), “Addiction problems in the workplace” (Suchtprobleme am Arbeitsplatz) (11/2018), “Smoking pot is risky - a booklet in simple language” (Kiffen ist riskant - Ein Heft in Leichter Sprache) (11/2018), “Addiction medicine series - drug dependency” (Suchtmedizinische Reihe – Drogenabhängigkeit) (02/2018), “Addiction and its substances - amphetamine and ecstasy” (Die Sucht und ihre Stoffe - Amphetamin & Ecstasy) (11/2018), “Addiction and its substances - cannabis” (Die Sucht und ihre Stoffe - Cannabis) (11/2018), “Addiction and its substances - heroin” (Die Sucht und ihre Stoffe - Heroin) (11/2018) and “Addiction and its substances - cocaine, crack & free base” (Die Sucht und ihre Stoffe - Kokain, Crack & Freebase) (11/2018). In 2019, methamphetamine and NPS were incorporated into the series.

The "**BZgA Helpline for addiction prevention**" (“BZgA-Infotelefon zur Suchtvorbeugung”) provides personal, anonymous counselling for issues related to drugs (+49 221 892031). Additionally, the nationwide "**Drug & addiction hotline**" (Drogen & Sucht-Hotline) is available 24 hours a day (+49 1805 313031)⁴⁶.

⁴² Further information can be found at <http://www.suchthilfe-awo-mk.de> [accessed: 27 Jun. 2019].

⁴³ Further information can be found at <https://bleib-stark.com/> [accessed: 23 Jul. 2019].

⁴⁴ Material can be accessed here: <https://www.bzga.de/infomaterialien/> [accessed: 24 Jul. 2019].

⁴⁵ Materials can be obtained from: <https://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html> [accessed: 24 Jul. 2019].

⁴⁶ Addresses for drug counselling centres throughout Germany can be found at: <https://www.bzga.de/service/beratungsstellen/suchtprobleme> [accessed: 11 Jul. 2019].

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

As there are many different projects from a wide variety of providers, an exhaustive listing 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 described in past REITOX reports.

Recreational setting

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

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

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

The project "**Out of the grey area**" ("Raus aus der Grauzone") (2018 to 2020) by the Berlin Special Unit for Addiction Prevention builds a bridge to available services, when adolescents encounter puberty-related issues. Parents, teachers and social workers can have telephone

or face-to-face individual counselling to strengthen their skills and ability to act. Handling of first experiences with cannabis or excessive internet use are the most common topics discussed. In order to benefit from others' experiences, regular, low-threshold meetings between parents are organised to allow them to swap experiences. Adolescents' skills in dealing with risks are strengthened through experiential learning activities ("Expand your horizons with RiskCheck", "Mit RisikoCheck den Horizont erweitern") while they also deepen their theoretical knowledge guided by an experience coach⁴⁷.

Music and party settings

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

Between 2013 and 2015, the IFT studied partygoers' assessments of the party projects "MINDZONE" in Munich, "Drogerie" (drug store) in Erfurt and "eve & rave" in Münster. The non-representative survey (N=1,679) showed that the hard to reach target group was reached to a high degree and revealed, on average, a very positive assessment of the services, in particular of the information provided (Hannemann & Piontek, 2015).

Commissioned by the Senate Department of Health, Care and Gender Equality, the explorative study "Substance use and expectations of prevention services in the Berlin party scene" ("SuPrA Survey Berlin") was carried out through the Charité Berlin. Findings of the non-representative survey included, among other things, that visitors to clubs and parties in Berlin frequently use legal and illegal drugs (mainly cannabis, amphetamine and ecstasy) - mostly to influence mood, intensify activities, perceive physical effects - and are looking for more education and prevention at the same time. Surveyed experts requested, among other things, on-site outreach and acceptance information and advice, supplemented by training for club, door and bar staff (Senatsverwaltung für Gesundheit, Pflege und Gleichstellung, 2018; Fachstelle für Suchtprävention Berlin, 2018).

The "**Drug Scouts**" 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 consumption⁴⁸.

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

⁴⁷ Further information can be found at www.rausausdergrauzone.de [accessed: 13 Jun. 2019].

⁴⁸ Further information can be found at <http://drugscouts.de> [accessed: 18 Jul. 2019].

risk and harm reduction. The scene-savvy website⁴⁹ provides information and links to other safer nightlife projects.

In the scope of the "**Club Mission Project**" ("Clubmission-Projekt"), launched in 2012 by the Berlin Special Unit for Addiction Prevention, young partygoers are approached by trained prevention professionals and peers in the queues of Berlin nightclubs. The aim of the "Nightclub queue streetwork" ("Warteschlange-Streetwork") is to support young people in developing their risk and consumption competence. Club and party operators are also informed about current addiction prevention topics⁵⁰.

The new project "**SONAR | Safer Nightlife Berlin**" ("Sonar Safer Nightlife Berlin") is a cooperation between Berlin prevention and addiction support projects, the eclipse initiative and Clubmission Berlin. Information stands, training sessions, workshops and counselling services are offered to provide information and skills. The website⁵¹ provides information and links to already existing services, such as the dictionary on drugscouts.de, self-tests on drugcom.de or substance warnings. "SONAR | Safer Nightlife Berlin" is funded by the Senate Department of Health, Care and Gender Equality of the *Land* of Berlin.

As part of the measures announced in the coalition agreement to "reduce the associated risks of drug use," a **Drug checking concept**⁵² (Konzept zum Drug Checking) was developed in Berlin by independent agencies. The conception began in November 2018. With the aim of preventing health harms, drug users should in the future be able anonymously to have samples of their substances such as cocaine, cannabis or amphetamine, chemically analysed in on-site counselling facilities and have them assessed for possible impurities or for too high active substance concentrations (status: June 2019) (Deutsches Ärzteblatt, 2019).

"**TAKE**", a project developed in Baden-Württemberg, was designed to provide addiction prevention for adolescents and (young) adults in the setting of electronic music events. Through presence at music events, the trust of users is gained, causing them to reflect on and critically question their intoxication experiences. With a scene and dialogue-oriented approach, all participants are encouraged and empowered to take part. Access to the Stuttgart addiction support system is also opened up. The service was extended in 2018: in addition to the sessions by full-time staff and peers at events on the techno scene which regularly taking place, sessions under the name "P.O.T. - Peers On Tour" take place, designed and carried out by experienced peers. The aim of the service is to achieve increased flexibility in dealing with

⁴⁹ <https://drogerie-projekt.de/> [accessed: 18 Jul. 2019].

⁵⁰ Further information can be found at https://www.berlin-suchtpraevention.de/projekte/fuer-junge-menschen_clubmission/ [accessed: 18 Jul. 2019].

⁵¹ <https://safer-nightlife.berlin> [accessed: 23 Jul. 2019].

⁵² None of the safer nightlife services in Germany had previously offered official drug checking (Bücheli et al., 2017). The Thuringia pilot project "SubCheck" was presented in the 2018 Prevention workbook. Further information on the topic of drug checking can be found in the Harms and Harm Reduction workbook.

enquiries, as well as greater responsibility and identification of voluntary staff. Specific material will be made available to peers, tailored to a small, flexible on-site team. The deployments conducted will be analysed and discussed with full-time staff afterwards. "TAKE" is run by Release Stuttgart e.V. and evaluated on its acceptance and effectiveness by the Stuttgart Institute for Applied Social Sciences (IfaS) (Schäfer-Walkmann & Rayment-Briggs, 2017)⁵³.

In Dresden, the "**(pharmacy)-BAR - Safer Nightlife**" ("(apo)THEKE - Safer Nightlife") service is in operation, informing partygoers and music and party event organisers about low-risk nightlife in the sense of a reflective and health conscious behaviour. In 2018, the service was able to reach 3,267 people in a party setting (e.g. presence at events, presence in public spaces). The primary target group is party and club goers aged between 18 and 27 years old. The service is also aimed at opinion leaders in nightlife (event organisers, club operators, people active in the area of event security) in the form of a training session on the topics of (recreational) drug use, first aid in drug emergencies and contact with drug use. In addition, there is the service "Safer Daylight/Safer Chilling" ("Safer Daylight/Safer Chillen"), that can be understood as transferring the work in clubs to public spaces (information points with seating in the nightlife district of Dresden). The service is intended to appeal primarily to adolescents under 18 who are mostly excluded from (legal) events due to the enforcement of youth protection and are not encountered by the service but belong to the target group due to their living environment. "(apo)THEKE – Safer Nightlife" is a service offered by the Diakonie Dresden specialist mobile youthwork team for addiction prevention and is financed through the Saxon State Ministry for Social Affairs and Consumer Protection, the city of Dresden (municipal contribution) and Diakonie Dresden's own funds⁵⁴.

Web-based services, apps, videos

Based on the findings of the EU funded project "Click for Support" (2014 to 2015)⁵⁵, the follow-up project "**Click for Support - REALized!**" was developed and implemented as the first Europe-wide, web-based intervention, specifically for NPS. The web-based intervention "**Mind Your Trip**" was launched in eleven languages and 13 *Laender* in June 2018, offering information on NPS, a self-test to estimate own use and a structured intervention service for NPS users. On the website, users can find information on the effects and risks of NPS, advice on harm reduction and drug checking (according to the respective *Land*) as well as information regarding legal questions. In addition, a consumption diary is offered as well as three needs-based intervention modules, "Insight" (brief intervention), "Safer Use" (harm reduction) and "Quit or Reduce". When developing content, the results from national focus

⁵³ Further information is available at <http://www.take-stuttgart.de> and <http://www.sozialwissenschaften-stuttgart.de> [accessed: 14 Jun. 2019].

⁵⁴ Further information can be found at <https://www.diakonie-dresden.de> [accessed: 14 Jun. 2019].

⁵⁵ Further information can be found at <http://www.clickforsupport.eu> and <https://www.lwl-ks.de/de> [accessed: 14 Jun. 2019].

groups involving 194 young users were taken into account; the first test version of the online service was discussed with the target group in focus groups and corresponding adjustments were made. 14 prevention professionals were trained in the technical application of the intervention modules and in leading motivational conversations for online counselling. The use of "Mind Your Trip" was evaluated from June to October 2018 (van Gelder, Steffens & Fraters, 2018): 283 self-tests were carried out in 12 *Laender*. The average age of users was 26.2 years old. NPS were the second most consumed substance after cannabis. For prevention experts, the service offers a new opportunity to reach young users with a direct counselling option. With small adjustments, the online service can be widened to other substances. "Click for Support-REALized" was coordinated by the LWL Coordination Office for Drug Related Issues. The German project partner was the LWL University Clinic for Child and Youth Psychiatry in Hamm. The project's two-year term ended in December 2018⁵⁶.

The BZgA web portal on drugs and addiction prevention, "**drugcom.de**", set up in 2001, includes quality assured information on legal and illegal addictive substances. Adolescents and young adults up to 25 years old who occasionally or regularly use drugs, are provided with counselling and programmes for changing behaviour. In addition to a more drug-savvy target group, opinion leaders from the areas of school, youth recreation, addiction prevention, addiction counselling or addiction support are important target groups. With around 200,000 visitors per month, drugcom.de is one of the most visited websites in Germany in the area of addiction prevention. Adolescents and young adults in particular see the internet as a low-threshold information and counselling service and use it accordingly (Van Eimeren & Frees, 2010). The website also offers "check your drinking" and "cannabis check" tests, with which personal use behaviour can be assessed. The objective is to encourage participants to reflect critically on their own consumption and as a second step motivate them to change their behaviour. The following new content went online in 2018:

- With the aid of an interactive tool to determine prevalence numbers, drugcom.de users can retrieve scientifically-based information on the prevalence of substance consumption. The aim is to correct false estimates of more widespread use and thus the associated social norms.
- YouTube is one of the most popular applications on the internet and many adolescents and young adults also use the video platform for research purposes. In order to be able to better reach this target group, a drugcom YouTube channel was set up, launched in 2018 with five videos covering various substances and themes. It has a wide distribution, with more than 400,000 views⁵⁷.
- The popular category of self-tests was extended to include a new test: the new "Speed Check" automatically provides users with individual feedback on their amphetamine use.

⁵⁶ Further information can be found at <http://www.clickforsupport.eu> and <https://www.mindyourtrip.eu/> [accessed: 14 Jun. 2019].

⁵⁷ <https://www.drugcom.de/videos> [accessed: 19 Jul. 2019].

The online portal, "**Information point - new drugs**" ("Infobörse Neue Drogen"), is an information and counselling service from Landes-Caritasverband Bayern e.V. It was launched by the MINDZONE project, offering a comprehensive information and counselling service on NPS with the aim of providing information, in a rapid and uncomplicated manner, on the risks or legal consequences of drug use. In order that target group specific information can be retrieved, the website has separate areas for users, experts and parents. In addition to sound information on substances, it offers the option of anonymous and confidential online counselling. A special factsheet is available for download for addiction support professionals, containing basic information on NPS. The project is funded by the Bavarian State Ministry of Public Health and Health-Care (Bayerischen Staatsministerium für Gesundheit und Pflege, StMGP)⁵⁸.

Since 2018, Diakonie Niedersachsen has been offering online videos with advice on the topic of addiction, on the YouTube channel "**Your addiction experts**" ("Deine Suchtexperten").⁵⁹

Since 2018, the Blue Cross has been offering, in addition to various online services for opinion leaders and final target persons the smartphone app "**BLU:APP**" within the scope of "**blu:prevent**" which teachers can use to carry out educational work on the abuse of alcohol and which will be expanded to include an online chat moderated by professionals. blu:prevent is supported via, among other things, social media⁶⁰.

In the project "**Your life belongs to you**" ("Dein Leben gehört dir") (a tablet/app-based interactive addiction prevention for cannabis and other illicit drugs) schools in the *Land* programme "Good, healthy school" ("Gute gesunde Schule") in Mecklenburg-Western Pomerania have been supported in their addiction prevention work. Modes of action, risks and consequences of illicit drug use, explanations on legal foundations and reflection on use are discussed, among other things. The project is aimed at pupils from the ninth grade onwards, at teachers, parents and school social workers. Since the introduction of the app-supported programme in 2018, 840 pupils have taken part at 40 events, as well as 58 teachers at four internal training courses. In addition, four full-day, cross-regional training courses were provided. Internal evaluations indicated largely positive results⁶¹.

People with migration and/or refugee background

In the scope of the nationwide pilot project "**Family and addiction prevention**" ("Familie und Suchtprävention") (culturally sensitive information and prevention services for Russian-speaking parents and relatives to extend addiction prevention services and facilitate access to the German addiction support system), the Bundesverband russischsprachiger Eltern e.V. (German Association of Russian speaking parents) is training 40 opinion leaders on various

⁵⁸ Further information can be found at <https://infoboerse-neue-drogen.de/> [accessed: 24 Jul. 2019].

⁵⁹ https://www.youtube.com/channel/UC2kEq-KByZ_KPZ0Ryu4uU_A/featured [accessed: 24 Jul. 2019].

⁶⁰ Further information can be found at <https://bluprevent.de>; <https://vollfrei.de>; <https://interact.bluprevent.de> [accessed: 13 Jun. 2019].

⁶¹ Further information can be found at <https://lakost-mv.de> [accessed: 27 Jun. 2019].

drug addiction and prevention topics between 2017 and 2019. The project is funded by the BMG⁶². Results are expected in 2019 and at the time of creating this report were not yet available.

In 2018, on behalf of the BMG, **expert report** “Refugees and drug/dependency problems” (“Geflüchtete Menschen und Drogen-/Abhängigkeitsproblematik”) (Stöver et al., 2018) was published, in which the legal framework is summarised, the treatment of drug addicts with migration and/or refugee background in selected municipalities and existing prevention measures are presented.

Within the scope of the “**LOGIN**” project (living situation of adult refugees in Germany), the Centre for Interdisciplinary Addiction Research of the University of Hamburg collects information on the prevalence of substance use among refugees as well as the utilisation of addiction support services by substance using refugees. In order to achieve this objective, a representative survey⁶³ will be carried out among refugees in each of the largest shared accommodation facilities in the four *Laender* NRW, Bavaria, Saxony and Lower Saxony. At the same time, an evaluation will determine whether the existing support needs of male and female refugees are compatible with the addiction support services and which barriers to accessing addiction support exist. For this purpose, focus groups will be held with regional refugee councils and the management of selected refugee accommodation facilities. Recommendations will be developed from the results of how to facilitate access to outpatient addiction support for migrant men and women⁶⁴. The project will be funded by the BMG from December 2018 to February 2021.

The project “**Perspektive 3D**” in Berlin has been offering, since 2016, counselling, coaching and training sessions on culturally sensitive addiction prevention for opinion leaders in e.g. job centres, housing, and occupational schemes, that work with refugees. Evaluation findings from the all-day workshop service “Intensive seminar for addiction prevention work with refugees” shows a very high level of satisfaction among participants and a positive assessment of the practical benefits. The participatively developed information flyer “You are not alone with your worries” (“Sie sind nicht alleine mit Ihren Sorgen”) was issued in ten languages specifically for men and women and embedded into the campaign “Help is okay”. The accompanying online campaign has reached over 1.2 million people: YouTube short films were shown on urban public transport (“Berliner Fenster”). Cross-regional expert events were held in 2018 and 2019 with the goal of networking. The project is funded by the Senate Department of Health, Care and Gender Equality⁶⁵.

⁶² Further information is available at <http://bvre.de/aktuelles.html> [accessed: 20 Aug. 2019].

⁶³ The survey is intended to be completed on a tablet in five languages - English, French, Arabic, Farsi and Tigrinya - in order to reach what are currently the largest refugee groups.

⁶⁴ Further information is available at <http://www.zis-hamburg.de/projekte/projektetails/LOGIN/> [accessed: 18 Jul. 2019].

⁶⁵ Further information is available at www.helpisok.de and <https://www.kompetent-gesund.de/projekte/gefluechtete> [accessed: 13 Jun. 2019].

The Berlin **peer project "Addiction support and prevention for refugees"** ("Suchthilfe und Suchtprävention für Geflüchtete") pursues the goal of educating people on the effects and risks of alcohol and other addictive substances and raising awareness for existing addiction support counselling services. The project was developed in cooperation with addiction support coordinators from different Berlin districts, as well as agencies from the areas of addiction support and intercultural counselling. A training concept for peers has been developed. Since summer 2017, 13 male and three female peers have regularly visited emergency or shared accommodation facilities, for example, to establish themselves as contact persons for the subject, to provide information on the risks of substance use and to provide support, as required, in district addiction counselling facilities. Culturally sensitive informational materials in various languages have been developed and events held in different areas providing information to refugees, in collaboration with the counselling facilities. The project is funded by the Integration and Safety Masterplan.

"**PaSuMi**" has the aim of initiating, promoting and evaluating a diversity-oriented and participative (further) development of measures for selective and indicative addiction prevention for and with migrants. The pilot project of the Deutsche AIDS-Hilfe (German Aids Service Organisation, DAH), funded by the BMG and carried out up to 2019 in close collaboration with institutions in several local locations. An individual project has been implemented in all participating institutions, with different focuses: theatre and film projects, peer research, sport as a prevention measure, street work, information and dialogue events and community empowerment. In total, six multi-location workshops are being held on methodological and expert training, evaluation and exchange of participating full-time staff, as well as peers from all facilities. The results of the process-related and participative evaluation are being fed into the further process planning during the course of the project. The project is scientifically supported and backed up by an advisory board⁶⁶.

Flyers and informational materials:

- The DHS updated the dual language brochure "Drugs? Alcohol? Tablets? At some point the fun is over" ("Drogen? Alkohol? Tabletten? Irgendwann ist Schluss mit lustig") (German and one of Bulgarian, Polish, Romanian or Russian); the materials have since been published in Arabic/German, English/German, Farsi/German, French/German and Pashto/German and are available at www.dhs.de.
- In the scope of the "QuaSiE" project, the LWL Coordination Office for Drug Related Issues published the brochure "Addiction prevention services for adolescents with a migration and/or refugee background" ("Suchtpräventive Angebote für Jugendliche mit

⁶⁶ Further information is available at <https://www.aidshilfe.de> and <https://pasumi.info> [accessed: 27 Jun. 2019].

Migrations- und/oder Fluchthintergrund”) (2018) as a compilation of national prevention material, in different languages⁶⁷.

- In 2018, under the title "Information services for addiction and migration" (Informationsangebote Sucht und Migration), the North Rhine-Westphalia State Office for Addiction compiled materials in various languages⁶⁸, and published several empirical findings on addiction among refugees in the infoletter "Migration, refugee experience and addiction" ("Migration, Fluchterfahrung und Sucht")⁶⁹.
- The brochure "Alcohol - the facts" ("Alkohol - die Fakten"), developed in the scope of the BZgA youth campaign "Alcohol? Know your limit" ("Alkohol? Kenn dein Limit"), was adapted in a culturally sensitive manner and is now available in dual language format in German/French, German/Arabic and German/Persian.
- The "Migration, refugee and health information service" ("Informationsdienst Migration, Flucht und Gesundheit") of the BZgA appears four times a year with dates for conferences and training courses, current materials and projects as well as an extensive collection of links⁷⁰.
- The information service of the BMG online portal, "Migration and health" ("Migration und Gesundheit") makes materials available in various languages in the category of "Addiction & drugs" ("Sucht & Drogen")⁷¹.

So-called **educational clips** (Erklärvideos), targeted at people with migration and/or refugee experience, have been released for various substances: in 2018, Caritasverband e.V. released the video "Alcohol - less is better" ("Alkohol - weniger ist besser")⁷²; the Hessian Land Office for Addiction Issues has released the short videos "Why can alcohol be dangerous for me?" ("Warum kann Alkohol für mich gefährlich werden?", 2017), "Why can cannabis be dangerous for me?" ("Warum kann Cannabis für mich gefährlich werden?", 2018) and "Why can medication also harm?" ("Warum können Medikamente auch schaden?", 2018)⁷³ and the German Red Cross (Deutsche Rote Kreuz, DRK) provides information on important issues relating to health and health care with the video "Addiction support" ("Suchthilfe")⁷⁴.

⁶⁷ The brochure is available online at <https://www.lwl-ks.de> [accessed: 18 Jul. 2019].

⁶⁸ <http://www.landesstellesucht-nrw.de> [accessed: 18 Jul. 2019].

⁶⁹ <http://www.landesstellesucht-nrw.de/neues/items/infobrief-migration-fluchterfahrung-und-sucht.html> [accessed: 22 Jul. 2019].

⁷⁰ www.infodienst.bzga.de [accessed: 18 Jul. 2019].

⁷¹ <https://www.migration-gesundheit.bund.de> [accessed: 18 Jul. 2019].

⁷² <https://www.caritas.de> [accessed: 12 Nov. 2018].

⁷³ The videos are each available in five language versions at: <https://www.hls-online.org> [accessed: 18 Jul. 2019].

⁷⁴ Further information can be found at <https://www.drk-gesundheitsfilme.de> [accessed: 18 Jul. 2019].

In 2018, the North Rhine-Westphalia Land Coordination Office for Women and Addiction (Bella Donna) carried out an inventory and needs assessment, together with the research institute, tifs, on the subject of **"Refugee girls/women and substance use"** ("Geflüchtete Mädchen/Frauen und Substanzkonsum"). For the online survey, among others, Suchthilfe NRW (NRW Addiction Support), refugee/migration work organisations, women and girl institutions as well as pregnancy conflict counselling centres in NRW were questioned. Results are expected in 2019 and at the time of creating this report were not yet available⁷⁵.

The app **"Guidance"** (addiction counselling for refugees) of the Notdienst berlin e.V. provides information around the topics of alcohol, medicinal drugs, drugs, risks and the legal situation and is intended to facilitate refugees' access to Berlin addiction support. In addition, the service supports opinion leaders in their work with refugees, through training sessions and casework coaching. "Guidance" started in 2016 as a project and has now become firmly established. It now receives regular funding within the scope of the integrated health programme by the *Land* of Berlin. From 2016 to 2018, a total of 976 affected persons or their relatives were counselled in a one to one setting. At the end of 2018, the conference "Create access, overcome barriers" ("Zugänge schaffen, Hürden überwinden") was held, which included specific access barriers in the care of people who have migrated and provided possible solution strategies⁷⁶.

"ReFuDat", the reference database for quantitative research on the health and healthcare of refugees, has been online since 2018. Profiles of available data sources in Germany aid researchers and practitioners in conducting their own studies or projects: for example they provide the most important characteristics of data sources, including information on study design, access and health information or migration differentiation⁷⁷.

Commissioned by the GKV, the Leibniz Institute for Prevention Research and Epidemiology (BIPS) conducted **"Literature and database research on migration sensitive measures"** ("Literatur- und Datenbankrecherche zu migrationssensiblen Maßnahmen") in prevention and health promotion, and evaluated the available evidence (Brand et al., 2017). Alcohol and tobacco were included in the "addiction" area of activity.

In the final report on the **"Inventory of good practice models"** ("Bestandsaufnahme von Modellen guter Praxis") on health promotion and prevention among people with a migration background (Altgeld, 2018), German language databases and research sources, as well as interventions identified at national and *Land* level, were detailed.

⁷⁵ Further information can be found at <http://www.landesstellenucht-nrw.de> [accessed: 18 Jul. 2019].

⁷⁶ Further information is available at www.guidance-berlin.de and <https://drogennotdienst.de> as well as in the documentation from the conference "Create access, overcome barriers" in Berlin on 19 October 2018, (<http://transver-berlin.de/guidance-fachtag-zugaenge-schaffen-huerden-ueberwinden>) [accessed: 22 Jul. 2019].

⁷⁷ Further information can be found at <http://projekt-refudat.uni-bielefeld.de/> [accessed: 18 Jul. 2019].

People with physical and/or mental impairments

Within the pilot project “Full survey on addiction and intellectual disability” (“Vollerhebung Sucht und geistige Behinderung”), an **online database** was designed, offering disabled and addiction support facilities the option of updating their support services for people with an intellectual disability (and addiction problems) in the database, and to obtain information⁷⁸.

Between 2017 and 2018, the LIGA der Freien Wohlfahrtspflege - Spitzenverbände im Land Brandenburg (Voluntary Welfare League - umbrella organisations in the *Land* of Brandenburg) and the Brandenburg Landesstelle für Suchtfragen e.V. (Brandenburg *Land* Office for Addiction Issues) ran a project to **network support systems for people with mental and/or physical disabilities** as well as people with psychological disorders, and support systems for people with dependence disorders. The goal was a status, needs and materials analysis, as well as the creation of a curriculum for networking meetings. A continuation of the project is planned⁷⁹.

In September 2018, the national pilot project “**aktion:beratung - einfach.gut.beraten**” (approx. “Counselling initiative - simply.good.advice”) was launched (intellectual disability and problem substance use). The project, funded by the BMG, is intended to close a gap in the support system in the case of intellectually disabled people with substance use. In the pilot location, Wiesbaden, a corresponding counselling concept is being created and tested for this purpose, for the category of intellectually disabled people. The project partners, Youth Counselling and Youth Support (Jugendberatung und Jugendhilfe e.V.) and the Evangelical Association for the Inner Mission in Nassau (Evangelische Verein für Innere Mission in Nassau) have set their goal initially to develop a counselling handbook containing practical guidance. In addition, an online database is being designed as an information and media pool, in order to provide knowledge and new practical approaches to other regions. Participatory contacts are made with self-representation organisations and specialist associations in order to involve as many supporters as possible within the project. Scientific monitoring and evaluation is performed by the Institute for Social Work and Social Pedagogy (Institut für Sozialarbeit und Sozialpädagogik) in Frankfurt am Main as well as through the Department of Social Work at Fulda University⁸⁰.

Funded by the BMG, the new pilot project “**TANDEM - specific help for specific needs in the disabled and addiction support network**” (“TANDEM – Besondere Hilfen für besondere Menschen im Netzwerk der Behinderten- und Suchthilfe”) was launched in September 2018, with a project term of three years. The goal is to be able to offer adequate support to people with an intellectual disability and addiction problem, in that needs-based

⁷⁸ Further information is available at <https://www.geistige-behinderung-und-sucht.de/de> and <https://www.lwl-ks.de> [accessed: 19 Jul. 2019].

⁷⁹ The final report (Neugebauer et al., 2018) is available at <https://www.blsev.de> [accessed:] 18 Jul. 2019].

⁸⁰ Further information is available at www.aktionberatung.de [accessed: 13 Jun. 2019].

support services are developed. One facility from addiction care and one from disabled care will operate together as "Project Tandem": the specialist staff will be trained in the application of selected support services with the intention that they then implement these together in their project location: to this end, the concepts "SumID-Q"⁸¹ and "LBoD"⁸², already tested in the Netherlands, will be adapted to German conditions and supplemented by the selective addiction prevention programme "SAY NO!" ("SAG NEIN!")⁸³ developed by the LWL Coordination Office for Drug Related Issues. In addition, existing prevention, counselling and treatment services for people with intellectual disabilities and addiction problems are systematically recorded and listed in an online database. TANDEM is implemented in three pilot locations nationally, in each case jointly by an addiction care facility and a disabled care facility. It is scientifically evaluated by FOGS GmbH and backed up by an advisory board⁸⁴.

Children from families impacted by addiction

In Germany, over three million children and adolescents have at least one parent who is an addict. In most cases, the parent in question has an alcohol dependency. Sound 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 or psychological disorders themselves than children from families without addiction problems. Therefore, children and adolescents from families impacted by addiction form one of the largest target groups of selective addiction prevention measures. The causes of the increased risk of developing addiction are, in addition to experiencing the (parental) addictive substance use, among other things experiencing domestic violence, separation and divorce, physical and emotional abuse or even sexual abuse, which occur more frequently than average in families affected by addiction (Thomasius et al., 2008).

In order to improve the situation of children of mentally ill and addicted parents, a concerted action of all participating organisations and institutions is necessary, as called for in the German Federal Child Protection Act (Bundeskinderschutzgesetz, BKiSchG). In Germany, prevention and intervention programmes for children and their addicted parents are provided by child and youth welfare, outpatient and inpatient addiction support as well as self-help groups.

The "**National Centre for Early Support**" ("Nationale Zentrum Frühe Hilfen", NZFH) has, since 2007, supported the specialist practices in recognising family pressures at an earlier stage and promoting the networking of different professional groups - in particular within child and youth welfare and health care. The intention is that, through "Early Support", parents

⁸¹ "Substance use and misuse in intellectual disability": a screening instrument to estimate the severity of a substance disorder among people with intellectual disabilities (LWL, 2019).

⁸² "Less Booze or Drugs": a Dutch, cognitive behavioural intervention with 12 individual and 12 group sessions; adapted for the target group (LWL, 2019).

⁸³ See on this point the 2018 Prevention workbook.

⁸⁴ Further information can be found at <https://www.lwl-ks.de/de/TANDEM/> [accessed: 27 Jun. 2019].

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 impact the healthy development of a child. To support practitioners, the NZFH offers, among other things, working materials such as the NEST materials, which were specially developed for the work of professionals in early stage support with families and which has been extended to include the topics of "addiction" and "alcohol"⁸⁵. The bodies responsible for the NZFH are the BZgA in cooperation with the German Youth Institute (Deutschen Jugendinstitut e.V., DJI). The NZFH is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, BMFSFJ).

Within the scope of **systematic literature and database research**, a study was carried out as to whether behaviour-related, preventive intervention opportunities and behaviour-related measures within the meaning of the German Prevention Act exist for children of addicted parents, and to what extent their effectiveness has been empirically proven and these measures are set up on a participative basis (Thomasius & Klein, 2018).

"Kidkit" (help with problem parents) ("KidKit" (Hilfe bei Problemeltern)) is a cooperation project between KOALA e.V, Drogenhilfe Köln e.V. (Cologne Drug Support) and the Deutsches Institut für Sucht- und Präventionsforschung (German Institute for Addiction and Prevention Research, DISuP) at the Katholische Hochschule (Catholic University of Applied Sciences, Katho NRW) in Cologne, which has been running since 2003. On the website, children and adolescents who are growing up in dysfunctional families and/or who experience violence in the family receive age-appropriate information on topics such as addiction, gambling addiction, violence and psychological disorders as well as free and anonymous counselling. The service was supplemented with **"KitKit networks"**, an animated map on which national support services can be found. Through the combination of research, contact and exchange opportunities, it offers children and adolescents seeking advice and support a first point of contact local to them - which is also anonymous⁸⁶.

As experts in the counselling context are also frequently confronted with assessing child psychological and health problems as well as their care needs and with referring them to further support systems, an **internet-based training module** was developed and tested, as an example for the field of addiction support. The goals of the project were the improvement of the interdisciplinary education of professionals working in addiction support and in children and youth support, the provision of practice-relevant (practical) knowledge, the testing of training modules as well as interdisciplinary cooperation and networking structures. The blended learning course⁸⁷ **"Assessment of and contact with cases of possible threat to child welfare among children of addicted parents"** ("Einschätzung von und Umgang mit Fällen möglicher Kindeswohlgefährdung bei Kindern suchtkranker Eltern") teaches

⁸⁵ The material can be obtained from the website www.fruehehilfen.de (NEST Erweiterungsset) [accessed: 18 Jul. 2019].

⁸⁶ <http://www.kidkit.de/hilfe-vor-ort> [accessed: 18 Jul. 2019].

⁸⁷ <https://elearning-suchtpraevention.de/> [accessed: 18 Jul. 2019].

theoretical and practical knowledge and skills in the area of child protection in the context of the counselling and therapy of addicted parents. The course has been created in an interdisciplinary manner and is aimed at professionals from addiction support, child and youth support, health care and at all those who work with families impacted by addiction. The goal is to train professionals in assessing parental competence, as well as burdens and possible risks to the (development of) children from families impacted by addiction. The project was carried out from 2016 to 2018 by the University Clinic of Ulm and the Brandenburg Medical School, with funding from the BMG⁸⁸.

The BMG-funded, national pilot project "**Trampolin**" is a standardised prevention programme aimed at children aged between eight and twelve from families affected by addiction. The aim is to reduce the psychological burden on children, to strengthen their competence and coping skills and to achieve a lasting improvement in the childrens' resources and resilience. The public health insurance providers certified "Trampolin" as a prevention service, meaning participating in the course was funded from prevention resources⁸⁹. The results of the scientific evaluation (Bröning et al., 2019) show that Trampolin significantly helps the children who take part in coming to terms with psychological stress from parental addiction disorders. To assess the long term effects of the Trampolin prevention concept, a catamnesis survey was conducted (Klein et al., 2017) - "**Trampolin II**" - five years after the end of the intervention. The results indicate, among other things, that the adolescents in the assessment group hardly differed from those in the control group, in respect of the characteristics investigated. Both groups had more experience of substance use than those of the same age in the general population. According to the study, this confirmed that children from families impacted by addiction are a particularly at risk group for substance-related disorders and require special assistance. Only a small proportion of participants from the prior survey could be reached. According to the authors, group differences were statistically difficult to demonstrate, due to the small sample size; in addition, selection effects may have affected the results. Thus, according to the presented long-term catamnesis, the superiority of "Trampolin" - several years after the intervention - can not be empirically proven, and the effectiveness cannot be reliably estimated (Klein et al., 2017).

In Bavaria, "**Shoulder to Shoulder**" ("Schulterschluss") was implemented (qualification and cooperation campaign for children from families impacted by addiction). The central element consisted of in-house seminars at administrative district level or city level for employees of youth and addiction support services. During the three-year project term, over 600 professionals from youth and addiction support were reached. The particular needs of children and adolescents in families affected by addiction was discussed in 35 cooperation seminars, and 19 evaluation seminars, and common ideas were developed to improve the

⁸⁸ Further information can be found at <https://www.bundesgesundheitsministerium.de/nc/service/publikationen.html> and <https://www.uniklinik-ulm.de/kinder-und-jugendpsychiatriepsychotherapie.html> [accessed: 18 Jul. 2019].

⁸⁹ Further information can be found at <http://www.projekt-trampolin.de/> [accessed: 23 Jul. 2019].

care situation. The results and experiences were compiled in a summary report. Based on the project results, a manual for implementing cooperation seminars was developed⁹⁰. "Schulterschluss" was implemented from 2016 to 2019 on the basis of a decision of the Bavarian Landtag, within the scope of the Bavarian prevention plan. The project is funded by the StMGP and implemented together with the Bavarian State Ministry of Labour and Social Affairs, Family Affairs and Integration (Bayerisches Staatsministerium für Arbeit und Soziales, Familie und Integration, StMAS).

The model for "Schulterschluss" in Bavaria comes from Baden-Württemberg, where it was continued until the end of 2018 as "**Schulterschluss II**"⁹¹. The main focus was joint, modularised in-house seminars for youth and addiction support, which were expanded and carried out in more depth in the second funding phase. In addition, the fifth module "Cross-institutional casework" was also offered. 17 of the original 28 locations held in-house seminars, and seven new networks were created.

The measures of the "**Foresight 3D**" ("Weitblick 3D") project launched in 2018 are also aimed both at parents with problem use and their partners, and at adolescents who might be affected by addiction in the family. Due to difficulties in reaching parents possibly affected, seminars to them were designed on a low-threshold basis and offered in the living environment: they are approached for example at facilities which the parents already have contact with, such as family centres. For adolescents, interactive workshops were designed, which were carried out in various settings such as schools youth clubs, youth cultural centres. The project was supplemented by target group specific online services⁹² as well as an accompanying publicity campaign, in the course of which the short film "Addiction at home - addiction problems in the family" ("Sucht Zuhause – Suchtprobleme in der Familie") was released in May 2019. The project is funded by the Senate Department of Health, Care and Gender Equality.⁹³

The websites of "NACOA Deutschland"⁹⁴, the "Federal Association of Friends for Addiction Support" ("Bundesverband Freundeskreise für Suchtkrankenhilfe")⁹⁵ and "Al-Anon Family Groups' Interests Society" ("Al-Anon Familiengruppen Interessengemeinschaft e.V.")⁹⁶ also provide information on addiction within the family.

⁹⁰ All documents can be obtained from the project website: <https://www.schulterschluss-bayern.de/aktuelles.html> [accessed: 24 Jul. 2019].

⁹¹ The starting point was that "Schulterschluss" had already been carried out in that *Land* between 2013 and 2015, and the evaluation and follow-up survey in 2017 showed good outcomes among the participants. Further information, including evaluation and follow-up survey report, is available at <https://www.suchtfragen.de/projekte> [accessed: 24 Jul. 2019].

⁹² www.suchtzuhause.de for parents and www.etwasstimmtnicht.de for adolescents.

⁹³ Further information can be found at: <https://www.kompetent-gesund.de/projekte/familie/> [accessed: 13 Jun. 2019].

⁹⁴ <https://nacoa.de/> [accessed: 19 Jul. 2019].

⁹⁵ <https://freundeskreise-sucht.de/freundeskreise/> [accessed: 19 Jul. 2019].

⁹⁶ <https://al-anon.de/> [accessed: 19 Jul. 2019].

The “Recommendations for dealing with addicted pregnant women and expectant families in obstetric clinics” (“Handlungsempfehlungen zum Umgang mit suchtblasteten Schwangeren und werdenden Familien in geburtshilflichen Kliniken”), jointly published by the Charité Berlin and the drug support service, vista, were updated in 2018⁹⁷. In addition, the DHS, with funding from the BZgA, has published various printed materials on the topic in recent years⁹⁸. The update of the counselling manual “Brief intervention for patients with alcohol problems” (“Kurzintervention bei Patienten mit Alkoholproblemen”), aimed primarily at GPs, is currently being completely revised and is expected to be published in 2020⁹⁹.

Cross-sectoral

The aim of the joint project "**IMAC MIND**" ("Improving Mental Health and Reducing Addiction in Childhood and Adolescence through Mindfulness: Mechanisms, Prevention and Treatment") is identifying risk factors for the emergence of addiction disorders and improving diagnostic procedures. In various subprojects, neuro-behavioural risk profiles for addiction disorders were examined, among other things, and screening and prevention instruments were developed. In five clinical studies, the implementability and effectiveness of mindfulness-oriented, psychotherapeutic and preventive interventions in reduce risks related to substance use at various stages of development and in various contexts, as well as in at-risk groups, is being examined: in the subproject “Trampolin-Mind”, for example, the evidence-based programme “Trampolin” (see above) is being extended to included mindfulness-based elements. In comparison to the original programme, an improvement is expected with respect to the use of stress management strategies, internalising and externalising behavioural problems and psychological stress from parental addiction disorders. Initial results are expected to be published in 2020¹⁰⁰. IMAC-Mind is being funded between 2017 and 2021 by the Federal Ministry of Education and Research (Bundesministerium für Bildung und Forschung, BMBF) in the scope of the "Lifelong health" initiative ("Förderinitiative Gesund - ein Leben lang") and carried out in seven locations¹⁰¹.

⁹⁷ <https://geburtsmedizin.charite.de/leistungen/suchterkrankungen> [accessed: 22 Jul. 2019].

⁹⁸ “Addiction problems in the family” (“Suchtprobleme in der Familie, 2016”); “Mia, Matz and Moritz... and their mum, when she is drinking again” (“Mia, Matz und Moritz... und ihre Mama, wenn sie wieder trinkt”, 2017); “Mia, Matz und Moritz. Accompanying Booklet” (“Mia, Matz und Moritz. Das Begleitheft”, 2016); “Luis and Alina” (“Luis und Alina”, 2017); “Luis and Alina – Accompanying Booklet” (“Luis und Alina - Begleitheft”, 2017)” and “You're pregnant... and taking drugs?” (“Du bist schwanger... und nimmst Drogen?”, 2016). The materials can be obtained from <https://www.bzga.de/infomaterialien>.

⁹⁹ Further information can be found at <https://www.kenn-dein-limit.de/alkohol/infomaterial/beratungsmanuale> [accessed: 22 Jul. 2019].

¹⁰⁰ Further information can be found at <https://www.katho-nrw.de> [accessed: 19 Jul. 2019].

¹⁰¹ Further information, in particular on the various subprojects can be found at <https://imac-mind.de/> [accessed: 19 Jul. 2019].

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 to support and strengthen this group's personal development as early as possible. 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 a wide variety of providers, an exhaustive listing is almost impossible. To give an insight into the diversity of indicated prevention measures, new and current projects will be outlined as examples. Older projects are described in past REITOX reports.

In addiction prevention, internet based interventions have been increasingly used successfully to reduce problem substance use for many years - as, for example, on drugcom.de:

since 2004, in the BZgA programme, "**Quit the Shit**", cannabis users have been receiving effective, anonymous and individual support online, if they want to stop or reduce their cannabis use. The central objective is significantly to reduce users' cannabis consumption within 28 days. In 2018, 1,122 clients were accepted into the counselling programme - an increase of 43% from 2017 (N = 787). The increase in case numbers with identical counselling resources (drugcom team and counselling centres participating in the transfer of "Quit the shit") was possible due to the fact that the length of the programme was reduced from 50 to 28 days and entry to the programme is optional even without an admission chat. The average age of participants was 27 years, with 63% of them being male. Almost all participants (98%) had a cannabis dependency. The proportion of daily cannabis users was 57%. 17% of participants had used on up to a maximum of 5 days, in the 30 days before registering. Clearly, these people had already attempted to reduce or stop their consumption, but required extra support in their efforts. For the implementation, "Quit the shit" is part-financed by several *Laender*.

By means of a control group study (Jonas et al., 2018), information was collected on what effects the programme achieved¹⁰². In a secondary analysis, Jonas et al. (2019) also studied predictors for successful treatment from "Quit the shit". The goal, among other things, was to be better able to identify and support vulnerable groups of people: to this end, the data (N = 534) was newly analysed and 31 variables were tested from the categories sociodemography, substance use and cognitive processing. Participants who undertake to

¹⁰² See on this point the 2018 Prevention workbook; further information is also available at <https://www.drugcom.de> [accessed: 30 Jul. 2019] or Tossmann et al., 2011.

stopping cannabis use (“goal commitment”), who have a healthy degree of self-reflection and who favour a mildly-intoxicating effect were most likely to respond to the intervention.

“**QuaSiE 1.0**” (“Qualified addiction prevention in inpatient youth support facilities”, “Qualifizierte Suchtprävention in Einrichtungen der stationären Jugendhilfe”; 2016 to 2018), the pilot project funded by the BMG, had as its goal to professionalise the handling of use related issues in inpatient youth support facilities, and to develop practice-based guidelines for action. Within the scope of “QuaSiE”, six inpatient youth support institutions nationwide were supported in developing target-oriented routines for use related issues, among other things, by training professionals to identify substance use and addiction related problems at an early stage and be able to react to them in a qualified manner. The development of environmental prevention structures for a qualified handling of substance use was initiated, such as refining uniform policies, concepts, the work on a uniform educational approach or supplementing the admission procedures with use-related questions. In 2019, the action guidelines “Nearly there! A guide to addiction prevention in inpatient youth support facilities” (“Nah dran! Ein Wegweiser zur Suchtprävention in Einrichtungen der stationären Jugendhilfe”) were published.¹⁰³

In “**QuaSiE 2.0**”, the follow-up project funded by the BMG (September 2018 to August 2021), the content of the “Nah dran!” guide is being further implemented in practice as well as a trial and implementation of environmental prevention measures. In the implementation and further development of environmental prevention structures, the plan is to continue to advise the five participating agencies on site and by telephone. In addition, networking between the regional addiction support services will be further developed and solidified. Five environmental prevention programmes on addiction prevention¹⁰⁴ were selected and will be interwoven with existing services and structures (integrated into the educational concepts), tested and implemented in the facilities. At least four of the programmes are intended to be implemented at least once in each agency in the 15-month trial period. The project will be scientifically supported by FOGS (Gesellschaft für Forschung und Beratung im Gesundheits- und Sozialbereich mbH).

The online based, self-help portal “**Breaking Meth**” for methamphetamine users was developed by the Hamburg University Centre for Interdisciplinary Addiction Research (Zentrum für Interdisziplinäre Suchtforschung der Universität Hamburg, ZIS) and operated by the “Drug Scouts” project (Suchtzentrum gGmbH in Leipzig). The website addresses different groups of users and has been extended to include a German version of the

¹⁰³ Further information can be found at <https://www.lwl-ks.de/de/quasie> [accessed: 13 Jun. 2019].

¹⁰⁴ “Smoke free now! Help to quit for smoking adolescents” (“Rauchfrei jetzt! Ausstiegshilfe für rauchende Jugendliche”; Rakete-Konzept, Berlin), “Cannabis MOVE, motivational brief intervention” (“Cannabis-MOVE, Motivierende Kurzintervention”; ginko! Stiftung für Prävention), “Trampolin - a modular prevention programme for children from families impacted by addiction” (“Trampolin – ein modulares Präventionsprogramm für Kinder aus suchtbelasteten Familien”; DZSKJ, UKE Hamburg and DISuP, KatHO NRW), “risflecting® - intoxication and risk balance” (“risflecting® - Rausch und Risikobalance”), “Alcohol prevention workshop in inpatient youth support” (“Workshop Alkoholprävention in der stationären Jugendhilfe”).

American "Quitting Crystal Meth". Membership of the self-help portal is anonymous and free of charge. The research based further development of the self-help portal is receiving continued funding from the BMG for the period 2016 to 2019: "**Breaking Meth II**" is intended to address users who are starting to have an awareness of their problem as well as those already affected who want to reduce their use, stop altogether or prevent a relapse. One point of focus is the smooth entry into addiction self-help to prevent relapse following withdrawal treatment. In the formative evaluation (Milin & Schäfer, 2019), surveys were conducted with portal users and experts on various topics, use characteristics analysed and adaptations made. For abstinence-oriented users concepts were refined and accompanying materials developed. For participants starting to have an understanding of their problem and for those who already had treatment experience, different approaches for use reflection were tested. In 2018, the portal had a completely new design (technically and aesthetically) and user-generated content from previous years was incorporated. The project will be continued until 2022 in the form of follow-up research, realised through the self-help funding from the health insurance provider AOK (Allgemeine Ortskrankenkassen) (ibid.)¹⁰⁵.

The free smartphone app "**CheckPointC**" is aimed at crystal meth users, who as yet have no access to the support system. Among other things, it provides information anonymously on the effects, risks and possible risk management strategies and their implementation and sensitises users on the side effects and long-term effects of use. The app is being continuously extended to include various topics. Since 2019, the BMG-funded project was run by Chill out Potsdam; new informational materials have been produced¹⁰⁶. The app is currently being evaluated, with results expected in 2020.

In the scope of the project "**Women's crystal meth use**" ("Crystal Meth-Konsum von Frauen"), run by the research institute tifs e.V. and the Institute of Educational Science (Institut für Erziehungswissenschaft) at Tübingen University and funded by the BMG, access points, consumption practices, functions, exit processes and experiences with the support system for women consuming crystal meth were evaluated. The thesis under examination was that the functions of crystal meth use are related to gender norms and role expectations (Staudenmeyer, Kaschuba & Stumpp, 2018). The continuation of the project is being planned, with the goal to develop practicable recommendations for action or training.

Within the project "**Crystal meth and family II**" ("Crystal Meth und Familie II"), concluded in 2018, a group programme was developed for methamphetamine-dependent parents with children, which strengthened their parenting skills and the family resilience, stabilised their abstinence and promoted the further utilisation of support: "**SHIFT parent training**" ("SHIFT-Elternteraining") (addiction support family training) was implemented in seven practice locations in regions particularly affected by crystal meth use (Saxony, Thuringia) and evaluated in the scope of a randomised controlled research design: the intervention has

¹⁰⁵ Further information can be found at <https://breaking-meth.de/> [accessed: 18 Jul. 2019].

¹⁰⁶ Further information can be found at <https://checkpoint-c.de> [accessed: 13 Jun. 2019].

proven itself particularly effective with respect to promoting positive parenting and the reduction of drug-related problems. Both groups showed improvement with respect to family functioning as well as psychological and parental stress. In addition, “SHIFT” achieved a high acceptance among trainers and parents - participants felt that the resource-oriented approaches were particularly helpful (Dyba et al., 2019). The standardised treatment and prevention manual was published in 2019 (Klein, Moesgen & Dyba, 2019)¹⁰⁷.

Since 2018, the existing intervention in the follow-up project “**SHIFT Plus**” has been further developed for the whole area of dependence on illegal substances. Consumption of opioids, cannabis and stimulants as well as multiple substance use and mixed use will be taken into account. The implementation of “SHIFT Plus” was carried out nationally in ten practice locations in collaboration with addiction and youth support. Within the scope of a randomised controlled research design, the intervention is being reviewed with respect to acceptance and effectiveness. Initial results are expected from 2020. The project is being funded by the BMG up to 2021 and, as per the previous project, implemented by the DISuP at the Katho NRW¹⁰⁸.

Up to 2020, the needs-oriented, interdisciplinary and cross-system “**Dresden clinical pathway for crystal meth**” (“Dresdner Versorgungspfad Crystal”)¹⁰⁹ will be evaluated with respect to the treatment of methamphetamine using pregnant women. The hope is to deduce the practicability of the concept and the possibilities for transfer to other regions and other illegal substances as well as the requirements for ensuring multi-professional and cross-system care. The project is funded by the BMG.

1.2.5 Additional information (T1.2.5)

No additional information is available on this.

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**” (“Nationale Strategie zur Drogen- und Suchtpolitik”) 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).

¹⁰⁷ Further information can be found at <http://www.shift-elterntraining.de> [accessed: 19 Jul. 2019].

¹⁰⁸ Further information can be found at <https://www.katho-nrw.de> [accessed: 19 Jul. 2019].

¹⁰⁹ The “Dresden clinical pathway for crystal meth” has been implemented since 2015 in the routine clinical activity of the University Hospital Carl Gustav Carus in Dresden and is an example of the care and treatment of methamphetamine users within the context of parenthood. Further information can be found at <https://tu-dresden.de/med/mf/fph/forschung/forschungsprojekte> [accessed: 24 Jul. 2019].

Good examples of the central factors in increasing the 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 includes, 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-Länder-Kooperationskreis Suchtprävention**" (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, specialist addiction associations as well as by many other parties involved.

Roughly every two years, one or more 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**" ("Qualitätssicherung in der Suchtprävention"). In 2018, the conference took place in Potsdam with around 130 addiction prevention professionals¹¹⁰. The sixth national conference will take place in Lübeck in 2020.

Commissioned by the BZgA, the IFT compiled an "**Expert report on the effectiveness of addiction prevention measures**" ("Expertise zur Wirksamkeit suchpräventiver Maßnahmen") (Bühler & Thrul, 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 was updated in 2018 and is expected to be published at the start of 2020.

The Cologne "**Memorandum on the evidence base in addiction prevention**" ("Memorandum zur Evidenzbasierung in der Suchtprävention") (expert group "Cologne Conference", 2014) is currently being comprehensively revised and is expected to be published in 2020.

With the online databank "**Green List Prevention**" (Grüne Liste Prävention), the Lower Saxony *Land* Crime Prevention Council offers a collection of examples of good practice in the prevention of addictive behaviour, violence, crime and other problem behaviours in children and adolescents. In the database, evaluated prevention programmes in Germany are categorised according to the degree of evidence of the underlying studies and can be ordered according to target groups, settings and relevant risk / protection factors¹¹¹.

¹¹⁰ 2018 documentation available at <https://www.blsev.de>; 2016 documentation available at <https://nls-online.de> [accessed: 18 Jul. 2019].

¹¹¹ www.gruene-liste-praevention.de [accessed: 18 Jul. 2019].

Evidence-based prevention programmes are published at European level by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in the online database “**XChange**”. 12 of the 40 programmes listed in total were evaluated in Germany, among other places (status: July 2019)¹¹².

The documentation system “**Dot.sys**” has, since 2006, provided extensive information on addiction prevention measures implemented in Germany.

The portal for specialists, “**PrevNet**”, a joint project between the BZgA and the *Laender*, links, online, the work of professionals in the addiction prevention system. Collaboration across national borders is promoted through protected working groups, in which own projects or events can be presented across disciplines¹¹³.

The “**International Standards on Drug Use Prevention**” issued by the UNODC (United Nations Office on Drugs and Crime) and the WHO (UNODC & WHO, 2018) have been translated into German. The document is available to download¹¹⁴ as a PDF document.

Qualification / addiction prevention professionals

Within the scope of the national pilot project “**Digital Iodesmen**” (“Digitale Lotsen”), launched in April 2019, a curriculum will be developed that will form the basis of a qualification programme. The goal is to identify the dimensions of digital change and possible implications for work in the fields of addiction prevention and addiction support, as well as support requirements. Participants are to be enabled, by means of nationwide education courses, to develop a scientifically-based attitude to the topic of digitisation in the field of addiction support, to derive, as “digital Iodesmen”, approaches for action in practice and, as opinion leaders, to sensitise people to the topic on the ground. The pilot project runs until 2021; it is being run by the Hesse *Land* Office for Addiction Issues (Hessischen Landesstelle für Suchtfragen e.V.) and funded by the BMG. After the pilot phase has finished, the qualification programme is intended to be rolled out nationally¹¹⁵.

In the EU research project “UPC Adapt”¹¹⁶ (Universal Prevention Curriculum), the curriculum developed in the USA was adapted and introduced in nine EU Member States. The “**EUPC**” (**European Universal Prevention Curriculum**) is based on the most relevant findings of internationally recognised standards and prevention curricula¹¹⁷. The results will be made available to the practitioners in the form of a manual and a qualification programme lasting

¹¹² <http://www.emcdda.europa.eu/best-practice/xchange> [accessed: 22 Jul. 2019].

¹¹³ www.inforo.online/prevnet [accessed: 18 Jul. 2019].

¹¹⁴ [https://www.bundesgesundheitsministerium.de/service/publikationen/drogen-und-sucht/details.html?bmg\[pubid\]=3332](https://www.bundesgesundheitsministerium.de/service/publikationen/drogen-und-sucht/details.html?bmg[pubid]=3332) [accessed: 23 Sep. 2019].

¹¹⁵ Further information can be found at <https://www.hls-online.org> [accessed: 18 Jul. 2019].

¹¹⁶ <http://upc-adapt.eu/> [accessed: 24 Jul. 2019].

¹¹⁷ International Standards on Drug Use Prevention; European Drug Prevention Quality Standards; Universal Prevention Curriculum.

several days. German participation is provided by the FINDER Academy for Prevention and Experience-based Learning (FINDER Akademie für Prävention und erfahrungsbasiertes Lernen). The first dates of the qualification programme are taking place in 2019¹¹⁸.

The **university certificate course “Addiction specific prevention approaches for school and youth work”** (“Suchtspezifische Präventionsansätze für Schule und Jugendarbeit”) was set up in 2018. The course has six modules and is aimed at teaching professionals and social workers, both in schools as well as outpatient and inpatient facilities. 14 professionals from schools, youth facilities, counselling services and facilities that work with people with refugee experience have taken part and looked at the scientific principles of addiction prevention, risk and protection factors and current prevention concepts. The second course, with the certificate “Specialist in addiction prevention” (“Fachkraft Suchtprävention”) started in the spring of 2019 (Special Unit for Addiction Prevention Berlin, 2019 a).

An **“Investigation among addiction prevention professionals”** (“Untersuchung unter Fachkräften der Suchtprävention”) in NRW looked at how cannabis prohibition has impacted addiction prevention work and what individual advantages and disadvantages are seen. A controlled supply of cannabis to adults, together with strict age controls was supported by the majority of professionals for the purpose of effective cannabis prevention (Kalke & Schlömer, 2018).

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 extensive information on addiction prevention measures implemented in Germany within a given calendar year since 2005. With this, Dot.sys makes an essential contribution to reporting on prevention whilst not least improving quality and transparency in addiction prevention. The specialist and counselling centres, authorities, associations, specialist outpatient clinics and *Laender* coordination agencies of all the *Laender* participating in Dot.sys, continuously document their activities in the electronic data collection system. Documentation takes place on a voluntary basis; therefore no claim can be made as to the completeness of the documented addiction prevention measures. The online-based, free of charge documentation system is used for recording and presenting addiction prevention measures on a federal, *Land*, and municipal level.

As Dot.sys was undergoing optimisation as part of a complete technical and safety-related revision, no nationally aggregated data is available for 2018¹¹⁹. Since January 2019,

¹¹⁸ Further information can be found at <https://finder-akademie.de/eupoc/> [accessed: 24 Jul. 2019].

¹¹⁹ The number of documented measures in the *Laender* can be taken from the annual reports of the addiction prevention coordination bodies in the respective *Laender*.

addiction prevention professionals have been able once again to document their measures online at www.dotsys-online.de.

In order to be able to illustrate the diversity of the German addiction prevention landscape, this year a greater weight will be placed on universal, selective and indicated projects at municipal, *Land* and national level. A detailed presentation of the Dot.sys data is set out in previous REITOX Reports (Prevention workbook)¹²⁰.

3 NEW DEVELOPMENTS (T3)

3.1 New developments (T3)

In 2015, the PräVG was approved in Germany. It places the focus on interventions in the living environment; i.e. anywhere that people live, learn and work, there will be an influence on health. Therefore, preventive activities should take place in peoples' everyday lives and continue where possible throughout their lives. The PräVG therefore strengthens health promotion and prevention in child daycare centres, schools, cities and local authorities as well as in businesses and care facilities. The focus is on concerted activities by all parties involved in prevention and health promotion. To this end, the Act provides for 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** (Nationalen Präventionskonferenz, NPK). For the first time in Germany there is a common national prevention strategy aligned with common objectives as well as a concerted approach, which all responsible parties involved in health promotion and prevention participate in drawing up. In this way, resources are bundled and activities in living environments are controlled¹²¹.

The NPK was constituted in 2015, and the following year the first multi-agency **federal framework recommendations** (Bundesrahmenempfehlungen) 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, overarching aims as “*Growing up healthily*”, “*Living and working healthily*” as well as “*Being healthy in old age*”. The orientation on the different stages of life is intended to ensure that living-environment based prevention will generally reach everyone - starting from measures in kindergarten and schools to health promotion in companies and prevention work in municipal facilities to health-oriented activities in care facilities. Primary 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 care for them. The federal framework recommendations

¹²⁰ Dot.sys annual reports are also available for download from <https://www.bzga.de/die-bzga/nationale-kooperationen> [accessed: 19 Jul. 2019].

¹²¹ Further information can be found at <https://www.npk-info.de/die-npk> [accessed: 22 Jul. 2019].

describe the specific areas for action and the range of services for these objectives and target groups. Statutory health, accident and pension insurance should contribute to the implementation of addiction prevention for all three objectives. The federal framework recommendations were further developed in 2018 and extended to include an overarching structure and process objective as well as specific goals for the target groups of employed and unemployed people¹²².

For the implementation of the federal framework recommendations, the PräVG stipulates **Land framework agreements** (Landesrahmenvereinbarungen), in which the statutory health and social care insurance providers set out 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 how they will conduct their work together on the ground (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. All *Laender* now have *Land* framework agreements¹²³. Böhm & Klinnert (2018) provide an overview of the *Land* framework agreements concluded to date and point out common features and differences between the *Laender*.

The **Prevention forum** (Präventionsforum) has been taking place within the scope of the NPK once a year since 2016, to which organisations and associations operating nationally are invited. The event serves the exchange of information and experiences between the NPK, its member organisations and the specialist public¹²⁴.

The first comprehensive, cross-provider inventory on prevention and the promotion of, health, security and participation in Germany is contained in the Prevention Report (Präventionsbericht), created in accordance with Sec. 20d (4) SGB V. The **first Prevention report** (NPK, 2019) was published in July 2019 and is intended to make the implementation of the PräVG and the national prevention strategy transparent: For example the services provided by the institutions involved in the NPK - including the Federal Government, the *Länder* and the municipalities - for prevention and health promotion in Germany are described, as well as the access routes and the people reached and recommendations for further development and figures on specific expenditure for health promotion and prevention are described¹²⁵.

¹²² Further information can be found at <https://www.npk-info.de/praeventionsstrategie/bundesrahmenempfehlungen> [accessed: 22 Jul. 2019]

¹²³ Individual *Land* framework agreements can be viewed at <https://www.npk-info.de/die-npk/downloads> [accessed: 22 Jul. 2019].

¹²⁴ The annual event documentation can be retrieved online at <https://www.npk-info.de> [accessed: 19 Jul. 2019].

¹²⁵ "The National Prevention Conference shall produce the Prevention Report [...] and send it to the Federal Ministry of Health. The Federal Ministry of Health shall present the report to the legislative bodies of the Federal Government and include a statement from the Federal Government." (Sec. 20d (4) SGB V).

In the area of substance use it is significant that the PräVg is linked to the process of setting national health objectives. **National health objectives** are agreements by those responsible within the healthcare system, whose focus, as a primary 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*" ("Tabakkonsum reduzieren") 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*" ("Alkoholkonsum reduzieren") was first published in 2015¹²⁶.

The GKV umbrella association tasks the BZgA, under the PräVg, to develop, implement and evaluate prevention and health promotion services provided across health insurance providers, in living environments at an annual level of around €32 million. The contracts awarded are aimed at the distribution and quality assurance of health promotion and prevention for socially disadvantaged target groups in their living environments. These include, among other things, the development and testing of prevention and healthcare promotion measures for vulnerable target groups, such as children from families impacted by addiction (Wanek, 2017). The mandates in the area of addiction prevention in 2018 included, among other things, alcohol prevention and municipal addiction prevention.

Since 2019, the **Municipal funding programme** (Kommunale Förderprogramm) of the GKV Alliance for Health (GKV Bündnis für Gesundheit) has supported socially disadvantaged municipalities¹²⁷ in setting up municipal structures and managing health promotion and prevention. In order to contribute to the reduction in social inequalities in health chances, the intention is for vulnerable groups of people in particular (single people, people with a migration background, people with disabilities/impairments, older people, as well as children and adolescents from families affected by addiction and/or mental health problems) to be able to benefit more from health promoting and preventive measures¹²⁸. The funding programme has been designed to last five years.

¹²⁶ The nine national health objectives can be viewed here: <http://gesundheitsziele.de> [accessed: 19 Jul. 2019].

¹²⁷ 185 socially disadvantaged municipalities nationally are being considered. The selection of municipalities follows the scientific German Index of Socioeconomic Deprivation (GISD) from the Robert Koch Institute (RKI) (<https://edoc.rki.de/handle/176904/2657>).

¹²⁸ Further information is available at <https://www.gkv-buendnis.de/foerderprogramm/foerderangebote> [accessed: 22 Jul. 2019]

4 ADDITIONAL INFORMATION (T4)

4.1 Additional sources of information (T4.1)

4.2 Further aspects (T4.2)

5 SOURCES AND METHODOLOGY (T5)

5.1 Sources (T5.1)

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6 FIGURES

7 TABLES