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0 Summary (T0)

The prevention of addiction is - alongside addiction therapy, survival support and repressive measures – one of the four pillars of a 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 perceived in particular by the Federal Centre for Health Education (BZgA), the Laender, municipalities and the self-governing bodies of the social insurance funds.

Cannabis remains the most commonly used illicit drug and, of all illicit drugs, is most frequently the subject of substance specific measures for addiction prevention. Since 2000 a fundamental shift in the age structure of users of illicit drugs has been recorded. Today, users of "hard" drugs (all illicit drugs with the exception of Cannabis) who come to the attention of the police for the first time are primarily 25 years old or older and it is this age group whose substance use (including Cannabis) most often leads to hospital admissions and to utilisation of addiction support services. By far the most important age group for addiction prevention remains the children and adolescent group. The groundwork needs to be laid at that stage to prevent entry into drug use.

Since the last report, the proportion of prevention based support which deals with cannabis has increased significantly and for the first time is over 50%. This takes account of the high prevalence of use of that substance and the continually increasing need for treatment in recent years, especially among users under the age of 25.

1 National Profile (T1)

1.1 Strategy and structure (T1.1)

1.1.1 Main prevention-related objectives (T1.1.1)

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

The importance of prevention of addiction is also shown by the fact that the *National Strategy on Drug and Addiction Policy* (Federal Government Commissioner on Narcotic Drugs, 2012), with its specific measures and aims, is to be embedded in a wide-ranging prevention strategy.

1.1.2 Organisational structure (T1.1.2)

The bodies responsible for the implementation of the *National Strategy on Drug and Addiction Policy* and for the associated prevention measures are, in addition to the respective ministerial departments, in particular the Federal Centre for Health Education (BZgA), the Laender, municipal (administration) level and the self-governing bodies of the social insurance funds. This multitude of parties involved adheres to the principle of subsidiarity whilst also providing as broad a spectrum of preventive measures as possible at all federal levels in Germany.

1.2 Prevention measures (T1.2)

1.2.1 Environmental prevention (T1.2.1)

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

By definition, subjecting substances to the German Narcotic Drugs Act (BtMG) in the broadest sense is an environmental prevention measure as the purpose of the provision is to control the availability of the substances listed in the schedules. The threat of punishment for dealing/trafficking and acquisition of the substances listed in Schedule I of the BtMG ("illegal drugs") almost completely exhausts the possibilities for action regarding environmental prevention interventions meaning that measures such as increasing taxes, performing age checks or imposing advertising bans are irrelevant as far as illicit drugs are concerned. Environmental prevention is therefore mainly interesting in the case of legal drugs and will be looked at in the following using the rules governing the consumption of alcohol and tobacco.

Legal regulations on alcohol consumption

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

Youth Protection Act (Jugendschutzgesetz, JuSchG)

The German Youth Protection Act (JuSchG)¹ addresses the topic of "alcohol" in Sec. 9 "Alcoholic Drinks". Serving any type of alcohol to under 16s is prohibited in Germany. Under the law, alcoholic spirits may only be purchased from the age of 18. As an exception, serving and consuming other alcoholic drinks (e.g. wine, beer and similar drinks) is allowed if the youth is accompanied by a parent/guardian (or person with parental authority) (Sec. 9 (2) JuSchG).

With the Act on the Imposition of a Special Tax on Sweet Alcoholic Drinks (alcopops) for the Protection of Young Persons (AlkopopStG) the notice "May not be supplied to persons under the age of 18, Sec. 9 German Youth Protection Act" is mandatory when commercially supplying sweet alcoholic drinks.

Sale of alcoholic drinks

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

The Land governments also stipulate the latest closing times allowed for food and beverage businesses as well as for public entertainment venues. These closing times can be extended, curtailed or lifted. In many German Laender, the closing times have been replaced by the so-called cleaning hour from 5 to 6 a.m. Regulatory authorities can also stipulate, in deviation from that, how long a restaurant or public house may stay open for. Motorway service areas are generally excluded from the closing time rules, however no alcoholic drinks may be sold between midnight and 7 a.m.

Alcohol tax

"The taxation of alcoholic drinks in Germany is differentiated according to the type of drinks" (Gaertner et al. 2012). Spirits and sparkling wine are taxed at €13.03 and €13.60 respectively per litre of pure alcohol, beer is taxed on average at €1.97 and alcopops at €55.50 per litre of pure alcohol. Wine is not subject to taxation. Gaertner et al. (2012) demand a uniform taxation of alcoholic drinks on the basis of the alcohol content as well as an alignment (increase) of the alcohol tax in Germany with the average of the European Union (EU), not least in order to utilise the health policy potential of alcohol tax.

The revenue from alcohol taxes in Germany in 2014 was €3.2 billion which represents a slight decline in comparison to the previous year.

¹ The German Youth Protection Act serves to protect children and youths in public. Within the meaning of this act, children are defined as persons who are not yet 14 years of age. Youths/adolescents are persons between the ages of 14 and 18 years old.

Drink driving

In Germany, the Road Traffic Act (StVG) and the Criminal Code (StGB) provide the legal rules in relation to driving under the influence of alcohol.

The blood alcohol limits vary according to driver group (beginner, experienced driver). For beginners, an absolute ban on alcohol applies during the two year probationary period. Experienced drivers are allowed a maximum blood alcohol concentration of 0.5 mg/ml when driving a vehicle. However, if a driver has an accident with less than 0.5 mg/ml alcohol in their blood that constitutes a crime under the German Criminal Code (StGB), under certain circumstances this can be punished with a driving ban. Where indications of driving uncertainty are apparent, an alcohol level of 0.3 mg/ml in the blood is punishable.

A blood alcohol level above 0.5 mg/ml is punished with varying degrees of severity: from a fine to a permanent revocation of driving licence.

A driver with an alcohol concentration in the blood of 1.1 mg/ml and above renders himself or herself liable to prosecution if there are indications of driving uncertainty or not or if an accident occurs. Punishments provided for include revocation of driving licence, fines and custodial sentences (up to five years) as well as compensation/damages payments to the victim of the accident.

If underage cyclists are involved in accidents whilst under the influence of alcohol, they are not permitted to obtain a driving licence at the age of 18 without further conditions. A driving licence can even be revoked by the driving licence authorities in certain cases even if it is a drunk pedestrian who has caused an accident.

Alcohol consumption in public

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

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

Legal regulations on tobacco consumption

Tobacco consumption in Germany is the leading cause of premature deaths. In order to curtail smoking in as many population groups as possible, a combination of structural and legal measures as well as information and support services are utilised.

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

Germany ratified the Framework Convention on Tobacco Control (FCTC) of the WHO and thus bindingly agreed to introduce certain measures for the control of tobacco².

Protection against passive smoking

The German Workplaces Ordinance (Arbeitsstättenverordnung, ArbStättV) passed in 2004 and the Maternity Protection Act (Mutterschutzgesetz, MuSchuG) obligate employers to protect non-smoking employees from the dangers of passive smoking. On 1 September 2007, the German Federal Act on the Protection of Non-Smokers (Bundesnichtraucherschutzgesetz, BNichtrSchG) also came into force. With that, employees in public authorities as well as passengers on public transport have a legal right to protection from passive smoking and as such there is a general prohibition on smoking. More extensive regulations are imposed by the German Laender in laws governing the protection of non-smokers³.

Youth Protection

The German Youth Protection Act (JuSchG) addresses the topic of smoking in Sec. 10 "Smoking in public, tobacco goods". According to the JuSchG, it is not permitted to sell tobacco goods to children or adolescents or to allow them to smoke in restaurants or public houses, retail outlets or in public. The prohibition of sale of tobacco goods to adolescents under the age of 18 has been in force since 2007. Furthermore, there is a rule stipulating that tobacco goods may only be offered in vending machines if it has been ensured that children and adolescents cannot remove them.

Tobacco tax

In Germany, tobacco goods are subject to tobacco duty and value added tax. Tobacco tax has been increased in steps in recent years. Since January 2014, it has amounted to 9.63 cents per cigarette plus 21.74 percent of the retail selling price⁴. On average, the taxation

² <http://www.who.int/fctc/en/> (last accessed: 22 Oct. 2015).

³ A good summary of the Laender laws on the protection of non-smokers as well as further links can be found at: <http://www.rauchfrei-info.de/informieren/gesetzliche-regelungen/laendergesetze-zum-nichtraucherschutz/> (last accessed: 22 Oct. 2015).

⁴ The retail selling price is set by the manufacturer.

amounts to approximately three quarters of the retail price of a cigarette.⁵ Cigars and cigarillos as well as fine-cut and pipe tobacco are also taxed. Chewing tobacco and snuff are exempt from taxation because they are not classified as smoking tobacco goods.

The revenue from tobacco taxes in Germany in 2014 was approx. € 14.3 billion which represents an increase of 1.6% in comparison to the previous year.

Sale of tobacco

Tobacco products may be sold freely in Germany whilst complying with the Youth Protection Act and are available in supermarkets, kiosks and petrol stations. The general availability of tobacco products is provided through sale via cigarette machines in public.

Advertising for tobacco products

Since as far back as 1975, advertising tobacco products on the radio and television has been prohibited. In January 2007, German legislation was amended to bring it in line with the EU Tobacco Advertising Directive (2003/33/EC)⁶. As a result, since the start of 2007, advertising of tobacco products has also been prohibited in newspapers, periodicals, magazines and on the internet. Publications which are intended for employees of the tobacco industry as well as print media not intended for the EU market are exempt. Tobacco advertising is still allowed in the cinema, on posters and on objects such as lighters and ashtrays. Sponsoring events which are aimed at several EU member states or have another type of cross border effect (e.g. Formula 1) is also prohibited. At such events, no free tobacco products may be distributed either.

1.2.2 Universal prevention (T1.2.2)

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

In addition to the behavioural and environmental prevention measures (BZgA 2007) of universal prevention, the interventions primarily differ in respect of their scope, either as substance-specific, 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.

⁵ The retail selling price of a tobacco product can vary depending on manufacturer or brand and therefore the respective tax also varies.

⁶ The EU Tobacco Advertising Directive (2003/33/EC) provides for a uniform regulation of tobacco advertising and sponsoring for all EU member states. The German Tobacco Act is available online at: http://www.gesetze-im-internet.de/lmg_1974/index.html (last accessed: 22 Oct. 2015).

Effectiveness and efficiency in addiction prevention

Good examples of the central factors in the increase of 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 addiction prevention contributors. Among these are, for example, the development of quality standards, the further development of existing quality assurance measures and the employment of recognised quality assurance instruments in addiction prevention. In this context, the BZgA-Laender cooperation association, "addiction prevention" (a cooperation between Laender authorities responsible for drug prevention and the BZgA), is equally as trend-setting as the events and experts' meetings organised by the German Monitoring Centre for Drugs and Drug Addiction (Deutschen Beobachtungsstelle für Drogen und Drogensucht, DBDD), the BZgA, the German Centre for Addiction Issues (Deutsche Hauptstelle für Suchtfragen, DHS) as well as by many other players. Not least of these is the monitoring system Dot.sys (documentation system used for addiction prevention), a joint project of the BZgA and the Laender. Working on behalf of the Federal Centre for Health Education (BZgA), the IFT compiled an expert report on the effectiveness of addiction prevention measures (Bühler & Thrul, 2013). The *National Strategy on Drug and Addiction Policy* stipulates that preventative measures be tested for their effectiveness and relevance. "It is of particular importance in times of tight finances to apply the resources available in a targeted manner" (Die Drogenbeauftragte der Bundesregierung 2012). In order to increase the effectiveness of addiction prevention measures, an increased focus on at-risk groups is also planned (ibid.).

School

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

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

Based on reports in the documentation system, Dot.sys, one can see that around one in ten interventions in schools follows a peer education approach. Peer education approaches are based on the assumption that other persons of the same age (peers) are better able than teachers or counselling experts to create favourable preconditions for initiating learning processes. This can be attributed to, amongst other things, greater social closeness between peers, the use of common register and thus to greater authenticity (Backes & Schönbach

2002). Adolescents who are willing to assume the roles of peers are trained to provide support as experts in problem situations and to promote problem-solving skills among the target group (pupils). Peers thus serve as prevention helpers at ground level, i.e. also at places where legal and/or illegal drugs are used. In the context of life skills programmes in cannabis prevention, the involvement of peers is more likely to lead to success than delivery by teaching staff (Bühler & Thurl 2013).

The effectiveness of addiction prevention measures at primary school has been intensively investigated. Measures that build on a psychosocial approach and on behaviour-modifying interventions are particularly likely to succeed, usually on the condition that they are supplemented by components in non-classroom settings (Bühler & Thurl 2013). An early entry into the use of legal addictive substances has a negative effect on psychosocial development, which is why the use of addiction prevention measures in primary school seems particularly useful. In addition, a later use of illegal drugs can be predicted if legal drugs are consumed early on (Brook et al. 2002; Hanna et al. 2001; Maruska et al. 2011; McGue et al. 2001).

One example of the lasting effects of behaviour modifying measures in primary schools is the "Good Behavior Game" developed back in 1969 by a teacher in the USA (Barrish et al. 1969), which was used in Germany for the first time in 2007 in 23 primary schools in Cologne and the surrounding area (Hillenbrand & Pütz 2008). It has been adapted to suit German school culture and renamed "KlasseKinderSpiel" (roughly "great kids' game") and is now successfully being used in other areas. The target group for this intervention, which is based on learning theory principles, are primary school pupils and special needs pupils of various ages. First, the common rules for optimal cooperation are laid down and unsuitable behaviours ("fouls"), which can be issued at a later date, are determined: e.g. leaving your seat without permission, interrupting, playing or passing notes. Groups are then formed and a duration for the game is set. The group with the lowest number of points wins and gets a reward. In the first weeks this takes place immediately after playtime, later the time is pushed back, e.g. to the end of the school day. The game has been evaluated in more than 20 studies in a variety of types of schools and among school pupils of different ages, from preschool to adolescence, with very good results (Kellam et al. 1994, 2008; Hillenbrand & Pütz 2008). In a US sample of young adults who had played this game in the first grade, there were fewer addiction disorders in comparison to the control group; among the male participants the difference was significant. The largest effects were found for boys who, as first graders, had been considered "highly aggressive, disruptive".

For the 15 to 25 age group, the strategy "REBOUND – my decision" was developed at the Heidelberg University Clinic in cooperation with the Mentor Foundation Germany⁷. The development and study phases (2010–2012) were financially supported by DG Justice of the European Union and implemented within a network of schools (eighth to tenth grade) from the Rhine–Neckar metropolitan region. The continuation of the measure as a standard

7 www.my-rebound.de (last accessed: 22 Oct. 2015).

service is ensured by funding from business, science and private donors. Since 2013, any school that makes available a minimum of four teachers can participate. In addition, REBOUND can be taught by social work professionals who take part in a 16-hour training course. REBOUND follows a media-based approach that centres on an activating film-based pedagogy. Awareness is developed and promoted through short films, lively group exchanges as well as other methods of self-assessment and the assessment of others. For example, sets of cards are used to try out different roles in the classroom and practice empathy. Peers were involved in the development of the teaching materials and were also involved in communicating the material as external class visitors ("peer mentors"). The peer mentors accompany the programme for a 12-month period. The prerequisite is having completed a basic training course, which results in the award by the "Young University Heidelberg" of a "class visitor" or "course assistant" certificate (depending on the number of teaching hours). An important experience-oriented element is the making of a short film. Optional e-learning opportunities are offered alongside the course. In the test phase, five schools (723 pupils, 60 school classes) participated in a controlled efficacy study (Kröniger-Jungaberle et al. 2014). In the intervention group, the incidence of experience with drunkenness fell. However, risk perceptions of cannabis and tobacco were also reduced. The authors suspect that in the case of cannabis, this may be linked to more realistic perceptions. Fear-inducing strategies could achieve an unrealistically high perception of risk. In contrast to this, the intervention possibly prevented the trivialisation of the risk involved when the target individuals come in contact with users or try these substances themselves ("switching risks"). Results from the efficacy study have also been implemented in the "Unplugged" class programme, which is targeted at 11 to 14 year olds in secondary schools. The aim of the measure, which is based on the *concept of comprehensive social influence*, is the prevention of use and abuse of legal and illegal substances. The starting points are the correction of normative convictions and the development of life skills. In this way, first contacts with psychoactive substances can be reduced and the transition from experimental to regular substance use can be delayed. Parents' evenings were additionally organised in order to ensure that the in-school prevention programmes were also supported outside of the school setting.

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

In 2012, the Standing Conference of the Ministers of Education and Cultural Affairs (Kultusministerkonferenz, KMK) issued a "Recommendation on Health Promotion and Prevention in Schools" (KMK, 2012). That recommendation stated: "Addiction prevention is a

particularly significant topic in health promotion and prevention. The aim is to prevent the start of the use of addictive substances and other behaviours at high risk of leading to addiction as well as to identify and reduce high-risk use and behaviour at an early stage, in particular through early intervention and measures to improve life skills." Through guidelines and teaching plans, the Ministers for Education and Cultural Affairs of the Laender have made addiction prevention a binding topic of classroom teaching.

Examples from the Laender

The "10 Point Plan on Preventing and Combating Crystal Meth Use" (Saxony Land Crime Prevention Council 2014) provides for a competent contact person on the topic of "crystal meth" to be available at all secondary schools in Saxony for teachers, parents and pupils seeking advice and support. Via school conferences, the school boards also inform parent and pupil representatives about the topic of crystal meth as well as existing offers of help and support.

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

The "life skills portal", launched in 2014, for Saxon schools covering the topic of addiction prevention, which also includes the basic addiction and drug problem in relation to crystal meth, is continuously extended with specialist information, materials and links relevant to the topic. Regional addiction prevention and support should be better interconnected. In addition to municipal administrations, this affects all other relevant entities. The Land Schools Board and the Land Parent Board are continuously informed through suitable channels about the risks of drug use - in particular in respect of "crystal meth" - and about existing support services of the Free State. All data on "crystal meth" is collated into a comprehensive picture of the situation including, amongst other sources, data from the addiction support system, the police, justice, border control and from the areas of schools, youth support and science. This helps to improve prevention and repression measures in a targeted manner.

The programme PIT (prevention in team) is in operation in Bavaria, Rhineland-Palatinate and Saxony across different types of school. The aim is to promote cooperation between schools, police and other partners (e.g. justice, youth support, drug counselling) in the areas of: addiction, violence and media as well as property in the scope of the project.

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

"High 5" is an interactive mobile exhibition from the German Land of Thuringia on the topic of illicit drugs which, for example, can be borrowed by teachers, school social workers, employees within the youth support system or addiction prevention professionals. Through the use of different methods and playful actions at seven stations, the objective of the interactive exhibition, "High 5" is to motivate young adults to think actively and critically about the use of illicit drugs and to make them aware of local support services. The service was conceived for adolescents from 14 years of age, for the school and out-of-school settings.

In the period from April to June 2015, "High 5" was evaluated in various types of school in Thuringia. The evaluation was conducted in the scope of a bachelor degree paper in cooperation with the Thuringia Office of Addiction Prevention. The aim was to interview at least 100 pupils in order to achieve sound quantitative findings. In addition, the teaching staff and school social workers were asked, in a qualitative questionnaire, to provide information on the exhibition and its implementability. The report containing the findings of the evaluation is expected in autumn 2015.

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

Family

The family has the most important influence on the development of children (Irwin, Siddaqui & Hertzman 2007) and there is extensive evidence that the upbringing provided by parents can have a positive effect on the health of adolescents (Barber, Stolz & Olsen 2005).

A family bond is one of the most important protective factors against detrimental health effects in adolescents (Resnick et al. 1997) even when factors such as ethnic origin, income and family structure also have to be taken into account (Blum et al. 2000). In a US population study, adolescents who felt connected to their families reported a lower level of use of cigarettes, alcohol and cannabis. A study from Great Britain also came to similar findings (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, Carver & Gleiter 2001) or drink alcohol (Donovan 2004) are also more likely to do so themselves. As such, the family, as the most important and constant base for the socialising of children and adolescents, assumes a very important role as a setting for prevention measures.

At present, about 2.65 million children and teenagers living in Germany have a parent affected by an alcohol-related disorder (abuse or dependence) and another 40,000 children and adolescents live with a drug-dependent parent (Klein 2001). An estimated 6 million adults grew up as children in families with addiction problems⁸. Substantive scientific findings show that children from families in which at least one parent is affected by alcohol or drug dependence run a higher risk of developing addictive diseases themselves than children from families without addiction problems. Therefore, children and adolescents from addiction-stricken families form one of the largest known target groups of selective prevention measures. Reasons for the higher risk of developing addiction are, in addition to the experience of (parental) use of addictive substances, amongst other things domestic violence, separation and divorce of the parents, physical and emotional abuse or also sexual abuse - these occur more frequently in addiction-stricken families than on average (Thomasius et al. 2008).

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

⁸ www.fruehehilfen.de (last accessed: 22 Oct. 2015).

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

In order to help children and young people from families with addiction problems, a coordinated action of all participating organisations and institutions is necessary, as called for in the Federal Child Protection Act (Bundeskinderschutzgesetz, BKiSchG) and in the Act on Cooperation and Information in Child Protection (Gesetz zur Kooperation und Information im Kinderschutz, KKG)⁹. Prevention and intervention programmes in Germany for children and their drug-addicted parents are offered by outpatient and inpatient addiction support services and self-help groups. "Kidkit – Help for Children and Adolescents" is a cooperation project between the KOALA e.V association, the Cologne "Drogenhilfe" (Drug Help) organisation and the German Institute for Addiction and Prevention Research based in the Catholic University of Applied Science campus in Cologne. On the website, children and adolescents who are growing up in dysfunctional families and/or who experience violence in the family receive age-appropriate information on topics such as "addiction and family", "violence in the family" and "mentally ill parents" as well as a free and anonymous advice sessions¹⁰.

Municipality

To be holistic and enduringly effective, addiction prevention needs to involve not only family and school but also the wider social living environment of children and adolescents. It is imperative for communities, cities, regions and districts to participate in the development and implementation of addiction prevention measures. Municipalities should therefore not only serve as a setting for the implementation of these measures but should also assume a more

9 Art. 1 Gesetz zur Kooperation und Information im Kinderschutz (KKG), see <http://www.bmfsfj.de/BMFSFJ/kinder-und-jugend.did=119832.html> (last accessed: 22 Oct. 2015).

10 www.kidkit.de (last accessed: 22 Oct. 2015)

active role. Generally speaking, the role of a municipality as an active player in addiction prevention strongly depends on its size or more specifically on the number of inhabitants. Small municipalities often do not have the staff and financial resources to implement preventive measures at the local government level.

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

Cross-sectoral

The support programme "Prevention of Alcohol-Related Youth Violence" (PaJ), initiated by the Baden-Württemberg Ministry of the Interior, was launched in October 2010 for enduringly combating alcohol consumption amongst adolescents and prevent violent offences of young people. In the scope of this programme, 26 individual projects have been funded since October 2011 with sums of up to 40,000 euros. Using new and unconventional approaches, those projects sought ways to prevent young people sliding into crime, violence and addiction. The target group of the programme is adolescents and young adults between the ages of 14 and 19 (sociological age definition) who have come to the attention of law enforcement for criminal, regulatory or traffic law offences in the last four months due to acts of violence or as drivers or for whom that is expected in future on the basis of their behaviour. For quality control purposes, minimum standards were stipulated. That meant specifically that the project organiser had to adhere to a holistic concept and a networked approach when designing the project and take into account defined and promising socio-pedagogical as well as addiction prevention approaches which clarify the consequences of behaviour which deviates from the norm and prove this right at the application stage. The funding programme had scientific oversight and was evaluated according to recognised standards by the proVal institute in Lower Saxony. It is primarily aimed at municipalities, city districts and administrative districts, independent youth support agencies and the police but also other institutions and associations (for example clubs) as network partners.

The project "Early Intervention in First-Offence Drug Users" (FreD) of the Coordination Office for Drug Related Issues of the LWL which began in 2013, was successfully concluded in August 2014. The intervention funded by the German Federal Ministry of Health (BMG) is aimed at the interface between addiction prevention and justice. The programme offers - on the basis of cross-sectoral cooperation - the possibility of pedagogical and health related intervention as a reaction to a peculiar feature in connection with substance use. Based on the National Strategy on Drug and Addiction Policy, the project is aimed at making FreD more well-known amongst criminal procedure institutions such as law enforcement authorities, justice, police and youth support in order to promote its application. In addition, the project included the development and production of a fact sheet, "Early Intervention" as a

basis of information for the different target groups, sending materials nationwide to recipients in the relevant authorities and offices from the areas of justice, police and youth support in criminal proceedings, the creation of specialist articles and publications for justice, youth court support and police and the qualification of specialists to FreD trainers. With 113 locations and 235 qualified trainers the project is unique as a selective addiction prevention programme in that it is manualised and evaluated and aims at the point where a person comes to the attention of law enforcement for the first time after use of addictive substances. A conceptual further development of FreD, especially in relation to the first use of crystal meth which comes to the attention of law enforcement, is currently in progress (see below).

Recreational settings and sports clubs

Apart from the aforementioned areas, namely school, family and municipality, recreational and sports settings are important areas of activity for universal prevention measures. More than 70% of all children and adolescents are, at least for a short time, members of a sports club. Sports clubs exist throughout the country and thus guarantee high accessibility to children of different social strata, including socially disadvantaged children, with a low risk of stigmatising this target group.

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

The project "safe - sauber feiern", which was funded by the German Federal Ministry of Health (BMG) in the period from August 2014 to January 2015 trained personnel from dance locales which have to deal with users of intoxicants routinely and possibly have experience with that issue themselves. The Association of German Discotheques and Dance Locales (Bundesverband Deutscher Diskotheken und Tanzbetriebe, BDT) in the German Hotels, Restaurants and Public Houses Association (Deutsche Hotel- und Gaststättenverband, DEHOGA) made contact with the discotheques, oversaw the project and supported the project organiser, the specialist clinic for addiction disorders of the Diakonisches Werk Rosenheim e.V. in an advisory capacity. For the group of young persons with high risk use, measures are necessary to offer them adequate support in order to prevent their moving towards dependence. Users do not necessarily define themselves as being at risk of addiction, provided no difficulties arise and therefore are unlikely to utilise the existing institutional counselling services voluntarily. "safe - sauber feiern" teaches dance locales and their employees, in six training modules, basic skills and action strategies in order to enable them adequately to deal with their guests - some of whom will be using addictive substances

- and to reflect on their own use behaviour. The project helps to promote health-conscious partying and the idea that substance abuse does not necessarily have to be a part of that. This basic attitude is communicated to managers and their employees. The feedback in relation to the project after the respective training modules was positive: the training concept was very well received, the teams participated actively and were motivated during the practice based sessions, there was an appreciable increase in the knowledge of the participants who benefited greatly in their everyday lives and could also benefit from the workshops in their private lives and were able to achieve a low-threshold access to the addiction support system. The training materials are available to all interested dance locales; the managers can choose whether to avail themselves of an external expert from the specialist walk-in clinic for addiction disorders of the Diakonisches Werk Rosenheim e. V. or whether they want to conduct the workshops in their businesses themselves using the materials.

In Saarland, an exchange with Luxembourg took place within the "Mag-Net" project in order to sensitise the specialist workers in the health care system through information and further training on the topic of recreational use of drugs in the greater region.

Police crime prevention

The crime prevention authorities of the Laender and at the federal level took it upon themselves to inform people of the various forms of criminality and to demonstrate how these can be prevented. It is an institution of the Conference of Ministers of the Interior and publishes media nationwide such as brochures, films and PC games. In addition to the relevant public relations work, the crime prevention authorities also develop topic and target group specific campaigns. In projects which are conceived and funded across Land boundaries, the aim, amongst other things, is police prevent of addiction. It targets a broad range of groups - from children/adolescents and their parents and teachers through business operators to journalists.

Anyone who is interested can obtain information primarily from the website www.polizei-beratung.de. At <http://www.polizei-beratung.de/themen-und-tipps/drogen.html> there is a section devoted to the issue of drugs which covers topics including drugs in general, the protection of children from drugs as well, for example, how drug couriers (mules) can be abused. An important aspect is also the information on so-called "legal highs". Furthermore, the police crime prevention publishes the following printed material available across the whole of Germany from all police stations free of charge as well as online:

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

Both of these were revised in spring 2014 and their content updated.

Most Laender also have their own media or programmes, for example for pupils in the 7th grade in which they are warned about drugs or which serve as information as protection

against drugs, such as in Baden-Württemberg, the brochure "Riskio Drogen" ("Risk: drugs"), published by the Ministry of the Interior. In Brandenburg, there is a multimedia drug prevention series produced by the Land Office of Criminal Investigation, under the title "Hast Du noch was vor?" ("Are you doing anything later?").

1.2.3 Selective prevention (T1.2.3)

Selective prevention is aimed at groups of people who have an increased risk of developing addictions than the average population. This risk can be immanent or a group of people can carry, for a variety of reasons, a higher risk of developing addiction through their whole lives (Springer & Phillips 2007). As far as risk factors are concerned, biological and psychological influences must be taken into account as well as influences from the social environmental. Selective prevention measures are for example developed for the following target groups, to name just a few:

- early school leavers
- socially disadvantaged people
- homeless youths
- people with a migrant background
- children and adolescents from families with addiction problems
- adolescents with use experience
- clubbers

The target groups of selective prevention measures are often approached in recreational settings. Interventions for socially disadvantaged adolescents or children and adolescents from families with addiction problems are often carried out in school and pre-school settings. Generally speaking, this approach has the advantage of using existing resources at an early stage in a targeted manner. However, the risk of stigmatising 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 (Federal Government Commissioner on Narcotic Drugs 2012) and sees the need "... to develop specific services for at-risk adolescents in the field of selective prevention" (ibid).

Against the background of increasing seizures of crystalline methamphetamine ("crystal meth") in Germany and an observed rise in use in the border regions to the Czech Republic, the prevention of the use of crystal meth became a stated political target. The high media presence of the issue of crystal meth and the in part alarmist reporting was countered by the Federal Centre for Health Education (BZgA) with a fact-based education strategy which, in particular, aimed to reach at-risk groups with informational materials. As yet, there are no adequate findings on the effectiveness of mass media prevention campaigns for the general population in relation to illicit drugs (Bühler & Thurl 2013). A current Cochrane Review confirms the heterogenous state of findings (Allara et al. 2015). As several of the campaigns

analysed in the studies included in the review demonstrated unintended effects, thus leading to an increase in use, the authors recommend only using mass media campaigns in relation to illicit drugs after rigorous evaluation.

A measure for the population as a whole can fuel the idea that the use of crystal meth is more widespread than generally assumed. As an erroneously high assumption of the frequency of use of an illicit substance is a strong predictor of own use, this phenomenon, known as "descriptive normalisation" is an intrinsic risk of mass media prevention campaigns (Sumnall & Bellis 2007). In light of this risk and in the knowledge of the current situation regarding studies into the matter, the Federal Centre for Health Education continues its target group based approach, in close cooperation with various partners in the Laender and municipalities.

The project "Click for Support - Guidelines for effective web-based services in selective addiction prevention" intends to utilise modern media and means of communications such as laptops, tablets or smartphones in the everyday life of young people as a way to access addiction prevention measures. In the multilateral project, funded by the European Commission and coordinated by the Regional Authority of Westphalia-Lippe (LWL), guidelines on the use of web-based prevention and intervention services are created. The publication is planned for 2015 on the project website: <http://www.clickforsupport.eu>.

Indicated prevention (T1.2.4)

Poverty, unemployment and a low socio-economic status all increase the risk of addiction problems arising or being intensified. It is therefore particularly important to promote and strengthen this group of people in their development as early as possible. However, the "usual" prevention measures are often almost impossible to apply when working with socially disadvantaged children and adolescents as such measures do not always meet the needs of that target group.

The internet portal of the Federal Centre for Health Education (BZgA) on drugs and addiction prevention www.drugcom.de, set up in 2001, provides quality assured information and advice on legal and illegal addictive substances and is aimed at drug-savvy adolescents and young adults in the age group of 15 to 25 year-olds who occasionally or regularly use drugs. A further relevant target group is represented by multipliers from the area of addiction support, addiction prevention as well as school and youth recreation. www.drugcom.de is the central tool of the BZgA for prevention of abuse of and dependence on illegal addictive substances. In addition to a multitude of information services such as a drug lexicon as a module for communicating information, the internet portal also offers different communication and counselling services such as the self-test "Check your Drinking" and "Cannabis Check" for assessing one's own use behaviour for the psychoactive substances alcohol and cannabis. The objective of the self-tests is to encourage participants to reflect critically on their own consumption and possibly to motivate them to change their behaviour. In 2014, an average of 3,600 people visited the site every day.

Internet based interventions for the treatment of problem substance use are used successfully in addiction prevention. Furthermore, the internet is accepted and used by adolescents and young adults as a low-threshold information and advice service (Van Eimeren & Frees 2010). With the internet based brief intervention for young cannabis users, "Quit the Shit", the BZgA has provided effective support since 2004 for persons wishing to cease or reduce their cannabis use¹¹.

FreD in law enforcement authorities

From May 2013 to August 2014, the nationwide information campaign "FreD in law enforcement authorities" was funded by the German Federal Ministry of Health and implemented by the LWL Coordination Office for Drug Related Issues. The objective of this initiative was to have FreD acknowledged and applied by justice, the police and youth support in criminal cases, in accordance with the "National Strategy on Drug and Addiction Policy". As well as informing about FreD, practical support was also offered. Firstly, specialists were qualified as FreD trainers, helpful working materials for practitioners were developed and face-to-face advice provided in respect of the specific implementation of FreD. 1,100 people within the justice departments, police and support services for youths in criminal court were approached.

Face-to-face advice on FreD was provided on 19 occasions with written and telephone advice provided over 500 times. Fifty specialists were certified and complement the network which now comprises over 230 FreD trainers. New FreD locations have been launched or are being founded. As such, this successful model is today being implemented at over 110 locations in Germany. A fact sheet and six tools were created and complement the public relations work in target group relevant media.

FreD and crystal meth

Since 1 May 2015, the LWL Coordination Office for Drug Related Issues complemented "FreD" manual through the "FreD-ATS" project. The focus is on a trial in Saxony, Thuringia and Bavaria.

A current project, funded by the German federal government, which supports people suffering from dependency or problem use of methamphetamine, is the virtual self-help service Breaking Meth. It was developed by the Centre for Interdisciplinary Addiction Research of the University of Hamburg (ZIS) and run and moderated by the project Drug Scouts from Leipzig. The project is also being continuously further developed whilst in operation. The service is aimed specifically at people who want to reduce or cease their methamphetamine use as well as at former users.

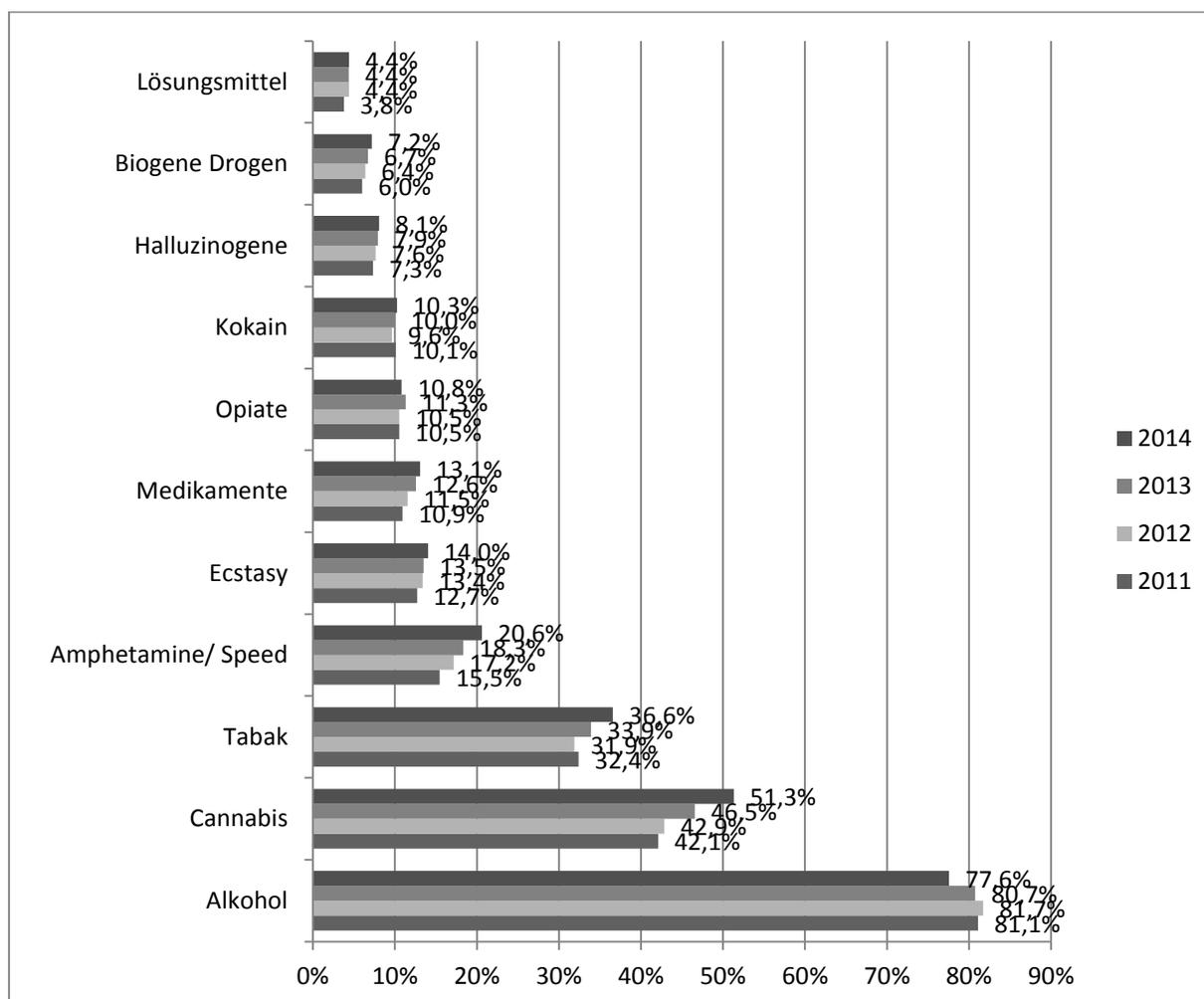
¹¹ C.f. REITOX Report 2011: A control group study (study period: 2006 – 2008) examined what effects "Quit the Shit" had achieved. The final report of the controlled study on the effects of the reduction and cessation programme for users of cannabis, "Quit the Shit", shows that a use of the whole programme of at least 45 days is associated with a considerably higher probability of significantly reducing cannabis use.

Different discussion forums are provided which will be adjusted to suit the needs and wishes of the community created. There are many possibilities for users to be involved, as experts in matters which affect them, in the further development and design.

2 Trends (T2)

2.1 Changes in prevention measures (T2.1)

The project Dot.sys, jointly conducted by the BZgA and the Laender provides comprehensive information on the addiction prevention activities implemented in Germany within a given calendar year. With this, Dot.sys makes an important contribution to reporting on prevention whilst not least improving the quality and transparency in addiction prevention practice. The participating specialist and counselling centres, authorities, associations, specialist outpatient clinics and coordination agencies at Laender level, 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 documentation of addiction prevention measures. The system has been available as an online database at www.dotsys-online.de since 2011 and covers computer based measures on a federal, Land and municipal level.



N (2014) = 20,304, N (2013) = 19,902, N (2012) = 19,942, N (2011) = 18,904.

Figure 1 Number of prevention activities recorded in Dot.sys with respect to substances

Of the 35,189 addiction prevention measures, projects and programmes documented in Dot.sys 3.0 in the reporting year 2014, 59% took a universal prevention approach, 15% were conducted as indicated prevention measures and 14% as selective prevention measures. 11% of the measures can be classified as structural or environmental prevention. The "school" setting remains the primary field of action of addiction prevention activities in Germany in 2014, accounting for 48% of the measures performed and documented.

Other selected results show the following:

- 58 % of measures in 2014 and thus somewhat more commonly than in the previous year were aimed at the ultimate target persons. The proportion of measures directed at the target group of multipliers remained unchanged at 39%. This means that the trend, seen since 2008, of a declining proportion of measures being directed at multipliers in Germany in favour of an increase in the measures aimed at the ultimate target persons, once again did not continue in 2015.

- At 31 %, the proportion of measures which took a gender-specific approach remained almost unchanged.
- In 2013 58% of the documented measures were substance-specific. This means that the proportion remained almost the same as that of the previous year.
- Prevention activities at a federal and Laender level remained focused primarily on the prevention of the abuse of the substances alcohol (81 %), cannabis (51 %) and tobacco (32 %). 42 % of the measures were conducted "without a specific substance focus" and thus aim, across all forms of addiction, primarily at promoting life skills. Life skills encompass self-awareness, empathy, creative and critical thinking, decision making and problem solving skills, coping with emotions and stress as well as communication and relationship skills.
- In addition to training sessions and courses (42 %), counselling (21 %) and cooperation/coordination are in the foreground of addiction prevention activities (13 %).
- The most commonly named objective of the measures is still imparting knowledge (76 %). Changing attitudes (54 %) was mentioned almost exactly as frequently as the previous year. The change of skills and resources, at 35% was markedly less frequently mentioned (previous year: 46%) as an objective, while at 20% changing behaviour was somewhat more frequently mentioned than in the previous year.
- The "school" setting continued to be the primary field of action of addiction prevention activities in Germany in 2014, accounting for 48 % of the measures documented. It is followed at 13 % by measures taking place in the "family" setting as well as measures in the recreational setting, which also comprise 13 %. The setting "addiction support" is the background to the work in addiction prevention in 11 % of cases whilst measures in the workplace accounts for an 9% share, followed by youth work and interventions in healthcare settings (both 8 %).
- 26 % of the measures are being or have already been evaluated, which represents an unchanged proportion. These are typically internal evaluations of findings (81 %).

In summary, a clear change in the age structure has been observed since 2000 amongst users whose problems arise in connection with the use of illicit drugs, defined here as police contacts, hospital admissions and people utilising addiction support services. The proportion comprising the age groups of youths, adolescents and young adults has fallen sharply overall. Nevertheless, general trends in the age group of younger people can be seen. These include the decline in significance of opioids, a substantially higher proportion of cannabis today and an increase in the significance of (meth)amphetamine. The substance class which in the past has been associated with the most serious social problems, namely opioids, now only plays a minor role amongst younger users.

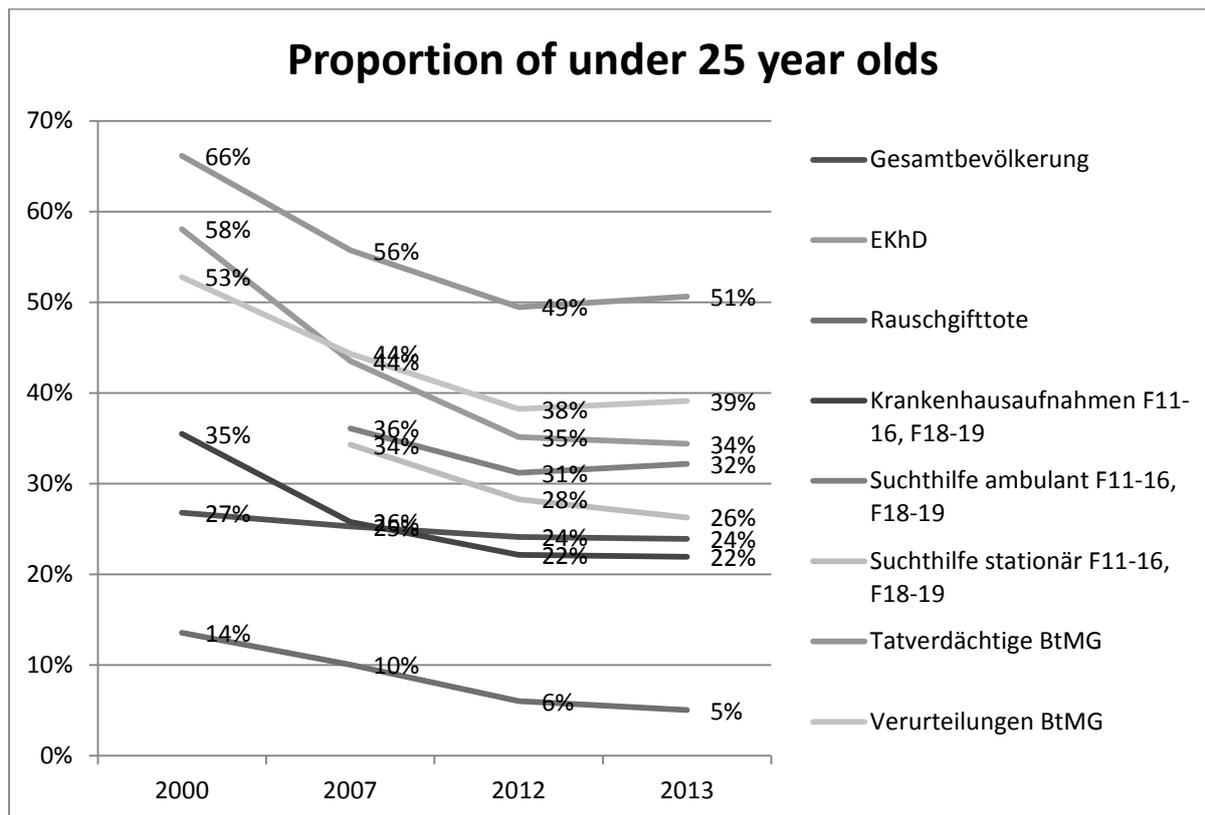
In all evaluated statistics, the proportion of under 25s in problems associated with the consumption of illicit drugs has fallen considerably since 2000. Problems which arise from drug use are today mostly seen in later stages of life.

At the same time, however, this welcome trend naturally also means that there has been a significant increase in the proportion of over 24-year-olds. As can be seen from the absolute numbers, this development can be traced back primarily to an increase amongst older people and a decline amongst younger people. The high consistency in the findings of the data triangulation across several sources (EKhD, drug-related deaths, hospital admissions, inpatient and outpatient addiction support, criminal suspects, convicted criminals) suggests that these are statistical artefacts.

As of yet, it is unclear as to what has caused these trends. Studies considering age, cohort and time period effect might reveal more. The question is how addiction prevention should react to these trends. On the one hand, the first use of illegal substances still occurs overwhelmingly in youth or young adulthood; on the other hand, the effectiveness of resource oriented universal prevention without a specific substance related approach is well proven in these periods of life (Bühler & Thrul 2013). This age group should therefore continue to be given priority in terms of the aims of addiction prevention interventions in the future.

Today, it is mainly people over the age of 24 years old who come to the attention of the authorities through delinquent behaviour in connection with the use of illicit drugs. In 2000, it was still mainly youths and young adults (under 25 years old).

In light of this historic development, it seems appropriate and in line with a stronger orientation of addiction prevention according to at-risk groups, to increase the numbers of addiction prevention programmes for people over 24 years old. As this target group has generally already been using for many years, primarily the expansion of the services in the area of selective and indicated prevention is advisable. Furthermore, there should be more information on already existing support for quitting the drug scene (e.g. www.quit-the-shit.net) or services of local counselling centres (BZgA 2012).



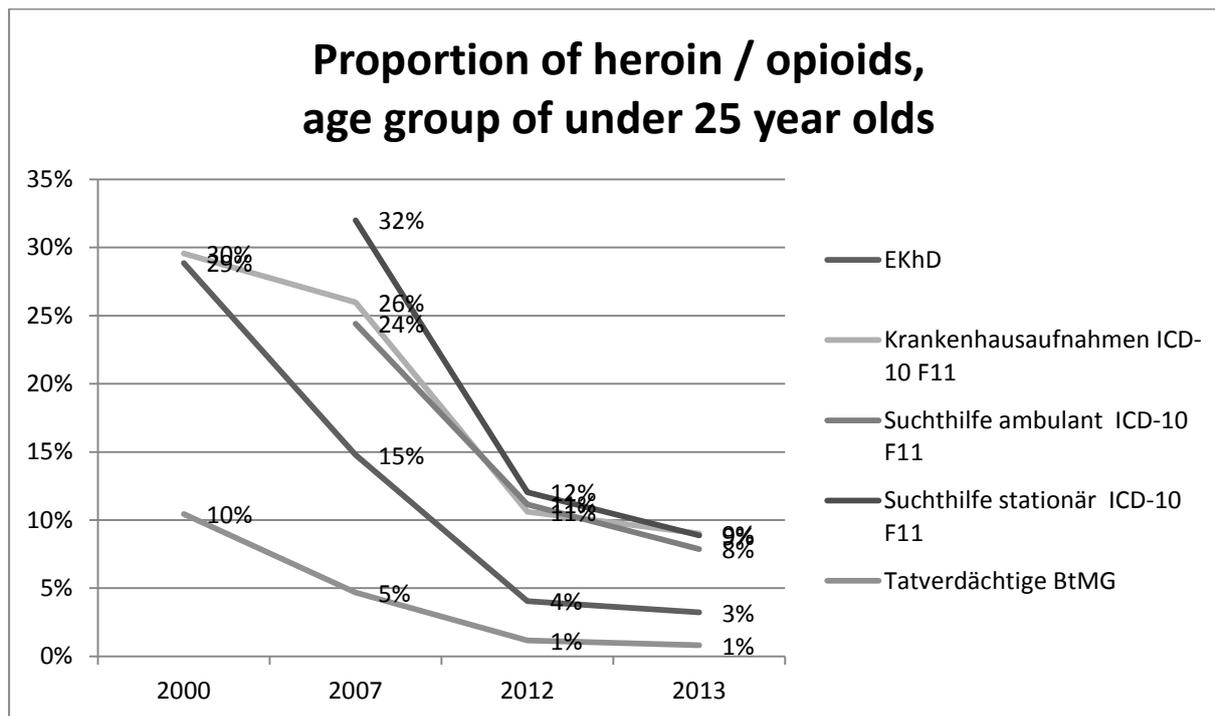
DeStatis, BKA, BMI, DSHS.

Figure 2 Proportion of under 25 year olds

Table 1 Trends in the proportion of under 25s 2000 to 2013

	2000	2007	2013	Change 2000 - 2013
Total population	27%	25%	24%	-3%
EKhD	58%	44%	34%	-24%
Narcotics deaths	14%	10%	5%	-9%
Hospital admissions F11-16, F18-19	35%	26%	22%	-14%
Outpatient addiction support F11-16, F18-19		36%	32%	-4%
Inpatient addiction support F11-16, F18-19		34%	26%	-8%
Suspects BtMG	66%	56%	51%	-16%
Convictions BtMG	53%	44%	39%	-14%

German Federal Statistical Office, Federal Situation Report on Narcotics, Police Crime Statistics, Addiction Support Statistics.



DESTATIS, BKA, BMI, DSHS.

Figure 3 Proportion of heroin/opioids, age group of under 25 year-olds

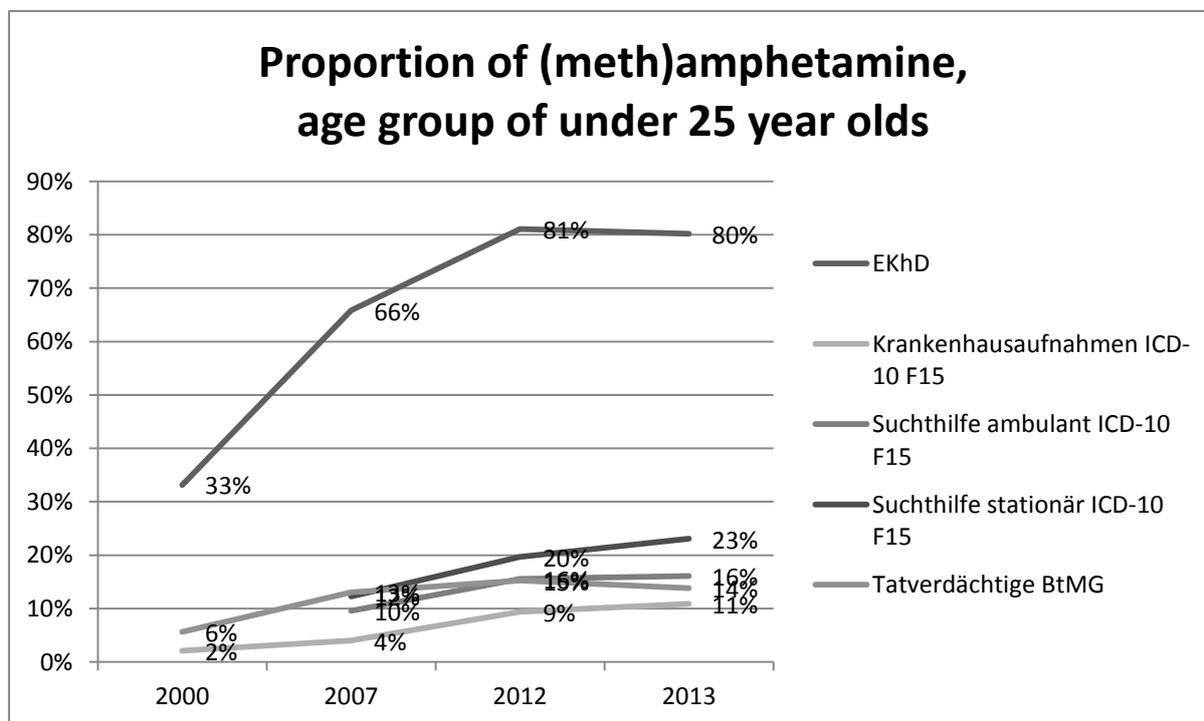


Figure 4 Proportion of (meth)amphetamine, age group of under 25 year-olds

3 New developments (T3 and T3.1)

No current information on current developments is available.

4 Additional information (T4)

4.1 Additional Sources of Information (T4.1)

The sources can be found in the bibliography. No additional sources of information are currently available.

4.2 Further aspects (T4.2)

There are currently no further aspects to report.

5 Notes and queries (T5)

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

On 1 January 2015, the fourth tax rise in the scope of the tobacco tax model, implemented with the Fifth Law Amending Excise Duty Laws (Fünften Gesetz zur Änderung von Verbrauchersteuergesetzen, 5. VStÄndG) of 21 December 2010, came into force. The tobacco tax on cigarettes and fine-cut tobacco had already been increased on 1 May 2011, 1 January 2012 and 1 January 2013.

The tax increases are designed so that the tax burden on fine-cut tobacco increases more sharply than the tax burden on cigarettes. Depending on the respective price class, each tax increase on cigarettes requires a tax induced price adjustment of between 4 and 8 cents on a pack of 19 cigarettes and of 12 to 14 cents on a pack of 40g of fine-cut tobacco.

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

The life skills programme, REBOUND, a pilot project in the scope of the initiative, European Drug Prevention Quality Standard (EDPQS) was examined in the school setting for its effectiveness in relation to substance use, gender, age and type of school (Kröninger-Jungaberle et al. 2014). Among smokers, the course led to a lower perception of the personal risk and amongst non-smokers to a lowering of the general perception of the risks associated with tobacco and cannabis, however this did not lead to an increase in the use of tobacco or cannabis. It is unclear whether the lower perception of risk should be seen as an iatrogenic effect or as a lowering of an unrealistically high perception of risk which can lead to a trivialisation of risks. Overall, there was a fall in the first-time experience of drunkenness which the authors interpreted as an indication of increased risk competence when dealing with alcohol. The analysis of sub-groups showed that male pupils in the intervention group more rarely initiated first experiences with drunkenness; amongst young participants (14-15 year-olds) the frequency of first experience with drunkenness fell. The effect of REBOUND on a lowering of consumption was greater for pupils at grammar schools (Gymnasium) than for pupils at intermediate secondary schools (Realschule). The former achieved a better understanding of the substance and an improved ability to deal with objectively verifiable information. Amongst pupils at intermediate secondary schools, REBOUND led to an

increase in the perceived relative risk which the authors attributed to a "self-serving perception", namely an underestimation of their own vulnerability.

With funds from the German Federal Ministry of Education and Research (BMBF), the German Centre for Addiction Research in Childhood and Adolescence (DZSKJ) conducted an evaluation of the project, "Familien Stärken", an adaptation of the US "Strengthening Families Program 10-14" on family based addiction prevention. At the time of delivery of this report, no findings were yet available from the randomised controlled multicentre study.

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

The modular prevention concept "Trampolin"¹², already described in previous REITOX Reports, which is aimed at children from families affected by addiction, was studied with a prospective, randomised-controlled design. Parents and children were interviewed at three measurement times. The findings show that the children did benefit from participating in "Trampolin" in multiple ways: in comparison to a control group, their psychological burden was significantly lower even six months after the end of the course. In addition, they had more knowledge around the topic of addiction in the family and how to deal with it. Long-term catamnesis is planned in relation to the children involved. The issues of specific measures and challenges for research and practice resulting from the evaluation were discussed as part of the final conference in February 2012. In this context, the strengthening the links between youth services and medicine, the abandonment of strict separation between prevention and treatment as well as the establishment of "Trampolin" as a standard programme for children of families with addiction issues were formulated as challenges for practitioners (DZSKJ & DISuP 2012).

6 Sources and methodology (T6)

6.1 Sources (T6.1)

Sources are given under point 7, Bibliography.

6.2 Methodology (T6.2)

The methodology of the individually listed studies and surveys is described in detail in the respective publications (see point 7 of the bibliography for information on sources).

¹² www.projekt-trampolin.de (last accessed: 22 Oct. 2015). Trampolin aims to prevent negative development processes of children from families afflicted by addiction, using methods of promoting resilience and supporting children in building their own resilience and protection factors.

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