

## **National Action Plan on Drugs and Addiction**

### **Chapter**

#### **3.1.1. Non-substance-specific Prevention Measures**

##### **Expansion of structural measures**

Structural measures relate to the improvement of people's living environment, the intensification of cooperation at the federal, Laender and municipal level, the exploitation of synergistic effects and savings potentials by more intensive collaboration and by safeguarding the work of drug prevention professionals. The maintenance and expansion of educational child and youth protection in the Laender and municipalities is also necessary in the framework of structural measures. They likewise encompass restrictions on advertising for, and the pricing of, licit substances and intensification of the self-obligations of the tobacco, alcohol and gambling industries.

##### **Implementation and expansion of statutory measure**

The amendment of the Act Protecting Youth in Public in order to restrict the harmful influence of addictive substances on children and young people, as well as the advertising of tobacco and alcohol in the media, is an important means of the state and society for reducing the development of addictive illnesses. The implementation of legislative measures for reducing access to psychoactive substances, particularly for young people, must be subject to more intensive local monitoring. In addition, an effort must be made to more strongly embed the concept of prevention in the benefits statutes of the statutory health insurance system as a priority measure of health policy. The new wording of Section 20 Para. 1 of Book V of the Social Security Code (SGB V - Healthinsurance) charged the statutory health insurance funds with the task of using prevention as a means for counteracting socially induced inequalities in health, in particular.

##### **Quality assurance in prevention**

Concrete interventions require regular, systematic evaluation and quality assurance. This includes standards and guidelines for prevention measures. In addition, the Federal Centre for Health Education (BZgA) is developing a computer-aided 'documentation tool' for professional prevention agencies and a joint prevention network in the form of an Internet portal.

##### **Promotion of networked municipal strategies and development of a catalogue of 'Models of Good Practice'**

Citizen-oriented prevention strategies are geared to prevailing regional conditions. The demand for regional networking is served by corresponding working groups which may, in turn, be led by supraregional professional agencies.

Through the 'Model Strategies for Municipal Drug Prevention' competition, initiated by the Federal Government, positive experiences are collected in a catalogue of measures that is also suitable for international use. Successful examples need to be adapted to prevailing local conditions.

##### **Further development of measures for promoting health and development in kindergarten and the school sector**

Children already acquire their first experiences with social learning and handling group pressure in the social setting of the kindergarten. They also learn basic skills necessary for health-conscious behaviour. More intensive use is to be made of programmes that also communicate these skills in the school sector, such as those on which the 'Class2000', 'Lions Quest' and 'Becoming independent' projects are based.

The 'Curriculum for Parental Education Work', developed by the BZgA, is to be used more extensively by the providers of parental education work. The existing curricular basics are to be introduced as binding in both the training and qualification of educators. Being the place where children and young people spend a major part of their lives, the school must be

involved more extensively in drug prevention measures, since behavioural patterns for adult life are decisively shaped in school. To this end, there is a need to embed drug prevention as an integral element of the curricula of various cross-sectional subjects. In-school health education and promotion is already to be embedded in teacher training. In addition, in order to expand in-school secondary drug prevention for particularly high-risk groups (e.g. tobacco-smoking children), manuals are to be made available to permit early recognition of addiction problems and initiation of appropriate steps to reduce them. Moreover, a positive school climate must be promoted and supported by the role-model function of the teaching staff, so that pupils' positive resources can be strengthened. A nationwide 'Healthy School' label is to be developed that gives recognition for the introduction of 'smoke-free schools' and 'alcohol-free schools', in particular.

### **Promotion of the networking of drug prevention and youth welfare**

After coming out of school, young people spend much of their daily life in the neighbourhood social sphere. The services offered by extracurricular youth work, and the measures and programmes of youth welfare and addict support organisations, must be networked more strongly again, so that early conspicuous signs in children and young people can be addressed in a joint effort. Workers in youth welfare institutions, especially in open youth work and youth association work, and also in residential disciplinary aid institutions, are to be given tools and working aids specific to their field of work, so that they can perform more effective prevention work with young users. Everyone who works professionally with children and young people must be qualified and sensitised appropriately. Sufficient training and continuing education programmes addressing the problem must be offered. Drug prevention is also a cross-sectional task of education, community work and social policy that affects every sphere of life of children and young people. Consequently, an effective, efficient youth welfare system makes a significant contribution to qualified drug prevention.

### **Intensification of target group-oriented prevention**

Social indicators (such as the social environment) are also of importance in the context of addiction development in children and young people. Therefore, drug prevention measures must primarily be embedded in this sector. In this context, greater promotion of community-oriented work and setting-based approaches is just as important as work *with* the affected children and young people.

### **PREVENTION APPROACHES ARE NECESSARY FOR**

- the elderly,
- the mentally handicapped,
- the unemployed,
- people in difficult social situations, and
- people of other ethnic affiliations.

In this context, it is primarily a question of recognising and activating the existing skills and competencies of the people involved. Work with addicted parents is also important for avoiding the development of an addiction in the children. The direct addressing of consumers of illicit drugs via the Internet has proven successful. However, the number of people taking up this offer still needs to be increased substantially and, where appropriate, the offer itself needs to be geared more effectively to individual user groups by developing a more differentiated manner of address via cooperation partners from the scene (party projects).

### **Implementation of drug prevention work in public health service institutions, doctors' surgeries and hospitals, and of training on the subject of drug prevention**

Addicts are often first recognised in health service institutions, doctors' surgeries or hospitals. Greater consideration must be given to the diagnosis of addictive illnesses in the curricula of medical basic training and continuing education. There must be regular offers of continuing education for the corresponding group of persons.

### **Integration of television, radio and print media in education and information campaigns**

The mass media must be included in an overall strategy of an Action Plan on Drugs and Addiction, so that the objectives can be made known to the public and a positive climate created for drug-prevention messages. It is to be examined whether an obligation to broadcast target group-specific health education spots can be incorporated into the individual Land Broadcasting Acts. The media are to be won over to making a contribution to drug prevention by way of voluntary, self-imposed restrictions on advertising, especially for alcohol and tobacco.

### **Continuation of cooperation with sports associations in drug prevention**

The successful cooperation between sports associations and the BZgA, as well as at the Laender level, is to be continued, in order to reach young people with offers of primary prevention by integrating these offers in sporting activities.

### **3.1.2. Substance-specific Prevention Measures**

#### **Improvement of the protection of non-smokers by implementation of the Workplaces Ordinance**

The amendment of the Workplaces Ordinance with effect from 3 October 2002, which strengthens the protection of non-smokers at the workplace by obliging employers to provide smoke-free workplaces, is an important step. Greater attention is to be drawn to the problem of the health hazards resulting from passive smoking. A further aim is to improve the protection of non-smokers in other spheres of life as well, e.g. restaurants, railway stations and airports. Public institutions, especially schools and medical facilities, are places where the protection of non-smokers must be substantially improved and a climate of support for freedom from smoke created. The aim is the nationwide enforcement of smoking bans or smoke-free zones in public institutions.