

RESEARCH AND PRACTICE OF HEALTH PROMOTION

**GENDER-RELATED
DRUG PREVENTION
FOR YOUTHS**

**PRACTICAL APPROACHES AND
THEORY DEVELOPMENT**

VOLUME 1

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for Health Education

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Peter Franzkowiak, Cornelia Helfferich, Eva Weise

A research project commissioned by the Federal Centre for Health Education

Federal Centre for Health Education (FCHE)
Cologne, 1998

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PREFACE

In order to further develop its education strategies for drug prevention, the FCHE commissioned a research project on “Practical approaches and theory development in gender-related drug prevention for youths”.

The starting point of the research project was the empirical evidence that there are different consumption patterns, consumption motives, risk and protection factors between boys and girls. Gender has proven to be an important factor in explaining these differences.

The present summary of the project report gives an overview of gender-specific and gender-neutral theories and documents 22 projects researched in practice. It also presents the results of a survey of drug prevention professionals conducted within the framework of this project. On this basis, the authors formulate cornerstone concepts for gender-related drug prevention and recommend criteria for planning and evaluating gender-related projects in practice.

On the basis of these results, the FCHE will continue to develop concepts for drug prevention and support the networking and coordination of gender-specific approaches.

In addition, the FCHE will continue to further develop methods and strategies in health education and to elaborate quality criteria for media and programmes, in order to contribute to effective and efficient education.

Cologne, October 1998

Dr. Elisabeth Pott
Federal Centre for
Health Education

OUTLINE OF THE STUDY

Project title: Practical Approaches and Theory Development in Gender-Related Drug Prevention for Youths

Goals: Research and critical systemisation of existing practical approaches and concepts
Formulation of a theoretical concept for gender-related drug prevention for youths
Recommendations for the further development of gender-related drug prevention
Elaboration of a planning and assessment scheme for practical projects

Material: Research monographs
Journals
Conference reports
Project reports
Interviews with key persons

Analysis: Literature search in databases, journals and monographs
Regional and institution-related project research
Interview content analysis
Compilation of exemplary practical projects
Criticism and further development of theoretical concepts

Implementation period: 1994 – 1996

Project implementation: Gesellschaft für angewandte Jugend- und Gesundheitsforschung e.V. (GJG)
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PROJECT DEVELOPMENT



1.

PROJECT DEVELOPMENT

The research project “Practical Approaches and Theory Development in Gender-Related Drug Prevention” was promoted by the Federal Centre for Health Education, Cologne. The Society for Applied Youth and Health Research (Gesellschaft für angewandte Jugend- und Gesundheitsforschung e.V. – GJG), Schwabenheim, was commissioned with the project, cooperating with the Department of Medical Sociology of the University of Freiburg throughout the course of the project.

The starting point of the project was the practical experience, frequently documented in a wide variety of subsection of health promotion, that a differentiated reference to addressees can increase the efficacy of preventive messages and strategies. Particularly in drug prevention, it has increasingly proved meaningful and conceptually justified to analyze the function of harmful (“risky”) modes of behaviour in the context of spheres of life, to offer “functionally equivalent” alternatives to drug abuse and alternative role models, as well as to place the promotion of life skills in the centre of primary prevention measures.¹

As regards the determination of target groups in prevention work, it is and will remain important to be guided by the classical socio-ecological criteria, such as status, milieu, region, etc. However, it is becoming increasingly clear that *gender must also be regarded as a significant differentiation criterion* which must be integrated in intervention planning. To date, this aspect has hardly been developed at all in terms of concepts and has been implemented even more rarely, although recent youth health research and risk research were able to show that:

- The stresses and development problems faced by girls and boys in youth are different,
- Girls and boys have different resources for coping with developmental stress,
- Girls and boys display different emphases as regards their problem behaviour (boys dominate the group of potential alcoholics, for example, while girls are more likely to suffer from eating disorders),
- Following relatively similar motivation to start consuming drugs during early adolescence, girls and boys develop markedly different consumption and “risk” cultures.

Gender-specific and gender-related drug prevention aims to integrate these aspects in existing prevention work: gender and its connections with the development of addiction are to be made the subject of projects and measures for youths, as well as further training

¹ The “Expertises on Primary Prevention of Substance Abuse” (Künzel-Böhmer et al. 1993, Denis et al. 1994) drawn up by the IFT (Institute for Therapy Research) in Munich on behalf of the FCHE are of particular importance in this context.

and multiplier events for those working in drug prevention. On the basis of known differences as regards addiction and risk affinities, role expectations and problem situations, coping strategies and life skills, identity development and development tasks, existing prevention approaches are to be differentiated and modified in a gender-specific manner. Themes, offers, goals and methods are to be geared to girls or boys as regards their importance or significant content. At the same time, structural changes, e.g. measures to eliminate discrimination of women, are called for from this perspective.

Our work was based on these ideas and demands, as well as the prior research deficits. The *main goals* of the project were:

- To find and document existing practical approaches and concepts in gender-related drug prevention,
- To describe, systematise and critically scrutinise these approaches and concepts,
- To formulate a theoretical concept for gender-related drug prevention in youth,
- To develop recommendations for the further development of gender-related drug prevention,
- To elaborate a scheme for the planning and assessment of future practical projects.

In the following report, we will first present the results of the literature and project search and the main statements from the interviews of key persons. We will then deal with the most important lines of the theoretical discussion, going on to define gender-related drug prevention and its methods. Before formulating general recommendations, we will take a look at the implementability and applicability of gender-related drug prevention in the new Federal Länder. The appendix lists 22 exemplary practical projects identified by us, as well as presenting a planning and assessment scheme for practical projects (“checklist”) developed in conclusion.

**RESULTS OF THE LITERATURE
AND PROJECT SEARCHES**



2.

RESULTS OF THE LITERATURE AND PROJECT SEARCHES

The practical and theoretical search was divided into five elements:

- Literature search in three scientific databases: “Psyndex”, “Solis”, “Somed” (search period 1980–1995),
- Supplementary heuristic review of the standard journals for socialpedagogs and social work (from the years 1980–1995),
- Search for “grey” literature by means of nationwide enquiries at expert agencies and institutions for drug prevention, health promotion and work with girls and boys, as well as regional drug prevention professionals,
- Project search at 46 Bavarian institutions for drug prevention (data based on the project catalogue/address list of the Bavarian Campaign for Youth Protection – Aktion Jugendschutz Bayern e.V.),
- Interviewing of nine selected key persons in the field of gender-related drug prevention in the old Federal Länder (see Section 3).

2.1.

Change in risk epidemiology/youth research

With few exceptions, “gender” was primarily treated as a secondary statistical/demographic variable in risk epidemiology and preventive youth/addiction research until the end of the 80s. In this period, conceptual interpretations of study data and subsequent preventive conclusions gave preference to cross-gender, sociological and cultural determinants, such as the “(sub)culture”, “life situation” and “life-world”, or the “functionality of risk behaviour in the course of development”, based on developmental science – each supplemented with the suffix “of youths”, concealing gender differences. The first conceptual interpretations of gender-related risk affinities and prevention strategies with explicit reference to gender cannot be found in the research literature published and classified in databases *until after 1989/90*. Since then, there have even been signs of a mini “boom” in gender-related youth and health research. In addition to a growing number of articles in journals, two relatively large anthologies and a critical theoretical reexamination were published in 1994/95 alone.

2.2. Gender-related prevention practice: rarely published, isolated, out-of-school

A “publication boom” comparable to the boom in research has not yet materialised as regards concepts and practical reports relating to gender-related drug prevention. Gender-related project practice in drug prevention is clearly (still) largely implemented and communicated outside scientific communication channels and archiving routes. Among the *22 exemplarily documented practical projects* which we identified in the context of multi-stage searches,

- We were able to find *only 2* via the labour-intensive searches in databases and professional journals,
- We found an *additional 9* projects via time-consuming written enquiries sent to several institutions and drug prevention professionals,
- A further 11 projects, i.e. half of the total number, were found via other sources (informal contacts and referrals, chance enquiries, by-products of interviews, conference documentation, etc.).²

It is, thus, virtually impossible for a data collection strategy based only on published reports to record the actual situation. Gender-related drug projects are isolated and primarily found in out-of-school youth work. To date, they have had to be searched for almost exclusively by way of direct personal contacts, the “grey market” of brochures, self-compiled documentation, annual reports and conference documentations. The exchange and potential networking of committed professionals in this field is still restricted to small, regional environments, and is often based on chance contacts as well as being very limited.

Publications and practical reports on gender-related drug prevention concentrate on *work with young target groups*. There are so far no signs of a development towards methodical and professional differentiation between mutually coordinated work with youths and multiplier work (this is comparable with the situation in girl and boy-related sex education and AIDS prevention since the end of the 80s). However, we discovered an initial attempt to train multipliers in gender-related drug prevention in Berlin-Brandenburg.

² We have included a compilation of the 22 identified projects - with gender-related subdivisions - as Appendix I at the end of this paper.

2.3. Regional focus: the old Federal Länder

With the exception of several concepts and project materials from Berlin, the available documents concentrated on the old Federal Länder. Despite extensive searches and investigation, no project reports or draft concepts relevant to this project in the narrower sense could (as yet) be obtained from the new Federal Länder.

2.4. Key contents and methods: “partisan” work with girls, non-substance-specific promotion of skills

The focus of gender-related practice in drug prevention is currently on *single-gender*, “*partisan*” work with girls. Girl-related (drug) prevention measures are justified by a deficit/suppression model of girl socialisation and the everyday life, work and relationships of women. Work with girls in drug prevention is primarily non-substance-specific. The focus of female practitioners and multipliers as regards pretensions, goals and methods is placed on general preventive development and the promotion of “life skills” in conjunction with female self-assertion and self-defence.

On a conceptual level, there was the occasional indication that *complementary work with boys* is necessary (reference was frequently made to parallels with the situation in sex education and AIDS prevention). With one exception, however – a pilot measure in Kassel at the end of the 80s – drug prevention work with boys in the narrower sense was not to be found. If they exist at all, the attempts to justify gender-related work with boys (“anti-sexist work with boys”) are very general and provide little opportunity for a link with the concepts of drug prevention and health promotion.

In some practice reports, we found approaches which went beyond the narrow, deficit-oriented model of gender-specific, i.e. “feminist-partisan”, work with girls or anti-sexist work with boys – in favour of methods for promoting skills and strengthening resources based on *interaction* and not the fundamental separation of girls and boys in drug prevention work, too. However, as regards concepts, there were not yet any differentiated models in this vein.

2.5. Professionalisation aspects: biographical and professional self-reflection

With one exception (training of multipliers in Berlin-Brandenburg), specific qualification offers for professionals active in gender-related drug prevention could not be found. The professionals regard getting to grips with their own gender-specific socialisation and *sensitisation towards gender-related life and problem situations* as an important prerequisite for this activity, be it with single-gender or mixed-gender youth groups. Concepts for practice and specific qualification offers which were consistently developed and differentiated on the basis of these specifications were elaborated for girl-specific prevention, if at all.

2.6. “Concealed” gender reference in general drug prevention practice

Gender-related perspectives and approaches are integrated in drug prevention practice far more often than the published project anthologies and documentation suggest. In our supplementary regional survey of Bavarian professionals, we discovered that they are already largely sensitised towards gender differences and *advocate gender-related drug prevention work* to a greater extent than they have actually realised (or been able to realise) to date.

In this context, gender reference in drug prevention proves to cover a wide range of subjects: on the one hand, it is taken to mean special offers, particularly for girls, and the thematic treatment of gender-specific aspects of drug affinities or addiction risks, although gender-related work with youths in the field of “Love, Partnership, Sexuality” is also sometimes included in this sphere. However, a large number of the youths participating in drug prevention projects also integrate gender-specific aspects in the work themselves. General drug prevention offers and methods also have a gender-specific effect on a substantial portion of the youths, or trigger different gender-specific reactions.

**RESULTS OF INTERVIEWS
WITH KEY PERSONS**



3. RESULTS OF INTERVIEWS WITH KEY PERSONS

3.1. Framework conditions

Three “prototypes” of institutional contexts of gender-related drug prevention can be differentiated in the old Federal Länder:

- Metropolitan or regionally centralised prevention institutions/professional agencies,
- Counselling centres with prevention tasks,
- Limited-period pilot projects.

Metropolitan institutions with a preventive work focus offer the best prerequisites in the form of available posts and teams, as well as longer-term safeguarding of their work. Prevention professionals affiliated to counselling centres may be institutionally integrated and safeguarded, but gender-related approaches or projects seem to require a great deal of personal commitment and external networking/support (as regards both content and form) under these circumstances. Finally, pilot projects usually have enough posts and funds in the short term, as well as the necessary leeway as regards content, in order to install gender-related approaches, but they lack long-term financial safeguarding of their work.

3.2. Persons, qualifications, access channels

Gender-related drug prevention is a field in which *various primary areas of work and access channels* still overlap: drug counselling and therapy, general pedagogic work and social work with children and youths, as well as the historically young biased work with girls, which is not yet usually designed in a reflective drug-preventive manner (as well as anti-sexist work with boys in isolated cases). The key persons interviewed have mainly been trained as social pedagogues and social workers. Further training in therapy and sex education are stated as additional qualifications. Personal involvement and critical biographical consideration of one’s own gender-role socialisation appear to play an important role in placing the professional focus on gender-related work.

3.3. Basic positions

The work of the key persons centres on non-substance-specific aspects. In this context, the focus is on both illustrating and *enabling experience-oriented alternatives* to drug consumption, as well as personality-building by means of reflective group work with the goal of gaining an insight into gender-typical life and problem situations (partly with an understanding of drug prevention as compensatory “education work”). The emphasis is on the *strengthening and communication of life skills and self-esteem*, the promotion of autonomy and self-assertion, as well as the support of general functional alternatives to drug consumption.

Substance-specific references to drug consumption and/or addiction (drug prevention) are integrated into the work as a more subordinate subject – e.g. as a regulation that no drugs may be consumed during the project work, as the illustration of connections between drug abuse and specific problem situations, as well as reflective consideration of drug abuse as an unproductive strategy for coping with development stress.

Despite extensive agreement as regards the basic aspects of gender-related drug prevention, two *different approaches* can be found in practice:

- On the one hand, gender-specific work in the narrower sense in homogeneous groups with supervision by professionals of the same sex,
- On the other hand, a “reflected reaction” to mixed-gender group compositions and problem situations by sensitised supervisors, who need not necessarily be of the same sex.

However, the majority of those interviewed do not advocate an “exclusively” single-gender prevention philosophy and work attitude. Gender-sensitive prevention work in the unity of work with girls and boys is formulated as utopian practice (with alternating gender-homogeneous and gender-heterogeneous phases and contents, i.e. with mixed-gender elements). There is a considerable discrepancy in this context: the establishment and dissemination of *drug prevention work with boys* is encountered *markedly less often* and is still the exception rather than the rule. Continuous work with fixed groups (of girls) is generally preferred, and better networking of institutions and campaigns in school-based and out-of-school youth work is demanded. Continuity as regards personnel and concepts, as well as networking with other professionals, are regarded as particularly important in the sense of the longer-term impact of gender-related (drug) prevention work.

3.4. Target groups, methods

Predominantly single-gender groups – mainly consisting of girls – participated in the projects of the key persons interviewed:

- Children and youths in pre-puberty and early adolescence (9 to 13/14-year-olds),
- Youths in early to middle adolescence (13/14 to 17/18-year-olds).

The age limits were expanded to the group of 10 to 19-year-old girls in projects and actions with a campaign character (“Action Days”, “Cultural Festivals”, etc.). We were unable to discover comparable settings and interdisciplinary offers for boys.

In order to communicate and activate “functional equivalents” to drug consumption/abuse, many key persons recommended the differential use of *experience-oriented educational procedures* (“*adventure pedagogics*”) – for both girls and boys alike. A balanced mixture of “traditional” (gender-role-oriented) subjects and methods using “new”, cross-role offers, investigations and sometimes also spatial conquests is regarded as an important aspect of drug prevention offers for girls. Initial experience in work with boys in early and middle adolescence suggests that this work be, above all (and particularly in the initial phase), completely geared to physical activities in the context of experience-oriented education. However, it is also recommended that such activities always be combined with communicative and reflective steps of action.

Furthermore, the key persons interviewed consider it important for *target groups and participants* in projects to be differentiated according to their wishes and needs, age, gender, social situation and membership of specific subcultures. Experience shows that there is no “typical” group (of girls), for example in specific subgroups, girls externally display similar behaviour to “typical” boys. It was also revealed that the majority of girls tends to prefer drug prevention work and campaigns in mixed-gender groups from the age of 13/14 at the latest. If the continuity and solidarity of groups of girls is to be strengthened beyond this pivotal age, female practitioners have to start building up these groups as early as around age 9/10. In contrast, male adolescents still seem to prefer single-gender groups (of boys), even at the beginning of puberty – in both their peer culture and professional youth work.

We were told that a marked *obstructive influence of socio-ecological conditions* affects both the establishment and continuity of (homogeneous) groups of girls and boys – particularly if the target groups consist of youths in critical social situations or of youths and families with restricted educational and occupational options. Personal supervision and continuity appears to be especially important for socially burdened groups. If “addiction”, “addiction risk” or specific drugs are to be explicitly incorporated in the work,

these aspects must be coordinated with the target group. It was pointed out that this is not always accepted by the participants in every case. Furthermore, we were also told that the functional significance of different substances for the (sub)cultural everyday life of the target groups had to be taken into consideration, depending on gender and/or subculture affiliation.

3

**THEORY OF GENDER-RELATED
DRUG PREVENTION IN YOUTH**



4.

THEORY OF GENDER-RELATED DRUG PREVENTION IN YOUTH

Gender-related drug prevention has its roots, on the one hand, in – *hitherto cross-gender – drug prevention* and, on the other hand, in *work with girls and boys*. Both lines have their own tradition and can look back on their own histories of theoretical concepts and practical experiences which have developed independently of one another.

While elements of feminist work with girls were incorporated in drug prevention projects which worked specifically with girls, resulting in a few projects in the field of gender-specific drug prevention, the category “gender” was hardly taken into account in the theory of drug prevention. However, in principle, a drug prevention approach which focuses on the spheres of life of the target groups permits a gender reference. Conversely, elements of drug prevention concepts are taken up and specified for girls in the theoretical concepts of the first autonomous, feminist girls’ projects working in the field of drug prevention or health promotion. In this context, reference is particularly made to the development tasks, which are different for girls and boys, and for which substance consumption/abuse can make personal sense as a coping strategy.

The concept of gender-related drug prevention we have developed takes up the current status of discussion in both areas – general drug prevention, feminist work with girls (and, where it exists, work with boys) – and develops it further. Gender-neutral drug prevention concepts are first examined as to their connection points for a gender perspective; this reveals limits on “connectability” in the sense that a gender perspective requires revision of the adolescence concept. The framework of the gender perspective is then defined in work with girls and the principles of a theory of gender-related drug prevention drafted in a process of critical conceptual progress. In conclusion, we present the applicability and practical relevance of the advanced approach. As the central texts originate from the field of feminist theorisation, we concentrate primarily on work with girls and concepts of female development.

4.1.

Criticism of the gender-neutral approach based on developmental tasks

The psychological concept of “developmental tasks”, and the access to subjective motivations and orientations contained therein, still proves to be of essential significance for all forms of gender-related or gender-specific drug prevention. However, it also becomes clear that the approach *cannot cover gender-dependent developmental processes adequately* and is, therefore, unable to satisfy its own demands. The advanced concept is,

thus, aimed at replacing the normative notions of the assumption of the gender role by a different concept – while retaining its own understanding of development (“action-based developmental paradigm”, “development as action in context”).

In this context, differentiation according to gender cannot be based on individual developmental tasks which are isolated from one another. An analytical model which reconstructs *development as a system of interlinked demands* is suitable; this system differs for girls and boys as a complex whole, as regards both timing, content and the constellation of the tasks. Gender affiliation has a decisive influence on all developmental tasks and the way they are coped with. The formation of a gender identity is a “cross-sectional task” in this sense – important for all individual aspects. While the traditional developmental task model only regards the “assumption of the gender role” as one task, next to and among others, we introduce the “formation of a gender identity” into the model as a higher-ranking category.

4.2. Discussion and further development of feminist theories

The theoretical foundation of *prevention in the classical feminist concept* can be reduced to the following theorem: girls are structurally denied life skills in female socialisation – the lack of life skills may result in the development of addiction. As the development of addiction is anchored in female socialisation and life situations, prevention should also be based on these areas. Prevention aims at eliminating the deficits on an individual or societal level: strengthening of self-confidence and independence, the formulation and assertion of personal interests and needs, positive identification with the gender role, help with everyday problems, the training of skills, etc. Greater value is attached to action and subject theories in more recent feminist research. The acting, actively creative individual is spotlighted (in interaction with others, but also in coming to terms with societal expectations).

In current feminist social research, the analysis of those processes in which individuals *establish their gender identity in the sense of an active identity formation* replaces the structurally and functionally-oriented question of passive role assumption. Gender-typical behaviour and orientations are understood as the product of mediation processes between the acquired cultural system of “two sexes” and the respective individual life histories. Identity is formed in situation-specific interaction processes which are, however, dealt with more or less reflectively and embedded in the individual biography.

4.3. Need for a gender-related perspective of puberty and development based on the theory of interaction

Sexual identities always develop in action and interaction processes: in the context of the gender-dependent courses of puberty and adolescence in girls and boys. Their form acknowledges at least the existence of the other gender; however, this process primarily takes place during *mixed-gender interaction*. The separation of female and male adolescence and development is initially an analytical division which opens up access to subjective motives, fears and interpretations of social reality, thus coming closer to gender-dependent patterns of coping. In fact, male and female puberty takes place in a context of interactive action, with close links and interactive interpretation.

A gender-related view of puberty and development must therefore analyse the following processes to be shaped or overcome by the youths:

- The *establishment of gender identity as a “cross-sectional task”*, as (re)orientation in and handling of a now sexualised system of two sexes,
- The accompanying *detachment from the parents*,
- *Dealing with sexual experiences*, which are characterised by the fears, hopes and mutual expectations of the girls and boys,
- The *special achievements* which girls have to make as regards *reconciliation* and in which they individually live out or temporarily exclude the societal contradictions.

One of the most important changes in puberty can be referred to as *sexualisation*. Coping with development tasks means: coming to terms with sexualisation, accepting and integrating the changes and forming a sexual gender identity. This task may be a societally-shaped demand on a certain age group, but each individual is responsible for coping with it on his/her own (the fact that societal interests are crucial in shaping the sexual gender identity, both male and female, is often overlooked; the historically new influence of the mass media on gender-related socialisation and interaction processes is also not yet sufficiently dealt with).

An individualising perspective obstructs the analytical view of:

- The *social organisation of the puberty change*, which represents a passage in status under the gender perspective, and which is discussed in the literature under the aspect of initiation and initiation rites,
- The *significance of the audiovisual and print mass media* and their *function* in the gender socialisation of children and youths in modern societies,
- The *peer group* as an important social forum, in which *collective forms of coping with this passage in status* are developed and in which the interactions important for the establishment of gender identity are embedded,

– The *interdependence of the forms of coping* of girls and boys.

At the same time, these aspects prove to be highly relevant for the explanation of substance consumption.

4.4. Key points of a gender-related developmental approach

The concept of developmental tasks explains drug consumption and abuse in conjunction with coping of developmental tasks. However, the reason why one person starts drinking, another reacts with eating disorders and a third turns to psychotropic drugs in the event of overtaxing or failure is not explained. It is assumed that the reactions are interchangeable, insofar as they have the same functional connection with coping of developmental tasks. In addition, it cannot be explained why girls attempt different solutions than boys – or this is “explained” as a gender-specific pattern of behaviour by taking recourse to the gender role. This argument is problematic because, on the one hand, the assumption of the gender role is one of the developmental tasks and, on the other hand, this assumption must already be presupposed, as the development of gender-typical behaviour cannot otherwise be explained.

Our approach follows a different train of thought. Consumption behaviour is again viewed as regards its sense, but the *symbolic dimension of the substances* is included. This symbolic dimension turns the behaviour into a “social sign” – beyond individual motives. The significance of social motives for embarking upon consumption is well-known. However, these social motives do not arise from the assumption of behaviour models which can be explained by learning theories, but rather from the meaningful emanation of and reaction to social signs and messages in the interaction between the genders.

The different forms of femininity which girls present – be they boy-fixated or of the steadfast conviction that they are not disadvantaged – can be taken seriously and assessed positively if the *model of the formation of a gender identity* replaces the paradigm of the assumption or rejection of the gender role. Girls form aspects of gender identity in a more or less playful or serious manner in their active dealing with the changes occurring in adolescence and according to social precepts. Femininity patterns are not just a problem, they can also be societally imposed patterns for ways of coping during identity formation. The approach which polarises men and women, neglects differences among women and is “gender-specific” in the narrower sense is problematic because it ultimately reproduces the traditional images. An approach which regards the female gender role or female normality per se as a pathogenic factor does not cater to the extremely different endangerment of women nor the special conditions of women at high risk.

A theoretical concept dealing with *adolescence-specific experiences in the interaction of the genders* is more suitable than a concept based on a non-age-specific learning history of the gender roles, in order to deal with the subject of gender/gender identity in conjunction with substance consumption in both girls' groups and mixed groups. Sexuality, not just as a problem related to girls' bodies, but as a form of interaction between women, as well as between women and men, is an explosive topic which is in great demand in puberty.



**DEFINITION AND METHODS OF
GENDER-RELATED DRUG PREVENTION**

5. DEFINITION AND METHODS OF GENDER-RELATED DRUG PREVENTION

5.1. Starting point: gender-specific drug prevention

In its classical form, *gender-specific drug prevention* for girls³ involves the following

- On the organisational level: Work in girls' groups with exclusively female reference persons,
- On the content level: Approach based on the “special” female role.

The two elements coincided in the feminist tradition of the 80s. The separation of the genders was justified by the dominance of boys in mixed groups, as well as the necessity of offering girls the freedom to eliminate role-induced “deficits” and develop emancipatory “new aspects”.

Today, there is an increasing demand for the integration of the subject of “gender” in mixed groups as well – without the existence of girls' reserves being jeopardised. We propose to reject “gender role” as a theoretical and practice-justifying key term and to replace it by the concept of the “formation of gender identities”, based on the theory of interaction. On the content level, two new aspects must therefore be taken into account for drug prevention too:

- The interaction of boys and girls in the process of forming gender identities,
- The active shaping of the process as opposed to a more passive assumption of gender role expectations and stereotypes.

³ The gender-specific approach is illustrated using the example of drug prevention for girls, as we can fall back on more polished concepts and a broader stock of practical projects than for work with boys. The principle of distinguishing between content-related and organisational principles can, however, also be applied to drug prevention work with boys (organisation level: boys' groups with male persons of reference; content level: tackling the male role).

5.2. Distinction via work forms

The distinction between gender-specific (girl/boy-specific) and gender-related drug prevention seems to be clearest at the organisational level: gender-related drug prevention also encompasses work in mixed groups and with opposite-gender supervisors. On the content level, the distinction is currently still relatively unclear. In concrete practical work, practical projects referred to as “gender-specific” can also be characterised as “gender-related” if they promote and reflect the tackling of the gender role as an active achievement of the youths.

For this reason, we primarily gear an initial conceptual definition to the different work forms:

- *Gender-specific drug prevention* encompasses work forms with exclusively single-gender groups using same-gender professionals/reference persons.
- *Gender-related drug prevention* encompasses work forms in which mixed-gender groups and the integration of opposite-gender professionals/reference persons are “permitted”.

This definition corresponds to the conventional distinction in the literature when using the terms “gender-specific” and “gender-typical”.

In practice, the line of gender-specific drug prevention has lost none of its significance. The following can be highlighted as features of women-specific work in particular – cf. the exemplary definition of women-specific drug prevention by the German Centre Against Addiction (DHS), 1995:

- Exclusive work in homogeneous groups,
- Supervision/counselling exclusively by women,
- Approach primarily based on the individual woman, not the relationship between the sexes.

Other features frequently mentioned in this context generally apply to life-world-oriented drug prevention and to the same extent for gender-related drug prevention (promotion of independence, support and concrete help, etc.).

5.3. Definition of gender-related drug prevention

We define gender-related drug prevention as work with female and male youths (promoting skills *and* structures, prevention of behavioural *and* context risks), which

1. Interprets/understands drug consumption or abuse (health-related risk behaviour) *in the context of the formation of gender identities*,
2. Establishes a connection between the consumption and abuse of specific drugs and *gender-typical life and problem situations*
 - in relation to one's own body,
 - in connection with family ties and emancipation, identity formation and psycho-social reorientations during adolescence,
 - in girls' and boys' interactions with one another,
 - related to the experience of sexuality, coping with sexual experiences and the structuring of intimate partnerships,
 - as regards school and vocational achievement demands and transitions,
3. Perceives and deals with *gender-typical differences* in general coping behaviour and in the consumption/abuse of drugs,
4. Promotes the active formation of gender identities via the *tackling of male and female images* in the social sphere, as well as in the concrete interaction of girls and boys in the development process.

5.4. Framework for implementation: settings, professionals, starting points

The advanced theory is not sufficiently differentiated for concrete statements to be made on the implementation of gender-related drug prevention. We thus fall back on the results of our regional research among practitioners and the intensive interviews with key persons. Work with the target groups can take place in *both single-gender and mixed-gender groups or work settings*:

- Treatment of gender-typical subjects in single-gender girls' or boys' groups,
- Treatment of a gender-related subject in a mixed-gender girls'/boys' group; temporary separation into homogeneous groups followed by a return to mixed groups is a good idea in this context,

- Formation of single-gender groups owing to the specific programme and/or the inherent dynamics in the group or the setting with accompanying reflection of this development.

In addition to the use of same-gender supervisors, implementation can also incorporate opposite-gender supervisors (presupposing reflection of the respective framework conditions). Personal, active tackling of their own gender identity, the underlying socialisation processes and the gender role stereotypes of and identity expectations placed on girls and boys, women and men in the respective society is of equally decisive importance for female and male reference persons in education.

The *non-substance-specific area* proves to be a practical starting point for the existing gender-related project activities relating to drug prevention. The emphasis here, in the gender-related further development of the modern prevention discussion, is on the promotion of life skills and the self-assertion of youths (still primarily girls).

5.5. Methods and aims


The methodological approaches reported differ widely and frequently *overlap with general youth work methods* in many areas. At present, the following methods are primarily used in gender-related drug prevention:

- Cultural and media education approaches with indirect or direct treatment of gender-related drug or addiction subjects,
- Experience-based education methods and strategies with the goal of opening up “functional equivalents” to gender-typical drug affinities,
- Subject-related group work with various educational strategies: (role-playing) games, (physical) exercises, creative design, programmes of technical and handicraft courses,
- Reflection of gender-specific life situations and disadvantages, gender identity and sociocultural gender role stereotypes and their link with different addiction risks,
- Streetwork, crisis intervention, youth social work, “sentimental work”,
- (In rudimentary form:) Sex education offers, e.g. bodily experience/physical work or the creative, reflective treatment of the topic “Love – Friendship – Sexuality” in direct or indirect relation to drug consumption and abuse,
- (Exclusively for girls:) Self-defence and self-assertion workshops with reflective, interaction-based educational elements, integrating the subject of sexuality and/or sexual abuse,
- (Exclusively for girls:) Securing of reserves in institutions of out-of-school work with children and youths.

The respective choice of method depends on a *differentiated target group analysis*, particularly taking into account the prevailing or expected interaction processes between girls and boys in the existing context (life situations/milieus, lifestyles, school/out-of-school youth work, etc.).

It is first necessary to reflect on the goal behind the choice of method. Main questions in this context are:

- Should a method or a project be based more on *gender-specific strengths/resources or interests* of girls (e.g. dancing, cosmetics, ideal figure) and boys (e.g. sport, adventure) and offer more far-reaching programmes on this basis?
- Is the focus more on *compensatory treatment of previous deficits* or the *strengthening of hitherto suppressed or excluded gender role elements* (e.g. for girls: self-defence; e.g. for boys: increasing communicative skills, problems of “toughness”)?
- Or should neither a primarily gender-specific nor a primarily anti-deficit or compensatory method, i.e. a “third” gender-related method *focusing on the interaction between girls and boys relevant to drug prevention* be found and promoted?



**IMPLEMENTATION AND APPLICABILITY OF
GENDER-RELATED DRUG PREVENTION
IN THE NEW FEDERAL LÄNDER**

6.

IMPLEMENTATION AND APPLICABILITY OF GENDER-RELATED DRUG PREVENTION IN THE NEW FEDERAL LÄNDER

Projects and theoretical concepts of gender-related drug prevention which we researched were all developed in the old Federal Länder. Apart from necessary differentiations according to the type of sponsor, town/country differences, age of the target group, etc., the picture in Western Germany is relatively homogeneous, only displaying slight town/country (or city/town) differences, if any. It can thus be concluded that the *implementation of gender-related drug prevention* on the level of the target groups can be rated as largely positive. On the part of the prevention professionals, there is a large group of interested persons and a smaller group which is already working towards this end; resistance tends to be more at the institutional level.

During our research, we found clear indications that the question of implementation and applicability in the new Federal Länder should be discussed separately. We found no projects in the new Federal Länder and we were occasionally given the impression of marked reservation as regards the subject of “gender-related drug prevention” from institutions and associations in the new Federal Länder.

Gender-related work is fundamentally linked to historical experiences as a woman and a man in a society. These historical experiences are different in the East and the West. Despite all the criticism which women from the new Federal Länder voiced and are still voicing about their social situation and emancipation, gender-related work cannot latch onto an individual “*inner history*” of *subjective discrimination experiences in a feminist sense* as motivation. However, these experiences are increasingly being made in retrospect in conjunction with workplace discrimination, female unemployment and a revitalisation of the division of roles between men and women. Another different historical experience is the fact that work with girls is not experienced as gained and asserted in a struggle, as in the West, but as “prescribed from above” and thus a sceptical distance is initially kept. In addition to specific gender-related experiences, other historical processes are also missing, upon which the West builds as a matter of course: a tradition of professional education with a specific occupational culture in the field of social work, concepts of youth work, concepts of work with girls. In the new Federal Länder, there are other forms of professionalisation in the social sector.

The *developmental history* of both gender-specific drug prevention and the first approaches to gender-related drug prevention is rooted *in the West*. They take up special historical experiences of women and girls and develop against the backdrop of a specific culture of the interpretation of the relationship between the sexes as gender dualism or a battle of the sexes in a patriarchal society. The question as to the applicability of the two concepts – which were developed in the old Federal Länder – in the new Federal Länder

should ask the extent to which this Western development process can be “caught up” in a short time in the East, or the extent to which the specific experiences of biographical and professional socialisation in a different social system and the current social upheaval can be taken into account in a general gender-related approach. This question arises in a different form for girls and boys, for the professionals and for the institutions.

In our opinion, the fundamental *implementation problems* lie at the *multiplier* level. Here, the concept of gender-related drug prevention and – seen in more general terms – the modern concepts of drug prevention, work with girls, youth work and professional social work, which were developed in the old Federal Länder, come up against:

- Specific Eastern-German societal and professional socialisation,
- Different historical experiences as women and men,
- In conjunction with current experiences of the social upheaval.

The new Federal Länder are still generally characterised by a different tradition of social counselling and a different “counselling mentality”, which greatly affect the attitude towards the new offers in the psychosocial sector. Youth offices and youth welfare had a normative function as an “extended arm” of state control. The resulting mistrust of professional help or “help from above” is intensified by a concentration on the immediate family environment. In the sense of the changed tasks of social work in the new Federal Länder – away from the enforcement of normative aims towards an enabling approach – it can be said that professionalisation of the occupational field of social work is still lacking, and that the establishment of the training system has only just begun.

In addition, *two emancipation concepts* collide:

- In the West, the impulses provided by the women’s liberation movement played a crucial role in the development of gender-related drug prevention; a concept of women’s lib is connected with these impulses, which differs from the concept of women’s lib in the socialist tradition,
- In the East, personal experiences as a woman were not construed as an expression of the battle of the sexes; instead, the confrontation of a private niche of (quasi-)familial social solidarity of women *and* men with a public-political sphere of administration played a greater role in self-interpretation.

Nevertheless, the lack of an “inner history” of discrimination experiences which are subjectively interpreted in the pattern of the battle of the sexes does not exclude a gender-related or gender-specific approach in drug prevention. Gender-specific and gender-typical experiences have been made by women and girls in the new Federal Länder, as the change in the political climate has a particular effect on women. The new experiences of women as regards discrimination in the course of a renewed upsurge in the traditional division of roles and the ousting of women from the job market, as well as the real loss of mean-

ing of the family sector and the many consequences of the experience of girls of being the first historical generation to grow up into a new Western orientation, are practice-relevant topics. *In the long term*, women and girls in the East will experience *similar discrimination* to women in the West. The lack of a corresponding subjective experience background only speaks against “demanding” Western-style feminist orientation of the Eastern German multipliers at this point in time.

Prevention-relevant questions which can be taken up in the new Federal Länder today include:

- How can the significance of the *gender-specific experience of the social upheaval* be taken up for girls and boys, for men and women, e.g. in relation to the changed relationship between girls and boys?
- How can the *generation gap* between mothers and daughters, fathers and sons, caused by the social upheaval be dealt with?
- How can their *own resources be linked in*, i.e. how can specific Eastern German experiences of girls as girls and boys as boys be positively used instead of merely regarding them as “deficits”?

The necessities and the possibilities of gender-related drug prevention with girls and boys in the new Federal Länder exist. There is a great need as regards gender-typical and prevention-related problem situations, possibilities for coping and resources. The question as to the possibility of applying the concepts of gender-related drug prevention to the new Federal Länder must, however, be answered in the negative at the current point in history. As the need at the target group level is estimated to be urgent, and accessibility exists, corresponding prerequisites must be created in the new Federal Länder:

- *Structural development and upgrading of the institutional prerequisites*: A “prevention” philosophy must be developed in the new Federal Länder, replacing the traditional “prophylactic” culture of the former GDR. Before the implementation of gender-related drug prevention can be attempted, youth work in general, followed by work with girls and work with boys, must first be anchored.
- *Necessity of a specific version of gender-related work for the new Federal Länder*
 - at least for a transition period: in the long term, women and girls in the East will also experience Western-style discrimination. In the meantime, a concept for gender-related drug prevention tailored to the specific situation in the new Federal Länder should be elaborated – building on the basic principles of drug prevention (e.g. reference to life-world and the incorporation of subjective orientations). This concept should take up gender-specific subjects and the gender-specific situation of girls and boys, women and men, in this time of change in the political climate.

RECOMMENDATIONS



7.

RECOMMENDATIONS

Gender-related drug prevention should be given high priority, even in times of limited resources.

Gender-specific and gender-related drug prevention are often regarded as an additional offer which is indulged in as a luxury in addition to “real” gender-neutral drug prevention. Projects in this area are thus frequently at risk, given the general curtailing of resources.

Structural implementation and safeguarding of gender-specific and gender-related drug prevention, as both a specific offer and a cross-sectional task, should be promoted further. This is not a question of additive offers, but of criteria which should be inherent to every drug prevention project.

Although acceptance has increased, girls’ and particularly boys’ projects still have to overcome considerable obstacles, especially on the part of the sponsors. Further expansion of the breadth and depth of the work, combined with evaluation and quality assurance is necessary in order to counteract such opposition. In this context, the methodological profile of gender-related drug prevention is also being accentuated in view of the potential overlaps with neighbouring fields of health promotion (e.g. sex education or adventure pedagogics).

More intensive efforts should be put into achieving general sensitisation towards gender-related matters in prevention: such sensitisation should become second nature. In contrast to current practice, when deciding on gender-neutral projects, cogent justification must be given as to why the aspect of gender should not play a role in a particular case (when deciding on gender-neutral projects).

The planning and assessment schemes provide a basis for such sensitisation, which would also improve access to the target group and effectiveness of drug prevention as a whole. These positive effects can be expected by means of the consistent disclosure (and thus: the verifiability and possibility for optimisation) of the backgrounds of the goals and the basis for legitimisation of the measures, their goals and methods, of the instruments selected for project planning and evaluation, of the necessary professional skills and institutional framework conditions, etc.

Formulation of theories on gender-related drug prevention requires elaborate empirical studies, verifying the practical work by means of research and feeding the results back into practice.

The detailed differentiation of guides for gender-related action, which are differentiated

further according to age, development stage, life situations/milieus/subcultures, lifestyles and specific settings (e.g. schools, open youth work), is of particular importance in this context.

Gender-related drug prevention requires evaluation at the individual project level and at the programme level. Quality assurance standards should be developed in this field.

The overall project framework, methods and effectiveness of single-gender group approaches compared to mixed-gender measures must be checked. Coordination of methods, standards and documentation systems with other fields of health promotion, particularly neighbouring fields such as drug prevention and sex education/AIDS prevention, is strongly recommended. The comparability of the assessment criteria used must be ensured.

Documentation of gender-related and gender-specific prevention projects is still inadequate. Criteria-driven reporting and the intensive communication of project results to the professional public should be initiated and bundled.

Interested professionals must be provided with better access to gender-related projects on drug prevention (e.g. by publication in professional journals, central collection and dissemination in “clearing-house”-type drug prevention and health promotion institutions). Practice-oriented documentation systems should be developed and tested.

There is an urgent need for the establishment and support of networks for communication and coordination for and by practitioners. Advanced and tested measures could be shared and the extent of exchange expanded.

The foundation of regional mediation institutions or supraregional “clearing houses” similar to other fields of health promotion would be conceivable.

Multiplier work for gender-related drug prevention should be expanded and better founded in terms of methodology.

It seems particularly important to improve the subject-related and methodological qualification of male prevention professionals for gender-related drug prevention work with boys as well as for work with mixed-gender groups. For all multipliers, qualification for gender-related drug prevention youth work should always also include basic knowledge and skills in sex education.

Preventive resources in the professional agencies and institutions for drug prevention and health promotion should be expanded so that mixed-gender professional teams are more or less available everywhere.

Safeguarding of the continuity of resources is of central importance.



The special conditions of professionalisation and methodological approaches in gender-related drug prevention in the new Federal Länder should be specifically researched and investigated.

A separate, historical and critical expertise could be commissioned to this end.

**APPENDIX I:
EXEMPLARY PRACTICAL PROJECTS
ON GENDER-RELATED DRUG PREVENTION**



8.

APPENDIX I: EXEMPLARY PRACTICAL PROJECTS ON GENDER-RELATED DRUG PREVENTION

Via our multi-stage research, we identified 22 exemplary gender-related projects on drug prevention and health promotion in youth: 13 projects for girls, two projects for boys and seven projects with mixed-gender groups.

We included projects which

- Are sufficiently documented,
- Work with youths and focus on primary prevention,
- Regard themselves as drug or health-related as well as gender-related, regardless of whether they work with single-gender groups or mixed groups.

We did not consider projects

- For which there is no description of the concept and programme,
- Which work primarily with adults (e.g. campaigns and measures on the subject of “Women and Addiction”),
- Which work primarily as secondary prevention (e.g. work with girls who are already affected by eating disorders),
- Which do not show their reference to addiction/gender, although the gender/prevention aspect may possibly be implicitly included in their work (especially in sex education and experience-based education).

Projects for girls (n = 13)

- “Girls Conquer the Streets” project in the context of drug prevention youth work (April–July 1989), Senate Administration for Women, Youth and the Family, Berlin,
- “Coral” prevention project for girls (March–July 1992), Psychosocial Counselling Centre of the Caritas Association for the archbishopric of Bamberg, Forchheim branch office (Bavaria),
- “Experiencing More Ocean Together” experience trip for girls (July 1992), Mobile Drug Prevention of the Home Mission, Ansbach (Bavaria),
- Eyeliner – Girls’ Addiction – A Project (since 1992), Association for Women’s Perspectives (Verein Frauenperspektiven e.V.), Hamburg,
- Girls-Self-Confidence – Living More Consciously (1993), Central Office for Drug Prevention, Kiel (Schleswig-Holstein),
- Adventure weekend with girls from the St. Hildegard Hostel (June 1993), Office for Drug Prevention, Wuppertal (North-Rhine-Westphalia)

- “Magic Shoes” dance project for girls (1993/94), Prevention Office of the Association for Work and Education Aid (Verein Arbeits- und Erziehungshilfe e.V.), Frankfurt/Main (Hessen),
- Self-experience and conflict-solving training for youths – Gordon youth training with girls (1993/94), Youth and Cultural Centre, Lahnstein (Rhineland-Palatinate),
- “Sunrise” Life spaces – Life dreams (July 1994), Central Office for Drug Prevention, Kiel (Schleswig-Holstein),
- “Girls in Action – We Really Do Exist!” Girl’s Action Days in Bottrop (April 1994), Network for Work with Girls in Bottrop, (North-Rhine-Westphalia),
- “Weighty” – a series of events for girls and women on the subject of weight and eating patterns (since 1994), Coordination Office for Drug Prevention, Pforzheim-Enzkreis (Baden-Württemberg),
- Drug prevention group work with 11 to 14-year-old girls (since February 1991), Girls’ Health Shop (MädchenGesundheitsladen e.V.), Stuttgart (Baden-Württemberg),
- Project group work with 12 to 15-year-old girls and 16 to 20-year-old women on eating disorders and beauty ideals (November 1992–December 1993), Industrial Welfare Organisation Counselling Centre for Alcohol and Medication Addiction, Bulimia and Anorexia, Hagen (North-Rhine-Westphalia).

Projects for boys (n = 2)

- Drug prevention media work with adolescent boys (1989), Kassel, (Hessen), open youth work,
- Health promotion for foreign and German male youths, Information Centre for Men’s Affairs (Informationszentrum für Männerfragen e.V.) (1992), Frankfurt/Main (Hessen).

Projects for mixed-gender groups (n = 7)

- “Love, Lust and Passion” creative project for girls and boys (1990/91), Mobile Teams for Drug Prevention, Berlin,
- “The Butterflies in Your Stomach That You Never Forget” week-long seminar for girls and boys in a youth association (October 1991), Mobile Drug Prevention Ansbach (Bavaria),
- “In the Flesh – Campaigns All About the Body” (August 1992–March 1993), projects and workshops for girls and boys, Mobile Teams for Drug Prevention, Berlin,
- “In the Whirlpool of Emotions” campaign weeks for girls and boys (1993), Senate Administration for Youth and the Family, Charlottenburg Mobile Team in cooperation with Charlottenburg Youth Promotion, Berlin,
- Drug prevention for trainees in companies (in the framework of the Health Promotion for Trainees in Companies pilot project of the WIAD Stuttgart – Promotion Association for Social Work Kirchentellinsfurt, November 1993–July 1994), (Baden-Württemberg),



- “Boys and Girls 2000” school exhibition for girls and boys (1994), Prevention and Addiction Counselling (PSB) in the Youth Welfare Office of the City of Nuremberg (Bavaria),
- “The Art of Life” – school work units for the promotion of life skills (since 1991), Prevention Office of the Psychosocial Counselling Centre for Young People, Saarbrücken (Saarland).

**APPENDIX II:
CHECKLISTS FOR PROJECTS
ON GENDER-RELATED DRUG PREVENTION
(PLANNING AND ASSESSMENT SCHEME)**



9.

APPENDIX II: CHECKLISTS FOR PROJECTS ON GENDER-RELATED DRUG PREVENTION (PLANNING AND ASSESSMENT SCHEME)

9.1.

Introductory remarks

The checklists below are intended to serve the following purposes:

- The “*planning scheme*” is intended to support the preparation and steering of new gender-related projects (Section 9.2).

It is divided into four main areas:

- Specifications and preliminary considerations,
 - Project planning,
 - Implementation and evaluation,
 - Overall conclusion.
- The “*assessment scheme*” can be used for retrospective checking or assessment of projects which have already been implemented (Section 9.3).

In this scheme the first two subjects are combined, meaning that there are only three main areas here:

- Specifications, concept development and project planning,
- Implementation and evaluation,
- Overall conclusion.

We formulate key questions on the planning, implementation, documentation and evaluation/assessment of projects in gender-related drug prevention. We refer to the “Guidelines for the Evaluation of Health Education Measures” (1991), published by the FCHE, the brochure “Practical Evaluation of Health Promotion Measures” (1991) by the Federal Health Association, and the standard monograph on programme evaluation by Rossi et al. (1988) as regards *the planning and evaluation standards to be met in all cases* (methodology of planning steps, choice of indicators, use of methods and assessment strategies of practice-oriented evaluation of measures, etc.).

The schemes can and should be applied to all prevention projects. They are aimed at general sensitisation and consideration of the category of “gender”. *The aspect of “gender” should be taken into consideration when planning any prevention activity. Gender-specific and gender-related approaches are no longer special or niche offers, but cross-sectional tasks.* Sensitised to questions of gender, in a reflective manner and under

identified conditions, the decision is taken as to how this aspect can be catered to in practice (e.g. when addressing the target group, in the method, in the gender composition of the groups, in the subjects, etc.).

It is hoped that, once the prevention professionals have become aware of the significance of gender, gender-specific work forms and gender-related approaches will be used more frequently than to date with respectively different “indications”. The schemes also leave open the possibility of deciding to work in a gender-neutral manner. However, this requires an explicit justification of why, after target group-oriented consideration of gender, corresponding differentiation of the work form, the group composition, etc., is dispensed with.

The decisive changes lie in the general sensitisation and in the demand for justification of the decision. Previously, only the gender-specific approaches were permanently compelled to justify themselves in relation to the “norm” of gender-neutral measures. In contrast, *gender sensitisation should become the norm with the planning and assessment schemes*. We also regard such criteria-driven documentation, justification and assessment of projects as a prerequisite for immediately upgrading gender-related work in drug prevention in the eyes of sponsors, strengthening its position in the professional debate in the medium term and establishing it as a conceptual and methodological standard in the long term.

9.2. Planning scheme

Specifications and preliminary considerations

When planning a project, questions arise in advance as to the conflict between the external conditions or specifications and one’s own preliminary considerations. External frameworks such as the organisational structure of the sponsor, or internal specifications, such as the available time budget or human resources, can support the possibilities for project design; however, they will often develop more of a restrictive effect. The conceptual specifications or commissions of a sponsor also determine the framework for action and one’s own degrees of freedom in designing a project. Their potential supportive or impeding functions should be documented and analysed in advance. One’s own preliminary considerations should always be based on an epidemiologically well-founded and conceptually justified estimation of the need for action and the needs of the target groups for the planned (gender-related, drug-prevention) measure. The goals of one’s own project must be cogently justified on this basis. The choice of specific target groups (which may involve the exclusion of other addressees) must be made comprehensive.

If a project group would like to work in the field of gender-specific or gender-related drug prevention, it must usually still reckon with restrictions. However, a team should not refrain from exerting an influence on the realisation, in order to change the restrictions wherever they stand in the way of the desired degree of gender-specific or gender-related work. The existing restrictions and the resources to be acquired, which must be clarified at an institutional and structural level, are listed as questions in the planning scheme. In general, a preliminary decision has probably already been made at this stage, either at the specifications level or the level of one's own considerations, as to whether to work with single-gender or mixed-gender groups. It has thus been clarified for the following planning step whether the target group consist of boys, girls or a mixture of both.

Project planning

Target group and demand analysis

Project planning requires an exact analysis of the target group from a point of view sensitised towards questions of gender and a justification of the specific need for action derived from this. In this context, the age of the target group must be taken into consideration, as not only a prediction of the interest in single-gender or mixed-gender group work depends on this, but also the prospective “developmental and risk diagnosis”. First of all, epidemiological basic data of relevance to drug prevention should be consulted or, if the data basis is insufficient, gathered by oneself to a justifiable extent. There are specific constellations of the current developmental tasks for every target group (e.g. embarking upon sexual relations, coming to terms with physical changes, dealing with stress at school, detachment from parents, etc.). Furthermore, target groups have already developed a repertoire of coping strategies (withdrawal, aggression, constructive handling, etc.), which have to be recorded separately according to gender. The analysis of both of these key areas is important for offering functional equivalents tailored to girls or boys.

This starting point is explored further by means of questions as to gender interaction and gender images (self-images and images of others) or role expectations. In mixed groups, this involves the internal interaction (“gender styles”). In homogeneous groups, it relates to the relationship to the other gender outside the group. The status of consumption habits and risk cultures in the group must be correspondingly analysed (“drug styles/consumption styles”). A supplementary analysis of the interests and needs in the group should help to clarify whether the subject of addiction and drugs will tend to meet with resistance and whether it should be integrated in the context of other subjects which meet with greater interest.

Goals and their verifiability

The next step is to formulate the primary and secondary goals of the project. The goals can relate to prevention indicators in the group itself (promotion of self-esteem, reduction of unhealthy behaviour, practising of resistance skills and life skills, enabling to pro-

tect oneself and others in potentially risky interactions, etc.). However, the goal may also initially be to build up a permanent (girls'/boys') group with which work can be carried out on a long-term basis. It is important that the goals be formulated and graduated in such a manner that their achievement or modification can not only be documented during the process, but can also be verified and analysed after conclusion of the project. At the same time, a decision must be made as to the approach, methods and evaluation variables, as well as scientific supervision (see below).

Methods

The third area of planning involves the methods used. The choice of methods and access routes depends on a variety of factors which should have been clarified in the previous course of planning. In particular, this is the latest opportunity to decide as to whether gender-homogeneous or mixed-gender groups are to be formed, whether the genders are to be separated in work phases and whether gender-typical offers (e.g. dancing or cosmetics for girls, adventure for boys) and/or less "typical" practical impulses are to be used. The respective decisions should be conceptually well-founded and thoroughly documented for purposes of reflection and assessment.

The expected consequences of the choice of methods for girls, boys and in mixed groups must be considered and documented in advance. The necessities of professional self-reflection when applying the methods should also be estimated in advance or identified in retrospect at this juncture. Methodological action includes the decision as to the form in which subjects such as addiction, addictive substances and substance consumption are to be treated (e.g. as an integrated subject in the project work; via communication of information using different media and in different project phases; via obligatory group rules on not consuming drugs during the project, etc.).

Implementation and evaluation

Decisions which were made during the planning phase can prove to be in need of revision in practice. Such inevitable changes must be justified and recorded. Owing to the dynamics of the group, a mixed group, for example, may be spontaneously split into two single-gender groups during the project work although this was not previously planned. Conversely, two groups separated according to gender in the planning phase may be merged. Or only single-sex girls' or boys' groups may form despite inviting both girls and boys.

One general target criterion of every project is a response and acceptance on the part of the intended target group. It may be that the mere establishment of continuous contact is rated as a criterion for success in a group which is difficult to reach. Achievement of the goal is recorded in detail on the basis of the aforementioned definition of goals, whereby a distinction according to gender must always be made. Not only the desirable, but also



the undesirable side-effects on girls and boys must be taken into account and included in the assessment. A desirable side-effect may be that a group continues to work together of its own accord after the project. An undesirable effect may be that the self-confidence gained in the project results in alienation from the usual circle of friends.

Overall conclusion

The course of the project (project evaluation) and the project result (summative evaluation) should be weighed up in the overall conclusion: the separate results for girls and boys, on the one hand, and a “joint balance” based on the gender-related interactions, on the other hand. Furthermore, the following should be present: a (critical) reflection on the external and internal framework of the project; a (self-critical) analysis of the methodological activities in its course; an assessment of the goals, their achievement and their “match” with the needs of the addressees; the documentation of processes over time and justified modifications of the contents; an assessment of the methods and results of the accompanying evaluation. Recommendations as to how the project can be developed further or integrated in neighbouring fields of (not only drug) prevention should complete the conclusion.

Planning scheme for new projects in gender-related drug prevention

SPECIFICATIONS AND PRELIMINARY CONSIDERATIONS
Key questions:
<p>Is the need for action justified in epidemiological, conceptual or other professional terms?</p> <p>What goals have been specified by the sponsors or the addressees? Which own goals have been defined? Do they concur?</p> <p>Are there topical occasions?</p> <p>How does the planned measure fit into the “project landscape” of (gender-related) drug prevention?</p>
<p>What financial, human, temporal and cooperative resources are available for gender-related work? Which have to be acquired first (e.g. male/female staff)?</p> <p>What previous experience, skills and qualifications does the staff have? How can necessary skills be ensured (e.g. sensitisation as regards gender-specific or gender-related work; need for special training in advance)?</p>

<p>What routes of (institutional) access exist to which target groups?</p> <p>Which routes of access can/must be opened up (possibly by way of cooperation, “indirect” approaches, etc.)?</p>
<p>Are the gender aspects taken into explicit consideration in the planning of the documentation and evaluation?</p>

<p>PROJECT PLANNING</p>
<p>(1) Target group analysis (of the actual target group or by using the literature if a project is planned for unknown participants)</p>
<p>Key questions:</p>
<p>What is the age and gender distribution in the target group?</p> <p>What interests and needs do the girls have? The boys? Both?</p>
<p>What problems and stresses can be identified (at school, at work, in the family, in the subculture)?</p> <p>What are the current developmental tasks? For girls? For boys? For both?</p> <p>Which coping strategies with regard to developmental tasks exist already? For girls? For boys? For both?</p>
<p>What gender images and interactions predominate in the group or as regards the other gender outside the group?</p>
<p>What consumption habits, behavioural risks, or risk cultures exist (substances and their symbolic significance, ritualisation, group standards according to gender)? For girls? For boys? For both?</p>
<p>(2) Definition of goals</p>
<p>What (short, medium and long-term) goals are to be achieved? For the girls? For the boys? For both?</p> <p>Are the goals gender-related and derived from the target group analysis?</p> <p>What undesirable side-effects (for girls, for boys, for both) could arise? How are these to be ruled out or minimised?</p>



How is the achievement of the goals to be verified?

Do documentation and evaluation accompany the process (“prospective”) or are they retroactively designed (“retrospective”)?

Which methods are to be used for this purpose? Which others are not to be used, and why?

(3) Practical procedure and methods used

How are the goals to be achieved?

Which methods of information, communication and training are to be used?

Who is to be responsible for practical implementation as a professional or person of reference, with which qualifications and in what form (e.g. cooperation)?

In what form are the subjects of “addiction” and “substance consumption/abuse” to be included in the gender-related process?

IMPLEMENTATION AND EVALUATION

Key questions:

What changes were made in the course of the project (with regard to goals, target groups, practical methods, resources, evaluation methods, etc.)?

Are/were there special occurrences in the course of the project?

What is the justification of any changes made?

Are they consistently documented (and how)?

Is the project achieving the gender-related goals set? If so, where and to what extent? If not, where and why not?

Have the methods used proved successful? For the girls? For the boys? For both?

How are the intentional and unintentional (side) effects appraised as regards the course of the project?

Could the achievement of goals or (limited) project success be explained by causes other than the project activities?

Can longer-term effects (i.e. positive/negative delayed effects) be predicted? On what professional or evaluative basis does such a prediction rest?

OVERALL CONCLUSION
Key questions:
<p>How substantial are the results of documentation and evaluation?</p> <p>What well-founded statements can be made as to the efficiency (implementation, resource utilisation) and the effectiveness of the measure (success in achieving goals, for the addressees)?</p> <p>Can a concluding cost-benefit analysis be elaborated?</p> <p>What proposals for internal project optimisation can be derived?</p>
<p>Does the project provide confirmation or further development of conceptual, methodological, target group-related/life-world-related and evaluative knowledge within the framework of gender-specific or gender-related drug prevention?</p> <p>Does the project contribute to promoting the acceptance of gender-related prevention work and optimising the “project landscape” in this field (e.g. by closing gaps, networking and cooperation)?</p>
<p>Can well-founded conclusions be derived for the possible adoption of the project approach, methods and results in neighbouring fields of prevention and health promotion?</p>

9.3. Assessment scheme

The planning scheme presented in the last section offers considerations in the individual planning and implementation steps which, if taken into account, are intended to ensure the measures are suitable for the genders. A similar assessment scheme can be derived from this and can be applied retrospectively (“ex post”) to projects which have already been carried out. This facilitates the classification of any project under the criteria of gender-related drug prevention and means that such classifications can be verified.

In an ex post assessment of projects which have already been implemented, the term “gender suitability” does not refer to a fixed standard, e.g. a previously defined procedure, but to

- An assessment of the conceptual and methodological decisions and of the project process considering whether they reflect the existing knowledge in gender-related drug prevention,

- An assessment of the effects of the measure involved, differentiated for girls and boys, as well as regarding gender interactions, if possible.

It goes without saying that the general standards of drug prevention work and programme evaluation also apply here. Therefore, only the *assessment criteria* which aim at suitable consideration of the gender differences and interactions are specified in the following checklist.

Ex post assessment scheme for projects in gender-related drug prevention

SPECIFICATIONS, CONCEPT DEVELOPMENT AND PROJECT PLANNING
Key questions:
<i>Note: The project context must always be taken into consideration in its ex post assessment. This includes the institutional and professional framework, especially on the sponsor side, as well as politically defined demand and the “landscape” of existing offers in drug prevention or gender-related work in neighbouring fields.</i>
<p><i>Target group and demand analysis:</i></p> <p>How was/is the project positioned in the landscape of gender-specific and gender-related drug-prevention measures? Does it close a gap in the offers for boys and girls?</p> <p>Was a gender-differentiating analysis of the needs of the target group(s) carried out when developing the concept?</p> <p>Was scientific and epidemiological information on addiction risks, preventive access, resources and lifestyles taken into account sufficiently in relation to target groups (according to gender, age, milieus, social subcultures, etc.)?</p> <p>How are hypotheses on demand and effect on which the concept is based to be rated from the point of view of gender-related drug prevention?</p>
<p><i>Definition of goals:</i></p> <p>Were the goals formulated in a gender-related manner or geared to the gender-differentiating target group analysis? (If not: Is a retrospective gender-related “reassessment” justifiable and possible?)</p> <p>How is the achievement of the goals to be rated from the point of view of gender-related drug prevention?</p>

Practical procedure and methods used:

Were considerations relating to gender suitability taken into account as regards the procedure and methods when developing the concept?

How are the procedure and methods to be rated from the point of view of gender-related drug prevention?

IMPLEMENTATION AND EVALUATION

Key questions:

Evaluation of implementation:

How was the offer perceived by girls? By boys?

How can the dynamics of the offer be described and interpreted from the point of view of gender (e.g. the dynamics in mixed-gender or single-gender groups, the development of dominant aspects, etc.)?

Were the methods and persons of reference suitable for both genders? How were the methods and persons of reference rated by the two genders?

Goal achievement:

Were the formulated gender-related goals achieved?

Which effects were relevant in reaching the goals among girls, among boys?

Which gender-related effective factors can be derived from the project experiences?

What undesirable (side) effects were there among girls, among boys?

Could/can longer-term effects (i.e. positive/negative delayed effects) on girls and on boys be predicted? On what professional or evaluative basis did/does such a prediction rest?

Can other goals formulated for the project now be effectively reformulated and differentiated from the standpoint of gender?

OVERALL CONCLUSION

Key questions:

How expressive are the results of documentation and evaluation from the standpoint of gender-related drug prevention?

Were the statements regarding the efficiency (implementation, resource utilisation) and the effectiveness of the measure (success in achieving goals, for the addressees) also well-founded from the standpoint of gender-related drug prevention?

Was there a concluding cost-benefit analysis with recommendations for optimisation within the project?

Did the project provide confirmation or further development of conceptual, methodological, target group-related/sphere of life-related and evaluative knowledge within the framework of gender-specific or gender-related drug prevention?

Did the project contribute to promoting the acceptance of gender-related prevention work and optimising the “programme landscape” in this field (e.g. by closing gaps, networking and cooperation)?

Was or is it possible to derive well-founded conclusions for the possible adoption of the project approach, methods and results in neighbouring fields of prevention and health promotion?

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