

An offer to all who would like to help someone close to them

Alcohol, medication, tobacco, illegal drugs, addictive behaviour



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Contents

Courage for the new path – an offer for you!	5		
What is addiction?	7		
Effects on the body and mind	8		
Addiction without drugs	9		
Addiction affects others	9		
Fear of being helped	10		
Ways out of helplessness	11		
Getting some distance	12		
Family members are not alone	14		
Professional help and self-help	15		
Am I 'allowed' to look for help?	16		
Gaining independence: what you can do	17		
Consistency is very important	18		
Protecting your own space	19		
Help for the addict	20		
Trust is good but being controlling is NOT better	21		
You have already taken the first step!	23		
Addictive substances and types of addiction	25		
Use and dependence	25		
Types of dependence	25		
Overview of addictive substances and types of addiction	27		
Alcohol	27		
Nicotine	28		
Medications with the potential for abuse and dependence	29		
Sleeping aids and sedatives (benzodiazepines and z-drugs)	29		
Over-the-counter pain relievers (e.g. acetylsalicylic acid, paracetamol, ibuprofen)	32		
Illegal drugs	34		
Amphetamines (speed, crystal meth, glass)/ecstasy	34		
		Cannabis	35
		Cocaine and crack	36
		Opiates, particularly heroin	37
		Other synthetic drugs – legal highs	38
		Addictions unrelated to substances	39
		Pathological gambling	39
		Eating disorders	40
		Pathological media use	42
		Reading recommendations	43
		Advice, help, addresses and links	45
		Information, advice and help	45
		Special counselling offers for family members of addicts	46
		Phone numbers for information and counselling	47
		Self-help and abstinence groups for addiction	49
		Self-help support	51
		Other addresses	51
		Searching for physicians	53
		Searching for psychotherapists	53
		Information for parents	54
		Information for young children and adolescents	54
		The German Centre for Addiction Issues (DHS)	55
		The Federal Centre for Health Education (BZgA)	57
		Notes	59

Courage for the new path – an offer for you!

As a person close to someone dealing with addiction or at risk of addiction, you are in a difficult position. You would like to understand, help and carry on a normal family life or an unburdened relationship. Perhaps you are afraid that acquaintances will abandon you if the addiction becomes known. Or perhaps you could fall into financial difficulties because of it. Whether you are male or female, a partner, a parent, a child, a grandparent or a friend of a person with an addiction, this information is for you! After all, as someone close to a person with an addiction you also need support in this difficult situation. We would like to give you the courage to accept help that can specifically aid you in your desire to help the person close to you.

Your problem is not the addiction itself but rather living with and having a relationship with an addict.





Those who use addictive substances can become dependent upon them. There are smooth transitions between regular use, dangerous use and obvious dependence. You are therefore taking the right step if you are learning more about the addictive substance, its risks and the offers for help available.

'Yes, but is he/she really addicted? How can I tell?'

Dependence can have different characteristics. Psychological dependence in particular is difficult to recognise. Your worries and fears are reason enough to seek help. After all, it may not make a difference to you if your wife regularly takes two sleeping pills before going to bed, if your adolescent son smokes cannabis and his personality changes or if your father needs several bottles of beer in order to relax every day. What matters is that you have to deal with the fact that the use or abuse of these things is putting a strain on your life together. You probably imagined that your life would be different. You probably never wanted to deal with such a problem.

Special care is required with adolescents in order to avoid taking potential experimental behaviour that can work itself out and unnecessarily turning it into a problem. If the behaviour develops in a way moving towards abuse, however, then it is important to take further steps. Parents should pay attention to whether there are serious changes in their children's behaviour at school, in their group of friends and in their free time activities. You can support your child best by continuing to talk with your son or daughter, not falling into fear and not making any accusations or laying any blame. Get professional support through drug or educational counselling to learn how you can react appropriately.



Effects on the body and mind

Each addictive substance and each drug affects the body differently. The effect ranges from a pleasurable sense of excitement and relaxation such as with moderate alcohol consumption all the way to heavy intoxication such as with heavy alcohol consumption or heroin use. The absence of this effect produces strong negative feelings in the addict. The addict may become tense, anxious, driven and irritable or frightened and nervous. The urge to experience the effect of the addictive substance is overwhelming. This 'craving' can be triggered by external triggers (e.g. places where the drug is commonly consumed) or internal triggers (e.g. feelings or memories of specific situations). It is the core of psychological dependence. Regardless of the physical effects of the use of addictive substances, there are also effects on the mind. The addictive substance can provide a sense of safety and security. Those who are rather withdrawn when sober may possibly be more outgoing due to the effect of the addictive substance and may like themselves better that way. This establishes a mindset that the addictive substance is needed in order to be 'better'.

Information on the individual addictive substances can be found on page 27.

Addiction without drugs

Yet there are also addictions that do not involve substances such as tobacco or alcohol. These include things such as pathological gambling. Experts are still debating which other behavioural disorders (eating disorders, pathological media use, etc.) are actually to be considered addictions. These different disorders are also briefly described in the chapter starting on page 27.

Addiction affects others

As a person who is very close to an addict, you are also affected by the addiction. You suffer from it as well. You are not an addict but you worry about the health of a loved one and that person's effect on neighbours, employers, friends and relatives. You may feel obligated to prevent further damage from occurring. Or you may be hoping that the addict will be able to get the problem under control on his or her own. You probably love this person despite this illness and do not want to lose him or her, even if you are confronted with mood swings, aggressiveness, unreliability and unkindness.

This causes your life to also be ruled by the addiction. There is no room left for your own hobbies and interests, for spending time with friends, etc. You do your best to attempt to control and manage the addictive behaviour of the person close to you. All of these things are understandable, as is wanting to help. Yet the affect that the addiction is having on you is also making it difficult for you to interact with the addict.

Fear of being helped

'So why won't he/she let me help?'

Most people affected by this condition do not perceive themselves as being in danger of addiction or addicted for a long time. It is only once they have understood and accepted their dependence that the problem can be addressed with good prospects for long-term success.

One large hurdle in the way to acknowledging one's own addiction is the fear of having to live without the addictive substance. It is very difficult or even impossible for addicts to experience relaxation, joy or satisfaction without their addictive substance – regardless of how much they might suffer from their addiction as well.

Many addicts unfortunately overcome these obstacles only under extreme outside pressure such as loss of their job, expulsion from school, financial difficulties, or separation from their family. There is little awareness of the diverse and effective types of help offered for addicts and those at risk of addiction. In the past it was primarily the counselling centres and telephone counselling offers that were heavily expanded in order to accommodate those looking for help.

Ways out of helplessness

You are looking for help. That is the right path and we will be glad to support you on it.

You cannot force addicts to do something that they do not want to do, just as how you cannot prove that someone is sad, angry or happy if he or she does not personally experience those feelings. But you can change something about your own situation!

You have probably assumed a lot of responsibilities in the relationship or family because the addict has withdrawn more and more.

- ▶ You have made sure to get up on time.
- ▶ You have helped to take care of household duties.
- ▶ You have taken over the majority of the childcare responsibilities.
- ▶ You have gone to appointments, meetings and parties alone, even though you were both supposed to be there.
- ▶ You have saved up or found new sources of income in order to manage financially.



Getting some distance

If you have recognised yourself in any of these points then it is time to put some distance between your needs and those of the addict. This may seem like a hopeless prospect to you at first. Surely it will not be easy to primarily focus on taking care of your own wellbeing instead of focussing on the addict who seems to be in much more need of help. Yet that is what is required before you will even be able to properly provide any help!

Think about the safety instructions given on an airplane: In case of loss of pressure, please put on YOUR OWN oxygen mask first BEFORE helping OTHERS! The way you provide help can also work in the same way in this situation: Once you have regained your strength and feel satisfied with your own life again then you will also be able to provide better support and set a better example for your loved one suffering from addiction. It is important for you to only assume responsibility for the things for which you are actually responsible. Tasks and issues for which the addict is responsible should remain his or her responsibility.

Susanne & Thomas

parents of an adolescent drug addict

'We have been battling with this for years.

We have tried everything to help your 18-year-old daughter. Unfortunately we have not had any success so far. We thought that we would be able to help her better as long as she lives with us but the constant battle has worn us down. Our relationship has suffered greatly from this.

Even though the decision was very difficult for us, we have now told her that she has to move out. She was somewhat struck by this. We hope that it was the decisive push to make her think over her situation and change her behaviour.

We will always be there for her despite this but we will not support her addiction.'

This step is especially difficult for parents of a child with an addiction and it is not uncommon for it to be connected with a feeling of abandoning their child. But you are helping yourself and your child by placing value on your child taking responsibility for himself or herself. That is why you should try to go your own way with the help of professional support.



Family members are not alone

It will be a challenge for you to not do things you would like to do to 'help'. This is because your feelings and your intellect are each saying different things. Your sense of duty says that you must do the familiar things – you are used to them. Yet, just as you have gradually assumed the responsibilities of an addict over time, you can also give up these responsibilities again.

You should obtain professional support for this difficult path. There are numerous counselling centres in Germany for people with addiction problems. These centres are also the right address for their family members. You will find contact information and telephone numbers at the end of this project in the chapter on advice, help, addresses and links starting on page 45.

Professional help and self-help

You can have all of your important questions answered through telephone counselling and in addiction counselling centres. There you will receive more extensive assistance and information. There are no binding obligations! You do not have to worry about having to do things you do not wish to do or having to keep appointments. You alone will decide what offers of assistance you will utilise as well as to what extent and at what speed and rate the assistance is to be provided.

The focus of a personal consultation in a counselling centre is on you, your situation and your personal questions and concerns. It can be a relief and a release for you to be able to describe the unvarnished truth of your situation to a knowledgeable and neutral person. It may even be the first time that you are able to speak openly about the problem of the addiction and the burdens it places on you. You do not have to worry about making the addiction public and thereby hurting family members. All of the discussions are held in strict confidence. The centres do not divulge any sort of information to others, neither to the police, employers or insurance companies (though the counselling centres do not have any influence on the degree to which telephone and Internet connections are secure).

Together in such a consultation you can consider how to interact appropriately with the addict as well as what support you need for yourself. Do not be afraid to get consultation or psychotherapeutic support for yourself if you would like. It can be a great help to you.

In self-help groups you can also meet other people who have had similar experiences as addicts or their family members. There is no charge for personal consultation or participation in a self-help group.

Gaining independence: what you can do

Am I 'allowed' to look for help?

Visiting a counselling centre or self-help group does not mean that you are giving up on the person with the addiction. It is possible that you may be confronted with this accusation. Please understand that you are personally in a difficult situation that has likely already cost you a great deal of energy and you have a right to get help for yourself. By looking for support for yourself you are showing that you are taking control of your own life. This is something that both you as well as the addict must be capable of doing.

Michael, 55

married to a woman addicted to medication

'I have learned that the consultation is for me. That is important to me. The following example helps me: If I have an accident and am injured then I go to the doctor – what others who were involved in the accident choose to do is up to them first. I am exhausted by my wife's addiction so I am looking for help. That is not egotistical – it's what I need to survive!'

By overcoming feelings of fear and guilt and taking control of your own life again you can be an example for the person you are trying to help. You can make the person curious about change and increase their desire to change. Despite all of this, it is rare for success to come quickly. But if you stick with the treatment then you will also have the power to continue on this path.

'So how do I know what is my responsibility and what isn't?'

Taking the burden off of your own shoulders

You can visualise the situation like this: At the moment you are wearing a heavy backpack that has gotten gradually fuller and heavier over time. You may also be carrying a shopping basket and bags in your hands. Each package in the backpack and back has an owner. Some of the things are yours, some of them are an addict's, some are also your children's, parents', etc. Now slowly take out each package one-by-one and hold them in your hand: Who is the owner of the package for 'washing', 'earning money', 'cleaning the children's rooms', 'maintaining friendships', 'shopping', 'paying rent', 'cooking', 'repairing the bicycle', 'hobbies and free time', 'planning holidays', etc.? Take everything that does not 'belong' to you and give it back to its owner.

You will notice how much lighter the backpack has become and how much less weight there is on your shoulders.



Consistency is very important

Women tend to saddle themselves with things that are not actually their responsibility for a long time. But regardless of whether you are a man or a woman, this behaviour is using up your valuable energy. It may possibly be difficult for you to say exactly who is responsible for some 'packages' because you took responsibility for them a long time ago. Perhaps you do not have any problem assigning responsibility, but you repeatedly fall back into jumping in and helping when it seems necessary to you. That is completely normal! Do not be discouraged by falling back into this old behaviour! Try to consistently focus on your area of responsibility despite this. Only handle the tasks that are without a doubt your responsibility and only threaten consequences that you can actually enforce.

Jutta M., 49

wife of an alcoholic

'I have threatened my husband again and again that I would move out if he didn't stop drinking but I never actually did it.

He stopped taking me seriously anymore. That was very painful for me.

Through the support of a self-help group I have learned that I have to stick to what I say. And that is just what I am doing now!'

Protecting your own space

If you are only handling your own responsibilities then the addict will become aware of his or her own mistakes and failings. This can contribute to the addict attempting to change. For no matter how it may sometimes seem, addicts actually do care about how they affect others. If you are no longer doing anything to prevent the threatening consequences of addictive behaviour (e.g. job loss, separations, etc.) then the addict must do something personally.

Help for the addict

You have surely already noticed that it is difficult to separate an addict from his or her addictive substance. Yet regardless of whether you are the spouse, parent or child of an addict or are in another relationship with one, this is not your responsibility! Rather, you should make addicts of the options available for professional help and self-help. There addicts will receive precisely the support that will be helpful and appropriate for them. Just as surgeons should not operate on their own family members because they are so personally involved, you as a family member are too deeply involved in the matter to be able to take an unbiased look at the situation. This is true for all family members! You are not alone.

Maria, 67

addicted to medication

'Naturally I knew in my heart that my daughter only wanted to help me. But I couldn't accept it and couldn't admit that I was addicted.

She told me again and again, „Just go for counseling!“ And at some point I did.

It didn't immediately solve all of my problems, but I am on the right path. I am very thankful to my daughter for pushing me to do this.'

Trust is good but being controlling is NOT better

'I can't stand always cleaning up your empty bottles anymore.'

You have probably developed a strong aversion to the addictive substance over time. A battle over the addictive substance can often flare up within families or relationships that is positively energy-sapping. But the attempt to control another person and keep him or her away from the addictive substance will not succeed. It doesn't help to hide bottles, throw away pills or lock the refrigerator. The addict will find ways and means of getting more, and in the worst case may get into debt or commit crimes. They will likely be very upset at their family members for meddling and will withdraw even more. For many, the addictive substance then functions as a source of comfort and a lifeline. Even if it is difficult for you, you should get rid of the idea of controlling the addict's use. Your energy can be better used for other things.

You have already taken the first step!



Even if it may not seem so, by seeking help you have already taken the first step! It requires courage and confidence! It is worth following this up with other steps such as getting into contact with a self-help group or a counselling centre by phone or in person. If you follow your path with conviction then something will also change for the addict. You have already shown a lot of courage and can look forward full of confidence.

The change that you are making is helping the addict to acknowledge his or her own situation and to accept help. Then there is the chance to make a new start. Getting out of addiction is a long-term struggle, however, that does not end with the physical withdrawal from the addictive substance. New and satisfying options for daily life must be found to replace the addictive behaviour. The members of self-help groups who have been living without addictive substances for a long time can use their experience and continuous support to communicate again and again that the often stressful search for a new way of life is actually worth it.

Addicts change over the course of their recovery. They learn to consciously perceive their personal problems and to handle them differently. The expectations and wishes placed upon their spouse or family life overall also change. Family members often face the task of regaining trust and wiping the slate clean of the past. Creating a truly new beginning is therefore a task for all of those involved.

Klaus, 43

alcoholic

'I just got my act together recently.

My wife had moved out and I didn't have any contact to my sons anymore.

A serious accident was the deciding factor for me. I've now been dry for almost two years and underwent psychotherapy in order to be able to handle problems differently.

My wife and kids are proud of me and support me but also tell me what they really feel without hiding anything.

I am happy that I can deal with it better now.'

For these reasons it is important for you as a family member to be actively involved in the recovery process. Studies also show that this significantly improves the chances for success. The participation of family members can take place in the form of family therapy (with family members participating in therapy sessions together). Another way is to visit group discussions and self-help groups together. If the addict resolve to undergo stationary therapy then family members can prepare for the time thereafter in group or one-on-one discussions. If you are already experiencing changes then it can be helpful to contact a counselling centre in order to be able to determine the next steps for you and the addict.

Addictive substances and types of addiction

Use and dependence

The use of addictive substances can lead to dependence. Whether this will actually occur depends upon many circumstances. Adolescents, for instance, are protected from dependence through high self-esteem, a group of friends that does not use addictive substances and parents who are restrained in their use of alcohol and do not smoke. Apart from this, experience has shown that addictive substances are abused by fewer adolescents when they are difficult to obtain and expensive.

Types of dependence

The desire to obtain an effect from a substance is primarily a sign of psychological dependence. In addition to this there is also physical dependence. The body reacts to the constant supply of the addictive substance by adjusting its metabolism. The body develops an increasing 'tolerance' to the substance and needs more and more of it in order to continue to achieve the desired effect. When use of the addictive substance stops then this leads to uncomfortable or painful and sometimes even life-threatening withdrawal symptoms that subside when the drug is taken again.

The physical withdrawal symptoms may be handled with medication during a detoxification treatment for withdrawal. It is far more difficult to overcome psychological dependence and to permanently live without addictive substances.

Overview of addictive substances and types of addiction



Alcohol

Effects

Alcohol has a numbing effect on the central nervous system because it suppresses some of the brain's controls. This results in a feeling of exhilaration and relaxation, which makes the person more open to interaction with other people. But difficulties with balance and speech (e.g. staggering and slurring) arise with higher levels of alcohol in the system. The ability to remember and sense of orientation are weakened and loss of consciousness and deep sleep can occur.

Risks from use

The effects of alcohol increase the risk of accident and tendency toward violence. Coupling it with the use of medication can further increase or alter the effect. One consequence of heavy alcohol consumption is alcohol poisoning, which can lead to death through paralysis of the respiratory muscles.

Long-term effects

Regular alcohol consumption over a longer period of time will result in a decrease of physical and mental capabilities. The ability to remember things suffers from the destruction of the brain cells. Intelligence then decreases as the consumption continues. Mental changes such as depression or anxiety can also occur. Physical impairments and damage from alcohol include impotence and a decrease in sexual experience. There is premature ageing of the skin. Serious damage also occurs to the liver, the heart and the pancreas. There is an increased risk of contracting oropharyngeal cancer, oesophageal cancer, pancreatic cancer, breast cancer and colon cancer.

Dependence

Alcohol consumption slowly develops into serious physical and psychological dependence.



Nicotine

Effects

Nicotine stimulates the central nervous system while simultaneously relaxing the autonomic nervous system. Nicotine increases concentration shortly after consumption. It also reduces hunger, can alleviate anxiety and elevates blood pressure, thereby increasing the heart rate. The carbon dioxide in tobacco smoke attaches itself to red blood cells, thereby significantly limiting the body's intake of oxygen.

Risks from use

An overdose will lead to nausea, a feeling of weakness, sweating and heart palpitations.

Long-term effects

Smoking damages many organs in the long run. Serious damage is caused to the circulatory system due to a narrowing of the blood vessels. This can lead to a heart attack or stroke. The decreased circulation causes tissue decay (peripheral vascular disease or 'smoker's leg'). There is also serious damage caused to the respiratory system. This can result in chronic bronchitis (catarrh, smoker's cough), hyperinflation of the lungs (emphysema), lung/bronchial cancer (the most common cause of death), throat cancer and oral cancer. Smoking also weakens vision, reduces potency and increases back pain.

Dependence

Physical dependence develops very quickly and psychological dependence follows.

Medications with the potential for abuse and dependence

Sleeping aids and sedatives

(benzodiazepines and z-drugs)

Effects

Benzodiazepines have an effect that is calming, soothing and relaxing while relieving anxiety and inducing sleep. This is done by reducing the sensitivity of certain neurons in the brain.

The term 'Z drugs' refers to modern sleeping aids whose active agents tend to begin with the letter 'z'. The most well-known are zolpidem, zopiclon and zaleplon. While these agents are chemically non-benzodiazepines, they attach to the same binding sites and have similar pharmacological effects. They are currently used therapeutically as sleeping aids.

Risks from use

The effects of the benzodiazepines increase the risk of accident or falling, particularly among older people. Benzodiazepines lead to the effects of fatigue, impaired balance, reduced motor control, delayed reactions and difficulty concentrating that last into the next day. These are 'hangover effects' of medications with long-term effects. If alcohol is also being consumed with it then the effect increases further. Intravenous injection together with opiates can be fatal.

Similar effects are found with Z drugs. The effects and consequences are nearly identical to those of benzodiazepines. The effects of this medication only last a short time so the person looking for sleep may wake up and take

more pills over the course of the night. This increases the risk of undesired effects such as an impaired sense of balance and limited muscle control. The problem of addiction to Z drugs is nevertheless often underestimated.

Long-term effects

Long-term use of benzodiazepines leads to personality changes. Emotions are no longer experienced as intensively and the person withdraws from their family and friends. The risk of depression increases and seemingly paradoxical reactions may occur such as increased restlessness, confusion and sleeplessness. If the effectiveness decreases (loss of efficacy) then sleep disorders can occur again despite taking the medication.

Dependence

Regardless of the dose, the regular consumption of benzodiazepines leads to serious psychological and physical dependence. A gradually increasing dose may be required in order to achieve the desired effect but a dependence can still develop even without increasing the dose.

At first there was a general impression that Z drugs do not lead to dependence, in contrast to benzodiazepines. In the meantime, however, it has become an undisputed fact that they also lead to dependence after longer periods (longer than four weeks) of continuous use, even if the risk may possibly be less than with benzodiazepines.

The active agents and their trade names

Benzodiazepines and Z drugs are known under the following trade names.

Sleeping aids:

- Brotizolam (e.g. Lendormin®)
- Lormetazepam (e.g. Noctamid®, Lormetazepam AL®)
- Zolpidem (e.g. Stilnox®, Zolpidem ratiopharm®)
- Zopiclon (e.g. Ximovan®, Zopiclon AbZ®)

Tranquilisers:

- Diazepam (e.g. Faustan®, Diazepam ratiopharm®)
- Bromazepam (e.g. Bromazanyl®)
- Clorazepat (e.g. Tranxilium®)
- Lorazepam (e.g. Tavor®)
- Oxazepam (e.g. Adumbran®, Oxazepam ratiopharm®)



Over-the-counter pain relievers

(e.g. acetylsalicylic acid, paracetamol, ibuprofen)

Effects

Over-the-counter pain relievers with the active agents acetylsalicylic acid, paracetamol or ibuprofen numb pain, reduce fever and inhibit inflammation. Combination pain relievers that also include caffeine have a stimulating effect due to the caffeine.

Risks from use

If these pain relievers are taken in combination with alcohol then this can lead to dizziness. An overdose will lead to symptoms of poisoning, stomach problems and tinnitus. An overdose of acetylsalicylic acid will lead to fits of dizziness.

Long-term effects

Taking them for a long period of time will lead to a dull constant headache called a 'rebound headache'. Additional pain relievers are then generally taken. Sometimes the addict may take extremely higher doses of up to 50 pills per day. If many pills are taken for an extended period of time then there is the risk of severe liver and kidney damage.

Dependence

The effect on the psyche (psychoactive effect) and the loss of efficacy over time can be habit-forming and lead to abuse.

The active agents and their trade names

- Acetylsalicylic acid (e.g. Aspirin®, Aspirin Plus C®)
- Paracetamol (e.g. Paracetamol ratiopharm®)
- Ibuprofen (e.g. Ibu ratiopharm®, Dolormin®, Ibu 1A Pharma®, Ibufexal®, Nurofen®)
- Combination pain relievers (acetylsalicylic acid/paracetamol) with caffeine (e.g. Thomapyrin®)

Illegal drugs

Amphetamines (speed, crystal meth, glass)/ecstasy

Effects

The effects of amphetamines depend upon the substance as well as the mood of the user before using and the situation in which it was consumed. Use may result in feelings of happiness and a pleasant self-perception but also euphoric feelings and talkativeness, increased self-confidence and states of extreme excitement. Use increases concentration and performance and suppresses feelings of pain, hunger, thirst and fatigue.

Risks from use

Heavy ecstasy use can lead to circulatory problems and even to collapse. The use of amphetamines can trigger psychoses with delusions of persecution as well as hallucinations, though less commonly.

Long-term effects

The long-term use of amphetamines results in lasting damage to the neurons in the brain. Psychoses can also be triggered and illnesses such as circulatory diseases, diabetes and liver diseases can be worsened.

Dependence

Amphetamines create a strong psychological dependence that sets in very quickly. The use of ecstasy can create a psychological dependence.

Cannabis

Effects

The active agent delta-9-tetrahydrocannabinol (abbreviated as 'THC') contained in the resin of the plant is responsible for the intoxicating effect. THC primarily amplifies feelings and moods that were already present, both positive as well as negative. Positive feelings include relaxation, inner calm, exhilaration, openness to contact and increased perception. Negative feelings that are amplified include fear, panic and disorientation. Short-term memory, reaction speed and mental performance are decreased.

Acute risks from use

Accidents can occur more easily and circulation problems can arise due to the effects of the drug. If a very high amount of cannabis is consumed then this can lead to

confusion, hallucinations, panic reactions and a breakdown in one's sense of self ('depersonalisation').

Long-term effects

When used for a longer period of time, cannabis can lead to difficulty concentrating and remembering things, listlessness, inactivity and apathy. Many of those affected withdraw from social life. During puberty it leads to developmental disorders. Those affected also develop depression and bad moods. If cannabis is smoked together with tobacco then the risk of cancer, respiratory ailments and other damage due to the intake of nicotine.

Dependence

Cannabis use slowly develops into a psychological dependence.



Cocaine and crack

Effects

The effects occur in two phases. First there is a euphoric high with hyperactivity and an increased need for contact. Social and sexual inhibitions are decreased and feelings of omnipotence increase.

The euphoria can be followed by a quick comedown into a deeply depressive phase with heavy fatigue.

Risks from use

During the euphoric phase there is an increased risk of accidents and sudden irrational acts, e.g. due to hallucinations. The circulatory system is heavily strained, even overloaded in the case of an overdose, leading to death from asphyxiation and cardiac insufficiency.

The depressive phase that follows can lead to a risk of suicide.

If cocaine or crack are injected then there is the risk of contracting diseases such as hepatitis or HIV from non-sterile needles.

Long-term effects

Long-term intensive use leads to numerous types of physical and psychological damage. The nasal mucous membrane and the paranasal sinuses are damaged from sniffing. The immune system is weakened while the blood vessels and various organs (the liver, heart and kidneys) suffer from damage. Weight loss also follows. Smoking crack also negatively impacts the respiratory system.

The effects on the psyche include constant mood swings between depression and desperation on the one hand and manic/euphoric hyperactivity on the other. Psychoses can also result.

Dependence

Cocaine and crack quickly lead to serious psychological dependence.

Opiates, particularly heroin

Effects

Opiates have a strong euphoric effect while relieving anxiety and pain. A sudden orgiastic high is followed by a pleasant daze and the feeling of being in harmony with the world and having all problems fade away. When these effects wear off then they are followed by depression and restlessness.

Risks from use

There is an increased risk of accidents during the high. There is also the risk of contracting diseases such as hepatitis or HIV from non-sterile needles. Physical effects can include respiratory paralysis and cardiac insufficiency resulting in death if the dose was too high or if it contained poisonous admixtures, for instance.

Long-term effects

The direct effects of the drug include damage to the liver, stomach and intestines. Sometimes problems occur directly from the drug such as problems from living in the illegal drug scene. The body becomes emaciated and visibly deteriorates while the veins atrophy from injecting the heroin. There is also increased criminality and a drop in social status.

Dependence

Heroin leads to the quick onset of psychological and physical dependence.

Other synthetic drugs – legal highs

Effects

Legal highs are legal substances with psychoactive effects. They are sold as bath salts, fertiliser pills or herbal mixtures and include various psychoactive agents. The effects of the products depend on their ingredients. Herbal mixtures sometimes contain synthetic cannabinoids with a stronger effect than THC (see the section on cannabis on page 35) and bath salts sometimes contain active agents similar to amphetamines or ecstasy (see the section on amphetamines and ecstasy on page 34).

Risks from use

The danger with legal highs primarily lies in the fact that their ingredients and active agent content are often unknown. There is therefore a high risk of overdose, unpredictable interactions and poisoning.

Long-term effects

Most of these substances have not been well-known for very long. There is hardly any information available on the way they work and their long term effects.



Addictions unrelated to substances

Pathological gambling

It has long been known that the desire to gamble can become a (pathological) disease. Yet 'gambling addiction' seemed to be a marginal problem as long as gambling was almost exclusively done in casinos and clubs. The establishment of gambling machines was accompanied by more widespread gambling for money and compulsive gambling along with it. 'Pathological gambling', as it is technically called, affects men almost exclusively. Only around one out of every ten compulsive gamblers is female. The total number of those afflicted in Germany is estimated to be over 200,000. Pathological gamblers often play for many hours a day. If they lose then they will continue to gamble in the hope that their luck will change. If they win then they continue to gamble because they are winning, after all. It is almost always the case that they do not stop gambling until they have lost significantly more than they originally intended to risk. Financial problems and debts are the most common consequences of pathological gambling. Many compulsive gamblers also smoke heavily and drink large quantities of coffee or even alcohol. Pathological gambling has been treated as a psychological illness for around twenty years. There are specialised therapies offered for gambling addicts in a series of specialised addiction clinics and ambulant addiction counselling centres.



Eating disorders

- ▶ Binge eating disorder
- ▶ Bulimia
- ▶ Anorexia

The lines between the different types of eating disorders are blurred and combinations common. The one thing that is common among all those suffering from eating disorders is that the core focus of their lives is an obsession with their own body (weight) and consumption or refusal to consume food. There are no reliable figures on the total number of those afflicted. Around 0.5% to 1% of all women suffer from anorexia in their lives, while bulimia affects between 1% and 1.5%. It is far less common for adult and adolescent males to suffer from eating disorders. The counselling and treatment offers available have expanded significantly in the past 25 years.

Binge eating disorder

The central feature of this eating disorder are episodes of binge eating over which the afflicted feel that they have no control. These episodes of binge eating lead to most of those afflicted becoming overweight. Inferiority complexes, difficulty interacting with others and social discrimination are typical results. Being slightly to moderately overweight has a minimal negative effect on health. Being heavily overweight, however, places a constant excess burden on the heart, circulatory system and joints and promotes many chronic illnesses in the long term such as diabetes, gout, high blood pressure, heart attack and joint pain.

Bulimia

Bulimia is marked by a cycle of episodes of ravenous hunger and self-induced vomiting with the cycle sometimes repeating several times a day. Most bulimics have a normal weight but would like to be thinner. The failure to control their eating and self-induced vomiting cause strong feelings of guilt and shame and isolate the afflicted. The constant loss of gastric juices from vomiting leads to physical damage similar to those from the abuse of laxatives and diuretics: the over-acidification of the oral cavity causes tooth loss.

Anorexia

Anorexics consume as little food as possible with relentless intensity in the attempt to become as thin as possible. Normally they are very active and become especially ambitious in sports, school or work. Eating is viewed as satisfying a drive and is declined. No matter how thin they already are, they nevertheless feel that they are too fat. Many of those afflicted suffer from hunger so extremely that it threatens their lives. Forced feeding in a clinic may then be a necessary life-saving measure.

Eating disorders and medication abuse

One cause of eating disorders is the abuse of appetite suppressants, laxatives and diuretics. The latter two lead to dehydration and therefore seem to cause weight loss. One serious side effect is the loss of sodium and calcium, which leads to serious consequences for the kidneys and heart muscles. This promotes bone loss (osteoporosis) and hinders the body's natural course of metabolism, causing the use of additional medications to seem necessary.

Pathological media use

Similarly to pathological gambling, media addiction is understood to be a behavioural disorder. It is typical for a person afflicted with media addiction (commonly called 'online addiction' or 'Internet addiction') to withdraw from the real world and into a virtual one. There are addictions to a wide variety of types of media such as online role-playing games, console games and other computer games, online sex, chatting and shopping online as well as running searches for, archiving and collecting information.

Those afflicted do not like to have personal contact with a counselling centre so a special type of help is required such as a virtual counselling centre. Therapy for media addiction is still in its beginnings. It is therefore still unclear whether all types of media addiction can be handled similarly or whether different types of use require different types of therapy. In contrast to the treatment of substance addictions where the goal is complete abstinence, therapy for media addiction attempts to achieve a 'reasonable' level of media use.

Reading recommendations

Melody Beattie

Die Sucht, gebraucht zu werden

12th edition, Munich: Heyne, 2007

Sylvia Berke

Familienproblem Alkohol

Wie Angehörige helfen können

Baltmannsweiler: Schneider Verlag Hohengehren, 2012

Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education), (publisher)

Alles klar? Tipps und Informationen für den verantwortungsvollen Umgang mit Alkohol

Cologne, 2011

Download: www.bzga.de (under Key Topics → Drug Prevention). The brochure can be ordered from the Federal Centre for Health Education free of charge: [www.bzga.de, order@bzga.de](mailto:order@bzga.de)

Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education), (publisher)

Alkoholfrei leben – Rat und Hilfe bei Alkoholproblemen

Cologne, 2011

Download: www.bzga.de (under Key Topics → Drug Prevention). The brochure can be ordered from the Federal Centre for Health Education free of charge: www.bzga.de, order@bzga.de

Toby Rice Drews

Was tun, wenn der Partner trinkt?

Ein Mutmachbuch für Frauen

5th edition, Wuppertal: Blaukreuz-Verlag, 2011

Sabine Haberkern

**Mutmachbuch für Angehörige von Alkoholabhängigen
Erfahrungsberichte von Angehörigen**

3rd edition, Baltmannsweiler: Schneider Verlag Hohengehren, 2013

Johannes Lindenmeyer

**Ratgeber Alkoholabhängigkeit
Informationen für Betroffene und Angehörige**

Göttingen: Hogrefe, 2004

Monika Rennert

**Co-Abhängigkeit
Was Sucht für die Familie bedeutet**

3rd edition, Freiburg: Lambertus, 2012

Ulla Schmalz

**Das Maß ist voll
Für Angehörige von Alkoholabhängigen**

3rd edition, Cologne: BALANCE buch + medien Verlag, 2011

Ralf Schneider

Die Suchtfibel

Baltmannsweiler: Schneider Verlag Hohengehren, 2013

Janet Woititz

**Um die Kindheit betrogen
Hoffnung und Heilung für erwachsene Kinder von Suchtkranken**

7th edition, Munich: Kösel, 2004

www.alkohol-selbsttest.de

[Expertentest und -ratgeber Alkohol – in short: ExtrA –, an expert test and advisory developed by the University of Lübeck with an extensive questionnaire and feedback accompanied by a brochure as a self-help manual]

Advice, help, addresses and links

Information, advice and help

Deutsche Hauptstelle für Suchtfragen e.V. (DHS)

The German Centre for Addiction Issues offers information and materials and can provide you with addresses and information about offers for help available near you

DHS, Postfach 1369, 59003 Hamm

Tel. +49 2381 9015-11, Fax +49 2381 9015-30

info@dhs.de, www.dhs.de

You can find a **directory of all drug and addiction counselling centres** under:

www.suchthilfeverzeichnis.de

You can call +49 2381 9015-0 for information (price varies according to the price list of your telephone service provider for calls within the Hamm local telephone network).

Monday - Thursday 9:00 a.m. - 5:00 p.m.

Friday 9:00 a.m. - 3:00 p.m.

Bundeszentrale für gesundheitliche Aufklärung (BZgA)

(Federal Centre for Health Education)

51101 Cologne

Tel. +49 221 8992-0

order@bzga.de (for orders)

www.bzga.de

Special counselling offers for family members of addicts

Sorgentelefon für Angehörige von Menschen mit Suchtproblemen

(Hotline for family members of people with addiction problems)
Tel. 06062 60776

(price varies according to the price list of your telephone service provider for calls within the Cologne local telephone network)

The German Red Cross hotline is always available, especially on weekends (Friday to Sunday) and all legal holidays.

Nacoo Deutschland

(Representatives for the interests of children in families with addicts)
Gierkezeile 39, 10585 Berlin
Tel. +49 30 35122430
Fax +49 30 35122431
info@nacoo.de
www.nacoo.de

Al-Anon Familiengruppen

Self-help groups for the family and friends of alcoholics
and

Alateen

Self-help groups for adolescent family members of alcoholics
Emilienstraße 4, 45128 Essen
Tel. +49 201 773007
Fax +49 201 773008
zdb@al-anon.de
www.al-anon.de

Bundesverband der Elternkreise suchtgefährdeter und suchtkranker Söhne und Töchter e.V. (BVEK)

The national association of parent groups with children at risk of or suffering from drug addiction
Braunsbergstraße 23,
48155 Münster
Tel. +49 251 1420733
Fax +49 251 13302757
info@bvek.org

Bundesverband der Eltern und Angehörigen für akzeptierende Drogenarbeit e.V.

The national association of parents and family members for acceptance-oriented drug work

c/o J. Heimchen, Ravensberger Straße 44, 42117 Wuppertal
Tel. +49 202 423519
Fax +49 202 428577
info@akzeptierende-eltern.de
www.akzeptierende-eltern.de

Phone numbers for information and counselling

You can receive anonymous and confidential counselling by calling the following numbers. They will also provide you with the addresses of drug and addiction counselling centres in your area.

Sucht & Drogen Hotline

Addiction and drug hotline
Tel. 018 05/31 30 31
(calls cost € 0.14/min. from a landline or a maximum of € 0.42/min. from a mobile phone. This service is supported by NEXT ID.)

Availability times: 24 hours a day, 7 days a week

Drug hotlines from Berlin, Düsseldorf, Essen, Frankfurt, Hamburg, Cologne, Munich and Nuremberg have merged and now offer nationwide telephone counselling for addiction and drug issues for addicts and their relatives.

www.sucht-und-drogen-hotline.de

TelefonSeelsorge

Telephone hotline
Tel.: 0800 1110111 or 0800 1110222
(toll-free service number)
24 hours a day

Problems with medication and alcohol/drug use can be accompanied by serious personal problems such as anxiety, depression and loneliness for addicts and their relatives. In addition to telephone conversations, the 'TelefonSeelsorge' hotline also offers counselling and guidance through e-mail and chat services at

www.telefonseelsorge.de

Elterntelefon

Nummer gegen Kummer e. V.
Parent hotline
0800 1110550
(toll-free service number)

Availability:
Monday - Friday
9:00 a.m. - 11:00 a.m.
Tuesday + Thursday
5:00 p.m. - 7:00 p.m.

Kinder- und Jugendtelefon

Nummer gegen Kummer e.V.
Children's and youth hotline
0800 1110333
(toll-free service number)

Availability:
Monday - Saturday
2:00 p.m. - 8:00 p.m.

**Self-help and abstinence groups for addiction**

There are currently around 8,700 self-help groups in Germany for people with addiction problems and their relatives. Any counselling centre will be glad to provide you with information on self-help groups in your area. You can also contact one of the following addresses directly.

Anonyme Alkoholiker (AA) Interessengemeinschaft e. V.

Alcoholics Anonymous (AA)
Waldweg 6, 84177 Gottfrieding-
Unterweilnbach
Tel. 0 87 31 / 3 25 73-0
www.anonyme-alkoholiker.de

Blaues Kreuz in der Evangelischen Kirche Bundesverband e. V.

Blue Cross in the Evangelical Church
Julius-Vogel-Straße 44,
44149 Dortmund
Tel. +49 231 5864132
bke@blaues-kreuz.org
www.blaues-kreuz.org

Blaues Kreuz in Deutschland e. V.

Blue Cross in Germany
Freiligrathstraße 27,
42289 Wuppertal
Postfach 20 02 52, 42202 Wuppertal
Tel. +49 202 62003-0
bkd@blaues-kreuz.de
www.blaues-kreuz.de

Deutsches Rotes Kreuz

- German Red Cross self-help groups -
Am Treppenweg 8, 64711 Erbach
Tel. +49 6062 60711
www.drk-selbsthilfegruppen.de

Freundeskreise für Suchtkrankenhilfe Bundesverband e. V.

National association of friends for help with addiction
Untere Königsstraße 86,
34117 Kassel
Tel. +49 561 780413
mail@freundeskreise-sucht.de
www.freundeskreise-sucht.de

Guttempler in Deutschland

The Good Templars in Germany
Adenauerallee 45, 20097 Hamburg
Tel. +49 40 245880
info@guttempler.de
www.guttempler.de

Kreuzbund e.V.

Bundesgeschäftsstelle
Self-help and support association
for people suffering from drug
addiction and their relatives,
national headquarters
Münsterstraße 25, 59065 Hamm
Postfach 18 67, 59008 Hamm
Tel. +49 2381 67272-0
info@kreuzbund.de
www.kreuzbund.de

**Selbsthilfe Sucht in der Arbeiter-
wohlfahrt**

Arbeiterwohlfahrt Bundesverband
e.V. (AWO)
Self-help for addiction with the
workers' welfare association
Blücherstr. 62/63, 10961 Berlin
Tel. +49 30 26309-157
suchthilfe@awo.org

Addiction-related self-help groups
are also supported by the voluntary
welfare associations (e.g. Caritas,
Diakonie) or by (addiction) counsel-
ling centres. You can ask the
regional offices of the associations
and the counselling centres about
corresponding offers. You can find
contact options to 'anonymous
groups' in your location, e.g.
Alcoholics Anonymous (AA),
Emotions Anonymous (self-help
groups for emotional health),
Narcotics Anonymous (for legal
and illegal drug use) and Al Anon
(relatives of addicts) on the Inter-
net and in the daily newspaper (e.g.
in the 'Important Numbers' sec-
tion).

Self-help support

Your regional reception and
information centres will provide
you with an overview of the self-
help groups available in your area
(including those for other issues).
You can receive addresses for your
city or region as well as materials
on the topic self-help from NAKOS:

**Nationale Kontakt- und Informati-
onsstelle zur Anregung und
Unterstützung von Selbsthilfe-
gruppen (NAKOS)**

National reception and information
centre for the promotion and
support of self-help groups
Otto-Suhr-Allee 115
10585 Berlin
Tel. +49 30 31018960
selbsthilfe@nakos.de
www.nakos.de

Other addresses**Berufsverband Deutscher
Psychologinnen und Psychologen
e.V. (BDP)**

Professional association of
German psychologists
Am Köllnischen Park 2
10179 Berlin
Tel. +49 30 209166-600
info@bdp-verband.de

Bundesfachverband Essstörungen

National professional association
for eating disorders
Pilotystr. 6/Rgb., 80538 Munich

Tel. +49 89 23684119
bfe-essstoerungen@gmx.de
www.bundesfachverbandessstoe-
rungen.de

**Bundeskongress für Erziehungs-
beratung e.V.**

The professional association for
child guidance, family and youth
counselling
Herrnstraße 54D, 90763 Fürth
Tel. +49 911 97714-0
Fax +49 911 745497
bke@bke.de
www.bke.de



Bundeskoordination Frauengesundheit

Federal Coordination Programme for Women's Health
Knochenhauerstraße 20-25
28195 Bremen
Tel. +49 421 1652398
info@bkfrauengesundheit.de
www.bkfrauengesundheit.de

Fachverband Glücksspielsucht e. V.

Professional association for gambling addiction
Meindersstraße 1a, 33615 Bielefeld
Tel. 0521 / 557721-24
Gambling addiction hotline (NRW):
0800 / 077 66 11
verwaltung@gluecksspielsucht.de
www.gluecksspielsucht.de

Fachverband Medienabhängigkeit e. V.

Professional association for media addiction
c/o Hannover Medical School
Clinic for Psychiatry, Social Psychiatry and Psychotherapy
Tel. 0234 50773176
info@fv-medienabhaengigkeit.de
www.fv-medienabhaengigkeit.de

FASD Deutschland e. V.

(Fetal Alcohol Spectrum Disorder)
Hügelweg 4, 49809 Lingen
Tel. +49 591 7106700
Fax +49 591 8003564
info@fasd-deutschland.de
www.fasd-deutschland.de

Deutsche Arbeitsgemeinschaft für Jugend- und Eheberatung e. V. (DAJEB)

German association for youth and marriage counselling
Neumarkter Straße 84c
81674 München
Tel. +49 89 436091
Fax +49 89 4311266
www.dajeb.de

Searching for physicians

Medical associations and associations of statutory health insurance physicians are increasingly establishing physician information systems that are also available in electronic form (look under 'Arztsuche' to search for physicians at www.arzt.de). You will receive the contact addresses of the regional medical associations from here:

Bundesärztekammer

German Medical Association
Herbert-Lewin-Platz 1
10623 Berlin
Tel. +49 30 400456-0
info@baek.de
(please provide your full address in your e-mail!)

www.baek.de

Searching for psychotherapists

Psychotherapie-Informations-Dienst (PID)

Deutsche Psychologen Akademie GmbH des BDP

Psychotherapy information service
German Psychological Academy of the Professional Association of German Psychologists
Am Köllnischen Park 2
10179 Berlin

Counselling hotline:
+49 30 209166-330

Mon. & Tues.
10 a.m. - 1 p.m. & 4 p.m. - 7 p.m.
Wed. & Thurs. 1 p.m. - 4 p.m.

pid@ddpa-bdp.de
www.psychotherapiesuche.de

Information for parents

Elterninfo Alkohol:

Information for parents whose young and adolescent children consume alcohol:
www.elterninfo-alkohol.de

ELSA – Elternberatung bei Sucht- gefährdung und Abhängigkeit von Kindern und Jugendlichen:

Information and counselling portal for parents with children consuming addictive substances or showing addictive behaviour:
www.elternberatung-sucht.de

Information for young children and adolescents

Nacoa Deutschland

Representatives for the interests of children in families with addicts
www.nacoa.de

Drugcom

An online project addressing adolescents using drugs recreationally. The aim is to promote communication with adolescents who already have experience with drugs: www.drugcom.de

Null Alkohol, voll Power

A promising information portal for adolescents on the topic of alcohol and its effects:
www.null-alkohol-voll-power.de

The Deutsche Hauptstelle für Suchtfragen (DHS) e. V. (German Centre for Addiction Issues), headquartered in Hamm, is a coalition of associations involved in addiction prevention and help for addicts across the country. It coordinates and supports the professional work of its member associations and promotes communication with the scientific community in order to achieve the highest degree of effectiveness for the prevention and help activities. These include public relations and prevention work as well as the archiving and documentation of publications. The member associations of the DHS include the head associations of the voluntary welfare associations and those who provide services for help for addicts and self-help for addiction under public law.

The DHS headquarters in Hamm will provide information to those looking for help, experts, media professionals and the press as well as others who are interested.

Deutsche Hauptstelle für Suchtfragen (DHS) e. V.

Postfach 1369, 59003 Hamm
Westenwall 4, 59065 Hamm

Tel. +49 2381 9015-0
Fax +49 2381 9015-30

info@dhs.de
www.dhs.de

The DHS on the Internet (www.dhs.de)

All of the important information, facts and publications on addiction issues are available on the DHS website. Expert information (definitions, studies, statistics, etc.) and professional publications can be viewed and most of them can also be downloaded. There is also access to all brochures (around 50) and leaflets. An address database enables quick access to offers for help from the counselling and treatment centres and self-help in Germany.

Searching for counselling and facilities

On the website www.suchthilfeverzeichnis.de you will find an address database of all facilities for help with addiction in Germany

DHS publications and information materials

The DHS publishes numerous publications for professionals and those affected. Many of these materials can also be ordered in large quantities free of charge from the German Centre for Addiction Issues (DHS) or the Federal Centre for Health Education (BZgA): www.dhs.de/infomaterial

The DHS library

The library of the Deutsche Hauptstelle für Suchtfragen (DHS) e. V. (German Centre for Addiction Issues) is a specialised scientific library that is open to the public. The library's collection is available to the interested public for personal and professional information, for study and for continuing education. The library's collection includes over 37,000 titles and is continuously growing by approximately 1,000 media units per year. It is divided into two sections:

- ▶ the 'current' collection (published starting from 1950)
- ▶ the historical archive (published starting from 1725)

The library's entire collection can be researched on the website www.dhs.de

The Federal Centre for Health Education (BZgA) is a higher federal authority within the portfolio of the Federal Ministry of Health (BMG). It performs the tasks of prevention and health promotion for the Federal Ministry of Health. As a professional association for prevention and health promotion, it develops strategies and implements them in campaigns, programmes and projects.

Bundeszentrale für gesundheitliche Aufklärung (BZgA)

Postfach 910151, 51109 Köln

Tel. +49 221 8992-0

Fax +49 221 8992-300

poststelle@bzga.de

www.bzga.de

BZgA information line

The BZgA information line will answer questions about addiction prevention. The BZgA information line provides initial personal counselling for addiction problems with the aim of informing those looking for advice about local offers for help and counselling.

BZgA publications and information materials

The reports of the BZgA on the results of the representative population surveys on gambling behaviour and gambling addiction from the years 2007, 2009 and 2011 as well as further information materials on the topic of gambling addiction can be viewed, downloaded and ordered on www.bzga.de.

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info@dhs.de
www.dhs.de

Edited by:
Dr Raphael Gaßmann

Project coordination:
Christa Merfert-Diete

Revision:
Dr Christine Hutterer
With the help of:
Regina Müller, Hamm;
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Deutsche Hauptstelle
für Suchtfragen e.V.

Westenwall 4 | 59065 Hamm

Tel. +49 2381 9015-0

info@dhs.de | www.dhs.de

The logo features the letters 'BZgA' in a bold, white, sans-serif font, set against a solid grey square background.

BZgA

**Bundeszentrale
für
gesundheitliche
Aufklärung**

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