

Addiction is an illness

A guide for interested individuals,
those affected and their loved ones



Englisch

Impressum

Sucht ist eine Krankheit.
Ein Wegweiser für Interessierte, Betroffene und Nahestehende.

Herausgeber:
Ethno-Medizinisches Zentrum e.V.
Königstraße 6
30175 Hannover

Gefördert durch:
Bayerisches Staatsministerium für Gesundheit und Pflege
Haidenauplatz 1
81667 München

Redaktion: Matthias Wenzlaff-Eggebert, Ramazan Salman,
Ahmet Kimil, Elena Kromm-Kostjuk

Lektorat, Layout & Satz: Bernd Neubauer

Übersetzung: Dolmetscherdienst des
Ethno-Medizinischen Zentrums e. V.

Bildquellen: Fotolia.com

Wenn in diesem Wegweiser Personengruppen benannt sind, wird im Folgenden die männliche Schreibweise verwendet. Es sind jedoch weibliche und männliche Personen gleichermaßen gemeint. Dies geschieht aus Gründen des besseren Leseflusses und ist nicht als diskriminierend zu verstehen.

Alle Rechte vorbehalten. Das Werk ist urheberrechtlich geschützt. Jeder Verwendung in anderen als den gesetzlich zugelassenen Fällen bedarf deshalb der vorherigen schriftlichen Genehmigung durch den Herausgeber.

1. Auflage
November 2016

Dieser Wegweiser ist in den Sprachen Arabisch, Deutsch, Englisch, Russisch, Serbisch/Kroatisch/Bosnisch und Türkisch erhältlich.
www.mimi-bestellportal.de



Foreword

Addiction and its effects are important topics for prevention and health promotion in Germany.

The effects of alcohol use cost 74,000 lives in Germany every year, according to the 2016 report on drugs and drug addiction of the Federal Government Commissioner for Narcotics.

The costs of alcohol related health problems are estimated at 26.7 million euro per year.

According to the report, 1,226 people died as a result of **opioid/opiate** use (alone or in combination with other substances) in 2015; this represents an increase of around 19% compared to the number of drug related deaths the previous year. Gambling is more prevalent among men – especially among young adults, those with a migration background and lower levels of education.

Language difficulties, cultural misunderstandings and a lack of knowledge about the local health system can lead to insufficient access to drug and alcohol services for people with a migration background. Apart from language, cultural and structural barriers, models to explain the phenomenon of addiction also differ in the various cultures of origin.

These different perspectives also influence how people affected by addiction are treated within migrant groups. The health system must also consider them when selecting and applying treatment approaches and methodologies. Migration experience can be a risk factor for developing an addiction in and of itself because migrants are asked to make an enormous assimilation effort, which causes additional stress.

The effects of addiction on the health and quality of life of those affected and their loved ones, on their livelihoods and their participation in social life are considerable.

This guide explains what addiction is, its effects on people, how it can be treated, and where those affected and their loved ones can turn to. By publishing this brochure in your native language, we hope to enable you to become better informed about this important health topic.

A handwritten signature in black ink, appearing to read 'R. Salman', written in a cursive style.

Ramazan Salman
Managing Director, Ethno-Medical Centre Inc.

Contents

What is addiction?	5
Substance addiction	5
Behavioural addiction	6
Addiction – a treatable illness	7
Addiction and society	8
Why do people become addicted?	8
Addiction and the law	9
Legal and illegal drugs	9
Protecting youth	9
Drug law	10
Immigration law	10
Addictive substances and their effects	12
Alcohol	12
Nicotine (tobacco)	13
Cannabis	13
Amphetamine, methamphetamine, LSD and party drugs	15
Heroin	16
Cocaine	17
Benzodiazepine	18
Help with addiction and dependency	19
The process of quitting – goals	19
Treatment process and support	20
Treatment options	20
Codependency	22
Professional confidentiality	22
Who pays for the treatment of addiction in Germany?	22
Preventing addiction	24
Strengthening personalities	24
Being well informed	25
Talking about it	25
Using professional help	25
Glossary	26
Important organisations and contacts	31

Individual addictive substances are explained in the chapter titled 'Addictive substances and their effects'; you can find the definitions of terms highlighted in **dark red** in the Glossary. The terms 'addiction' and 'dependency' are used interchangeably.

What is addiction?

The experience of intoxication is one of humankind's oldest companions. Intoxicating drugs did, and still carry social and religious meaning in many cultures today. Using legal drugs is of particular social significance and is passed on from generation to generation.

Substances affecting the **mind** – e.g. pain killers or medications against **depression** or **anxiety disorders** – have been and continue to be used as medical treatment. The controlled and accurately dosed use of such a substance normally does not cause dependency. It is important to distinguish between the experience of intoxication, and the use and abuse of substances, as well as between habituation and dependency.

Drug abuse is the kind of substance use that deviates from the culturally, socially or even scientifically determined average in each context and which, in addition, may damage health even in the absence of addiction. A further characteristic is its damaging effect on the user and his or her environment. Frequent abuse can lead to habituation and, eventually, to dependency. If you are addicted to something (e.g. alcohol, nicotine or other drugs), you are physiologically and/or **psychologically** dependent on the intake of a certain chemical substance. You develop so-called tolerance. Tolerance means that you will need greater and greater amounts of the drug to achieve the desired effect. Procuring, taking and recovering from the effects of the drug take up a lot of time. People who are dependent

neglect important matters such as work, school and/or their social contacts. One characteristic of drug dependency is to be unable to control or stop the drug use. There is constant pressure, an irresistible urge to take the drug.

The same applies to certain, in and of themselves normal behaviours (e.g. gambling, internet or computer use), which can become maladjusted, and which those affected can no longer control. In such cases we speak of 'behavioural addiction'. The difference between substance addiction and behavioural addiction is explained in the following two chapters.

Substance addiction

Illegal drugs (e.g. cannabis, LSD, heroin, cocaine) are the main focus of public debate. But legal addictive substances such as alcohol, nicotine and prescription drugs are of particular importance because of the amount of damage they can cause individuals and society as a whole. Legal drugs enjoy a degree of social acceptance that makes it difficult to arrive at realistic estimates of their potential negative effects and consequences for physical and mental health.

The use of legal drugs (nicotine, alcohol, prescription drugs) is closely interlinked with daily life in our modern industrialised society. Consuming drugs is not a phenomenon particular to adolescence, but first

and foremost an adult behaviour copied by adolescents. And it does not matter whether the drugs are legal or illegal (see the section on addiction and the law). Risk factors that can promote the excessive use of both legal and illegal drugs in young people are, among others:

- Traumatic experiences
- Drug availability
- Drug use in the family
- Mental disorders at an early age
- Depressive tendencies
- Unrealistic self-image
- Hostility in social situations
- A strong ambition to be independent
- Showing a high level of indifference
- Low frustration tolerance

Especially prone to using drugs, and therefore at risk of developing dependency, are adolescents at the typical turning points in their development, such as first love, change of school, detachment from the family household, migration, refugee experience or entering the workforce.

Drug use can facilitate social interaction, represent a self-medication attempt or a reaction to a lack of life prospects within the social context. If drug use progresses and becomes self-perpetuating, it may – sometimes over several years – lead to pathological dependency.

Behavioural addiction

Behavioural addiction manifests as the compulsive repetition of a certain behaviour. The behaviour rules the thoughts of those affected, and their ability to act and decide freely is severely limited. The behaviour activates the same reward mechanisms in the brain as with substance addiction.

Behavioural addiction takes up a lot of space in people's lives, causing the affected individuals problems in social and work environments. These may in turn lead to social retreat and destitution. The potential for dependency, as well as social and employment consequences, are similarly severe with both behavioural and substance addiction.

One of the most common behavioural addictions is gambling addiction (e.g. to lotteries, poker, roulette or sports bets). Gaming machines carry a high risk of dependency. The consequences of gambling addiction – massive debts, addiction-related crime, social isolation, and, at worst, suicide – can be very dramatic.

A further example is computer/internet addiction. It is currently being studied more closely in order to fine-tune **diagnosis** and treatment.



Addiction – a treatable illness

In Germany, addiction has been recognised as a treatable illness since 1968. According to the international criteria published by the World Health Organization (WHO), too, addiction is a treatable illness. Currently, the following six criteria of the WHO's ICD 10 (International Statistical Classification of Diseases and Related Health Problems) diagnostic system are used to diagnose substance dependency:

- Strong desire or sense of compulsion to use a substance.
- Reduced ability to control substance use. Those affected are no longer able to control or stop their drug use.
- A physical withdrawal syndrome . If the intoxicating substance is not taken, so-called withdrawal symptoms appear (e.g. sweats, pain etc.).
- Evidence of tolerance/dosage increase. Over time, tolerance develops. This means that over time you will need increasing amounts of the drug in order to achieve a feeling of satisfaction.
- Neglecting other pleasures/interests. Getting hold of the drug, consuming it and recovering from its effects takes up more and more time. People who are dependent neglect important matters such as work, school and/or their social contacts.
- Persistent use despite evidence of damaging effects. In the end, the drug continues to be taken despite all negative effects.

The diagnosis of 'dependency' is made when at least three of the criteria listed above have occurred concurrently within the last twelve months.

The diagnosis of 'pathological gambling' applies when persistent, repetitive gambling continues, dominating the lifestyle of the affected person and leading to the demise and neglect of social, employment, material and family values, assets and duties (according to the ICD-10).

Addiction and society

Frequently, our society still responds to those suffering from addictive illness with fear, rejection and **stigmatisation**. Especially when it comes to illegal drugs, or when people cause others discomfort or stress, they are often excluded instead of supported and treated. In addition, breaking the law in connection with illegal drugs brings people with an addictive illness into contact with the police and the justice system.

Why do people become addicted?

Several factors from three distinct categories contribute to the development of dependency:

Environmental – e.g. addiction in the family, stress at school, work or in a relationship, lack of life prospects and certain specific events. Drug culture and the values prevailing in the social setting also belong in this category.

Personal – e.g. genetic predisposition, personality traits, expectations and lifestyle

Drug-related – e.g. availability, physiological mode of action, dosage, duration and intensity of use

The manifestations of dependency are varied and can be traced back to these societal, social and individual factors. Experiencing traumatic events, as well as a lack of support and encouragement throughout life can contribute to individual pathologies and reinforce the particular course the illness is taking.

People fleeing conflict zones have often experienced **traumatic** events – before as well as during their escape. They therefore need focused attention and treatment services in order to prevent the development of dependency disorders – or to treat them, as the case may be.

The affected individuals, their social setting and society more broadly may sustain severe damage, requiring a wide range of treatment support services.

Addiction and the law

Legal and illegal drugs

As described above, a distinction is generally made between legal and illegal drugs. Legal drugs, the 'everyday' drugs of our society, are those substances whose use (by adults) is, in general, socially accepted, which are freely available – such as alcohol and nicotine (e.g. in the form of tobacco) – and whose possession and use are permitted under the law. Taking drugs such as tranquilisers, sleep and pain medication is also legally allowed.

Illegal is the unlawful handling of substances that fall under the German Narcotics (Betäubungsmittelgesetz) or Medicinal Products Acts (Arzneimittelgesetz). Prohibited are, among others, trading and supplying, but also possession. Contrary to popular belief, the possession of even the smallest of amounts for 'personal use' is also prohibited.

In Germany, there are several laws that regulate how both legal and illegal drugs are dealt with.

Protecting youth

The Protection of Young Persons Act (Jugendschutzgesetz) serves to protect adolescents in public. Among other things, it aims to prevent the supply and use of legal addictive substances by children and adolescents. It is intended to create a safe space where parents, carers and teachers can inform them about the effects and roles of these substances in society

before the young people decide on their own use.

Here are the most important rules contained in the Act regarding alcohol, tobacco products and gambling:

- Children and adolescents under 18 years must not obtain or consume spirits, or drinks containing spirits, in public.
- Children and adolescents under 16 years must not obtain or consume alcoholic drinks such as beer, wine or sparkling wine.
- Tobacco products must not be supplied to adolescents under 18 years old and only those over 18 are permitted to smoke in public. This also applies to tobacco products served in waterpipes (**Shishas**) and to **e-cigarettes**.
- Adolescents under 18 years are not permitted to gamble on gaming machines.
- Event managers and commercial operators are obliged to conduct age checks.

Drug law

Within certain limits, those dependent on legal drugs often manage to consume, supply and store their addictive substance in a socially inconspicuous manner. Consumers of illegal drugs, however – even experimenting adolescents – already come into conflict with the law at the beginning of their ‘drug career’. The police is legally obliged to prosecute and must report all breaches of the law, e.g. of the Narcotics Act (Betäubungsmittelgesetz, BtMG).

The purpose and aim of this law is to protect human health, and to fight drug trafficking and drug use.

Personal use as such is not a criminal offence, but drug possession is. In cases of minor offences – mostly the personal use of ‘soft drugs’ (incl. cannabis products) without endangering others (which is handled differently in different German states) – proceedings may be stayed for the first offence. Criminal prosecution itself however, is not.

Certain narcotics may be prescribed for medical treatment, e.g. of dependency or for pain relief.

Prison sentences of up to five years or fines apply to offences such as the cultivation, manufacture or import, and also the possession of narcotics.

The **minimum sentence** increases if, for example, drugs are sold to persons under 18 years old, if the amounts are large or if the death of a person was caused through recklessness.

Immigration law

Migrants with an addictive illness are at much higher risk of losing their livelihood than native residents. Suffering from an addictive illness can also lead to homelessness and being committed to emergency accommodation. In individual cases, this downward spiral of hardship can lead to a loss of residency status, even if the person has not committed a criminal offence.

For people who are not German citizens, a conviction for offences under the Narcotics Act (BtMG) may also lead to **expulsion**. ‘Petty crimes’, e.g. shoplifting, fare evasion or traffic offences can lead to losing one’s **residency permit**.

According to the Narcotics Act (Betäubungsmittelgesetz), a foreigner can be expelled if he or she uses ‘heroin, cocaine or a similarly dangerous narcotic and is not prepared to undergo or evades the treatment required for his **rehabilitation**’. **Willingness to undergo rehabilitation** does not protect from expulsion if the person dealt in narcotics.

It is mandatory to expel foreigners who received a **youth sentence** of at least two years or a **prison sentence** without **parole** (discretionary for adolescents and minors). Even a favourable **prognosis** regarding social reintegration does not protect from expulsion. Persons with e.g. a **settlement permit** (Niederlassungserlaubnis) or a German spouse or partner, as well as recognised asylum seekers, are, in general, somewhat better protected.

The special status of EU citizens (as a consequence of the Association Agreement between the then European Community and Turkey, this also partly applies to Turkish employees and their family members) means that people with an addictive illness can be refused entry and an initial residency permit. If an addictive illness occurs only after taking up residence on federal

German territory, authorities cannot refuse to extend a residency permit for this reason alone, however. But, if an EU citizen is active in the illegal narcotics trade, the courts will generally find that there has been a serious threat to public safety and order, so that their Europe-wide **right to freedom of movement** may be restricted and the EU citizen expelled.



Addictive substances and their effects

All drugs – legal and illegal – have psychotropic effects, which means that they act on the central nervous system and the brain. They modify perception and sensation, while unwelcome feelings and moods retreat into the background. These effects can turn into a vicious cycle, and lead to physical and/or psychological dependency, e.g. when the person can't see any other ways or possibilities for solving problems and dealing with emotions. Poly drug use, i.e. taking several substances at the same time, is always very risky, as the effects of individual substances reinforce each other.

Alcohol

Alcohol is the naturally occurring chemical ethanol, which is obtained by fermenting sugar. Humans have used it for thousands of years in the form of alcoholic drinks. Alcohol is a **cytotoxin**. Using it can lead to physical and psychological dependency. Alcohol is legal (limited by the Protection of Young Persons Act as well as traffic and workplace safety rules) and its use is widespread.

Effects:

Effects depend, among other things, on the amount, the person's physical and mental condition, and habituation. In small amounts, alcohol is a stimulant and mood enhancer. Inhibitions and fears are reduced, and making contact and communication are enhanced. In larger amounts, alcohol can cause mood swings towards irritabil-

ity and loss of emotional control, right up to aggression and violence, but also lead to **apathy**. Perception and attention are distorted; judgement, coordination and language ability are impaired. Very high blood alcohol concentrations can lead to **coma** and death.

Amounts in grams of pure alcohol per day

Low-risk consumption

Women: up to 12 g

Men: up to 24 g

Risky consumption

Women: more than 12 g and up to 40 g

Men: more than 20 g and up to 60 g

Dangerous consumption

Women: more than 40 g and up to 80 g

Men: more than 60 g and up to 120 g

High consumption

Women: more than 80 g

Men: more than 120 g

Different alcoholic drink sizes and their alcohol content in grams.

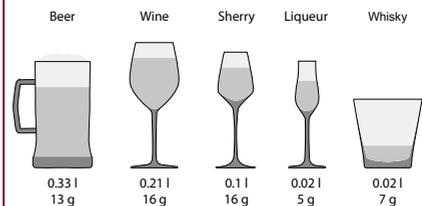


Fig. 1: Numbers taken from / based on DHS | Factsheets. Alkohol und gesundheitliche Risiken. Deutsche Hauptstelle für Suchtfragen e.V. www.dhs.de

The German centre for addiction (Deutsche Hauptstelle für Suchtfragen, DHS) advises that the risk of alcohol disease increases with a person's level of alcohol consumption. The figure below defines the different classes of consumption. Here, it is important to mention that there is no risk-free level of alcohol consumption.

Risks and dependency:

Impaired reaction time and concentration increases the risk of road and workplace accidents – with grave, often lethal consequences. Crimes of aggression are often committed under the influence of alcohol. Using alcohol during pregnancy can severely damage the unborn child. Regular and excessive alcohol use can have serious health effects: liver, heart and nervous system are compromised; cancer risk (e.g. oral and throat, oesophagus, breast) increases. Quitting alcohol abruptly can result in severe **withdrawal symptoms**. Alcohol can cause physical and psychological dependency, mostly over a long period of time. Because alcohol is available almost everywhere, the risk of developing dependency is very high.

Nicotine (tobacco)

Nicotine is the active component of the tobacco plant, which originates in America. Tobacco also contains more than 4000 further chemicals, which can cause damage even through **passive smoking**. Tobacco is one of the legal drugs (restricted by the Protection of Young Persons Act and regulations regarding public spaces). Although mostly sold in the form of cigarettes, all tobacco products contain nicotine, including e-cigarettes and **e-shishas**. Nicotine

causes strong physical and psychological dependency.

Effects:

Using tobacco when you are not accustomed to it can lead to symptoms of poisoning. Those habituated to nicotine experience increased attention and higher stress tolerance, as well as reduced agitation and aggression when smoking. The effect depends on the individual's state of mind: in stress situations it is more likely calming, yet stimulating when the person is feeling low. Moreover, situations where people smoke are experienced as pleasant: the cigarette after a meal, in good company, with a cup of coffee – which leads to a link being established between happy occasions and smoking.

Risks and dependency:

The many harmful substances tobacco contains can have serious effects on health when someone smokes regularly over a long period of time. Calcified and narrowed blood vessels, as well as damage to the respiratory tract – from **chronic bronchitis** to **pulmonary carcinoma** – can be the consequences of smoking. Tobacco use is the cause of 40 to 45 percent of all cancer deaths. In Germany, around 120,000 people die from the effects of smoking each year.

Cannabis

Cannabis is a variety of the hemp plant that contains psychoactive substances. It is traditionally used as an agricultural and medicinal plant, belongs to the oldest known intoxicants and is also very widely known among migrant youth.

Cannabis is used in the form of hashish (colloquially known as 'hash' or 'dope'), marijuana (colloquially known as 'weed') or hash oil, and is an illegal drug whose possession, cultivation and trade are prosecuted as criminal offences. The tetrahydrocannabinol (THC) content, its main active substance, varies greatly.

Hashish consists mostly of the resin from the flower heads. It is often stretched with other substances. Marijuana mostly consists of dried and chopped parts of the plant. Hashish and marijuana are mostly smoked, more recently also in the form of e-joints modelled on e-cigarettes. Occasionally, Hashish is added to drinks or yoghurt, or baked into cookies. This delays but prolongs the effect.

Effects:

Cannabis has mainly psychological effects. These depend on the baseline mood of the person as well as on the situation and the environment. Dosage, quality and mixed-in fillers also play a role. Basically, the pre-existing mood – whether positive or negative – is amplified.

Cannabis lifts the mood. Depending on the emotional state, relaxation, inner calm, balance, wellbeing, a good mood, a certain level of merriment and increased ability to communicate follow. Reduced motivation and a tendency towards passivity are common. Occasionally, acoustic and visual perception, as well as sexual sensations, are intensified.

Side effects may include disrupted thought processes, and reduced concentration and attention. Depressed mood, restlessness,

fear and panic are rather rare, as are confusion and nightmare-like experiences. As far as physical effects are concerned, raised blood pressure, a slightly raised pulse, reddening of the eyes and nausea may occur.

Risks and dependency:

The immediate effects of cannabis use reduce the user's fitness to participate in road traffic. Whether additional risks exist, principally depends on whether cannabis is used occasionally, continuously or habitually. Physical health consequences are relatively rare. However, smoking cannabis leads to lung and bronchial diseases, as well as to further health damage. In the medium and longer term, high levels of consumption can lead to psychological dependency, as well as to performance problems, apathy and loss of drive. There is a risk of triggering (schizoid) **psychoses** in genetically predisposed persons, and of **hallucinations**. However, at 30%, THC levels in newer varieties are now much higher than they used to be. This means that the threshold for psychoses and anxiety disorders is getting lower and the potential for dependency increases. For adolescents, especially those under 16 years, frequent cannabis use carries more risks than for those who are older. The reason for this is the fact that at that time the body, and especially the brain, is undergoing rapid change and development. Research has shown that people who had already been using drugs regularly in their youth have a much higher risk of becoming dependent on addictive substances or developing psychological symptoms later.

Long-term use may have psychological and social consequences: impaired thought processes and judgement manifest as a

general lack of interest and reduced stress tolerance. Those affected withdraw into themselves and grow more and more indifferent towards the tasks of day-to-day living. Psychological withdrawal symptoms, such as a sense of emptiness, joylessness, lack of motivation, lack of concentration, restlessness, disturbed sleep and loss of appetite may result.

Amphetamine, methamphetamine, LSD and party drugs

Amphetamine (colloquially known as 'speed'), methamphetamine ('crystal', 'tina' or 'ice'), LSD and party drugs such as ecstasy (MDMA, 'XTC', 'E') are a group of **synthetic** substances first manufactured in the 19th century, some of which are also contained in prescription medicines. They are illegal drugs.

Their manufacture and marketing being illegal, the chemical structure and composition of synthetic drugs is changed often in order to circumvent the law ('**legal highs**'). The New Psychoactive Substances Act (Neue-psychoaktive-Stoffe-Gesetz, NpSG) bans whole groups of substances to make it more difficult in future to bring new, dangerous substances to market on the basis of small changes to their chemical composition.

Depending on type and user, they are swallowed in the form of powders or pills, rubbed into the mucous membranes of the mouth, **injected intravenously** in solution, and occasionally also administered in the form of suppositories.

Effects:

Synthetic drugs are **psychostimulants** (amphetamines and methamphetamines), **entactogens** (MDA, MDMA, MDE) or **hallucinogens** (LSD, DOM). Being psychoactive substances, they affect the functions of the central nervous system. Depending on the substance, they also act as **neurotoxins** and/or damage liver, kidneys and blood vessels.

At low doses, psychostimulants lead to euphoria, an urge to talk, increased self-assuredness, relaxed attention and a feeling of power. Concentration and performance are enhanced, while tiredness and the need for sleep, as well as appetite and hunger are suppressed. Physically, the bronchi become dilated, and pulse, blood pressure and body temperature rise. Medium to large doses lead to markedly increased agitation, breathing frequency, trembling, restlessness and disturbed sleep.

Methamphetamine is, after cannabis, the second most frequently used illegal drug in Germany and has similar effects to amphetamine. Because methamphetamine crosses the blood-brain barrier faster and takes markedly longer to metabolise, its effects are stronger and the high lasts longer. The effect of an ordinary single dose of amphetamine lasts for around six to eight hours. The effects of methamphetamine can last up to 48 hours. To come down off the drug, cannabis or tranquilisers are often used additionally. Moreover, the side effects of use can last for several weeks. Frequent use, however, reduces the duration of the effect as the body builds up a tolerance to methamphetamine.

Ecstasy, an entactogen, causes an inner sense of bliss and peaceful self-acceptance. The user feels free from fear, is more confident, and the ability to make contact and communicate improves. Visual and acoustic sensations may become more intense along with an increased sensitivity to touch. Sensitivity to pain, as well as hunger and thirst are diminished. Depending on the environment, the user may withdraw or become more active. After the effects subside, physical exhaustion sets in, sleep may be disturbed and concentration reduced, along with possible depression and anxiety.

Hallucinogens mainly evoke sensory illusions, as well as changing thoughts and mood. Purportedly typical is the inducement of associative thought processes (mental leaps). The effects of these substances essentially depend on the accompanying circumstances, such as environment and general mood, as well as on the size of the dose.

Risks and dependency:

People who take synthetic drugs often hardly know anything about the purity or composition of the substance concerned. Poly drug use is especially risky.

Dangerous unwanted effects are, among others, lowered heart rate, racing pulse, raised or lowered blood pressure, sweats or cold shivers, nausea, vomiting, weight loss, muscle weakness, confusion and cramping seizures. Aggression and violence, **paranoia** and – though rather rare – hallucinations may suddenly occur.

Amphetamines can quickly lead to strong psychological dependency. It often begins

with the physical deterioration and social withdrawal of those affected. Overdoses and chronic use can lead to amphetamine psychoses.

Strong physical activity associated with ecstasy use can lead to fluid loss – the body dries out and overheats. When the effect wears off, sleeplessness, headaches, irritability, depressive mood disorders and memory loss often occur.

Hallucinogen use carries a risk of errors of judgement, accidents and self-destructive behaviours. LSD can be a trigger for severe psychoses, depression and **phobias**. It also presents a risk of psychological dependency.

Heroin

Heroin (in the drug scene also called 'H', 'smack', 'horse' or 'brown', chemical name diacetylmorphine) is a powder manufactured from the raw opium of the opium poppy using chemical processes, and has a numbing and at the same time euphoria-inducing effect.

The quality of the heroin available on the illegal drug market varies and it is also cut with fillers or other active ingredients, e.g. codeine and other medications. Its variable purity makes it difficult for users to judge the correct dose. Deaths from overdose occur regularly because of an unexpectedly high content of the active component.

In Germany, heroin is mostly injected intravenously, less frequently smoked or snorted. It is an illegal addictive drug and carries a strong risk of physical and psychological dependency.

Effects:

The effect of heroin depends mainly on the baseline state of mind and needs of the user. In general, heroin has calming, relaxing, pain-relieving, consciousness-dulling and strong euphoria-inducing effects. It dampens mental activity and relieves fear, listlessness and emotional emptiness. The user feels happy and content, while the conflicts and stresses of daily life are suppressed – which can lead to serious health, social and legal consequences for those affected.

Risks and dependency:

Heroin is thought of as an addictive substance effective in causing physical as well as psychological dependency. Physiological and psychological habituation and tolerance occur very quickly. Withdrawal can lead to sweats, cold shivers, trembling, joint and muscle pain and/or circulatory problems.

Using **unsterile** syringes increases the risk of **HIV** or **hepatitis** infection. Moreover, tolerability and **toxic** effects lie very close together. Most deaths are caused by paralysis of the brain's respiratory centre.

Sustained use can lead to severe physical and social consequences, including total destitution and physical demise.

Cocaine

Cocaine (colloquially also called 'coke', 'charlie', 'snow' and 'nose candy') is an illegal drug and comes in the form of a white, crystalline powder. It is derived from the leaves of the South American coca plant, which have been chewed there traditionally

for hundreds of years. Cocaine is snorted through the nose, smoked, or dissolved and injected intravenously. Crack and freebase are variants of cocaine.

Effects:

Cocaine strongly stimulates the mind, has a local anaesthetic effect and constricts blood vessels. The substance is largely metabolised after around six hours. The effect depends on the user, as well as on the dose and quality of the substance.

Cocaine increases performance and physical fitness, dampens hunger, reduces the need for sleep and induces sensations of euphoria. The initial increase in libido and sexual performance is reversed with sustained use. Highs occur in several stages: the euphoric stage, the intoxication stage and the depressive stage.

Risks and dependency:

Cocaine quickly leads to psychological dependency. The risk of cocaine use increases with the speed of absorption by the body, e.g. through injecting or smoking. Overdoses can cause life-threatening physical reactions (such as shortness of breath or heart attack) and death. A cocaine shock can occur in people with a particular sensitivity to the substance: symptoms include shortness of breath, cold sweats and pale skin. Severe collapse of the circulatory system may occur.

Regular cocaine use may in the medium to long term lead to severe physical, psychological and social life changes. Quitting can lead to withdrawal symptoms such as tiredness, exhaustion, depression, generally low mood and lack of energy, as well as a

strong need for sleep. Sustained personality changes such as antisocial and narcissistic behaviour, anxiety, irritability, emotional and physical restlessness, as well as eating and sleep disorders are observed in people using cocaine over long periods.

Benzodiazepines

Benzodiazepines are medical drugs with psychotropic effects. They enter the market as relaxants, tranquilisers or sleeping pills. They were first synthesised in 1957, are prescription-only and are used to treat tension, agitation, anxiety and sleeping disorders. Benzodiazepines have a significant potential for physical and psychological dependency.

Effects:

Benzodiazepines relieve anxiety, relax emotionally, dampen agitation and aggression, and promote sleep. Which of these effects prevails is related to the substance used.

Depending on sensitivity and dosage, side effects may include tiredness, headache, dejection, muscle weakness, drowsiness and reduced libido.

Risks and dependency:

There is hardly any risk if benzodiazepines are taken as a one-off or over a short period. If taken over longer periods, however, there is a risk of memory loss, sensory impairment, reduced reaction time and severe falls, as well as reduced fitness to participate in road traffic. Benzodiazepine use often remains inconspicuous over many years, but still has negative effects on health. In particular, unsteady movement and gait, muscle weakness, dizziness, confusion, acute agitation, impaired vision, memory lapses, depression and also hallucinations may be observed.

Detoxification from benzodiazepines should be carried out under medical supervision.

Help with addiction and dependence

The process of quitting – goals

Drug dependence normally doesn't develop along a linear trajectory but moves through alternating phases, ranging from relative stability to intense drug abuse. This spiral may lead to destitution and the person may hardly perceive any periods of stability anymore. The entire development may span many years – from initiation through years of use/abuse to the process of quitting.

As diverse as the personalities of those affected are the individual circumstances surrounding the development of drug dependency and the drug markets, and as diverse must also be the interventions for support and assistance.

In many of the countries of origin of migrants and refugees, there are no drug and alcohol services comparable to those existing in Germany. Frequently, interventions are limited to detoxification in hospitals (if available at all). Follow-up psychotherapeutic treatment, as it is the norm in Germany, is not accessible in all countries of origin.

To be successful, the process of quitting must be supported over years or even decades, using a non-judgmental approach. Comprehensive care and support for people with drug dependency, along the entire journey of facing the issues of dependency, consists of supportive interventions that relate to the individual's personal strategies for coping with life.

These interventions include all phases of counselling, treatment and **aftercare** – from making initial contact to long-term counselling and/or therapeutic processes.

Supporting people with drug dependency through to a life of **abstinence** is based on the following goals (in order of importance):

- Securing survival
- Preventing long-term physical effects
- Securing the social setting
- Preventing **social disintegration**
- Promoting **periods of abstinence** (detoxification)
- Accepting own need for treatment
- Developing abstinence goal
- Drawing personal boundaries
- Self-help

Treatment goals are tailored to the needs of the patient. Support and treatment include the following steps:

- Recognising underlying illness
- Developing a treatment plan
- **Substitution treatment programme** (for opiate dependency)
- **Psychosocial** support
- **Outpatient** and **inpatient** treatment
- Working through relapses
- Treatment process and support

Treatment process and support

In general, those affected and their loved ones can access different support services for assistance. This may be a drug and alcohol counselling service, a hospital, your general practitioner or a drop-in service where people with drug problems meet. There is also a range of services available on the internet.

According to their needs and the options available to them, those affected are given information about follow-up interventions, and they receive medical treatment as required.

Treatment options

Treatment for addictive illness begins with one or several conversations intended to clarify whether a drug dependency exists (taking a **medical history**). These conversations with the doctor or a drug counsellor – and, if appropriate, additional tests or questionnaires – serve to arrive at a clear picture of the problems and the person behind them, including all their strengths and challenges.

Drug and alcohol counselling services offer free and anonymous counselling. Like physicians, drug and alcohol counsellors are subject to professional confidentiality (see following chapter).

Then, **therapist** and patient develop a treatment plan together. It includes the information provided by the patient, treatment goals and an initial overview of the therapeutic interventions to be used to reach each goal.

In general, the first step of treatment for drug addiction is detoxification (detox) and the treatment of any withdrawal symptoms that may occur. When someone has become dependent because of longer-term drug use, it is necessary to undergo detoxification under medical supervision.

In most cases, detoxification takes place in a hospital, in exceptional cases also at home. For most substances (e.g. alcohol), the treatment begins with a short-term inpatient stay (10–14 days). Medication is used during inpatient treatment in order to alleviate withdrawal symptoms.

Opioid substitution treatment is available for **opiate** dependency. It uses prescribed **opiod** substitutes (e.g. methadone or buprenorphine for heroin addiction) as part of an overall medical and psychosocial support programme. It aims to:

- Replace (substitute) unsterile, uncontrolled and risky ways of using (especially injecting) illegal opiates;
- Reduce activities connected to the procurement of illegal opiates;
- Orient the lifestyle of those affected towards a socially integrated, responsible and crime-free existence;
- Increase the chances of periods of abstinence from opiates.

Quitting drug use abruptly can lead not only to withdrawal symptoms, but also to the re-emergence of the problems the person experienced before using drugs (e.g. nervousness, anxiety). People with a dependency often feel worse than they did before. Restlessness, nervousness and sleep disorders can increase the risk of relapse.

This is why private, social and employment issues should also be addressed as part of **detoxification treatment** and supported with psychosocial interventions.

Relapses are common in the treatment of dependency and do not mean that there is no chance of a life without drugs. Patient and doctor can address such problematic situations together as part of the therapy, and learn from them in order to make a new attempt. For some substances, inpatient detoxification with follow-up psychotherapy for dependency is required.

Treatment can have different goals. For some substances, complete detoxification will be the objective. Sometimes it is about reducing drug use. In the case of behavioural addictions, e.g. gambling addiction, the behaviour is reduced or completely stopped in combination with **psychotherapy** and, if required, with supporting medication. Any additionally presenting mental illness is treated at the same time.

The patient plays an important role in the treatment, which will not be successful without his or her consent. In order to prevent relapse, and to address the actual emotional or social issues, doctor and patient set additional goals together. In parallel to stabilising abstinence, psychosocial issues are worked on either as an inpatient in a rehabilitation facility (drug treatment facility) or as part of an outpatient rehabilitation programme. Day clinics offer daytime treatment services, with the patient returning home overnight.

There is a range of psychotherapeutic approaches to treating addictive illness. In

behavioural therapy, a specially trained therapist helps identify characteristic thoughts, feelings and behaviours that lead to relapses, addictive and other unwanted behaviours. The therapist practices new behaviours with the patient that will help avoid a relapse – e.g. how to decline alcoholic drinks in a social context. The patient learns to deal with the addictive pull, what life without the addiction could be like and how he or she can increase quality of life. Because people with addictions use drugs to avoid suppressed and uncomfortable feelings or tensions, the goal of therapy is to deal with these in a more constructive way.

Other therapeutic approaches include **psychodynamic psychotherapy, group therapy, family therapy** and self-help groups. Experienced and well-trained therapists are able to offer these. Clinics specialising in addiction offer special, often combined therapeutic programmes. Here, psychotherapeutic treatment for drug addiction can immediately follow detoxification and physical stabilisation in order to solve problems for the long term and eliminate the risk of addiction.

It is important that patients agree to detoxification and psychotherapy of their own free will. Treatment against someone's will (be it on the basis of pressure from family members or by being subject to **involuntary commitment/sectioning**), often lacks motivation and cooperation on the part of the patient, reducing the chances of success. In Germany, a patient with an addiction can only be treated against his or her will if he or she presents a real and present danger to others. This mostly occurs after

aggressive conflicts and with the involvement of the police and the justice system.

Codependency

Addiction can have a strong effect on other people within the social setting of the affected person (family members, life partner). If the addiction is ruling the life of loved ones to a degree that pushes their own needs into the background, it is called codependency. Codependent relatives and loved ones then try to protect the addicted family member, to excuse their behaviour in front of others and attempt to help him or her overcome the addiction by themselves.

An example is when family members call in sick on behalf of the addicted person on the basis of invented **symptoms** (e.g. the flu). The result is, on the one hand, a dependency on the addicted person and his or her problems, on the other hand the continuation or even deterioration of the addiction in the absence of professional treatment.

As a result, a codependent person may develop symptoms such as exhaustion and sleep disorders, even their own dependencies, which also require treatment. The relatives and loved ones of people with addiction can access help at outpatient as well as inpatient drug and alcohol services and through **self-help groups**.

Professional confidentiality

According to the Criminal Code (Strafgesetzbuch, StGB), not only doctors, **psychologists**, pharmacists and lawyers etc. are bound by professional confidentiality, but also registered social workers, and drug and alcohol counsellors at publicly accredited counselling services.

Even in a court of law, counsellors can refuse to give evidence on what they have heard in counselling sessions. General **case conference** notes and **anonymised statistical data** are not subject to professional confidentiality.

Who pays for addiction treatment in Germany?

Detoxification treatment is classified as a treatment of acute illness in Germany – psychotherapy for addiction, however, as a rehabilitation measure. This means there is a difference in who carries the cost for each. The information centres of the statutory health insurance providers and the joint service points of rehabilitation providers offer advice and information on this topic.

Critical for access to the health care system is the person's residency status. How long a person has been in the country also plays a role. The Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz, AsylbLG) initially covers medical care for acute illness and pain (including detoxification treatment). However, the law also states that additional benefits may be granted if they are essential for safeguarding the health of the person. This also applies to travel and interpreting costs where required. The most important contact point for deci-

sions on health care benefits is the local Social Services or Immigration Authority (Sozialamt or Ausländerbehörde). They will often also involve the Public Health Office (Gesundheitsamt) regarding medical issues. Counselling services for people in this situation provide assistance in dealing with authorities and application processes.

Statutory health insurance providers cover the costs of detox treatment prescribed by a doctor. They also provide household assistance if the household includes a child under 12 years of age and running it is not possible during the treatment. Since 2003, the costs of opioid substitution treatment are also covered as a contracted provider benefit without restrictions by statutory health insurance. Recognised refugees, i.e. asylum seekers whose application for asylum has been granted, are also covered by statutory health insurance and therefore have access to detox and opioid substitution treatment. People with private health insurance in most cases don't have access to benefits for addictive illness, but private insurers nevertheless often cover the initial treatment. Long-term health effects, e.g. liver damage, are generally covered.

Psychotherapy for addiction, in contrast, is seen as a rehabilitation measure intended to preserve or restore earning capacity. This is why it is mostly paid for by the statutory pension insurance (Rentenversicherung) – and sometimes also by statutory health, social or accident insurance. The benefit providers that cover the cost determine the type of treatment offered. Their decisions follow recommendations the insurers have developed jointly. Patients have an obligation to cooperate with rehabilitation meas-

ures. This means they must, for example, let themselves be examined and contribute actively to the treatment.

To access rehabilitation services, including psychotherapy for addiction, the affected person themselves must lodge an application, supported by a doctor's medical certificate. Drug and alcohol counselling services provide support with the application process. Only when the insurance provider has agreed can the affected person enter a rehabilitation programme.

The only costs to be covered by the affected person result from the 10.00 euro/day co-payment for inpatient rehabilitation. This, however, is reduced or waived for people on low incomes, and is time-limited, e.g. if the rehabilitation programme immediately follows detoxification in a hospital. Employees continue to receive their wages/salary in the form of sick pay, sickness allowance or **transition allowance** to secure their livelihood.

The insurance provider paying for the rehabilitation programme also covers aftercare treatments that are considered part of medical rehabilitation. Other providers, e.g. Social Services (Sozialamt) or the Federal Employment Agency (Bundesagentur für Arbeit) are not responsible for follow-on social benefits such as accommodation, care services or workplace re-integration.

Preventing addiction

Even as children we already learn to free ourselves from uncomfortable feelings – using sweets or ‘zoning out’, e.g. in front of the TV – at least for short periods. Especially during puberty, we want to explore our inner selves independently of adults, develop our personality and gain the respect of those we admire. This can mean that we tend to assimilate to the behaviour of others in new friendships, cliques and groups.

It is not possible to predict and avoid the effects of the diversity of factors that may promote the development of addictive illness. But, from the very beginning, we can promote the personality traits and skills that people need to deal with problems, conflict and traumatic events. Parents should try to ensure that their own behaviour in dealing with addictive substances, and with stressful and conflict situations, serves as a model for their children’s future responses to addictive substances and a range of life circumstances.

Parents can support children and adolescents so they are able to deal with uncomfortable experiences, feelings and situations confidently, to see through the deceptive effects of drugs and addictive behaviour, and to resist the influence of other people. This includes giving children and adolescents some space to explore their world, to strengthen confidence and self-esteem, to be well informed, to remain in dialogue with them and to seek help in time.

Strengthening personalities

Children and adolescents need respect, trust and affection to pursue their own ideas, to explore their own limits, and to make mistakes and also learn from them. Although this is not easy, parents often have to think hard about when to intervene. The most important thing is that children feel secure in the knowledge that the adults are genuinely interested in them, and that someone will always be there when they need help and encouragement.

It is also helpful for parents to state rules clearly, to follow them consistently and to be able to talk openly about their own slip-ups, mistakes and weaknesses. Adults can listen to children about the problems they have at school or with their friends, encourage them to find their own solutions, and then tell them about their successes and failures. This also supports children in learning to say “no” and to resist **peer pressure**.

To be able to experience the diversity and challenges of their world with the support of the adults, and with an awareness of their own strengths, requires **resilience** – general robustness in the face of life’s challenges – in children and adolescents.

Being well informed

Children expect to rely on information they receive from the adults they trust. It is therefore important that parents and other adults who children and adolescents turn to are well informed about difficult topics as well.

When adults are not sure about something, it is better to call upon neutral sources of information – ideally together with the children and adolescents – than to run the risk of unnecessarily dramatising or trivialising topics such as drugs and addiction. At the end of this guide, you can find a directory of information sources for adults as well as for adolescents.

Talking about it

It is not always easy for young people and adults to keep talking to each other. Especially during puberty, familiar ways of connecting with each other may change. Especially after an argument, it is important that all sides can say what the situation looks like from their perspective and what it is that they need. Then it is easier to find solutions together.

Particularly when it comes to drugs, social and cultural taboos can – without parents enforcing them in any way – result in adolescents not talking and parents not asking questions ('don't ask, don't tell'). Especially then is it important to communicate that someone is there who can be trusted, who will respond in a non-judgemental way and who will answer even uncomfortable questions honestly.



Using professional help

The expectations people have of parents are high, especially those they have of themselves – because they want their children to have a healthy, safe and happy future. However, it is unrealistic to expect to be able to do the right thing and handle any situation yourself all of the time. There are many support services available to parents, generic ones and those specialising in drugs and addiction, from counselling services to self-help groups.

Glossary

Abstinence

The decision and practice of not using a particular substance at all

Aftercare

Intervention to secure treatment successes following treatment or rehabilitation

Anonymised statistical data

Way of representing collected data that makes it impossible to link them back to an individual person

Anxiety disorder

A mental disorder characterised by feelings of worry, nervousness or fear that are so strong that they impact on daily life

Apathy

Lack of participation, excitability and sensitivity to external stimuli

Behavioural therapy

A psychotherapeutic approach based on providing the patient – after gaining an insight into the causes and origins of his or her problems – with practical methods for resolving them

Case conference

Regular meeting of the treatment team to describe and analyse the situation of the affected person and to work out the next steps

Chronic bronchitis

Recurring and persistent respiratory illness characterised by a productive cough

Coma

An extended state of deep unconsciousness where the affected person also no longer shows reflex reactions to pain and light

Cytotoxin

Substance with damaging or destructive effects on biological cells

Depression

Mental illness characterised by dejection, lack of motivation and lack of interest

Detoxification treatment ('detox')

Includes all clinical interventions used to eliminate toxins from the body in cases of substance dependency

Diagnosis

Identification of the nature of an illness

E-cigarette

Electrically heated pipe that vaporises a liquid (which may contain nicotine). The steam is 'smoked' with or without inhaling it.

Entactogens

Psychoactive substances that intensify the experience of one's own emotions

E-shisha

Version of a waterpipe that electronically vaporises an aromatic fluid for inhalation

Expulsion

Order issued by a nation state's authorities to a (legally or illegally) present foreign citizen to leave its sovereign territory

Family therapy

Psychotherapeutic approach that emphasises communication, understanding and mutual empathy – based on the assumption that involving the family increases the effectiveness of the therapy

Group therapy

Psychotherapeutic approach using the exchange of experiences with others in similar situations to reflect on and solve problems

Hallucination

A sensory experience in the absence of any evidence of external stimuli, e.g. seeing physically undetectable objects or hearing voices without anyone speaking

Hallucinogens

Psychoactive substances that can result in strongly altered perceptions of reality

Hepatitis

Inflammation of the liver, caused by a range of viruses (called A, B, C or D)

HIV

The human immunodeficiency virus, which affects the immune system and normally leads to AIDS if left untreated

Injected intravenously

Injected into a vein using a hollow needle

Inpatient treatment

Mode of treatment where the patient stays overnight and is provided with food – in a hospital or other health facility (e.g. a rehabilitation facility)

Involuntary commitment/sectioning

Legally enforced detention in the locked ward of a psychiatric hospital against the will of the affected person

Legal highs

Psychoactive substances that are brought to market with a perpetually changing chemical structure in order to circumvent the Narcotics Act. Health consequences and effects are unpredictable for the user.

Medical history-taking

A professional interview of the patient in order to elicit medically relevant information

Mind (psyche)

The entirety of human feeling, perception and thinking

Minimum sentence

Legislated lower limit of possible sentences for a particular offence

Neurotoxins

Substances that have a damaging effect on nerve cells, even in low doses

Opiates

Psychoactive substances derived from the milky sap of the opium poppy

Opioid Substitution Treatment (OST)

Replacing opiate drugs with legally prescribed medications in order to minimise the damaging effects of illegal drug use on those affected and on society

Opioids

Synthetic substances, the most well-known of which is the semi-synthetic opioid heroin.

Outpatient treatment

Mode of treatment where the patient does not stay at the health facility overnight, but returns home on the same day

Paranoia

Distorted perception of others as enemies, or malicious, fearful or aggressive distrust, or even being convinced of a conspiracy against the affected person

Parole

The period during which the conditions for a suspended prison sentence are monitored

Passive smoking

Being exposed to the tobacco smoke of others

Period of abstinence

The period of time during which a person does not use a substance

Phobia

Type of anxiety disorder

Prison sentence

Government sanction imposed by an independent court of justice that restricts the freedom of movement of an offender, e.g. through imprisonment

Prognosis

Prediction of future developments based on scientific evidence

Psychodynamic psychotherapy

A psychotherapeutic approach that deals with the conscious and subconscious forces of the mind in order to understand how they influence perception and behaviour

Psychological (mental)

Concerning the mind (psyche)

Psychologist

A health professional who has completed a psychology degree

Psychosis

A mental disorder (including loss of contact with external reality)

Psychosocial

Refers to the mutual effect of social factors and individual thoughts, feelings and behaviour

Psychostimulants

Substances that have a stimulating effect on thoughts, feelings and behaviour

Psychotherapy

The treatment of mental illness

Pulmonary carcinoma

Malignant tumour of the lung tissue

Rehabilitation

Reintegration into employment and social life of a person who is ill, disabled, or at risk of becoming disabled

Residency permit

Official certificate of residency status, i.e. the right of a person without German citizenship to remain in the country

Resilience

The emotional steadfastness people muster to deal with crises, and to use them positively, by resorting to personal and social skills

Right to freedom of movement

Governs the immigration and residency of the citizens of other member states of the European Union and members of their families. EU citizens have a right to immigration and residency in the receiving member state as long as they are employed or looking for employment, or have access to sufficient means of supporting themselves and health insurance cover. The same applies to family members accompanying the EU citizen or joining him or her in order to live together.

Self-help group

A group of people who are facing similarly difficult problems in their lives. Exchanging experiences in the group helps participants to better deal with problems and to encourage each other.

Settlement permit

Unlimited residency permit for non-EU citizens in Germany

Shisha

Arabic type of waterpipe used for smoking

Social disintegration

Loss or dissolution of social cohesion within a group, a family or society as a whole

Sterile

Free of pathogens (disease-causing germs)

Stigmatisation

Portraying a person or group of people in a negative light, on the basis of individual characteristics

Substitution treatment programme

A combination of opioid substitution treatment and psychosocial/psychotherapeutic support/treatment

Symptom

Perceivable sign of an illness or injury

Synthetic

Created artificially

Taboo

A topic, act or behaviour prohibited by cultural norms or traditions, and/or which is not talked about

Therapist

A person who conducts psychotherapeutic and/or medical treatment

Toxic

Poisonous

Transition allowance

Financial benefit provided for a limited time by statutory social insurance (e.g. while undergoing a rehabilitation programme that the person is entitled to)

Traumatic

Physically (or emotionally) damaging, hurtful or wounding

Willingness to undergo rehabilitation

The willingness of the affected person to participate in a rehabilitation programme; an important prerequisite for access to rehabilitation programmes paid for by statutory insurance

Withdrawal symptoms

Physical and psychological symptoms that occur as a result of reducing, or abstaining from, the use of psychoactive substances

Youth sentence

A prison sentence for adolescents (from 14 to 17 years old) and young adults (18 to 21 years) that is only imposed in cases of 'criminal tendencies' or on account of the extreme seriousness of the crime

Important services and contact details

in Bavaria

Bayerisches Staatsministerium für Gesundheit und Pflege

Haidenauplatz 1
81667 München
Tel.: 089 540233-0
E-Mail: poststelle@stmgp.bayern.de
Internet: www.stmgp.bayern.de

Bayerisches Zentrum für Prävention und Gesundheitsförderung (ZPG)

im Bayerischen Landesamt für Gesundheit und Lebensmittelsicherheit
Pfarrstraße 3, 80538 München
Tel.: 09131 6808-4510
E-Mail: ZPG@lgl.bayern.de
Internet: www.zpg-bayern.de

Bayerische Akademie für Sucht- und Gesundheitsfragen

BAS Unternehmergeinschaft
(haftungsbeschränkt)
Landwehrstr. 60–62
80336 München
Tel.: 089 530730-0
E-Mail: bas@bas-muenchen.de
Internet: www.bas-muenchen.de

Landesstelle Glücksspielsucht in Bayern

Edelsbergstraße 10
80686 München
Tel.: 089 5527359 0
E-Mail: info@lsgbayern.de
Internet: www.lsgbayern.de (Here, you can find brief information on the risks of prob-

lem gambling in a total of nine languages – Arabic, Croatian, English, French, German, Polish, Russian, Spanish and Turkish).

Aktion Jugendschutz (aj)

Landesarbeitsstelle Bayern e.V.
Fasaneriestr. 17
80636 München
Tel.: 089 121573-0
Internet: www.bayern.jugendschutz.de

IFT Institut für Therapieforschung

Parzivalstraße 25
80804 München
Tel.: 089 360804-0
E-Mail: ift@ift.de
Internet: www.ift.de

Koordinierungsstelle der bayerischen Suchthilfe (KBS)

Lessingstr. 1
80336 München
Tel.: 089 536515
E-Mail: info@kbs-bayern.de
You can find drug and alcohol services near you on the internet pages of the coordination centre of Bavarian drug and alcohol services (KBS) at: <http://www.kbs-bayern.de/nc/einrichtungen/einrichtungssuche/>

Landeszentrale für Gesundheit in Bayern e.V. (LZG)

Pfarrstraße 3
80538 München
Tel.: 089 68080-4500
E-Mail: info@lzg-bayern.de
Internet: www.lzg-bayern.de

Projects in Bavaria

Projekt für Menschen mit russisch-sprachigem Migrationshintergrund

www.suchtpraevention-migranten-in-bayern.de

Präventionsprojekt HaLT

www.halt-in-bayern.de

Kampagne „Schwanger? Null Promille!“

www.schwanger-null-promille.de

(on this page you can find information in Arabic, English, French, German, Russian, Serbian and Spanish)

ELTERNTALK

www.elterntalk.net

mindzone

www.mindzone.info

Germany-wide

Bundesministerium für Gesundheit

Erster Dienstsitz: Rochusstr. 1, 53123 Bonn

Zweiter Dienstsitz: Friedrichstraße 108, 10117 Berlin (Mitte)

Telefon: 030 18441-0

E-Mail: poststelle@bmg.bund.de

Internet:

www.bundesgesundheitsministerium.de

Drogenbeauftragte der Bundesregierung

Friedrichstraße 108

10117 Berlin (Mitte)

Telefon: 030 18441-1452

E-Mail: [drogenbeauftragte@bmg.bund\(dot\)de](mailto:drogenbeauftragte@bmg.bund(dot)de)

Internet: www.drogenbeauftragte.de

Bundeszentrale für gesundheitliche Aufklärung (BZgA)

Maarweg 149–161

50825 Köln

Tel.: 0221 8992-0

E-Mail: poststelle@bzga.de

Internet: www.bzga.de

Deutsche Hauptstelle für Suchtfragen e. V. (DHS)

Westenwall 4

59065 Hamm

Tel.: 02381 9015-0

E-Mail: info@dhs.de

Internet: www.dhs.de

The German centre for addiction (Deutsche Hauptstelle für Suchtfragen, DHS) offers information materials on various topics related to addiction in a many languages. You can look at and order the materials on the DHS website.

Notes

Notes

Acknowledgements

We thank the following experts for their specialist support in the development of this guide:

Dr. med. Beate Erbas
(Bayerische Akademie für Sucht- und Gesundheitsfragen)

Dr. Ingo Ilja Michels
(Arbeitsstab der Drogenbeauftragten der Bundesregierung;
Bundesministerium für Gesundheit)

Dr. Sibylle Mutert
(Bayerisches Staatsministerium für Gesundheit und Pflege)

Carolin Schaal
Anwaltskanzlei Schaal

Dr. med. E. Waldeck
(Referat für Gesundheit und Umwelt der Landeshauptstadt
München)

Dr. Georg Walzel
(Bayerisches Staatsministerium für Gesundheit und Pflege)

Karin Wiggerhauser
(Condrobs e.V.)

We thank the following translators for the translation of this guide into their respective languages:

Arabisch: Dr. Abdul Nasser Al-Masri, Lingua-World GmbH

Englisch: Matthias Wentzlaff-Eggebert

Russisch: Franz Görzen

Serbisch/Kroatisch/Bosnisch: Milos Petkovic

Türkisch: Dr. Nezh Pala

This guide was created as part of the 'Intercultural Drug and Alcohol Services for Migrants with Migrants in Bavaria' (ISH Bavaria) project of the Bavarian project initiative for the prevention of addiction among people with Russian-speaking migration backgrounds, which is supported by the Bavarian State Ministry for Health and Care Services.

The project aims to provide groups of migrants with targeted information on the issues of addiction and dependency, as well as on the drug and alcohol services system in order to promote the prevention of addiction among migrants.

This brochure is available in Arabic, English, German, Russian, Serbian/Croatian/Bosnian and Turkish.

Further information on the ISH Bavaria project is available at:
www.suchtpraevention-migranten-in-bayern.de

This guide was received from:

