Addiction: Frequently Asked Questions

Here, you will find answers to questions our professionals often encounter in addiction counselling.

First, we will answer general questions on the topic of addiction and support services, followed by questions from relatives and questions on the topic of addiction in old age. Then, we list answers in alphabetical order to questions relating to particular addictive substances, and one section specifically deals with the topic of pregnancy and drugs. At the end, you will find answers to questions regarding non-substance related addictions (computer game/internet addiction, gambling addiction).

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Addiction

1. When do we use the term 'addiction'?

‘Addiction is understood as the compulsive desire for particular substances or behaviours that temporarily alleviate unwanted feelings and trigger desired feelings. The substances are used – or the behaviours maintained – despite being linked to negative effects for the affected person and for others.’

In 1957, the **World Health Organization (WHO)** defined **addiction** as follows: addiction is ‘a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include:

- An overpowering desire or need (compulsion) to continue taking the drug and obtain it by any means
- A tendency to increase the dose
- A psychic (psychological) and generally a physical dependence on the drug
- Detrimental effect on the individual and on society.’

The term **substance dependency** (alcohol dependency) is used if at least 3 of the following 6 criteria are answered ‘yes’. The reference period is the previous 12 months. *(According to the international classification system ICD-10)*

1. Do you often feel an overpowering desire to drink alcohol?
2. Do you sometimes feel like you can't stop drinking once you have started?
3. Do you sometimes drink in the morning in order to reduce existing nausea or trembling (e.g. of the hands)?
4. Do you need increasing amounts of alcohol to achieve a certain effect?
5. Do you change your plans for the day in order to be able to drink alcohol? Do you plan your daily activities so that you are able to drink alcohol regularly? Or do you neglect other interests (e.g. hobbies, family or friends) because of your drinking?
6. Do you drink despite noticing that your alcohol use is having adverse physical, psychological or social effects?

References:
Klaus Wanke and Karl Ludwig Täschner, Rauschmittel (intoxicants), Stuttgart 1985, S. 11
http://www.alkohol-leitlinie.de

2. What is the difference between addiction and dependency?

The World Health Organization (WHO) officially used the term '**addiction**' from 1957 to 1964. It was then replaced by '**abuse**' and '**dependency**'. In the scientific literature, the term 'addiction' is therefore no longer used. However, it continues to be common in everyday language.

Reference:
http://lexikon.stangl.eu/632/sucht/

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3. What is the difference between risky use, harmful use or abuse, and substance dependency?

Using addictive substances can put your physical and mental health at risk and damage it, even in the absence of addiction or dependency. This type of use is called **risky use** or **harmful use** (**abuse**).

The lines separating risky and harmful use on one side, and abuse and dependency on the other are blurred – and dependence can develop even after many years of use.

At the beginning of developing a **dependency**, life for the affected person becomes more and more focused on the addictive substance. The pull to experience the effect of the addictive substance becomes overpowering. This pull lies at the heart of the emotional side of dependency, while loss of control is another core characteristic.

Apart from psychological dependency, an additional physical dependency also exists with a range of addictive substances. The body reacts to the constant supply of the addictive substance by adapting its metabolism. Larger and larger amounts are 'tolerated', and the dose must be increased to still achieve the desired effect. When the addictive substance is missing, unpleasant to painful – and sometimes even life-threatening – withdrawal symptoms are the result, which quickly abate upon taking the addictive substance again.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

4. What is the difference between psychological (emotional) and physical (bodily) dependency?

Psychological dependence is the overpowering pull to obtain and take the substance. Initially, the goal is to reach a sense of wellbeing, but later it is solely about getting rid of the bad mood and depressed state that occur during withdrawal. *Psychological withdrawal symptoms* are restlessness, being driven, irritability, anxiety, depressive mood changes and even suicidal thoughts, sleeplessness etc. Additional specific symptoms exist for each substance.

In cases of **physical dependency**, the body reacts to the constant intake of poison with metabolic countermeasures. When the addictive poison is suddenly withdrawn, most withdrawal symptoms are caused by these countermeasures overreaching their target. A portent of physical dependency is habituation, including the development of tolerance and increasing dosage. *Physical withdrawal symptoms* only occur with addictive substances that cause tolerance to develop. These mainly include opiates (e.g. heroin), alcohol, barbiturate-based sleep medications and many other sedatives and sleeping pills, as well as anxiety-reducing tranquillisers. Predominant symptoms are restlessness, dilated pupils, sweats, irritability, feeling cold, tremors, dizziness, fatigue, sleep disorders and nausea. In addition, substance-specific health complaints also occur.

If required, physical withdrawal symptoms are treated during detoxification treatment. It is much more difficult to overcome psychological dependency and to remain abstinent permanently.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

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5. Is it only substances that can cause dependency?

No.

The use of psychoactive substances such as alcohol, tobacco, medications, heroin, cannabis, ecstasy etc., as well as behaviours such as gambling, eating, working, watching TV etc. can become compulsive and resemble an addiction.

Reference:
Klaus Wanke and Karl Ludwig Täschner, Rauschmittel (intoxicants), Stuttgart 1985, p. 13

6. What are the risks of becoming addicted?

The risk of developing a dependency increases when the addictive substance is easily available and the use of alcohol and tobacco is part of the everyday life at work or at home. Using addictive substances is one option of achieving relaxation and stress relief quickly. Particularly at risk of becoming dependent on addictive substances are people who suffer from severe stress. Difficult social and family situations can also pave the way to addiction. Other affected individuals were exposed to traumatic experiences in childhood, such as sexual abuse or other types of violence that they have not been able to work through.

Addiction is neither inherited nor an inevitable turn of fate. However, 'predisposition' does play a certain role. For example, very impulsive or particularly extroverted people are more likely to be at risk. Children of parents with addiction issues also have an increased risk of addiction. Because of their genetic predisposition, they are more susceptible to becoming ill with addiction themselves. In most of these cases, family life is very stressful because of the addiction. It is therefore more difficult for them to grow up into adults with stable, confident personalities.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

7. Can an addiction be overcome?

Yes.

Affected individuals can. They should initially consult a doctor they trust and who can offer further information and assistance. However, you can also turn to the special counselling centres that exist for people with addiction problems. There, you will receive initial psychosocial counselling as well as support with finding a suitable support service to overcome the addiction. Those who are not yet ready for abstinence can also receive counselling or participate in a self-help group. Only once a person decides to begin detoxification treatment will the abuse of addictive substances be stopped. Until that time, those affected are often already looking forward to a life without addictive substances with a much greater sense of hope. The chances of treatment success are good. More than half of all patients remain abstinent – at least for several years, if not forever – after detoxification treatment.

You can find comprehensive information about support services in the 'support services' section further down on this webpage.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people

who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Support services: addiction counselling services, drug rehabilitation treatment, self-help initiatives, low-threshold services and harm reduction

8. What happens during addiction counselling?

If you think you may have an addiction problem, or when friends or relatives use addictive substances and you don't know what to do about it, you can go to an addiction counselling centre (Suchtberatungsstelle). You can describe your problems, fears and worries there, and the counsellor will try to work out solutions with you. All counselling sessions are strictly confidential. You will receive information about the range of available treatment services and the options for covering the costs. If legal problems have arisen in connection with the addiction, you will be made aware of legal aid services. If you have got into financial difficulties, you will be informed about potential support and financial counselling services. Other topics for counselling sessions can include how to deal with authorities, health insurance, employers etc.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

9. How can I find an addiction counselling centre near me?

By following the link below, you can find all **Caritas Addiction Counselling Centres (Suchtberatungsstellen)** near you by entering your postcode under the heading 'Local Addiction Counselling (Suchtberatung vor Ort)' on this website:

http://www.caritas.de/hilfeundberatung/onlineberatung/suchtberatung/

You can also search Germany-wide for outpatient addiction counselling centres and inpatient addiction treatment facilities on the website of the **German Centre for Addiction Issues (Deutsche Hauptstelle für Suchtfragen, DHS)**. Using the search function, it is also possible to check whether a counselling service in another language exists near you.

You can use the following link to search for counselling centres near you:

http://www.dhs.de/einrichtungssuche/online-suche.html

10. Is addiction counselling also available online?

Yes.

The **Caritas Online Counselling Service (Caritas Online-Beratung)** offers specialist advice and assistance anonymously and free of charge. However, this online counselling service is currently only available in German.

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11. What kinds of treatment options are there?

Detoxification/withdrawal
'Supervised withdrawal' mostly takes place in specialised detoxification units in psychiatric or general hospitals. Here, the different aspects of dependency are already being addressed during the withdrawal phase. In addition, there are also information and motivational group sessions. Supervised withdrawal includes comprehensive diagnostics – includes determining and planning any further support that may be required. One topic is the potential presence of related illnesses. The duration of this phase may, depending on each individual case, markedly exceed the two weeks that were common in the past. Apart from supervised inpatient detoxification, professionally supervised outpatient and semi-inpatient detoxification treatment services are also available.

Rehabilitation
The rehabilitation phase aims to stabilise existing abstinence achieved by detoxification and maintaining it long term. This part of the treatment can be carried out in outpatient, semi-inpatient or inpatient mode. The duration of rehabilitation treatment varies between a few weeks in case of short-course therapy and more than six months in case of long-term therapy.
Inpatient rehabilitation treatment is generally offered in specialist clinics and specialist departments of psychiatric hospitals. Facilities differ in terms of treatment duration, treatment approach, treatment methods and the professional backgrounds of the therapeutic staff. The focus of inpatient rehabilitation is individual therapy, group therapy, work therapy, sports therapy and other forms of therapy.

Further treatment and aftercare
Apart from the treatment, maintaining abstinence in the long term and a successful recovery from addiction require additional support. These complementary services are offered as part of aftercare following inpatient rehabilitation treatment, but mostly in parallel to outpatient as well as inpatient treatment. At the core are housing provision and at least basic economic security. During the next step, employment reintegration is of significant importance, but the issue of excessive debt as well as legal problems also play important roles.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Situation und Perspektiven der Suchtkrankenhilfe (the current situation and perspectives of addiction services). Positionspapier (position paper) 2001, http://www.dhs.de/dhs-stellungnahmen.html

12. Who pays for counselling and treatment?

Psychosocial counselling is usually free of charge. Counselling centres are mostly funded by municipalities and state governments.

Outpatient and inpatient treatment for alcohol, medication or drug addiction is a medical rehabilitation benefit generally financed by statutory pension funds. If it doesn't lie within the responsibilities of the respective statutory pension fund, statutory health insurance or social security may step in.

13. What are addiction self-help initiatives?

Addiction self-help initiatives are independent support services representing an important complementary element to professional addiction services. They can be used before, during and after medical treatment/therapy, but also independent of it.

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As addiction affects the entire family, self-help initiatives are open to people who suffer from addiction themselves, as well as to their relatives. In the group, partners can get assistance with becoming aware of their role as a person who is also affected, work on it and receive stress relief and support.

Self-help means that affected people are assisted by others who are in the same situation. It is based on candid conversations and on encounters with others. The group is the core of a self-help initiative. In the group, people with addiction issues and relatives realise that they are not alone with their problems. The group is not led by a professional, but usually by a trained facilitator who is also an affected person. Participation is voluntary.

14. What are low-threshold services and harm reduction?

Low-threshold services are targeted towards directly reducing the risks related to substance use. The objective is to prevent things from getting worse ('harm reduction') and to stabilise existing potential without necessarily having to contribute to becoming free of the substance. The long-term goal is to motivate people to access further support interventions. However, covering basic needs such as nutrition, clothing, housing and basic medical care take first priority.

Low-threshold services are offered e.g. by drop-in centres (Kontaktläden/-cafés), day centres, emergency/crisis accommodation services and emergency support services, safe consumption rooms and sometimes also by counselling centres. Moreover, part of the services offered by offices of public health (Gesundheitsämter) and community mental health services (Sozialpsychiatrische Dienste) as well as homeless services are generally designed to be low-threshold.

In Germany, low-threshold services have been expanded mainly for consumers of illegal drugs. Opioid substitution treatment using methadone for opiate-dependency is also part of these services.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Situation und Perspektiven der Suchtkrankenhilfe (the current situation and perspectives of addiction services). Positionspapier (position paper) 2001, http://www.dhs.de/dhs-stellungnahmen.html

15. What is opioid substitution treatment?

Opioid substitution treatment means that opiate or heroin-dependent patients are prescribed heroin substitutes. Taking the substitute daily avoids withdrawal symptoms while – in contrast to actual heroin – increasing the dose is not necessary. Dosage and duration of substitution treatment are based on a medical diagnosis. It is also possible to slowly reduce the dose in order to enable a life without drugs. The treatment costs are covered by statutory health insurance. Opioid substitution treatment is available to all opiate-dependent persons who have been dependent on opiates for at least two years and who are of age or can provide proof of consent of their legal guardian(s). At the beginning of treatment, the substitution medication is taken daily under supervision of the prescribing doctor at the medical practice, or at a pharmacy authorised by the prescribing doctor. Regular urine tests must show that no additional drug use is taking place. When a stable substitute dosage has been established for the patient, it is possible to take the substitution medication home after 6 months. Medical appointments with the prescribing doctor are then reduced to at least once per week. Substitution treatment is complemented by psychosocial support.

Reference:
Hochsauerlandkreis Sozialpsychiatrischer Dienst des Gesundheitsamtes (Upper Sauerland

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Community Mental Health Service)(2005). Flyer: Hilfen bei Drogenabhängigkeit – Substitution und Psychosoziale Begleitung (support services for drug dependency – opioid substitution treatment and psychosocial support)

Relatives of people with addiction problems

16. What are the effects of addiction problems on the social environment, partners and children?

A person's addiction can become a source of severe stress for close relatives. On the one hand there is the worry about the loved one – but on the other hand, living with a person at risk of or with an addiction is often marked by extreme mood swings, unreliability, careless or aggressive behaviour, or even bouts of sexual and other types of physical violence. Moreover, financial concerns, lack of interest in the family, frequent absences from home and other problems can severely affect the lives of relatives.

Children and adolescents growing up in families with parents who have an addiction are affected by their parents' illness in many different ways. Growing up with an addicted parent means increased daily demands, conflicts and tensions – inside the family as well as in the wider social environment. Children suffer because of conflicted loyalties, and frequently from shame and guilt, loneliness and a lack of good relationships to their peers, as well as suffering on account of the family's social isolation (caused by the illness). This is because parents as well as children – out of shame, but also because of fear of indifference, blame and stigmatisation – often treat addiction illness as a taboo subject. Further problems are a lack of care, security and reliability experienced by the children, as well as being overwhelmed by taking responsibility for managing the household and caring for younger siblings. Frequently added to this is also increased stress on account of conflict and violence in the family or parents separating, as well as poverty and unemployment. Children and adolescents also experience it as stressful if they are not informed about the nature and progression of their parents' illness and are not included in planning the treatment. They could also become stressed if they don't have anyone to turn to to discuss their fears, questions and problems and if they don't know if or where they can get support.

You can find tips on what you can do if you have a partner who is affected by an addiction issue, or if a parent, friends or family have an addiction problem, under the heading 'What can relatives/friends of people with addiction problems do, and where can they find support?'

References:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Arbeitsgemeinschaft für Kinder- und Jugendhilfe – AGJ (working group on child and adolescent support). Kinder von psychisch erkrankten und suchtkranken Eltern - Diskussionspapier der Arbeitsgemeinschaft für Kinder- und Jugendhilfe (children of parents with mental and addiction illness - a discussion paper by the working group on child and adolescent support) –AGJ, Hamburg 27. April 2010

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17. Where can relatives and friends of people with addiction problems find support?

If you are worried about a loved one's use of addictive substances, you can turn to a doctor you trust in the first instance, and receive further information and support there. However, you can also turn to the special counselling centres that exist for people with addiction problems. There, you can obtain comprehensive information materials as well as personal advice and support. In self-help groups, you will also get to know people who, as affected persons or relatives, have had experiences similar to yours. Individual counselling as well as participation in a self-help group are free of charge.

When you talk to your relative who is affected by the addiction problem, tell them clearly how you see and experience the situation. Make them aware of counselling services and offer to accompany them there if required. Inform your relative of what you are going to do next in order to improve your own situation. By making it plain that you have become informed and will also access support yourself, you are sending a clear signal: things will not continue as they have been. This may provide a trigger for your relative to also take action.

Give up the struggle against the addictive substance and don't be drawn (any longer) into mutual blame and debate. Don't continue to take on the duties and responsibilities of the addicted person. When this kind of cover disappears, mistakes and omissions will become obvious. This will generate pressure that can contribute to the dependent person trying for change.

You can find information in English by following these links:

An offer to all who would like to help someone close to them - alcohol, medication, tobacco, illegal drugs, addictive behavior:
http://www.dhs.de/start/startmeldung-single/article/informationen-zu-alkohol-und-anderen-drogen-in-arabischer-und-englischer-sprache.html

Talking about alcohol - what parents and educators should know:
https://www.gesundheitsamt-bw.de/SiteCollectionDocuments/03_Fachinformationen/Fachpublikationen+Info-Materialien/alkoholbrosch_englisch.pdf

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

18. What can I, as a relative, do to help my partner?

- Raise your suspicions with your partner openly but dispassionately and tell him/her that you are worried.
- Don't lend him/her money and don't take on debts.
- Ensure your economic security (own account/income).
- Talk to him/her about the financial situation.
- Do not threaten consequences – e.g. separation – that you can't or don't want to carry through.
- Stick firmly to joint agreements.
- Actively look for professional support and seek information.

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- Always remember that you are not to blame for your partner's addiction.
- Don't cover up for your partner (making excuses etc.). He/she must face the consequences of his/her own actions.
- Support yourself by doing things that are good for you.
- Keep in contact with friends and family.
- Take someone into your confidence. Talking lightens the load.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Wenn das Glücksspiel zum Problem wird (fact sheet gambling addiction – when gambling turns into a problem), http://www.dhs.de/informationsmaterial/factsheets.html
Please note: this brochure is available in a range of languages, the left column is in the respective national language, the right column in German.

19. As a relative, should I take over the person's debts?

In principle, you should not take over the person's debts, as this doesn't resolve the addiction. However, there are situations – e.g. the imminent loss of housing or supporting affected children, where you may want to decide in favour of taking over a debt after all. In this case, please consider the following points:

- No taking on of debts without a clear agreement
- Accurate list of debts
- Payback scheme
- Accountable management of finances
- Conversations with the bank
- Regular treatment attendance
- Disclosure within the family and among circle of friends.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Umgang mit Geld und Schulden – Hinweise für Angehörige pathologischer Glücksspielender und Betroffener (fact sheet on gambling addiction – dealing with money and debt – notes for relatives of pathological gamblers and those affected)
http://www.dhs.de/informationsmaterial/factsheets.html

20. As a relative, do I have to cover debts?

'In principle, relatives are not liable for the debts of a spouse as long as they have not signed e.g. a guarantee, deed of assignment, acknowledgement of debt or credit agreement. The situation is different for bank accounts. Even if the account is not in their name but they still are a signatory to the account, relatives are liable for the whole amount of an overdraft credit. […]
The bank will take its demands to relatives in the first place.

Therefore: caution when signing guarantees! Banks are keen for spouses to co-sign contracts, otherwise they won't grant any further credit. It is best for relatives not to become involved and for the spouse to look for alternative financing options.'

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from: Landesfachstelle Glücksspielsucht NRW (North-Rhine Westphalia Centre for Gambling Addiction), Nichts geht mehr (all bets are off) p. 37, 2nd edition, 2009

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Umgang mit Geld und Schulden – Hinweise für Angehörige pathologischer Glücksspielender und Betroffener (fact sheet on gambling addiction – dealing with money and debt – notes for relatives of pathological gamblers and those affected)
http://www.dhs.de/informationsmaterial/factsheets.html

Addiction problems in older people

21. What changes with respect to alcohol use as people age?

With increasing age, the body tolerates less alcohol so that the same amounts of alcohol that were previously handled without problems can now lead to drunkenness, falls and other accidents. Many older people regularly take medications that are not compatible with alcohol. This applies particularly to sleep medications, tranquillisers and antidepressants. For all such medications, including over-the-counter medications, you should therefore check with your doctor whether you are allowed to drink alcohol. Existing alcohol dependency may still develop or become further entrenched during old age. Alcohol stresses the human body in general, and with increasing age this effect intensifies and can become an additional cause of reduced mental and physical capacity.

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Factsheet „Informationen zum Thema: Alkohol im Alter (information on alcohol and ageing)“, 2008,
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Alkohol – Weniger ist besser“ (brochure: alcohol – less is better), 2006
http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Alkohol_Unabhaengig_im_Alter_neu.pdf

22. What are the signs of an alcohol problem?

Alcohol can cause internal restlessness, general anxiety, depressive mood changes, sleep disorders with nightmares or difficulty sleeping through the night, sweats and difficulties concentrating.

The following signs may indicate an alcohol problem – but they may also have other causes:

- Falls/repeated falls
- Lack of concentration, reduced mental capacity, lack of attention
- Lack of interest/loss of interest
- Neglecting personal appearance and household duties
- Diarrhoea, dizziness, facial reddening, tremors, loss of appetite, malnutrition, premature ageing, mood swings

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Factsheet

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„Informationen zum Thema: Alkohol im Alter" (information on alcohol and ageing), 2008, http://www.dhs.de/informationsmaterial/factsheets.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Alkohol – Weniger ist besser" (brochure: alcohol – less is better), 2006
http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Alkohol_Unabhaengig_im_Alter_neu.pdf

23. Is it worth reducing/quitting alcohol in old age?

Drinking less or quitting alcohol altogether improves mental and physical fitness, mostly within a short period. Physical parameters (e.g. elevated liver enzymes, fatty liver, digestive and metabolic disorders) also improve. It is therefore beneficial at any age to drink less or quit alcohol altogether.

References:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Factsheet „Informationen zum Thema: Alkohol im Alter" (information on alcohol and ageing), 2008, http://www.dhs.de/informationsmaterial/factsheets.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Alkohol – Weniger ist besser" (brochure: alcohol – less is better), 2006
http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Alkohol_Unabhaengig_im_Alter_neu.pdf

24. What are the risks regarding medications?

Medications can have unwanted side effects. They may, for example, cause drowsiness, digestive problems, dizziness and sweating. Some medications change perception and sensations or reaction times without the person noticing. In the worst-case scenario, lasting damage to health, e.g. damage to liver and kidneys, may occur. If several types of medication are taken simultaneously, this can lead to drug interactions that are harmful to health. You should therefore speak to your doctor about all medications you are taking and ask about potential side effects. Alcohol can render medications ineffective, intensify their effects or cause severe side effects. You should therefore check with your doctor for each type of medication whether you are allowed to drink alcohol or not. This also applies to over-the-counter medications.

Reference:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Medikamente sicher und sinnvoll gebrauchen" (brochure: using medication safely and appropriately) , 2006; http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Medikamente_Unabhaengig_im_Alter_neu.pdf

25. What changes with respect to taking medication as people age?

Due to the reduced metabolic rate, medications act more slowly and for longer in older people. This increases the risk of overdose. It must be considered when prescribing and taking medication.

Reference:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Medikamente sicher und sinnvoll gebrauchen" (brochure: using medication safely and appropriately), 2006; http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Medikamente_Unabhaengig_im_Alter_neu.pdf

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26. Which medications can cause dependency?

Most addictive medications contain an active ingredient from the benzodiazepine group of substances. They are mostly prescribed on account of their anxiety-reducing and sleep-promoting properties, or for back pain caused by muscular tension. Physical habituation may already occur after a few weeks of regular use of these medications.

The commercial names of frequently prescribed benzodiazepines are:

Sleep medications and sedatives:
Radedorm®, Noctamid®, Lendormin®, Flunitrazepamratiopharm®, Remestan®, Planum®, Rohypnol® and Dalmadorm®

Tranquillisers:
Diazepam-ratiopharm®, Adumbran®,Tavor®, Oxazepam-ratiopharm®, BromazanilHexal®, Normoc®, Lexotanil®, Faustan®

Muscle relaxants:
Musaril®

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Medikamente sicher und sinnvoll gebrauchen“ (brochure: using medication safely and appropriately), 2006; http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Medikamente_Unabhaengig_im_Alter_neu.pdf

27. Am I dependent on medications?

This question is not easily answered – if you have been taking medication for some time, please speak to your doctor in order to:

- Improve your physical well-being and better cope with negative feelings such as fear, grief and loneliness,
- Alleviate pain by causes you don't know,
- Be able to sleep better, or to get a better handle on your restlessness or nervousness.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Medikamente sicher und sinnvoll gebrauchen“ (brochure: using medication safely and appropriately), 2006; http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Medikamente_Unabhaengig_im_Alter_neu.pdf

28. After many years of smoking, is it still worth quitting in old age?

While it takes several years until the cancer risk caused by smoking is lowered – and certain types of organ damage caused by smoking are irreversible – quitting smoking is still worth it at any age. Among the reasons are e.g.:

- In old age, the body is less able to absorb oxygen. Quitting smoking means that the oxygen supply to the cells via the blood increases instantly so that the body immediately receives more oxygen.
- Breathing becomes easier and physical performance increases.

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- Circulation improves, especially of the arms and legs.
- Susceptibility to colds and the risk of contracting the flu or pneumonia decrease.
- The risk of suffering a heart attack is lowered – in fact it already decreases 24 hours after the last cigarette.
- The risk of vascular disease or its progression decreases significantly.
- Cancer risk is reduced by half within five years, and after ten years the risk of lung cancer has returned to normal.

Reference:
DHS-Broschüre „Tabak – zum Aufhören ist es nie zu spät“ (DHS brochure: tobacco – it's never too late to quit), 2006
http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Tabak_Unabhaengig_im_Alter_neu.pdf

29. Is it enough to reduce smoking, or should I quit altogether?

You should try to quit altogether, as the cardiovascular risks exist even for low doses. So-called 'light' cigarettes aren't a solution either as the lower levels of nicotine and condensate are mostly made up for by more intense smoking.

Reference:
DHS-Broschüre „Tabak – zum Aufhören ist es nie zu spät“ (DHS brochure: tobacco – it's never too late to quit), 2006, http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Tabak_Unabhaengig_im_Alter_neu.pdf

30. Is the use of illegal drugs also an issue for older people?

The use of illegal drugs is predominantly a phenomenon associated with young people. However, addiction support services also treat people who have been ill with opiate dependency since the 1980s and 90s. These users have not been able to overcome their addiction for decades. Such a long history of illness often leaves significant marks on those affected. Mental and physical health as well as social circumstances are sometimes severely affected. Many clients show premature and accelerated ageing processes. Diseases and health conditions can be observed that normally only occur 20 years down the track.

Reference:
http://www.unabhaengig-im-alter.de/index.php?id=104

Alcohol

31. What are the effects of alcohol?

The acute effects of alcohol depend on the amount consumed, the alcohol concentration of the drink, the individual physical and mental state, habituation to drinking and the development of individual tolerance.

In small quantities, alcohol usually has a stimulating and mood-enhancing effect. It can help reduce inhibitions and anxiety, and promote social interaction and communication. With medium or higher doses, the relaxed, often cheerful mood can quickly turn into irritability and emotional remoteness, as well as aggression and violence. The poisoning caused by rising

blood alcohol levels eventually leads to distortions of perception and attention deficits. Judgement, coordination and speech are increasingly impaired and, finally, considerable tiredness and drowsiness sets in. Very high blood alcohol concentrations can lead to coma and even result in death.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Alkohol (addiction and its substances: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

32. What happens at which blood alcohol level?

From ca. **0.02%**, subjective experience and individual behaviour change. People feel freer and less restricted. The ability to resist further alcohol consumption decreases. Vision, concentration and coordination weaken.

At ca. **0.1%** blood alcohol concentration, the intoxicated phase begins with the onset of a silly-cheerful or depressive mood. Balance and speech can be impaired (staggering, slurring).

At ca. **0.2%**, the numbed stage is reached. Memory and orientation are impaired.

At **more than 0.3%** blood alcohol concentration, severe, acute alcohol poisoning sets in, and in worst cases lead to death by respiratory arrest.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Alkohol (basic facts: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

33. How is blood alcohol concentration calculated?

The following formula can be used to calculate the approximate (!) value of blood alcohol concentration:

For men:

Pure alcohol consumed in grams
---------- = 10ths of one percent
body weight in kg x 0.7

For women:

Pure alcohol consumed in grams
---------- = 10ths of one percent
Body weight in kg x 0.6

This formula should only be applied under 'normal' circumstances: the effects of alcohol increase when aroused, tired or on an empty stomach.

The maximum blood alcohol concentration is reached about 30-60 minutes after alcohol intake. 2-5 % of alcohol is excreted through breath, sweat and urine, while the bulk of it is broken down via the liver.

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In men, blood alcohol content decreases on average by 0.015 % per hour. In women this value is 0.013%. It therefore takes around 3-5 hours for a blood alcohol concentration of 0.05% to be metabolised.

Average alcohol content of alcoholic drinks:
Beer – ca. 4.8 % by volume
Wine/sparkling wine – ca. 11.0% by volume
Spirits – ca. 33% by volume

Alcohol content of a beverage in grams = volume in cm^3 x alcohol content in % by volume x 0.8 g/cm^3

Therefore:
0.5 l of beer = 500 cm^3 x 4.8/100 x 0.8 g/ cm^3 = ca. 19.2 g of alcohol
0.2 l of wine = 200 cm^3 x 11/100 x 0.8 g/cm^3 = ca. 17.6 g Alkohol
0.02 l of 'Korn' spirit = 20 cm^3 x 33/100 x 0.8 g/cm^3 = ca. 5.28 g Alkohol

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Alkohol (basic facts: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Alkohol (drugs and drug addiction: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

34. How long can alcohol be detected in the body?

Alcohol can be detected in human blood, breath, sweat, saliva and urine for several hours after consumption. However, the results do not indicate whether a person is drinking regularly. Other methods are used for this purpose:

- GGT-test (gamma glutamyl transferase)
  GGT levels are elevated and easy to detect in people who drink more than eight standard drinks – about two litres of beer – per day. It takes 25 days after stopping consumption for half of this enzyme to be broken down. Liver disease, diabetes, overweight and some medications may also cause elevated GGT levels.
- CDT test (carbohydrate deficient transferrin)
  People who drink six standard drinks of alcohol per day for a week will show elevated CDT levels. The level will be reduced by half only after 17 days of complete abstinence. Pregnancy, liver cirrhosis and chronic hepatitis also influence CDT levels.
- MCV test (mean corpuscular volume)
  Alcohol abuse can also be indicated by an increased volume in red blood cells. This value will remain high even after several months of abstinence.

One standard alcoholic drink = 0.25 l of beer = 10 g of pure alcohol

35. When is alcohol consumption low risk?

The individual risk of alcohol-related illness or psychological harm increases with the amount of alcohol consumed. There is no risk-free level of alcohol consumption.

The following is considered **low risk consumption**:

Women: up to 12 g of pure alcohol per day
Men: Up to 24 g of pure alcohol per day

(Legend:
Different serving sizes of alcoholic drinks and their alcohol content in grams
Beer, Wine, Sherry, Liqueur, Whisky
0.33 l, 0.21 l, 0.1 l, 0.02 l, 0.02 l
13 g, 16 g, 16 g, 5 g, 7 g
Alcohol)

To minimise the risk of alcohol-related illness, at least two days per week should be alcohol-free.

Caution:
Under certain circumstances, even small amounts of alcohol can have severe consequences. No low-risk alcohol consumption exists for the following cases, where complete abstinence is required instead:

- Alcohol dependency
- Inability to control alcohol consumption
- In case of diseases exacerbated by alcohol consumption
- When taking medications that interact with alcohol
- During pregnancy, during breastfeeding or while trying to conceive

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Fact sheet: Alkoholkonsum und gesundheitliche Risiken (alcohol consumption and health risks), 2014, http://www.dhs.de/informationsmaterial/factsheets.html

http://www.alkohol-leitlinie.de/

36. What is the difference between alcohol abuse and alcohol dependency?

At risk are those who drink alcohol regularly to better 'cope with' everyday stress and conflict. **Alcohol abuse** is all alcohol consumption that results in physical, psychological or social harm. The threshold of **alcohol dependency** is reached when a person needs alcohol in order to feel reasonably OK.

According to the ICD-10 classification system, 3 of the following criteria must be present (within the last 12 months) for a **diagnosis of dependency**:

- Overpowering desire to drink alcohol
- Loss of ability to control alcohol use
- Withdrawal symptoms
- Development of tolerance
- Interests focus on substance use
- Consumption despite harmful effects.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Alkohol (basic facts: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

37. What are the acute risks of alcohol consumption?

The acute risks of alcohol consumption are mostly caused by impaired concentration and reaction times, perception and judgement. These may occur even with low amounts of alcohol. They result in an increased risk of accidents, which may have severe consequences, especially in road traffic. Moreover, elevated alcohol consumption often leads to aggression and violence. Apart from these acute risks, especially regular, elevated alcohol consumption increases the risk of numerous, severe long-term consequences.

Alcohol and medications influence each other in unpredictable, sometimes dangerous ways. The effects of medication may, for example, be cancelled out, or the effects of alcohol may increase exponentially. Particularly dangerous is the combination of alcohol with psychoactive medications, especially sedatives. These have a very similar effect to alcohol, which is why people with an alcoholic illness may become dependent on them very quickly.

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Alkohol (basic facts: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Alkohol (drugs and drug addiction: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

38. What are the long-term effects of alcohol consumption?

Physical effects
Because alcohol is distributed throughout the body via the bloodstream, regular, elevated levels of consumption lead to cell damage in practically all kinds of body tissues. The many

kinds of organ damage caused by chronically elevated alcohol consumption include, above all, changes to the liver, the pancreas and the heart, as well as to the central and peripheral nervous system and the musculature. Studies on the long-term effects of alcohol also show that long-term, massive alcohol consumption leads to an increased risk of cancer (oral, throat, oesophageal and, in women, breast cancer). Particularly at risk is the brain. Every instance of intoxication destroys millions of brain cells. First to suffer are memory and concentration, critical thinking and judgement, and later also intelligence, culminating in complete alcohol-related dementia. Alcohol abuse also impairs sexual function and sexual pleasure.

Psychological effects
During an extended period of alcohol abuse or alcohol dependency, psychological impairments may occur, which may become noticeable as frequent mood swings, anxiety, depression and even suicide risk.

Social effects
Apart from its physical and psychological effects, chronically elevated alcohol consumption often also results in sustained changes to the entire social environment, e.g. if it frequently leads to social conflict, if marriages or relationships break down and/or employment is lost. Particularly affected by this are often the children of people with an alcoholic illness.

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Alkohol (basic facts: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Alkohol (drugs and drug addiction: alcohol), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

39. What are the effects of alcohol consumption on the unborn child?

It is now considered proven that not only intense alcohol consumption is harmful for the unborn, but even low-level alcohol consumption or sporadic excessive drinking can damage the health of unborn children. It can lead to a multitude of disabilities and other types of damage, which are divided into three areas: developmental disorders, signs of malformation and disorders of the central nervous system. Long-term effects become apparent in behavioural disorders and intellectual impairment.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Fact sheet: Alkohol in der Schwangerschaft (alcohol during pregnancy), 2010, http://www.dhs.de/informationsmaterial/factsheets.html

40. What is binge drinking?

Binge drinking means drinking a very large amount of alcohol on a single occasion. In the media, binge drinking is also reported as 'drink until you drop' ('Komasaufen'), referring to actual cases where drinkers fell into a coma caused by their alcohol consumption. The English term 'binge drinking' has also entered common use in German.

In Germany, consuming five or more glasses of an alcoholic beverage during a single episode of drinking is defined as binge drinking. One glass contains ca. 10-12g of pure alcohol. This amount of alcohol is contained in the drinking glass sizes typically used in Germany, which are a small glass of wine (0.125 l), a small glass of beer (0.33 l) or a shot glass (0.04 l). The 'Recommendations of the DHS scientific advisory committee on the limits for the consumption of alcoholic drinks' differentiate consumption for men (five glasses or more) and for women (four glasses or more) in a single drinking episode, with each glass containing ca.10g alcohol.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Fact sheet: Binge Drinking und Alkoholvergiftung (binge drinking and alcohol poisoning), 2010,

http://www.dhs.de/informationsmaterial/factsheets.html

41. How dangerous is alcohol in road traffic?

Alcohol consumption negatively affects driving fitness: it impairs concentration and reaction times so that dangerous situations are recognised too late and misjudged. Typical driving errors are the result - fatal consequences of driving under the influence of alcohol include excessive speed, swerving from side to side, risky overtaking manoeuvres or carrying too many passengers.

Therefore: a person who drinks and then operates a vehicle endangers himself or herself as well as other road users. Alcohol-related risk of road traffic accidents is already elevated at 0.03% blood alcohol concentration. At 0.5%, the risk of being involved in an accident has already doubled, at 0.1% it has increased tenfold and at 0.16% it has increased 18-fold.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Fact sheet: Alkohol im Straßenverkehr (alcohol and road traffic), 2009,
http://www.dhs.de/informationsmaterial/factsheets.html

42. What are the blood alcohol limits applicable to road traffic?

For beginner drivers within the probationary period and for people under 21 years old, a 0.00% limit applies while operating a vehicle. If they are caught by the police in a state of alcoholic intoxication, a fine as well as demerit points at the Flensburg registry apply. Moreover, remedial driving training must be attended and the probationary period is extended to four years.

Everyone else may participate in road traffic up to a blood alcohol level of 0.05%. However, the risk threshold is at between 0.02 to 0.03%, and persons driving under the influence lose their insurance cover.
A person may already be unfit to drive in relative terms at 0.03% and may attract demerit points, fines/imprisonment or loss of licence if certain further indications of unfitness to drive are present, e.g. reckless driving, swerving from side to side, driving errors or involvement in an accident.

Information on fines and demerit points related to operating powered vehicles while under the influence of alcohol can be found in the catalogue of fines available online at:
http://www.bussgeldkatalog-mpu.de/bussgeld/bussgeldkatalog/alkohol/index.php

References:
http://www.bussgeldkatalog-mpu.de/bussgeld/fahranfaenger/promillegrenze/index.php

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Fact sheet: Alkohol im Straßenverkehr (alcohol and road traffic), 2009
http://www.dhs.de/informationsmaterial/factsheets.html

43. What is a medico-psychological examination?

The medico-psychological examination (Medizinisch-Psychologische-Untersuchung, MPU) serves to check a person's capacity for operating powered vehicles. In colloquial language, the MPU is also called the 'idiot test'. The responsible road traffic authority (Straßenverkehrsamt) requests an MPU if reasonable doubt exists regarding a person's capacity to operate powered vehicles.

Most examinations are conducted because of infringements in the following areas:

- **Alcohol and other drugs**
  - A road traffic participant has repeatedly attracted attention for drunk-driving.
  - A road traffic participant actively participates in road traffic with a blood alcohol level of more than 0.16%. Also applies to cyclists!
  - Attracting attention in road traffic in relation to drugs
- **Flensburg demerit point registry**
  A road traffic participant accumulates 8 demerit points or more at the Federal Motor Transport Authority in Flensburg.
- **Alcohol and demerit points**
  A combination of drunk-driving and too many demerit points
- **Other infringements**
  Certain criminal offences, physical impairments or the wish to obtain a driver's licence below the minimum age may also prompt the road traffic authority to demand an MPU test.

Further information on the cost, preparation for and procedure of the MPU is available online at: http://www.bussgeldkatalog-mpu.de/bussgeld/mpu/index.php

Reference:
http://www.bussgeldkatalog-mpu.de/bussgeld/mpu/index.php

Amphetamines

44. What are amphetamines?

Amphetamines (speed, crystal, glass) and ecstasy (MDMA, XTC) are a group of synthetically produced substances that may also be contained in medications, e.g. in appetite suppressants. They are manufactured in illegal drug laboratories and reach the market in the form of colourful pills, tablets or capsules. They are predominantly taken on the party scene.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Amphetamine (drugs and drug addiction: amphetamines)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

45. What are the effects of amphetamines?

Depending on their individual chemical structure, amphetamines may have stimulating, energising and sometimes hallucinogenic effects. Low doses of amphetamines lead to euphoria, talkativeness and increased self-confidence. A feeling of relaxed attention and power sets in. Concentration and mental performance are increased, while tiredness, the need for sleep as well as appetite and the sensation of hunger are simultaneously suppressed. Physical effects include a widening of the bronchial tubes as well as elevated pulse, blood pressure and body temperature. In contrast, medium to high doses lead to marked states of arousal, accompanied by accelerated breathing, tremors, restlessness and sleep disorders. The sense of touch becomes stronger, while sensations of pain, hunger and thirst decrease.

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Hallucinogenic amphetamine derivatives predominantly cause sensory illusions and a change in thinking and mood. Characteristic is an increased ease of associative thinking, which is also called racing thoughts. How each of these effects manifest is influenced by the circumstances accompanying use – such as surroundings and general mood – as well as by the size of the dose. For oral use of amphetamines, the effects begin after approximately 30 minutes to an hour and persist for ca. four hours, whereby the substance accumulates in the brain. Its half-life lies between seven and eleven hours, in extreme cases 31 hours.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Amphetamine (drugs and drug addiction: amphetamines)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

46. What are the acute risks of amphetamine use?

Specific risks include ignorance with respect to the purity and composition of the substance concerned, which is commonly found among users, so that intensity and duration of the effects as well as potential side effects become difficult to predict. Amphetamine use can lead to sudden bouts of aggression and violent acts, paranoia and – rather more infrequently – hallucinations. Such episodes of amphetamine-induced psychosis usually occur with large doses, but in individual cases also with very small amounts. The symptoms of amphetamine poisoning include a slowing down of the heartbeat, palpitations, elevated or lowered blood pressure, sweats or chills, nausea, vomiting, weight loss, muscle weakness, confusion and convulsive seizures.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Amphetamine (drugs and drug addiction: amphetamines)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

47. What are the long-term effects of amphetamine use?

Amphetamine dependency is frequently accompanied by progressive physical decline and withdrawal from the social environment, while thinking becomes solely focused on obtaining the drug. Overdose and chronic amphetamine use may lead to amphetamine psychoses and permanent damage to nerve cells in the brain. In this regard, methamphetamine is the most toxic amphetamine derivative.

Chronic amphetamine users often tend to repeat the same actions and tend to become fixated on a certain thought.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Amphetamine (drugs and drug addiction: amphetamines)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Cannabis – hashish and marijuana

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48. What is cannabis?

Cannabis is the name of the Indian hemp plant that contains the psychoactive ingredient tetrahydrocannabinol (THC). This active ingredient causes a state of intoxication. At our latitudes, the two commonly used cannabis variants are hashish and marijuana:

Marijuana (grass, weed) is the name for the dried petals, stems and leaves of the plant. The term hashish **(dope, shit, piece)** is used to refer to the dried resin obtained from the glandular hairs of the female plant. In general, marijuana is five times more potent than hashish. Procurement, possession and trade are criminal offences.

Cannabis is most often mixed with tobacco and smoked. According to the German Narcotics Act, cannabis and cannabis products are illegal drugs of addiction whose possession and cultivation as well as trade are prohibited and subject to criminal prosecution.

References:
http://www.mindzone.info/drogen/cannabis/

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

49. What are the effects of cannabis?

Cannabis intoxication mostly sets in very quickly and mainly consists of psychological effects, which are substantially influenced by the existing mood of the user at the time. Basically, existing feelings and moods – whether positive or negative – are reinforced by the active ingredient. Psychological effects include a marked lift in general mood. Depending on the user's state of mind, a feeling of relaxation, inner calm and balance sets in. Wellbeing and good mood are often accompanied by reduced drive and a tendency towards passivity. Also possible is a decidedly cheerful feeling, coupled with increased communicativeness. On occasion, acoustic and visual as well as sexual sensations are also intensified.

Frequent among the rather unwanted side effects are thought disorders, which predominantly manifest in fragmented thought processes characterised by associative patterns and fleeting ideas. Concentration and attention may be reduced, as may be short-term memory performance. Illusions are experienced frequently. Acute physical effects may include the occurrence of raised blood pressure, slight increase in heartbeat, reddening of the eyes and nausea.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

50. What are the acute risks of cannabis use?

Risks are present predominantly during intoxication (including reduced concentration and reaction times, reduced capacity to process information quickly and for abstract thought, as well as impaired physical and mental performance). These effects result e.g. in severely limited driving fitness.

Reference:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

51. What are the long-term effects of cannabis use?

Physical effects of cannabis use are relatively rare and in most cases not very pronounced. The potential psychological and social effects of high and ongoing cannabis use are considered substantially more severe. Thinking and judgement may become significantly impaired. Frequently, an increasing general disinterest coupled with reduced stress tolerance occurs in connection with ongoing high rates of use. Users retreat more and more into themselves and become increasingly indifferent with regard to everyday tasks.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

52. How long does cannabis remain detectable?

In blood, THC can be detected for up to three days and its metabolites for up to three weeks. In urine, THC can be detected for a week to three months (depending on intensity and frequency of use). In hair, THC can be detected for several months.
The detection of cannabis in road traffic participants can attract fines and loss of licence. Among all the drugs, cannabis can be detected in the body for the longest period because it is highly soluble in fats and is deposited in fatty tissue.

Reference:
http://www.mindzone.info/drogen/cannabis/

53. When will prosecution for possession of cannabis be stayed?

The Narcotics Act (Betäubungsmittelgesetz, BtMG) states the following in relation to staying public prosecutions regarding the possession of small quantities of drugs:

§ 31a BtMG Stay of public prosecution

(1) If the subject of proceedings is an offence under sections 29.1, 29.2 or 29.4 (narcotics offences), the Office of the Director of Public Prosecutions may stay prosecution if the offence would be viewed as minor, criminal prosecution would not be in the public interest and if the offender cultivates, manufactures, imports, exports, transits, procures, obtains in any other way or possesses a small amount of narcotics solely for his own use.

However, the legislation does not state any concrete limits, as in how many grams of marijuana or hashish may still be considered a small amount.

The following applies in principle: possession of even a vanishingly small amount of cannabis products is fundamentally a criminal offence. If the amount is **small** and intended solely for **own use**, the Office of the Director of Public Prosecutions ***may*** decide to **stay prosecution proceedings**. **There is no guarantee that proceedings will be stayed!** The Act also doesn't define what quantity constitutes a small amount. However, the high court (Bundesverfassungsgericht) has demanded that the upper limit should be standardised.

Most German federal states have already complied with the high court's demand and have fixed the **upper limit** for **own use to 6 grams (no liability for error accepted)**. Please note

that this represents an upper limit. In case of relevant prior offences, a stay of prosecution may not be considered even below this upper limit.

Reference:
http://www.drugcom.de/haeufig-gestellte-fragen/fragen-zu-cannabis/

Crystal meth

54. What is crystal meth?

Crystal or methamphetamine is a strong amphetamine-based psychostimulant. Compared to ordinary amphetamine (speed), the effects of crystal are significantly stronger and longer lasting (ca. five times as potent). This substance is predominantly obtained in crystalline or powdered form, sometimes also as capsules. Crystal may be snorted, smoked, injected or swallowed. Especially risky forms of use are smoking ('ice') and injecting (as a solution), as these can very quickly lead to acute poisoning by overdose.
Methamphetamine is subject to the Narcotics Act (Betäubungsmittelgesetz, BtMG, Attachment III). Manufacture, trade, procurement, possession and supply of crystal are therefore criminal offences.

Reference and detailed information:
http://www.mindzone.info/drogen/crystal/

55. Why is crystal meth so dangerous?

Crystal is so dangerous because it has a very high dependence potential and is considered a strong neurotoxin.

Reference and detailed information:
http://www.mindzone.info/drogen/crystal/

56. What are the effects of crystal meth?

Crystal causes an increased release of the neurotransmitters adrenaline, noradrenaline and dopamine in the brain. It does not supply the body with any energy, but creates the illusion of imminent danger. The organism then enters a permanent stress response mode.
Warning signals such as hunger, thirst, pain and fatigue are suppressed or no longer noticed. Some users then tend to overestimate their own strength and capacity, even leading to complete psychological and physical collapse.

Physical effects

- Rise in body temperature and blood pressure
- Accelerated pulse and breathing
- Pain and need for sleep are suppressed
- Hunger and thirst signals are reduced
- Strong urge to keep moving
- Strong sweats
- Cold hands and feet
- Wide eyes, gnashing of teeth and grimacing

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- Strong talkativeness ('babbling')

Psychological effects

- Strong euphoria
- Overconfidence
- Feelings of omnipotence and megalomania
- Increased risk taking
- Increased sociability
- Increased libido, disinhibiting effect (don't forget safe sex!)
- Pointless activities turn into fun
- 'Babbling' with fleeting thoughts (mental leaps)
- Trouble finding words
- 'Being wasted'
- Impaired time perception

Side effects of crystal

- Palpitations
- Sweats
- Tremors
- Muscle cramps
- Dry mouth
- Loss of appetite
- Dizziness
- Itchy skin
- Digestion problems
- Hallucinations and paranoia (initially caused by over-fatigue)

Reference:
http://www.mindzone.info/drogen/crystal/

57. How quickly do the effects of crystal meth set in?

- Snorting: after 5 to 15 minutes
- Smoking: within a few seconds
- Injecting: immediately after injecting
- Swallowing: after ca. 30 to 45 minutes, but longer lasting

The effects may persist for between 6 and 48 hours, as crystal is only metabolised very slowly in the body.

Reference:
http://www.mindzone.info/drogen/crystal/

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58. How long does crystal meth remain detectable?

- In the blood: for up to one day
- In urine: for 2 days to one week
- In hair: for several months

These data are approximations only, as detectability depends on a multitude of factors.

Reference:
http://www.mindzone.info/drogen/crystal/

59. What are the long-term effects of crystal use?

Long-term physical effects

- Strong weight loss
- Brain damage, e.g. long-term impairment of concentration and memory
- Chronic skin inflammation ('meth sores')
- Tooth damage or even loss of teeth
- Stomach pain, stomach disease (stomach ulcers or even perforated stomach)
- Circulatory problems
- Heart arrhythmia
- Heart failure
- Damage to the septum in the nose (perforation or even complete destruction of the septum)
- Menstrual disorders in women (missing periods)
- Weakening of the immune system with increased susceptibility to infections
- Accelerated, premature ageing
- Kidney and liver damage
- Stroke through hypertensive crises
- Tearing of main arteries, leading to organ bleeds

Long-term psychological effects

- Depression (during comedown and more sustained during detoxification)
- Anxiety and panic attacks
- Aggression towards the self and others
- Paranoia or even psychosis
- Persecution delusions
- Hallucinations (e.g. hearing 'strange voices')
- Obsessive thoughts and behaviours
- Strong personality changes
- Emotional dulling, feeling of coldness

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- Constant physical restlessness
- Sleep disorders
- Rapid development of tolerance, increasingly short-lasting effects (dose must be increased repeatedly in order to obtain the desired effect)
- Strong cravings
- Rapid development of dependence
- Eating disorders
- Increased suicide risk

Reference:
http://www.mindzone.info/drogen/crystal/

Ecstasy

60. What is Ecstasy?

Ecstasy, XTC or E are collective terms for a range of substances of similar chemical structure and effects. Amphetamines, hallucinogens (e.g. DOB), caffeine and other toxic substances such as PMA and atropine can be found mixed into or as the main ingredients of these pills. Like all amphetamine derivatives, Ecstasy is an illegal substance according to the Narcotics Act (Betäubungsmittelgesetz, BtMG). Procurement, possession and trade are criminal offences.

Reference:
http://www.mindzone.info/drogen/ecstasy/

61. What are the effects of Ecstasy?

After 20 to 60 minutes, Ecstasy, which belongs to a group called entactogens, induces above all an internal sense of happiness and peaceful self-acceptance. Users feel free from anxiety and have an increased sense of self-confidence. The reduction of psychological inhibitions enhances sociability and communication without a loss of self-control. Visual and acoustic sensations may intensify and sensitivity to touch may be increased, while pain perception as well as hunger and thirst are reduced at the same time. Depending on the environment, the user may retreat or become active. After the effect has waned, a state of physical exhaustion sets in, which under some circumstances may be accompanied by disturbed sleep and lack of concentration, depression and anxiety.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

62. What are the acute risks of Ecstasy use?

The acute risk of Ecstasy use – apart from the sometimes unpredictable effects because of unknown ingredients – relate predominantly to physical side effects such as intense physical activity, as a result of which dangerous fluid loss is to be expected. This may lead to dehydration and overheating. Other unwanted physical symptoms may be nausea, a dry mouth, palpitations, restlessness and tension in the jaw muscles, as well as increased motor activity. Body signals such as hunger, thirst and fatigue are no longer noticed. At the same time, agility and fine motor skills may be impaired, and concentration and judgement may be reduced to such an extent that participation in road traffic presents an additional hazard. Once the effects have subsided, sleeplessness, headache, irritability, depressed mood and memory loss may occur. Problematic and risky is poly-drug use, i.e. when alcohol, cannabis, speed, LSD and other drugs are consumed in addition to Ecstasy.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

63. What are the long-term effects of Ecstasy use?

The existence of long-term effects after Ecstasy use was disputed for a long time. On the basis of more recent scientific study results however, it is now often assumed that chronic Ecstasy use can lead to permanent changes in the brain, especially to a reduction in nerve cells responsible for the serotonin system. Yet to be confirmed results also indicate difficulties with finding words and memory disorders caused by Ecstasy use. Moreover, Ecstasy may exacerbate conditions such as cardiovascular disease, diabetes, liver disease, seizures, glaucoma and thyroid problems.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

64. How long do the effects of Ecstasy last?

The effects of Ecstasy set in after ca. 15-20 minutes and last for about five hours.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Cannabis (drugs and drug addiction: cannabis)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

65. How long can Ecstasy be detected in the body?

These substances remain detectable in the blood for up to 24 hours, in urine for two to four days and in hair for several months.

Reference:
http://www.mindzone.info/drogen/ecstasy/

66. Does Ecstasy cause dependency?

The development of psychological dependence is possible.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for anyone wanting to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Heroin

67. What is heroin?

Heroin is a powder derived from the raw opium harvested from the opium poppy. It has sedative and at the same time euphoria-inducing effects. Heroin is an illegal drug of dependence whose possession and cultivation as well as trade are prohibited according to the Narcotics Act (Betäubungsmittelgesetz) and subject to criminal prosecution.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Heroin (drugs and drug addiction: heroin)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

68. What are the effects of heroin?

Heroin usually has a calming, relaxing and pain-relieving effect, while at the same time dulling consciousness and inducing strong euphoria. Heroin dampens mental activity and eliminates negative feelings such as anxiety, listlessness and emptiness. Problems, conflict and everyday stress are no longer perceived as such, while unpleasant sensations and stimuli are blanked out. Users feel happy and content. The effects set in shortly after the drug is administered.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Heroin (drugs and drug addiction: heroin)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

69. What are the acute risks of heroin use?

There is only a narrow margin between tolerance and toxic effects, which may already begin at 5mg if a person is not used to the substance. After even a short period of physical withdrawal, a previously tolerated dose can lead to severe or even fatal complications. However, ongoing heroin use may also lead to fatal poisoning. This becomes especially likely when, based on the strong physical habituation and short-lasting effects of the substance, amount and frequency of use must be increased very rapidly in order to counteract physical withdrawal symptoms. Heroin poisoning appears in the form of loss of consciousness, respiratory depression and circulatory collapse in conjunction with bradycardia. A particular risk related to loss of consciousness is suffocating on one's own vomit. Lung oedemas and embolisms can also occur as a consequence of heroin poisoning. Because heroin of different quality is traded on the black market, with active ingredient concentrations of up to 95%, a batch of particularly pure heroin or its toxic admixtures may also cause fatal overdoses. The use of unsterile syringes poses a great additional risk of becoming infected with sexually transmissible infections, HIV or hepatitis.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre

Stoffe – Heroin (drugs and drug addiction: heroin)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

70. What are the long-term effects of heroin use?

Among the most frequent long-term health effects are liver damage, stomach and bowel problems or even bowel obstruction, severe dental changes caused by decay and tooth loss, as well as respiratory disease – especially lung disease. Caused by intravenous administration, local infections occur frequently, e.g. in the form of abscesses or inflammation of lymphatic vessels or cell tissues, severe vein damage and inflammation of the heart. During intoxication or convulsive seizures, users not infrequently suffer arm, leg or skull fractures. Sexual dysfunction may also occur in men, and menstrual problems in women. Apart from these severe physical effects, chronic heroin use is also especially connected to personality changes and changes to social relationships. The high need for a constant heroin supply and the associated financial costs often result in drug-related crime and prostitution, which in conjunction with the intense drug use itself leads to self-neglect and social isolation, in most cases within a short time.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Heroin (drugs and drug addiction – heroin)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

71. How long does heroin remain detectable?

Heroin remains detectable in urine for two to four days, in the blood for up to 8 hours. In hair, heroin remains detectable depending on hair length (1cm equalling one month).

Reference:
http://www.mindzone.info/drogen/heroin/

Cocaine

72. What is cocaine?

Cocaine (depending on the product also called coke, snow, crack or rocks) is a white, crystalline powder derived from the leaves of the coca bush using a range of chemical processes. Its effects are at the same time intoxicating and locally numbing. Cocaine is an illegal drug of dependence whose possession and trade are prohibited according to the Narcotics Act (Betäubungsmittelgesetz) and subject to criminal prosecution.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

73. What are the effects of cocaine?

Cocaine is a strong mental stimulant, effective local anaesthetic and constricts blood vessels. When snorted, the effect sets in after a few minutes. Maximum concentration of the drug in the bloodstream is reached after about 30-60 minutes, and the pharmacological effects last for up to one hour. When injected or smoked, the effect already sets in after a few seconds, as cocaine is quickly absorbed into the bloodstream via the lungs and, when injected intravenously, reaches the brain by circumventing all barriers to absorption. This, however, also shortens the effects. A state of intoxication triggered by smoking the substance will only last for 5 - 10 minutes. Cocaine is generally known as a 'performance drug', as it increases – for a limited time – performance and physical stress tolerance. It dampens the sensation of hunger, reduces the need for sleep and induces feelings of euphoria. However, its purported libido and sexual performance-enhancing effects are reversed with ongoing use, causing sexual disinterest and impotence instead. Intoxication induced by cocaine generally proceeds in several stages. The first, so-called euphoric stage is experienced as positive and is characterised by high mood, increased sense of self-worth, increased motivation and mental activity as well as enhanced sensory performance and creativity. The euphoric phase fades after about 20-40 minutes. Next, anxious and paranoid states of mind may ensue, which are accompanied by predominantly acoustic, sometimes also by visual hallucinations. The third phase of cocaine-induced intoxication is characterised predominantly by dejection, lack of motivation, fatigue and exhaustion or even anxiety, feelings of guilt, self-blame and suicidal thoughts.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

74. What are the acute risks of cocaine use?

The dangers of cocaine use lie predominantly in the risk of quickly developing psychological dependence, and its long-term consequences. The immediate risks of cocaine use depend on the type, dose and duration of use. The quicker the substance is absorbed into the body, the higher is the risk. An immediate risk of death exists particularly for intravenous injection and smoking, as the cocaine is absorbed within seconds with these types of use. At the same time, both types of use carry other specific risks: when injecting dissolved cocaine, impurities and added fillers can cause dangerous side effects, and damage to the respiratory organs – especially the lungs – are typical complications of smoking crack. A condition called 'crack lung' leads e.g. to a lack of oxygen in the blood or to coughing up blood as a result of bleeding in the lungs. When inhalation is intensified by pressing the air down, the risks include pathological air pockets in the chest cavity or the lining of the heart. Snorting, however, may also lead to immediately life-threatening reactions, or even death caused by overdose or intolerance. In cases of hypersensitivity, even a small dose of cocaine may induce 'cocaine shock', which is preceded by paleness, cold sweat and shortness of breath, and may lead to severe circulatory collapse. An overdose of cocaine may, however, cause cocaine poisoning in the form of overstimulation of the central nervous system. These may lead e.g. to increasing loss of coordination, confusion, restlessness and convulsive seizures with temporary loss of consciousness, and finally to a complete loss of consciousness and death by respiratory arrest, as well as to a massive circulatory collapse.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

75. What are the long-term effects of cocaine?

Physical effects
Among the main physical impairments are a weakening of physical resilience, reduced stress tolerance, strong weight loss as well as damage to the blood vessels and to a range of organs such as the liver, heart and kidneys. Smoking crack or freebase causes collateral damage to the respiratory system in particular, while regular snorting mainly damages the mucous membranes of the nose and sinuses, as well as potentially leading to nose bleeds and a loss of smell and taste. Over the long term, chronic respiratory illness may also develop with this type of use. Impurities in the drug may cause severe local infections when injecting. Sharing syringes with others adds a risk of transmission of infectious diseases such as HIV and hepatitis.

Psychological effects
Grave psychological effects that emerge in long-term users include marked mood changes, sexual dysfunction, sleep disorders, depression, anxiety, concerns over loss of control, distrust, lack of motivation and concentration, increased irritability, aggression and confusion. In some cases, cocaine psychosis may develop, which may include paranoid delusions and a loss of touch with reality as well as visual, acoustic and tactile hallucinations. Characteristic for this kind of psychosis are dermatozoic delusions, whereby users are convinced that insects are crawling under their skin. Such psychoses may become chronic.

Social effects
Permanent personality changes are also observed in cases of ongoing cocaine use, such as antisocial and narcissistic behaviour, anxiety disorders, irritability, internal restlessness, strong psychomotor excitation as well as eating and sleep disorders. Apart from the possible criminal and financial problems caused by cocaine use, the marked social anxiety disorders that occur with ongoing use and a tendency towards self-isolation are the main reasons leading to a breakdown of all social connections.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

76. How long does cocaine remain detectable?

The half-life of cocaine is two to five hours. In the blood, cocaine can be detected for up to 24 hours, in urine for two to four days and in hair for several months.

Reference:
http://www.mindzone.info/drogen/kokain/

77. What is speedball?

Speedball is a particularly dangerous injectable mixture of heroin and cocaine. The added potential of heroin dependency – in contrast with cocaine use alone – also becomes rapidly characterised by strong physical symptoms of dependence.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

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Legal highs and research chemicals

78. What are 'legal highs'?

'Legal highs' are new psychoactive substances not yet captured by narcotics legislation. They are usually sold as ready-made products and contain so-called 'research chemicals' – psychoactive designer drugs – as active ingredients. These synthetically produced, pure 'research chemicals' enter the market under the collective term 'legal highs'. 'Legal highs' are often supplied as purportedly legal substitutes for commonly used illegal substances. They are falsely marketed for misappropriated uses such as 'bath salts', 'fertiliser pellets' or 'herbal blends'. These products may seem harmless, but they mostly contain drugs or substances that are psychoactive or have similar chemical effects, which are not listed on the packaging. The packaging in most cases includes a 'not intended for human consumption' warning. However, these products are used for the purposes of intoxication.

More recently, the collective term 'new psychoactive substances' (NPS) has come into use for both 'legal highs' and 'research chemicals'.

References:
http://mindzone.info/drogen/legal-highs/

79. How dangerous are 'legal highs'?

Using 'legal highs' carries considerable health risks, with the possibility of life-threatening cases of poisoning. Also problematic is the often missing list of active ingredients on the packaging: you never know which active ingredient is ingested at which concentration. Moreover, the combination of active ingredients of a product is often changed over time by the manufacturer. It is therefore not possible to count on the usual effects when using a certain product again at the same dose. There is no quality control for 'legal highs'. Current analyses show that 'legal highs' are often a mixture of different psychoactive substances. Even using a single 'legal high' product may therefore represent poly-drug use, which carries unpredictable risks.

References:
http://mindzone.info/drogen/legal-highs/

80. What are 'research chemicals'?

The term 'research chemicals' (or RCs for short, previously known as designer drugs) covers two separate types of psychoactive chemicals:

1. Molecular variants of already existing, sometimes illegal substances, or
2. Substances with entirely new chemical structures.

RCs are single, pure synthetic chemicals. 'Legal highs', in contrast, are generally marketed as packaged, ready-made products. RCs are the actual ingredients or psychoactive components contained in 'legal highs'. RCs are profitably marketed under the collective term or brand name 'legal highs'. RCs are often offered as legal replacements for illegal substances.

More recently, the collective term 'new psychoactive substances' (NPS) has come into use for both 'legal highs' and 'research chemicals'.

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References:
http://www.mindzone.info/drogen/research-chemicals/

81. How dangerous are 'research chemicals'?

Most RCs remain largely unstudied. Hardly any information is available as to their psychoactive effects, toxicology, and especially regarding their long-term effects. The risks connected to using RCs may be several times higher than with using other psychoactive substances that have been known for longer, and for which more information is therefore available in order to estimate the risk.

References:
http://www.mindzone.info/drogen/research-chemicals/

LSD

82. What is LSD?

LSD (lysergic acid diethylamide) is a semi-synthetic chemical. LSD is a hallucinogen. Hallucinogens are substances that impact on mental state and sensory perceptions. The use of LSD has been prohibited in Germany since 1971. In the 1990s, this drug from the hippie era experienced a renaissance on the techno scene, especially on the psytrance scene.

Reference:
http://www.mindzone.info/drogen/lsd/

83. What are the effects of LSD?

LSD massively impacts human perception. It causes sensory illusions, changes to body awareness, spatial and time perception (slow-down), the blurring of boundaries between the person and the environment, euphoria and mental leaps. The biggest risk of an LSD trip is related to distorted perceptions and sensory illusions (hallucinations), which may lead to erroneous responses and therefore to accidents, or, in extreme cases, to self-destructive actions. Because LSD intensifies emotions, feelings may suddenly turn to anxiety and panic, especially when the general mood is low. It then becomes impossible to tell reality from the effects of intoxication ('horror trips'). LSD is absorbed via the mucous membranes of the mouth or the nose. Its effects set in after ca. 30 to 90 minutes and last for between 6 and 14 hours.

Reference:
http://www.mindzone.info/drogen/lsd/

84. What are the acute risks of LSD use?

As the effects set in, disorientation, balance problems, sweats, dizziness and nausea may occur. Reaction time is severely impaired. The pupils dilate, blood pressure and body temperature rise and breathing accelerates.

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http://www.mindzone.info/drogen/lsd/

85. What are the long-term effects of LSD use?

Frequent use may cause the development of tolerance, i.e. the dose must be increased in order to achieve the same effect. Some weeks after the most recent use, so-called 'flashbacks' may occur. A very unpleasant intoxicating effect sets in completely unexpectedly and without any actual LSD use. However, this is only known from isolated cases. The greatest risk of LSD use is 'getting stuck'. Even using the drug only once may trigger severe mental disorders (e.g. depression, paranoia and psychosis).

Physical dependency is not known. However, LSD can make users psychologically dependent.

Reference:
http://www.mindzone.info/drogen/lsd/

86. How long does LSD remain detectable?

In the blood, LSD can be found for 12 hours and in urine for up to three days. In 'hard' LSD users, it can be detected in urine for up to three months. In hair, LSD can be detected for several months.

Reference:
http://www.mindzone.info/drogen/lsd/

Medications

87. Which medications have the potential for abuse and dependency?

Sleep medications and tranquillisers with active ingredients from the benzodiazepine group, which are also contained in muscle relaxants, have a large potential for abuse and dependency. Over-the-counter pain medications are also frequently abused. Moreover, pain relief medications containing opiates (centrally acting analgesics), stimulants ('uppers', e.g. speed, ecstasy), sleep medications and tranquillisers containing Zolpidem and Zoplicone as active ingredients, but also laxatives, diuretics, alcoholic tonics and cough syrups carry dependency potential.

Antidepressants and neuroleptics don't have any dependency potential themselves, but are assumed to often be prescribed as a replacement for benzodiazepines. Sudden withdrawal may lead to withdrawal symptoms. Moreover, the side effects of antidepressants and neuroleptics should be taken into account.

References:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Medikamente (basic information on medications), 2009
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

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88. What are the risks regarding medications?

Medications can have unwanted side effects. They may, for example, cause drowsiness, digestive problems, dizziness and sweating. Some medications change perception and sensations or reaction times without the person noticing. In the worst-case scenario, lasting damage to health, e.g. to liver and kidneys, may occur.

If several types of medication are taken simultaneously, this can lead to drug interactions that are harmful to health. You should therefore speak to your doctor about all medications you are taking and ask about potential side effects. Alcohol can render medications ineffective, intensify their effects or cause severe side effects. You should therefore check with your doctor for each type of medication whether you are allowed to drink alcohol or not. This also applies to over-the-counter medications.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre „Medikamente sicher und sinnvoll gebrauchen“ (brochure: using medication safely and appropriately), 2006; http://www.unabhaengig-im-alter.de/fileadmin/user_upload/dhs/pdf/A100044_Medikamente_Unabhaengig_im_Alter_neu.pdf

89. Am I dependent on medications?

If you have been taking medication for several months or years, speak to a doctor you trust in order to:

- Improve your emotional wellbeing and better cope with negative feelings such as fear, grief and loneliness.
- Alleviate pain whose causes you don't know.
- Be able to sleep better, or to get a better handle on your restlessness or nervousness.

Long-term use of medications may lead to certain habits and difficulties. If you answer any of the following questions with 'yes', it can indicate a problem with medication and potential dependency:

- Are you worried about the prospect of not having access to 'your' medication for several days or even weeks?
- Have you accumulated a reserve stash of this medication 'just to be sure'?
- Have you increased the dose over time because the effect of the medication weakened and your original health complaints reappeared despite taking the medication?
- Do you hide the fact that you are taking this medication, or how often and how much of the medication you are taking?

Only take your medication at the prescribed dose! Any change to the way you take your medication must first be discussed with a doctor!

Seek professional advice and assistance if you are having trouble with medication or are concerned about dependency.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre Frau - Sucht - Gesundheit: Informationen, Tipps und Hilfen für Frauen (brochure: women - addiction - health: information, tips and support for women). Alkohol, Medikamente, Tabak (alcohol, medications,

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tobacco)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

90. Under what conditions is taking benzodiazepines safe?

To ensure the safe use of benzodiazepines, these four rules should be observed:

- Clear indication
- Small dose
- Short duration (14 days)
- No sudden withdrawal

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Basisinformationen Medikamente (basic information on medications), 2009
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

91. What are the effects of benzodiazepines?

Benzodiazepines are a group of pharmacological agents that are administered as relaxants and tranquillisers or as sleep medications (hypnotics), and can lead to dependency. Their effects are:

- Sleep inducing, sleep promoting, muscle relaxing, anti-convulsive
- Lowering of the sensitivity of certain nerve cells in the brain
- Dampening, anxiety-reducing
- Lowering tensions and aggression.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

92. What are the acute risks of taking benzodiazepines?

The acute risks of taking benzodiazepines include:

- Increased risk of accidents, especially falls in the elderly
- Fatigue, balance problems, reduced motion control, slowing of reaction times, lack of concentration into the next day ('hangover' effect of long-acting medications)
- Mutually reinforcing effects with concurrent alcohol use
- Life-threatening in case of concurrent intravenous opiate use.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

93. What are the long-term effects of taking benzodiazepines?

The long-term effects of taking benzodiazepines are:

- Personality changes, dulling of emotions
- Retreat from family and social relationships
- Increased depression
- Paradox reactions possible (increased restlessness, confusion, sleeplessness)
- Loss of effectiveness, i.e. sleep disorders return despite taking the medication.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

94. What are the signs of benzodiazepine dependence?

Benzodiazepine dependence is characterised by:

- Severe psychological and physical dependency
- Increasing the dose may occur, but is not a prerequisite for developing an addiction – 'low dose dependency' also frequently occurs .

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

95. Can I also be dependent on a very low dose of benzodiazepines?

Yes, so-called 'low dose dependency' is common, i.e. affected persons actually take a commonly prescribed dose, but have come to be dependent on it.

Because some active ingredients are only metabolised very slowly in the body, regular use may cause the active agent to accumulate in the body. This is equivalent to (unintended) dosage increase, as a large amount of active agent will accumulate in the body despite the fact that e.g. only one tablet is taken each day.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre Frau - Sucht - Gesundheit: Informationen, Tipps und Hilfen für Frauen (brochure: women - addiction - health: information, tips and support for women). Alkohol, Medikamente, Tabak (alcohol, medications, tobacco)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

96. What are the withdrawal symptoms of benzodiazepine dependence?

The withdrawal symptoms are often identical to the symptoms the medication was originally taken against, only stronger. This leads to the symptoms being erroneously considered as proof that taking the medication must continue.

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After extended periods of regular use, withdrawal symptoms such as tremors, strong fears, depressive mood and convulsive seizures may occur upon stopping to take the medication. Their onset can sometimes be delayed by a few days. The medication should always be stopped gradually and under medical supervision.

Reference:
DHS Broschüre Frau - Sucht - Gesundheit: Informationen, Tipps und Hilfen für Frauen (brochure: women - addiction - health: information, tips and support for women'). Alkohol, Medikamente, Tabak (alcohol, medications and tobacco), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

97. Can I just stop taking benzodiazepines?

Ongoing use as well as abrupt stopping carries risks such as sleep disorders, strong arousal with internal restlessness as well as severe anxiety and tension or even increased suicidal tendencies.

Stopping the use of the substance should therefore always occur under medical supervision – just as taking it should!

In order to avoid or reduce the phenomena or withdrawal symptoms related to stopping, the dose of the medication should be gradually reduced ('faded out').

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre, Immer mit der Ruhe… Nutzen und Risiken von Schlaf- und Beruhigungsmitteln (brochure: gently does it ... advantages and risks of sleep medications and tranquillisers), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

98. When must I not take benzodiazepines?

With some illnesses, benzodiazepines must not be taken: e.g. glaucoma, severe lung and respiratory disorders (e.g. asthma), sleep apnoea (snoring combined with breathing gaps), muscle weakness, motion and coordination disorders as well as severe liver damage.

Benzodiazepines should also not be taken in cases of existing alcohol, medication or illegal drug dependency.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues), Broschüre, Immer mit der Ruhe… Nutzen und Risiken von Schlaf- und Beruhigungsmitteln (brochure: gently does it ... advantages and risks of sleep medications and tranquillisers), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

99. What are the brand names of the most commonly prescribed benzodiazepines?

Sleep medications and sedatives:
Radedorm®, Noctamid®, Lendormin®, Flunitrazepamratiopharm®, Remestan®, Planum®, Rohypnol® and Dalmadorm®

Tranquillisers:
Diazepam-ratiopharm®, Adumbran®, Tavor®, Oxazepam-ratiopharm®, Bromazanil, Hexal®, Normoc®, Lexotanil®, Faustan®

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Muscle relaxants:
Musaril®

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one. http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

100. Can I become dependent on opiate-based pain relief?

Pain relief medication containing opiates is used to combat very strong types of pain, e.g. chronic or cancer pain. Under controlled treatment conditions, taking these usually doesn't lead to dependency. Also, in cases of very strong pain, e.g. with cancer, developing a dependency becomes a secondary concern.

Abuse of these medications that focuses more on the euphoria-inducing effects, however, can lead to dependency even after only a few doses.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for anyone wanting to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

101. Can I become dependent on over-the-counter pain relief?

Over-the-counter pain relief medications are intended for the self-directed treatment of low and medium-level pain. Abuse of these medications may develop e.g. when they are used to maintain performance despite constant symptoms and exhaustion. A higher potential for abuse exists for combination preparations that contain a pain-relieving agent in combination with caffeine as a stimulant.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for anyone wanting to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

102. For how long can I take over-the-counter pain relief without worrying?

Over-the-counter pain relief should not be taken for longer than three consecutive days, and no more than ten times in one month. Please consult a doctor if you experience frequent and strong pain.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

103. What are the brand names of the most commonly sold painkillers?

Medications with a single active ingredient
Paracetamol ratiopharm®, Aspirin®, ASS ratiopharm®, Dolormin®

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Combined medications containing caffeine
Thomapyrin® , vivimed® plus caffeine,Titralgan®, Neuranidal®, Optalidon®N

Reference:
DHS-Broschüre, Alkohol, Medikamente, Tabak, illegale Drogen, süchtiges Verhalten? (DHS brochure: alcohol, medications, tobacco, illegal drugs, addictive behaviour?): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

104. What are the effects of over-the-counter painkillers?

The effects of over-the-counter painkillers are:

- Dampening pain, lowering fever and inhibiting inflammation
- The caffeine in combination medications acts as a stimulant.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

105. What are the acute risks of taking over-the-counter painkillers?

The acute risks of taking over-the-counter painkillers include:

- Dizziness, especially when combined with alcohol
- In case of overdose: poisoning, stomach problems and ringing in the ears (tinnitus); for acetylsalicylic acid – initially dizziness.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

106. What are the long-term effects of taking over-the-counter painkillers?

The long-term effects of over-the-counter painkillers are:

- 'Painkiller headache', a dull, permanent pressure headache which makes it tempting to use further medication
- Sometimes extreme dosage increases, up to 50 tablets per day
- Ongoing high doses carry a risk of severe liver and kidney damage.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one,
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

107. What are the signs of habituation to over-the-counter painkillers?

Psychoactive effects and reduced effectiveness of the medication can lead to habituation and misuse.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Services for people who want to help a loved one, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Pregnancy and drugs

108. What are the effects of drugs on the unborn child?

Drug use during pregnancy may cause malformations in the child, growth delays inside the womb, subsequent development disorders, and, in some circumstances, the child may suffer withdrawal symptoms after the birth.

There are no safe limits for risk-free alcohol and other drug use during pregnancy. The child may be harmed even by small amounts. It is therefore best for the health of the child – as well as for the health of the mother – not to take drugs at all. This includes alcohol and nicotine just as much as it does the different illegal drugs or taking sleeping pills, stimulants or tranquillisers that haven't been medically prescribed. It is most dangerous for the child if the mother takes several drugs at the same time, as different substances reinforce each other's effects.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addition Issues), Broschüre, „Du bist schwanger… und nimmst Drogen?“ (brochure: pregnant ... and taking drugs?)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

109. How does stopping the use of addictive substances such as cocaine, amphetamines, alcohol and nicotine during pregnancy affect the unborn child?

Stopping the use of addictive substances during pregnancy has the following positive effects:

- The risk of premature birth is reduced.
- It is less likely that the child will die before or after the birth.
- The child will probably have a normal birth weight and therefore be less susceptible to infections.
- The risk of the child having to go through withdrawal symptoms is reduced.
- The risk that the child will sustain mental or physical damage is lower.
- The probability that the child will develop normally is higher.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addition Issues), Broschüre, „Du bist schwanger… und nimmst Drogen?“ (brochure: pregnant ... and taking drugs?)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

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110. What is important when stopping the use of addictive substances?

The use of the following substances should be stopped immediately: alcohol, cocaine, crack, ecstasy and amphetamines. This should always be done with support from an addiction counselling centre. If the use of these substances can't be stopped completely, it is possible to be prescribed substitutes or medication during the pregnancy. In case of alcohol dependency, inpatient detoxification may be considered. Smoking (cigarettes, cannabis) should also be given up or at least reduced. Nicotine replacement therapy – in form of patches, tablets or chewing gum – can help.

111. A general rule for all addictive substances is that their use should not be stopped suddenly or without support!

If benzodiazepines (Valium®, Faustan®, Rohypnol®) are taken, these must be reduced slowly as convulsive seizures may occur. Medical supervision should always be accessed in this case.

Heroin use must also not be stopped suddenly. Abrupt withdrawal ('cold turkey') endangers the child: premature contractions or premature birth may occur, or the baby may even die in the womb. In addition, the child will go through the same withdrawal symptoms as the mother. Addiction counselling can help find a doctor's practice or hospital outpatient department providing opioid substitution therapy. Alcohol use should also be reduced slowly and not without support.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addition Issues), Broschüre, „Du bist schwanger… und nimmst Drogen?“ (brochure: pregnant ... and taking drugs?)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

112. Where can I find support for giving up alcohol/cigarettes during pregnancy?

IRIS is a special online programme to support women with giving up tobacco or alcohol during pregnancy. Participation is **anonymous and free of charge**. Because the programme is internet-based, it can be used **independent of the time of day or the location**. **This 12-week** guided programme is modern, interactive and user friendly. **New background information** is also added every week – not only on the topics of smoking and alcohol, but also on relaxation, nutrition and wellness activities. **Interactive online exercises** invite users to actively engage with their individual needs and strategic solutions. In a **private area**, users can monitor their own progress.

The programme can be found at www.iris-plattform.de/

Tobacco and nicotine

113. What are the effects of nicotine?

When tobacco is consumed without the person being accustomed to it, the primary response are signs of poisoning that occur in the form of increased salivation, dizziness, nausea, vomiting, headache and palpitations, or even intermediate loss of consciousness and comatose states. With habituation to the substances contained in tobacco, these signs fade

into the background in favour of psychological effects. Attention is sharpened, memory enhanced and stress tolerance increases, while arousal and aggression are simultaneously reduced. However, the acute effects of smoking are significantly influenced by the individual situation and the user's state of mind. Its effects may therefore be calming in stressful situations or stimulating in case of depression. An important factor for deriving pleasure from smoking is also the personal association of smoking with positive experiences, e.g. smoking in the company of others, the after-meal cigarette, cigarette breaks etc.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

114. What are the acute risks of smoking?

Apart from the potential acute symptoms of poisoning when unaccustomed to tobacco use, smoking is mainly associated with a risk of rapid habituation and the development of tolerance, as well as severe long-term health risks. An acute risk for children is potential poisoning through ingestion of unsmoked cigarettes or cigarette butts.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

115. What are the long-term effects of smoking?

While nicotine is primarily responsible for causing the addiction, the actual health issues are caused by the numerous other harmful substances – many of which have been proven to cause cancer, pose particular risks during pregnancy and damage blood vessels. Smoking promotes the narrowing and calcification of blood vessels, which can lead to severe circulatory problems – of the coronary arteries and extremities in particular – as well as increasing the risk of thrombosis. Because of smoking as the mode of consumption, the respiratory organs are especially at risk of suffering damage – from chronic bronchitis to pulmonary carcinoma. In fact, 40 - 45% of all cancer deaths can be causally attributed to smoking.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Die Sucht und ihre Stoffe – Kokain (drugs and drug addiction: cocaine)
http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

116. What are the effects of quitting smoking?

Quitting is worthwhile even after many years of smoking:

- After 20 minutes: pulse and blood pressure are reduced to normal levels.
- After 8 hours: carbon monoxide levels in the blood return to normal. At the same time, oxygen levels increase.
- After 24 hours: the risk of a heart attack is reduced.

- After 48 hours: nerve endings begin to regenerate; the sense of smell and taste improves.
- After 2 weeks to 3 months: blood circulation stabilises. Lung function improves.
- After 1 to 9 months: coughing fits, blocked sinuses and shortness of breath are reduced. The lungs are gradually cleaned as mucous is broken down. Susceptibility to infections is reduced.
- After one year: the risk that the heart muscle will not receive enough oxygen is reduced by half.
- After 5 years: the risk of dying from lung cancer is reduced by 50 %. The risk of cancers of the mouth, windpipe and oesophagus is also reduced by half.
- After 10 years: the risk of lung cancer has decreased to normal levels. Cells with tissue changes that could be considered pre-cancerous are excreted and replaced. The risk of other types of cancer is also reduced.
- After 15 years: the risk of a heart attack is no greater than it is for non-smokers.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): rauchfrei! (smoke-free!) Informationen, Tests und Tipps zum Thema Rauchen oder Nichtrauchen (nformation, tests and tips on the topic of smoking or not smoking), http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

117. Is it enough to reduce smoking, or should I quit altogether?

Many smokers are (still) unable to decide to completely quit smoking. Instead, they try to smoke as little as possible. However, all smoking poses a health risk. While the cancer risk strongly depends on the number of cigarettes smoked each day, damage to the cardiovascular system is much less dependent on the dose. 'Light' cigarettes do not offer a solution either. Their lower levels of nicotine and condensate are mostly made up for my more intense smoking. Almost all specialists therefore suggest to always quit smoking altogether. Most smokers find this easier than constant counting and restraint anyway.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): rauchfrei! (smoke-free!) Information, tests and tips on the topic of smoking or not smoking, http://www.dhs.de/informationsmaterial/broschueren-und-faltblaetter.html

Computer games and the internet

118. What is internet addiction?

Several other terms are also in use for 'internet addiction', such as 'pathological internet use', or 'excessive', 'problematic' or 'maladjusted' Internet use.

Signs of pathological use are the excessive use of the internet and a loss of control in relation mostly to specific forms of use, e.g. online games, chat and messaging or pornographic content.

Responses to pathological internet use are predominantly modelled on substance-related dependency or pathological gambling. Professional responses draw on the key symptoms of substance dependency (exclusive focus on computer games/online chat etc., typical markers of addiction such as loss of control ('not being able to stop'), inability to maintain abstinence, neglecting family, friends and hobbies etc.). The term 'addiction' is appropriated and an association is formed with the concept of 'addictive behaviours'.

According to the ICD-10 and DSM-IV diagnostic systems, pathological internet use is to be classified as an otherwise unspecified impulse control disorder.

References:

Beard, K.W. & Wolf, E.M. Modification in the proposed diagnostic criteria for Internet addiction. Cyberpsychology and behavior the impact of the Internet, multimedia and virtual reality on behavior and society, 2001, 4 (3), 377-383.

Petersen, K. U., Weymann, N., Schelb, Y., Thiel, R. &Thomasius, R. Pathologischer Internetgebrauch – Epidemiologie, Diagnostik, komorbide Störungen und Behandlungsansätze. (pathological internet use – epidemiology, diagnostics, comorbid disorders and treatment approaches). FortschrNeurolPsychiat, 2009, 77, 263-271

Holden, C. ‚Behavioral' addictions: do they exist? Science, 2001, 294, 980-982

Dell'Osso, B., Altamura, A.C., Allen, A., Marazziti, D. &Hollander& E. (2006). Epidemiologic and clinical updates on impulse control disorders: A critical review. European Archives of Psychiatry and Clinical Neuroscience, 256 (8), 464-475

119. Where can I get help with online gaming/internet addiction?

If you feel like your use of computer games/the internet is problematic, or that someone else around you uses computers/the internet in a problematic way, please talk to a doctor you trust or a local addiction counselling centre.

Gambling

120. What is gambling?

Gambling is playing games with money at stake and a win solely or predominantly depending on chance. Bets where money is at stake are also a form of gambling.

There are pure games of chance without any competency component – having nothing to do with skill – and which are *solely dependent on chance* (or criminal manipulation), such as gaming machines, casino games, lotto and lotteries. In addition, there are games of chance with a competency component that are *predominantly dependent on chance*, such as sports bets and card games for money. The competency component is small, however, and players often overestimate the extent to which they can influence the outcome. In another category are games with a gambling character, such as prize hotlines or highly speculative stock exchange trading.

Reference:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Glücksspiele und kognitive Verzerrungen (fact sheet gambling addiction – games of chance and cognitive distortions), http://www.dhs.de/informationsmaterial/factsheets.html

121. Which games of chance are prohibited?

Games of chance may only be conducted under state supervision and control. However, the market for games of chance has strongly expanded and they have become an attractive leisure activity. To contain the risk of gambling addiction, government intervention is necessary that effectively regulates the gambling market and returns it to an acceptable level. In Germany, private sports betting venues and internet gambling are prohibited by legislation. Games of cards, dice and poker are generally illegal when they are played for money.

References:
http://www.dhs.de/suchtstoffe-verhalten/gluecksspiel.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Wenn das Glücksspiel zum Problem wird (fact sheet gambling addiction – when gambling becomes problematic), http://www.dhs.de/informationsmaterial/factsheets.html

122. Which games of chance can become addictive?

The path to dependency is mostly slow and hidden, and as players play more and more frequently and risk more and more money money, control is lost. There are several factors that can promote dependency:

- The more gambling options there are and the easier they are to access, the higher is the demand, and also the occurrence of problematic gambling behaviour.
- Another deciding factor is a quick succession of games/high frequency of events. The higher the frequency of events, i.e. the faster a new game can be started, the higher is the addiction potential, such is the case with gaming machines.
- The addiction potential also increases if the period between placing a bet and the result of the game and payout of winnings is very short.
- In pure games of chance, player influence is only suggested. In some games however, e.g. poker, certain skills may actually increase the chances of winning, but only minimally, and this possibility increases the potential risk.
- Near misses, e.g. reaching 5 instead of the required 6 identical winning symbols in gaming machines, promote playing again because players believe that a win is within reach. These kinds of almost-wins can also be found in the computer-controlled programmes that run the gaming machines more often than chance would suggest.
- The larger the variety of bets to be placed and prizes to be won, the more dangerous the game, as losses are attempted to be made up for by increasing the bet, and increased bets can produce effects akin to increased drug doses.
- A particular attraction exists with games where the chances of winning are perceived to be real, and where the size of the potential winnings is attractive.
- Small bets (gaming machines), using chips (roulette) and virtual bets by credit card (internet gambling) obscure the financial impact, impair judgment and lower inhibitions to participate. Losses are perceived to be minor and gamblers take higher risks.

All the factors mentioned here and their influence on perception and behaviour must always be taken into account when assessing the potential risk of games of chance.

Reference:
Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Prävention der

Glücksspielsucht – Memorandum der Deutschen Hauptstelle für Suchtfragen e.V. (preventing gambling addiction – a memorandum of the German Centre for Addiction Issues), 2007
http://www.dhs.de/suchtstoffe-verhalten/gluecksspiel.html

123. How can I tell whether I am addicted to gambling?

As with substance-based forms of addiction, a distinction must be made between use, misuse and addiction. However, the lines between these phases are blurred. Having fun may be the priority at first, but after initial wins, a desire to relive this feeling may develop. When losses occur, players want to continue to recoup their money. This can lead to further and further gambling and loss of control. Negative effects on family, social life and work are pushed aside. Gambling for fun can turn into problematic gambling behaviour and even gambling addiction. Symptoms often resemble those of substance-based addictions: exclusive focus on gambling, typical addiction markers such as loss of control ('not being able to stop'), neglecting family, friends and hobbies, addiction-related crime etc.

If you answer two or more of the following questions with 'yes', it may indicate that your gambling behaviour is problematic. You should take this seriously and consult a counselling centre:

- Are your thoughts solely focused on gambling?
- Are you gambling more and more, or are you increasing your bets?
- Do you get restless or irritable when you don't have an opportunity to gamble?
- Are you using gambling to distract yourself from upsets or stress?
- Have you ever unsuccessfully tried to quit gambling?
- Do you gamble to make up for your losses with a big win?
- Do you hide your gambling from family or friends?
- Have you continued gambling despite financial difficulties of problems with your family?
- Have you ever asked family or friends to lend you money for gambling or to cover your debts?

References:
http://www.dhs.de/suchtstoffe-verhalten/gluecksspiel.html

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Wenn das Glücksspiel zum Problem wird (fact sheet gambling addiction – when gambling becomes problematic), http://www.dhs.de/informationsmaterial/factsheets.html

124. How do I know if my partner is addicted to gambling?

If some of the following is true for your partner, it could indicate problematic gambling behaviour:

- Your partner is gambling more and more often, and bets more and more money.
- Your partner becomes restless or aggressive if he/she doesn't have opportunities for gambling.
- When there is trouble or stress, your partner gambles as a distraction.

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- Your partner claims to be able to make up for losses by more gambling.
- Your partner is hiding his/her gambling from you and lies to you.
- Debt levels are rising.
- Your partner tries to borrow or illegally procure money for gambling.
- Your partner continues to gamble despite negative consequences such as debt, separation or loss of employment.

Reference:
DHS, Arbeitshilfe Glücksspielsucht – Wenn das Glücksspiel zum Problem wird (fact sheet gambling addiction – when gambling becomes problematic),
http://www.dhs.de/informationsmaterial/factsheets.html

125. Is gambling addiction recognised as an illness?

Yes, since 2001, gambling addiction is recognised as an illness with an unique diagnosis in the area of psychiatric disorders. Ongoing and repeated, maladjusted gambling behaviour is classified in the international classification system of psychiatric disorders (ICD-10) as an impulse control disorder, but, in practice, is treated as a dependency syndrome.

Recognition as an illness means a right to treatment, to aftercare and the possibility of accessing occupational rehabilitation services. The 'recommendations for medical rehabilitation in cases of pathological gambling' of the peak bodies of German statutory health insurance and pension funds are the basis for the financing of outpatient and inpatient services.

Reference:
Empfehlungen der Spitzenverbände der Krankenkassen und Rentenversicherungsträger für die medizinische Rehabilitation bei pathologischem Glücksspielen (recommendations of the peak bodies of statutory health insurance and pension funds for medical rehabilitation in cases of pathological gambling)
http://www.dhs.de/suchtstoffe-verhalten/gluecksspiel.html

126. Where can I find support with problematic gambling behaviour or gambling addiction?

Please consult a doctor you trust or a local addiction-counselling centre.

Further information on the topic of gambling for those affected and their relatives in **Arabic, English, French, Greek, Italian, Polish, Portuguese, Russian, Serbian/Croatian, Spanish, Turkish and Vietnamese** are available online at:
http://www.dhs.de/informationsmaterial/factsheets.html

127. What can I do myself to become/remain gambling-free?

- Try to avoid all forms of gambling as much as possible.
- Talk to someone you trust about your situation.
- Carry as little cash with you as possible when you are out and about.
- Have regular payments made by automatic transfer from your account.
- Ask a person you trust to help you with managing your money, and give them your bankcard.

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- Keep in contact with people who don't gamble.
- Find a hobby you enjoy.
- Plan and live your days in a way that avoids becoming bored.
- Use options to have yourself barred from gambling in casinos.
- Look for connections to other gamblers who want to quit gambling. There are special self-help groups for gamblers

Reference:

Deutsche Hauptstelle für Suchtfragen e.V. (German Centre for Addiction Issues): Arbeitshilfe Glücksspielsucht – Wenn das Glücksspiel zum Problem wird (fact sheet gambling addiction – when gambling becomes problematic), http://www.dhs.de/informationsmaterial/factsheets.html

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