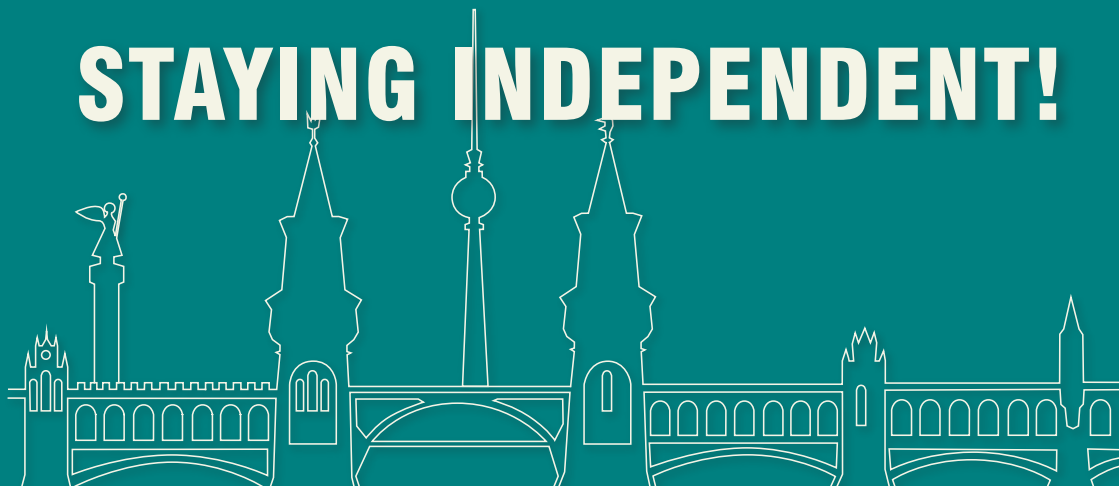


# STAYING INDEPENDENT!



## Addiction prevention

Information from the Berlin Centre

FACHSTELLE FÜR  
**SUCHTPRÄVENTION**  
IM LAND BERLIN

## THE CENTRE



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## WHAT DOES THE CENTRE OFFER?

- Institutional and individual advice and coaching
- Telephone and online counselling
- Developing and offering addiction prevention projects
- Contact for Berlin regions, cooperation in projects within the districts and campaigns for addiction prevention
- Further training of educational experts; parent and family training
- Issuing/drafting/rental of addiction prevention materials
- Networking schools, training, youth & addiction assistance, associations, healthcare, etc.
- Website with topical knowledge pool and dates ([www.berlin-suchtpraevention.de](http://www.berlin-suchtpraevention.de))

Our multiprofessional team is always happy to help!

## FOREWORD

*Preventing addiction concerns all of us – all those responsible for children and young people, all those who support the right to a self-determined, independent, and socially responsible life, and all those who care about the state of our society. The work of addiction prevention in Berlin is thus a task that cuts across all individual, social, and institutional boundaries. Apart from the personal and family suffering it causes, addiction takes an enormous financial toll on society as it attempts to deal with the resulting damage. Addiction prevention offers the chance to nip addiction in the bud. In preventing the harmful consumption of addictive substances and excessive behaviour, it stops the development of psychosocial problems and dependencies.*

*We now know that addiction prevention works. In order to do so it needs an overall strategy, networks and professional exchange. It should encourage people to do their part in promoting a positive attitude towards life, self-esteem, the ability to deal with conflict, and a healthy lifestyle.*

*The Berlin Centre for Addiction Prevention makes a visible, tangible contribution to preventing substance abuse and dependency. Addiction prevention services are now better networked. We are now achieving the kind of professionalism appropriate to a European metropolis like Berlin. »Staying independent!« is our joint motto.*

*But there is still a lot to do. This brochure offers diverse information and asks you to get involved in preventing addiction.*

*Join us – together we have a chance!*



**Katrin Lompscher**

Senator for Health, the Environment  
and Consumer Protection

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*Once upon a time: Drugs are bad, keep your hands off them. Today we know that the fight against addiction and dependence requires positive, life-affirming messages. A paradigm change has long since taken place – the Centre provides impetus for this development.*

Prevention starts before drugs or substitute drugs can become a dangerous habit. Prevention aims to provide the strength, courage and confidence to cope with life. To help children and teenagers to achieve this goal, prevention experts urgently need to combine their forces. This may not always be simple, but new paths have to be tread.

## **More action less talking**

Pious speeches are of course not sufficient; political players must get into action. Two major demands have thankfully been put into practice at federal level: the increase in tobacco tax and the introduction of a tax on alcopops. Berlin is also not doing too badly when it comes to addiction prevention.

Just a few examples:

- Our children attend smoke-free schools.
- Experts and those bearing responsibility give considerable attention to the needs of children from families affected by addiction.
- Regional addiction advice agencies offer early intervention courses (e.g. FreD or HaLT!)
- Addiction prevention has become a central issue in youth leisure facilities and in youth welfare.

# BERLIN NEEDS COURAGE TO CHANGE

The list could go on. However, despite all positive initiatives and measures taken everyone agrees that there is still a lot to do. It is a sad fact that consumption of both legal substances of abuse such as tobacco and alcohol and of illicit substances of abuse, particularly cannabis, is still too high. And that young consumers in particular are becoming more and more numerous.

## Up to date: Combining forces

To promote a unified approach, Berlin established a Centre for Addiction Prevention on 14 December 2005 to coordinate addiction prevention and improve its impact across the entire city.

Hence, Berlin is establishing what Hamburg and the cities in North-Rhine/Westphalia or Zurich have already done, and is equipping itself with modern addiction prevention structures, as required by a modern and growing capital.

For this necessary process of change the Centre for Addiction Prevention has already found a large number of partners: people and organizations who understand that in order to prevent abuse and dependence, it is necessary to work hand-in-hand for the well-being of our children and teenagers. We want to help overcome

barriers, to commit our skills in a profitable way to the people in need, to test traditional ideas and adapt them.

## A life without addiction!

Family structures play a major role in two senses: Firstly, parents must face their responsibility. They must be informed and encouraged to discuss touchy subjects with their children. Secondly, prevention needs to access the family like structures of gangs and cliques. It is vital to win over opinion-leaders as well as stressing the fact that a life without addiction and dependence is the better choice by far. Our individualism and the conviction to always do the right thing must not be allowed to stand in our way.

Decrepit structures will not help to reach these goals; new alliances must be formed. After all, the aim is to prevent our children's health and to safeguard them from dependence – in other words – promoting a life without addiction.

Let us tackle this challenge together!

*Kerstin Jüngling*

# A LAW ON PREVENTION, NOW

The matter is basically self-explanatory: With no diseases breaking out, there is no need for treatment; we save a lot of money and worries. So far so good ... we agree in theory that prevention is to be expanded to become a major element of the health system. However, a law is needed in order to realise this idea.

The political parties also largely agreed on this in 2005. Even the first reading of a Prevention Act had already taken place in the Federal Parliament; a much fought-out compromise was in sight that would also have resolved the question of funding. But then new elections were decided for. Everyone longing for the Act had to watch while both the Act as well as the debate on it were put on ice for more than a year.

## **Social policy impact**

In fact, there is virtually no other item of health policy where agreement is so strong across all the party boundaries. Not only is there the potential to achieve massive financial savings with more consistent prevention, effective health promotion also has an impact on life within families and the community.

The social policy impact should not be underestimated. If the rich and poor, socially strong and socially vulnerable are reached equally,

prevention can lead to greater social participation and social compensation. Germany's potential is not being exhausted by any means. To put good concepts into practice, the work has to be better coordinated and funded, for instance in kindergartens, in schools and at work, as well as in youth work.

Nonetheless, the new government has also announced that the Prevention Act is to reach the statute books. The debate on the costs, which had almost been resolved, must now start from scratch. Here, once more, the solution is really rather simple: All social stakeholders must take an active part since everyone ultimately benefits from the positive impact of effective prevention. This applies first and foremost to the health insurance funds. They too will see a major long-term benefit from a Prevention Act.

## **Greater quality of life**

Prevention ensures better quality of life, and everybody contributes. For this principle to become a manifest, politicians will have to take the following demands to heart in the near future:

- The Prevention Act must be adopted as quickly as possible because health deserves more promotion than it is receiving at the present.

*The Prevention Act – if the new Federal Parliament elections had not got in the way, it would presumably already be in force. Nonetheless, everyone is in basic agreement: Prevention benefits everyone and reduces healthcare costs.*

- Prevention concepts which are to be promoted in future must have proven their effectiveness.
- Prevention and health promotion must benefit all people equally, be they young or old, men or women, with or without a migration background. This also means that people with few health or social resources and skills must be particularly promoted.

As the central coordination agency for addiction prevention in Berlin, it is our concern that these demands are put into practice. We want to spark off a greater commitment and find further cooperation partners. We are networking all major players and expanding the existing structures. In doing so, we are ensuring that effective, high-quality concepts become the norm, benefiting everyone in Berlin. Berlin needs a masterplan for addiction prevention making sure that especially our children and teenager benefit from effective, resource-orientated measures. Thus enabling them to act responsibly and in awareness of their health – the best way to achieve this is with a new Prevention Act.

**Rüdiger Schmolke**



# SHOW SYMPATHY – STRENGTHEN SELF-CONFIDENCE

No generation of children and teenagers has ever had such easy access to drugs. Today's minors have a whole range of psychoactive substances – both legal and illicit – at their almost free disposal. Children can buy cigarettes from vending machines, and in many cases there is nothing stopping them from buying alcoholic drinks.

National surveys show that illicit drugs have already been offered to one in six 12-to-15-year-olds, this figure rising to many more than half among 16-to-19-year-olds. More than ever cannabis consumption is the norm: One person in three aged from 12 to 25 has already tried it.

## Multiple temptations for young people

Anyone who knows the figures, and regularly scans the newspapers and magazines for reports on drug-related trends, has cause for concern. »Increase in cocaine abuse«, »Methamphetamine – the monster drug is spreading«, »Cetamine abuse among party-goers on the increase«, »Tilidine – the prescription drug causes aggressiveness and boosts self-confidence«.

The world in which the youth of today is living is not simple. It complicated, full of niches

and temptations. To decide against drugs, alcohol or cigarettes proves to be quite a challenge to young people. Anyone saying »No« is seen as the spoil-sport and quickly becomes an outsider.

On the one hand, we know how damaging regular consumption is to a child's development, apart from legal problems and consequences for family life. On the other hand, we always have to bear in mind that it is less a matter of the nature of the substance than of the quantity and regularity of consumption. Many teenagers simply want to be »in«. To convince them that there is no such substance that solves their problems and no intoxication which permanently turns the world into a better place is quite possible.

What can we do against the spread of addiction and addictive conduct in our society? How can we protect our children against permanent damage as a result of natural curiosity and willingness to take risks?

Naturally, information is vital. Children and teenagers should be told in a manner appropriate to their age about the health impairments caused by regular smoking and drinking. Health issues as well as the legal consequences of cannabis consumption should also be subject

of discussion. Prevention of consumption of legal and illicit drugs, of stimulants and sedatives has in common that children and teenagers learn to estimate risks.

### **Learning to remain independent**

However, proper addiction prevention is more than mere drug education, and must start with an positive aspect. For instance, where three-quarters of the children and teenagers who have no experience with drugs say that they certainly have no intention of taking illicit drugs at all.

Our aim must be to enable our children to remain independent and giving them the chance to make their own decisions at their own responsibility.

We can counter addiction and drugs! We can help our children and teenagers to believe in themselves and their abilities so that solving their problems with the help of drugs loses its appeal. In order to make children truly »strong«, politicians, parents, teachers, kindergarten teachers, social educationalists, the youth welfare office and addiction prevention experts must have the same aims.

***Rüdiger Schmolke***



*Children must be strong – this is their best prevention against addiction.*

# INTERCULTURAL ADDICTION PREVENTION

If only integration would be as simple as displayed in afternoon programmes on Viva: shows are presented by young women called Gülcan and Collien, videos by Turks rapping in German and dark-skinned Germans are played, everyone is easy and relaxed with one another. Reality however is a different matter. Once the glitzy world of Viva is switched off, real life kicks in. Integration is en vogue – even more so because it frequently does not work as we would like it to. Surely health promotion and prevention initiatives should be equally accessible to all – in theory. In practice often the information does not reach children, teenagers and parents with a migration background; the thresholds are too high.

The principle problems faced by the migrants themselves are:

- language barriers,
- lack of knowledge of the advice and assistance system, and

- mistrust of institutions and fear of legal consequences.

The experts too face various obstacles to suitable care and advice:

- overemphasis and clichéd generalization of cultural differences,
- the exact opposite: denial of cultural differences (»We treat everyone the same!«), and
- lack of willingness to try something new.

Well aware of the increasing problems, professionals who work in the field of prevention cannot slow themselves down by hoping that the clientele will change itself and take down barriers on their side. The only thing that the services can do is to adjust their own work to reality. Therefore, the education system, the administration and the political arena must be enabled to deal constructively with cultural diversity. People with a migration background are the norm.

*We already knew that integration is not an easy task before the incident at the Rütli School in Neukölln took place. However, the Rütli case has set off a discussion that may well be an opportunity for intercultural addiction prevention.*

## Passing on cultural knowledge

Intercultural addiction prevention must have up-to-date knowledge of different cultures' specific addiction behaviour. For example: People with a Russian migration background come to notice above all because of alcohol and heroin consumption. Among Turkish and Arab youths, the pain-killer Tilidine currently plays a major role. Intercultural addiction prevention must take multiple approaches. Language promotion is vital. It is however also a matter of knowledge about advice facilities, the education system, structures in kindergartens and schools for instance.

In particular parents with a migration background are a vital target group. Reaching this particular group is a challenge for intercultural addiction prevention. Teachers frequently complain about parents not attending parents' evenings despite a written invitation. We ask teachers to re-think their strategies and adapt

their methods. Approach the parents, make contact! Call the parents you do not know and drop by for a cup of tea. This gives you the chance to explain to them why you are concerned and why you would like them to get involved in school or kindergarten.

## Approaching the parents

There are some successful models such as training of district mothers and initiation of family roundtables. All these projects are low-threshold, actively approach children, teenagers and parents with a migration background and meet their needs. Initial migration advice centres, assistance facilities, district meetings and cafés need information about what addiction prevention can do. The Berlin Centre for Addiction Prevention offers know-how and help as a central point of contact.

*Christina Schadt*



# CHALLENGE FOR PARENTS

Parents on one side, educationalists on the other. Whoever spread the idea that these two are enemies by nature did a good job. This would not be so bad – were it not for the children who are caught in between.

## The grain of truth

»Parents are no longer interested in their children's progress«. »Teachers are always right, never listen and take the fun out of learning.« The list of accusation is endless. And some are particularly hurtful because they contain a grain of truth. The clarification of the relationship is simple as such since both parties are linked by a very serious shared interest: The healthy, addiction-free development of the children.

A good exchange between parents and educationalists is urgently needed when it comes to giving children and teenagers an orientation, and protecting them against the risks of addiction. The best guarantee against this type of danger is and remains turning children into self-confident, well-informed people – something that parents and education professionals can only achieve together.

It is mostly the teachers who must take the incentive. They have to approach parents, make contact and encourage them.

*The advisory leaflet »Is my child at risk?« provides concrete action plans for parents: How to deal with your child and whom to turn to in case of suspicion or if your child is already at risk of addiction. Available at the Centre for Addiction Prevention.*



Often it is a matter of assistance at the beginning: How can I speak with my child about difficult topics? How do I manage to find the right tone and keep the right balance between honesty and authority? How do I manage not to lose touch when he or she is no longer a child and peers become more and more important?

To enable parents to have a sensible exchange with their children, they need information in order to be able to assess their children's situation: Where is my child at risk? What drugs are »in« at the moment, and how do I recognize their consumption? When does addiction start?

### **What kind of role model are we for our children?**

When it comes to our own children's potential for risk, a first answer is always with the enquirer. What we show to our children, how we deal with problems and crises in everyday life, what role is played by addiction and substances of abuse in our lives. More than half of school-starting-age children in Berlin are growing up in a household with a smoker according to the new Health Report.

In addition to the serious health damage caused by passive smoking, it has been proven that children who grow up with smokers

are more than twice as likely to become smokers as adults than children from smoke-free households. Studies show that the attitude of even very small children is very much in line with the parents' consumption conduct.

### **Taking children and young persons seriously**

For teachers and other experts, it is also a matter of the inner attitude to the topic. They must primarily impart knowledge, but it is just as important for children and teenagers to feel that they are taken seriously and can trust teachers. Furthermore it is important to communicate this attitude towards the parents, since only by open and honest communication is it possible to get to the bottom of addiction risks.

Parents and teachers are hence not so far apart – and are certainly able to take on joint responsibility for positive development. The Centre for Addiction Prevention would like to help both sides to approach the topic of addiction risks without fear and to provide counselling.

*Uta Tikalsky*

# CLEVER HEADS NEVER STOP LEARNING

How do you deal with a 15-year-old who regularly smokes cannabis and boasts about it to his or her peers? How do you reach a 12-year-old girl who obviously has an eating disorder and who no longer lets anyone get close? How do you approach a 14-year-old Turkish youth when you know that he takes Tilidine on a regular basis and has stolen prescription pads to do so?

## Addiction prevention as a cross-sectional task

These and similar questions are everyday matters for people working with young people and for instance have a good look at drug abuse and its risks. They understand clearly that addiction prevention is not a trick, it is not a special science or a task for experts. Addiction prevention is a cross-sectional task; it needs the help and cooperation of parents, kindergarten teachers, physicians – to put it in a nutshell: it needs constant further training.

As drug trends change, so must those who have committed themselves to providing assistance and prevention. They continually have to keep abreast of the state-of-the-art in research, need an exchange of opinion with others and have to question their own approaches. This is the only chance of working effectively and rea-

ching young people who would prefer to keep their drug experience among friends.

Knowledge, confidence, security, creativity – what teachers are to teach to children is quite a lot. Anyone who takes their job, and hence the children, seriously and promotes their psychosocial development intensively, in fact already makes a major contribution towards addiction prevention.

Experience has shown however, that when it comes to addiction and drugs thresholds and uncertainties arise. It is a central task of further training to remove these obstacles and to ensure that it is possible to speak openly, for both teachers and pupils.

## Starting early

The earlier the question of what is healthy and what is not, what is dangerous and what is not is broached, the greater is the chance to steer the attitude and behaviour of younger children. It is perfectly possible to discuss addiction prevention in kindergartens – admittedly without speaking about substances and concrete risks. Kindergarten teachers, social educationalists and teachers themselves shoulder a major responsibility: Their model behaviour in connection with substances of abuse has a major influence on children and teenagers.



*You want to know more? We are happy to provide you with further information. Alternatively you can visit our seminars! Regular introductory events take place for experts from all fields of educational work.*

The Centre for Addiction Prevention advocates a »professionalised cross-sectional task«. Addiction prevention should not be »a gut reaction«, but should be implemented in a targeted manner, and should be factually sound – in all educational fields.

Fundamental expert knowledge and options as a fixed element for instance:

- in training exercise leaders or nurses,
- in training kindergarten teachers,
- at social work and education colleges, and
- at schools of midwifery.

This would be desirable in the interest of effective addiction prevention, and hence health promotion of our children and teenagers!

The Centre supports institutions and educational facilities that would like to integrate addiction prevention in their lessons. It also provides support by means of advice, further training and grassroots implementation.

***Inga Bensieck***

## SMOKING – MORE THAN A

Has the tide already turned? After many years that saw more and more younger people starting to smoke, surveys now show that the latest increases in the tobacco tax are evidently having an impact in terms of health policy: For instance, the share of smokers among 12-to-17-year-olds in Germany fell from 28 percent in 2001 to 20 percent in 2005. This is certainly a start, but not a reason to celebrate – given that this figure means that one adolescent in five still smokes on a regular basis.

*Alarming: One school-starting-age child in two in Berlin is growing up in a household with a smoker. Smoking is still considered to be quite normal – the fight against smoking is now on the agenda in the political arena.*

### **Cool and adult – without cigarettes!**

One cause for this might be found in the fact that one school-age child in two in Berlin lives in a household with a smoker, in other words experiences smoking as very normal adult behaviour from a very young age.

Children want to be cool and adult. As a consequence almost one child in four has already tried their first cigarette at the age of eleven. The road to becoming a chain smoker starts early: 34.7 percent of 15-to-16-year olds who currently smoke need a full packet per day.

Anti-smoking campaigns in Germany are still a little half-hearted in European comparison. Smoking is frequently regarded as a minor weakness or as a fad, and not as behaviour



## MINOR WEAKNESS

which we could do without, a habit that is massively harmful not only to the smokers' own health, but also to the passive smokers around them.

Not only is the political arena against an across-the-board smoking ban in public buildings and in pubs. The legislation concerned with sale and advertising in our country is still relatively liberal, even though tobacco advertising is proven to be one of the greatest risk factors both in terms of people starting smoking and for the transition from sporadic to habitual smoking.

All adults – parents, physicians, educationalists – must adopt an unambiguous stance towards non-smoking which children can use as orientation. They should not shy away from repeatedly tackling this topic in a manner appropriate to the children's age. This by the way applies also and particularly to adults who smoke themselves. They too should face up to their task as educationalists, seek a dialogue with children and teenagers and discipline themselves by refraining from smoking at times.

Let's not forget: Everyone who decides to give up smoking deserves respect and the complete support of their family and friends. Campaigns

such as »Smoke-free 2006«, organised by the Federal Centre for Health Education, and the Action Programme »Berlin free of smoke« by the Senate Administration for Health, Social Affairs and Consumer Protection Berlin, are means by which the political arena can make a sensible contribution.

A common pocket calculator will help you to make up your mind. Anyone who is still wavering should simply do the maths: An average smoker (one packet of cigarettes per day) already saves up to 250 Euros in the first two months of not smoking, and up to 1,500 Euros in the first smoke-free year.

### Support for non-smokers

Voices from the Federal Government to take further steps towards a ban on tobacco advertising and to promote smoke-free public spaces are a source of optimism.

The Centre for Addiction Prevention is waiting to see whether these words will be followed by actions. Protection of non-smokers and the promotion of prevention for children and young persons remain one of our central demands.

**Gabriele Barz**

# PREVENTION – THE EARLIER THE BETTER

That clever, strong, self-confident children tend to become clever, strong, self-confident adults who want nothing to do with drugs and addiction appears to be logical.

However, the questions remains, how does one give children strength and self-confidence? The answer is not easy, but begins with: as early as possible.

It may be that the meaning of the word prevention has no greater practical significance than in the age class of the very youngest. If one teaches a child at a very young age

- how conflicts are to be tackled and coped with,
- how one develops positive self-confidence and physical awareness,
- how one builds up confidence in oneself and in ties to others, and
- how one understands and accepts the world around with all senses,

– then there is a good chance that the child will remain resistant to addiction and drugs.

Especially in Berlin things can be improved as shown by a few figures from the Senate's Health Report: Roughly twelve percent of children for example can be categorized as overweight, five percent even meet the criteria of obesity. These children have forgotten normal, physically-aware nutritional behaviour, or have never learned it – and this has significant consequences: An overweight child is often made an outsider, has few friends and hence less opportunity to acquire and expand their social competences. The road to drug consumption has already become shorter.

According to the Health Report, one child in two who starts school lives in a household with a smoker. The probability of them becoming smokers themselves is twice as high. This connection is just as valid with other sub-

*Even if we don't like the thought, we are our children's most important role models. How we deal with substances of abuse is crucial.*

stances: The probability that a child will take to alcohol and drugs himself or herself later increases with the number of alcohol and drug consumers in the family.

Language is an effective means to strengthen children's self-confidence. Anyone who is able to comprehend and articulate themselves acquires extensive social competences early, and therefore is better protected against addiction risks. Again there is a lot to do in Berlin: 29 percent of five-year-olds make major mistakes in speaking German, ten percent can only make themselves understood with difficulty, and five percent have hardly any or no knowledge of German. Also German-origin school-starters are coming to notice in a negative sense: 12.4 percent show linguistic shortcomings, this share increases to almost one-third among children who have not attended kindergarten. This is reason enough to strengthen early addiction prevention in all

areas. We must ensure that children acquire the skills protecting them against addiction early.

**For parents this means in concrete terms:**

Engage in playful and creative discussions about things such as healthy food, physical activity, physical awareness and dealing with conflicts. Support your child's linguistic development. But also: Re-consider your own use of substances of abuse, you are your child's most important role model.

**For educationalists:**

Observe the children's eating habits, linguistic skills, awareness and social behaviour. Speak regularly with the parents about the children's development. Use advice services and further educational measures, for instance from the Centre for Addiction Prevention.

*Uta Tikalsky*



# GENDER-SENSITIVE ADDICTION PREVENTION

Everyone is equal before the law. Women and men. Girls and boys. But behind the law? This is where reality lies – and it is full of differences. This also applies to addictions and substances of abuse. Prevention therefore cannot fail to include gender-specific approaches and offers.

## Learned behaviour

In accordance with the German constitution, Article 3, para. 2, the equality of men and women is a matter for the State. The Child and Youth Welfare Act states in section 9, para. 3 that the special situations of girls and boys are to be taken into account. The statutorily entrenched principle is referred to by the new »in« word: »Gender Mainstreaming«. What does this actually mean?

In distinction to the term »sex« (for the biological gender), »gender« refers to social gender. It encompasses the socially- and culturally-conditioned means of conduct and identities of women and men, as well as relationships between the genders. Gender is a social category, learned and hence changeable. »Mainstreaming« means that a maxim is to be incorporated into all areas of life.

Equal treatment yes, standardisation, no: Boys and girls are not the same. Even if they do the

same thing, they will frequently have different motivations. Both groups for instance develop their own addiction behaviour.

Only a few examples: girls and women who smoke are convinced that they can control their weight with nicotine. They are also most frequently affected by eating disorders (90 percent). Ergo: Large numbers of girls and women abuse their bodies in pursuance of an exaggerated and often unhealthy ideal of beauty, and do so in an addictive manner. Concealed addiction (for instance prescription drugs) and a stronger tendency towards co-dependence prove to be addiction phenomena typical for females.

## Boys consume harder and more intensively

Boys and men approach addiction differently – but not better. They are much more at risk of becoming dependent. Basically they consume harder and more intensively. They often consume alcohol until they pass out (»Binge-Drinking«) or literally until they are sick. Tobacco and alcohol consumption are fixed elements in the alleged search for a male identity – only those able to drink and smoke excessively demonstrate strength, dominance and resilience. The male gender is also not exempt from an excessive striving towards beauty with negati-



*Girls like to use cigarettes as a slimming aid, boys seek to look tough and adult. Often the same behaviour has different causes.*

ve side-effects: Anabolics and other chemical aids to build muscles beyond what is natural – mostly consumed secretly – are becoming considerably more widespread. Also workaholicism and gaming addiction are typical signs of a male craving for recognition and striving for success.

For prevention to be successful, it must react to the gender-specific differences as early as possible. Greater use must be made of the fact that before reaching puberty boys and girls are more open minded and curious to get involved in new experiences. Educationalists should be aware of their responsibility for exerting a long-term influence and include gender-sensitive addiction prevention in their work.

The Centre for Addiction Prevention offers active support and advice. In the field of further training there has already been one event covering this topic, and more will follow.

***Christina Schadt***

# EATING DISORDERS – A HIDDEN ADDICTION

Eating is a basic need – just as breathing or sleeping. Eating is a pole in our lives, a fixed item on our daily agenda. We communicate – in families, in partnerships – while eating and about eating. We celebrate with a meal, we enjoy life by eating.

It is no wonder that we associate many feelings with images related to eating: to have a gut feeling, to want to gobble someone up, something making us sick, or having to swallow hard if something is weighing on our mind. These sayings have more of an abstract meaning for those with eating disorders since they have forgotten how to deal with food in a natural way.

Many disorders are caused during childhood or puberty. According to assessments, as many as between ten and 18 percent of children and young people in Germany are overweight, and between four and eight percent are obese.

According to Berlin's current child health report, twelve percent of school-starting-age children are overweight. This affects ten percent of German children.

Amongst children with a migration background the number is almost twice as high, at 19 percent. Being overweight is not only a physical burden – children who are overweight are frequently bullied. The feeling of »I'm not OK the way I am« can lead to fear and eating disorders.

## What are eating disorders?

Eating disorders refer to disturbed eating behaviour, i.e. a psychosomatic behavioural disorder which is addictive in nature. Since this frequently relates to one's image of one's own attractiveness – which in some cases is disordered –, eating disorders are typically female forms of addiction – albeit the number of boys and men affected is increasing in line with the

*The three main forms of eating disorders:*

- *Anorexia nervosa – fasting to such a degree that weight loss becomes life-threatening.*
- *Eating followed by purging (bulimia nervosa) – A cycle of attempted diets, eating binges and purging in conjunction with compulsive weight control.*
- *Eating addiction in conjunction with obesity (binge eating disorder) – Episodal overeating leading to moderate to massive obesity.*

trend towards an increasing physical cult. 95 percent of all anorexics and 90 percent of all bulimics are female.

### **The body as a reflection of our souls**

Eating disorders mostly develop over a longer period and frequently go unnoticed for a long time. Eating disorders often occur as mixed forms; the boundaries are in flux. For instance, bulimia can lead to anorexia and vice versa. Eating disorders can lead directly or indirectly to medicine abuse and drug consumption. Eating disorders occurring in puberty are always connected with the challenges to be faced in this phase of life, above all with the acceptance of one's own body and establishment of one's own sexual identity.

Particularly for many girls and women, the body becomes a battlefield for conflicts. They »stuff themselves« or need to be hungry in

order to be able to determine something autonomously. Increasingly, attention is becoming fixed on boys and men, who would also frequently like to conform to an exaggerated ideal of beauty, and who are at risk. Roughly one person in twelve in Germany who suffers from an eating disorder is male.

However, the motto could also be: »I am what I am. And I'm OK!« This is something which should be achieved. Getting away from the excessive pursuit of beauty, and going towards a responsible approach to oneself and one's own body! Children should be made aware of healthy eating, physical activity and active play. It is important to teach young people of both sexes that a healthy self-perception and the promotion of a feeling of self-worth are vital. The Berlin Centre for Addiction Prevention addresses this topic!

***Christina Schadt***



# A CLEAR HEAD IN ROAD TRAFFIC

In order to sit at the steering wheel, you need a clear mind and good physical constitution – briefly: It only works if you're sober. One is ultimately not only responsible for oneself, but also for everyone one shares the road with.

Actually it should be a matter of course, but again and again traffic accidents happen that are linked to legal and illicit drugs.

## More than 2,000 traffic accidents caused by alcohol in Berlin alone

The number of accidents linked to alcohol is shockingly high: Last year, alcohol was involved in 2,074 accidents that happened on Berlin's roads, in these accidents five people lost their lives, 165 people were seriously injured and 619 were slightly injured. Nationally, 704 people died in alcohol-related traffic accidents in 2004.

The number of alcohol-related accidents where people were injured rose from 612 to 1,521 between 1997 and 2004, an increase of 150 percent.

The estimated number of unreported cases ranges even higher when it comes to cases of consumers of illicit drugs, as these are not, unlike alcohol, tested as standard.

What you should know:

- The effect of psychoactive substances usually lasts for several hours, certainly longer than consumers themselves are aware of – sobering up usually takes longer than one thinks.
- The interactions between different substances (such as cannabis and alcohol) are incalculable.
- Perception of time, movement, coordination and reaction speed are severely restricted.
- It is impossible to concentrate – particularly at night.
- Assessment of the speed of moving objects, particularly important for driving, is impaired after consumption of narcotics.

## Willingness to take responsibility – especially in road traffic

Young adults should also take the preconditions which they met in order to obtain a driving licence seriously when they actually have the licence.

To participate in road traffic – particularly with a motorised vehicle – includes the willingness to take responsibility. That this is also necessary at the weekend and on the way to a night club or a party (and back!) is forgotten in particular by beginner drivers.

The consequences are considerable, in particular when illicit drugs are consumed. Unlike with alcohol, there are no thresholds here. Anyone who is caught once in a traffic control under the influence of drugs can lose their driving licence. Anyone causing an accident involving personal injury whilst »high« must also expect significant criminal consequences.

### **Across-the-board alcohol ban**

When it comes to alcohol at the steering wheel: Each of the 704 people who died in 2004 in Germany in an accident where alcohol consumption was involved was one too many.

Young people are disproportionately strongly represented in these accidents. It is only now that politicians are reacting, and a draft Bill has been submitted, which from 2007 onwards provides for an across-the-board alcohol ban for beginner drivers. The Berlin Centre for Addiction Prevention supports this proposal.

**Senem Şahin**



*The Centre is pleading for an across-the-board alcohol ban for beginner drivers – thankfully politicians are reacting.*

# ALCOHOL



*An average teenager in Berlin experiences his or her first complete intoxication at the age of 13.*

**A**lcohol is the most common drug all over the world. Concern about drinking is growing exponentially in Germany, and particularly in Berlin. Alcohol drinkers are becoming younger and younger, and their drinking is becoming more and more risky. Berlin's teenagers have their first alcohol experience on average at the age of 11.6. Hardly one-and-a-half years later, at an average of 13, they experience complete intoxication. The way the female sex is catching up is shocking: Half of the teenagers in Germany with alcohol poisoning in 2002 were girls.

If alcohol becomes a regular part of life early, it can cause serious physical harm. Not only the liver, stomach and heart-circulation system are at risk, but also parts of the brain can be damaged. Consequently the ability to learn is considerably impaired.

Excess is in fashion. More and more young people are very much into »Binge drinking«, drinking hard alcohol until they can no longer stand up straight. Unfortunately individual night clubs and pubs support this trend by encouraging unlimited consumption with flat-rate (»All you can drink«) offers. How landlords reconcile such offers with responsibility for their guests remains their secret.

What is needed – above all with regard to adolescents – is a fundamental discussion about how to deal with alcohol. Drinking habits at, after and during work, drinking because of private problems and the irreconcilability of alcohol with driving, as well as with pregnancy are only a few key words to ask ourselves what model we are to others. The concept of absolute sobriety is a positive countermeasure: There are situations in life which are not reconcilable with alcohol. The Centre for Addiction Prevention can provide assistance for parents and all interested citizens.

**Gabriele Barz**

**A**rtificially increasing performance is no longer a phenomenon restricted to high-performance sport. Thanks to the growth in the excessive pursuit of beauty, doping for all takes place to a shocking degree in what might be called the dark side of the fitness industry: Anabolics are the stuff of which muscular dreams are made.

For clarification: Regular sport is certainly a healthy thing which should be approved of and promoted. However, radical, self-exploitative building up of large muscle masses without using stimulants is risky and increases the danger of heart and circulatory disease. Anyone who uses anabolic steroids in addition to lifting heavy weights – frequently referred to as anabolics – is subjecting their bodies to more than they suspect. With men, these hormones lead to a form of feminisation – for instance to the growth of breasts, a higher voice, degeneration of the testicles – with women to masculinisation – for instance beard growth, a deeper voice, increased growth of body hair. The immune system is at risk; teenagers frequently suffer from a general growth deficit. Doped bodybuilders sometimes become aggressive for no reason or suffer from depression, as well as from widespread acne.

It is not known how many fitness fans pep themselves up with chemicals; the estimates fluctuate between four and eight percent among women and more than 20 percent among men.

## ANABOLICS

It is already presumed that up to 350,000 sportspeople regularly use substances such as Stanozolol, Nandrolone, Anapolon or Dianabol, and that they acquire them for instance via dubious firms on the Internet. The market is certainly booming; the latest estimates for the world market presume a turnover of eight billion Euros. The Centre for Addiction Prevention offers advice and assistance, particularly because the doping business is blooming and information is needed.

*Rüdiger Schmolke*

*Gain: Flat tummy and impressive biceps*

*Side-effect: Physical degeneration*

*Anyone building up their muscles with anabolics takes extreme risks.*



# CANNABIS

*The habituation effect is immense – some teenagers get used to detaching themselves from reality completely.*



**M**arihuana and hashish are so to speak a classic among illicit drugs. Still, they have lost nothing of their dangerous potential, above all for young consumers. One young person in three has already tried cannabis, according to surveys revealed on the International Day against Drug Abuse and Illicit Trafficking in June 2006. The threshold appears to be falling; willingness to »try once« is evidently on the increase.

One reason for this might be the growing polarization taking place in the cannabis discussion. Those who play down the harm and

those who vilify the drug are unreconciled. For some, a joint is less dramatic than alcohol and does not lead to physical addiction, whilst for others the road into abyss is inextricably linked with a first joint. The curiosity of above all young consumers has been reinforced by this confrontation. Fatal for adolescents in particular as cannabis intoxication bears above all a psychological risk – quite apart from the physical risks: Those who are regularly high in their youth get used to detaching themselves from reality, thus setting off a vicious circle. To put it in a nutshell: Some pupils are virtually unable to bear school sober, and thus have to charge up in breaks to put up with the lessons at all.

However, teaching the effects and risks of cannabis consumption, even on a regular basis, is not quite enough. Prevention must also provide sensible alternatives for young people, must teach them how they can deal with their lives without drugs and make them able to face conflicts and challenges. And: Without pointing the finger at them, approach those who perhaps have already consumed, but still can be protected from real dependence. Keeping in touch with the parents is as important as to further train the teachers. Finally, the prevention concept should also be introduced into the curricula of technical colleges and Universities.

***Kerstin Jüngling***

There is no longer THE drug in the party scene, where variety is the spice of life. Speed and ecstasy are already old news for many. Crystal and cetamine are very much in fashion at the moment. All these substances have in common that they quickly lead to addiction as well as to considerable health consequences.

**Crystal** – behind the apparently ambivalent name stands the substance methamphetamine. It also goes by the names of »Yaba«, »Perlik«, »Piko«, »Crank«, »Crystal-Speed« or »Ice«. Crystal is sold as white or coloured crystalline powder, partly in tablet form or as capsules.

There is a major risk of becoming psychologically addicted to crystal. It leads to excessive euphoria and helps to overcome major sleep deficits, thus disabling major physical functions. Long-term consequences of regular consumption can be damage to vital organs, considerable weight loss, loss of teeth and stomach ache, as well as depression, fear, panic attacks and hallucinations.

**Cetamine** is an anaesthetic that induces the loss of all physical feeling, leaving only the conscience highly alert. It is also known as »Special K«, »Vitamin K«, »Ket«, or simply »K«, and is also popular for its hallucinogenic effect. Even when taken for the first time, cetamine induces hallucinations that first-time

## CRYSTAL & CETAMINE

users described as: highly frightening, shocking and difficult to control. Severe anxiety and panic attacks may also be caused.

Longer-term psychological problems, gaps in memory and blackouts may follow the abuse of cetamine as well as rapid psychological dependence. With frequent consumption, the damages to memory, the ability to learn and awareness are considerable.

*Gabriele Barz*

*The new party drugs quickly leads to addiction – and damages health considerably.*



## TELEVISION & INTERNET ADDICTION

The New York psychiatrist Ivan Goldberg was actually joking when he first scientifically described the phenomenon of »Internet addiction« in 1995. Instead of the anticipated indignation however, he received a large number of e-mails seeking for help: desperate individuals who spent most of their time on the Internet had now become completely isolated from the outside world and experienced serious withdrawal symptoms if the web wasn't available for a time. According to the largest German study, roughly ten percent of all Internet users are at least at risk of drifting into dependence, and three percent are considered

to be addicted. The younger, the more at risk: One-quarter of 15-year-olds are considered to be at risk, while nine percent are addicted.

Internet addiction is a serious problem today. Excessive consumption of other electronic offerings continues to grow, above all among children and teenagers. Most now have their own television and DVD player. Since more and more parents see less directly to their children, and provide more to the fact that they are being able to choose for themselves what they watch. Children who because of the low income and poor educational level of their parents lack social resources and personal social skills from the outset are more strongly affected by this development.

It is now also known that beginning of excessive consumption, missed development opportunities and chronic diseases are linked. Children who above all play with their Gameboys, communicate via chatting or are lulled by a constantly switched on television will later show a lack of vital motor, emotional and social skills. Obesity and the development of dependence also rear their heads. It is therefore up to us to become more aware of this phenomenon and to offer children and teenagers alternatives making it possible to live a self-determined life!

**Rüdiger Schmolke**



*One-quarter of under-15 computer-using kids are considered to be addicted.*

Everyone knows and many appreciate the awakening effect of coffee. The contained caffeine makes one awake, increases the pulse and activates digestion. A caffeine tablet as a rule is dosed at 100 mg per tablet – as much as a cup of coffee.

Caffeine tablets are cheap and can be obtained without prescription at any chemist or online. Thus they can be taken by children and teenagers in everyday life without being noticed. The desired effects are stimulation of the brain, improved concentration and better performance. A school day can then be mastered even if pupils played computer games until three in the morning. Since they suppress the feeling of hunger, caffeine tablets are also taken as a »dietary aid«. What is more, caffeine tablets are widespread in the bodybuilding scene because of their stimulant effect on muscles and heart activity.

What almost sounds like stimulation without regrets has a dark side: Regular, long-term consumption of caffeine tablets strains the heart and circulatory system and causes stomach and intestine problems (as bad as ulcers), sleeplessness and nervousness. Long-term use may lead to dependence and the concomitant withdrawal symptoms. Caffeine tablets teach young people at an early age to suppress their natural need for sleep or food and to artificially stimulate bodily functions. Even twelve-to-14-year olds are among the

## CAFFEINE TABLETS

*Caffeine wakes you up – and suppresses healthy needs.*



regular users – and run a risk of later being receptive to other substances of abuse.

Use or abuse of caffeine tablets should, quite particularly among young people, be taken seriously and not be underestimated. Dealing with the problem early and intervening can prevent further abuses and stop dependence. Do you need more information, advice or assistance? Then phone or write to us.

**Inga Bensieck**

## TILIDINE

Tilidine is a strong pain-killer used above all for cancer patients. However, it is being abused by more and more teenagers as a narcotic. Tilidine removes inhibitions, suppresses fear, causes aggressiveness – and is addictive. Currently, the substance is particularly widespread among Turkish and Arab teenagers.



*The pain-killer removes inhibitions, causes addiction and may lead to depressions and hallucinations.*

Tilidine is an opioid and the active ingredient of the pain-killer Valoron N, which – by admixing Naloxon – is actually designed for having only a minimal effect on people who are not in pain; although this evidently does not work. Valoron is available as a solution in drop and capsule form, as well as tablets. Tilidine is only available on prescription and only at chemists. It is frequently illicitly obtained by faking prescriptions.

Abusive intake has a major potential for psychological, but also physical dependence. Long-term abusive consumption leads to serious physical dependence and causes – even when only taken for a few weeks – psychological changes such as depression and hallucinations.

Teenagers and adolescents must be given targeted information, and clear messages about the high risk potential in order to protect them against incalculable risks and addiction.

If you have questions on the effects of substances and risks or need more information on addiction risks, please contact the Berlin Centre for Addiction Prevention, any drug advice centre or a qualified addiction physician.

**Gabriele Barz**

## HOOKAHS

More and more »scene« pubs, bars and restaurants in Berlin nowadays have hookahs on their menu. Aromatic tobaccos of all flavours are smoked in the so-called sheeshas. This makes it easier for many teenagers to start consuming tobacco – or indeed enjoying cannabis smoking, which frequently is associated with similar tools.

The sheesha is Arabic in origin. It is becoming increasingly popular in Germany since it is considered to make smoking less unpleasant as a result of the fruit essences and aromas contained in the sheesha tobacco. However, the inhaled smoke is not as harmless as generally assumed. The widespread assumption that the harmful substances contained in the tobacco smoke are filtered out by the water in the sheeshas is wrong! The contents of cigarette and hookah smoke are virtually identical. The dependence potential is very high because of the high nicotine content. The smoke of the hookahs, just like cigarette smoke, contains tar, arsenic, chrome and nickel, proven carcinogenics.

The police and administrative authorities must prevent the use of sheeshas in public by children and teenagers under the age of 16. Sheesha tobacco is a tobacco item within the meaning of the Youth Protection Act (Jugendschutzgesetz). Landlords and retailers are called on to meet their responsibility and not to sell tobacco in any form to children and

*Side-effect: First tobacco consumption*



teenagers under 16 – it is important to check young persons' identity in order to ascertain their age. Over and above this, it is important to inform parents and to help them to be responsible partners for their children. You will find helpful information and ideas on how to speak with your child about addiction risks in the newly-published information sheet from the Centre for Addiction Prevention in Berlin.

**Gabriele Barz**

## TIPS

### **Campaign »Rauchfrei genießen in Berlin«**

(»Enjoying a smoke-free Berlin«)

The Berlin Centre for Addiction Prevention wants to support all those who are committed to the protection of non-smokers in public buildings and in pubs: motto stickers »Enjoying a smoke-free Berlin – we take part« can be ordered from the Berlin Centre for Addiction Prevention free of charge.

More information on non-smoking bars and restaurants in Berlin on the campaign's website: [www.rauchfrei-geniessen-in-berlin.de](http://www.rauchfrei-geniessen-in-berlin.de)

### **Alcohol prevention**

From 2000 till 2005 the number of 15 - 19 year olds who were hospitalized with alcohol poisoning has doubled. Especially worrying is the fact that even eleven-year-olds become noticed for their risky alcohol consumption.

Therefore the Berlin Centre for Addiction Prevention calls on all adults to support the reinforcement of the law on protection of children and young people.

Public events during the nationwide alcohol prevention week »Alcohol – responsibility draws the line« from 14.06. till 18.06.2007 seek to increase public awareness for a more sensible approach on alcohol consumption. For further information and dates please visit: [www.berlin-suchtpraevention.de](http://www.berlin-suchtpraevention.de) and [www.suchtwoche.de](http://www.suchtwoche.de)

### **Quiz**

The Centre for Addiction Prevention has developed interactive building blocks for addiction prevention for creative and playful discussion of addiction risks. With our Quiz »HD<sup>2</sup> – Are you up to it?« young people can test their

## MATERIALS AND SOURCES FOR ADDITIONAL READING

### **Emphasis on parents**

Familie und Sucht, R. Thomasius & U. Küstner (2005) • Starke Kinder brauchen starke Eltern, Familienbezogene Suchtprävention – Konzepte und Praxisbeispiele, Federal Centre for Health Education (1999)

### **Television and Internet addiction**

Internetsucht: Jugendliche gefangen im Netz. Hahn, André & Jerusalem, Matthias; in Risikoverhaltensweisen Jugendlicher. Erklärungen, Formen und Prävention. J. Raitel (2001) (ed.)

### **Early prevention**

Suchtvorbeugung in Kindertagesstätten, Landeszentrale für Gesundheitsförderung in Rheinland-Pfalz e.V. • Suchtverhalten – schon im Kindergarten? Senate for Youth and Family in Berlin

### **Gender-specific addiction prevention**

Fdr – Gender Mainstreaming in der Suchthilfe, Eine Expertise, May 2005 • DHS – Grundsatzpapier: Gender Mainstreaming in der Suchtarbeit, Chancen und Notwendigkeiten, October 2004 • Federal Centre for Health Education, Expertise zur Prävention des Substanzmissbrauchs, 2006

knowledge, skills and awareness together with their peers in groups and in a manner suitable to their age.

### **Culture sensitive addiction prevention**

The documentation of the conference »Joining forces – strategies on intercultural health promotion and addiction prevention in Berlin« and the outcome of the Centre for Addiction Prevention's survey »Culture sensitive addiction prevention – what has Berlin reached so far?« are available at the Berlin Centre for Addiction Prevention and on our website.

### **Seminars and Workshops**

To assist trained employees in their work with young people and parents the Berlin Centre for Addiction Prevention offers seminars and workshops held on a monthly basis. The Seminars and workshops cover a variety of subjects such

as »Think before pouring – putting alcohol prevention into practice«, »Preventing addiction in daily life – motivation talks« or »Addiction prevention within Turkish families«.

For further information please visit the website of the Berlin Centre for Addiction Prevention: [www.berlin-suchtpraevention.de](http://www.berlin-suchtpraevention.de)

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### **Disturbed eating conduct**

Übergewicht bei Kindern und Jugendlichen, Federal Centre for Health Education, 2006 • Essstörungen, was ist das? Federal Centre for Health Education, July 2004

### **Intercultural addiction prevention**

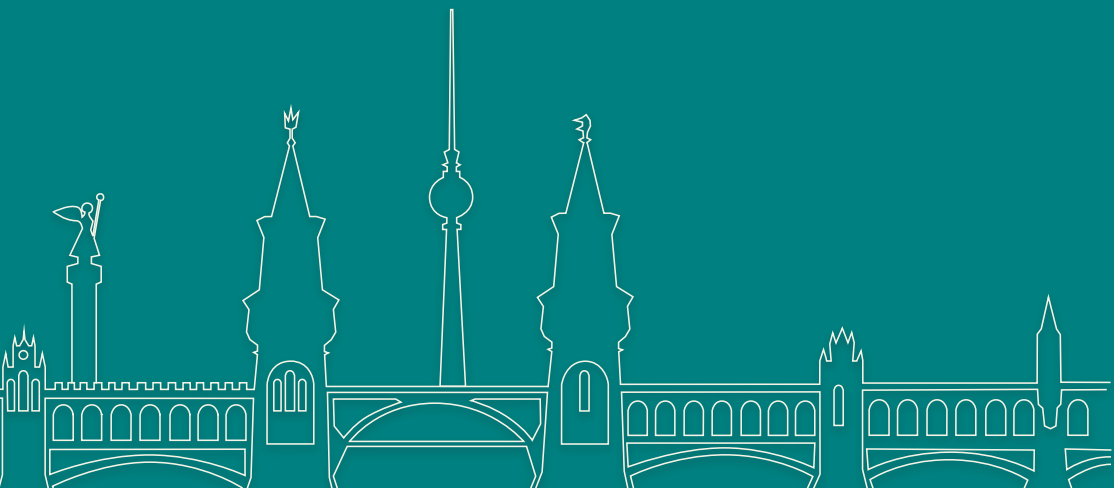
Friedrich-Ebert-Foundation, LB Berlin, A. Kast: Gesellschaftliche Teilhabe sichern (2006) • Sucht, Migration, Hilfe, AWO Bundesverband e.V., Fachverband Drogen und Rauschmittel e.V., Neuland-Verlag (2005) • »laut & leise«, Magazine of the addiction prevention agencies of the canton of Zurich, Switzerland

### **Consumption of substances by juveniles and young adults in Germany**

Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2004, [www.bzga.de](http://www.bzga.de) • Worldwide questionnaire among pupils carried out by the World Health Organisation: [www.hbsc.org/countries/germany.html](http://www.hbsc.org/countries/germany.html)

### **Substances of abuse and road traffic**

[www.fahndungsgruppe.de](http://www.fahndungsgruppe.de) • [www.dhs.de](http://www.dhs.de) • [www.dont-drug-and-drive.de](http://www.dont-drug-and-drive.de) • 2006 Drugs and Addiction Report, Federal Ministry of Health



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### **Office hours:**

Monday, Tuesday,

Wednesday, Friday: 10.00 a.m. - 6.00 p.m.

Thursday: 10.00 a.m. - 8.00 p.m.

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