New approaches to preventing drug use

Online counselling, using *drugcom.de* as an example

Volume 15

Federal Centre for Health Education BZgA

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Volume 15

New approaches to preventing drug use – Online counselling, using *drugcom.de* as an example

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Federal Centre for Health Education
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Preface

Within the past decade, the medium of the internet has rapidly gained in importance within the Federal Republic of Germany. Scientific investigations have showed that internet usage is particularly widespread among adolescents and young adults and that young people predominantly use this medium for communication (e-mail, chat) and to search for information.

In 2001, against the background of this development, the Federal Centre for Health Education (BZgA) established www.drugcom.de, an internet portal for drug and addiction prevention. The target group of this initiative is adolescents and young adults between the ages of 15 and 25 who have used drugs. The primary aim of drugcom.de is to provide information on the effects and risks of drugs and drug use, to encourage visitors to the site to adopt a self-critical attitude towards their own usage behaviour and to promote as risk-free an approach to psychoactive substances as possible. The drugcom.de website contains a large amount of information on specific questions concerning drugs and addiction, a freely-accessible chat room and the opportunity to discuss specific questions concerning drugs and addiction in a one-to-one chat online with a professional counsellor.

Between summer 2001 and the end of 2006, around 3000 young people emailed the drug-com.de team to ask its advice and more than 2000 adolescents and young adults made use of the opportunity to obtain advice via a chat session. Between the start of the programme in autumn 2004 and spring 2007, more than 1000 people made use of the internet-based counselling programme known as "quit the shit", which specifically targets cannabis users.

On the one hand, this volume from the series "Research and Practice in Health Promotion" sets out the conceptual and empirical bases for the online counselling provided by drugcom.de. On the other hand, it describes the users of drugcom.de, which questions and/or issues are relevant here and how the counselling concept can be implemented methodically.

This volume highlights the fact that the provision of counselling online is an important and successful instrument for selective and indicated prevention and can be a good supplementary measure alongside other prevention strategies. I hope that this specialist publication will meet with interest from those working in the field and will constitute an important foundation for further development of health promotion and addiction prevention measures on the internet.

Cologne, July 2007

Prof. Dr. Elisabeth Pott
Director of the Federal Centre
for Health Education

Overview of the project

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Table of contents

1. Introduction 9

2. Counselling Concepts 11

2.1 What is counselling? 12

2.2 Counselling methods 13

2.2.1 Person-centred counselling 14
2.2.2 Solution-oriented counselling 15
2.2.3 Motivational interviewing 16

3. Empirical Foundations of online counselling 19

3.1 The practice of online counselling 20

3.2 Specialist standards for online counselling 22

3.3 Effectiveness of online counselling 22

4. Drug and addiction prevention objectives of "drugcom.de" 25

5. Systematic implemenation of the online counselling of "drugcom.de" 29

5.1 Use, users of "drugcom.de"'s counselling by e-mail and chat 31

5.1.1 Use of the counselling facility 31
5.1.2 Users of the counselling offers 33
5.1.3 Content of queries sent to the "drugcom.de" online counselling team 34

5.2 E-mail counselling by "drugcom.de" 35

5.3 Chat counselling by "drugcom.de" 41

5.3.1 Promotion of an informed awareness of the problem 42
5.3.2 Suggestions for forming protective personal relationships 43
5.3.3 Personality-related interventions 43
5.3.4 Behaviour-related intervention 44
5.3.5 Offer of more extensive help 45

5.4 Online counselling in the context of "quit the shit" 46

5.4.1 The admission chat 47
5.4.2 Feedback on diary entries 49
5.4.3 The final chat 52

6. Conclusion 55

7. Bibliography 59

8 Annex 63

8.1 Admission chat 64

8.2 Diary records and feedback 70

8.3 Final chat 77

1 Introduction

Within the past decade, the medium of the internet has rapidly gained in importance within the Federal Republic of Germany. Whilst in 1997 the proportion of internet users aged 14 or over was still only 6.5%, according to a representative survey, today we can assume that more than half of German citizens use the internet at least occasionally (Eimeren and Frees 2005). This investigation also revealed that internet use is particularly widespread among 14 to 19-year-olds (95.7%) and among young adults aged between 20 and 29 (85.3%) and that this medium is predominantly used for communication (e-mail, chat), to search for information and to purchase goods. Given the fact that the overwhelming majority of people, and especially of young people, now have regular access to the internet, the medium is also used in drug and addiction prevention. Since summer 2001, the Federal Centre for Health Education (BZgA) has been operating www.drugcom.de, an internet platform that focuses on the target group of adolescents and young adults who are familiar with drugs. The website is now well-established and, according to its 2004–2006 balance sheet report (Federal Centre for Health Education 2006), attracts between 1500 and 2000 visitors every day.

The primary aim of "drugcom.de" is to provide young users with information on psychoactive substances, their effects and risks, to promote a (self-) critical attitude to substance use and where appropriate to support a change in their usage habits. In addition to providing a large amount of information, online counselling forms an integral part of the website's prevention strategy. In the first five years that the "drugcom.de" online portal has been operating, in total the team has responded to around 2500 e-mails, approximately 2000 young site visitors have seized the opportunity to obtain advice in a chat session, and since late summer 2004, just under 700 cannabis users have tried to reduce their cannabis consumption or stop using the drug altogether with the aid of the counselling programme "quit the shit". This publication aims to set out the conceptual principles for the online counselling provided by "drugcom.de" and to outline the methods that can be used in order to deliver internet-based counselling.

2

Counselling concepts

2.1 What is counselling

Counselling is a particularly widespread form of aid and one of the most important methods in use within the fields of sociology, social pedagogy and psychology. In fact, counselling is an all-encompassing term for various forms of interaction between those seeking advice and those helping them. Interaction in the form of counselling focuses on cognitive, emotional and practical lifestyle solutions and/or on dealing with problematic situations of those seeking advice. Dietrich (1983, p. 2) compiled a comprehensive definition of counselling: "At its core, counselling is that form of an intervening and preventive helpful relationship in which an counsellor, using verbal communication and on the basis of encouragement and supportive methods, within a comparatively short timeframe, tries to start a disorientated, inadequately equipped client off on an active learning process founded on cognitive-emotional insight, in the course of which the client's ability to help him/herself, his/her ability to take control of his/her own actions and his/her decision-making abilities and sense of responsibility can be improved."

According to Sickendiek, Engel and Nestmann (1999, p. 14 *et seq.*), it is possible to "define counselling in the field of social-pedagogy and psycho-sociology as an initiative that provides help and support:

- in navigating one's way through a demanding and problematic situation
- with making decisions on objectives to be pursued and paths to be followed
- in planning steps to achieve the objectives
- in implementing and realising the plan and
- in reflecting on the actions and approaches that have been implemented".

Straumann, who has explored issues relating to the development in the quality of counselling in some depth, defines counselling as follows: "Professional counselling is understood as a scientifically-qualified aid to problem solving, conflict or crisis resolution, which goes beyond the provision of specialist information, specific aids, recommendations and instructions for action, is focused on the whole picture and is implemented in a subject-specific manner ... Using theoretical knowledge and methodical skills, the experts and those seeking advice work together to make decisions and find routes to resolve the problems. They reinforce their personal skills in a context-specific and focused manner, open up social potential and change – depending on the opportunities and restrictions – the conditions causing the problem." (Straumann 2001, p. 61 *et seq.*)

Gelso and Fretz (1992) presented a three-dimensional model of counselling. The authors work on the assumption that counselling can be *preventative, promote development* and have a *curative* aspect. Counselling therefore serves to anticipate problems and to solve these as early as possible, or to support individuals in recognising their potential and developing it.

The curative significance of counselling comes into play when it is a matter of supporting people in overcoming personal problems or mental disturbances. The importance of professional counselling for prevention and health promotion has also been highlighted by other authors (Sander 1999; Sickendiek *et al.* 1999).

As people are repeatedly confronted with emotionally wearing events and conflicts which they find difficult to work through without external help, counselling fulfils an important role that can counter an escalation of the conflict and prevent it from becoming chronic. To the extent that professional counselling offers an aid to finding a practical solution to problematic solutions, it constitutes an instrument for health promotion.

2.2 Counselling methods

In general, counselling is a complex methodical process that incorporates methods appropriate to the counselling concept, problem situation, objective and counselling setting. According to Sickendiek, Engel and Nestmann (1999), the spectrum of methods encompasses:

- active listening, in order to understand, to empathise
- the diverse possibilities of verbal and non-verbal responses
- joint analysis of issues and their background and
- multi-faceted procedures to encourage self-reflection and emotional focus.

In the opinion of the authors, in the majority of fields within psycho-social work, counselling makes use of a number of methods and is oriented in an eclectic-integrative manner. "This means that counselling selects and uses methods and procedures from a range of concepts to bring about change and provide help. Counselling draws together problem, client and objective-specific methods, integrates these, and follows and eclectic approach." (Sickendiek et al, p. 135)

The online counselling carried out within the scope of "drugcom.de" is based on the concept of *Person-Centred Counselling* (Sander 1999; Weinberger 2004), on the concept of the *Solution-Oriented Short Intervention* (de Shazer 1989, 1997); Bamberger 2001) and on the *Motivational Interviewing method* (Miller and Rollnick 1999, 2002).

All three concepts are based on a humanist idea of man, with the basic premise that everyone is able to actively shape his or her own existence. The remainder of this chapter presents the three basic methodical concepts in detail.

2.2.1 Person-centred counselling

The person-centred concept can be traced back to the extensive practical work and research conducted by the US psychologist Carl Rogers (1902–1987) and is based on the philosophical-anthropological foundations of the humanist view of man. In his late work (Rogers 1978, p. 26 *et seq.*), Rogers sets out the basic principles underlying his concept: "A person-centred approach is based on the premise that the human being is basically a trustworthy organism, capable of evaluating the outer and inner situation, understanding him/herself in this context, making constructive choices as to the next steps in life, and acting on those choices". A significant component of this personality theory is the tendency to self-actualisation. By this, we understand the basic ability of the organism to maintain itself and to develop further. "Organism" is taken to mean the mental and physical unit that makes up the person. The person-centred counselling approach (similarly to psychotherapy) therefore sets out to support the power for self-actualisation and personal development that is inherent in everyone. Some points of contact can be determined between Rogers' concept regarding the tendency to self-actualisation and the theorem of the salutogenic research approach (Antonovsky 1979) and with concepts for prevention and health promotion (Paulus 1992). All three models incorporate principles involved with helping people to help themselves and relating to the promotion of personal responsibility and self determination (Straumann 1991).

Key elements of the methodical implementation of this concept in counselling and psychotherapy are 1. empathetic understanding, 2. unconditional esteem and 3. congruence.

1. *Empathetic understanding* means perceiving the other person's subjective frame of reference as precisely as possible, with the aim of "seeing the world as the client sees it, seeing the client as he or she sees him/herself" (Rogers 1972, p. 42). By means of active listening, the counsellor aligns him or herself with the feelings and values of the person seeking advice and tries to understand the subjective perspective of the person seeking advice as fully as possible. By verbalising what the counsellor has understood, the client perceives these feelings from a greater distance, which can be used for joint reflection on the subject.
2. A further important key element of the person-centred approach is *unconditional esteem*. This means that those seeking advice are accepted and taken on by the counsellor irrespective of what they are or what they say. Rogers (1973, p. 43) formulated it thus: "The more I am able to accept the individual, the more sympathy I feel for him or her, and the easier it is to establish a relationship that is of use to him or her." The unconditional esteem felt for the client has two results. On the one hand, it enables a relationship that is free from fear and therefore sustainable, which constitutes the basis for open communication of and critical reflection on one's own ways of behaving and experiencing things. On the other hand, the esteem shown to the person seeking advice promotes the self-esteem and self-awareness of the client. (Weinberger 2004).

3. In the context of the concept of person-centred counselling, the term congruency (or authenticity) means that what the counsellor says or does corresponds to what he or she feels. The effort to be authentic towards those seeking advice is of fundamental importance for the counselling process, as it enables the client to establish trust and to discuss emotional experiences or problems.

Recently, authors have pointed out (Sander 1999; Weinberger 2004) that these three basic components of the person-centred approach – empathetic understanding, unconditional esteem and congruency – are to be understood less as "counselling techniques" and more as an "attitude" that enables a person-centred approach.

2.2.2 Solution-oriented counselling

Solution-oriented approaches to short-term counselling were developed, predominantly during the 1980s and 1990s, and are associated especially with Steve de Shazer and his working group (de Shazer 1989, 1992, 1997; de Jong, Kim Berg 1998). The solution-oriented approach enjoys great acceptance in the practice of counselling, particularly due to its pragmatic focus and its clear methodical stipulations.

The solution-oriented concept brought about a change in perspective in psychosocial work: "from the language of problems and the focus on the problem within the so-called 'problem space' to the language of solutions and the focus on the solution within the so-called 'solution space'" (Sickendiek *et al.* 1999, p. 85). In their advisory discussions, counsellors therefore consistently focus on the content that serves to develop solutions and try to keep discussion of the problem perspective to a minimum. Bamberger (2001, p. 20) formulated this as follows in this practice handbook: "constructing solutions instead of analysing problems."

Solution-oriented counselling follows four basic principles (see Sickendiek *et al.* 1999):

- The principle of *solution-orientation*: The focus of the interaction is not on dealing with a problem but rather on accentuating solution processes and picking these out as the central topics.
- The principle of *resource-orientation*: The starting point for this strategy is the conviction that those seeking advice have access to a diverse range of internal and external resources and that they can be regarded as experts within their life contexts. Accordingly, the task of (solution-oriented) counselling is to link up to the existing resources.
- The principle of *constructiveness*: individual problems are not so much "objective" facts as subjective constructions. Accordingly, the development of solutions must be regarded as an individual constructive outcome.
- The principle of *change*: In the course of counselling, those seeking advice gather experiences that (as of necessity) lead to a change in their perceptions and self

images. This experience of change has its own dynamic and may be used in the counselling process.
- The principle of *minimal intervention*: Solution-oriented counselling follows a fundamental efficiency rule, whereby counsellors intervene as little as possible in the process of coming up with solutions. This highlights the counsellor's confidence in the resources and potential of the person seeking advice.

2.2.3 Motivational interviewing

The concept of "Motivational Interviewing" was developed in the 80s by Miller and Rollnick (1999, 2002), based on the change model compiled by Prochaska and Di-Celemente (1983, 1984). Its intended use was in counselling those with addiction problems.

Motivational interviewing is a targeted, client-centred counselling concept for resolving ambivalent attitudes towards changes in behaviour. This definition places motivational interviewing within the group of counselling concepts after Rogers (humanistic schools of treatment) and simultaneously underlines the fact that the counsellor keeps an objective defined by the client in view at all times and uses specific strategies in order to help the client attain this objective.

The client is treated as having responsibility for his/her own actions and the counsellor must support him or her on his/her journey without exerting an influence or exercising power. Dealing with resistance and ambivalence lies at the centre of motivational interviewing. Ambivalence is accepted as a normal phase in changing behaviour, and the motivation to change is not the precondition for counselling, but rather the objective of the sessions.

Motivational interviewing is suitable for counselling in cases involving alcohol, nicotine, medication and drug problems, for risk behaviour (including in adolescents) and difficult decisions. A client-centred attitude and a method of discussion tailored to the stages of change assist in this.

Problematic behaviour often has two sides for those affected: relationships with family and friends suffer, difficulties in the workplace cause annoyance, and self-esteem begins to waver. However, the problematic behaviour also reduces fears and enables inhibitions and worries to be forgotten in the short term. Why change? Why swap a crutch for a risk? The counsellor accepts this ambivalence and, in a motivational interview, gives the client the opportunity to accept both sides of the dichotomy. The counsellor works with the resistance and generates expressions of the client's own motivation. The client determines the time, direction, rhythm and intensity of the interview, whilst the counsellor goes along with this and keeps the objective defined by the client in focus.

Motivational interviewing is suitable for many types of interventions and can also be combined usefully with other forms of counselling and treatment, as it is a stance in the counselling situation above all else.

From the point of view of counselling, the change process may be encouraged by a range of interventions (Miller and Sanchez 1999; quoted as in Miller and Rollnick 1999):

- The counsellors convey an empathetic stance
- The client is encouraged to take responsibility for his/her own actions
- The self-effectiveness of the client is reinforced
- The client is offered a range of alternatives in terms of strategies for dealing with the problem or making a change
- The client receives feedback that encourages him/her to reflect critically on his/her current situation
- The client receives advice.

The client's motivation to change increases in the extent to which these counselling elements are successfully implemented.

3

Empirical foundations of online counselling

Within the last decade, the medium of the internet has rapidly gained in importance within the Federal Republic of Germany. Whilst in 1997 the proportion of internet users aged 14 or over was still only 6.5%, according to a representative survey, today we can assume that more than half of German citizens use the internet at least occasionally (Eimeren *et al.* 2004). Whilst a number of years ago there were still significant gender-specific differences in whether the internet was used, the proportion of men and women who have integrated the internet into their everyday lives now seems to be more similar (Eimeren *et al.* 2004). This investigation also revealed that internet use is particularly widespread among adolescents (90%) and young adults (80%) and that this medium is predominantly used for communication (e-mail, chat), to search for information and to purchase goods.

In recent years, as it has become more prevalent, the internet has (among other things) established itself as a medium for prevention and health promotion. Consequently, the internet is use to convey health-related content and information, to initiate and support behaviours promoting health or to connect people interested in specific topics relevant to health. The benefit of the internet is that it enables mass-media communication strategies to be linked with interpersonal ones. The combination of wide coverage, on the one hand, and high interactivity, on the other, establishes the basis for effective health promotion measures targeted at the population (Cassell *et al.* 1998). The internet may be used in a flexible and anonymous manner, it has neither opening hours nor waiting periods and assigns users an (inter)active role in prevention work.

However, as well as being used as a *mass media*, an additional supplementary use of the internet can is for *personal communication*. The provision of counselling in individual cases via the internet therefore constitutes a significant option for health communication. It is precisely the combination of a differentiated diversity of information, on the one hand, and information and interventions tailored to specific individuals, on the other, that gives the internet its potential.

3.1 The practice of online counselling

The Association of Swiss Psychologists defines online counselling as "an active, helpful encounter...between a person seeking advice and a counsellor. It takes place in virtual form over the internet, using the internet's specification forms of communication (e-mail, chat, forum, etc.) whereby the clients themselves set the location and time for formulating their problems. Its aim is to encourage cognitive-emotional learning processes in the clients, in order that their self-direction ability and ability to act can be regained or improved. Online psychological counsellors base their counselling on

recognised psychological counselling methods and observe the ethical standards of their profession." (Andermatt *et al.* 2003).

International literature details a range of advantages of internet-based counselling:

1. The low-threshold is inviting: Persons seeking advice who are ambivalent or lack motivation benefit from online counselling initiatives, as do those who live in regions with poor psychosocial infrastructures or who have physical disabilities (see Döring 2000, p. 532). In addition, client groups who feel stigmatised find it easier to make use of a virtual counselling initiative than a "normal" one (Mitchell and Murphy 1998).
2. Anonymity protects: Surveys have shown that the anonymity of internet users in online counselling forms the basis for comparably direct self-reflection, free from fear (Wright 2002; Suler 2002). It is probable that adolescents who seek advice from professionals benefit particularly from this.
3. Writing helps: The individual process of describing the problem can mobilise the clients' abilities to help themselves and thereby contribute towards solving the problem (Wright and Chung 2001; Murphy and Mitchell 1998; Pennebaker 1997; Esterling *et al.* 1999).

Limitations and/or disadvantages of online counselling are:

1. The reduction in channels: In text-based counselling all the signals that form part of visual and acoustical expression are not included. According to Döring (2003), people adapt their communication behaviour to the technical conditions of communication, which leads to a particular concentration on the written word on the part of both persons seeking advice and that of professional counsellors.
2. The asynchronous nature of communication: dialogue via e-mail is probably the most widespread form of internet-based communication. If online counselling takes place by e-mail, the interaction between the client and the counsellor is characterised by time delays. Although the time between details the problem and counselling intervention can certainly be used in a constructive and reflective manner, the fact that the client has to wait for the counsellor's response may lead to uncertainty.
3. The risk of misunderstandings: In asynchronous forms of online counselling (for example e-mail) there is, by the nature of the medium, no opportunity to clarify impressions of hypotheses spontaneously. Consequently, counsellors are required to compensate for missing information by carefully reading between the lines and only to form temporary hypotheses in conjunction with the client-specific information on the problem (Childress 1998).
4. Competency problems: In order to be able to use the internet for counselling, both the counsellor and the person seeking advice must display the skills required to use a computer and the internet. In addition, they must be able to express themselves in writing (Zack 2002).
5. Impossibility of intervening in crises: The restrictions of online counselling become especially clear in the event of serious acute crises of even suicidal intent on the part of the person seeking advice (Mitchell and Murphy 1998: Fenichel *et al.* 2002).

6. Issues of data security: The technological bases for online counselling should be developed further in an ongoing process, in order to safeguard anonymity and data security (Zack 2004).

3.2 Specialist standards for online counselling

In this new field of health communication, the first papers on the development and monitoring of quality standards for chat-based counselling are already available (Robson and Robson 2000; Heinlen *et al.* 2003). The International Society for Mental Health Online (ISMHO) has defined standards for the practice of internet-based health communication (http://ismho.org). Accordingly, persons receiving online counselling should be provided with sufficient information on:

- The character and process of the counselling
- The qualification of the counsellor
- The advantages and the limits of the counselling on offer and
- Alternative, supplementary or further facilities offering help.

In addition, users of online initiatives must be informed of the status as regards data security and must be notified of whether the data from the counselling communication will be saved, and if so how and for long. Otherwise, the specialist standards that have been defined by various organisations and professional associations for the field of professional counselling in health matters (American Counseling Association, ACA, International Association for Counselling, IAC, European Association of Counselling, EAC). In the Federal Republic of Germany, the *Deutsche Gesellschaft für Beratung* (DGfB) [German Counselling Association] was established in 2004. At the time of going to press, this association is working on a concept for overarching quality assurance as far as counselling is concerned.

3.3 Effectiveness of online counselling

A number of publications investigating the aspect of internet-based counselling and psychotherapy are now available. However, the majority of these works are descriptive or informative in character. In the last five years, some research projects have been dedicated to the issue of the effectiveness of online counselling. In general, they have shown that internet-based counselling and therapy has led to a significant reduction in psy-

chosocial problems, particularly in the areas of anxiety disorders (Klein and Richards 2001), eating disorders (Robinson and Serfaty 2001) and post-traumatic stress (Lange *et al.* 2000).

In the context of a qualitative study, Jedlicka and Jennings (2001) looked at the outcomes of one-to-one counselling sessions carried out via the internet in accordance with the concept of the solution-oriented short intervention. In the opinion of the authors, internet-based counselling should be regarded as similarly effective as the outcomes of one-to-one counselling sessions that took place in a face-to-face situation. One particularly interesting study focuses on the question of how an effective therapeutic and counselling relationship is formed between the person seeking advice and the counsellor (Cook and Doyle 2002). Here, the relationship formed over the internet (''therapeutic alliance'') is shown to be just as strong and resilient as those found in traditional face-to-face settings.

Although the majority of the research projects outlined here have worked with relatively small samples, in terms of initial evaluation it may be assumed that online counselling can constitute not merely a convenient method in the field of health promotion, but also an effective one.

4

Drug and addiction prevention objectives of "drugcom.de"

The term "secondary prevention" is used to describe the field of addiction prevention "that aims to influence existing drug use" (Schmidt 2001, p. 17). Secondary-preventative measures are therefore targeted less at the general population than at specific risk groups which can be characterised by risky patterns of behaviour.

The common denominator between all current secondary prevention concepts is that they promote a constructive approach to risky behaviour, impart skills for dealing with risk and provide support for adolescents and young people engaged in risky behaviour. In practice, providing support to those taking risks also means that appropriate education and risk minimisation are carried out, as part of a stance that accepts the client's drug use (see Franzkowiak 20001; Rabes and Harm 1997; Fahrenkrug 1998; Heudtlass and Stöver 2000).

If we consider the current literature on secondary prevention, a series of different points of focus can be ascertained in the formulation of objectives for secondary-preventative measures. Silbereisen and Reese (2001), following Newcomb and Bentler (1989) and Bühringer (1992), stress the important role that imparting knowledge plays in secondary prevention – both with regard to the way in which psychoactive substances act and as far as the possible consequences of substance use are concerned. Furthermore, the authors regard encouraging a critical attitude to legal and illegal drugs as an important detailed objective for secondary prevention, along with encouraging users to avoid certain substances and to avoid any substance use in specific situations.

According to Franzkowiak (2001), the primary objective of secondary prevention is to teach adolescents the skills required to deal with risk. These include an "informed awareness of the problems", the "development of usage norms", "consistent situational abstinence" and the "promotion of freedom to make decisions and behavioural strength" with a view to long-term control of one's own substance use.

Further to the authors cited here, Schmidt (2001) sees further significant detailed objectives for secondary prevention. According to Schmidt, improving the individual competences of drug users can be just as important a contribution to addiction prevention as providing support in establishing protective conditions (family, school) and minimising risk within the peer context.

The range of objectives outlined here is realised on "drugcom.de" with the aid of various methods. As far as imparting information is concerned, users of the website can access a "drug lexicon" for example, as well as a large number of interactive tests of their knowledge on various substances and the risks associated with their use ("knowledge tests"). With the aim of encouraging a self-critical attitude to the consumption of psychoactive substances, two behavioural tests looking at alcohol and cannabis use are integrated into "drugcom.de" ("Test yourself"). However, whilst the internet is used as a mass-communication medium for elements such as the lexicon and the knowledge and

behavioural tests, online counselling supplements these and is used as a form of prevention involving personal communication on "drugcom.de". A distinction can be drawn between individual counselling sessions that take place via e-mail (see Section 5.2) or in individual chat sessions (see Section 5.3) and counselling that is carried out within the scope of the structured exit programme "quit the shit" (see Section 5.4).

5

Systematic implementation of the online counselling of "drugcom.de"

As previously mentioned, mass communication strategies for health promotion are supplemented with measures for personal communication on the internet platform for the prevention of drugs and addition, drugcom.de. This means that in addition to the range of information on offer on the website, the young people who use it also have the option of submitting their personal questions and problems to the professional drugcom team by e-mail or in a chat room.

The option that enables users and "drugcom" counsellors to communicate directly increases the website's proximity to its target audience and forms the basis for the vitality of the internet-based offer. The chat and e-mail communication system fulfils a dual function: from the perspective of the users, advice given in the chat and e-mails represents an uncomplicated, low-threshold option for communication and counselling. With regard to the implementation of the project, contact with the target audience fulfils a monitoring function, in which on the one hand, topics and trends in the field of substance abuse can be illustrated and on the other hand, (non-systematic) feedback can be given on the website.

Nevertheless, online counselling is also being implemented in the context of the "quit the shit" advisory programme. This web-based product focuses on the target group of cannabis consumers who wish to stop or significantly reduce their substance consumption. As will be described in more detail below, the "quit the shit" programme brings together several methodical elements: a one-to-one chat during admission to the programme, a consumption diary, regular feedback on diary entries by counsellors and an individual counselling session in the chat at the end of the programme.

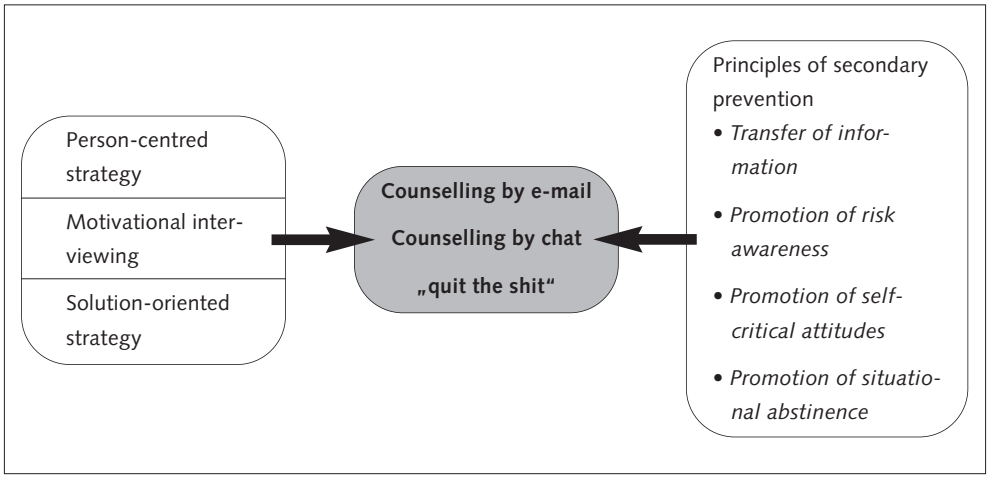

Fig. 1: Conceptual principles of online counselling by "drugcom.de"

In the context of the online counselling provided by means of "drugcom.de", attempts are being made to implement the theoretical concepts broadly defined in Chapter 2 and to pursue the aims of drug and addiction prevention outlined in the summary in Chapter 4. Figure 1 contains a schematic diagram of this subject matter.

5.1 Use, users of "drugcom.de"'s counselling by e-mail and chat

5.1.1 Use of the counselling facility

Users of "drugcom.de" can log in to the chat at any time. Moderation and counselling by chat are available from Monday to Friday from 3 pm to 5 pm. A representative of the drugcom team will be on hand in the chat to prompt and moderate the discussion. Users who wish to get individual counselling will be directed to a separate chat room by the counsellor, in which a counselling session can be carried out on a one-to-one basis.

Furthermore, users of "drugcom.de" can contact the drugcom team at any time by e-mail. The counsellors can generally guarantee that e-mails will be processed by an expert within two working days at the most. Figure 2 on page 32 illustrates the use of the forms of communication on offer and their development since the online launch of "drugcom.de".

After the number of chat log-ins skyrocketed in 2003, the number of log-ins stagnated in the following year, only to almost double in 2005. This means that the number of chat log-ins has increased by 531% since the project began, which is roughly in line with the increase in visits to the site during this period. In 2005, a total of 6,416 chat log-ins were recorded, however this should not be confused with the number of site users. Many users log in more often, some even daily, over a longer period of time. An (ever changing) chat community has formed from this – a set of core users which contributes considerably to making the chat a bustling place and attracting new users.

Among the 6,416 chat users and log-ins to the chat that were registered in 2005, 2,286 separate users can be distinguished based on their user names, whereby it cannot be ruled out that some users log in several times with different user names. However, several log-ins per day by a chat participant are recorded as a single log-in. Although the drugcom moderators were only present for two hours, around 30% of all log-ins took place during this time, which seems to suggest that many users deliberately log in because of their presence.

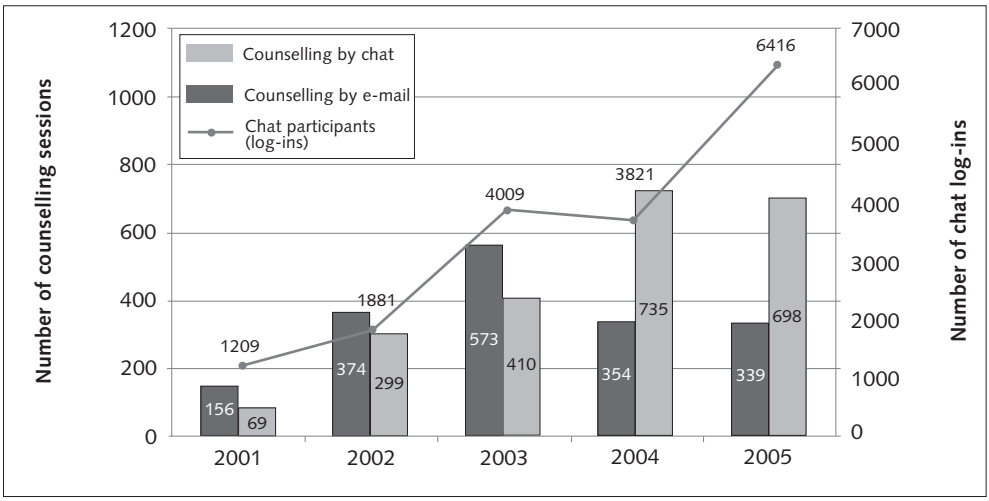

Fig. 2: Uptake of the communication offer since the project began

In 2004, there was a considerable fall in the number of chat counselling sessions, which however is not attributed to a decline in demand but rather to the introduction of the cannabis advisory programme "quit the shit". Up until the launch of "quit the shit" online in August 2003, the period between 3 pm and 5 pm had been allocated to chat moderation and counselling. In order to make optimal use of the personal resources, appointments for one-to-one discussions for "quit the shit" are mainly offered during this time. Chat counselling can therefore only take place if there is a free appointment or if the person who has made an appointment fails to turn up. In 2005 there were fewer

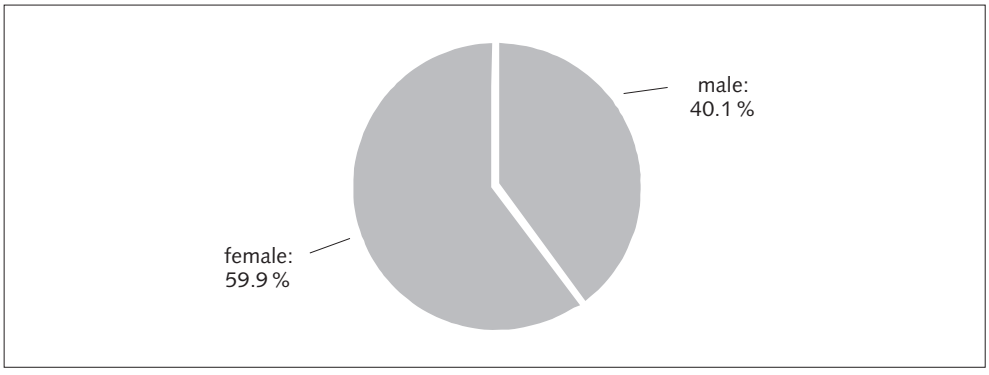

Fig. 3: Gender distribution with regard to the uptake of counselling offers (n = 1037)

counselling sessions (339) than in the previous year, while an increase in introductory discussions in the context of "quit the shit" was recorded. In contrast to the dwindling numbers of drugcom counsellors available for chat counselling, a considerable increase in queries sent by e-mail to the counselling team, up from 410 to 735 (in 2004), was registered. In 2005, there was only a slight drop to 698 e-mail counselling sessions. The use of e-mail contact therefore remains at a high level.

5.1.2 Users of the counselling offers

Thanks to documented counselling cases, the users of chat and e-mail counselling can be taken into account more consistently. The average age of people who use the counselling services is 20 (median age) and is roughly comparable to that of those who use other "drugcom.de" services. However, a difference has been noted with regard to gender distribution. As in previous years, the counselling services are taken up by more women than men (cf. figure 3). This is in contrast with the gender ratio for other drugcom services such as the "cannabis check", "check your drinking" or the knowledge test, where the proportion of male users is significantly higher.

The analysis of client status (cf. figure 4) reveals that the majority of clients who turn to the drugcom team do so predominantly due to their own problems. Furthermore, it has been noted that contact via the chat facility is particularly important to them: 80% of those who send their query by chat to the counselling team do so due to their own problems, whereas only 66% of e-mail queries concern an individual's own problem. People who turn to the counselling team with a question relating to a friend, a partner or a child, or who do so in their capacity as disseminators, are clearly in the minority.

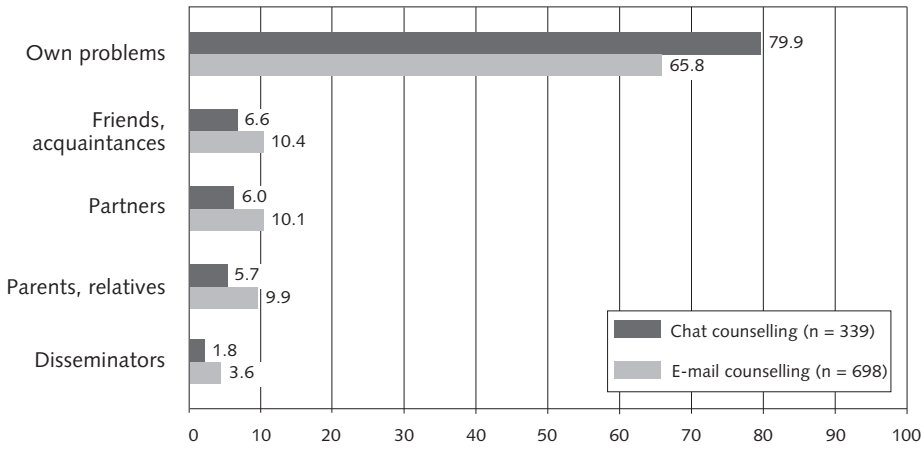

Figure 4: Client status of users of the counselling services (n = 1037)

5.1.3 Content of queries sent to the "drugcom.de" online counselling team

According to the documentation relating to online counselling for the year 2005, questions and problems related to the issue of substance abuse form the most frequent topics of discussion with 305 queries. In 253 queries, concern about someone else was expressed. Questions regarding the effects and risks associated with drugs were discussed 151 times in total. In terms of frequency, they are followed by questions regarding psychological (n = 89) and/or physical complaints (n = 57) and regarding the detectability of substances (n = 55). Questions regarding social problems (n = 45), legal aspects (n = 44), suicidal intent (n = 42) and sexuality/love (n = 15) were also addressed to the drugcom team.

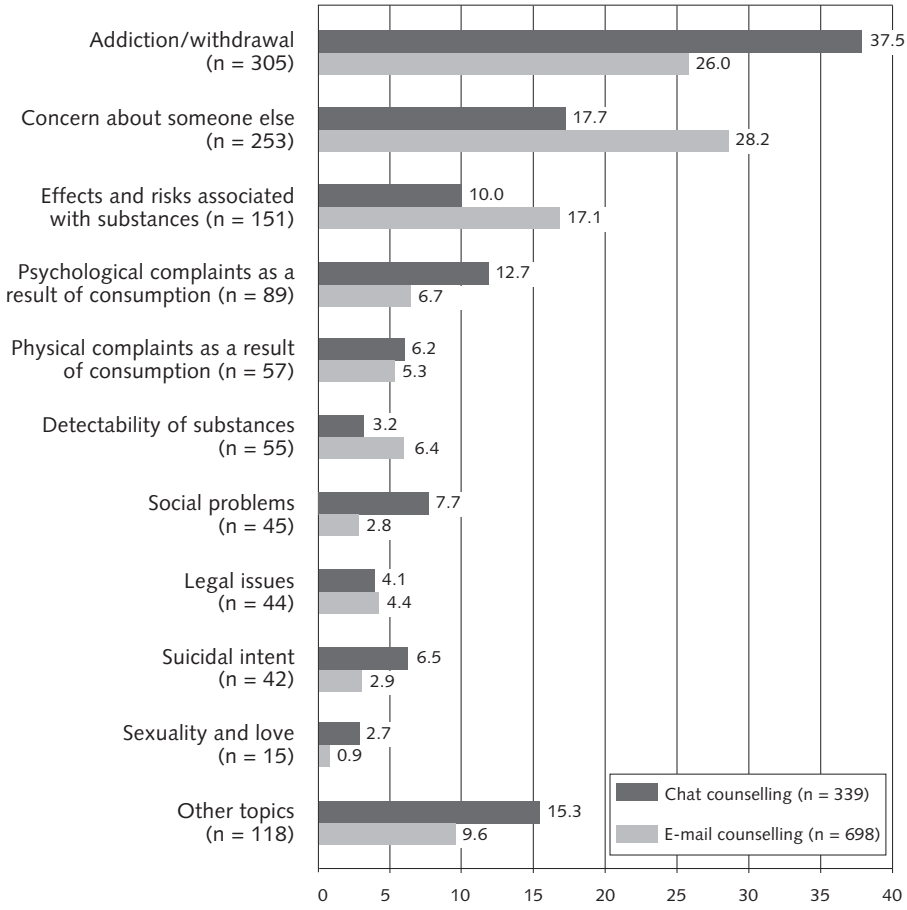

Figure 5: Topics of counselling (multiple queries possible, n = 1037)

In the differentiated evaluation of the two options for making contact with a counsellor, it has been demonstrated that the chat facility is used more frequently than the e-mail function in the event of acute problem areas that affect the person enquiring. Thus, the percentage of chat users is higher than that of e-mail enquiries for topics such as addiction and/or withdrawal (37% vs. 26%), psychological problems resulting from consumption, social problems such as loneliness or suicidal tendencies. On the contrary, the contact by e-mail function is used by people who wish to discuss their concerns about someone else (for instance: "I think my son takes drugs") or when discussing problems that do not require a direct response or counselling, such as questions regarding the effects and risks associated with substances (for instance: "I have diabetes, are there any specific risks that I face when I take ecstasy?") or on the detectability of substances.

In accordance with the scope of the website, 95% of all counselling queries deal with the consumption of legal or illegal substances. Most of these (43%) deal with the consumption of cannabis. In this respect, these are often questions on cannabis addiction, frequently coupled with questions on the "quit the shit" programme. Questions on alcohol consumption were the second most common topic of discussion (14%). The topic of "amphetamines" followed with a slightly lower percentage (12%). Questions on ecstasy and cocaine each accounted for 8% of all queries.

5.2 E-mail counselling by "drugcom.de"

Every month, approximately 40 to 50 visitors of "drugcom.de" make use of the option to contact the counselling team by e-mail. As illustrated above, in two thirds of all cases these are teenagers and young adults who turn to "drugcom.de" with queries regarding their substance abuse or with problems relating to addiction.

A further 30% of e-mails come from parents, friends or acquaintances. The processing of e-mails is organised in such a manner that those seeking advice are sent a qualified answer within 48 hours from Monday to Friday[1].

In general terms, e-mail queries contain a request for information, in many cases also a request for assistance or help. If "knowledge questions" are formulated in an e-mail, such as "is it possible to become anxious when taking cocaine?" or "how long can a horror trip last?", it can generally be assumed that those seeking advice are hoping to

1 For the purpose of data security, e-mail traffic takes place via a server (SSL connections).

obtain more from the online counselling service than just factual information. Often such questions have a high degree of *personal relevance*, and those seeking advice attempt to convey their experiences and emotions in the context of the counselling and develop ideas for solutions to their problems. This means that the duty of counselling also consists in addressing in the e-mail reply the anxiety and health risks that may be linked with the query and, if necessary, highlighting them to the person seeking advice.

The reply to a counselling query generally contains three different elements. First and foremost, it is a matter of summarising the issue raised in a succinct manner. This is particularly important when dealing with long e-mails, in order to get to the essential core of the question. In the second half of the counselling e-mail, counsellors attempt to convey the *emotional backdrop* of the counselling issue and the subjective experience underlying the question. This gives those seeking advice the impression that the counsellor understands his/her individual situation (in an emphatic manner), which increases the commitment to and credibility of the counselling. In most cases, the counselling e-mail contains, in addition to the above, a *recommendation* that appears suitable to the issue or problem situation that is raised. In general, these consist of references to other sources of information or more extensive counselling options.

We will subsequently illustrate the systematic implementation of the counselling plan by means of a few e-mail queries. (The spelling in the e-mails has been carefully adapted to meet the new German spelling rules. Continuous use of small letters has been preserved, however).

Case 1: Kai, 18

Hello,
I've been smoking weed every day for the past 6 years and for two years I have also been taking pep almost every day. eight weeks ago I was kicked out of my house and now I live in sheltered accommodation. I have liked it here so far but around 1 month ago I noticed that I was becoming more and more tired. at the weekend I slept for 36 hours ... (AND THIS WAS WHILE TAKING PEP) my stomach and my circulation don't seem to be working very well either. I occasionally just pass out ... I am being asked more and more often if I am a drug addict, even my work colleagues have noticed this in the meantime ... should I go to the doctor's? can he actually do anything about it? I mean, we all know why it's happening ... I would be grateful if you could get back to me (smiley face)
have a pleasant evening,
Kai

Hi Kai,
You have been using cannabis regularly for a long time and you have also been taking amphetamines for two years. In view of your relatively strong consumption of drugs, it is not surprising that your body is showing the first signs of malfunction. Your symptoms can certainly be attributed to your drug use, as you yourself know. You could go to the doctor's to be examined, so that you will know exactly what's going on. You must definitely tell the doctor about your drug use, so that he has a clear picture. Doctors are bound by a duty of confidentiality! Another question that came to mind when I read your e-mail was this: are you yourself concerned about your physical and mental health? Do you want to change your drug habits? In that case, I would recommend that you seek professional help from a drug counselling centre nearby.
Addresses can be found under the following link:
http://www.drugcom.de/?uid=20e109809e9409b2b249d0301c4&id=suchtberatung
The counselling is free and the counsellors are also bound by the duty of confidentiality. You can also go there anonymously. My impression is that you would do well to start taking your concerns seriously and make small changes to your drug habits.
Best wishes from Evi
from the drugcom team

As can be seen from the counsellor's reply, the counselling provided on the one hand addresses and answers the client's questions; on the other hand, the counsellor picks up on the client's basic understanding of the problem, motivates him to seek professional help and makes suitable information available to him.

Case 2: Vera, 16

Hi!
I really need your help. At the weekend I did the cannabis test on "drugcom.de" and the result said that I was addicted to it, oh well – I also thought this last year because I constantly had trouble sleeping , I smoked several times a day (up to ten joints) and I also sometimes smoked a bong. I haven't smoked a bong since February; to date I have smoked up to five joints at the most. I have now been smoking regularly for 14 months, in the meantime I have also taken a "break" once or twice, but I've never managed to quit for longer than one week. Now once again I haven't been smoking for 4 days but I must admit that I am also taking a "break" so that the next joint will have a real kick. I have also had "relapses" on two occasions already. Today I have had a fairly rotten day and I absolutely wanted to smoke something, but I didn't have any money left, I think that if I had had the money I would have taken something in any case ... I am actually happy that for once I haven't smoked anything, to survive a day in a "normal" way again ... I have the feeling that smoking pot has already left its mark on me ...I forget things more often than I used to, at times (when I have smoked and then the next day I haven't) I cannot get to sleep, now and then I end up being awake for 30 hours straight! I still live at home, my parents don't know that I smoke pot (I don't want to even think what they would do to me if they found out), however occasionally they suspect something, they

found a filter and also papers – I of course told them that they were not mine ... I am sorry that I have written so much, however this is simply an opportunity for me to get help and I have written all this so that you will know for how long I have been smoking, what it was like before etc. Am I really addicted? What do you think???
Thanks, Vera

Dear Vera,
You have turned to us because you are worried and you have been wondering whether you are addicted to cannabis. Of course, I cannot assess the situation precisely from here, as I do not know you in person. Many of the things that you have described in your e-mail (daily multiple consumption etc., your test result for the cannabis test), in my view suggest that this could be the case, right? I have also asked myself how you would judge things yourself. Do you feel addicted to cannabis? When I read your e-mail I also had the feeling that you are suffering because of your drug use, that you would like to be more focused again, that you long for a more structured daily life and that you would like to feel better again. You have even managed to go a week without smoking. That's great, but it is not easy to change your behaviour in the long term and sometimes it helps to have support in doing this. Perhaps you would like to receive this support from our "quit the shit" programme? In the context of this, we offer the opportunity, by means of a diary and weekly feedback, to support you whilst you are trying to quit. We will initially discuss your personal situation in a detailed chat discussion and look for initial steps to solve the problem. You can find information on the programme under the menu item "quit the shit". You can find information on the course of the programme there and also register. You will also find many helpful tips under the subitem > Worth knowing, how to come to grips with your cannabis consumption, as many cannabis consumers often face similar problems when they wish to reduce their consumption. At the moment, places are still available on the programme. Of course, you also have the option at any time of turning to a drug counselling service near you. Counselling is provided anonymously and for free. You can find addresses for the centres under Druginfo > help.
I am anxious to find out your decision and would be delighted to hear from you again.
Kind regards from Reglinde
from the drugcom team

This e-mail response from the counsellor has two elements: on the one hand, she seizes upon the central question for the client regarding the existence of a cannabis addiction. The question "am I really addicted?" is answered, in line with the concept of a Person-centred strategy, by picking up on the underlying subjective experiences contained in the client's e-mail and by processing them in the reply. The client thus realises that she herself can answer her own questions against the backdrop of her own experiences and in fact she has already answered them. The client receives support in this process from the counselling provided. The second element pertains to the encouragement to draw on this support. This intervention particularly targets young people who have been regular users of cannabis for a long time or who are addicts. Even young people who have rather ambivalent feelings towards their decision to stop using drugs can benefit enormously from the additional support on offer.

Case 3: M., 15 (female)

Dear drugcom team,
I have the feeling that a friend from my gang regularly smokes pot, that is to say, I know that he does. Since his girlfriend left him he has totally distanced himself and his behaviour has changed. Somehow his life doesn't matter to him anymore and he is crap at school now. We have already tried on many occasions to talk to him, but he completely blocks us out. On some days he is totally depressed and on others happy and hyper. He barely has anything to do with his friends, and by that I mean us, anymore. We are seriously worried about him, we're worried that it's not just cannabis that he's using and that he is sliding down a slippery slope.
How can we talk to him in a reasonable manner and help him??
Kind regards, M.

Dear M.,
You have turned to us because you are worried about a friend in your gang who regularly smokes pot and who has distanced himself from you. You write that this change began when his girlfriend broke up with him. As you yourself may have already experienced, a broken heart can plunge a person into a crisis and it often takes some time in order to come to terms with this situation. It is not unusual for someone in this situation to increase their consumption of drugs, nevertheless it is a sign that he is not doing very well and that he has not got over the crisis yet. A problematic drug use can develop from such a situation in certain circumstances, however it is not unavoidable.
I think it's great that you care so much about your friend. The idea of talking to him is also an entirely good one. Perhaps you could have a think about whom out of your gang he likes most and he or she could wait for a favourable opportunity to have a heart to heart with him. However, above all it is important to ensure that he is sober during this conversation.
Otherwise I believe that it would be good for him just to see that you will still be there for him, that you understand him and are prepared to help him. Perhaps you could plan something together to distract him?
Here are a few other general tips:
if your friends take drugs your friendship can change and suffer because of this. You may notice that your friends behave differently and worry about them. You see each other less often or you often see them intoxicated, and you're unsure how you should handle the situation.
Most of the time it is hard, sometimes downright impossible, to stop someone from taking drugs. Remember that not all drug users are the same and that consumption patterns vary. Drug use does not always lead to serious difficulties.
At any rate, you should express your worries and anxiety and not keep them to yourself "for the sake of your friendship".
You can find other tips under "drugcom.de":
http://www.drugcom.de/?uid=7ffb791e7f91529a177a8cba96bff12e&id=freundhilfe
If you have any other questions please feel free to contact us again.
Best wishes from Reglinde
from the drugcom team

In this counselling e-mail the counsellor supports the worry and dedication of the friend of a drug user. This is supplemented by a few suggestions that are relevant to the case ("however above all it should be ensured that he is sober during this conversation") and reference to other tips.

Case 4: mother

Hello,
My son (23) is a drug addict ("hard d."), he has been living 800 km away from me for one year, after undergoing inpatient rehabilitation he moved in with his father in order to get away from the drug scene however they do not have much of a relationship and his father has thrown him out. After this he started using drugs again. He is now staying with friends. I saw him again after one year and I was shocked ... He does not have a home, he is "ashamed" of going into rehab for detoxification ("I am a failure"), however he absolutely wants to get treatment! He rings me approx. every ten days. I don't have an address or a telephone number for him and I am very concerned. Isn't there anything I could do for him?!? It is said that one should let one's children go ... and that an addict must first reach rock bottom before he/she seeks help ... I am worried sick about him because we have a very good relationship! We achieved a lot together ... in the past ...
Thank you for replying quickly!

Hello,
first of all, I can understand completely that you are extremely worried about your son and that this uncertainty is very hard for you to bear. I think it is a good thing that you are there for your son and support him, this seems to have been very helpful for both of you in the past. From what I understand from your e-mail, it seems that your son also desires a change in the situation and wants to stop using drugs. In addition, he has some experience of this already and he knows what he needs to do. However it seems to me that your son needs professional help. In order to get it, he could return to the rehab centre that he is already familiar with or find a new one. In any case, he should turn to a drug counselling centre. It is not unusual for a drug addict to require several attempts to get back on track. He should not be ashamed of this!
If your son feels it is supportive, you could also ponder the option of accompanying him to the counselling centre. You can find addresses of centres near you under:
http://www.drugcom.de/?uid=d486f0976aebd4306ff078f80282cbf5&id=suchtberatung
I wish you good luck, as I have the feeling that this situation is very taxing for you. For this reason I would like to give you an address of where you yourself can get support: the Federal Association of Parent Circles (Bundesverband der Elternkreise e.V. or BVEK) is a link between parents of young people at risk of drugs or addicted to drugs and their national association. You can find the BVEK under: http:home.snafu.de/bvek
As hard as it may be, ultimately it is up to your son to decide to stop taking drugs, and you must leave the responsibility for this to him. It seems important to me at this stage to encourage you to look after yourself too. This also means that you should distance yourself and lead your own life. I know that this is not easy to do, but you can only signal to

your son that you support him, but only in the context of your own limits and capabilities. I would also like to give you another address where you can find tips that could help you: www.drugcom.de > druginfo > faq > allgemeine fragen > was tun, wenn Freunde Drogen nehmen. If you have any other questions, please do not hesitate to contact us. I wish you all the best.
Kind regards, Ilka Andersen from the drugcom team

In accordance with the counselling concept, within this counselling e-mail addressed to the mother of a drug addict, the transfer of information is coupled with emotional support and recommendations about seeking more extensive help.

5.3 Chat counselling by "drugcom.de"

In the following section we will illustrate how the conceptual basic principles of online counselling are implemented systematically within the context of chat counselling provided by "drugcom.de". With regard to this, reference will be made to the results of a study carried out in 2004 and published elsewhere (Tossmann *et al.* 2006). Within the context of this research project, all N = 93 counselling sessions carried out in the months of September, October and November 2003 in virtual one-to-one counselling rooms were analysed. In the context of the data analysis, it was shown that it is not just consumers of psychoactive substances that make use of online counselling provided by "drugcom.de", but there is also a considerable number of relatives and friends who use this service. In 19 of the 93 counselling sessions, partners of users sought help from "drugcom.de", and in a further eight cases, queries came from friends of drug addicts. In the process of the qualitative data analysis, in N = 93 online counselling sessions, a total of 2,104 single interventions[2] were captured, coded and integrated into a classification system. Following this, the interventions of chat counselling by "drugcom.de" were classified into five thematic categories:

- promotion of an informed awareness of the problem,
- suggestions for forming protective personal relationships,
- personality-related interventions,
- behaviour-related interventions,
- offer of more extensive help.

In the following section, authentic extracts from chat transcripts and e-mail communications will be used to illustrate broadly how the "drugcom.de" counsellors tackle the questions and problems of their clients and implement the counselling plan in detail.

2 All texts and fragments thereof with which the counsellors attempt to influence the knowledge, attitude or behaviour of someone seeking advice are deemed to be interventions.

5.3.1 Promotion of an informed awareness of the problem

For Franzkowiak (2001), an *"informed awareness of the problem"* is an essential element in a drug-related risk competency. In the context of the analysed online counselling of "drugcom.de", a total of 581 interventions, that is more than one in four counselling interventions, were classed as belonging to this overarching thematic category. When seeking to promote an informed awareness of the problem, interventions are designed to transmit information on the one hand, and promote a (self)critical attitude towards substance abuse on the other.

Client: "OK so I wanted to know whether the pill stops working if I take xtc?
Counsellor: "it has not been proven that xtc has a direct influence on the pill; however, xtc consumption can lead to side effects that could influence the efficacy of the pill."
Client: "hmm, ok, so perhaps it is true?"
Counsellor: "It is true that you are taking a considerable risk by consuming xtc".

Suggestions for increasing awareness of one's own perceptions are often used in online counselling when it is a question of allowing those seeking advice to gain a different insight into their current problem situation. In the process of this, counsellors explore the complaints, conflicts, desires and potential formulated by the clients:

Client: "the weekend was cool ... I was quite drunk".
Counsellor: "what exactly do you like so much about being drunk?"
Client: "how can I put it ... I am a lot more open [when I'm drunk]."
Counsellor: "... so then you are as you would like to be?"
Client: "Yes, however actually I don't always want to be drunk."

With the Person-centred strategy of counselling, life competencies are strengthened because clients are better able to understand their own problems and can assess their resources better. "Life competent is someone who knows themselves and has empathy." (WHO 1994, quoted by Silbereisen and Reese 2001, p. 147).

The "promotion of a critical attitude" targets the questioning of consumption-related behaviour or opinions. Here, the certainties of drug use and consumption-related ideologies are questioned and reference is made to the possible aspects of health risks.

Client: "Do you know PMA?"
Counsellor: "Yes, I know it."
Client: "Well then (smile), once I had to vomit because of it and at first it was froth and then twice it was water. Was this something to do with an overdose?"
Counsellor: "It doesn't sound good."
Client: "Well OK ... the foam looked like that of a beer, and I had drunk two of those."

Counsellor: "I must say, this story shocks me somewhat. Do you often have such experiences?"
Client: "Well yeah, when it's a party, stuff like that can happen. And going to a party is pretty standard."
Counsellor: "and so when you're at such a party your health no longer seems important to you?"
Client: "no it does, but ... well, I take it and then I can't really control it."

5.3.2 Suggestions for forming protective personal relationships

This overarching thematic category groups together all interventions with which counsellors have attempted to encourage clients to influence their social milieu. A comparably high proportion of this form of intervention in counselling is made up of partners and close friends of drug users.

Client: "I love my boyfriend to bits but the pot smoking eats me up inside. It exhausts me, psychologically and even physically. I try not to force him to quit because I don't want that at all and also because it's useless, but he doesn't understand that a compromise is necessary."
Counsellor: "So have you talked to him already?"
Client: "Yes, often."
Counsellor: "So what would be your ideal compromise then?"

However, many consumers also discuss family problems during online counselling. Here too attempts are made to convince clients to tackle these conflicts in the family.

Client: "My father is the one who terrorises us and my mother talks rubbish ... I know that my mother has invited my father for talks over the next few days and if he realises I am sure that he will force my mother to send me for withdrawal treatment or put me in a home, otherwise he would report her to the police.
Counsellor: "Have you already tried talking calmly with your father?"

Also included in this subject area are counselling units in which counsellors try, together with the clients, to influence the personal relationships of those seeking advice with their peers or in the context of school and work. With regard to this, major problems are framed in the delimitation of drug use within the peer group.

5.3.3 Personality-related interventions

Counselling elements are deemed to be personality-related interventions when they are less targeted at shaping the personal sphere or the behaviour of clients. The majority of verbalisation by counsellors can be viewed as supporting the client to take personal

responsibility or as promoting feelings of self-worth and self-confidence. In counselling sessions with friends and family of drug users, often an awareness of their own limits is instilled in the context of the online counselling.

With a strong focus on the personal responsibility of users (and others who seek advice), counsellors encourage clients to take responsibility for their own concerns and support them, as a rule, in making their own personal decisions.

The promotion of feelings of self-worth and self-confidence within the counselling is closely related to this aspect. In this instance, clients are validated and supported in their efforts to solve their problems.

Client: "I still can't believe it. I've finally managed to quit smoking pot."

Counsellor: "So you haven't smoked pot for two weeks? For how long and how much did you used to smoke?"

Client: "I started at around 18, so in 2001 ... then I stopped for a year, then from 2002 to 2 weeks ago, I smoked continuously every day."

Counsellor: "So given this it is quite good that you've managed not to smoke for two weeks. Respect! (smiley)"

In counselling sessions with friends and family (for instance partners), a large number of personality-related interventions were processed, which can be summed up as raising awareness of your own limits. In these cases, counsellors try to make it clear to those seeking advice that, although they can help their partner or friend by trying to talk to them, often friends and acquaintances have very little influence on the actual decision and initiative to change the user's own consumption behaviour. Another aspect of this form of intervention comes into being when it is a question of addressing patterns of co-dependency (mostly on behalf of partners of drug users).

5.3.4 Behaviour-related intervention

The overarching subject area of behaviour-related interventions comprises counselling units that are aimed at specific behaviour by clients. This is where the difference between consumption-related and non consumption-related interventions lies.

Consumption-related interventions

Consumption-related counselling interventions generally take the form of recommendations, whereby a distinction should be made between recommendations on abstinence, recommendations to reduce consumption and recommendations relating to "safer use".

Overall, counsellors carried out 98 consumption-related interventions during the timeframe of the study; within this group, recommendations for a reduction of consumption were most frequently discussed. In this context, counsellors suggested either reducing the

quantity consumed or the frequency of consumption (generally of cannabis), or even refraining completely from using drugs in specific situations.

Recommendations on abstinence are generally given before the first use of specific psychoactive substances or in case of consumption of "hard" drugs (for instance cocaine). However, this is most often the case when the client reports severe physical or psychological problems linked to the consumption of cannabis or recreational drugs.

Client: "It has intensified recently. All the stuff with the parties and drugs."
Counsellor: "It sounds like you are having problems."
Client: "At night I have outbreaks of sweating, nightmares and convulsions."
Counsellor: "These could be withdrawal symptoms. However they will disappear with time if you stay off drugs for longer."
Client: "I often cry out because of it. The worst things about smoking pot are the paranoia-induced panic attacks and DEPRESSION. However in my opinion it seems to me that it is a blatant addiction. I used to weigh 82 kg, now I weigh 75 kg. Everybody mentions it to me."
Counsellor: "Yes, you're right. Taking cannabis can make you psychologically addicted. However, the fact that you have decided to stop smoking it is the right decision."

Non consumption-related interventions

This subject area particularly comprises suggestions for improving psychosocial competencies and for developing alternative purposes in life or recreational activities. Those seeking advice are encouraged to develop their behavioural repertoire and to make active efforts to solve their problems.

Client: "OK so yesterday there was also one of these situations. So I said: if you really have to smoke then do it. But you'll have to do it without me."
Counsellor: "I think that's great and brave that you don't go along with everything your gang does."

5.3.5 Offer of more extensive help

A total of 362 interventions by counsellors pursued the aim of opening up online clients to more extensive perspectives of counselling. More extensive help was suggested if the problem expressed was viewed as relatively serious and sufficient assistance could not be provided in the context of online contact. From this we must distinguish counselling interventions in which those seeking help are advised to turn to a regional counselling centre (drug counselling, youth counselling, counselling for young women, etc.). In individual cases, for instance if the counsellors know the place of residence of the client, counsellors can also give out addresses and telephone numbers.

Often in connection with this, the counselling can also be used to break down inhibitions. For young clients with a cannabis problem especially, the recourse to (classic) drug counselling enables them to overcome their anxieties and uncertainties.

At the end of the counselling dialogue, some clients are offered the option of continuing to use the online counselling service provided by "drugcom.de", if required. Particularly during the transition to a local counselling centre, it can be helpful for teenagers and young adults to receive support through chat counselling.

5.4 Online counselling in the context of "quit the shit"

With "quit the shit", consumers of cannabis are offered a range of counselling services on www.drugcom.de, aimed at helping them reduce or even stop their drug consumption. The programme consists of five modules:

1. The counselling programme is incorporated into a range of specific *information on quitting*. These represent a source of information for users before and during participation in the programme.
2. In the context of automated *entry screenings*, the motivation of participants is assessed and client data is recorded, which is relevant to the counselling as well as the assessment.
3. For each individual, the programme begins with an *admission chat*, which takes place online during a one-to-one conversation in a counselling chat.
4. The core of the intervention is a *50-day diary*. Clients use it to record their daily lives. Counsellors use this diary to comment on the rehabilitation process once a week and to support their charges with questions and suggestions.
5. Finally, in the context of a *final chat*, the progress of counselling is reviewed and reference is made to the follow-up survey.

(Internet-based) personal communication with those seeking advice takes place in the context of the exit programme during the admission chat, in the form of feedback on diary entries and during the final chat. The counselling concept is implemented in these three areas. The counsellors shape the communication with those seeking advice in accordance with a basic attitude that is characterised by empathy and esteem, in line with the counselling methods described above. They shape the dialogue so that it is resource and solution-oriented, and they go to great lengths to motivate their clients to remain in command of the planned changes.

In the following section, we will illustrate how the counselling concept of "drugcom.de" is implemented during initial contact with "quit the shit", in relation to feedback on

diary entries and in the context of the final chat. By way of an example, you will find extracts from counselling sessions in the annex to this paper.

5.4.1 The admission chat

Topics of the admission chat

Initial contact has both an informative and a motivational purpose. On the one hand, the counsellor can get an initial picture of the participant of the "quit the shit" programme and can attempt to gain additional information during the entry screening (an example of an admission chat can be seen in Section 8.1). On the other hand, it is all about encouraging users of the programme to commit themselves to their objectives. As can be seen in the following overview (cf. table 1), the initial contact is used to gain a picture of the participant's consumption behaviour and motives for consumption.

Subject areas	Sample questions
Current consumer behaviour	• The entry form says that you smoke pot several times a day. Is that true? • Do you mainly smoke in the evenings or throughout the day? • What role do alcohol and other drugs play?
Motives and functions of cannabis consumption	• What do you like so much about smoking pot? What would you miss if you were to stop immediately?
Reasons for stopping/ reducing cannabis consumption	• You have decided to significantly reduce/stop your cannabis consumption. What are the most important reasons for this?
Previous attempts	• Have you ever tried before to get to grips with your cannabis consumption? How often? When was the last time? How long have you managed to stop smoking for?
Personal risk situations	• What are, in your opinion, typical situations in which it is particularly hard for you not to smoke? • How many of your friends and acquaintances smoke pot? Are there people in your milieu who don't smoke?
Personal management and control strategies	• Do you already have any ideas on what you will do instead of smoking pot? What do you want to do when the desire to smoke becomes too great?
Sources of support	• Do you have any friends or acquaintances who could support you during your plan? Who will support you in your plan?
Personal goals for the programme	• What exactly is the goal that you want to achieve in 50 days? • What do you think you can achieve over the next 50 days?

Table 1: Subject areas of the admission chat

Furthermore, the participant is asked why he or she wants to change his or her cannabis consumption and why he or she has recently attempted to stop using cannabis.

It is particularly important to use the admission chat to determine the individual risk situation. With regard to this, participants in the programme learn to distinguish between situations in which they are more or less likely to be tempted to use drugs. Equally important with regard to this is to discuss with the client possible strategies that are suitable for managing problematic situations without resorting to cannabis and for gaining control over one's own behaviour.

Furthermore, "quit the shit" participants are encouraged to look for sources of support. Very often, contact with friends and acquaintances who do not take drugs or with the family can provide support.

An important task of the admission chat is to agree the individual targets of the programme jointly with the programme participants. In this case, counsellors try to set a timeframe that is both as *realistic* and *concrete* as possible and agree *measurable* targets. Furthermore, during the admission chat the counsellor highlights the extreme importance of the consumption diary and encourages those seeking advice to use this tool in a consistent manner, i.e. daily.

Towards the end of the admission chat, programme participants are referred to information on the programme on the website ("More information on the 50-day programme") and subsequently asked if they have any other questions.

All participants are made aware that the success of the measure largely depends on their determination and active participation and they are informed that the offer of virtual support is, naturally, limited. It is likely that serious problems or long-term chronic drug addiction will only be resolved with the "quit the shit" programme with great difficulty. For this reason, in some cases the counsellors may decide not to accept applicants into the programme. This could be on the one hand, individuals who are (clearly) suffering from a severe, untreated psychiatric illness, or on the other hand, alcoholics, cocaine or opiate addicts who wish to stop or reduce their consumption of cannabis. In these cases, the exit programme cannot provide adequate help, therefore these clients are referred to specialist help.

The function of the admission chat

A particularly important function of the admission chat is to motivate programme participants. This is guaranteed by an emphatic, Person-centred attitude by the professionals and supported by specific interventions.

Address ambivalences: During the initial contact, counsellors are confronted by the decision of the person seeking advice to change his or her consumption behaviour. Very

often this decision is based, however, on a personal weighing up of the advantages and disadvantages of cannabis consumption. In order to understand the (at times very ambivalent) individual motivation for joining the programme, and in order to make things clear to the client, the counsellor should lead an open dialogue with the person seeking advice regarding the positive and negative aspects of the planned abstinence from consumption (for instance: "what do you think you need to look out for most in order to achieve your goals?").

Draw a realistic picture: some cannabis users, particularly those who have never tried to reduce or stop their consumption before, begin the "quit the shit" programme with unrealistic expectations. If after a few days it turns out that abstinence cannot be achieved straight away and without great effort, it is very likely that these users will become extremely frustrated or even quit the programme. Clients who are better prepared have a higher chance of success. For this reason, counsellors should ask their clients about any expected difficulties that could threaten their personal success in the programme (for instance: "what do you think you need to look out for most in order to achieve your goal?").

Support the decision – strengthen self-awareness: precisely because a change of cannabis consumption that is generally long-term represents a huge challenge for those seeking advice, the priority is to support the decision made. The client has finally found the courage and determination to want to make significant changes to his or her daily routine and in the process of this, he or she may be exposed subjectively to considerable risks. Can I do it? Will I lose some of my friends and acquaintances during the process? How can I organise the free time I have "gained"? In connection with this, professionals should treat participants in the programme with respect and confidence. In this sense, the counsellor can contribute to supporting the client's self-awareness. "Strengthening the client's self-awareness begins by accepting and respecting the client's decision regarding what is important to him or her." (Berg and Miller 2000, p. 126)

Emphasise personal responsibility: Some of those seeking advice hope that the planned change in their cannabis consumption can be achieved automatically, merely by participating in the programme. For this reason, it is important to make it clear to participants that the targeted success can only be achieved with a conscious commitment to the programme (for instance: "What you achieve depends solely on what you do.").

5.4.2 Feedback on diary entries

The diary forms the core medium of the "quit the shit" counselling programme. It promotes self-monitoring of the counselling clients and also represents the central communication tool between the counsellor and the participant in the programme. This reflects the actual counselling process. During the 50-day programme, those seeking

advice receive qualified feedback from professionals on a regular basis, at least once a week. The basis for this feedback is each diary entry, however the information obtained from the entry screening and from the admission chat is also taken into account.

The feedback reflects the basic attitude behind drugcom's communication strategy, just like the admission chat: counsellors treat their clients with empathy and esteem, they shape their communication in a resource and solution-oriented manner and go to great lengths to motivate their clients to tackle the planned changes.

Feedback consists of various elements (cf. table 2), whereby *feedback, suggestions* and *motivation* are at the core of the comments made.

Feedback refers, on the one hand, to the process to date or the current status of the counselling. Users of the service receive for instance feedback on the way they keep their diary ("Well done – you keep your diary very diligently and extensively"), on their progress towards achieving their goal ("Last week you wanted to smoke pot only during the weekend. You didn't quite manage to do that according to your diary. What do you think you could have done better?") or on other aspects of the individual course of the programme. Feedback and the assessment of the sense of achievement are quite essential in order to guarantee a continued and successful participation in the programme. Counsellors should "point out all of the positive, successful or useful efforts made by the client in order to get closer to his or her goal. If the client does something that does him or her good, this should be highlighted and credit should be given to him or her." (Berg and Miller 2000, p. 118)

Feedback on substance use can refer both to current consumption of cannabis but also to the consumption of alcohol or other substances ("When I read your diary attentively, it strikes me that although you are definitely smoking less pot, conversely you are drinking beer more often. How do you see it?"). In the feedback on the psychosocial situation of the programme participants, their current areas of life are investigated, which are mentioned in the initial contact or in the diary entries and are relevant to the participants. If the individual stops consuming cannabis because exams are approaching, this can also be mentioned in the feedback ("You are currently trying to stop using cannabis because the school leaving exams are important to you."), to the same extent as when stressful life experiences lead to a depressive mood and to an increased consumption ("According to what your diary says, you have become very withdrawn over the past week since your girlfriend left you and you have only smoked pot.").

Feedback on psychosocial situations has, on the one hand, the function of illustrating to participants in the programme that the internet-based counselling provided by "quit the shit" is individually tailored and focuses on the essential structures of their individual living situation. On the other hand, programme participants learn through this type of feedback that their consumption behaviour is just as important to their living situation

Feedback	• Feedback on the counselling process • Feedback on substance use • Feedback on the psychosocial situation
Suggestions	• Transfer of information • Suggestions for self-awareness and self-reflection • Ideas and proposals • Tasks
Response to specific questions	
Motivation	

Table 2: Thematic structure of feedback on diary entries within "quit the shit"

as changing said behaviour itself. In order to increase the willingness to cooperate on the part of counselling clients, Berg and Miller (2000) recommend using the client's own words when replying to them (for instance when providing feedback on diary entries).

As table 2 shows, the diary comments as a rule also contain suggestions. With regard to this, the important aspect is the transfer of information, such as, for instance, for questions regarding the risks of substance abuse or for addresses for more extensive help.

In view of the relatively large amount of information on the drugcom website, very often reference is made to the corresponding locations on this portal. On the other hand, "quit the shit" participants are encouraged to become more introspective and self-reflective through feedback on their diary entries. These relate in particular to the consumption of cannabis and to efforts on the part of the person seeking advice, to change their consumption behaviour ("When I read your diary annotations I cannot find any evidence that you have tried in past weeks to reduce your consumption. How do you see it?").

As a rule, feedback is supplemented with ideas and proposals that the counsellors come up with in view of the diary entries. In general, these constitute suggestions on organising drug-free leisure activities ("You wanted to start football training again, didn't you? Do you want to start this next week?") or on dealing with drug-user friends and acquaintances ("have you ever tried to say no when someone offers you a smoke?" or "on an evening when you absolutely do not want to smoke, it is perhaps better to meet people who don't smoke dope."). Closely related to such suggestions is the duty incumbent upon the counsellors of "quit the shit" clients to write in the diary on a weekly basis. Thus, participants are for instance given the task of looking out for positive personal changes that are associated with abstinence from drugs. Alternatively, they are asked to record in their diary every single situation in which they have succeeded in abstaining from the consumption of cannabis, and how they managed to do this. As individual control strategies hold a particularly great importance in the context of the

"quit the shit" exit programme, this should always be taken into account in the comments on the diary entries.

In connection with participation in the programme, clients are also often faced with specific questions that must be answered. For instance, sometimes the diary is used to ask specific questions on withdrawal symptoms ("is it normal that I still have trouble sleeping after being "clean" for five days?"), on medical advice ("as an epileptic, do I have to be particularly careful when I stop smoking pot?") or on legal matters ("what can I do if I get into trouble with the driver and vehicle licensing agency because I smoke pot?").

As described above, a motivational interview forms the fundamental cornerstone of "drugcom.de"'s online counselling. Within the context of the "quit the shit" exit programme, this general communication strategy is supplemented by targeted motivation of programme participants in the diary comments. The motivational comments are written according to the individual situation of the client. Anyone who for instance has successfully participated in the programme in the past four weeks is encouraged to continue applying the strategies initiated ("You have already made a great deal of progress towards achieving your planned target, that's excellent! I hope that you can continue making further progress."), whereas anyone else who has achieved little to date is encouraged not to give up ("it is often harder than one thinks to give up smoking pot. This is the case for many others too. Perhaps you should give yourself another chance and try again next week. I am convinced that you are capable of doing it.").

5.4.3 The final chat

At the end of the 50-day "quit the shit" programme, a chat-based final discussion is held with all participants who successfully complete the programme. The aim of the discussion is to reflect on the experiences of participating in the programme and discuss strategies for solving problems in the future. Thanks to this, the staying power of the success achieved is guaranteed. The final chat focuses on several subject areas that are broadly defined in table 3.

The initial purpose of the final chat is to carry out a critical review of the individual goals of the programme. The key question is as follows: how has the consumption behaviour of the participant changed in line with the agreed goal of the programme? As a rule, the individual outcome of the programme will turn out to be quite varied: thus, during the previous seven weeks, both successes and failures will have taken place which need to be assessed ("you set out to do a lot during the 50-day programme. How do you rate the results?", "how satisfied are you with this?"). Closely linked to this is the question as to which conditions and which personal strategies for abstaining from cannabis are favourable or even unfavourable to the individual. With regard to this, the client can

Programme goal	• What has been achieved? • What has not been achieved?
Strategies and conditions	• Which circumstances are favourable/unfavourable? • Which personal strategies are favourable/unfavourable?
Perspectives	• What should the client watch out for in the future?
Feedback and encouragement	

Table 3: Structure of the final discussion of "quit the shit" with regard to contents

reflect on his or her personal learning curve within the context of participation in the programme ("what do you think is the best strategy for you to stop smoking pot?").

Another topic of discussion relates to the immediate future. In this context, the following questions arise: what goals will the client focus on next? How can the client manage to continue to abstain from smoking pot or significantly reduce his or her cannabis consumption? How can progress made be maintained? In processing these questions, the participants in the programme draw on the experiences of their immediate past and should be encouraged during the final chat, to assess their personal opportunities and risks ("following what you have experienced here over the last few weeks, what must you definitely watch out for if you want to remain clean?").

After the participants in the programme have completed their personal assessment, they can still receive further feedback and suggestions from their counsellor. Initially, experts provide feedback on the progress of the counselling process ("although at first you found it very hard to use your diary regularly, after two to three weeks you were able to use it really well." "I liked how you pulled yourself together again after each relapse and how you stuck with the programme.") Subsequently a summarising description of the problem is made by the counsellor ("according to my perception it is particularly hard for you to abstain from smoking pot when you are with your boyfriend.") who also proposes suggestion that are helpful for maintaining abstinence from drugs ("as you have been able to establish in past weeks, you have benefited from getting fitter again by doing sport"). Any participant in the programme who cannot find a satisfactory solution to his or her drug problem at the end of the exit programme is advised to seek more extensive assistance (drug counselling centre, registered doctors or psychotherapists). And of course, all programme participants are informed of the possibility of seeking help from "drugcom.de" (e-mail counselling, chat counselling) if required. And finally, in the final chat it is pointed out that the "quit the shit" programme is assessed, therefore all participants are invited to complete an online survey by e-mail three and six months after the end of the programme. The survey is the core element for the assessment of the programme and is used for quality assurance purposes and for the further development of "quit the shit".

6

Conclusion

This specialist publication provides an insight into the conceptual principles and the systematic implementation of online counselling provided by drugcom.de. In addition to a comprehensive range of information, drugcom.de also offers teenagers and young adults the opportunity of turning to the drugcom team online with their questions and personal problems. Users of online counselling provided by drugcom.de are generally aged 15 to 25.

Whereas the e-mail and chat services are predominantly used by young women, the majority of users of the "quit the shit" counselling programme are young men. As has been demonstrated, the topics discussed during counselling are very varied. Often however questions on cannabis, alcohol and other psychoactive substances, as well as personal problems that relate specifically to addiction, lie at the heart of the online counselling. Both the user statistics for the website and the results of the accompanying evaluation highlight the fact that the offer of counselling has high uptake rates within the target group.

So what are the advantages of online counselling? First of all, it must be said that the online counselling function is very easy to use. It does not require any telephone calls, appointments, access routes or the time and organisational effort linked to these. Wherever internet access is available, online counselling represents a particularly low-threshold service for drug users. This means that as an easy to access virtual contact point, drugcom.de is used by a large number of young people to obtain counselling on the most varied drug issues.

Closely linked with this is the aspect of anonymity of the counselling. Even though to date the internet cannot guarantee absolute data security, in the context of the technical implementation of drugcom.de, care is always taken to adhere to the highest security standards. The anonymity that is possible on the internet gives those seeking advice the option of turning to experts with their concerns without feeling shy or ashamed.

If we consider the problem situations discussed in the context of the e-mail or chat counselling, a further advantage of this internet-based form of psychosocial counselling soon becomes apparent. The low inhibition threshold for taking up online counselling can be considered above all an opportunity to establish contact with young consumers at a relatively early stage of their drug consumption or in the first phase of a conflict or problem and thus allows counsellors to intervene quite early on.

From the subjective perspective of those seeking advice, many of the problems discussed during online counselling have not (yet) given them cause to make contact with a drug counselling centre. However, although online counselling is, in particular, a tool for early intervention, the counselling offer is also taken up by young people who have been taking drugs for several years or who exhibit problems related to a severe addiction. In such cases, the online counselling can only be the first step and cannot replace locally-

based psychosocial counselling. In this respect, online counselling provided by drug-com.de should be viewed as the first point of contact where teenagers and young adults are encouraged and motivated to seek more extensive help.

7

Bibliography

Andermatt, O. (2003): Psychotherapie im Internet? Psychoscope 8, 6–7.

Antonovsky, A. (1979): Health, Stress and Coping: New Perspectives on Mental and Physical Well-Being. San Francisco: Jossey-Bass.

Bamberger, G. (2001): Lösungsorientierte Beratung. Weinheim: Psychologie Verlags Union.

Berg, I. K., Miller, S. D. (2000): Kurzzeittherapie bei Alkoholproblemen. Ein lösungsorientierter Ansatz. Heidelberg: Carl-Auer-Systeme Verlag.

Bühringer, G. (1992): Drogenabhängig. Freiburg: Herder.

Bundeszentrale für gesundheitliche Aufklärung [Federal Centre for Health Education] (BZgA) (2006): drugcom.de. Jahres- und Evaluationsbericht 2005. Köln.

Cassell, M. M., Jackson, C., Cheuvront, B. (1998): Health communication on the internet – an effective channel for health behavior change? Journal of Health Communication, 3, 71–79.

Childress, C. (1998): Potential Risks and Benefits of Online Psychotherapeutic Interventions. Available at http://www.ismho.org/issues/9801.htm [10.10.1999].

Cook, J. E., Doyle, C. (2002): Working alliance in online therapy as compared to face-to-face-therapy: Preliminary results. CyberPsychology and Behavior 5, 95–105.

de Jong, P., Kim Berg, I. (1998): Lösungen (er)finden. Das Werkstattbuch der lösungsorientierten Kurztherapie. Dortmund: Verlag Modernes Leben.

de Shazer, S. (1989): Wege der erfolgreichen Kurztherapie. Stuttgart: Klett.

de Shazer, S. (1992): Der Dreh. Überraschende Wendungen und Lösungen in der Kurzzeittherapie. Heidelberg: Carl Auer.

de Shazer, S. (1997): Die Lösungsorientierte Kurztherapie – ein neuer Akzent der Psychotherapie. In: Hesse, J. (ed.): Systemisch-lösungsorientierte Kurztherapie (p. 55–74). Göttingen: Vandenhoeck und Ruprecht.

Dietrich, G. (1983): Allgemeine Beratungspsychologie. Göttingen: Verlag für Psychologie.

Döring, C. (2003): Sozialpsychologie des Internet. Die Bedeutung des Internet für Kommunikationsprozesse, Identitäten, soziale Beziehungen und Gruppen. Göttingen: Hogrefe.

Eimeren, B. van, Frees, B. (2005): Nach dem Boom: Größter Zuwachs in internetfernen Gruppen. Media Perspektiven 8, 362–379.

Eimeren, B. van, Gerhard, H., Frees, B. (2004): Internetverbreitung in Deutschland: Potenzial vorerst ausgeschöpft? ARD/ZDF-Online-Studie. Media Perspektiven 8, 350–370.

Esterling, B. A., L'Abate, L., Murray, E. J., Pennebaker, J. W. (1999): Empirical foundations for writing in prevention and psychotherapy: mental and physical health outcomes. Clinical Psychology Review, 19 (1), 79–96.

Fahrenkrug, H. (1998): Risikokompetenz – eine neue Leitlinie für den Umgang mit ‚riskanten Räuschen'? Suchtmagazin, 24 (3), 23–27.

Fenichel, M., Suler, J., Barak, A., Zelvin, E., Jones, G., Munro, K., Meunier, V., Walker-Schmucker, W. (2002): Myths and Realities of Online Clinical Work. CyberPsychology and Behavior 5, 481–497.

Franzkowiak, P. (2001): Risikokompetenz in der Suchtprävention. Prävention, 24 (4), 102–104.

Gelso, C. J., Fretz, B. R. (1992): Counseling Psychology. Fort Worth.

Heinlen, K. T., Welfel, E. R., Richmond, E. N., Rak, C. F. (2003): The scope of webcounseling: A survey of services and compliance with NBCC Standards for the Ethical Practice of WebCounseling. Journal of Counseling & Development, 81, 61–69.

Heudtlass, J.-H., Stöver, H. (2000): Risiko mindern beim Drogengebrauch. 2., neubearb. Auflage (1. Aufl. 1995). Fachhochschulverlag: Frankfurt/M.

Jedlicka, D., Jennings, G. (2001): Marital therapy on the internet. Journal of Technology in Counseling 2, 1–15.

Klein, B., Richards, J. C. (2001): A brief Internet-based treatment for panic disorders. Behavioural & Cognitive Psychotherapy 29, 113–117.

Lange, A., Schrieken, B., van de Ven, J. P., Bredeweg, B., Emmelkamp, P. M. et al. (2000): Interapy: The effects of a short protocolled treatment of posttraumatic stress and pathological grief through the Internet. Behavioural & Cognitive Psychotherapy 28, 175–192.

Miller, W. R., Rollnick, S. (1999): Motivierende Gesprächsführung. Freiburg im Breisgau: Lambertus.

Miller, W. R., Rollnick, S. (2002): Motivational interviewing: Preparing people for change. New York: The Guilford Press.

Miller, W. R., Sanchez, V. C. (1991): Motivating young adults for treatment and lifestyle change. Notre Dame: University of Notre Dame Press.

Mitchell, D., Murphy, I. (1998): Confronting the challenges of therapy online: A pilot project. Proceedings of the Seventh National and Fifth International Conference on Information Technology and Community Health, Victoria, British Columbia, Canada.

Murphy, I., Mitchell, D. (1998): When writing helps to heal: email as therapy. British Journal of Guidance and Counselling, 26 (1), 21–32.

Newcomb, M., Bentler, P. (1989): Substance use and abuse among children and teenagers. American Psychologist, 44, 242–248.

Paulus, P. (1992): Prävention und Gesundheitsförderung. Perspektiven für die psychosoziale Praxis. Köln: GwG Verlag.

Pennebaker, J. W. (1997): Writing about emotional experiences as a therapeutic process. Psychological Science, 8, 162–166.

Prochaska, J. O., DiClemente, C. C. (1983): Stages and processes of self-change of smoking: Towards an integrative model of change. Journal of Consulting and Clinical Psychology, 51, 390–395.

Prochaska, J. O., DiClemente, C. C. (1984): The transtheoretical approach: Crossing traditional boundaries of therapy. Homewood: Dow Jones/Irwin.

Rabes, M., Harm. W. (ed.) (1997): XTC and XXL Ecstasy — Wirkungen, Risiken, Vorbeugungsmöglichkeiten und Jugendkultur. Rowohlt: Reinbek bei Hamburg.

Robinson, P. H., Serfaty, M. A. (2001): The use of e-mail in the identification of bulimia nervosa and its treatment. European Eating Disorders Review 9, 182–193.

Robson, D., Robson, M. (2000): Ethical issues in Internet counselling. Counselling Psychology Quarterly, 13 (3), 249–257.

Rogers, C. R. (1972): Die nicht-direktive Beratung. Kindler: München.

Rogers, C. R. (1973): Die klientenbezogene Gesprächspsychotherapie. Kindler: München.

Rogers, C. R. (1978): Die Kraft des Guten. Ein Appell zur Selbstverwirklichung. Kindler: München.

Sander, K. (1999): Personenzentrierte Beratung. Beltz Verlag: Weinheim und Basel.

Schmidt, B. (2001): Suchtprävention bei konsumierenden Jugendlichen. Juventa Verlag: Weinheim und München.

Sickendiek, U., Engel, F., Nestmann, F. (1999): Beratung. Eine Einführung in sozialpädagogische und psychosoziale Beratungsansätze. Juventa Verlag: Weinheim und München.

Silbereisen, R. K., Reese, A. (2001): Substanzgebrauch: Illegale Drogen und Alkohol. In: Raithel, J. (ed.): Risikoverhalten Jugendlicher (p. 131–153). Leske + Budrich: Opladen.

Straumann, U. (1991): Personenzentriertes Konzept und soziale Arbeit. Auf dem Weg einer sich selbst optimierenden Sozialarbeit. Blätter der Wohlfahrtspflege 1.

Straumann, U. (2001): Professionelle Beratung. Bausteine zur Qualitätsentwicklung und Qualitätssicherung. Asanger Verlag: Heidelberg.

Suler, J. (2002): The online disinhibition effect. Available at http://www. rider.edu/~suler/psycyber/disinhibit.html.

Tossmann, H. P., Jordan, S., Fleischer. A. (2006): Onlineberatung: Ein Instrument der sekundären Drogenprävention. Gesprächspsychotherapie und Personenzentrierte Beratung, 4.

Weinberger, S. (2004): Klientenzentrierte Gesprächsführung. Lern- und Praxisanleitung für psychosoziale Berufe. Juventa Verlag. Weinheim und München.

Weißhaupt, U. (2004): Die virtuelle Beratungsstelle: Hilfe für Jugendliche online. Praxis der Kinderpsychologie und Kinderpsychiatrie 53 (8), 560–573.

Wright, J. (2002): Online Counselling: learning from writing therapy. British Journal of Guidance & Counselling, 30 (3), 285–298.

Wright. J., Chung, M. C. (2001): Mastery or mystery? Therapeutic writing: a review of the literature. British Journal of Guidance & Counselling, 29 (3), 277–291.

Zack, J. S. (2002): Online counselling: The future of practicing psychologists? National Psychologist, 11, 6B–8B.

Zack, J. S. (2004): Technology of online counseling. In: Kraus, R., Zack, J., Stricker, G. (Eds.): Online Counseling: A handbook for mental health professionals (93–121). San Diego, CA: Elsevier Academic Press.

8

Annex

8.1 Admission chat

The spelling in the chat minutes has been carefully adapted to meet the new German spelling rules. Continuous use of small letters and missing commas or punctuation has been preserved, however.

drugcom-reglinde	Hello, welcome to "quit the shit"! Here we are amongst ourselves. I am reglinde, I am a psychologist, counsellor and therapist. We have about 50 minutes' time for our discussion. How come you registered here?
sinus	I contacted Caritas anonymously and they referred me here
drugcom-reglinde	OK. it's great to have you here. have you already obtained information on our programme?
sinus	I have had a little look at the information on the website, first of all I wanted to say that I think the project is great and the options (chat counselling etc.) are excellent
sinus	I want and must give up drugs and I think that I will be well supported by you
drugcom-reglinde	Thanks, alright then. so what do you want to achieve with the programme?
drugcom-reglinde	Um, do you want to stop completely?
sinus	Um, that's a good question ... is it really a question of all or nothing with drugs?
sinus	If I think about never smoking a joint ever again then that would be very strange
drugcom-reglinde	No, not necessarily, but sometimes it actually makes more sense to stop completely, however ultimately you must stick to your goal above all.
drugcom-reglinde	Perhaps we should first talk about your current situation etc. and then later we can go back to your goal. You currently smoke twice to four times a day, mostly during the day or in the evening, right?
sinus	That's right ... when the opportunity arises
drugcom-reglinde	What do you like about smoking pot?

sinus	The relaxation, hanging loose, the sex afterwards ...
drugcom-reglinde	You mean, switching off and relaxing after a stressful day?
sinus	You could say that, although I don't like the after-effects, such as, for instance, being scatterbrained, tired and somehow "down"
drugcom-reglinde	What do you do for a living?
sinus	I work as a freelance web designer
drugcom-reglinde	Wow, that sounds really interesting!
drugcom-reglinde	So you can give us your expert opinion on our website
sinus	I like it a lot
sinus	Yes I can :=
drugcom-reglinde	So you're quite satisfied with your work, that's good
sinus	It's OK and it's enough to put bread on the table
drugcom-reglinde	You have already mentioned what you don't like about smoking pot, i.e. being "scatterbrained", "tired" and "down"
drugcom-reglinde	Is there anything else that you don't find that great?
sinus	... you become more withdrawn, you want to be alone ... you have no desire for anything anymore
drugcom-reglinde	Can you think of any other disadvantages?
sinus	Hmm ... your concentration wanes, you cannot enjoy yourself as much, you start thinking that every moment in your life is only good if you're "stoned"
drugcom-reglinde	Are these the other reasons why you have been thinking about reducing your consumption or is there something else?
sinus	On top of it, the whole shebang also costs a fortune and loads of time is wasted on the whole thing

drugcom-reglinde	Why did you decide to turn to Caritas?
sinus	I wanted to stop but I can't manage alone so I decided to turn to people who have a clue
drugcom-reglinde	So you have tried quitting already?
sinus	Yes of course, but when I have something at home then I'll smoke it and I'll think this is it, this is my last joint. this will last for two weeks and then I'll order more stuff again
drugcom-reglinde	How long was the longest that you managed not to smoke?
sinus	I once stopped for one year in total, however that was 3 years ago, I think that the stuff is getting stronger and perhaps it is harder to quit it
drugcom-reglinde	And recently, when was your last attempt to quit and for how long did you manage to stay off it?
sinus	2 weeks in total and then I got hold of some more
drugcom-reglinde	So first of all, I think it's really great that you have already managed to do this. Thanks to this you also know that you are capable of doing it in theory and you will have definitely already learnt a few things about yourself, which you can now put to good use.
sinus	Yeah, for the entire two weeks I could only think of smoking pot and I noticed that my alcohol consumption also increases when I don't smoke
drugcom-reglinde	For instance you now know that you should not have anything in the house if you seriously want to stop smoking pot. Are you worried that you will switch to another substance?
sinus	Actually no as I don't really like the buzz given by alcohol and harder drugs are out of the question for me. But I am worried.
drugcom-reglinde	We will keep that in mind then. But let's talk about your goal. What do you propose as a goal for the 50-day programme?
sinus	Not to smoke pot, but I will only be clean when I get it all out of my system
drugcom-reglinde	OK, I think that makes sense, because you have already noticed that you start smoking pot again whenever you have something on you. So let's stick to your goal: I want to stop smoking pot completely?
sinus	But I'm worried that I will be irritable, restless and so on

drugcom-reglinde	At the beginning it is normal to not feel so good for a while. You must go through the withdrawal symptoms – not everything helps in this respect.
sinus	How long will it last, is there anything I can do to make it easier for myself?
drugcom-reglinde	Well, the withdrawal symptoms can vary in their type, duration and intensity. However after one week things will significantly (!) improve and after two weeks things will go back to normal.
sinus	I have noticed other times that I feel good during the first few days but after a week or so I crack
drugcom-reglinde	People who do sport have had good experiences. You will feel energised, will sleep better, you will be more balanced. But what happens after one week? How do you feel then?
sinus	Sport?? That is worse than smoking dope :-) ... only joking. Whenever I feel bad I simply go outside to get some fresh air and to move about a bit.
drugcom-reglinde	Well then, exactly. You can consciously use this. But then what happens after one week? How do you feel then?
sinus	Then I become restless, insecure and I think negative thoughts ... in short I feel wretched
drugcom-reglinde	Hmm, I think that we will have to wait and see but perhaps this time around it won't be quite as bad. So, back to your goal: so you don't want to smoke pot ever again? Should I put that down?
sinus	Right, I want to go through with it
drugcom-reglinde	Super, then we have agreed your goal. Another question that I think is equally important is what do you want to do instead of smoking pot?
sinus	There is another thing, well my girlfriend and I have got used to only having sex when we're stoned. and if we're not sex goes completely out of the window.. I don't know whether you've ever heard this before
drugcom-reglinde	Yes of course, this is certainly a topic that comes up
sinus	Alternatives to pot? good question
drugcom-reglinde	Does your girlfriend smoke pot too?
sinus	Yeah she does

drugcom-reglinde	Does she also smoke every day?
sinus	Yep
drugcom-reglinde	And does she want to quit?
sinus	She doesn't like the idea of never smoking pot again
drugcom-reglinde	So she hasn't noticed as many disadvantages as you?
sinus	I don't think so, she rather downplays the subject
drugcom-reglinde	Then it won't be easy for you to remain firm
sinus	It's true, but I have to make it clear to her that I only want the best for the both of us. But since I've always been in charge of supplying us, she will also have to go along with it
drugcom-reglinde	So she will be forced to quit?
sinus	You could say that, is that not OK?
drugcom-reglinde	Well when one quits and the other continues to smoke pot it is really hard to remain strong!
sinus	Unfortunately I must also distance myself a little from my friends, this is sometimes necessary. So I would like to talk a bit more about the alternatives to smoking pot ...
drugcom-reglinde	To be honest, I don't have any alternatives to offer ... because it's not just important to know what you don't want to do – i.e. not smoke pot, but it is also important for you to decide what you want to do instead. Do you have any hobbies, ideas ...
sinus	Actually I am always in front of my PC, but now I am in front of it the whole day. perhaps I should do more sport.
drugcom-reglinde	OK, with your girlfriend? Have you got any ideas?
sinus	Hmm, I am really stumped
drugcom-reglinde	Perhaps you could have a think together about what you would both like to do together?

sinus	We will start building a house next year, then I will have enough alternatives. Otherwise I keep holding on to the idea that the cinema or the sauna or even sex is only fun when you're stoned ...
drugcom-reglinde	So you need to review this idea, even with regard to sex. Many are quite surprised to find out that everything is just as much fun without pot, if not more so.
sinus	What is the best way to go about it?
drugcom-reglinde	OK so the best way to do it is to decide that you will destroy any leftovers on day X and plan the next few days. Avoid risk situations and plan alternative activities. So for instance work on Thursday, then a jog and cinema with friends in the evenings or similar.
sinus	Today is the last day, then I'll throw away my supply ... should I make full plans for the near future?
drugcom-reglinde	Well one day at a time. But you should also plan relaxation time and find out how you can relax well.
sinus	Autogenous training?
drugcom-reglinde	Experiment with what is good for you and what is not, then you will discover your own personal strategies gradually. Yes, even autogenous training can be very useful.
sinus	OK, then I will get started tomorrow
drugcom-reglinde	Now for a few other pieces of information: I will enter this along with your agreed goal and activate your diary today. You will then receive an e-mail and you can immediately start your diary. It is a good idea to make regular entries, regardless of whether you have smoked pot or not. It is always important. Write anything related to cannabis down. Even if you're only thinking about it or about how you will manage the situation without smoking pot. You will then receive feedback once a week by us in your diary. You can also contact us via the chat at any time. Please log in with your User ID so that we will know that you are participating in the programme. Have you already read the information under Worth knowing: "tackling cannabis consumption"? It is under a menu item in the programme. Please read this through again calmly. It contains many important tips and information. I will activate your diary today, then you can have a look at everything and use it in full as of tomorrow. You will receive your first feedback in one week. If you have any questions then simply join us in the chat.
sinus	Super, thank you for your help
drugcom-reglinde	I will keep my fingers firmly crossed for you for next week!

8.2 Diary records and feedback

User > active > diary

User-ID:		**Gender:**	male
Nickname:	sinus	**Living situation:**	with my partner
Age:	29	**Job/occupation:**	self-employed

Initial situation:
I currently smoke pot 2 to 4 times a day, mostly during the day or in the evenings. The things I like about pot are the relaxation, hanging loose and the sex afterwards. On the other hand, I also feel scatterbrained, tired and somehow down after smoking pot. Furthermore, you become withdrawn, you want to be alone and you have no desire for anything anymore, your concentration wanes, you cannot get excited about anything and you think that any moment in life is only enjoyable if you're stoned. The whole shebang also costs a fortune and takes up loads of time. Whenever I feel bad I simply go outside to get some fresh air and to move about a bit. I want to start exercising again. Furthermore next year we will start building a house so I have enough alternatives (send out invitations to tender, solicit bids etc.). I would also like to do autogenous training. I will talk to my girlfriend once again about my plan and we will have a think together about what we will do instead of smoking pot.

Goal:
I want to stop smoking pot completely.

Week 1 (day 1–7) / did you smoke pot?

Tue, 13/12	Wed, 14/12	Thu, 15/12	Fri, 16/12	Sat, 17/12	Sun, 18/12	Mon, 19/12
yes	no	no	no	no	no	no

Tue, 13/12/05; smoked pot

Time	Type and quantity	Where and with whom?	Why?
15:00	one joint	at home alone	When I have something on me I simply must smoke it till it's gone. I cannot pace myself and take a break for a few days. I plan on smoking what I have left today so I can quit properly tomorrow.
19:30	one joint	with my girlfriend at home	Because it's the leftovers and it is the last evening and I want to enjoy it one more time.

Summary:
I am determined to stop smoking pot and I hope that I can manage this well.

Wed, 14/12/05; did not smoke pot

Summary:
Today is my first day without weed. I was a bit irritable in the morning, but that feeling soon dissipated. I am not thinking about pot at the moment, however I feel somewhat demotivated. As a self-employed person this is of course very bad. In general I worked better when I was stoned.

Thu, 15/12/05; did not smoke pot

Summary:
I am extremely tired and about as motivated as a slice of toast. I haven't been thinking about weed, but all I can think of is whether I will be able to quit. My work has been left to one side, as at the moment I pity myself and do not have either the inclination or the energy to do anything. I hope that this feeling will go away quickly, as I actually should start working properly soon.

Fri, 16/12/05; did not smoke pot

Summary:
I am restless today and I have been having weird dreams. I was offered a smoke today. I explained my position and refused.

Sat, 17/12/05; did not smoke pot

Summary:

I'm not thinking about drugs, but at the moment I'm in a brooding mood. I feel morally defeated.

Sun, 18/12/05; did not smoke pot

Summary:

I think about drugs very rarely but I have noticed that my alcohol consumption has steadily increased. I will try to find a balance with sport.

Mon, 19/12/05; did not smoke pot

Summary:

No summary available.

Comments (week 1)

Dear sinus,
Today I Reglinde from the drugcom team will give you your first feedback on your diary. First of all, well done! You have pulled through your first week relatively well and managed not to smoke pot for five days, during which you have always kept an eye on your goal. Excellent! Unfortunately yesterday you did not write anything at all in your diary, therefore I don't know how you did. There is certainly a great deal of work ahead of you but during this first week you have got yourself into a good position and you have already successfully completed the first part of the programme. In order to ensure that you continue to achieve this success, I would be interested above all in finding out what in particular has helped you during your first week to remain strong. First of all, you used up all your leftovers and then you took precautions by ensuring that you did not have any gear left on you. Observe more closely in the coming week how you manage not to smoke pot, for instance which thoughts prevent you from smoking pot and how you distract yourself. The more you know about what helps you and does you good, the more targeted you can use these strategies for yourself at a later date. Write all of this down in your diary, so that both of us, you and I, can have an insight into what helps you and what doesn't.
Nervousness and restlessness, depressive or aggressive feelings are typical withdrawal symptoms. They occur mostly during the first 24 to 48 hours following the last consumption and normally last up to one week or up to 14 days at the most. They are a sign that your body has become used to processing cannabis regularly and now it is busy readapting itself. Over the next week you should definitely notice some improvements.
You wrote that lately you've been having weird dreams. Many ex-users report that they begin to dream again (or they can remember their dreams once again) after they stop smoking pot. Weird dreams or nightmares are typical manifestations after quitting and will subside after a while.
You actually deserve a prize for your efforts during the first week, don't you think so? Have you already considered treating yourself to something nice? Perhaps you would like to buy

something with the money you have saved or do something different? I am looking forward to finding out what you will decide.
I was particularly impressed that you persevered even when it was hard, therefore keep at it and keep up the good work! Make plans for the Christmas holidays by considering when things could get tricky and thinking accordingly about what you will do to distract yourself.
In any case, I wish you a merry Christmas and I'll continue to keep my fingers crossed for you!

Best wishes from Reglinde
from the drugcom team

PS: Keep an eye on your alcohol consumption. Have you actually started exercising yet? I am curious to hear about this.

Week 2 (day 8–14) / did you smoke pot?

Tue, 20/12	Wed, 21/12	Thu, 22/12	Fri, 23/12	Sat, 24/12	Sun, 25/12	Mon, 26/12
no	no	no	no	no	no	no

Tue, 20/12/05; did not smoke pot

Summary:
Thank you for your comments. Unfortunately at the moment I cannot do any exercise as I have been ill (flu) since I stopped smoking pot and I cannot bring myself to do anything right now. A lack of motivation has always been my problem.

Wed, 21/12/05; did not smoke pot

Summary:
I don't actually think about drugs at all, about how nice it would be now to smoke a joint. It is rather the inner restlessness and bad temper that bother me. But if I had a smoke now I would have to start from scratch again. I hope that I will feel better again over the next few days.

Thu, 22/12/05; did not smoke pot

Summary:
Pondering about God and the world is very stressful, given that at the moment I question everything. I feel rather depressed right now. Despite this I'm glad that I have not yet given in and ordered some grass. I find it surprisingly easy not to order anything and not to have anything.

Fri, 23/12/05; did not smoke pot

Summary:

At the moment I have been having really bad dreams. My girlfriend and I have barely had sex. However I have to persevere through all of this. If I smoked something now I would be back to square one.

Sat, 24/12/05; did not smoke pot

Summary:

For some reason I can't get a grip on my drinking. Before I would drink maybe 15 bottles of beer in one month and now I can get through that many in one week.

Sun, 25/12/05; did not smoke pot

Summary:

I am still very irritable and I am extremely in need of sleep, at the moment I sleep for ten hours easy. Previously I managed really well with 7 and a half hours. I have not been thinking about pot, nor have I been thinking that I want to smoke something or order something. A call and I could get supplies, but I have no desire for this.

Mon, 26/12/05; did not smoke pot

Summary:

Today I've been thinking, bah, things haven't been this bad yet. I felt better before. Almost no alcohol, no nightmares, I was very mellow and calm, I didn't feel so troubled inside, more sex, no arguments with my girlfriend. I hope that this phase will pass quickly.

Comments (week 2)

Dear sinus,

You have pulled through really well in the second week too. Great! In your diary entries I read that it has not been easy at all for you to remain steadfast. Despite this you have not lost sight of your goal and you have persevered bravely and fought for your plans. Excellent!

I find your determination particularly impressive in withstanding the difficult phases and remaining on course. Next week you should definitely notice the withdrawal symptoms a lot less! But watch out in particular for any improvements you may notice. Furthermore, I would also be interested to know what other positive changes you have noticed in the meantime now that you have stopped smoking pot.

I have wondered if there are ways for you to make it easier for yourself to quit smoking pot. What do you do now instead of smoking pot? What alternative activities do you plan on doing or have you already thought of any together? Perhaps over the next week you could deliberately plan something nice with your girlfriend? Have you got any ideas about

what that could be? Even though you don't want to do any sport at the moment, a lot of movement in the fresh air does a world of good. Or are you already doing this? Often sport and movement can be used in a very specific way to lift your spirits and balance your mood. So keep fighting for yourself and plan a few enjoyable activities for next week (alone or with your girlfriend).
Now I would like to wish you all the best for the New Year. Hold on and keep fighting for yourself!

Best wishes from Reglinde from the drugcom team

Week 3 (day 15–24) / did you smoke pot?

Tue, 27/12	Wed, 28/12	Thu, 29/12	Fri, 30/12	Sat, 31/12	Sun, 1/1	Mon, 2/1
no	no	no	no	no	no	no

Tue, 27/12/05; did not smoke pot

Summary:
At the moment it often crosses my mind to smoke something again. Actually it wasn't that bad and I feel much better.

Wed, 28/12/05; did not smoke pot

Summary:
I am wallowing in self pity at the moment and I am also slightly depressed.

Thu, 29/12/05; did not smoke pot

Summary:
No summary available

Fri, 30/12/05; did not smoke pot

Summary:
Unfortunately I still haven't noticed any improvements since I gave up pot. My motivation is still very low. I have noticed that I want to do more. Now I go out more with my mates. However the downside is that I've been drinking more.

Sat, 31/12/05; did not smoke pot

Summary:
I have noticed a slight improvement in the withdrawal. The novelty is that I have to sweat a lot during the night.

Sun, 1/1/06; did not smoke pot

Summary:

Today I feel really good, I have been wondering whether I should also give up smoking (cigarettes) completely.

Mon, 2/1/06; did not smoke pot

Summary:

The thing with the cigarettes didn't really work, I had to buy a packet again today. However it's good not to rush things.

Comments (week 3)

Dear sinus,
you have remained firm in the third week too and you still haven't smoked pot. Hats off to you! You have now not smoked pot for 20 days in a row. Well done! You are on the right track.
In your diary you have expressed some concern about smoking pot. It is not unusual to occasionally doubt the meaningfulness of your goal. Sometimes it is helpful to look again carefully at both sides of the argument (the good things about smoking pot/ the bad things about smoking pot). You could even record both sides in your diary. If you notice you are having doubts about whether you want to continue pursuing your goal you could also do the following: first of all, you could make a list where on one side you fill in all the pros and on the other side all the cons. This could help you perceive your concerns more clearly and weigh up both sides of the argument. On the other hand, you could have a think about where you would be in five years' time if you a) continue smoking pot as before or b) achieve your goal. This would help you find out what kind of different consequences your behaviour could potentially have. Temporary depression and even sweating are also withdrawal symptoms. On the other hand, you have now noticed an increase in your drive. How will you use your new-found energy? What about sport? Or have you already started autogenous training? Use your diary also to write down your ideas and plans, what you would like to do or what you have been doing instead of smoking pot.
For a few weeks now you have stopped using cannabis completely. From our experiences with cannabis users we know that the phase after four to five weeks of abstinence can be particularly tricky. A good deal of attention and self-monitoring are still needed, because even the feeling that you are "safe" can lead to relapses. Therefore it is important that you continue to write down anything that is somehow related to smoking pot. What has changed? Have you been confronted with pot? How did you react? Continue writing your diary, whatever you do, in order to keep in control.
You have already achieved a great deal, so keep up the good work!
I will keep my fingers firmly crossed for you next week.
Best wishes from Reglinde
from the drugcom team

8.3 Final chat

The spelling in the chat minutes has been carefully adapted to meet the new German spelling rules. Continuous use of small letters and missing commas or punctuation has been preserved, however.

drugcom-reglinde	Hello sinus, it's great to hear from you, how are you?
sinus	I am fine and you?
drugcom-reglinde	Thanks, I am also well. How are things progressing with the pot?
sinus	I'm still clean, but I still think about it often
drugcom-reglinde	Do you have the feeling that on the whole these thoughts have gradually become less frequent? Um, do you still want to stop completely?
sinus	At the moment the thought of a joint is still quite strong, I smoked almost non-stop last year and it is not easy in my opinion to get over that in 50 days
drugcom-reglinde	Yes, that's right. however when I was writing your last feedback I had already inquired about the potential reasons for this. Does abstinence from pot bring you too few advantages?
sinus	I think that I have made a good start with the abstinence from pot, but to be honest I also wonder if smoking pot was a strong part of my life. The advantages and disadvantages balance each other out
drugcom-reglinde	What disadvantages have you noticed?
sinus	Tiredness, social withdrawal and lack of passion in all things
drugcom-reglinde	You are more tired, have less energy and become more withdrawn?
sinus	These are the disadvantages of smoking pot
drugcom-reglinde	Well yes, that's true. But you also see disadvantages linked to abstinence from pot?

sinus	Yeah, when I smoke pot I am more relaxed, I see things differently, I can handle situations in a more relaxed manner, I have better sex and of course I like being stoned in itself, but this should also work well when I'm sober.
drugcom-reglinde	Yes, absolutely! So I see clearly that you have done an excellent job of quitting pot, you have been really successful and of course it takes time to adapt. But the topics of relaxation and sex appear to be quite important in this context, as was the case before. Could you give one of the ideas in my last feedback a go, for instance with regard to your sex life?
sinus	Yeah I have, but it is quite a long process to get used to, but I run the risk again and again of getting something, but the fear of slipping back into old habits stops me again and again.
drugcom-reglinde	Yes – it truly is a long process, that is why I think you're absolutely right, however you can reduce the risk of a relapse by actively embracing the issue of finding alternative ways of relaxing and alternatives for your sex life, I mean don't just simply wait but become more active.
sinus	I recently attended a progressive muscle relaxation[3] course, but I'm still not sure if this works in practice. I can't always lie down on the floor and wind down with music :-) I also miss the conversations you have when you're stoned, thinking in an abstract manner and more ... I think I am already on the right track, but you can always remind yourself of things that were the advantages of smoking pot.
drugcom-reglinde	Well, I have the impression that you are on the right track. It is also helpful to bear in mind the reasons why you gave up smoking pot and whether it would really be worth it to jeopardise everything that you have achieved so far.
sinus	That's true, but the thought alone of telling myself that that was my last joint, it's rather sad, isn't it? I hope I can persevere long enough for the topic not to torment me anymore. Perhaps it is due to the fact that I am the type of person who is rather dreamy, who is always restless inside and perhaps has a social phobia.
drugcom-reglinde	Sometimes difficulties come to the surface that were camouflaged by the pot and which then require a solution. So some then realise that they would gladly like to get therapy at the end of the programme or that they would like to change this and other things about themselves.
sinus	Just a sec, I need to answer my phone!
sinus	Sorry, I'm back now.
drugcom-reglinde	OK, do you have any more questions for me?

sinus	No, not any more, thanks
drugcom-reglinde	I still have one more request for you: it would be cool if you could answer the follow-up survey by e-mail. It helps us review the programme and improve it.
sinus	By e-mail?? OK.
drugcom-reglinde	I would also like to say once more that you can contact us at any time, via the chat or by e-mail, if you want to raise any issues.
sinus	OK, thanks a lot
drugcom-reglinde	Yep, in that case I wish you all the best from the bottom of my heart, you are on the right track, so stay committed for your own sake! And good luck with building the house!
sinus	Thanks for your help and the good advice, it's nice that there are such institutions and I will recommend you to others, even though it will give you more work to do :-)
drugcom-reglinde	Thanks. We would like that.
sinus	Bye Reglinde
drugcom-reglinde	Have a nice day. All the best!

3 Translator's note: unconfirmed translation of the German abbreviation "PMR", which we assume stands for "progressive Muskelentspannung" (progressive muscle relaxation).

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Aufklärung

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