

**ÖSTERREICHISCHES BUNDESINSTITUT FÜR GESUNDHEITSWESEN**

# **Report on the Drug Situation 2001**

**COMMISSIONED BY THE EUROPEAN MONITORING CENTRE  
FOR DRUGS AND DRUG ADDICTION AND THE AUSTRIAN  
FEDERAL MINISTRY OF SOCIAL SECURITY AND GENERATIONS**



Österreichisches Bundesinstitut für Gesundheitswesen



ÖBIG

# Report on the Drug Situation 2001

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## Summary

The Report on the Drug Situation in Austria commissioned by the European Monitoring Centre for Drugs and Drug Addiction and the Federal Ministry for Social Security and Generations appears annually and addresses the subject of illegal drugs. It gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction interventions in the reporting period 2000/01. Every year specific key issues are highlighted; this year poly-drug use, successful treatment and drug use in prisons have been selected for detailed presentation.

### What are the changes that have occurred regarding the legal, political and organisational framework?

In the reporting period the drug policy framework was further developed at the provincial level. The trend towards integrative and comprehensive approaches to legal and illegal narcotic substances has continued. In Burgenland an addiction coordinator was nominated. Styria appointed an addiction coordinator in the provincial capital of Graz, and in autumn a drug coordinator will start her activities at the provincial level. The Provincial Government of Carinthia unanimously adopted the new drug plan in May, which serves as a framework plan on addiction prevention and drug assistance for the period between 2001 and 2005. Burgenland started to draw up a drug plan and Upper Austria prepared an addiction plan. The drug plan of Vorarlberg will be revised in the next few months as a reaction to changes in the drug situation. Lower Austria, Salzburg and Vienna are implementing their drug plans or addiction plans.

At the federal level a number of the plans in the field of drug policy described in the report of last year were implemented, after they had been adapted on the basis of responses by experts and opinions that had been requested. In April 2001 the Narcotic Substances Limit Quantities Decree reducing the limit quantity of heroin from five to three grams entered into force. In June 2001 the Narcotic Substances Act was also amended. Among other regulations the maximum punishment for leaders of drug gangs was increased to life imprisonment. The past few months also saw a discussion of obligatory drug tests for drivers, which were announced by the government and met with criticism on the part of experts.

### What are the characteristics of the drug situation in Austria?

The present data and estimates by experts indicate certain changes and new trends with regard to the drug situation, and especially patterns of use. Drug consumers in Austria still tend towards poly-drug use, but the substances primarily consumed in this context seem to have changed, especially in the group of young addicts or problem drug users. While for the past decade opiates, and especially heroin, have played a central role in the context of poly-drug use involving a variety of substances (including in particular alcohol and benzodiazepines), now there are indications that stimulating substances, mostly amphetamines (speed) and cocaine, are becoming more important.

This trend does not point to a quantitative aggravation of the drug problem, however. The number of drug addicts is estimated to be stable in most areas. Only rural areas and regions

less strongly affected so far have registered an increase, which is a sign that the levelling-out process of regional differences has continued. Regarding the established drug scene the average age of users has risen noticeably, and many older drug addicts suffer from health problems that are often very serious (cf. below). Now for the first time various data showing the rising relevance of psychiatric co-morbidity among drug addicts has also been available. In 2000 the number of drug-related deaths, totalling 227, has markedly risen compared to previous years (1999: 174). The number of lethal poly-drug intoxications has again grown considerably, and experts attribute this rise to the increasing relevance of high-risk patterns of poly-drug use.

Only few new data on drug experience in the general population has been available. The basic patterns have not changed: cannabis continues to be the drug used most frequently. Up to one third of the respondents indicate that they have used cannabis at least once in life. The second-most important substance is ecstasy, which up to 5% of the young people have experience of. Use of other substances is found considerably less often, even with regard to experimental use. A trend showing in some provinces is that biogenic drugs (psychoactive mushrooms, plants etc.) are becoming more and more popular, especially among young people.

## Which health policy measures have been taken to tackle the drug problem?

The trend towards a diversification of health policy measures has continued. This is apparent especially in those provinces that did not have a highly diversified structure of drug help services before but have started to provide additional kinds of services. This especially applies to outreach work and old services as well as measures aimed at socially reintegrating drug addicts. However, relevant developments have taken place in the established drug help sector as well. For instance there is a recent trend towards an increased diversification of inpatient therapy options: as a response to a wider range of, and change in, drug symptoms that have been observed diversified, flexible treatment programmes were developed.

The present health policy measures especially focus on the target group of youths in danger of becoming addicted. This includes outreach work and drug-related services for young people in the context of secondary prevention services, which are becoming more and more firmly established. Integrating approaches aimed at avoiding a stigmatisation of the young people concerned play a prominent role in this regard. Another relevant future target group identified by experts is long-term addicts of rising average age. These addicts often have massive health problems and some of them need permanent nursing but at present adequate services providing concentrated forms of care for these clients are lacking.

Quality assurance of drug help services continues to play an increasingly important role. This is also reflected in a large number of corresponding research projects and evaluation studies. In addition guidelines for many fields or aspects of drug work have been drawn up. Education and training schemes for persons working in drug-related occupations are also significant in this context. Furthermore a large number of drug centres have started internal discussions of quality assurance measures.

## Key issue: Poly-drug use

Poly-drug use means that a drug user consumes several (illicit) substances simultaneously or in succession. In Austria there are two different groups of multiple drug users. The first one primarily includes young people intensively experimenting with many different substances. However, this does not usually lead to drug dependence and is restricted to a certain phase in life. On the other hand, poly-drug use has been a predominant pattern of consumption among addicts of the drug scene in Austria for many years. Poly-drug use and combining various substances seems to be a pattern that has become more frequent in this group in the last few years, especially with regard to the range of substances consumed. While the 'Vienna blend' of alcohol, pills and opiates was typical in the past and opiates dominated, now in addition cocaine and amphetamines are also used more and more often. At least in part this change is due to the fact that these substances have become more easily available at lower prices.

Multiple drug use by addicts leads to grave health problems and negative social consequences. Combinations of different substances are more difficult to control for the users and thus more dangerous than the consumption of one single drug. The risk involved is also shown by the fact that the number of drug-related deaths caused by poly-drug intoxication has risen considerably. Multiple drug use is a specific challenge for the drug help structures as well. For instance withdrawal treatment of poly-drug users is often difficult. However, as a rule the health policy instruments available in Austria are open to all drug users, and as poly-drug use is very frequent the drug help centres have also focused on this pattern of use.

## Key issue: Successful treatment

In Austria two central approaches to treatment are followed, depending on the aims of therapy with regard to patterns of use of the clients concerned. The goal of substitution treatment is a controlled and legal use of substances (viz. the substitution substance prescribed), while detoxification treatment is aimed at the clients' abstinence from (illicit) drug use. However, a change in consumption patterns is only one of many different objectives. The activities of the drug help centres also focus on social reintegration of their clients and improvements regarding their health and the legal situation they are in as well as their psychological and physical well-being, among other aspects. The manifold aims pursued by the treatment centres may be summed up in the term improvement of clients' quality of life. So the success of treatment should be regarded from this angle and cannot be primarily judged from the patterns of use of the clients.

In the last few years a rising number of evaluations have been made in the field of treatment in Austria, which serve as a basis for assessing whether therapy has been successful, i.e. whether the goals defined could be met. However only a few isolated results are available so far and therefore no general statements as to the success of addiction-related treatment in Austria can be made. Based on the evaluations completed so far one may conclude that the treatment programmes covered have successfully improved clients' quality of life. The social reintegration of clients was facilitated in many cases, delinquency was reduced and regarding drug use either abstinence or stabilisation could be achieved. This significantly contributes to the improvement of the clients' life quality and helps to prevent negative social and health consequences of drug use.

## Key issue: Drug users in prison

According to available data and estimates by experts the share of drug users or drug addicts in prisoners is between 20% and 50% in Austria. This high share is explained by the fact that many criminal offences are connected with drug addiction. However, a number of inmates start to take drugs after imprisonment only. In most cases many different substances are used in prisons, depending on which drug is available at the moment. High-risk behaviour such as needle sharing is assessed to be considerably more common in prison than outside. Therefore experience of imprisonment is considered a major risk factor with regard to HIV and hepatitis infections. Drugs are smuggled into prisons in many ways and this cannot be completely prevented even by strict controls.

As drug use plays an important role in prison various health policy measures were established in this field. Drug-free zones were created to provide protected areas where prisoners do not get into contact with drugs. Admission to these zones is voluntary, and in most cases this approach is based on a combination of control (urinalyses) and granting of additional rights (visits, leave from detention). Substitution treatment must be possible for addicts in all prisons. Methadone is prescribed most frequently, but recently other substances have also been used to some extent. The prison of Vienna/Favoriten has specialised in abstinence-oriented treatment, but a few other prisons also provide specific services in this field. Infection prophylaxis is another focus of drug-related activities. In addition to information folders and take-care sets prisoners get when they are examined at the beginning of imprisonment, condoms and disinfectants should also be available in all prisons. Often external drug centres are also involved in the treatment of drug addicts in prisons. What is still insufficient is relevant services for women. Here improvements are planned for the future.



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# Introduction

This is the sixth time that the REITOX Focal Point at the Austrian Health Institute (ÖBIG) presents the annual Report on the Drug Situation commissioned by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Austrian Federal Ministry for Social Security and Generations (FMSSG).

The Report on the Drug Situation serves both as an overview of the situation in the field of illicit drugs in Austria and as one of the national contributions describing the drug situation in the European Union. Reports of its kind are submitted by the REITOX Focal Points in all EU Member States according to a structure defined by the EMCDDA. These reports form the central basis of the EMCDDA's Annual report on the state of the drugs problem in the European Union (EMCDDA 2000).

This year's report follows the structure of last year. The first three parts deal with current developments and trends concerning the drug policy framework, the epidemiological situation and the health policy measures aiming at demand reduction. These parts refer to the reporting period from summer 2000 to summer 2001 while the routine statistics refer to the year 2000. As they are based on the previous reports (most recent report: ÖBIG 2000a), they have been kept concise deliberately. Part 4 contains a detailed presentation of selected key issues, which in the present report include poly-drug use, successful treatment and drug use in prisons. The annex gives a number of tables, figures and maps with detailed information and data as well as an overview of major sources of information and drug monitoring systems in Austria.

This report is based on many different data and information transmitted to ÖBIG by various experts in the field of drugs. In this respect, the reports on the drug situation in the individual Austrian provinces drawn up by the Drug Coordinators were especially significant. In addition a number of experts provided background information on, as well as feedback to, individual chapters of this report (cf. Key Issues). We would like to express our gratitude for their cooperation.

We are especially indebted to the members of the advisory working group of the REITOX Focal Point Austria, Mr. Peter Hacker (Drug Coordinator of the City of Vienna), Ms. Elfriede Fitz (FMSSG), Mr. Alexander Jentzsch (FMSSG), Ms. Brigitte Magistris (FMSSG), Ms. Helga Oberarzbacher (Drug Coordinator of the Province of the Tyrol), Mr. Robert Scharinger (FMSSG), Ms. Johanna Schopper (FMSSG) and Mr. Wolfgang Werdenich (FMJ), whose comments on and complements to the present report have been most helpful.



## **Part 1**

# **National Strategies: Institutional and Legal Frameworks**





# 1 Developments in Drug Policy and Responses

## 1.1 Political framework in the drug field

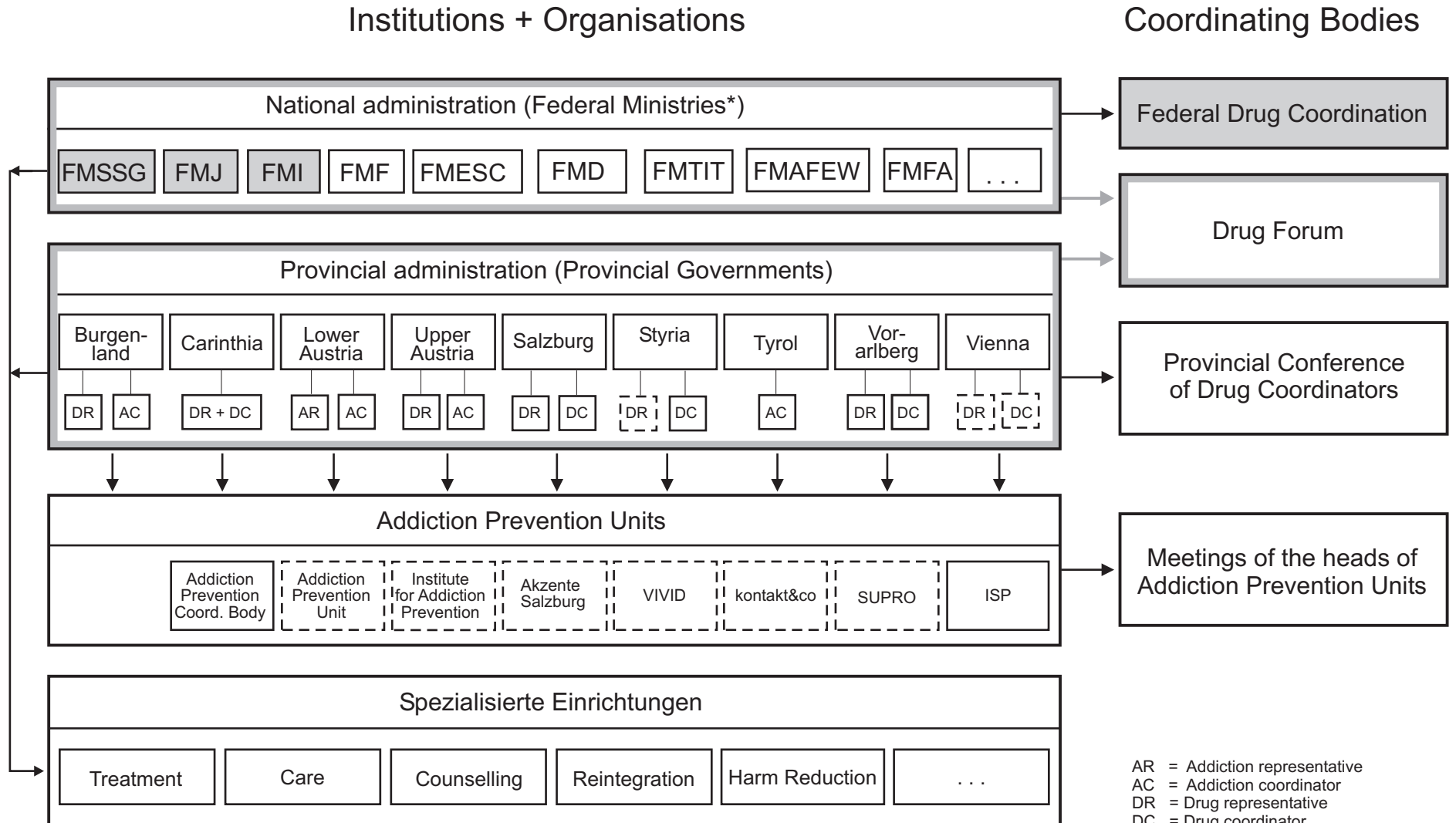
The trend of the past few years to further develop the drug policy framework **at the provincial level** has been continued in the reporting period. In Burgenland a Drug Coordinator was appointed in October 2000 so this post, which has been vacant for some time, has been filled. Different to past times the new Drug Coordinator is employed in a full-time capacity. She works in the Health Department of the Provincial Government and her activities cover not only illicit drugs but any form of addiction. One of her current tasks is to draw up a drug plan for the province of Burgenland in line with the drug policy principles outlined by the provinces (cf. ÖBIG 2000a). In autumn 2001 a Drug Coordinator for Styria will be appointed, filling a staff position in the Health Department of the Provincial Government. So now all provinces have Drug Coordinators or Addiction Coordinators (cf. also Figure 1.1). In Styria an Addiction Coordinator responsible for addiction and drug affairs in the urban area of the provincial capital of Graz was hired. In line with the prevailing trend towards comprehensive approaches to the problem of addiction the competences of the Drug Coordinator of the Tyrol were expanded as of May 2001 to include alcohol as well, and her position is now called Addiction Coordinator.

At the end of May the new drug plan of Carinthia was unanimously adopted by the Provincial Government of Carinthia. It is a paper that lays down psychosocial principles providing a framework plan on addiction prevention and drug help for the period from 2001 to 2005 (cf. Chapter 8.1). A drug plan is also being prepared in Upper Austria. Based on a series of individual plans already available, it is drawn up in cooperation with external experts and will be finished in the course of 2002. Vorarlberg plans to revise the existing drug plan to take into account changes regarding the drug situation (cf. results of the Vorarlberg drug report in Chapter 2), with the main emphasis placed on secondary prevention.

In the reporting period Salzburg, Lower Austria and Vienna focused on implementing their drug plans or addiction plans, respectively. In Salzburg a central issue was the preparation of a framework plan aimed at preventing addiction (cf. Chapter 8.1). Lower Austria launched a comprehensive project involving many experts in the field of practical addiction work to prepare a proposal for implementing the measures described in the Lower Austria addiction plan (cf. also Chapter 9). In Vienna the Vienna Social Fund (VSF) was established, which was a decisive step to meet the goal defined in the Vienna drug plan of 1999, namely that the organisational structure should be improved so that new or changed functions may be fulfilled. The VSF unites the Vienna Drug Coordinators and the individual departments of the City of Vienna responsible for drug issues so far, in a structure outside the administration of Vienna. The VSF has 43 permanent positions and an annual budget of approx. ATS 142m (approx. EUR 10.3m; cf. also Chapter 1.4). A tendency towards privatisation also shows in Lower Austria, where the addiction and drug counselling centres formerly run by the Province have been taken over by private organisations.

In the Tyrol the organisational framework has been advanced to promote further regionalisation: district groups concerned with professional networking and cooperation structures at the regional level have been appointed.

Figure 1.1: Organisational structure of the drug sector in Austria (overview)



\* see List of abbreviations

Source: ÖBIG

Relevant activities at the **federal level** in the reporting period include the implementation by the government of plans to change the drug policy frameworks described in last year's report (cf. ÖBIG 2000a). This primarily refers to amendments of the Narcotic Substances Act (NSA) and the Narcotic Substances Limit Quantities Decree (cf. Chapter 1.2), which have already entered into force. This was preceded by - often highly controversial - discussions and rejection of these plans by a large number of drug experts. In addition to the drug experts judges of juvenile courts also voiced distinct reservations about the government's plans. What was especially criticised with regard to amendments of the NSA was the plan to increase the term of imprisonment for drug trafficking. After the official examination of the draft and before a final decision was made some aspects of the plans were amended or qualified. For example, the original plan included an increase of the minimum term of imprisonment for violations of Art. 28(4) of the NSA (production, import, export or putting into circulation of large quantities of narcotic drugs under aggravating circumstances) from one year to three years. This provision was withdrawn after experts had pointed to negative consequences of such an amendment, especially the problem that the principle of therapy instead of punishment would be massively restricted because suspension of prison sentences is possible only if the sentence imposed does not exceed three years (Art. 39 of the NSA).

In spring 2001 the Federal Government presented a resolution concerning measures to combat drugs in road traffic, which met with protest especially because one of the measures included obligatory drug tests for drivers. Numerous experts pointed out that such tests did not provide reliable information on whether a person was fit to drive. In this situation the Federal Drug Coordination organised an expert hearing in April 2001 and in May the Vienna Social Fund, in cooperation with ARBÖ, a drivers' association, held a symposium on illicit drugs and pharmaceuticals in road traffic. The national and international experts who took part in these events voiced strong doubts whether drug tests for drivers actually made sense. As the opposition in parliament did not back this bill it did not achieve the two-thirds majority required in this case because a constitutional act was involved. So eventually the controversial issue of obligatory drug tests was not included in the amended Road Traffic Act.

Regarding the organisational framework, at the federal level no relevant changes occurred in the reporting period.

## **1.2 Policy implementation, legal framework and prosecution**

A number of plans on the part of the Federal Government regarding changes of the legal framework were discussed last year and implemented in the reporting period. On 8 April 2001 the amended Narcotic Substances Limit Quantities Decree entered into force (published in BGBl. II No. 145/2001), reducing the limit quantity for heroin from five to three grams (if a person is found to possess drugs exceeding the limit quantity it is regarded as a large quantity of drug, which has specific legal consequences; for more detail cf. ÖBIG 2000a). At the same time 4-MTA, included as a new substance under control covered by the Narcotic Substances Act, was also taken into account in the amended Decree.

On 1 June 2001 the amended Narcotic Substances Act entered into force (published in BGBl. I No. 51/2001). The maximum punishment for leaders of drug gangs (Art. 28(5) of the

NSA) was increased from 20 years to life imprisonment. Now Art. 29 of the NSA, which regulates punishment for public propaganda encouraging drug abuse, explicitly includes the Internet. However, to take into account a wish expressed by many experts, the explanatory notes to the Act specifically mention that this shall not apply to any counselling and prevention activities on the Internet.

Other developments regarding the legal situation do not concern drug laws in particular but have indirect effects on the field of drugs. For instance under the amended Juvenile Court Act of 1 July 2001 the age of maturity was changed from 19 years to 18. As a result the Criminal Code for adults now also applies to 18-year olds as a rule, which has specific repercussions on NSA cases, where the share of young delinquents is high. However a number of special regulations for criminal proceedings involving young adult offenders were also adopted.

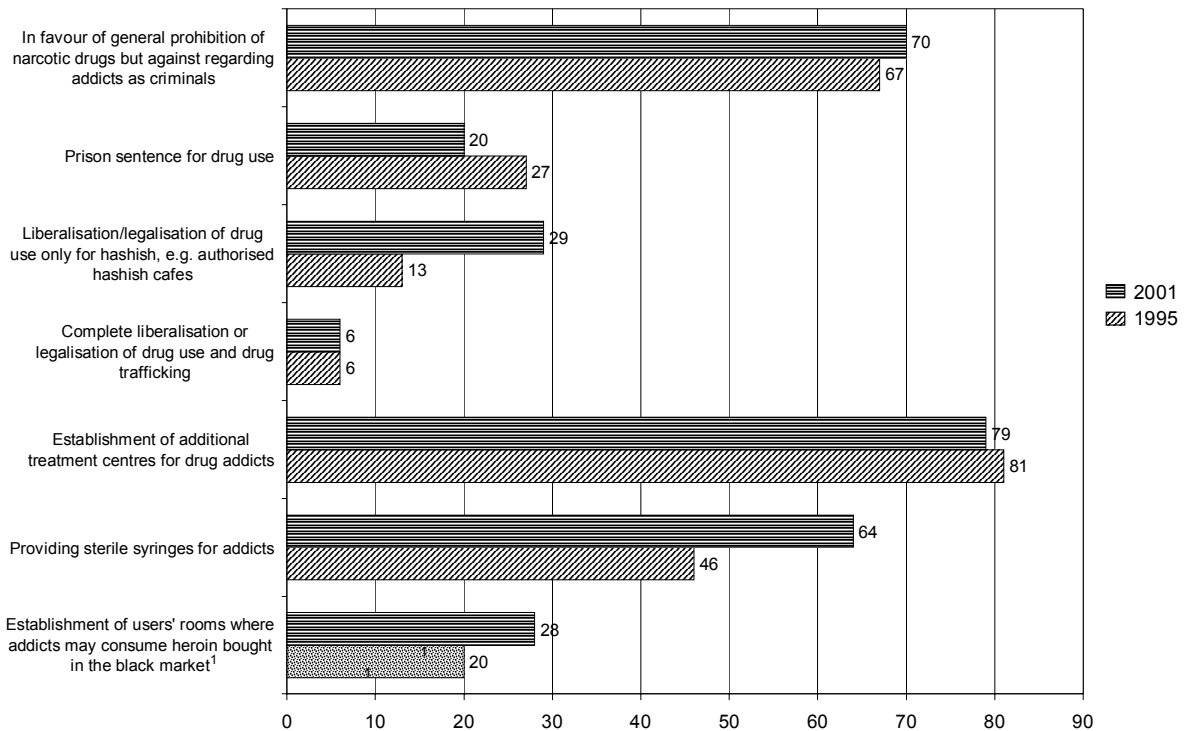
The expert opinion on use of cannabis for medical purposes, which was mentioned in the report of last year, has been completed and draws the conclusion that it is sensible according to international scientific publications to prescribe THC preparations in cases of clearly defined indications. Although use of cannabis for medical purposes is admissible under the existing laws in Austria already, no corresponding pharmaceutical drug has been officially registered so far (cf. ÖBIG 2000a). In April 2001 the district court of Wels, Upper Austria, delivered an interesting judgement in the context of hashish use for medical purposes: a person accused of growing cannabis plants was acquitted because it was for his own use. He smoked hashish to relieve symptoms such as nausea and loss of weight resulting from his AIDS infection. In the oral statement the court gave the explanation that the superior legal interest of a life worth living should override the inferior legal interest of the Austrian Criminal Code.

Regarding law enforcement Upper Austria saw an increasing number of reports to the police for violations of the NSA involving large groups of youths or young adults (40 to 60 persons in many instances) and as many members had used drugs for long periods before being reported, the cumulative quantity of drugs consumed in this period seemed to be extremely high. This caused excitement in the municipalities concerned (cf. Chapter 1.3) so two of them started specific crisis management intervention programmes. However on taking a closer look it turned out that even the central persons accused of passing on drugs had hardly handled large amounts of drugs (see above) and thus had not committed felonies.

### **1.3 Developments in public attitudes and responses**

Public attitudes were investigated in a number of surveys conducted in Vienna and Upper Austria. In February 2001 the general population survey carried out at regular intervals was repeated in Vienna, based on a sample of 600 persons of 16 or older. The results are similar to those of the past year in many respects (cf. also ÖBIG 2000a) and confirm that comprehensive, balanced drug policy approaches focusing on health and social policy measures are clearly, and more and more widely, accepted (cf. Feistritz 2001 and Figure 1.2).

Figure 1.2: Attitudes to drug policy measures in the population of Vienna, comparison 1995-2001 (approval of measure; percent)



<sup>1</sup> The results of this question are comparisons to the years 1997 and 2001, as this question was not included before.

Source: Feistritz 2001

As the survey was conducted during the electoral campaign for the provincial parliament (cf. below) corresponding questions were included in the survey. One third of the respondents indicated that they had already noticed recent electoral posters dealing with the issue of drugs. 62% thought that drugs were no appropriate issue to be raised in an electoral campaign, while one third thought it was right to do so (Feistritz 2001).

In the context of the pilot study Rapid Situation Assessment conducted in Upper Austria a representative sample of approx. 1,000 persons over 15 were interviewed (cf. also Chapter 2) and confronted with a set of different statements on drug policy and other themes. Acceptance of preventive and therapeutical interventions was high in this sample as well (65% and 50% respectively), but unlike in Vienna repressive interventions met with the highest degree of approval (more severe punishment for drug dealers: 70%). Depenalising measures (no punishment for hashish use: 19%) and legalisation (selling hashish in pharmacies: 17%) did not meet with as much acceptance as in Vienna (cf. market 2000).

Legalisation of cannabis was also discussed by the general public and political actors, especially in connection with corresponding plans in Switzerland. In the beginning of June 2001 a march in favour of cannabis legalisation was organised in Vienna, and measures to this effect were also advocated by representatives of the Green Party. The government parties, however, rejected steps towards legalisation or expanded depenalisation measures.

Drug issues have played a pronounced role in public discussion throughout the reporting period as the general debate of different drug policy approaches started in the previous year

has been continued (cf. ÖBIG 2000a). In addition to amendments of the Narcotic Substances Act (cf. Chapter 1.2) the issue drug tests for drivers was prominent in the media (cf. Chapter 1.1). Controversial positions showed most strongly before the provincial elections in this period (Styria: autumn 2000; Vienna: spring 2001), as drugs were a central campaign issue in particular of the Freedom Party. A number of provinces (especially Salzburg and Upper Austria) also report an increasing polarisation in the public discussion of drug problems at the provincial level. In Upper Austria, for example, reports to the police were made against entire groups of persons (cf. Chapter 1.2), which met with immediate interest on the part of the media and led to intensive discussions, also in terms of political party policy, in the municipalities concerned.

## **1.4 Budget and funding arrangements**

No new data and information on budget and funding with regard to drugs are available. However, the results of the study presented in the report of last year, according to which about two thirds of the relevant expenditure is used for law enforcement (police, courts) still seem to hold (Bruckner und Zederbauer 2000).

No information has yet been available regarding the effects on drug help centres of the budgetary economies mentioned in last year's report. However for the time being no further economies affecting health policy measures at the federal level are expected. A problem discussed for several years that still remains to be solved is the so-called negative conflict of competences between federal and provincial governments regarding cost coverage for alternatives to punishment if the pertinent cost is not taken over by the social insurance funds. Under the NSA the Federal Government shall be subsidiary liable for cost coverage (Art. 41(1) of the NSA), if a number of prerequisites are met. But as some of the provincial welfare assistance laws also include subsidiary cost coverage provisions this is a deadlock situation. The Ministry of Justice has now issued a decree (703.015/58-II 2/2000) stipulating criteria for assessing the question of subsidiary cost coverage by the Federal Government. Based on this decree individual agreements with selected drug centres may be concluded but what is still lacking is a general solution regarding the social affairs departments of the provinces.

When the Vienna Social Fund was established (cf. Chapter 1.1) one goal was to simplify funding procedures for drug help centres by integrating individual financing systems and resources. While in the past four different municipal departments provided various types of support for drug help centres and facilities (subsidies, cost sharing, service agreements, staff), now any kind of financial support is centrally handled by the VSF. For 2001 the VSF has a budget of more than ATS 142m (approx. EUR 10.3m), ATS 107m (approx. EUR 7.8m) of which are spent for financial support and projects. More than half of this sum (53%) goes to outpatient services, 28% to inpatient services and 16% to specific projects. The rest (3%) is accounted for by prevention and information work as well as studies, but it should also be mentioned that the VSF carries out many of these activities in the context its own services and projects, which are not financed by external funds. For instance, the Institute of Drug Prevention and the Diagnoses Institute are located at the FSW headquarters, which also includes an information and documentation staff unit in charge of monitoring and quality assurance.

## **Part 2**

# **Epidemiological Situation**





## **2 Prevalence, Patterns and Developments in Drug Use**

### **2.1 Main developments and emerging trends**

Only one recent regional survey on drug experience in the population is available (cf. Chapter 2.2), indicating rather high results regarding lifetime experience of illegal drugs compared to previous studies. This concerns not only cannabis but also cocaine and ecstasy, although these drugs are only used experimentally in most cases. Another aspect worth mentioning is that use of cannabis is more often indicated, not only by youths and young adults but also older respondents. This does not necessarily mean that experience of drugs has risen but rather that the social awareness of cannabis has changed and respondents more readily admit cannabis experience. A new consumption trend showing in a few provinces is that biogenic drugs (e.g. mushrooms, cacti, Solanaceae; cf. Chapter 2.2) are becoming more and more popular in particular among young people.

The available data and information on problem drug use apparently indicate a reorientation regarding patterns of drug use, or an already existing reorientation has begun to show now. Surveys among drug users and reports of drug experience reveal a change in the substances used - albeit in the context of poly-drug use, which still prevails (cf. Chapter 11). The provinces of Vorarlberg, Styria and Upper Austria report a more prominent role of amphetamines while opiates are becoming less important in some cases. In the Tyrol, as well as in Vienna, there is a trend towards use of morphines and other opiates, which have already overtaken heroin. Benzodiazepines and alcohol also play a central role as far as problem drug use is concerned (cf. also Chapters 3.2 and 11).

The rising relevance of amphetamines and cocaine could be connected with changing social frameworks. Use of stimulants (speed) seems to be a better way of responding to stress, high speed and pressure, which have become typical of modern life. Extended sociological analyses of possible connections between overall social developments and patterns of use would be needed to obtain further insight, which would be relevant especially for prevention work.

### **2.2 Drug use in the population**

Regarding experience of illicit drugs in the population the results of a regional population survey are available for the reporting period. In addition other provinces have provided complementing reports based on estimates by experts.

The pilot project Rapid Situation Assessment (RSA) conducted in Upper Austria also includes a representative survey of the population over 15, covering both legal and illegal substances as well as a number of questions about health awareness and (drug policy) standpoints (cf. Chapter 1.3). Experience of illicit drug use is indicated rather often compared to previous surveys of the general population. 21% of the respondents indicate that they have tried cannabis at least once, compared to only 11% found in the survey conducted in Vienna the year before (cf. Table A1 of Annex B). Lifetime experience of ecstasy and cocaine is also

rather high (4% for either substance) as the results do not refer to young people only but to the general population. However, the relevant percentages are markedly lower for experience of use in the past year or month - results of more than 1% are found in the case of cannabis only.

More detailed analyses can only be made for cannabis as the percentages of all other drugs tend to be too low for further statistical analyses to yield reliable results. In this survey experience of cannabis use is found twice as often among men (28%) than women (14%). The most frequent indications of drug experience are found among the age groups between 15 and 24 (28%) as well as between 30 and 39 (32%), but the results for almost all other age groups are also rather high, averaging approx. 20% (25 to 29 years: 22%; 40 to 49 years: 20%; 50-59 years: 19%). Noticeably lower percentages are only found in the oldest group (60 and older): 5%. Experience of legal substances is as follows: 99% of the respondents indicated use of alcohol in general, 95% consumption of alcohol in the past year and 34% on three days or more of the past week. 58% said they smoked tobacco at least occasionally, while 10% indicated that they were heavy smokers (cf. market 2000).

In addition to the survey of the general public, experts (i.e. the staff of addiction counselling centres, young people trained as peers, prevention coordinators at schools) were also interviewed about their subjective opinions on trends regarding drugs and addiction in Upper Austria. While it was in particular drug counsellors who thought that the problem of illicit drug addiction was on the rise, the majority of the coordinators stated that the situation had not changed, and regarding the peers interviewed, approximately one half said the drug situation was aggravating while the other half thought it had remained the same. However, when asked which addiction problem prevailed among young people, in particular legal substances were indicated (smoking: approx. 90%; alcohol: approx. 75%), while illicit drugs were mentioned only in rare instances (RSA-Endbericht 2001).

Some provinces, for instance Lower Austria and Styria, report that estimates by experts and practical experience point to an increase of spare-time and weekend use of illicit drugs. However these statements cannot be tested scientifically as a corresponding data base is lacking. In addition there are indications of an increased use of biogenic drugs (psychoactive mushrooms or plants etc.). This has become apparent because of cases of psychoses resulting from use of such 'natural drugs', and occasional instances of overdoses.

In the reporting period synthetic drugs that had hardly been significant in Austria before (e.g. ice, metamphetamine, PMA) were found in a few cases (cf. Chapter 5). However, the available information in this context does not suggest that these substances play an important role as to drug consumption. There still does not seem to be a wide range of synthetic drugs used. Consumption is basically restricted to ecstasy and amphetamines (speed). According to experts other substances such as GHB or ketamine are used in rare instances only. In the context of drug tests PMA and PMMA were found repeatedly but had always been sold as ecstasy (cf. Chapter 5).

## 2.3 Problem drug users

No new data based on scientific studies are available with regard to the prevalence of problem drug use, i.e. frequent consumption of hard drugs (especially opiates and cocaine), which often entails dependence and health problems as well as social and legal consequences (cf. Chapters 3 and 4). The prevalence estimate of the number of problem opiate users presented last year (cf. ÖBIG 2000a) will be updated in autumn 2001 to cover the period from 1996 to 2000.

However, a number of regional studies and data provide information on trends with regard to problem drug use or characteristic features of users of hard drugs. A few provinces report developments that indicate a change, albeit a slow one. A few years ago Vorarlberg started to interview drug users of outpatient and inpatient centres as well as imprisoned drug users to obtain information on patterns of use. The Vorarlberg drug report (Boss et al. 2001) gives a comparison of the corresponding results from 1995 (50 persons interviewed) and 2000 (77 respondents), which show a noticeable reduction of opiate use paralleled by a rise in cocaine and especially amphetamine consumption. Heroin use was nearly halved between 1995 (86% of the respondents indicating heroin consumption) and 2000 (44%). By the year 2000 heroin had been overtaken by amphetamines (65%), which only 4% of the respondents of 1995 had used. Cocaine was indicated as primary drug more often than five years before, and as in the past about half of the respondents used ecstasy. Consumption of poppers has markedly increased (from 0% to 16%). The age of first drug use has not changed and is between 20 and 22 years on an average for most substances (amphetamines, cocaine, heroin). While central motives for starting to take drugs were peer pressure and psychosocial problems five years before, in 2000 more fun, intensified spare-time feelings and excessive stress were mentioned as additional reasons.

Styria reports a strong rise in substitution clients (Berthold, personal information) representing a new group of consumers: socially integrated youths or young adults who have taken heroin and amphetamines for a longer period already and make use of the opposed effects of the two substances. In most cases they smoke heroin for quite some time before they start injecting. Afterwards these young people seem to seek help rather soon. The increase registered in this specific group of drug users may in part be explained by an increased drug supply while prices are falling. The rising numbers of substitution patients also seem to be due to the fact that the drug scene has complete confidence in the attending doctor so the youths are willing to turn to drug help agencies at an early stage already. To corroborate this impression the situation has to be observed over a longer period and additional data must be collected.

In recent years the Erlenhof treatment centre in Upper Austria (cf. also Chapter 9.3) has noticed a wider range of drug symptoms among their clients. While in the past heroin used to be the primary drug in almost all cases the corresponding share of opiates has fallen to around 60% since 1998, and amphetamines and benzodiazepines are on the rise, often combined with hashish and/or alcohol (Therapiestation Erlenhof 2001).

These trends are hardly underpinned however by interviews of 89 clients of the low-threshold centre Komfudro in the Tyrol, carried out in summer and autumn 2000 in the context of a European study dealing with the evaluation of the health room supply for drug users in three

European cities (cf. Zurhold et al. 2001). Asked which substances they had used in the past 24 hours the clients indicated opiates most frequently, followed by benzodiazepines (63%), cannabis (59%) and alcohol (44%). Approximately 25% of the respondents had used cocaine and only 10% indicated amphetamines. What is interesting in this context is that regarding opiates the substance mentioned most frequently was not heroin (35%) but morphine/other opiates (68%). This is in line with the findings of Vienna, where morphine pills and cocaine have gained in importance for poly-drug users (cf. ÖBIG 2000a). Another striking aspect concerns surprising gender-related differences. The percentages of women indicating drug use in the past 24 hours were generally higher than those of men, and for almost all substances, which indicates more intensive poly-drug use. In addition the share of intravenous drug use is considerably higher among women (80%) than men (53%). On the other hand women never indicated that they regularly shared syringes or injecting equipment compared to 6% of the men. 80% of the respondents said they never shared syringes.

In Vienna the prevailing patterns of use differ according to local street scene. In some areas intravenous use of morphine pills as well as sleeping pills or tranquillisers is most frequent while other local street scenes prefer heroin and cocaine, or both substances combined as speedballs. As a rule IDU prevails, but some groups have been found to take drugs by chinning, a practice rather uncommon in Vienna before (VWS 2001b). The rising relevance of cocaine in the street scene is a challenge for drug help agencies as due to the stimulating effect of the drug it is difficult to integrate the users in a treatment setting (VWS 2001a; cf. also Chapter 9.2).

Generally speaking there is no doubt that poly-drug use has continued to play a central role (for more details cf. Chapter 11), although the situation with regard to preferred substances seem to be changing at least in some areas. However, these developments do not necessarily mean that the drug situation has aggravated as far as quantities are concerned. The traditional drug problem areas report unchanged numbers of drug addicts (cf. e.g. Boss et al. 2001), while in regions hardly affected so far a quantitative rise seems to have occurred. Still, this does not apply to, or has not become apparent in, all regions. For instance, Salzburg reports that the situation has not changed and that cocaine and designer drugs still play a minor role only (3% and 6%, respectively) among drug users turning to drug counselling centres.

On the other hand there are further indications that the share of older persons in the established drug scene tends to rise. Since its foundation 10 years ago the low-threshold centre Ganslwirt (cf. also Chapter 9.2) has seen an increase of the share of clients over 30 from 28% in 1991 to 60% in 2000 (VWS 2001a). This is also in keeping with rising average ages regarding drug-related deaths (cf. Chapter 3.2) and information from other drug help agencies. For instance the Vienna hospital connection service CONTACT sees an increasing number of older drug addicts and this group seems to grow further, constituting a new target group of health care interventions that has not been focused on before (cf. Chapters 8.2 and 9.2).

## 3 Health Consequences

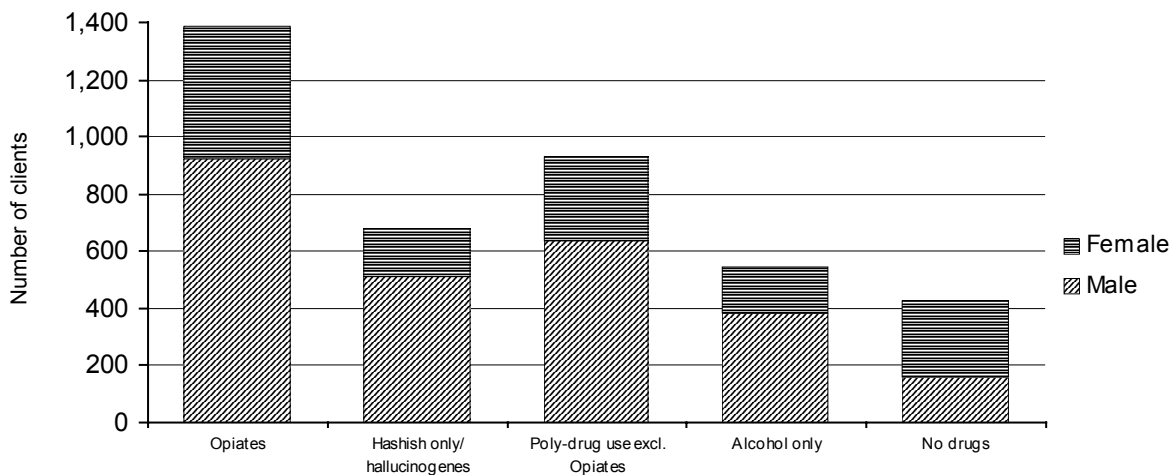
### 3.1 Drug treatment demand

As there is no uniform client documentation system, only few data of limited interpretative value is yet available in the field of treatment. In 200/01 the working group convoked by the FMSSG in spring 1999 to establish a uniform documentation and reporting system has continued its activities. Recently the pilot version of a client questionnaire has been drawn up and sent out to several treatment and care centres, which use it in the context of a test run. Client data covering the whole of Austria will not be available before 2003, however.

The pilot study Documentation and reporting system of drug help centres in Austria (ÖBIG 2001) was concluded in spring 2001. The primary goal of this study was to obtain information on drug help structures in Austria, (regional) availability of services and facilities as well as staff structures. In the context of this project aggregate client data was also gathered. There are certain reservations however regarding the quality of client data: due to its aggregate character the type of treatment or assistance (e.g. examinations according to the Narcotic Substances Act, counselling or long-term assistance/treatment) cannot be specified. Double counts of clients cannot be excluded either.

57 out of a total number of 126 **outpatient drug help centres** contacted provided data on drug use of clients in 1999, broken down by gender (cf. Figure 2.1)

Figure 3.1: Number of clients documented in the statistics of 57 outpatient drug help centres in Austria, by gender and (drug) problem, in 1999



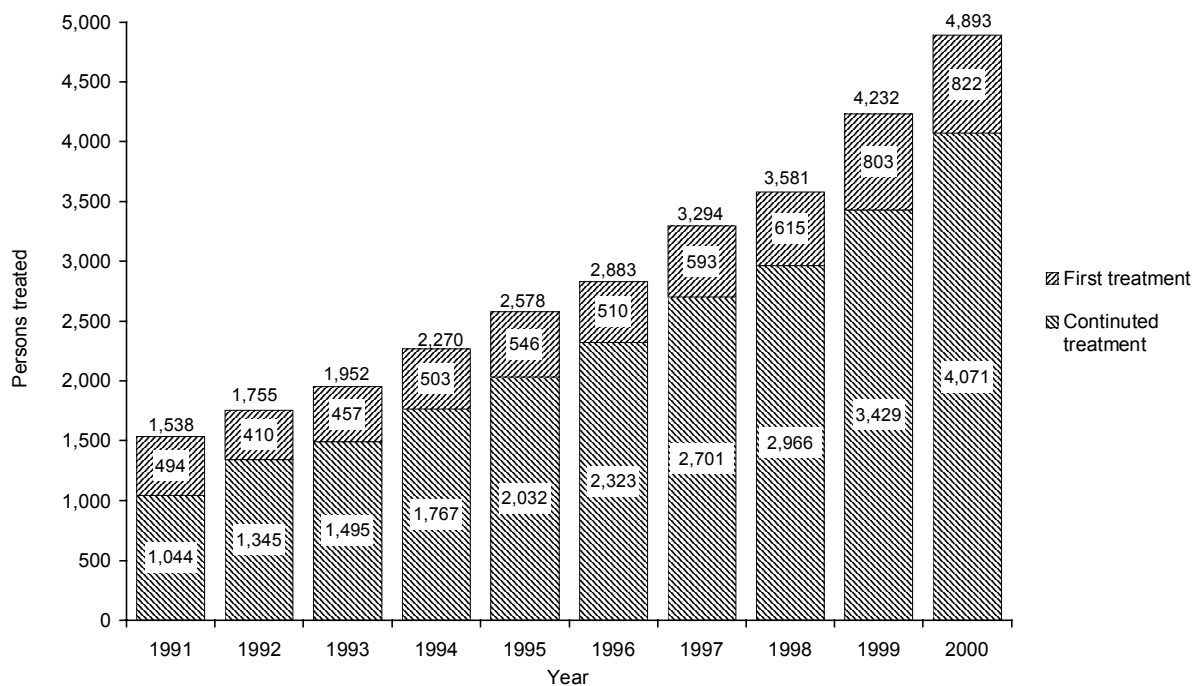
Source: ÖBIG 2001 - survey by ÖBIG (May to September 2000)

In view of this data one may safely assume that the largest share of clients receiving treatment or assistance because of drug problems comprises (poly-drug) users of opiates. Regarding **inpatient drug help** services (for this area data from 8 out of 34 centres contacted is available) the share of (poly-drug) users of opiates is even higher (84%). Exclusive use of hashish/hallucinogenes alone accounts for 2%; problems only concerning alcohol for 2%; and poly-drug use excluding opiates for 11%. Both in the outpatient and in the inpatient centres there are twice as many male clients as women.

Unfortunately this data does not permit a verification of the trends reported by a few centres, viz. the share of clients with opiate problems is declining while the number of persons using amphetamines and benzodiazepines is on the rise (cf. Chapters 2.1 and 11). This is mainly due to the fact that drug use patterns cannot be broken down accordingly in the statistics sheet (amphetamines and benzodiazepines are not explicitly named). The plan to implement a uniform client documentation system with a more detailed collection of drug use data (problem of primary drug) will considerably facilitate an observation of such trends.

National monitoring of **substitution treatment** is performed by the FMSSG and based on the reports of attending doctors. Although not all cases are reported or reports often come in late (cf. ÖBIG 1999), some broad insights may nevertheless be gained as to quantitative developments and characteristics of clients. The increasing acceptance of, and resort to, this form of treatment is reflected in the annually rising number of reports concerning persons currently undergoing substitution treatment as well as the rising number of clients going in for substitution treatment for the first time (cf. Figure 3.2).

Figure 3.2: Development of annual registrations of persons currently undergoing substitution treatment in Austria from 1990 to 2000, by first treatments and continued treatments



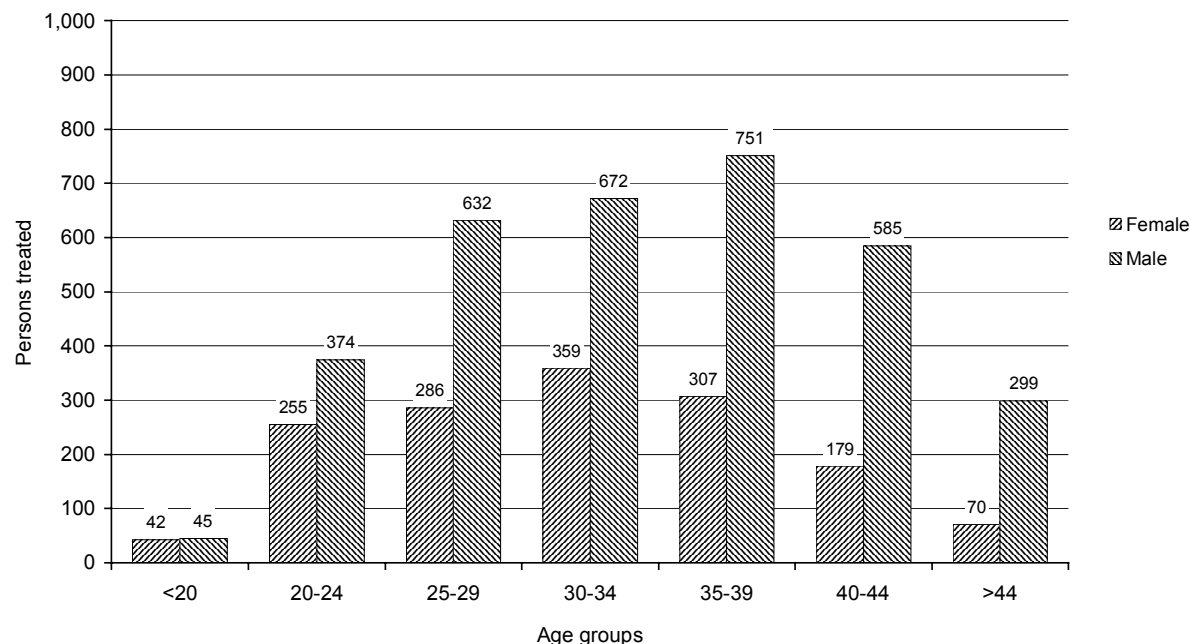
Note: **Continued treatments** are treatments started before the respective year or repeated treatments of persons having undergone substitution treatment before. **First treatments** are treatments of persons who have never been undergoing substitution treatment before.

Sources: FMSSG (BMSG, Abt. VIII/B/12), calculations by ÖBIG

The high shares of persons over thirty in the group of persons reported as currently undergoing substitution treatment in 2000 indicates that most of them are long-term drug addicts. The gender distribution of patients reported is balanced more or less in the group under 20, while the older age groups have a markedly higher proportion of men than women (25-34 years: ratio 2:1; over 34: 3:1; cf. Figure 3.3). Those 822 persons undergoing substitution treatment

for the first time in 2000 were 29.1 years old on an average; the average age of the women in this group was younger (28.1 years) compared to the male patients (29.6 years).

Figure 3.3: Persons currently registered for substitution treatment in Austria by age and gender, in 2000



Note: The difference to the total sum results from cases where age and gender were not included in the database.

Sources: FMSSG (BMSG, Abt. VIII/B/12), calculations by ÖBIG

## 3.2 Drug-related mortality

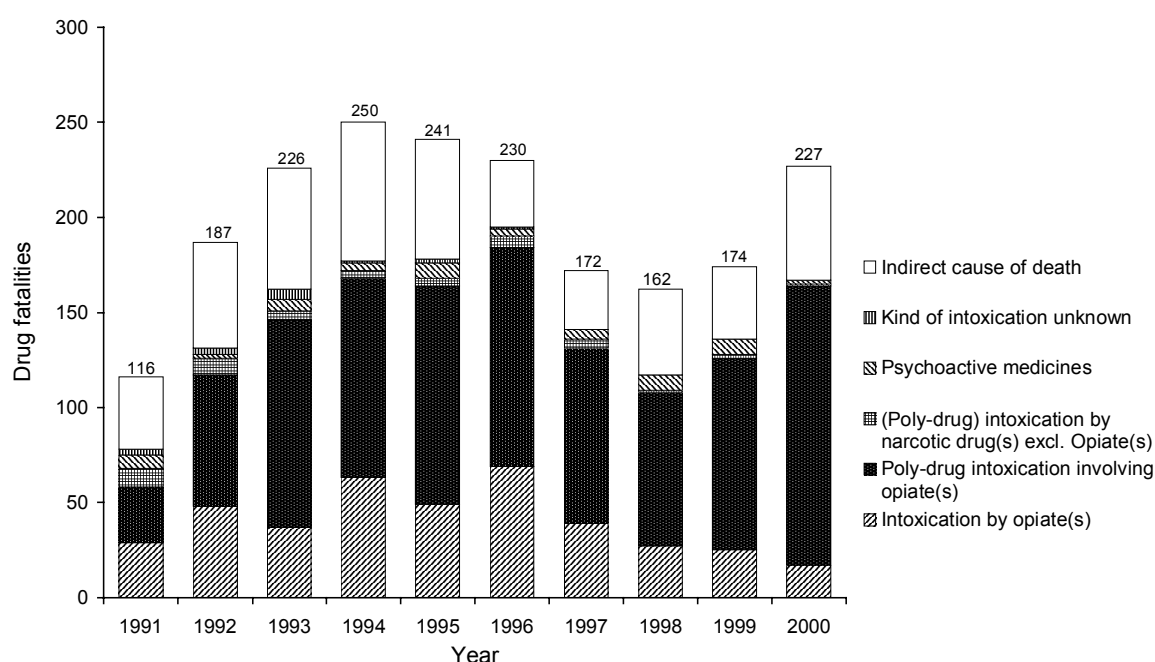
After stable numbers of drug-related deaths in the past few years 2000 saw a marked increase, as 227 drug-related casualties were registered (cf. Figure 3.4 and Table A2 of Annex B).

In 2000 the cases of persons dying as a **direct** consequence of drug use were analysed on the basis of the EBDD groups for the first time, i.e. retrospectively for the time from 1991 to 2000. For each year the definitions of narcotic drugs of the NSA were used (see also Annex A).

2000 saw a continuation of the trend of the last few years, namely a decrease of intoxications by opiates paralleled by a rise in poly-drug intoxications including opiates. A detailed analysis of the total number of 167 intoxications according to substance involved shows that approximately two thirds of the cases concern opiates combined with other drugs. 22% had used alcohol in addition to one or several illicit drugs, 26% had consumed psychoactive medicines and another 26% had combined one or several illicit drugs with alcohol and psychoactive medicines (cf. Tables A5 and A6 of Annex B).

The causes of death of persons dying as an indirect consequence of drug use have been broken down in Table A2 of Annex B.

Figure 3.4: Number of drug fatalities in Austria by cause of death from 1991 to 2000



Note: The question whether to include intoxications solely involving psychoactive pharmaceutical products is still under discussion so the statistics for 2000 do not take into account these cases (n=2; see also Annex A).

Source: FMSSG (BMSG, Abt. VIII/B/12)

The share of female drug fatalities, which was 28% in 1999 and thus almost twice as high as in previous years, fell to 19% in 2000, which is in line with the long-term average.

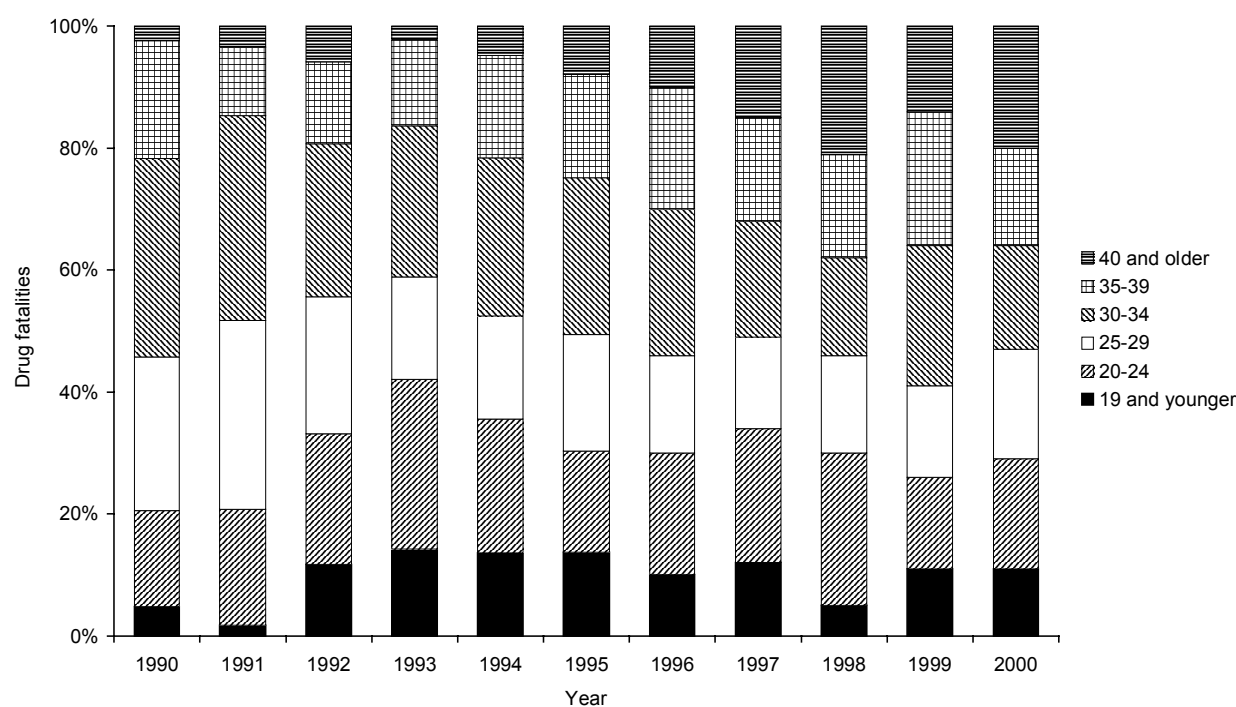
The average age of those persons dying as a direct or indirect consequence of drug use has risen over the years. While it was 27.7 for persons dying as a direct consequence of drugs in 1991, the average age of this group has risen to 30.1 years by 2001. Persons dying as an indirect consequence of drug use in 1991 were 32.2 years old on an average but 33.3 years in 2000. More than half of the drug victims of 2000 (53%) were over 29 (cf. Figure 3.5).

The number of drug-related deaths has developed differently in the individual provinces. Only Upper Austria, Styria and Vienna report rather high increases compared to the previous year (cf. Table A6 in the Annex). On the other hand, the number of cases is low in statistical terms and there have been strong fluctuations in individual provinces in the course of time, which has to be taken into account before these regional differences are interpreted.

It is a matter of discussion whether the rise in drug-related deaths in 2000 may be interpreted as a quantitative increase of the drug problem in general. One argument against this interpretation is the strong increase direct drug related deaths in the age group over 34 (1998: 36 persons; 1999: 47 cases; 2000: 57 cases), i.e. persons likely to have taken drugs for prolonged periods.



Figure 3.5: Age distribution of drug fatalities in Austria from 1990 to 2000



Source: FMSSG (BMSG, Abt. VIII/B/12)

A plausible explanation of the rising number of drug-related deaths in 2000 given by experts is that this is mainly due to an increase of intoxications resulting from a mix of different drugs, alcohol and/or psychoactive medicines. In other fields of drug monitoring there are also indications of a rise in high-risk patterns of poly-drug use where the effects of different substances may be potentiating and can hardly be controlled (cf. Chapters 2.3 and 11). In the context of syringe checks in Vienna another risk factor was found: drugs with additions or contaminating substances unknown to the drug users that may pose health hazards (Haltmayer et al. 2001 - cf. also Chapters 11 and 5).

### 3.3 Drug-related infectious diseases

The situation regarding **infectious diseases**, which is especially relevant because of the infection risk involved in intravenous drug use, may only be estimated on the basis of a few small samples from treatment centres and low-threshold services (cf. ÖBIG 2000a). The available data again indicates a stable HIV prevalence rate at a low level (between 0% and 5%). The hepatitis prevalence rates however continue to be very high (hepatitis C: 48% to 71%, hepatitis B: 25 % to 47 %).

Table 3.1: Data on hepatitis B, hepatitis C and HIV infection rates, in 2000

Source of data	HB rate	HC rate	HIV rate
Short-term therapy department Lukasfeld	25% (32)	48% (25)	0% (27)
Long-term therapy department of Anton Proksch Institute	45% (66)	71% (65)	0% (66)
Low-threshold centre Ganslwirt	47% (57)	61% (88)	5% (81)
Drug fatalities (intoxications)	not available	not available	4% (167)

Sources: Riedl, F. personal information, API 2001, Haltmayer, H. personal information, FMSSG (BMSG, Abt. VIII/B/12)

According to experts tuberculosis infections are hardly relevant in the context of drug-related infectious diseases in Austria (only isolated cases).

Regarding **psychiatric co-morbidity** recent data has been available. A longitudinal study completed in 2001 (cf. Chapter 12) involving 100 patients of the withdrawal department of the Anton Proksch Institute has shown that at the start of treatment (1993/94) the majority of the population examined had psychological or psychiatric problems in addition to their addiction disease. 73% said they had thought of suicide in the last month before therapy. Personality disorders diagnosed according to DSM III-R were found in 45% of the cases, and 24% of the patients suffered from multiple personality disorders. The most frequent diagnoses were borderline disorders (23%) and antisocial personality disorders (21%). An interesting aspect is that the borderline prevalence rate was significantly higher among women (44%) than men (16%). Patients suffering from psychiatric diseases, especially multiple personality disorders, turned out to give up treatment more often than other patients (Wirth 2001).

90% out of a total number of 59 patients admitted to the long-term therapy department of the Anton Proksch Institute at Mödling, Lower Austria, suffered from personality disorders. 17% of the clients were treated with pharmaceuticals for three months because of severe depressions, and the case histories of 26% listed grand mal seizures in the context of withdrawal or pathological EEG results as well as long-term prescription of epilepsy medication (API 2001).

The annual report of *dialog*, a Vienna-based association, also mentions psychiatric co-morbidity and that existing depressive and anxiety conditions are not identified in many instances because opiates have strong effects on the related symptoms and if they do become manifest later they are attributed to withdrawal (dialog 2001).

A few drug assistance services report a rising trend over the years regarding numbers of patients with psychiatric co-morbidity (e.g. Therapiestation Erlenhof 2001).

Data on the **general state of health** has been obtained from 89 consumers of hard drugs (primarily IDUs) of the open drug scene at Innsbruck (cf. Chapter 2.3). Only 28% of the patients said that they had not had health problems in the last 30 days. The rest of the respondents indicated the following problems: liver diseases/hepatitis (52%), stays in hospital (17%), problems related to HIV/AIDS (10%), overdoses (10%), abscesses (9%), grave emergencies (6%), or other diseases and handicaps (11%). When asked for a subjective opinion of their state of health only 33% said it was very good or fairly good. 48% responded

that it was partly good and partly bad, 14% indicated it was rather bad and 5% thought it was very bad (Zurhold et al. 2001).

20% of the aforementioned group of 59 patients at the Anton Proksch institute also had skin diseases (e.g. herpes zoster, mycosis, condyloma or candidiasis).

The **rising age** of drug users is another challenge regarding their general state of health (e.g. VWS 2001b, dialog 2001, Boss et al. 2001), as it involves a rise in long-term consequences of drug use, which often means need for nursing services (cf. Chapter 8.2).

## **4 Social and Legal Correlates and Consequences**

### **4.1 Social problems**

The central social consequences of problem drug use have not changed in the reporting period: unstable accommodation and unemployment, and consequently no opportunity to earn a legal income and eventually high debts.

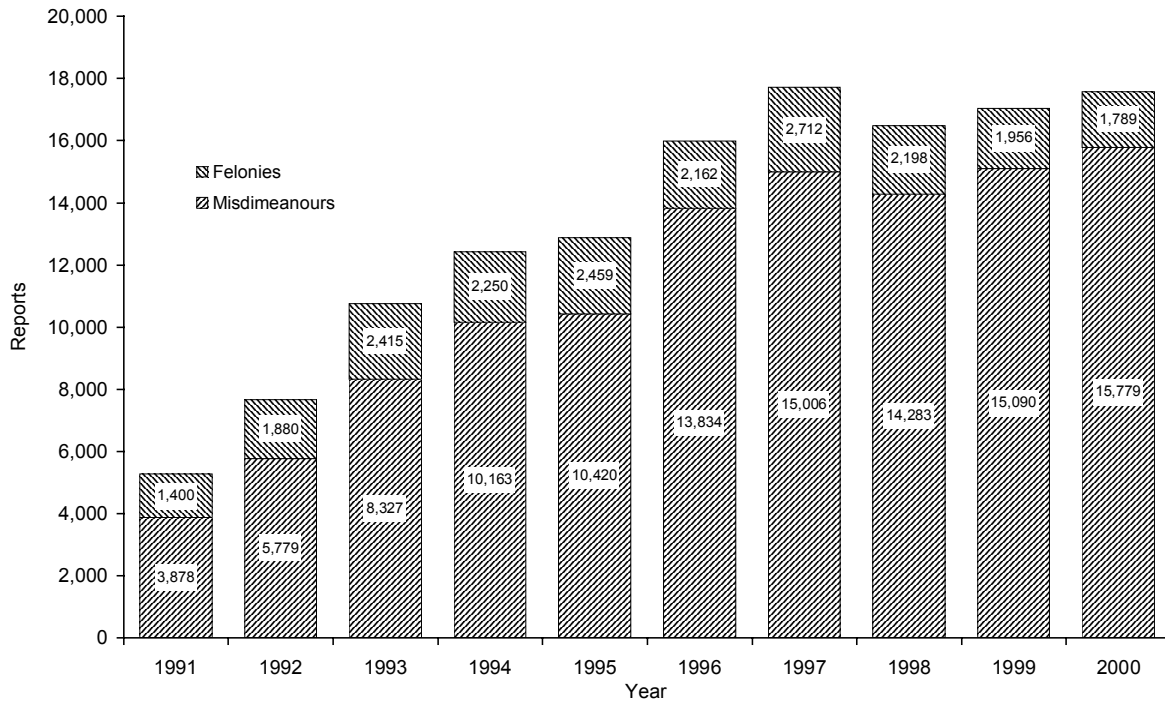
When 89 clients of the low-threshold centre Komfūdrol in the Tyrol were interviewed (Zurhold et al. 2001; cf. also Chapter 2.3) their social situation was also surveyed. About 20% of the respondents indicated unstable accommodation, and more than 50% were out of work. Women had stable partnerships more often (60% v. 38%) and lived as singles less often than men (26% v. 41%).

The Vienna Social Projects Association, the largest provider of low-threshold drug services (cf. also Chapter 9.2), has obtained recent information on social problems related to drug use. As many addicts are homeless Ganslwirt's sleeping facility usually cannot meet the corresponding demand (VWS 2001a). Partners, work and accommodation are central issues clients raise in the context of counselling and assistance services, and it is especially women who also indicate problems regarding violence and prostitution (VWS 2001b). On the occasion of the 10th anniversary of the Vienna Social Projects Association a book on perspectives of drug work and drug policy was published, where the central problem of social marginalisation and discrimination of drug users and addicts is also discussed. Drug users tend to be stigmatised and consequently often lose their jobs and meet with obstacles when they try to obtain social welfare, which thus encourages negative careers (Schinnerl 2001). A difficult problem is that drug users usually cannot find legal jobs, which would not only satisfy material needs but also provide everyday structures and encourage self-assurance as well as a feeling of usefulness. Having a job is a central prerequisite for long-term addicts so that they may put down roots again (Bacher 2001; cf. also Chapter 9.4).

### **4.2 Drug offences and drug-related crimes**

In 2000 18,125 reports for violations of the Narcotic Substances Act (NSA) were registered, which is a slight rise compared to preceding years (1999: 17,597 reports; cf. also Table A8 of Annex B). A total of 17,568 reports refer to narcotic drugs, the rest concerns psychotropic substances. With regard to types of report (cf. Figure 4.1), reports for misdemeanours (possession and small-scale trafficking of drugs as regulated under Art. 27 of the NSA) have again increased, while reports for felonies (large-scale trafficking and commercial trafficking as regulated under Art. 28 of the NSA) have gone down.

Figure 4.1: Development of reports to the police for violations of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1991 to 2000



Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. In order to facilitate comparison, for the period from 1998 to 2000 only reports concerning narcotic drugs are considered. The difference to the total number of reports results from reports that cannot be allocated.

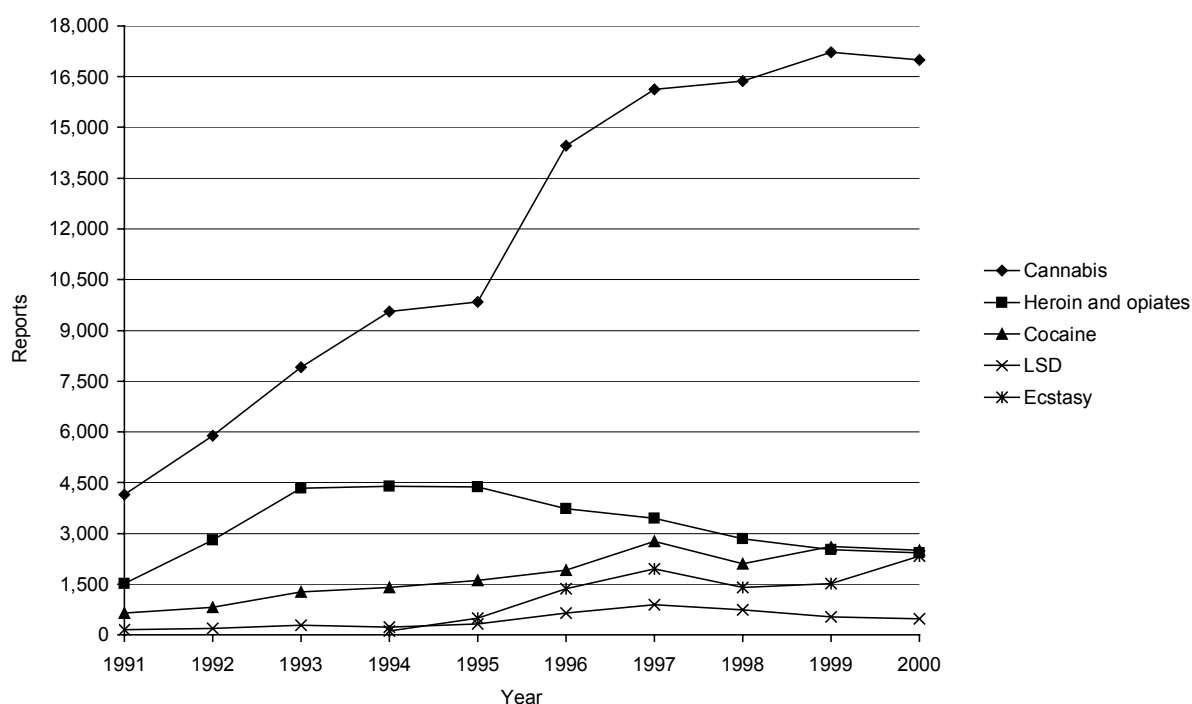
Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

Regarding substances involved, in 2000 the number of reports to the police concerning cannabis did not rise further for the first time in several years. Reports in connection with opiates have continued to go down (slightly), while reports of ecstasy offences have markedly risen (cf. Figure 4.2). This year a separate representation of amphetamines has been possible for the first time since 1997; the relevant figures have not markedly changed since then (cf. Table A10 of Annex B). Great differences regarding substances involved (cf. Table A11 of Annex B) have again been found in the individual provinces. In Vienna the proportion of reports in connection with opiates is comparatively high, while the majority of reports in all other provinces concern cannabis.

As explained in previous years, the data concerning reports to the police only allows for very limited conclusions to be drawn as to the development of consumption and misuse of illegal drugs, because they primarily reflect the intensity and focus of police activities in this field.

Compared to over 18,000 reports to the police in 2000, 2,052 arrests in connection with narcotic drug investigations were registered (1999: 1,864), but for the latter no details (type of offence, substance involved, etc.) are available.

Figure 4.2: Development of reports to the police for violations of the Narcotic Drugs Act/ Narcotic Substances Act in Austria by drug type from 1991 to 2000



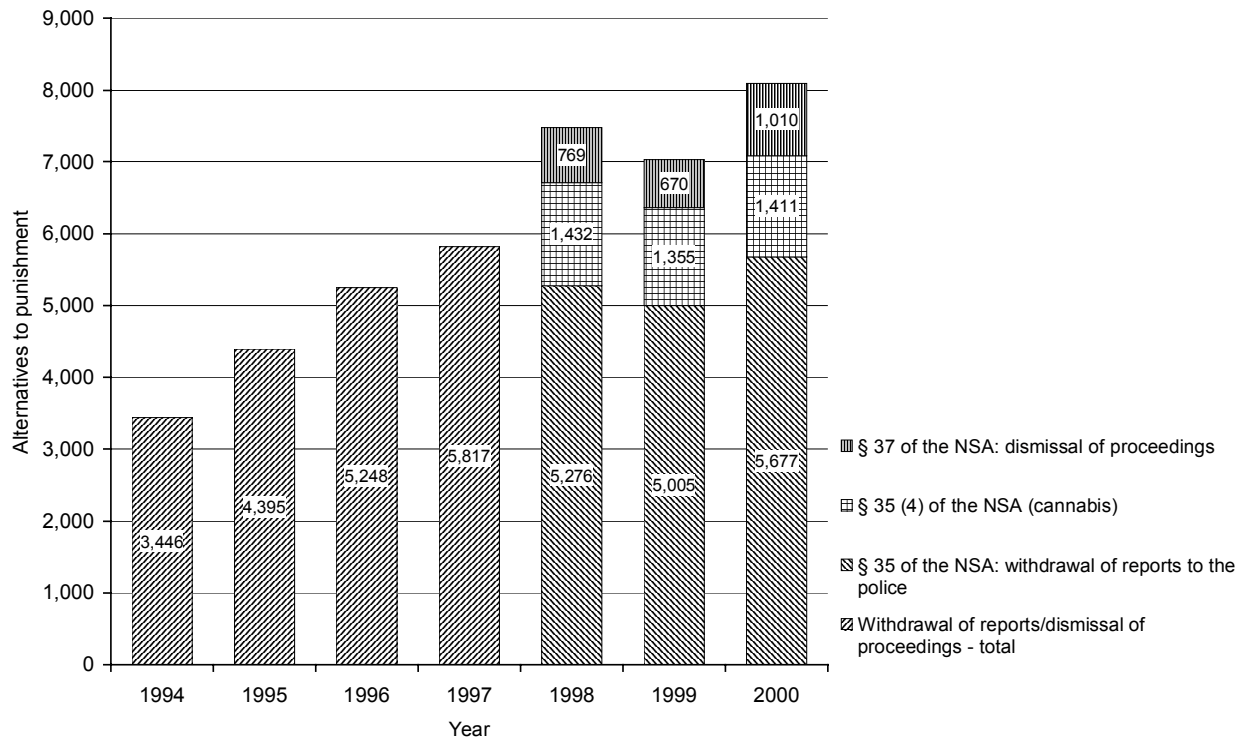
Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

The year 2000 saw 3,240 convictions for violations of the Narcotic Substances Act (leading offence; cf. Note to Table A12 of Annex B), which is a slight decline (1999: 3,359 convictions). On the other hand the share of drug-related convictions in the total number of convictions (7.8%) has reached a new peak (1991: 2%; 1999: 5.4%). The high proportion of misdemeanours (2,245 cases; violation of Art. 27 of the NSA - possession and small-scale trafficking) compared to felonies (993 cases; violation of Art. 28 of the NSA - trafficking; cf. Table A12 of Annex B) has further grown. About 60% of all persons convicted were punished with imprisonment; approximately one half of these sentences was suspended and one half not. Young people tend to be sentenced to imprisonment less often (cf. Table A14 of Annex B).

Complementary to the data on convictions, information concerning the temporary (provisional) withdrawal of reports to the police (Art. 35 of the NSA) and dismissal of proceedings (Art. 37 of the NSA) is also relevant. These legal alternatives to criminal prosecution (cf. also Chapter 9.6) were made use of in 8,098 cases in 2000, which is a considerable increase compared to past years (cf. Figure 4.3).

Figure 4.3: Development and application of statutory alternatives to punishment in Austria from 1994 to 2000



Art. 35 of the NSA = temporary withdrawal of the report to the police by the public prosecutor

Art. 35(4) of the NSA = temporary withdrawal of the report to the police in the case of small amounts of cannabis for personal use

Art. 37 of the NSA = temporary dismissal of proceedings by the court

Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. A specification of the kind of alternative to punishment can be given for the period since 1998 only.

Source: FMSSG (BMSG, Abt. VIII/B/12)

Again no data on crimes committed for the purpose of drug acquisition or other drug-related crimes is available. For details regarding prevalence of drug use in prison see Chapter 13.

### 4.3 Social and economic costs of drug consumption

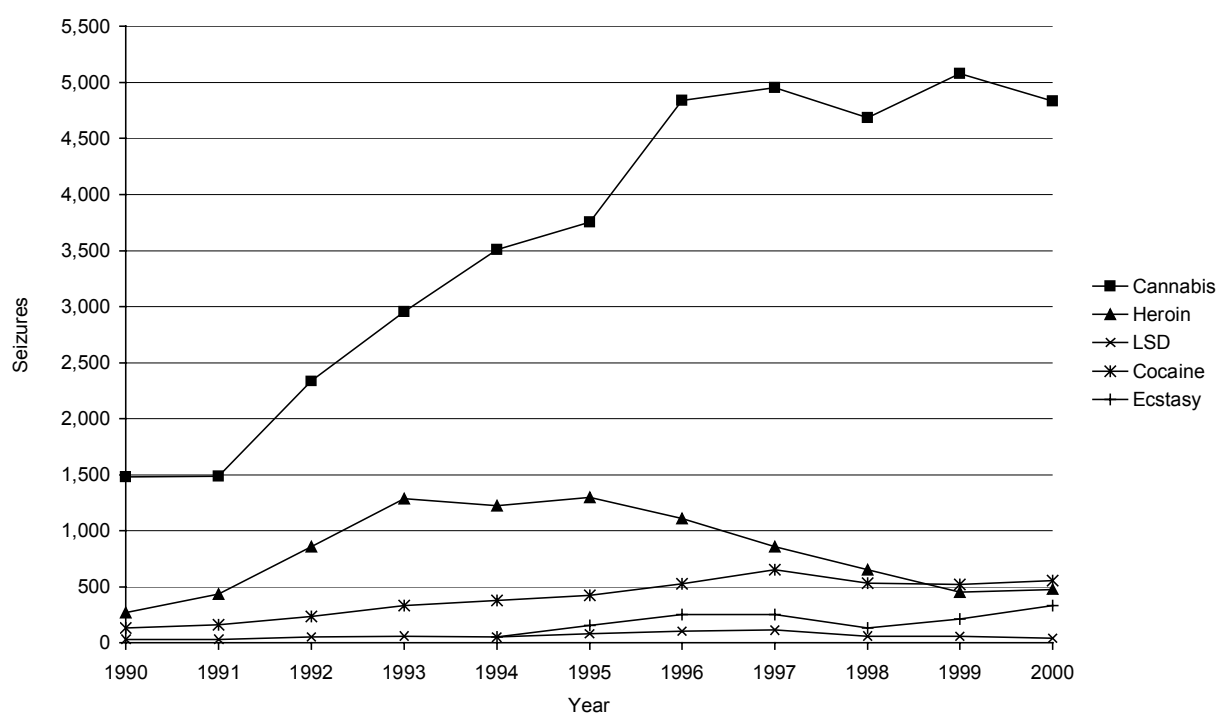
Apart from the studies presented last year (cf. ÖBIG 2000a) no studies or data on social and economic costs of drug consumption in Austria are available.

## 5 Drug Markets

According to the Federal Ministry of the Interior (FMI) the trends concerning the situation of organised narcotic drug trafficking remained basically unchanged in 2000 (Bundesministerium für Inneres 2001). As in the preceding year FMI data indicates an increase of ecstasy trafficking and consumption and a further spreading of this problem to small-scale events and discos. Furthermore, an increase in smuggling, trafficking and use of amphetamines was registered. For the first time in Austria 450g of ice, a metamphetamine, was also found.

Regarding the development of **seizures** in the past four years there has been a decline in heroin and LSD seizures. Cocaine and ecstasy show a falling trend initially, followed by a slight rise, and cannabis seizures have remained unchanged (cf. Table A16 of Annex B and Figure 5.1).

Figure 5.1: Number of seizures of narcotic drugs in Austria from 1991 to 2000



Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

The amount of substances seized reflect these trends only to a limited extent, as individual seizures of exceptionally large quantities strongly influence the general picture (cf. Table A17 of Annex B). For instance, the fact that rather large amounts of cannabis, heroin and ecstasy were seized is due to a small number of large-scale seizures (e.g. 1,200 kg of marijuana at the border to Slovenia near Spielfeld and 104 kg of heroin at the airport of Vienna).

When assessing the data on seizures and relating them to drug demand and supply one has to bear in mind that part of the drugs seized in the context of frontier checks are not intended for Austria (transit). Unfortunately the seizures by the police and customs authorities cannot be broken down accordingly.



The **purity of substances consumed** was analysed in a study conducted by the Ganslwirt drug counselling centre in cooperation with the Institute of Medical and Chemical Laboratory Diagnostics of the University of Vienna. The residues found in 753 syringes that had been returned contained many different combinations of various substances in most cases. For instance heroin (n = 130) was mixed with cocaine (58% of the cases), caffeine (52%), noscapine (41%), papaverine (40%), codeine (32%), or noscapine plus papaverine (18%). The additives to cocaine (n = 212) were caffeine (30% of the cases), lidocaine (7%) and oxymetazoline, trimethoprom and diphenhydramine (between 3 and 4% each). Based on these results the authors conclude that in addition to deliberate combinations of several substances (e.g. heroin and cocaine), the substances used intravenously contain many different additives, some of which are detrimental to health (Haltmayer et al. 2001).

In 2000 the project ChEck iT!, which tests the **purity and ingredients** of substances bought as ecstasy or speed during rave parties, was present at five rave events, where a total of 453 samples were handed in for testing. As has already been observed in the year before, the percentage of pills bought under the name of ecstasy and actually containing MDMA has tended to increase further (1998: 37%; 1999: 78%, 2000: 85%). The share of high dose ecstasy pills has dropped compared to the previous year (in 1999 18 out of 138 samples, or 13%, contained more than 100 mg of MDMA; and in 2000, 8 out of 302 samples, or 3%). As in past years the situation regarding the ingredients of substances bought as speed has been more dramatic with regard to actual ingredients. Only 67% of 'speed' analysed by the ChEck iT! team turned out to contain amphetamine (cf. Table A18 of Annex B).

As already mentioned in the report of last year in July 2000 PMA was found in pills sold as ecstasy for the first time in Austria. In that month a person in Lower Austria consumed PMA but thought it was ecstasy and died as a consequence. In the course of that year ChEck iT! found pills containing PMA at two other rave events but as the ravers were warned immediately serious consequences could be prevented.

In 2000 it showed once again that pills with a variety of logos are distributed (316 pills with a total of 62 different logos). A fact underlining the high market dynamics is that only four logos were found at more than two raves. Even common logos do at all not stand for specific ingredients (VWS 2001e).

No recent studies on drug **prices** have been drawn up in the reporting period, the only information available comes from the low-threshold sector and the ChEck iT! project. According to these sources one gram of street heroin (of a purity between 8% and 16%) was sold for ATS 500 (EUR 36) in 2000; and ravers informed ChEck iT! that they paid an average of ATS 146 (EUR 11) for one ecstasy tablet and ATS 315 (EUR 23) for one gram of speed (VWS 2001e).

## 6 Trends per Drug

**Cannabis** is the illegal substance that is by far most frequently used. About 20% of the respondents of a recent consumption survey conducted among the general population in Upper Austria (cf. Chapter 2.2) said they had experience of cannabis use. In a few age groups the relevant percentage was considerably higher even and only the group over 60 accounted for a lower share. However, regular use of cannabis is much less frequent than experimental consumption. Again, indications of social or health problems in connection with cannabis use are rare. Cannabis is also the substance to which the majority of reports to the police and seizures refer.

**Synthetic drugs**, above all ecstasy, are the second-most consumed illegal drugs after cannabis and especially popular among youths. 4% of the respondents in the above survey said they had experience of ecstasy, which is a high share in the general population. The trend regarding use of ecstasy is estimated to be stable by many experts, and is expected to rise further only in a few rural regions. However, an increase of amphetamine use is reported in many areas, especially in the context of poly-drug use (cf. Chapter 11). The number of reports to the police in connection with amphetamines has not changed as against the most recent figures of comparison from 1997, while reports involving ecstasy have risen markedly. Drug tests and seizures in the reporting period revealed a number of different synthetic substances such as PMA, PMMA, ice or yaba, some of which were sold as ecstasy. So far social and health problems have appeared primarily when synthetic drugs are consumed in the context of poly-drug patterns of use.

In representative population surveys **opiates** have been found to be used by no more than one percent of the respondents, although opiates continue to be the most relevant group of substances with regard to problem drug use. However, a few provinces report a downward trend for opiates. In addition recent data from the Tyrol (cf. Chapter 2.3) confirm the experience of Vienna that morphine and other opiates have begun to play a more important role compared to heroin in the context of poly-drug use by addicts. Opiates are involved in almost all cases of drug-related intoxications, and the share of deaths resulting from poly-drug intoxications has risen further. The number of reports to the police in connection with opiates has continued to decrease.

Until now experience of **cocaine** use has not been indicated by more than 1% or 2% of the population, although some sources report a rise in cocaine consumption. For instance a survey conducted in Upper Austria revealed a rather high share of cocaine experience, namely 4%. Due to falling prices and easy availability, cocaine has become more relevant in the open drug scene, where injecting use as a component of poly-drug consumption is also frequent. However, only very few fatalities have been registered where cocaine has played a relevant role. The number of reports to the police and seizures have not changed in the reporting period. Crack use has still not been of relevance in Austria so far.

As in the past **poly-drug use** (cf. Chapter 11) continues to be the prevalent pattern of use among Austrian drug addicts, and according to recent reports it is still rising. As described above, amphetamines, apart from cocaine and morphine pills, also have begun to play a more important role in the context of poly-drug use or multiple use of many different substances (such as heroin, benzodiazepines or alcohol). Most substances are injected, and in some cases they are consumed in a combined form. This is also reflected in the corresponding health consequences: this year the number of deaths caused by poly-drug intoxication has risen again. In addition to combinations of various illegal substances alcohol is also found rather often. The group of poly-drug users also have relevant social problems such as unemployment, homelessness and high debts.

## 7 Discussion

The available data on the epidemiological situation in Austria shows a number of relevant trends. There is various data and information by experts indicating increased use of stimulating substances (such as amphetamines and cocaine), while opiates seem to play a somewhat less important role. This especially applies to heroin, as a rising number of opiate addicts tend to take morphines and opiates other than heroin. Generally speaking, poly-drug use combining many different legal and illegal substances is on the rise. In addition to the substances mentioned, in particular benzodiazepines and alcohol are also used frequently.

The trend towards combining different drugs is also reflected in the increase of drug-related deaths, most of which are due to poly-drug intoxication. The fact that the average age of persons dying due to drug use has risen indicates that the recent increase of drug-related deaths has not been caused by a growing number of drug users but rather by a trend towards high-risk drug use. Most of the traditional drug problem regions of the past report that the situation continues to be stable while other regions have observed an aggravation. This means that the levelling-out process has continued, i.e. regional differences are becoming less prominent.

At first glance the existing data does not always seem to be consistent. However, this is due to the fact that data and information often refer to rather small and local samples or studies and are thus likely to cover different groups of drug users. The data provided by the Tyrol and Vienna come from the low-threshold sector, where opiates still appear to play a central role. Here the average age of clients tends to rise. On the other hand, it is primarily the group of younger persons who seem to be affected by the trend towards stimulating substances, which is in line with social developments. Amphetamines (speed) and cocaine are rather associated with pressure at work, high speed and success-oriented life-styles than sedative drugs such as opiates.

These developments are challenges for drug policy in many respects. It has to be examined whether the kind of drug assistance currently provided is adequate for consumers of stimulating drugs or if it should be adapted or expanded. What is especially important in view of the rising number of drug-related deaths and other problematic factors is measures aimed at preventing high-risk patterns of use dangerous for the drug consumers. In addition the group of drug addicts that are growing older and may need nursing services is a target group insufficiently reached by health policy interventions so far.

The Austrian monitoring system (cf. Annex A) still has a number of shortcomings. A central problem in this respect is the lack conclusive data on drug-specific treatment and care centres comparable at the national level. What is positive, however, is an abundance of local data and small-scale studies dealing with specific issues, which will provide important complements to routine data. The new developments with regard to prevailing patterns of use will make it necessary to discuss prevalence estimates for amphetamines and cocaine in future.

## **Part 3**

# **Demand Reduction Interventions**



## 8 Strategies in Demand Reduction at National Level

### 8.1 Major strategies and activities

Regarding the provincial level in the reporting period, a new drug plan for Carinthia has been adopted, and Burgenland as well as Upper Austria are in the process of drawing up drug plans. Vorarlberg and the Tyrol plan to revise the existing drug plans. Lower Austria, Salzburg, Styria and Vienna are implementing their drug or addiction plans (cf. Chapters 1.1 and 9).

The framework plan on addiction prevention and drug help adopted in Carinthia for the period from 2001 to 2005 (Prehslauer et al. 2001) is a paper laying down fundamental psychosocial positions. As in the rest of the provincial drug plans (ÖBIG 2000a) the relevant approach to primary prevention is based on a broad concept of addiction, and comprehensive strategies in line with the principle of health promotion play a prominent role. As a result the addiction prevention coordinators of the Provincial Government of Carinthia focus on health promotion at kindergartens and schools and have defined the overall goal that counselling and care for youths in danger of becoming addicted should not be provided by centres specialising in the treatment of drug patients but by a counselling and care network created in the context of youth welfare departments and aimed at early intervention. The framework plan of Carinthia explicitly states that peer group approaches are not regarded as helpful, while streetwork activities are considered to be highly effective and will thus be further developed. Regarding inpatient centres the framework plan refers to the psychiatry plan of Carinthia, in which an expansion of the existing facilities is demanded.

The drug plan of Vorarlberg will be modified with regard to an intensification of secondary prevention measures, as a reaction to the new drug report of Vorarlberg (Boss et al. 2001), which points to changes in the drug situation (cf. Chapters 1.1 and 2.3).

Salzburg has drawn up a framework plan of addiction prevention and an implementation model for substitution treatment (cf. Chapter 9.3). The framework plan defines technical standards of primary and secondary prevention and lays down binding cooperation structures of drug help centres.

As already mentioned in the report of last year, quality standards for drug work continue to be a central issue. The guidelines for the announcement of drug facilities drawn up by Federal Ministry of Social Security and Generations also focus on quality assurance in terms of defined minimum standards and will be applied after the coordination process with the Provinces has been completed (ÖBIG 2000b). The new philosophy statement of the Austrian Addiction Prevention Units prepared in cooperation with all Addiction Prevention Units and the Ludwig Boltzmann Institute of Addiction Research (Uhl und Springer 2001) is also aimed at quality assurance and professionalisation of addiction prevention in Austria (cf. also Chapter 10).

The relevant organisational framework and funding conditions are described in Chapter 1.

## 8.2 Approaches and new developments

The trends described in last year's Report on the Drug Situation (ÖBIG 2000a) have continued as far as concrete demand reduction interventions are concerned. The expansion of secondary prevention still plays an important role, and youths in danger of addiction are a central target group of new treatment and care approaches. Special importance is attached to integrative aspects to help to prevent a stigmatisation of the young people concerned (cf. Chapters 8.1 and 9.4).

The activities pursued in the field of demand reduction intervention have revealed new health policy requirements inadequately met so far. For instance more and more drug addicts suffer from severe psychological disturbances and the number of older drug addicts (over 40) who are often physically ill and some of them need nursing services is also rising (cf. also Chapter 3.3) so new approaches are necessary. These clients need adequate treatment centres and assistance structures that have yet to be created. Future interventions will have to focus on new target groups such as immigrants and users of stimulating substances. While the former use the drug help system to a small extent only, the latter are difficult to include in existing treatment and care settings.

The result of ÖBIG's pilot study (ÖBIG 2001) confirm the high degree of specialisation and diversity of the drug help structure in Austria, especially with regard to available services, but also as to target groups, degree of specialisation and staff structure (cf. also Chapter 9.3). This study also shows that quality assurance plays a major role in the drug help system.

The diversification in the field of drug help is further increasing. At present this especially concerns the inpatient sector (cf. Chapter 9.3), where the range of treatment options has been widened. Apart from the continued trend towards short-term treatment, a development oriented to more flexible treatment schemes shows, so specific needs and target groups may be attended to more easily.



## 9 Intervention Areas

In the following chapter examples of different measures taken in the field of demand reduction in Austria are presented. The list does not claim to be exhaustive. The central focus was placed on new activities as well as projects and measures for which evaluation results are available. More detailed descriptions of individual projects and demand reduction interventions are found both in the reports of the last few years (ÖBIG 1997, 1998, 1999, 2000a) and in the EDDRA database of the EMCDDA (cf. list of Austrian EDDRA projects in the reference section). In addition maps have been included (cf. pp. 41 and 42) to provide an overview of the regional distribution of drug centres and drug help services.

### 9.1 Primary prevention

Prevention measures continue to be of central importance in Austria, with corresponding activities taking place in the fields both of primary and increasingly often also secondary prevention. The distinction between primary prevention<sup>1</sup> and secondary prevention<sup>2</sup> is regarded as fundamental and is based on the principles of prevention policy established in Austria. Preventive measures are usually implemented at the local or regional levels. In this context the Addiction Prevention Units of the individual provinces play a major role.

Interventions focusing on **infancy and families** are organised in particular in kindergartens. In addition to specific kindergarten projects (e.g. in Burgenland, Styria or Vienna) special emphasis is placed on further training measures for multipliers (cf. EDDRA). As a result of a further training programme run by the Addiction Prevention Unit VIVID of Styria, 16 projects aimed at preventing addiction have already been implemented in Styrian kindergartens. The Addiction Prevention Unit of Lower Austria planned a focus of activities addressing parents and as a result a comprehensive parent education project (Shaping the Future) was carried out and scientifically monitored. It will be continued as a model project. In addition the Addiction Prevention Institute of Upper Austria prepared a comprehensive parents' manual on addiction prevention within families. The framework plan of Carinthia also underlines the importance of health-promoting general conditions within families (cf. Chapter 8.1).

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<sup>1</sup> The aim of primary prevention is to avoid the development of addiction among persons who do not belong to a specific at-risk group and who have not had addiction problems so far. The pertinent measures are often based on the concept of health promotion. Other relevant scientific approaches forming the basis of primary prevention include the concept of life skills and protective factors such as social learning. Primary prevention especially focuses on children and young people.

<sup>2</sup> Secondary prevention is oriented towards defined at-risk groups and persons who do have problems, but which have not become manifest to their full extent however. The target group of secondary prevention in particular includes young people.

**Schools** continue to be the most important setting of prevention measures. The prevention of addiction has been defined as a general educational principle in the context of health promotion at Austrian schools. A recent activity of the Federal Ministry of Education, Science and Culture in this field has been the preparation of specific teaching materials methodically and didactically adapted to the theme of joint learning and active addiction prevention at schools. These materials will be available in autumn 2001. In addition the GIVE service centre of health education has been established, which provides information on model projects and new initiatives and has just completed a set of information materials on addiction.

Primary schools have been the centre of new initiatives in the field of addiction prevention at schools. For instance a number of Addiction Prevention Units participated in an international prevention programme for primary schools (Becoming Independent), which was scientifically monitored and evaluated. In addition 40 classes from Innsbruck are taking part in the EU co-operation project Substance Use Prevention in Schools: Evaluation of the School Programme Gläserne Schule. Several provinces started projects where theatre play is used as a tool of primary addiction prevention in primary and lower secondary schools. In addition there are many prevention projects at schools based on peer group education (cf. also EDDRA). As a result the Working Group for Addiction Prevention developed guidelines for peer education in the field of primary prevention. Although this method is frequently applied in prevention programmes in and outside schools it is a controversial issue among drug experts. For instance the framework plan of Carinthia explicitly excludes peer education approaches. Further training continues to play an important role for prevention at schools. Upper Austria saw the implementation both of an academic course on addiction prevention organised by the Federal Teacher Training Academy (cf. Chapter 10) and also of an academic course for addiction prevention coordinators at higher secondary schools. Apart from this the Addiction Prevention Units of several provinces organise further training schemes for teachers. The secondary prevention project for teachers, Step by Step, which has already been described in the report of 2000, will now be implemented at a nation-wide level.

**Youth programmes outside schools** remain essential for prevention activities. The Austrian Education Forum for Promotional and Preventive Youth Work, which plays a central role with regard to quality advancement and lobbying in all fields of prevention concerning youth work (addiction, AIDS, violence etc.), has continued its wide range of activities in the reporting year. A relevant new development is the Federal Act on the Promotion of Youth Education and Youth Work outside Schools, which entered into force in January 2001. Under this Act specific concerns in the context of work with children and youths shall be supported, for instance prevention in youth-specific problem areas. Another initiative worth mentioning is the information flyer It's up 2U for the target group of young people, a joint project of the Austrian Drug Prevention Association co-funded by the Austrian Federal Ministry for Social Security and Generations.

In addition to the large number of primary prevention projects for youths outside schools (cf. ÖBIG 1999 and 2000a), a special focus has been placed on secondary prevention programmes such as the JUPI international prevention programme for young people, developed in collaboration with the Addiction Prevention Unit SUPRO, in the context of the INTERREG II EU project. This programme aims at youth workers in relevant youth organisations as well as open youth work staff. Its goal is to provide addiction- and drug-relevant training for youth

workers so that they may identify dangerous developments of youths and respond adequately. Also in the field of secondary prevention the Drug Prevention Institute of Upper Austria has implemented *kontext: Think Tank Prevention* aimed at facilitating responses to current developments and trends at an early stage already. In addition outreach work in the field of secondary prevention in the form of mobile youth work/street work has been of increasing relevance (cf. Chapter 9.2).

The project *Living Together* organised by the Vienna-based Institute of Drug Prevention is aimed at regional addiction prevention in the context of work with children and youths within and outside schools in urban areas and combines various intervention settings. Cooperation in networks and information for specific target groups forms the basis for implementing addiction prevention in urban areas in a sustainable and efficient way. The relevant target groups include political decision makers, key persons of children and youth work within and outside schools as well as parents. The project, which was started in September 2000, is being scientifically monitored and evaluated (cf. Chapter 10).

**Community programmes** have played an increasingly important role in addiction prevention. Under the framework plan of Carinthia prevention at the municipal level will be implemented in the context of the *Healthy Villages* programme. In cooperation with the Addiction Prevention Unit VIVID the project *Practical Prevention of Addiction in Communities* (in the district of Fürstenfeld/Styria) was started in November 2000. The aim of this project is to train locals to become addiction prevention contacts who also acquire competences enabling them to initiate projects in the neighbourhood and to form networks with other interested groups. The Addiction Prevention Unit of Lower Austria is also concerned with community approaches to prevention, and in cooperation with the Health Forum of Lower Austria working groups and information events with decision-makers and *Healthy Municipalities* staff are organised. Other activities include the exhibition *Addiction and Preventing Addiction* for municipalities as well as a prevention training scheme for church employees. The Addiction Prevention Institute of Upper Austria also implements various community-related projects and reports a rising demand in this field.

No additional **telephone help lines** have been set up in Austria in the reporting period. One centre in the Tyrol plans to create a hotline (ÖBIG 2001).

**Mass media campaigns** do not play a prominent role for prevention in Austria. SUPRO, the Vorarlberg Addiction Prevention Unit, launched the campaign *Empower our Children by Sports*, which included information and communication via different media (papers, TV) as one element of prevention. However, nation-wide mass media campaigns have not taken place in the reporting period.

The relevance of new media, and in particular, the **Internet**, has continued to rise. The majority of the regional Addiction Prevention Units have created their own Web sites, which are used more and more often. For instance SUPRO, the Vorarlberg Addiction Prevention Unit, reports an average of 80 to 100 visitors of its Web site every day. In addition to the services described in the report of last year, the Addiction Prevention Institute of Upper Austria is worth mentioning. Its virtual city *Cybertown* ([www.cybertown.at](http://www.cybertown.at)) includes an information

house providing assistance with regard to addiction and prevention, and every week a chat hour addressing young people takes place. A drug help centre of the Tyrol also plans to start an Internet prevention forum.

## 9.2 Reduction of drug-related harm

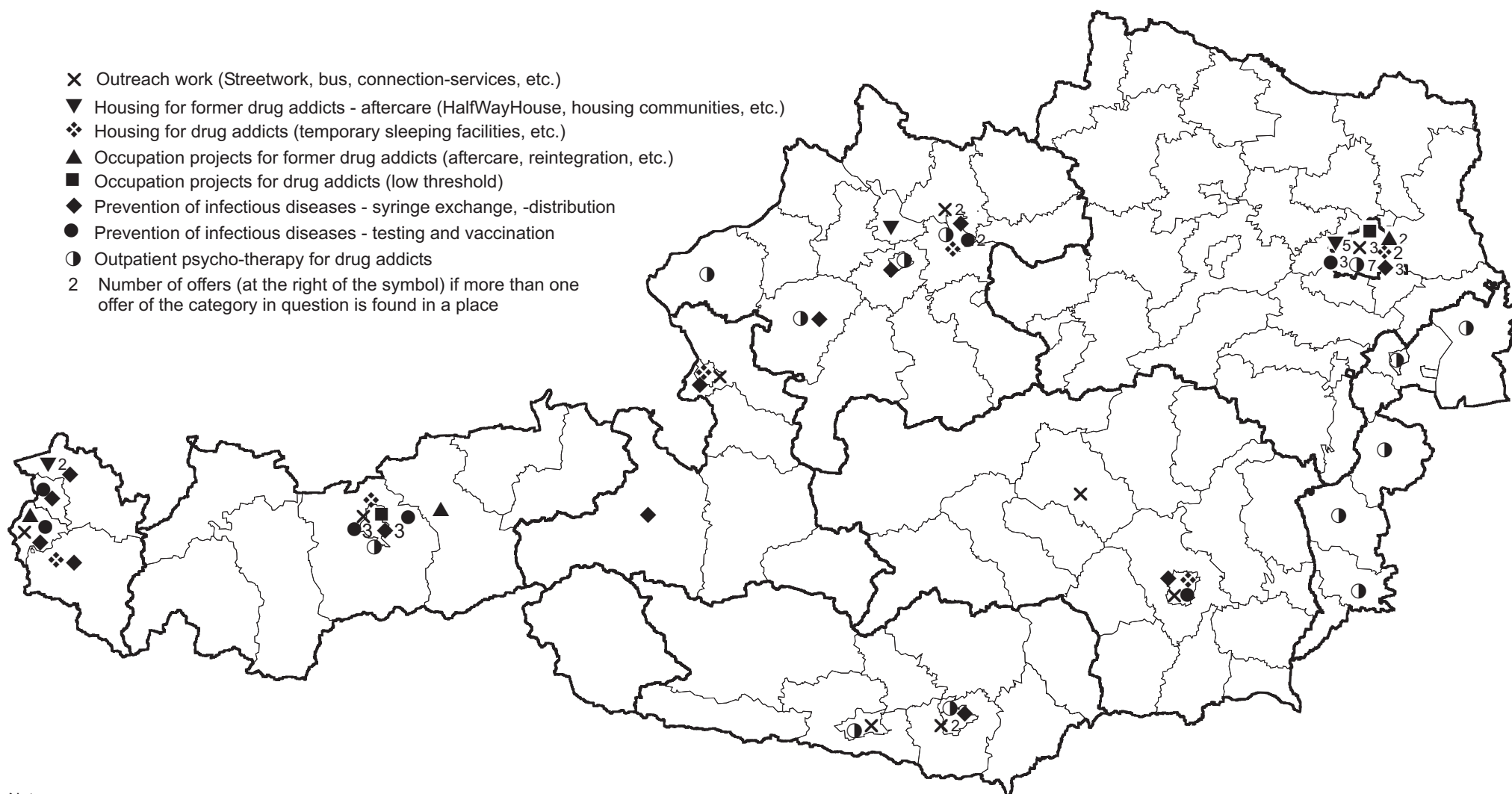
Reducing drug-related harm comprises a wide range of interventions addressing drug users or drug addicts. Most of these measures are not primarily oriented towards abstinence; but their aim is rather to provide low-threshold assistance for drug addicts in their actual life situation and to reduce the risks and problematic consequences of drug consumption as far as possible. Therefore the corresponding measures are often referred to as accepting drug assistance, survival assistance or harm reduction. For an overview of the relevant centres in the individual provinces see the maps on pp. 45 and 46.

**Outreach work** is an important service in this field. In Lower Austria the pilot project Event Consulting was started, where young persons in danger of addiction are offered information and help on the spot. The ChEck iT! project of the Vienna Social Projects Association, a very successful initiative, will be extended to the province of Burgenland, in cooperation with the Vienna Social Fund (VSF) and the Addiction Coordinators of Burgenland (cf. also Chapter 5).

In 2000 the MDI...B project of the Tyrol was contacted by 954 young people between 16 and 24, which subsequently led to 38 counselling talks. The two-year pilot stage was completed in April 2001, the project was further developed and its resources as to counselling hours, resources and staff were increased (Jugend-Projekt MDA basecamp). The drug counselling centres of the Vorarlberg-based foundation Maria Ebene also focus on secondary prevention events addressing youths and young adults in danger of becoming addicted. Since last year legal counselling has also been offered.

Another kind of outreach service is provided by the CONTACT hospital connection service in Vienna. In 2000 a total number of 284 patients received help during 362 hospital visits in hospitals, which is about the same number of persons as in the year before. While the number of contacts during stays in hospitals has risen only slightly (by 4%) as against the previous year, the contacts maintained after stays in hospital have strongly increased (by approx. 54%). The work of CONTACT revealed that the share of persons over 40 (cf. Chapters 2.3 and 3.3) in the total number of first contacts (i.e. first contact after admission to hospital) was rising significantly (13% in 2000 compared to 9% in 1999 and 5% in 1998). As many of these persons are physically ill as well they face the same problems as physically handicapped persons and clients in need of nursing services: there are no adequate agencies to which CONTACT could refer their clients, so most of them stay in nursing departments, although their actual target group is persons over 60. Another new issue CONTACT was confronted with in 2000 is end-of-life care. At the beginning of May 2000 the pilot project Mobile Youth Work - Street Work opened offices in three towns in Lower Austria. It has been planned to establish this project in all districts, but the corresponding decision will not be made before the project evaluation has been completed by the end of 2002.

Map 9.1: Specialised offers for treatment, counselling of and assistance to drug patients

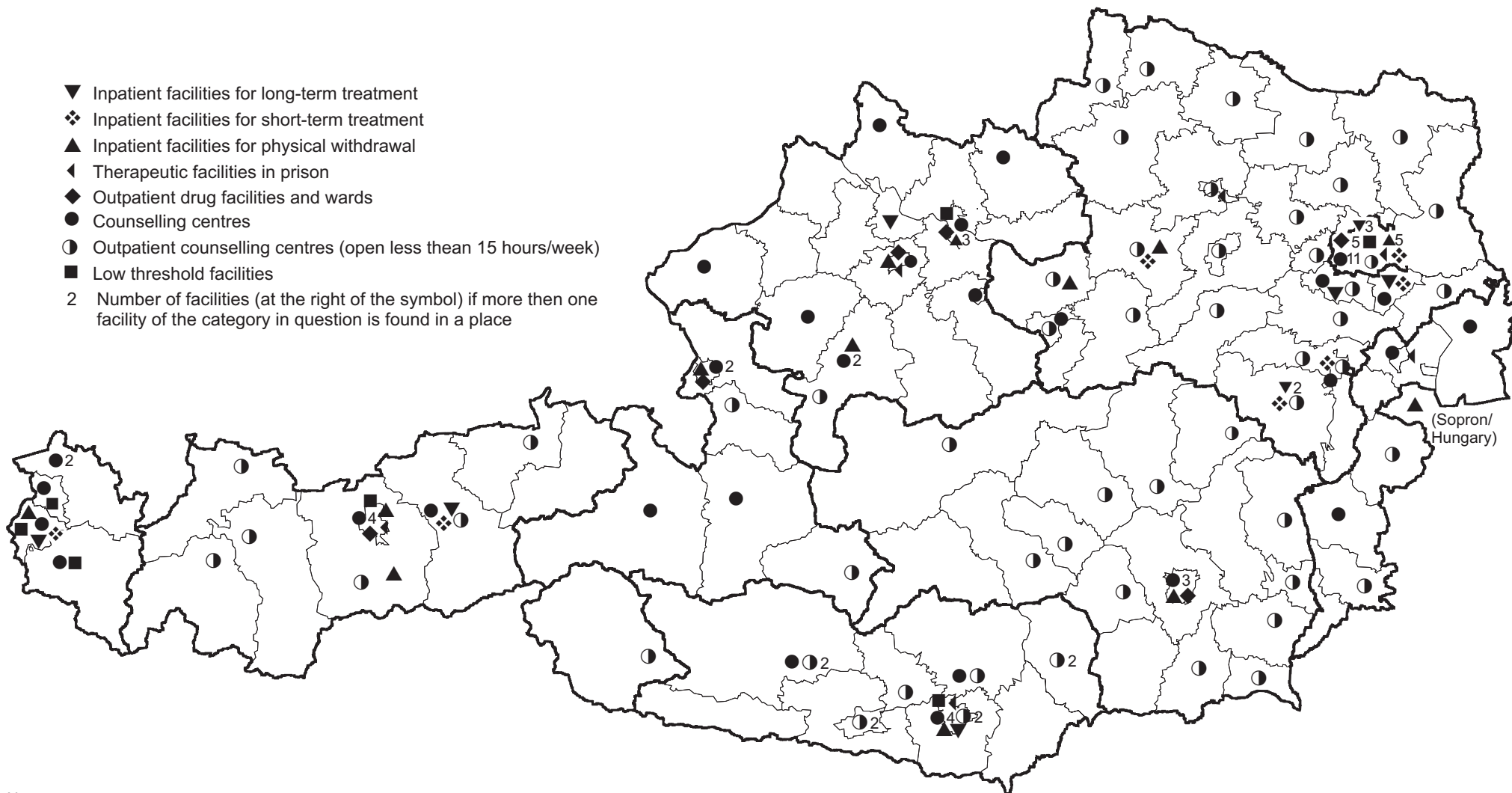


Note:

The map provides an overview of selected drug-related offers, broken down by district. The map does not specify quantitative and qualitative aspects (i.e. opening hours or number and qualification of personnel, respectively). The map differentiates by offer and not by facility (cf. Map 9.2), therefore a single facility can appear in several categories.

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2001

Map 9.2: Specialised facilities for treatment, counselling of and assistance to drug patients



Note:

The map provides an overview of selected drug-related facilities, broken down by district. The map does not specify quantitative and qualitative aspects (i.e. opening hours or number of qualification of personnel, respectively). However, a distinction was made in the field of counselling, which is frequently offered by general facilities covering a broader range of services (psycho-social counselling centres, addiction counselling centres, etc.) though limited to a few hours a week. Specialised drug counselling organisations with limited opening hours have been listed separately (see legend).

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2001.

Almost all provinces plan to establish or further expand already existing **low-threshold services**. At the end of November 2000 Upper Austria opened a contact point for drug addicts run by the association Substanz. The services provided by the contact point include exchange of syringes, medical and psychosocial counselling as well as streetwork activities.

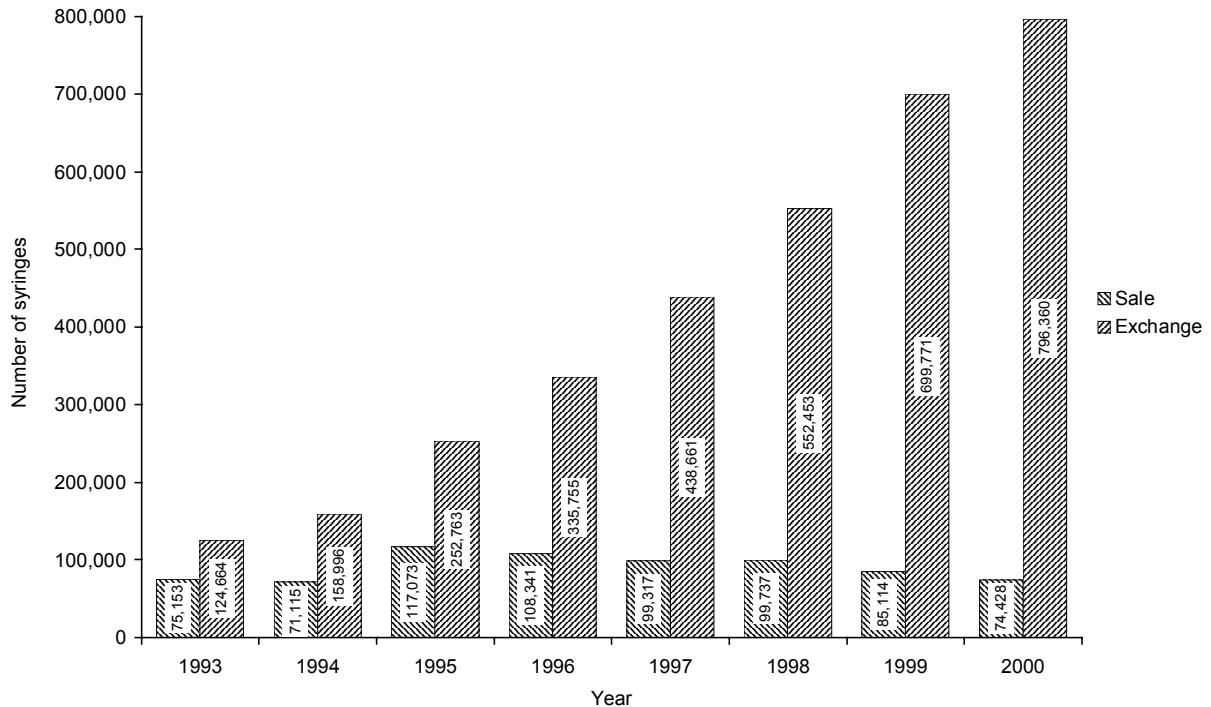
In Vienna the social medicine counselling centre Ganslwirt of the Vienna Social Projects Association celebrated its 10th anniversary in the autumn of 2000. In the course of one decade Ganslwirt has provided care and assistance to 2,700 persons. The day centre registered 180,600 contacts, and the outpatient clinic 54,800 contacts. The sleeping facility reports 35,400 overnight stays. 2,160,000 one-way syringes were distributed, 82% of which were returned to be exchanged for new ones and to be disposed of. In the last few years, growing numbers of older patients have been registered in particular in the day centre and the sleeping facility, which means that specific services for persons between 40 and 50 are needed (cf. also Chapters 2.3 and 3.3). The activities of Ganslwirt have also revealed that there is a lack of adequate services providing accommodation for homeless drug-users on the one hand (cf. also Chapter 4.1) and specific services for groups of clients for whom care services have to be intensified (e.g. patients additionally suffering from psychiatric diseases and excessive drug users) on the other. In 2000 Ganslwirt's focus of activities was placed on safer use, prevention of hepatitis B and C infections as well as the group of immigrants (cf. also Chapter 9.6). Apart from this, plans for users' rooms were prepared, with the goal to reduce the risk of infection connected with intravenous drug use and to minimise overdoses (VWS 2001a). Several drug experts from Vienna and Vorarlberg, among other actors, demand that such services be provided in Austria, particularly in view of the rising number of drug-related deaths (cf. also Chapter 3.2).

The **prevention of infectious diseases** continues to be a relevant focus of services aimed at harm reduction. In Salzburg, the Tyrol and Burgenland the AIDS Assistance Service plays an active part in this respect: It provides information leaflets, counselling and testing services and also syringe dispensing machines. In Salzburg, depending on the season, between 150 and 250 packs are distributed in this way. In the last few years Vienna, the Tyrol and Vorarlberg have registered a strong increase of the number of syringes exchanged, while the number of syringes bought is declining (cf. also Figure 9.1). In the context of the syringe exchange programme 158,785 sterile injection sets were handed out in Vorarlberg in the year 2000, which has been an increase by 370% from 1994 to 2000 (Boss et al. 2001). This rise is attributed to strong efforts on the part of drug assistance organisations in Vorarlberg on the one hand, but also to an increase of IDU among poly-drug users (cocaine) and substitution patients. Due to drug help activities between 1999 and 2000 the A and B inoculation rates among high-risk groups in Vorarlberg have risen considerably. Carinthia also plans to intensify hepatitis B vaccination efforts for high-risk groups, and to establish and expand existing syringe exchange programmes (Prehslauer et al. 2001).

The Superior Sanitary Council, following recommendations of a working group on hepatitis and drug use established in summer 2000 (ÖBIG 2000a) decided on preventive measures in this field. The decision states that combined vaccinations against hepatitis A and B are advisable for all injecting drug users receiving care in existing drug help centres and that services provided for these patients should also include close cooperation with specialists of in-

ternal medicine. Regarding pilot studies investigating issues of serology, diagnosis and treatment no agreement has been reached so far.

Figure 9.1: Number of syringes sold or exchanged in the context of the syringe distribution programme in the open drug scene in Vienna from 1993 to 2000



Source: Vienna Social Projects Association

### 9.3 Treatment

By now Austria has reached almost full coverage regarding **treatments and health care centres at national level** (cf. p. 46), although there are pronounced differences as to size and specific focuses of individual centres. The necessary services are provided both by specialised agencies and in the framework of general health care (e.g. by psychiatric hospitals, psychosocial service centres etc.). At present further information on drug help structures with regard to target groups, diversity of services, availability and staff are being gathered in the context of a pilot project carried out by ÖBIG (ÖBIG 2001; cf. also Chapter 3.1).

The corresponding research covers 83% out of a total number of 126 outpatient centres and 13 inpatient departments. The latter represent the majority of the institutions specialising in care for illegal drug users. They provide a total of 25 treatment programmes: 5 withdrawal programmes with capacities for the simultaneous treatment of 91 patients; 6 short-term programmes (62 patients); 6 long-term programmes (319 patients) and 8 reintegration programmes (127 patients).

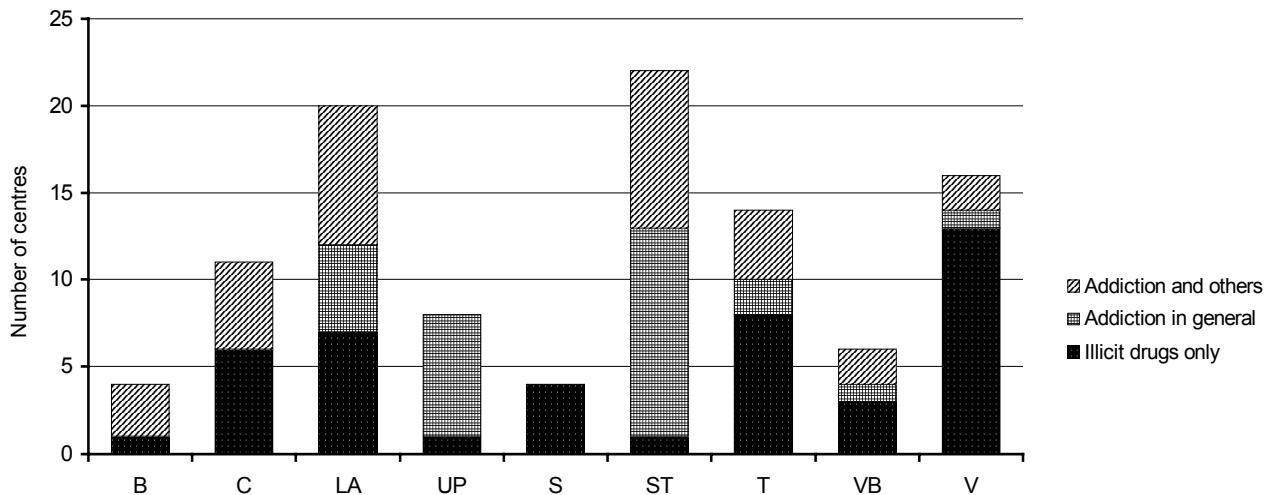
The existing outpatient centres were classified according to kind of services as well as availability (hours per week when staff provides services clients with drug problems as well as their friends and relatives): 51% provide counselling/health care/treatment for 40 hours per



week or less; 36% offer these services for 40 hours per week or more; and 11% are low-threshold centres or outreach services available for 40 hours a week or more.

There are marked regional differences regarding the degree of specialisation of outpatient centres (cf. Figure 9.2). However, this primarily reflects specific regional needs as outpatient centres specialising in illicit drug problems make sense only in regions where there is a demand for such services.

Figure 9.2: Degree of specialisation of outpatient health care centres for drug patients in Austria by province in 2000



Note: Branch offices of central organisations have been counted as separate centres

B = Burgenland, C = Carinthia, LA = Lower Austria, UA = Upper Austria, S = Salzburg, St = Styria, T = Tyrol, VB = Vorarlberg, V = Vienna

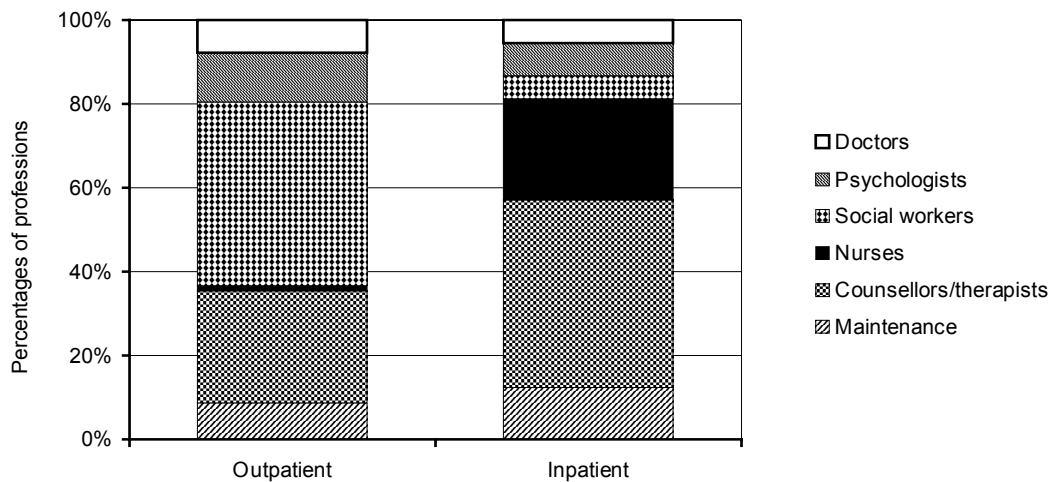
Source: ÖBIG 2001 - survey by ÖBIG (May to September 2000)

The outpatient services covered here provide approximately 9,100 staff hours per week, and the inpatient departments, approximately 9,300 weekly hours, for illicit drug users and their friends and relatives). The range of professions found in these centres (cf. Figure 9.3) reflects the interdisciplinary orientation of drug help and the view that addiction is a disease in a psychosocial context.

The existing data indicates that the outpatient drug help services in Austria have capacities of approximately two staff hours per week for every 1,000 persons between 15 and 54 years. These capacities are considerably higher in Vienna, Vorarlberg and the Tyrol compared to the rest of the provinces, which is due to the fact that the former have been more strongly affected by drug problems so far.

Both the inpatient and the outpatient sectors provide wide ranges of different services (ÖBIG 2001; cf. Tables A19 and A20 of Annex B).

Figure 9.3: Distribution of weekly work hours of professionals in inpatient and outpatient health care centres for drug patients in Austria in 2000



Source: ÖBIG 2001 - calculations by ÖBIG (May to September 2000)

Regarding developments in this field the trend towards inpatient short-term treatment as well as outpatient treatment has continued, and a rising number of opiate addicts take part in substitution programmes (cf. e.g. Boss et al. 2001).

In this connection the Erlenhof therapy centre of Upper Austria is worth mentioning. Erlenhof, which celebrated its 20th anniversary in May 2001, provides inpatient abstinence-oriented long-term treatment for patients addicted to illicit drugs or pharmaceutical products. In addition to the care elements of education and psychotherapy, an extensive aftercare programme is also included (cf. Chapter 9.4). Responding to a widening range of drug symptoms found in its clients Erlenhof has adapted the basic treatment approaches accordingly (cf. Chapters 2.3 and 12.2). Now patients may also undergo step-by-step treatment. After a test stage of one month which includes detailed diagnosing and examinations, five treatment stages may be attended one by one or combined according to individual needs. After each stage the treatment process is discussed with the client in the context of a so-called indication conference. In the early summer of 2000 Erlenhof, in cooperation with the Wagner Jauregg neurological hospital of Upper Austria, founded an addiction group in the hospital, which aims at increasing the referral rate of patients by means of motivation therapy within the first 24 hours after a patient has been admitted to detoxification treatment (Therapiestation Erlenhof 2001).

The foundation Maria Ebene of Vorarlberg, which will celebrate its 25th anniversary in November 2001, has also reformed its inpatient treatment structure and will expand its outpatient therapy services (Stiftung Maria Ebene 2001).

In Styria funding has been granted for the drug department Walk About, which will integrate withdrawal treatment and short-term therapy in the context of a three-month compact treatment programme (cf. ÖBIG 1998). A new building is needed for this purpose so the department will be established in the course of the next two years.

The general framework of **substitution and maintenance programmes** (cf. Chapter 3.1, and for more details, ÖBIG 1999) has not changed essentially. In Salzburg the Drug Coordinators cooperated with the Provincial Sanitary Directorate to develop an implementation

model for substitution treatment, with the aim to decentralise substitution treatment by involving the general health-care system. This requires a framework guaranteeing the security and quality of treatment. So far a general outline of this model has been drawn up and may be implemented after the authorities and institutions concerned have agreed to it. Methadone still is the substitution substance most frequently prescribed, however the trend towards an increased use of other pharmaceuticals such as Substitol has continued. In 2000 more than half of the substitution patients in Vorarlberg (54%) were prescribed other substances.

## 9.4 Aftercare and reintegration

Interventions aimed at aftercare and reintegration of (former) drug addicts address both clients having undergone abstinence therapy and persons with manifest addictions, in order to achieve social stabilisation and reintegration. General aftercare measures (e.g. psychotherapy or counselling by social workers) are provided by many drug help centres (cf. also Chapter 9.3). In addition there are specific social reintegration services in the fields of education, occupation and housing (see also ÖBIG 1998, ÖBIG 1999, ÖBIG 2000a).

By now many centres provide comprehensive aftercare packages combining education and training, occupation and housing, for instance the Erlenhof treatment centre, where aftercare includes a combination of training and work in the joinery, kitchen, farm and pottery workshop as well as a vocational orientation stage and group housing outside the centre (Therapiestation Erlenhof 2001).

**Education and training** is possible both in the context of specialised programmes (e.g. Needles or Pins, Vienna Job Exchange; cf. ÖBIG 2000a and EDDRA) and as an element of inpatient treatment. To give an example, the treatment programme of Erlenhof in Upper Austria also includes a vocational orientation stage (cf. also Chapter 9.3).

The socioeconomic project Fix und Fertig of the Vienna Social Projects Association (cf. ÖBIG 1999 and 2000, EDDRA) was started in 1995 and offers **employment** on a daily basis or transition jobs for current drug users, former drug addicts and clients of substitution programmes. In 2000 and 2001 the staff of Fix und Fertig was increased considerably, so at present 55 persons, including key positions, are employed. In 2000 increased efforts were made to refer clients to the local labour market. This was successful for 41% of the clients who had completed the care programme as planned in this year. The plans for 2001 include building an additional wing to house storage rooms for shipment and renovation work as well as structural changes (VWS 2001c).

Early in 2001 an assisted **housing** strategy was drawn up in Lower Austria. Initially scheduled for May the start of the pilot project Housing Group Airbag at St. Pölten, Lower Austria, has been delayed a little however. The target group of this project is young people between 14 and 18 living in the neighbourhood. 12 youths with or without addiction problems may be admitted. The goal that has been defined is to enable the youths to lead independent, self-determined lives. Regarding drug use what is aimed at is stabilisation. After a pilot stage the project will be evaluated until the end of 2002. For this purpose a case history form has to be filled in when clients are admitted and the care process is documented.

The assisted housing project of the Vienna Social Projects Association (ÖBIG 2000a, Chapter 11.4 and EDDRA) was comprehensively evaluated for the first time in 2000, with very positive results. As demand is high the capacities of the housing project will be increased to provide accommodation for 50 clients instead of 18 persons and together with Ganslwirt's expanded sleeping facility it will form a new drug assistance centre. A plan for implementation has already been drawn up (VWS 2001d).

The care centres and contact points in Upper Austria provide **aftercare** on the basis of agreements with housing platforms so clients may find accommodation in this context. In addition contacts have been established to the Public Employment Service and the reintegration services of pro mente Upper Austria in order to place clients in work. Grüner Kreis has started a home project including mobile aftercare services (Grüner Kreis 2001), addressing patients who, due to their addiction disease and psychiatric multimorbidity, need long-term assistance after undergoing inpatient treatment.

## 9.5 Intervention in the Criminal Justice System

The health-care services for imprisoned drug users or addicts in Austria are described in the chapter on drug use in prison (cf. Chapter 13). A recent booklet published by the Federal Ministry of Justice gives an overview of various activities in the field of drug-specific demand reduction for convicted prisoners and offenders in custody in the context of measures other than punishment (Bundesministerium für Justiz 2001).

Medical care services for drug-addicted prisoners in the Vienna police prison are provided by staff of the *dialog* drug counselling centre, as described in last year's report (cf. ÖBIG 2000a, dialog 2000 and dialog 2001). Apart from this the police prison of Linz cooperates with drug centres in Upper Austria, especially with regard to substitution treatment.

The police have also continued their activities in the field of prevention. Here measures of quality assurance are found, for instance, in the guidelines for addiction prevention events held by police officers, drawn up by the Criminal Police Information Service of Vienna. In the beginning of 2001 these guidelines, which are based on the principles of prevention policy established in Austria (cf. ÖBIG 2000a), were adopted as a decree of the Federal Ministry of the Interior, after they had been extensively discussed in the context of a networking conference initiated by the Ministry of the Interior including authorities concerned with preventing addiction and delinquency of youths as well as prevention experts. In addition a current evaluation study by the Institute for the Sociology of Law and Criminal Sociology investigates the activities of the Criminal Police Information Service and the effects of its interventions (consulting or general assistance) with regard to problems with legal and illegal drugs at schools.

To improve the cooperation between the police force and drug experts two projects were run in Vienna and Upper Austria (cf. also ÖBIG 2000a). The Vienna project Quality assurance of work with drug addicts and in the field of addiction prevention, a joint initiative by drug assistance centres and the police force of Vienna, was implemented between December 1999 and June 2000. The central goal of this further training programme was interdisciplinary further training and creation of a network comprising drug help services and those departments of the police force that deal with the issues of addiction and prevention. This project was evaluated by external experts. PräGend, a cooperation project between the Addiction Prevention

Institute and the federal rural police of Upper Austria, with the goal to improve the cooperation between these two actors, was carried out between April 1999 and November 2000. It included further training events, regular exchange of information by means of a newsletter as well as regional meetings and concrete local collaboration and is regarded as a successful model project (Institut für Suchtprävention 2001).

## 9.6 Specific targets and settings

Regarding demand reduction more and more measures are aimed at specific target groups or areas. A number of these interventions will be described for illustration.

**Gender-specific interventions** form an integral part of drug help activities in Austria, with the focus mostly placed on the creation of specific services for women (cf. ÖBIG 1999). For instance Erlenhof, in the context of its long-term treatment programme, organises special groups for women (cf. also Chapter 9.3), and there are projects in the field of outreach work also especially addressing women, e.g. Streetwork's weekly women's cafe at Karlsplatz in Vienna (VWS 2001b).

In the last few years the **children of addicts** have become an increasingly important target group of drug-related interventions (cf. ÖBIG 1999). For cases where children are in danger of being neglected or otherwise affected, Upper Austria created the instrument of helpers' conferences in cooperation with the clients concerned. In 2000 the Parents and Children House project of Grüner Kreis (cf. also Chapter 12.2 and EDDRA), which is being evaluated at present, has provided help for 25 children, most of them under 6 (Grüner Kreis 2001).

The **workplace** has become increasingly significant as a prevention setting. However, most projects in this context focus on alcohol (e.g. Alcohol in the Workplace by SUPRO of Vorarlberg). Many initiatives in this field address trainees. The main purpose here is to provide opportunities for enterprises to deal with addiction problems, in order to prevent those concerned from being marginalised and also to reduce the rate of youths not completing traineeship. Lower Austria has implemented a number of projects in this field and has planned further initiatives, which will also be evaluated. In Carinthia this area is a central aspect of the framework plan 2001-2005.

Another project in this context is Health promotion and addiction prevention among trainees of the Austrian Federal Railways, jointly developed by the Austrian Federal Railways (ÖBB) and the Addiction Prevention Institute. Trainers, trainees, staff representatives and occupational physicians were trained in central areas of primary prevention, then subprojects were drawn up aimed at creating healthy working conditions and human relations. The subsequent evaluation of the project showed very favourable results. This project also included the preparation of guidelines for handling addiction problems among trainees (dialog 2001).

The Austrian Association of Experts Working on Drug Abuse (ÖVDF) started an initiative for the target group of **youths of immigrant families**. A booklet about the problem of addiction, primarily addressing parents, was translated into Turkish, Serbian, Bosnian, Hungarian, Croatian, English and Burgenland Croatian and will be available in autumn 2001. Experience made in the low-threshold sector shows that immigrants are underrepresented in the drug

help centres. So Ganslwirt started to deal with this subject more intensively in 2000 (VWS 2001a).

The number of **self-help groups** for addicts continues to be small in Austria, and pertinent initiatives are primarily started by relatives of addicts. For instance, there are parent groups organised in the Federal Association of Groups of Parents of Person in Danger of Addiction and Drug Addicts. This association provides cost-free counselling and assistance in all fields of addiction prevention and supports evaluated projects, especially in public and private kindergartens and primary schools.

**Alternatives to punishment** are included the general drug assistance system. ÖBIG's pilot study (ÖBIG 2001) has shown that approximately 60% of the outpatient centres and almost all inpatient short- and long-term treatment departments specifically address also clients who receive care and treatment in the context of alternatives to punishment (in line with the principle of therapy instead of punishment).

## 10 Quality Assurance

**Quality assurance procedures** continue to play an increasingly important role in the field of drug-specific demand reduction, and many projects are implemented. The guidelines for the announcement of drug centres under Art. 15 of the NSA (cf. Chapter 8.1) and the guidelines for addiction prevention by police officers (cf. Chapter 9.5) have already been mentioned. In addition the Austrian Working Group for Addiction Prevention has drawn up guidelines for peer education in primary prevention. Similar activities have also been started in many Austrian provinces (cf. ÖBIG 2000a) and institutions. For instance, the Ludwig Boltzmann Institute of Addiction Research, in cooperation with the Addiction Prevention Units, has developed the new philosophy statement of the Austrian Addiction Prevention Units, which includes basic positions as to central issues and profiles of institutions as well as a definition of the tasks of the Units, basic strategies and guidelines for professionalisation (Uhl und Springer 2001). The Vienna Social Projects Association is also drawing up its philosophy statement. The current Total Quality Management Project of the Drugs Institute at the Otto Wagner Hospital of Vienna, based on the European quality management model of the EFQM, is another example of measures at institutional level. Initial results are available for the subjects of strategy, philosophy and client satisfaction. In addition the report on employee satisfaction has recently been completed (Dirscherl et al. 2000).

**Evaluation** of projects and activities is another relevant measure of quality assurance and is becoming a standard instrument in the field of drug help. The data of ÖBIG's pilot study shows that about 20% out of the total number of 105 registered outpatient centres carry out evaluation and research projects (ÖBIG 2001). The funds for evaluation studies are still limited however. The guidelines for the announcement of drug centres mentioned above also take cost aspects into account: although evaluation and monitoring are defined as important measures of quality assurance, in consideration of staff and financial capacities evaluation is not obligatory (ÖBIG 2000b). For projects receiving financial support by the Healthy Austria Fund evaluation continues to be obligatory, however, and it has shown that this funding instrument has been used more and more often. The evaluation of the further training programme Quality assurance of work with drug addicts and in the field of addiction prevention (cf. Chapter 9.5) drawn up by an research institute outside the university system is one example. The Vienna Job Exchange and its strategies and methods that have been developed and implemented for the purpose of occupational rehabilitation of addicted patients are also being evaluated externally. Another current evaluation analyses the activities of the Criminal Police Information Service and the effects of its interventions with regard to problems with legal and illegal drugs at schools. As has already been described in the report of last year there is a trend towards cooperation with universities or affiliated research centres, which makes it possible to draw up evaluation studies in the context of (diploma) theses. Evaluation continues to be a central issue in the training of drug experts. The quality circle evaluation, started in the beginning of 2000 for the target group of drug experts, has been continued in the reporting period and the commitment of the participants has remained high. For further details regarding evaluation of drug treatment programmes please see the corresponding key issue chapter of this report (cf. Chapter 12.2).

In addition to evaluation studies various **research** projects are conducted in the field of demand reduction (cf. Chapters 2.2 and 2.3). A project worth mentioning with regard to current monitoring studies is Living Together: Regional addiction prevention in the context of work with children and youths within and outside schools in urban areas. Apart from the research institutes traditionally specialising in addiction issues (cf. ÖBIG 2000a) the Interdisciplinary Addiction Research Unit at the University of Vienna will be established as an interfaculty research unit designing and implementing new research strategies.

**Training for professionals** constitutes another central aspect of quality assurance and has been expanded continuously in the last few years (cf. Chapters 9.1 and 9.5 as well as ÖBIG 2000a). This is also confirmed by the results of ÖBIG's recent pilot study according to which the vast majority of drug centres registered have regulations concerning further training of their staff (ÖBIG 2001). In the Tyrol, in cooperation with partners from South Tyrol, the university course Professional work in the field of work with addicted patients has been repeated. The course is run in line with European standards in the field of education and training with regard to addiction. Participants may obtain an additional expert qualification in the fields of primary, secondary and tertiary prevention. The Federal Teacher Training Academy of Upper Austria established a training scheme on addiction prevention of approximately 200 lessons, which provides comprehensive basic education in the field of prevention. The educational network Healthy Austria Fund, assisted by the Vorarlberg Addiction Prevention Unit SUPRO, is aimed at facilitating the work of practitioners in the field of health promotion and care as well as supporting their competences and resources (SUPRO 2001). Apart from the activities mentioned a large number of further training schemes, courses and conferences for drug experts exist which cannot be described in detail here.



## **Part 4**

# **Key Issues**



# 11 Poly-drug use

Poly-drug use is the consumption of several substances, either successively or at the same time. The more or less simultaneous use of different substances is also called mixed drug use. In Austria poly-drug use is the prevailing consumption pattern, which is encountered in drug addicts more frequently than the consumption of one substance alone, leading to multiple dependencies. In the following section, poly-drug use denotes the multiple or mixed use of several (illegal) substances.

## 11.1 Patterns and users groups

In Austria, there are two relevant groups of poly-drug users:

- Members of the first group are (young) drug users who experiment with various substances in their leisure time; they are not considered addicts and their drug consumption is mostly limited to a certain phase in their lives.
- Members of the second groups are persons associated with the drug scene, who show a poly-drug use pattern in their dependence on drugs.

These two groups differ fundamentally as to the type of substances they prefer and the environment where drug consumption occurs.

Data on the first group has been collected for several youth studies, which were however not representative. One example is the Vienna pilot project ChEck iT! which inquired among ravers about their experience of drugs and their drug use patterns. Among the 346 respondents the consumption of various substances is frequently encountered. Young people who said they had consumed ecstasy at least once in their lives also indicated to have tried cannabis (97%), speed (92%) and LSD (70%). Speed users among the respondents also have a high prevalence for the above substances: 94% have tried cannabis at least once, for ecstasy and LSD the corresponding shares are 88% and 68%, respectively (Kriener et al. 1999).

However, these substances are not always used simultaneously. The majority of respondents indicated they never use a combination of ecstasy and cocaine, and rarely combine ecstasy and speed. The substances are bought from friends or acquainted dealers and preferably used in the company of friends at raves and clubbings, in a setting that remains unchanged over long periods of time (Kriener et al. 1999).

Also within the framework of the EU project "Drug affinity among youths in the techno party scene in European metropolises" (Tossmann et al. 1999) data was collected at techno events in Austria, i. e. in Vienna and in the province of Vorarlberg, to obtain complementary evidence from a mainly rural area. For Vienna, the results of this study were in many ways comparable to that of the ChEck iT! project. The 489 respondents in Vorarlberg, on the other hand, generally indicated less experience of illegal drugs (cannabis: 59%, ecstasy: 32%, speed: 26%, hallucinants: 23%, cocaine: 16%) than the 505 respondents in Vienna. It may be assumed that half of all drug users in the techno party scene currently follow poly-drug use patterns. The most prevailing combinations all contain either cannabis or ecstasy; the

main combination with ecstasy is cannabis and alcohol. Similar to hallucinants and opiates, cocaine plays a minor role in this group of drug users (Tossmann et al. 1999).

Information on drug experiences in specific youth scenes is also documented by a study on the importance and use of psychoactive substances among Austrian youths (Springer et al. 1999). Among the four groups that were examined in this study (ravers, fun sports activists, members of youth associations, control group), ravers were found to have the strongest tendency to experiment with illegal drugs (e. g. cannabis: 82%, ecstasy: 64%, stimulants: 54%, cocaine: 42%, LSD: 40%, sedatives: 20%), followed by fun sports activists (cannabis: 76%, ecstasy: 10%, stimulants: 20%, cocaine: 22%, LSD: 24%, sedatives: 26%), while the other two groups are less inclined to take illegal drugs. From the indicated shares it may be concluded that poly-drug use occurs also in this case. However, the shares for all illegal substances were much lower in all groups when asked to indicate illegal drug use within the past three months. For instance, cannabis use was only reported by 72% of the ravers and 60% of the fun sports activists; the corresponding share for ecstasy use is 42% and 4% respectively, for stimulants, 41% and 2% respectively and for cocaine, 12% and 4% respectively. Members of the other two groups do not name ecstasy or cocaine at all in this context. This confirms the observation that poly-drug use is limited to certain phases in life.

While cannabis users also smoke their joints at home by themselves, ecstasy, stimulants, cocaine, LSD and other drugs are consumed in the company of friends, particularly at rave parties, and stimulants are specifically used against tiredness in such settings. When asked why they were using drugs young people said drugs would get them in a good mood (cannabis, ecstasy), make them feel happy (ecstasy, LSD, cocaine, stimulants), improve their performance (stimulants, cocaine) and expand their state of mind (LSD, ecstasy); (Springer et al. 1999).

In this context it should again be pointed out very clearly that for the studies discussed above, a very specific youth sub-culture with a high drug affinity was examined and the studies do not claim to be representative in any way. In the total population of youths, experience of illegal drugs is encountered much less frequently (cf. Table A1 in Annex B).

Data collected on the second group - members of the drug scene with a poly-drug use pattern - in several interview studies with drug addicted persons and among the street scene show that mixed consumption is very pronounced in this setting. One example is the interview study of the Vienna street scene commissioned by the Ludwig Boltzmann Institute for Addiction Research a few years ago (Uhl und Springer 1997), where during the first stage, 52 "experts" (counsellors, opiate (ex-)addicts, members of the police) were interviewed and during the second stage, 150 drug users among the street scene were chosen as interview partners. The majority of respondents indicated a high degree of poly-drug use, i. e. they consume a broad range of psychotropic substances (opiates, cocaine, cannabis, sleeping pills and tranquillisers, amphetamines, designer drugs, alcohol). With regard to the different stages of a drug career it turned out that at the initial stage, cannabis (65%), alcohol (48%), tranquillisers (41%) and heroin (26%) play a major role. When the entire drug career is considered, a remarkably high indication of use of **many substances** becomes apparent (e. g. cannabis: 85%, heroin: 84%, tranquillisers: 71%, alcohol: 56% and cocaine: 52%). Pronounced poly-drug use patterns are also indicated for the six previous weeks.

In a study of the Vienna hospital connection service CONTACT (Seidler 2000) half of the 90 respondents indicated several substances when asked for their current main drug. 60% said they used hard drugs (52% morphines, 42% heroin, 22% cocaine, 22% benzodiazepines), 13% consumed substitution medicine and 27% other substances. When asked for the hard drugs they had consumed within the past 24 hours, 42% named morphine tablets, 34% heroin, 24% methadone and said they had taken cocaine (61% intravenous use, 50% intravenous use mixed with heroin - speedball).

In a survey carried out among opiate users in the Vienna low threshold facility Ganslwirt and in the street scene in 1996, all of the 59 interviewed persons said they used several drugs. 44% reported to use heroin every day; for methadone, everyday use was reported by 31%, for cannabis, by 21% and for cocaine and benzodiazepine by 15% respectively (Seidler 1997).

A study carried out by Caritas Innsbruck in 1999 shows that the majority of the target group for a health room (users' room) in Innsbruck had used opiates for several years and habitually used several psychotropic substances at the same time. The prevalent mode of application for morphine derivatives in this group was intravenous use (Caritas der Diözese Innsbruck 1999).

The increase of poly-drug use in Vienna becomes apparent in the results of a retrospective survey done at the intensive care unit of the University Hospital of Psychiatry at the General Hospital in Vienna. In the period from 1989 to 1995, the number of poly-drug users among the patients admitted for withdrawal treatment was over 50%, while the corresponding figure for 1980/81 at the same unit was approximately 14% (Wagner et al. 1999).

Similarly, the annual reports of activities of the association Grüner Kreis for the years 1996 and 1997 demonstrate the high incidence of mixed drug use among its clients. Before therapy was started, there was a high percentage indicating heroin use (approximately 50%), hashish (approximately 45%), tranquillisers (approximately 35%), cocaine (approximately 35%), alcohol (approximately 40%) and opiate substitutes (approximately 35%). Different from adult poly-drug users, who preferred opiates and tended to use other drugs - mainly alcohol and cocaine - only on the side, young people seemed to favour amphetamines, LSD and ecstasy (Grüner Kreis 1997 and 1998; cf. also Chapter 2.3).

A new development has been observed in the street scene, where cocaine has been introduced because of its rapidly decreasing price and is used intravenously, often together with heroin (speedballs), to potentiate its effects. This pattern of use, where cocaine and heroin are injected simultaneously, is becoming more and more frequent. For Vienna, the estimated number of speedball users is 300 to 400 (Strobel & Silbermayr 1999; cf. also ÖBIG 2000a). In the province of Vorarlberg it was also observed that cocaine is used intravenously in a growing number of cases (Boss et al. 2001).

For Vienna, data is available for various different scenes; on the illegal drugs market, the prevalent pattern of use is the so-called 'Vienna blend', a combination of alcohol and tablets, tranquillisers and sleeping pills, with amphetamines, hashish and hard drugs, if available on the illegal market (Brosch et al. 1993).

In the scene around Karlsplatz in the centre of Vienna, the most frequently used drugs are preparations containing morphine, sleeping pills and tranquillisers, with intravenous use as the prevalent pattern. At Südtiroler Platz the scene members mainly use heroin, cocaine or a mixture of both. Beside intravenous use, which is a frequent pattern for this scene, chininging, which is rather uncommon in Vienna, has also been observed (VWS 2001b).

## 11.2 Health and social consequences

Poly-drug use, which is a frequent pattern among Austrian drug users, is accompanied by severe health and social problems. As to the individual discharge diagnoses for patients leaving the hospital after inpatient treatment, it was observed that the number of cases classified as "poly-drug users including morphine consumers" rose from 1,319 in 1995 to 1,768 in 1999, which is a 32% increase; the annual share of men was slightly over two thirds. The number of admission for inpatient treatment on account of the diagnosis "poly-drug use excluding morphine" decreased from 608 in 1995 to 459 in 1999; here the annual share of men was around 60%. In comparison, the number of admission of patients diagnosed with "drug addiction/morphine" was 399 in 1995, reached a peak of 491 cases in 1997 and declined to 351 in 1999 (calculations by ÖBIG).

The share of poly-drug intoxication among the drug-related deaths caused by intoxication was 48% in 1995, experienced a continual rise and reached 90% in the year 2000; one-fifth were women. The problem of mixed consumption also becomes evident in cases of drug-related deaths among young users. In autopsy several psychotropic substances, or alcohol and/or psychoactive pharmaceuticals in addition to one or more psychotropic substances were found in 15 of 19 cases (cf. Chapter 3.2 and Table A5 in Annex B).

In the course of the interview study mentioned in Chapter 11.1 that was carried out among opiate users in Vienna in 1996, heroin turned out to be the substance most frequently contributing to overdoses, with 59%. However, only in 24% of the cases heroin was used exclusively, while 35% of the overdose cases were caused by a mixture of heroin and other drugs, mostly benzodiazepines or cocaine (Seidler 1997).

The treatment of poly-drug users poses specific problems. As a large number of patients of the drug outpatient department at the General Hospital of Vienna abuse several substances at the same time, it can be difficult to interpret reported and observed symptoms correctly. For example, in spite of receiving a sufficient dose of opiates patients in opiate maintenance therapy may suffer from withdrawal symptoms if they have also misused alcohol or benzodiazepines (Drogenambulanz 1999).

Apart from the above information, no data relating to specific health consequences of poly-drug use is available in Austria. However, since it can be assumed that most drug addicts are poly-drug users, the data and information on morbidity contained in Chapter 3.3 also applies to poly-drug consumers.

According to the Vienna based counselling and care centre *dialog*, which opened in 1999, the share of persons showing both psychiatric symptoms and pronounced poly-drug use is remarkably high among their clients. This can partly be explained by the fact that patients of this type have a particularly great tendency to drop out of existing counselling services, pri-

marily in established doctors' practices, but in some cases they are also specifically referred to *dialog*. In this context it should be mentioned that psychiatric symptoms and poly-drug use are often interlinked, as patients with personality disorders or chronic anxiety symptoms especially tend to resort to "self-treatment" with psychoactive substances (*dialog* 2001; cf. also Chapter 3.3).

In the course of medical care for drug-addicted prisoners in the Vienna police prison it turned out that the majority of drug addicts who suffer from withdrawal symptoms during their prison term, have shown poly-drug use patterns (involving opiates, benzodiazepines, alcohol, cocaine) and must receive corresponding treatment. In many cases these patients are in bad health, they have lived in unstable social circumstances and do not receive regular treatment or care. This is especially true of women, who are often illegal sex workers in order to procure drugs, which makes them a high-risk group regarding their health. In most cases they are not incorporated in the social insurance system, so they can neither seek medical help nor substitution treatment free of costs (*dialog* 2000, cf. also Chapter 13).

In a catamnestic study carried out by the Anton Proksch Institute, 100 clients were examined with special regard to psychiatric co-morbidity (Wirth 2001; cf. also Chapter 12.2). Apart from problems connected to their alcohol and drug use the examined clients were also under great pressure in other spheres of life. Problems were connected in particular to family and social life, work and financial obligations, and the housing situation. More than half of the respondents had incurred substantial debts. Further information on social problems connected to drug use are included in Chapter 4 and in the Report on the Drug Situation in Austria 2000 (ÖBIG 2000a).

### 11.3 Risk assessment and local market

The combination of two or more psychotropic substances within a short period of time leads to severe physical and psychological stress conditions and increases the risk of dangerous incidents. The effects triggered by a combination of two or more substances are hard to assess and usually do not correspond to the sum of the single effects of each substance added up. According to the substances involved, the effects can potentiate or reinforce each other, as in the case of speed combined with cocaine or GHB combined with alcohol, or they act on mind and body in two opposing ways, as in the case of cocaine and alcohol. Both phenomena put the body in an extremely stressful condition. Combinations of downers with other downers or stimulants with other stimulants are particularly dangerous. For instance, amphetamines and cocaine are often used to delay the effect of "coming down". But as a consequence, the hangover is worsened and the risk to be exposed to deliriums and hallucinations is increased (<http://www.CheckYourDrugs.at>).

While , stimulants and hallucinants are frequently used in the rave scene, poly-drug use involving opiates is very common in the drug scene (cf. Chapter 11.1). The modes of administration correspond to the single drug use patterns that apply to the drugs involved (cf. Chapter 5).

In a study carried out by the Vienna Social Projects Association in cooperation with the university of Vienna (Haltmayer et al. 2001), the residues in used syringes were chemically ana-

lysed. The analysis of residues from 753 syringes yielded information as to the nature, distribution and impurity of intravenously injected substances in Vienna. It was found that the intravenously consumed substances contained a variety of additives. For example, 58% of the heroin samples from the examined syringes were mixed with cocaine, and 52% with caffeine. Apart from deliberate combinations, injected substances were found to contain a number of additives (cf. Chapter 5) of which users are completely unaware, and some of these additives can have detrimental effects on the health of the users. Because of the nature of the black market users have no way to check the quality of the substances acquired for intravenous consumption (VWS 2001a).

Data relating specifically to the market situation is scarce. For further details see Chapter 5.

## **11.4 Specific approaches to the interventions**

In the same way as care and treatment, prevention in Austria follows a comprehensive approach which does not relate to specific substances. As a consequence of this approach, and in view of the fact that a great part of the Austrian drug addicts are poly-drug users, (nearly) all the drug help services and facilities are open to poly-drug users and attend to their specific needs. In the following section only a small number of individual examples out of the broad range of existing offers is selected for discussion.

For the interventions to be effective it is necessary to distinguish between the two groups of users described in Chapter 11.1, young experimenting consumers and members of the drug scene applying poly-drug use. In this context it should be mentioned that poly-drug consumption does not necessarily cause addiction.

One of the services designed for the first users group is the ChEck iT! project, which has already been described in preceding sections. In this project substances are directly tested at rave parties, which is combined with other secondary prevention and harm-reducing measures. For the purpose of harm reduction ravers are expressly warned against poly-drug use and especially mixed consumption of various substances. According to the experts involved, in the future it would be appropriate to complement this secondary prevention measure for consumers of party drugs by a round-the-clock information and counselling service, where the ingredients of substances could be tested and contact to this consumer group could be established on a regular basis.

In a number of provinces, services for youths in danger of becoming addicted have been set up (cf. Chapter 8.2 and 9.2), with a growing emphasis on outreach work and mobile drug and youth work (e. g. in parks, youth centres etc.). For this kind of services it is of great importance to offer highly attractive experiences in order to motivate youths to participate actively and thus to increase the chances of success (i. e. to achieve a high degree of satisfaction while minimising problematic social behaviour). In practice this means to communicate to kids the kick and the fun they will get out of taking part in the action, and to increase this effect by making them anticipate collective chances of success, taking into account the high group identification of young people (Wilfing 2001).

As to the second group, apart from adequate therapeutical care, the measures in the field of social (re)integration, infection prevention and substitution treatment need to be expanded. In



response to the widening range of drug symptoms of its clients, the Erlenhof therapy centre (cf. Chapter 2.3) has reorganised and accordingly differentiated its treatment approaches (Therapiestation Erlenhof 2001, Chapter 9.3).

As an example of the great relevance of social reintegration measures for longer-term stability or abstinence from (illegal) drugs, the Vienna assisted housing project is worth mentioning. In this project assisted housing is provided for persons who are affected by social disintegration and homelessness because of their (in most cases long career of multiple) drug use. In the period between 1996 and 2000, 39 clients left the assisted housing facility, in half of the cases with a successful outcome. Another 13% left prematurely, with a positive perspective. For 19 persons there is evidence of a change in consumption patterns. The number of abstinent clients was increased from three to seven, the number of persons who achieved substitution without parallel drug use rose from one to eleven (VWS 2001d, Chapter 9.4). This shows how increasing the stability of social factors can pave the way towards drug abstinence.

A new service of special relevance for poly-drug consumers suffering from addiction has recently been created in Vienna. In order to close a supply gap with regard to crisis intervention, a specific care service operating on weekends and holidays was opened. This service is designed for everyone in urgent need of help in connection with drugs. It is also open to substitution treatment clients in need of a substitution substance. Patients can call a telephone help line and are then referred to one of the three round-the-clock facilities, Ganslwirt, the drug outpatient department at the Otto Wagner Hospital, or the Doctors' Emergency Service (Der Standard 2001).

## 11.5 Methodological issues

In Austria, data relating specifically to poly-drug use is scarce. However, it has already been mentioned that existing data can be considered significant for poly-drug use, which is the prevailing consumption pattern.

With the implementation of the harmonised key indicators set up by the EMCDDA, the data situation might substantially improve over the next few years. This is primarily true of the implementation of the Treatment Demand Indicator by introducing a uniform client documentation system (cf. Chapter 3.1). However, what is still lacking is a way to account for poly-drug use; at present, one drug has to be identified as main drug. Regarding the key indicator Prevalence Estimates of Problem Drug Use considerations about the possibilities for estimating the prevalence of poly-drug use and problem drug use without opiates will be continued, because at present only estimates of problematic opiate use are available. As to the key indicator Drug-related Deaths, the data analysis in Austria has already been changed in favour of a more detailed representation of intoxication indicating several substances involved (cf. Chapter 3.2). A discussion of measures to improve data quality, especially with regard to the gathering of detailed information on the substances involved and their combinations, is scheduled for autumn 2001.

The gradual adaptation of hospital discharge diagnoses from ICD-9 to ICD-10 is also expected to have a positive effect on the data situation, as poly-drug use can be better classified according to the ICD-10 system.

## 12 Successful treatment<sup>3</sup>

To determine the success of drug-related or addiction-specific treatment is rather complex for methodological reasons (cf. also Chapter 12.3). Even the concept of treatment is hard to define, so it is all the more difficult to decide whether a treatment measure has been successful. Against this background a pragmatic approach was chosen for the presentation of the following Key Issue Chapter. In this context treatment comprises medical, psychological, psychotherapy and/or social work measures over a longer period of time based on an agreement between a client and a care institution with the aim of improving the individual drug or addiction problem and the general life situation of the client. Whether these measures have been successful is determined according to the degree in which the set goals have been reached. It should be added that such goals should not only be defined for the individual client, but also at the level of institutions, where the general framework for therapy planning is provided.

### 12.1 The approaches to the treatments and the related concepts of success

In Austria a high degree of diversification of drug help measures was registered over the past decade. Also in the field of treatment a great variety of services and concepts have been developed regarding the target groups (e. g. specific services for drug-addicted mothers and their children), the care setting (inpatient/outpatient facilities, short-term/long-term therapy, care in prisons) and the objectives as to drug consumption (abstinence, controlled use, substitution). However, treatment services have hardly differentiated according to the drugs consumed, with the exception of substitution treatment, which has only been possible for opiate users. But because of the common occurrence of poly-drug consumption patterns (cf. Chapter 11) among problem drug users in Austria it would be inappropriate to speak of substantially different target groups according to the drugs used.

Before discussing the question of how to define success, we will outline the most relevant **treatment approaches**.

In Austria, substitution treatment is the treatment of persons addicted to opiates, with a substitution substance. The duration of treatment is not limited. Apart from methadone a number of other pharmaceuticals are increasingly applied. According to the Substitution Decree, HIV-infected addicts and pregnant women are defined as target groups, but the treatment is open to all users who have been addicted for more than a year and who have tried withdrawal or detoxification treatment, but failed. In Austria substitution treatment is provided primarily as an outpatient service; in addition to the drug help facilities, established doctors play a major role in this respect (for a detailed discussion cf. ÖBIG 1999).

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<sup>3</sup> We are especially indebted to the members of the Quality Circle Evaluation, whose fruitful discussion of the concept of success in the context of drug help has been a valuable contribution to this Chapter.

Contrary to substitution treatment, detoxification treatment is directly abstinence-oriented and aims at releasing the client from the bonds of the addictive substance by means of psychological, social and medical support and by replacing these bonds with objectives and habits that seem appropriate in the context of the client's biography. Detoxification treatment follows withdrawal treatment, which ends when physical withdrawal symptoms have ceased. Some services provide both stages of treatment in combination, in other cases they are offered separately. In Austria there is generally no restriction of the target group of detoxification treatment according to the drugs consumed, but the willingness of clients to be abstinent is a prerequisite for treatment. Detoxification treatment is offered by inpatient and outpatient facilities. In the inpatient sector in Austria, well-established long-term therapies with a duration of usually 12 to 24 months have been offered for decades. In the last decade, this offer has been complemented by a number of short-term therapy facilities providing treatments of usually six months duration. They are primarily aimed at (young) drug users with a short career of drug use who are socially integrated, and at addicts who have not been motivated to go in for long-term therapy. In the outpatient sector, there is a great number of therapy services which can be adapted to the individual needs of clients according to the specific setting (cf. also Chapter 9.3).

These two treatment approaches only reflect two broad lines of orientation which become manifest in a variety of therapy strategies that differ according to the facility offering treatment and cannot be discussed in detail here. In the context of certain target groups treatment approaches become more specific. One example is drug-addicted mothers (cf. ÖBIG 1999 for a detailed discussion), for whom specific services are provided both for substitution treatment and for detoxification treatment. Both types of treatment are also available to drug users in prison (cf. Chapter 13).

The **concept of success** of treatment can be derived both from policy objectives and from the overall aims of drug help or the specific aims of individual facilities. In the provincial drug plans (cf. ÖBIG 2000a for a detailed discussion), which provide the framework for the planning of health policy measures at the provincial level, the reduction of health and social harm is defined as the overall objective of drug policy. To meet this objective, measures including prevention, therapy and accepting assistance have been devised. Based on the view of drug addiction as a disease in a psychosocial context, which has also been set down in the Narcotic Substances Act, this approach calls for comprehensive and integrative measures taking into account the general context in which addiction occurs.

These criteria of success are reflected at the level of drug help, as the specific aims of the various services offering treatment can all be summed up in the term "improving the quality of life" for clients. This includes a variety of aspects such as work, housing, income, social relationships, health, crime prevention and legal advice, psychological and physical well-being, leisure time activities, identity and self-image, among many others. Social reintegration is named very frequently as an aim of working with clients. The focus on the relevant goals also results from the specific target groups and settings. While crime prevention is an important goal when working with clients who have committed offences, for the treatment of drug addicted mothers or parents a stable parent-child relationship will be among the goals of immediate relevance. This demonstrates that the consumption pattern of clients is one aim among many others, and it follows that the success of treatment cannot be decided exclusively or

primarily on the basis of drug use. Yet drug use is one of the main characteristics according to which therapy approaches can be distinguished. While substitution treatment is aimed at changing the consumption pattern in favour of legal and controlled use, detoxification treatment is oriented towards abstinence from (illegal) drugs.

When talking about the success of treatment it is also necessary to define one's perspective. Based on the concept of addiction as a chronic disease which must be seen in its overall context, the continuity and the network of various services and facilities play an important role. In most cases an isolated care element will not suffice, especially if long-term and sustainable success is to be guaranteed. To name an example, the success of abstinence-oriented therapy will hardly last if aftercare measures, such as assistance in finding housing and work, are inadequate. From this point of view, treatment is only one component in a model of continuing care ranging from outreach work and low threshold services to social reintegration measures. Moreover it is well-known that abstinence from drugs in most cases can only be achieved after several therapies or attempts at therapy. For this reason, the discussion of the success of treatment should distinguish between the micro-level of individual facilities and services and the macro-level, i. e. the network of help services available to drug addicts, which not only includes drug-specific measures but also general health and social policy interventions.

In the view outlined above there is no contradiction between the political and the professional definition of success. The existing drug policy strategies also recognise addiction as a chronic disease which requires diversified, client-specific measures. Whether treatment can be called successful is therefore a matter of identifying the respective objectives of care and goals of the drug help system, where abstinence, or controlled use of drugs, is but one aspect among many.

## **12.2 Evaluation of the treatments**

In the light of the above considerations on the objectives and the concept of success, to determine the success of treatments in Austrian drug help is possible only to a very limited extent. The evaluation of drug-specific treatments has only started to develop more visibly over the last decade. At the beginning of the 1990s there were two evaluation studies on a larger scale, both on substitution treatment, both characterised by the comparative novelty of this type of treatment and the corresponding challenge of success. Since the mid-1990s a growing number of research projects in the field of treatment have resulted in evaluation studies or monitoring studies on specific issues. In ÖBIG's pilot study cited above (cf. Chapter 3.1) one fifth of the 105 examined outpatient services and two thirds of the 13 examined inpatient facilities reported they were conducting research projects; evaluation studies were named most frequently by both types of facilities (ÖBIG 2001).

However, it remains difficult to present an overview of the success of the various types of treatment or of the entire drug help system. Only a limited number of completed evaluation studies are available, as many projects are still running and the comparability of results is restricted (cf. also Chapter 12.3). However, there is hope that the situation will change for the better in a few years time; acceptance of evaluation as a quality standard in drug help has been growing, and at the same time the first comparative studies have been initiated. One

example is the joint evaluation plan of the short-term therapy services Haus am Seespitz (Tyrol) and Lukasfeld (Vorarlberg), which has been the basis for a comparative catamnestic study (evaluating the final after-treatment reports) carried out since summer 1999.

In the following section, a summary of the hitherto available research results in the field of treatment will be presented. While the focus is on evaluation studies, complementary results of monitoring studies on specific issues will also be presented, as they may represent clues to the success of treatments or to criteria that might be relevant for success.

It has already been mentioned that the first evaluation results available in Austria were obtained in the field of **substitution treatment** in the early 1990s (cf. also ÖBIG 1999). In 1989/90 Uhl et al. (1992) interviewed a total of 121 patients and 35 experts about their experience with oral substitution treatment. The clients were asked to compare their life situation in the three months prior to substitution treatment with that of the three months preceding the interview. The results were mainly positive: the income situation had stabilised, which was revealed by marked declines of illegal forms of income acquisition, among other factors. The number of reports to the police had decreased, whereas the state of health had improved. In 1990 Rittmannsberger et al. (1994) conducted a study on experiences over the first three years of methadone substitution programmes in Upper Austria, which involved 81 clients. Some positive developments were registered, e. g. increase in gainful employment (from 20% to 41%), decline of criminal activity and good compliance of HIV-positive patients regarding infection monitoring and treatment. Clients also gave an overall positive assessment of their psychological and physical state and of the therapy programme as a whole.

Over the past few years a number of monitoring studies and comparative studies involving various substitution substances have been published, especially by the University Hospitals in Vienna, where the focus has been on the substitution treatment of pregnant addicts (see below), and Innsbruck.

In a comparative study carried out in Innsbruck, clients using methadone, morphine sulphate and buprenorphine as substitution substances - 30 of each group - were examined with regard to physical side effects (Opiate Withdrawal Score). For all examined criteria, morphine sulphate had the strongest side effects (somatic and general side effects), while buprenorphine showed best results especially as to general symptoms (lack of energy, attacks of anxiety, depression, etc.) (Giacomuzzi et al. o.J.). In another comparative study focusing on the quality of life of 30 clients using methadone and 30 clients using morphine sulphate as substitution substances, the Lancashire Quality of Life Profile (LQLP) was applied. Also in terms of objective data, the methadone group was found to have an overall better quality of life, with marked differences to the morphine sulphate group especially among women. There were no marked differences as to parallel consumption of illegal substances. However, the significance of the results is limited by the fact that HIV prevalence was markedly higher in the morphine sulphate group (33.3% vs. 6.7%) (Giacomuzzi et al. 2001). In a diploma thesis, selected items of the Frankfurt Self-Concept Scale were used to investigate the effect of substitution with buprenorphine (n = 30) and methadone (n = 23) on self-esteem. It was shown that substitution treatment had a stabilising effect, as in both groups the feeling of self-esteem was found to have increased over a period of six months after therapy had begun (Dinich 2001).

In the field of **detoxification treatment** evaluation results have primarily been obtained in the inpatient sector. In 1995/96, the therapy department Lukasfeld (Vorarlberg) effected an evaluation based on the comparison of 25 abstinent and 31 relapsed former clients applying the Addiction Severity Index (EuropASI), the LQLP and the Frankfurt Self-Concept Scale. It turned out that abstinent ex-clients could cope better with their psychosocial problems, they showed a higher frustration tolerance and better handled their everyday lives, their jobs and the relationship with partners than clients who had relapsed. But also among the abstinent group, two years after completing therapy 70% reported they still had depressive symptoms requiring psychiatric treatment or psychotherapy (cf. also EDDRA).

In a catamnestic study carried out by the Anton Proksch Institute (API) 100 clients with poly-drug consumption patterns were examined with special regard to psychiatric co-morbidity. At the time of first data collection all clients were undergoing withdrawal therapy, subsequently 70 patients changed over to long-term therapy in the API, six chose the three-month short-term therapy, and the remaining clients discontinued either withdrawal or short-term therapy. After the initial data collection in 1993/94, where a variety of test methods was used (e. g. EuropASI, DSM III-R, Global Assessment Scale), follow-up investigations were carried out after one year (n = 60), three years (n = 51) and six years (n = 32) according to EuropASI, with additional questions on individual spheres of life. Almost three fourths of the clients had personality disorders, 24% even multiple personality disorders (cf. also Chapter 3.3). 36% of the clients completed therapy, the others gave up prematurely. Among clients with multiple personality disorders, the tendency to drop out of therapy was significantly higher, while the clients who completed therapy were significantly older than those dropping out. The follow-up investigations revealed significant improvements in all spheres of life for the clients who had completed therapy (ASI-Ratings), with a tendency for improvements to continue over the years. Among the persons who had given up therapy prematurely there were no significant changes. After three years 69% of the clients who had completed therapy were abstinent (vs. 24% of the clients who had dropped out), after six years, the share had even risen to 87% (while that of the clients who had dropped out went down to 17%). None of the clients who had completed therapy were ever imprisoned again, while the opposite was the case for one third of the clients who had not completed therapy, according to the follow-up investigation after 6 years. The author concludes that a treatment scheme with a focus on social and psychotherapy interventions markedly increases the social competence and the subjective satisfaction of the clients, which results in long-term stability (Wirth 2001).

Also in the field of long-term therapy, a study is carried out at the therapy department Carina in Vorarlberg following the model of Lukasfeld (see above), while a long-term catamnestic study is effected by the therapy community Grüner Kreis (cf. also below). The Erlenhof therapy department in Upper Austria has substantially altered its therapy schemes this year (cf. Chapter 9.3) and has plans for simultaneous evaluation while implementing the new scheme. From these projects, however, no data has been available yet.

Results have been obtained from studies in the field of long-term treatment in prisons. In the therapy department of the prison of Innsbruck, in 1996/97 a total of 40 clients were investigated as to therapy input and therapy outcome under a number of aspects, in particular delinquency and drug use. At the time of evaluation 8 clients were still undergoing therapy, 23 had completed therapy and nine had been dismissed from therapy because they lacked mo-

tivation. Of the 23 clients who had completed therapy, seven (31%) were abstinent from drugs at the time of evaluation, one client was undergoing long-term therapy, three clients were receiving substitution treatment, for four clients no information was available. Three of the nine dismissed ex-clients had died from overdose in the meantime. 19 (83%) of the 23 clients who had completed therapy were released on probation before their original term of imprisonment was over, four of the same group were reimprisoned because they had again committed criminal offences. The authors conclude that addiction therapy in a "closed" environment may present an opportunity, while pointing out that most of the abstinent clients went into outpatient aftercare and that the existence of aftercare services is essential for sustainable therapy success (Prunnlechner-Neumann et al. 1998 and EDDRA).

A specific focus of evaluation and monitoring research in Austria is on the **treatment of drug-addicted mothers or parents and their children**. In this context therapy goals not only refer to drug-addicted clients but also to their children. Over the last few years, the drug addiction outpatient clinic of the Vienna University Hospital has concentrated on examining the substitution treatment of pregnant clients, with a pilot project on pregnancy and drugs in Vienna (cf. ÖBIG 1999), applying primarily EuropASI and collecting data on the withdrawal symptoms of mothers and children (Finnegan Score). In a comparative study of 24 pregnant clients using methadone and 24 clients using slow-release morphines as substitution substances, both groups showed high compliance, a lower consumption of cigarettes and almost no gynaecologically relevant problems; most of them had vaginal births of healthy children with a satisfactory weight at birth. The parallel consumption of opiates was significantly higher in the group of methadone clients (50%) than in the morphine substitution group (21%). All the babies suffered from neonatal abstinence syndrome (NAS), with an average duration (16 to 21 days) that showed but slight variations (Fischer et al. 1999). Subsequently 15 pregnant clients treated with buprenorphine as substitution substance were examined. They showed good compliance, a low degree of withdrawal symptoms, significant reduction of cigarette consumption and very little parallel drug consumption (9% positive opiate samples, 0% for other substances). No problems occurred during pregnancy, and all the children were born healthy. There were no, or rather mild, neonatal abstinence syndromes, only three babies had to be treated for a short period (one or two days). In this respect there was no difference as to the dose of buprenorphine, while the cigarette consumption among mothers with NAS-children was significantly higher (Fischer et al. 2000).

Results have also been obtained from an evaluation pilot project carried out by the Rosenhügel Hospital in Vienna, where aftercare services for children have been established to minimise development risks. From monitoring research using a great variety of indicators (e. g. Neurodevelopment Scales, Ordinal Scales of Psychological Development, PIR-GAS, Axis 2) data is available on 110 children in aftercare. On the whole the biological development risk of the children in aftercare (premature birth, weight at birth, head size, neurological syndromes and pathological spontaneous movements) was found to be low. The majority of the children aged 12 months had a normal psychological development, at 24 months retarded development was found especially as to speech imitation. Only a small group of children had clinically relevant psychopathological disorders. At the age between three and five years a trend towards slightly reduced cognitive performance was registered. Whether the programme can reduce the children's risk of developing an addiction will only be found out at a

later stage. In general the results obtained so far demonstrate that a comprehensive care programme can markedly reduce existing risks (cf. Elstner et al. 2000 and EDDRA).

The treatment provided in the Parents and Children House of Grüner Kreis (cf. also Chapter 9.6) is also under evaluation, which consists mainly in psychological testing of the children at different stages. First results have shown that the treatment programmes designed for the children facilitate improvement in the sense of compensating retarded development characteristics. In the course of therapy the children compensated behaviour deficits, while existing conspicuous behaviour declined. The relapse quota among formerly addicted parents following therapy is low, and their educational competence is strengthened in the course of therapy. From a subjective as well as an objective point of view, the quality of the relationship is considered to have improved (cf. EDDRA).

The available data mentioned above neither allow for comprehensive statements on the success of treatments provided in Austria nor for a comparison of the different treatment approaches. However, summing up the available evaluations it can be stated that the examined treatments were successful in improving the quality of life of the clients. In many cases it has been possible to promote social reintegration, reduce delinquency and change the consumption patterns in the sense of achieving abstinence or stability. This is an important contribution to the clients' quality of life and the prevention of health and social harm through drug use. Positive results have also been achieved with regard to specific goals, such as promoting the development of the children of drug-addicted parents. To conclude it should be pointed out once again that the success of treatments can only be viewed in the context of drug help as a comprehensive network of drug-related and non-specific services (e. g. established doctors, youth help services, etc.). This becomes apparent for instance in the high significance of aftercare for the success of drug therapy programmes in the prison at Innsbruck (cf. above). In the catamnestic study at the Anton Proksch Institute it was also found that a majority of the clients resorted to drug-related treatment and care before and after therapy. Therefore the success of treatment in a certain facility cannot be seen as an isolated phenomenon, but should rather be related to the entire system.

### **12.3 Methodological issues**

The data situation in the field discussed above is still very deficient in Austria. This is not only the case with regard to results from (scientific) evaluations, but already starts with the lack of data on sociodemographic and addiction-related characteristics of the clients of drug help services. Because of this situation statements on the number and characteristics of drug help clients or specific changes over time cannot be compared on a nationwide scale (cf. Chapter 3.1). This is expected to improve after the key indicator Treatment Demand has been implemented, which is planned. However, this key indicator only represents the clients' characteristics at the beginning of treatment, so it does not provide evidence on the results and success of treatment either.

As mentioned in the introduction to this chapter, the issue of successful treatment poses a number of methodological problems, starting with its exact definition and positioning (see above). The selection of samples for highly significant evaluation studies is one major problem which is hard to solve because of the difficult access to the target group. Therefore some



studies used comparisons between clients who completed therapy and clients who discontinued therapy (e. g. API), others have compared groups of abstinent and relapsed clients (e.g. Lukasfeld). From a methodological perspective this is unsatisfactory because it can be assumed that clients with a favourable background would tend to complete therapy and stay abstinent in the long run. Another problem is how to reach ex-clients for long-term catamnestic studies. Again it can be presumed that abstinent and socially integrated clients would be more easy to contact than clients who are currently dependent on drugs, so a certain distortion of results must be accounted for. Despite these problems the evaluation studies confirm that, at least for a certain group of clients, treatment has the desired effects and can be termed successful.

To complement the studies that are already running at the level of institutions, evaluation research with a view to the entire network of drug help should be intensified in the future. Moreover efforts should be made to further develop the methods and instruments of evaluation and harmonise the research designs in order to improve the quality and comparability at a European level. In this respect the EMCDDA could play a major role. In addition the existing studies, which have been quantitatively oriented and have used standardised instruments, should be complemented by explorative and qualitative research, which could yield in-depth, insights of greater complexity into the concept of success and related issues in the context of treatment.

## 13 Drug users in prison<sup>4</sup>

The following presentation focuses on the situation of drug use in those prisons which are in the competence of the Federal Ministry of Justice (FMJ). In all provinces there are also police prisons affiliated with the Federal Police and in the competence of the Federal Ministry of the Interior (FMI). The drug situation in the police prisons, where as a rule, foreigners to be deported and administrative law offenders are detained for a maximum period of six weeks, cannot be discussed in detail here (cf. Chapter 5).

To provide a context for the information presented in the following chapters, a few general data on criminal punishment in Austria: The administration of justice as well as the central administration of prisons is in the competence of the Federal Ministry of Justice. In principle, there are three different types of imprisonment - penal imprisonment, imprisonment on remand and custody in the context of measures other than punishment. The legal framework for the execution of penal imprisonment and custody in the context of measures other than punishment is provided by the Execution of Sentence Act (ESA), while imprisonment on remand is based on the Code of Criminal Procedure (CCP).

In Austria there are 29 prisons and 16 affiliated institutions. Parallel to the three types of criminal punishment outlined above, there are three kinds of prisons: penal institutions (n = 7) for offenders with a term of imprisonment of more than 18 months, criminal court prisons (n = 17) for prisoners on remand and convicted persons (men and women) with terms of imprisonment of up to 18 months, special institutions (n = 5) for specific groups, e. g. women, male youths - and special establishments for custody in the context of measures other than punishment. The legal regulations for measures other than punishment, which are determined by the courts, are set down in the Penal Code. The regulations that are relevant for the present purposes are the articles on delinquents in need of detoxification treatment (alcohol or drug addicts) and mentally abnormal delinquents. Institutions for custody in the context of measures other than punishment have specific treatment and care facilities (Koeck o. J.).

On the target date 1 July 2001 a total of 6,671 prisoners were detained in Austria - 6,080 men (91%), 372 women (6%) and 219 youths (aged between 14 and 19 - 3%). For the last decade the number of prisoners in Austria has remained constant at approximately 7,000 annually. Around one third of inmates are on remand, around two thirds are in penal imprisonment. The average share of imprisoned foreigners is 25 to 30% (Koeck o. J.).

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<sup>4</sup> We would like to express our gratitude to Mr. Walter Kahl (Federal Ministry of Justice) and to the social scientists Mr. Harald Spirig and Ms. Octavia Ess-Dietz for sharing their knowledge in expert discussions and providing fundamental information for this Key Issue Chapter. Use of this information in the text is referred to as "personal information" (p. i.).

## 13.1 Epidemiological situation

Empirical evidence on **drug use before imprisonment** is contained in an inquiry (representative of the total prison population) that was carried out in six Austrian prisons in 1999, with a total of 263 respondents (69 women, 143 men and 51 male youths). More than one fourth of the men, one third of the women and 9% of the male youths indicated IV drug use, immediately before imprisonment in most cases. It is remarkable that the great majority had long careers of drug use of up to ten years and had already been in drug therapy. Substitution treatments that had started before imprisonment were usually continued in prison. It also turned out that 80% of the men among IV users and 90% of the women exclusively used their own injecting equipment before imprisonment (European Network 2000).

As yet there has been no systematic data collection on **drug use within prison**. On account of differing thematic focuses, the findings resulting from individual surveys on drug use in prison are to some extent contradictory, similar to the expert opinions on this issue. According to the Federal Ministry of Justice approximately 30% of the prisoners are considered to be misusers of drugs (alcohol, pharmaceuticals, illegal drugs, mixed drug use), 10% of which are regular or frequent IV users. Other experts assume the share of IV users in prison to be in the order of 20%, an estimate which is confirmed by existing analyses on HIV, hepatitis B and hepatitis C prevalence (Pont 2000). It is estimated that 50% of all prisoners occasionally use drugs in prison. If the problematic use of other psychoactive substances - such as alcohol and pharmaceuticals - is included in the considerations, the share of prisoners concerned rises to two thirds (Spirig 2001). The high share of misusers (of alcohol and drugs) is partly explained by the fact that many acts leading to criminal punishment are connected to drug dependence.

The inquiry among prisoners mentioned above also yields information on **drug use during imprisonment** differentiated according to **specific groups** (men, women and male youths). IV consumption in prison was indicated by 15% of men, 6% of women and 8% of youths among the respondents. Slightly below 3% of the men and the women, respectively and 2% of the youths said their first IV use occurred in prison (European Network 2000). Because of lacking data it is not possible to give a precise quantity of people taking up (IV) drug use in prison (Spirig p. i.). No data is available on the prevalence of drug consumption among other specific groups, such as on remand prisoners, imprisoned members of minority groups, etc.

According to experts, the prevailing **consumption pattern** is poly-drug use - of alcohol, pharmaceuticals, cannabis, opiates, etc. (Kahl p. i., Spirig 2001). Aspects influencing the consumption pattern are supply and control (e. g. urinalyses). It has been found that in institutions or departments where urine tests are carried out regularly, cannabis use is comparatively rare, while cannabis consumption is high in departments without urine tests (Spirig p. i.). It should be added that the consumption of illegal substances (cannabis etc.) or psychoactive substances is no conclusive evidence that the consumers are addicted to drugs. On the contrary it is reported that cannabis for example is used as a specific form of relaxation alleviating the conditions of imprisonment.

The **risk behaviour** of drug users in prison is considered to be significantly higher than outside. According to experts, among the population of Austrian prisons IV consumption with needle sharing is the most relevant risk behaviour for the transmission of HIV, HCV and HBV

(Pont 2000). This is confirmed by two studies carried out at the low threshold service Ganslwirt (Zach et al. 1999; Neubauer 1999; ÖBIG 2000a). Also according to the Austrian National Report there is a great number of IV consumers who report that they share injection equipment (more than 50% of male IV consumers, 17% of female IV consumers and one out of two IV consuming youths; European Network 2000).

According to recent data on **HIV, HBV and HCV prevalence** in all prisons<sup>5</sup>, among the persons imprisoned in 1999 hepatitis B prevalence was 5% and hepatitis C prevalence was 20%. HIV prevalence was just below 1%. However, for reasons of data protection, the percentages correspond to all prisoners and have not been specified for IV drug users (Pont 2000). While in general the HIV prevalence among Austrian prisoners is considered to be low, the prevalence of HCV and HBV is supposed to be high. No data is available on the prevalence of other infections (TBC etc.) in prisons.

The **general health status of prisoners** is reportedly poor. In the inquiry among prisoners cited above approximately one third of the respondents (men, women and youths respectively) said they had been receiving inpatient hospital treatment in the year before imprisonment (European Network 2000). Experts have also pointed out the poor state of health of the drug-addicted prisoners, e. g. bad teeth, etc. (Kahl p. i., Ess-Dietz p. i., Spirig p. i.).

Regarding the **social and legal consequences** of drug use in prison, the general rule is that prisoners actually caught with drugs will be reported and the incident will be registered in their personal file. In the case of positive urine tests usually no reports are made. Possession of alcohol is fined (administrative punishment). In addition, there are social consequences of drug use in prison, such as restriction of additional rights (visitors, phone calls, etc.).

## 13.2 Availability and supply of drugs in prison

Contrary to earlier assessments, the fact that illegal substances are consumed in prisons and that there is no such thing as a drug-free prison has been generally acknowledged among experts (cf. Kahl p. i., Spirig 2001). Cannabis is considered to be the most commonly used illegal drug in prison. The **ways of access** to drugs in prison are described as multi-faceted: all contacts with the outside world are potential occasions for smuggling drugs. The most frequently used channels are outside visitors and (daytime or longer) leave from detention. According to the FMJ illegal substances are mainly found, registered and reported in the course of searching prison cells or during body searches. No quantitative data is available on the frequency of **smuggling drugs** into prison nor on the amounts seized. Various measures have been taken to prevent or reduce the smuggling of illegal substances into the prisons: for instance, in almost all prisons inmates are not allowed to receive parcels (containing food etc.). In the case of inmates with daytime employment outside the prison and for prisoners returning from leave there are routine checks. If there are indications of drug smuggling, this also has a negative effect on the mode of visits from outside (visitors sitting at the same table as prisoners vs. separation by means of glass plates) .

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<sup>5</sup> Test frequencies with regard to HIV/HBV and HCV vary greatly between penal prisons and police prisons on the one hand and among penal prisons on the other. HCV and HBV data presented here is calculated on the basis of all prisons with a test frequency of more than 70%.

Regarding the **price level** of drugs used in prison it should be noted that the substances in question are usually procured outside and then smuggled into the prisons. But dealing of illegal substances in prison also occurs, at a price level which is three to four times higher than that of drugs bought in the free market (cf. also Chapter 5). In terms of spending power the costs of the substances purchased in prison are ten to twenty times higher. This extreme disparity in prices is explained by the fact that dealing in closed systems like prisons is much more dangerous and difficult. One mode of payment is return services of various types, from cell cleaning for co-inmates to sexual services. In many cases payment is effected directly, via friends outside prison. Furthermore, a well-functioning structure of barter systems and informal currencies such as tobacco have been reported for the prison setting (Spirig p. i.).

### 13.3 Contextual information

General information on the Austrian prison system has already been presented in the introduction. Regarding **structural organisation** the principle of decentralisation is followed, which means that prisons are general institutions applying various methods. The staff-to-inmate ratio is 1:2.2, at a staff force of approximately 3,500 (Koeck o. J.). Average costs per prisoner and day amount to ATS 1,000 (EURO 73), not including services such as social work, therapy or (external) medical care etc.

**Interaction** among inmates and between inmates and staff are multi-layered and should be interpreted in the context of the legal obligation as well as the internal and external organisation of prisons. From a sociological perspective, prisons are total institutions characterised by powerful hierarchies and defence strategies against outside influences, guided by military principles and relationships of covert or open violence. Action guidelines for prison guards and prisoners alike are clearly regulated according to penal law. The relationship between prisoners and guards can be described as a special type of coercive community, in which staff has to perform a double task which is a contradiction in terms: imprisonment and social reintegration. In the prison routine staff members fulfil a number of roles and functions at the same time (executive officer, contact person, social worker, doctor, etc.; Spirig 2000). As is common in closed systems, the development of subcultures and prison hierarchies has been observed, in which drug misusers or addicts are attributed a low status. This especially applies to drug addicts misusing pharmaceuticals in prison, who tend to cause problems related to their addiction. **Violence, sexual abuse** and prostitution especially occur in larger prisons. Here the size of cells is a decisive element. Incidents of sexual abuse among inmates are hardly ever reported, but rather settled informally, the reason being that victims fear sanctions on the part of the perpetrators (Kahl p. i.). The Federal Ministry of Justice plans to draw up a statistic with details on the reports of offences committed by inmates against staff and offences committed among inmates.

It should be added that at present, the Austrian penal system is the object of media coverage and political discussion. This was caused by the death of several inmates at the prison of Stein (Lower Austria) on the one hand and by the report of the Anti-Torture Committee of the Council of Europe published in June 2001 (Council of Europe 2001). Within the framework of the current reform of the administration carried out by the Austrian Federal Government a reform of the penal system is planned, according to which the institutions and measures of the

penal system shall be restructured, the execution of measures shall be integrated and improvements of the external and internal health care system shall be made.

## 13.4 Demand reduction policy in prison

The main **objectives** of drug help in prisons are the treatment of damages and injuries resulting from drug use and measures to stabilise health in cases of chronic dependence (health maintenance), therapy and psychosocial treatment, demand reduction and prevention measures (Bundesministerium für Justiz 2001). Whether drug-addicted delinquents need therapy (**needs assessment**) is decided during examinations at the beginning of imprisonment on the basis of the relevant Decrees of the FMJ (e. g. Decree on Oral Substitution Treatment) and the drug-specific admission guidelines and care schemes of the respective prison (drug-free zone, therapy scheme, etc.). In general the commitment of the prisoners concerned also plays a role in needs assessment for therapy measures.

Efforts have been made to extend the **measures** of drug-specific prevention, care and treatment. The focuses for drug users and drug addicts among the inmates are as follows:

**Abstinence-oriented treatment:** Care and treatment measures for drug-addicted prisoners can be initiated by court order, but in most cases they are effected upon voluntary application by the prisoners concerned. It should be noted that abstinence continues to be the prevailing therapy principle for treating drug-addicted prisoners. Currently the prisons of Vienna/Favoriten, Innsbruck, Stein, Feldkirch and Eisenstadt have specific detoxification facilities (Bundesministerium für Justiz 2001). The prison of Vienna/Favoriten is the only institution which specialises exclusively in the treatment and care for drug-addicted prisoners, with a capacity of approximately 110 places and a comprehensive care scheme integrating psychotherapy, medical, psychological, and social work as well as educational aspects.

**Substitution treatment:** According to a Decree issued by the Federal Ministry of Justice, substitution treatment shall be provided by all Austrian prisons. The decision on applying substitution therapy is in the exclusive competence of the prison doctors and is not linked to the duration of the term of imprisonment. The main target groups are HIV positive prisoners and prisoners with a prominent record of opiate use. In individual cases, prisoners can also begin substitution therapy during their term of imprisonment or before they are released (Kahl p. i.). Substitution therapy has become a standard part of the treatment range. In most cases, methadone is used as substitution substance, with the exception of the prison of Stein, where currently the pharmaceutical Mundidol is the main substance used. Substitution treatment is especially applied in the prisons of Vienna/Josefstadt, Innsbruck, Eisenstadt and Stein (Bundesministerium für Justiz 2001). According to recent data 335 prisoners receive substitution treatment, i. e. 5% of all prisoners, which represents a further increase compared to previous years (Pont 2000).

**Drug-free zones:** Following the positive outcome of the pilot project initiated in 1995 at the prison of Hirtenberg (cf. Chapter 13.5 and ÖBIG 2000a), drug-free zones were also established at the prisons of Innsbruck, Sonnbreg, Vienna/Simmering and Stein, which brings the total capacity of places in controlled drug-free areas to 600 (Kahl 2000). It should be pointed out that the drug-free zones in the various prisons differ as to their size and their conceptual basis (Spirig 2001). Since controlled zones were found to have a positive effect on the prison

environment (cf. Chapter 13.5), the establishment of such zones is further promoted. Drug-free zones are intended as a protected area where no contact with drugs takes place. Prisoners are admitted to drug-free zones on a voluntary basis; the system is a combination of applying controls (urinalyses, body searches) and granting additional rights (better conditions for visits from outside, phone calls, leave from detention).

**Prevention of infections:** On account of the high-risk behaviour of IV users in prison (cf. 13.1.) measures for the prevention of hepatitis B/C and HIV/AIDS infections are of particular importance. At the prison of Vienna/Favoriten, a centre for the distribution of material on HIV/hepatitis to all other prisons was established. In the course of admission every prisoner receives a take-care set containing HIV/AIDS- and hepatitis-related information, condoms, etc. Risk-reducing measures are promoted in cooperation with the regional branches of the AIDS Assistance Service. Furthermore, according to a Decree of the Federal Ministry of Justice prisoners shall have free and uncontrolled access to condoms and disinfectants. The degree of implementation of this Decree varies from prison to prison (Spirig p. i.). Special training for prison guards (training as care-assistant, urinalysis training) is another focus of prevention and will be intensified in the future (Kahl 2000). Also, prison doctors have drawn up a consensus paper on hepatitis C treatment (Pöhl 2000).

On the whole it can be said that all Austrian prisons have established demand reduction measures, with a strong variation in the range of activities and underlying concepts. One of the deficits that is frequently referred to in expert discussions is the lack of drug-related services for women in prison (cf. Chapter 13.6). Apart from the special institution at Vienna/Favoriten, where a department for women with a capacity of 32 places and an external work therapy facility (NORA) have been established, there are hardly any drug-related services specifically aimed at women prisoners. The prison of Schwarzau (Lower Austria), the only women's prison in Austria, has general care facilities, but no drug-specific services. Therefore the Federal Ministry of Justice has voiced plans to provide therapy options in external drug help facilities for women prisoners near the end of their prison term.

**Cooperation** of prisons with external facilities takes place on many levels. Specific medical services which cannot be performed in the prisons are provided by established medical specialists or in public hospitals. There are also several cooperations with regional drug help facilities. Therapy and psychosocial care for juvenile prisoners, women prisoners and inmates of court prisons is provided in cooperation with external services of drug help facilities. According to ÖBIG's pilot study, 38 outpatient drug help services located in almost all provinces have special cooperations with local prisons, which is more than one third of the total of 105 drug help services included in the study. Another 8 facilities provide care services of a general nature for prisoners (ÖBIG 2001). In the prison of Vienna/Favoriten, a project of voluntary probation assistance has been initiated with the aim of providing continual support and care to prisoners in the months preceding and following their release from detention (cf. also EDDRA). Furthermore the services of the Association of Probation Assistance and Social Help are available for persons released from detention all over Austria.

## 13.5 Evaluation of drug users treatments in prison

One focus of the evaluation of drug-related measures in prison is on the analysis and assessment of drug-free zones. As the results of the survey of the prison of Hirtenberg have shown, the drug-free zone has been well received both by the prison staff members and by the prisoners. It also turned out that the establishment of the drug-free zone resulted in a marked reduction of the use of illegal drugs and psycho-pharmaceuticals among prisoners (Steinacher 2001, cf. also EDDRA). The great majority of the prisoners said their quality of life had substantially improved, especially in the fields of self-determined social interaction, health and preparation for release from detention. Among staff members, marked improvements were registered with regard to the quality of their jobs, work environment and job satisfaction, the latter aspect resulting in less frequent sick-leaves. However, the study also revealed that the drug-free zone primarily benefits non-addicted drug users (prisoners receiving substitution treatment are not admitted into the drug-free zone) and that negative effects on everyday prison life were observed, such as the development of a two-class hierarchy among prisoners, with a lower cast of "difficult" prisoners, etc. (Spirig 2000). In the course of operation of the drug-free zone at the prison of Innsbruck it turned out that in prisons mainly dealing with prisoners on remand, fluctuation is too high for the system of drug-free zones to be applicable (Kahl 2000).

Evaluation results on the treatment and care for drug-addicted prisoners at the prison of Vienna/Favoriten have shown that more than half of the clients were prevented from relapse into drug use during the phase of eased restrictions (cf. EDDRA). Recent evaluation results on long-term therapy of drug-addicted inmates of the prison of Innsbruck are presented in Chapter 12 (cf. also EDDRA).

A project on risk minimising in the course of rehabilitation of drug-addicted women in the prison of Vienna/Favoriten is currently carried out in cooperation with the University of Vienna; results are expected for autumn 2001.

Currently, the Austrian team of the European Network on HIV/AIDS and Hepatitis Prevention in Prisons is carrying out a comparative study of specific prevention activities in Austrian prisons. Results of this study, which evaluates and analyses the health care measures for the prevention of HIV and hepatitis in the prisons of Hirtenberg, Innsbruck, Sonnberg, Stein and Vienna/Favoriten, are also scheduled for autumn 2001.

## 13.6 Methodological issues

In Austria no quantitative, systematic data collection on the situation of (illegal) drug use in prisons is available. Similarly, there are few qualitative findings from this field. Surveys (cf. above) have been made in individual prisons, but as a rule their findings cannot be generalised to describe the overall situation in Austria's prisons.

Data is also lacking in the field of drug use differentiated according to specific groups, such as women, youths, and foreign prisoners. While the existing data shows that the share of women among the total prison population is low, drug-using or drug-addicted women are described as a group requiring specific measures. On account of the obvious correlation of delinquency and drug problems among youths comprehensive data material would be neces-



sary to implement specific measures for the target group of young delinquents. The share of foreign inmates among the total prison population is high (25% - 30%). Also for this group empirical findings are required in order to gain insights into drug use and, as a further step, supply adequate services to reduce drug consumption. Finally, as yet very little is known about the extent of drug problems and the situation of persons addicted to psychoactive substances in the police prisons located in almost all provinces.

For the future, it would be desirable to carry out representative inquiries on a continual basis among prisoners and members of the prison administration within the framework of the European Network on HIV/AIDS and Hepatitis Prevention in Prisons. Another suggestion, concerning the analyses of HIV and hepatitis prevalence that are regularly effected in all Austrian prisons, is a specification regarding the group of IV drug use. Furthermore a stronger emphasis on explorative and qualitative research methods in the context of drug use in prison is recommended. Detailed epidemiological findings as well as qualitative analyses are needed in order to gain more specific insights into the extent, the patterns and the complex dynamics of drug use in prisons and accordingly conceive and develop adequate, target-group specific prevention and care measures.



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## **DATABASE**

### **EDDRA = Exchange on Drug Demand Reduction Action**

Internet-Datenbank der EBDD: <http://www.emcdda.org/databases>

#### **Austrian Projects in the EDDRA-Database:**

##### **Employment programme WALD**

(H.I.O.B. - Contacting and counselling centre for drug addicts, Vorarlberg)

##### **Assisted Housing**

(Vienna Social Projects Association, Vienna)

##### **CARINA** - Long term therapy facility

(Foundation Maria Ebene, Vorarlberg)

##### **ChEck iT!** Scientific Pilot Project Check iT!

(Vienna Social Projects Association, Wien)

##### **Drug-free zone** at the prison of Hirtenberg

(prison of Hirtenberg, Lower Austria)

##### **Drug-free zone** at the prison of Innsbruck

(prison of Innsbruck, Tyrol)

##### **Drug Out** - therapy unit at the prison of Innsbruck

(prison of Innsbruck, Tyrol)

##### **Probation assistance** for inmates at the prison of Favoriten, Vienna, provided by voluntary staff

(Vienna Association of Probation Assistance and Social Help)

##### **European Networking** in addiction prevention

(Institute for Addiction Prevention, Upper Austria)

##### **Fantasy instead of Ecstasy** – addiction prevention through peergroup education in a vocational high school at Neumarkt, Salzburg

(AKZENTE Salzburg – Addiction Prevention Unit, Salzburg)

##### **Fix und Fertig** - Socio-economical company

(Vienna Social Projects Association, Vienna)

##### **Training course** on addiction prevention in the kindergarten, for kindergarten

(VIVID – Addiction Prevention Unit, Styria)

##### **Promote health - prevent addiction** - Action programme of the Federal Ministry of Education and Cultural Affairs

##### **H.I.O.B. Help** – Information – Orientation – Counselling for Drug Addicts

(H.I.O.B. – contacting and counselling centre for drug addicts, Vorarlberg)

##### **Youth counselling service WAGGON**

(TENDER – Association for youths work, Lower Austria)

##### **Campaign „Empower our children”**

(SUPRO – Addiction Prevention Unit of Vorarlberg, Vorarlberg)

##### **Lukasfeld** – short-term therapy department for persons addicted to illegal drugs

(Stiftung Maria Ebene, Vorarlberg)

**Comprehensive care project for substance abusing mothers and their children.**

Sub-programme of the Viennese Pilot Project „Pregnancy and Addiction“.

(Department of Child and Adolescent Neuropsychiatry, Hospital Rosenhügel, Vienna)

**Needles or Pins** – European project to develop innovative projects for social and labour integration of people with drug related problems – Viennese sub-project

(Support and counselling centre for drug addicts and their relatives - DIALOG, Vienna)

**Needles or Pins** – European project to develop innovative projects for the social and professional rehabilitation of people with drug problems - sub-project of Vorarlberg

(Die Fähre, Vorarlberg)

**SAS** - Pupils Searching for Alternative Solutions. A pupil-multiplier-project of primary addiction prevention based on the concept of peer-group education

(VIVID - Addiction Prevention Centre, Styria)

**Schweizer Haus Hadersdorf** – Medical and psychosocial sanatorium

(Evangelisches Haus Hadersdorf – WOBES: Medizinische, Psychologische und Psychotherapeutische Gesundheits- und Heilstätte „Schweizer Haus Hadersdorf“ (SHH) Ges.m.b.H., Wien)

**Toyfree kindergarten.** Addiction prevention by promoting life skills

(ISP – Information Centre for Addiction Prevention of the City of Vienna, Vienna)

**Umbrella–Network–Project** Austria - Switzerland: Analysis of problems with HIV, AIDS and STDs in European border regions as well as development of co-operative, border-crossing prevention methods

(Institut für Sozialdienste, Vorarlberg)

**URBAN - Wien Gürtel Plus.** Secondary addiction prevention for youths in urban areas

(Drug advisory centre Change, Vienna)

**Vienna Job Exchange** – Vienna Job Exchange Association for the vocational integration of persons who are addicted to (pharmaceutical) drugs and/or alcohol

(Vienna Job Exchange, Vienna)

**Wien-Favoriten** - Treatment and care of addicted offenders in Vienna Favoriten Prison

(Vienna Favoriten Prison, Vienna)

**Grüner Kreis:** Parents - Child - House. Therapy for Parents and Children at Grüner Kreis

(Association Grüner Kreis)

## WEBSITES

The following pages provide WebSites of facilities working in the addiction and drug field, mentioned in the report.

A detailed list of relevant Internet-addresses concerning addiction and drugs can also be found via <http://www.oebig.at> (working field Drugs / Links).

AIDS-Hilfe (AIDS-Care)

<http://www.aidshilfe.at>

AKZENTE Salzburg (Drug Prevention Unit Salzburg)

<http://www.akzente.net>

Arbeitsmarktservice Oberösterreich (Public Employment Service, Upper Austria)

<http://www.ams.or.at/ooe>

ARGE Suchtvorbeugung (Working Group Addiction Prevention)

<http://www.praevention.at/projekte/arge.html>

Anton Proksch-Institut

<http://www.api.or.at>

Bundesministerium für Bildung, Wissenschaft und Kultur (Federal Ministry of Education, Science and Culture)

<http://www.bmbwk.gv.at>

Bundesministerium für Inneres (Federal Ministry of the Interior)

<http://www.bmi.gv.at>

Bundesministerium für Justiz (Federal Ministry of Justice)

<http://www.bmj.gv.at>

Bundesministerium für soziale Sicherheit und Generationen (Federal Ministry for Social Security and Generations)

<http://www.bmsg.gv.at>

Carina - Therapiestation (Therapy Facility)

<http://www.mariaebene.at/carina/welcome.htm>

Caritas - Diözese Innsbruck

<http://www.caritas-innsbruck.at>

CheckIT! - Verein Wiener Sozialprojekte (Vienna Social Projects Association)

<http://checkyourdrugs.com>

CONTACT - Spitalsverbindungsdiens (Hospital Liaison services)

<http://www.drogenhilfe.at/rathilfe/skh/r-s-contact.htm>

Cybertown - Internetforum für Prävention (Internetforum for Prevention)

<http://www.cybertown.at>

dialog - Beratungs- und Betreuungszentrum (Counselling and Support Centre for Drug Addicts and their Relatives)

<http://www.dialog-on.at>

Drogenambulanz - AKH Wien (Outpatient Drug Department of the General Hospital, Vienna)

<http://www.akh-wien.ac.at/drogenambulanz>

EMCDDA (European Monitoring Centre for Drug and Drug Addiction)  
<http://www.emcdda.org>

European Network on HIV/AIDS and Hepatitis Prevention in Prisons  
<http://members.aol.com/orspaca/gbp1.htm>

Fachstelle für Suchtvorbeugung NÖ - Gesundheitsforum NÖ (Addiction Prevention Unit Lower Austria)  
<http://www.fachstelle.at>

Fonds „Gesundes Österreich“ (Healthy Austria Fund)  
<http://www.fgoe.org>

Fonds Soziales Wien (Social Vienna Fund)  
<http://www.drogenhilfe.at>

Ganslwirt - Verein Wiener Sozialprojekte (Vienna Social Project Association)  
<http://www.vws.or.at/ganslwirt/index.html>

GIVE - Servicestelle für Gesundheitsbildung im Österreichischen Jugendrotkreuz (Service unit for Healthpromotion at the Austrian Red Cross)  
<http://www.give.or.at>

Grüner Kreis  
<http://www.gruenerkreis.at>

Haus am Seespitz - Kurzzeittherapie für Drogenabhängige (Short Term Therapy for Drug Addicts)  
<http://www.jugendweb.at/drogenhandbuch/einrichtung/seespitz.htm>

Institut für Medizinische und Chemische Labordiagnostik der Universität Wien (Institute for Medical and Chemical Diagnostics at the Vienna University)  
<http://www.univie.ac.at/med-online/A5273/index.html>

Institut für Suchtforschung der Universität Innsbruck mit Sitz am KH Maria Ebene (Institute for Addiction Research at the University of Innsbruck - Tyrol)  
<http://www.suchtforschung.at>

Institut für Suchtprävention OÖ (Institute for Addiction Prevention Upper Austria)  
<http://www.praevention.at>

IZS - Interdisziplinäres Zentrum Suchtforschung, Universität Wien (Interdisciplinary Centre for Addiction Research at the Vienna University)  
<http://www.univie.ac.at/sucht/>

Komfüdro - Kommunikationszentrum für DrogenkonsumentInnen (Communication Centre for Drug Users)  
<http://www.caritas-innsbruck.at/komfuedro.htm>

kontakt&co - Suchtpräventionsstelle Tirol (Addiction Prevention Unit Tyrol)  
<http://www.kontaktco.at>

Krankenhaus Rosenhügel (Hospital Rosenhügel, Vienna)  
<http://www.health.magwien.gv.at/welt/kavw/nkr/>

Kriminalpolizeilicher Beratungsdienst Wien (Counselling Centre of the Vienna Police)  
[http://www.polizei.gv.at/wien/fixlokal/kriminalpolizeilicher\\_beratungsd.htm](http://www.polizei.gv.at/wien/fixlokal/kriminalpolizeilicher_beratungsd.htm)

Landes-Nervenklinik Wagner Jauregg (Neurological Hospital Wagner Jauregg, Styria)  
<http://www.wagner-jauregg.at>

Ludwig Boltzmann-Institut für Suchtforschung (Ludwig Boltzmann-Institute for Addiction Research)

<http://www.api.or.at/lbi/index.htm>

Lukasfeld - Therapiestation (Therapy Department, Vorarlberg)

<http://www.mariaebene.at/Lukasfeld/welcome.htm>

Needles or Pins - dialog

[http://www.dialog-on.at/dialog/channels/standorte/base2\\_html](http://www.dialog-on.at/dialog/channels/standorte/base2_html)

Otto Wagner-Spital - Drogeninstitut (Drug Treatment Centre at the Otto Wagner-Hospital, Vienna)

<http://www.drogenhilfe.at/rathilfe/skh/r-s-ows.htm>

Pädagogische Akademie des Bundes in Oberösterreich (Federal Paedagogical Academy, Upper Austria)

<http://www.pa-linz.ac.at/>

pro mente Oberösterreich

<http://www.promenteooe.at/>

risiko - Institut für Sozial- und Gesundheitspsychologie (Institute for Social- and Health-Psychology)

<http://www.members.aon.at/isg>

Stiftung Maria Ebene

<http://www.mariaebene.at>

Substanz - Verein für suchtbegleitende Hilfe (Association for Accepting Drug Assistance)

<http://www.substanz.at>

SUPRO - Werkstatt für Suchtprophylaxe (Addiction Prevention Unit, Vorarlberg)

<http://www.supro.at>

Verein für Bewährungshilfe und Soziale Arbeit (Association for Probation assistance and Social Help)

<http://www.vbsa.at/>

VIVID - Fachstelle für Suchtprävention, Steiermark (Addiction Prevention Unit, Styria)

<http://www.checkit.at/vivid>

VWS - Verein Wiener Sozialprojekte (Vienna Social Projects Association)

<http://www.vws.or.at>

Wiener Berufsbörse (Vienna Job Exchange Association)

<http://www.bhakwien13.at/Beruffoerd/default.htm>

# **ANNEX**

## **A. Drug Monitoring Systems and Sources of Information**

### **B. Tables, Map**

### **C. List of Abbreviations**





## **ANNEX A**

# **Drug Monitoring Systems and Sources of Information**



Data source Responsible institution	Type of Date	New developments and activities
<b>Relevant monitoring and information systems at the federal level</b>		
<b>Drug-related deaths - special register</b> Federal Ministry for Social Security and Generations (FMSSG)	Fatalities related to drugs directly (overdoses) or indirectly (suicide, AIDS, accidents, premature natural death, etc.)	<p>In the course of implementing the key indicator drug-related deaths, a comparative survey on the cases included in the special register and in the general mortality register was carried out. The cases in the two registers are matching to a high extent, which indicates good quality of data.</p> <p>The preparation of the annual statistics for the year 2000 was accompanied by intensive discussions of how to register drug-related deaths. As a result it was decided to classify causes of death in a more detailed way in future, based on the guidelines for special registers of the EMCDDA. Simultaneous use of alcohol will also be listed separately (cf. below).</p> <p>What is still under discussion is inclusion of intoxications with psychoactive substances. This year cases where only psychopharmaceuticals were found toxicologically have not been included (two cases in total).</p>
<b>Drug-related deaths-general mortality register</b> Statistics Austria	Death cases with drug-related ICD-Codes for cause of death	In the course of implementing the key indicator drug-related deaths, a comparative survey of the cases included in the special register and in the general mortality register was carried out. The cases in the two registers are matching to a high extent, which indicates good quality of data.
<b>Substitution treatment</b> FMSSG	Reports on the beginning and end of substitution treatment by physicians in charge of treatment	In order to improve the situation regarding completeness and quality of data it has been considered to involve the provinces more intensively in data collection and routine comparisons of data available at federal and provincial levels. This has not been implemented until now.
<b>Drug-specific treatment and care</b> FMSSG	Aggregate statistics on clients of drug centres announced according to Art. 15 of the Narcotic Substances Act (NSA)	The annual client statistics, which are available now and have been submitted in the form of aggregate data, permit a limited epidemiological analysis only. In the context of a working group convoked by the FMSSG to discuss the establishment of a nation-wide uniform treatment reporting system that will meet EU requirements, a first draft of the client protocol was completed in spring 2001 and its practical application was tested in spring and summer 2001. Parallel to this the discussions of the organisational, financial and legal framework of a national treatment reporting system have been continued.
<b>Register of drug users reported according to the Narcotic Substances Act (NSA)</b> FMSSG	Personal- as well as episode-specific data of all persons reported to the FMSSG with regard to the regulations of Art. 24 NSA (esp. reports to the police, legal proceedings, convictions and alternatives to punishment)	<p>Activities aimed at improving the technical and organisational basis and thus the quality of data of the register have been continued in the reporting period and have advanced substantially.</p> <p>In addition the FMSSG commissioned the Focal Point to analyse the epidemiological information of the data and to submit proposals regarding an intensified use of this data in the context of epidemiological monitoring. The pertinent results will be available in spring 2002.</p>
<b>Reports to the police for violation of the NSA</b> Federal Ministry of the Interior (FMI)	Episode-specific data on all reports for violations of the NSA registered by federal and province police or customs authorities (double counting cannot be excluded)	No relevant changes. The online network of all the units involved - installed in the beginning of 2000 - seems to work very well. Data can now be made available earlier than in the past.
<b>Seizures of narcotic drugs</b> FMI	Number and quantity of seizures registered by federal and province police or customs authorities	No relevant changes. The online network of all the units involved - installed in the beginning of 2000 - seems to work very well. Data can now be made available earlier than in the past.
<b>Convictions under the NSA</b> Statistics Austria	Number of convictions under the NSA and type of punishment	Due to lack of resources, at the moment only data referring to leading offences is available.

Data source Responsible institution	Type of data	New developments and activities
<b>Relevant monitoring and information systems at the provincial level</b>		
<b>Vienna</b> Drug Coordination Office of the City of Vienna	Data on the number of clients and services provided by drug help centres; drug-related deaths; substitution treatment; overdoses; ambulance services required; population surveys	The Vienna monitoring system collects a variety of data (see type of data) and is advanced continually: the working group responsible for developing a uniform documentation system has completed a basic documentation (data on clients) and now deals with a performance documentation. The client questionnaire has been tested in a few drug centres since beginning of 2001. Furthermore, in 2001 another population survey on attitudes has been organised (with the same design as the 1993, 1995, 1997 and 1999 surveys).
<b>Upper Austria</b> Drug Coordination of Upper Austria	Rapid situation assessment with general population survey and interviews with experts; data on the number of clients and services provided by the drug help centres; drug-related deaths; substitution treatment	In Upper Austria the monitoring system is already collecting a variety of data (see type of data). In the context of the rapid situation assessment pilot project a variety of data and information were compared to assess the drug situation. In addition, a general population survey on prevalence of drug use as well as attitudes and interviews with experts about trends were carried out.
<b>Other provinces</b> Drug Coordination	Data on the number of clients and services provided by the drug help centres; drug-related deaths; substitution treatment; examinations according to the NSA; in part: population surveys	In the other provinces the extent of the monitoring and information systems vary. Almost all of them collect data from the regional drug help centres, as well as data on substitution treatment and drug-related deaths. In many provinces the monitoring system is in the process of being expanded. All provinces participate in a working group convoked by the FMSSG to discuss the establishment of a nation-wide uniform treatment reporting system that will meet EU requirements. In four provinces (Burgenland, Lower Austria, the Tyrol and Vorarlberg) the client protocols were tested during a pilot stage in spring and summer 2001.

## Drug related deaths: new categories in line with EMCDDA requirements

The statistical tables on drug-related deaths used in past years have been modified and now follow the documentation system suggested by the EMCDDA (cf. Tables A2 to A6). For this year's statistics drug-related deaths from 1991 to 2000 have been reanalysed on the basis of the new definition and in consideration of the current list of narcotics specified in the Narcotic Substances Act.

Based on the EMCDDA classification intoxications leading to the death of the patient have been broken down in the following way.

**Intoxication by opiate(s):** intoxication resulting from use of one or several opiates but no other narcotic substance, alcohol or psychoactive medicines have been found

**Poly-drug intoxication incl. opiate(s):** intoxication resulting from use of one or several opiates combined with other narcotic substances, alcohol and/or psychoactive medicines

**(Poly-drug) intoxication by narcotic drug(s) excl. opiates:** intoxication resulting from use of one or several narcotic drugs but no opiates **or** intoxication resulting from use of one or several narcotic drugs but no opiates combined with alcohol and/or psychoactive medicines

**Intoxication of unknown type:** intoxications that cannot be included in the above categories (e.g. in cases when a body was found long after death had occurred so testing for specific substances was not possible)

The question of considering **intoxication by psychoactive medicines** is still under discussion in Austria. This year cases where only psychopharmaceuticals were found toxicologically have not been included in the statistics (two cases in total).

In cases of **indirect drug-related death** the groups **other diseases, accidents, homicides and unknown cause of death**, summarised under the heading **other causes** in the past reports, have now been included. Different to past years the group **suicides** only includes suicides not caused by intoxication.

# **ANNEX B**

## **Tables, Map**



Table A1: Overview of selected studies on drug experience among the Austrian population, published between 1996 and 2000

Study (year of publication)	Area covered, year of data collection (period covered)	Target group (sample)	Drug types surveyed	Percentage of re- spondents with drug experience	
				Age group	%
Schulstudie Kärnten / school survey, Carinthia (Bohrn/Bohrn 1996)	Carinthia 1996 (lifetime)	Students in their 7th to 12th/13th school years (n = 1,234)	Hashish Ecstasy LSD Cocaine Heroin	13–19 13–19 13–19 13–19 13–19	7.7 3.2 1.0 0.3 0.3
NÖ Jugendstudie / youth survey, Lower Austria (Brunmayr 1997)	Lower Austria 1996/97 (lifetime)	Students in their 9th to 12th/13th school years (n = 1,300)	Hashish Ecstasy Hallucinants Cocaine Heroin	15–19 15–19 15–19 15–19 15–19	20 4 >1 >1 >1
Schulstudie NÖ / school survey, Lower Austria (Institut für Sozial- und Gesundheitspsychologie 1999)	Lower Austria 1997 (lifetime)	Students in their 7th to 12th school years (n = 1,899)	Cannabis Ecstasy LSD Cocaine Heroin	13–18 13–18 13–18 13–18 13–18	13.6 3.8 1.7 1.3 0.6
Linzer Suchtmittelstudie / drug survey, Linz (Institut für Soziologie der Universität Linz, undated)	Linz 1998 (lifetime)	General population aged 15 and older (n = 394)	Cannabis Cannabis Cannabis Cannabis Cannabis	15–19 20–29 30–39 40–49 50 +	28 37 19 7 5
Jugendstudie Tirol youth survey, the Tyrol (Schüßler et al. 2000)	Innsbruck 1999 (lifetime)	Youths aged 14 to 19 (n = 493)	Hashish Other illegal drugs	14–19 14–19	22 3
Wiener Suchtmittelstudie / general population drug sur- vey, Vienna (IFES 2000)	Vienna 1999 (lifetime)	General population aged 16 and older (n = 600)	Cannabis Ecstasy Amphetamines Cocaine Opiates Other illegal drugs	16+ 16+ 16+ 16+ 16+ 16+	11 1 1 1–2 1 1–2
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (market 2000)	Upper Austria 2000 (lifetime)	General population aged 15 and older (n = 1,011)	Cannabis Ecstasy Amphetamines Cocaine Morphine LSD Smart drugs	15+ 15+ 15+ 15+ 15+ 15+ 15+	21 4 1 4 1 3 1

Summarised by ÖBIG

Table A2: Number of drug-related deaths in Austria by cause of death from 1991 to 2000

Cause of death	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Intoxication by opiate(s)	29	48	37	63	49	69	39	27	25	18
Poly-drug intoxication including opiate(s)	29	69	109	105	115	115	92	81	101	147
(Poly-drug) intoxication by narcotic drug(s) excl. opiates	10	9	5	4	4	6	5	1	2	2
Psychoactive medicines	7	2	6	4	8	4	5	8	8	*
Intoxication of unknown type	3	3	5	1	2	1	0	0	0	0
<b>Total/intoxications</b>	<b>78</b>	<b>131</b>	<b>162</b>	<b>177</b>	<b>178</b>	<b>195</b>	<b>141</b>	<b>117</b>	<b>136</b>	<b>167</b>
AIDS	26	39	47	41	28	23	9	20	11	13
Other diseases	4	9	12	13	21	5	5	11	9	22
Suicide (no intoxication)	8	7	4	13	9	2	8	8	12	16
Accidents, homicides	0	1	1	6	5	5	9	4	3	8
Unknown cause of death	0	0	0	0	0	0	0	2	3	1
<b>Total/indirect drug-related deaths</b>	<b>38</b>	<b>56</b>	<b>64</b>	<b>73</b>	<b>63</b>	<b>35</b>	<b>31</b>	<b>45</b>	<b>38</b>	<b>60</b>
<b>Total</b>	<b>116</b>	<b>187</b>	<b>226</b>	<b>250</b>	<b>241</b>	<b>230</b>	<b>172</b>	<b>162</b>	<b>174</b>	<b>227</b>

\* = not included for the year 2000 (cf. Annex A)

Note: The statistical tables on drug-related deaths used in past years have been modified and now follow the documentation system suggested by the EMCDDA (cf. Annex A). For this year's statistics drug-related deaths from 1991 to 2000 have been reanalysed on the basis of the new documentation system and in consideration of the current list of narcotics specified in the Narcotic Substances Act.

Source: FMSSG (BMSG, Abt. VIII/B/12)

Table A3: Number of drug-related deaths in Austria by province from 1991 to 2000

Province	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	1991 - 2000
Burgenland	0	1	1	4	3	2	3	2	0	0	16
Carinthia	3	4	3	6	4	3	8	5	7	3	46
Lower Austria	4	6	10	10	11	18	13	11	12	15	110
Upper Austria	16	20	15	27	24	17	10	14	5	18	166
Salzburg	1	3	3	5	7	6	12	13	9	7	66
Styria	1	7	5	5	8	10	13	6	6	12	73
Tyrol	10	12	28	26	23	18	15	18	21	18	189
Vorarlberg	19	19	18	20	24	20	7	13	10	10	160
Vienna	62	115	143	147	137	136	91	80	104	144	1,159
<b>Total</b>	<b>116</b>	<b>187</b>	<b>226</b>	<b>250</b>	<b>241</b>	<b>230</b>	<b>172</b>	<b>162</b>	<b>174</b>	<b>227</b>	<b>1,985</b>

Source: FMSSG (BMSG, Abt. VIII/B/12)



Table A4: Number of drug-related deaths in Austria by age group and total by gender from 1991 to 2000

Age group	1991		1992		1993		1994		1995		1996		1997		1998		1999		2000	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	2	2	22	12	32	14	34	13	33	14	24	10	20	12	8	5	19	11	25	11
20–24	22	19	40	21	63	28	55	22	40	16	47	20	38	22	41	25	27	15	41	18
25–29	36	31	42	23	38	17	42	17	46	19	36	16	26	15	26	16	27	15	40	18
30–34	39	34	47	25	56	25	65	26	62	26	54	24	33	19	26	16	39	23	39	17
35–39	13	11	25	13	32	14	42	17	41	17	45	20	30	17	27	17	38	22	36	16
40 and older	4	3	11	6	5	2	12	5	19	8	24	10	25	15	34	21	24	14	46	20
<b>Total</b>	116	100	187	100	226	100	250	100	241	100	230	100	172	100	162	100	174	100	227	100
<b>Women</b>	24	21	33	18	39	17	40	16	45	19	36	16	29	17	24	15	48	28	44	19
<b>Men</b>	92	79	154	82	187	83	210	84	196	81	194	84	143	83	138	85	126	72	183	81

abs. = absolute figures

Source: FMSSG (BMSG, Abt. VIII/B/12)

Table A5: Distribution of drug-related deaths in Austria by cause of death and age in 2000

Cause of death			Age group										
			<15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	>49	Total	
Intoxications	Opiates	One opiate	0	2	3	4	1	1	2	0	0	13	
		Several opiates	0	1	2	2	0	0	0	0	0	5	
		+ alcohol	0	2	4	4	4	1	3	1	0	19	
		+ psychoactive medicines	0	3	3	2	1	2	0	1	0	12	
		+ alcohol & psychoactive medicines	0	1	3	2	0	3	1	0	0	10	
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	2	6	4	3	5	4	0	0	24	
		ND + alcohol	0	0	2	5	2	5	2	0	1	17	
		ND + psychoactive medicines	0	4	7	5	6	5	4	1	0	32	
		ND + alcohol & psychoactive medicines	0	2	4	2	10	6	7	2	0	33	
	Narcotic drugs excl. opiates	Narcotic drug(s) only	0	2	0	0	0	0	0	0	0	2	
		ND + alcohol	0	0	0	0	0	0	0	0	0	0	
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
		ND + alcohol & psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
	Total intoxications			0	19	34	30	27	28	23	5	1	167
	of these men			0	13	25	28	22	22	17	4	1	132
Indirect drug-related deaths	AIDS		0	0	0	2	5	0	3	3	0	13	
	Other diseases		0	2	1	4	2	6	3	4	0	22	
	Suicides (no intoxication)		0	1	5	4	2	2	1	1	0	16	
	Accidents, homicides		0	3	1	0	3	0	1	0	0	8	
	Unknown cause of death		0	0	0	0	0	0	1	0	0	1	
	Total of indirect drug related deaths			0	6	7	10	12	8	9	8	0	60
	of these men			0	4	6	8	7	12	7	7	0	51
<b>Total</b>			<b>0</b>	<b>25</b>	<b>41</b>	<b>40</b>	<b>39</b>	<b>36</b>	<b>32</b>	<b>13</b>	<b>1</b>	<b>227</b>	

ND = narcotic drug(s)

Note: The statistical tables on drug-related deaths used in past years have been modified and now follow the documentation system suggested by the EMCDDA (cf. Annex A). For this year's statistics drug-related deaths from 1991 to 2000 have been reanalysed on the basis of the new definition and in consideration of the current list of narcotics specified in the Narcotic Substances Act.

Source: FMSSG (BMSG, Abt. VIII/B/12)

Table A6: Distribution of drug-related deaths in Austria by cause of death and province in 2000

Cause of death			Province									
			B	C	LA	UA	S	St	T	VB	V	A
Intoxications	Opiates	One opiate	0	0	1	0	0	0	1	1	10	13
		Several opiates	0	0	1	0	0	0	1	0	3	5
		+ alcohol	0	0	0	0	0	1	0	0	18	19
		+ psychoactive medicines	0	0	0	1	1	1	2	1	6	12
		+ alcohol & psychoactive medicines	0	0	0	3	2	0	0	0	5	10
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	0	1	0	1	3	1	0	18	24
		ND + alcohol	0	0	3	0	0	1	1	1	11	17
		ND + psychoactive medicines	0	2	2	2	0	2	4	0	20	32
		ND + alcohol & psychoactive medicines	0	0	2	5	2	3	1	2	18	33
	Narcotic drugs excl. opiates	Narcotic drug(s) only	0	0	1	0	0	0	0	0	1	2
		ND + alcohol	0	0	0	0	0	0	0	0	0	0
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
		ND + alcohol & psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Total/intoxications				2	11	11	6	11	11	5	110
Indirect drug-related deaths	AIDS		0	0	0	6	0	1	2	0	4	13
	Other diseases		0	0	3	1	0	0	1	1	16	22
	Suicides (no intoxication)		0	0	1	0	0	0	4	1	10	16
	Accidents, homicides		0	1	0	0	1	0	0	3	3	8
	Unknown cause of death		0	0	0	0	0	0	0	0	1	1
	Total/indirect drug-related deaths			0	1	4	7	1	1	7	5	34
<b>Total</b>			<b>0</b>	<b>3</b>	<b>15</b>	<b>18</b>	<b>7</b>	<b>12</b>	<b>18</b>	<b>10</b>	<b>144</b>	<b>227</b>

B = Burgenland, C = Carinthia, LA = Lower Austria, UA = Upper Austria, S = Salzburg, St = Styria, T = Tyrol, VB = Vorarlberg, V = Vienna, A = Austria

Note: The statistical tables on drug-related deaths used in past years have been modified and now follow the documentation system suggested by the EMCDDA (cf. Annex A). For this year's statistics drug-related deaths from 1991 to 2000 have been reanalysed on the basis of the new definition and in consideration of the current list of narcotics specified in the Narcotic Substances Act.

Source: FMSSG (BMSG, Abt. VIII/B/12)

Table A7: Development of AIDS cases in Austria by risk situation from 1991 to 2000

Risk situation	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Homo-/bisexual contact	74	77	90	71	71	59	25	28	26	12
Intravenous drug use	56	57	59	42	39	25	22	24	23	17
Heterosexual contact	27	30	30	27	34	21	16	24	29	26
Other cause / unknown	42	27	54	27	62	34	35	20	17	21
<b>Total</b>	<b>199</b>	<b>191</b>	<b>233</b>	<b>167</b>	<b>206</b>	<b>139</b>	<b>98</b>	<b>96</b>	<b>95</b>	<b>76</b>

Source: FMSSG (BMSG, Abt. VIII/B/12)

**Table A8: Distribution of reports to the police for violations of the Narcotic Drugs Act/  
Narcotic Substances Act in Austria by first offenders and repeat offenders and  
development from 1991 to 2000**

Reports	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total number of reports	5,392	7,805	10,915	12,623	13,093	16,196	17,868	17,141	17,597	18,125
First offenders	2,185	3,616	4,788	5,281	5,521	8,322	9,278	8,672	9,868	9,343
Repeat offenders	2,918	3,893	5,882	7,117	7,313	7,511	8,325	8,228	7,463	8,296

Difference between sum of individual province figures and total figure = unknown offenders

Since 1998: all reports, not only narcotic drugs but also psychotropic substances

Note: on 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

**Table A9: Distribution of reports to the police for violations of the Narcotic Drugs Act/  
Narcotic Substances Act in Austria by province from 1991 to 2000**

Province	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Burgenland	309	368	332	343	669	694	759	707	603	843
Carinthia	260	355	334	524	534	1,280	961	1,076	1,208	1,088
Lower Austria	767	1,055	1,216	1,772	1,655	1,550	2,686	2,519	2,389	2,624
Upper Austria	564	936	992	1,133	1,405	1,941	2,256	2,334	1,946	1,887
Salzburg	250	268	504	436	355	962	855	1,053	840	718
Styria	419	340	458	739	851	1,093	1,125	973	1,367	1,305
Tyrol	468	842	1,483	1,798	1,382	2,268	2,204	2,212	2,152	2,687
Vorarlberg	405	748	973	888	1,082	1,040	933	1,144	1,848	1,183
Vienna	1,950	2,893	4,623	4,990	5,160	5,368	6,089	4,606	4,858	5,233
Total	5,392	7,805	10,915	12,623	13,093	16,196	17,868	16,624	17,211	17,568

Difference between sum of individual province figures and total figure = reports not attributable to province

1998/1999/2000: for the purpose of comparison only reports related to drugs have been considered.

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

**Table A10: Distribution of reports to the police for violations of the Narcotic Drugs Act/  
Narcotic Substances Act in Austria by drug type from 1991 to 2000**

Drug type	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Cannabis	4,132	5,889	7,913	9,552	9,845	14,456	16,124	16,376	17,236	17,001
Heroin and opiates	1,527	2,803	4,340	4,394	4,386	3,727	3,434	2,850	2,524	2,413
Cocaine	643	819	1,267	1,404	1,603	1,912	2,764	2,103	2,608	2,494
LSD	149	200	296	234	315	640	893	736	532	477
Ecstasy	-	-	-	116	496	1,375	1,942	1,411	1,517	2,337
Amphetamines	-	-	-	103	81	342	1,068	-	-	1,041
Psychotropic substances	-	-	-	-	-	-	-	802	750	780
Other drugs	182	222	226	306	302	430	850	-	-	-

- = not evaluated separately or not specified

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act.

Because of data broken down by type of drug one report to the police may have been listed under several headings, therefore the figures differ from the total number of reports.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

*Table A11: Distribution of reports to the police for violations of the Narcotic Substances Act in Austria by drug type and province in 2000*

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	1,107	1,279	2,730	2,071	775	1,777	2,967	1,234	3,061	17,001
Heroin und opiates	50	37	318	106	95	137	156	114	1,400	2,413
Cocaine	34	83	375	171	72	152	237	222	1,148	2,494
LSD	6	37	159	78	12	54	28	67	36	477
Ecstasy	45	256	593	295	93	229	350	257	219	2,337
Psychotropic substances	0	10	74	18	6	63	35	3	571	780

B = Burgenland, C = Carinthia, LA = Lower Austria, UA = Upper Austria, S = Salzburg, St = Styria, T = Tyrol, VB = Vorarlberg, V = Vienna, A = Austria

Note: Because of data broken down by type of drug one report to the police may have been listed under several headings, therefore the figures differ from the total number of reports. At present it is not possible to break down reports related to amphetamines according to province.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

*Table A12: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1991 to 2000*

Year	Total number of convictions under the NDA/NSA	Convictions under Art. 12 NDA/ Art. 28 NSA	Convictions under Art. 16 NDA/ Art. 27 NSA	Convictions in Austria	
				total number	under the NDA/NSA (percentage)
1991	1,469	503	947	75,155	2.0
1992	1,720	617	1,074	74,419	2.3
1993	2,683	952	1,700	74,937	3.6
1994	3,275	1,230	2,010	69,458	4.7
1995	3,261	1,124	2,102	69,779	4.7
1996	3,454	1,027	2,382	66,980	5.2
1997	3,797	1,036	2,717	65,040	5.8
1998	3,327	1,041	2,207	63,864	5.2
1999	3,359	1,022	2,230	61,954	5.4
2000	3,240	933	2,245	41,624	7.8

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act.

Art. 12 NDA / Art. 28 NSA = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)

Art. 16 NDA / Art. 27 NSA = trafficking, possession, etc. of small quantities of narcotic drugs

Note: These figures only refer to the leading offence, i.e. the offence with the highest range of punishment, so not all convictions under the NDA, or the NSA, respectively, are covered.

Source: Statistics Austria (Criminal Court Statistics)

*Table A13: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act in Austria by age, gender and reason for conviction in 2000*

Reason for conviction		14–19 years	20–24 years	25–30 years	31–35 years	>35 years	Total
NDA/NSA total	men	569	1,013	506	341	435	2,864
	women	95	111	54	52	64	376
Art. 12 NDA / Art. 28 NSA	men	120	246	154	118	192	830
	women	19	27	10	17	30	103
Art. 16 NDA / Art. 27 NSA	men	449	760	343	217	214	1,983
	women	75	81	43	33	30	262

NDA = Narcotic Drugs Act  
NSA = Narcotic Substances Act

On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act.

Art. 12 NDA / Art. 28 NSA = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)

Art. 16 NDA / Art. 27 NSA = trafficking, possession, etc. of small quantities of narcotic drugs

Note: These figures only refer to the leading offence, i.e. the offence with the highest range of punishment, so not all convictions under the NDA, or the NSA, respectively, are covered.

Source: Statistic Austria (Criminal Court Statistics)

*Table A14: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act, according to youths and adults, reason for conviction and form of punishment in 2000*

Reason for conviction		Fine	Prison sentence			Other punishment <sup>1</sup>	Total
			Probation	No probation	Partial probation		
NDA/NSA total	youths	144	160	22	56	135	517
	adults	962	778	692	255	36	2,723
Art. 12 NDA / Art. 28 NSA (felonies)	youths	7	48	11	40	0	106
	adults	21	196	445	164	1	827
Art. 16 NDA / Art. 27 NSA (misdemeanours)	youths	137	112	11	16	135	411
	adults	927	561	226	88	32	1,834

Youths = persons younger than 19 at the time of the offence

NDA = Narcotic Drugs Act  
NSA = Narcotic Substances Act

On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act.

Art. 12 NDA / Art. 28 NSA = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)

Art. 16 NDA / Art. 27 NSA = trafficking, possession, etc. of small quantities of narcotic drugs

<sup>1</sup> Other punishment: partial probation (Art. 43 A (2) CC), referrals to institutions (Arts. 21 (1), 21 (2), 22 and 23 CC), no additional punishment (Art. 40 CC) and, though only in the case of youths, conviction with punishment reserved (Art. 13 JCA) and conviction without punishment (Art. 12 JCA)

Note: These figures only refer to the leading offence, i.e. the offence with the highest range of punishment, so not all convictions under the NDA, or the NSA, respectively, are covered.

Source: Statistics Austria (Criminal Court Statistics)

Table A15: Development of application of alternatives to punishment in Austria from 1994 to 2000

Withdrawal of report / dismissal of proceedings	1994	1995	1996	1997	1998	1999	2000
Total	3,446	4,395	5,248	5,817	7,468	7,030	8,098
Art. 35 NSA (withdrawal of report)	-	-	-	-	6,699	6,360	7,088
of these: Art. 35 (4) NSA (cannabis)	-	-	-	-	1,432	1,355	1,411
Art. 37 NSA (dismissal of proceedings)	-	-	-	-	769	670	1,010

Art. 35 NSA = temporary withdrawal of the report to the police by the public prosecutor

Art. 35 (4) NSA = temporary withdrawal of the report to the police in the case of small quantities of cannabis for personal use

Art. 37 NSA = temporary dismissal of proceedings by the court

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act. A specification of the kind of alternative to punishment can be given for the period since 1998 only.

Source: FMSSG (BMSG, Abt. VIII/B/12)

Table A16: Number of seizures of narcotic drugs/substances in Austria from 1991 to 2000

Narcotic drugs/substances	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Cannabis	1,485	2,334	2,953	3,510	3,757	4,838	4,957	4,683	5,079	4,833
Heroin	435	859	1,289	1,225	1,298	1,110	861	654	452	478
Cocaine	158	235	332	376	421	525	651	531	519	554
Amphetamines	4	14	26	103	43	136	221	-	-	141
LSD	30	51	58	50	80	102	113	61	56	42
Ecstasy	-	-	-	51	153	254	253	135	215	330
Psychotropic substances	-	-	-	-	-	-	-	14	74	65
Psychotropic medicines	-	-	-	-	-	-	-	521	517	501

- = not evaluated separately or not specified

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act, including since then also psychotropic substances.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

Table A17: Seizures of narcotic drugs/substances in Austria by quantity from 1991 to 2000

Narcotic drugs/substances	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Cannabis (kg)	12,166	248	546	394	697	517	912	1,336	451	1,806
Heroin (kg)	102.8	78.2	104.8	80.2	47.0	81.3	102	118	78	230
Cocaine (kg)	84.4	58.1	83.9	52.6	55.3	72.7	87	99	63	20
Amphetamines (kg)	0.3	0.4	0.3	0.7	1.6	3.7	7.9	-	-	1
LSD (doses)	906	3,847	28,201	1,543	2,602	4,166	5,243	2,494	2,811	865
Ecstasy (doses)	-	-	-	3,003	31,338	25,118	23,522	114,677	31,129	162,093
Psychotropic substances (kg)	-	-	-	-	-	-	-	0.128	4.004	1.294
Psychotropic medicines (doses)	-	-	-	-	-	-	-	82,018	36,437	38,507

- = not evaluated separately or not specified

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act, including since then also psychotropic substances.

Source: FMI (BMI - Jahresberichte über die Suchtgiftkriminalität in Österreich)

*Table A18: Ingredients of samples bought as ecstasy or speed and analysed by the ChEck iT! project at rave parties, from 1997 to 2000*

Ingredients	Samples bought as ecstasy			Samples bought as speed		
	1997/1998	1999	2000	1997/1998	1999	2000
MDMA	31%	78%	86%	3%	12%	8%
MDE	3%	0%	4%	1%	0%	0%
MDA	3%	1%	1%	1%	0%	0%
MBDB	0%	0%	1%	0%	0%	0%
Amphetamine	16%	9%	1%	55%	57%	67%
Metamphetamine	4%	1%	1%	3%	9%	3%
Other ingredients	43%	11%	6%	37%	22%	22%

Note: In 1997/1998 a total of 370 samples were analysed; 1999: 239 samples; 2000: 453 samples. The majority of the samples were bought as ecstasy (= MDMA) or speed (= amphetamine).

Source: Kriener et al. 1999 and VWS 2001e; calculation by ÖBIG

*Table A19: Number of outpatient drug centres in Austria by types of service provided and type of facility in 2000*

Type of service provided	Counselling/care/treatment centres				Low threshold services / out-reach work (n=11)		Total number of centres <sup>1</sup> (n=105)	
	≥ 40 hours per week (n=38)		< 40 hours per week (n=54)		abs.	%	abs.	%
	abs.	%	abs.	%				
Care for clients undergoing obligatory treatment	30	79	33	61	0	0	64	61
Medical treatment and counselling	29	76	28	52	3	27	61	58
Medical services in the context of substitution treatment	19	50	5	9	0	0	25	24
Psychotherapeutic treatment and care	27	71	20	37	0	0	48	46
Psychosocial counselling and care	34	90	41	76	9	82	86	82
Psychological counselling and care	26	68	23	43	0	0	49	47
Specific counselling (legal advice, debts, job, training)	21	55	7	13	3	27	31	30
Outreach services	28	74	19	35	10	91	57	54
Harm reduction	26	68	19	35	11	100	57	54
Social (re)integration	28	74	27	50	10	91	66	63
Work with relatives and acquaintances	35	92	47	87	5	46	88	84
Primary/secondary prevention	30	79	31	57	4	36	65	62

<sup>1)</sup> Two centres have not been included in any category

The shadowed columns give absolute numbers of indications, followed by percentages related to the total number of centres in the individual categories.

Source: ÖBIG 2001 - calculations by ÖBIG (May to September 2000)



Table A20: Number of inpatient drug facilities in Austria by types of service provided in 2000

Type of service provided	Specific services		Occasional services		No services	
	abs.	%	abs.	%	abs.	%
Care for clients undergoing obligatory treatment	7	54	2	15	4	31
Medical treatment and counselling	11	85	0	0	2	15
Medical services in the context of substitution treatment	6	46	1	8	6	46
Psychotherapeutic treatment and care	8	62	2	15	3	23
Psychosocial counselling and care	11	85	1	8	1	8
Psychological counselling and care	9	69	1	8	3	23
Specific counselling (legal advice, debts, job, training)	7	54	1	8	5	39
Leisure time and daily routine activities	10	77	1	8	2	15
Services for education and further training	5	39	1	8	7	54
Contacting of clients (outreach work)	7	54	0	0	6	46
Aftercare	7	54	1	8	5	39
Work with relatives and acquaintances	7	54	4	31	2	15
Primary/secondary prevention	4	31	2	15	7	54

**Specific services:** Services of centres specialised for one or more of the services listed in the corresponding categories.

**Occasional services:** Services by centres that do not regularly provide any of the services listed in the corresponding categories but provide such services occasionally.

**No services:** Centres that do not provide any of the services listed in the corresponding category.

The shadowed columns give absolute numbers of indications, followed by percentages related to the total number of inpatient centres.

Source: ÖBIG 2001 - calculations by ÖBIG (May to September 2000)

Table A21: Number of persons currently registered for substitution treatment in Austria by first treatment/continued treatment and province in 2000

Treatment	B	C	LA	UA	S	St	T	VB	V	A*
Continued treatments	20	65	274	272	209	120	207	331	2,558	4,071
First treatments	2	29	65	59	99	70	10	68	412	822
Total	22	94	339	331	308	190	217	399	2,970	4,893

B = Burgenland, C = Carinthia, LA = Lower Austria, UA = Upper Austria, S = Salzburg, St = Styria, T = Tyrol, VB = Vorarlberg, V = Vienna, A = Austria

Note: **Continued treatments** are treatments started before the respective year or repeated treatments of persons having undergone substitution treatment before. **First treatments** are treatments of persons who have never been undergoing substitution treatment before.

\* The total number of substitution treatments in Austria is higher than the sum of the substitution treatments by provinces since records of the provinces are incomplete in some cases.

Source: FMSSG (BMSG, Abt. VIII/B/12); calculations by ÖBIG

Table A22: Austrian population statistics by age group and gender in 2000

Age group	Men	Women	Total
0 to less than 5 years	213,157	202,477	415,634
5 to less than 10 years	241,367	229,715	471,082
10 to less than 15 years	239,499	227,199	466,698
15 to less than 20 years	247,814	236,791	484,605
20 to less than 25 years	237,849	230,968	468,817
25 to less than 30 years	284,646	285,435	570,081
30 to less than 35 years	356,957	344,788	701,745
35 to less than 40 years	365,325	347,555	712,880
40 to less than 45 years	312,880	301,170	614,050
45 to less than 50 years	262,964	258,604	521,568
50 to less than 55 years	250,230	247,964	498,194
55 to less than 60 years	242,150	250,792	492,942
60 to less than 65 years	201,939	216,456	418,395
65 to less than 70 years	158,033	185,953	343,986
70 to less than 75 years	138,905	192,008	330,913
75 to less than 80 years	98,225	194,364	292,589
80 to less than 85 years	42,553	95,806	138,359
85 to less than 90 years	28,835	77,675	106,510
90 to less than 95 years	7,778	26,767	34,545
95 and older	1,693	5,692	7,385
<b>Total</b>	<b>3,932,799</b>	<b>4,158,179</b>	<b>8,090,978</b>
0 to less than 15 years	694,023	659,391	1,353,414
15 to less than 30 years	770,309	753,194	1,523,503
30 to less than 45 years	1,035,162	993,513	2,028,675
45 to less than 60 years	755,344	757,360	1,512,704
60 to less than 75 years	498,877	594,417	1,093,294
75 and older	179,084	400,304	579,388
<b>Total</b>	<b>3,932,799</b>	<b>4,158,179</b>	<b>8,090,978</b>

Source: Statistics Austria, calculations by ÖBIG

Map A1: Overview of the Austrian provinces, provincial capitals and districts



Scale 1:2 500 000



## **ANNEX C**

### **List of Abbreviations**



AMS	Public Employment Service
ARBÖ	Auto-, Motor- und Radfahrerbund Österreichs
ATS	Austrian Schillings
CC	Criminal Code
EDDRA	Exchange on Drug Demand Reduction Action
EDPW	European Drug Prevention Week
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
FMAFEW	Federal Ministry of Agriculture, Forestry, Environment and Water Management (BMLFUW)
FMD	Federal Ministry of Defence (BMLV)
FMESC	Federal Ministry of Education, Science and Culture (BMBWK)
FMF	Federal Ministry of Finance (BMF)
FMFA	Federal Ministry for Foreign Affairs (BMA)
FMI	Federal Ministry of the Interior (BMI)
FMJ	Federal Ministry of Justice (BMJ)
FMSSG	Federal Ministry for Social Security and Generations (BMSG)
FMTIT	Federal Ministry for Transport, Innovation and Technology (BMVIT)
HAF	Healthy Austria Fund (FGÖ)
IFES	Institute for Empirical Research
JCA	Juvenile Court Act (JGG)
MDMA	methylenedioxymethamphetamine
NDA	Narcotic Drugs Act (SGG)
NSA	Narcotic Substances Act (SMG)
ÖBIG	Austrian Health Institute
PMA	paramethoxyamphetamine
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
UNDCP	United Nations International Drug Control Programme
VSF	Vienna Social Fund (FSW)
VWS	Vienna Social Projects Association

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