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by the Reitox National Focal Point**

AUSTRIA DRUG SITUATION 2005

REITOX

Österreichisches Bundesinstitut für Gesundheitswesen



ÖBIG

Report on the Drug Situation 2005

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Summary

National reports on the drug situation in Austria are drawn up annually for the European Monitoring Centre for Drugs and Drug Addiction and the federal ministry responsible for health affairs, and deal with the subject of illicit drugs. This report gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction interventions in the reporting period 2004/5. Every year specific issues are also highlighted; in this report the themes of gender differences, drug policies extended beyond illicit drugs and drug use within recreational settings have been selected for detailed presentation.

Summary and discussion of the most important trends

Substitution treatment was the most important drug policy issue discussed in the reporting period. Already in the year before (see ÖBIG 2004a), a number of experts were sceptical about the use of slow-release morphines for medically assisted treatment. They particularly referred to a high availability of morphines in the black market and to health problems caused by forms of use not intended by the prescription, especially intravenous administration. In the following months, a controversial debate on the advantages and problems of the use of slow-release morphines arose among experts and some aspects were also taken up by political actors and the media. In this context, the positive results of the use as intended of these substances were also underlined, however.

The Federal Ministry for Health and Women (BMGF) took this opportunity to consider the question of possible improvements in the legal situation and the practical implementation of substitution treatment in general. An expert working group on the optimisation of substitution treatment was convened and subsequently presented a number of recommendations. A Decree regulating central issues such as restrictions of the right to dispense substitution substances to patients to take away will be issued before the end of 2005. In addition, new further training standard for physicians will be defined so as to contribute to ensuring the quality of substitution treatment. In view of the widely accepted advantages of the diversification of substitution treatment, which is also in line with the recommendations of the EMCDDA (see EMCDDA 2002), it was also decided that substitution with slow-release morphines will continue to be admissible for the time being, but stricter conditions than before have to be observed.

Parallel to the measures taken at federal level, a number of provinces also started activities to improve and assure the quality of substitution treatment. For instance, Salzburg introduced a three-stage model of medically assisted treatment, Lower Austria drew up a substitution plan, and Carinthia defined guidelines for the treatment of opiate addiction. Styria is implementing the new substitution model (see ÖBIG 2004a) and has started to build a substitution data base. Another development at federal level is that the Ministry of Justice issued new directives for substitution treatment in prisons.

In summer 2005, initial results of a representative study on the prevalence and patterns of use of legal and illicit substances in the general population, carried out by the Federal Ministry for Health and Women (BMGF), were available. For the first time, this study provides nationwide data in accordance with EU standards and generally confirms the major trends

showing in recent years. Around one out of five respondents indicated that they had already used an illicit substance at least once in life (= lifetime prevalence), compared to 96.5% for alcohol and 75.8% for tobacco. Experience of illicit substance use most frequently concerns cannabis, followed by ecstasy and amphetamines. The consumption rates for the past 12 months (=12-month prevalence) are significantly lower, and above 1% only in the case of cannabis (7.5%), while the rest of the substances remain below 1%. This corroborates the position that the consumption of illicit drugs is mostly restricted to a certain stage in life and/or to experimental use.

The prevalence rates are generally elevated for adolescents and young adults. Approximately 30% indicated lifetime experience of cannabis, and about 5% reported use of ecstasy and biogenic drugs. With regard to 12-month prevalence, the corresponding shares are about 50% lower. The ESPAD school survey also showed that the share of regular cannabis smokers is rising and that cannabis has become an everyday drug. However, the results of this European study also reveal that the above development is not restricted to Austria but represents a European trend. Compared to other Central European countries, the prevalence of cannabis use is even below average in Austria, while the results for ecstasy are within the average range.

As a response to the rising prevalence of use among young people, specific health policy interventions were started. The secondary prevention measures for drug-using young people continue to be expanded, with the focus particularly placed on outreach work and mobile services. In addition, many activities relate to youth social work in recreational settings and aim at a better integration and/or professionalisation in this field with regard to assistance and counselling for young people who experiment with drugs or who are in danger of becoming addicted.

In the field of demand reduction, social reintegration measures continue to be of rising importance, which is a response to the tight labour market situation and to indications that the social situation of many drug addicts and also at-risk youths is deteriorating. Occupational reintegration measures continue to be of great relevance. In addition, also new overnight accommodation and housing services were established. Another aspect worth mentioning is that recreational activities are increasingly often taken into account as contributing to the social reintegration of (long-term) drug addicts.

The data on health-related consequences of drug use are of limited interpretative value. The hepatitis infection rates have remained at the same level as before. Regarding HIV rates among drug addicts, data are inconsistent but point to a mild rise in some respects. Thus, special attention should be dedicated to a further examination of this situation, so that specific measures may be taken in time. As far as drug-related deaths are concerned, no new data are yet available.

The number of reports to the police for violation of the Narcotic Substances Act (SMG) has risen considerably. In 2004 a total of 25 215 reports relating to the SMG were filed (2003: 22 245). This rise is exclusively due to misdemeanours (possession, small-scale trafficking; Section 27 of the SMG), while reports with regard to felonies (large-scale trafficking, commercial trafficking; Section 28 of the SMG) have slightly declined. Massive increases have also shown in reports to the police concerning cannabis, and to a smaller degree also with

regard to reports relating to cocaine and crack. Parallel to the rise in reports, the number of convictions according to the SMG has significantly risen as well (5 706 convictions compared to 4 532 in 2003). The overall numbers of SMG-related convictions and their share in total convictions (1995: 4.7%; 2004: 12.6%) have thus reached a new peak. The statutory alternatives to punishment have also been used more often. However, this increase has remained below the rise in reports to the police and convictions and exclusively concerns waiving of reports, while the number of suspended proceedings has slightly gone down, as was the case also in the year before.

Selected issue: Gender differences

The majority of available gender-related data from surveys of use confirm higher prevalence rates of illicit drug use among men than among women. This particularly applies to adults. In a number of youth and school surveys - especially among younger age groups - pronounced gender differences are hardly found for individual substances, but the overall picture still shows a higher share of young men with drug experience also here. Based on scientific prevalence estimates, the share of women among problem opiate users is assumed to be around one out of four. This also corresponds to the general gender distribution among the clients of counselling and care centres, however, age is a relevant factor in this regard: while gender differences are negligible in the younger age groups, the share of women tends to go down significantly with rising age. Furthermore, women account for considerably smaller shares in drug-related deaths (between 15 and 20 percent) and reports to the police (approx. 15%).

In recent years, gender-related requirements have increasingly been taken into account in the field of demand reduction. As it was assumed that the majority of services was rather oriented towards the needs of male clients, as a first step complementary women-specific services were introduced. They include separate rooms (women's house, etc.), or specific times reserved for women (women's day, opening hours exclusively for women, etc.), gender-specific services (e.g., single-gender treatment groups, counsellors of the same gender as the clients) and gender-sensitive responses (self-defence training, reflecting on gender roles, etc.). Eventually, a stronger consideration of the specific needs of male clients was also regarded as important, and based on gender mainstreaming approaches, the issue of gender has generally been taken into account more strongly as a central element of target group orientation.

Selected issue: European drug policies: extended beyond illicit drugs?

Before the mid-1990s, Austria's drug policy was definitely focused on illicit drugs, which was reflected in the relevant drug strategies and the nomination of Drug Coordinators and Drug Advisory Boards at provincial level as well as the Drug Forum at federal level. These strategies and actors primarily, and often exclusively, dealt with problems arising in the context of illicit drugs. However, in recent years the situation has started to change. More and more provinces have drawn up addiction strategies or addiction plans. This is paralleled by an expansion of activities to include other fields of addiction as well, in particular alcohol and tobacco, and to some degree also pharmaceutical products, eating disorders, gambling and other addictions not related to specific substances. The new orientation also shows in the

fact some relevant organisations and bodies have been renamed Addiction Coordinators and Addiction Advisory Boards. One of the most probable factors triggering this development is the field of addiction prevention, which was professionalised in the 1990s and began to re-define its remit as a comprehensive prevention of addiction instead of the approach restricted to drug prevention.

Selected issue: Development in drug use within recreational settings

The available data on drug use in recreational settings in Austria almost exclusively refer to the party scene - in particular the techno scene and related scenes - and thus primarily to young people. They confirm very high prevalence rates of use of a range of different substances among the members of these youth scenes. Experience of use is primarily accounted for by cannabis, which a large share of the young people surveyed have already taken. High rates are also found for cocaine, amphetamines and ecstasy. However, one has to bear in mind that these results refer to very specific scenes and are by no means representative of general drug use in recreational settings. Nevertheless, experts generally assume a rising trend of the use of various drugs in recreational settings, combined with a hedonistic approach to the use of psychoactive substances, modern leisure activities and the availability of many recreational drugs at a lower price than in the past. There are several studies that show correlations between the affinity to risky sparetime activities such as canyoning, rafting and bungee jumping or sensation seeking on the one hand and drug use on the other. No data and information on drug use in recreational settings by adults are available.

In recent years a number of measures were specifically focused on drug use in recreational settings or within certain scenes. An example that attracted great attention is the project ChEckiT! of Vienna, which combines secondary prevention at raves or similar party events and pill testing services. In the west of Austria, MDA basecamp of the Tyrol and Supromobil of Vorarlberg are also present at raves and parties. These projects, as well as a number of other services addressing specific target groups - use the Internet and e-mail as effective channels for counselling. As it has repeatedly shown that especially young drug users who are affiliated to certain youth scenes can hardly be reached by drug counselling and care centres, outreach work and confidence-building measures are of particular relevance. For instance, experts from drug help centres are present at specific events so that the young people have the opportunity to get to know further services, and personal contacts may be established as a first step.

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Introduction

This is the 10th time the REITOX Focal Point at the Austrian Health Institute (ÖBIG) presents its annual National Report drawn up for the European Monitoring Agency for Drugs and Drug Addiction (EMCDDA) and the Austrian Federal Ministry that is responsible for health affairs.

This report deals with illicit drugs and serves both as a national report on the situation in Austria and as Austria's contribution to describing the drug situation in the European Union (EU). Similar reports are submitted by the REITOX Focal Points in all EU member states and by the EU candidates, according to a structure defined by the EMCDDA. They are essential as a basis of the EMCDDA's Annual Report on the State of the Drugs Problem in the European Union (latest publication: EMCDDA 2004).

This year's report follows the new structure that was used for the first time last year, in which information on epidemiology and demand reduction is integrated to a greater extent. The first part deals with current developments and trends concerning drug policies and their contexts, the epidemiological situation and health policy interventions aiming at demand reduction. This part refers to the reporting period from summer 2004 to summer 2005, while routine statistics refer to the year 2004. As this part is based on the previous reports (latest report: ÖBIG 2004a), it has been kept concise deliberately. The second part gives a detailed presentation of selected issues, which in the present report are the following: Gender differences; European drug policies: extended beyond illicit drugs?; and Development in drug use within recreational settings. The Annex includes a number of additional tables with detailed information and data.

Every year the REITOX Focal Points also submit to the EMCDDA annual standard tables and structured questionnaires. These data and information have also been included in this report. For an overview of all standard tables and structured questionnaires please consult Annex C. Upon request, the individual tables and questionnaires are made available to any interested parties.

This report is based on many different data and information communicated 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 and Addiction Coordinators have been especially significant. In addition, a number of experts provided background information and specific data for individual chapters of this report (see Selected 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, Michael Dressel (Drug Coordinator of the City of Vienna and Provincial Representative), Thomas Neubacher (Addiction Coordinator of Vorarlberg and Provincial Representative), Franz Pietsch (Federal Drug Coordinator and head of the Federal Drug Coordination), Robert Scharinger (BMGF), Johanna Schopper (head of the Drugs Department at the BMGF) and Wolfgang Werdenich (BMJ) for their helpful comments and valuable input.

PART A

New Developments and Trends

1 National Policies and Context

The Narcotic Substances Act (SMG), which has been in force since 1998, constitutes the main framework of Austria's drug policy. The SMG focuses on quantities and not on kind of substance, with the exception of a special provision concerning cannabis, and provides a wide range of alternatives to punishment. At the federal level the central actors in the field of drug policy include the Federal Drug Coordination and the Federal Drug Forum, which serves as a coordinating body with the provinces (see Figure 1.2). Due to the federal structure of Austria's health and social care system, the provinces play important roles with regard to the adoption and implementation of drug policy measures. All nine provinces have drawn up drug strategies or addiction plans and nominated Drug or Addiction Coordinators. In addition to the provincial strategies and plans, a federal drug strategy paper is under preparation (see Chapter 1.2). Drug policy measures are financed primarily by the Federal and Provincial Governments as well as the social insurance funds. The public discussion of the drugs issue primarily concentrates on questions related to public security and delinquency. Although Austria's political parties take differing stands with regard to drug policy, they unanimously endorse the principle of therapy instead of punishment, which is also widely accepted by the general public.

1.1 Legal framework

The reporting period saw no major legal changes with direct effects on the field of drugs. However, in the course of the next few years, the SMG will be amended as the European Framework Decision on penalties in the field of drug trafficking will be implemented (Council of the European Union 2003).

In accordance with the corresponding decisions at international level, the psychotropic substance zolpidem was incorporated in the provisions of the SMG in the reporting period. The inclusion of the synthetic substances 2C-I, 2C-T-2, 2C-T-7 and TMA-2 is under preparation. Under the Austrian drug laws, limit quantities have to be defined for every substance that is included in the SMG, as they are used for distinguishing between misdemeanours and felonies, therefore the amending process takes a certain time.

The discussion on the prescription of slow-release morphines for substitution treatment (see also Chapter 1.4), which was mentioned last year (see ÖBIG 2004a), also raised the issue of necessary legal modifications for this purpose. The Federal Ministry for Health and Women (BMGF) convened a working group of experts to deal with the optimisation of substitution treatment, and as a result a number of recommendations were presented (see Chapter 5.3). A number of central themes, for instance, restrictions of the right to dispense substitution substances to patients to take away, and obligatory further training for physicians practising substitution treatment, will be laid down legally by means of a Decree, which is under preparation. In future, dispensing of substitution substances for unlimited periods will be permissible in few cases only (in particular if daily administration of the substance in a pharmacy has been proved to be incompatible with the client's work schedule) or restricted to certain periods (e.g., during vacations or illness). Established physicians will be allowed to work in the

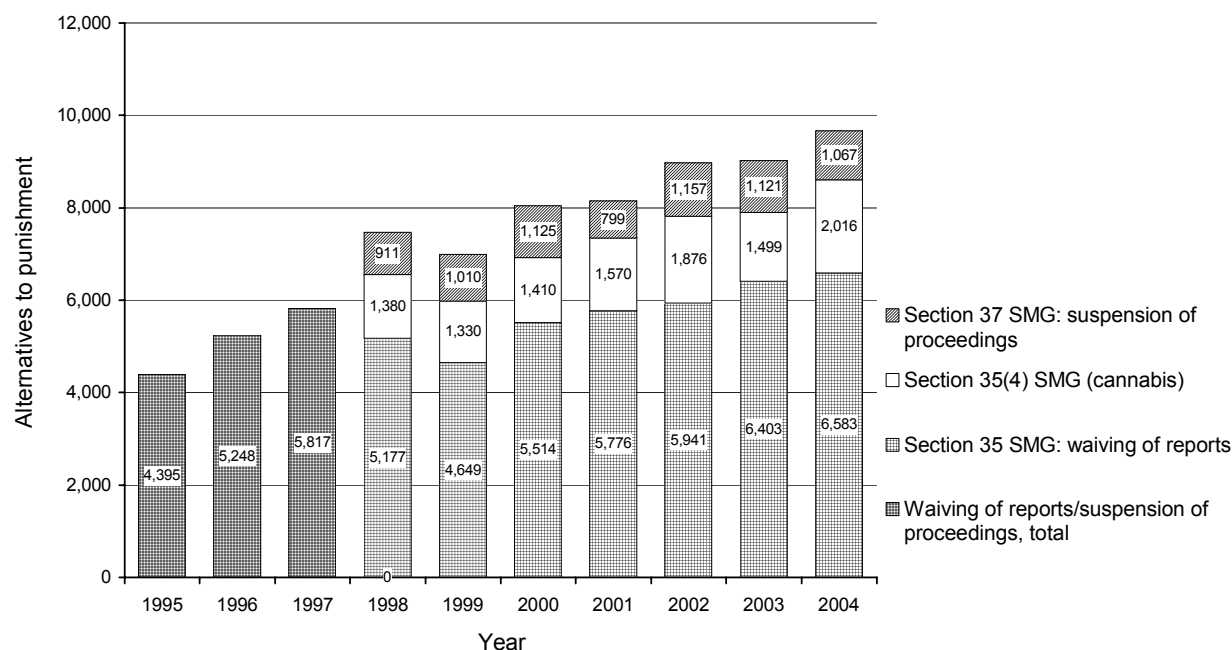
field of substitution treatment only if they have undergone the corresponding further training and regularly participate in further training courses or quality circles. Furthermore, it was decided that substitution with slow-release morphines continues to be admissible for the time being, but stricter conditions than before have to be met.

The most relevant legal change with indirect effects on the drug field is that the protection areas as described in our previous report were established as planned (see ÖBIG 2004a). On 1 January 2005 an amendment to Section 36a of the Security Police Act entered into force, which gives the police the right to send away for a maximum period of 30 days from the vicinity of schools, kindergartens and homes for the aged any person who is considered as likely to commit offences in the corresponding area. Already in the first half of 2005 a number of protection areas were applied for and granted (Der Standard, 15 February 2005). For instance, in Vienna and Lower Austria two protection areas were defined around schools, and drug problems were explicitly referred to in both cases. The issue of protection areas continues to be controversial. Their advocates point out that the general atmosphere has improved and that persons living in or passing through the new protection areas are inconvenienced less often. According to the police, in the protection areas crime has gone down, also drug-related crime. The opponents criticise that the protection areas are problematic with regard to constitutionality (see ÖBIG 2004a, VWS 2005b) and say that this is the wrong signal concerning the prevention of addiction (see Fachstellen für Suchtprävention 2004). With regard to the best known protection area, i.e., Karlsplatz of Vienna, which has been a meeting place of the drug scene for many years, drug experts also point to the fact that the establishment of the protection area has massively increased the pressure on the drug addicts and that positive results of drug work, in particular in the field of harm reduction (preventing infections, etc.) may thus be counteracted (Schinnerl 2005).

The implementation of the corresponding legislation also led to discussion and measures with regard to the implementation of the SMG by the district health authorities. In Salzburg, a controversial debate developed on the connection between Sections 12 and 35(4) of the SMG, which was underlined in the guidelines for harmonised implementation practice. The Sections mentioned deal with simplified procedures concerning the withdrawal of a report to the police, without obtaining an opinion by the district health authorities, in the case of the purchase or possession of small quantities of cannabis (Schabus-Eder, personal communication). In Carinthia, after retransferring to the district level examinations according to Section 12 of the SMG, which had been carried out centrally in past years (see ÖBIG 2004a), a handbook on medical examinations and application of the Narcotic Substances Act by district health authorities was drawn up (Amt der Kärntner Landesregierung 2005), which aims at ensuring uniform procedures in accordance with defined quality standards. Analyses from Salzburg further illustrate the results of examinations according to Section 12 of the SMG carried out by the district health authorities. In 2004, one health-related measure was recommended for 58% of persons examined, and for 28%, several measures. In 13% of the cases no measures were regarded as necessary. The measure that was recommended most frequently (71% of all examinations) was referral to psychosocial counselling and care (Drogenkoordination des Landes Salzburg 2005).

The statutory alternatives to punishment (for more details see ÖBIG 2004a) were used more often in 2004 than previously. However, this increase remained below the rise in reports to the police and convictions in the same period (see Chapter 8.2). Furthermore the increase mentioned exclusively concerns the waiving of reports, while the number of suspended proceedings has slightly gone down, as was the case already in the year before (see also Table A 18 of Annex A).

Figure 1.1: Development of the implementation of statutory alternatives to punishment in Austria, from 1995 to 2004



Section 35 SMG = Provisional deferment of charges by the public prosecutor's office

Section 35 (4) SMG = Waiving of reports in the case of small amounts of cannabis for personal use

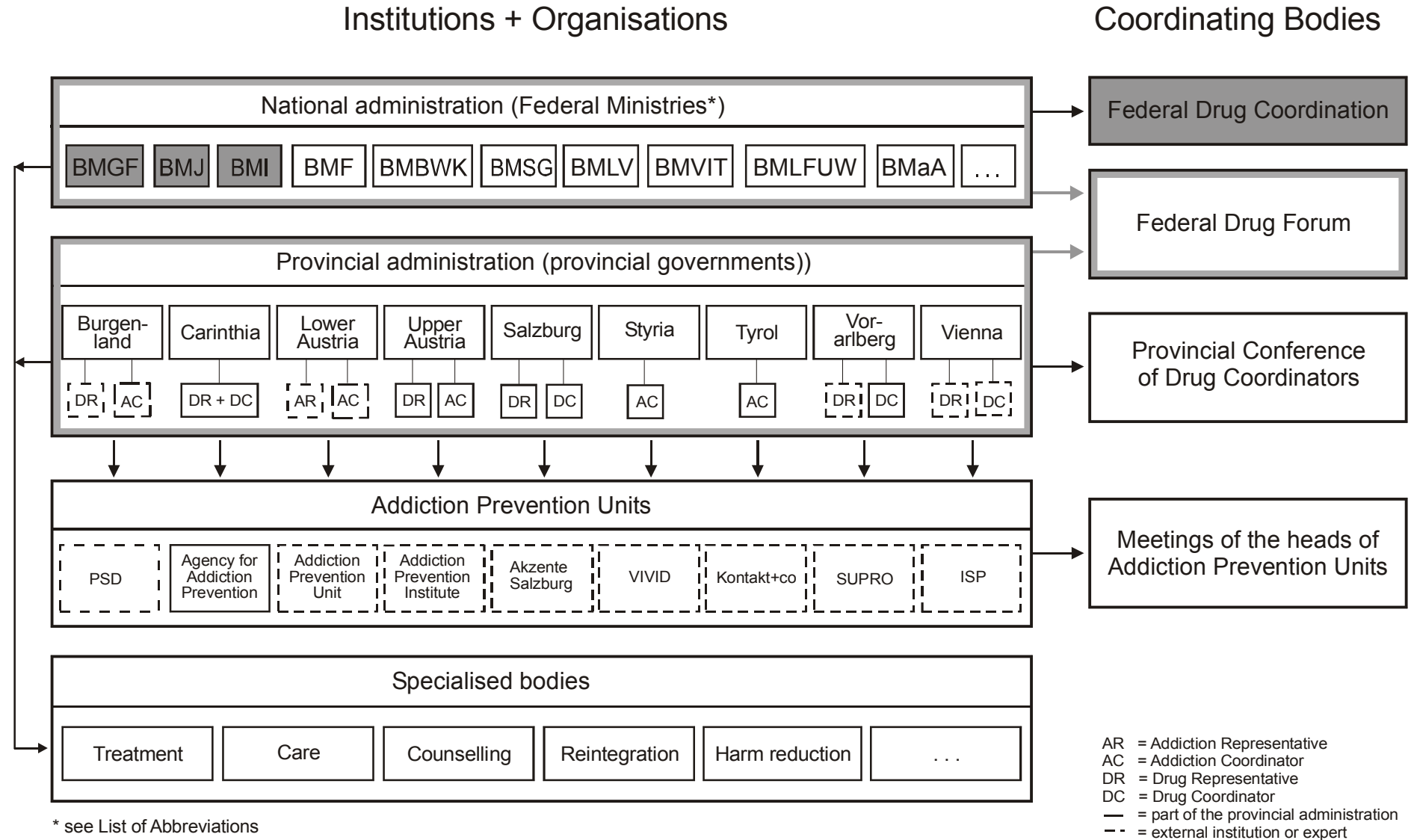
Section 37 SMG = Provisional suspension of proceedings by the court

Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. A specification of the individual alternatives to punishment can be given for the period since 1998 only. Regarding Section 39 of the SMG (stay of execution of prison sentences based on the principle of therapy instead of punishment) no reliable data are currently available.

1.2 Institutional framework, strategies and policies

There were no major changes in the political and administrative framework in the reporting period. The schedule for drawing up an Austrian drug strategy paper was extended in order to permit a harmonisation with the first action plan on drugs for the period 2005-2008 of the EU Drugs Strategy for the 2005-2012. The Federal Drug Forum (see Figure 1.2) met twice in the reporting period (October 2004 and April 2005) to discuss themes like the optimisation of substitution treatment (see Chapters 1.1 and 5.3), drug-related legal issues, the further development of drug monitoring (in particular, the introduction of a uniform documentation and reporting system of drug help centres, early warning system regarding new trends) as well as reports on recent developments and interventions.

Figure 1.2: Overview of the organisational structure of the drug sector in Austria



In Burgenland the functions of the Addiction Coordination were transferred from the Provincial Administration to the Psychosocial Services (PSD) of Burgenland, the largest provider of addiction help services of the province (Siegl, personal communication). In addition, an Addiction Prevention Unit is about to be established also within the structures of Burgenland's PSD (see Figure 1.2). Lower Austria also plans to transfer its Addiction Coordination from the Provincial Administration to a private owner, where the Addiction Prevention Unit will be located as well (Itzenthaler, personal communication). With regard to the implementation of the regional drug policy strategies, the focuses of previous years (see ÖBIG 2004a) were continued. As a result of the discussions at national level in the reporting period (see also Chapters 1.1 and 1.4), many provinces paid particular attention to improvements of substitution treatment (see also Chapter 5.3).

1.3 Budget and public expenditure

The financial regulations in the field of drugs did not undergo relevant changes in the reporting period. ÖBIG (2004b), on behalf of the BMGF, conducted a nationwide survey on public expenditure for prevention and health promotion. In this context, the prevention of drug-related diseases (prevention of addiction, drug counselling centres) was also studied. According to the survey, expenditure in this field amounted to approx. EUR 8.4m in 2001, with around 68% covered by the Provinces and about 21% by the Federal Government, whereas the Local Governments contributed approx. 6%. A comparison with the first survey of 1996 shows an increase by approx. 75% of the relevant expenditure within a period of five years.

1.4 Social and cultural context

The ESPAD school study (see Chapter 2.2) investigated which substances were considered to be risky in terms of physical and other damage. It showed that the young respondents were well able to differentiate between the risks of individual substances. For instance, statements that cannabis posed no, or a small, risk went down when related to frequency of use, from approx. 50% (persons trying cannabis once or twice) to 30% (intermittent use) and eventually 10% (regular use). The rest of the substances were regarded as carrying little risk to significantly smaller degrees (e.g., stimulating substances/amphetamines: 28% of those trying them once or twice v. 4% regular use; ecstasy: 20% and 2%, respectively; cocaine or crack: 18% and 2%, respectively; see Uhl et al. 2004b).

The political discussion in the reporting period focused on substitution treatment (see also Chapters 1.1 and 5.3), and in particular, on the advantages and problems of the use of slow-release morphines. One group underlined the high availability of morphines in the black market as well as health problems caused by forms of use not intended by the prescription, especially intravenous administration. The other group pointed to the advantages of a diversification of substitution treatment and the positive results that use as prescribed of such substances has shown. This subject was also repeatedly taken up by the media (see, e.g., Dunst 2005, Kraßnitzer 2005).

Another theme which media coverage focused on was cannabis (see e.g., Hofer and Meinhart 2004), and in particular the high prevalence of the use of cannabis as an everyday

drug (see also Chapter 2.2) as well as the potential risks associated with use. The Austrian Association for Psychiatry and Psychotherapy (ÖGPP) published an expert paper on cannabis (Haller, Dittrich and Fleischhacker, undated), which also served as a professional contribution to the cannabis debate. The paper recommends a matter-of-fact, non-ideological discussion based on scientific results. With regard to possible health risks it points to the fact that such risks relate to regular, intensive use, while intermittent use primarily affects attention and reaction speed. ÖGPP advocates a consideration of cannabis preparations in the context of the statutory registration procedures for pharmaceutical products. In addition, the consensus paper states that judicial responses should not further aggravate the situation of at-risk drug users or addicts and that the principle of therapy instead of punishment should be given absolute priority. The goal should be to find flexible legal regulations that neither indiscriminately put cannabis in the same category with other drugs nor stipulate total liberalisation.

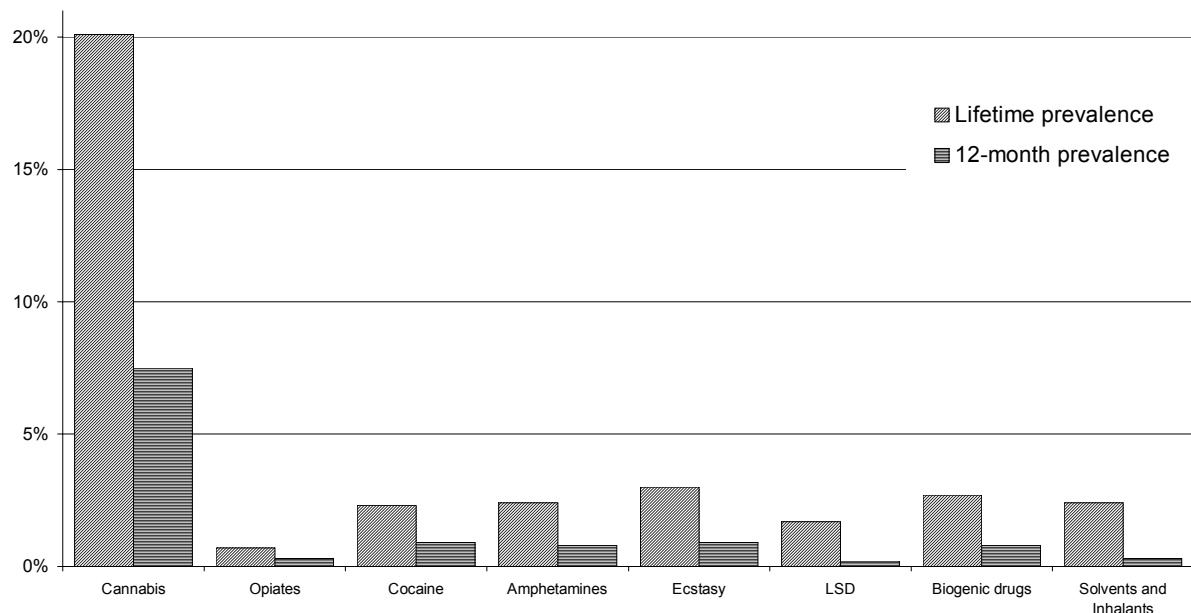
2 Drug Use in the Population

In Austria, experience of illicit drug use primarily concerns cannabis, with prevalence rates of approximately 30% among young adults. According to representative studies, about 2% to 4% have experience of ecstasy, cocaine and amphetamines, and between around 1% and a maximum of 2% also of opiates. In the last few years, the range of substances consumed in the context of experimental use has been found to have widened. In certain scenes and groups of young people, high prevalence rates for a variety of substances are found, including biogenic drugs and poppers (see also Chapter 13.1). New results of representative studies indicate that this has led to a general increase in prevalence rates in particular among adolescents and young adults.

2.1 Drug use in the general population

In 2004 a representative study on the prevalence and patterns of use of legal and illicit drugs was drawn up for the Federal Ministry for Health and Women (BMGF). This study is the first one to provide nationwide data in conformity with EU standards. The final report of the study will not be completed before the end of 2005, but a number of results are already available (Uhl et al. 2005 and Statistical Table 1).

Figure 2.1: Lifetime experience and 12-month experience of illicit drugs among the population of Austria in 2004; percentages



Source: Uhl et al. 2005

In the context of the consumption survey, a total of 4 547 persons aged 14 or older were interviewed with regard to their experience of legal and illicit psychoactive substances. In sum, 20.4% of the respondents indicated that they had already used an illicit substance at least

once in life (= lifetime prevalence), compared to 96.5% for alcohol and 75.8% for tobacco. Experience of illicit substance use most frequently concerns cannabis, followed by ecstasy and amphetamines (see Table A1 of Annex A and Figure 2.1). The results thus confirm the general trends of the last few years (see above).

The consumption rates for the past 12 months (=12-month prevalence) are significantly lower, surmounting 1% only in the case of cannabis (7.5%), while the rest of the substances remain below 1% (see Figure 2.1). 3.8% of the respondents said they had used cannabis in the past 30 days. This corroborates the position that the consumption of illicit drugs is mostly restricted to a certain phase in life and/or to experimental use.

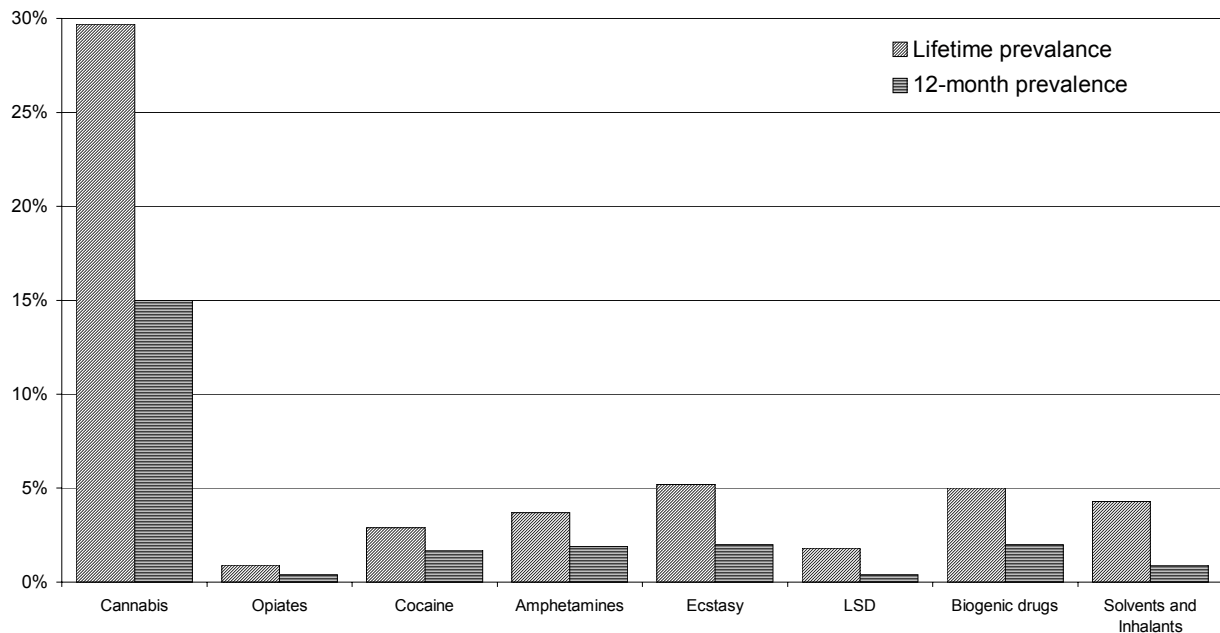
The prevalence rates are higher for men than for women with regard to all illicit substances (see also Chapter 11.1). In addition, the well-known decline with rising age is also confirmed: for instance, lifetime prevalence of cannabis goes down from approx. 30% among the group between 15 and 24 years to 5.7% among persons aged between 55 and 64 (12-month prevalence: decrease from 15% to 0.8%).

Apart from these results, no new data and information on drug use in the general population are available. However, in summer 2001 the social context of drug use was investigated at the University of Linz, Upper Austria, in the course of a survey of social networks and substance affinity, in which 302 students took part (Gerich and Lehner 2004). Based on an analysis of networks, a strong homogeneity within the networks showed with regard to substance use. For instance, the average share of persons not using any hemp products was 80% in the network of non-consumers, while an average of 89% of the persons in networks of regular hemp users also indicated they were using this substance themselves. The networks of hemp users are described to be tight (high number of active relationships) and multiplex (several social relationships with persons in the network) and to constitute important resources for the users (quoted from Seyer 2005).

2.2 Drug use in the school and youth population

In the context of the aforementioned representative study on prevalence and patterns of use of legal and illicit drugs (Uhl et al. 2005), a total number of 959 persons between 15 and 24 were interviewed. This permits a separate presentation of the results for this age group. As stated above, the prevalence rates are elevated for adolescents and young adults. Approximately 30% indicated lifetime experience of cannabis, and about 5% said they had used ecstasy and biogenic drugs. With regard to 12-month prevalence, the corresponding shares were about 50% lower (see Figure 2.2). Young men indicated experience of any illegal substance more frequently than women of the same age group (see also Chapter 11.1).

Figure 2.2: Experience of illicit substance use among persons aged between 15 and 24 with regard to lifetime and 12-month prevalence in 2004 (percentages)

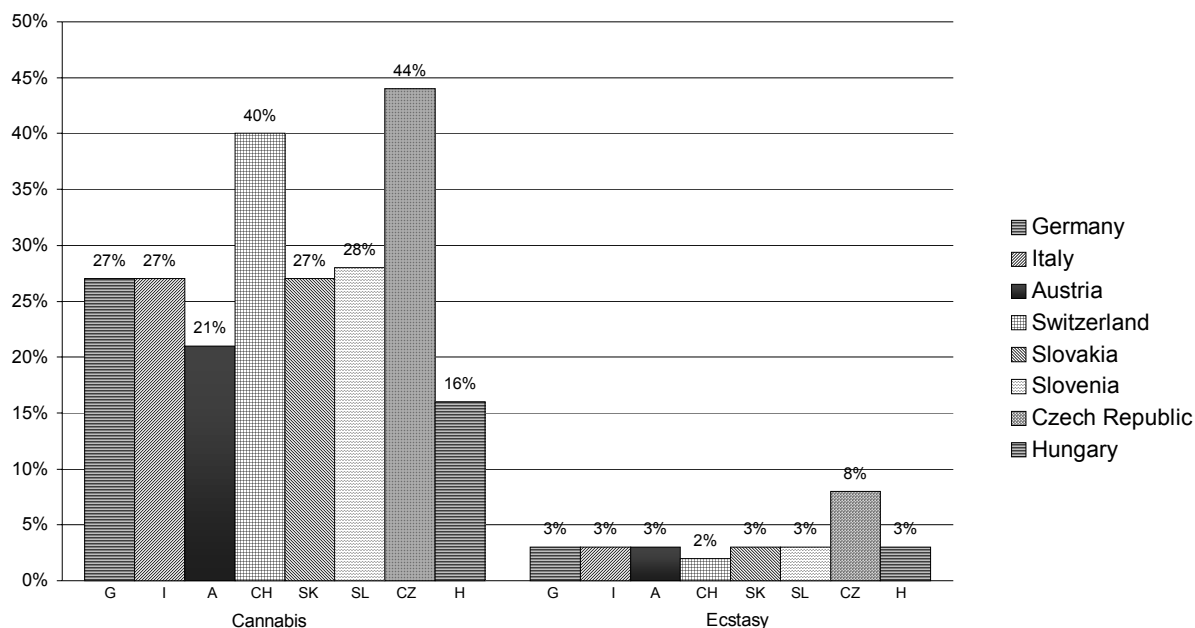


Source: Uhl et al. 2005

Meanwhile, a more extensive report (see Uhl et al. 2004a) is available on the ESPAD survey briefly mentioned in last year's report. It was financed by the BMGF and carried out in 2003 in Austrian schools. The final results for Austria are based on interviews with 5 281 students between 14 and 17. 22% of the respondents said they had already used cannabis. In the case of all other substances, the prevalence rates are lower than 5% (amphetamines/stimulating substances: 5%; ecstasy: 3%; cocaine: 2%; LSD: 2%; heroin: 1%; see also Table A2 of Annex A and Chapter 11.1). With regard to cannabis, the study also found that the share of students who use cannabis regularly is rising and that the age of first use is going down. This confirms statements by experts that cannabis has become an everyday drug (see also Chapter 13.1).

The ESPAD 2003 school survey was conducted in a total of 35 European countries and thus permits international comparison. For this purpose the Austrian sample was reduced to the - comparable - age group between 15 and 16. Regarding cannabis prevalence, Austria ranks 19th, which is somewhat below average, and 10th as far as use of illicit drugs other than cannabis is concerned, which places Austria in the slightly-above-average range in this respect. Figure 2.3 gives a comparison with Austria's neighbouring countries, which was limited to the two substances with the highest prevalence rates, i.e., cannabis and ecstasy, in order to give a clearer overview. Thus, the prevalence of cannabis use is below average in Austria compared to other Central European countries, while the results for ecstasy are within the average range.

Figure 2.3: Comparison of lifetime experience of cannabis and ecstasy among pupils aged 15 to 16 in Austria and its neighbouring countries in 2003 (percentages)



Source: ESPAD 2004

In addition to these two nationwide representative studies, the results of a consumption survey of Salzburg are available, which was carried out in spring 2004 in the context of a thesis and included interviews with 395 9th- and 12th-grade students living in the Pongau region (Pfefferkorn-Tschaler 2005). In sum, 26% of the respondents indicated experience of cannabis use. Magic mushrooms had a prevalence rate of 3%, and all other substances (ecstasy, amphetamines, cocaine, heroine) remained lower than 1%. The results for cannabis are thus within the expected range, while the prevalence rates of the other substances are fairly low compared to other school surveys of the last few years (see Table 2 of Annex A). This could be due to the fact that the survey exclusively refers to a rural area. Around 25% of the students with experience of cannabis said they had used hashish or marihuana at least 10 times, while the rest of the illicit drugs included in the survey had been tried only once in most cases. A further analysis showed significant correlations between drug experience and affinity to risky recreational activities (such as canyoning, rafting, bungee jumping), critical situations in life (new school, repeating a grade, losing close friends, long joblessness, etc.), current problems (feeling bored, not enough money, problems with adults, excessive stress at school, etc.) and socially undesirable behaviour (staying away from school, theft, damage to property, etc., see also Chapter 13.1). However, the author also stresses that these correlations do not permit conclusions as to causes and effects.

Pfefferkorn-Tschaler (2005) also investigated the reasons for illicit drug use. In the case of almost all substances, a large majority said that they had taken them out of curiosity for the first time. Additional motives mentioned were searching for new experience or simply wanting to be high or to have more fun. Only 4% indicated that they used drugs also to suppress problems. Two thirds said that nothing could have prevented them from trying drugs. The main reasons they gave for their current drug use were fun and pleasure, while the central

reasons for stopping drug use were a decline in physical or psychological well-being and problems related with drug use (losing the driving licence, troubles with the police/courts or with parents).

Regional drug experts of Lower Austria have registered rising tendencies to experiment with natural drugs, and mobile youth workers report an increase in illicit drug use during the week, in addition to consumption at the weekend, which still predominates. They also state that drug use is becoming more and more independent of certain scenes and that illicit substances tend to be consumed more openly. They generally confirm the conclusion also drawn from the results of the ESPAD study (see above) that cannabis has become an everyday drug for young people (Itzenhaller, personal communication).

2.3 Drug use among specific groups

So far, data on drug use among specific groups in Austria (e.g. conscripts, ethnic minorities, immigrants etc.) exclusively come from projects that focus on specific youth scenes. They are described in more detail in Chapter 13 on “Developments in drug use within recreational settings”.

3 Prevention

In Austria prevention measures are primarily taken at local and regional levels, in accordance with expert consensus. The Addiction Prevention Units at provincial level are central in this field. Generally, the distinction between primary and secondary prevention is regarded as fundamental. Primary prevention (universal prevention) aims at avoiding 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 corresponding measures are often based on the principle of health promotion or life skills approaches and use a variety of methods (e.g. educational theatre play and peer education). Secondary prevention (selective prevention) addresses defined at-risk groups and persons with problems, which have not yet become manifest to their full extent. The measures taken are oriented towards the specific needs of the respective groups. The main target group of secondary prevention is young people. Since the early 1990s, when the Addiction Prevention Units were established, primary prevention has been pursued at a professional level. In recent years the focus has been placed on intensified primary prevention and an expansion of secondary prevention.

Most of the activities mentioned in this report, as well as other interventions, are described on the websites, or in the annual reports, of the Addiction Prevention Units or other relevant organisations (see Bibliography).

3.1 Universal prevention

Primary prevention plays a prominent role in Austria, which is reflected in a wide range of pertinent measures, thus only a selection of relevant examples can be given in this report. **Schools** are important settings for prevention measures, with the focus placed on primary prevention. Preventing addiction is regarded as an integral part of health promotion and has thus been laid down as a statutory educational principle in the context of health promotion. Prevention measures in schools are preferably implemented in cooperation with teachers, parents and pupils as well as regional prevention experts. Thus, all over Austria, training schemes on the prevention of addiction are organised for teachers, as well as further training in the context of the Step by Step and *Eigenständig werden* (Becoming Independent) programmes. In Graz, Styria, the further training events of Step by Step were completed in the school year 2004/5, and 65% of all schools of Graz that had been contacted participated in the programme. The evaluation (see EDDRA) showed that specific models for practical situations enhance competencies with regard to approaching young people in danger of addiction, but that the actual implementation strongly depends on the flow of information and of possible conflicts among the actors at school level. Referrals to drug counselling centres according to Section 13 of the SMG have subsequently risen. In autumn 2004 training events were started in the districts of Leoben and Bruck, Styria, so that the project may be practised in the whole province. The new Addiction Prevention Unit of Burgenland (see Chapter 1.2) plans a pilot project for the training of teachers of the higher technical college in the provincial capital Eisenstadt (Siegl, personal communication).

In addition to these further training events, the Prevention Units also provide basic information on the prevention of addiction and give an overview of the corresponding teaching aids, models and projects. The goal here, apart from general orientation, is to motivate schools to start prevention activities. For instance, Akzente Salzburg organised education conferences, kontakt+co (Tyrol) held short events on one-stop addiction prevention - which met with great demand and will thus be expanded in the school year 2005/6 - and the Drug Counselling Centre of the Province of Styria published a booklet on the use of illicit substances at schools and the issue of help instead of punishment. According to statements from Lower Austria, although many schools have become better informed on addiction, the teachers still often feel strongly challenged when confronted with this theme (Lesnik, personal communication). However, the schools' general interest in prevention events is rising, as is their willingness to contribute to this purpose financially.

In Vorarlberg, as a result of the district conferences organised by Supromobil (see Chapters 3.2 and 13.2 as well as ÖBIG 2004a) several projects to strengthen the team spirit in class or to change the school situation as such were launched (e.g., Dornbirn-Schoren upper secondary school). The pilot project Trouble Scout of kontakt+co (Tyrol) aims to prevent self-destructive behaviour by means of social learning and also focuses on the class level (9th grade). In the individual classes, students are trained to become liaison students who refer classmates to counselling centres in the case of problems. The project was revised on the basis of experience made in five test schools, and as of the school year 2005/6 it will be run in the whole province, under the name of KLASSE!. Salzburg's projects, *100% von mir* (100% of myself) and *3 Wochen ohne* (3 weeks without) focus on the ability to feel pleasure. While the former relates pleasure to going to the limit and to risky behaviour, the latter project focuses on the ability to do without something one has got used to (see Chapter 13.1). Lower Austria prepared the new join-in theatre play *Traust du dich?* (Do you dare?) on the prevention of addiction and presented it at a meeting in autumn 2005 (Itzenthaler, personal communication). As it showed that it is easier for young people to talk to counsellors they already know, e.g. from events, the drug counselling centres also carry out prevention activities at schools (e.g., Jugendhilfsdienst, a counselling centre of Salzburg).

In **kindergarten** settings the focus continues to be placed on further training schemes, the provision of information material and work with parents. In order to enhance the active prevention skills of the parents of kindergarten children, Lower Austria, for instance, organised a one-and-a-half-day seminar on setting limits to addiction from the very beginning.

The prevention measures for **families** primarily consist of information evenings and higher-threshold workshops dealing with the prevention of addiction and ways of integrating prevention in everyday life. The main themes discussed include protective factors, the conditions under which children grow up, the expectations and values of parents and other close persons as well as communication issues. For instance, in the context of the EU project Generation E (see EDDRA), workshops for parents were organised that dealt with the challenge of adolescence, eating disorders as an issue concerning parents, as well as a workshop for parent work in the workplace. kontakt+co cooperated with counselling centres and the police of the district of Schwaz (Tyrol) to develop a pilot model for information events for parents. Due to its positive results, the model will be expanded and also implemented in other districts of the Tyrol.

Prevention in the **workplace** is another focal theme in Austria. In this field, trainees are an important target group. Again, further training schemes for teachers and instructors of trainees form an essential part: for instance, basic training and conversation training for the City of Vienna (Municipal Department for Personnel Administration) and the bfi Vocational Institute (FSW 2005a). Projects directly addressing trainees include *G'sunde Lehrlinge an der Berufsschule* (healthy trainees at vocational school) of Vienna's ISP Addiction Prevention Institute, which also offered information on addiction at the Chamber of Labour's information day events (FSW 2005a). An excursion to the Addiction Prevention Institute of Upper Austria, combined with a short workshop, aimed at raising the participants' awareness of the problem of addiction and drugs. In Salzburg, based on the results of a survey in vocational schools, an addiction-preventing project for trainees was prepared and parts of it have already been implemented (Schabus-Eder, personal communication). This project is carried out in companies, vocational schools and the attached hostels. Its goal is to promote an informed attitude towards addictive substances on the one hand and to provide assisting measures for trainees in danger of addiction on the other. In Lower Austria, the youth counselling centre Auftrieb and the Addiction Prevention Unit regularly organise addiction-preventing events (e.g., a theatre education workshop) at the Provincial Vocational School for Tourism, because in this occupational field the risk of addiction is especially high for the trainees. Addiction prevention in the workplace also was a focal theme of the annual expert meeting of the Working Group for Addiction Prevention *ARGE Suchtprävention* in autumn 2004.

The prevention measures in **recreational settings** addressing young people (both students and trainees) often combine primary and secondary approaches (see Chapter 3.2), because young people are likely to experiment with drugs (ÖBIG 2001). The evaluation of the prevention project that the VIVID Addiction Prevention Unit of Styria carried out with Styria's Football Association showed that the football trainers were strongly interested in the implementation of prevention measures (see EDDRA). The results achieved gave rise to a modification of the project: now aspects of secondary prevention and ways of practical implementation are treated more extensively. Many activities undertaken by the Addiction Prevention Units in the reporting period aimed to support the development and implementation of addiction-preventing projects in recreational settings. For instance, VIVID provides the media briefcase *High genug?* (high enough?), which, apart from information on individual substances, addiction, the possibilities and limits of education as well as working materials and suggestions for projects, also includes best practice examples for project work aimed at the prevention of addiction. Furthermore, VIVID renders practical counselling and assistance services, so that prevention measures may be specifically tailored to the needs of individual institutions and organisations. In the context of the b.yourself activities, kontakt+co (Tyrol) prepared card games on everyday habits and roles, instructions for role play and launched the forum theatre Act it. In Upper Austria Barfuss, a bar for rent, was redesigned in a youthful style in 2004, and it was awarded the children's protection prize of Upper Austria in June 2005.

In recent years Austria has seen a significant increase in **community-located** prevention activities (see Structured Questionnaire 25). Styria runs a number of community programmes on the prevention of addiction, e.g., *Jugend ohne Grenzen?! Mladi brez meja?!* (Youth unlimited?!) in the border district of Radkersburg; *Lebensgenuss an der Mur* (Enjoying life at the Mur river) in the district of Bruck upon Mur, or *Sehnsucht* (Desire) in the district of Graz and

environs, which also included activities for parents (parent meetings, parent cafes, workshops, meetings of working groups, ideas workshop). In Salzburg, a meeting on prevention-related aspects at the immediate community level was held in June 2005 in the context of the Interreg project *Guat beinand* (Feeling Good). The new services for community activities in Lower Austria (ÖBIG 2004a) include an information stall to be used on occasions such as health days, health fairs or information events, a community lecture giving basic information on addiction, and a community workshop oriented towards the needs of persons in a community. A new overall strategy for the area of Krems, Lower Austria, is under preparation. Its goals include an expansion of the newly established youth counselling centre so that it integrates the functions of a networking focal point for addiction prevention and counselling, services for all kindergartens and schools, parent work, etc. (Leoni-Holzinger, personal communication). Eventually, networking is a frequent objective, combined with (further) training schemes as, for instance, the training network of the province of Vorarlberg for all persons responsible for or active in health promotion or health promotion projects (Universitätsinstitut für Suchtforschung 2004).

3.2 Selective/indicated prevention

In Austria, addiction prevention addressing specific target groups primarily exists **in recreational settings** (see Structured Questionnaire 26), and aims at communicating a critical attitude to psychoactive substances (risk competence). In the reporting period the pertinent activities again focused on further training with regard to youth social work in recreational settings, a field where primary and secondary prevention overlap (see Chapter 3.1), and eventually on networking. For instance, in Vienna the Addiction Prevention Institute (ISP) cooperated with the wienXtra recreational education institute to hold a concise course in addiction prevention in youth social work in recreational settings, (ÖBIG 2004a), which was followed by an expert meeting on addiction prevention in youth social work, to which participants from the fields of youth social work, youth welfare and drug help were invited. The project Steps for You(th) of Lower Austria includes three further training modules for youth social work in recreational settings, which deal with the basic elements of preventing addiction, the relevant themes and methods as well as how to deal with drug-using young people. In a number of provinces, further training schemes in motivational swift interventions (MOVE) for young drug users were held. In Graz, Styria, in addition to training in the field of handling addiction in youth coaching, the drug counselling centre organised a competence group, which aims at an exchange on addiction and the discussion of concrete cases. Its target group is persons working in youth welfare and addiction help services. A booklet on drug use, young people and their families was drawn up for the Youth Welfare Department of Graz as a further basis for decisions with regard to assistance services, child custody, etc. In the reporting period, Lower Austria, placed the focus on an expansion of youth social work in recreational settings (Itzenthaler, personal communication), for instance, the mobile youth centre See you was reopened (Leoni-Holzinger, personal communication).

The activities of Supromobil, the secondary prevention centre of Vorarlberg, include counselling and coaching for organisations in contact with young people, referral of young people to further counselling and treatment, information events for young people as well as crisis man-

agement (see Chapter 13). In the reporting period the regionalisation of assistance structures and the establishment of networks was further advanced. In the meantime vision quests (ÖBIG 2004a) are organised not only for young people but also for adults. In addition Supromobil supported project ideas developed at the first few district conferences, e.g., an information platform for drug help services at Bludenz and leisure activities and help for young marginalised groups at Dornbirn.

The **rave scene** continues to be a specific at-risk group. Since February 2005, MDA basecamp (see Chapters 11.2 and 13.2) has provided anonymous, confidential online counselling free of cost, which is available at www.onlinedrogenberatung.at. The counselling and information talks that the central office of MDA basecamp carried out in 2004 were initiated by directly affected persons in 43% of all cases, and 57% of the talks were started by relatives (MDA basecamp 2005). One out of four contacts at the stall of MDA basecamp were committed talks in the sense that concrete counselling and information was sought. ChEckiT! (see Chapter 13) expanded its legal counselling services in 2005, now a lawyer is available for answering drug-related legal questions for one hour a week.

Another important task of secondary prevention centres is counselling for **at-risk families**. The Styria-based association b.a.s. focused on the families of drug users in the reporting period, and most of the counselling centres now organise support groups for relatives. In autumn 2005 an information week for relatives and other persons in contact with addicted patients or at-risk drug users will take place, covering the whole province. The services of b.a.s. are open to both relatives and other persons in contact with drug-users (e.g. colleagues). In addition, the association *Angehörige Drogenabhängiger* (relatives of drug addicts) started a hot line for relatives. In the Tyrol the 1st Tyrolean addiction conference was held in June 2005, focusing on work with relatives and aiming at further training and networking.

Socially disadvantaged persons constitute the central target group of Vorarlberg's health promotion project *Nicht reich aber gesund* (Not Rich but Healthy) of the Social Assistance Institute IfS Familienhilfe at Feldkirch (Universitätsinstitut für Suchtforschung 2004). New ways are developed to present themes such as exercise, addiction, diet, sexuality and violence to the families turning to IfS Familienarbeit. By means of creative work, expression through dance and at outdoor events, important competencies with preventive effects such as self-expression, self-experience and self-confidence are communicated. In Upper Austria the Addiction Prevention Institute organises short workshops under the heading "talk about ..." for groups of young people from social service centres and social education institutes. The issues covered include themes such as consumption, pleasure and intoxication.

Immigrants of the second or third generations were the prime target group of a number of activities carried out at Steyr, Upper Austria. In addition to providing information for decision-makers and looking for project partners, information materials were translated into several languages. The Austrian Association of Experts Working on Drug Abuse (ÖVDF) prepared a folder for parents, on the theme of use of various substances and how to deal with users, which has meanwhile been translated into 10 languages.

In Salzburg, due to an initiative of the prevention coordinating body of the Flachgau region, measures for **children in families with addiction problems** are under preparation. They include awareness-raising among experts in the public field and drawing up guidelines for

dealing with this problem. In Graz, the Drug Counselling Centre of the Province of Styria cooperates with youth welfare organisations to provide services for addicted parents of children under age. This cooperation aims at taking specific measures in order to prevent placing the children in care outside the family and to counteract possible problematic developments of the children.

4 Problem Drug Use

Problem drug use here means frequent use of hard drugs (in particular opiates and cocaine), which is often accompanied by dependence and consequences for the health, social and legal situation of the consumers (see also Chapters 6 and 8). One has to bear in mind, however, that it is primarily patterns of use and not substances as such that are risky or safe. Problem use may therefore be found in the case of other drugs as well.

In Austria, poly-drug use of opiates, with intravenous use predominating, has traditionally played a central role. In the last few years trends towards a wider range of substances consumed in the context of poly-drug use have emerged. Intravenous use of cocaine in the form of excessive cocaine use over several weeks (cocaine binge) has also become more relevant in the street scene (VWS 2005a).

A prevalence rate of between 20 000 and a maximum of 30 000 persons who show patterns of problem opiate use - probably in the context of multiple drug use in the majority of cases - seems realistic for Austria (see Chapter 4.1). However, prevalence estimates are difficult to give as methodological problems arise due to the complexity of the subject. Therefore the figures obtained are conclusive to a limited extent only (for more details see ÖBIG 2003). Thus any results are rough approximations and have to be interpreted with caution.

The difficulty to distinguish between problem use and experimental use already mentioned in our report of 2004 (ÖBIG 2004a) still exists. With regard to experimental use, a number of provinces report risky patterns of use by young people, which to some extent includes simultaneous use of several substances (see Chapters 2.2 and 13.1). As scientific analyses are hardly available in this field it has become increasingly difficult to distinguish between problem use and experimental use.

4.1 Prevalence and incidence estimates

In Austria scientific estimates regarding the prevalence of problem drug use are only available for opiates or poly-drug use with opiates. The most recent data (see above) relate to the year 2002 and have already been discussed in detail in the report of 2003 (ÖBIG 2003; see also Standard Table 7). For the capture-recapture method, on which the prevalence estimate is based, data on substitution treatment and reports to the police relating to opiates were used. An additional study on a number of methodological problems in connection with the data quality of the sources used was drawn up in 2004/5. The results will be incorporated in the update scheduled for autumn 2005 of the prevalence estimate ÖBIG carried out in its function as a REITOX Focal Point.

4.2 Profile of clients in treatment

As Austria has no uniform data collection system, only few data of limited interpretative value are as yet available for the **field of treatment**. The implementation of the nationwide treatment documentation system (DOKLI) is being pursued intensively. In the context of this documentation system, which has been established on behalf of and financed by the BMGF, nationwide data on clients of drug help centres are centrally collected and analysed at the ÖBIG Institute in accordance with the documentation standards of the EMCDDA. For further details see <http://tdi.oebig.at>. The implementation stage, in which the majority of the Austrian drug help centres are participating, will be completed by the end of 2005. The first annual analyses will thus be available for data on the year 2006.

Recent data for Vienna coming from the Basic Documentation (BADO) compiled by the Viennese working group on documentation are available for the year 2003 (IFES 2004b). The evaluable data relate to a total of 3 477 clients who had received counselling in one of the 24 drug help centres in Vienna in 2003. In this context, counselling is defined as a minimum of three contacts at intervals of no more than three months, or inpatient treatment. Regarding data quality, it should be mentioned that 1 977 sets of data had to be excluded as they were incomplete to an extent that made analysis impossible. Furthermore, the data sets used for analysis were also incomplete to varying degrees, therefore the total number to which the individual percentages relate is given in brackets in each case. The data gathered only refer to clients of drug counselling centres, therefore they are valid only with regard to those persons with drug problems who have actually turned to a drug help centre.

31% of the clients receiving counselling were women (n = 3 477). 45% were between 21 and 30 years old, 17% were under 21, 27% were between 31 and 40, and 11% were over 40 (n = 3 409). While 26% of the female clients were under 21, the share of men in this age group was only 14%. 24% of the clients had one or more children (n = 2 242). Regarding highest education levels, approximately half of the respondents had attended or completed lower secondary school or the polytechnic year after lower secondary school, and only 14% had completed upper secondary schools of general or vocational education (n = 1 996).

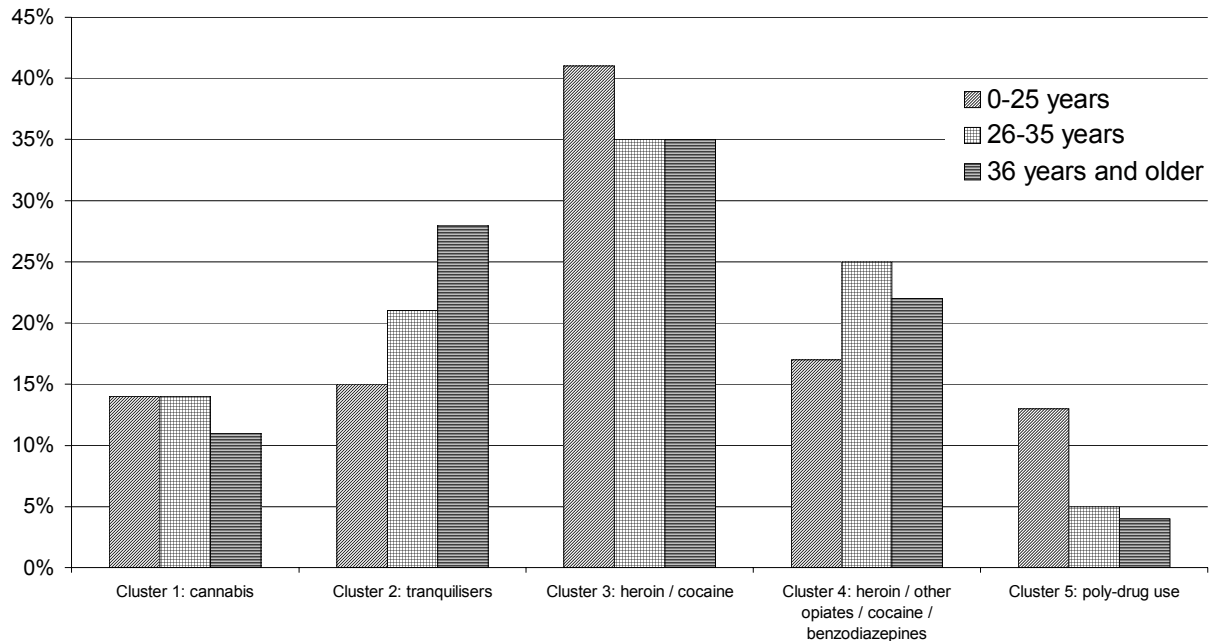
44% of the clients had turned to a drug counselling centre for the first time, and 56% of them had already received drug counselling at such a centre at least once in the past (n = 1 889). 36% were undergoing substitution treatment (n = 3 103).

The figures given approximately correspond to the results of the BADO evaluation of 2002 (IFES 2003). However, the quality of the majority of data communicated has significantly improved (smaller number of incomplete data sets).

In 2004, analyses of the patterns of drug use were made for the first time. In a cluster analysis of those 587 persons for whom evaluable data on drug use were available, five clusters were defined (see Figures 4.1 and 11.1). The persons in the cannabis cluster primarily use cannabis. In individual cases, they consume other drugs as well but to small degrees only. The tranquiliser cluster includes heavy users of benzodiazepines who in addition show affinity to other sedatives and hypnotics as well as opiates and substitution substances. In some cases, they also take cannabis and cocaine. Women and older persons are overrepresented in this cluster (see Figures 4.1 and 11.1). In the heroin/cocaine cluster, combined use of heroin and cocaine predominates. In addition, cannabis and benzodiazepines are used to no-

ticeable extents. The share of younger women is above average in this cluster. The cluster for heroin/other opiates/cocaine/benzodiazepines includes drug users who consume a considerably wider range of substances. In addition to the substances mentioned, they also take cannabis, but to average degrees of use. Men are overrepresented in this group. The cluster for poly-drug use types comprises persons who use almost all substances to noticeable extents. Here, younger people and men are found particularly often.

Figure 4.1: Patterns of drug use among the clients of the drug help centres in Vienna by age group, in 2003



Note: The percentages given relate to those 587 clients for whom complete information on their drug use is available.

Source: IFES 2004b

However, one has to bear in mind that these results only relate to the subgroup of persons for whom complete information on their drug use is available (17% of the total group of patients included in the BADO documentation). As problem use and incomplete data in a patient's drug history are not likely to be independent of each other, the percentages of the cluster distributions are representative of the overall population of clients of the drug help centres in Vienna to a very restricted degree only. Another qualifying factor is that the basis for the cluster analysis is use of individual substances in a dichotomous classification (drug use / no drug use), thus no distinction with regard to the severity of the problem of drug use was possible. Therefore, the number of combinations of substances may be overestimated.

Evaluations of the kind of current drug use have also yielded interesting results. For a total of 981 persons, information on the way of administration is available for at least one of the substances of heroin, other opiates or substitution substances, cocaine and amphetamines: 42% of these clients said they had used intravenously one or several of the aforementioned drugs in the last 30 days before the start of counselling. What is surprising is that "nasal" was indicated as the most frequent application route of heroin (47% out of the total of 451 heroin users in the past 30 days before the start of counselling). 42% said they used heroin intrave-

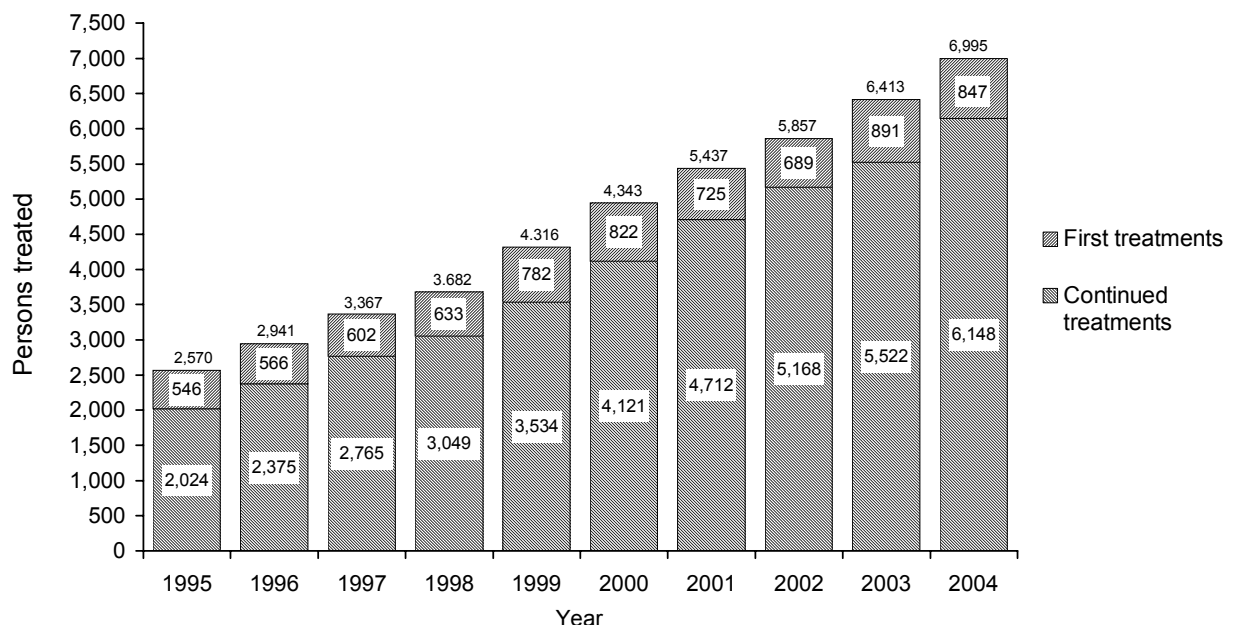
nously, 10% smoked heroin, and 1% took it orally. In this regard, further analyses would be necessary in order to find out whether snorting primarily serves as a gateway to heroin use and if the persons concerned will turn to i.v. use later, or whether there are exclusive heroin snorters.

In the case of cocaine the share of i.v. users is 57%, followed by nasal administration (40%). Smoking (2%) and oral consumption (1%) of cocaine are hardly found.

National monitoring of **substitution treatment** is performed by the BMGF and based on the reports of attending doctors. Although these reports are not always complete and frequently not provided in due time (for more details on data quality see ÖBIG 2003), they still give a general impression of both quantitative developments and characteristics of clients (see Standard Tables 3 and 4). Currently efforts are being made by the BMGF to improve the monitoring system.

The increasing acceptance of, and resort to, medically assisted treatment is reflected in the annually rising number of persons reported as currently undergoing substitution treatment. Although the number of first treatments (number of clients reported as undergoing substitution treatment for the first time in life) slightly declined in 2004 compared to the year before, in 2004, the second-largest number of first treatments was registered after 2003 (see Figure 4.2).

Figure 4.2: Development of annual registrations of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment, from 1995 to 2004



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 in substitution treatment before.

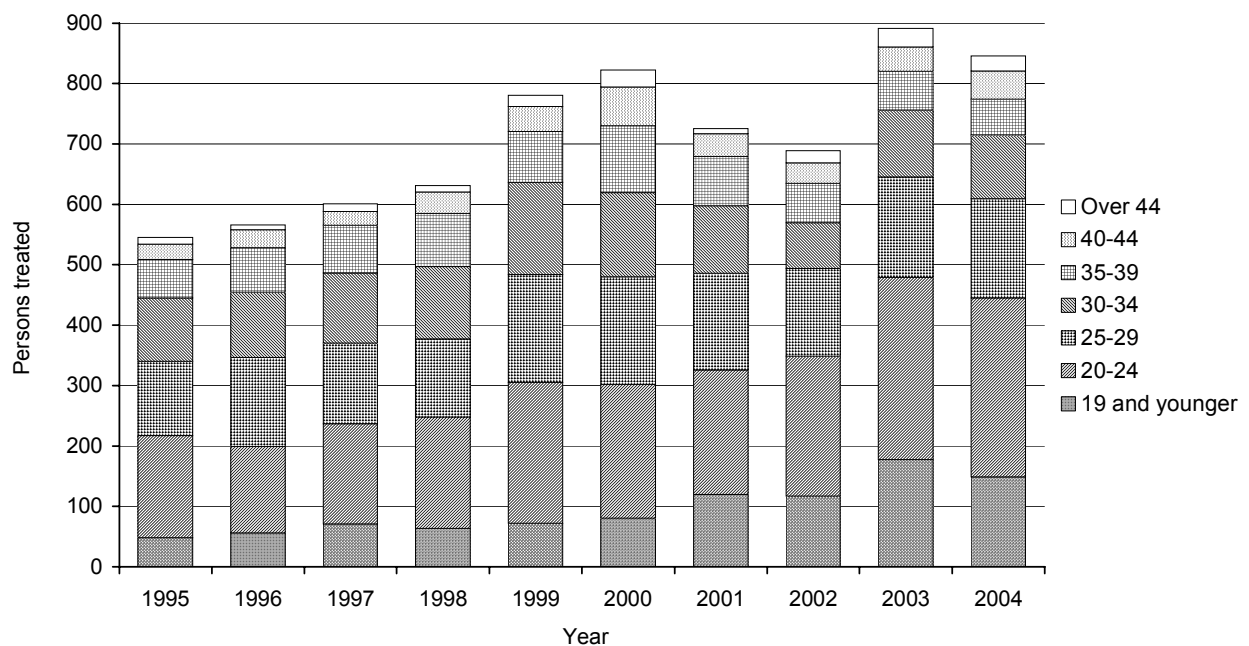
Sources: BMGF, calculations by ÖBIG

Figure 4.3 shows that the rise in first treatments in recent years is primarily accounted for by the age group up to 19 and the group between 20 and 24. From 1995 to 2000 the share of

these two groups was between 35% and 40%, continuously rising since then to 54% in 2003. In 2004 the relevant share was 53%.

On the one hand this may indicate easier access to substitution treatment for young opiate users. On the other, this rise may also point to an increasing prevalence rate of (poly-)drug use with opiates. What is interesting in this connection is that the rise in first treatments considerably differs according to region. For instance, in recent years the greatest increases have been registered in Lower Austria and Styria, while Vienna reports slight declines. In Vorarlberg, after a slight decrease of the number of first treatments, again a slight rise showed in 2004 (BMGF, calculations by ÖBIG, see Table A23 of Annex A).

Figure 4.3: First substitution treatment in life by age, from 1995 to 2004



Sources: BMGF, calculations by ÖBIG

For gender-related analyses of persons undergoing substitution treatment please consult Chapter 11.

The secondary analysis of the questionnaire survey which ChEckiT! conducted in 2005 also provides information concerning the fact mentioned above that experimental use and problem use often cannot be clearly distinguished. According to a cluster analysis of patterns of use, 13% of young people interviewed at rave events were in the high-risk group with poly-drug consumption patterns (VWS 2005f and Eggerth et al. 2005; for further details see Chapter 13.1).

5 Drug-Related Treatment

Austria attributes great importance to a diversification of the available treatment options. As a result, in the past decade the inpatient sector saw a development from long-term to short-term treatment and generally, to more flexibility with regard to possible kinds of therapy, for instance in the form of modular systems. This more flexible approach aims at taking individual needs into account more strongly. Trends towards diversification also show in the field of medically assisted treatment, where a widening range of substitution substances have been prescribed. In quantitative terms, substitution treatment has become the most important form of therapy in Austria, and efforts to improve it have continuously been made.

Drug-specific counselling, care and treatment services (see Structured Questionnaire 27) are provided both by specialised centres and in the context of the general health care system (e.g. psychiatric hospitals, psychosocial services, established physicians). Established primarily in the outpatient sector but increasingly often also for inpatients, they include both measures oriented towards drug-free treatment and substitution treatment. Therefore they can be classified to a limited extent only. As the general aim is to build a comprehensive care network, most centres also provide a variety of preparatory and aftercare measures as well as recreational and reintegration services (see Chapter 9.1) and also measures for specific target groups (e.g. young people or persons with psychiatric comorbidity). Additional information and data on counselling and treatment centres is given in Chapter 11.

5.1 Treatment system

By now Austria has an almost nationwide network of drug-related counselling, care and treatment centres (see Maps 5.1 and 5.2). The Austrian Addiction Help Compass (<http://suchthilfekompass.oebig.at>), which ÖBIG, on behalf of the BMGF, maintains in cooperation with the Anton Proksch Institute (API), gives an overview of inpatient and outpatient assistance centres. For a long time, the existing treatment and care services were regarded as sufficient, however, in recent years waiting lists were increasingly often introduced or long waiting times had to be accepted in the counselling centres (ÖBIG 2004a) and treatment departments (see Chapter 5.2). For instance in the counselling centres at Leibnitz, Deutschlandsberg and Liezen (Styria) the waiting times for first talks are around three weeks (b.a.s. 2005). Salzburg reports that all centres of the youth welfare services have reached their limits (Drogenkoordination des Landes Salzburg 2005). In Lower Austria, long waiting times for therapy (up to 6 months) are not the only problem showing (Lesnik, personal communication). The capacities for outpatient withdrawal or substitution treatment in the southern region of Lower Austria are regarded as insufficient as there are not enough medical specialists entitled to carry out substitution treatment. Another point of criticism is that the capacities for admission and treatment of young drug users with psychiatric comorbidity are very limited in this region of Lower Austria. However, according to Ms Itzenthaler (personal communication), the Provincial Hospital Mostviertel Amstetten-Mauer will increase the number of beds reserved for withdrawal patients.

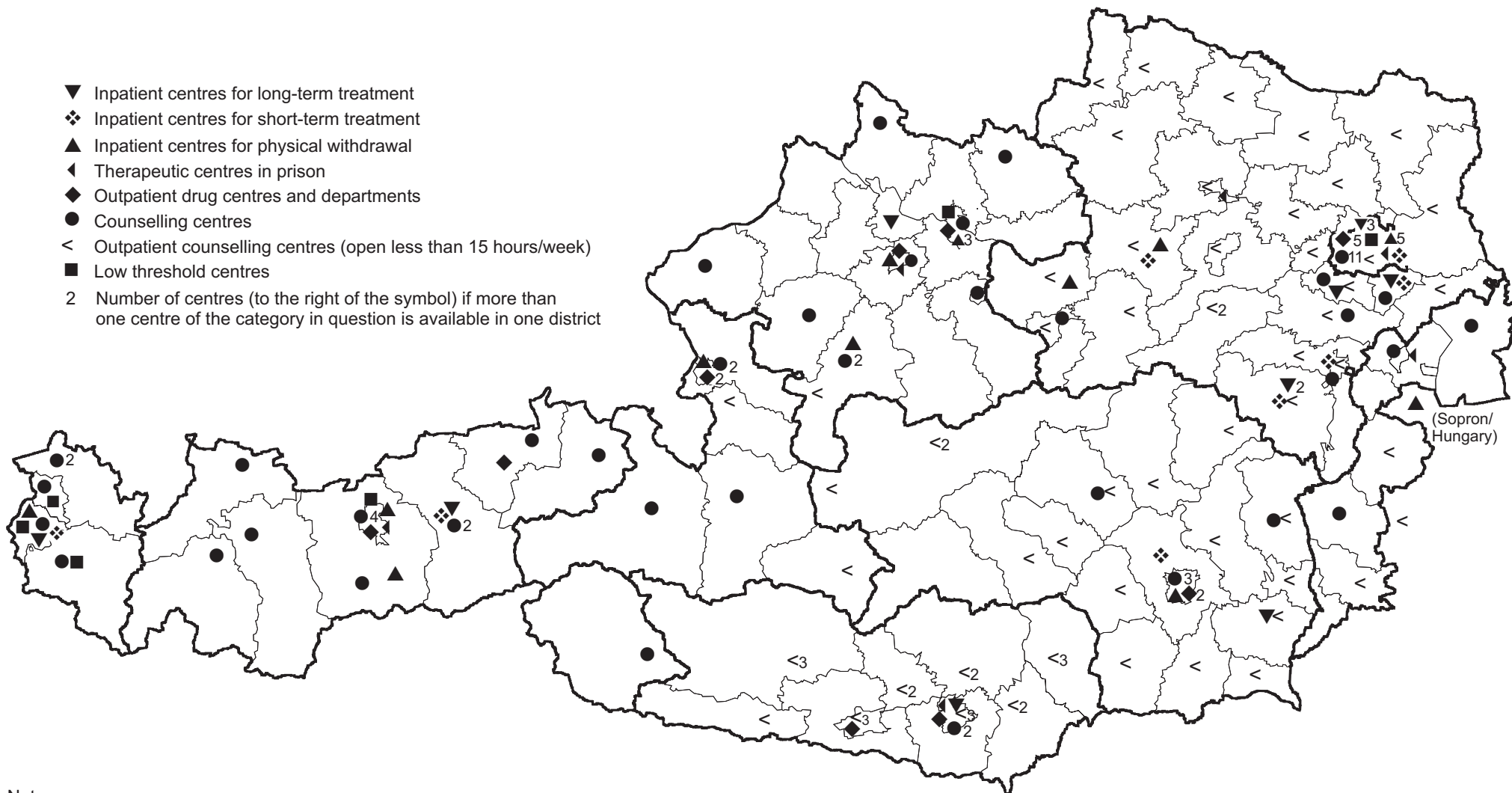
In Vienna an additional outpatient department (Dialog 10) of the association Dialog is about to be established for the southern districts of Vienna, and in Carinthia an outpatient clinic for the upper Carinthia region is planned at Villach (Dialog 2005; Prehslauer, personal communication).

The directives for applications for announcement according to Section 15 of the SMG entered into force in the reporting period and were published on the website of the BMGF, which also gives guidelines for drawing up the application.

The new services that were started in the reporting period include a relaxation group for persons with addiction problems, which is run by the association Dialog at its Needles or Pins centre in Vienna, which aims to contribute to the prevention of relapses and to increase both the clients' quality of life and their subjective feeling of well-being (www.dialog-on.at, August 2005). In Styria an information booklet for pregnant drug users was published (Zeder, personal communication). While the addiction and drug counselling contact point of Jugendhilfsdienst at Hallein, Salzburg, had to be closed temporarily in 2004 because of lacking rooms (Drogenkoordination des Landes Salzburg 2005), in Lower Austria the addiction counselling centres at Baden and Lilienfeld (ÖBIG 2003) took up regular business in the beginning of 2005, and in the districts along the southern railway line as well as in the districts of Tulln, Gänserndorf and Horn, further counselling services will be provided in the course of 2005 (Itzenthaler, personal communication).

In Graz, the Drug Counselling Centre of the Province of Styria took several measures in the reporting period to help drug users overcome their awkwardness about contacting counselling centres and thus to reach a larger number of persons. For instance, counselling is offered once a week in the offices of the contact point of Streetwork Graz (Drogenberatung des Landes Steiermark 2005). In order to ensure that the offices of Streetwork are not used for longer-term counselling as a substitute for drug counselling, the weekly counselling hours are held by different counsellors each time. This cooperation has been regarded as very positive by both sides, and in some cases, counselling sessions in which staff of both Streetwork and the Drug Counselling Centre were present turned out to be helpful. Since the end of 2004 the Drug Counselling Centre has also cooperated with the drug outpatient department of the University Clinic of Psychiatry at the Provincial University Hospital of Graz: drug patients of the drug outpatient department may have a first counselling talk with staff from the Drug Counselling Centre directly at the hospital. Analyses for 2004 of the Drug Counselling Centre of the Province of Styria show a rising trend towards psychosocial counselling and assistance for substitution patients (Drogenberatung des Landes Steiermark 2005). However, this development is primarily due to a number of physicians providing substitution treatment, who have insisted on the importance of such counselling.

Map 5.1: Specialised **centres** providing treatment, counselling and care services for drug users and drug patients

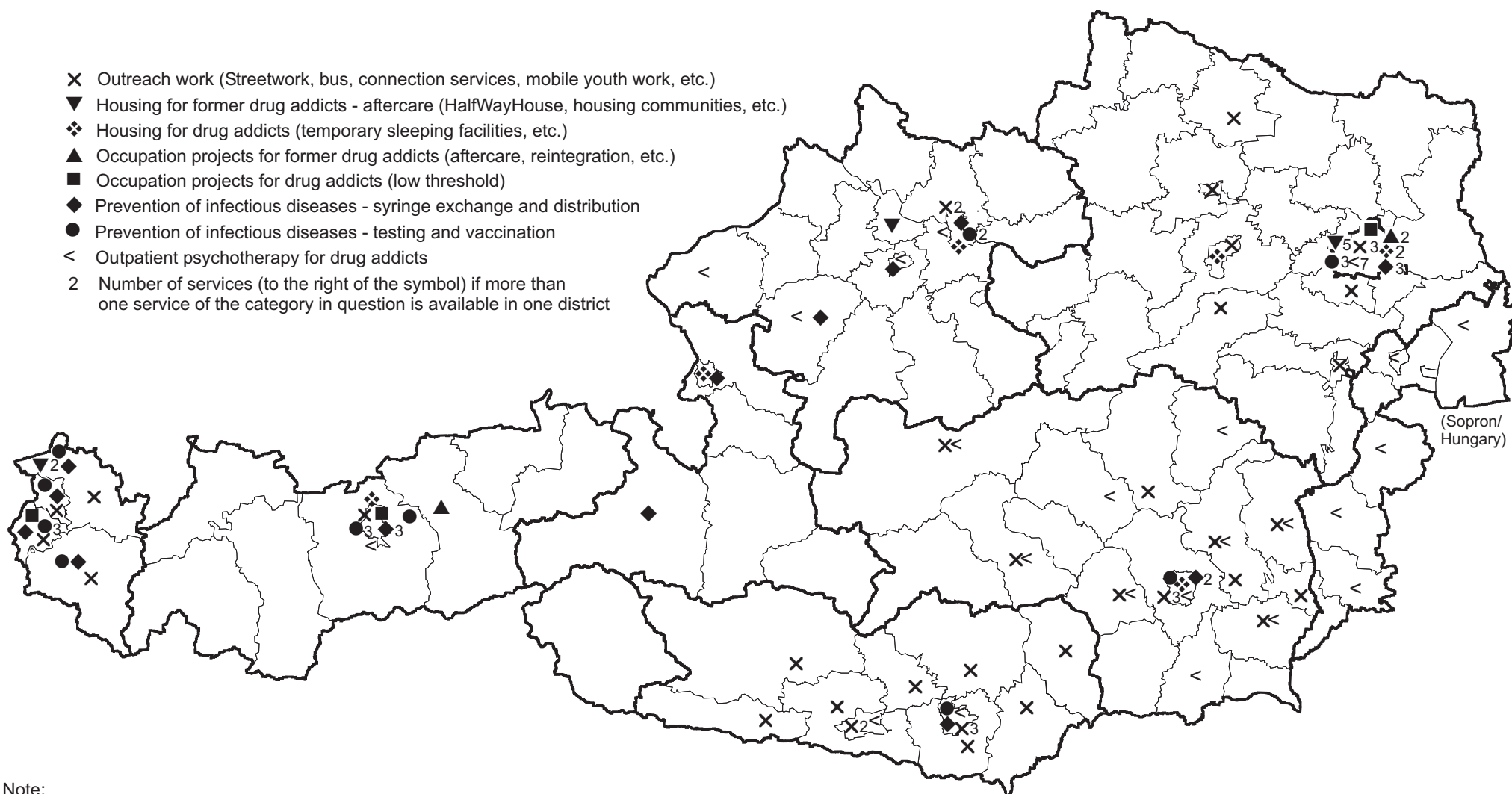


Note:

The map provides an overview of selected drug-related centres, broken down by district. The map does not specify quantitative and qualitative aspects (i.e. opening hours or number and qualification of personnel, respectively). However, a distinction was made in the field of counselling, which is frequently provided by general centres covering a broader range of services (psychosocial counselling centres, addiction counselling centres, etc.) though limited to a few hours a week. Specialised drug counselling centres with limited opening hours have been listed separately (see legend). Please note that in addition general services (e.g. general practitioners, hospitals) are available for drug users and addicts - they are not included in this map.

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2005

Map 5.2: Specialised treatment, counselling and care **services** for drug users and drug patients



Note:

The map provides an overview of selected drug-related services, broken down by district. The map does not specify quantitative and qualitative aspects (i.e. opening hours or number and qualification of personnel, respectively). It distinguishes between kinds of service and not centres (see Map. 5.1), therefore a single centre can appear in several categories. Please note that general services (e.g., The public employment service or emergency shelters) are also available for drug users and addicts - they are not included in this map.

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2005

5.2 Drug-free treatment

No relevant changes took place in the field of drug-free treatment. In Austria withdrawal treatment is mostly carried out in inpatient departments, but more and more often also in outpatient settings. Generally speaking, the trend towards more flexible programmes of differing duration has continued in Austria.

In Vorarlberg, the Lukasfeld therapy department introduced trial and intensive therapies already in 2003, and in 2005 a new programme followed: 8 weeks plus (www.mariaebene.at, May 2005). In future, it will be possible to undergo short-term therapies between two and six months. The reasons for this change are the massive demand for withdrawal treatment (with around 40 patients on the waiting list at present) and the fact that the duration of treatment should not depend on the severity of the addiction disease but rather on the goals set. As a consequence, sessions with larger groups have played a more important role. Former patients of the therapy department may also return for crisis intervention sessions or for short-term detoxification treatment in a hospital room. In 2004 API of Vienna also focused on the establishment of a modular treatment system (API 2005) consisting of 5 parts: in addition to drug counselling, outpatient preparatory withdrawal, withdrawal and aftercare, also three-month treatment as well as long-term treatment for 6 or 12 months are possible (see Chapter 7.3). In 2004 the waiting times for admittance to inpatient treatment averaged 142 days at the API.

Two years ago the therapy department Carina in Vorarlberg also introduced hippotherapy combined with work in the stables to complement the drug treatment programme (www.mariaebene.at, June 2005). This approach has shown very promising results. Due to the strong demand, the waiting times for treatment at Carina were between 4 and 6 months (Stiftung Maria Ebene 2005).

Schweizer Haus Hadersdorf, Vienna, in order to be able to manage the increased demand showing in 2004, created new transitional accommodation facilities, reorganised the occupational therapy programme and hired more counselling and administration staff (see Chapter 9.1). Two surveys conducted in 2004 showed that the clients were generally satisfied with counselling and treatment (SHH 2005). On the one hand, they said that the self-reliance demanded of them was positive, and on the other, they criticised that relapses were not punished but had to be dealt with in therapeutic contexts. Another positive aspect mentioned was the opportunity to be temporarily integrated in a substitution programme combined with therapy, an option which 59% of the clients interviewed had chosen (see EDDRA).

5.3 Medically assisted treatment

The general conditions for medically assisted treatment have not significantly changed, but some reorientation with regard to the optimisation of substitution treatment is under way, based on the findings of the working groups convened in the reporting period (see ÖBIG 2004a and Chapter 1.1). The measures to improve substitution treatment envisaged by the working groups include obligatory further training based on nationally harmonised training schemes for all physicians practising substitution therapy, optimised monitoring, a specific further training model for public health officers and a better legal consolidation of their roles,

monitoring of individual prescriptions of narcotic drugs by public health officers, a standing committee for quality and safety in substitution as well as special regulations for slow-release morphines. These special regulations for diagnosing and stabilisation on slow-release morphines have given rise to controversy, however. The measures mentioned have not yet been implemented, and it has been planned for 2005 either to issue a corresponding new decree or to amend the existing Substitution Decree.

Based on the results of the working group on training curricula, the Medical Association of Vienna presented a proposal for a harmonised national curriculum for substitution treatment (Kubec 2005). In addition to the necessary uniform nationwide prerequisites and general conditions to be laid down, the proposal includes concrete plans for a basic programme combined with continuous medical education in the form of quality circles. For the basic programme, eight modules covering a variety of subjects (e.g., clinical and pharmacological basic information as well as approaches to and forms of treatment) were proposed, and for the quality circle, a list of themes grouped in six categories was drawn up (e.g., communication and social matters). In addition, the quality circles will be forums for discussing problem situations occurring in practical work. If the quality circles cannot be held, it is proposed to deal with and discuss the themes on the list in the context of four events held in each of the Provincial Medical Associations.

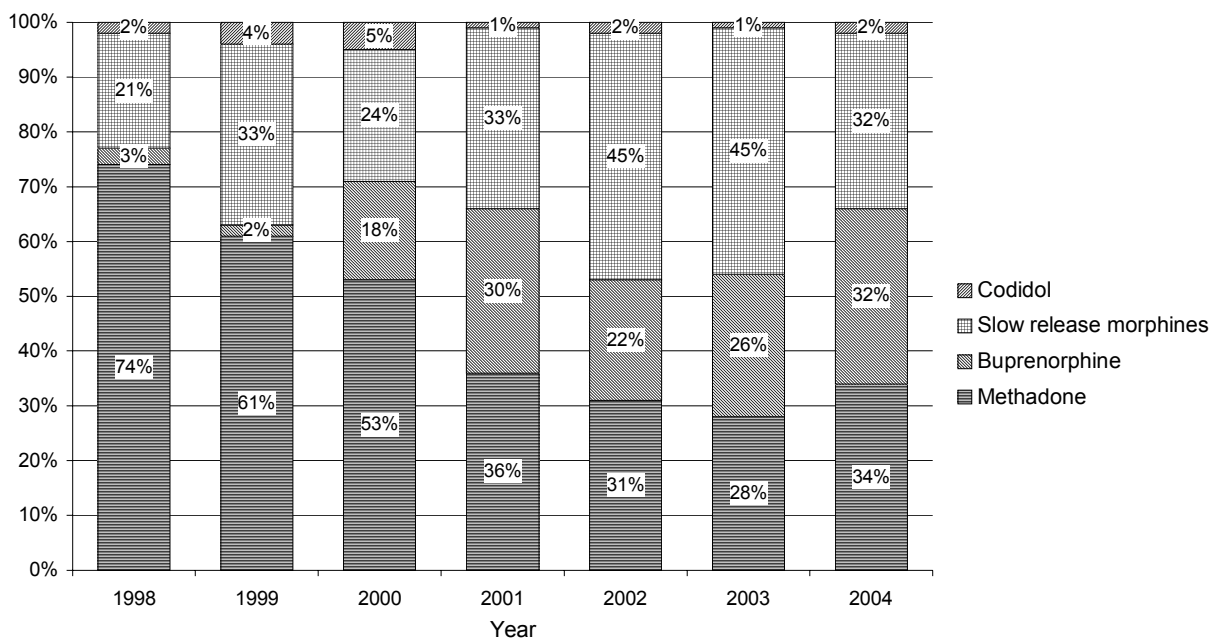
In the reporting period, medically assisted treatment was not only a focal theme at federal level but also discussed in the provinces: in Styria a substitution data base will be established. Currently a test run with selected system partners is being implemented (Ederer, personal communication). In Salzburg, substitution monitoring was started early in 2004 (Drogenkoordination des Landes Salzburg 2005). Based on the initial results obtained and on a preliminary position paper by the Medical Association of Salzburg, Salzburg's working group on substitution drew up a three-stage model: drug addicts who need intensive counselling and care should undergo medically assisted treatment at the substitution department for opiate addicts, while drug patients with average counselling needs should be referred to drug counselling centres and their affiliated branch offices of established physicians (general practitioners or specialists), and patients with little need for counselling and care should be treated in the offices of established doctors. This diversification will be implemented step by step, but the establishment of branch offices of physicians at the drug counselling centres is given priority. In addition, it was highlighted that Salzburg has not registered any problems with regard to the eased conditions for dispensing slow-release morphines and that the general regulations specified in the implementation model of Salzburg are regarded to be sufficient. Possible restrictions due to modifications of the existing legislation on substitution treatment at federal level are not regarded as helpful because treatment should take individual needs into account.

The working group on a reform of substitution treatment in Lower Austria drew up a strategy paper on substitution-related care. As a first step a pilot project for a substitution model for the district of Sankt Pölten Land has been planned (Itzenthaler, personal communication). This project includes the stabilisation of patients on slow-release morphines by neurologists and psychiatrists or by specially trained general practitioners at offices of the district administration authorities. In 2004 a working group in Carinthia drew up guidelines for the treatment of opiate addicts (Prehslauer, personal communication). These guidelines take into account

the regional treatment and care structures and provide a basis for decisions with regard to the best possible form of treatment.

Different from the developments in the last few years, 2004 saw a rising nationwide share of registered first-treatment patients who were prescribed methadone as a substitution substances (see Figure 5.1). Buprenorphine and Codidol were also administered more frequently, while treatments with slow-release morphines have gone down. In Vorarlberg, in the first half of 2005, 57% of first-treatment patients were prescribed methadone (2004: 18%), 24% were treated with buprenorphine (2004: 18%) and 16%, with slow-release morphines (2004: 18%) (Neubacher 2005). The data from Salzburg (Drogenkoordination des Landes Salzburg 2005) and Vienna (FSW 2005c) show a different distribution: methadone: 33% and 28%, respectively; slow-release morphines: 33% and 55%, respectively; buprenorphine: 21% and 16%, respectively; and dihydrocodeine (Salzburg) and other substances (Vienna): 12% and 1%, respectively. However, these data refer to the total number of treatments and thus do not reflect recent trends for new prescriptions. In Carinthia, where the share of substitution patients stabilised on methadone had been largest already in 2003, in the reporting year 48% of the substitution patients were issued long-term prescriptions of methadone, 31% were administered slow-release morphines and 21%, buprenorphine (Prehslauer, personal communication). For data on age and gender distributions please consult Chapters 4.2 and 11.1.

Figure 5.1: Development of kinds of substitution substance used for first treatment, from 1998 to 2004



Source: BMGF

Schweizer Haus Hadersdorf is drawing up a study comparing the use of methadone and Substitol (slow-release morphine). Preliminary results will be available in autumn 2005 (see EDDRA).

6 Health Correlates and Consequences

The Ministry of Health has collected data on drug-related deaths in Austria since 1989. After a peak in the mid-1990s (see Table 6.1) the overall number of (directly and indirectly) drug-related deaths went down temporarily. In the last few years a slight rise has again been registered (see ÖBIG 2002).

Infectious diseases are relevant in particular with regard to the risk of transmission due to intravenous drug use (IDU). The available data in this context are based on a few small samples from treatment institutions or low-threshold counselling centres (see ÖBIG 2000). While the HIV prevalence rate still was around 20% at the end of the 1990s, it has remained at a low level since then (3 to 6%). However, the prevalence rate of hepatitis C is very high: the shares reported are between 50% and 80% in the case of hepatitis C and around 30% for hepatitis B.

Psychiatric comorbidity has increasingly often been discussed in the context of drug dependence in Austria. Although no routine data have been collected in this field, many data and reports from treatment centres are available. These data indicate a high prevalence of psychiatric co-morbidity (dual diagnoses) among problem drug users (see ÖBIG 2003).

6.1 Drug-related deaths and mortality of drug users

The total number of drug-related deaths (direct and indirect deaths) was stable from 1997 to 1999, i.e., between 160 and 180, and rose to 227 cases in 2000. In 2001 (184 deaths) the figures again went down to the level of before 2000. In 2003, an overall number of 189 addiction-related deaths were registered (see Table A2 of Annex A). Figures for 2004 are not yet available, they will be published immediately after the pertinent analyses have been concluded. For more details on the data of the last few years see our report of 2004 (ÖBIG 2004a).

6.2 Drug-related infectious diseases

Recent data from several low-threshold drug counselling centres and inpatient departments point to hepatitis C (HCV) infection rates of around 50%. The hepatitis B (HBV) rates reported are between 0% to 37%, and HIV infections were diagnosed for between 0% and 6% of the drug users examined (see Table 6.1, see also Standard Table 9). In Graz, 34% out of 155 substitution patients undergoing voluntary tests had HCV infections, and 10% turned out to be HBV+. The statistics of the Diagnoses Institute (ISD) report an HCV rate of 10% and an HIV rate of 4% (IFES 2004b, Zeder 2005).

In the report by BADO of Vienna (see Chapter 4.2) data on drug-related infectious diseases from several drug centres have been summarised for the first time. Based on a sample of 1 644 drug users (case histories), a HCV rate of 39% and a HBV rate of 5% as well as a HIV rate also of 5% are given. Bearing in mind that the sample covers drug users in general, it is

safe to assume that the infection rate is significantly higher in the group of injecting drug users (IFES 2004b). These results are confirmed by statistics of the low-threshold centre Ganslwirt in Vienna, where figures explicitly referring to IDUs can be given for 2004 and show a HIV rate of 6% and furthermore indicate that new HIV infections are in particular attributable to young drug users (VWS 2004b).

Table 6.1: Data on hepatitis B, hepatitis C and HIV infection rates in 2004

Source of data	HBV rate	HCV rate	HIV rate
Lukasfeld therapy department	12% (6/52) ¹	56% (29/52)	0% (0/52)
API long-term therapy department	0% (0/52) ²	50% (26/52)	2% (1/52)
Low-threshold centre Ganslwirt	37% (27/73) ³	53% (48/90)	6% (10/159)
Caritas Marienambulanz outpatient department	15% (10/65)	51% (43/85)	0% (0/75)
Drug-related deaths (intoxications) ⁴	Not available	33% (54/163) 42% (54/130) ⁵	7% (11/163) 8% (11/130) ⁵

¹ This percentage relates to persons in whom antibodies to hepatitis B were found and whose medical history did not indicate a hepatitis B vaccination.

² This percentage relates to persons in whom antibodies to hepatitis B were found and for whom it was proved that they had not received vaccinations or been cured.

³ This percentage relates to persons in whom hepatitis B antibodies or antigens were found and who had not yet received hepatitis B vaccinations (data obtained from Ganslwirt's vaccination project).

⁴ The data on drug-related deaths relate to the year 2003.

⁵ Only 130 out of a total number of 163 expert opinions on directly drug-related deaths explicitly indicated the presence or absence of HCV and HIV infections. In the case of the remaining 33 opinions it is not clear whether no tests for the relevant infections were carried out or whether the results were negative and thus not mentioned. The two percentages given thus indicate maximum and minimum levels of HCV and HIV prevalence rates.

Sources: Duspara, personal communication; API 2005; Haltmayer, personal communication; Anderwald, personal communication

As the data from the individual samples are contradictory to some extent, reliable conclusions with regard to changes or trends can hardly be drawn. For giving an overall picture, representative surveys are indispensable; and they are also necessary for specific measures to be taken in response to recent developments (see also ÖBIG 2004a). The data situation, at least regarding treatments, will be improved as of 2007 by the introduction of the nationwide treatment documentation system (DOKLI), which is being established and which will also include a pool of questions on infectious diseases (see Chapter 4.2).

According to experts, TB infections still hardly constitute a problem in the context of drug-related comorbidity in Austria. Only a few isolated cases have been reported. The data of the Vienna Basic Documentation (BADO; see Chapter 4.2) continue to show prevalence rates of only 1% for sexually transmitted diseases among the clients (IFES 2004b).

6.3 Psychiatric comorbidity (dual diagnosis)

As already described in the reports of past years (see ÖBIG 2003, ÖBIG 2004a), high prevalence rates of psychiatric comorbidity (dual diagnoses) show among problem drug users. Although nationwide routine data are lacking, the individual institutions direct more and more attention to this problem.

For instance, 44% out of 109 newly admitted patients at the Lukasfeld treatment department in Vorarlberg, in addition to the diagnosis of addiction, suffered from one or several psychiatric personality disorders, psychosomatic diseases or (drug-induced) psychoses (Stiftung Maria Ebene 2005). The addiction counselling centres also register rising numbers of clients with dual diagnoses, primarily drug-induced psychoses (Caritas NÖ 2005).

According to BADO, Vienna, (see Chapter 4.2) one out of five of the clients surveyed in 2003 had undergone psychiatric treatment in the past 12 months; 59% of them had received outpatient treatment, and 52%, inpatient therapy. What is striking is the high percentage of patients under 15 (35%). In the age group between 16 and 20, this share goes down to 15% and then continually rises to 30% among patients older than 40 (IFES 2004b). The long-term therapy department at Mödling, Lower Austria, also reports a large share of young people with diagnoses of personality disorders, i.e. 5 out of 7 (API 2005).

As of the beginning of 2004, Schweizer Haus Hadersdorf (SHH) in Vienna has used new clinical and psychological diagnosing structures. The majority of diagnoses concern affective disorders, schizophrenia, personality and behaviour disorders, but also include anxiety disorders and stress reactions (SHH 2005).

Regarding gender distribution and average age, hardly any differences between multimorbidity patients and long-term patients show. However, Grüner Kreis did find differences in drug use: while the share of heroin users and users of other opiates or opiate substitutes was higher in the group of long-term patients, the patients with psychiatric comorbidity, in addition to alcohol, tended to use amphetamines, poppers, benzodiazepines and other sedatives (Grüner Kreis 2005a).

6.4 Other drug-related health correlates and consequences

In addition to psychiatric comorbidity and the physical consequences of the aforementioned infections such as AIDS or hepatitis, there are also other somatic diseases and problems that particularly affect injecting drug users as a result of the precarious living conditions which they often face.

The number of ambulance services called in Vienna because of suspected overdoses again rose in 2004. In sum, ambulances were called 775 times because of drug emergencies, with a marked rise noticed in particular during the summer months. The upwards trend of previous years has thus continued (see ÖBIG 2004a). The low-threshold centres of Vienna report a total number of 34 life-saving measures taken in 2004, which is a significant decline compared to 2003 (VWS 2005c, VWS 2005d).

Drug monitoring in Upper Austria revealed that while intoxications because of the use of psychoactive substances accounted for a small share in drug-related diagnoses only, the users concerned tended to be young. In terms of age, most of the intoxications diagnosed referred to the group between 15 and 24 (Seyer 2005).

The statistics of BADO, Vienna (see Chapter 4.2) show that 66% of the persons included had acute health problems. This percentage shows a strong correlation with the age of the drug users. While half of the respondents between 16 and 20 indicated at least one health prob-

lem, almost all clients over 40 faced several health problems, and often of a serious nature. Typical conditions, in order of frequency, are chronic hepatitis C, dental problems, gastrointestinal problems, psychiatric diseases, skin and vein problems, spasms, epileptic seizures, etc. In the case of persons who had continued to use the services of Vienna's drug help system in the years 2002 and 2003, the process documentation showed that their state of health could be held stable (IFES 2004b). The Clean Bregenz counselling centre of Vorarlberg also reports serious health problems in particular among the subgroup of older drug users (Stiftung Maria Ebene 2005).

7 Responses to Health Correlates and Consequences

In Austria the responses to health correlates and consequences include a wide range of interventions. The relevant measures focus on drug-related infectious diseases, thus low-threshold assistance aimed at harm reduction prevails. For instance, syringe exchange, hepatitis vaccinations and information on safer sex/safer use are typical services performed by low-threshold centres and outreach services (streetwork). Treatment of health consequences is primarily provided by the general health-care system (e.g. emergency physicians, psychiatrists).

In recent years the prevention of overdoses and the issue of co-morbidity have played increasingly important roles in this context.

7.1 Prevention of drug-related deaths

Measures to prevent overdoses continue to play a central role in the field of low-threshold services, and in addition, the Internet has become increasingly important as an information channel (see ÖBIG 2003, ÖBIG 2004a). The websites of Do it Yourself (www.doit.at) and ChEckiT! (www.checkyourdrugs.at), apart from describing first aid measures, now often also feature warnings against high-dosed or unknown pills. Information on overdoses is also available on the website of MDA Basecamp (www.mdabasecamp.com).

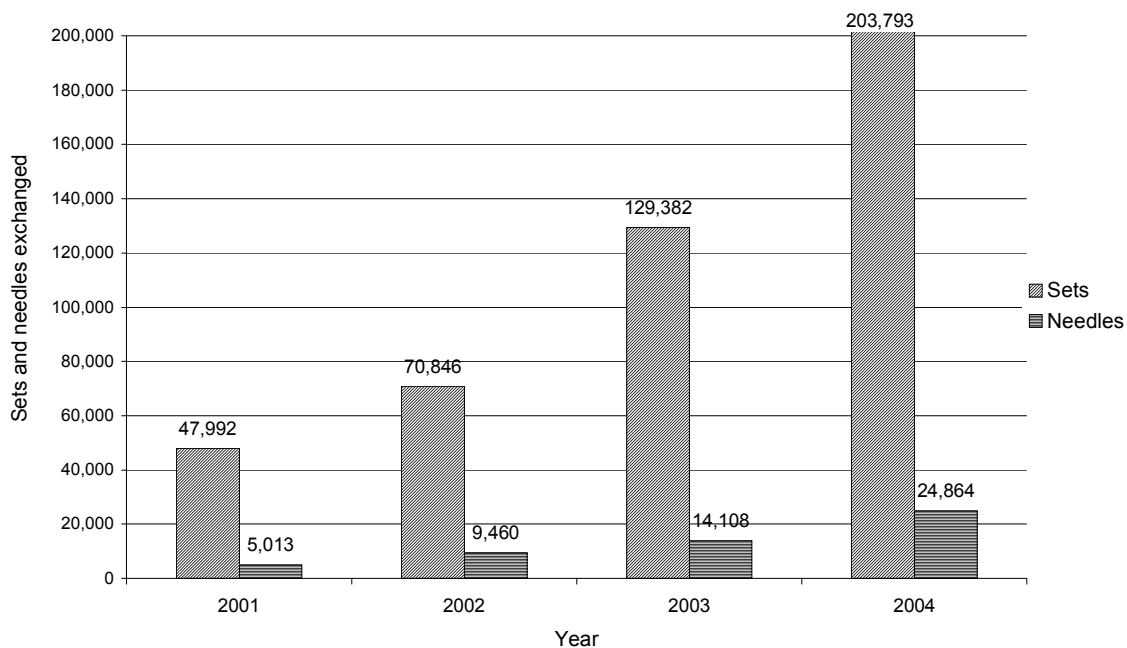
CONTACT, the hospital connection service for drug addicts in Vienna, further increased its first contacts to persons having overdosed drugs (2002: n=429; 2003: n=478; 2004: n=494), and 387 persons received counselling over a longer period. In cooperation with *DSA im AKH*, a drug social work project at the General Hospital of Vienna, three further training courses were held with the aim to communicate specific information on addicted patients in hospital (FSW 2005a; see Chapter 7.4). The Vienna Institute for Leisure Education organised an information evening on first aid for drug abusers, for the target group of persons working with young people (IFP 2005).

Talking about safer use and safer sex plays an important role in the context of outreach drug work. In the centre *Kontaktladen*, Graz, these themes account for 14.9% of the counselling services asked for (*Kontaktladen* 2005), and the low-threshold service providers in Vienna report a total of 2 887 safer use talks with drug users in 2004 (VWS 2005a). No safer use training events were held in the reporting year. The trend towards specific information initiatives appears to consolidate. For instance, the City of Graz issued safer use leaflets for IDUs, and in Vienna the publication *GAWI News* has a regular safer use corner with practical information on this theme (VWS 2004b, Zeder 2005).

7.2 Prevention and treatment of drug-related infectious diseases

Sterile injection sets are distributed through low-threshold centres, outreach services or vending machines (see ÖBIG 2004a). In the reporting period, the existing structures have not been expanded. However, the figures reported by the individual provinces confirm the upwards trend in both the sales and the exchange of syringes. In the Tyrol a total of 126 435 sets were returned, and 4 552 of them were sold. The internal syringe exchange system of Mentlvilla saw an increase to 7 008 sets in 2004, which may be attributed to the rising number of persons living there (Komfűdro 2005, Tiroler Suchtkoordination 2005). The syringe programme in Vienna distributed 1 442 302 sets, which led to 161 117 contacts to clients (VWS 2005f). Salzburg reports a slight decline, with 2 318 sets distributed in 2004. This figure does not include the sets that the AIDS Assistance Service provides free of cost (Drogenkoordination des Landes Salzburg 2005). On average, the return rate is between 93% and 97%. This share has hardly changed in the last few years.

Figure 7.1: Number of syringes sold or exchanged in the context of the syringe exchange programme in the open drug scene in Graz from 2001 to 2004



Source: Kontaktladen 2005

Graz saw a great increase in the numbers of syringe sets sold and exchanged. In the context of the syringe exchange programme of the low-threshold centre Kontaktladen in Styria, in addition to 203 793 syringe sets, also 24 864 needles were returned (see Figure 7.1). This is an increase by more than 50% compared to the previous year. The vending machine has also proved its worth: in 2004, 9 149 sets with a total of 18.298 syringes were sold. Kontaktladen also indicates demand for an additional vending machine in another district of Graz. The above figures (syringe exchange v. vending machines) shows that drug users primarily turn to the exchange services and use the vending machine only in specific situations. On the one hand, the vending machine, unlike the syringe exchange programme, is available

around the clock, and on the other, a number of clients do not want to go to Kontaktladen even though it guarantees anonymity.

As a response to the increased use of syringes, the City of Graz, Styria, also organised a training for the street cleaning staff on how to handle syringes they find. In addition, leaflets on this theme were prepared and distributed. In Vienna, the syringe collection service of the Municipal Department responsible for street cleaning collected and disposed of 12 022 syringes in 2004, which is a rise by 50% compared to the year before. The collecting service concentrates its activities on the Karlsplatz square and the railway station Westbahnhof (FSW 2005c).

In addition to the existing hepatitis vaccination programmes, since summer 2004 also Salzburg has offered cost-free hepatitis A and hepatitis B vaccinations for drug-users. Graz plans a similar service, organised as a cooperation project of Kontaktladen, the Public Health Department of Styria, the Health Care Office of the City of Graz, a number of pharmaceutical companies and the AIDS Assistance Service (Verein Substanz association, private communication; Kontaktladen 2005). According to the API, the hepatitis B vaccination rate among drug users has significantly improved. 33% out of 52 patients examined had already been vaccinated before. In particular young patients often show HBV, and often also HAV, vaccination rates of around 40% (API 2005).

Due to a HCV infection rate of 32% among drug users in Graz who had undergone voluntary testing, the low-threshold centre Kontaktladen started a hepatitis practice, which is open once a week. Here the clients are informed on the health consequences of HCV, and the first steps towards specific treatment are outlined. Between February 2004 and March 2005, around 40 individual counselling talks were held. Furthermore, an information campaign on hepatitis is planned, which will specifically address the group of injecting drug users (Kontaktladen 2005).

October 2005 will see the second international expert meeting on hepatitis C held in Vienna, which will deal with the complex subject of HCV and drug use. A specific focus will be placed on the themes of epidemiology, prevention, treatment and psychosocial counselling (www.hepatitisCfachtag.org).

7.3 Interventions related to psychiatric comorbidity

The fact that comorbidity in addiction contexts has played an increasingly important role has also had effects on the corresponding interventions. More and more drug help centres provide specific services for patients with multimorbid personality disorders.

After a one-year trial stage, the Anton Proksch Institute (API) will now establish a long-term treatment department for drug addicts with severe personality disorders to complement the existing therapy programme (see Chapter 5.2). In this inpatient care programme, comorbid patients who have already undergone inpatient treatment at the API before may return for a shorter stay of 6 to 7 months. By the end of 2004, 8 persons had been admitted to this shorter-stay programme (API 2005). At Voitsberg, Styria, Ubuntu, a sociopsychiatric flat-sharing community, was opened, accommodating 14 persons with personality disorders. This service primarily addresses young people between 14 and 30 and is open also for drug users

(Ederer, personal communication). Grüner Kreis, an association working with multimorbid addiction patients in the context of a special programme for several years already (see ÖBIG 2004a), dedicated a special section of its magazine to the subject of addiction and psychiatric disease on the one hand and the treatment of comorbidity at Grüner Kreis on the other (Grüner Kreis 2004).

The demand for specific treatment and care schemes for young clients with multimorbid disorders has also shown to rise: for instance, Lower Austria reports difficulties to integrate this specific group in the existing service structures (NÖ Suchtkoordination 2005).

7.4 Interventions related to other health correlates and consequences

The project *DSA im AKH* in Vienna held a total of 1 052 counselling talks in 2004. 28 women and 22 men received counselling, and 59 women and 12 men were assisted over longer periods. In addition to information events for students of various study courses (education, social work, medicine, psychology), in cooperation with the CONTACT hospital connection service (see Chapter 7.1) a further training programme focusing on addicted patients in hospital and a series of events for opiate-addicted young mothers were organised (FSW 2005a).

The issue of drug use and pregnancy was also discussed at a workshop at the meeting of the ÖAKDA Working Group for Communicative Drug Work taking place in April 2005, and in Graz information leaflets on this theme were drawn up and have been distributed since the beginning of 2005 (Zeder 2005).

The rolling doctor's practice *Marienambulanz* continues to offer low-threshold outreach medical treatment three times a week in Graz. The conditions primarily treated are acute diseases, respiratory infections or skin infections caused by drug use or difficult living conditions resulting from drug use. In 2004, 686 treatments were undertaken in this context (Kontaktladen 2005, EDDRA).

8 Social Correlates and Consequences

As in previous years, the most pressing social problems drug users are facing include in particular homelessness, unemployment and debts, which primarily applies to heavily addicted persons of the street scene. This development is further aggravated by the tight situation of the labour market. The total number of reports to the police because of violations of the Narcotic Substances Act (SMG) has strongly risen. Regarding the situation in prisons, according to rough estimates by experts between 25% and 50% of the prisoners are assumed to use illicit drugs.

8.1 Social exclusion

More than two thirds of the clients registered in Vienna's BADO (see Chapter 4.2) had no, or no regular, jobs when they turned to drug counselling centres. A very low share of 10% of the clients (n=1 907) have jobs. The majority of these persons said they lived alone or with their parents, and approximately 10% lived on the street or in institutions. The main income of most clients was unemployment benefits or welfare assistance. Income from unemployment benefits significantly and continuously rises in importance for clients over 20, with a share of 46% among clients over 40 (n=1 886). While women more frequently indicate welfare assistance as their source of income, men receive unemployment benefits far more often. What is important in this context is that the latter is an insurance benefit connected to the public employment service, and thus some form of contact to the labour market still exists. Recipients of welfare assistance, on the other hand, have left the labour market for good or have never been integrated in it. Regarding level of education, the clients of drug help centres in Vienna fall noticeably short of the general population average. The education of around half of the persons receiving counselling and care (n = 1 996) does not go further than attending or completing lower secondary school or the subsequent polytechnic year (IFES 2003, IFES 2004b).

This shows that the social situation of persons registered by the drug help system of Vienna is definitely worse compared to society in general (in terms of housing situation, educational level, employment, income and state of health). However, this does not necessarily mean that drug problems primarily affect socially disadvantaged groups, but rather that these groups will more readily turn to the drug help system of Vienna than persons who (still) have social and financial resources (IFES 2004b). For more details of the data of the Vienna Basic Documentation of clients please consult Chapter 4.2.

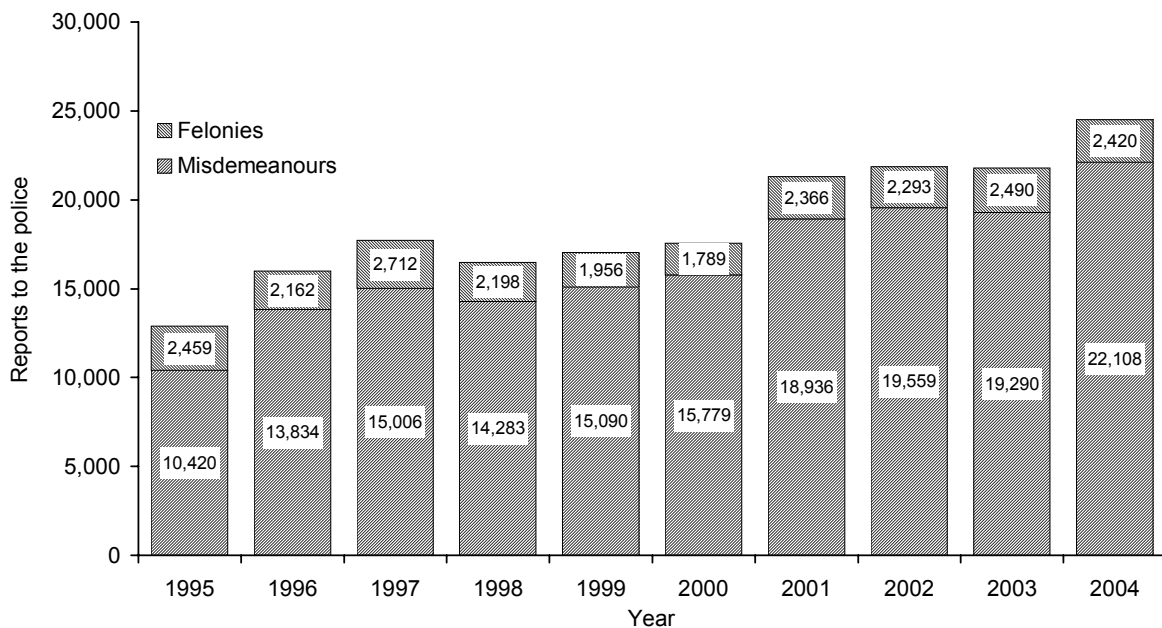
8.2 Drug-related crime

In 2004, 25 215 reports to the police for violations of the Narcotic Substances Act were filed (2003: 22 245; see also Table A11 of Annex A and Standard Table 11), which is a strong increase compared to the year before. A total of 24 528 reports referred to narcotic drugs, the rest to psychotropic substances. Regarding type of report (see Figure 8.1), in contrast to the year 2003, a great increase in misdemeanours (possession, small-scale trafficking; Section

27 of the SMG) is found, while felonies (large-scale trafficking, commercial trafficking; Section 28 of the SMG) have slightly declined (see Chapter 1.1).

In terms of substances involved (see Table A13 of Annex A and Standard Table 13) massive increases compared to the previous year are found in reports to the police concerning cannabis, which are also markedly above the number of reports registered in previous years (see Figure 8.2). Average increases are found with regard to reports concerning cocaine and crack as well as psychotropic substances, while the reports for amphetamines have slightly gone up. The number of reports relating to ecstasy and LSD slightly decreased in 2004.

Figure 8.1: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1995 to 2004

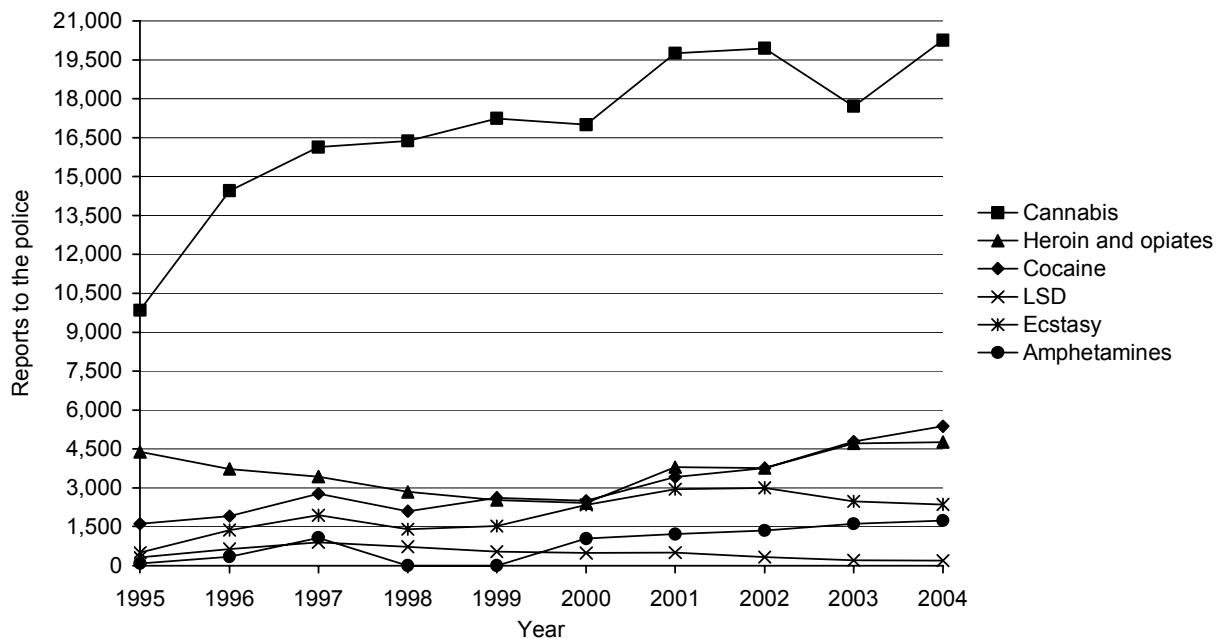


Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. In order to facilitate comparison, for the period from 1998 to 2001 only reports concerning narcotic drugs have been considered here. The difference to the total number of reports results from reports that are not assignable.

Source: BMI - Bundeskriminalamt (Federal Criminal Agency)

In the individual provinces great differences have again been registered with regard to both substances involved and trends in the numbers of reports by substance (see Tables A12 and A14 of Annex A). For instance, in Burgenland, Carinthia and Vorarlberg the number of reports concerning cannabis went down compared to the previous year, while in Upper Austria, Styria and the Tyrol strong rises showed. What has not changed compared to the year before is that in Vienna the share of reports because of opiate- and cocaine-related offences is comparatively large and that the majority of reports in all provinces concern cannabis. As in previous years a disproportionately large number of reports to the police referring to amphetamines were registered in Lower Austria, Upper Austria and Styria.

Figure 8.2: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1995 to 2004



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

Source : BMI - Bundeskriminalamt (Federal Criminal Agency)

The total of 25 215 reports to the police in 2004 led to 3 667 arrests (2003: 2 938) in connection with narcotic drug investigations, but for the latter no details (type of offence, substance involved, etc.) are available.

As explained in previous years and also pointed out by the responsible Ministry of the Interior (BMI 2005), the data concerning reports to the police only permit limited conclusions as to the development of consumption and misuse of illicit drugs, because they primarily reflect the intensity and focus of police activities in this field.

The number of convictions for violation of the SMG considerably rose in 2004 (5 706 convictions; 2003: 4 532), which in turn resulted in a massive increase in arrests - as already described in previous reports. Convictions according to the SMG and their share in the total number of convictions (1995: 4.7%; 2004: 12.6%) have thus reached a new peak and they are significantly above the figures of the previous year. Again, the number of misdemeanours (violation of Section 27 of the SMG - possession and small-scale trafficking), i.e. 4 229 cases compared to 3 318 in 2003, is considerably higher than the number of felonies (Section 28 of the SMG - trafficking), namely 1 441 cases v. 1 161 in 2003 (see Table A15 of Annex A). With regard to both misdemeanours and felonies, the number of adults has further risen compared to the previous year, while the number of young people in this category has hardly changed. About 70% of all persons convicted (2003: 67%) were punished with imprisonment (see Table A17 of Annex A). The share of sentences that were suspended on probation was 42%, which is again lower than in previous years (2002: slightly more than 50%; 2004: 47%).

In addition to the data on convictions, information concerning a temporary (provisional) waiving of reports to the police (Section 35 of the SMG) and suspension of proceedings (Section 37 of the SMG) is also relevant (see Chapter 1.1).

Again, no data on crimes committed to finance drugs or other drug-related crimes are available.

8.3 Drug use in prison

Regarding drug use in prison detailed information was given in the Key Issues chapter on drug use in prison in our report of 2001 (ÖBIG 2001a). No new data are available.

8.4 Social costs

Again, no recent studies or data on social and economic costs of drug use are available. Expenditure for drug-related demand reduction has been described in detail in 2001 in the corresponding Key Issues chapter (see ÖBIG 2002).

9 Responses to Social Correlates and Consequences

Interventions aimed at the social (re)integration of (former) drug addicts address both clients who have undergone drug-free treatment and persons who are currently using drugs. In Austria this kind of interventions has traditionally played an important role, particularly with regard to housing, occupation, education and training (see Structured Questionnaire 28). Some of the pertinent measures are part of the chain of treatment and integrated in the corresponding care modules, while others are services provided by low-threshold centres in the context of accepting drug assistance (see Chapter 5). Recently, activities in this regard have also been promoted for recreational settings. Austria's prisons and police detention centres have taken a wide range of drug-related measures for prisoners, from prevention of addiction, medically-assisted treatment and prevention of infectious diseases to drug-free treatment.

9.1 Social reintegration

The subprojects of the [drugaddicts@work](#) development partnership, which were presented in detail in the report of last year (ÖBIG 2004a), were continued and further advanced in the reporting year. In 2004, 322 persons took part in the corresponding measures in the field of **training and employment**. 226 of them participated in the counselling module on occupational assistance, 48 obtained qualifications through the @kurse module, and 48 worked in the occupational modules Gabarage, Pool7.at and *fix und fertig* TeleCenter. The pertinent services are well received by the target group, however, as absolute abstinence is a prerequisite for being admitted by Gabarage and Pool7.at, it is difficult for occupational assistants to find clients for these modules. The situation is further aggravated by the new quota regulations of the Public Employment Service (see also below), according to which jobs in the modules have to be filled according to the clients' places of residence. In order to communicate the objectives and results of the [drugaddicts@work](#) development partnership, [Projektmanagement@work](#), the overall project coordinators, launched a comprehensive image campaign (ads, TV spots, posters, etc.) in 2004 and also produced and published three news-letters (drugaddicts@work 2005; see also Chapter 11.2).

In 2005 the further advancement of the social and occupational integration measures will particularly be focused on an expansion of the existing services in order to enhance their sustainability. For instance, in the context of a new EU project, structures will be created that aim to facilitate the sustainable (re-)integration into the labour market of persons with drug and addiction problems. The project E2a - New Ways of Integration is a development partnership of the Vienna Drug Assistance supported by the European Social Fund (ESF) and co-financed by Austria. In the first half of 2005 it will be prepared and subsequently implemented in cooperation with the participating organisations, namely Vienna Job Exchange (WBB), Dialog, Vienna Social Projects Association (VWS), Contact, Diagnoses Institute (ISD) and the Anton Proksch Institute (API). The main objective of the project is to test new ways of occupational integration. The project aims to help persons with addiction problems to approach the labour market, and new forms of case management will be tried in particular with

regard to integration in the labour market. The participating organisations will cooperate in the preparation of this case management approach, and Dialog and WBB will also assist in the implementation of complementary modules. Dialog will organise specific training modules focusing on empowerment for older persons and young people, and WBB will take over the vital task of interface work. Contact and ISD run the central control module and coordinate case management in the drug help structures of Vienna. The drug department of FSW will be in charge of central project direction and international networking (FSW 2005b).

For *fix und fertig*, 2004 was the most successful year since its establishment. On the one hand, it registered record earnings of EUR 382 000 - compared to EUR 285 000 in 2003, and on the other, the share of persons finding jobs in the primary labour market was very good. Nine (35%) out of those 26 persons whose employment ended in 2004 were able to enter the primary labour market (2003: 5 out of 20 persons = 25%). The per-day jobs could be increased to an average of 22 per working day, but as the number of applicants also rose to an average of 37, every day 14 to 15 persons had to be turned down. 44 persons were employed in transitional jobs in the fields of screen printing, postal dispatch and administration. The TeleCenter, a project run in the context of the *drug-addicts@work* EQUAL development partnership, employed 12 persons in the course of the reporting year (VWS 2004a, VWS 2005a).

The regional offices of the Public Employment Service have faced problems with regard to occupation in socioeconomic enterprises since March 2004, because as of this time they have been allowed only to place restricted numbers of transitional workers within their regional area of responsibility. Because the places of residence of the applicants at *fix und fertig* do not always correspond to the placement quota, they may have to be turned down for the sole reason that their address is located in an area of a regional office of the Public Employment Service where the quota has already been exhausted. This regulation was revoked for *fix und fertig* in October 2004 but reintroduced in the beginning of this year (VWS 2005a).

In the existing contact points for drug addicts run by Caritas (temporary sleeping facility, KomfÜdro) the further exclusion of this group from educational and labour market-related interventions has already become apparent. Different to the east of Austria, where specific measures for drug-dependant persons are also supported by the Public Employment Service, the Tyrol has no regulation to this effect. Therefore *abrakadabra* - also in the context of the development partnership *My Job My Way* - provides jobs on a per-day basis for young drug users, as well as more permanent employment in transitional jobs for older long-term drug users. In addition they are assisted in submitting applications, and according to their needs, referred to physicians or probation officers, the Public Employment Service or debt counselling services, and eventually legal counselling is provided. In the course of the project it showed that although young clients are less stable, they can more easily be motivated to change their situation (approx. 65%). Older clients, on the other hand, rather tend to regard the transitional jobs as permanent. In 2004 four out of seven young people who had regularly worked at *abrakadabra* found employment in the labour market, some as trainees (see ED-DRA).

The clients of the young people's house *Waldheimat* of Grüner Kreis are encouraged to draw up an **education and training** plan shortly after the start of inpatient long-term therapy. The plan may include the completion of lower secondary school, if necessary, or the continuation

of general education at an upper secondary school during the stay at Waldheimat, the start of traineeship, the preparation for the final exam of traineeship or acquiring special skills such as the computer driving licence. In addition, the clients may attend vocational orientation classes and job-application training. They may prepare themselves for the final exam of lower secondary school or traineeship in the counselling house, which makes it easier for them to take the corresponding exams (Grüner Kreis 2005b; see Chapter 11.2).

The short-term and medium-term counselling services of Schweizer Haus Hadersdorf (SHH), Vienna, are complemented by education and training schemes in which the clients can get used to independent working and living. Teaching of everyday skills, creativity, education, recreational activities, etc. is also part of the programme. Unfortunately, the clients cannot take part in courses run by the Public Employment Service or other occupational training schemes because officially they are on sick leave for the period of therapy and are thus not eligible for labour market-related measures organised by the Public Employment Service. As a result, the TSP daily structure project of Caritas was started to facilitate the integration or occupation of part-time inpatients or patients undergoing decentralised treatment and to offer them a daily structure. Located in a club in the 5th district of Vienna, the TSP is open every day and organises courses and qualification measures. TSP cooperates with the Vienna Job Exchange so that the patients can receive counselling by staff of this organisation already at the inpatient stage to prepare themselves for job-seeking (SHH 2005, see EDDRA).

In order to provide temporary **housing** for persons immediately after the inpatient stage or for clients who have become homeless, in November 2004 SHH moved into new rooms in Vienna's 6th district, where assistance services for clients at the decentralised stage are provided. Here, a shared flat for up to 8 male patients is located, and the rooms of the former counselling office for this stage in the 5th district of Vienna were turned into a shared flat for women in need of transitional housing. Approximately half of the patients were able to move into a flat of the WOBES housing assistance association or a council flat. 16 patients lived in one of the two shared flats that are available for decentralised stage clients. The rest of the patients lived in their own flats or with their families or partners, etc. and also received counselling by SHH's housing assistance team. 13 patients in situations of crisis were readmitted as inpatients of SHH under the flexible stage system (SHH 2005, see EDDRA and Chapter 5.2).

The demand for accommodation in the context of the Assisted Housing project (VWS) continues to be high, which has led to average waiting times of 9 months. A prerequisite for eligibility is that the person in question must have access to counselling by another organisation as well, which permits comprehensive assistance and care in spite of limited staff resources and ensures that all problem fields the clients are facing can be covered. Having a consolidated housing situation and acquiring housing skills are both a good basis for social integration and increase the chances of success of cooperating organisations in other fields such as debt management or recreational activities (VWS 2005a).

The fact that homelessness is a critical factor in the lives of drug users is also reflected in the demand for overnight accommodation. For instance, the corresponding lodgings of Ganslwirt were used by 340 persons in 2004, and a total of 3 569 overnight stays and 5 722 applications for overnight accommodation were registered. The strain on the temporary lodgings at Ganslwirt was eased by integrating homeless drug users in the general assistance system

for homeless people. The City of Vienna no longer strictly excludes drug users from its accommodation system, which means that as of April 2004 these persons have the option to turn to the clearing agency P7 for referral to accommodation. In addition to the existing system of overnight lodgings, now stays for several days are also possible. This permits more intensive care and facilitates the stabilisation of the housing and living situations of a number of clients (VWS 2005a).

In autumn 2004 JUMP, an emergency accommodation centre for young people in danger of becoming addicted, was opened at St. Pölten, Lower Austria. In addition, several organisations active in the field of addiction at St. Pölten indicated need for counselling in the form of occupation projects for young people at risk. This demand is being examined by the Province of Lower Austria (NÖ Suchtkoordination 2005). The Mentvilla house run by Caritas of the Diocese of Innsbruck, Tyrol, provides emergency accommodation for a maximum of 16 persons, and there are 6 affiliated centres with 10 studio flats that Caritas rents to former occupants of Mentvilla, who continue to receive outpatient care there. Mentvilla also provides drug and social work services specifically addressing women, which include separate living quarters for women (Mentvilla 2005).

A number of new activities in **recreational** settings underline the growing importance attached to this area. In January 2004 the Zeitraum project (formerly: SOFA) was opened. Its aim is to give Mentvilla clients both the time and the space to be able to organise their sparetime independently, based on their own initiative and responsibility. For instance in 2004 creative afternoons took place on Wednesdays, and assistance was provided for activities such as going to the cinema or swimming. In addition, Zeitraum's staff organised an extended weekend in the mountains and accompanied clients of abrakadabra, Komfüdro and Mentvilla there (Mentvilla 2005).

The outpatient aftercare programme of the ZSB Centre of Systemic Counselling, Care and Therapy at Innsbruck, Tyrol, was started as a pilot project in 2003 and established as a permanent service in 2005 in order to meet the rising demand for professional aftercare. The programme primarily addresses adolescents and young adults who have successfully completed withdrawal treatment. The number of participants is limited to 10 former drug users per year. The aim of the programme is to strengthen the psychological constitution and thus the social independence of the clients by means of psychotherapy and social work. For a period of one to a maximum of two years, between two and four meetings per month take place between clients, social workers and therapists. If necessary, sparetime activities are individually discussed with the clients in a one-to-one setting. Another focus of the work with the clients is assistance with regard to job-seeking, because permanent employment greatly contributes to their psychosocial stabilisation. In the context of aftercare, jobs could be found for 80% of the male and 50% of the female clients in 2004 (see EDDRA).

Another measure which does not relate to social (re-)integration but aims to raise the subjective feeling of safety and to avoid social problems in public places will be implemented in Vienna as of September (see ÖBIG 2004a). In the context of the project Help U, a team of eight mediators financed by the Social Vienna Fund (FSW) and the public transport system of Vienna will be present at Karlsplatz - a traditional problem area of the street drug scene (see Chapter 1.1). Complementary to a permanent meeting point, the team will be there every day and may be contacted by everyone concerned (Wiener Linien, FSW 2005).

9.2 Prevention of drug-related crime

The legal and organisational framework of drug-related interventions in prisons has not changed in the reporting period - apart from substitution guidelines for prisons issued in January 2005 (BMJ 2005a, BMJ 2005b). It was described in detail in Chapter 13 of our report of 2001 (ÖBIG 2001a). Recent data and information show that imprisonment because of SMG offences continues to play an important role and is even of rising relevance (see Chapter 8.2).

The substitution guidelines for prisons (BMJ 2005a, BMJ 2005b) give an overview of the objectives and forms of substitution treatment and also discuss aspects such as suitable substitution substances for this specific setting (methadone as the first choice, buprenorphine and slow-release morphines), average daily doses, possible side-effects and interactions with other pharmaceutical products. In addition, the guidelines list indications for substitution in prisons (e.g., extramural substitution treatment already before imprisonment) and the need for obligatory agreements with the patients in this context (e.g., the rule to take substitution substances under supervision). The ethic principles of substitution and the need for harm reduction are also addressed, as are possible relapses, which are regarded as part of the nature of addiction.

A wide range of drug-related measures continue to be provided in prisons. The question of (re-)integration in the labour market also plays a central role. Apart from measures such as drug-free zones and treatment departments, the inmates, under certain conditions, may also be granted prison leave so that they may retain their jobs. The prison of Favoriten, Vienna, bases its treatment options in the women's department on a specifically women-oriented approach to the development of addiction diseases. The social therapy enterprise NORA employs up to four female prisoners who have completed a computer training course as soon as they are granted eased conditions of imprisonment or prison leave. In this way the women may gather experience of workplace situations under aspects of occupational therapy and by tackling the tasks required they enhance their technical and personal competencies (see Chapter 11.2).

The prison of Stein, Lower Austria, has a substitution department with 44 beds, but the number of 115 substitution patients massively exceeds the existing capacities. For this reason, it is planned to establish a second substitution department with 40 beds. In addition, 15 beds will be made available by an affiliated prison with an agricultural focus, where the prisoners oblige themselves to do farm work parallel to addiction treatment. The aim of this project is to improve the social reintegration of sufficiently motivated prisoners through granting them prison leave more frequently.

During the final stage in the drug-free department of the prison of Garsten, Upper Austria, the prisoners are granted more independence, and they may coordinate certain aspects of their lives themselves (e.g., looking for work). At this stage they are also allowed to buy and take care of a pet.

At the prison of Innsbruck, Tyrol, the future housing and employment options of prisoners are investigated during the one- or two-month release stage from the drug-free department; the prisoners may also attend external (further) vocational training courses.

With regard to the prevention of infections, the prison of Favoriten, Vienna, established a central distribution point for information material on HIV/AIDS and hepatitis C for all prisons. Every new prisoner gets a care set when they are examined on commitment to custody. It includes information booklets, condoms and a sheet with guidelines concerning risk behaviour (BMJ 2005b).

Since the middle of 2003 the association P.A.S.S. has organised a weekly therapy group for young prisoners, under the motto: Ways out of addiction. The group is run in cooperation with staff of the youth court help centre of Vienna and aims to give the young people the possibility to reflect on their patterns of behaviour with regard to drug use. The group also provides information on treatment and counselling services in order to raise the motivation of the young clients to undergo treatment after imprisonment (P.A.S.S. 2005).

For persons arrested in the Police Detention Centre (PAZ) at the 9th district of Vienna the association Dialog provides both addiction-related medical care and psychiatric assistance (see ÖBIG 2004a). So far, the large group of men arrested in the PAZ because of administrative offences have not been integrated in the social work structure. Dialog regards it as a central task to expand its services to this group and to raise the necessary funding. In 2004 the number of clients in the counselling service programme for women at the PAZ grew by 13% compared to the previous year (2003: 78; 2004: 88). According to the Dialog team, a larger share of the women should be addressed, and in order to reach them, since the beginning of 2005 a social worker of Dialog has presented her services to every woman newly arrested in the PAZ because of administrative offences, in the context of first-contact talks. The prisoners are free to decide whether they want to make use of Dialog's service or not (Dialog 2005).

In the context of the periodic surveys among clients, in 2004 13 men and 11 women - all of them arrested because of administrative offences - were interviewed. Unfortunately, due to lacking resources, persons kept in custody to secure deportation could not be included. The respondents were very satisfied with the services of Dialog, and they underlined as positive the fact that the clients were taken seriously and that the Dialog workers took time for them and showed great commitment (Dialog 2005).

In 2004 Dialog also trained approximately 50 officers in the context of a vocational further training scheme on how to deal with drug addicts under the conditions of imprisonment. The physicians of Dialog gave lectures for police physicians on approaches to imprisoned psychiatric patients and on substitution treatment for deportation prisoners (Dialog 2005).

The principle of therapy instead of punishment continues to play an important role in all drug or addiction plans and programmes in Austria (ÖBIG 2002). The pertinent measures are not implemented in specialised institutions, but the whole range of drug help services may be used (see Chapter 1.1).

10 Drug Markets

The substance most frequently seized in Austria is cannabis, followed by cocaine and heroin. However, quantities seized are not a good indicator for the availability of a substance in Austria, as Austria often is not the final destination of these drugs but a transit country, and because these figures also reflect the intensity of police activities. Regarding potency and concentration of the substances available in Austria, experience of recent years has shown that considerable variations occur. This applies to both substances used by the traditional street scene (opiates and cocaine) and also new synthetic drugs (ecstasy and amphetamines). As the actual ingredients and potency are often unknown, this is a considerable risk factor for drug use (see Chapter 13.2).

10.1 Availability and supply

Information on the availability and supply of illegal drugs and young people's first drug purchase in life is provided by some of the answers included in the ESPAD survey (Uhl et al. 2004b, see Chapters 1.4, 2.2 and 13.1). It showed that the majority of those persons who had already used an illegal drug at least once in life got it from friends or brothers and sisters (older friend, older brother/sister: 28%; younger friend or friend of the same age: 26%; drug shared among a group of friends: 27%; bought from a friend: 4%). Only 5% indicated unknown persons or persons only known from hearsay as their sources of the first illegal drug.

Table 10.1 gives the distribution of answers to the question: How difficult do you think it is to get one of the following substances, if you would like to have it? This question includes several legal and illicit substances. While more than 80% of the young people thought it was very easy or fairly easy to get alcohol (wine/champagne: 93%; brandy: 81%), in the case of illegal drugs the corresponding share was above one third of the respondents (35%) only for cannabis. With regard to ecstasy and amphetamines, approximately 20% thought getting these substances was very easy or fairly easy, and less than 15% thought so of the other illegal drugs included in the survey.

Table 10.1: Assessment of how difficult it is to get various psychoactive substances

How difficult is it to get the respective substance?	Substance									
	Cannabis	Ecstasy	Amphetamines	Cocaine	Heroin	LSD	Magic mushrooms	Tranquilisers / sedatives	Wine/champagne	Brandy
Impossible	13%	19%	15%	22%	23%	18%	21%	19%	1%	3%
Very difficult	13%	18%	17%	21%	22%	19%	17%	19%	1%	2%
Fairly difficult	18%	16%	18%	16%	16%	20%	15%	17%	3%	9%
Fairly easy	21%	13%	14%	9%	7%	9%	9%	7%	16%	22%
Very easy	14%	7%	7%	5%	4%	4%	7%	4%	77%	59%
I don't know	22%	27%	29%	28%	29%	29%	30%	34%	2%	6%

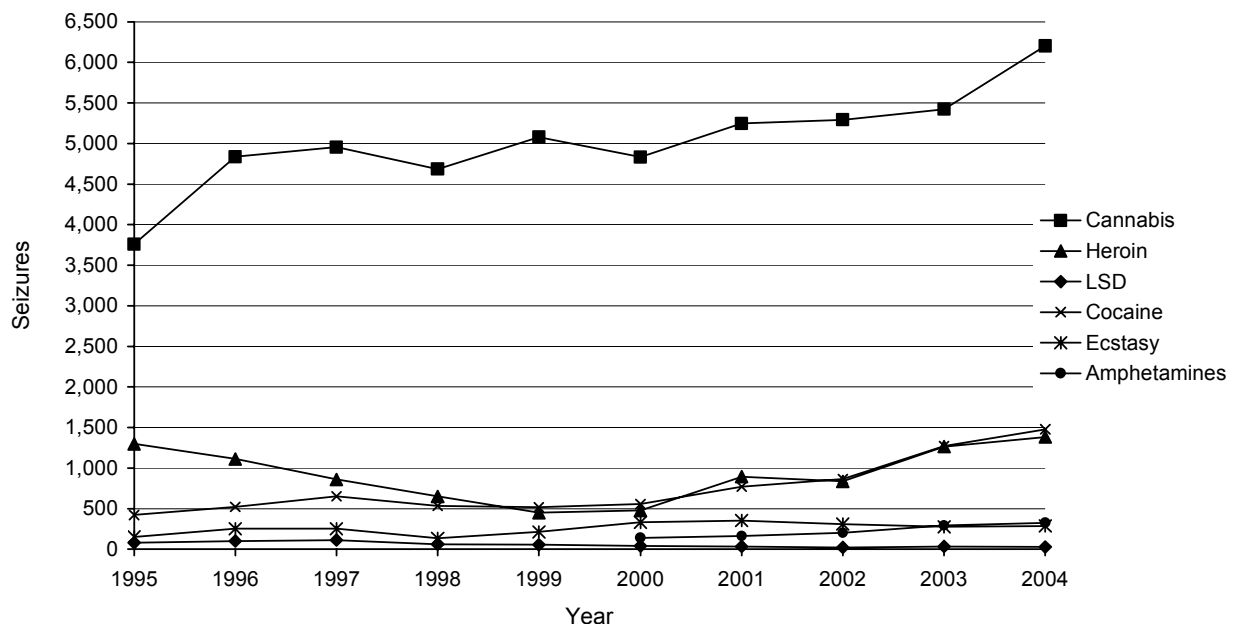
Source: Uhl et al. 2004b

With regard to the subjective assessment of the availability of cannabis, the additional question was asked whether the respondents knew a place where they could easily buy cannabis if they wanted to. 64% of the young people interviewed answered in the affirmative. The spots most frequently indicated as places where it was easy for them to get cannabis were discos/bars (43%) and streets/parks (33%). Flats of dealers (21%), schools (16%) or other places (16%) were named considerably less often.

10.2 Seizures

The Federal Ministry of the Interior (BMI) reports a massive increase in the number of cannabis and cocaine seizures and a rise with regard to heroin and amphetamines. The seizures of ecstasy and LSD have not significantly changed (see Figure 10.1, Table A19 of Annex A and Standard Table 13).

Figure 10.1: Number of seizures of narcotic drugs in Austria from 1995 to 2004



Source: BMI - Bundeskriminalamt (Federal Criminal Agency)

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 (see Table A20 of Annex A and Standard Table 13). For instance, five times as much heroin (235 kg) as in the year before was seized, and the seizures of ecstasy (122 663 pills) fell by 71% (BMI 2005).

In spring 2005 police seizures for the first time included pills that were intended for sale as ecstasy and contained the active ingredient mCPP (meta-chlorophenyl piperazine) and pills that, apart from MDMA, also contained the substance MDHOET (3,4-methylenedioxy-N-(2-hydroxyethyl)amphetamine).

10.3 Price/purity

In 2004 the project ChEckiT!, in which the **purity and ingredients** of substances bought as ecstasy or speed during raves are tested (see also Chapters 3.2 and 13.1) was present at five rave parties, where 95 pills bought as ecstasy and 41 samples purchased under the name of speed were handed in for testing (VWS 2005e). The percentage of pills bought as ecstasy that did not contain psychotropic substances other than MDMA, MDE or MDA remained similar to the levels of previous years (88%). However, very large variations of the purity of the individual pills were found (between 6 and 179 mg MDMA, MDE or MDA). Only 22% of the substances bought as **speed** and analysed by ChEckiT! had amphetamines as their only ingredients, while 20% combined amphetamines and caffeine, and 39% contained amphetamines with additions of other psychotropic substances (see Tables A21 and A22 of Annex A as well as Standard Table 15). Over the years the percentages of amphetamine samples that actually contain amphetamine as their active ingredient has massively decreased (2001: 61%; 2003: 35%; 2004: 22%). The main reason for this trend is that since 2002 so-called unknown amphetamine derivatives have been found increasingly often (2002: 10%; 2003: 26%; 2004: 24%). These substances may either result from inappropriate production procedures of amphetamines from cheap base substances, or they may be newly developed designer drugs. The effects and risks of these substances are unknown and cannot be assessed (VWS 2005f).

Information by the Ministry of the Interior on the potency and prices of various drugs sold at street level are given in Table 10.2. These data are based on information and fictitious purchases by undercover police agents (see Standard Tables 14 and 16).

Table 10.2: Purity and price (EUR per gram) of various drugs sold on the street

		Herbal cannabis	Cannabis resin	Brown heroin	White heroin	Cocaine	Amphetamines	Ecstasy	LSD
Purity	Minimum	0.03%	0.8%	0.2%	-	2.8%	1%	11%	-
	Maximum	27%	38%	92%	-	95%	100%	100%	-
	Typical	5%	10%	14%	-	40%	25%	38%	-
Price	Minimum	3	7	50	80	70	20	10	30
	Maximum	4	8	70	100	95	25	15	35
	Typical	3	7	60	95	90	20	12	30

Source: BMI - Bundeskriminalamt (Federal Criminal Agency)

What is striking is the variations in potency, which are considerable in drugs sold on the street. However, a further interpretation and analysis of trends are only feasible for data gathered over several years.

Part B

Selected Issues

11 Gender Differences

11.1 Gender-specific drug consumption

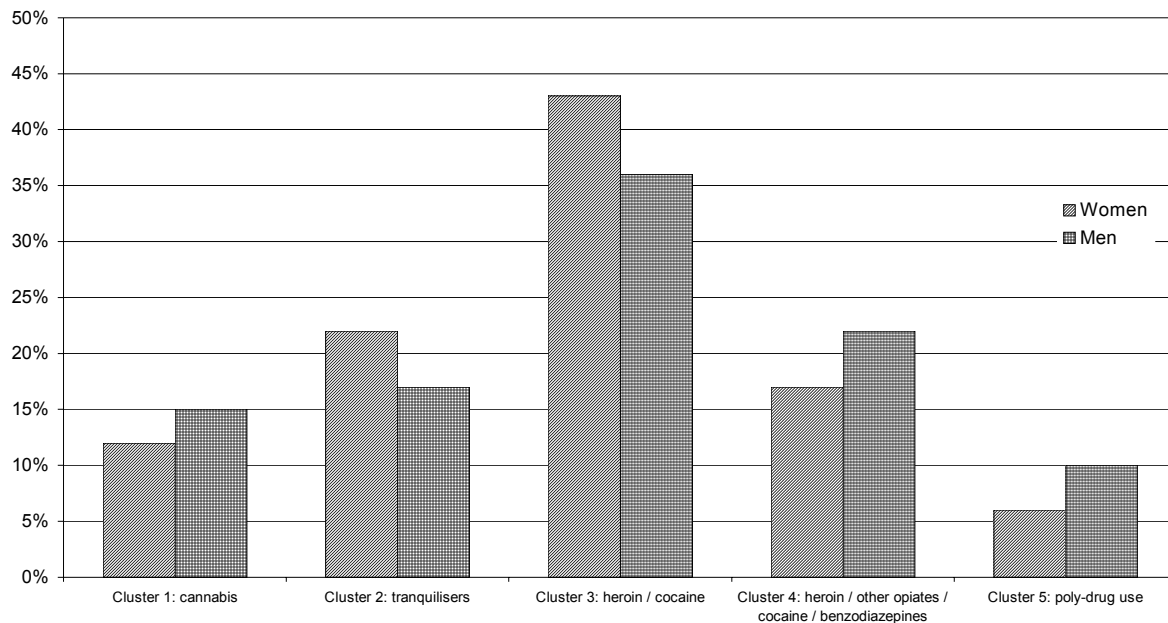
A great number of studies on **consumption experience** of illegal drugs among the population (see Chapters 2 and 13.1) have shown a higher prevalence of illegal drug use among men than among women (ÖBIG 2002, 2004a; Haas 2005). For example, in a 2003 population survey (among persons aged between 15 and 59 years) and a youth survey (among youths aged between 15 and 24 years) in Upper Austria the following differences were found: compared to the total population, with a 1.5:1 (men : women) ratio regarding the lifetime prevalence of cannabis use, the relation is more balanced among youths (Seyer 2005). Regarding 12-month prevalence higher consumption rates were found among women compared to men in the group aged 18 to 19. In the age group 20 to 24, the consumption rate of male youths is higher. In younger or older age groups there are hardly any differences of significance. As to 30-day prevalence, no significant gender differences were discovered in the total population. In the youth survey, again, higher rates of use were found for women in the age group 18 to 19 and for men in the age group 20 to 29.

A nationwide population poll in 2004 (Uhl et al. 2005, see Chapters 2.1 and 2.2) also gives evidence of higher prevalence rates for men regarding cannabis use. As to lifetime prevalence and 30-day prevalence, the gender ratio among young people (aged 15 to 24) was also balanced compared to the total population (aged between 15 and 64). The 30-day prevalence is almost the same. Contrary to cannabis use, the consumption of nicotine - and, to a lesser extent, also alcohol - was indicated more often by young women than by young men.

The results of the ESPAD study (Uhl et al. 2004a) reveal the following gender differences: 25% of young men and 18% of young women indicated to have tried cannabis at least once, while regular cannabis consumption is reported by 5% and 2%, respectively. With the exception of magic mushrooms, where the ratio was similar to cannabis, the gender differences are minimal for all other substances (see ÖBIG 2004a and Chapter 2.2).

Experts agree that young men try nicotine and alcohol one year earlier, while young women try illicit substances two years earlier (e. g. Prehslauer et al. 2001). These findings are supported by the results of the Vienna BADO for 2003 (IFES 2004b, see Chapter 4.2), according to which women's age at first consumption is almost always lower and in some cases significantly lower than that of men. Also, the women clients of ChEckiT! in 2003 were younger, on average, than the men counselled by this centre (VWS 2004d). This difference is explained by the fact that young women adapt to the consumption behaviour of their older male partners (Österreichisches Institut für Jugendforschung 1999). According to Eisenbach-Stangl (1995) the emancipation of young women only starts when gender roles evolve and they develop an individual identity as a woman as well as consumption patterns that are independent of their partners.

Figure 11.1: Patterns of drug use among clients of drug help centres in Vienna by gender, 2003



Note: Percentages refer to those 587 clients for whom complete information on drug consumption was available.

Source: IFES 2004b

Gender specific differences have also been found concerning **problem drug use**, where the share of men increases significantly with age. According to a prevalence estimate using the capture-recapture method (ÖBIG 2003, 2004a) the share of women among problem drug users is approximately 26%. These estimates are based on data on substitution treatment and reports to the police for opiate use (see Chapter 4.1). A cluster analysis of consumption data of the clients counselled in 2003 revealed five different consumption patterns (see Chapter 4.2). The gender ratio is shown in Figure 11.1.

Data from the field of **counselling and treatment** indicate a higher share of men among problem drug users (see Table 11.1). But it is also assumed that there are gender differences in the number of people turning to drug help services (Haas 2005), which limits the value of these data. According to the Vienna BADO for 2003 (IFES 2004b, see Chapter 4.2) seven out of ten persons documented and treated in Vienna were men, the difference was greater for inpatient treatment. Figures from the Drug Counselling Centre of the Province of Styria show a balanced gender ratio, one probable reason being the higher number of women for whom addictive behaviour irrespective of substances was diagnosed (Drogenberatung des Landes Steiermark 2004). Age is also of decisive influence with regard to counselling and treatment. For example, the share of women outpatients in the drug outpatient department of Christian-Doppler-Klinik, Salzburg, is significantly lower in the age group over 40 (14%) than in all other age groups, i.e., 24% (Drogenkoordination des Landes Salzburg 2005). At Grüner Kreis the average age of women clients in 2004 was 25.4 years, which is also lower than that of men clients, i.e., 28.2 years (Grüner Kreis 2005a). In Vienna approximately 25% of the women in counselling were 20 years or younger in 2003, while the share of men in this age group was only 14% (IFES 2004b). In the older age groups the ratio is reversed. These figures indicate that women turn to therapy services at an earlier age than men do.

Table 11.1: Gender ratio in selected treatment departments and counselling centres in 2004

Programme, centre and owner	Total number of clients	Share of men	Share of women
Salzburg drug counselling centres	299	76%	24%
Outpatient care, drug outpatient department, psychiatry clinic II, Christian-Doppler-Klinik, Salzburg	421	76%	24%
Drug inpatient department, psychiatry clinic II, Christian-Doppler-Klinik, Salzburg	152	78%	22%
Drug Counselling Centre of the Province of Styria	247 ¹	58%	42%
Cooperation project with low-threshold sector, Drug Counsellors of the Province of Styria	31	84%	16%
Addiction counselling services in the Tyrol (ASP, associations BIT, BIN and KIT, drug counselling service at the youth centre Z6)	2381	70%	30%
Short-term therapy, Haus am Seespitz, Tyrol	54	70%	30%
Treatment, KIT association, Tyrol	21	81%	19%
Outpatient therapy, care centre Vienna, Grüner Kreis	110	91%	9%
Aftercare, care centre Vienna, Grüner Kreis	60	78%	22%
Outpatient therapy, care centre Graz, Grüner Kreis	42	71%	29%
Pre-care, care centre Klagenfurt, Grüner Kreis	123	66%	34%
Inpatient short-term therapy, Grüner Kreis	54	80%	20%
Inpatient long-term therapy, Grüner Kreis ²	469	74%	26%
Treatment centre Carina, Stiftung Maria Ebene	42 ³	67%	33%
Treatment centre Lukasfeld, Stiftung Maria Ebene	64 ³	73%	27%
Hospital Maria Ebene, Stiftung Maria Ebene	381	72%	28%
Counselling centre Bregenz, Stiftung Maria Ebene	441	79%	21%
Care, Treffpunkt, API	460	76%	24%
Special outpatient department, Treffpunkt, API	83	77%	23%
Substitution, special outpatient department, Treffpunkt, API	42	83%	17%
Drug outpatient department, Wiener Neustadt, API	155	74%	26%
Drug outpatient department, Neunkirchen, API	158	74%	26%
Aftercare, Half-Way-House + Club Drive API	84	68%	32%
Withdrawal department and short-term therapy, API	124	75%	25%
Long-term therapy department, Mödling, API	100	67%	33%
Schweizer Haus Hadersdorf	139	83%	17%

¹ New admissions and readmissions to long-term care

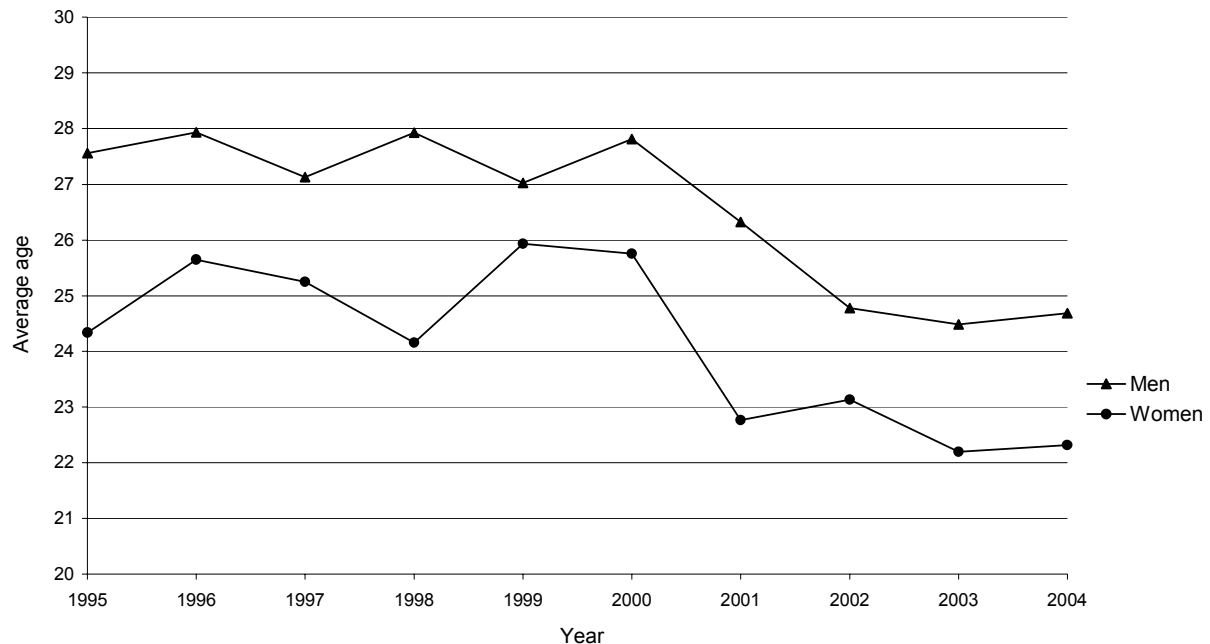
² Including special programme on multimorbidity

³ New admissions in 2003

Sources: Annual Reports of the various institutions; Kern, personal communication

The share of women undergoing substitution treatment (see Chapters 4.2 and 5.3) among the total number of treatments reported in 2004 in Austria is 29%, and 25% among first treatments in life. While the relation is relatively balanced among those aged under 20, (the share of women being 45% in the total number of treatments and 43% in first treatments), in the older age groups the percentage of men is considerably higher, namely 69% to 80% and 75% to 84%, respectively. In 2004 the average age of women among reported first treatments was 22.3 years, i.e., lower than that of men (24.7 years). Figure 11.2 shows the development of the average age of men and women since substitution treatment was introduced in Austria.

Figure 11.2: Development of the average age of men and women undergoing substitution treatment for the first time in life, in 2004



Source: BMGF, calculations by ÖBIG

Similar figures have been reported in the other provinces. In Salzburg there was a considerably higher percentage of men among the total number of substitution treatments in December 2004, the highest share of women was found in the age group between 25 and 29 years (Drogenkoordination des Landes Salzburg 2005). In Upper Austria the gender ratio among newly admitted clients was almost 5:1 (men : women), and a rise in the percentage of men has been observed over the past few years (ISP 2005). In Carinthia the share of men among permanently substituted patients was 72% in 2004, so the share of women was 28% (Prehslauer, personal communication).

Gender specific differences have also been discovered in the field of **health consequences**. For example, in Upper Austria data from the public hospitals for the year 2003 were evaluated (ISP 2005): the gender distribution for drug-related treatment episodes was between 2:1 and 2.5:1 (men : women), and for addiction diagnoses, 2.5:1 (compared to 1.5:1 in 1999). Data on infectious diseases of IDUs (see Chapter 6.2 and Standard Table 9) also show higher prevalence rates for hepatitis B and C in men (Haas 2005). According to the evaluation of data from the Vienna Ambulance Service in 2004 on emergencies due to suspected overdosing the share of women was 28%, but the percentage of women among first contacts to the CONTACT hospital connection service was 43% in 2004 (FSW 2005c).

Among the directly and indirectly drug-related deaths over the last decade in Austria, the share of women was between 15% and 20% (Haas 2005), with a higher share of women among indirectly drug-related deaths (2003: 31%) than among directly drug-related deaths: 18% in 2003 (ÖBIG 2004a). In the province of Vorarlberg the share of women among drug-related deaths has been observed to decline in recent years; in 2003 it was 16.7% (Universitätsinstitut für Suchtforschung 2004). Age is also of significance here: the average age at the time of drug-related death among women is lower than that of men, which is especially

evident among directly drug-related deaths (Haas 2005). For example, in Vorarlberg the average age of women at the time of drug-related death was 29.5 years, while that of men was 33 years (Universitätsinstitut für Suchtforschung 2004).

Regarding **social consequences**, among other data the evaluation of the examinations under Section 12 of the Narcotic Substances Act on the grounds of a well-founded suspicion of abuse of addictive substances are of special interest (see Chapter 1.1). In this context Salzburg reports a share of men of 82% (Drogenkoordination des Landes Salzburg 2005); in a regional survey it turned out that this share was even 88% for the central region without the city of Salzburg. In Vienna the corresponding share of men is 85% (FSW 2005c), and 84% among the persons for whom health-related measures are recommended (FSW 2005a). Among the reports to the police under the SGG in 2004 in Austria 85% refer to men (BMI 2005). Among the persons legally convicted under the Austrian SMG or SGG the percentage of men is as high as 91% (see Annex). While the share of drug users in prison is higher in penal institutions for women than for men, it should be taken into account that the percentage of women among the total prison population is low.

Figures from **harm-reducing programmes** also confirm that there is a higher share of men among problem drug users (see Table 11.2). For example, in Vienna approximately 20% of the persons contacting low-threshold services are women (VWS 2005d). Furthermore the share of women is reported to have been relatively constant in recent years (VWS 2005d, Komfüdro 2005).

Table 11.2: Gender ratio in low-threshold centres in 2004

Programme / centre / owner	Total number of clients	Share of men	Share of women
Emergency admissions, Mentlvilla, Caritas Innsbruck	47	72%	28%
Residents, Mentlvilla, Caritas Innsbruck	47	83%	17%
Komfüdro, Caritas Innsbruck	63	73%	27%
Kontaktladen and drug-related streetwork, Caritas Graz	500	72%	28%
Vorarlberg contact and information points ¹	n.a.	76%	24%
Streetwork Karlsplatz, VWS	285 ²	53%	47%
Psychosocial and sociomedical services, Ganslwirt, VWS	613 ²	74%	26%
Medical services, Ganslwirt, VWS	954 ²	70%	30%
Per-day jobs, Fix und Fertig, VWS	213 ²	81%	19%
Transitional jobs, Fix und Fertig, VWS	56 ²	71%	29%
Assisted housing, VWS	21 ²	57%	43%
Syringe exchange/selling, FSW	161 117 ³	79%	21%

¹ Data from 2003

² Persons known by name

³ Contacts with women and/or men

n.a. = not available

Sources: annual reports of the respective institutions

Judging from the available data, the use of illicit drugs seems to continue to be rather a men's thing, so to speak. The share of women decreases with growing age and increasing seriousness of the drug problems (Busch/Haas 2004). However, there are many factors

which influence gender distribution, therefore it is difficult to find clear interrelations. Experts agree that women and men tend to differ in their risk behaviour (i.e., men have more intensive, more frequent and more radical experience of psychoactive substances), which has an impact on health and on the progression of diseases. Furthermore women tend to seek professional help earlier and more frequently, which means that they expose themselves to life-threatening risks less often (Universitätsinstitut für Suchtforschung 2004, Haas 2005). For example, among the clients counselled in Vienna in 2003, more women than men indicated to have undergone an inpatient withdrawal programme, therapy or substitution treatment before (IFES 2004b).

Men in this scene tend to expose themselves to more risks and have a lifestyle which is socially more visible, characterised by dealing and other criminal acts, which leads to a higher percentage of men reported to the police (Eisenbach-Stangl 2002). However, this is also explained by the different attention that the prosecuting authorities, the police and courts, pay to drug using women and men (Eisenbach-Stangl 2005, Pilgram/Stummvoll 2005). According to these findings women are reported to the police less often, and in court, penal proceedings against women are more often suspended, and women are punished less harshly than men. However, Pilgram and Stummvoll (2005) state that in the course of the last 30 years, this difference has diminished. According to Haller et al. (2005) there is limited knowledge on the interrelations between gender, addiction and delinquency. There appear to be primarily male or female tendencies regarding delinquency, which are intensified rather than unified by drug use. Delinquency is described as a consequence of addiction-related psychosocial disorders, indirect effects of addiction on the socially relevant adjustment or self-destructive outsider behaviour.

In an analysis of the long-term development of consumption habits, Eisenbach-Stangl (2005) observes a levelling-out tendency of the gender ratio in the case of stagnating or declining consumption trends as well as a contrary development with regard to rising consumption trends due to the increased drug use by men. According to Eisenbach-Stangl, in phases of assimilation the traditional gender-specific patterns of use of women and men become less distinct, but compared to other fields of behaviour the differences are retained to an astonishing degree. For example, men as drug users are more often referred to the repressive legal system than women, who are treated in the medical system. So rises in consumption are caused to a greater extent by men than by women, but at the same time men are held responsible to a greater extent, which may confirm and stimulate men's use of illicit substances as supposedly masculine behaviour.

There are some recent articles on the life situation of drug-addicted women. Goger (2004) defines violence as the main difference in childhood experience of male and female drug users, as women were victims of violence in their girlhood significantly more often than men in their boyhood. In this context Goger also stresses that for many women drug use is a coping strategy which helps them live with their experiences. Bauer (2003) attempts to describe typical drug careers of women based on aspects that are found in drug addicted women's lives more frequently, which turns out to be a difficult task due to the great diversity of this group. Besides experience of violence, other frequently encountered factors are relationships with drug addicts or alcoholics and suicide attempts as well as experience of the death of close relatives or friends. De Cordoba et al. (2005) found a different psychological profile in

female and male drug patients as a cause of gender-specific differences regarding the start and development of addictive diseases and concomitant diseases. While men as drug patients mostly show externalising psychopathological deviations, in women both internalising and externalising symptoms are found to the same degree. Previous or simultaneously occurring depression and anxiety disorders that lead to an addictive disease occur more often in the case histories of women, and post-traumatic stress disorders also show more often in this group. In a study of the causes of addictive behaviour among men, Weber (2004) attributes great importance to the influence of the peer group and the discrepancy between their life situations and their images of themselves and states that their risky consumption behaviour aims at compensation and reassurance.

11.2 Gender-specific measures in prevention and drug help

The need for gender-specific work in addiction prevention, counselling, treatment and assistance has been expressed in the drug strategies of both Vienna and Vorarlberg. Gender-specific legal regulations apply in the case of pregnant women: pregnancy is one of the indications for substitution treatment and the choice of a first substitution substance other than methadone is permitted in this case (Decree on Substitution). Based on the results of the DAPHNE project on addiction as a way to survive for women who have experienced violence, the project Daphne Vienna was established as a network linking drug help institutions and organisations for the protection of women against violence, which is an example of the intensified discussion of gender-specific differences over recent years (Tomas 2005). The results of this project will be presented at a concluding event in autumn 2005. The association Dialog introduced gender mainstreaming not only in its outside services but also in its internal processes (Haas 2005). Gender mainstreaming was also a key issue of the Development Partnership *drugaddicts@work* (see Chapter 9.1), one outcome being the publication of the newsletter *gendermainstreaming@work*. It is generally held that drug help services are mainly organised according to the needs of drug-using men (VWS 2003). Although some efforts have been made to implement the theoretical considerations in practice and give priority to the creation of women-specific services, the extent and availability of such services are still very limited and have hardly been evaluated so far. Services specifically directed to men are rare.

In order to implement the Council of Ministers' decision on gender mainstreaming of 9 March 2004 the BMGF commissioned a pilot study on the budget for drug-related measures. The aim of the study is to develop methods and instruments for the practical implementation of Gender Budgeting in the Austrian federal administration. To this end the budgets of selected drug help centres are analysed according to gender criteria, in order to evaluate the services of the centres in question under the aspect of the specific needs of drug-addicted women and men and to give recommendations for gender-equitable budget planning options. In this context it should also be mentioned that in Vienna, gender sensitivity is one of several quality criteria that prevention projects have to fulfil in order to be financially supported by the Vienna Social Fund (FSW 2005a).

The significance of gender-sensitive measures in **addiction prevention** has been widely discussed (e.g., Frauenbüro der Stadt Wien 1999, Franke 2000, Acker 2000); however, in many cases the implementation of corresponding projects is still lacking (ISP 2005). Gender-specific differences are regarded as important especially in the field of body perception and relation to one's own body, resources to cope with stress (BMBWK 2002) and the promotion of health-related behaviour, standards, values and opinions (BMSG 2003b). In girl-specific addiction prevention, the focus should be placed on imparting extroverted forms of expression rather than internalising coping strategies (Frauenbüro der Stadt Wien 1999). Another important prerequisite for gender-sensitive work is that multipliers individually and actively confront their own role images (BMBWK 2002). According to Acker (2000) all addiction prevention materials and exercises for the training of life skills can be used. However, self experience and reflection on role images is considered important, as is the contact person (for girls, a woman and for boys, a man). To prevent the reiteration of gender stereotypes, phases of separate, gender-homogeneous work are important, which focus on gender-typical problem statements and goals as well as the development of a positive identity as a woman or a man. While the interactions in mixed-gender groups are supervised, in gender-homogeneous groups they can be reflected on and new behaviour strategies can be tested (BMBWK 2002).

In line with these recommendations the majority of gender specific prevention projects in Austria is organised in the form of separate workshops or seminars for girls and boys in order to encourage body perception, identity development, self-reliance and action competence. Many projects refer to the women-specific issue of eating disorders (e.g., the VIVID training course for secondary school teachers *Too fat, too skinny, or just right?!*). Some primary prevention projects in primary schools take gender specific contents into consideration; examples are the join-in theatre play *Victoria's Travels* (Lower Austria) and *Kids Are Doing It By Themselves* (Vienna) as well as the nationwide project *Eigenständig werden (Growing Up To Be Independent)*. Examples for projects working with separate gender groups are the primary school project *I luag uf mi (Taking Care of Myself, Vorarlberg)* and a touring exhibition for young people entitled *Alles im Griff (Everything Under Control, Lower Austria)*. As part of the EU project Generation E for parents, gender-sensitive issues that are relevant during adolescence are integrated (FSW 2005a). The secondary prevention project Step by Step also takes into account gender-specific differences for the first step, i.e., how to read signals (Schmidinger 2002). No gender-specific projects are known in the field of selective prevention. However, it is a principle of mobile youth social work to adopt an attitude that is partial to the target group and gender-specific (Fellöcker 2000). Gender-specific activities were carried out by MDA basecamp in 2003, by designing a questionnaire on the theme of eating behaviour and carrying out a scales campaign (MDA basecamp 2004).

Experience in Lower Austria has shown that boys tend to be more interested in information on substances, legal measures and possibilities of harm reduction, while girls would rather talk about problematic addictive behaviour, addiction not related to substances, physical problems caused by addiction diseases and behaviour strategies when facing friends or family members in danger of becoming addicted (Lesnik, personal communication). Gender-specific differences also become apparent with regard to their role in peer projects: while boys tend to be convinced that they can contribute by giving advice, girls tend to fear that

they might pass on incorrect information, which could aggravate the situation of the young people concerned (BMSG 2003b).

In the field of **treatment** in Austria there are mainly mixed-gender institutions with separate living quarters or housing communities (e.g., Schweizer Haus Hadersdorf, see Chapters 5.2 and 9.1) or just separate rooms for women and men (e.g., withdrawal departments, API). In addition there are some men-only or women-only centres, e.g. Waldheimat of Grüner Kreis for young men and the women's shelter Binder of Grüner Kreis for young and adult women, as well as a few centres with special services for mothers with children (e.g. parent&child-home of Grüner Kreis). Some mixed-gender institutions organise single-gender therapy groups (e.g., drug department of the API) and women-only therapy sessions (e.g., KIT association). Furthermore some institutions also organise leisure activities especially for women (e.g., KIT association). However, gender-equitable services have not been structurally integrated so far, and binding standards and measures are lacking in drug policy as well as in the corresponding centres (Goger 2004). Models of good practice, which provide input for the planning and implementation of target group specific services, were developed as part of the DAPHNE project on addiction as a way of survival for women who have experienced violence (Haas 2005).

Apart from the differences in risk behaviour, the small share of women clients in drug help institutions (see Chapter 11.1) is also explained by other factors. De Cordoba et al. (2005) state that women with drug problems do not perceive their problems as being drug-related, so they will turn to other sources of help instead of contacting drug help centres. One observation made by Bauer (2003) is that drug-addicted women are in fact supported by their families in emergency situations, provided that they have remained in some sort of contact with their families. Goger (2004) assumes that there is a group of clandestine and inconspicuous female drug users who are not part of the scene and get in contact with drug help services too late or not at all. Possible reasons for the more secretive handling of addiction are a feeling of shame which is much more pronounced than that of men, stronger social pressure and the responsibility of taking care of children (Hütter 2005). Furthermore the failure to meet women's needs and to take into account the conditions they live in seems to have taken effect (Haas 2005, Goger 2004, Hütter 2005). Lastly, long-term relationships prevent many women from starting to undergo a treatment programme, whereas such relationships act as a stabilising factor for men (De Cordoba et al. 2005).

According to Brosch (2005), in many institutions the gender-specific causes of factors which stimulate or prolong addictive behaviour are ignored or at least sacrificed to a levelling routine. In many mixed-gender institutions the gender ratio is 3-4:1 (men : women), in some cases the difference is even greater, or there are only male clients over a certain period of time. This has a decisive influence on the atmosphere and the dynamics of an institution. Yet, within a therapy community this can be used as a mirror of pathological structures and communication patterns. Single-gender institutions for women have the advantage to offer protection from psychological, physical and sexual abuse and to stop violence (Brosch 2005, VWS 2003, Haas 2005). This protective function of an institution is only guaranteed if all clients and staff are women. In this setting, women, with the help of therapists, can try to come to terms with experience of violence, patterns of repression and relationships and new perspectives can be developed. The support from other women is a relief for women addicted to

substances, they can exchange experiences, competition is replaced by solidarity and mutual appreciation becomes possible (VWS 2003). This positive experience is also described by Gruber (2002) in her diploma thesis on the therapy progress of former polydrug dependent women. What had been depreciation and rejection of their womanhood at the beginning of treatment was transformed into a positive female identity during the stay in the women-only therapy community in the women's shelter of Grüner Kreis. According to Goger (2005), in some institutions women are faced with men in their sphere of refuge (for instance men staying overnight with their partners in multi-bed rooms), with mixed-gender therapy groups and male doctors in outpatient services, therefore issues like menstruation problems are discussed in single counselling sessions rather than in medical care. Weber (2004) states that contrary to the general opinion, the drug help centres are not organised according to the needs of male clients, but first and foremost to meet the needs of staff. Regarding men-centred addiction work he considers it necessary that men work with men, and says that a counsellor should reflect on his manhood to make it available as a projection screen for clients.

Evaluation results from Schweizer Haus Hadersdorf for 2004 indicate lower success rates for women (who have completed the regular programme). One reason that is given to explain these data is that women have to face more conflicts in the course of their lives and in their social spheres than men (SHH 2005). However, it should be noted that the sample was small and that a much larger share of male clients are referred to Schweizer Haus Hadersdorf for therapy instead of punishment. At the inpatient long-term treatment department of Grüner Kreis no significant differences between women and men were observed with regard to success rates of clients who had regularly completed the programme or had been in therapy for more than 300 days (Grüner Kreis 2005a). While the success rate for adults is 45% and 42% (for men and women, respectively), it is 41% for adolescent men and 27% for adolescent women. Examples for special gender-specific services in the field of counselling and assistance are *DSA im AKH* in the General Hospital of Vienna operated by the Vienna Social Fund for pregnant women (and their partners) and the weekend group for partners run by the association Dialog (Vienna).

Regarding **harm reduction** the situation is similar to the field of treatment. Women receive counselling in mixed-gender settings, and it is only upon the initiative of committed women working in the respective organisations that niches for women such as the women's café at Karlsplatz (run by Streetwork Vienna) are created (VWS 2003). In the evaluation of the Safer Use Training at Karlsplatz (*Zur Sache am Karlsplatz*), for which a mixed-gender supervisor team was chosen, it turned out that women were underrepresented at these events in comparison to other contacts (Zündel 2001). For this reason activities targeting women were transferred to the women's café. Remarkably, in the low-threshold services the share of women is higher among the persons known by name than among the contacts (VWS 2005d). In the overnight accommodation of Ganslwirt (Vienna) women and men have separate sleeping rooms (Goger 2004), and in Mentvilla (Tyrol, see Chapter 9.1) there are separate living quarters for women and men and rooms for couples apart from these areas (Caritas 2005). In both centres the counsellors for women are women. The women's living quarters at Ganslwirt, which are open to women in difficult situations, have showers, washing machines, a safe place for documents, and support is offered to women who want to change their living

and housing situation (VWS 2005b). The women among the staff are especially committed to the problem of homeless women. The low-threshold centre KomfÜdro, Tyrol, has special opening hours for women once a week, during which all its regular services are available to women (KomfÜdro 2005). KomfÜdro also offers recreational activities and organises trainings especially for women. By means of these services KomfÜdro has achieved a significant increase in the share of women clients over recent years. HIOB, Vorarlberg also has women-only opening hours once a week, with prevention examinations and information on venereal diseases by a woman doctor at regular intervals. Within the framework of the project Daphne Vienna (Tomas 2005) a number of positive effects of networking (see Chapter 11.1) combined with lectures and the exchange of experts from the participating institutions was registered. Criticism was voiced, however, with regard to the lack of adequate living accommodation for drug-consuming women who have experienced violence, as these women are not stable enough to adapt to the structures of, e.g., a women's shelter.

In the field of **reintegration** a gender-specific, in this case women-centred, measure that should be mentioned is the group for women with addiction problems who want to reenter the job market, organised as part of the project Needles or Pins by the drug counselling association Dialog (SORA 2003, ÖBIG 2004a). This is an open group which is run in part independently of and to some extent as part of the coaching programme. Its aim is to deal with themes that are relevant to the labour market from a women-centred perspective. The entire Needles or Pins project follows the principle of gender separation, which is somewhat problematic, as in social work there is a much greater share of women. Gender distribution depends on the type of service: the share of women in clearing talks is 28%, in intensive counselling, 36%, in medical information and care, 38%, in coaching, 52%, in courses, 43% and in therapy counselling and care, 12% women. The preliminary evaluation of the Development Partnership *drugaddicts@work* (see Chapter 9.1) has shown that women are underrepresented in the various modules, which is explained by structural reasons, among other factors (*drugaddicts@work* 2005). One of the findings in the course of exchange and working platforms, the Gender Mainstreaming Round Tables, was that (formerly) drug dependent women experience several types of discrimination due to the structural conditions of the job market and the support systems, and that the quota regulation of the Public Employment Service (see Chapter 9.1) is an obstacle for some (formerly) drug-dependent women and men. It was also discussed which prerequisites are necessary to make the measures more appealing and useful for women.

Gender-specific measures in the context of addiction and illegal drugs in **prisons** are only applied in the prisons of Favoriten, Vienna, and Feldkirch, Vorarlberg (BMJ 2005b). In addition to therapy, the women's department of the prison of Favoriten (see Chapter 9.2) also offers support for problems in connection with addiction diseases (e.g., experience of violence). Treatment is generally based on a women-centred approach to the origin of addiction and to addiction disease. As of 2006 a women's department with 12 beds will be in operation at the branch institution at Münchendorf (Werdenich, personal communication). Another women-specific institution is the social therapy establishment NORA (see Chapter 9.2). In the prison of Feldkirch, Vorarlberg, a group for women has been organised on the theme of substance-related addiction and addiction independent of substances. In the prison of Josefstadt, Vienna, Schweizer Haus Hadersdorf organises one weekly therapy group for women

and one for men. Other women-specific services of the association Dialog (Vienna) are social work in the Police Detention Centre (see Chapter 9.2) and special aftercare for women in the time after prison at the counselling centre Hegelgasse.

A diploma thesis on risk reduction during rehabilitation of substance-addicted women in prison (Garnitschnig 2003) names the decisive factors for relapses that occur during and after prison terms: lack of motivation to quit, of conflict management strategies, and of social networks. The risk of relapse is highest at the beginning of imprisonment and after eased conditions of imprisonment have been granted, as great changes in the daily routine need to be coped with in these periods. What is defined as helpful during that time is the possibility of being on one's own, of creatively filling idle time (after corresponding incentive work) and of getting rid of aggressions and frustration. It would be useful to organise projects promoting the capability of working in a team and tighter social networks during imprisonment under eased conditions for support in critical situations.

12 European Drug Policies - Extended Beyond Illicit Drugs?

12.1 Official endorsement by the national drug strategy

Austria is in the process of drawing up a national drug strategy paper, which will only be completed in a few months, however. What is available at present is the drug strategies or addiction plans of the provinces, which, due to the federal structure of Austria's health and social care system, play an important role also with regard to drugs (see Chapter 1). The first drug strategy was adopted in 1980 in the province of Vorarlberg. The current drug strategies or addiction plans of the individual provinces were drawn up between 1993 (Tyrol) and 2004 (Upper Austria).

Generally, all provincial drug strategies or addiction plans are based on the federal Narcotic Substances Act (SMG). However, as the individual provinces are responsible for planning and implementing drug-policy measures, their strategies and plans pursue differing approaches to this issue.

Three out of nine provincial strategies (Salzburg, Vienna and Vorarlberg) are based on comprehensive, integrative approaches to addiction policy, but still they primarily focus on problems connected to the misuse of and dependence on those psychoactive substances that are defined as narcotic substances under the SMG (Section 2 of the SMG).

The strategies and plans of the other six provinces are oriented towards an extended range of substances already in their general approaches and their focus is shifted away from drugs and towards a more comprehensive understanding of the problem of addiction. In addition to illicit drugs, they also refer to other substances such as alcohol, nicotine and pharmaceutical products (e.g., Lower Austria). The strategies of Upper Austria, the Tyrol and Carinthia explicitly also include addictions not related to substances such as gambling or eating disorders. The drug strategy of Styria goes even beyond this and also encompasses behaviours that might result in addictive mechanisms.

Distinctions with regard to the illicit nature of the relevant substances or drugs on the one hand and addiction policy on the others are not made at the level of general approaches but rather in the context of concrete implementation.

The measures taken in the field of primary prevention (see Chapter 3.1) definitely relate to the concept of addiction and do not distinguish between substance-related addiction and addiction independent of substances. The question of legal v. illicit substances is not important here either. Primary prevention particularly addresses the target groups of children and young people who have not yet started to use (legal and illicit) substances. The corresponding interventions especially aim at the prevention of addictive behaviour in order to encourage healthy life styles in the context of general health promotion.

The focus of the secondary prevention measures (see Chapter 3.2) is placed more on existing behaviour of use and the resulting specific addiction problems and substance types. The fact that certain substances are illicit is of relevance already here and the corresponding interventions are more specialised but not generally restricted to illicit drugs. What plays an

essential role is harm-preventing strategies for young people who have already started to use (illicit) substances on the one hand and adequate responses to drug-related occurrences at school as well as crisis intervention and counselling for juvenile delinquents on the other.

The counselling and treatment services for dependent persons do distinguish between different groups of substances, but still no strict separation has been found. In all provinces, the drug help structures only refer to the illicit substances defined in the SMG. In this context, the low-threshold drug help services should also be mentioned. They exist in all provinces and aim to provide harm reducing assistance for users of illicit drugs.

12.2 Genesis and rationale

A few years ago, Austria's drug policy still focused on interventions relating to the illicit substances defined in the Narcotic Substances Act. Thus, at provincial level drug strategies, Drug Coordinators and Drug Advisory Boards existed, and relevant actors at federal level included the Federal Drug Coordination and the Federal Drug Forum. Recently, the situation has rapidly changed, however. The first step in the new direction was the professionalisation of prevention work combined with a reorientation towards a more comprehensive approach to primary addiction prevention, where apart from illicit substances also other substances (in particular alcohol, tobacco and pharmaceutical products) and addictions not related to specific substances (gambling, eating disorders) are taken into account. This seems to have encouraged more comprehensive, integrative approaches to the problem of addiction also in other fields. However, a clear development from the focus on drugs to an orientation towards addiction is primarily reflected at the levels of strategies and structures. The provinces have tended to draw up addiction plans instead of drug strategies, and with regard to the organisational framework, many corresponding activities have also included the establishment of Addiction Coordination and Addiction Advisory Boards. In 2000, all nine provinces had Drug Coordinators, but by now Addiction Coordinators are found in six provinces already.

The majority of the provincial drug strategies or addiction plans are based on a comprehensive addiction concept, for the reason that the important point is addictive behaviour and not the question whether a substance is defined as an illicit drug in the SMG or not. Moreover, both substance-related addiction and addiction independent of specific substances are characterised by similar psychodynamic, personality-related or social disorder patterns, and the pertinent forms of addiction treatment often show strong resemblances.

The above plans and strategies are definitely focused on addiction understood as a disease and the resulting general goal to prevent and reduce health-related and social harm due to addiction diseases or psychoactive substances. The measures taken to this effect include legal psychoactive substances, but the need for an integrated counselling and treatment network that is specifically oriented towards distinct groups of addicts (users of drugs, alcohol and pharmaceutical products) is also pointed out. *The superior objective is to prevent or reduce health-related and social harm connected with psychoactive substances or addiction diseases. In order to tackle the complex problems connected to addiction and drugs (alcohol, nicotine, illegalised drugs), interlinked strategies are to be developed in order to keep as small as possible the harm for society as a whole* (translated from: Amt der OÖ Landesregierung 2004).

The provinces whose drug strategies explicitly relate to illicit drugs state that such a clear distinction makes sense because the problems resulting from illicit substances have to be tackled by specifically designed strategies to great extents. Dependence on illicit drugs has specific characteristics with regard to risks, treatment approaches and legal responses so that it should not be dealt with in the same way as other forms of addictive behaviour. Another argument is that too general a definition of addiction diseases in the drug strategies may prevent concrete responses to actual problems. In this sense, the drug strategies may be understood as the political implementation of measures that have to be taken as a result of the relevant legal provisions.

Of course, parts of the aforementioned strategies also include considerations of addictive behaviour in general. They are aware of the fact that many persons affected do show polyvalent addiction behaviours and that also legal substances such as nicotine or alcohol are serious problems in Austria that cannot be neglected. *The Vienna Drug Policy Programme focuses on problems in relation to those substances which are regulated in the Narcotics Act [i.e., the SMG], such as opiates, cocaine, amphetamines and cannabis - irrespective of the fact that far more people are affected by abuse of alcohol and psychotropic substances than by abuse of illegal drugs. However, some considerations apply to addictive behaviour as such. But differentiated strategies need to be developed to cope with different problems* (Drugs Coordination Office of Vienna 1999).

All drug strategies and addiction plans include the issue of primary prevention of addiction, which has played an increasingly important role in Austria since the 1990s. There is unanimity that primary prevention should encompass any form of addictive behaviour, because it is aimed at general health promotion also in the sense of enhancing life skills.

12.3 Responsibility and competences (coordination)

In Austria, the Federal Drug Coordination exclusively refers to substances that are included in the Narcotic Substances Decree, i.e., which are subject to the regulations of the SMG. The Federal Drug Forum, which is in charge of coordination activities with the provinces, also focuses on problems related to illicit drugs (see Chapter 1.2). The remit of the Department of Narcotic Drugs Affairs in the Federal Ministry for Health and Women (BMGF) also includes alcohol and tobacco, however.

The coordinating bodies of the individual provinces, which due to Austria's federal structure play essential roles with regard to planning and implementing the corresponding measures have expanded their frameworks of activity, however, and do not define the scope of their tasks on the basis of the SMG only. They deal with problems that generally arise from the use of psychoactive substances and also with the implementation of general measures of addiction prevention that also include addictive behaviours not related to substances. Generally speaking, in recent years the Drug Coordinators and Drug Advisory Boards have tended to be renamed and now understand themselves as Addiction Coordinators and Addiction Advisory Boards. For a general overview of the organisational structure of the field of drugs in Austria please consult Figure 1.2.

Although the individual drug strategies and addiction plans are based on comprehensive concepts of addiction in their theoretical outlines, the primary focus of activities is still placed on the area of illicit substances. This is mainly due to need for action arising from the definition of these substances as illicit on the one hand and to executive tasks of the provinces for certain fields of the SMG on the other.

As a rule Austria has no clearly defined drug or addiction budgets because the means for financing drug- or addiction-related prevention, treatment and social integration as well as police measures and repression come from different ministries and administrative bodies. For a more detailed description of the financing modes and the funds for demand reduction please consult the corresponding Key Issues chapter of the 2002 Report on the Drug Situation (ÖBIG 2002).

13 Developments in Drug Use within recreational Settings

The contributions and studies on this subject in Austria focus on drug use by adolescents and young grown-ups at events in the party scene. The results of the most recent surveys are presented below, concentrating on illicit substances. In order to give a more comprehensive overview of the consumption of addictive substances, relations to the use of legal substances - especially alcohol - are also taken into account. Data from earlier studies are contained in the Reports on the Drug Situation in Austria 2002 and 2003 (ÖBIG 2002, ÖBIG 2003).

13.1 Consumption patterns and availability

According to an analysis of the risk potential of *recreational drugs* in Vorarlberg (Kocsis et al. 2003) problem use of drugs has given way to hedonistic drug consumption and should be viewed in the context of a new attitude to the use of drugs and modern leisure behaviour. However, this is limited to a specific part of youth culture, which consists of many diverse groups. Recreational drugs are low-priced and meet the desire of the individual for more fun, more intense sensations, greater motivation, self-reliance and social competence, the fun factor the being most prominent aspect. Young drug users tend to satisfy their strong need for new and unexpected adventures by using biological substances to induce states of ecstasy and hallucination. The similarity of this type of drug experience with the modern ways of communication and lifestyle is evident. According to the analysis carried out in Vorarlberg, one of the factors responsible for the hazardous potential involved is that information on the production and selling of illegal drugs is available via the new media, which also permits a transregional exchange of drug use experience. This poses a new challenge to prevention work.

The above findings are confirmed by Pfefferkorn-Tschaler (2005), who conducted a questionnaire survey among 395 ninth and twelfth grade students at upper secondary schools, for her doctoral thesis in spring 2004. Unlike first use, which is motivated by curiosity and the search for new experience, reasons for current consumption include looking for more fun and pleasure and just being high. According to Pfefferkorn-Tschaler there is a significant correlation between drug experience and the affinity to high-risk leisure activities such as canyoning, rafting, base jumping and bungee jumping (see also Chapter 2.2).

The diploma thesis by Stransky (2005) reaches similar conclusions. One of the aims of this study was to examine the interrelations between the various aspects of drug use and the tendency to take risks. It turned out that with regard to sensation seeking the party drug consumers greatly differed from the group that had not used ecstasy, LSD, speed or cocaine. There was also a significant difference between the group who had used a combination of several substances, the group with single-substance consumption and the group who had not used illicit drugs at all, with the combination-drug use group indicating sensation seeking to a much higher extent than the group that did not consume illegal drugs.

Young people who say they have already been offered drugs usually come into contact with drugs primarily at parties or in dance clubs. Regardless of age, one in two persons who had been offered drugs indicated that this had happened in a party setting. One out of three said that drugs were offered to them in a bar or pub. Approximately one out of five have been offered drugs at a clubbing. Slightly over 50% in the age group between 20 and 24 and more than 40% of the age groups between 14 and 19 and between 25 and 30 who indicated that they had been offered drugs say that this had happened in a dance club (BMSG 2003a, see Chapter 10.1).

A study published by ChEckiT! this year (Eggerth et al. 2005) looks for possible consumption trends among party and leisure time drug users over the years and attempts to give a differentiating view of the individual groups within party settings. This is intended to contribute to the (further) development of interventions in this field.

The data were collected in 1998 and from 2001 to 2003 in the sphere of ChEckiT! on occasion of rave events in Vienna, Linz and Innsbruck. It should be pointed out that the data are not representative for the entire public present at such events. The size of the total sample is 838, over the surveyed years the share of women went down from between 35% and 40% to around 25%. The average age was 18, men on average were one year older than women. Just below one third of the respondents came from Vienna, one fourth from Upper Austria and one fifth from Lower Austria.

The development of the 30-day prevalence rates in the course of the surveyed years shows a significant rise for cannabis, ecstasy, cocaine, ketamine and magic mushrooms, and a marked decline for poppers and LSD. As to consumption frequency in the surveyed period, significant differences were registered only in the case of cannabis und ecstasy. For ecstasy, the median of consumption days per month in 1998 was two days, rose to three days in 2001, went down again to two days in 2001 and was one day in 2003. For consumption days of cannabis over the past month a greater change was observed: six days in 1998, 15 days in 2001, 12 days in 2002 and 15 days again in 2003. What is especially striking is the percentage of persons who use cannabis on a regular basis (between 20 and 30 consumption days per month), which increased from 25% in 1998 to 45% in 2003 (see Chapter 11.1).

By means of a subsequent cluster analysis, potential consumption types were identified (n = 827). The variables selected were consumption days of alcohol, cannabis, ecstasy, speed, cocaine, LSD, magic mushrooms, hypnotics and heroin during the past month. In Table 13.1 the four types of use that were identified are described in detail.

The first group has the highest share of women and is present at rave events least often. Group two is the largest group and ranks second with regard to attending rave events, while group four goes to rave events most often. For the latter group the most frequent use of all substances except alcohol and cannabis is indicated. This is also the group with the greatest number of heroin and cocaine users.

Table 13.1 shows the great diversity within the group of recreational drug users, in which the comparison of patterns of use is more revealing than the comparison as to prevalence.

Table 13.1: Types of use according to ChEckIT!

	1. Non-consumers of illegal drugs	2. Occasional users	3. Cannabis consumers occasionally using other recreational drugs	4. High-risk group
Group size	225	295	196	111
Average age (years)	18	18	19	18.5
Women quota	42.9%	35.4%	20.2%	29.1%
Consumption days per month: alcohol	4	4	4	4
Consumption days per month: illegal substances	< 1	-	-	-
Consumption days per month: cannabis	-	1	25	14
Consumption days per month: ecstasy	-	1	< 1	3
Consumption days per month: speed	-	< 1	< 1	4
Consumption days per month: magic mushrooms	-	-	< 1	< 1
Consumption days per month: cocaine	-	-	-	2
Average number of consumed substances within the past month (including alcohol)	0.88	2.97	3.31	5.31
Wish to have a substance tested on the night of the survey	21.6%	56.1%	47%	67.6%
Friends have a drug problem	52%	57.5%	53.6%	69.4%

Source: Eggerth et al. 2005

In comparison over time, only the third group, cannabis users, shows a continuous rise, from 19% in 1998 to 31% in 2003. To some extent this is probably due to the changes in consumption frequency among cannabis users as mentioned above.

Comparing the combined use of ecstasy with other substances over time reveals considerable irregularities in some cases. For example, the use of ecstasy in combination with alcohol rose over time to statistically significant degrees, while the combined consumption of ecstasy with speed, LSD and poppers decreased. Among the substances that were only surveyed between 2001 and 2003, a statistically significant increase of ecstasy use in combination with hypnotics was registered.

There is evidence for statistically significant gender differences with regard to combinations with alcohol and cannabis. It has shown that men are more inclined to consume these substances within the duration of action of ecstasy than women. Of those who consume ecstasy, a total percentage of 87.7% use it simultaneously with other substances. A development that has been observed in this group is the significant rise of ecstasy use in combination with alcohol. Data in this respect corroborate the reports of event managers who say that a lot more alcohol is now consumed at rave events than in the past.

The consumption types described above are also found in multi-substance use. In the high-risk group, the consumption of ecstasy together with three other substances was indicated most often, while the cannabis consumers occasionally using other recreational drugs prefer the combination of ecstasy with alcohol and cannabis. The group of occasional users consume ecstasy together with alcohol.

The share of members of the high-risk group reached by the traditional drug help services is highest (31.9%), that of non-consumers lowest (14.6%). This also implies that almost 70% of high-risk users and approx. 85% of each of the other groups are not reached by those services. In view of this situation it would be advisable to (further) develop low-threshold, target group specific services combining on-the-spot counselling and services in permanent centres. Such a concept combining on the spot information and counselling for drug users in recreational settings was developed by ChEck iT! in 2004 (Eggerth et al. 2005, see also Chapters 3.2 and 4.2).

The project report on marginalised scenes by Baumgartner/Thurner 2004 gives a short survey of the consumption behaviour in various subgroups. In cooperation with ChEck iT! the goa, freetekno and drum'n'bass scenes were examined in detail. These scenes exist off the main techno events and were not selected for ChEck iT! activities before. The methods used were interviews on the basis of a questionnaire and participatory observation.

In the course of 20 events, a total of 110 questionnaires were filled in, two thirds by men, and one third by women. The share of women was lowest in the goa scene (30%) and highest in the drum'n'bass scene (54%). Answers to the question which substances had been consumed give clear evidence of the roots of the goa scene in the hippie movement, which results in particularly high indications of use of magic mushrooms, natural drugs and heroin. For all scenes the consumption of alcohol, cigarettes and cannabis is remarkable: above 80% throughout. All the respondents have experience of alcohol use. But the use of speed, ecstasy and cocaine also reaches percentages of over 50% in all the scenes. Compared to other scenes, substance use is lowest in the drum'n'bass scene, which the authors explain by the fact that this scene gathers in public locations and that the members appear to come from very diverse social spheres. Drum'n'bass events are perceived as a way to spend an evening out and are apparently not associated with a certain attitude to life in the way that goa and freetekno are. The high consumption rates for all substances in the freetekno scene should be mentioned especially. With 90%, use of cocaine, speed and ecstasy is at an extremely high level in this scene. Use of cannabis (100%), LSD (almost 80%) and 2-CB (20%) is also very high.

With regard to 30-day prevalence rates it is striking that cocaine is the synthetic drug used most often in all scenes - at an average of 2.7 times within the last 30 days. While alcohol is consumed on approx. 6.4 days (during the last 30 days), cannabis is used on 13.9 of 30 days. In the goa and freetekno scene, on average cannabis is consumed almost every day.

Interestingly, more respondents can imagine to live without tobacco than without alcohol or cannabis. In the freetekno scene the results for cannabis and speed are the same: 23 out of 26 persons say they can imagine to use cannabis and speed (again), while a mere 19 out of 26 of the respondents can imagine to smoke tobacco again.

The high share of members of the freetekno scene who have had substances tested once before (46%) is presumably due to the fact that a great number of substance tests were performed abroad, as the freetekno scene travels all over Europe. The total number of respondents who have had substances tested is 25%, compared to 12% in the drum'n'bass scene and 19% in the goa scene. A total of 80% said they would have substances tested again.

55% of all respondents are open to counselling and information. Here the share of rejection of such services is very high in the goa scene (53%). This may be due to the high average age in this scene, whose members probably consider themselves mature enough to do without such services. In contrast, the results from the freetekno scene deserve mention: 64% approve of counselling and information. A total of 65% would attend an information point, with the main aims of having substances analysed, receiving drug counselling and meeting other drug users. Asked why they would reject to have pills tested, 54% said they believed that anonymity was not guaranteed, which expresses their concern about the danger of being registered by the police, and of legal consequences. Information in this field is of vital importance.

In this context it should be mentioned that some scenes view ChEckiT! with great scepticism which is often related to the fear of being arrested by the police. Especially with the goa scene good contacts have been established, which constitute a firm basis for work in the future. As illicit substances are consumed in all the scenes, they all represent potential clients for ChEckiT!. However, ChEckiT! does not have access to all scenes, as some events take place in difficult settings (illegal location) and others are too small (Baumgartner/Thurner 2004).

13.2 Responses, national policies and legal aspects

In the fields of national policies and legal aspects, no new developments took place in the past few years. However, there are a number of responses targeting recreational drug users. Also in prevention work, the Internet is used as a channel of information and counselling. Since 1997 the research project ChEckiT! has been active in counselling, information and pill testing at rave events. In addition they have a website, and counselling and information is also available via e-mail and by phone (VWS 2005e, see ÖBIG 2002, ÖBIG 2003, and Chapters 4.2, 13.1 of the present report). MDA basecamp also offers counselling via Internet.

According to the 2004 annual report of MDA basecamp in the Tyrol, the situation regarding events has changed over recent years, in the sense that it is more difficult and takes more efforts to reach the relevant target groups than it used to be in the late 1990s, when all the action was concentrated at big raves and parties (with more than 2 000 people). Today the techno scene is composed of a variety of different subscenes and styles (drum'n'bass, goa, trance, house clubbing, ...), with relatively small parties attended by a limited number of people. For event counsellors this means that they have to be present at more events but will reach fewer persons (450 information and counselling contacts in 2004). Two thirds of the young people who come to the information stand have heard about MDA basecamp or have contacted them before. Whereas ChEckiT! is financed by the Vienna Social Fund and the BMGF, the concept of drug-testing drawn up by MDA basecamp under the name of [fact] for the Tyrol at the end of 2004 was not approved because of legal objections of the BMJ (MDA basecamp 2005; see ÖBIG 2004a).

Since 2004 MDA basecamp has pursued an additional way of prevention work (which eventually may result in counselling) for young people. Young people between 16 and 22 who have shown interest in the work of MDA basecamp and want to become active in the local techno and dancefloor scene are recruited as MDA basecamp members. They become part

of the party service (taking photographs, distributing flyers, ...) or the backstage team (working in the Z6 youth centre by themselves or with a supervisor) and are free to participate in training courses and workshops (performance, radio, filming, ...) in order to acquire additional competencies (MDA basecamp 2005, see Chapter 3.2).

A great number of young people routinely use illicit drugs, but they wouldn't seek information or counselling of their own accord. Therefore Supromobil in Vorarlberg, in cooperation with the responsible actors in the police, courts and pharmacies, has established communication rooms at events (more than 20 in 2004), where young people can talk about drug use with their peers and with counsellors. This way they learn about specific help services that are available to them should drug problems arise (see Chapter 3.2).

There is no obligation to receive counselling, which is not binding, free of cost and anonymous. For the counsellors it is important to be present on the scene. Under the heading of safer use, chill-out rooms, water, fruit, information, condoms, ear plugs and dextrose are provided. Counsellors are staff of the nationwide drug counselling centres and open youth work institutions. Regular meetings and further training is an important prerequisite for quality assurance.

For 2005 an expansion of the website www.suchthaufen.at has been planned. This website presents the platform of the drug help organisations in Vorarlberg to young people and lists all their services. At events the attention of young people is drawn to the website by means of banners, cards and give-aways. The website includes series of photos taken at events, information about addictive substances and relevant laws as well as links to online counselling services (Supromobil 2005).

In November 2004 counsellors active in the drug help centres in Vorarlberg and in open youth work held a meeting to discuss the question of what was helpful in working with party drug users, in order to explore problems related to the treatment and counselling for this group of drug consumers. Relevant factors are the presence of the event counsellors on the spot, a clear profile of the target group (age, ethnicity, gender, social background, relatives, social environment, peer group and consumption patterns) and the principle that users are experts for what they do.

The idea emerged that outpatient and inpatient drug help services should organise a joint help camp for at-risk users (consumers with problem drug use habits, social problems and/or personality disorders). The target group includes young people who are unable to stay clean of drugs for a period of time. Prerequisites are that participants have at least some degree of social integration and are not physically dependent.

Inpatient therapy would take too long for party drug users. Camps offering treatment and experiential learning with a duration of four to six weeks aim at giving an impulse for change, with subsequent outpatient assistance. The first help camp of this type is scheduled for the summer holidays of 2005 (Supromobil 2005, see Chapter 3.1).

In her diploma thesis on party drugs and sensation seeking, Stransky (2005) examined the wishes of young people in the context of drug-related information. Her sample was 87 filled-in questionnaires designed by herself. As to what should be changed in drugs information, more than two thirds of the respondents said they wanted more on-the-spot counselling,

more than half wanted increased drug-testing services and more information in the media, e.g., a list of pills in the market should be published. Among the resources helping the respondents handle drugs and find rules for safer use, 57% named friends who also use drugs and information about drugs. 55% found a good measure of self-confidence helpful, and 48% said talking was a help to come to terms with drug use. 43% found support among friends who were not taking drugs, 36% said staying away from parties helped them, another 36% indicated other fields of interest as helpful. Information brochures, flyers and on-the-spot counselling were considered as helpful by 21%. 10% found support in drug help centres. Asked for rules for safer use, more than 75% said one should drink enough water. 62% consumed party drugs only in a pleasant atmosphere and 55% said they kept long intervals between drug use incidents. 52% were informed about the substances they used and reserved one or several days for recovery after use. Trial use - testing the effect by taking a quarter dose or half a dose first - was indicated by 41%, while 38% used the drugs in the presence of a friend who watched over the condition of those consuming drugs (Stransky 2005).

New approaches are also called for in the medical field. New drugs with unknown contents, dosage and effects bring about the danger of severe intoxication and abnormal psychological reactions (psychotic symptoms), so these drugs are of psychiatric relevance. Again, the information of medical staff and substance-related prevention is of great significance in this respect (Kocsis et al. 2003, see ÖBIG 2004a and Chapter 10.3).

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Niederlanden. Bundesakademie für Sozialarbeit, Vienna

DATA BASES

EDDRA = Exchange on Drug Demand Reduction Action

Internet data base of EMCDDA: <http://eddra.emcdda.eu.int/eddra>

Austrian projects in the EDDRA data base:

abrakadabra – (re-)socialisation of drug users by integration in the labour market
(Caritas der Diözese Innsbruck), Tyrol

Alles im Griff? – touring exhibition
(Fachstelle für Suchtprävention, Lower Austria)

Ambulante Nachbetreuung der Ambulanz für Abhängigkeitserkrankungen der Universitätsklinik für Psychiatrie – aftercare by the outpatient department of dependence diseases of the Psychiatric University Hospital of Innsbruck
(Universitätsklinik für Psychiatrie - Innsbruck, Tyrol)

API Mödling – inpatient long-term therapy for drug addicts
(Anton Proksch Institute, Lower Austria)

Arbeitsprojekt WALD – occupational project
(H.I.O.B. - Anlauf- und Beratungsstelle für Drogenabhängige, Vorarlberg)

Auftrieb – (drug) counselling centre for young people
(Verein für Jugend und Kultur Wr. Neustadt, Lower Austria)

Behandlung von Schwangeren an der Drogenambulanz des AKH Wien – sub-programme of Vienna's model project on pregnancy and drugs, a comprehensive care project for addicted mothers and their children
(AKH, Vienna)

Berufsassistenz – occupational assistance subproject of the Vienna Job Exchange in the context of the Equal development partnership
(Wiener Berufsbörse, Vienna)

Betreutes Wohnen – assisted housing
(Verein Wiener Sozialprojekte, Vienna)

CARINA – long-term treatment facility for drug addicts
(Stiftung Maria Ebene, Vorarlberg)

ChEckiT! – scientific pilot project
(Verein Wiener Sozialprojekte, Vienna)

CONTACT – hospital connection service for drug addicts
(Fonds Soziales, Vienna)

Drogenfreie Zone in der Justizanstalt Hirtenberg – drug-free zone
(Justizanstalt Hirtenberg, Lower Austria)

Drogenfreie Zone – drug-free zone
(Justizanstalt Innsbruck, Tyrol)

drugaddicts@work – evaluation project on occupational reintegration in the labour market of drug-addicted clients
(Fonds Soziales, Vienna)

Drug Out – treatment department of the prison of Innsbruck
(Justizanstalt Innsbruck, Tyrol)

Ehrenamtliche Bewährungshilfe für Insassen der Justizanstalt Favoriten – voluntary probation assistance
(Verein für Bewährungshilfe und soziale Arbeit – Bewährungshilfe, Vienna)

Eigenständig werden – Becoming Independent: education programme for prevention in schools
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

Eltern-Kind-Haus – counselling for drug-addicted parents and children in a therapeutic community
(Verein Grüner Kreis, Lower Austria)

Erlenhof – therapy centre for addicted patients
(Pro mente Upper Austria)

Europäische Netzwerkentwicklung in der Suchtprävention – building European networks of addiction prevention
(Institut Suchtprävention, Upper Austria)

Fantasy statt Ecstasy – peer group education for addiction prevention in an upper secondary school at Neumarkt (AKZENTE Salzburg - Suchtprävention, Salzburg)

FITCARD – Gesundheitsförderung mit Lehrlingen – subprogramme of Health Promotion and Addiction Prevention in the Workplace
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

Fix und Fertig – socioeconomic enterprise
(Verein Wiener Sozialprojekte, Vienna)

Fortbildungslehrgang zur Suchtvorbeugung im Kindergarten für Kindergartenpädagoginnen – further training in addiction prevention for kindergarten teachers
(VIVID - Fachstelle für Suchtprävention, Styria)

Gelebte Suchtvorbeugung in der Gemeinde – subprogramme of the pilot action Local Capital for Social Purposes of DG V of the EU programme Sozial Innovativ 2000 (EU regional management East Styria)
(Volkshilfe Steiermark, VIVID Fachstelle für Suchtprävention, Regionalbüro Oststeiermark, Styria)

Generation E – workshop for creative parent work
(Institut für Suchtprävention, Fonds Soziales, Vienna)

Gesundheit fördern – Sucht verhindern – action programme of the Ministry of Education
(Bundesministerium für Unterricht und kulturelle Angelegenheiten)

H.I.O.B. – assistance, information, orientation and counselling for drug addicts
(H.I.O.B. - Anlauf- und Beratungsstelle für Drogenabhängige, Vorarlberg)

in motion – multiplier project for prevention in schools
(Institut Suchtprävention - eine Einrichtung von pro mente, Upper Austria)

Jugendhaus – counselling for young people in a therapeutic community
(Verein Grüner Kreis, Lower Austria)

Jugendberatungsstelle WAGGON – youth counselling centre
(TENDER – Verein für Jugendarbeit, Lower Austria)

Kinder stark machen – Strengthening our Children: mass media campaign
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

Kinder stark machen mit Sport – Strengthening Children through Sports
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

Log In – association for assistance and networking of former inpatient or outpatient addiction clients
(Anton Proksch Institute, Lower Austria)

Lukasfeld – short-term therapy department
(Stiftung Maria Ebene hospital, Vorarlberg)

Marienambulanz Graz – medical first aid and basic care, low-threshold services
(Caritas der Diözese Graz Seckau, Styria)

MDA basecamp – mobile drug work in recreational settings
(Jugendzentrum Z6, Tyrol)

Miteinander leben 2 – regional addiction prevention in schools and recreational settings in urban areas
(Institut für Suchtprävention, Vienna)

Nachbetreuung von Kindern substanzabhängiger Mütter – after-care for children of addicted mothers; sub-programme of Vienna's model project on pregnancy and drugs – comprehensive care project for addicted mothers and their children
(Neuropsychiatrische Abteilung für Kinder und Jugendliche am KH Rosenhügel, Vienna)

Needles or Pins – European Project for development of innovative social and occupational reintegration projects for persons with drug problems; sub-project of Vienna
(Beratungsstelle DIALOG, Vienna)

Needles or Pins – European Project for development of innovative social and occupational reintegration projects for persons with drug problems; sub-project of Vorarlberg
(Die Fähre, Vorarlberg)

Needles or Pins – Occupational reintegration of persons with addiction problems
(Beratungsstelle DIALOG, Vienna)

pib – prevention in the workplace
(kontakt+co - Suchtpräventionsstelle, Tyrol)

Pilotprojekt Suchtvorbeugung in Trofaiach –prevention pilot project
(b.a.s. (betrifft alkohol und sucht) – steirischer Verein für Suchtkrankenhilfe, Styria)

Rumtrieb – mobile youth social work in Lower Austria
(Verein für Jugend und Kultur Wr. Neustadt, Lower Austria)

SAS – Schüler auf der Suche nach alternativen Lösungsmöglichkeiten – project for multipliers in schools, primary prevention by peer group approaches
(VIVID - Fachstelle für Suchtprävention, Styria)

Schweizer Haus Hadersdorf – medical, psychological and psychotherapeutic centre
(Evangelisches Haus Hadersdorf - WOBES, Vienna)

Senobio – inpatient drug treatment
(Senobio, Vorarlberg)

Sozialmedizinische Drogenberatungsstelle Ganslwirt –low-threshold centre
(Verein Wiener Sozialprojekte, Vienna)

Spielzeugfreier Kindergarten – toy-free kindergarten; prevention by promoting life skills
(ISP - Informationsstelle für Suchtprävention, Vienna)

Step by Step – early detection and intervention in case of possible addiction problems
(kontakt+co – Suchtpräventionsstelle, Tyrol)

Step by Step Graz – early detection and crisis intervention at schools at Graz
(VIVID – Fachstelle für Suchtprävention, Styria)

Suchtprävention im steirischen Fußballverband – prevention in the Styrian Football Association
(VIVID – Fachstelle für Suchtprävention)

Supromobil – district conference on young people and drugs
(Stiftung Maria Ebene)

Umbrella-Network-Projekt – analysis of HIV, AIDS and STD problems in European border regions and development of cooperative transboundary prevention methods, Austria and Switzerland
(Institut für Sozialdienste, Vorarlberg)

URBAN – Wien Gürtel Plus – secondary prevention for young people in urban areas
(Drogenberatungsstelle Change, Vienna)

Viktoria hat Geburtstag – prevention programme)
(Fachstelle für Suchtprävention, Lower Austria)

Way Out – early intervention service for young drug-using first offenders
(Kooperation der Landesstelle Suchtprävention und Neustart, Carinthia)

Wiener Berufsbörse – Vienna Job Exchange; association for occupational integration of persons addicted to drugs, pharmaceuticals or alcohol
(Wiener Berufsbörse, Vienna)

Wien-Favoriten – treatment and care for drug-using offenders
(Justizanstalt Wien-Favoriten, Vienna)

WEBSITES

Please find below websites of relevant institutions and associations in the field of drugs and addiction in Austria.

For a comprehensive list of European and international websites on drugs and addiction please consult <http://www.oebig.at> under Activities/ Prevention/ Illegal drugs/ Links

Provincial Drug or Addiction Coordinators:

Addiction Coordinators of Burgenland
<http://www.burgenland.at>

Drug Coordinators of Carinthia
www.gesundheit-kaernten.at

Addiction Coordinators of Lower Austria
<http://www.noel.gv.at/service/gs/g4/noesuchtkoordination.htm>

Drug and Addiction Coordinators of Upper Austria
http://www.ooe.gv.at/cps/rde/xchg/SID-3DCFCFC3-B859C7E6/ooe/hs.xsl/554_DEU_HTML.htm

Drug Coordinators of Salzburg
http://www.salzburg.gv.at/themen/gs/soziales_einstieg2/leistungen_und_angebote/abhaengigkeit.htm

Addiction Coordinators of Styria
<http://www.verwaltung.steiermark.at>

Addiction Coordinators of the Tyrol
<http://www.jugendweb.at/drogen>

Addiction Coordinators of Vorarlberg
http://www.vorarlberg.at/vorarlberg/gesellschaft_soziales/gesellschaft/suchtkoordination/start.htm

Vienna Social Fund , Drug Coordinators of Vienna
<http://www.drogenhilfe.at>

Provincial Addiction Prevention Units:

Carinthia: Landesstelle für Suchtprävention Kärnten
www.gesundheit-kaernten.at

Lower Austria: Fachstelle für Suchtvorbeugung NÖ
<http://www.suchtvorbeugung.at>

Upper Austria: Institut Suchtprävention OÖ
<http://www.praevention.at>

Salzburg: AKZENTE Salzburg
<http://www.akzente.net>

Styria: VIVID - Fachstelle für Suchtprävention, Styria
<http://www.vivid.at>

Tyrol: kontakt+co. Jugendrotkreuz, Tiroler Fachstelle für Suchtprävention
<http://www.kontaktco.at>

Vorarlberg: SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg
<http://www.supro.at>

Federal Ministries:

Federal Ministry for Health and Women
<http://www.bmgf.gv.at>

Federal Ministry of the Interior
<http://www.bmi.gv.at>

Federal Ministry of Justice
<http://www.bmj.gv.at>

Federal Ministry of Education, Science and Culture
<http://www.bmbwk.gv.at>

Federal Ministry for Social Security, Generations and Consumer Protection
<http://www.bmsg.gv.at>

Monitoring and research:

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

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

Ludwig Boltzmann Institute of Addiction Research
<http://www.api.or.at/lbi/index.htm>

ÖBIG – Österreichischer Suchthilfekompass (Austrian Addiction Help Compass)
<http://suchthilfekompass.oebig.at>

ÖBIG – Einheitliches Dokumentationssystem der Klienten und Klientinnen der Drogenhilfe
(documentation system of drug help clients)
<http://tdi.oebig.at>

Other websites:

AIDS assistance
<http://www.aidshilfen.at>

Alles im Griff (Everything under control)
<http://www.alles-im-griff.at>

ARGE Suchtvorbeugung (Working Group for Addiction Prevention)
<http://www.suchtvorbeugung.net>

Anton Proksch Institute
<http://www.api.or.at>

b.a.s. – Styrian society for addiction issues
<http://www.bas.at>

Berufsbörse (job exchange)
<http://www.berufsboerse.at>

Blue Monday Gesundheitsmanagement (health management)
<http://www.bluesday.at>

Carina – treatment centre
<http://www.mariaebene.at/carina/>

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

ChEcki! – Vienna Social Projects Association
<http://checkyourdrugs.com>

CONTACT – hospital connection service
<http://www.drogenhilfe.at/rathilfe/skh/r-s-contact.htm>

dialog – counselling and care centre
<http://www.dialog-on.at>

Do it yourself – low-threshold centre for drug users
<http://www.doit.at>

Drogenambulanz - AKH Wien (drug outpatient department of Vienna General Hospital)
<http://www.akh-wien.ac.at/drogenambulanz>

Drogenberatung des Landes Steiermark (Drug Counselling Centre of the Province of Styria)
<http://www.drogenberatung-stmk.at>

drugaddicts@work
<http://www.work.at>

Ex und Hopp (drug counselling)
<http://www.exundhopp.at>

Ganslwirt (low-threshold centre; Vienna Social Projects Association)
<http://www.vws.or.at/ganslwirt/index.html>

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

Haus am Seespitz (short-term therapy centre for drug patients)
http://www.jugendweb.at/drogen/drogen_ein_det.asp?ID=12

H.I.O.B. (drug counselling centre)
<http://www.caritas-vorarlberg.at>

Komfüdro – communication centre for drug users
<http://fp.tsn.at/hs-abschluss/komfuedro.htm>

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

Verein LOG IN Association
<http://www.login-info.at>

Lukasfeld (treatment centre)
<http://www.mariaebene.at>

Marienambulanz (outpatient centre)
<http://www.caritas-graz.at/home.php?cakt=einr&id=68>

MDA basecamp (mobile drug prevention in the Tyrol)
<http://www.mdabasecamp.com>

MDA basecamp (online counselling)
<http://www.onlinedrogenberatung.at>

Needles or Pins – dialog
http://www.dialog-on.at/article_85.html

Netzwerk gesundheitsfördernder Schulen (network for health-promotion in schools)
<http://www.schule.at/gesundheit/>

Otto Wagner-Spital – drug institute
<http://www.drogenhilfe.at/rathilfe/skh/r-s-ows.htm>

Österreichische Caritaszentrale (Caritas social integration enterprise)
<http://www.ida-equal.at>

Österreichischer Verein für Drogenfachleute (association of drug experts)
www.oevdf.at

pro mente Oberösterreich
<http://www.promenteooe.at>

Schultüte (FSW/ISP Vienna – school project)
<http://schultuete.at>

Schweizer Haus Hadersdorf (counselling and treatment centre)
<http://www.shh.at>

Stiftung Maria Ebene (hospital)
<http://www.mariaebene.at>

Streetwork Graz (social work)
<http://www.caritas-graz.at/>

Substanz (association for accepting drug assistance)
<http://www.substanz.at>

Supromobil (secondary prevention)
<http://www.supromobil.at>

Therapiestation Erlenhof (treatment centre)
<http://www.therapiestation-erlenhof.at>

Verein für Bewährungshilfe und Soziale Arbeit (probation assistance and social work association)
http://www.sysinet.com/re/adinfo/id_1/ix_1/cid_322301/pg_0/dp_V/

VIVA (drug counselling centre)
<http://www.gesundheit-kaernten.at>

Vorarlberg drug help services: Internet platform for young people
www.suchthaufen.at

VWS (Vienna Social Projects Association)
<http://www.vws.or.at>

Wiener Berufsbörse (Vienna Job Exchange)
<http://www.drogenhilfe.at/rathilfe/skh/r-s-wbb.htm>

ANNEX

A. Tables, Map

B. List of Abbreviations

**C. Standard Tables & Structured
Questionnaires**

ANNEX A

Tables, Map

Table A1: Overview of selected general population surveys on drug experience among the Austrian population from 1998 to 2004

Study (author(s), year of publication)	Area covered Year of data collection (period covered)	Target group (sample)	Drug types surveyed	Percentage of respondents with drug experience	
				Age group	%
Linzer Suchtmittelstudie / drug survey, Linz (Institut für Soziologie der Universität Linz, undated)	Linz 1998 (lifetime)	General population aged 15 and older (n = 394)	Cannabis	15–19	28
			Cannabis	20–29	37
			Cannabis	30–39	19
			Cannabis	40–49	7
			Cannabis	50 +	5
Wiener Suchtmittelstudie / drug survey, Vienna (Wiener Drogenkoordination und IFES 2000)	Vienna 1999 (lifetime)	General population aged 15 and older (n = 623)	Cannabis	16 +	11
			Ecstasy	16 +	1
			Amphetamines	16 +	1
			Cocaine	16 +	1–2
			Opiates	16 +	1
Other illegal drugs (e.g. LSD)	16 +	1–2			
Bevölkerungsbefragung OÖ / drug survey Upper Austria (market 2000)	Upper Austria 2000 (lifetime)	General population aged 15 and older (n = 1 011)	Cannabis	15 +	21
			Ecstasy	15 +	4
			Amphetamines	15 +	1
			Cocaine	15 +	4
			Morphine	15 +	1
			LSD	15 +	3
			Smart drugs	15 +	1
Wiener Suchtmittelstudie / drug survey, Vienna (FSW and IFES 2002)	Vienna 2001 (lifetime)	General population aged 15 and older (n = 650)	Cannabis	15 +	14
			Ecstasy	15 +	1
			Amphetamines	15 +	1
			Cocaine	15 +	1
			Opiates	15 +	1
			Other illegal drugs (e.g. LSD)	15 +	2
Suchtmittelstudie Steiermark / drug survey, Styria (IFES 2002)	Styria 2002 (lifetime)	General population from 14 to 60 (n = 1 000)	Illegal drugs (total)	14–60	14
			Cannabis	14–60	13
			Other illegal drugs	14 - 60	2
			Other illegal drugs/total	14–19	15
			Other illegal drugs/total	20–29	21
			Other illegal drugs/total	30–39	17
			Other illegal drugs/total	40–49	13
Other illegal drugs/total	50–60	6			
Bevölkerungsbefragung OÖ / drug survey Upper Austria (market 2004)	Upper Austria 2003 (lifetime)	General population aged 15 and older (n = 1 018)	Cannabis	15 +	23
			Ecstasy	15 +	3
			Amphetamines	15 +	3
			Cocaine	15 +	3
			Heroin	15 +	1
			Morphine	15 +	2
			LSD	15 +	3
			Solvents and Inhalants	15 +	5
			Biogenic drugs	15 +	3
Wiener Suchtmittelstudie / drug survey, Vienna (IFES 2004a)	Vienna 2003 (lifetime)	General population aged 15 and older (n = 750)	Cannabis	15 +	16
			Ecstasy	15 +	2
			Amphetamines	15 +	2
			Cocaine	15 +	3
			Opiates	15 +	1
			Biogenic drugs	15 +	3
			Other illegal drugs (e.g. LSD)	15 +	2
Bevölkerungsbefragung Österreich / drug survey Austria (Uhl, Springer and Gnambs 2005)	Austria 2004 (lifetime)	General population aged 15 and older (n = 4 547)	Cannabis	14 +	20.1
			Ecstasy	14 +	3.0
			Amphetamines	14 +	2.4
			Cocaine	14 +	2.3
			Opiates	14 +	0.7
			Biogenetic drugs	14 +	2.7
			LSD	14 +	1.7
			Solvents and Inhalants	14 +	2.4

Summarised by ÖBIG

Table A2: Overview of selected school and youth surveys on drug experience among young people in Austria from 1996 to 2004

Study (author(s), year of publication)	Area covered Year of data collection (period covered)	Target group (sample)	Drug types surveyed	Percentage of respondents with drug experience	
				Age group	%
Schulstudie Kärnten / school survey, Carinthia (Bohrn and 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 Hallucinogens 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
Jugendstudie Tirol / youth survey, Tyrol (Schüßler et al. 2000)	Innsbruck 1999 (lifetime)	Young people from 14 to 19 (n = 493)	Hashish Other illegal drugs	14–19 14–19	22 3
Schulstudie Burgenland / school survey, Burgenland (Schönfeldinger 2002)	Burgenland 2001 (lifetime)	Students in their 7th to 13th school years (n = 1 899)	Cannabis Ecstasy Cocaine Heroin Speed Hallucinogens Solvents and Inhalants Biogenic drugs	12–19 12–19 12–19 12–19 12–19 12–19 12–19 12–19	20 4 2 1 3 3 20 8
HBSC-Studie / HBSC study (Dür and Mravlag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1 292)	Cannabis	15	14
Grazer Jugendstudie / youth survey, Graz (X-Sample 2002a)	Graz 2002 (lifetime)	Adolescents and young adults from 12 to 25 (n = 515)	Cannabis Party drugs Cocaine Heroin Speed Hallucinogens Solvents and Inhalants Biogenic drugs	12–25 12–25 12–25 12–25 12–25 12–25 12–25 12–25	58.2 15.4 7.3 4.9 6.0 7.2 9.2 21.1
Berufsschulstudie Salzburg / vocational school survey, Salzburg (Klopf and Weinlich, unpublished)	Salzburg 2003 (lifetime)	Vocational school stu- dents from 15 to 25 (n = 609)	Cannabis Ecstasy Cocaine LSD Hallucinogenic mushrooms Solvents and Inhalants	15–25 15–25 15–25 15–25 15–25 15–25	31 7 5 5 9 15
Bevölkerungsbefragung OÖ / general population survey Upper Austria (ISP 2004)	Upper Austria 2003 (lifetime)	Adolescents and young adults from 15 to 24 (n = 567)	Cannabis Ecstasy Amphetamines Cocaine LSD Solvents and Inhalants Biogenic drugs	15–24 15–24 15–24 15–24 15–24 15–24 15–24	34.2 8.3 8.8 6.2 5.6 12.5 10.1
ESPAD Österreich / ESPAD Austria (Uhl et al. 2004)	Austria 2003 (lifetime)	Students from 14 to 17 (n = 5 281)	Cannabis Ecstasy Cocaine Crack Heroin Amphetamines GHB LSD Solvents and Inhalants Magic mushrooms	14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17	22 3 2 2 1 5 1 2 15 4

Summarised by ÖBIG

Table A3: Number of drug-related deaths in Austria by cause of death from 1994 to 2003
(data for 2004 not yet available)

Cause of death	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Intoxication by opiate(s)	63	49	69	39	27	25	18	17	17	40
Poly-drug intoxication with opiate(s)	105	115	115	92	81	101	147	119	119	115
Poly-drug intoxication by narcotic drug(s) without opiates	4	4	6	5	1	2	2	3	3	8
Psychoactive medicines	4	8	4	5	8	8	*	*	*	*
Intoxication of unknown type	1	2	1	0	0	0	0	0	0	0
Directly drug-related deaths/total	177	178	195	141	117	136	167	139	139	163
AIDS	41	28	23	9	20	11	13	12	4	13
Other diseases	13	21	5	5	11	9	22	17	21	9
Suicide (no intoxication)	13	9	2	8	8	12	16	9	15	3
Accidents, homicides	6	5	5	9	4	3	8	6	0	1
Unknown cause of death	0	0	0	0	2	3	1	1	0	0
Indirectly drug-related deaths/total	73	63	35	31	45	38	60	45	40	26

* = as of 2000 no longer taken into account

Source: BMGF, calculations by ÖBIG

Table A4: Number of "directly" drug-related deaths in Austria by province from 1994 to 2003
(data for 2004 not yet available)

Province	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	1994–2003
Burgenland	0	3	2	2	2	0	0	0	0	2	11
Carinthia	3	1	3	3	3	7	2	5	7	6	40
Lower Austria	7	9	18	12	9	8	11	14	12	13	113
Upper Austria	9	9	6	6	6	2	11	8	6	13	76
Salzburg	4	6	6	11	11	7	6	7	7	5	70
Styria	4	6	9	13	5	6	11	9	13	14	90
Tyrol	18	12	12	8	12	14	11	16	13	13	129
Vorarlberg	6	11	14	5	6	5	5	11	6	5	74
Vienna	126	121	125	81	63	87	110	69	75	92	949
Total	177	178	195	141	117	136	167	139	139	163	1 552

Source: BMGF, calculations by ÖBIG

Table A5: Number of "indirectly" drug-related deaths in Austria by province from 1994 to 2003
(data for 2004 not yet available)

Province	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	1994–2003
Burgenland	4	0	0	1	0	0	0	0	1	0	6
Carinthia	3	3	0	5	2	0	1	3	2	1	20
Lower Austria	3	2	0	1	2	4	4	6	5	0	27
Upper Austria	18	15	11	4	8	3	7	12	7	5	90
Salzburg	1	1	0	1	2	2	1	0	0	0	8
Styria	1	2	1	0	1	0	1	2	2	3	13
Tyrol	8	11	6	7	6	7	7	0	2	2	56
Vorarlberg	14	13	6	2	7	5	5	6	4	7	69
Vienna	21	16	11	10	17	17	34	16	17	8	167
Total	73	63	35	31	45	38	60	45	40	26	456

Source: BMGF, calculations by ÖBIG

Table A6: Number of "directly" drug-related deaths in Austria by age group and total by gender from 1994 to 2003 (data for 2004 not yet available)

Age group	1994		1995		1996		1997		1998		1999		2000		2001		2002		2003	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	27	15.3	31	17.4	24	12.3	18	12.8	7	6.0	16	11.8	19	11.4	20	15.1	18	12.9	20	12.3
20–24	48	27.1	35	19.7	45	23.1	32	22.7	35	29.9	23	16.9	33	19.8	21	14.4	20	14.4	37	22.7
25–29	36	20.3	37	20.8	34	17.4	25	17.7	20	17.1	23	16.9	31	18.6	19	13.7	24	17.3	28	17.2
30–34	34	19.2	42	23.6	47	24.1	30	21.3	20	17.1	27	19.9	27	16.2	27	19.4	23	16.5	24	14.7
35–39	24	13.6	20	11.2	31	15.9	23	16.3	16	13.7	28	20.6	27	16.8	25	18.0	24	17.3	29	17.8
40 and older	8	4.5	13	7.3	14	7.2	13	9.2	19	16.2	19	14.0	30	17.4	27	19.4	30	21.6	25	15.3
Total	177	100	178	100	195	100	141	100	117	100	136	100	167	100	139	100	139	100	163	100
Women	25	14.1	30	16.9	27	13.8	23	16.3	16	13.7	38	27.9	35	21.0	22	15.8	25	18.0	30	18.4
Men	152	85.9	148	83.1	168	86.2	118	83.7	101	86.3	98	72.1	132	79.0	117	84.2	114	82.0	133	81.6

abs. = absolute figures

Source: BMGF, calculations by ÖBIG

Table A7: Number of "indirectly" drug-related deaths in Austria by age group and total by gender from 1994 to 2003 (data for 2004 not yet available)

Age group	1994		1995		1996		1997		1998		1999		2000		2001		2002		2003	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	7	9.6	2	3.2	0	0.0	2	6.5	1	2.2	3	7.9	6	10.0	1	2.2	2	5.0	1	3.8
20–24	7	9.6	5	7.9	2	5.7	6	19.4	6	13.3	4	10.5	7	11.7	6	13.3	4	10.0	1	3.8
25–29	6	8.2	9	14.3	2	5.7	1	3.2	6	13.3	4	10.5	10	16.7	4	8.9	8	20.0	6	23.1
30–34	31	42.5	20	31.7	7	20.0	3	9.7	6	13.3	12	31.6	8	13.3	11	24.4	7	17.5	5	19.2
35–39	18	24.7	21	33.3	14	40.0	7	22.6	11	24.4	10	26.3	12	20.0	9	20.0	7	17.5	3	11.5
40 and older	4	5.5	6	9.5	10	28.6	12	38.7	15	33.3	5	13.2	17	28.3	14	31.1	12	30.0	10	38.5
Total	73	100	63	100	35	100	31	100	45	100	38	100	60	100	45	100	40	100	26	100
Women	15	20.5	15	23.8	9	25.7	6	19.4	8	17.8	10	26.3	25	41.7	15	33.3	9	22.5	8	30.8
Men	58	79.5	48	76.2	26	74.3	25	80.6	37	82.2	28	73.7	35	58.3	30	66.7	31	77.5	18	69.2

abs. = absolute figures

Source: BMGF, calculations by ÖBIG

Table A8: Distribution of drug-related deaths in Austria by cause of death and age in 2003 (data for 2004 not yet available)

Cause of death			Age group								Total		
			< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49		> 49	
Intoxications	Opiates	One opiate	0	4	6	5	5	5	3	1	1	30	
		Several opiates	0	1	3	2	2	2	0	0	0	10	
		+ alcohol	0	2	2	5	2	6	1	0	0	18	
		+ psychoactive medicines	0	4	6	4	3	4	1	2	0	24	
		+ alcohol & psychoactive medicines	0	2	3	1	1	2	4	0	0	13	
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	2	6	4	2	2	3	0	0	19	
		ND + alcohol	0	0	3	1	1	2	3	0	0	10	
		ND + psychoactive medicines	0	3	6	5	5	4	1	0	0	24	
		ND + alcohol & psychoactive medicines	0	0	0	0	3	2	1	1	0	7	
	Narcotic drugs without opiates	Narcotic drug(s) only	0	2	1	0	0	0	2	0	0	5	
		ND + alcohol	0	0	1	1	0	0	0	0	0	2	
		ND + psychoactive medicines	0	0	0	0	0	0	1	0	0	1	
		ND + alcohol & psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
	Directly drug-related deaths/total			0	20	37	28	24	29	20	4	1	163
	of these: men			0	15	30	25	21	21	18	2	1	133
	Indirectly drug-related deaths	AIDS		0	0	0	3	1	3	4	2	0	13
Other diseases		0	0	1	1	3	0	1	1	2	9		
Suicides (no intoxication)		0	1	0	1	1	0	0	0	0	3		
Accidents, homicides		0	0	0	1	0	0	0	0	0	1		
Unknown cause of death		0	0	0	0	0	0	0	0	0	0		
Indirectly drug-related deaths/total			0	1	1	6	5	3	5	3	2	26	
of these: men			0	1	1	4	3	1	3	3	2	18	

ND = narcotic drug(s)

Source: BMGF, calculations by ÖBIG

Table A9: Distribution of drug-related deaths in Austria by cause of death and province in 2003
(data for 2004 not yet available)

Cause of death			Province										
			B	C	LA	UA	S	ST	T	VB	V	A	
Intoxications	Opiates	One opiate	0	0	4	1	0	4	0	0	21	30	
		Several opiates	0	1	1	1	1	0	0	0	6	10	
		+ alcohol	1	0	2	2	0	3	1	0	9	18	
		+ psychoactive medicines	1	1	0	3	0	2	4	0	13	24	
		+ alcohol & psychoactive medicines	0	1	1	0	1	2	2	2	4	13	
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	1	3	0	0	1	0	0	14	19	
		ND + alcohol	0	1	1	0	0	1	1	1	5	10	
		ND + psychoactive medicines	0	0	1	5	3	0	2	2	11	24	
		ND + alcohol & psychoactive medicines	0	1	0	1	0	0	1	0	4	7	
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	0	0	1	0	4	5	
		ND + alcohol	0	0	0	0	0	1	0	0	1	2	
		ND + psychoactive medicines	0	0	0	0	0	0	1	0	0	1	
		ND + alcohol & psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
	Directly drug-related deaths/total			2	6	13	13	5	14	13	5	92	163
	Indirectly drug-related deaths	AIDS	0	1	0	1	0	1	2	3	5	13	
Other diseases		0	0	0	4	0	1	0	1	3	9		
Suicide (no intoxication)		0	0	0	0	0	0	0	3	0	3		
Accidents, homicides		0	0	0	0	0	1	0	0	0	1		
Unknown cause of death		0	0	0	0	0	0	0	0	0	0		
Indirectly drug-related deaths/total		0	1	0	5	0	3	2	7	8	26		

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

ND = Narcotic drug(s)

Source: BMGF, calculations by ÖBIG

Table A10: Development of AIDS cases in Austria by risk situation from 1995 to 2004

Risk situation	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Homo-/bisexual contact	73	59	25	28	27	12	14	19	7	12
Intravenous drug use	39	25	23	25	27	21	18	19	11	13
Heterosexual contact	35	21	18	25	31	28	21	39	21	28
Other cause/unknown	61	33	35	21	16	23	10	15	9	12
Total	208	139	102	99	101	84	90	93	49	65

Source: BMGF 2005, calculations by ÖBIG

Table A11: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by first offenders and repeat offenders, development from 1995 to 2004

Reports	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total number of reports	13 093	16 196	17 868	17 141	17 597	18 125	21 862	22 422	22 245	25 215
First offenders	5 521	8 322	9 278	8 672	9 868	9 343	11 033	11 269	12 117	14 346
Repeat offenders	7 313	7 511	8 325	8 228	7 463	8 296	10 052	10 380	9 288	9 990

Difference between sum of individual 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: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A12: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act (narcotic substances only) in Austria from 1995 to 2004

Province	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Burgenland	669	694	759	707	603	843	712	805	984	967
Carinthia	534	1 280	961	1 076	1 208	1 088	1 758	1 676	1 659	1 464
Lower Austria	1 655	1 550	2 686	2 519	2 389	2 624	2 975	3 319	3 017	3 531
Upper Austria	1 405	1 941	2 256	2 334	1 946	1 887	2 677	3 054	2 782	3 521
Salzburg	355	962	855	1 053	840	718	1 471	1 384	868	1 077
Styria	851	1 093	1 125	973	1 367	1 305	1 601	1 910	1 570	1 705
Tyrol	1 382	2 268	2 204	2 212	2 152	2 687	2 449	2 229	2 102	2 695
Vorarlberg	1 082	1 040	933	1 144	1 848	1 183	1 447	1 265	1 146	1 044
Vienna	5 160	5 368	6 089	4 606	4 858	5 233	6 212	6 210	7 652	8 524
Total	13 093	16 196	17 868	16 624	17 211	17 568	21 302	21 852	21 780	24 528

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

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act, which also includes psychotropic substances. For the purpose of comparison only reports related to narcotic drugs have been considered for the period after 1998.

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A13: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1995 to 2004

Drug type	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Cannabis	9 845	14 456	16 124	16 376	17 236	17 001	19 760	19 939	17 706	20 252
Heroin and opiates	4 386	3 727	3 434	2 850	2 524	2 413	3 802	3 954	4 717	4 770
Cocaine + crack	1 603	1 912	2 764	2 103	2 608	2 494	3 416	3 762	4 785	5 365
LSD	315	640	893	736	532	477	506	327	214	196
Ecstasy	496	1 375	1 942	1 411	1 517	2 337	2 940	2 998	2 473	2 362
Amphetamines	81	342	1 068	-	-	1 041	1 215	1 357	1 619	1 741
Psychotropic substances	-	-	-	802	750	780	822	736	603	903
Other drugs	302	430	850	-	-	-	1 288	1 524	1 311	1 826

- = 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 added figures may differ from the total number of reports.

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A14: Distribution of reports to the police for violation of the Narcotic Substances Act in Austria by drug type and province in 2004

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	948	1 700	2 629	3 884	1 109	1 941	3 007	1 084	3 950	20 252
Heroin and opiates	104	90	922	321	115	250	126	102	2 740	4 770
Cocaine + crack	109	170	743	482	193	260	355	237	2 816	5 365
LSD	12	8	34	57	6	41	17	7	14	196
Ecstasy	104	219	450	519	171	284	270	116	229	2 362
Amphetamines	85	29	395	566	77	274	58	46	211	1 741
Psychotropic substances	3	22	46	27	17	9	35	0	733	903

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 added figures may differ from the total number of reports.

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A15: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1995 to 2004

Year	Total number of convictions under the SGG/SMG	Convictions under		Convictions in Austria	
		Section 12 SGG/ Section 28 SMG	Section 16 SGG/ Section 27 SMG	total number	under the SGG/SMG (percentages)
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
2001	3 862	1 141	2 671	38 763	10.0
2002	4 394	1 108	3 243	41 078	10.7
2003	4 532	1 161	3 318	41 749	10.9
2004	5 706	1 441	4 229	45 185	12.6

SGG = Narcotic Drugs Act

SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)

Section 16 SGG / Section 27 SMG = 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 SGG, or the SMG, respectively, are covered.

Source: Statistics Austria (Criminal Court Statistics)

Table A16: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act in Austria by age, gender and basis of conviction in 2004

Basis of conviction		14–19 years	20–24 years	25–29 years	30–34 years	> 34 years	Total
SGG/SMG total	men	1 537	1 745	770	454	676	5 182
	women	120	196	70	51	87	524
Section 12 SGG / Section 28 SMG	men	210	399	244	164	300	1 317
	women	20	44	17	14	29	124
Section 16 SGG / Section 27 SMG	men	1 327	1 343	519	288	356	3 833
	women	100	150	53	36	57	396

SGG = Narcotic Drugs Act

SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)

Section 16 SGG / Section 27 SMG = 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 SGG, or the SMG, respectively, are covered.

Source: Statistics Austria (Criminal Court Statistics)

Table A17: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act, young people and adults, basis of conviction and type of punishment in 2004

Basis of conviction		Fine	Prison sentence			Other punishment ¹	Total
			Probation	No probation	Partial probation		
SGG/SMG total	young people	142	331	123	156	57	809
	adults	1 388	1 369	1 222	854	64	4 897
Section 12 SGG / Section 28 SMG (felonies)	young people	5	22	37	27	0	91
	adults	19	305	675	347	4	1 350
Section 16 SGG / Section 27 SMG (misdemeanours)	young people	137	309	86	129	57	718
	adults	1 358	1 051	536	506	60	3 511

Young people = persons younger than 19 at the time of the offence

SGG = Narcotic Drugs Act

SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)

Section 16 SGG / Section 27 SMG = trafficking, possession, etc. of small quantities of narcotic drugs

¹ Other punishment: partial probation (Section 43 A (2) StGB), referrals to institutions (Sections 21 (1), 21 (2), 22 and 23 StGB), no additional punishment (Section 40 StGB) and, only in the case of young people, conviction with punishment reserved (Section 13 JGG) and conviction without punishment (Section 12 JGG)

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 SGG, or the SMG, respectively, are covered

Source: Statistics Austria (Criminal Court Statistics)

Table A18: Development of alternatives to punishment applied in Austria from 1995 to 2004

Waiving of reports/ suspension of proceedings	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	4 395	5 248	5 817	7 468	6 989	8 049	8 145	8 974	9 023	9 666
Section 35 (withdrawal of report)	-	-	-	6 557	5 979	6 924	7 346	7 817	7 902	8 599
Of these: Section 35(4) SMG (cannabis)	-	-	-	1 380	1 330	1 410	1 570	1 876	1 499	2 016
Section 37 SMG (waiving of proceedings)	-	-	-	911	1 010	1 125	799	1 157	1 121	1 067

Section 35 SMG = provisional deferment of charges by the public prosecutor

Section 35(4) SMG = waiving of reports to the police in the case of small quantities of cannabis for personal use

Section 37 SMG = provisional suspension 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 only for the period since 1998. Data on Section 39 of the SMG (stay of execution – therapy instead of punishment) is not available at present.

Source: BMGF, calculations by ÖBIG

Table A19: Number of seizures of narcotic drugs/substances in Austria from 1995 to 2004

Narcotic drug/substance	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Cannabis	3 757	4 838	4 957	4 683	5 079	4 833	5 249	5 294	5 422	6 202
Heroin	1 298	1 110	861	654	452	478	895	836	1 263	1 383
Cocaine	421	525	651	531	519	554	768	863	1 271	1 475
Amphetamines	43	136	221	-	-	141	161	202	294	324
LSD	80	102	113	61	56	42	32	20	33	29
Ecstasy	153	254	253	135	215	330	352	308	276	286
Psychotropic substances	-	-	-	14	74	65	1	0	6	5
Psychotropic medicines	-	-	-	521	517	501	566	515	432	678

- = not evaluated separately or not specified

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act, which also includes psychotropic substances.

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A20: Seizures of narcotic drugs/substances in Austria by quantity from 1995 to 2004

Narcotic drugs/substance	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Cannabis (kg)	697	517	912	1 336	451	1 806	456	743.1	925.9	1 680.9
Heroin (kg)	47.0	81.3	102	118	78	230	288	59.5	42.8	235.0
Cocaine (kg)	55.3	72.7	87	99	63	20	108	36.9	58.3	75.5
Amphetamines (kg)	1.6	3.7	7.9	-	-	1	3	9.4	54.2	25.7
LSD (no. of trips)	2 602	4 166	5 243	2 494	2 811	865	572	851	298	2 227.5
Ecstasy (no. of pills)	31 338	25 118	23 522	114 677	31 129	162 093	256 299	383 451	422 103	122 663
Psychotropic Substances (kg)	-	-	-	0.128	4.004	1.294	0.002	0	0.2	0.1
Psychotropic medicines (units)	-	-	-	82 018	36 437	38 507	31 377	20 081	15 649	21 119

- = not evaluated separately or not specified

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act, which also includes psychotropic substances.

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A21: Ingredients of samples bought as ecstasy and analysed by the ChEckiT! Project at rave parties from 1998 to 2004

Ingredients	Samples bought as ecstasy (percentages)						
	1998 (n = 216)	1999 (n = 155)	2000 (n = 326)	2001 (n = 271)	2002 (n = 269)	2003 (n = 95)	2004 (n = 95)
MDMA	33.33	85.81	81.90	77.12	68.03	83.45	71.58
MDMA + MDE	0.00	0.00	3.07	2.21	14.13	7.59	9.47
MDMA + MDA	0.93	0.00	0.92	1.48	6.69	0.00	0.00
MDE and/or MDA	2.31	0.65	1.23	7.01	0.37	0.00	7.37
MDMA + caffeine	0.93	1.29	1.53	0.00	0.74	0.69	1.05
MDMA + amphetamines	0.93	0.65	0.61	0.37	0.00	0.69	0.00
MDMA + various combinations*	2.78	3.87	2.15	0.37	0.00	3.45	1.05
PMA/PMMA	0.00	0.00	1.23	0.37	0.00	0.69	0.00
Amphetamines	14.81	3.87	1.53	0.00	1.86	1.38	0.00
Methamphetamine	0.93	0.00	0.61	2.58	1.49	0.00	0.00
Caffeine	3.24	0.00	0.92	0.00	1.49	0.00	1.05
Quinine/quinidine	5.56	0.00	0.61	1.11	0.00	0.00	0.00
Various combinations*	34.26	3.87	3.68	7.38	5.20	2.07	8.42

* Various combinations: Combinations of more than two amphetamine derivatives and/or other substances and/or unknown substances

Source: Vienna Social Projects Association (VWS)

Table A22: Ingredients of samples bought as speed and analysed by the ChEckiT! project at rave parties from 1998 to 2004

Ingredients	Samples bought as speed (percentages)						
	1998 (n = 81)	1999 (n = 67)	2000 (n = 93)	2001 (n = 51)	2002 (n = 87)	2003 (n = 57)	2004 (n = 41)
Amphetamines	51.85	53.73	56.99	60.78	45.98	35.09	21.95
Amphetamines + caffeine	2.47	4.48	9.68	9.80	8.05	15.79	19.51
Amphetamines + methamphetamine	0.00	1.49	0.00	0.00	0.00	0.00	0.00
Amphetamines + various combinations*	8.64	20.90	7.53	3.92	17.24	29.82	39.02
Methamphetamine	3.70	7.46	3.23	1.96	3.45	1.75	2.44
Caffeine	3.70	1.49	3.23	11.76	8.05	0.00	4.88
MDMA	2.47	2.99	3.23	0.00	1.15	0.00	0.00
Ephedrine total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Various combinations*	27.16	7.46	16.13	11.76	16.09	17.54	12.20

* Various combinations: Combinations of more than two amphetamine derivatives and/or other substances and/or unknown substances

Source: Vienna Social Projects Association (VWS)

Table A23: Number of persons currently registered for substitution treatment in Austria by first treatment/continued treatment and province in 2004

Treatment	B	C	LA	UA	S	ST	T	VB	V	A*
Continued treatment	54	151	656	447	369	618	253	405	3.189	6.148
First treatment	16	35	150	69	46	169	23	58	279	847
Total	70	186	806	516	415	787	276	463	3 468	6 995

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

Note: **Continued treatment** refers to treatment started before the respective year, or to the repeated treatment of persons who have undergone substitution treatment before. **First treatment** refers to the treatment of persons who have never undergone substitution treatment before.

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

Source: BMGF, calculations by ÖBIG

Table A24: Prevention projects in schools in 2004

Name	Province	Target groups	Implemented by	Connected to school policies	No. of participating schools	No. of students reached	No. of participating teachers	Hours of training multipliers	Integration in school community	Evaluation
Step by Step	Styria	Students between 11 and 18	Teachers, tutors	Yes	Approx. 35 per year	-	Approx. 474 per year	12	School medical officers, headmasters/headmistresses, parents, school psychologists	Outcome and process evaluations
<i>Eigenständig werden</i> (Becoming Independent)	Styria	Students between 6 and 10	Teachers	Yes	Approx. 41 so far	Approx. 50 classes	50	24	Parents, headmasters/headmistresses	Implementation of a project already evaluated before
Study course at Teacher Training Academy	Styria	Teachers	Experts	No	-		Approx. 30	32	No	No
"Station model"	Lower Austria	Students between 12 and 16	Experts and teachers	Yes	32	2 328	186	8 hours + reflection hour	Parents, headmasters/headmistresses, in some cases also school medical officers	Outcome and process evaluations
<i>Viktoria auf Reisen</i> (Viktoria's Travels)	Lower Austria	Students between 6 and 10	Experts	No	36	3 718	215	2 hours parent meeting, 2 hours educational conference	Parents and headmasters/headmistresses	Process evaluation
<i>Eigenständig werden</i> (Becoming Independent)	Lower Austria	Students between 6 and 10	Teachers	No	27	-	30	24	Parents and headmasters/headmistresses	Implementation of a project already evaluated before
Step by Step	Lower Austria	Students between 11 and 18	Teachers	Yes	34	-	48	27	School medical officers, headmasters/headmistresses	No evaluation planned
"Amstettner Modell" (Amstetten model)	Lower Austria	Students	Experts and teachers	Yes	11	310	30	4	Headmasters/headmistresses	Outcome evaluation

- = not available

Note: This table gives only a small selection of prevention projects implemented in schools in Austria.

Source: investigations by ÖBIG, spring/summer 2005

Table A25: Austrian population statistics by age group and gender in 2003

Age group	Men	Women	Total
0 to under 5 years	203 810	192 917	396 727
5 to under 10 years	230 800	220 351	451 151
10 to under 15 years	249 236	236 391	485 627
15 to under 20 years	246 664	234 629	481 293
20 to under 25 years	255 190	248 148	503 338
25 to under 30 years	256 095	255 014	511 109
30 to under 35 years	312 600	312 496	625 096
35 to under 40 years	359 079	348 599	707 678
40 to under 45 years	339 681	329 804	669 485
45 to under 50 years	282 065	282 571	564 636
50 to under 55 years	248 953	252 752	501 705
55 to under 60 years	225 086	234 683	459 769
60 to under 65 years	242 156	260 987	503 143
65 to under 70 years	151 586	175 122	326 708
70 to under 75 years	140 701	180 570	321 271
75 to under 80 years	103 215	179 424	282 639
80 to under 85 years	59 968	139 349	199 317
85 and older	31 697	95 365	127 062
Total	3 938 582	4 179 172	8 117 754
0 to under 15 years	683 846	649 659	1 333 505
15 to under 30 years	757 949	737 791	1 495 740
30 to under 45 years	1 011 360	990 899	2 002 259
45 to under 60 years	756 104	770 006	1 526 110
60 to under 75 years	534 443	616 679	1 151 122
75 and older	194 880	414 138	609 018
Total	3 938 582	4 179 172	8 117 754

Source: Statistics Austria, calculations by ÖBIG

Map A1: Overview of provinces, provincial capitals and districts



Scale 1:2 500 000

ANNEX B

List of Abbreviations

AC	Addiction Coordinator
AIDS	acquired immune deficiency syndrome
AKH	Vienna General Hospital
API	Anton Proksch Institute
AR	Addiction Representative
BADO	(Vienna) Basic Documentation
BFI	Vocational Institute
BMAA	Federal Ministry for Foreign Affairs
BMBWK	Federal Ministry for Education, Science and Culture
BMF	Federal Ministry of Finance
BMGF	Federal Ministry for Health and Women
BMI	Federal Ministry of the Interior
BMJ	Federal Ministry of Justice
BMLFUW	Federal Ministry of Agriculture, Forestry, Environment and Water Management
BMLV	Federal Ministry of Defence
BMSG	Federal Ministry for Social Security, Generations and Consumer Protection
BMVIT	Federal Ministry for Transport, Innovation and Technology
DOKLI	nation-wide treatment documentation system of clients of drug help centres in Austria
DSA	drug social work
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESF	European Social Fund
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
FSW	Vienna Social Fund
GAWI	low-threshold centre Ganslwirt/Vienna
HAV	hepatitis A virus
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IFES	Institute for Empirical Research
i.v.	intravenous
IfS	Social Assistance Institute
ISD	Diagnoses Institute
ISP	Addiction Prevention Institute
JGG	Juvenile Court Act
LSD	d-lysergic acid diethylamide

mCPP	meta-chlorophenyl piperazine
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine
MDHOET	3,4-methylenedioxy-N-(2-hydroxyethyl)amphetamine
MDMA	methylenedioxymethamphetamine
MOVE	motivational swift intervention
NÖ	Lower Austria
ÖAKDA	Working Group for Communicative Drug Work
ÖBIG	Austrian Health Institute
ÖGPP	Austrian Association for Psychiatry and Psychotherapy
OÖ	Upper Austria
ÖVDF	Austrian Drug Experts Association
PAZ	Police Detention Centre
PMA	paramethoxyamphetamine
PMMA	paramethoxymethamphetamine
PSD	Psychosocial Services
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
SGG	Narcotic Drugs Act
SHH	Schweizer Haus Hadersdorf (drug help centre in Vienna)
SMG	Narcotic Substances Act
StgB	Criminal Code
TB	tuberculosis
TMA-2	2,4,5-trimethoxyamphetamine
TSP	daily structure project
VWS	Vienna Social Projects Association
WBB	Vienna Job Exchange Association
WOBES	housing assistance association
ZSB	Centre of Systemic Counselling, Care and Therapy
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
2C-T-2	2,5-dimethoxy-4-ethylphenethylamine
2C-T-7	2,5-dimethoxy-4-(n)-propylthiophenethylamine

ANNEX C

Standard Tables & Structured Questionnaires

List of Austrian Standard Tables and Structured Questionnaires of 2005

The following list gives an overview of all Standard Tables und Structured Questionnaires drawn up for Austria in 2005 and submitted to the EMCDDA. If you are interested in obtaining any table or questionnaire please contact Ms Monika Löbau loebau@oebig.at).

- STANDARD TABLE 01: BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE (consumption survey Austria)
- STANDARD TABLE 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS
- STANDARD TABLE 04: EVOLUTION OF TREATMENT DEMANDS
- STANDARD TABLE 05: ACUTE/DIRECT DRUG-RELATED DEATHS
- STANDARD TABLE 06: EVOLUTION OF ACUTE/DIRECT DRUG-RELATED DEATHS FIGURES
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Anton Proksch Institut: HBV, HCV, HIV)
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Lukasfeld short-term therapy department: HBV, HCV, HIV)
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (outpatient department Marienambulanz Graz: HBV, HCV, HIV)
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Vienna Social Projects Association (VWS) - Ganslwirt: HBV, HCV, HIV)
- STANDARD TABLE 11: ARRESTS/REPORTS FOR DRUG LAW OFFENCES
- STANDARD TABLE 13: QUANTITY AND NUMBER OF SEIZURES OF ILLICIT DRUGS
- STANDARD TABLE 14: PURITY AT STREET LEVEL OF ILLICIT DRUGS
- STANDARD TABLE 15: COMPOSITION OF TABLETS SOLD AS ILLICIT DRUGS
- STANDARD TABLE 16: PRICE IN EUROS AT STREET LEVEL OF ILLICIT DRUGS
- STRUCTURED QUESTIONNAIRE 25: COMMUNITY-LOCATED PREVENTION
- STRUCTURED QUESTIONNAIRE 26: SELECTIVE AND INDICATIVE PREVENTION
- STRUCTURED QUESTIONNAIRE 27: TREATMENT PROGRAMMES
- STRUCTURED QUESTIONNAIRE 28: SOCIAL REINTEGRATION
- STRUCTURED QUESTIONNAIRE 29: REDUCTION OF ACUTE DRUG-RELATED DEATHS