

**GESUNDHEIT ÖSTERREICH GMBH  
GESCHÄFTSBEREICH ÖBIG**



# Report on the Drug Situation 2008

**DRAWN UP ON BEHALF OF THE EUROPEAN MONITORING CENTRE  
FOR DRUGS AND DRUG ADDICTION AND THE AUSTRIAN FEDERAL  
MINISTRY OF HEALTH, FAMILY AND YOUTH**

Gesundheit Österreich GmbH  
Geschäftsbereich ÖBIG



# Report on the Drug Situation 2008

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Drawn up on behalf of the European Monitoring Centre for Drugs and Drug  
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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 (EMCDDA) and the Federal Ministry responsible for health affairs. They 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 2007/8. Every year specific issues are also highlighted; for this report, the theme of sentencing statistics was selected.

## Summary and discussion of the most important trends

In the reporting period, the Narcotic Substances Act (SMG) was amended, with the aim of implementing, in Austrian law, the European Framework Decision laying down minimum provisions on the constituents of criminal acts and penalties in the field of illicit drug trafficking of the Council of Europe, to generally improve and simplify the application of the provisions of the SMG and to adapt these provisions to the new Code of Criminal Procedure. Therefore the amendment to the SMG of 2007 primarily includes changes concerning the penal provisions, which fall within the remit of the Ministry of Justice, and entered into force simultaneously with the amendment to the Code of Criminal Procedure on 1 January 2008. The importance of alternatives to punishment and the model of therapy instead of punishment was reinforced as they were further expanded and more firmly established (mandatory instead of optional regulations). The provisions in the remit of the Federal Ministry of Health, Family and Youth (BMGFJ), especially those regarding trafficking and handling of narcotic substances and precursor substances as well as the narcotic drugs data registry, were passed separately by Parliament at the beginning of July 2008 and will be included in another amendment to the SMG, which is expected to become effective in autumn of 2008.

According to the general political focus of activities, the measures taken in the context of universal prevention of addiction were primarily oriented towards the legal drugs of alcohol and nicotine. In the field of illicit drugs an increasing number of activities have included elements of both universal and selective prevention as well as early detection and early intervention, and aim at establishing better links to other social fields. The drug help sector has seen continuous advancements, and specific importance is attached to the aim that the existing counselling, care and treatment services are oriented more specifically towards target groups also to reach new target groups. For instance, in both treatment and counselling centres and in the low-threshold sector, there are activities and services that especially target young people showing risky patterns of use. Also here, problems with legal substances have increasingly often been addressed.

A number of recent data are available that permit an assessment of the drug situation. The corresponding surveys confirm the rates of drug use registered in recent years. Approximately one out of five people indicate use of cannabis at some time in life, with the highest shares of up to 40% accounted for by the group of young adults. With regard to all other substances, the prevalence rates are significantly smaller in the general population and range from two percent (heroin) to four percent (ecstasy, amphetamine, cocaine). Moreover, the rates relating to recent drug use (i.e., in the past 12 months) again are considerably smaller –

which shows that in most cases, the use of illicit substances is restricted to experimental use during a certain stage in life. According to reports from the party scene, the share of pills sold as ecstasy that contain (also) other ingredients (e.g., mCPP) has risen compared to previous years, which is a great health risk. Also in the case of drugs sold as speed, merely one out of five contained only amphetamine.

The significance of problem use of illicit drugs may be assessed on the basis of updated prevalence estimates, the statistical development of drug-related deaths and data provided by the drug help sector. An analysis of prevalence estimates in Austria since the year 2001 indicates a strong rise in problem drug use until 2004, followed by stable or slightly declining trends until now. This development is very pronounced in the younger age groups. According to updated prevalence estimates, in 2007 between approximately 22 000 and 33 000 people in Austria showed patterns of problem drug use, primarily in the form of poly-drug use with opioids. Another indicator of a stabilisation or decline of problem drug use is that in 2007 the number of drug-related deaths has gone down for the first time (2006: 197; 2007: 175) and that the rise observed until 2006 has stopped. In 2007 the average age of people who died because of drug use has again gone up for the first time after a continuous downwards trend until 2006. This also suggests that recently, smaller numbers of (young) people have started to use drugs to a problematic extent. As the number of drug-related deaths is small from a statistical point of view, it will be possible in a few years from now only to confirm whether there actually is a declining trend.

The year 2007 is the second for which data from the DOKLI nationwide documentation system of clients of Austrian drug help centres are available. Generally speaking, the data obtained for 2007 correspond to those of the client year 2006. In the treatment sector, opioids predominate as problem drugs (primary drugs), while cocaine only plays an insignificant role. Thus different to a number of other countries of the European Union, in Austria use of opioids is a very frequent reason for drug treatment. A considerable share of heroin users indicate snorting as their main form of use. This share declines with rising age of clients, who more often name injecting use as their preferred way of application. Further analyses show that a considerable share of people using heroin as their primary drug successfully avoid the development to injecting drug use over several years. In this regard, harm reduction measures would be very important in order to prevent users from turning to intravenous application, which is much more risky.

## Selected issue: Sentencing statistics

The Narcotic Substances Act (SMG), which was adopted in 1998 and amended in 2007, forms the central framework of Austria's drug policy. This Act primarily distinguishes between quantities and not types of drug, and permits a wide range of alternatives to punishment of violations. Both the number of offences reported relating to the SMG and the number of convictions as well as alternatives to punishment showed a strong rise until 2005 and have gone down since then. However, the share of convictions has again slightly grown from 2006 to 2007, different to the development regarding alternatives to punishment. 67% of all convictions (2006: 66%) led to prison sentences, and the share in all prison sentences of sentences suspended on probation was 47% (in 2006: 44%), which is a further slight increase compared to previous years. The share of young people sentenced to imprisonment was 3.4%.

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# Introduction

This is the 13th time that the REITOX Focal Point at GÖG/ÖBIG (Austrian Health Institute) presents its annual Report to the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and the Austrian Federal Ministry responsible for health affairs. The REITOX Focal Point is a central link in Austria's data and information network of drug-related matters and closely cooperates with the relevant federal and provincial agencies in this field as well as addiction and drug help centres.

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 guidelines issued by the EMCDDA. These reports are essential as a basis of the EMCDDA's Annual report on the state of the drug problem in the European Union (latest publication: EMCDDA 2007).

Part A of this report deals with new developments and trends with regard to the drug policy framework, the epidemiological situation and health-policy interventions aiming at demand reduction. It is based on previous reports (latest report: GÖG/ÖBIG 2007b) and refers to the reporting period from summer 2007 to summer 2008, while routine statistics refer to the year 2007. In Part B of the report a selected issue is presented in more detail. In the present report the corresponding chapter deals with sentencing statistics. 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 integrated in this report, with references to these sources given in the text. For an overview of all standard tables (= ST) and structured questionnaires (= SQ) please consult Annex C.

This report is based on many different data and information communicated to GÖG/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, Mr Michael Dressel (Drug Coordinator of the City of Vienna and Provincial Representative), Ms Irmgard Eisenbach-Stangl (member of the Scientific Committee of the EMCDDA), Ms Ursula Hörhan (Addiction Coordinator of Lower Austria) and Mr Thomas Neubacher (Drug Coordinator of Vorarlberg; both of them in their functions as Provincial Representatives), Mr Franz Pietsch (Federal Drug Coordinator and head of the Federal Drug Coordination), Mr Robert Scharinger (BMGFJ) and Ms Johanna Schopper (head of the Department of Drugs and Narcotic Substances at the BMGFJ) for their helpful comments and invaluable input.



# **PART A**

## **New Developments and Trends**



# 1 National Policies and Context

The Narcotic Substances Act (SMG), which has been in force since 1998 and constitutes the main framework of Austria's drug policy, was amended in January 2008. The SMG primarily focuses on quantities and not on kinds of substance – with the exception of a special provision concerning cannabis and mushrooms containing psilocin, psilotin or psilocybin – 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 has the task to coordinate policies with the provinces (see Figure 1.1). 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. Drug policy measures are financed primarily by the Provincial Governments, the social insurance funds and the Federal Government. Although Austria's political parties take different 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

In the reporting period, the Narcotic Substances Act (SMG) was amended. The main objectives were to implement, in Austrian law, the European Framework Decision laying down minimum provisions on the constituents of criminal acts and penalties in the field of illicit drug trafficking (Council of the European Union 2003) in Austrian law, to generally improve and simplify the application of the provisions of the SMG and to adapt these provisions to the Code of Criminal Procedure. Therefore the amendment to the SMG of 2007 (Federal Collection of Statutes BGBl I 2007/110) primarily includes changes concerning the penal provisions, which fall within the remit of the Ministry of Justice, and entered into force simultaneously with the amendment to the Code of Criminal Procedure on 1 January 2008. The provisions in the remit of the Federal Ministry of Health, Family and Youth (BMGFJ), especially those regarding trafficking and handling of narcotic substances and precursor substances as well as the narcotic drugs data registry, were passed separately by Parliament at the beginning of July 2008 and will be included in another amendment to the SMG, which is expected to become effective in the autumn of 2008.

Under the 2007 amendment to the SMG, which entered into force on 1 January 2008, the provisions regarding criminal acts and penalties were adapted to the EU Framework Decision (see Chapter 11 on the provisions in force up to that date):

- In addition to acquisition, possession, production, import, export, making available to others or purchasing narcotic substances, Section 27 of the SMG now also includes carrying and offering narcotic substances. Also expressly mentioned are farming of opium poppies, coca plants, cannabis plants and offering, purchasing or planting mushrooms containing psilocybin. Punishment was increased from six to twelve months of imprisonment, with the exception of offences committed exclusively for personal use; in the latter cases, the punishment continues to be up to six months of imprisonment.



- There were no changes to the provision of more severe punishment (up to three years of imprisonment) in cases where narcotic drugs have been made available for use by a minor or the offence was committed commercially or as a member of a gang.
- Section 28 of the SMG now regulates the preparation of trafficking of narcotic substances; in addition to the offences of purchasing and possessing narcotic substances, their transport and the farming of opium poppies, coca plants and cannabis plants is now also included. The penal provision is imprisonment of up to three years (Para. 1). The penalty is more severe penalty if the criminal act was committed with regard to a large quantity (Para. 2: up to five years imprisonment) or as a member of a gang (Para. 3: one to 10 years).
- Section 28a of the SMG regulates the trafficking of narcotic substances and in Para. 1 provides imprisonment of up to five years for such acts, as before. Punishment is more severe if offences were committed commercially in combination with a previous conviction, as member of a gang or with regard to a large quantity (Para. 2: one to 10 years), as member of a gang in combination with a previous conviction or with regard to an extremely large quantity (Para. 4: one to 15 years) and for leaders of a gang (Para. 5: ten to 20 years).
- A large quantity is now defined as at least 15 times the threshold quantity.
- For offenders who use substances themselves (drug-dependent persons) penalties are lower, except in severest cases: up to one year instead of three in cases with more severe punishment according to Section 27 and the offences under Section 28(1); up to three years instead of five for offences under Sections 28(2) and 28a(1); up to five years instead of ten for offences under Sections 28(3) and 28a(2) of the SMG.

Also, the SMG amendment of 2007 contains analogous adaptations for penal provisions regarding psychotropic substances and additions regarding precursor substances. Section 29 (public propaganda for drug abuse), which had been controversial since its introduction in 1998, was deleted without replacement.

The importance of alternatives to punishment and the model of therapy instead of punishment was reinforced as they were further expanded and more firmly established (mandatory instead of optional regulations):

- Sections 35, 36 and 37 continue to regulate the options of deferment of charge by the public prosecutor's office and the dismissal of proceedings by the court. Deferment is obligatory not only in the case of offences that were committed under Section 27(1) and (2) or Section 30 for one's own personal use but also for those committed for the personal use of another person. The period of temporary deferment may be one or two years (hitherto: two years). Optional deferment in the case of other offences under Sections 27 or 30 and minor revenue-raising offences to buy drugs was turned into obligatory deferment for a number of SMG offences (Sections 27 or 30 and 31a as well as Sections 28 or 28a, provided that the use of narcotic substances is habitual) and for revenue-raising crimes, unless the criminal act is in the jurisdiction of a magistrates' court, the offence is grave and deferment seem less appropriate than a conviction to prevent further criminal acts by the defendant (special prevention). The prosecutor's possibility to waive the requirement

of a report by the district administrative authority as health authority on the necessity of health-related measures was widely extended, to relate not only to offences involving cannabis, but also psychotropic substances and mushrooms, if the criminal act was committed for one's own personal use or that of another person (Section 35 (4) of the SMG).

- The suspension of sentence regulated in Section 39 for defendants who are dependent on drugs, in order to give them the possibility to undergo a health-related measure, is now mandatory for penalties of up to three years (formerly up to two years), for offences committed in the context of the SMG as well as revenue-raising crimes, with the exception of convictions to imprisonment of more than 18 months on account of revenue-raising crimes, if the offender seems dangerous (especially in the case of violent crimes). Contrary to the former regulation, it is no longer mandatory for the court to obtain an expert opinion before the convicted person agrees to an inpatient measure.

The available data regarding the implementation of the criminal law provisions regarding narcotic substances in force until 31 December 2007, i.e., before the amendment of 2007, are presented in detail in the Selected Issue Chapter 11.

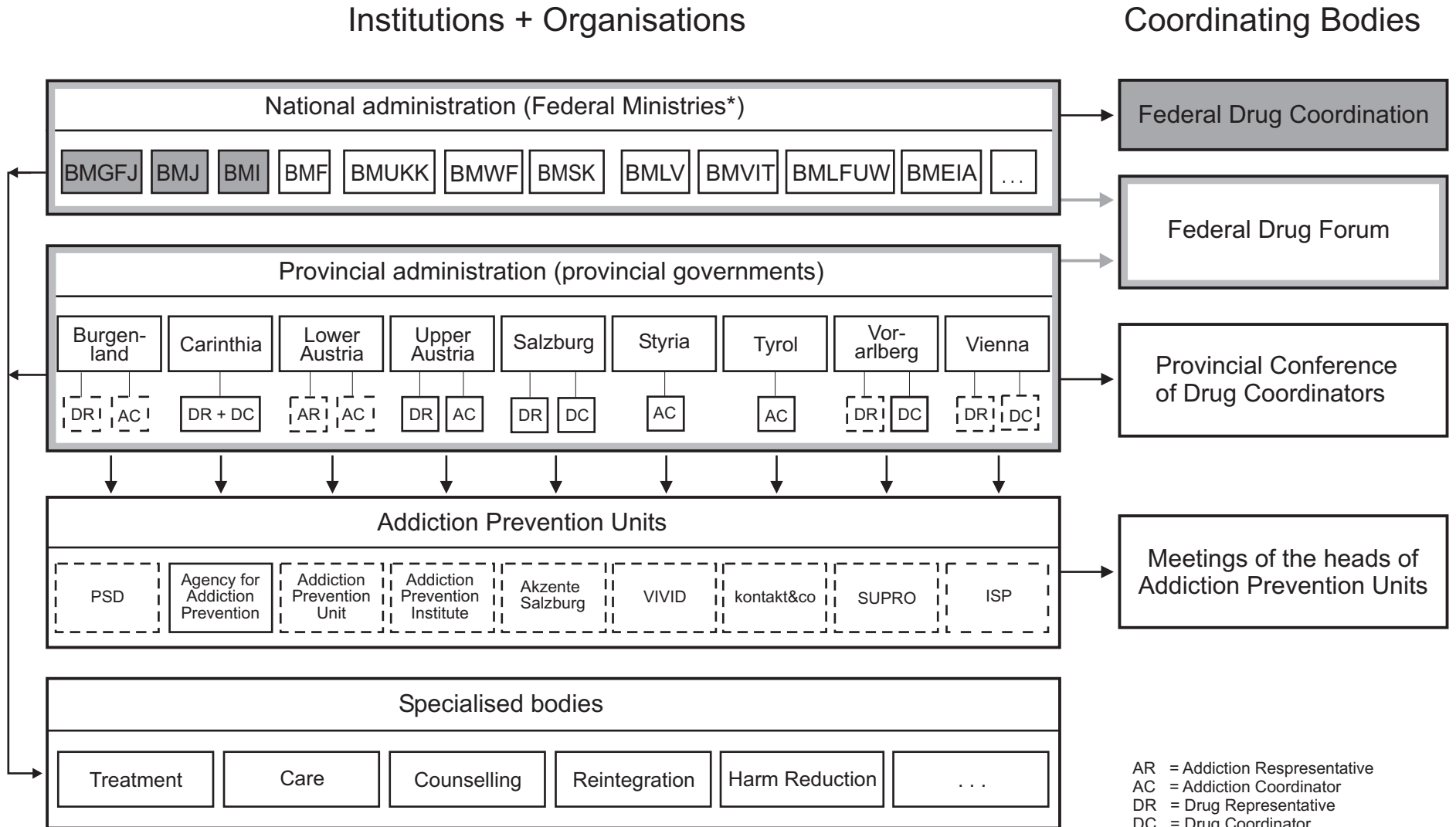
As to the changes in legal provisions in the field of substitution treatment which became effective in March 2007 (see GÖG/ÖBIG 2006 and 2007b), in spring of 2008 activities for investigating and evaluating the effects were initiated. Corresponding adaptations of the legal basis are at a planning stage (see Chapter 5.3).

## 1.2 Institutional framework, strategies and policies

No major changes in the political and administrative framework took place in the reporting period (see also SQ32).

The Federal Drug Forum (see Figure 1.1) held two regular meetings in the reporting period (November 2007, April 2008). Among other issues, their agenda included the evaluation of legal framework conditions for substitution treatment (see Chapters 1.1 and 5.3), drug-related legal issues (see Chapter 1.1), the further advancement of drug monitoring and international cooperation. In March 2008, an extraordinary meeting of the Federal Drug Forum on the theme of drug deaths and the problems related to autopsy reporting (see Chapter 7.1) took place. Furthermore, two working groups established by the Federal Drug Forum were active in the reporting period: in autumn 2007 the working group with the task to draw up guidelines for a uniform, nationwide implementation of Section 12 of the SMG started to operate (see GÖG/ÖBIG 2007b). On 18 April 2008 the constituent meeting of the working group evaluating the legal framework of substitution treatment was held.

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



\* see List of Abbreviations

Source: GÖG/ÖBIG; representation by GÖG/ÖBIG

AR = Addiction Representative  
 AC = Addiction Coordinator  
 DR = Drug Representative  
 DC = Drug Coordinator  
 — = part of the provincial administration  
 - - = external institution or expert

Also at province level, there were few relevant changes in the reporting period. In Salzburg the Addiction Prevention Forum established a working group on prevention in schools with the task to systemise the basic contents and structure of addiction prevention in schools. In the course of deliberations concerning the optimal involvement of the regions, some of the regional coordinating bodies for addiction prevention were restructured and turned into regional steering committees, which are also competent for selecting a theme focus in the field of addiction prevention.

In Lower Austria efforts were made to install drug advisory boards in the communities in order to improve networking and cooperation in the field of addiction at community level. In Vorarlberg a decree on granting integration assistance entered into force in the reporting period. This decree defines which services are eligible for integration assistance as well as the prerequisites, application and control procedures for granting integration assistance (Landes-Rechnungshof Vorarlberg 2007). Drug policy measures in the provinces continued to focus on the implementation of regional drug and addiction-related plans as well as on the response to current developments and requirements.

In the spring of 2008 a survey (Eisenbach-Stangl et al. 2008) was published that deals with the development of drug policy in Vienna between 1970 and 2005 from two perspectives, the expert and the client view. Two groups were surveyed: drug policy actors (decision makers, experts) on the one hand and those addressed by drug policies on the other (drug users and their relatives). The example of Vienna is presented as the success story of a regional drug policy in the EU. Over the years, a theme-specific and organisational concentration of drug-related activities within existing political segments (cross-sectional policy) was achieved and the corresponding services became more professional. The fact that several important areas could not be involved is a point of criticism. For example, a lack of coordination between police activities and urban drug policy has been registered. The advantage of a cross-sectional drugs policy is seen in targeted activities against drug-related problems; however, there is a danger that poverty, unemployment or lack of education are neglected as causes of lifestyle problems (see also GÖG/ÖBIG 2007b).

### **1.3 Budget and public expenditure**

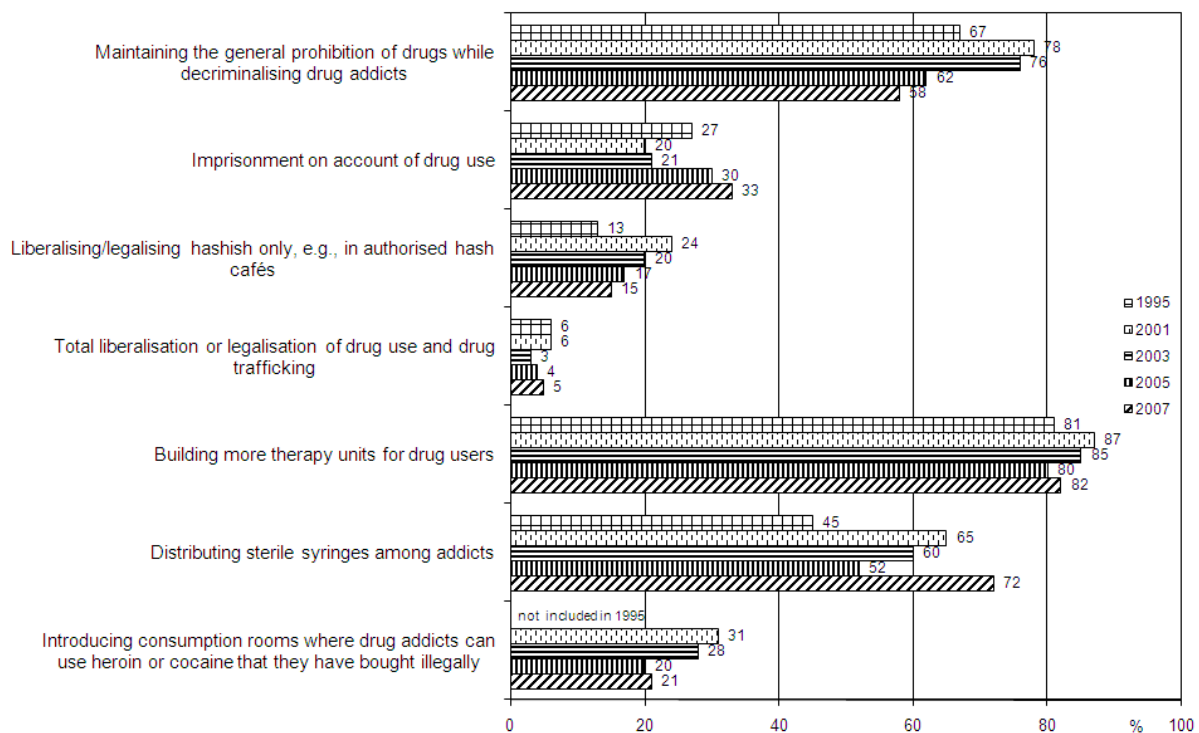
The financial regulations in the field of drugs did not see relevant changes in the reporting period. There are only some isolated data on budgets available, which do not permit a comprehensive overview (see GÖG/ÖBIG 2007b). In a diploma thesis (Starzer 2008), an estimate for spending in the four essential fields of drug policy in Upper Austria in 2005 was calculated. According to this estimate, expenditure in the field of law enforcement in Upper Austria (police, justice system and customs) is EUR 30 385 000, which is many times higher than expenditure for counselling services (EUR 1 956 000), inpatient treatment (EUR 4 115 000) and addiction prevention (EUR 1 315 000; see also Chapter 8.4). In Vorarlberg, in the context of the decree on granting integration assistance of 2007 (see Chapter 1.2) a list of products was drawn up. The aim is to calculate services by product in the future (Landes-Rechnungshof Vorarlberg 2007).

## 1.4 Social and cultural context

New data on drug policy attitudes among the population are available from the Vienna drug survey<sup>1</sup>, which has been carried out every two years since 1993, allowing for an analysis of long-term trends (IFES 2008; see also Chapter 2.1). As the results show, there is still general approval of the priority of health policy measures (therapy departments) and rejection of a generally liberal drug policy.

Over the years the decline of liberal attitudes which was already registered in previous years has been confirmed (see GÖG/ÖBIG 2006). For example, the approval of 'legalising hashish only', which had been rising between 1995 and 2001, declined further, whereas more repressive attitudes such as 'imprisonment on account of drug use' have met with rising approval. An exception is approval of the 'distribution of sterile syringes to addicts', which has noticeably risen lately (see Figure 1.2).

Figure 1.2: Attitudes towards drug policy measures among the population of Vienna between 1995 and 2007 (percentages show approval of the measure in question)<sup>2</sup>



Source: IFES 2008; representation by GÖG/ÖBIG

<sup>1</sup> For the Vienna drug survey (IFES 2008), oral interviews were carried out from July to August 2007 among a representative random sample of a total of 624 persons aged 15 years and older (see also Chapters 2.1 and 2.2). The survey on drug policy attitudes among the general population has been conducted on behalf of the Vienna Drug Coordination every two years with a comparable methodology since 1995.

<sup>2</sup> Translated wording of the question: 'I will read to you some potential drug policy measures. Please give a mark to each of these potential actions, according to how useful you find the measure in question. Mark 1 stands for Very useful, Mark 5 for Not at all useful'. Figure 1.2 shows the respondents who gave either Mark 1 or Mark 2.

The Vienna drug survey also includes responses in the event of drug use in the circle of close friends. The most liberal attitude still concerns cannabis: one third of the respondents would tolerate cannabis use by their friends, whereas one fourth would terminate the relationship in such a case. If one of their friends used hard drugs (opiates, cocaine, etc.), however, approximately 60% would end the relationship. Long-term comparison shows a declining level of acceptance for almost all narcotic substances, which is especially marked for hard drugs.

In the reporting period there were no mass media campaigns concerning illicit drugs.

## 2 Drug Use in the General Population and Specific Subgroups

In Austria, experience of illicit drug use primarily concerns cannabis, with prevalence rates of approximately 30% to 40% among young adults. According to the majority of representative studies, experience of ecstasy, cocaine and amphetamines is found among approximately 2% to 4% of the population, and experience of opioids is between around 1% and a maximum of 2%. In recent years, the range of substances taken in the context of experimental use has widened. In certain scenes and groups of young people, high prevalence rates for a variety of substances are found, including biogenic drugs as well as solvents and inhalants. 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

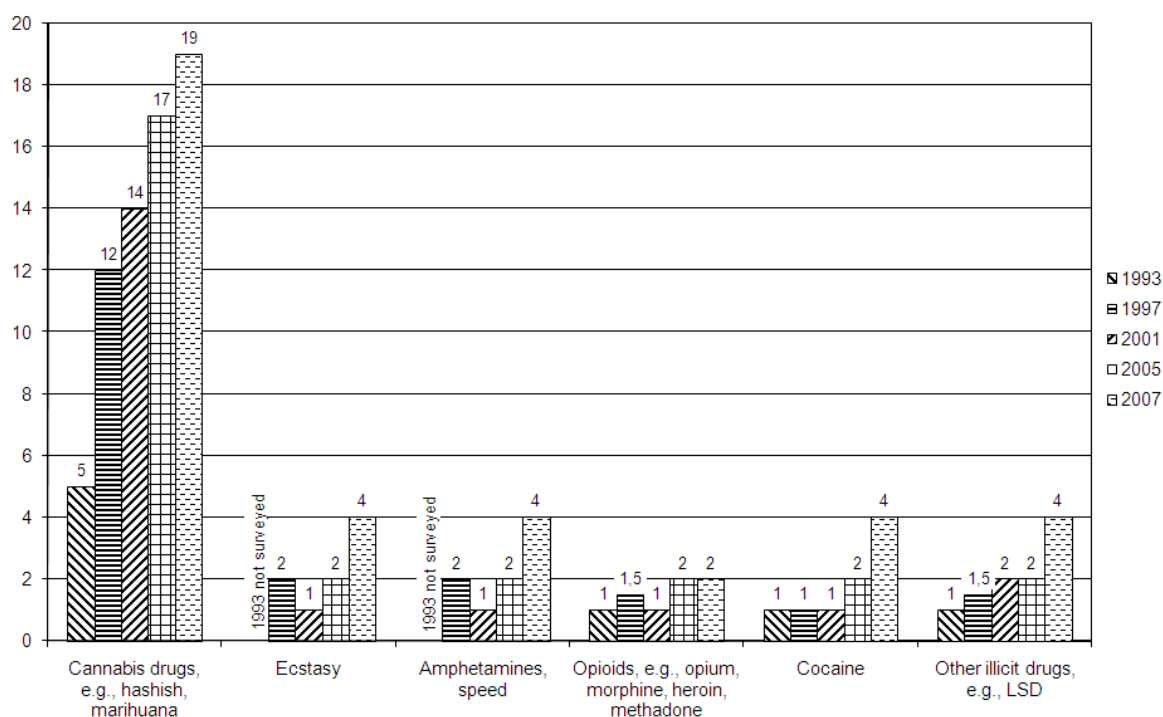
Recent data from the drug survey of Vienna<sup>3</sup> have again been available, which permit an analysis of long-term trends since 1993 (IFES 2008; see also Chapter 1.4 as well as Table A1 in Annex A and ST1).

Experience of drug use has risen compared to previous surveys (see Figure 2.1). In the case of cannabis, the constant rise has continued. Regarding other substances, for which the prevalence rates generally are considerably smaller, a rise in lifetime experience has also been found, with the exception of opioids, which have remained at the level of 2005. As a general rule experience of drug use is found more frequently among the younger age groups. For instance, experience of cannabis was indicated by 34% of respondents younger than 30 compared to 7% of people between 60 and 75 years. With the exception of ecstasy (for which no differences as to gender show), lifetime prevalence is higher among men than women with regard to all substances (e.g., cannabis: 25% v. 14%). In addition, drug use in the past 30 days was investigated: here the prevalence rates are considerably lower (e.g., cannabis: 5%) compared to lifetime experience.

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<sup>3</sup> The drug survey of Vienna (IFES 2008) was conducted from July to August 2007 on the basis of a representative random sample. A total of 624 persons aged 15 or older were surveyed in the form of oral interviews (see also Chapters 2.1 and 2.2). This survey on experience of use has been carried out every two years since 1993 in comparable settings, on behalf of the Vienna Drug Coordination.

Figure 2.1: Lifetime experience of illicit drugs among the population of Vienna, comparison of 1993 and 2007 (percentages)



Source: IFES 2008; representation by GÖG/ÖBIG

## 2.2 Drug use in the school and youth population

In 2007 a school survey was carried out in Austria for the second time in the context of the ESPAD project<sup>4</sup> (see ST2). A comprehensive analysis is not yet available, but individual results regarding experience of use have already been communicated (ESPAD-Austria 2007). Approximately one out of four respondents indicated to have used an illicit substance at least once in life, which roughly corresponds to the percentage of 2003. As expected, the highest prevalence rates of all illicit substances again show for cannabis (18.0%) followed by amphetamines/stimulants (7.7%), ecstasy (3.4%), cocaine (3.2%) and LSD (2.8%). Solvents/inhalants (14.1%) as well as magic mushrooms (4.1%) also are of a certain relevance among students. The prevalence rates are higher for all substances surveyed among boys than among girls. Compared to 2003, the lifetime prevalence rates of cannabis as well as solvents and inhalants have slightly gone down, while a (small) rise shows with regard to all other substances (see Figure 2.2). Generally speaking, the results obtained have to be interpreted with caution: for instance, indications of lifetime experience of crack and GHB are surprisingly high (2.3% each) (see Table A2 in Annex A). In this regard, the question arises

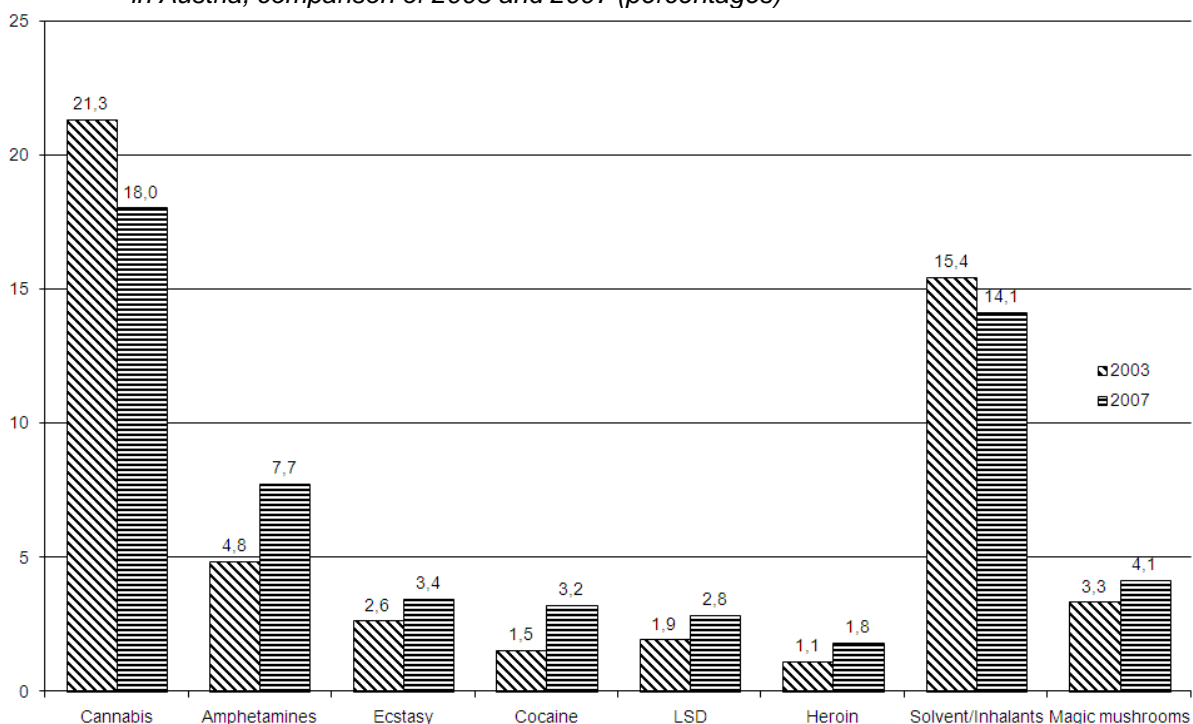
<sup>4</sup> In 2007 Austria (ESPAD-Austria 2007) took part in the ESPAD study (European School Survey Project on Alcohol and other Drugs) for the second time after 2003 (see Uhl et al. 2005b). In this context a total of 277 classes with 5 959 school students in the 9th and 10th grades were asked to complete questionnaires on their experience of use. The results presented relate to 4 574 respondents of the age group between 15 and 16 years. The Austrian ESPAD study was funded by the Federal Ministry of Health, Family and Youth.



whether young people are actually able to make a reliable distinction between different substances.

For cannabis, ecstasy as well as solvents and inhalants also the consumption rates of the past 12 months and past 30 days were studied, which are considerably lower (cannabis: 12-month prevalence rate of 14.2% and 30-day prevalence rate of 6.7%; ecstasy: 2.5% and 1.4%; solvents/inhalants: 6.8% and 3.2%). As may be expected at a young age, this indicates that in most cases experimental use of (illicit) psychoactive substances and not regular use predominates. This result is confirmed by the detailed analysis, which shows that among drug-using young people the share of those using a substance once or twice is highest, while use of the respective substance more than twice is rare.

Figure 2.2: Lifetime experience of illicit drugs among young people aged between 15 and 16 in Austria, comparison of 2003 and 2007 (percentages)



Source: Uhl et al. 2005b, ESPAD-Austria 2007; representation by GÖG/ÖBIG

New results are also available from a school survey conducted in the province of Burgenland<sup>5</sup> (Falbesoner und Lehner 2008), which, too, is a repetition of a previous survey. Experience of use was most frequently indicated for solvents/inhalants (15%), followed by cannabis (11%) and biogenic drugs (4%). Cocaine, ecstasy and speed (approx. 2% each) as well as heroin and hallucinogenic drugs (approx. 1% each) were named less frequently. The prevalence rates found were considerably smaller for almost all substances compared to the

<sup>5</sup> The school survey (Falbesoner und Lehner 2008) was conducted from May to September 2007 as a questionnaire survey at 40 schools in the province of Burgenland. A total of 1 213 questionnaires completed by students between 12 and 19 years (up to 21 years in a few cases) could be used for analysis. This survey is a repetition of Burgenland's school survey of 2001 (see Schönfeldinger 2002).

survey of 2001 (e.g., cannabis: 20%; ecstasy 4%). Prevalence rates at the same level as in the past show only with regard to cocaine and heroin. In view of a rise in experience of use showing all over Austria in the last few years, this result is surprising and cannot easily be explained. A decline also shows for use of alcohol (90% v. 97%) and nicotine (32% v. 47% with regard to smoking on at least one day of the week).

As may be expected, experience of use depends on age. Four percent of young people between 12 and 14 said they had already used an illicit substance – compared to 18% of the age group from 15 to 19 years. Experience of solvents and inhalants and/or biogenic drugs is at similar levels in both groups, however. No relevant differences between genders were found.

## 2.3 Drug use among specific groups

In past years, almost all data on drug use among specific groups in Austria (e.g., conscripts, ethnic minorities, immigrants etc.) referred to specific youth scenes (e.g., see ÖBIG 2004). Recent data are available from three studies and surveys, which permit statements on drug use among specific groups of adolescents and young adults.

In Innsbruck (Tyrol) a survey of patterns of use among university students<sup>6</sup> was carried out. Around one third of respondents were women, their average age was 21 years and slightly more than half of them were single. They were interviewed with regard to experience of illicit substance use in the past 30 days. The substance taken most frequently was cannabis (11.1%), with significantly smaller shares accounted for by the rest of substances (e.g., cocaine: 2.2%; hallucinogenic drugs: 2.4%; LSD: 1.1%; ecstasy: 0.9%). For all substances, the prevalence rates found were considerably higher among men than among women (Giacomuzzi et al. 2008). The results broken down by faculty also deserve mention: the group that most often indicated use of illicit substances was students at the Science Faculty (21.8%), followed by Social Sciences (15.2%), while drug use was admitted significantly less often among students of law (12.3%) and of medicine (11.8%) (Giacomuzzi et al. 2007).

Two other studies, which are not representative, however, focus on multiple or combined drug use among recreational drug users. Wundsam (2006), in her diploma thesis<sup>7</sup>, surveyed recreational drug use and possible developments towards dependence among adolescents and young adults. The lifetime prevalence rates found are very high with regard to many substances (cannabis: 83.3%; mushrooms: 34.7%; cocaine: 21.7%; speed: 20.4%; solvents/inhalants: 19.3%; ecstasy: 18.8%; LSD: 13.7%; methamphetamine: 6.1%; ketamine and heroin: 4.5% each; GHB: 3.2%). Also here, the prevalence rates are consistently higher among men than among women. Approximately two out of three respondents said that they combined different substances. The most frequent combination was alcohol and nicotine, followed by cannabis and alcohol as well as cannabis and nicotine. Significantly smaller shares

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<sup>6</sup> The survey (Giacomuzzi et al. 2008) took place in 2006/07 and included a total of 873 of students at Innsbruck University and Innsbruck University of Medicine, on the basis of Fagerström and CAGE questionnaires, among others.

<sup>7</sup> The survey (Wundsam 2006) was conducted in summer/autumn 2005, with questionnaires presented to 315 persons of an average age of 22.5 years, directly in recreational settings (parties, festivals, concerts, public swimming pools, pubs, etc.) in the areas of Vienna, Linz and Salzburg.

indicated combinations of cannabis and mushrooms or other illicit substances; other types of combination were hardly found. Combinations of three substances primarily included alcohol/nicotine/cannabis, which may be due to the easy availability of these substances. Men more often indicated combined use of substances than women. According to a cluster analysis, around nine percent of respondents fell under the category of heavy users, the rest were light users. No differences related to gender were found in this respect. Heavy users (higher frequency of use, wider range of substances used in the past and at present) show higher levels of psychological dependence and thus the risk of addiction is likely to be higher for this group.

In 2007 MDA basecamp, a secondary prevention project in the Tyrol, conducted a survey<sup>8</sup> on combined drug use in party settings, the field on which MDA basecamp focuses its activities (MDA basecamp 2008). The lifetime prevalence rates found (cannabis: 94.0%; ecstasy: 71.5%; speed: 68.4%; cocaine: 65.6%; magic mushrooms: 63.9%; LDS: 41.9%) are significantly higher even than those in Wundsam's survey of 2006 (see above) in particular with regard to the typical party drugs of speed, ecstasy and cocaine. Also here, the prevalence rates are higher for men than for women. 29% of respondents said they always used illicit substances at parties, and another 29% indicated frequent use in that setting. 85% stated that some, or all, of their friends used illicit substances at parties. Three out of four persons indicated either simultaneous use, or use within short time, of two or more illicit substances or combinations of alcohol and party drugs. The combination found most frequently is alcohol and cannabis, and if only illicit substances are considered, the combination of speed and ecstasy predominates (in the case of men the share of this combination is similar to the one of cannabis and ecstasy). The survey shows that the combined use of drugs is of great relevance among people attending electronic music events, and highly significant correlations were found regarding a person's own drug use and drug use among their friends, and also regarding use of illicit substances at parties and combined use of drugs (see also Chapter 7.4).

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<sup>8</sup> In the context of this survey, which was conducted throughout 2007 with hardcopy and online questionnaires, a total of 418 persons aged between 14 and 45 years (85% of them between 18 and 30) were interviewed at parties or when visiting web sites of the scene (MDA basecamp 2008).

### 3 Prevention

According to the EMCDDA classification of prevention, this chapter has been divided into universal prevention, selective prevention and indicated prevention<sup>9</sup>. However, in practice the terms of primary and secondary prevention<sup>10</sup> continue to be used to some extent as this classification is regarded to be less stigmatising. In Austria, the corresponding measures are primarily implemented at local and regional levels, in accordance with expert consensus. In this context, the provincial Addiction Prevention Units (see Chapter 1.1), the Addiction Prevention Forums of Salzburg and Vienna as well as regional coordination and control bodies (Salzburg) play central roles. In line with Austria's comprehensive approach to addiction, many prevention measures are not aimed at specific substances but also encompass forms of addiction that are not linked to substances. As a rule, the prevention measures are oriented towards long-term effectiveness and sustainability, which is aimed at primarily by means of training programmes for multipliers. In addition to a number of standard programmes carried out at nationwide level, in recent years also numerous regional activities have routinely been taken and advanced. Furthermore, new strategies and approaches have continually been developed in order to optimise the quality of prevention activities and to take into account to a greater extent the specific needs of individual target groups and different settings. Other important fields that deserve mention are networking and public relations work, (financial) support of prevention initiatives and organising further training programmes for experts, e.g., the expert meeting of the Working Group for Addiction Prevention held in autumn 2007 at Spital am Pyhrn (Upper Austria) under the heading of Family in the Focus.

This chapter focuses on the presentation of new developments and trends. Current prevention measures taken are described on the individual web sites and in the annual reports and newsletters of the Addiction Prevention Units, the Ministry of Education (BMUKK), the Healthy Austria Fund (GÖG/FGÖ) and other relevant actors, as well as in previous reports on the drug situation and in the Best practice portal of the EMCDDA (see Bibliography). Comprehensive approaches have been pursued increasingly often, therefore the theme of preventing addiction is addressed in a wide range of social environments. This corresponds to the international trend towards health in all policies and, for instance, is reflected in better links between prevention activities and different social fields and the fact that the measures taken have become increasingly complex. Apart from these developments, in the reporting

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<sup>9</sup> **Universal** prevention is aimed at large groups of the population (e.g. school communities, towns) that, independent of the individual situation, are equally likely to develop patterns of substance use. **Selective** prevention focuses on smaller groups that, due to biological, psychological, social or environmental risk factors – independent of the individual situation – are more likely to develop patterns of substance use than the general population (e.g., children of addicted parents). **Indicated** prevention addresses individual persons who already show early signs of substance use or problem patterns of behaviour that are associated with drug use but do not yet meet the criteria for a diagnosis of dependence and for whom the risk of developing addictive behaviour is thus particularly high. A requirement for indicated prevention is that medical experts have already diagnosed mental, conduct or behavioural disorders that are known to constitute risk factors regarding the development of addictive behaviour, e.g. attention deficit hyperactivity disorder (ADHD).

<sup>10</sup> **Primary** prevention aims at avoiding the development of a disease, in this case, an addiction disease, already before drug use or drug problems have arisen. **Secondary** prevention addresses drug users who already have problems, which have not yet become manifest to their full extent, however.

period the focus of activities has again been placed on legal drugs as well as early detection, early intervention and quality assurance.

### 3.1 Universal prevention

For an overview of Austria's universal prevention activities and the general framework of prevention please consult SQ22/25. **Schools** play an important role as settings of implementation. Here, prevention takes place on a statutory basis in the context of the educational principle of health promotion<sup>11</sup>. It is recommended that prevention measures at schools involve all stakeholders of the school community as well as regional addiction experts. On this basis, training courses on addiction prevention and further training events are organised, teaching materials and projects are prepared and all stakeholders are offered practical assistance in planning and implementing prevention activities (see Table 30 in Annex A). The goals that are primarily pursued include improvements in the entire system as well as strengthening personalities, psychosocial skills and life skills among students. In the older age groups, another relevant objective is to promote critical approaches to (legal as well as illicit) psychoactive substances.

In the reporting period, BMUKK and the Healthy Austria Fund organised a workshop for experts on the theme of mental health in school settings and impulses to improve the teachers' health<sup>12</sup>. In this context, possible improvements in working conditions, use of resources and dealing with stress among teachers were discussed. In Salzburg, a set of standardised prevention measures and projects for schools are being prepared, and plans exist to provide instruments for a comprehensive documentation of the prevention of addiction in school settings to serve as a basis for the further advancement of such measures (Drogenkoordination des Landes Salzburg 2008).

In Vienna the prevention and early detection service centre responded to the small demand by lower secondary schools and developed a specific package for this type of schools, entitled Think about it (Dialog 2008). It consists of an information stage, an implementation stage and a reflection stage, and depending on demand, teachers may use a variety of methods in class. Finally, also ways of a sustainable implementation of prevention and early detection are highlighted. The evaluation of the pilot stage has shown that because of high shares of students with mother tongues other than German, the requirements regarding language skills and understanding will have to be reduced. Greater numbers of non-verbal exercises will be integrated in order to enhance the students' motivation to participate actively in the programme. The *Klasse!* (A class of its own!) programme of the Tyrol is also being adapted to meet the specific needs of students of the polytechnic school year (Fitsch, personal communication).

Theatre education plays an important role as an approach to prevention which, apart from awareness-raising regarding difficult situations, primarily aims at communicating possible

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<sup>11</sup> Health promotion, in accordance with the Ottawa Charter of the WHO, is understood as the process of enabling people to increase control over, and to improve, their health, i.e. to reach a state of complete physical, mental and social well-being.

<sup>12</sup> [www.schulpsychologie.at](http://www.schulpsychologie.at) (24 July 2008)

forms of getting active. *Mama geht's heute nicht so gut* (Ma isn't well today), is a play of Salzburg's Children's and Young People's Legal Representatives which addresses the age group between 8 and 12 and since autumn 2007 has been performed also in Upper Austria<sup>13</sup>. The musical *Helden – Von Sehnsucht und Zuversicht* (Heroes: Of Longing and Confidence) focuses on young people aged 12 or older and has been available in Upper Austria and Salzburg since autumn 2007<sup>14</sup>. The play *Motte & Co.* (Moth & Company) (see GÖG/ÖBIG 2007b) was adapted for schools and published as a DVD in spring 2008 (ISP OÖ 2008). A study on prevention of addiction and psychodrama (Fachstelle für Suchtvorbeugung, Koordination und Beratung 2008) investigates the significance of psychodrama theory for the prevention of addiction, derives factors of effectiveness and reviews the join-in theatre play *Traust du dich?* (Do You Dare?) (see GÖG/ÖBIG 2006) in this regard. The factors found to be effective include intrinsic motivation (methods and themes different to those typical of everyday school routines) and comprehensive communication (through the way the students act themselves and experience situations by role play) while maintaining the playful character. The theoretical foundation of the join-in theatre play and the relationship between time and efforts required on the one hand and effects achieved on the other were assessed to be very positive. It was recommended to intensify further training events for teachers in order to be able by subsequent reviewing to try new roles to a greater extent, which will encourage and enhance spontaneous and creative actions of students.

In Upper Austria, a new focus of the long-term project PräGend police prevention project has been placed on cooperation across regions, and late in 2007 an expert meeting was organised in which police methods in the field of prevention were compared, where also representatives from Bavaria and southern Bohemia took part<sup>15</sup>. The 1-2-free.at booklet for teachers is another new element, which aims at promoting the integration in teaching contexts of the [www.1-2-free.at](http://www.1-2-free.at) web site for young people.

In Vorarlberg, the programmes *klartext:sucht* (plain speak:addiction), *klartext:nikotin* (plain speak:nicotine) and *klartext:alkohol* (plain speak:alcohol) for students between the 7th and 12th/13th grades aim at communicating knowledge about the themes of addiction, nicotine and alcohol and permitting students a critical consideration of their own patterns of use<sup>16</sup>. This is paralleled by further training schemes for teachers, where methods of implementation in everyday school situations are communicated, and they also include a workshop for students as well as an evening event for parents. After the completion of the pilot stage at the end of 2007 the project has been carried out regularly.

The Addiction Prevention Units continue to support schools with regard to planning and implementing specific projects. For instance, in the reporting period the project day *Freizeit sucht Grenzen* (Liberty in Search of Limits) was organised at the Provincial Technical School of Ceramics and Stove Fitting (Burgenland), which focused on the issues of sparetime activities and consumption as well as self-perception (Hausleitner, personal communication).

<sup>13</sup> [www.praevention.at](http://www.praevention.at) (8 April 2008)

<sup>14</sup> [www.akzente.net](http://www.akzente.net) (8 April 2008)

<sup>15</sup> [www.praevention.at](http://www.praevention.at) (21 July 2008)

<sup>16</sup> [www.supro.at](http://www.supro.at) (31 July 2008)

Regarding measures targeting **kindergartens** and **parents**, the existing activities such as further training programmes, provision of information materials as well as events for parents have been continued (see Tables 31 and 32 in Annex A). Lower Austria saw an expansion of activities addressing parents in order to meet their needs to the greatest possible extent. The theme of responses within the family to use of alcohol, nicotine and cannabis by young people was treated in the workshop *Wenn Kinder flügge werden ...* (Children Leaving the Family Nest ...) targeting parents of adolescents between 10 and 15 years (Mellish, personal communication). At a lower-threshold level, four-hour workshops are organised, which cover issues such as addiction prevention, parenting, conflicts, communication and responses to young drug users. In addition, *Echt ... nichts für schwache Nerven!* (The Real Thing ... Not for the Faint of Heart), a join-in theatre play for parents, was rehearsed and presented at the 10-year anniversary of the Addiction Prevention Unit in September 2008. The project *Wir werden Eltern – Gesundheit von Anfang an* (Becoming Parents – Health from the Very Start) in the Tyrol aims at improving contacts to parents by means of specific interventions for parents-to-be and young parents (kontakt + co 2008b). For this purpose, an information booklet for first-time pregnant women was produced, information events for midwives and gynaecologist in their roles as multipliers took place and a phone helpline for parents was established.

The prevention measures taken in the **workplace** primarily aim at preventing developments towards addiction behaviour among trainees. In addition to the regular further training programmes and courses for trainers and managers (see Table 35 in Annex A), the Dialog association of Vienna, in cooperation with the Economic Chamber of Vienna, organised an event focusing on responses to trainees in danger of becoming addicted: *Ohne Drogen durch die Lehre!* (Mastering Traineeship Without Drugs)<sup>17</sup>. In Styria, as of the school year 2007/8 a prevention programme for vocational schools has been run in the entire province, and at every vocational school two or three teachers receive special training in this field (Amt der Steiermärkischen Landesregierung 2008). In the Tyrol a working group was established in March 2008 in order to promote the exchange of experience among employers with regard to prevention programmes (kontakt + co 2008b).

The prevention activities that address **young people** have not seen significant changes: the existing further training programmes have been continued (see Table 33 in Annex A) and have been further expanded in Lower Austria (Mellish, personal communication). In the context of the Tyrol's three-year initiative for young people, a practical further training programme was established which includes a module on substance abuse by young people, the corresponding background information and recommendations for adequate responses<sup>18</sup> (Kern, personal communication). These training modules can only be booked by municipalities, they are offered free of cost and participants completing the training get a certificate. In Styria the first joint (further) training initiative of detached, centre-based and specialised youth work organisations at community level was held in September 2007, in which also

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<sup>17</sup> [www.dialog-on.at](http://www.dialog-on.at) (15 April 2008)

<sup>18</sup> [www.tirol.gv.at](http://www.tirol.gv.at) (23 July 2008)

VIVID took part: *wertstatt///07 Jugendarbeit bewusst erleben* (Worthshop///07 Aware of Youth Work) (VIVID 2008).

The trend towards prevention activities at **community** level has continued also in the reporting year (see Table 34 in Annex A). In addition to awareness-raising among the general public, the goal of actions in this field has been to develop and implement concrete measures oriented towards the specific regional situation. In a number of provinces, guides for a culture of celebrating with regard to the prevention of addiction were prepared, e.g., for the conclusion of the *FeierFest!* (Party Proof!) Interreg Project (see GÖG/ÖBIG 2006) and as part of Styria's *Fest im Griff* (Get a Grip on Partying) package of services. They include practical information such as statutory youth protection measures and ideas for creative partying.

In the district of Vöcklabruck (Upper Austria), the project *Wir setzen Zeichen* (We're Making a Point) was started in March 2008<sup>19</sup>. Assisted by a local steering committee and working groups, and cooperating with the Healthy Towns project, regional analyses and measures will be drawn up and the existing structures will be used to implement prevention measures with regard to both lifestyles and social environments. The first step was a media campaign, and for autumn 2008 a number of further training events for multipliers have been scheduled. Flow, a regional project in Steyr (Upper Austria), includes measures that aim at minimising or reducing harmful patterns of substance use by young people. In this context, immigrants are an important target group (ISP OÖ 2008).

**Other activities** in the reporting period (see Table 36 in Annex A) are a study course communicating basic knowledge in the field of prevention to key actors in the Austrian army (ISP OÖ 2008), the preparation of new information materials (a booklet on alcohol and hallucinogenic drugs of the Working Group for Addiction Prevention) as well as curricula for new general, university and master training programmes on prevention of addiction and violence in Upper Austria. These programmes target key actors in relevant social fields and will be run as of the summer semester of 2009. They extend over two, four and eight semesters, respectively, and are based on an interdisciplinary approach to the field of prevention of addiction and violence. Regarding quality assurance Styria, by means of new support models, plans to promote the integration in prevention activities of process-oriented and result-oriented evaluation (Amt der Steiermärkischen Landesregierung 2008).

## 3.2 Selective prevention

SQ26 gives an overview of selective prevention measures and the framework in which they take place. The activities to build networks for **children affected by risky environments** have been continued. In the reporting period, the network for Vienna and Upper Austria was initiated (Sucht und Drogenkoordination Wien 2008; ENCARE Österreich 2008). In Upper Austria, an event dealing with the situation of children in at-risk families took place in Linz in November 2007, where the issue of assistance services for children was a focal theme. This marked the start of the KIJA on Tour cooperation project of Upper Austria's Institute of Addiction Prevention (ISP) and the Children's and Young People's Legal Representatives of Upper

<sup>19</sup> [www.praevention.at](http://www.praevention.at) (22 July 2008)



Austria, which aims at informing children and young people about their right to health<sup>20</sup>. In Styria, an expert meeting on children in families with addiction problems was held to identify the need for additional further training of multipliers, supervision services for assistants, clear definitions of the remits of individual professional groups as well as forms of cooperation such as competence groups, but also concrete services for the children concerned (VIVID 2007). A booklet dealing with support for children of addicted parents presents facts and information on risks and help services (VIVID 2008). In both the Tyrol and Carinthia, cooperation guides were prepared in order to optimise the cooperation of all institutions involved, in particular providers of services for young people and for addicts (B.I.T. 2008; Amt der Kärntner Landesregierung 2008). In Carinthia, a strategy paper on the implementation at district level of specific further training and networking structures was also drawn up, which, after a pilot stage in one district, will be extended to the entire province. Lower Austria is preparing a further training programme for multipliers (Fachstelle für Suchtvorbeugung, Koordination und Beratung 2008).

In addition to the aforementioned focus, in Austria prevention activities for specific target groups are primarily found in sparetime settings, with the aim to communicate a critical approach to psychoactive substances (risk competence) as well as alternatives to substance use. In this context, youth social work in **recreational settings** plays an important role. In the reporting year no new activities and services have been started in this field. Another relevant setting for prevention measures regarding recreational contexts is the club and party scene. On the occasion of the ten-year anniversary of ChEck iT!, an expert meeting on recreational drug use was held in Vienna in October 2007, where current trends of use and new approaches to counselling and care were presented. In Vorarlberg an event assistance project was implemented with great commitment and met with much approval by the target group. However, according to Vorarlberg's Provincial Court of Audit (Landes-Rechnungshof Vorarlberg 2007) its financial and organisational structures were not defined to an adequate extent. Therefore, as of the beginning of 2008 the project has been managed by koje, the coordinating office of detached youth work of Vorarlberg, but in cooperation with the providers of drug help services (Stiftung Maria Ebene 2008a).

**Young first-time drug users** have also been defined as a specific at-risk group, and measures in this field primarily aim at early detection and early intervention. In Austria the FreD early intervention project of the EU is coordinated by ISP Upper Austria and will be tested in four districts until October 2010 (ISP OÖ 2008). In this context the existing forms of addressing the target group of young people between 16 and 23 years who have been noticed with regard to first-time drug use are assessed and new ways are explored. Vorarlbergs's Zoom! project, which was developed on behalf of the Health Insurance Fund of Vorarlberg (Stiftung Maria Ebene 2008a) and which includes the projects ProFi and VIVA, will be implemented as of 2009. ProFi specifically targets young people between 14 and 18 who have used cannabis intermittently or in a risky way and for whom either a health-related measure was recommended or who voluntarily want to reconsider their drug use. They are informed about their legal situation, addictive substances as well as counselling and support services and also

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<sup>20</sup> [www.praevention.at](http://www.praevention.at) (8 April 2008)

available assistance if they want to change their patterns of use<sup>21</sup>. The interactive group programme uses methods based on cognitive behavioural therapy forms and takes place on four evenings, followed by a refresher session after three months. VIVA focuses on the promotion of self-regulation and social competence among at-risk groups of young people. The district conferences of Vorarlberg also discussed the focal issues of early detection and early intervention in 2007, and they investigated the demand for services and prepared guidelines for actions. In September 2008 an expert meeting on early intervention approaches to the prevention of addiction took place in Vienna, where innovative approaches in the German-speaking countries were presented (Sucht- und Drogenkoordination Wien 2008). Early detection and early intervention are also subjects of a project for trainers at the bfi vocational training institute of Burgenland, in which responses to young people and adults who show patterns of abuse and addiction are communicated (Hausleitner, personal communication). The training programme also includes basic knowhow in the fields of addiction and development towards addiction as well as self-reflection on one's own role as a trainer.

Regarding the target group of **immigrants**, a film project took place in Vorarlberg, which was prepared by parents and young people of the community of ethnic Turks and aims at providing parenting assistance to Turkish-speaking mothers and fathers (Stiftung Maria Ebene 2008a).

### 3.3 Indicated prevention

Indicated prevention in the sense of the EMCDDA definition (see above) has not been implemented in Austria so far. The majority of measures taken that address particular target groups are based on social factors in the sense of selective prevention. Measures that are adopted in response to the behaviour of individual persons are not based on an additional medical diagnosis but only on addictive behaviour or any behavioural syndrome associated with addiction. However, this does not correspond to the EMCDDA's definition of indicated prevention. The treatment of children and young people with diagnoses of mental, conduct or behavioural disorders such as ADHD is not defined as prevention of addiction.

The Drug Counselling Centre of the Province of Styria started a new service for at-risk youths specifically oriented towards their social environment (see Chapter 5.1), which is referred to as indicated prevention but does not correspond to the criteria of the EMCDDA. It targets young people who show risky patterns of use and who have already received counselling or assistance because of their drug use and currently do not get support by youth help services. Diagnoses of mental, conduct or behavioural disorders are not required for eligibility.

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<sup>21</sup> [www.supro.at](http://www.supro.at) (31 July 2008)

## 4 Problem Drug Use and the Treatment Demand Population

Problem drug use here means the frequent use of hard drugs (in particular opioids and cocaine), which is often accompanied by dependence and consequences for the health, social and legal situation of users (see also Chapters 6, 8 and 11). One has to bear in mind, however, that it is primarily patterns of use and not substances as such that are risky or safe. In addition, it is difficult to distinguish between experimental use and problem drug use. This problem is further aggravated by the fact that hardly any scientific analyses are available in this field.

In Austria poly-drug use with opioids, which often are injected, has traditionally played a central role. In the past decade the range of substances consumed in the context of poly-drug use has widened. Injecting use of cocaine has also become more relevant in the street scene. However, the nationwide data on patterns of use among clients of the drug counselling system in 2007 show that opioids continue to play a predominant role as primary drugs.

According to recent estimates, a prevalence rate of 22 000 up to a maximum of 33 000 problem opioid users, probably in the context of multiple drug use in the majority of cases, seems realistic for Austria. However, prevalence estimates of problem drug use are difficult to give as methodological problems arise due to the complexity of the subject, and the figures obtained are conclusive to a limited extent only. Thus any results given are rough approximations and have to be interpreted with caution.

### 4.1 Prevalence and incidence estimates of PDU

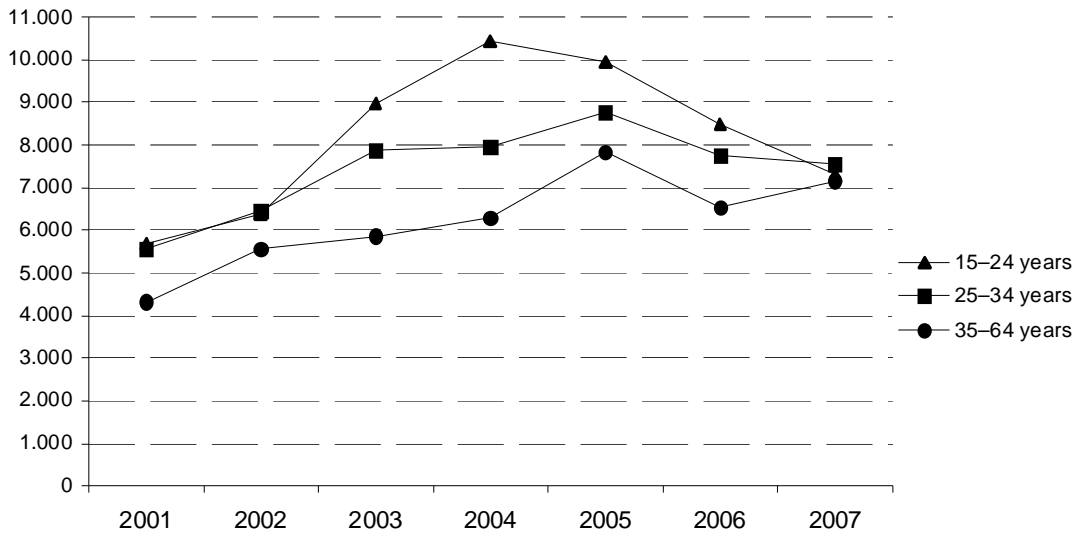
In Austria scientific estimates regarding the prevalence of problem drug use are only available for opioids and for poly-drug use with opioids. In the context of the monitoring project, the estimates available for the time until 2004 were updated to include the period from 2005 to 2007 (GÖG/ÖBIG under preparation). For the capture-recapture (CRC) method which was used for the prevalence estimate data on substitution treatment and on offences relating to opiates were used. Based on the results given in Chapter 4.2 of the 2006 report of the additional survey conducted among doctors prescribing substitution substances (GÖG/ÖBIG 2006), a correction factor was included in the estimates to account for the share of ghost cases<sup>22</sup> among substitution patients (see Chapter 4.2). The estimate for 2007 is a total of 23 178 persons (95% confidence interval: 22 198, 24 157); compared to this, the corrected estimate for 2004 is 31 295 (95% confidence interval: 29 216, 33 375).

Figure 4.1 shows that as of 2005 a decline in prevalence rates of PDU with opioids has become apparent in particular in the age group between 15 and 24 years, while until 2004 an upwards trend shows.

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<sup>22</sup> If the end of treatment is not reported, the corresponding clients appear in the statistics as people currently undergoing treatment also in the years after the actual end of treatment (= ghost cases) (for details see GÖG/ÖBIG 2006).

Figure 4.1: Results of prevalence estimates of problem drug use with opioids (estimated number of users) by means of 2-sample CRC method, age stratified, 2001–2007



Source: GÖG/ÖBIG, under preparation

The majority of results of the 2-sample CRC estimates could be verified for the year 2004 by means of 3-sample CRC estimates in which drug-related deaths were also considered (GÖG/ÖBIG, under preparation).

Because of methodological restrictions, all results based on the CRC method give approximate figures only. The estimated number of problem drug users may be biased, for instance, because of persons who are reported for opiate offences without being problem drug users, however, or because substitution treatment has become available to new groups of clients. Another uncertainty is accounted for by interactions between data sources (e.g., the fact that a person has been reported for an offence may have an influence on the probability of substitution treatment). However, this bias may partly be taken into account in the context of 3-sample CRC estimates. According to Uhl (2004), in the case of CRC estimates it is realistic to assume that the true figures lie somewhere between 50% and 200% of the estimate. Any trends that are observed regarding the number of persons estimated to be problem drug users may be influenced by systematic changes in the sources of error.

When interpreting these figures one has to bear in mind that the number of ghost cases was overestimated in the correction factor of 2005 regarding the share of ghost cases among substitution patients, due to correction measures in the substitution registry (see Chapter 4.2). This means that the resulting prevalence rates are too small. If the correction factor is not included in the estimate, the figure for 2007 is 32 069 (95% confidence interval: 30 678, 33 461). However, this estimate is too high because not all ghost cases could be eliminated. When the confidence intervals of the estimates with and without ghost cases are combined, the interval for 2007 is 22 198 to 33 461.

An interpretation of trends is difficult especially because of the changes in the data basis (corrections in the substitution registry) and characterised by considerable uncertainty. Still, to give a cautious diagnosis, obviously the prevalence rates of problem drug use with opioids have remained the same or slightly gone down since 2004, after a strong rise in the early 2000s. This estimate is corroborated by the fact that both increases and declines among people aged between 15 and 24 are more pronounced than in the other age groups (see Figure 4.1). Another factor that indicates a stabilisation or reduction of problem drug use is that in 2007 the number of drug-related deaths decreased again for the first time, which stopped the rise that showed until 2006. The average age was found to have risen in 2007 for the first time after a continuous downwards trend until 2006 (see Chapter 6.1). This may also be regarded as an indication that in recent years smaller numbers of (young) people have begun to use drugs to a problematic extent. However, drug-related deaths are small in number from a statistical point of view and, as described in more detail in Chapter 6.1 it will only be possible in a few years from now to confirm whether there actually is a declining trend. The available data from the treatment sector cannot (yet) be used for statements regarding trends because so far only data from two years of the DOKLI system can be considered for analysis. The isolated observation of an increase in patients undergoing substitution treatment cannot be regarded as relevant for an analysis of trends either because these figures also reflect a better availability of substitution treatment, and a change in 2007 of the statutory provisions regarding reporting obligations (see Chapter 4.2).

## 4.2 Treatment demand indicator

The year 2007 is the second for which data from the DOKLI nationwide documentation system of clients of Austrian drug help centres are available<sup>23</sup>.

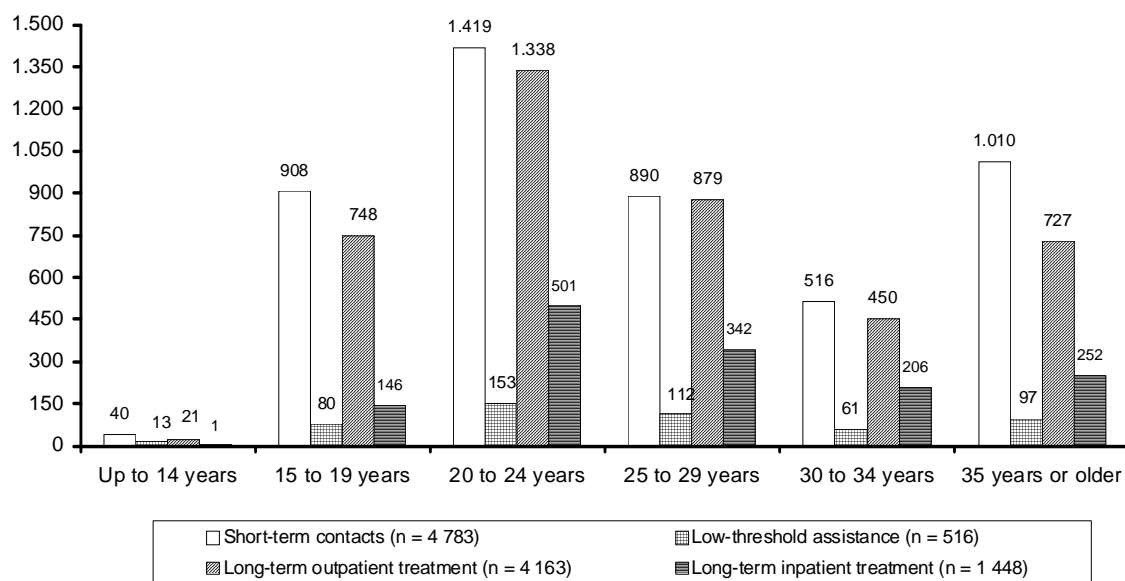
The Austrian drug help centres covered by the DOKLI system reported data on a total of 4 163 people who started **long-term outpatient treatment** in 2007 (=all treatments). For 1 736 of them it was their first drug-specific treatment in life (= first treatments). 1 448 clients began **long-term inpatient treatment**, and 216 of them received long-term drug treatment for the first time in life. In addition to these people undergoing drug-related treatment in a strict sense, DOKLI also registered 516 new clients of **low-threshold assistance** centres, and 4 785 people receiving drug counselling in the form of **short-term contacts**. Generally speaking, the data gathered for 2007 correspond to those of the client year 2006.

Approximately one out of five people undergoing treatment or receiving assistance are younger than 20 – with the exception of people treated in the context of inpatient settings, where their share is 10%. Around half of the clients are between 20 and 29 years old (see Figure 4.2, Table A24 in Annex A as well as ST3 and ST34).

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<sup>23</sup> When interpreting the results, one has to bear in mind that, while double counts of clients of one centre can be excluded, due to the aggregate character of the data, double counts of clients who turned to several centres in 2007 cannot be avoided. The share of such cases of multiple treatment can only be guessed at. The report of Vienna's BADO Basic Documentation gives a general idea of the magnitude of this aspect as in the case of BADO, double counts of clients who contacted several drug help centres during the reporting period can be detected by means of an identifier. In 2006, 14% of clients registered in BADO were provided services by more than one centre (11%: 2 centres; 3%: more than 2 centres – see GÖG/ÖBIG 2008a, IFES 2007). However, as drug help centres are more easily accessible in Vienna due to the higher geographical density compared to rural areas, the share of double counts might be slightly smaller in the rest of Austria.

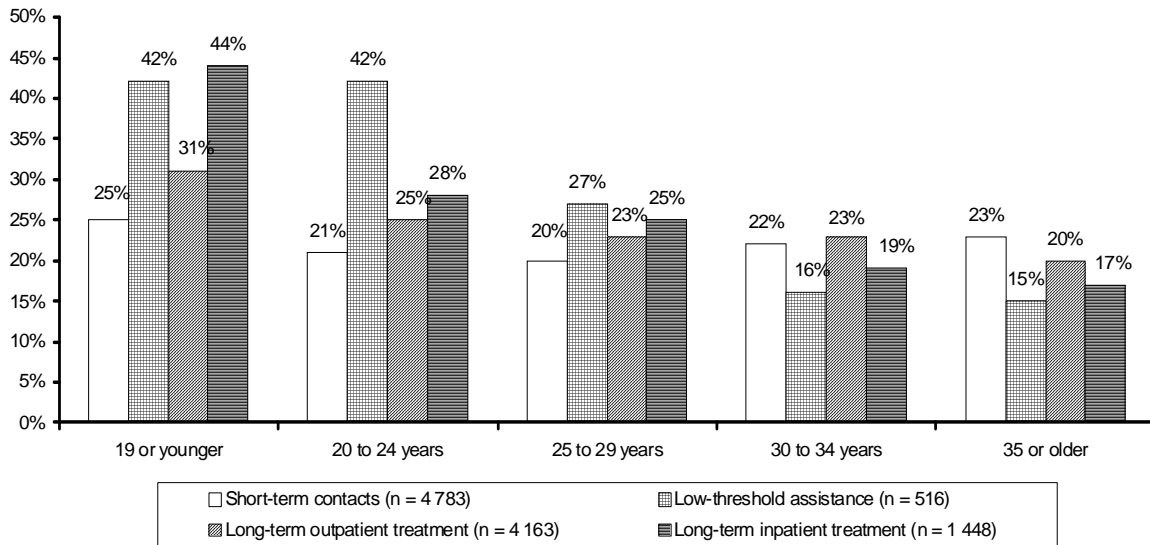
Figure 4.2: Number of people starting drug-specific treatment or assistance in 2007, by age and type of service



Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007, representation by GÖG/ÖBIG

In all settings analysed, the share of women is between 20% and 30%. This roughly corresponds to past experience (e.g. gender distribution regarding patients undergoing substitution treatment – see below – and drug-related deaths; see Chapter 6.1) and primarily seems to reflect the gender distribution with regard to problem users of illicit drugs. Generally speaking (with the exception of short-term contacts) the share of women in people receiving treatment tends to go down with rising age (see Figure 4.3). This situation also shows in the data on substitution treatment and drug-related deaths and corresponds to experience reported from the majority of countries in the European Union (EMCDDA 2007). In addition, the DOKLI system reveals that women are younger at the time of first use of most substances and also start injecting drugs slightly earlier than men (see below). These data are confirmed by studies and analyses of recent years, according to which women begin to show problem patterns of drug use at a younger age but also seem to give up this type of use earlier, which, for instance, may be due to greater problem awareness or pregnancy (EMCDDA 2007, GÖG/ÖBIG 2007a, Haas 2005).

Figure 4.3: Share of women in persons starting drug-specific treatment or assistance in 2007, by age and type of service



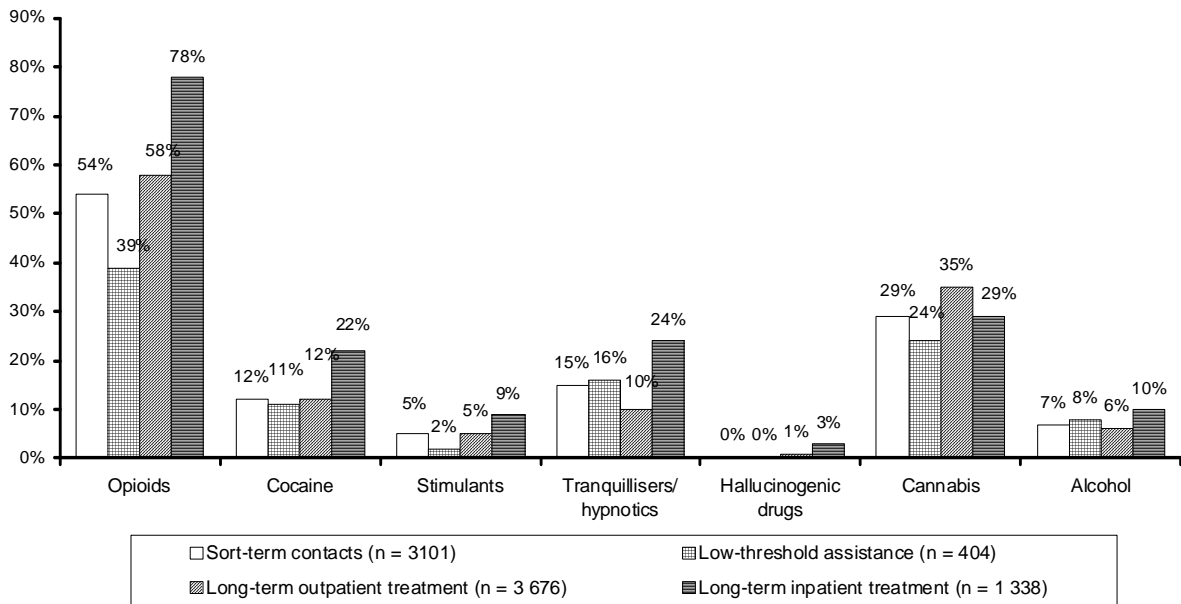
Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

In sum, approximately half of the clients are undergoing substitution treatment when they turn to a drug help centre (except short-term contacts, for which this aspect is not documented). Substitution treatments that are started in the course of clients' contacts to the drug help centre have not been registered, and the share of substitution patients is rising with age of clients.

In the field of conventional treatment (long-term outpatient or inpatient therapy), opioids predominate as primary drugs<sup>24</sup>. Cocaine only plays a marginal role as a primary drug (see Figure 4.4 and Table A28 in Annex A). This shows that in Austria, different to a number of other countries of the European Union, opioids (continue to) play a central role in the context of drug use relevant for treatment (see, e.g., EMCDDA 2007). Depending on the treatment setting, the share of cannabis as a primary drug is between 24% and 35%. However, this can be qualified due to the fact that a fairly high percentage of persons are referred to compulsory treatment because of use of cannabis as their sole primary drug. For instance, this applies to 66% of clients undergoing long-term outpatient treatment.

<sup>24</sup> For compiling the DOKLI case history, clients are first asked which drugs they have ever taken. Then the drugs mentioned are classified according to current patterns of use, as primary drugs, additional drugs, drugs only taken in the context of experimental use and drugs not relevant for treatment. The primary drug is the drug which causes the greatest problems from the personal point of view of the client. Here, problems – on the basis of ICD 10 – are understood as psychosocial and health-related problems and not solely legal problem situations. As a rule, the primary drug also is the drug because of which the client has started the current treatment. If a client cannot decide which drug is their primary drug, several drugs may be named. Additional drugs are drugs which the client has used in addition to the primary drug in the past six months and which also constitute a problem for the client. Experimental drug use refers to intermittent use of the corresponding drug in the past six months without harmful use or manifest addiction problems. Drug use not relevant for treatment means that the drug in question has occasionally been taken for more than half a year but no harmful use or manifest addiction problems show, or that the drug was used in the past but not during the six-month period preceding treatment (GÖG/ÖBIG 2008a).

Figure 4.4: People starting drug-related treatment or assistance in 2007, by primary drug and type of service

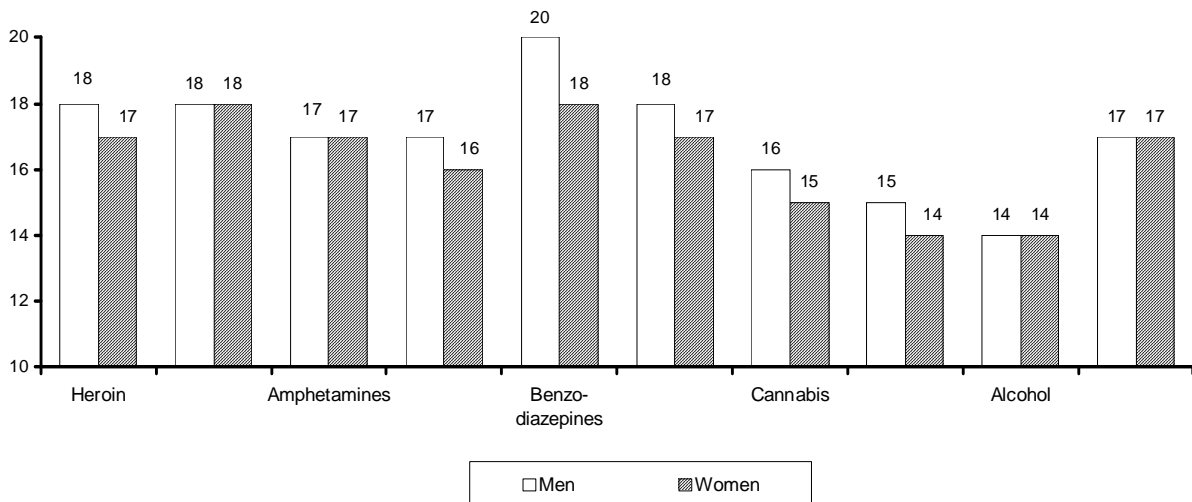


Note: Multiple answers were permitted

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

Only few gender-specific differences regarding primary drugs were found. In long-term inpatient and outpatient settings, women name opioids as primary drugs more frequently and cannabis less often than men. With rising age, opioids, cocaine and tranquillisers/hypnotics are indicated as primary drugs increasingly often – with the exception of inpatient treatment settings. Cannabis, on the other hand, is named less often by older clients in all settings.

Figure 4.5: Age of first drug use (median) of persons starting long-term outpatient treatment or assistance in 2007, by substance and gender



Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

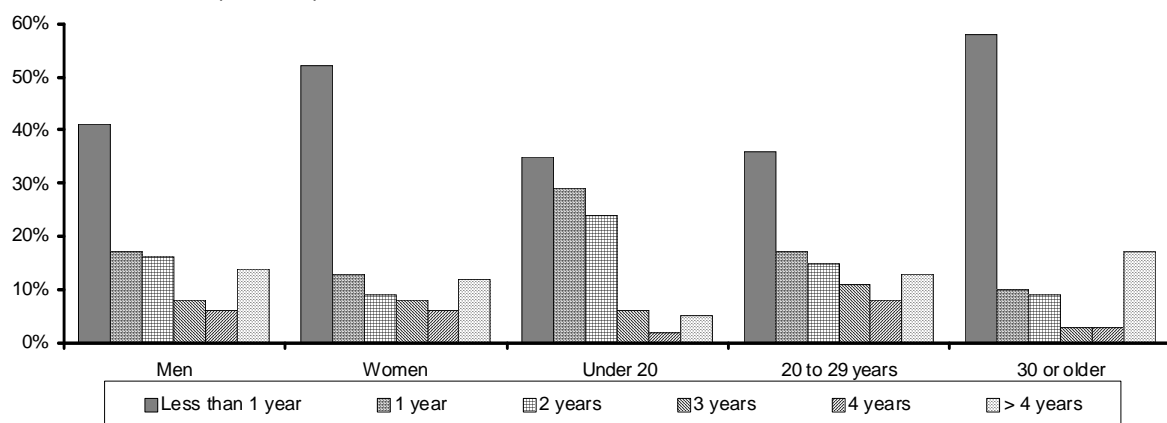


Further information on age of first use and predominant form of administration is available only for clients undergoing long-term outpatient and inpatient treatment. The median age of first use has shown to be between 17 and 20 years with regard to the majority of drugs. It is lower only in the case of cannabis (15 years), solvents/inhalants (15 years) and alcohol (14 years). A consistent tendency compared to the results regarding intravenous drug use (see above) is that as a rule women are one year younger than men when they use drugs for the first time (see Figure 4.5).

The focal issue chapter of this year's DOKLI report (GÖG/ÖBIG 2008a) deals with injecting drug use. The shares of persons who inject drugs (related to lifetime use) significantly differ in the individual settings (short-term contacts: 49%; low-threshold assistance: 68%; long-term outpatient treatment: 44%; inpatient treatment: 76%; see Table A28 in Annex A). Among patients receiving long-term outpatient treatments the share of women injecting drugs (55%) has already exceeded the share of men (40%). As a rule, the percentage of injecting users rises with age. In long-term outpatient or inpatient treatment as well as low-threshold settings, the share of women who started to inject drugs before the age of 20 is higher than the corresponding share of men (e.g., long-term outpatient treatment: 60% v. 52%). Thus, women obviously start to inject drugs at an earlier age. This is confirmed by other data and analyses from data monitoring and might possibly be explained by the fact that girls are ahead of boys in their development during adolescence (see ÖBIG 2005, Haas 2005).

As reported already last year a considerable share of people who use heroin as their primary drug indicate not injecting but snorting as their main form of use. This share declines with rising age of clients, however (see Table A29 in Annex A). A possible explanation for this is that in the course of the drug career, users tend to turn to intravenous administration. An analysis of differences between age of first heroin use and age of first intravenous use (see Figure 4.6) corroborates this hypothesis at least for a part of clients of the Austrian drug help centres.

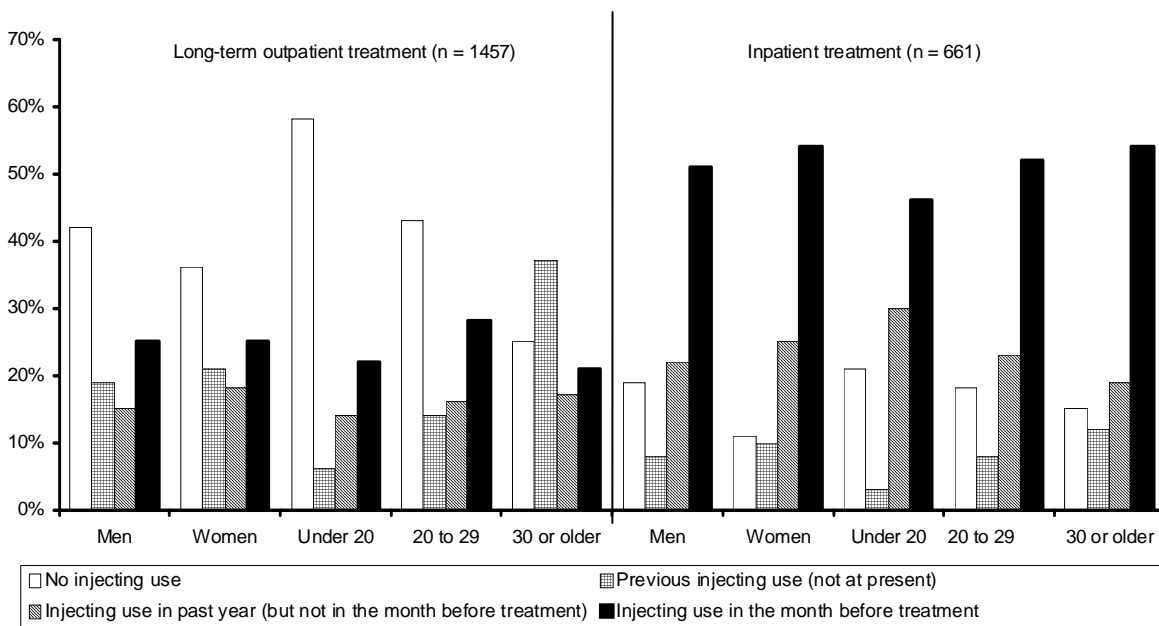
Figure 4.6: Time span between age of first use of heroin and age of first intravenous use among people with heroin as their primary drug who started long-term outpatient treatment in 2007 (n = 785)



Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

This shows that a significant share of clients undergoing treatment because of heroin use as a primary drug and who have injected the drug at some time in life, during the initial stage of heroin use did not administer it intravenously. The fact that in the age group over 29 years a higher share of people started to use heroin at the same time as intravenous use (outpatient settings: 58% v. 36% among clients younger than 20) seems to indicate either that in the past more people started to inject heroin from the start or that such people have more severe drug problems and therefore stay in the drug help system for a longer time. Another analysis presented in the context of the DOKLI focal issue chapter of 2008 shows that in outpatient settings, the share of persons who had never injected heroin was 58% among clients under 20 who indicated this substance as their primary drug, compared to only 25% in the group over 29 (see Figure 4.7). The fact that around one out of four clients over 29 in the outpatient treatment sector have never injected drugs points to the conclusion that part of people addicted to heroin successfully avoid a development towards injecting use (at least for a considerable period of time). This result is relevant with regard to possible harm reduction measures aimed at preventing developments towards injecting forms of use, which involve a considerably higher risk.

Figure 4.7: Injecting drug use among clients with heroin as their primary drug undergoing long-term inpatient or outpatient treatment, by age and gender



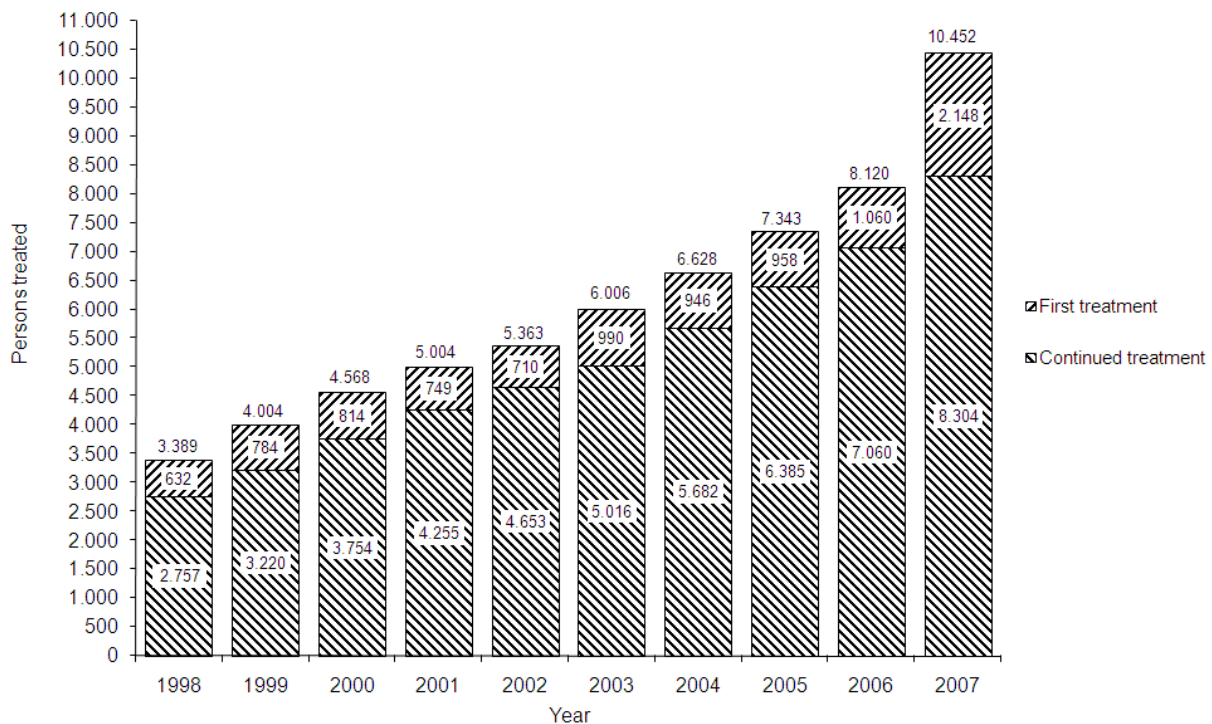
Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

The national monitoring of substitution treatment is performed by the BMGFJ and based on the reports of attending doctors. Although these reports are not always complete and frequently not provided in due time (see ÖBIG 2003), they still give a general impression of both quantitative developments and characteristics of clients (see ST3). A significant deficit re-

garding data quality is the problem of ghost cases<sup>25</sup>. In order to get this problem under control, the BMGFJ started comprehensive correction routines in 2007, based on enquiries to attending doctors. In addition, the amendment to the Narcotic Drugs Decree (see Chapter 5.3 and GÖG/ÖBIG 2007b), which entered into force on 1 March 2007, is also likely to have improved reporting practices considerably.

As a result of these corrections and new developments, a number of differences compared to the figures reported in previous years have shown. The rise in the number of treatments registered and in particular of first treatments from 2006 to 2007 may have been caused by the increased coverage of cases.

Figure 4.8: Development of annual reports of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment, 1998–2007



Note: **Continued treatment** means treatment started before the respective year or repeated treatment of persons already having undergone substitution treatment in the past. **First treatment** means treatment of persons who have never been in substitution treatment before. Any differences to the figures given in previous years (GÖG/ÖBIG 2006) result from corrections on the part of the BMGFJ.

Sources: BMGFJ, calculations by GÖG/ÖBIG

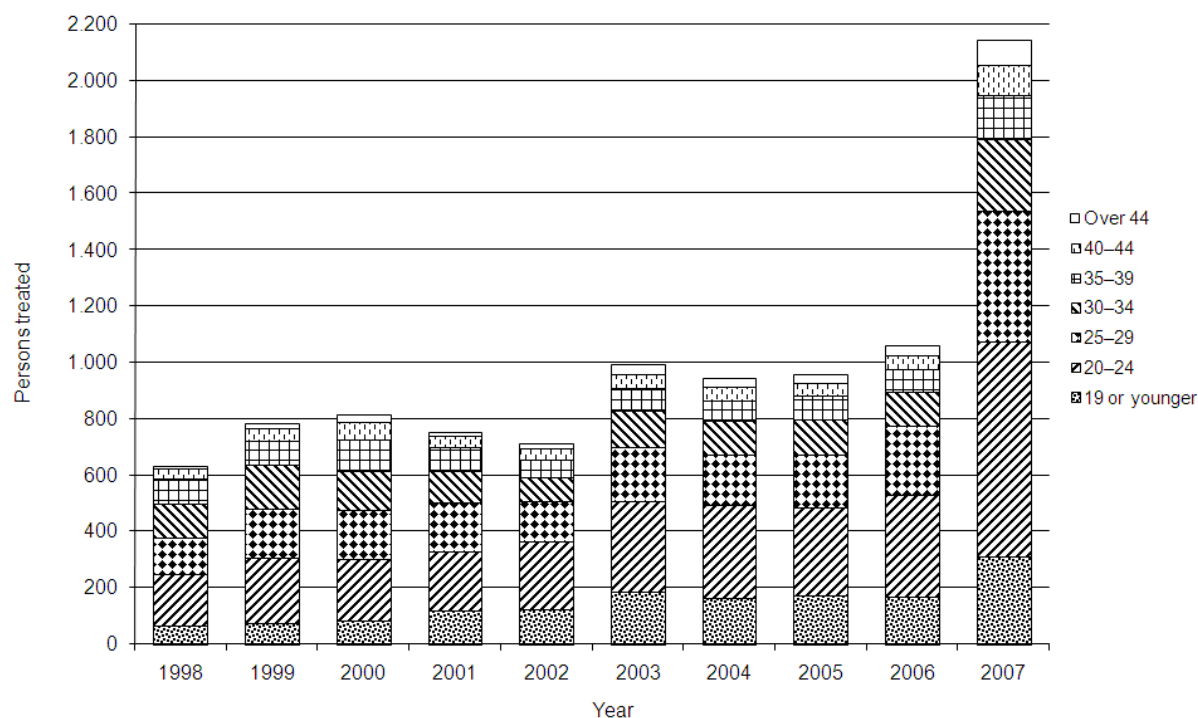
The growing acceptance of and readiness to undergo substitution treatment is reflected in the annually rising number of persons reported as currently receiving substitution treatment (see Fig. 4.8).

As Figure 4.9 shows, the rise in first treatments in the last few years has primarily been accounted for by the groups up to age 19 and between 20 and 24 years. 2007 is a massive outlier in this respect as the number of persons treated has doubled in almost all age groups

<sup>25</sup> If the end of treatment is not reported, the corresponding clients appear in the statistics as people currently undergoing treatment also in the years after the actual end of treatment (= ghost cases) (for details see GÖG/ÖBIG 2006).

(which indicates better coverage). An interpretation of this development cannot be given at present because it is impossible to estimate to which extent treatments that had been started earlier were subsequently reported in 2007 and therefore incorrectly entered as first treatments in the substitution registry. In 2007, as in previous years, the share of women in first treatments is approximately one out of four. Further analyses according to age and province would not make here because of the change in coverage. A list of registered first treatments by province is given in Table A21 in Annex A.

Figure 4.9: First substitution treatment in life, by age, 1998–2007



Sources: BMGFJ, GÖG/calculations by ÖBIG

### 4.3 PDUs from non-treatment sources

Salzburg (Drogenkoordination des Landes Salzburg 2008) provided analyses of patterns of use among persons examined according to Section 12 of the SMG<sup>26</sup>. As in the previous year use of cannabis predominates in this group of persons (91% out of 459 examinations). 17% of examinations was related to use of cocaine, 15% to ecstasy, 13% to opioids, 10% to speed and 2% to hallucinogenic drugs. 68% of examinations was carried out because of use of one substance, 20% resulted from use of two substances and 12% from three or more substances. Regarding persons showing patterns of problem drug use in the party scene and with recreational use see Chapter 2.3.

<sup>26</sup> Persons who, because of a reasonable suspicion of drug abuse and who, after a report to the police, information by a head of school, a military agency or driving licence authority, were medically examined with regard to the need for undergoing a health-related measure.

Lower Austria reports increases in the use of GBL (gamma butyrolactone) in the techno scene. GBL is a solvent which, for instance, is used for removing graffiti and is not prohibited under the Narcotic Substances Act. It is taken orally and converts into GHB in the body (Sicherheitsdirektion NÖ, personal communication).

## 5 Drug-related Treatment

Austria attributes great importance to the 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. The aim of this development has been to take into account to a greater extent individual needs and the patients' situation in life. This also means that a variety of substitution substances may be 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 (see Chapter 4.2).

Drug-specific counselling, care and treatment services are provided both by specialised centres and in the context of the general health care system (e.g., psychiatric hospitals, psycho-social services, established physicians). These services, primarily in the outpatient sector but increasingly often also for inpatients, include both measures oriented towards drug-free treatment and substitution treatment. As the general aim is to build a comprehensive treatment and care network, most service providers also organise 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). For an overview of available drug help services please consult ST24, SQ27 and the Addiction Help Compass<sup>27</sup>. In addition, the web sites as well as the annual reports and newsletters of the individual centres, ÖBIG's previous reports and the Best practice portal of the EMCDDA (see Bibliography) also give detailed descriptions of these services.

The services provided in the fields of addiction counselling and treatment have also tended to be expanded to include legal drugs as well as forms of addiction not linked to substances, and complementing programmes to this effect have been started, e.g., nicotine-free programmes and counselling for gambling addicts.

### 5.1 Treatment system

Austria has an almost nationwide network of drug-related counselling, care and treatment centres (see Maps 5.1 and 5.2). A total of almost 200 specialised centres provide inpatient and outpatient treatment or counselling related to addiction and illicit substances (investigations by GÖG/ÖBIG). The inpatient programmes are open to people from all over Austria and also from abroad. Their capacities have continually been expanded but are insufficient nevertheless. This is reflected in waiting lists and in waiting times which, depending on region and service provider, may be up to five weeks for the first counselling talk, up to eight weeks for admission to therapy and up to six months for withdrawal treatment<sup>28</sup>. Problems regarding capacities and funding are also reported by a number of provinces (Lower Austria, Styria, Vorarlberg, Carinthia, Salzburg). This is attributed to factors such as lengthy

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<sup>27</sup> <http://suchthilfekompass.oebig.at>

<sup>28</sup> See, e.g., [www.bas.at](http://www.bas.at) (22 Jan. 2008 , 15 July 2008)

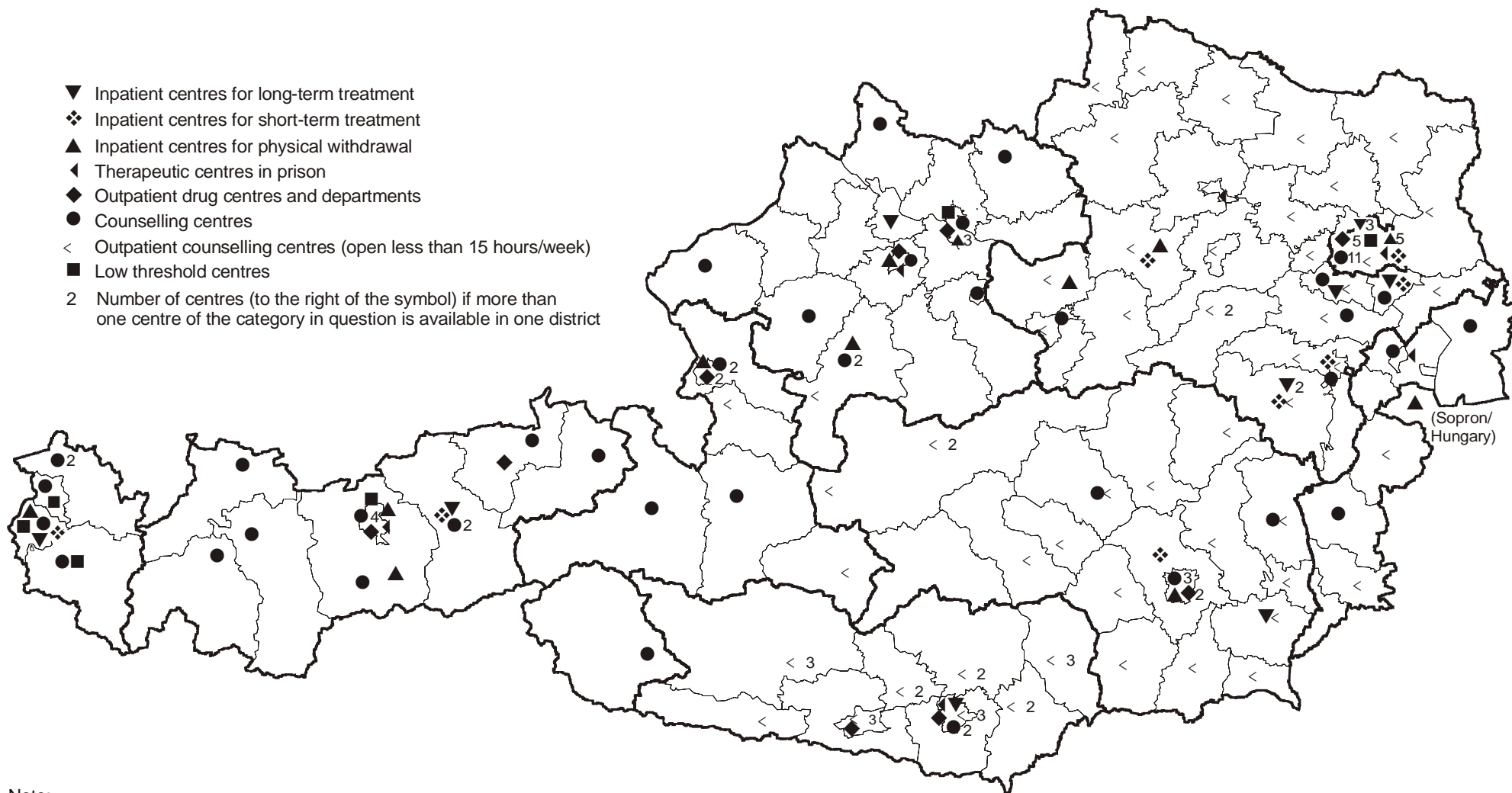
authorisation procedures for new counselling centres according to Section 15 of the Narcotic Substances Act and lack of cooperation agreements with the Ministry of Justice regarding services for imprisoned clients<sup>29</sup> (Hörhan, personal communication). Other reasons mentioned include frequent changes of subject matters regarding addiction diseases (Amt der Steiermärkischen Landesregierung 2008), growing numbers of clients in need of intensive services and the great caseload of addiction clinics resulting from an increase in substitution treatments (Drogenkoordination des Landes Salzburg 2008). Experts from Carinthia, Salzburg, Vienna and Vorarlberg report insufficient withdrawal bed capacities. A programme in this field has already been planned for Vorarlberg and now ways of implementation are examined. According to Chill out, the Tyrol needs withdrawal and therapy places for young people that are available at short notice (kontakt & co 2008a). In addition, the district of Bregenz (Vorarlberg) reports demand for low-threshold services, and in Carinthia the psychosocial centres of Spittal/Drau and Völkermarkt has indicated both need for counselling services that specifically focus on drugs and under-capacities regarding medical services in the addiction clinics (Amt der Kärntner Landesregierung 2008). In addition, practical experience has shown that young people who suffer severe trauma and have massive problems building relationships, as well as parents of young children, need alternatives to inpatient drug-free treatment programmes. Other demands indicated by experts in order to improve the treatment system include the expansion and increased diversification of outpatient services, structures for outreach aftercare services and better integration of gender aspects in all fields.

In order to reduce the existing deficits new services have continually been established. In Lower Austria three new counselling centres were opened in the reporting period (Schwechat: December 2007; Krems: March 2008; Mödling: April 2008), and in the hospital of Amstetten/Mauer, building works for a new drug withdrawal department were started (Hörhan, personal communication). The Anton Proksch Institute (API) also began to build a new withdrawal department (see GÖG/ÖBIG 2007b), which in future will be used not only for withdrawal treatment and preparation for long-term therapy but also for partial inpatient withdrawal, partial withdrawal and inpatient stabilisation in the context of crisis intervention (API 2008). This will also make it necessary to expand the treatment services of Treffpunkt, a specialised outpatient clinic. In addition, the Youth Welfare Department and Health Department of the City of Graz, in cooperation with the Paediatric Hospital, prepared a new information booklet on substitution and childbirth targeting women addicted to drugs.

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<sup>29</sup> [www.apa.at](http://www.apa.at) (21 Feb. 2008)

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



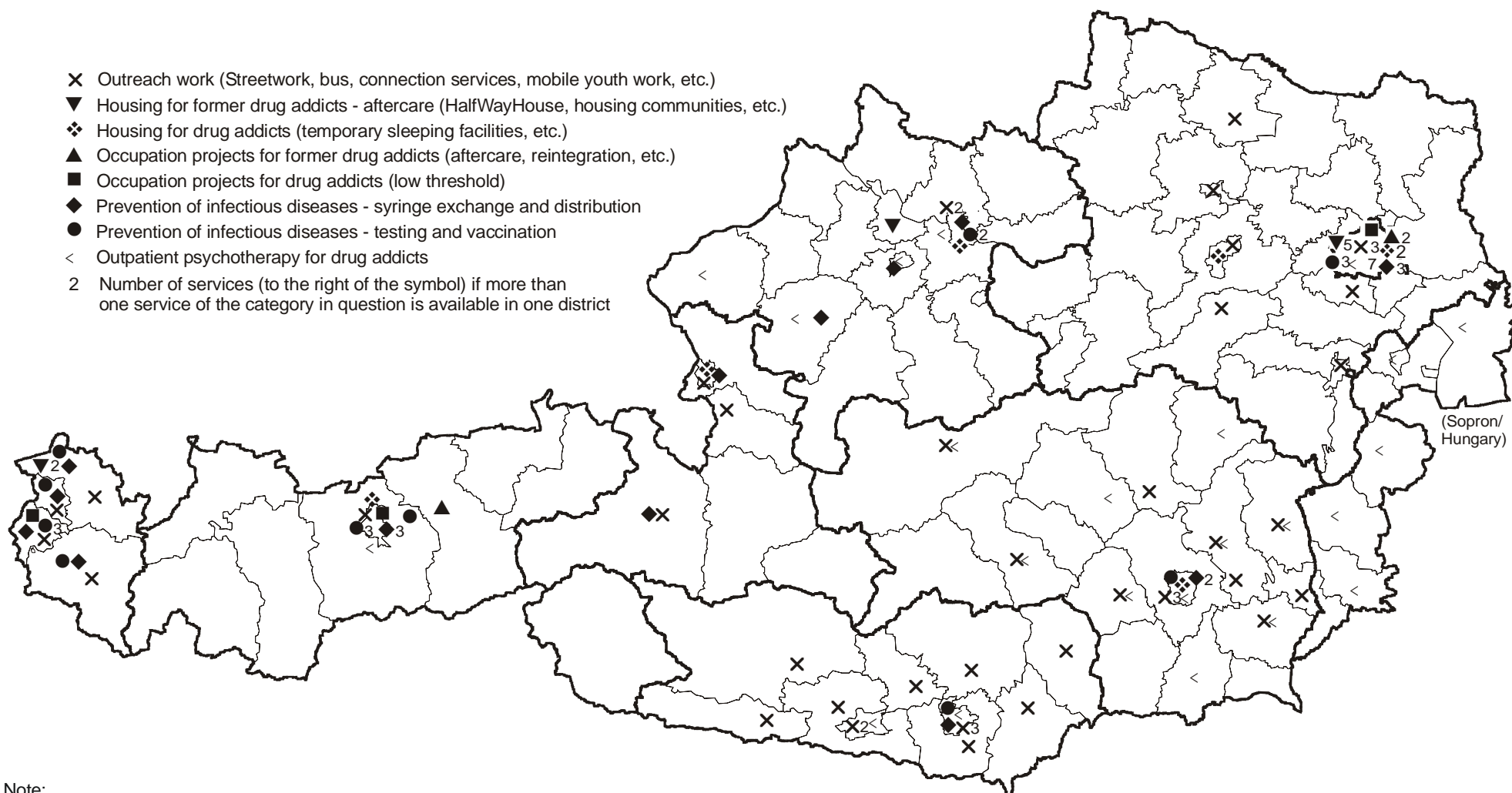
Note:

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: GÖG/ÖBIG - based on information by the Drug Coordinators and Addiction Coordinators, as of August 2008



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: GÖG/ÖBIG - based on information by the Drug Coordinators and Addiction Coordinators, as of August 2008

A number of efforts have been taken so that the available treatment and counselling services are more specifically oriented towards certain target groups. The majority of these activities address young people showing high-risk patterns of use. Vienna's Dialog 10 centre now has special opening hours for young people, and part of the team specialises in this group of clients. It is regarded as very important to provide counselling services also beyond the 18th birthday (for another 1 to 2 years) because during this stage in life, young people or young adults typically face massive breaks in relationships as the support and counselling structures of the City's Youth and Family Offices are no longer available and the support structures for adults are inadequate for this target group. In addition, this is an age where many new duties have to be taken over, which in sum may be too much for the young people to cope and consequently could trigger overdosing (Dialog 2008). While it is agreed that the Drug Counselling Centre of the Province of Styria fulfils an important function as a resource and provider of information and orientation for drug users as well as experts, it has also been pointed out that it would be sensible to intensify public relations activities in order to promote its services for experts in the field of youth help (Riesenhuber (2007). It has not been regarded as necessary to expand the existing drug counselling structures in order to address the specific group of young people because services for this group come under the remit of the youth help agencies. An exception to this rule concerns addicted young people with high-risk patterns of use, services for whom will be provided by addiction help centres. As a consequence, in mid-2007 a new service specifically oriented towards the social environment of young people and young adults with high-risk use patterns was established at the Drug Counselling Centre (see Chapter 3.3). These young people will be supported by special support persons with a specific focus who provide help in everyday situations in life or ensure that help is available (Drogenberatung des Landes Steiermark 2008). An essential requirement for these services is orientation towards existing resources and problem solution as well as individual approaches to the young clients. The B.I.T. drug addiction counselling association also intensified its services for young at-risk groups and has taken the steps to enhance the practical availability of services (B.I.T. 2008). In addition, intensified services have also been offered to drug users in the age group over 40 years, some of whom have obtained substitution treatment for a very long time. Since April 2008, the Dialog association, under the slogan Beyond the Line, has organised informal weekly open-access conversation platforms for cocaine users (Dialog 2008). In the context of the Mending Nets II project of the St. Pölten College a special information leaflet for relatives of drug users was published early in 2008 (Hörhan, personal communication). 50 000 copies were disseminated as supplements to the daily paper Kurier of 24 February 2008 in order to inform the population of Lower Austria about the existing drug help network.

In the reporting period Styria's b.a.s. Society for Addiction Matters placed a particular focus on the discussion of the theme of illicit drugs (b.a.s. 2008). In addition to an internal meeting for therapeutic staff and a discussion event on addiction treatment between utopia and reality, which addressed experts, a mailing for the general public was prepared, entitled Substitution – Intoxication on Prescription, as well as a leaflet on opiate withdrawal at home, which targeted parents of drug-using children. In November 2007, a conference on addiction help services was held in Styria, under the heading Delimitation – Boundlessness – Crossing Borders – Boundary Lines: Discussing Addiction and Drug Services (Amt der Steiermärk-

ischen Landesregierung 2008). In Vorarlberg, the event *Success in Addiction Therapy: Fact or Fiction?* also focused on an exchange of opinions (Stiftung Maria Ebene 2008a).

In both Vorarlberg and Styria it has been criticised that the existing documentation systems are of limited use only for a comprehensive evaluation of addiction help services, which results in control deficits (Landes-Rechnungshof Vorarlberg 2007; Amt der Steiermärkischen Landesregierung 2008). In Styria, it has therefore been demanded that a provincial uniform documentation system of services performed with regard to all types of addiction is established and that parallel to this the necessary resources are made available. In addition, it is regarded as reasonable to have the structure of existing services evaluated by external experts. In this way, the drug help services provided could more precisely be oriented towards the needs of drug patients and negative selection effects could be offset. Another step in this direction has been to draw up an addiction policy programme, to be completed by the end of 2008. A psychiatry plan that includes the subject of addiction is under preparation as well. According to Vorarlberg's Court of Audit, the amended legal basis (see Chapter 1.2) has created the basis for work procedures oriented towards effectiveness, comparability of services and objective-oriented control (Landes-Rechnungshof Vorarlberg 2007). The reforms relating to the range of products will ensure that in future the existing services may be compared to each other and evaluated. As this means that consistent data will be collected, the Social Fund will be able to control and plan services for addiction patients.

## 5.2 Drug-free treatment

No relevant changes took place regarding the framework of drug-free treatment. Withdrawal treatment is primarily carried out in inpatient departments, but more and more often also in outpatient settings. The trend towards more flexible programmes of differing duration has continued further. Maria Ebene Foundation (Stiftung Maria Ebene 2008a) reports a development towards shorter stays in hospital as crisis intervention and short-term stabilisation treatment are increasingly often required. In this way, relapses may be stopped and crises overcome, and as a result long-term treatment may be avoided. The treatment approach of Maria Ebene Hospital had to be modified because an increasing number of clients had been diagnosed to suffer from several types of addiction simultaneously, and in particular young people increasingly often also showed non-substance addictions. Maria Ebene's addiction medicine outpatient clinic registered a significant increase in clients coming in the evening and during weekends. The experience of the Walkabout therapy department has shown that preparatory services and motivation inputs as well as aftercare services that are clearly outlined in the treatment plan significantly reduce dropout shares and improve the effect of treatment (Amt der Steiermärkischen Landesregierung 2008). Relapse management assistance offered in the context of outpatient aftercare has also shown to be of great importance. The new services provided by API's withdrawal department include psycho-education groups that aim at promoting compliance and healthy patterns of behaviour and to reduce the probability of relapses, and also body awareness groups and a music workshop for music therapy (API 2008). In future the drug-free short-term treatment programme will take place at the location of the long-term therapy department at Mödling, Lower Austria, which will require modifications in programme structures and organisation.

The Lukasfeld therapy department has seen rising shares of young people undergoing treatment, who tend to be less stable and have less emotional stamina, and as a consequence, smaller numbers of patients have completed the regular treatment programme (Stiftung Maria Ebene 2008a). On the other hand, the flat-sharing approach has shown very good results among people who are ready to start a long-term process. Eventually, a theatre project was started in 2007. In the reporting period the Carina therapy department was evaluated on the basis of a model developed in the past three years for clinical psychology documentation and evaluation of inpatient withdrawal treatment programmes (Stiftung Maria Ebene 2008b). This model includes a standardised admission diagnosis and a discharge diagnosis as well as a catamnestic interview after one year<sup>30</sup>. While the strict daily and weekly structures were criticised, they were nevertheless regarded as essential for the success of therapy. Especially positive results are that the patients' drug-free competencies and quality of life could significantly be improved and that a highly significant reduction of subjective feelings of psychological and physical distress was achieved. However, approximately one out of three patients said that the atmosphere in the group was unpleasant or not positive, and around one out of five hardly attended the complementing treatment modules such as yoga sessions. The first catamnestic interview<sup>31</sup> (Stiftung Maria Ebene 2008c) showed that women successfully completed therapy more often than men (83% v. 68%), which is also attributed to needs for protection because of traumatising experience that has to be taken into account. The share of abstinence from illicit drugs one year after completion of therapy was 88% among all people who were available; and if alcohol is included as well, this share goes down to 45%. A large part of former patients said that their personal quality of life one year after treatment was considerably better than at the start of therapy (more than 70%) and that they had availed themselves of the aftercare services (almost 80%). 49% were of the opinion that the duration of treatment was exactly right while 46% said that it was too short.

In the context of the ASBO Interreg-III-A-Project (acute treatment of addition patients in the Bodensee region; see GÖG/ÖBIG 2006), transboundary structures were established to ensure good cooperation, and in the treatment centres of all project partners catamnestic surveys were carried out three months after the completion of therapy. The interviews showed better results regarding abstinence, satisfaction with treatment and success of treatment at Maria Ebene Hospital compared to shorter-term treatments in the other participating institutions<sup>32</sup>. However, these results were qualified in the context of the concluding conference on addiction patients and their occupational and social integration, which was held in Ravensburg in 2008, where it was pointed out that there are a number of differences between the individual institutions, for instance with regard to diagnosing and funding.

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<sup>30</sup> Admission diagnosing takes place between two and four weeks after admission and discharge diagnosing between two and four weeks before the completion of treatment. 36 patients completed the regular treatment programme in 2006 and 35 patients in 2007. The results relate to all persons who completed the regular treatment programme and for whom test results were available (between 23 and 27 persons in most cases).

<sup>31</sup> The catamnestic interviews took place one year after the end of therapy, by means of phone calls. 39 out of 49 people who completed treatment in 2006 were interviewed. One client was readmitted to the therapy department in 2007 and consequently was not interviewed.

<sup>32</sup> [www.mariaebene.at](http://www.mariaebene.at) (31 July 2008)

### 5.3 Pharmacologically assisted treatment

Pharmacologically assisted treatment is primarily found in the context of withdrawal and substitution treatment. Regarding withdrawal treatment, apart from a few changes in the provision structure (see Chapter 5.1) no new information has been available.

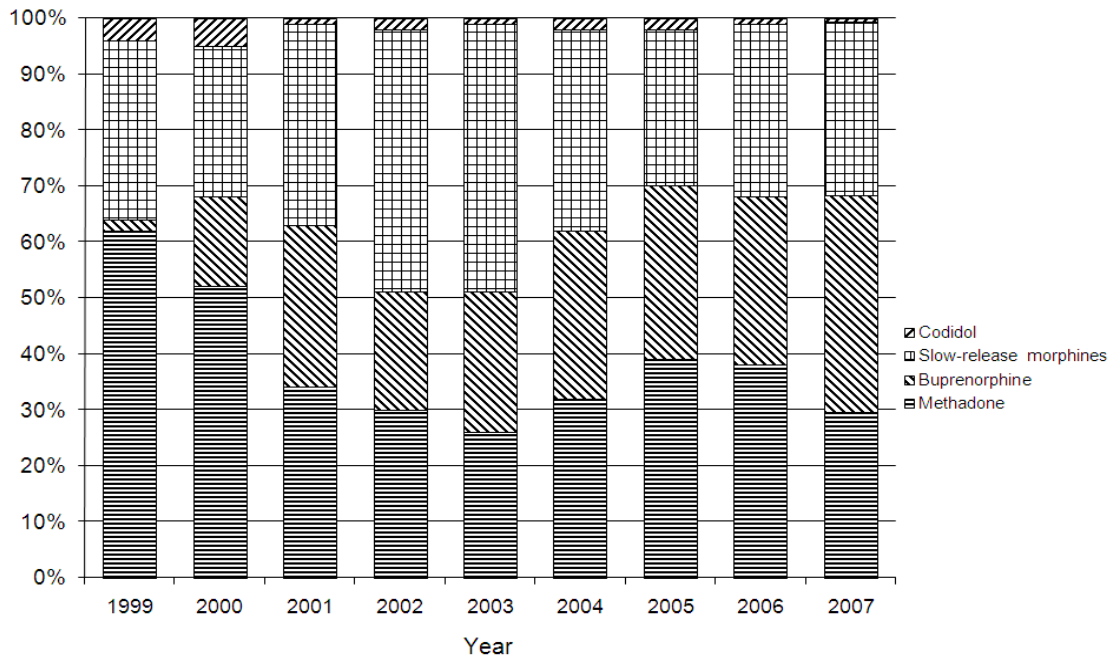
The provincial expert commissions that had to be established according to the new legal framework of substitution treatment (see GÖG/ÖBIG 2007b) and which are in charge of error management at provincial level were convoked in all provinces. At federal level, the committee to be established is a quality assurance commission for addiction diseases at the Superior Public Health Council. A working group of the Federal Drug Forum convoked in April 2008 participates in the scheduled evaluation of the decrees concerning substitution. In autumn 2008, based on the corresponding report, decisions on any amendments will be taken.

From the point of view of the Health Ministry, so far the effects of the decrees have been described in two very general short reports from two provinces (Pietsch, personal communication). According to the provinces and individual service providers, the decline in established physicians providing substitution treatment which was described already in the previous year has been confirmed (Carinthia, Lower Austria, Styria, Tyrol, Upper Austria), which in part resulted in bottlenecks. In some cases, addiction clinics or counselling centres stepped in, and this in turn led to capacity problems in their field (see Chapter 5.1). In order to counteract the tendency towards bottlenecks in supply, on the one hand negotiations were started to permit a performance-oriented remuneration of substituting physicians (Lower Austria, Salzburg) or have already been concluded (Tyrol, Upper Austria). On the other hand, the service sector is being expanded (see Chapter 5.1). For instance, in Salzburg two counselling centres were adapted for the provision of substitution therapy in the context of the implementation of the doctor's branch-office model to decentralise treatment (see ÖBIG 2005, GÖG/ÖBIG 2006). In Vienna, due to its special status as a large city, the treatment situation has traditionally been relatively good. Regarding the regulations for dispensing to patients several daily doses of substitution substances at once, both positive and negative responses have been registered. For instance, according to the Dialog association the cooperation with public health officers has been good but on the other hand, the situation has deteriorated for substitution patients who hold jobs and for mothers of small children because for them it is often difficult to reconcile with child care obligations the requirement to go to the pharmacy every day (Dialog 2008). In about 10 cases in which problems regarding substitution treatment were reported, the Ministry of Health had further examinations carried out or gave information on regulations for the administration of substitution medicines and for dispensing several daily doses of substitution substance to patients (Pietsch, personal communication).

The nationwide data on reports of first treatment (see Chapter 4.2) indicate a considerable increase in the prescription of buprenorphine (2007: 38%) paralleled by a decline in the administration of methadone (2007: 30%), while prescriptions of slow-release morphines and codeine have remained at the level of the previous year (2007: 31% and 1%, respectively; see Figure 5.1). As in the year before, the analyses of DOKLI data (see Chapters 4.1 and 4.2) show a different picture: according to DOKLI, slow-release morphines are prescribed most often (46% of long-term outpatient clients; 62% of clients receiving low-threshold assistance and 65% of persons undergoing long-term inpatient treatment), followed by methadone

(20% to 25% of substitution patients) and buprenorphine (only between 10% and 21%) (GÖG/ÖBIG 2008). While buprenorphine tends to be prescribed to patients in the youngest age group (under 20), methadone and slow-release morphines are especially often provided to the group over 29 years. However, as explained in the report of last year, a comparison of these data is possible to a limited extent only (see GÖG/ÖBIG 2007b). Methadone is the substance that is most often prescribed to prison inmates: in 2007, 50% of these patients was administered methadone; 35%, slow-release morphines; 14%, buprenorphine; and 1%, other substitution substances (Kahl, personal communication).

Figure 5.1: Development regarding kind of substitution substance used for first treatment, 1999–2007



Source: BMGFJ, calculations by GÖG/ÖBIG; representation by GÖG/ÖBIG

In the context of the 3rd EAAT Conference Suboxone, a combined preparation, was recommended as an additional substance in the range of substitution medicines. As this product combines buprenorphine and naxolone this should significantly reduce misuse<sup>33,34</sup>. Suboxone was included in the reimbursement list of the Main Association of Austrian Social Insurance Institutions early in 2008, and inclusion in the corresponding Decree will soon follow. The Addiction Report of Styria (Amt der Steiermärkischen Landesregierung 2008) recommends diamorphine as a further product to complement the range of substitution substances, for administration to the high-risk group of socially deprived, psychiatrically comorbid injecting drug users who simultaneously take high doses of benzodiazepine. Diamorphine treatment should take place in a tightly closed therapeutic setting. The Federal Drug Coordination is keeping track of the scientific discourse as well as expert statements and political developments regarding different treatment approaches at national and international levels (Pietsch, personal communication).

<sup>33</sup> [www.drogensubstitution.at](http://www.drogensubstitution.at) (5 May 2008)

<sup>34</sup> [www.drogenhilfe.at](http://www.drogenhilfe.at) (24 July 2008)

The discourse on substitution treatment is continuing, which has been obvious at various events such as the panel discussions on the substitution controversy held in Graz in October 2007 and on drug treatment as an emotional issue, which took place in Bregenz in November 2007, and also at the 11th Substitution Forum at Mondsee in April 2008, and at the 53rd meeting of the Austrian Working Group for Communicative Drug Work (ÖAKDA) in April 2008 in Vienna. The predominant themes include the problem of abuse and restrictions in the freedom of treatment on the part of physicians providing substitution therapy as their experience is underestimated and the possibilities of evidence-based medicine and clinical studies are overrated<sup>35,36</sup>.

A Consensus Statement by the Austrian Society for Neuropharmacology and Biological Psychiatry on the state of the art of treatment of substance-related disorders and psychiatric diseases, in addition to a description of the epidemiology, genesis and clinical manifestations as well as secondary damage, primarily gives recommendations for treatment (ÖGPB 2007): it is stated that substitution treatment is an integral part of addiction therapy and should be provided in combination with general medical and psychiatric care, social therapy and psychotherapy, and it should be initiated and monitored by specialised physicians. The authors state that the risk of abuse may be reduced when the procedures of administration are clearly defined and point to the example of the substitution models of Switzerland.

In 2007 the services provided to substitution patients by the addiction clinic of Klagenfurt (Carinthia) were evaluated (Brunner et al. 2007). A before-and-after comparison<sup>37</sup> showed that already after a short time of treatment the somatic condition of patients as well as their subjective quality of life had improved, whereas their social relationships and their situation in their environment were not regarded to have changed in a positive way. For a majority of patients undergoing substitution treatment<sup>38</sup> improvements in the fields of housing, psychosocial situation, compliance, drug use, psychological and physical condition could be achieved. Still, almost 40% of patients did not indicate a stabilisation with regard to their job or school situations. Therefore, specific measures have to be taken in this field. In addition, intensified motivating activities are also recommended in order to enhance compliance because no improvement was achieved for as many as 14% of patients. Another survey<sup>39</sup> revealed great satisfaction with the treatment among clients, but suggestions for improvements with regard to waiting times and infrastructure were also registered. In the context of the evaluation, also self-evaluation methods were communicated for the purpose of long-term quality assurance, and in cooperation with the interdisciplinary team of the addiction clinic, a profile for the clinic was drawn up.

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<sup>35</sup> [www.drogensubstitution.at](http://www.drogensubstitution.at) (5 May 2008)

<sup>36</sup> [www.oegabs.at](http://www.oegabs.at) (10 June 2008)

<sup>37</sup> The first interview took place at the start of treatment and the second one after four or five months. The patients surveyed were 23 newly admitted persons, but two of them dropped out of the treatment programme and therefore were not included in the results.

<sup>38</sup> For a comprehensive description of all clients, data from the first case history taken for 146 patients were used, who at a fixed date had been undergoing substitution treatment for at least six months. In order to assess the progress of treatment, a random sample of 50 persons was used and the available documents (e.g., treatment records) were analysed qualitatively.

<sup>39</sup> For this purpose 14 people were interviewed who had been undergoing substitution treatment for at least one year. The survey was based on semi-structured guideline interviews. As participation was voluntary and the respondents continued to receive treatment, positively biased results cannot be excluded.

## 6 Health Correlates and Consequences

The Ministry of Health has collected data on drug-related deaths in Austria since 1989. While in recent years a rise in these cases of death has been registered, this trend has not continued in the reporting period.

Infectious diseases are relevant in particular because of the risk of transmission due to intravenous drug use. The available data in this context are based on a few small samples from the treatment sector or low-threshold centres. While the HIV prevalence rate still was around 20% in the early 1990s, it has remained at a low level since then (0% to 4%). The prevalence rate of hepatitis C-Ab has remained around 50%, and in the case of hepatitis B it is below 30%.

Psychiatric comorbidity in the context of drug dependence continues to be a focal theme in Austria. Although no routine data have been collected in this field, many data and reports from the treatment sector are available. These data indicate a high prevalence of psychiatric comorbidity (dual diagnoses) among problem drug users.

### 6.1 Drug-related deaths and mortality of drug users

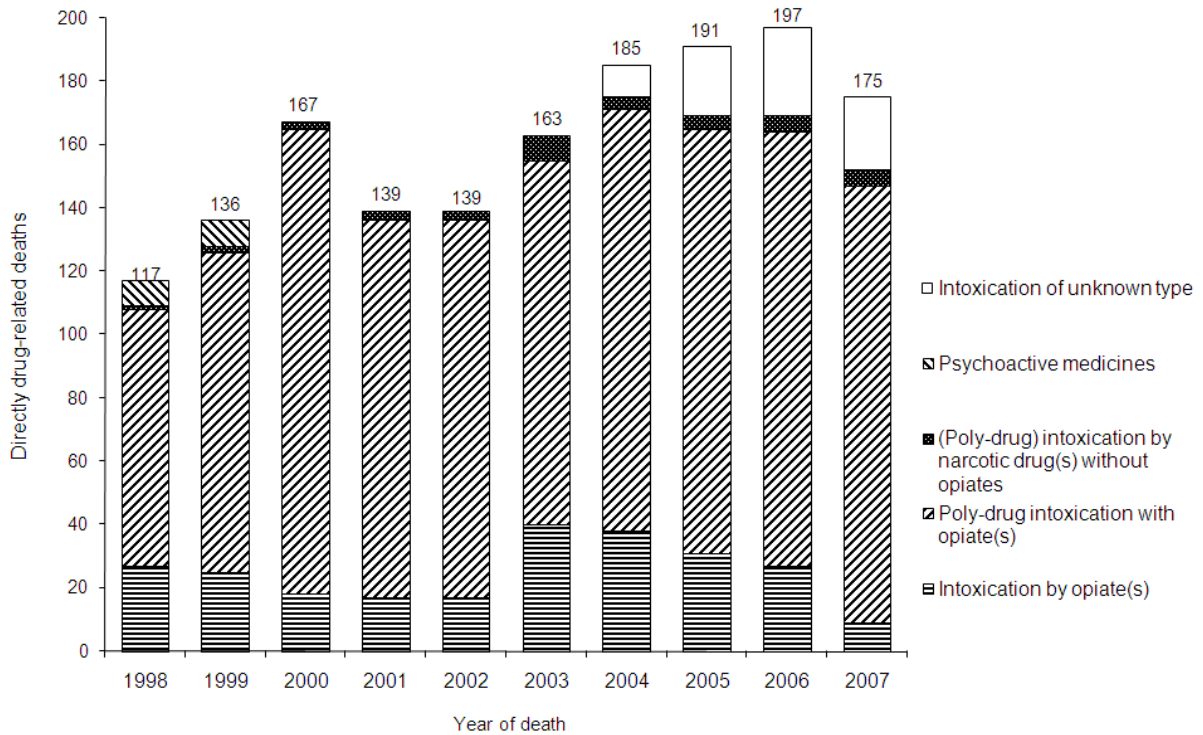
Regarding drug-related deaths, a distinction is made between deaths directly caused by drug use and indirectly related deaths (for details on methodology see GÖG/ÖBIG 2008b). The situation regarding indirectly related deaths is described in Chapter 6.4.

Drug-related deaths are analysed on the basis of autopsies by the courts or the public health police. In 2007, numerous organisational reforms took place at the Department of Forensic Medicine at the Vienna University of Medicine, and as a result, since mid-2007 the majority of autopsies in Vienna has been carried out in hospitals. The share of drug intoxications of unknown nature (i.e., cases in which only immunological pre-tests were performed) corresponds to the percentages of previous years, which indicates that the data quality has not changed.

The number of directly drug-related deaths (intoxications) went down from 197 in 2006 to 175 in 2007 (see Tables A3, A4 and A5 in Annex A, ST5 and STD6; GÖG/ÖBIG 2007b). In 14% of these cases, the toxicological analyses revealed only illicit substances (one drug or a combination of several drugs). In addition, psychoactive substances were also found in 47% of cases, in 14% alcohol was detected as well, and 25%, both substances, i.e., alcohol and psychoactive drugs (see Tables A6 and A7 in Annex A). As in previous years, poly-drug intoxications with opiates clearly predominate (91% of all intoxications with known substances; see Figure 6.1). The share of persons who had exclusively taken opiates (6%) again went down compared to previous years (2004: 22%; 2005: 18%; 2006: 16%). The number of multiple drug intoxications in which only illicit substances were found also declined. Patterns of poly-drug use, where the effects of different substances may be potentiating and thus are difficult to control, continue to be wide-spread and constitute serious health hazards (see Chapter 4).

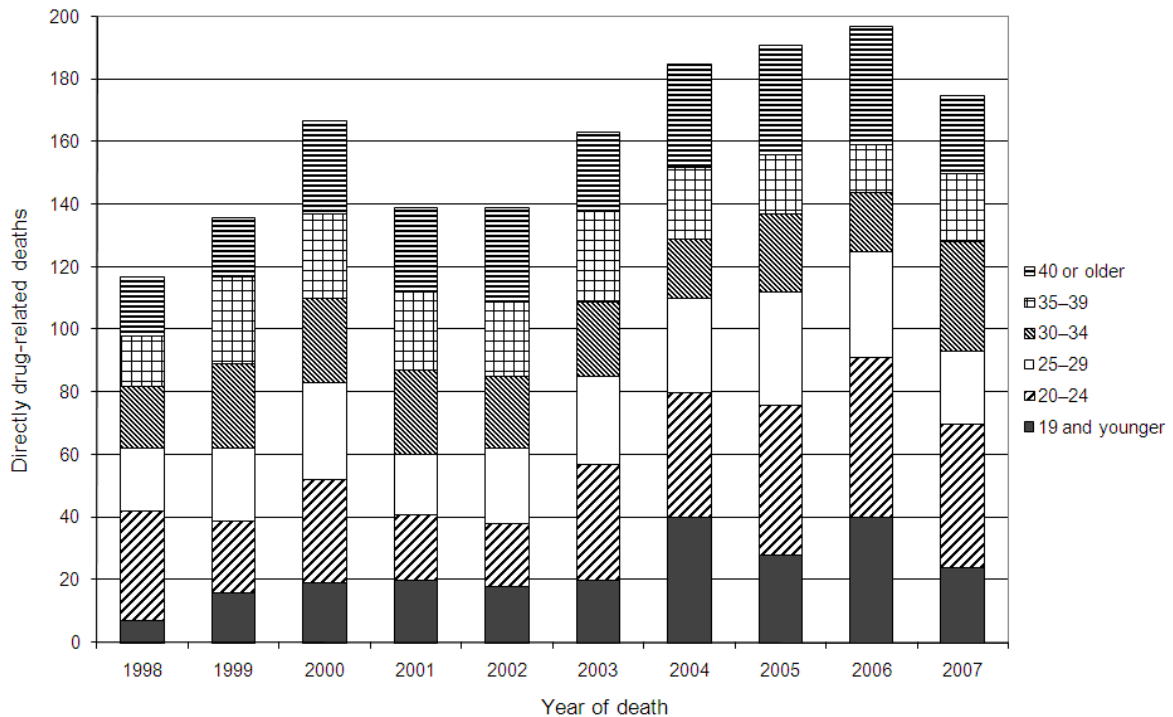


Figure 6.1: Number of directly drug-related deaths in Austria by cause of death, 1998–2007



Source: GÖG/ÖBIG 2007b; representation by GÖG/ÖBIG

Figure 6.2: Age distribution of directly drug-related deaths in Austria, 1998–2007



Source: GÖG/ÖBIG 2007b; representation by GÖG/ÖBIG

The grouped median<sup>40</sup> was 28.3 years in 2007, which is the first rise of the age-related median after a continued downwards trend in previous years (2004: 26.1; 2005: 25.9; 2006: 24.6). The share of persons under 20 (14%) was within the range of previous years (2004: 22%; 2005: 15%; 2006: 20%; see Figure 6.2). The share of persons between 20 and 24 years was 26%, which corresponds to the average of the last few years (2004: 22%; 2005: 25%; 2006: 26%). The share of women in directly drug-related deaths, i.e., 22%, is in line with the long-term average.

In 2007, the greatest number of drug-related deaths was registered in the province of Vienna, which is not surprising as drug problems tend to be more pronounced in and around urban areas. In Vienna, 7.8 cases of directly drug-related deaths per 100 000 inhabitants aged between 15 and 64 were registered in 2007 (see Tables A4 and A7 in Annex A). Vorarlberg ranked second, with 2.8 deaths per 100 000 inhabitants (GÖG/ÖBIG 2008b). Austria's national average was 3.1 drug-related deaths per 100 000 inhabitants in 2007.

Any variations in the number of directly drug-related deaths have to be interpreted with caution because their numbers are small in a statistical sense, and they must not at all be regarded as indicators of the development of the drug situation as such. A reduction in drug-related deaths in one year therefore does not necessarily mean that the situation has become less critical.

## 6.2 Drug-related infectious diseases

The available data for the reporting year provided by low-threshold centres and inpatient treatment institutions (see Table 6.1) point to hepatitis B (HBV) rates ranging from 7% to 22% (2006: 5% to 27%). The hepatitis C antibody (HCV-Ab) prevalence rate of 2007 was between 20% and 63% (2006: 38% to 55%, with the Lukasfeld therapy department (20%) reporting a significant difference to the other prevalence rates. This again points to an HCV-Ab prevalence rate slightly higher than 50%, as already registered in the previous year (see GÖG/ÖBIG 2007b). The drug help centres again report low HIV prevalence rates between 0% and 4%, and the expert opinions on drug-related deaths indicate HIV prevalence rates between 3% and 6% (2006: 4% to 7%).

With regard to hepatitis C, the prevalence rates relating to HVC antibody (HCV-Ab) and HCV-RNA tests have been documented separately by a few drug treatment centres also in the reporting year (see Table 6.1). In view of the considerable differences in HCV-RNA prevalence rates, ranging from 18% at Lukasfeld and 72% in the DOKLI documentation system, these data cannot be used for deriving reliable figures on chronic developments of hepatitis C infections. Regarding HCV genotypes, a few treatment centres report data on the detection of genotypes 1 and 3 that are similar to those of the previous year<sup>41</sup>. One must bear in mind, however, that the prevalence rates reported are comparable to a limited extent only because of differences in data collection (routine examinations v. voluntary test services

<sup>40</sup> Grouped median means that 50% of cases are above this figure and 50% are below this figure.

<sup>41</sup> For details on individual drug-related infectious diseases, HCV-RNA prevalence rates and HCV genotypes see also ST 9.

offered). Reliable figures on changes and trends with regard to these infectious diseases again cannot be provided due to a lack of representative data sources.

Table 6.1: Data on hepatitis B, hepatitis C-Ab, hepatitis C-RNA and HIV infection rates in 2007

Data source	HBV rate	HCV-Ab rate <sup>1</sup>	HCV-RNA rate <sup>7</sup>	HIV rate
Lukasfeld therapy department	7% (3/46) <sup>2</sup>	20% (9/46)	33% (3/9)	0% (0/46)
Long-term therapy department at Anton Proksch Institute (API)	22% (18/82) <sup>2</sup>	51% (42/82)	18% (3/17)	4% (3/82)
Low-threshold centre Ganslwirt	16% (17/104) <sup>3</sup>	50% (44/88)	n.a.	2% (3/133)
Caritas Marienambulanz outpatient department	13% (13/103) <sup>4</sup>	63% (65/103)	44% (45/103)	0% (0/103)
Addiction clinic of General Hospital Vienna	n.a.	55% (40/73)	35% (25/72)	1% (1/68)
DOKLI <sup>5</sup>	18% (54/308)	48% (222/464)	72% (117/163)	2% (7/445)
Drug-related deaths (intoxications) in 2007	n.a.	23% (40/175) 40% (40/100) <sup>6</sup>	n.a.	3% (6/175) 6% (6/108)

<sup>1</sup> These prevalence rates relate to persons in whom HCV antibodies were found (HVC-Ab) and not to HCV-PCR tests, which permit a direct detection of the virus.

<sup>2</sup> This percentage relates to persons in whom antibodies to hepatitis B were found and whose medical history did not indicate hepatitis B vaccinations.

<sup>3</sup> This percentage relates to persons in whom antibodies (anti-HBc Ab, anti-HBe Ab, anti-HBs Ab) or HBs antigens were found and who had not yet received hepatitis B vaccinations (isolated anti HBs Ab positive tests; data obtained from Ganslwirt's vaccination project).

<sup>4</sup> Positive test results only refer to HBV-cAb positive and HBV-sAb positive results. In the reporting year, no HBV-sAg positive cases were found.

<sup>5</sup> These data refer to injecting drug users who started drug-specific treatment in 2007; information on their infection status was obtained either by status testing or based on the case history.

<sup>6</sup> Only 100 and 108, respectively, out of a total number of 175 expert opinions on directly drug-related deaths explicitly mentioned the presence or absence of HCV Ab and HIV. In the remaining cases it is not clear whether no tests for the relevant infections were carried out or whether the results were negative and thus not mentioned in the expert opinion. The two percentages given therefore indicate maximum and minimum levels of HCV-Ab and HIV prevalence rates.

<sup>7</sup> The HCV-RNA rate relates to persons with positive HCV-Ab test results.

Sources: Duspara, Stolz-Gombocz, Haltmayer, Anderwald, Bauer, Fischer, personal communication; GÖG/ÖBIG 2008a; GÖG/ÖBIG 2008b; see also ST9; representation by GÖG/ÖBIG

For Vienna, data on drug-related infectious diseases obtained from case histories are available from the BADO report, which includes a section on current health problems of clients<sup>42</sup> (see Table A23 in Annex A). In addition, information on the infection status was obtained in the context of a survey among drug-using inmates of Austrian prisons (see Chapters 8.3 and 9.2). These figures indicate a HCV infection rate of 78% (25 out of 32 prisoners) and a HIV rate of 6% (2 out of 32) (see Schmied 2004). Because of the design of the survey, no distinction between positive HVC antibody results and positive HCV-RNA status can be made.

Regarding somatic effects of viral hepatitis infections, only few data are available at nationwide level. For instance, in the context of DOKLI, in 87 out of 113 documented cases with positive hepatitis C-Ab test results, a manifest inflammation of the liver was diagnosed. For 9 out of the 29 HIV positive patients, data on AIDS exist: manifest AIDS was found in 5 patients (see Chapter 4.2; GÖG/ÖBIG 2008a),

<sup>42</sup> Any information on health-related problems exclusively relates to indications by clients and is based neither on specific diagnostic questions nor on medical findings.

For the reporting year 2007, the DOKLI data provide TBC information on 258 people (2006: 36 persons), three of whom (including one injecting drug user) tested positive for TBC. These figures again show that TBC does not constitute a problem in Austria. Data on TBC vaccination rates are available for 275 people, which is an increase by 33% compared to the previous year. Also this increased pool of data confirms the low TBC vaccination rate already reported last year: it was around 8% in 2007 (GÖG/ÖBIG 2007a; GÖG/ÖBIG 2008a).

The hepatitis A and B vaccination rates among drug users continue to be small. In the group younger than 20 the share of people who received vaccinations is generally higher than in the other age groups. One reason for this is that hepatitis B, but not hepatitis A, has been included in Austria's national vaccination programme since 1998, in the form of both monovalent and combined vaccines. The above figures generally rather refer to previous vaccinations than actual status of protection (GÖG/ÖBIG 2008a; Klein, personal communication).

### 6.3 Psychiatric comorbidity (dual diagnoses)

Nationwide data from the treatment sector (DOKLI) on persons with at least one ICD-10 diagnosis not related to addiction reveal only insignificant differences to the previous year. Secondary diagnoses of mental and behavioural disorders (F00–F99) are found in 140 (59%) out of 239 patients for whom valid data are available (2006: 127 out of 206 patients). Again, affective disorders such as depression, and personality or behavioural disorders predominate (see Chapter 4.2; GÖG/ÖBIG 2007a; GÖG/ÖBIG 2008a).

Data on psychiatric comorbidity have also been reported by individual drug treatment centres. Their diagnoses in part relate to DSM-IV<sup>43</sup> and in part to ICD-10<sup>44</sup>, therefore they are not directly comparable. In 2007, 65 out of a total of 85 patients newly admitted to Anton Proksch Institute (API) took part in a clinical psychology examination at the start of treatment. The diagnoses obtained closely resemble those of previous years regarding the mental disorders mentioned as well as frequency of disorders (see GÖG/ÖBIG 2007b). What deserves mention is that almost 98% (60/62) of patients over 19 years with DSM-IV diagnoses had two or more personality disorders according to DSM-IV (API 2008). At present, API is carrying out a retrospective study on the prevalence of personality disorders among drug addicts, for which data from the long-term therapy department from 1997 to 2007 are analysed. The results have not yet been published (Augusta et al., under preparation).

Tyrol's B.I.T. drug addiction counselling association reports a continual rise in the need for counselling among people with addiction problems aged over 40. In a majority of these clients, manifest depression or other comorbid disorders have been diagnosed. However, no concrete diagnoses are given (B.I.T. 2008). Generally, also eating disorders (F 50) have repeatedly been diagnosed in drug patients, which ICD-10 lists in the group of behavioural syndromes associated with physiological disturbances and physical factors (Dialog 2008). The BADO report states that 12% of clients of drug help centres in Vienna indicated psychiatric diseases among their current health problems (see Table A23 in Annex A). One out of

<sup>43</sup> Diagnostic and Statistical Manual of Mental Disorders, 4th edition

<sup>44</sup> International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD 10)

five clients said that they had undergone psychiatric treatment in the past 12 months prior to the start of drug counselling or therapy. This share has remained constant in the analyses of previous years (2002 to 2006; see GÖG/ÖBIG 2007b). The percentages of outpatient v. inpatient psychiatric treatment are at similar levels, i.e., approximately 50% each<sup>45</sup> (IFES 2007). The statistics of Vienna's low-threshold centres also show that mental health, after housing and drug use, ranks third regarding themes addressed in the context of care and counselling sessions and that a total of 157 crisis interventions were necessary (VWS 2008b; VWS 2008d).

## 6.4 Other drug-related health correlates and consequences

In addition to psychiatric comorbidity and the health-related consequences of the aforementioned infectious diseases, also other somatic diseases and problems due to chronic effects of toxins or the precarious living conditions that are frequent among injecting drug users have been registered.

Somatic comorbidity (concomitant organic diseases) is analysed annually on the basis of the findings (macroscopic and microscopic histological tests on internal organs) of forensic expert opinions on directly drug-related deaths. As in the year before, they show pronounced organic damage among drug users. In 2007, a total of 20 deaths were found to be indirectly related to drugs<sup>46</sup>. In the majority of these cases (12 persons) the cause of death was a disease such as myocarditis, cirrhosis or cancer. Six persons died in accidents and two committed suicide.

According to the statistics of BADO (Vienna), 62% of the patients registered said that they were suffering from health problems<sup>47</sup>. In this context 31% of clients of Vienna's drug help centres named a diagnosis of chronic hepatitis C, followed by dental problems (21%), gastrointestinal problems (14%), psychiatric problems (12%) as well as dermatological and venous problems (8%). Regarding frequency of individual health problems indicated, hardly any changes have been registered in the past five years, as Table A23 in Annex A shows. Generally speaking, a slightly higher share of women than men tend to indicate that they have health problems (67% v. 60%). This difference primarily concerns gastrointestinal problems, psychiatric diseases as well as dermatological and venous problems (IFES 2007).

Secondary diagnoses that are not related to addiction, which are gathered in the context of DOKLI, in addition to ICD diagnoses of psychiatric comorbidity (see Chapter 6.3), primarily list viral hepatitis (28%). 21% of the diagnoses (total: 239 patients) concern rehabilitation measures in the context of addiction to pharmaceutical substances or illicit drugs, 3% refer to diseases of the respiratory system, and 2% to episodic and paroxysmal disorders of the

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<sup>45</sup> Any information on health-related problems exclusively relates to indications by clients and is based neither on specific diagnostic questions nor on medical findings.

<sup>46</sup> In the case of indirectly related deaths, the cause of death is not an acute intoxication with a drug of abuse. However, because of the patient's history of drug use, their death could be related to drug use. As a classification is only possible if a suspicion of an indirect drug relation is reported, the data cannot be assumed to be complete (see GÖG/ÖBIG 2007b).

<sup>47</sup> Any information on health-related problems exclusively relates to indications by clients and is based neither on specific diagnostic questions nor on medical findings.

nervous system such as epilepsy. The rest of secondary diagnoses are accounted for by shares of less than 2% (see Chapter 4.2; GÖG/ÖBIG 2007a; GÖG/ÖBIG 2008a).

In the reporting year, the low-threshold centres of Vienna reported 109 instances of life-saving measures taken, which is an increase by 32 compared to the year before. According to statistics of Vienna's ambulance service, in Vienna the number of patients with suspected overdoses of illicit substances was 586 in 2007 (VWS 2007a, Sucht- und Drogenkoordination Wien 2008).

In the context of a study, 55 patients of the Lukasfeld therapy department were interviewed with regard to intentional self-harm (SH). 62% of respondents indicated intentional SH in the past six months. The most frequent triggers or motivations that were named include rage and aggression, unbearable tension, self-hatred, disappointment by other people, the need to attract attention and to feel themselves. In the case of 42% of clients, intentional and direct SH was effected by banging their heads against the wall, 39% scratched or cut themselves, and 20% indicated burning. Regarding previous or current mental problems among people showing SH behaviour, withdrawal symptoms rank first, followed by aggression/violence and cognitive disorders as well as acute intoxication such as severe alcohol intoxication, horror trips and opiate overdoses (Wölfle, personal communication).

## 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, in particular low-threshold assistance aimed at harm reduction. For instance, syringe exchange, hepatitis vaccinations and information on safer use/safer sex are typical services performed by low-threshold centres and outreach services (street social work)<sup>48</sup>. Treatment of health consequences is primarily provided by the general health-care system (e.g. emergency physicians, psychiatrists), and to an increasing extent also in the context of consulting hours of physicians/specialists in low-threshold centres. In the past year, also the themes of diagnosing and treating hepatitis C, as well as comorbidity, were of particular relevance.

### 7.1 Prevention of drug-related deaths

Austria has no nationwide programme on the prevention of drug-related deaths as yet (see SQ23). However, this theme was discussed in the context of an extraordinary meeting of the Federal Drug Forum in March 2008 (see Chapter 1.2). Initiatives in this field are still found primarily at the level of low-threshold services, in individual centres, and to some extent also at provincial level (see GÖG/ÖBIG 2007b).

In 2007 the CONTACT hospital connection service for drug addicts in Vienna was called by the hospitals in 346 cases to provide assistance (to 155 women and 191 men). This resulted in 972 contacts during the stay in, and 1 311 contacts after release from, hospital (Sucht- und Drogenkoordination Wien 2008). Vienna's streetwork services include the 'theme bistro' for clients: an information event where themes of specific relevance for this target group are communicated in small group settings. The issues treated range from first aid, safer use/safer sex to infectious diseases. For presentation, various methods such as films, discussions and practical exercises are used (VWS 2008d).

### 7.2 Prevention and treatment of drug-related infectious diseases

Preventing infections continues to play a central role in low-threshold centres and outreach work: here the exchange and sale of syringes is especially important. In addition to the established programmes for the exchange and sale of syringes that are run at provincial level, in Austria it is also possible to buy syringes and needles in pharmacies.

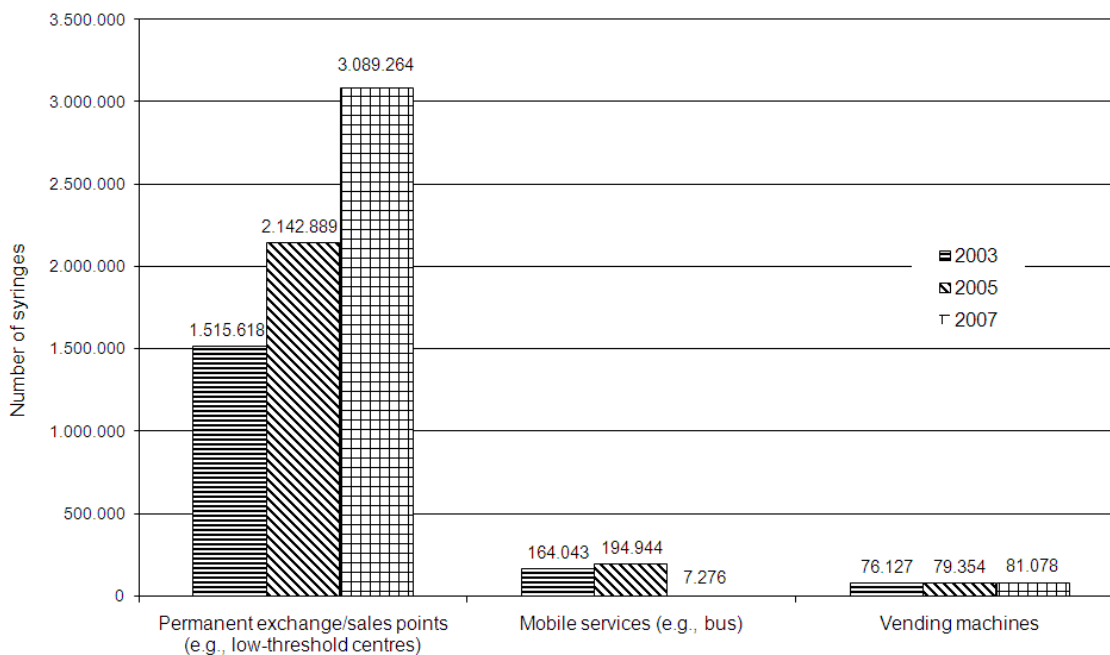
The services provided by the individual drug help centres were expanded in the reporting year. Since 2007 also basecamp, in addition to the organisations Substanz and Move, has offered syringe exchange services in Upper Austria (Schwarzenbrunner, personal communi-

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<sup>48</sup> <http://suchthilfekompass.oebig.at>

cation). In Styria, a second syringe vending machine has already been purchased for the provincial capital of Graz. Now a good location for it has to be found (Ederer, personal communication). Styria also intends to promote syringe exchange services all over the province, including rural regions. The province of Carinthia, according to its Addiction Plan 2006–10, aims at diversifying its prevention and care services, which also include harm reduction measures. The expansion to reach full provincial coverage of these services will include first aid training for patients in the case of drug emergencies, safe use training with regard to the prevention of hepatitis and HIV, hepatitis vaccinations and also syringe exchange (Amt der Kärntner Landesregierung 2008). Compared to 2006 (see ST10), Vienna reduced both its permanent and mobile syringe exchange points (from 5 to 2 and from 3 to 1, respectively), while the number of syringes dispensed at the same time rose to 2 320 842 in 2007 (2005: 1 639 854; 2006: 1 902 197) (see VWS 2006; VWS 2007; VWS 2008c).

Figure 7.1: Exchange and sale of injection equipment in Austria, in 2003, 2005 and 2007



Source: ST10, investigation by GÖG/ÖBIG

Figure 7.1 clearly shows that the total of syringes exchanged or sold has continued to rise compared to the two previous years investigated. In the permanent syringe service points, primarily located in low-threshold centres, a total of 3 089 264 syringes or needles were dispensed to drug users all over Austria in 2007. Until it was closed early in 2007, Austria's only mobile point (in Vienna) exchanged a total of 7 276 syringes or needles, respectively. Syringe vending machines are primarily found in the west of Austria, and generally, only in four provinces (Styria, the Tyrol, Vorarlberg and Salzburg). In 2007 a total of 81 078 injection equipment sets were distributed through this channel. In the provinces of Carinthia, Lower Austria and Burgenland no syringe exchange or sales programmes exist (see Table A22 in Annex A; ST10).

In Graz the Kontaktladen centre now provides on-call services specifically for working clients. Here the demand for syringe exchange is predominant compared to the other available ser-



vices. Need for counselling by social workers has been comparably small while both the legal and the hepatitis counselling services have met with much interest (Kontaktladen 2008). The experience of the drug help centres shows that syringe exchange does not only serve the purpose of preventing infection but is also a central element with regard to establishing contacts to drug users. In this way, people are reached who otherwise would not turn to a centre, and contacts to persons who are already known to the staff may be maintained and enhanced (VWS 2008c).

Hepatitis vaccination projects at regional level or run by individual centres are the second type of essential services in the field of prevention and treatment of drug-related infectious diseases (see also GÖG/ÖBIG 2007b). In this field, no national programme specifically addressing drug users has been established as yet. Where hepatitis B (HBV), and in some cases also hepatitis A (HAV), vaccinations are offered free of cost this is typically initiated by individual low-threshold centres and in prisons, and in some provinces this is included in the respective policy programmes (e.g., in Vorarlberg).

In most cases, the vaccination programmes include cost-free testing of the client's HIV and viral hepatitis status. For instance, in 2007 Ganslwirt of Vienna carried out 206 hepatitis tests and 148 HIV tests (see Table 6.1) as well as 136 combined HAV/HBV vaccinations. In Vorarlberg, the H.I.O.B. centre tested four women and 14 men for HIV in 2007 (H.I.O.B. 2008). Komfüdro is conducting a survey among clients on the themes of hepatitis C (HCV) and HBV, which also includes questions about patterns of use and risk behaviour. The results of the survey will be used as the basis for drawing up and implementing a specific vaccination programme.

In Graz Kontaktladen, in the context of its health promotion services, cooperates with the X-ray bus of the Province of Styria to provide TBC screening for drug users (Kontaktladen 2008).

In recent years, more practical knowledge regarding diagnosis and treatment of hepatitis C among drug users has been gathered in Austria and communicated also to those (specialised) physicians for whom treatment of drug patients is only one of several fields of work. The web site of the addiction clinic of the Vienna General Hospital<sup>49</sup>, apart from general information on hepatitis C, also gives specific information on hepatitis C screening for physicians who have contacts to addiction patients. In the reporting year, a lecture on hepatitis treatment for drug patients as a complex medical intervention was held in Graz, and in Vienna the 5th international expert conference on hepatitis C will take place next year, which will focus on HCV treatment. The year 2008 has already seen three meetings of the interdisciplinary, practice-oriented quality circle on hepatitis and drug use<sup>50</sup>, which the Austrian Society of Pharmacologically Assisted Treatment of Addiction (ÖGABS) has regularly organised since the end of 2006, in cooperation with the Medical Association of Vienna, and three additional events are scheduled to take place starting in autumn (see GÖG/ÖBIG 2007b). The physicians, social workers and representatives of support groups who take part in these cir-

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<sup>49</sup> [www.sucht-addiction.info/somatische\\_komorbidaet/28](http://www.sucht-addiction.info/somatische_komorbidaet/28) (12 Aug. 2008)

<sup>50</sup> [www.oegabs.at](http://www.oegabs.at)

cles particularly welcome the fact that this is a forum where hepatologists may directly be asked relevant questions that have arisen in practical work. So far, 170 people were reached by means of these events. Similar quality circles have also been established in Innsbruck (Tyrol) and Linz (Upper Austria) (Haltmayer, personal communication). The Anton Proksch Institute (API) reports steps towards the implementation of hepatitis treatment in its therapy centres. This is a result also of increasing demand in this direction expressed by API's clients. Still, the high cost involved and the intensified care services needed continue to be limiting factors.

The question of consumption rooms, which was an issue in the context of establishing a drug treatment point in Graz, continues to be controversial. At present it is discussed whether this plan could be implemented as a pilot project, paralleled by scientific evaluation. The steps taken in this direction aim at finding a consensus between the City of Graz and the Province of Styria and talking the matter over with the police authorities and the service-providing organisation. This issue is also on the agenda of expert bodies such as the Board of Drug Experts and the Addiction Advisory Board of the Province (Ederer, personal communication).

Safer use and safer sex continue to be essential issues that are addressed in the context of outreach drug social work, usually on the occasion of syringe exchange. No significant developments compared to the previous year have taken place here. Do it, a low-threshold centre of Vorarlberg, reports 53 intensive counselling talks on safer use/safer sex that took place in 2007 in the context of syringe exchange (do it 2008). In order to reduce the discrepancy between theoretical knowledge about safer use and actual ways of drug consumption, in spring 2008 the Komfűdro centre organised a joint training event for drug users and Komfűdro staff, with the focus placed not only on actual safer use practices but also hidden risks of hepatitis C infection, brought about by sharing spoons, using contaminated filters, etc. As a consequence, the centre started a cost-free spoon exchange service. Discussing this theme also had awareness-raising effects at the drug help centre. For instance, the syringe dispensing point was redesigned in order to meet stricter disinfection requirements (Komfűdro 2008).

Kontaktladen/Streetwork, in cooperation with the Provincial Public Health Department and the Health Authorities of the City of Graz published a booklet for prison inmates (see Chapter 8.3), which includes safer use advice with regard to emergency disinfection. In addition, specific training events will be organised, and a booklet prepared, for prison guards in order to raise awareness about infection risks (Kontaktladen und Streetwork im Drogenbereich 2008; Ederer, personal communication).

### **7.3 Interventions related to psychiatric comorbidity**

Services with regard to psychiatric comorbidity continue to be included in the field of activities of the agencies providing drug help services (see GÖG/ÖBIG 2007b). However, problems of competence for the treatment of comorbid patients have increasingly often been pointed out, which arise because of the high degree of specialisation of institutions in the general health care network. In order to ensure uninterrupted transitions between outpatient and inpatient treatment as well as psychiatric and psychosocial care services, often great efforts have to be made to link the services needed, which frequently means direct referrals of patients (Dia-

log 2008). There is a lack of specific interventions for schizophrenic patients, who often simultaneously suffer from addiction diseases. Many drug help centres do not adequately treat schizophrenia, while psychiatric treatment often tends to neglect the parallel diagnosis of substance abuse (Winklbauer et al. 2007).

In the reporting year, the predominant issues and the scientific focuses regarding psychiatric comorbidity were schizophrenia as well as trauma and substance abuse. These subjects were also addressed in the context of the Conference of the European Association of Addiction Therapy (EAAT)<sup>51</sup> held in Vienna in September 2007 (see Chapter 5.3). Further training events of API as well as of Maria Ebene Hospital also treated the theme of trauma and addiction. At the annual meeting of Maria Ebene Foundation an additional issue on the agenda was the problem of self-harm among addiction patients (see Winklbauer et al. 2007; Stiftung Maria Ebene 2008a).

The services delivered by the individual centres hardly differ from those reported in the previous year (see GÖG/ÖBIG 2007b). In the reporting year the B.I.T. drug addiction counselling association of Tyrol further consolidated its clinical psychology diagnosing services. If a diagnosis is made beforehand, this makes it easier to draw up counselling and treatment plans that specifically take into account individual needs.

In the Tyrol, the outpatient addiction prevention centre of the Social and Health Care Unit of Innsbruck continues to provide outpatient psychiatric treatment and psychotherapy for drug users. In 2007 a total of 130 persons were treated. In 2008 the focus of activities will be placed on the themes of drug use and violence, because at present 35 out of 130 clients are receiving treatment because of combined addiction and violence problems (Kern, personal communication).

The Austrian Society for Neuropharmacology and Biological Psychiatry published its Consensus Statement on the state of the art of treatment of substance-related disorders and psychiatric diseases (see Chapter 5.3). Aimed at destigmatising comorbid addiction patients and providing the best possible treatment that meets their specific needs, substance-related addiction diseases are viewed from different angles, and practical orientation for treatment is given. The Consensus Statement was financed by six producers of pharmaceuticals (ÖGPB 2007).

## **7.4 Interventions related to other health correlates and consequences**

Interventions and measures that aim at the general state of health of drug users are integrated in all treatment and care fields covered by the drug help network, with different focuses depending on the setting in question. At the outpatient clinic of the Ganslwirt low-threshold centre in Vienna, treatment with pharmaceuticals again was the service performed most frequently (4 457 times) also in the current reporting year, followed by treatment of acute withdrawal symptoms (1 737 times), transitional treatment (1 403 times) and medical

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<sup>51</sup> [www.sucht-addiction.at/eaat](http://www.sucht-addiction.at/eaat) 2007 (12 Aug. 2008)

consultation talks (914 times). Compared to the year before, all figures show a slightly rising trend (see GÖG/ÖBIG 2007b; VWS 2008b).

Special health promotion services addressing women continue to be an integral part also of the work of the low-threshold centres. The women's health project run in the context of gynaecological counselling services provided by Komfüdro (Tyrol) is scheduled to be repeated six times in 2008. The goal of this project is to provide a protected environment in the counselling centre in order to help women approach a field of health care that often is associated with feelings of shame and guilt, and to reduce psychological barriers that prevent them from consulting a gynaecologist (Komfüdro 2008). In addition, the Youth Welfare Department and Health Department of the City of Graz, in cooperation with the Paediatric Hospital, prepared a new guide on substitution and childbirth targeting addicted women.

Response by drug users has been good regarding medical counselling and care services that include wound care, dressing of wounds, etc. Wound care and first aid are also part of the SAM programme, Vienna's new project of multiprofessional mobile social work oriented towards specific needs (see Chapter 9.1; Sucht- und Drogenkoordination Wien 2008).

In a number of low-threshold centres also general practitioners or medical specialists provide consultation services, which typically include verifying the current infection status, vaccinations, urinalysis and pregnancy tests. In Vorarlberg, the 'do it' contact point for drug users at Bludenz reports that the 'medical afternoon' services have become an integral part of activities and are used by approx. five patients at every consulting time. The medical services delivered are not restricted to typical forms of treatment by general practitioners, but because of the high number of patients showing psychiatric comorbidity also psychiatric care is provided (do it 2008). According to the statistics of Vorarlberg's H.I.O.B. centre, medical treatment, apart from dispensing substitution medicines and general consultation talks, are most often required (H.I.O.B. 2008). Dialog (Vienna) reports an increase in the performance of medical services by 24% compared to the previous year, to a total of 35 198 contacts (2005: 26 704; 2006: 28 373) (Dialog 2008).

Also the service providers specialising in the recreational drug using scene deal with the health consequences of drug use. Since January 2007 MDA basecamp has conducted an online and onsite survey among clients in order to collect data on multiple drug use in party settings (see Chapter 2.3). As experience has shown that the majority of information materials on prevention focus on individual substances, in 2008 the Mixing Impossible action was started, which aims at providing specific, detailed information on poly-drug use (MDA basecamp 2008). ChEck iT!, by purchasing new analysing equipment, has been able to advance its analysing services. In view of the fact that numerous 'unknown' substances have recently been found, in the course of 2008 it will be possible also in the context of mobile services to perform structural analyses within shorter time (VWS 2008a).

The team of the Lukasfeld therapy department, responding to increasing instances of self-harm (SH) among clients, drew up guidelines regarding procedures in the case of SH. They include instructions for providing assistance in acute cases depending on the severity of the injuries inflicted, from internal crisis intervention to referral to acute care psychiatry departments, and they also describe SH prevention strategies at individual level (Wölfler, personal communication).

## 8 Social Correlates and Consequences

Homelessness, unemployment and debts continue to be the most pressing social problems of drug users, in particular severely addicted users in the street scene. Reports to the authorities regarding violations of the Narcotic Substances Act (SMG) have slightly risen again in 2007, and what deserves special mention is the pronounced rise in reports relating to amphetamines. Convictions because of SMG violations have again gone down as far as misdemeanours (Section 27) are concerned. The number of convictions because of felonies (Section 28) has also declined compared to 2006 (see Chapter 11). It should also be taken into account that in this report all offences reported that concern Section 28 of the SMG are referred to as felonies.

### 8.1 Social exclusion

Among the clients of 2007 registered in the Austrian DOKLI system (see Chapter 4.2), the share of people with jobs continues to be smallest in the group undergoing inpatient treatment (10%). Here, the percentage of persons who indicate that they are unemployed is also the highest (2007: 49%; 2006: 45%). In all groups, the share of women who have jobs is smaller to varying degrees compared to men (e.g., clients of low-threshold centres: 12% of women and 18% of men). While smaller shares of women state that they are jobless, recipients of welfare assistance are found more often among women than among men (see Table A25 in Annex A). An average of 51% of clients of low-threshold centres whose data are covered by DOKLI said they had a stable accommodation, compared to approximately 90% out of the group of people receiving long-term services (see Table A27 in Annex A). Regarding educational level, around two thirds of clients of Austrian drug help centres aged 19 or older said that their highest degree was a compulsory school leaving certificate. Around one out of five women and one out of four men said they had completed an apprenticeship. However, the share of women is higher in the categories referring to completion of vocational intermediate secondary school as well as general education and vocational education upper secondary schools (GÖG/ÖBIG 2008a).

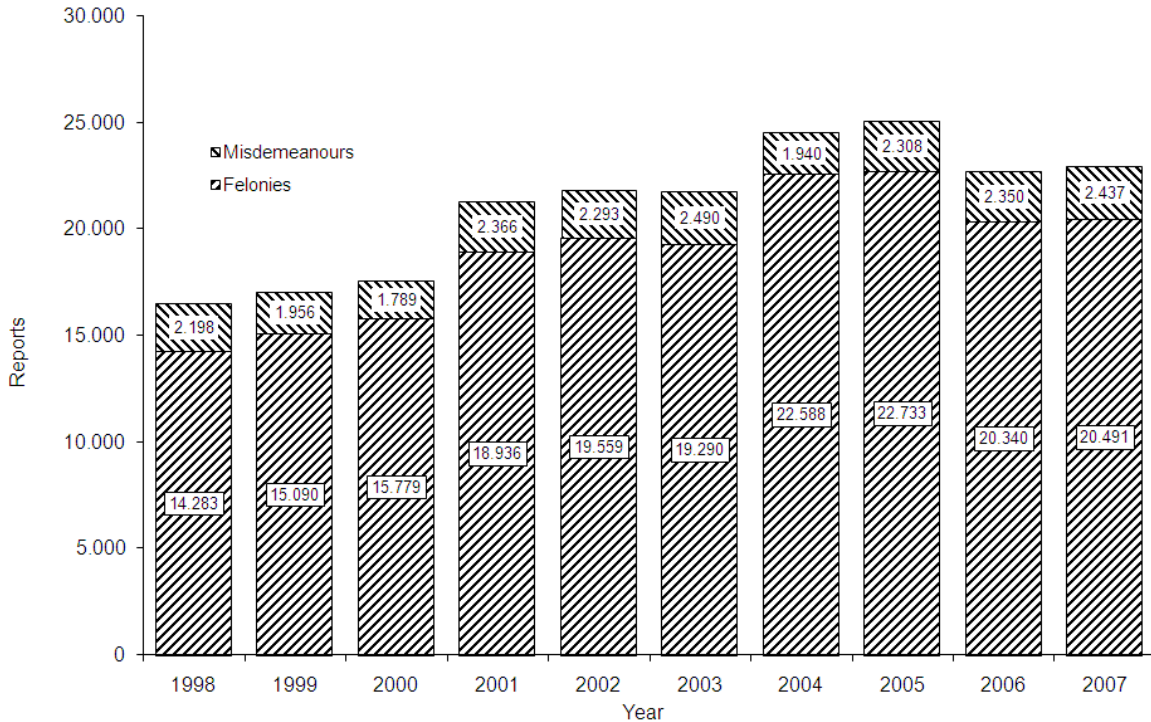
The social situation of the clients of drug help services in Austria continues to be worse compared to the general population (as to housing, education, employment, income and health). However, it should by no means be concluded from this that drug problems arise mainly in the group of socially disadvantaged persons. It only shows that this group will more readily turn to the drug help service system than people who (still) have their own social and financial resources (see Chapter 4.2).

### 8.2 Drug-related crime

In 2007, the number of reported violations of the Narcotic Substances Act (SMG) was 24 166 (2006: 24 008; see also Table A9 in Annex A and ST11), which is a small increase compared to the previous year. A total of 22 929 reports (2006: 22 690) relate to narcotic drugs, the rest to psychotropic substances. Regarding type of report (see Figure 8.1), in 2007 the number of reports was slightly higher than in 2006 with regard to both misdemeanours (possession and

small-scale trafficking – Section 27 of the SMG) and felonies (large-scale trafficking, professional trafficking – Section 28 of the SMG). The trend regarding reports because of felonies has thus continued but to a weaker degree, while the number of reports because of misdemeanours, after a decline in 2006, has slightly risen again in the reporting year (see Chapter 1.1).

Figure 8.1: Development of reports of violation of the Narcotic Substances Act, by misdemeanours and felonies in Austria, 1998–2007



Note: The difference to the total number of reports results from reports that are not assignable.

Source: BMI/Bundeskriminalamt (Federal Criminal Agency); representation by GÖG/ÖBIG

In terms of substances involved (see Table A11 in Annex A and ST11), compared to the previous year there have been small declines in reports only with regard to heroin and opiates, psychotropic and other substances (see Figure 8.2). Thus, the trend observed since 2005 of a pronounced decrease in reports because of heroin and opiates has not continued.

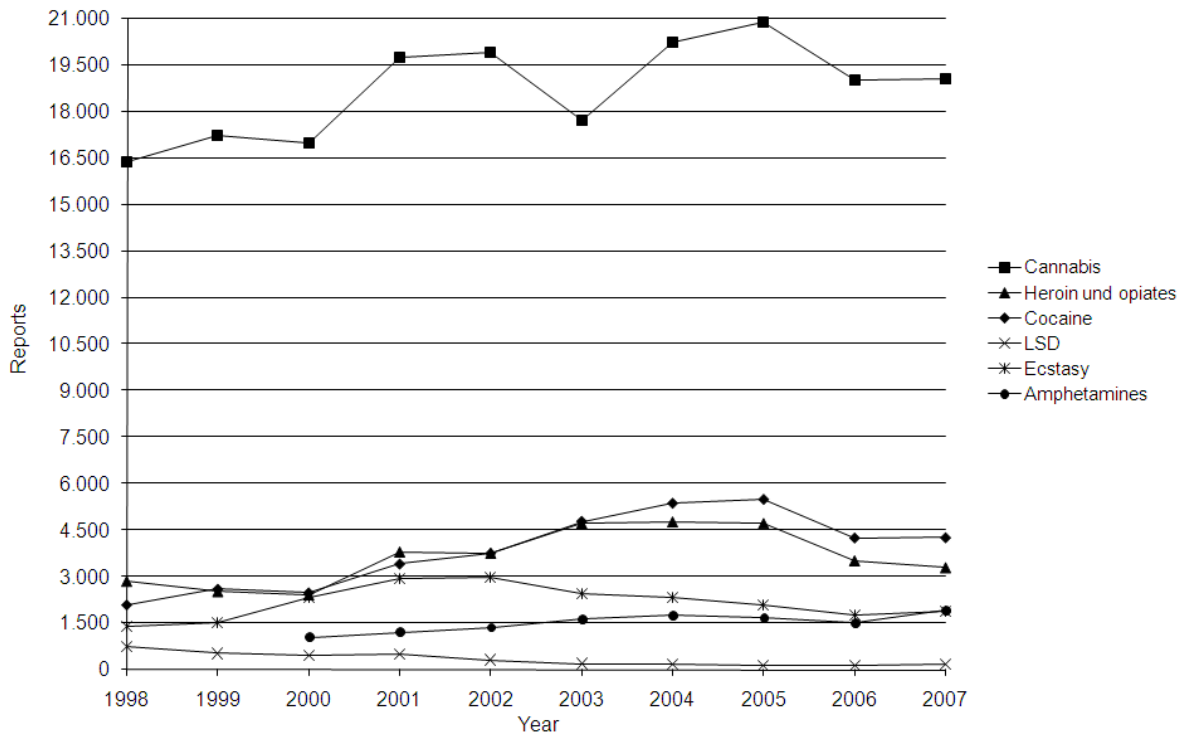
The number of reported offences relating to ecstasy and amphetamines has significantly risen compared to 2006, in particular in the case of amphetamines. The trends in reports show great differences in the individual provinces (see Table A12 in Annex A). For instance, reports concerning cannabis have noticeably gone down in the Tyrol, Vienna and Vorarlberg but massively risen in Carinthia, Lower Austria, Styria and Upper Austria.

In 2007, the total of 24 166 reports led to a total of 3 195 arrests (2006: 3 292) in connection with narcotic drug investigations; however, regarding arrests no detailed information (type of offence, substances involved, etc.) can be given.

As explained in previous years and also stressed by the responsible Ministry of the Interior (BMI 2008), the data concerning reports of offences permit only limited conclusions as to the development of illicit drug use and misuse, because they primarily reflect the intensity and focus of police measures in this field.

As before, no data on offences committed to finance drugs and drug-related crimes are available.

Figure 8.2: Development of reports of violation of the Narcotic Substances Act by type of substance, 1998–2007



Source: BMI/Bundeskriminalamt (Federal Criminal Agency); representation by GÖG/ÖBIG

### 8.3 Drug use in prison

The existing information on drug use in prison was presented in detail in the Key Issue chapter on drug use in prison in 2001 (ÖBIG 2001a). Since then, no relevant changes have taken place in this field.

In 2004 an international, unpublished study was carried out among imprisoned women drug users in 25 member states of the European Union. The results regarding the 32 prisoners interviewed in Austria (11 in the prison of Favoriten, Vienna, and 21 in the prison at Schwarzenau, Lower Austria) will briefly be described here. One has to bear in mind here that approximately two thirds of drug users in Austria are men and that at the time of the survey only six percent of prisoners were women. Half of the respondents came from families where the parents were abusing alcohol or illicit drugs, and 60% had run away from home during childhood. Almost half of them had suffered physical violence before the age of 17, and more than half had already attempted to commit suicide. Nearly 30% of respondents indicated drinking problems or problems with illicit drugs in prison. In addition they were suffering because of the social separation (from their partners and/or children), accompanied by such feelings as loneliness and boredom. Almost 40% indicated health problems and nearly 20% fear regarding release from prison. Half of the respondents would like to get support by external drug centres during imprisonment and more than one third said they wanted to obtain

health training. The problems they expected after release primarily referred to physical and emotional health as well as unemployment and financial difficulties. Almost 20% feared to get into trouble with the law again, to have to work as prostitutes or to be raped (Schmied 2004).

Early in 2008 the Kontaktladen and Streetwork centres of Caritas' drug services in Styria published a small booklet, which provides information on safer use in prison, infectious diseases and social services as well as work during imprisonment. In addition it lists the visiting times, clothes regulations, substitution treatment options and social services of all prisons of the province of Styria, and also important contacts (Kontaktladen und Streetwork im Drogenbereich 2008; see Chapter 7.2).

## **8.4 Social costs**

Hardly any studies on public expenditure for drug purposes are carried out in Austria, and no routine data on this aspect exist (see GÖG/ÖBIG 2007b, Chapter 11).

A diploma thesis written at the Department of Social Politics at Johannes Kepler University of Linz, Upper Austria, focuses on the allocation of public resources regarding drug policies in Upper Austria. According to the investigations and calculations by the author, the province of Upper Austria has tax revenues amounting to approximately EUR 490 mill. coming, for instance, from alcohol and nicotine taxes, and spends approximately EUR 104 mill. for purposes such as counselling centres, hospitalised patients, applications of laws, etc. This means that regarding public resources that can directly be allocated, the sums spent are around one fourth of the corresponding revenues, which results in a balance of approximately EUR 385 mill. As far as indirectly allocable costs are concerned, the cost of criminality amounts to EUR 11 mill. and the cost of morbidity and mortality, EUR 344 mill. The author of the study concludes that prevention of addiction should thus be an integral part of the political agenda and its financing by public means should be secure so that effective prevention activities may be pursued (Starzer 2008; see Chapter 1.3).



## 9 Responses to Social Correlates and Consequences

Measures for the social (re)integration of (former) drug addicts address both clients who have undergone drug-free treatment and people who are currently using drugs. In Austria, such measures have traditionally played an important role, especially with regard to housing, work, education and training (see SQ28). Some of the pertinent measures are part of the chain of treatment and integrated in the corresponding therapy modules, while others are services provided by low-threshold centres in the context of accepting drug assistance (see Chapter 5).

Recently, activities in recreational settings have increasingly often been organised. In Austria's prisons and police detention centres a wide range of drug-related measures for prisoners exist, from prevention of addiction, substitution treatment and prevention of infectious diseases to drug-free treatment.

### 9.1 Social reintegration

In the field of **training** and **employment** 2007 has been the most successful year since the start of the *fix und fertig* project. Its revenues could be increased by more than 26% compared to the year before, in particular due to growth in the field of renovation. An interesting aspect is that those persons who had joined *fix und fertig* because of a referral by drug help centres or through the Addiction and Drug Coordination of Vienna achieved better results than those referred by the Public Employment Service. The main reason for this difference obviously is that workers coming via the Public Employment Service in most cases do not belong to the target group. The 31 transitional workers who left *fix und fertig* in 2007 (in part) met the goals that were set with regard to work values. For 25 persons this also applies to the goal regarding job application skills and outplacement readiness. 13 persons completed qualification programmes or on-the-job training, and another 13 made good progress regarding debt regulation (VWS 2008e).

The services offered by Needles or Pins, i.e., clearing, intensive counselling, group services and medical care, were taken over by the Standfest<sup>52</sup> project at the turn of the year. In this project, which is supported by the European Social Fund (ESF), the Dialog association is breaking new ground and provides specific services for people with addiction problems who are temporarily unfit for work. By means of individual or group sessions, they will be assisted on the way back to working capacity or if applicable, in obtaining invalidity pensions. Apart from the Standfest project, in cooperation with the Public Employment Service of Lower Austria, vocational orientation courses for Lower Austrians are organised, which include both vocational orientation and refreshment of primary prerequisites for employment. In addition, on-the-job training is offered so that clients may gather practical experience in the primary labour market (Dialog 2008; Sucht- und Drogenkoordination Wien 2008).

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<sup>52</sup> [www.dialog-on.at/article\\_69.html](http://www.dialog-on.at/article_69.html) (4 Aug. 2008)

The Vienna Job Exchange (WBB) also focused its activities on intensifying links to the primary labour market, which generally is extremely difficult because often massive reservations regarding contacts to addicted people exist that cannot be overcome. As of 2007 counselling by WBB may also be obtained online, with highest levels of data protection ensured. This service is available for former clients as well as persons who have contacted the counselling centre for the first time or who have recently found a job. In 2007, online counselling was required 79 times. The counselling team also took part in the intervision meetings of Vienna's online counsellors (Wiener BerufsBörse 2008).

At Anton Proksch Institute, the ceramic work ergotherapy group was reorganised and is now more strongly focused on consideration of real-life conditions, functionality and orientation towards what is most essential. In 2007, the Anton Proksch Institute also saw renovations and rebuilding works carried out in cooperation with the patients (API 2008).

In November 2007 the second Austrian addiction fair took place, where socioeconomic employers and projects hiring (former) drug users were present. Representatives of the Public Employment Service, the Job Exchange, the Chamber of Labour and the Economic Chamber also took part in the fair and presented their services for addicted people (Grüner Kreis 2008).

The 11th scientific symposium on special aspects of labour and social law as well as drug and alcohol in the workplace was held in Graz in November 2007. On this occasion, questions regarding social, accident, pension and unemployment insurance in the context of substance use were discussed (Ederer, personal communication).

According to the DOKLI report (GÖG/ÖBIG 2008a; see also Chapter 8.1), more than half of clients of low-threshold centres live in unstable **housing** situations<sup>53</sup>, which shows that services in the field of housing are of particular relevance. As a consequence, the Konnex liaison service was established to link the Addiction and Drug Coordination of Vienna and Vienna's Wiener Wohnen housing agency. This new project aims at providing assistance to staff in charge of Wiener Wohnen buildings with regard to responses to addiction patients among people living here (Sucht- und Drogenkoordination Wien 2008).

Assisted Housing reports that 98% of its capacity was used in 2007. A total of 11 people moved out of the assisted accommodation system and 11 new people moved in. Five persons could be referred to a regular accommodation in a council flat (VWS 2008f).

The LOG IN cooperation project which started in 2006 was expanded: now, apart from the clinic of the Anton Proksch Institute, also the Sports Department of the Federal Chancellery, Schweizerhaus Hadersdorf, the Healthy Austria Fund as well as the Grüner Kreis association take part. In addition to the fields of sports and healthy diet, LOG IN now also has two theatre groups where improvisational acting may be trained. In December 2007 LOG IN won the Health Award of the City of Vienna (API 2008; Grüner Kreis 2008; see EDDRA).

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<sup>53</sup> On the other hand, in the group of persons receiving long-term care 90% say that their housing situation is stable. However, when interpreting indications regarding housing, one has to bear in mind that stable does not necessarily mean that these clients actually do not have housing problems (for instance, clients who, because of their addiction disease, have no alternative than to live with their parents).

In the houses for clients needing counselling that are provided by Grüner Kreis, after art workshops over several days, the participants were asked to complete questionnaires in order to get feedback regarding the quality of workshops and wishes of participants. A total of 78 questionnaires were returned by people who had taken part in 11 workshops in seven houses, which will help further expand, and enhance the quality of, the art workshop programme of Grüner Kreis (Grüner Kreis 2008).

Chill Out, in cooperation with NEUSTART and Streetwork Z6, prepared a cost-free source of legal information: the pocket lawyer ([www.taschenanwaeltin.at](http://www.taschenanwaeltin.at)). It is a booklet in three languages for young people, which provides assistance in finding answers to legal questions (kontakt + co 2008a).

As already described in Chapter 7.4, since autumn 2007 the SAM project run on behalf of the Addiction and Drug Coordination of Vienna has been active in the vicinity of the Franz-Josefs-Bahnhof railway station in the 9th district of Vienna. The acronym SAM stands for Social, Safe, Active and Mobile and aims at improving access to assistance services for people not integrated in society, to achieve socially acceptable patterns of behaviour of marginalised groups and to promote their integration. An additional objective of SAM is to enhance the citizens' subjective feeling of security in the public sphere. Meanwhile SAM staff, in the context of the SAM-flexibel programme, are also present at Praterstern and in the 1st, 3rd and 15th districts of Vienna. They may be approached for assistance in solving conflicts in the public sphere, and in the case of critical or violent situations they may involve the police of Vienna. Clients are offered information and basic counselling in relevant issues and if necessary, they are referred to sleeping facilities for homeless people or to specialised organisations providing services to addiction patients or young people. SAM cooperates with the police, the public transport system of Vienna and the Austrian Railways, the Youth and Family Offices of Vienna as well as other agencies. Its services complement those of the Help U team that has worked in Vienna's Karlsplatz square since autumn 2005 and pursues similar goals (see GÖG/ÖBKG 2007b). The activities of the SAM<sup>54</sup> staff are oriented towards existing needs, they are available seven days a week and if they are not present in person they may be contacted by mobile phone or by e-mail at any time (VWS 2008d).

## 9.2 Prevention of drug-related crime

The changes in the legal and organisational framework regarding drug-related interventions in prisons that have taken place in the reporting year have been described in further detail in Chapter 1. Court procedures and statistical material – as far as available – relating to the Narcotic Substances Act (SMG) before the amendment of 2007 are described in Chapter 11. As recent data and information show, violation of the SMG continues to play a relevant role as a reason for imprisonment (see Chapter 11.3).

The Drug Counselling Centre of the Province of Styria provides services to inmates of Graz-Jakomini prison. In the course of the year 2007, two women and 21 men received counsel-

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<sup>54</sup> [www.drogenhilfe.at/pressemeldungen](http://www.drogenhilfe.at/pressemeldungen) (22 July 2008)

ling: for 18 persons problems related to illicit substances predominated. In this field the counsellors are also cooperating with the Social and Psychological Services and the prison guards (Drogenberatung des Landes Steiermark 2008).

In the Tyrol the B.I.T. addiction counselling association provides outreach services to inmates of Innsbruck prison, but to a very limited extent only, due to capacity reasons. In this context, in 2007, 266 individual contacts to prisoners were registered. 127 clients received special services delivered by experts. What cannot be adequately represented in the statistics is additional time and money spent for activities such as contacting authorities and securing therapy places, which is disproportionately high in the case of services for imprisoned clients (B.I.T. 2008).

In the police detention centre of Vienna the number of clients for whom services were provided by the staff of the Dialog association in 2007 went up by almost eight percent compared to 2006, to a total of 1 424, which continues the constant rise that has shown for three years now. In order to respond to the shift in demand towards treatment of persons with obvious psychiatric problems who are in custody to be deported, two additional psychiatrists were hired, and the tasks to be performed by general practitioners on the one hand and psychiatrists on the other were defined precisely. At the Rossauerlände police detention centre, the counselling and care services provided by social workers now take place in the new visiting room where the official in charge is not present, which ensures contacts in an environment of confidence (Dialog 2008).

In spite of the measures described above (although not exhaustively), the respondents (32) who were interviewed in the context of an unpublished international survey among imprisoned drug using women in Austria said that they were not satisfied with the preparation measures for release from prison. In addition, the Austrian respondents stated that they needed assistance with regard to physical and/or psychological health problems (see Chapter 8.3 and Schmied 2004).

As stated in the programme for establishing a clearing structure for imprisoned drug addicts, the situation of imprisonment would be an opportunity to target the drug problem of inmates and to offer the corresponding treatment services. In order to be able to provide adequate forms of treatment for every individual client, it would be necessary to investigate the current drug problems of inmates in the whole country according to unified criteria and to draw up individual treatment plans that are pursued in the prison where the inmate in question is serving their sentence. Capacities permitting, clients could also be transferred to the special prison of Favoriten, Vienna to continue treatment there. During the initial pilot stage of the project, implementation and feasibility could be tested by referring to clearing selected groups of inmates (Werdenich and Moser-Riebniger 2008).

Styria, in addition to the booklet with general information on imprisonment described in Chapters 7.2 and 8.3, plan to organise training programmes for prison guards, which will be coordinated with the respective prisons (Ederer, personal communication).

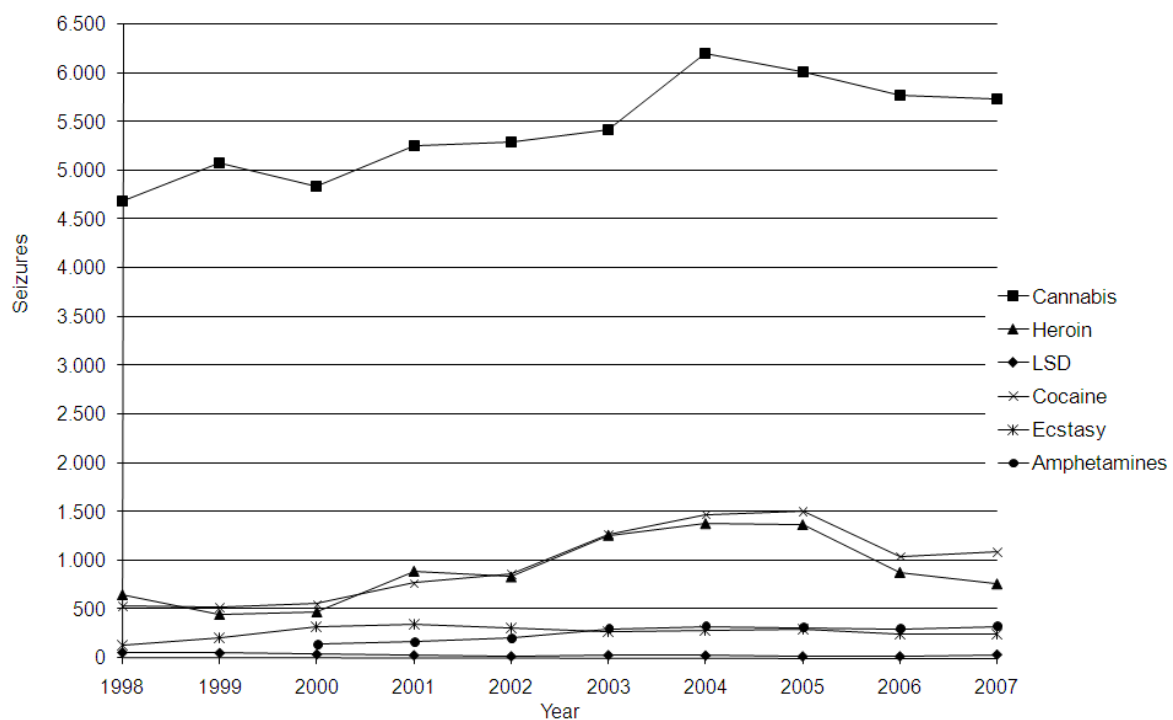
## 10 Drug Markets

The substance most frequently seized in Austria is cannabis, followed by cocaine and heroin. However, quantities seized are no valid indicators of 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 considerable variations. This applies to both substances used by the traditional street scene (opiates and cocaine) and also new synthetic drugs (ecstasy and amphetamines). The fact that actual ingredients and potency are often unknown constitutes a considerable risk factor for drug use.

### 10.1 Seizures

According to the Austrian Federal Ministry of the Interior (BMI), in 2007 the number of seizures remained at a level similar to the previous year with regard to all drugs (see Figure 10.1 and Table A17 in Annex A).

Figure 10.1: Number of seizures of narcotic drugs in Austria, 1998–2007



Source: BMI/Bundeskriminalamt (Federal Criminal Agency) 2008; representation by GÖG/ÖBIG

The amount of substances seized reflects these trends only to a limited extent, as individual seizures of exceptionally large quantities strongly influence the general picture (BMI 2008, see Table A18 in Annex A and ST13).

While cocaine reaches Austria primarily by air from South America, for heroin the route over the Balkans (Turkey, Bulgaria, Serbia, Croatia, Slovenia, Austria) is the dominant trafficking route. Cannabis products are imported from various countries and regions such as the Netherlands, the Balkan countries and Morocco; and to a small extent, they are home grown. Amphetamines and derivatives are mainly imported from the Netherlands (BMI 2008).

The updated special analysis by the BMI of seizures of pharmaceuticals containing narcotic drugs shows that seizures of substitution substances have declined compared to the previous year (2002: 328; 2004: 783; 2006: 1 530; 2007: 1 205).

## 10.2 Price/purity

In the context of the ChEck iT! project (see Chapter 3.2), which tests the purity and ingredients of substances bought as ecstasy or speed during events of the party and clubbing scene, in 2007, 117 samples bought as ecstasy and 129 samples purchased under the name of speed were analysed during a total of six music events (freetekno, goa, techno, electronic) in the provinces of Burgenland, Lower Austria and Vienna (VWS 2008a). The percentage of pills bought as ecstasy that did not contain psychotropic substances other than MDMA, MDE or MDA was 60%, which is a decline compared to previous years (70% to 90%). The share of impure ecstasy that made it necessary to urgently warn users against consuming it massively grew in 2007 (31% of samples tested), primarily because of a rising number of pills containing benzylpiperazine derivatives (mCPP).

Only 21% of the substances bought as speed and analysed by ChEck iT! had amphetamine as their only ingredient, while 10% combined amphetamine and caffeine, and 24% contained amphetamine with additions of other psychotropic substances (see Tables A19 and A20 in Annex A ST15). Unknown amphetamine derivatives continue to be a problem in this regard. These substances may either originate from inappropriate production procedures of amphetamine using 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 2008a). What deserves special mention is the rise to 10% of speed samples with additions of methamphetamines.

As in the previous year, in 2007 both seizures and use of ecstasy pills containing the ingredient mCPP were reported. Compared to MDMA, the psychoactive effect of mCPP is weaker, but very frequently, the latter ingredient causes unpleasant side-effects such as headaches, kidney pain, nervousness, heavy breathing, tiredness and hangover lasting for several days. Furthermore, simultaneous use of MDMA may lead to convulsions (see, e.g., VWS 2008a).

In 13 out of 16 pills containing mCPP that were analysed by ChEck iT!, metoclopramide was also detected, an antiemetic which may interact with many other substances and in part may accelerate their effects, while it slows down the users' reactions. 2007 is the first year in which buflomedil was found in several pills bought as ecstasy. This substance is used for treating peripheral vascular disorders. Its side effects include headaches, dizziness and gastrointestinal problems. High doses may lead to hypotension, vertigo, frequent pulse, and very high doses may cause seizures, coma and cardiac arrest. The risk of overdoses is high when additional pills are taken because the desired psychotropic effect is not felt (VWS 2008a).

Information by the Ministry of the Interior on the purity and prices of various drugs sold at street level is given in Table 10.1 (see also ST14 and ST16). As in previous years, a considerable variation of the potency of drugs sold at street level has been noted.

Table 10.1: Purity and price (EUR per gram\*/pill\*\*) of various drugs sold in the street in 2007

		Herbal cannabis*	Cannabis resin*	Brown heroin*	White heroin*	Cocaine*	Amphetamines*	Ecstasy**	LSD**
Purity	Minimum	0.02%	0.07%	0.2%	–	1.4%	0.6%	2.2%	–
	Maximum	42%	49%	57%	–	98%	60%	100%	–
	Typical	6%	6%	4%	–	27%	13%	32%	–
Price	Minimum	9	8	65	–	60	15	5	30
	Maximum	10	10	85	–	90	25	10	35
	Typical	9	8	80	–	80	25	10	30

Note: These data are based on information and fictitious purchases by undercover police agents. For the individual drugs, between 59 and 444 purity analyses were carried out.

Source: BMI/Bundeskriminalamt (Federal Criminal Agency); representation by GÖG/ÖBIG

# **PART B**

## **Selected Issue**





# 11 Sentencing Statistics

As described in Chapter 1, the Narcotic Substances Act (SMG), which entered into force in 1998 and saw its latest amendment in January 2008, defines the general framework of Austria's drug policy. This Act primarily distinguishes between quantities and not types of drug and permits a wide range of alternatives to punishment.

As the available statistics on sentencing relate to the SMG in the version of 2007, i.e., the time before the amendment, the statutory situation of this period will be described in more detail below (Foregger et al. 1998). The current, amended version of the SMG and the changes that entered into force in January 2008 have comprehensively been described in Chapter 1 of this report.

This Chapter aims at highlighting legal options as well as outcomes regarding persons stopped because of various types of drug offences and at presenting the monitoring instruments that exist in this context.

## 11.1 Options available in the country

As the data given below refer to the period between 1998 and 2007, in the following the main aspects of the legislation that was in force until the beginning of 2008 will be summarised. The changes resulting from the amendment adopted in 2007 are described in Chapter 1.

In Austria, use of narcotic substances as such is not punishable but is indirectly covered through provisions on possession. With the exception of cannabis, under the SMG quantities and not types of drugs are relevant with regard to drug offences.

- Under Section 27 SMG, the production, import, export, purchase or possession of narcotic drugs were punishable by imprisonment for up to six months. In the case of aggravating circumstances (making available drug use to minors, offences committed commercially or as a member of a drug gang) prison sentences for up to three years were possible.
- Under Section 28 of the SMG, the production, import, export and putting into circulation of large quantities of narcotic drugs were punishable by imprisonment for up to five years, and under aggravated circumstances longer prison sentences were possible: between one and ten years for offences committed commercially by drug gangs; up to 15 years if very large quantities of drugs were involved; and up to 20 years for leaders of large gangs.

In order to ensure a balanced use of penal and health policy instruments (alternatives to punishment and the Therapy instead of Punishment model), under the SMG the provisions of the former Narcotic Drugs Act that was in force until 1998 were expanded:

- Sections 35 to 37 provided that reports of offences could be waived and/or proceedings dismissed in all cases of misdemeanours according to Sections 27 or 30 as well as in minor cases of revenue-raising offences to finance drug use, and the conditions for waivers of reports in cases of first-time use of cannabis were eased.

- According to Section 39, it was admissible to suspend prison sentences for up to three years so that addicted convicts had the possibility to undergo a health-related measure. In addition, the Therapy Instead of Punishment model was now applicable also in minor cases of revenue-raising offences committed by drug users (ÖBIG 1998).

In the section below it will be illustrated in which way the above Act (i.e., the Narcotic Substances Act in the version in force before the 2007 amendment) was applied for individual types of drug-related offence and in which way the police, public prosecutors and courts were proceeding. In this context, as far as this is judicially practiced in Austria and possible on the basis of available data, a distinction is made between the following offences:

- possession of drugs;
- production and making available (distributing, selling, supplying, shipping) of drugs or drug trafficking;
- driving a vehicle under the influence of drugs.

**Possession** of drugs generally is a punishable offence, and the **police** has to report this case to the public prosecutor because of suspicion of a punishable act under Sections 27 to 32 of the SMG. However, the **public prosecutors** have to waive this report for a probationary period of two years if the respective case of drug possession involves (only) a small amount of drugs (if necessary, the offender may be required to undergo one or several health-related measures: in this case, the district administration authorities have to be contacted to obtain information on the necessity or appropriateness of such measures – with the exception of small quantities of cannabis for personal use). If the offender does not commit another offence during the probationary period that has been set, the report is waived. Otherwise, the public prosecutors may bring charges. The **courts** – as well as the public prosecutors – may temporarily dismiss proceedings for a probationary period of two years (if necessary, the offender may be required to undergo one or several health-related measures; see above). If no further drug-related offence has been committed by the end of the probationary period, proceedings are dismissed permanently. If charges are brought and proceedings are not dismissed temporarily, the court will have to give a judgement (acquittal, imposition of a fine or imprisonment). In the case of a conviction, the offender may apply for a suspension of sentence subject to the obligation to undergo one or several health-related measures. This will be granted in particular if, for instance, the treatment of a convict suffering from an addiction disease is deemed to be preferable to the execution of the sentence. If the sentence is suspended and if the convict has completed the health-related measures imposed, the court shall waive the sentence and at the same time determine a probationary period.

In cases of offences related to the **production, dealing or trafficking** the procedures that the **police** follows correspond those described above. The **public prosecutors** also have the same options as those mentioned before – although with the restriction that they may only be applied with regard to certain offences that are not serious in nature and if a number specific, strict requirements are met. Under the same conditions, a temporary, and eventually a permanent, dismissal of proceedings with a suspension of the corresponding sentence is an option open to the courts also in these cases.

If a person is found to be **unfit to drive because of the influence of drugs** (positive test result; see GÖG/ÖBIG 2006) the **police**, according to Sections 12 to 14 of the SMG, reports this to the health authority in charge (at district level). As a next step, the authority competent for driving licences will be involved and administrative proceedings are instituted. The driving licence will temporarily be revoked because of unfitness to drive due to drug influence (revoking of driving licence procedure), and the person in question may have to undergo retraining and/or a medical expert opinion on the state of health with regard to driving fitness will be drawn up by a public health officer. Cases in which the influence of drugs is regarded to have impaired the fitness to drive to a limited extent only do not come under the competence of the **public prosecutors** or the **courts**.

## 11.2 Data collection systems and data collected

The Narcotic Substances Act provides that records of personal data be maintained at the Federal Ministry of Health, Family and Youth. Consequently, the police, public prosecutors and courts have to notify the Ministry of any reports relating to violations of the Narcotic Substances Act and the results of any criminal proceedings that may follow. Information on data in this central registry may be disclosed only to specific authorities on the basis of express approval, in particular the public prosecutors and the courts, for the purposes defined by law. The corresponding personal data may be stored for a maximum of five years after entry. In cases of an acquittal or permanent dismissal of proceedings the data have to be deleted immediately, however.

For more details on these data as far as they are relevant for convictions please consult Chapter 11.3.

In the period in question the following information, including master data of the persons concerned, was provided in the context of statistics on convictions, on the basis of the Narcotic Substances Act (SMG):

The **Federal Ministry of the Interior (BMI)** communicated data on reports to the public prosecutors because of suspected violations of Sections 27 to 32 of the SMG, including type and quantity of drugs involved and the specific offence to which the suspicion related. Therefore these data include information on the intended use of the substance (e.g., purchase, possession, making drugs available to others, putting drugs into circulation, etc.).

The public **prosecutors and courts** provided data on any temporary (on condition of probation) and permanent waivers of reports/dismissals of proceedings resulting from reports because of suspected offences relating to Sections 27 to 32 of the SMG, as well as on the reasons for which reports were waived/proceedings dismissed. In the case of a temporary, probationary dismissal of proceedings it had to be specified also whether this was subject to certain conditions (i.e., whether the person in question was obliged either to undergo health-related measures on the basis of a statement to this effect by the competent health authorities, or to accept probation assistance).

In addition the **courts** reported any other results (convictions, acquittals) of criminal proceedings instituted under the SMG, and also whether a suspension of sentence was granted in the case of a conviction and whether this suspension was subject to certain conditions (e.g.,

obliging the convicted person to undergo one or several health-related measures, and information was also provided on any already existing measures to this effect). Apart from this, also all cases of revoked temporary suspensions of sentence had to be reported.

This data registry makes it possible to use data for analysis (unless they aim at investigating issues related to individual persons) while ensuring data protection, as these data are anonymous or only indirectly refer to specific persons. Statistics on numbers of cases found at the individual stages of criminal proceedings may be obtained and the results may be described. However, a study carried out in this field revealed considerable shortcomings with regard to quality and completeness of data (ÖBIG 2003). But currently, the narcotic drugs data registry that has to be maintained according to the Narcotic Substances Act is being reorganised so that in future, after its implementation, more consistent analyses will be possible.

Data sources that are available apart from the registry established according to the Narcotic Substances Act include data from the Electronic Court Document Database maintained by the Austrian Federal Computing Centre on behalf of the Federal Ministry of Justice, the court criminal statistics maintained by Statistics Austria and the police criminal statistics. The Electronic Court Document Database provides information on the number of court proceedings initiated and the number of cases handled by the courts or public prosecutors, and also individual stages of proceedings such as dismissal, diversion and convictions<sup>55</sup>.

In the court criminal statistics, all final convictions and their legal consequences (sanctions) resulting from decisions by Austrian criminal courts are registered. The corresponding data are based on entries in the criminal records maintained at the computing centre of the Federal Ministry of the Interior. In the case of proceedings with a conviction because of several punishable acts, the case is filed under the offence with the highest range of punishment, which therefore was relevant for sentencing (principle of filing according to offence relevant for sentencing). Therefore, every conviction is registered only once in the court criminal statistics irrespective of the actual number of offences tried: the entries thus relate to convictions per offender. As a consequence, the offence that is subject to the highest sanction is entered and all other offences tried are not registered. Because of this particular type of data collection, i.e., not offences but persons convicted are counted, not all convictions relating to the Narcotic Drugs Act or Narcotic Substances Act are registered.

Another available source of data is the police criminal statistics maintained by the Federal Ministry of the Interior. Here the type and number of criminal offences that are known to the police or have been reported, respectively, as well as suspects identified in the context of police investigations are registered. Since 2002 suspects have been counted more than once in the police criminal statistics if they are suspected to have committed more than one criminal offence. Single-case entries – as in the court criminal statistics – are made only with regard to the total of all acts punishable by courts, and with regard to the distinction between felonies and misdemeanours (Section 17 of the Criminal Code; Schubert, Kroschl, personal communication; ÖBIG 2003; Foregger et al. 1998).

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<sup>55</sup> See <http://www.eu2006.gv.at/en/News/information/3105e-justice.html>.

## 11.3 Results available

This chapter gives an overview of the data in this field that are available in Austria. Table 11.1 shows the share of alcohol and illicit drugs in the context of road traffic. As already mentioned in Chapter 8 of this report, all reports of offences according to Section 28 of the Narcotic Substances Act are referred to as felonies.

Table 11.1: Driving licences revoked, reports of drug offences, from 2003 to 2007

Data from various statistical records	2003	2004	2005	2006	2007
Revoked driving licences (Source: Driving Licences Registry)					
• total	48 664	45 351	47 261	49 491	53 201
• because of alcohol and drugs	27 100	28 357	28 248	27 377	28 240
• only because of drugs					1 013 <sup>1</sup>
Drug-related reports against drivers in road traffic according to Section 5 of the Road Traffic Act (Source: BMI)	1 261	1 139	913	1 024	909

<sup>1</sup> An analysis was possible only for the year 2007.

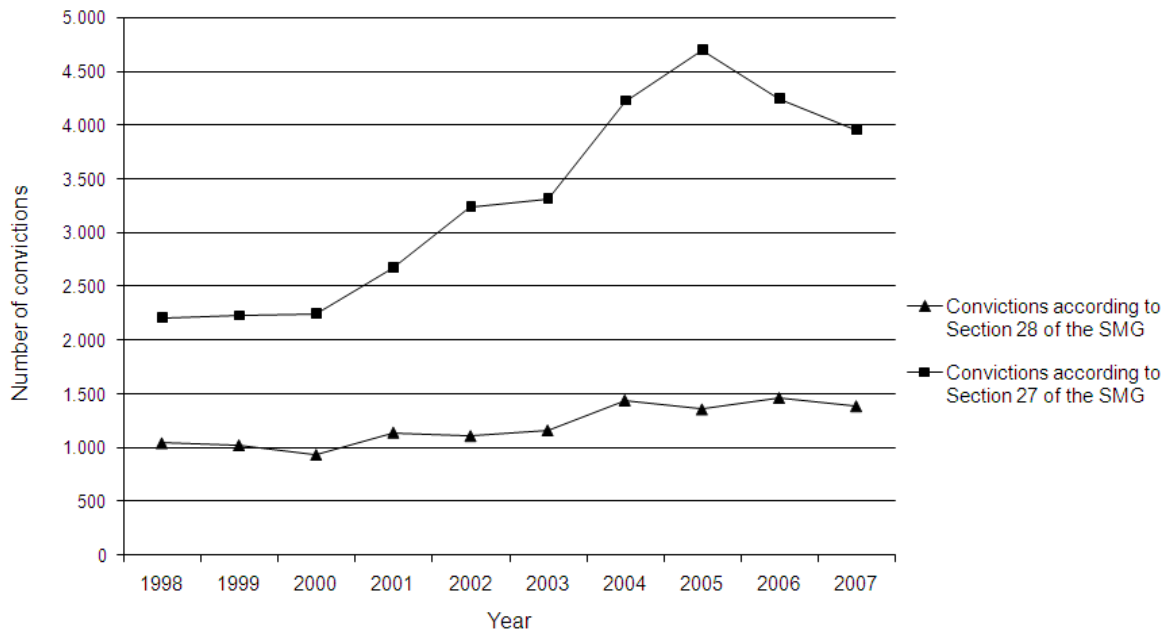
Note: The Driving Licences Registry is maintained at the Federal Computing Centre, in the form of data sharing, on behalf of the competent authorities, and managed by the Federal Ministry of Transport, Innovation and Technology. The Registry includes personal data relating to driving a car, the permissions necessary for this, etc., which are entered electronically by authorities, public health officers, traffic psychology examination agencies, companies producing driving licences, etc. Therefore, the Driving Licences Registry also includes data on revoked driving licences, penalties imposed in this context as well as reissuing of driving licences.

In a number of cases, the reason for revoking licences is only entered as free text (in 2007: 12 970 cases). An estimated 20% of these also relate to the category of alcohol offences.

Sources: Otmar Bruckner (BMI), Gerhard Szin (Federal Computing Centre) / personal communications

As explained above, in cases relating to illicit substances the Narcotic Substances Act (SMG) applies, and a distinction is made between misdemeanours (Section 27 of the SMG – trafficking, possession, etc. of small quantities of drugs) and felonies (Section 28 of the SMG – trafficking, possession, etc., of large quantities of drugs). Figure 11.1 below and Table A13 in Annex A based on data of the court criminal statistics (see Chapter 11.2) show the corresponding development in the past 10 years. As in the year before, total convictions (5 437) according to the SMG again declined in 2007, as did the number of prison sentences without probation (1 415). This reduction in convictions relating to the SMG in 2007 has for the first time also been reflected in a significant decline of the share of these convictions in the total number of convictions. Although the figures have gone down in all groups, the share of misdemeanours (Section 27 of the SMG) continues to be considerably higher than the number of felonies (Section 28 of the SMG): 3 956 v. 1 387 cases.

Figure 11.1: Convictions according to Sections 27 and 28 of the Narcotic Substances Act in Austria, from 1998 to 2007 (see also Table A13 in Annex A)



Section 28 of the SMG = trafficking, possession, etc., of large quantities of narcotic drugs (commercial trafficking)  
 Section 27 of the 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, therefore not all convictions under the SMG are covered.

Source: Statistics Austria (court criminal statistics)

Table 11.2 gives an overview of convictions according to age and basis of conviction. Here the comparison to 2006 shows a parallel development regarding figures relating to young people and adults. In the case of young people the numbers of misdemeanours and felonies slightly declined in 2007 while they remained at a similar level than in the previous year as far as adults are concerned. The share of young people in persons convicted because of violations of Section 28 of the SMG (felonies) is 3.6%, and the corresponding share of persons convicted according to Section 27 of the SMG (misdemeanours) is 7.1%.

67% of all convictions (in 2006: 66%) led to prison sentences, and the share in all prison sentences of prison sentences suspended on probation was 47% (in 2006: 44%) which is a further slight increase compared to previous years. The share of young people sentenced to imprisonment was 3.4%, and for 2.2% the prison sentence was suspended on probation.

Regarding implementation of the legal framework, information on the application of statutory alternatives to punishment is available (for more details see ÖBIG 2004 as well as SQ31). Figure 11.2 and Table A15 in Appendix A, in addition to convictions, also give data regarding temporary (probationary) waivers of reports (Section 35 of the SMG) and proceedings dismissed (Section 37 of the SMG) (see Chapter 11.1). The graph shows that until 2005 the number of reports waived grew, while the number of dismissed proceedings was lowest in this year. As of 2005 a downwards trend regarding waiving of report has been paralleled by an increase in dismissed proceedings in 2006 and another decrease in 2007. Table A14 in Annex A provides further information on final convictions according to the Austrian Narcotic Substances Act in 2007, by basis of conviction, gender and age group.

*Table 11.2: Final convictions under the Austrian Narcotic Substances Act (SMG), according to young people and adults as well as basis of conviction and type of punishment in 2007*

Basis of conviction		Fine	Prison sentence			Other punishment <sup>1</sup>	Total
			Probation	No probation	Partial probation		
SMG total	Young people	108	118	42	27	36	331
	Adults	1 512	1 609	1 373	486	126	5 106
Section 28 SMG (felonies)	Young people	2	21	13	11	3	50
	Adults	24	318	659	297	39	1 337
Section 27 SMG (misdemeanours)	Young people	106	97	29	16	33	281
	Adults	1 460	1 250	693	187	85	3 675

Young people = persons younger than 18 at the time of the offence

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

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

<sup>1</sup> Other punishment: partial probation (Section 43a(2) StGB) as a combination of fine without probation and prison sentence suspended on probation, referral to institutions (Section 21(1) StGB or Sections 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, therefore not all convictions according to the SMG are covered.

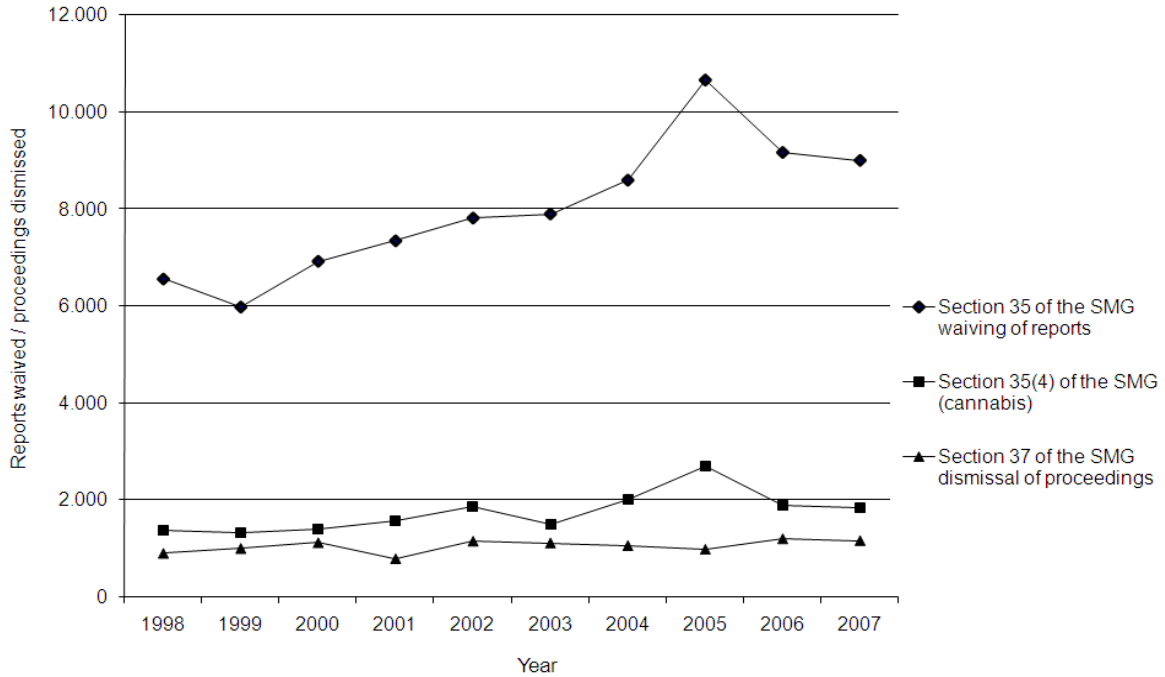
Source: Statistics Austria (court criminal statistics)

Regarding suspension of sentence in the context of the Therapy Instead of Punishment model (Section 39 of the SMG) still no reliable data have been available, which would be an important source of information on practical implementation.

A comparison of trends regarding reports of offences, convictions and application of alternatives to punishment shows interesting results: Figure 11.3, based on an index taken as 100% in 1998, i.e., in the year when the SMG entered into force, reveals that in the period of analysis between 1998 and 2007 the shares of convictions went up most significantly, with the rise starting not before 2001 and reaching a particularly high level in 2004 compared to the year before. As of 2006 a decline shows for all three groups, which continues to the same degree regarding convictions in 2007, while alternatives to punishment further decline only to a small extent and the share of reports again shows a slight rise.



Figure 11.2: Development of statutory alternatives to punishment applied in Austria from 1998 to 2007



Section 35 SMG = temporary waiving of reports by the public prosecutors

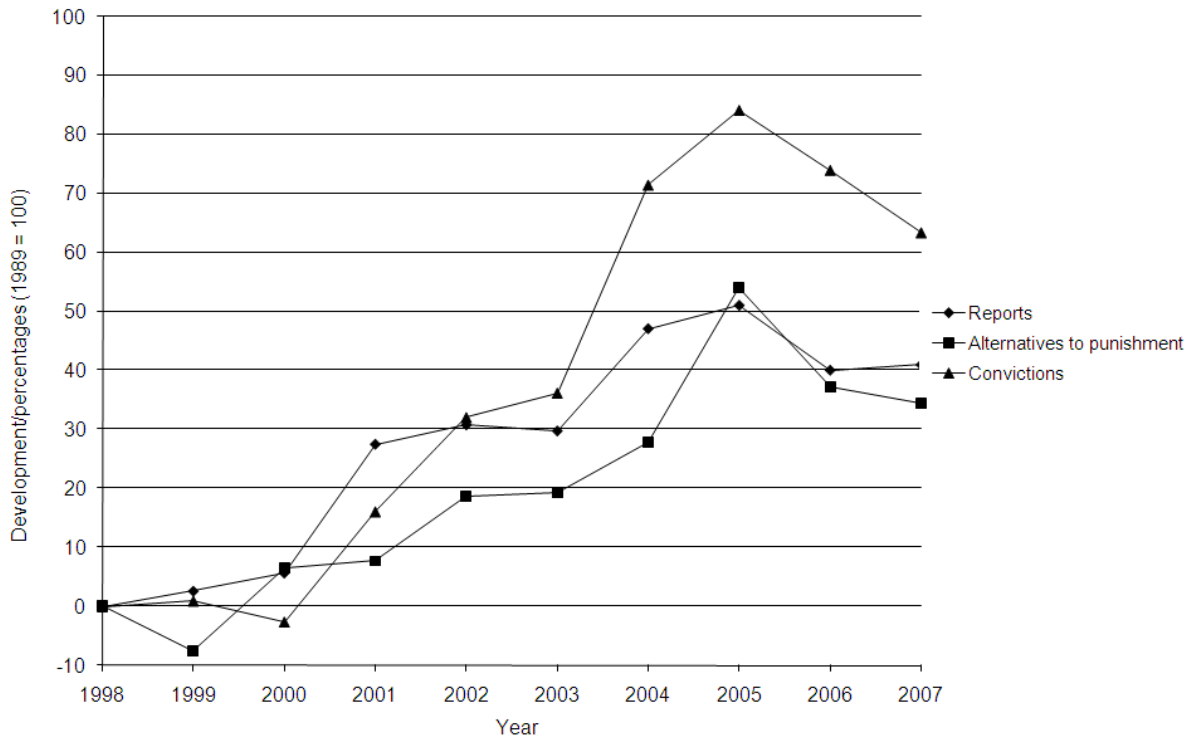
Section 35 (4) SMG = temporary waiving of reports in the case of small quantities of cannabis for personal use

Section 37 SMG = temporary dismissal of proceedings by the courts

Note: Data on Section 39 SMG (suspension of sentence – therapy instead of punishment) are not available at present.

Source: BMGFJ, calculations by GÖG/ÖBIG

Figure 11.3: Comparison of index-related development of reported drug offences, convictions and application of statutory alternatives to punishment in Austria from 1998 to 2007



Sources: BMI – Bundeskriminalamt (Federal Criminal Agency), Statistics Austria, BMGFJ; calculations by GÖG/ÖBIG

The disproportional rise in convictions in previous years cannot be explained. This increase definitely has not been caused by growing numbers of felonies committed (compared to misdemeanours; see Chapter 8.1). In part, it might result from a change in legal provisions in the context of the amendment to the SMG in 2001, however, under which temporary waivers of reports have no longer been obligatory in certain fields but may be granted at the discretion of the public prosecutors.

At the provincial level, Salzburg provided analyses of the results of examinations according to Section 12 of the Narcotic Substances Act (see also Chapters 2.1 and 4.3), which illustrates the implementation practice of the health authorities. In 2007 one health-related measure was recommended for 26% of persons examined, and for 61% of clients several measures were deemed advisable. In the case of 13%, no health-related measure was regarded to be necessary. Compared to the previous year, a single health-related measure was deemed to be sufficient less often, while an increase in approx. 7 percentage points shows with regard to recommendations of several measures (Drogenkoordination des Landes Salzburg 2008).

As in previous years, the measure that was recommended most often is medical supervision of the patients' state of health (79%), while recommendations of psychosocial counselling and treatment, after a decline from 2004 to 2006 again showed a rise for the first time in 2007, to 60% (2004: 71%; 2005: 62%; 2006: 51%).



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## Personal communications, alphabetical order

<b>Name and page</b>	<b>Organisation or function</b>
Anderwald, Christine (p. 48)	Caritas Marienambulanz outpatient clinic, Graz
Bauer, Dr. Bernhard (p. 48)	Caritas Marienambulanz outpatient clinic, Graz
Bruckner, Otmar (p. 75)	Federal Ministry of the Interior, Directorate General of Public Safety; Dept. II/2/d: Intervention Affairs – Traffic
Duspara, Vinko (p. 48)	Lukasfeld therapy department, Maria Ebene foundation, Vorarlberg
Ederer, Klaus Peter (pp. 53, 55, 63, 65)	Addiction Coordinator of Styria
Fischer, Dr. Gabriele (p. 48)	University Professor, Clinical Department of General Psychiatry, addiction clinic at the General Hospital Vienna
Fitsch, Brigitte (p. 18)	Kontakt & Co Addiction Prevention. Youth Red Cross
Haltmayer, Hans (pp. 48, 55)	VWS (Vienna Social Projects Association)
Hausleitner, B. (pp. 19, 23)	Addiction Prevention Unit of Burgenland
Hörhan, Ursula (pp. 36, 39)	Addiction Coordinator of Lower Austria
Kahl, Walter (p. 43)	Federal Ministry of Justice, Dept. V/1
Kern, Harald (pp. 20, 56)	Addiction Coordinator of the Tyrol
Klein, Jean-Paul (p. 49)	Federal Ministry for Health, Family and Youth, Dept. III/A/4
Kroschl, Christian (p. 74)	Federal Ministry of Justice
Mellish, P. (p. 20)	Addiction Prevention, Coordination and Counselling Unit of Lower Austria
Pietsch, Franz (p.p. 42, 43)	Federal Drug Coordinator; Federal Ministry for Health, Family and Youth
Schubert, Wolfgang (p. 74)	Federal Ministry for Transport, Innovation and Technology
Schwarzenbrunner, Thomas (p. 52)	Addiction and Drug Coordinator of Upper Austria
Sicherheitsdirektion NÖ (p. 34)	Provincial Directorate of Public Safety, Lower Austria
Stolz-Gombocz, Dr. Ingrid (p. 48)	Anton Proksch Institute, long-term therapy department for drug addicts with personality disorders, Mödling, Lower Austria
Szin, Gerhard (p. 75)	Federal Computing Centre
Wölfle, Dr. Roland (pp. 51, 57)	Lukasfeld therapy department, Maria Ebene foundation, Vorarlberg

## DATABASES

Best practice portal –Examples for evaluated measures: **EDDRA = Exchange on Drug Demand Reduction Action**

Internet database of the EMCDDA: <http://eddra.emcdda.europa.eu/html.cfm/index45497EN.html>

### **Austrian projects in the EDDRA database respectively Best practice portal of the EMCDDA (as of August 2008):**

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

**Addiction information in schools supported by experts**  
(kontakt+co - Suchtpräventionsstelle, Tyrol)

**Addiction prevention within the apprenticeship of the Austrian Federal Railways**  
(Institut für Suchtprävention, Vienna)

**Addiction prevention within the Styrian Soccer Association**  
(VIVID – Fachstelle für Suchtprävention, Styria)

**Ambulance for addiction diseases** at the University Hospital of Innsbruck, Department for Psychiatry  
(Universitätsklinik für Psychiatrie - Innsbruck, Tyrol)

**Become Independent:** education programme for prevention in schools  
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

**Caritas Marienambulanz.** Drug related street work, an outreach service in the field of medical care and treatment.  
(Caritas der Diözese Graz Seckau, Styria)

**CONTACT: Liaison service for hospitals**  
(Fonds Soziales, Vienna)

**DAPHNE project: Addicition as chance of survival?** For women with experience of violence.  
(Verein Dialog und Verein Wiener Sozialprojekte, Vienna)

**DP drugaddicts@work.** Equal ESF community initiative programme for reintegrating people with problematic drug use into the labour market.  
(Fonds Soziales, Vienna)

**Drug free zone Hirtenberg prison**  
(Justizanstalt Hirtenberg, Lower Austria)

**Drug Out: Innsbruck prison's therapy unit**  
(Justizanstalt Innsbruck, Tyrol)

**Early detection and intervention with regard to problematic drug use and addiction**  
(kontakt+co – Suchtpräventionsstelle, Tyrol)

**Employment Programme WALD** (Forest)  
(H.I.O.B. - Anlauf- und Beratungsstelle für Drogenabhängige, Vorarlberg)

**Erlenhof:** An inpatient treatment centre for addicts  
(Pro mente Upper Austria)

**Generation E:** Workshop for creative parents work  
(Institut für Suchtprävention, Fonds Soziales, Vienna)

**Grüner Kreis: A treatment facility for adolescents**

(Verein Grüner Kreis, Lower Austria)

**“Guat beinand’!”: Addiction prevention in communities and city districts**

(Akzente Salzburg – Suchtprävention, Salzburg)

**Health Promotion and Addiction Prevention in the Workplace**

(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

**High enough? – Practical kit for addiction prevention in the field of youth work**

(VIVID Fachstelle für Suchtprävention, Styria)

**H.I.O.B.:** Help, information, orientation and counselling for drug addicts

(H.I.O.B. - Anlauf- und Beratungsstelle für Drogenabhängige, Vorarlberg)

**In motion:** A multiplier project for addiction prevention at schools

(Institut Suchtprävention - eine Einrichtung von pro mente, Upper Austria)

**Job assistance** - subproject of the Vienna Job Exchange in the context of the Equal development partnership

(Wiener Berufsbörse, Vienna)

**Living together in the 2. district.** Program for the prevention of addiction in schools, children and youth work in urban areas.

(Institut für Suchtprävention, Vienna)

**Local Capital for Social Purposes** (a pilot action of the DG V of the EU) Programme:

“Socially Innovativ 2000” (EU regional management Eastern Styria)

(Volkshilfe Steiermark, VIVID Fachstelle für Suchtprävention, Regionalbüro Oststeiermark, Styria)

**Log In:** Measures for the integration and health promotion of former drug users

(Anton Proksch Institute, Lower Austria)

**Long-term therapy,** Anton Proksch-Institute, Mödling

(Anton Proksch Institute, Lower Austria)

**Long-term therapy facility CARINA**

(Stiftung Maria Ebene, Vorarlberg)

**Long-term treatment of drug dependence Senobio, Schnifis, Vorarlberg**

(Senobio, Vorarlberg)

**Low threshold service Ganslwirt**

(Verein Wiener Sozialprojekte, Vienna)

**Lukasfeld:** A short term therapy for young illegal drug addicts

(Stiftung Maria Ebene hospital, Vorarlberg)

**Making kids strong through Sports**

(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

**MDA basecamp** – mobile drug work in recreational settings

(Jugendzentrum Z6, Tyrol)

**Medico-psycho-social Sanatorium „Schweizer Haus Hadersdorf“**

(Evangelisches Haus Hadersdorf - WOBES, Vienna)

**Needles or Pins: Vienna:** A European Project to develop innovative projects for the social and labour integration of people with drug related problems.

(Beratungsstelle DIALOG, Vienna)

**Needles or Pins:** Occupational reintegration of (former) drug addicts.  
(Beratungsstelle DIALOG, Vienna)

**Peer education project**

(Fachstelle für Suchtvorbeugung, Koordination und Beratung, Lower Austria)

**Pib** – prevention in companies

(kontakt+co - Suchtpräventionsstelle, Tyrol)

**Pilot projekt:** Addiction prevention in Trofaiach

(b.a.s. (betrifft alkohol und sucht) – steirischer Verein für Suchtkrankenhilfe, Styria)

**Probation assistance for prisoners** at Vienna Favoriten prison provided by voluntary staff

(Verein für Bewährungshilfe und soziale Arbeit – Bewährungshilfe, Vienna)

**SAS:** Pupils searching for alternative solutions. A pupil multiplier project of primary addiction prevention based on the concept of peer group education.

(VIVID - Fachstelle für Suchtprävention, Styria)

**Scientific project: ChEckIT!**

(Verein Wiener Sozialprojekte, Vienna)

Social medicine counselling centre Ganslwirt

(Verein Wiener Sozialprojekte, Vienna)

**Socio economical company: Fix und Fertig (“All ready”)**

(Verein Wiener Sozialprojekte, Vienna)

**Stationenmodell:** Primary addiction prevention in schools

(Fachstelle für Suchtvorbeugung, Koordination und Beratung, Lower Austria)

**Step by Step:** A programme for early detection and crisis intervention at schools

(VIVID – Fachstelle für Suchtprävention, Styria)

**Streetwork mobile youth work: “Rumtrieb”** Wiener Neustadt

(Verein für Jugend und Kultur Wr. Neustadt, Lower Austria)

**Substitution treatment in the Outpatient Clinic for Addictions in Innsbruck**

(Outpatient Clinic for Addictions Innsbruck, Tyrol)

**Supervised housing**

(Verein Wiener Sozialprojekte, Vienna)

**Supromobil:** Secondary prevention of the Foundation Maria Ebene

(Stiftung Maria Ebene, Vorarlberg)

**The Umbrella Network Programme:** Analysis of border issues with regard to HIV, AIDS and STD problems and the development of cooperative border crossing preventative measures.

(Institut für Sozialdienste, Vorarlberg)

**Therapy for parents and children at Grüner Kreis**

(Verein Grüner Kreis, Lower Austria)

**Travelling exhibition** with the aim of addiction prevention: “Have you got the hang of everything?”

(Fachstelle für Suchtprävention, Lower Austria)

**Treatment and care of addicted offenders in Vienna Favoriten prison**

(Justizanstalt Wien-Favoriten, Vienna)

**Vienna Job Exchange**

(Wiener Berufsbörse, Vienna)

**Viennese pilot project “Pregnancy and Addiction”:** Aftercare of the children.  
Comprehensive care project for substance abusing mothers and their children  
(Neuropsychiatrische Abteilung für Kinder und Jugendliche am KH Rosenhügel, Vienna)

**Viennese pilot project “Pregnancy and Addiction”:** Comprehensive care for substance  
dependent mothers and their children  
(AKH, Vienna)

**Viktoria’s birthday:** Primary addiction prevention for primary school pupils.  
(Fachstelle für Suchtprävention, Lower Austria)

**Way Out:** Early intervention for young drug-using first offenders.  
(Kooperation der Landesstelle Suchtprävention und Neustart, Carinthia)

**Youth and addiction counselling centre “Auftrieb”**  
(Verein für Jugend und Kultur Wr. Neustadt, Lower Austria)

**Youth counselling centre „Waggon”**  
(TENDER – Verein für Jugendarbeit, Lower Austria)

**Youth without borders?! Mladi brez meja?!** – Addiction prevention in the district of  
Radkersburg  
(blue|monday gesundheitsmanagement, Styria)

## 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 for the Province of Burgenland  
<http://www.psd-bgld.at/suchtkoordination/index.html>

Drug Coordinators for the Province of Carinthia  
[http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN\\_ID=42](http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN_ID=42)

Addiction Coordinators of the Province of Lower Austria  
<http://www.suchtvorbeugung.at/suchtkoordination/>

Drug and Addiction Coordinators of the Province of Upper Austria  
[http://www.land-oberoesterreich.gv.at/cps/rde/xchg/SID-3DCFCFC3-8C8F5206/ooe/hs.xsl/554\\_DEU\\_HTML.htm](http://www.land-oberoesterreich.gv.at/cps/rde/xchg/SID-3DCFCFC3-8C8F5206/ooe/hs.xsl/554_DEU_HTML.htm)

Drug Coordinators of the Province of Salzburg  
[http://www.salzburg.gv.at/themen/gs/soziales/leistungen\\_und\\_angebote/abhaengigkeit/a\\_bhaengigkeit\\_drogenkoordination.htm](http://www.salzburg.gv.at/themen/gs/soziales/leistungen_und_angebote/abhaengigkeit/a_bhaengigkeit_drogenkoordination.htm)  
Addiction Coordinators of the Province of Styria  
<http://www.drogenberatung-stmk.at/>

Addiction Coordinators of the Province of the Tyrol  
<http://www.tirol.gv.at/themen/gesellschaft-und-soziales/soziales/suchtkoordination/>

Addiction Coordinators of the Province of Vorarlberg  
[http://www.vorarlberg.at/vorarlberg/gesellschaft\\_soziales/gesellschaft/suchtkoordination/start.htm](http://www.vorarlberg.at/vorarlberg/gesellschaft_soziales/gesellschaft/suchtkoordination/start.htm)

Addiction and Drug Coordinators Vienna (SDW),  
<http://www.drogenhilfe.at>

### Provincial Addiction Prevention Units:

Burgenland: Fachstelle für Suchtprävention Burgenland  
<http://www.psd-bgld.at/suchtpraevention/index.html>

Carinthia: Landesstelle für Suchtprävention Kärnten  
[http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN\\_ID=77](http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN_ID=77)

Lower Austria: Fachstelle für Suchtvorbeugung, Koordination und Beratung, NÖ  
<http://www.suchtvorbeugung.at>

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

Salzburg: AKZENTE Suchtprävention – Fachstelle für Suchtvorbeugung Salzburg  
<http://www.akzente.net/Suchtpraevention.7.0.html>

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



Tyrol: Kontakt&co – Suchtprävention. Jugendrotkreuz, Tirol  
<http://www.kontaktco.at>

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

### **Federal Ministries:**

Federal Ministry for Health, Family and Youth  
<http://www.bmgfj.gv.at>

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

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

Federal Ministry for Education, the Arts and Culture  
<http://www.bmukk.gv.at>

Federal Ministry of Science and Research  
<http://www.bmwf.gv.at>

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

Federal Ministry for Transport, Innovation and Technology  
<http://www.bmvit.gv.at>

### **Monitoring and research:**

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

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

Ludwig Boltzmann Institute of Addiction Research at Anton Proksch Institute  
<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  
(Uniform documentation and reporting system of clients of Austrian drug help centres)  
<http://tdi.oebig.at>

### **Other websites:**

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

Allgemeines Krankenhaus in Wien (General Hospital Vienna)  
<http://www.meduniwien.ac.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>

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

Bundesarbeitsgemeinschaft Streetwork – Mobile Jugendarbeit Österreich (federal association of mobile youth street work in Austria)  
<http://www.bast.at>

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

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

Caritas Graz – Kontaktladen (contact point)  
<http://caritas-steiermark.at>

ChEck iT! – Vienna Social Projects Association (VWS)  
<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>

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

ENCARE Austria  
<http://www.encare.at>

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

Fachzeitschrift für Online-Beratung und computervermittelte Kommunikation (Magazine for online counselling and computer-aided communication)  
<http://www.e-beratungsjournal.net>

Fonds Gesundes Österreich  
<http://www.fgoe.org/startseite>

Ganslwirt – Verein Wiener Sozialprojekte (low-threshold centre; Vienna Social Projects Association)  
<http://www.vws.or.at/ganslwirt>

Grüner Kreis – Society for the rehabilitation and integration of addicted persons  
<http://www.gruenerkreis.at>

Haus am Seespitz (short-term therapy centre for drug patients)  
<http://sogis.i-med.ac.at/ich-brauche-hilfe/einrichtungsdaten.cfm?eid=47>

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

Jugendstreetwork Graz (youth street work)  
<http://caritas-graz.at/home.php?cakt=einr&id=2&einrakt=&narchiv=&armonat=&arjahr=&suche=&einrid=&ibhid=&mitid>

Klinische Abteilung für Allgemeine Psychiatrie; Universitätsklinik für Psychiatrie in Wien  
(Clinical department of general psychiatry, Vienna University Hospital of Psychiatry)  
<http://www.medizin-medien.info/dynasite.cfm?dssid=4263>

Komfüdros – communication centre for drug users  
[http://www.caritas-innsbruck.at/einrichtungen.cfm?mode=showseite1&e\\_id=15](http://www.caritas-innsbruck.at/einrichtungen.cfm?mode=showseite1&e_id=15)

Krankenhaus Rosenhügel (hospital)  
<http://www.wienkav.at/kav/nkr/>

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

Lukasfeld – (therapy 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\\_69.html](http://www.dialog-on.at/article_69.html)

Neustart – Bewährungshilfe, Konfliktregelung, Soziale Arbeit (probation assistance, conflict management, social work)  
<http://www.neustart.at/>

Otto-Wagner-Spital – drug institute  
[http://www.wienkav.at/kav/ows/medstellen\\_anzeigen.asp?suchstring=912](http://www.wienkav.at/kav/ows/medstellen_anzeigen.asp?suchstring=912)

Österreichische Caritaszentrale –  
[http://www.esf.at/projekte/arbeitslose/projekte\\_ida.html](http://www.esf.at/projekte/arbeitslose/projekte_ida.html)

Österreichischer Verein für Drogenfachleute (Austrian Association of Experts in the Field of Drugs)  
<http://www.oevdf.at>

Österreichisches Netzwerk Gesundheitsfördernde Schulen (Austrian Network of Health-Promoting Schools)  
<http://www.schule.at/gesundheit>

Plattform Drogentherapien – information on opiate addiction  
<http://www.drogensubstitution.at>

pro mente Oberösterreich (psychosocial care association)  
<http://www.promenteooe.at>

Schulpsychologie Bildungsberatung (school psychology, education counselling)  
<http://www.schulpsychologie.at>

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

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

Stadt Wien - City of Vienna  
<http://www.magwien.gv.at>

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

Streetwork Graz (street social work)  
<http://caritas-steiermark.at>

Substanz – Verein für suchtbegleitende Hilfe (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>

Tiroler JugendWeb – Drogen, Sucht, Hilfe (Tyrolean youth network for drug assistance)  
<http://www.startblatt.net/at/jugend/jugend-tirol/tiroler-jugendweb>

Verein für eine Legalisierung von Cannabis (legalise cannabis association)  
<http://www.legalisieren.at>

VIVA (drug counselling centre)  
[http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN\\_ID=109&SEI\\_ID=99&LST\\_ID=48](http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN_ID=109&SEI_ID=99&LST_ID=48)

Vorarlberger Drogenhilfe (drug help services)  
[www.suchthaufen.at](http://www.suchthaufen.at)

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

Verein Jugend & Kultur Wiener Neustadt (youth and culture association)  
<http://www.jugendundkultur.at>

Wiener BerufsBörse (Vienna Job Exchange)  
<http://www.berufsboerse.at>



# **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 2001 to 2007

Study (author(s), year of publication)	Area covered year of data collection (period covered)	Target group (sample)	Drug types surveyed	Percentage of re- spondents with drug experience	
				Age group	%
<i>Wiener Suchtmittelstudie /</i> drug survey, Vienna (FSW and IFES 2002)	Vienna 2001 (lifetime)	General population aged 15 and older (n = 650)	Cannabis Ecstasy Amphetamines Cocaine Opiates	15+ 15+ 15+ 15+ 15+	14 1 1 1 1
<i>Suchtmittelstudie</i> <i>Steiermark /</i> drug survey, Styria (IFES 2002)	Styria 2002 (lifetime)	General population aged 14 to 60 (n = 1 000)	Illicit drugs (total) Cannabis Other illicit drugs	14–60 14–60 14–60	14 13 2
<i>Bevölkerungsbefragung OÖ /</i> general population survey, Upper Austria (Seyer 2005)	Upper Austria 2003 (lifetime)	General population aged 15 and older (n = 1 018)	Cannabis Ecstasy Amphetamines Cocaine Heroin Morphine LSD Solvents and inhalants Biogenic drugs	15–59 15–59 15–59 15–59 15–59 15–59 15–59 15–59 15–59	23.7 3.9 3.6 3.7 2.0 2.1 3.3 5.8 3.9
<i>Wiener Suchtmittelstudie /</i> drug survey, Vienna (IFES 2004)	Vienna 2003 (lifetime)	General population aged 15 and older (n = 750)	Cannabis Ecstasy Amphetamines Cocaine Opiates Biogenic drugs Other illicit drugs (e.g., LSD)	15+ 15+ 15+ 15+ 15+ 15+ 15+	16 2 2 3 1 3 2
<i>Bevölkerungsbefragung</i> <i>Österreich /</i> general population survey, Austria (Uhl et al. 2005a)	Austria 2004 (lifetime)	General population aged 14 and older (n = 4 547)	Cannabis Ecstasy Amphetamines Cocaine Opiates Biogenic drugs LSD Solvents and inhalants	14+ 14+ 14+ 14+ 14+ 14+ 14+ 14+	20.1 3.0 2.4 2.3 0.7 2.7 1.7 2.4
<i>Wiener Suchtmittelstudie /</i> drug survey, Vienna (IFES 2005)	Vienna 2005 (lifetime)	General population aged 15 and older (n = 600)	Cannabis Ecstasy Amphetamines Cocaine Opiates Biogenic drugs Other illicit drugs (e.g., LSD)	15+ 15+ 15+ 15+ 15+ 15+ 15+	17 2 2 2 2 3 2
<i>Bevölkerungsbefragung OÖ /</i> general population survey, Upper Austria (Seyer et al. 2007)	Upper Austria 2006 (lifetime)	General population aged 15 to 59 (n = 1 125)	Cannabis Ecstasy Amphetamines Cocaine Heroin Morphine LSD Solvents and inhalants Biogenic drugs	15–59 15–59 15–59 15–59 15–59 15–59 15–59 15–59 15–59	27.6 7.3 7.6 5.8 4.2 4.4 4.6 8.0 7.4
<i>Gesundheitsbefragung</i> <i>Österreich (ATHIS) /</i> Austrian Health Interview Survey (ATHIS) (Klimont et al. 2007)	Austria 2006/7 (lifetime)	General population aged 15 to 64 (n = 11 822)	Cannabis Cannabis Cannabis Cannabis Cannabis	15+ 15–24 25–34 35–44 45–54 55–64	9.7 13.0 15.0 10.1 6.7 2.8
<i>Wiener Suchtmittelstudie /</i> drug survey, Vienna (IFES 2008)	Vienna 2007 (lifetime)	General population aged 15 and older (n = 624)	Cannabis Ecstasy Amphetamines Cocaine Opiates Biogenic drugs Other illicit drugs (e.g., LSD)	15+ 15+ 15+ 15+ 15+ 15+ 15+	19 4 4 4 2 7 4

Summarised by GÖG/ÖBIG

Table A2: Overview of selected youth surveys on drug experience among young people in Austria from 2001 to 2007

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	%
<i>Schulstudie Burgenland /</i> school survey, Burgenland (Schönfeldinger 2002)	Burgenland 2001 (lifetime)	Students in their 7th to 13th school years (n = 1 899)	Cannabis Ecstasy Cocaine Heroin Speed Hallucinogenic drugs Solvents in 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
<i>HBSC-Studie /</i> HBSC study (Dür und Mravlag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1 292)	Cannabis	15	14
<i>ESPAD Österreich /</i> ESPAD Austria (Uhl et al. 2005b)	Austria 2003 (lifetime)	Students aged 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
<i>Berufsschulstudie</i> <i>Steiermark /</i> vocational school survey, Sty- ria (Hutsteiner, Seebauer, Auferbauer 2005)	Styria 2005 (lifetime)	Trainees at vocational school aged 15 to 19 (n = 3 919)	Cannabis Party drugs Cocaine Crack Opiates Amphetamines Hallucinogenic drugs Solvents and inhalants Magic mushrooms	15–20 15–20 15–20 15–20 15–20 15–20 15–20 15–20 15–20	27.1 4.8 2.0 1.1 1.4 3.1 1.8 11.4 8.9
<i>HBSC-Studie /</i> HBSC Study (Dür und Griebler 2007)	Austria 2005/6 (lifetime)	Students aged 15 (n = 1 239)	Cannabis	15	14
<i>Bevölkerungsbefragung OÖ /</i> general population survey, Upper Austria (Seyer et al. 2007)	Upper Austria 2006 (lifetime)	Adolescents and young adults aged 15 to 24 (n = 669)	Cannabis Ecstasy Heroin Morphine Amphetamines Cocaine LSD Solvents and inhalants Biogenic drugs	15–24 15–24 15–24 15–24 15–24 15–24 15–24 15–24 15–24	36.9 12.3 7.7 8.5 12.3 10.0 9.0 16.5 13.0
<i>Schulstudie Burgenland /</i> school survey Burgenland (Falbesoner und Lehner 2008)	Burgenland 2007 (lifetime)	Students in their 7th to 13th school years (n = 1 213)	Cannabis Ecstasy Cocaine Heroin Speed Solvents and inhalants Biogenic drugs	12–19 12–19 12–19 12–19 12–19 12–19 12–19	11 2 2 2 3 15 4
<i>ESPAD Österreich /</i> ESPAD Austria (ESPAD-Austria 2007)	Austria 2007 (lifetime)	Students aged 15 to 16 (n = 4 574)	Cannabis Ecstasy Cocaine Crack Heroin Amphetamines GHB LSD Solvents and inhalants Magic mushrooms	15–16 15–16 15–16 15–16 15–16 15–16 15–16 15–16 15–16 15–16	18.0 3.4 3.2 2.3 1.8 7.7 2.3 2.8 14.1 4.1

Summarised by GÖG/ÖBIG

Table A3: Number of directly drug-related deaths in Austria by cause of death from 1998 to 2007

Cause of death	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Intoxication by opiate(s)	27	25	18	17	17	40	38	31	27	9
Poly-drug intoxication with opiate(s)	81	101	147	119	119	115	133	134	137	138
Poly-drug intoxication by narcotic drug(s) without opiates	1	2	2	3	3	8	4	4	5	5
Psychoactive medicines	8	8	*	*	*	*	*	*	*	*
Intoxication of unknown type	0	0	0	0	0	0	10	22	28	23
Directly drug-related deaths/total	117	136	167	139	139	163	185	191	197	175

\* = as of 2000 no longer taken into account

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A4: Number of directly drug-related deaths in Austria by province from 1998 to 2007

Province	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	1998–2007
Burgenland	2	0	0	0	0	2	5	3	3	5	20
Carinthia	3	7	2	5	7	6	4	6	7	4	51
Lower Austria	9	8	11	14	12	13	31	29	38	27	192
Upper Austria	6	2	11	8	6	13	15	13	14	12	100
Salzburg	11	7	6	7	7	5	7	8	6	3	67
Styria	5	6	11	9	13	14	12	17	12	16	115
Tyrol	12	14	11	16	13	13	15	17	16	11	138
Vorarlberg	6	5	5	11	6	5	8	6	6	7	65
Vienna	63	87	110	69	75	92	88	92	95	90	861
Total	117	136	167	139	139	163	185	191	197	175	1 609

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A5: Number of directly drug-related deaths in Austria by age group and total by gender from 1998 to 2007

Age group	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007	
	abs.	%	abs.	abs.	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 or younger	7	6.0	16	16	19	11.4	20	15.1	18	12.9	20	12.3	40	21.6	28	14.7	40	20.3	24	13.7
20–24	35	29.9	23	23	33	19.8	21	14.4	20	14.4	37	22.7	40	21.6	48	25.1	51	25.9	46	26.3
25–29	20	17.1	23	23	31	18.6	19	13.7	24	17.3	28	17.2	30	16.2	36	18.8	34	17.3	23	13.1
30–34	20	17.1	27	27	27	16.2	27	19.4	23	16.5	24	14.7	19	10.2	25	13.1	19	9.7	35	20.0
35–39	16	13.7	28	28	27	16.8	25	18.0	24	17.3	29	17.8	23	12.4	19	9.9	15	7.6	22	12.6
40 or older	19	16.2	19	19	30	17.4	27	19.4	30	21.6	25	15.3	33	17.8	35	18.3	38	19.3	25	14.3
<b>Total</b>	<b>117</b>	<b>100</b>	<b>136</b>	<b>136</b>	<b>167</b>	<b>100</b>	<b>139</b>	<b>100</b>	<b>139</b>	<b>100</b>	<b>163</b>	<b>100</b>	<b>185</b>	<b>100</b>	<b>191</b>	<b>100</b>	<b>197</b>	<b>100</b>	<b>175</b>	<b>100</b>
<b>Women</b>	16	13.7	38	38	35	21.0	22	15.8	25	18.0	30	18.4	38	20.5	43	22.5	42	21.3	39	22.2
<b>Men</b>	101	86.3	98	98	132	79.0	117	84.2	114	82.0	133	81.6	147	79.5	148	77.4	155	78.7	136	77.7

abs. = absolute figures

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A6: Distribution of directly drug-related deaths in Austria by cause of death and age in 2007

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	1	2	0	2	0	0	0	1	6
		Several opiates	0	1	2	0	0	0	0	0	0	3
		+ alcohol	0	1	3	1	5	3	1	0	0	14
		+ psychoactive medicines	0	10	15	7	9	6	1	2	1	51
		+ alcohol + psychoactive medicines	1	0	6	1	14	5	1	1	3	32
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	0	4	2	1	0	0	2	0	9
		ND + alcohol	0	1	3	2	0	0	1	0	0	7
		ND + psychoactive medicines	1	2	8	1	1	2	4	0	0	19
		ND + alcohol + psychoactive medicines	0	0	1	2	0	1	0	2	0	6
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	2	1	0	0	0	3
		ND + alcohol	0	0	0	0	0	0	0	0	0	0
		ND + psychoactive medicines	0	1	0	1	0	0	0	0	0	2
		ND + alcohol + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Intoxication of unknown type		1	4	2	6	1	4	1	4	0	23
	Directly drug-related deaths/total		3	21	46	23	35	22	9	11	5	175
	of these: men		0	13	38	23	28	15	8	8	3	136

ND = Narcotic drug(s)

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A7: Distribution of directly drug-related deaths in Austria by cause of death and province in 2007

Cause of death			Province									
			B	C	LA	UA	S	ST	T	VB	W	A
Intoxications	Opiates	One opiate	0	0	1	0	0	0	1	0	4	6
		Several opiates	1	0	1	0	0	0	0	0	1	3
		+ alcohol	0	1	3	1	0	1	4	1	3	14
		+ psychoactive medicines	1	2	10	4	1	7	0	1	25	51
		+ alcohol + psychoactive medicines	0	0	1	1	0	6	5	2	17	32
	Opiates and other narcotic drugs	Narcotic drug(s) only	1	1	3	1	0	0	0	1	2	9
		ND + alcohol	0	0	2	1	1	1	0	0	2	7
		ND + psychoactive medicines	1	0	4	0	1	1	0	1	11	19
		ND + alcohol + psychoactive medicines	0	0	0	2	0	0	1	1	2	6
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	0	0	0	0	3	3
		ND + alcohol	0	0	0	0	0	0	0	0	0	0
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	2	2
		ND + alcohol + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Intoxication of unknown type		1	0	2	2	0	0	0	0	18	23
	<b>Directly drug-related deaths/total</b>		<b>5</b>	<b>4</b>	<b>27</b>	<b>12</b>	<b>3</b>	<b>16</b>	<b>11</b>	<b>7</b>	<b>90</b>	<b>175</b>
	Directly drug-related <b>deaths per 100 000 inhabitants</b> aged 15 to 64 years		<b>2.7</b>	<b>1.1</b>	<b>2.5</b>	<b>1.3</b>	<b>0.8</b>	<b>1.9</b>	<b>2.3</b>	<b>2.8</b>	<b>7.8</b>	<b>3.1</b>

ND = Narcotic drug(s)

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

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A8: Development of AIDS cases in Austria by risk situation from 1998 to 2007

Risk situation	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Homo-/bisexual contact	28	27	13	21	19	7	16	13	16	17
Injecting drug use	26	28	23	27	21	12	13	14	4	12
Heterosexual contact	25	31	28	33	40	21	31	17	30	19
Other cause/unknown	20	15	23	11	15	10	10	14	10	16
Total	99	101	87	92	95	50	70	58	60	64

Source: BMGFJ, calculations by GÖG/ÖBIG

*Table A9: Distribution of reports of violations of the Narcotic Substances Act in Austria by first offenders and repeat offenders, development from 1998 to 2007*

Reports	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total numbers of reports	17 141	17 597	18 125	21 862	22 422	22 245	25 215	25 892	24 008	24 166
First offenders	8 672	9 868	9 343	11 033	11 269	12 117	14 346	15 569	15 808	16 053
Repeat offenders	8 228	7 463	8 296	10 052	10 380	9 288	9 990	9 520	7 636	7 569

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

Note: all reports, not only narcotic substances, but also psychotropic substances

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

*Table A10: Distribution of reports of violations of the Narcotic Substances Act (narcotic substances only) in Austria from 1998 to 2007*

Province	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Burgenland	707	603	843	712	805	984	967	923	1 033	1 008
Carinthia	1 076	1 208	1 088	1 758	1 676	1 659	1 464	1 529	1 190	1 408
Lower Austria	2 519	2 389	2 624	2 975	3 319	3 017	3 531	3 632	3 050	3 464
Upper Austria	2 334	1 946	1 887	2 677	3 054	2 782	3 521	3 769	3 209	3 786
Salzburg	1 053	840	718	1 471	1 384	868	1 077	1 092	1 001	1 116
Styria	973	1 367	1 305	1 601	1 910	1 570	1 705	1 516	1 435	1 929
Tyrol	2 212	2 152	2 687	2 449	2 229	2 102	2 695	2 775	2 607	2 454
Vorarlberg	1 144	1 848	1 183	1 447	1 265	1 146	1 044	1 008	1 240	1 153
Vienna	4 606	4 858	5 233	6 212	6 210	7 652	8 524	8 797	7 925	6 611
Total	16 624	17 211	17 568	21 302	21 852	21 780	24 528	25 041	22 690	22 929

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

*Table A11: Distribution of reports of violations of the Narcotic Substances Act in Austria by drug type from 1998 to 2007*

Drug type	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis	16 376	17 236	17 001	19 760	19 939	17 706	20 252	20 900	19 021	19 063
Heroin und opiates	2 850	2 524	2 413	3 802	3 954	4 717	4 770	4 720	3 516	3 294
Cocaine + crack	2 103	2 608	2 494	3 416	3 762	4 785	5 365	5 491	4 252	4 263
LSD	736	532	477	506	327	214	196	160	164	196
Ecstasy	1 411	1 517	2 337	2 940	2 998	2 473	2 362	2 106	1 763	1 889
Amphetamines	–	–	1 041	1 215	1 357	1 619	1 741	1 664	1 503	1 914
Psychotropic substances	802	750	780	822	736	603	903	1 085	1 701	1 555
Other drugs	–	–	–	1 288	1 524	1 311	1 826	2 471	3 299	3 237

– = not evaluated separately or not specified

Note: because of data broken down by type of drug, one report 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 A12: Distribution of reports of violations of the Narcotic Substances Act in Austria by drug type and province in 2007*

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	976	1 622	2 796	3 706	1 116	1 903	2 433	1 110	3 401	19 063
Heroin und opiates	88	81	564	655	89	136	88	223	1 370	3 294
Cocaine + crack	123	238	573	492	193	182	512	275	1 675	4 263
LSD	35	1	53	34	7	13	28	11	14	196
Ecstasy	114	108	562	379	166	193	129	57	181	1 889
Amphetamines	134	50	561	464	130	231	89	55	200	1 914
Psychotropic substances	13	20	137	48	15	80	38	54	1 150	1 555

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

Note: because of data broken down by type of drug, one report 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 A13: Convictions under the Narcotic Substances act (SMG) and total number of convictions in Austria from 1998 to 2007*

Year	Total number of convictions under the SMG	Convictions under Section 28 SMG	Convictions under Section 27 SMG	Convictions in Austria	
				Total number	Under the SMG (percentages)
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
2005	6 128	1 357	4 702	45 691	13.4
2006	5 795	1 464	4 246	43 414	13.3
2007	5 437	1 387	3 956	43 158	12.6

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

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, therefore not all convictions under the SMG are covered.

Source: Statistics Austria (criminal court statistics)



*Table A14: Final convictions under the Narcotic Substances Act (SMG) in Austria by age, gender and basis of conviction in 2007*

Basis of conviction		14–19 years	20–24 years	25–29 years	30–34 years	> 34 years	Total
SMG total	Men	863	1 723	940	494	804	4 824
	Women	115	216	106	65	111	613
Section 28 SMG	Men	134	364	270	166	299	1 233
	Women	28	47	21	19	39	154
Section 27 SMG	Men	729	1 348	662	316	457	3 512
	Women	87	165	83	43	66	444

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

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, therefore not all convictions under the SMG are covered.

Source: Statistics Austria (criminal court statistics)

*Table A15: Final convictions under the Narcotic Substances Act (SMG), young people and adults, basis of conviction and type of punishment in 2007*

Basis of conviction		Fine	Prison sentence			Other punishment <sup>1</sup>	Total
			Probation	No probation	Partial probation		
SMG total	Young people	108	118	42	27	36	331
	Adults	1 512	1 609	1 373	486	126	5 106
Section 28 SMG (felonies)	Young people	2	21	13	11	3	50
	Adults	24	318	659	297	39	1 337
Section 27 SMG (misdemeanours)	Young people	106	97	29	16	33	281
	Adults	1 460	1 250	693	187	85	3 675

Young people = person younger than 18 at the time of the offence

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

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

<sup>1</sup> Other punishment: partial probation (Section 43(2) StGB), referrals to institutions (Section 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, therefore not all convictions under the SMG are covered.

Source: Statistics Austria (criminal court statistics)

Table A16: Development of alternatives to punishment applied in Austria from 1998 to 2007

Waiving of reports/ suspension of proceedings	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total	7 468	6 989	8 049	8 145	8 974	9 023	9 666	11 660	10 379	10 175
Section 35 SMG (waiving of reports)	6 557	5 979	6 924	7 346	7 817	7 902	8 599	10 668	9 173	9 008
Of these: Section 35 (4) SMG (cannabis)	1 380	1 330	1 410	1 570	1 876	1 499	2 016	2 697	1 895	1 841
Section 37 SMG (dismissal of proceedings)	911	1 010	1 125	799	1 157	1 121	1 067	992	1 206	1 167

Section 35 SMG = temporary waiving of reports by the public prosecutor

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

Section 37 SMG = temporary dismissal of proceedings by the court

Note: data on Section 39 of the SMG (suspension of sentence – therapy instead of punishment) are not available at present.

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A17: Number of seizures of narcotic drugs/substances in Austria from 1998 to 2007

Narcotic drug/substances	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis	4 683	5 079	4 833	5 249	5 294	5 422	6 202	6 012	5 770	5 732
Heroin	654	452	478	895	836	1 263	1 383	1 371	883	765
Cocaine	531	519	554	768	863	1 271	1 475	1 507	1 044	1 087
Amphetamines	–	–	141	161	202	294	324	312	299	319
LSD	61	56	42	32	20	33	29	20	20	39
Ecstasy	135	215	330	352	308	276	286	295	248	250
Psychotropic substances	14	74	65	1	0	6	5	2	2	10
Psychotropic medicines	521	517	501	566	515	432	678	823	1 300	1 019

– = not evaluated separately or not specified

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A18: Seizures of narcotic drugs/substances in Austria by quantity from 1998 to 2007

Narcotic drug/substances	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis (kg)	1 336	451	1 806	456	743.1	925.9	1 680.9	819.9	1 880.4	1 276.0
Heroin (kg)	118	78	230	288	59.5	42.8	235.0	282.2	34.3	117.0
Cocaine (kg)	99	63	20	108	36.9	58.3	75.5	244.9	61.8	78.1
Amphetamines (kg)	–	–	1	3	9.4	54.2	25.7	8.9	38.17	17.5
LSD (trips)	2 494	2.811	865	572	851	298	2 227.5	2 108.5	10 831.5	1 058
Ecstasy (number of pills)	114 677	31 129	162 093	256 299	383 451	422 103	122 663	114 104	30 855	66 167
Psychotropic substances (kg)	0.13	4.00	1.29	0.00	0.00	0.20	0.10	0.02	0.03	0.21
Psychotropic medicines (units)	82 018	36 437	38 507	31 377	20 081	15 649	21 119	27 104	44 416	26 289

– = not evaluated separately or not specified

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A19: Ingredients of samples bought as ecstasy and analysed by the ChEck iT! Project at parties and clubbings from 1999 to 2007

Ingredients	Samples bought as ecstasy (percentages)								
	1999 (n = 155)	2000 (n = 326)	2001 (n = 271)	2002 (n = 269)	2003 (n = 95)	2004 (n = 95)	2005 (n = 57)	2006 (n = 134)	2007 (n = 117)
MDMA	85.81	81.90	77.12	68.03	83.45	71.58	70.20	74.60	60.7
MDMA + MDE	0.00	3.07	2.21	14.13	7.59	9.47	0.00	1.50	0.00
MDMA + MDA	0.00	0.92	1.48	6.69	0.00	0.00	0.00	0.70	0.00
MDE and/or MDA	0.65	1.23	7.01	0.37	0.00	7.37	0.00	0.00	0.00
MDMA + caffeine	1.29	1.53	0.00	0.74	0.69	1.05	5.30	5.20	0.90
MDMA + amphetamines	0.65	0.61	0.37	0.00	0.69	0.00	1.80	1.50	0.00
MDMA + various combinations*	3.87	2.15	0.37	0.00	3.45	1.05	12.30	0.00	6.00
PMA/PMMA	0.00	1.23	0.37	0.00	0.69	0.00	0.00	0.00	0.00
Amphetamines	3.87	1.53	0.00	1.86	1.38	0.00	1.80	4.50	0.00
Methamphetamine	0.00	0.61	2.58	1.49	0.00	0.00	0.00	0.70	0.00
Caffeine	0.00	0.92	0.00	1.49	0.00	1.05	0.00	0.70	1.70
Chinine/chinidine	0.00	0.61	1.11	0.00	0.00	0.00	0.00	0.00	0.00
Various combinations*	3.87	3.68	7.38	5.20	2.07	8.42	8.80	10.40	30.8

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

Source: Vienna Social Projects Association (VWS)

Table A20: Ingredients of samples bought as speed and analysed by the ChEck iT! Project at parties and clubbings from 1999 to 2007

Ingredients	Samples bought as speed (percentages)								
	1999 (n = 67)	2000 (n = 93)	2001 (n = 51)	2002 (n = 87)	2003 (n = 57)	2004 (n = 41)	2005 (n = 33)	2006 (n = 75)	2007 (n = 129)
Amphetamines	53.73	56.99	60.78	45.98	35.09	21.95	33.30	24.00	22.50
Amphetamines + caffeine	4.48	9.68	9.80	8.05	15.79	19.51	6.10	29.30	10.10
Amphetamines + methamphetamine	1.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Amphetamines + various combinations*	20.90	7.53	3.92	17.24	29.82	39.02	24.20	24.00	31.80
Methamphetamine	7.46	3.23	1.96	3.45	1.75	2.44	3.00	0.00	10.10
Caffeine	1.49	3.23	11.76	8.05	0.00	4.88	9.10	1.30	1.60
MDMA	2.99	3.23	0.00	1.15	0.00	0.00	6.10	4.00	0.00
Ephedrine total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Various combinations*	7.46	16.13	11.76	16.09	17.54	12.20	18.20	17.30	24.00

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

Source: Vienna Social Projects Association (VWS)

*Table A21: Number of persons currently registered for substitution treatment in Austria in the BMGFJ monitoring system by treatment/continued treatment and province in 2007*

Treatment	B	C	LA	UA	S	St	T	VB	V
Continued treatment	111	255	1 036	542	385	909	333	436	4 284
First treatment	56	80	373	240	40	204	72	72	937
Total	167	335	1 409	782	425	1 113	405	508	5 221

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

Note: **continued treatment** means treatment started before the respective year, or repeated treatment of persons who have already undergone substitution treatment before. **First treatment** means treatment of persons who have never undergone substitution treatment before. The figures relate to treatments reported to the BMGFJ, which partly differ considerable from the figures collected at provincial level.

\* 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: BMGFJ, calculations by GÖG/ÖBIG

*Table A22: Exchange and sale of syringes by province in 2007*

Province	Number of syringe provision points	Number of vending machines	Number of syringes provided (exchanged or sold)
Burgenland	0	0	0
Carinthia <sup>1</sup>	–	–	–
Lower Austria	0	0	0
Upper Austria	3	0	142 279
Salzburg	1	2	4 544 <sup>2</sup>
Styria <sup>3</sup>	1	1	313 283
Tyrol	3	3	234 170
Vorarlberg	5	5	162 500
Vienna	3	0	2 320 842
<b>Total</b>	<b>16</b>	<b>11</b>	<b>3 177 618</b>

<sup>1</sup> – = No information/data provided

<sup>2</sup> Data not complete

<sup>3</sup> Syringes are only available in Graz, the capital of Styria

Source: GÖG/ÖBIG – Standard Table 10: Syringe Availability in 2008, calculations by GÖG/ÖBIG

Table A23: Current health problems of clients of Vienna's drug help system (BADO), 2002–2006, percentages

Current health problems	2002	2003	2004	2005	2006
Chronic hepatitis C	42	39	30	35	31
Dental problems	22	22	19	23	21
Gastrointestinal problems	12	13	11	16	14
Psychiatric diseases	11	9	9	10	12
Dermatological and venous problems	8	9	7	10	8
Aids, HIV infection	7	5	4	4	4
Spasms, epileptic seizures	6	7	5	6	6
Chronic hepatitis B	5	5	4	4	3
Chronic ill health	2	1	1	1	1
Gynaecological problems	1	3	2	4	4
STD (sexually transmitted diseases)	1	1	*	1	1
Other health problems	7	10	9	8	8
No current health problems	30	34	41	35	38

\* = share of less than 1%

Note: Any information on health-related problems exclusively relates to indications by clients and is based neither on specific diagnostic questions nor on medical findings.

Source: IFES 2007, representation by GÖG/ÖBIG

Table A24: Persons starting drug-specific treatment or assistance in 2007, by age and gender; percentages

Age	Short-term contacts			Low-threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
0 to 4	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0	0	0	0	0
10 to 14	1	2	1	2	4	3	0	1	0	0	0	0
15 to 19	19	21	19	13	21	16	16	22	18	8	17	10
20 to 24	30	28	30	25	41	30	32	33	32	34	37	35
25 to 29	19	17	19	23	19	22	22	20	21	24	23	24
30 to 34	11	11	11	14	6	12	11	10	11	15	11	14
35 to 39	8	8	8	11	4	9	8	7	8	9	5	8
40 to 44	6	8	7	6	1	5	6	3	5	6	3	6
45 to 49	4	4	4	2	3	2	3	3	3	3	3	3
50 to 54	1	1	1	3	1	2	1	1	1	1	0	1
55 to 59	1	0	1	0	1	0	1	0	1	0	0	0
60 to 64	0	0	0	0	1	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0
70 to 74	0	0	0	0	0	0	0	0	0	0	0	0
75 to 79	0	0	0	0	0	0	0	0	0	0	0	0
80 or older	0	0	0	0	0	0	0	0	0	0	0	0
<b>Valid indications</b>	<b>3 734</b>	<b>1 049</b>	<b>4 783</b>	<b>357</b>	<b>159</b>	<b>516</b>	<b>3 131</b>	<b>1 032</b>	<b>4 163</b>	<b>1 073</b>	<b>375</b>	<b>1 448</b>
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Missing</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>

Note: all lines except Valid indications, Unknown and Missing give percentages that relate to the number of valid indications. Unknown means that the field 'unknown' was indicated and Missing means that no indication was made. Sampled population: all clients

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

Table A25: Persons starting drug-specific treatment or assistance in 2007, by gender and livelihood; percentages

Livelihood/employment	Short-term contacts			Low-threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
Gainful employment	–	–	–	24	26	24	40	27	37	11	7	10
Registered as unemployed	–	–	–	32	17	28	33	31	33	51	42	49
Welfare assistance	–	–	–	8	13	10	7	14	9	10	21	13
Child, school student, university student	–	–	–	5	12	7	4	9	5	3	7	4
Military service, alternative military service, parenthood leave, retired	–	–	–	4	3	4	4	8	5	7	8	7
Housework, (re)training, other	–	–	–	4	3	3	4	6	4	1	1	1
No gainful employment, no other form of livelihood	–	–	–	2	6	3	4	4	4	3	2	3
No gainful employment, other form of livelihood unknown	–	–	–	20	20	20	4	1	3	14	13	14
Valid indications	–	–	–	297	138	435	2 887	941	3 828	1 015	334	1 349
Unknown	–	–	–	38	16	54	65	28	93	11	2	13
Missing	–	–	–	22	5	27	179	63	242	47	39	86

Note: all lines except Valid indications, Unknown and Missing give percentages that relate to the number of valid indications. Unknown means that the field 'unknown' was indicated and Missing means that no indication was made. Sampled population: all clients. The corresponding data are not collected for short-term contacts.

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

Table A26: Persons starting drug-specific treatment or assistance in 2007, by place of residence and gender; percentages

Place of residence	Short-term contacts			Low-threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
Burgenland	–	–	–	–	–	–	3	3	3	3	2	3
Carinthia	–	–	–	–	–	–	7	6	6	2	3	2
Lower Austria	–	–	–	–	–	–	10	11	10	12	15	12
Upper Austria	–	–	–	–	–	–	24	20	23	9	6	8
Salzburg	–	–	–	–	–	–	2	2	2	2	3	2
Styria	–	–	–	–	–	–	7	8	7	12	17	13
Tyrol	–	–	–	–	–	–	10	8	9	9	12	10
Vorarlberg	–	–	–	–	–	–	3	1	2	8	9	8
Vienna	–	–	–	–	–	–	35	41	36	43	34	40
Foreign country	–	–	–	–	–	–	0	0	0	1	1	1
Valid indications	–	–	–	–	–	–	3 026	1 061	4 087	1 000	355	1 355
Unknown	–	–	–	–	–	–	54	22	76	37	7	44
Missing	–	–	–	–	–	–	26	11	37	2	2	4

Note: all lines except Valid indications, Unknown and Missing give percentages that relate to the number of valid indications. Unknown means that the field 'unknown' was indicated and Missing means that no indication was made. Sampled population: all clients; from Vorarlberg only data of inpatient centres are available. The corresponding data are not collected for short-term contacts and low-threshold assistance.

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

Table A27: Persons starting drug-specific treatment or assistance in 2007, by present housing situation and gender; percentages

Present housing situation	Short-term contacts			Low-threshold assistance			Long-term care outpatient			Long-term care inpatient		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
Stable (e.g., flat of one's own)	–	–	–	52	57	53	88	88	88	83	88	84
Unstable (e.g., homeless)	–	–	–	43	35	41	7	8	7	9	5	8
In institution, plus stable housing situation	–	–	–	4	7	5	4	3	4	7	5	6
In institution, plus unstable housing situation	–	–	–	1	0	1	1	1	1	2	2	2
Valid indications	–	–	–	295	122	417	3 009	1 044	4 053	1 000	339	1 339
Unknown	–	–	–	46	16	62	78	38	116	36	22	58
Missing	–	–	–	57	27	84	19	12	31	3	3	6

Note: all lines except Valid indications, Unknown and Missing give percentages that relate to the number of valid indications. Unknown means that the field 'unknown' was indicated and Missing means that no indication was made. Sampled population: all clients.

The corresponding data are not collected for short-term contacts.

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

Table A28: Persons starting drug-specific treatment or assistance in 2007, by primary drug and gender; percentages

Primary drug (multiple indications admissible)	Short-term contacts			Low-threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
<b>Opiates</b>	<b>53</b>	<b>56</b>	<b>54</b>	<b>40</b>	<b>36</b>	<b>39</b>	<b>55</b>	<b>69</b>	<b>58</b>	<b>76</b>	<b>83</b>	<b>78</b>
Heroin	40	42	40	26	20	24	39	49	41	52	53	52
Methadone	5	5	5	2	1	1	5	7	6	14	17	14
Other substitution substances	21	22	21	19	18	18	23	31	25	47	55	49
Other opiates, or opiates not specified	2	3	2	2	1	2	2	3	3	3	1	2
<b>Cocaine group</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>10</b>	<b>11</b>	<b>13</b>	<b>11</b>	<b>12</b>	<b>23</b>	<b>17</b>	<b>22</b>
Cocaine	12	12	12	12	10	11	12	11	12	23	17	22
Crack	0	0	0	0	0	0	0	0	0	0	1	1
Cocaine not specified	0	0	0	0	0	0	0	0	0	0	0	0
<b>Stimulants</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>9</b>
Amphetamines (e.g., speed)	4	3	4	1	0	1	4	3	4	9	4	7
MDMA (ecstasy), other derivatives	3	2	3	1	2	1	3	3	3	4	3	4
Stimulants not specified	0	0	0	0	1	0	0	0	0	0	0	0
<b>Tranquilisers/hypnotics</b>	<b>13</b>	<b>18</b>	<b>14</b>	<b>15</b>	<b>19</b>	<b>16</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>24</b>	<b>24</b>	<b>24</b>
Benzodiazepines	13	17	14	15	19	16	9	12	9	24	24	24
Barbiturates	0	0	0	0	0	0	0	0	0	1	2	1
Other hypnotics/tranquilisers	0	2	1	1	3	1	0	0	0	0	0	0
<b>Hallucinogenic drugs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>
LSD	0	0	0	0	0	0	1	0	1	3	2	3
Hallucinogenic drugs not specified	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cannabis</b>	<b>30</b>	<b>24</b>	<b>29</b>	<b>27</b>	<b>18</b>	<b>24</b>	<b>38</b>	<b>24</b>	<b>35</b>	<b>32</b>	<b>21</b>	<b>29</b>
<b>Solvents and inhalants</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Alcohol</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>10</b>	<b>7</b>	<b>10</b>
<b>Biogenic drugs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Other drugs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Only use not relevant for treatment</b>	<b>12</b>	<b>13</b>	<b>12</b>	<b>9</b>	<b>13</b>	<b>10</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Additional drug only</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>18</b>	<b>19</b>	<b>18</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Valid indications</b>	<b>3 686</b>	<b>1 035</b>	<b>4 721</b>	<b>403</b>	<b>156</b>	<b>559</b>	<b>4 260</b>	<b>1 438</b>	<b>5 698</b>	<b>2 250</b>	<b>737</b>	<b>2 987</b>
<b>Number of persons with valid indications</b>	<b>2 436</b>	<b>665</b>	<b>3 101</b>	<b>285</b>	<b>119</b>	<b>404</b>	<b>2 777</b>	<b>899</b>	<b>3 676</b>	<b>990</b>	<b>348</b>	<b>1 338</b>
<b>Unknown</b>	<b>1 251</b>	<b>355</b>	<b>1 606</b>	<b>37</b>	<b>21</b>	<b>58</b>	<b>212</b>	<b>86</b>	<b>298</b>	<b>19</b>	<b>9</b>	<b>28</b>
<b>Missing</b>	<b>47</b>	<b>29</b>	<b>76</b>	<b>35</b>	<b>19</b>	<b>54</b>	<b>142</b>	<b>47</b>	<b>189</b>	<b>64</b>	<b>18</b>	<b>82</b>

Note: all lines except Valid indications, Unknown and Missing give percentages that relate to the number of valid indications. Unknown means that the field 'unknown' was indicated and Missing means that no indication was made. Bold type indicates main categories.

Sampled population: all clients.

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007



Table A29: Persons starting drug-specific treatment or assistance in 2007, by injecting drug use and age; percentages

Injecting drug use	Short-term contacts			Low-threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	m	w		m	w		m	w		m	w	
<b>No</b>	52	47	51	33	31	32	60	45	56	26	18	24
<b>Yes</b>	48	53	49	67	69	68	40	55	44	74	82	76
<b>Valid indications</b>	2 349	656	3 005	246	128	374	2 872	938	3 810	1 019	346	1 365
<b>Unknown</b>	764	221	985	64	17	81	209	77	286	29	20	49
<b>Missing</b>	621	172	793	47	14	61	50	17	67	25	9	34

Note: all lines except Valid indications, Unknown and Missing give percentages that relate to the number of valid indications. Unknown means that the field 'unknown' was indicated and Missing means that no indication was made. Sampled population: all clients

Source: GÖG/ÖBIG 2008a, DOKLI analysis of client year 2007

Table A30: Interventions in school settings aimed at preventing addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of lessons/ hours for implementation in class/ at school	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	<i>Eigenständig werden</i> (Becoming independent)	School students aged 6 to 10	Teachers	10	28	10–12 per year	n.a.	134	No	Yes
LA	<i>Traust Du Dich?</i> (Do you dare?)	School students aged 6 to 10	Teachers	60	2	2	6 772	169	No	Yes
LA	<i>Stationenmodell</i> (Station model)	School students aged 11 to 18	Teachers, parents	61	9 teachers, 2 parents	5	4 457	291 teachers, 839 parents	Yes	Yes
LA	Further training for teachers	School students aged 11 to 18	Teachers	13	8	n.a.	n.a.	385	No	No
LA	<i>Helfen statt strafen</i> (Help instead of punishment)	School students aged 11 to 18	Teachers, headmistresses/ headmasters	4	4	3	235	73	No	No
LA	Step by Step	School students aged 11 to 18	Teachers	7	32 (+ 4 basic training lessons on addiction and prevention, if needed)	n.a.	n.a.	76	No	No
LA	Feel ok	School students aged 12 to 18	Teachers	2	2	n.a.	n.a.	20	No	Yes
LA	<i>Geh kum Oida</i> (Oh come on, man!)	School students aged 13 to 15	Teachers	5	0	2–3	418	18	No	No
LA	Peer education project	School students aged 14 to 16	School students aged 15 to 18 + mentoring teachers	11	44 in 3 modules over 2 years; mentoring teachers: 8 hours/year	6 (1st work year of peers: 2-hour information event; 2nd year: 4-hour workshop)	n.a.	149 peers, 21 mentoring teachers	No	No
LA	Regional project Amstetten	School students aged 11 to 18	Teachers and parents	6	8 teachers, 2 parents	n.a.	305	20 teachers, 110 parents	No	No
ST	Student workshop	13 to 18 years	None	17	4.5	n.a.	448	17	No	Yes
ST	Training: Basic prevention knowhow	12 to 18 years	Teachers	6	4	n.a.	n.a.	92		Yes
ST	Project consultancy	12 to 18 years	Teachers	12	2	n.a.	n.a.	20	No	No
ST	Training: Prevention at vocational schools	15 to 19 years	Vocational school teachers	4	18	n.a.	n.a.	64	No	Yes
ST	Lecture: Prevention at vocational schools	15 to 19 years	Vocational school teachers	2	2.5	n.a.	n.a.	75	No	No
ST	Elective requirement subject: Prevention of addiction	7 to 18 years	Future primary and lower secondary school teachers	1	12	n.a.	n.a.	14	No	No
St	<i>Eigenständig werden</i> (Becoming independent)	School students aged 6 to 10	Teachers	13	76	n.a.	n.a.	56	No	Yes
UA	<i>Eigenständig werden</i> (Becoming independent)	School students aged 6 to 10	Teachers	15	28	n.a.	approx. 5 000	202 teachers, 60 headmistresses/ headmasters, 1 444 parents	No	Yes

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of lessons/ hours for implementation in class/ at school	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
UA	Peer Education	School students aged 16 to 17	Peers	29 schools	48	n.a.	approx. 1 700	134 peers, 81 teachers	No	No
UA	Clever & Cool	School students aged 13 to 15	Teachers, parents	27 schools	11 teaching modules (total: 33 lessons), 1 project presentation for colleagues, internal further training for teachers (8 lessons), lecture for parents	n.a.	1 510 students	750 parents, 271 teachers	No	No
UA	Academic training course: Addiction prevention coordinator at school	School students aged 15 to 19	Teachers and school medical officers	100 lessons	n.a.	n.a.	n.a.	26 teachers and school medical officers	No	No
UA	Addiction prevention coordinators at school	School students aged 15 to 19	Teachers and school medical officers	81 schools	n.a.	n.a.	n.a.	132 coordinators	No	No
UA	Step by step	School students aged 15 to 19	Teachers	7 training courses	4 lessons	n.a.	n.a.	120 teachers	No	No
UA	Guide: Internet-based prevention teaching	School students aged 14 to 19	Teachers	n.a.	n.a.	n.a.	n.a.	2 000 teachers	No	No
T	<i>Eigenständig werden</i> (Becoming independent)	School students aged 6 to 10	Teachers	3	26	n.a.	n.a.	54	No	Yes
T	PLUS	School students aged 10 to 14	Teachers	2	12	n.a.	n.a.	31	No	No
T	<i>Klasse!</i> (A class of its own!)	School students aged 14 to 15	Teachers	1	8	n.a.	n.a.	9	No	Yes
T	Addiction information at school	School students aged 14 to 15	Prevention experts, police officers in the field of prevention, addiction counsellors, school medical officers, teachers	69	2 to 8	2 hours for each class	approx. 2 500	approx. 30	Yes	No
VB	<i>Eigenständig werden</i> (Becoming independent)	School students aged 6 to 10	Teachers	3	28	n.a.	n.a.	54	No	Yes
VB	<i>klartext:sucht</i> (plain speak:addiction)	School students aged 12 to 18	Teachers	8	4	Minimum of 10	n.a.	102	Not yet	Not yet
V	<i>Eigenständig werden</i> (Becoming independent)	School students aged 6 to 10	Teachers	5	24 lessons each (2007: 5 times)	n.a.	1 250	50	No	Yes
V	Feelok.at	School students	Teachers	None	3 50-minute lessons	n.a.	None	None	No	No
V	Step by Step	School students	Teachers	None	10 lessons	n.a.	None	None	No	No
C	<i>Eigenständig werden</i> (Becoming independent)	6 to 10 years	Teachers	2	48	10 per year	150	32	No	Yes

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ work- shops	Number of lessons/ hours of training for multipliers	Number of lessons/ hours for implemen- tation in class/ at school	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
C	Life skills programme 5/6	10 to 14 years	Teachers	1	24	14	160	20	No	No
C	suchtfrei.OK (independent.OK)	13 to 14 years	Teachers	3 schools: 2 classes in each, project accord- ing to defined schedule (one year)	96	63.5	150	69	No	No
C	St. Ursula upper secondary school	14 to 19 years	Teachers / parents	2	4	10	70	57	No	No
C	<i>Helpen statt Strafen</i> (Help instead of punishment)	11 to 14 years	Teachers	n.a.	n.a.	6	31	n.a.	No	No
C	LWF Agricultural Technical School (several projects)	15 to 18 years	Teachers / parents	2	6	8	30	36	No	No
C	Step by Step	14 to 18 years	Teachers	2	16	n.a.	n.a.	38	No	No
C	Ferlach upper secondary school of technology	15 to 21 years	Class representatives, multipliers	4 workshops for multipliers	8	n.a.	n.a.	40	No	No
C	Slovenian upper secondary school	14 to 19 years	Teachers	2	4	6	30	10	No	No
C	Tourism schools in Carinthia	14 to 19 years	Teachers – over sev- eral years	2	12	n.a.	120	20	No	No
C	Student workshop according to pro- gramme	10 to 16 years		6	n.a.	55	292	12	Yes	Yes
C	Basic training courses for primary schools	6 to 10 years	Teachers	2	n.a.	n.a.	n.a.	n.a.	No	No
C	Teacher training institute	10 to 14 years	Teachers	1	4	n.a.	n.a.	12	No	No

B = Burgenland; C = Carinthia; LA = Lower Austria; S = Salzburg; ST = Styria; T = Tyrol; UA = Upper Austria; V = Vienna; VB = Vorarlberg; n.a. = not available or not defined

Sources: Addiction Prevention, Coordination and Counselling Unit of Lower Austria; VIVID – Addiction Prevention Unit of Styria; ISP Upper Austria; kontakt + co – Addiction Prevention. Youth Red Cross; SUPRO; ISP Vienna; Provincial Addiction Prevention Unit of Carinthia

Table A31: Interventions in early childhood aimed at preventing addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	<i>Weinen, Wüten, Lachen</i> (Weeping, raging, laughing)	Children aged 3 to 6	Kindergarten teachers and assistants	2	40	n.a.	41	No	No
LA	Further training for afternoon education tutors	Children aged 3 to 12	Afternoon education tutors	1	16	n.a.	21	No	No
ST	Prevention of addiction in childhood	Children aged 3 to 6	Kindergarten teachers and assistants	3	81	n.a.	58	No	No
ST	<i>Spielzeugfreier KG</i> (Toy-free kindergarten)	Children aged 3 to 6, kindergarten teachers	Kindergarten teachers and assistants	4	16	n.a.	80	No	No
ST	Intergenerative education workshop	Children aged 3 to 6	Kindergarten teachers and assistants	1	4	n.a.	20	No	No
UA	Prevention of addiction in kindergartens	Children aged 3 to 6	Kindergarten teachers and assistants	5	8 lessons	n.a.	85	No	No
UA	Encare Upper Austria European Network for Children Affected by Risky Environments	Children in families with addiction problems	Experts in the field of children in at-risk families	2 meetings	6 lessons	n.a.	32	No	No
VB	<i>Kinder stark machen</i> (Strengthening our children); experience-based workshop	Children aged 3 to 6	Kindergarten teachers and assistants	3	20	n.a.	23	No	No
VB	<i>Wir sind ein Team</i> (We are a team)	Children aged 3 to 6	Kindergarten teachers and assistants	1	8	n.a.	23	No	No
V	Prevention of addiction in infancy	Babies	Parents of babies	8	2 hours each	n.a.	93	No	No
V	<i>Spielzeugfreier Kindergarten</i> (Toy-free kindergarten)	Children in kindergartens and day-care groups	Kindergarten teachers, parents	2	2 months each	40 children, 75 parents, 6 kindergarten teachers	n.a.	No	Yes
C	<i>Spielzeugfreier Kindergarten</i> (Toy-free kindergarten)	Children aged 3 to 12	Parents, kindergarten teachers	3 parent meetings	16	165	113 / 12 kindergarten teachers	No	No
C	<i>Spielzeugfreier Kindergarten</i> (Toy-free kindergarten)	Children aged 4 to 6	Parents	2	3	43	27	No	No

B = Burgenland; C = Carinthia; LA = Lower Austria; S = Salzburg; ST = Styria, T = Tyrol; UA = Upper Austria; V = Vienna; VB = Vorarlberg; n.a. = not available or not defined

Sources: Addiction Prevention, Coordination and Counselling Unit of Lower Austria; VIVID – Addiction Prevention Unit of Styria; ISP Upper Austria; kontakt + co – Addiction Prevention. Youth Red Cross; SUPRO; ISP Vienna; Provincial Addiction Prevention Unit of Carinthia

Table A32: Interventions in families aimed at preventing addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	<i>Elternsein ist manchmal scho(e)n schwer</i> (Being a parent may be pretty (difficult))	6 to 10 years	Parents	4	10	n.a.	40	No	No
LA	Information meeting for parents	Children and young people	Parents	29	2	n.a.	870	No	No
LA	Parent meetings	Adults	Moderators	8	4	28	55	No	No
LA	<i>Sehn(Sucht) und Familie</i> Desire, dependence and family	Adults	Adults of church community	1	36	n.a.	17	No	No
ST	<i>Was geht ab?</i> (What's missing?)	12 to 18 years	Parents	5	2 x 3.5	n.a.	52	No	No
ST	Lecture for parents	0 to 18 years	Parents	52	2	n.a.	2 100	No	No
ST	Parent cafe	0 to 10 years	Parents	36	108	n.a.	132	No	No
UA	Active parents workshop	10 to 19 years	Parents	7 locations	16 lessons	n.a.	50 parents	No	Yes
UA	Lecture: How to protect my child from addiction	6 to 19 years	Parents	88 lectures	2	n.a.	4 413 parents	Yes	No
UA	Parent guide: How to protect my child from addiction	10 to 19 years	Parents	n.a.	n.a.	12 000 copies	n.a.	No	No
T	Meeting for parents	Adults	Prevention experts	15	0 (many years of experience)	approx. 600	3	No	No
VB	<i>Elternängste - Kinder(t)räume</i> (Parents' fears and children's dreams): How to protect my child from addiction	6 to 18 years	Parents	52	3	n.a.	1 487	No	No
V	ENCARE – European Network for Children Affected by Risky Environments	Children and young people	Experts and practitioners in Vienna's child and youth counselling, youth assistance as well as family assistance and counselling sector	Opening event: 12 Dec. 2007	1 day	45	None	No	No
V	Parent guide: How to protect my child from addiction	Parents and attachment figures of children and young people	Education experts, teachers, social workers, family counsellors	n.a.	n.a.	n.a.	n.a.	No	No
V	<i>Erziehung beginnt bei den Erziehenden - Suchtvorbeugung auch!</i> (Parenting is the parents' job – preventing addiction, too!)	Children	Kindergarten teachers and afternoon education tutors	4	4 hours each	n.a.	25	No	No
C	Preventing addiction from the very start (Catholic education network)	2 to 6 years	Parents	n.a.	7	n.a.	47	No	No

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
C	<i>Kind sucht Halt</i> (Children need support)	3 to 10 years	Parents	n.a.	2.5	n.a.	40	No	No
C	Meetings for parents	6 to 10 years	Parents	4	12	n.a.	81	No	No
C	Meetings for parents	10 to 18 years	Parents	5	15	n.a.	109	No	No
C	Meeting for parents: Independent. OK.	12 to 13 years	Parents	1	3	35	42	Yes	Yes
C	Meeting for parents: Becoming independent	6 to 10 years	Parents	1	3	n.a.	17	No	No
V	Parent guide: How to protect my child from addiction	Parents and attachment figures of children and young people	Education experts, teachers, social workers, family counsellors	n.a.	n.a.	n.a.	n.a.	No	No
V	<i>Erziehung beginnt bei den Erziehenden - Suchtvorbeugung auch!</i> (Parenting is the parents' job – preventing addiction, too!)	Children	Kindergarten teachers and afternoon education tutors	4	4 hours each	n.a.	25	No	No
C	Preventing addiction from the very start (Catholic education network)	2 to 6 years	Parents	n.a.	7	n.a.	47	No	No
C	<i>Kind sucht Halt</i> (Children need support)	3 to 10 years	Parents	n.a.	2.5	n.a.	40	No	No
C	Meetings for parents	6 to 10 years	Parents	4	12	n.a.	81	No	No
C	Meetings for parents	10 to 18 years	Parents	5	15	n.a.	109	No	No
C	Meeting for parents: Independent. OK.	12 to 13 years	Parents	1	3	35	42	Yes	Yes
C	Evening meeting for parents: Becoming Independent	6 to 10 years	Parents	1	3	n.a.	17	No	No
C	Preventing addiction from the very start (Catholic education network)	2 to 6 years	Parents	n.a.	7	n.a.	47	No	No
C	<i>Kind sucht Halt</i> (Children need support)	3 to 10 years	Parents	n.a.	2.5	n.a.	40	No	No

B = Burgenland; C = Carinthia; LA = Lower Austria; S = Salzburg; ST = Styria, T = Tyrol; UA = Upper Austria; V = Vienna; VB = Vorarlberg; n.a. = not available or not defined

Sources: Addiction Prevention, Coordination and Counselling Unit of Lower Austria; VIVID – Addiction Prevention Unit of Styria; ISP Upper Austria; kontakt + co – Addiction Prevention. Youth Red Cross; SUPRO; ISP Vienna; Provincial Addiction Prevention Unit of Carinthia

Table A33: Interventions in recreational settings aimed at preventing addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	Workshops for young people: Basics	Young people aged 14 to 18	None	10	3	220	None	No	No
LA	Workshops: no risk, no fun?	Young people aged 14 to 18	None	3	3	20	None	No	No
LA	Steps for You(th)	Young people aged 14 to 18	Youth workers in recreational settings	7	6	n.a.	134	No	No
LA	Movin'	Young people aged 14 to 18	Youth workers in recreational settings	5	20	n.a.	53	No	No
S	Project consultancy	Young people aged 14 to 18	Youth workers	4	2	n.a.	7	No	No
ST	Training course: Basics, cannabis ...	Young people aged 14 to 18	Youth workers	9	4	n.a.	64	No	Yes
ST	Movin': Motivational interviewing	Young people aged 14 to 18	Youth workers	1	20	n.a.	17	No	Yes
ST	Prevention of addiction in football clubs	Young people aged 12 to 19	Coaches in football clubs	6	3	n.a.	105	Yes	Yes
ST	<i>Brennpunkt Suchtprävention</i> (Prevention: A burning problem) Fire brigades of Styria	Young people aged 12 to 19	Youth commissioners of Styria's fire brigades	5	3	n.a.	154	No	Yes
ST	Prevention in trainees' homes	Trainees	Workers in trainees' homes	1	3	n.a.	12	No	No
UA	Leaflet for young people: It's up to you	13 to 19 years	None	17 leaflets on addiction themes	n.a.	125 000 leaflets distributed	None	No	No
UA	Youth meeting: Drugs & Drive	13 to 19 years	Youth workers	1 meeting	8 lessons	n.a.	70 participants	No	No
UA	Movin': Motivational interviewing in addiction prevention	13 to 19 years	Youth workers	3 training events	24 lessons	n.a.	53	No	No
T	act it! (forum theatre)	Trainees aged 15 to 18	None	6	n.a.	150	n.a.	No	No
T	movin': Motivational interviewing	Young people aged 12 to 18	Youth workers, social workers	2	23 in each training course	n.a.	30	Yes	No
T	Workshops for multipliers	Children/young people aged 6 to 18	Youth workers, social workers, teachers	6	2.5 on average	n.a.	100	No	No
T	Workshops for young people	Young people aged 12 to 16	Youth workers	1	2	10	3	No	No
VB	<i>Kinder stark machen – Vereine setzen Zeichen</i> (Strengthening our children: Associations make a point)	8 to 18 years	Officials, trainers	27	3	n.a.	839	No	No
VB	Event assistance	14 to 25 years	Event organisers/ youth work	43	n.a.	3 500	approx. 80	No	No
V	Training programme: Prevention of addiction in youth work	Children and young people	Child and youth workers in recreational settings	21	118	n.a.	31	No	No
V	MOVE	Young people with at-risk use	Multipliers working with young people showing risky use patterns	2	41	n.a.	28	No	Yes



Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
C	<i>Gehsteig</i> (Pavement) workshop	14 to 18 years	None	2	n.a.	40	n.a.	No	No
C	Workshop for young people – Healthy Austria Fund campaign	14 to 18 years	None	1	n.a.	31	n.a.	No	No
C	Voluntary fire brigades	10 to 14 years	Instructors	2	8	n.a.	44	No	No
C	Campaign: <i>Nachdenken statt Nachschenken</i> (Reconsidering not refilling)	Young people aged 14 to 18	None	1	15	9	n.a.	No	No
C	<i>Jugendtreff</i> (Young people's meeting point) – information for young people	Young people	None	1	3	18	n.a.	No	No

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Sources: Addiction Prevention, Coordination and Counselling Unit of Lower Austria; VIVID – Addiction Prevention Unit of Styria; ISP Upper Austria; kontakt + co – Addiction Prevention. Youth Red Cross; SUPRO; ISP Vienna; Provincial Addiction Prevention Unit of Carinthia

Table A34: Interventions at community level aimed at preventing addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	Community workshops	Adults	None	2	5	20	n.a.	No	No
LA	Community info booth	Adults and young people	None	24	None	1 182 adults, 473 young people	None	No	No
LA	Community lectures	Adults and young people	None	5	None	106 adults, 16 young people	None	No	No
ST	Lectures	Adults	None	4	2	60	n.a.	No	No
ST	A.L.K. workshop	Adults	None	2	6	38	n.a.	No	No
UA	Community-based projects	Adults	Key actors in communities	2 towns (Gmunden, Vorchdorf)	5	20	n.a.	No	No
UA	Vöcklabruck district project		Key actors in the district	n.a.	n.a.	n.a.	n.a.	No	No
VB	<i>Gemeinden setzen Zeichen</i> (Communities make a point)	Young people	Community representatives	9	3	n.a.	87	No	No
C	Community workshops	General population	Members of local council	5	4	n.a.	63	No	No
C	Community consulting	General population	Members of local council	3	5	n.a.	10	No	No
C	Community lectures	Adults	None	10	5	359	None	No	No
C	Prevention consultancy at community level	Children and young people	Local council	5	10	n.a.	30	No	No
C	How to protect my child from addiction?	Children and young people	Parents	4	12	n.a.	130	No	No

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Sources: Addiction Prevention, Coordination and Counselling Unit of Lower Austria; VIVID – Addiction Prevention Unit of Styria; ISP Upper Austria; kontakt + co – Addiction Prevention. Youth Red Cross; SUPRO; ISP Vienna; Provincial Addiction Prevention Unit of Carinthia

Table A35: Interventions in the workplace aimed at preventing addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of subprojects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	Prevention of addiction in workplace settings	Adults	Adults in middle or upper management	5 first-time talks	2.5	Unknown	99	Yes	No
ST	Prevention of addiction in workplace settings	Trainees	Staff in charge of trainees	3	4	n.a.	21	Yes	No
ST	Lecture for parents	Trainees	Parents	1	2	n.a.	80	Yes	No
ST	Prevention of addiction in workplace settings	Trainees	Trainers of apprentice trainers	1	3	n.a.	21	Yes	No
UA	Talk About	Trainees aged 15 to 19	None	53	3 lessons	approx. 700	None	Yes	No
UA	Basic training for trainers of apprentices and vocational school teachers	Trainees aged 15 to 19	Trainers of apprentices and vocational school teachers	15	8 lessons	n.a.	213	Yes	No
UA	Prevention of addiction in workplace settings with internal works agreements	Workers	Key actors	5 enterprises	n.a.	n.a.	n.a.	Yes	No
UA	Booklet on prevention of addiction in workplace settings	Key personnel in enterprises	None	n.a.	n.a.	2 000 copies	n.a.	No	No
T	pib: Prevention in the workplace	Adults	Managers, safety experts, workers' representatives, occupational physicians	34	21	483	207	Yes	No
VB	<i>klartext:sucht</i> (plain speak:addiction)	Trainees	Trainers/teachers at vocational schools	25	4	approx. 300	32	No	No
VB	Drug use during traineeship	Trainees/workers	Trainers/staff in charge of trainees	15	4	Not surveyed	150	No	No
VB	Individual counselling	Trainees/workers	None	10	approx. 3	10	n.a.	No	No
VB	VIVA	Young people in traineeship or work projects	None	2	20	18	n.a.	Yes	Yes
C	Drinking in the workplace	Adults	Adults in middle or upper management	6	6.5	Unknown	17	Yes	No
C	Prevention of addiction during traineeship	Trainees aged 15 to 19	Staff in charge of trainees in the workplace	11	38	118	18	Yes	No

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Sources: Addiction Prevention, Coordination and Counselling Unit of Lower Austria; VIVID – Addiction Prevention Unit of Styria; ISP Upper Austria; kontakt + co – Addiction Prevention. Youth Red Cross; SUPRO; ISP Vienna; Provincial Addiction Prevention Unit of Carinthia

Table A36: Other interventions in the context of prevention of addiction, in 2007

Province	Name of project/ programme (translated name)	Direct target group (age group)	Indirect target group (multipliers)	Number of sub-projects/ events/ workshops	Number of lessons/ hours of training for multipliers	Number of persons reached in the direct target group	Number of persons reached in the indirect target group (multipliers)	Process evaluation yes/no	Outcome evaluation yes/no
LA	Army lectures	Young men aged 17	None	172	1	10 362	None	Yes	No
UA	Prevention magazine: 4ty four	Multipliers	None	2 issues per year	1	3 000 each	n.a.	No	No
UA	Web site: www.praevention.at	Multipliers	None	n.a.	n.a.	259 920 visits/year	n.a.	No	No
UA	Conference on addiction without drugs	Multipliers	None	1	8 lessons	270 multipliers	n.a.	Yes	No
UA	Web site for young people: 1-2-free.at	Young people	None	n.a.	n.a.	34 584 visits/year	n.a.	No	No
UA	DVD: <i>Motte &amp; Co</i> (Moth & Company) (stage play for primary school students)	Students aged 6 to 10	Teachers	n.a.	n.a.	5 000 DVDs	n.a.	No	No
UA	Upper Austrian drug monitoring	Decision makers in Upper Austria	None	n.a.	n.a.	n.a.	n.a.	Yes	No
UA	Master study course on prevention of addiction and violence	Multipliers/ key actors/ staff of the institutionalised prevention sector	None	n.a.	120 ECTS	n.a.	n.a.	Yes	No
UA	Academic study course on addiction prevention	Multipliers	None	n.a.	15 ECTS	20 graduates	n.a.	Yes	No
UA	PräGend project meeting	Police	None	n.a.	12 lessons	75 participants	n.a.	Yes	No
UA	Training for Provincial Coordinators of Addiction Prevention in the Provincial Criminal Police Offices of Austria	Police	Provincial Coordinators in Provincial Criminal Police Offices	n.a.	8 lessons	n.a.	20 participants	No	No
UA	Training course for key actors in the Austrian army	Conscripts and army members	Key actors in the Austrian army	1	36 lessons	25 key actors	n.a.	Yes	No
VB	Military lectures	Young men aged 17	None	6	n.a.	489	None	No	No
VB	District conferences	Young people	System partners	4	4	n.a.	approx. 200	Yes	Yes
V	Expert meeting: Early detection, early action: early detection and early intervention in prevention	Experts in the field of prevention of addiction	n.a.	1 day: 28 Sept. 2007	1 day	70	n.a.	Yes	No
C	MOVIN	Students aged 10 or older	Teachers, school medical officers	1	22	Counselling as needed	None	Yes	Yes
C	Way Out	Young people aged 14 or older	Counselling according to Sections 11 and 13 of the Narcotic Substances Act	n.a.	1 745	80	n.a.	Yes	Yes
C	Police training	Police officers	n.a.	2 x 2 modules	280	40	None	Yes	Yes
C	BBRZ training institute	Young people	n.a.	7	21	n.a.	82	Yes	No
C	Young people's meeting point	Young people	Parents	2	6	n.a.	16	Yes	No

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Table A37: Austrian population statistics by age group and gender in 2006

Age group	Men	Women	Total
0 to under 5 years	204 690	194 525	399.215
5 to under 10 years	217.041	206 222	423 263
10 to under 15 years	246 855	234 574	481 429
15 to under 20 years	252 867	240 581	493 448
20 to under 25 years	266 025	260 439	526 464
25 to under 30 years	264 022	258 761	522 783
30 to under 35 years	283 048	284 872	567 920
35 to under 40 years	344 096	338 405	682 501
40 to under 45 years	362 060	351 686	713 746
45 to under 50 years	316 830	312 707	629 537
50 to under 55 years	259 059	264 851	523 910
55 to under 60 years	246 012	254 727	500 739
60 to under 65 years	208 653	226 051	434 704
65 to under 70 years	203 752	228 833	432 585
70 to under 75 years	134 071	168 580	302 651
75 to under 80 years	113 597	166 037	279 634
80 to under 85 years	68 672	152 876	221 548
85 or older	37 308	108 563	145 871
<b>Total</b>	<b>4 028 658</b>	<b>4 253 290</b>	<b>8 281 948</b>
0 to under 15 years	668 586	635 321	1 303 907
15 to under 30 years	782 914	759 781	1 542 695
30 to under 45 years	989 204	974 963	1 964 167
45 to under 60 years	821 901	832 285	1 654 186
60 to under 75 years	546 476	623 464	1 169 940
75 or older	219 577	427 476	647 053
<b>Total</b>	<b>4 028 658</b>	<b>4 253 290</b>	<b>8 281 948</b>

Source: Statistics Austria, calculations by GÖG/ÖBIG

Map A1: Overview of provinces, provincial capitals and districts



Scale 1:2 500 000



## **ANNEX B**

### **List of Abbreviations**





ADHD	attention deficit hyperactive disorder
Aids	acquired immune deficiency syndrome
AKH	Vienna General Hospital
AMS	Public Employment Service
API	Anton Proksch Institute
BADO	(Vienna) Basic Documentation
BGBI	Federal Collection of Statutes
BMeiA	Federal Ministry for European and International Affairs
BMUKK	Federal Ministry for Education, the Arts and Culture
BMF	Federal Ministry of Finance
BMGFJ	Federal Ministry for Health, Family and Youth
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 and Consumer Protection
BMVIT	Federal Ministry for Transport, Innovation and Technology
BRZ	Federal Computing Centre
CRC	capture-recapture
DC	Drug Coordinator
DR	Drug Representative
DOKLI	national-wide treatment documentation system of clients of drug help centres in Austria
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
EAAT	European Association of Addiction Therapy
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENCARE	European Network for Children Affected by Risky Environments within the Family
ESPAD	European School Survey Project on Alcohol and other Drugs
ESF	European Social Fund
EU	European Union
FGÖ	Healthy Austria Fund
FSW	Vienna Social Fund
GBL	gamma butyrolactone
GHB	gamma hydroxybutyric acid
GÖG	Health Austria
GÖG/ÖBIG	Health Austria / Austrian Health Institute
GÖG/FGÖ	Health Austria / Healthy Austria Fund
HAV	hepatitis A virus

HBV	hepatitis B virus
HBVcAb	hepatitis B core antibody (= HBc Ab)
HBVeAg	hepatitis B e antigen (= HBc Ab)
HBVsAb	hepatitis B surface antibody (= HBs Ab)
HBVsAg	hepatitis B surface antigen
HCV	hepatitis C virus
HCV Ab	HCV antibody
HCV RNA	RNA (ribonucleic acid) of the hepatitis C virus
HIV	human immunodeficiency virus
ICD-10	International Classification of Diseases and Related Health Problems
IFES	Institute for Empirical Research
ISP	Addiction Prevention Institute
JGG	Juvenile Court Act
LSD	d-lysergic acid diethylamide
MAG	Municipal Department
mCPP	meta-chlorophenyl piperazine
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine
MDMA	3,4-methylenedioxy-methylamphetamine
ÖBIG	Austrian Health Institute
ÖGABS	Austrian Society of Pharmacologically Assisted Treatment of Addiction
ÖGPP	Austrian Association for Psychiatry and Psychotherapy
PCR	polymerase chain reaction
QCT	quasi-compulsory treatment
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
RNA	ribonucleic acid
SGG	Narcotic Drugs Act
SH	self-harm
SMG	Narcotic Substances Act
SAM	Social, Safe, Active and Mobile
SMG	Narcotic Drugs Act
SQ	Structured Questionnaire
ST	Standard Table
STD	sexually transmitted disease
StGB	Criminal Code
StPO	Code of Criminal Procedure
TB	tuberculosis
VWS	Vienna Social Projects Association

## **ANNEX C**

# **Standard Tables and Structured Questionnaires**



## List of Austrian Standard Tables and Structured Questionnaires of 2008

The following list gives an overview of all Standard Tables and Structured Questionnaires drawn up for Austria in 2008 and submitted to the EMCDDA. Here, all Structured Questionnaires referred to in the text are mentioned, also those that were updated in previous years. If you are interested in obtaining any table or questionnaire please contact Ms Monika Löbau: loebau@goeg.at

- STANDARD TABLE 01: BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE (Vienna)
- STANDARD TABLE 02: METHODOLOGY AND RESULTS OF SCHOOL SURVEYS ON DRUG USE (ESPAD)
- STANDARD TABLES 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS (DOKLI)
- STANDARD TABLES 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS (Substitution treatments)
- STANDARD TABLE 05: ACUTE/DIRECT DRUG-RELATED DEATHS
- STANDARD TABLE 06: EVOLUTION OF ACUTE/DIRECT DRUG-RELATED DEATHS
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Anton Proksch Institute: 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 (Marienambulanz outpatient department, 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 TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (drug outpatient department of General Hospital Vienna: HCV, HIV)
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (drug-related deaths: HCV, HIV)
- STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (DOKLI: HBV, HCV, HIV)
- STANDARD TABLE 10: SYRINGE AVAILABILITY
- STANDARD TABLE 11: ARRESTS/REPORTS FOR DRUG LAW OFFENCES
- STANDARD TABLE 13: NUMBER AND QUANTITY OF SEIZURES OF ILLICIT DRUGS
- STANDARD TABLE 14: PURITY AT STREET LEVEL OF ILLICIT DRUGS
- STANDARD TABLE 15: COMPOSITION OF ILLICIT DRUG PILLS
- STANDARD TABLE 16: PRICE AT STREET LEVEL OF ILLICIT DRUGS
- STANDARD TABLE 24: ACCESS TO TREATMENT
- STANDARD TABLE 34: TREATMENT DEMAND INDICATOR (TDI) DATA
- STRUCTURED QUESTIONNAIRE 22/25: UNIVERSAL PREVENTION (latest update: 2007)
- STRUCTURED QUESTIONNAIRE 23: PREVENTION AND REDUCTION OF HEALTH-RELATED HARM ASSOCIATED WITH DRUG USE (latest update: 2008)
- STRUCTURED QUESTIONNAIRE 26: SELECTIVE PREVENTION (latest update: 2007)
- STRUCTURED QUESTIONNAIRE 27: Part 1: TREATMENT PROGRAMMES,  
Part 2: QUALITY ASSURANCE TREATMENT
- STRUCTURED QUESTIONNAIRE 28: SOCIAL REINTEGRATION (latest update: 2006)
- STRUCTURED QUESTIONNAIRE 31: TREATMENT AS AN ALTERNATIVE TO IMPRISONMENT APPLICABLE FOR DRUG USING OFFENDERS IN THE EUROPEAN UNION (latest update: 2006)
- STRUCTURED QUESTIONNAIRE 32: POLICY AND INSTITUTIONAL FRAMEWORK (latest update: 2006)







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