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by the Reitox National Focal Point

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DRUG SITUATION 2004

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Report on the Drug Situation 2004

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Summary

National reports on the drugs situation in Austria are drawn up annually for the European Monitoring Centre for Drugs and Drug Addiction and the federal ministry responsible for health affairs, and deal with the subject of illicit drugs. This report gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction interventions in the reporting period 2003/4. Every year specific issues are highlighted; this year the themes of buprenorphine, alternatives to prison and public nuisance associated with drug use have been selected for detailed presentation.

Summary and discussion of the most important trends

The available data confirm the trend described last year, towards a widening range of substances used in the context of both experimenting use and problem use.

In particular adolescents and young adults tend to experiment with many different substances - in addition to cannabis also amphetamines, cocaine, biogenic drugs, poppers, and to a limited extent, opiates and LDS or other hallucinogens. This has meanwhile resulted in slightly elevated prevalence rates that show in representative surveys. More than one third of young adults have experience of cannabis, and up to 5% of the young people and up to 10% of the young adults have already used cocaine, amphetamines and ecstasy. A noticeable difference compared to previous studies is stable or slightly declining figures for ecstasy, paralleled by increases with regard to cocaine and amphetamines. Prevalence rates for shorter periods (last year, past 30 days) are significantly lower, which indicates that drug use among young people is experimental use over a limited period of time in most cases.

A few provinces also report increases with regard to high-risk behaviour by a number of young drug users. It is difficult at present to assess to which degree drug use by young people can no longer be regarded as experimental but already constitutes problem drug use. Still, at least in some regions a trend also towards increased problem drug use by adolescents and young people is emerging. At all events, close attention should be paid to this development.

With regard to problem patterns of drug consumption, as a rule poly-drug is still predominant. Here, in addition to opiates in particular stimulating substances, primarily cocaine, play a central role. A number of provinces report that different to previous years heroin, apart from morphines, has again become more relevant. Many substances, especially opiates and cocaine, are injected in most cases. In the street scene, high risk consumption patterns with phases of cocaine binges (massive use for a limited time) are frequently found. Thus the concept of primary drug has become obsolete for Austria in many respects, as the preferred, and therefore primarily used, substance may change several times within a few months. No recent estimates of the prevalence of problem drug consumption are available, but a few regions still report rises in problem patterns of use.

In 2003 163 persons died as a direct consequence of drug use in Austria, thus the number of directly drug-related deaths is higher than in the year before (2002: 139 deaths). Increases are mainly found in the age group between 20 and 24 (2003: 37 cases, 2002: 20 cases). At first sight, this development seems to be in accordance with reports of rising problem drug

use among adolescents and young people (see above), however, one should bear in mind that a similar rise was also registered already in 2000, but in the following two years the number of directly drug-related deaths again fell to the level of 1999. Data from Vienna on ambulance services called because of suspected overdoses also show an upwards trend.

As far as drug-related infectious diseases are concerned, the picture is inconsistent. HIV prevalence among directly drug-related deaths has slightly risen for the first time in many years (to 8%), however, no trend can yet be deduced as the number of cases are small. With regard to hepatitis a decline was found (hepatitis B: 34% maximum; hepatitis C: 51% maximum). What is especially interesting is that the prevalence rate of hepatitis C (approximately 40%) has turned out to be considerably lower than the formerly estimated rate of 70 to 80% among direct drug deaths. This could indicate that the data available so far, which are based on voluntary tests in most cases and thus do not constitute an independent sample, include disproportionately large shares of drug users with elevated infection rates and that the hepatitis C prevalence rate has been overestimated as a consequence. Another relevant factor in the context of infectious diseases is fears that HIV and hepatitis cases could go up as a result of increased cocaine use among the street scene, because this is often paralleled by non-observance of safer use rules.

It is difficult to give a conclusive interpretation of these trends as hardly any in-depth research or analyses are available. Increases in drug use in particular among adolescents and young adults seem to reflect the sprit of the time on the one hand and general social developments on the other. For many decades, drug use by young people has followed a kind of cycle, and seems to come to a new peak at present. Moreover, the differences between urban and rural areas tend to disappear in many respects (an aspect of globalisation), and as a result, illicit drugs now seem to be available in all regions of Austria. A (small) share of young people who experiment with drugs develop patterns of problem drug use, associated with psychological and social problems. According to Austrian drug experts, increasing stress and achievement orientation as well as rising “new poverty” are important factors that may aggravate drug problems.

The trends found in Austria correspond to the developments in other member states of the European Union and in particular Austria’s neighbouring countries. In the EU high prevalence of cannabis use and rises in cocaine use are generally registered. In almost all countries the range of substances used has widened and thus a trend towards poly-drug use is showing. A few countries - among them Germany - report rising problem drug use. All over the EU, after a series of upwards and downwards developments of drug-related deaths in the past decade, recently new increases have been found (EMCDDA 2003).

A number of drug policy measures have been taken as a response to this epidemiological development. In recent years interventions in the field of primary prevention have increasingly often been accompanied by secondary prevention approaches. New strategies and methods for working with young people in danger of becoming addicted have been drawn up, with promising results. In future, the corresponding projects and activities will be intensified in order to prevent young people from slipping into problem drug use and addiction.

In the reporting period, measures targeting persons who already show patterns of problem drug use primarily focused on substitution treatment. At present an optimisation of medically

assisted therapy is discussed with the aim both to improve quality and to reduce misuse of substitution substances (e.g. intravenous use, sale in the black market). Harm reduction interventions concentrate on the prevention of infectious diseases and overdoses. In view of the present epidemiological situation, experts are discussing the question whether it would be sensible to expand the existing services by establishing consumption rooms and heroin programmes. Such measures have already been taken in many EU member states. In Austria these approaches have been discussed for several years but not implemented so far.

Social reintegration of (former) drug addicts continues to play an important role. On the one hand, such measures may motivate drug users to go into drug-free treatment and on the other, drug experts regard them as a most effective way to prevent relapse. However, due to the tight situation of the labour market at present, it is especially difficult for (former) drug addicts to find jobs. Therefore current services concentrate on occupational reintegration; for instance, several projects are implemented in the context of the EQUAL programme of the European Union. In addition, new services in the field of housing (e.g. temporary sleeping facilities for young people) and recreational programmes have been started.

Selected issue “Buprenorphine”

In Austria buprenorphine was admitted as a substitution substance in 1999. It had already been used since the mid-1990s at the drug outpatient department of the General Hospital of Vienna within the framework of clinical trials. Experience with buprenorphine in substitution treatment has been positive. Its use is recommended on the one hand for short- to medium-term substitution in young drug-dependent persons and patients who aim at medium-term abstinence. On the other hand, buprenorphine has successfully been used in the substitution treatment of pregnant drug patients, as different from other substances, neonatal abstinence syndrome has hardly been found in newborn babies. Furthermore buprenorphine generally has less side-effects than methadone, and the reduction of doses is less problematic. However, buprenorphine should not be used in cases of high psychiatric comorbidity. Over the past few years the use of buprenorphine has continually risen; at present, it is chosen as a substitution substance in approximately one fifth of all first treatments.

There are hardly any data or information on misuse of buprenorphine. In general, most experts hold the view that because of its agonist-antagonist properties buprenorphine is rather unattractive for misuse. There is very little evidence of intravenous consumption of buprenorphine or of its existence in the black market. The parallel use of other drugs appears to occur less frequently than with other substitution substances.

Selected issue “Alternatives to prison”

In Austria, specific alternatives to punishment for drug using offenders have a long tradition. Already in 1971 the legislation on narcotic substances provided corresponding options. The Narcotic Substances Act (SMG) of 1998 represented the provisional completion of the ongoing development of alternatives to punishment in cases where narcotic substances are involved. There are two relevant types of alternatives: deferment of charges (Section 35 SMG) and suspension of sentence (Section 37 SMG) can be applied in cases of petty crimes and serve as an alternative to conviction. Application of these measures is not contingent on dependence on a narcotic substance. A stay of execution of sentence (Section 39 SMG) is ap-

plicable for serious offences and serves as an alternative in cases of a conviction on account of an offence committed to finance drugs. Application of these measures is limited to persons who are dependent on narcotic substances and agree to undergo a health-related measure. In addition there are a number of general regulations on the alternatives to punishment which are not specifically oriented to drug-related offences but may also be applied in drug cases.

The principle of therapy instead of punishment is shared unanimously as a drug-policy consensus of all political parties and is widely supported by the general population. Application of alternatives to punishment rose from approximately 1 200 cases in the early 1980s to more than 9 000 cases in 2003. It is frequently combined with the prescription of a health-related measure. For implementing these alternatives, the entire drug-help system is available. In former years, the services provided in this respect used to be considered sufficient. Recently, however, some provinces have reported capacity problems, as the demand for such measures has sharply risen, but budgets have not been raised correspondingly.

Selected issue “Public nuisance in connection with illicit drugs”

In Austria, the issue of public nuisance in connection with illicit drugs primarily involves debates about public safety, social acceptability of the drug scene and the feeling of security or social disturbance among the population. It is not so much a question of actual (fear of) crimes but rather an irritation of the personal feeling of security. In general drug users have turned out to be perceived as a public nuisance only to a small degree. On the one hand this could be due to the Austrian drug policy with its focus on prevention, which reduces many possible fields of conflict in the public sphere. On the other hand, the view of drug addicts as patients rather than criminals has been politically communicated and widely accepted by the general public, which contributes to the understanding of this population group. The situation is different in the case of drug dealing, which is viewed as a disturbance to a much higher degree.

Measures explicitly focusing on the field of public nuisance in connection with drugs have little tradition in Austria. In Vienna, in spring 2003 a drug policy focus on the promotion of social acceptability of the drug scene was defined as a reaction to complaints about the street drug scene and drug dealing in the public sphere. In addition to new approaches to social work in the public sphere, the close cooperation and the involvement of relevant actors (police, streetworkers, public transport providers, local residents and businesses, etc.) play an important role.

Introduction

This is the 9th time the REITOX Focal Point at the Austrian Health Institute (ÖBIG) presents its annual National Report drawn up for the European Monitoring Agency for Drugs and Drug Addiction (EMCDDA) and the Austrian Federal Ministry for Health and Women (BMGF).

This report deals with illicit drugs and serves both as a national report on the situation in Austria and as Austria's contribution to describing the drug situation in the European Union (EU). Similar reports are submitted by the REITOX Focal Points in all EU member states and by the EU candidates, according to a structure defined by the EMCDDA. They form the central basis of the EMCDDA's Annual Report on the State of the Drugs Problem in the European Union (latest publication: EMCDDA 2003).

This year's report follows a new structure, in which information on epidemiology and demand reduction are integrated to a greater extent. The first part deals with current developments and trends concerning the drug policy framework, the epidemiological situation and health policy interventions aiming at demand reduction. This part refers to the reporting period from summer 2003 to summer 2004, while routine statistics refer to the year 2003. As this part is based on the previous reports (latest report: ÖBIG 2003b), it has been kept concise deliberately. The second part gives a detailed presentation of selected issues, which in the present report deal with buprenorphine, alternatives to prison and public nuisance associated with drug use. In addition the Annex includes a number of tables with detailed information and data.

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

This report is based on many different data and information communicated to ÖBIG by various experts in the field of drugs. In this respect, the reports on the drug situation in the individual Austrian provinces drawn up by the Drug Coordinators and Addiction Coordinators have been especially significant. In addition a number of experts have provided background information and specific data for individual chapters of this report (see Selected Issues). We would like to express our gratitude for their cooperation.

We are especially indebted to the members of the advisory working group of the REITOX Focal Point Austria, Michael Dressel (Drug Coordinator of the City of Vienna and Provincial Representative). Thomas Neubacher (Addiction Coordinator of Vorarlberg and Provincial Representative), Franz Pietsch (Federal Drug Coordinator and head of the Federal Drug Coordination), Robert Scharinger (BMGF), Johanna Schopper (head of the Drugs Department at the BMGF) and Wolfgang Werdenich (BMJ), whose comments and input have been most helpful.

PART A

New Developments and Trends

1 National Policies and Context

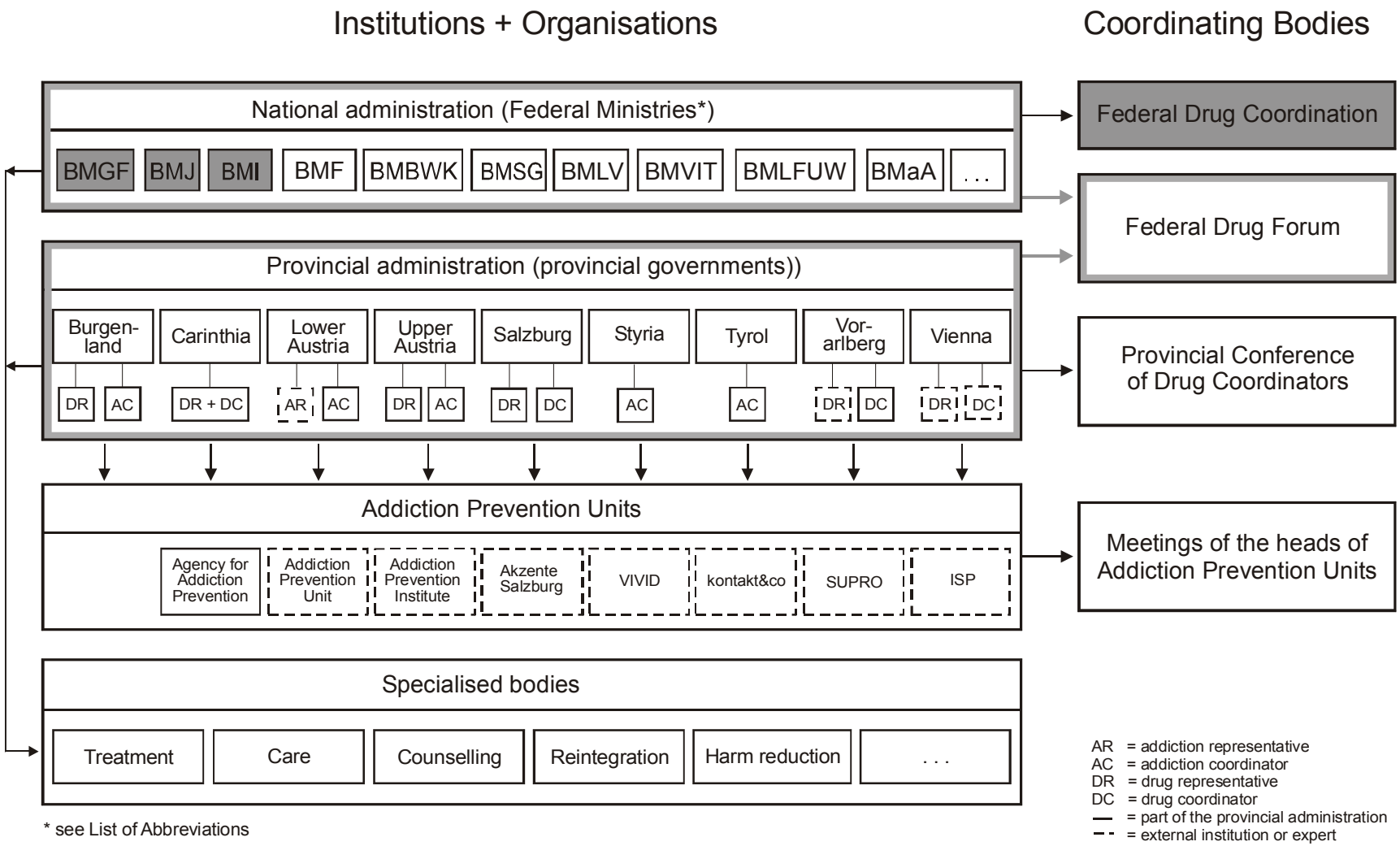
The Narcotic Substances Act (SMG) of 1998 constitutes the central framework of Austria's drug policy. The SMG focuses on quantities and not on kind of substance, with the exception of a special provision concerning cannabis, and provides a wide range of alternatives to punishment (see Chapter 12). At the federal level the central actors in the field of drug policy include the Federal Drug Coordination and the Federal Drug Forum, which serves as a coordinating body with the provinces (see Fig. 1.1). Due to the federalist structure of Austria's health and social care system, the provinces play an important role with regard to adoption and implementation of drug policy measures. All nine provinces have drawn up drug strategies or addiction plans and nominated Drug or Addiction Coordinators. In addition to the provincial strategies and plans, a federal drug strategy paper is under preparation (see Chapter 1.2). Drug policy measures are financed primarily by the Federal and Provincial Governments as well as the social insurance funds. Public discussion of the issue of drugs primarily concentrates on questions related to public security and delinquency (see also Chapter 13). Although Austria's political parties take greatly differing positions with regard to drug policy, they unanimously endorse the principle of therapy instead of punishment (see Chapter 12), which is also widely accepted by the general public.

1.1 Legal framework

In the reporting period the synthetic substances GHB, 2C-B und PMMA were included in the SMG as the relevant decisions adopted at EU level were implemented. In summer 2004 an amendment to the Decree on Narcotic Drugs was sent out for examination: it includes additional substances and also lays down rules for substitution substances dispensed to patients to take with them (see Chapter 5.3). Other than these, no relevant changes in the legal framework that directly concern drugs have been made. However, further amendments to existing legislation are to be expected in the course of the year 2005, when the EU Framework Decision laying down minimum penalties for drug trafficking will be implemented (Rat der Europäischen Union 2003).

Changes in the legal framework that indirectly relate to drugs have not occurred either. What deserves mention, however, is the plan to create a statutory basis for defining protection areas around schools, kindergartens and homes for the aged, giving the police the right to send away for a maximum period of 30 days any person who is suspected of committing offences in the protection area. The pertinent amendment to the Security Police Act was drawn up by the Council of Ministers in June 2004 but has not yet been discussed in Parliament. The envisaged measures have met with criticism by prevention and drug experts (see Chapter 1.4) on the one hand and human rights organisations on the other, who point to the fact that the existing laws provide sufficient means to prevent drug trafficking around the above institutions.

Figure 1.1: Overview of the organisational structure of the drug sector in Austria



* see List of Abbreviations

Source: ÖBIG

1.2 Institutional framework, strategies and policies

At the federal level, endeavours to draw up a nation-wide drug strategy paper were continued in the reporting period. It is planned to harmonise this paper with the EU drugs strategy for the period from 2005 to 2012, which is being prepared and will be implemented in the context of two action plans on drugs. The Federal Drug Forum (see Figure 1.1) met twice in the reporting period (December 2003 and May 2004) to discuss themes such as drug-related legal issues (communication of data, confidentiality, refusal to give evidence etc.), problems of execution in the provinces due to rising numbers of reports to the police as well as capacity and budget problems in the drug help sphere (see Chapters 1.3 and 12.2), further development of drug monitoring (in particular, introduction of a uniform documentation and reporting system of drug help centres), optimisation of substitution treatment (see Chapter 5.3) as well as reports on recent developments and interventions.

At the provincial level, the reporting period saw an adoption by the Upper Austrian Provincial Parliament of the provincial drug strategy. In Carinthia, the framework plan on addiction prevention and drug help for the period from 2001 to 2005 was included in the government programme of the new legislative period. In all provinces, measures to implement drug strategies or addiction plans were taken, in accordance with defined priorities. Apart from the established fields of primary prevention as well as harm reduction and treatment, in recent years secondary prevention in particular for young people (see Chapter 3.2) and social reintegration measures (see Chapter 9.1) have played prominent roles. Furthermore, drug monitoring, quality assurance and research continue to be of rising relevance.

In Vienna, social acceptability of the street drug scene has become a focal theme (see Chapter 13.1). Carinthia adopted a number of quality assurance measures aimed at retransferring to the district level examinations according to Section 12 of the SMG, which had been carried out centrally in past years (see Chapter 12.3 and ÖBIG 2003b).

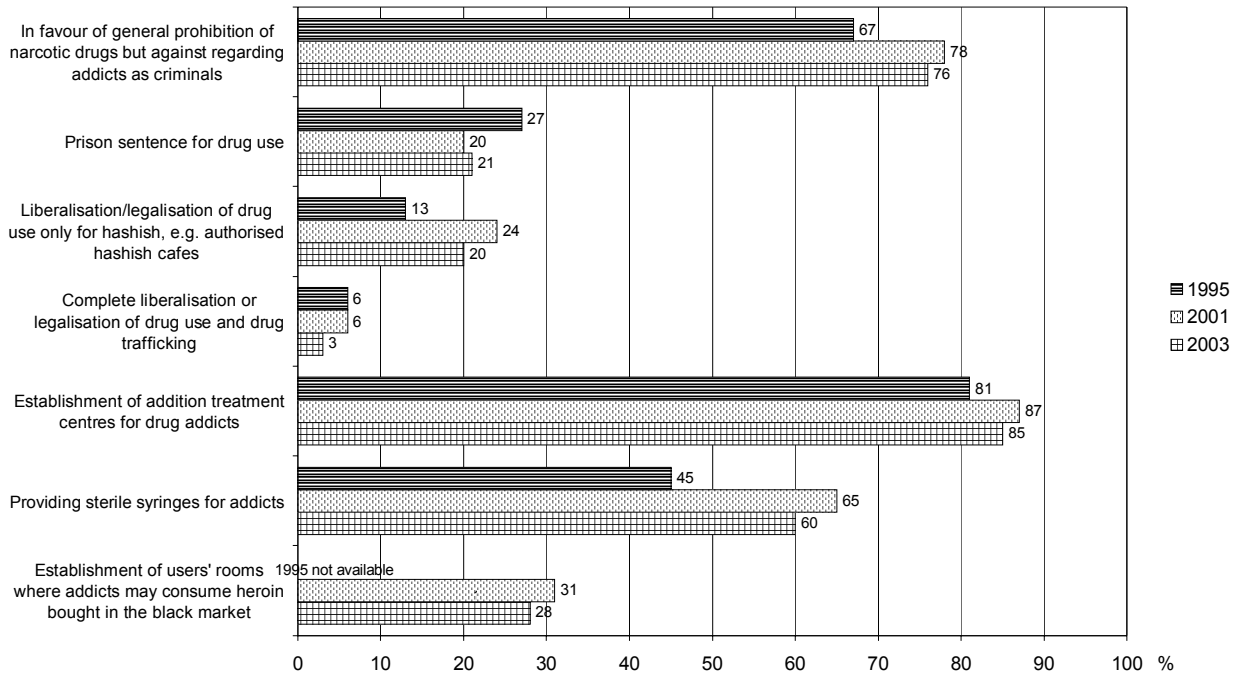
1.3 Budget and public expenditure

No data on drug-specific budgets are available for the reporting period. The financing system in the field of drugs has not been noticeably changed either. Vienna is drawing up a model aimed at finding ways to obtain refunding by the Vienna Health Insurance Fund of drug-help services provided by physicians, psychotherapists and clinical psychologists (FSW 2004c).

1.4 Social and cultural context

There are a number of studies that provide data on public attitudes to drug policy measures. Since 1995 Vienna has conducted drug surveys in comparable settings every two years. In autumn 2003, 670 persons over 15 were interviewed (IFES 2004; see also Chapter 2.1). Long-term comparison shows continued strong acceptance of the principle of therapy instead of punishment (see also Chapter 12.1), paralleled by disapproval of any legalisation of illicit drugs (see Figure 1.2).

Figure 1.2: Attitude to drug policy measures among the population of Vienna, comparison from 1995 to 2003 (percentages of approval to measures)



Source: IFES 2004

While it is regarded as sensible to distribute sterile syringes and to provide substitution treatment (66% approval), measures such as establishing consumption rooms or prescribing heroin tend to be rejected (10% approval). Both the survey in Vienna and a population survey carried out in Upper Austria (see Chapter 2.1) indicate slight tendencies towards more repressive positions. In Vienna, the share of people who would like to see “more police activity” as a focus of drug policy has doubled from 1999 (8%) to 2003 (16%). In Upper Austria, approval of “intensified prosecution of drug users and dealers” has significantly risen from 19% in 2000 to 32%5 in 2003 (ISP 2003).

In Styria, similar questions were asked in autumn 2002 in the context of a telephone survey covering 1 000 persons between 14 and 60 years (IFES 2002), and a picture resembling the situation in Vienna showed: strong approval of increased prevention (95%), sustaining drug prohibition while decriminalising addicts (82%), establishing additional treatment centres (80%), but little approval of imprisonment because of drug use (26%) and legalisation of soft drugs (16%).

In the context of the study Beyond Borders that was carried out in summer 2003 parallel to the conference Beyond Borders (see Chapter 5.1), 1 218 persons all over Austria were interviewed face to face (Gehmacher et al. 2004): 72% said they were in favour of the prohibition of “dangerous drugs” and severe punishment for drug dealers, while 57% also welcomed treatment measures for drug addicts. 40% thought that it would be important to distribute drugs in a controlled way to reduce drug-related crime.

All studies generally show that drug-related attitudes correlate with educational level and age: younger groups and persons with high levels of education tend to have more liberal attitudes.

Political discussion and the media primarily concentrated on issues such as drugs in schools. Both at federal level and in a number of provinces (Burgenland, Salzburg) the Freedom Party demanded drug tests to be carried out in schools, which was generally rejected, however. In spring 2004 the weekly magazine News launched a campaign with the slogan “no drugs at our schools”. Plans to introduce protection areas (see Chapter 1.1) were defended on grounds that they were necessary to prevent drug dealing around schools. This form of associating schools with drugs or drug trafficking met with critical comment in particular on the part of prevention experts, as this may give rise to fears among parents and teachers that are unjustified in face of the actual situation (see Chapter 10.1; Fachstellen für Suchtprävention 2004) and moreover, the activities mentioned above do not correspond to the principles of addiction prevention in Austria.

In recent years, both media coverage and political discussion of drug issues have tended to relate (organised) drug trafficking to Africans living in Austria. This is due to the fact that a few groups of Africans have intensively, and visibly, been involved in street drug dealing, which has also been reflected in the statistics on reports to the police. In these statistics Nigerian is the nationality most frequently found among non-Austrians concerned (i.e. the group “aliens” in the statistics), with more than 1 000 persons reported to the police in 2003 (BMI 2004), however, only 371 of these reports refer to felonies.

In a recent publication on drug policy as a policy focusing on aliens, Eisenbach-Stangl (2003a) thoroughly investigated this theme and concluded that social differences - in particular in terms of class and generation - as well as conflicts and problems arising in this context, have been transformed to ethnic differences and conflicts especially since the early 1990s. Such a development is typical of multi-cultural societies and not restricted to the field of drugs. However, in Austria this has coincided with the arrival of larger groups of immigrants from Africa, who are perceived as “actually different and foreign”, and some of whom are involved in street trafficking (see above). This situation has facilitated the construction of the image of “dangerous African drug dealers”, which does not correspond to the actual situation.

2 Drug Use in the Population

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

2.1 Drug use in the general population

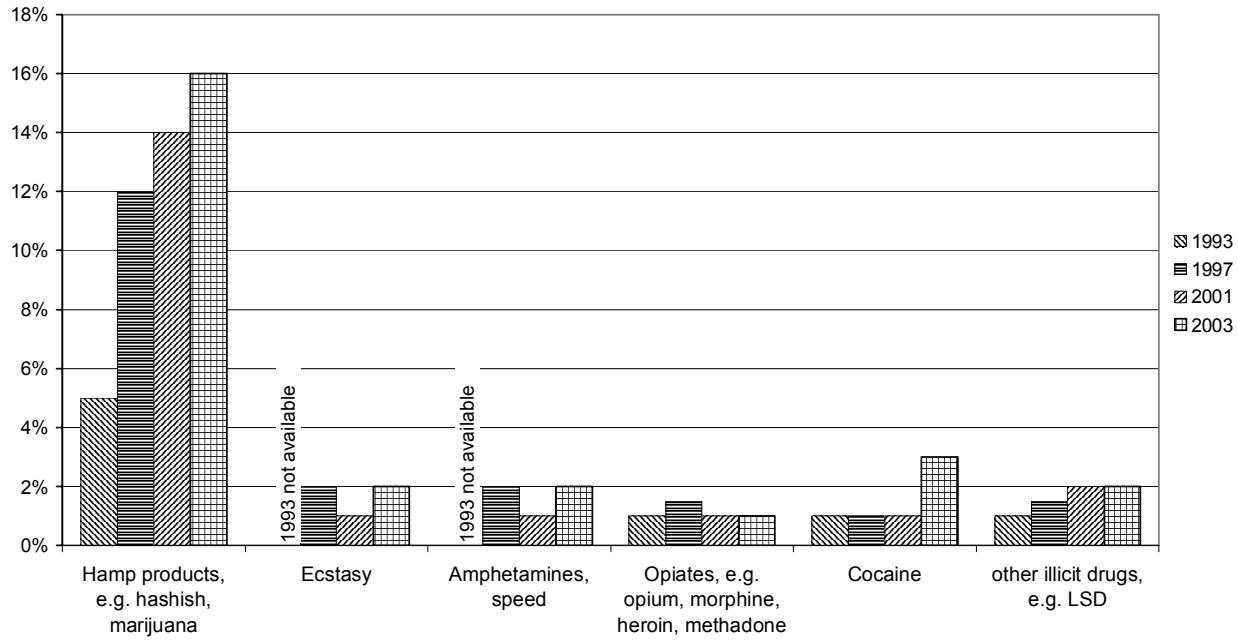
In spring 2004 a representative study on prevalence and consumption patterns of legal and illicit narcotics was drawn up on behalf of the Federal Ministry for Health and Women (BMGF), which is the first study that will provide nation-wide data in conformity with European Union standards. Its results will be available in 2005. For the present reporting period, data from a number of regional surveys can be given.

In autumn 2003, 670 persons over 15 were interviewed in the context of a drug survey conducted in Vienna (IFES 2004; see also Chapter 1.4). Comparison to previous surveys shows that the trend towards a rise in lifetime experience with cannabis has continued (1993: 5%; 2003: 16%; see Figure 2.1 and Table A1 of Annex A). However, it is assumed that up to a certain extent, higher “confession rates” are due the fact that social taboos have become smaller in this field, thus the actual increase in cannabis use may be overestimated. A rise has also been found with regard to cocaine, while no changes have shown for the rest of substances covered.

Use of biogenic drugs (mushrooms, cacti etc.) was included in the survey for the first time, and a total of 3% of the respondents said they had used natural drugs at least once in the past. In the case of almost all substances, lifetime prevalence is higher among persons with higher education levels and among younger age groups. This is most obvious with regard to cannabis, where prevalence rates go down with rising age (under 30 years: 40%; over 50 years: less than 5%). Cocaine consumption is highest among (self-)employed men of the middle age group who have high education levels (5% to 7%), while prevalence rates are generally lower for women, with the exception of amphetamines and ecstasy, where hardly any differences between the genders are found.

Use in the past three years and in the past 30 days was also studied. Here, significant data were obtained only for cannabis (7% and 2%, respectively), as prevalence rates were 1% or lower with regard to any other substance included.

Figure 2.1: Lifetime experience of illicit drugs among the population of Vienna from 1995 to 2003; percentages



Source: IFES 2004

The drug survey of Styria (IFES 2002, see Chapter 1.4) does not give results in such detail. 14% of the total number of 1 000 respondents aged between 14 and 60 said that they had used illicit drugs at least once in the past (see Table A1 of Annex A). 13% indicated cannabis, 2% named a different or additional substance. Again, prevalence rates are markedly higher among the younger age groups (see Chapter 2.2), men, persons with higher education levels and among the urban population. For instance, 29% of the respondents who have used illicit drugs at least once live in the provincial capital of Graz, and 25% have completed upper secondary school.

In 2003 Upper Austria saw a repetition of the representative general population survey that was conducted for the first time in 2000. Here the general picture with regard to lifetime experience of illicit drugs has hardly changed (ISP 2003). 23% of the sample of 1 018 persons over 15 said they had already used cannabis at least once (2000: 21%). The results for all other substances are 3% or less (see Table A1 of Annex A).

2.2 Drug use in the school and youth population

In 2003 a school survey was conducted among 5 619 pupils between 13 and 18, in the context of the ESPAD study financed by the BMGF. Detailed analyses are not yet available, but first results regarding experience of drug use can already be given (Uhl et al. 2004). Thus, approximately one out of four respondents have used an illegal substance at least once in their life. Broken down by substance, as expected, the highest prevalence rates are found for cannabis (22.5%), followed by amphetamines/stimulating substances (4.7%), ecstasy (3.1%), cocaine (2.2%) and eventually LSD and other hallucinogens (2.2%). What cannot easily be explained is the prevalence rate given for crack (1.5%), a substance hardly found in

Austria. Estimates of the plausibility of this figure and an interpretation cannot be provided before detailed analyses have been made. Among other factors, it has to be considered to which extent young people actually know the difference between individual substances.

With the exception of amphetamines, ecstasy and LSD, prevalence rates tend to be higher for male adolescents than for girls. In addition, drug experience is clearly rising with age. Generally speaking, prevalence rates have been slightly higher than those found in previous school surveys (see Table A2 of Annex A). However, as consumption figures for the past 12 months and the past 30 days are considerably lower for all substances included, this seems to reflect a rise in experimental use with a variety of substances, a trend already showing over several years.

In the city of Salzburg a representative survey was conducted in 2003 among 609 trainees at vocational schools aged between 15 and 25. An online questionnaire based on the ESPAD study was used for this purpose. 31% of the respondents said they had already used cannabis at least once, and 15% indicated experience of poppers. Lifetime prevalence for all other substances was under 10% (hallucinogenic mushrooms: 9%; ecstasy 7%, LSD and cocaine: 5% each; Schabus-Eder, personal information). 9% of the trainees also showed problem use patterns of alcohol. Compared to other representative school studies the prevalence rates found here are fairly high (see Table A2 of Annex A). However, if the age range is taken into account as well as the fact that previous studies have also shown high rates of drug use among trainees attending vocational schools, such prevalence rates are hardly surprising.

Information on drug use among adolescents and young adults also comes from the drug surveys conducted in Vienna and Styria as well as the general population survey of Upper Austria (see Chapter 2.1). In Styria, 15% of the young people between 14 and 19 and 21% of the age group between 20 and 29 said they had already used illicit drugs in the past (IFES 2002). Data from Vienna only cover the group between 15 and 29 years: 40% indicated experience of cannabis and approximately 5%, of ecstasy (IFES 2004).

In Upper Austria the sample for adolescents and young adults was overrepresented (n = 567) so as to permit a more detailed analysis. The prevalence rates found among the age group between 15 and 24 are considerably higher than the rates for the overall population (see Table A2 of Annex A), with differences also within the younger age group: lifetime experience of cannabis continually rises from 18% for 15-year olds to 38% for the group between 20 and 24. However, in the case of all other substances included, the highest rates are found in the group between 18 and 19 years (ISP 2003). The elevated prevalence rates in this group must be qualified, however, as around 3% of the persons interviewed also indicated use of a non-existent drug that was included in the survey in order to test the plausibility of responses. Thus one may conclude that actual experience of illicit drugs is slightly lower than the results indicate.

A few provinces (Burgenland, Carinthia, Lower Austria) have also provided reports on the practical experience of regional drug experts, which confirm trend that was registered last year, towards a widening range of patterns of use in the context of experimental drug consumption by adolescents and young adults. Apart from cannabis, it is cocaine, amphetamines and biogenic drugs that play relevant roles in this context.

2.3 Drug use among specific groups

Data on drug use among specific groups in Austria (e.g. conscripts, ethnic minorities, immigrants etc.) are regularly gathered by ChEck iT!, a secondary prevention project that provides on-site testing of substances (see also Chapters 3.2 and 10.3). In the reporting period, a **secondary analysis** was made of the data gathered by means of questionnaires on consumption patterns in the years 1998, 2001 and 2003. All data were collected during large, commercial rave events with 1 000 to 8 000 visitors (n = 838). Preliminary results show that frequencies of use of the individual recreational drugs have hardly changed over the years, with the exception of cannabis and ecstasy. Cannabis consumption has clearly risen in the course of time with regard to both frequency of use and percentage of regular users (consumption on 20 to 30 days/month). On the other hand, frequencies of ecstasy use have gone down from two days in 1998 to one day at present, with the number of pills taken per evening rising from 1 to 2.5. Furthermore, it has shown that the group of recreational or party drug users is not homogeneous but that different types of use can be distinguished. More detailed results of the secondary analysis will be available in autumn 2004, and a publication is being prepared (Eggerth and Lachout, personal information).

2.4 Attitudes to drugs and drug users

The drug surveys of Vienna and Styria as well as the general population survey conducted in Upper Austria (see Chapter 2.1) also investigated which substances were regarded as dangerous with regard to health consequences. In each of the three studies, the majority of the respondents (90% and more) thought that almost all illicit drugs were dangerous, with the exception of cannabis, which was estimated to be considerably less risky. In Vienna, a time series since 1993 also permits an assessment of trends. In the course of time, cannabis has been regarded as less and less dangerous (1993: 84%; 2003: 65%), while the results for all other substances have basically remained unchanged (IFES 2004). Furthermore, a number of legal substances were also included in the surveys: in Vienna, 80% of the respondents said natural drugs (mushrooms, cacti etc.) were dangerous. In Styria, alcohol was regarded as a very dangerous substance by 39%, and nicotine, by 34% (IFES 2002).

The study Beyond Borders (see Chapters 1.4 and 5.1), which goes into greater detail with regard to risk awareness, shows a more diversified picture. In the case of “use of small amounts” assessment of danger differs according to substance involved: opiates/heroine are considered dangerous by 73%, cocaine by 60%, ecstasy by 43%, amphetamines by 42%, cannabis by 28%, nicotine by 14%, and alcohol by 12% (see Gehmacher et al. 2004). In terms of sociodemographic parameters, hardly any differences were found. The study also investigated which causes were regarded to be relevant for (rising) drug use. In the representative survey, 64% of the respondents thought that drug use in society could go down if there were less stress and loneliness. 54% said that more discipline would lower drug consumption. In addition, in the course of the conference a Delphi study was carried out among attending drug experts from Austria, Slovakia, the Czech Republic and Hungary. In their opinion, increased stress and achievement orientation as well as rising “new poverty” and the collapse of family and neighbourhood ties are the most relevant factors aggravating drug

problems. The former two factors were regarded as particularly relevant by Austrian and Slovakian experts, and the latter factor was assessed as decisive by Czech and Slovakian experts.

In Vienna and Styria, attitudes to drug users were also investigated. 10% of the persons interviewed in Styria said they did not want to have close contact with persons who had experience of drugs (IFES 2002). The survey of Vienna focused on reactions to drug use among close friends. In the case of cannabis, approximately one third indicated that they would generally tolerate this, whereas 20% would stop seeing these persons immediately. Regarding the other substances included (in particular opiates, cocaine, amphetamines and LSD) only 10% would basically tolerate use, while around half of the respondents would break off contact at once (IFES 2004). For further data on social acceptance of drug users please consult Chapter 13.

3 Prevention

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

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

3.1 Universal prevention

Primary prevention plays a central role in Austria, which is reflected in a wide range of pertinent measures, thus only a number of relevant examples can be given in this report. Schools are important settings for prevention measures, with the focus placed on primary prevention. Preventing addiction is regarded as an integral part of health promotion and has thus been laid down as a statutory educational principle in the context of health promotion. Prevention measures in schools are to be implemented in cooperation with teachers, parents and pupils as well as regional drug and prevention experts. Thus, in the context of the iSch campaign, a health promotion measure of the Ministry of Health, a workshop on addiction prevention was held at a congress of school medical officers in Linz. Since April 2004 health cards for young people in their 8th school years have been tested; and nation-wide use and publication of a booklet on the health card are planned for 2005 (www.bmgf.gv.at).

All provinces aim to expand addiction prevention measures in schools so as to achieve overall coverage and quality assurance activities are also carried out. In spring 2004 the Ministry of Education, in cooperation with the Working Group for Addiction Prevention ARGE Suchtvorbeugung, organised a conference on the quality of prevention activities in schools, in the context of the Joint Dialogue initiative (www.schule.at/gesundheit). In addition general principles for addiction prevention in schools will be published (Haller, personal information). Vienna has started to investigate the demand for prevention projects for different types of schools, age groups of pupils as well as school-related professions (FSW 2004a). This will form the basis for specific prevention activities in schools in Vienna. Furthermore, guidelines including a check list for procedures in the case of drug incidents in schools have been

drawn up. In the Tyrol a pilot stage is under way in order to professionalise the envisaged model of expert-assisted addiction information in schools before its realisation on a large scale. In Styria, Step by Step - Next Step is implemented in the whole province and in addition a modified version for legal substances has been developed for use at lower secondary schools. Apart from quality standards for addiction prevention in schools, a checklist for assessing the quality of such activities has been drawn up by a special working group (SAG 2003a, b). In summer 2004, these quality standards were unanimously adopted by the Provincial Parliament and the Provincial Government of Styria and have since served as a basis for deciding on subsidies for corresponding projects. In Vorarlberg the school programme *Eigenständig werden* (Becoming Independent) was evaluated, and those interviewed said it had been very helpful (see EDDRA).

Prevention in **kindergartens** continues to focus on further training methods, distribution of information material as well as work with parents. Typical examples include KIGAFO further training courses and the new manual *Die Reise zum ICH* (Travelling to Your Self) in Styria.

Prevention initiatives for **parents** also include further training schemes for multipliers as well as Styria's approach to draw up a curriculum for provincial parent training schemes in addiction prevention. Services directly addressing parents include the parent manual *Wie schütze ich mein Kind vor Sucht* (How to Protect My Child from Addiction) in Upper Austria and the booklet *Schultüte* (School Cone) in Vienna as well as the corresponding website (www.schultuete.at) on the one hand, and higher-threshold "active parents" seminars on prevention in Upper Austria or the six-part course *Elternsein ist manchmal scho(e)n schwer* (Being a Parent May be Pretty (Difficult)). In addition to being given information on addiction, parents are assisted in integrating addiction prevention in everyday life.

Prevention in the **workplace** is another focal theme in Austria. Typical examples include a prevention project in Lower Austria's Provincial Government offices, for which guidelines on addiction in the workplace were drawn up, including accompanying interventions and a stage-by-stage plan for early detection. The Addiction Prevention Unit of Lower Austria conducted a questionnaire survey on prevention in the workplace, which will form the basis for a future focus of activities. In Upper Austria, based on the results of a working group on alcohol and illicit drugs in the workplace, a booklet on this subject was issued (for a download go to www.praevention.at). Most of the activities specifically designed for trainees are further training schemes for trainers. For instance, in Vienna a trainee workshop was held in cooperation with the bank BAWAG, and a conversation training course for trainers was drawn up (FSW 2004a). Projects were also organised for trainees of Erste Bank, Jugend am Werk and WUK Monopoli.

Prevention measures in **recreational settings** addressing young people often combine primary and secondary approaches (see Chapter 3.2), as do activities for trainees, because young people are likely to experiment with drugs (ÖBIG 2001b). Here the Addiction Prevention Units increasingly often cooperate with relevant associations such as Styria's Football Association, whose training scheme for coaches includes two addiction prevention modules. In autumn 2003 the Youth Department presented its fourth report on the situation of young people in Austria. Part B of the report deals with prevention in the context of youth work outside schools (BMSG 2003b). Here it is stated that youth work as such has preventive effects but that the structures of youth social work should more often be used for preventive inter-

ventions by experts. The report also points to a number of structural measures and methods (e.g. qualification in recreational youth work in line with actual demand, easily understandable communication of prevention themes, developing prevention measures in a participatory way, low-threshold communication) that may improve prevention in recreational settings. In order to improve the cooperation between interventions addressing young people in recreational settings on the one hand and prevention on the other it has been suggested to establish regional coordination offices in charge of building networks in this field.

In the field of **prevention at community level** the Vienna-based project *Miteinander leben* (Living Together) has been modified on the basis of experience made so far and has been expanded to a further district (see EDDRA). Another project aimed at the development of community structures is the Interreg project *Guat beinand* (Feeling Good) of Salzburg's Addiction Prevention Unit. In Salzburg, regional coordination bodies are now well established and have started to draw up and implement measures of universal addiction prevention in their regions (Schabus-Eder, personal information). The project *b.rauschend* (n.toxicating) in Salzburg aims at helping children and adolescents to use intoxicating substances and products such as tobacco and in particular alcohol, in a deliberate, low-risk manner, with the aid of mentors of various associations, from the fields of peer group education and adult education, and by integrating the whole district (Akzente 2004a). Lower Austria's touring exhibition *Alles im Griff* (Everything Under Control) was evaluated in 2003 and assessed very favourably by the persons interviewed (see EDDRA). The experience made in the context of this exhibition was incorporated in a special paper on work in communities (Brunner, personal information).

The community project implemented at Trofaiach/Styria (see ÖBIG 2002b and EDDRA) was evaluated in 2004. A representative survey of the population was conducted to investigate the sustainability of interventions as well as the perception and acceptance of prevention measures around the contact point (Fazekas/Stigler 2004). The results have shown that the approach adopted and the way of intervention chosen have been perceived as sustainable and valuable and that there is great general interest in the issue of young people and addiction. The authors also point out that it is essential for the success of a project that volunteers are given opportunities to reflect critically on their own attitude to drugs and addiction on the basis of current expert knowledge.

3.2 Selective/indicated prevention

In Austria, prevention addressing specific target groups primarily exists in recreational settings, and aims at communicating a critical attitude to psychoactive substances (risk competence). In the reporting period activities focused on further training in prevention approaches for **recreational settings**, a field where primary and secondary prevention overlap (see Chapter 3.1). In order to be able to organise specific further training schemes for the professions concerned, the pertinent demand was investigated in all professional youth social work organisations in Vienna (open and outreach child and youth social work as well as animating recreational education; FSW/ISP 2003). The results obtained were used to draw up a framework curriculum for a concise course in addiction prevention in youth social work settings, where methods and approaches of addiction prevention are taught in a practice-oriented way

(FSW/ISP and IFP 2004). A training scheme based on a questionnaire survey was also drawn up for centres run by Municipal Department No. 11 (Youth and Family Offices) of the City of Vienna (FSW 2004a). In order to improve the cooperation of outreach youth work, prevention, social education and social work structures, work conferences between the Youth and Family Offices, mobile youth work organisations and organisations in the field of addiction and drugs were started. What also deserves mention is the research series *immer gut drauf?!* (Always Having a Good Time!?) and the *high genug?* (High Enough?) courses organised in Styria as well as Salzburg's courses *Ich will hier RAUSch* (High Time to Get Out) and *Rauchen, Saufen, Kiffen, Kaufen, ... denn sie wissen was sie tun (*Smoking, Drinking, Toking, Buying ... Rebels with a Cause?), all of which address youth social workers in recreational settings. In autumn 2004 *Connected! Beziehungen:Genießen:Lernen* (Connected! Learning to Enjoy Relationships), an international conference on preventive youth social work focusing on relationships, took place in Salzburg (Akzente 2004b).

The project Supromobil in Vorarlberg, which is based on the mobile youth social work approach (ÖBIG 2003b), started to organise district conferences in 2003, whose agendas included drug use among young people, problems in the district as well as ideas for new projects. The results are further dealt with in working groups and concrete project ideas are developed. In Lower Austria, streetwork projects were expanded to include mobile youth social work facilities in the districts of Krems, Horn and Traisen (Brunner, personal information). In cooperation with the Addiction Prevention Unit, a manual on quality assurance in mobile youth social work and streetwork in Lower Austria was prepared. *Way out*, Carinthia's six-month early intervention service for young drug using first offenders, was extended due to positive evaluation results (EDDRA). 89% of the young drug users, most of whom took drugs regularly, showed positive changes with regard to use of problem substances. Improvements were also registered in other fields, for instance the young people concerned improved their general problem-solving strategies and became more secure with regard to behaviour and decision-taking.

The **rave scene** continues to be a specific at-risk group. However, a development of this scene towards a subculture (small clubs) on the one hand and mainstream culture (large discos) on the other showed already last year. As a result, mobile secondary projects such as ChEckiT! (see Chapters 2.3 and 10.3) or MDA basecamp have to be adapted to the new situation so that the target group of young recreational drug users may still be addressed (VWS 2004d, MDA basecamp 2004).

ChEckiT! therefore plans to create a contact point for this target group, where testing of substances is also possible, and has started to observe the scene and to analyse demand, paralleled by information initiatives for the new rave organising generation. Investigations of the goa, free techno and drum'n bass scenes in the period 2003/4 showed that ChEckiT! was well known in all scenes interviewed (68%) although it had not been present on the spot so far. The following figures underline the acceptance of outreach prevention services in these scenes: 80% of the respondents would have their substances tested by ChEckiT!, and 55% said they would welcome information and counselling (Eggerth and Lachout, personal information). ChEckiT! also took part in a cooperation initiative involving several provinces, for preparing a model for online counselling. This guideline will be published in 2004.

MDA basecamp, in cooperation with the Addiction Prevention Unit of the Tyrol and with the participation of young people, produced the drug information film Nightflight and Daydream, which has been tailored to meet the information levels and interests of young people between 15 and 18. Meanwhile, the film has also been available as a teaching aid and is used for this purpose. In Linz, Upper Austria, a mobile service similar to MDA basecamp was established: Chill-Out-X-Press (MDA basecamp 2004).

Another important task of secondary prevention centres is **counselling** for drug users and their relatives. In the reporting period, relevant activities in this field also include the start of a new addiction hotline in Lower Austria (Brunner, personal information) and the preparation of quality standards for e-mail counselling in the new call centre of the Vienna Drug Assistance, (FSW 2004a).

4 Problem Drug Use

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

In Austria, poly-drug use including opiates, with intravenous use predominating, has traditionally played a central role. In the last few years trends towards a wider range of substances taken in the context of poly-drug use has emerged. This goes hand in hand with the rising importance of stimulants on the one hand and the tendency to replace heroin by morphines in the context of opiate use on the other. Intravenous use of cocaine has also become more relevant in the street scene.

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

4.1 Prevalence and incidence estimates

In Austria scientific estimates regarding the prevalence of problem drug use are only available for opiates or poly-drug use including opiates. The most recent data (see above) relate to the year 2002 and have already been discussed in detail in last year's report (ÖBIG 2003b). For the capture-recapture method, on which the prevalence estimate is based, data on substitution treatment and reports to the police relating to opiates were used. A number of methodological problems with regard to data quality of the sources used will be investigated in autumn 2004, when an additional study will be carried out. 2005 will see an update of the prevalence estimate of the number of problem opiate users in 2003 and 2004 ÖBIG drew up in its function as REITOX Focal Point.

Recent information has confirmed the interpretation given in the report of 2003, i.e. that the estimate for 2002 in part reflects increased experimental use and on the other hand shows general problem drug use in the form of poly-drug consumption. With regard to experimental use, a number of provinces report risky patterns of use by young people, which to some extent includes simultaneous use of various substances. As no scientific analyses are available in this field it has become increasingly difficult to distinguish between problem use and experimental use (see Chapter 2.2). Regarding intravenous use of cocaine it has been reported that almost all members of the cocaine-taking drug street scene of Vienna also show patterns of problem opiate use (VWS 2003b). Thus a large part of the group of intravenous cocaine users has apparently been included in the prevalence estimate mentioned above.

4.2 Profiles of clients in treatment (characteristics, patterns of use)

As Austria has no uniform data collection system, only few data of limited interpretative value are yet available for the **field of treatment**. At present the political and technical implementation of a nation-wide treatment documentation system is being prepared. Data on clients of drug help centres cannot be collected on the basis of this system before 2005.

For the first time, data for Vienna are now available from the basic documentation compiled by the Viennese working group on documentation (IFES 2003b). The evaluable data relate to a total of 2 006 clients who turned to one of 20 drug help centres in Vienna for counselling for the first time in 2002. In this context, counselling was defined as a minimum of three contacts at intervals of no more than three months. Regarding data quality, it should be mentioned that 3 633 sets of data had to be excluded as they were incomplete to an extent that made analysis impossible. Furthermore, the data sets used for analysis were also incomplete to varying degrees, therefore the total number to which the individual percentages relate are given in brackets in each case. The data were gathered among clients of drug counselling centres, therefore they only refer to those persons with drug problems who have actually turned to the drug help system.

28% of the clients receiving counselling were women and 72% were men (n = 1 933). 46% were between 21 and 30 years old, 20% were under 21, 26% were between 31 and 40, and 8% were over 40 (n = 1 926). While 31% of the female clients were under 21, the share of men in this age group was only 15%. 22% of the clients had one or more children (n = 1 208). Approximately half of the respondents had completed lower secondary school or the polytechnic year after lower secondary school, and only 14% had completed upper secondary schools of general or vocational education (n = 1 176). The majority of clients was unemployed when they turned to the counselling centres (70% of n = 1 263; see Chapter 8.1).

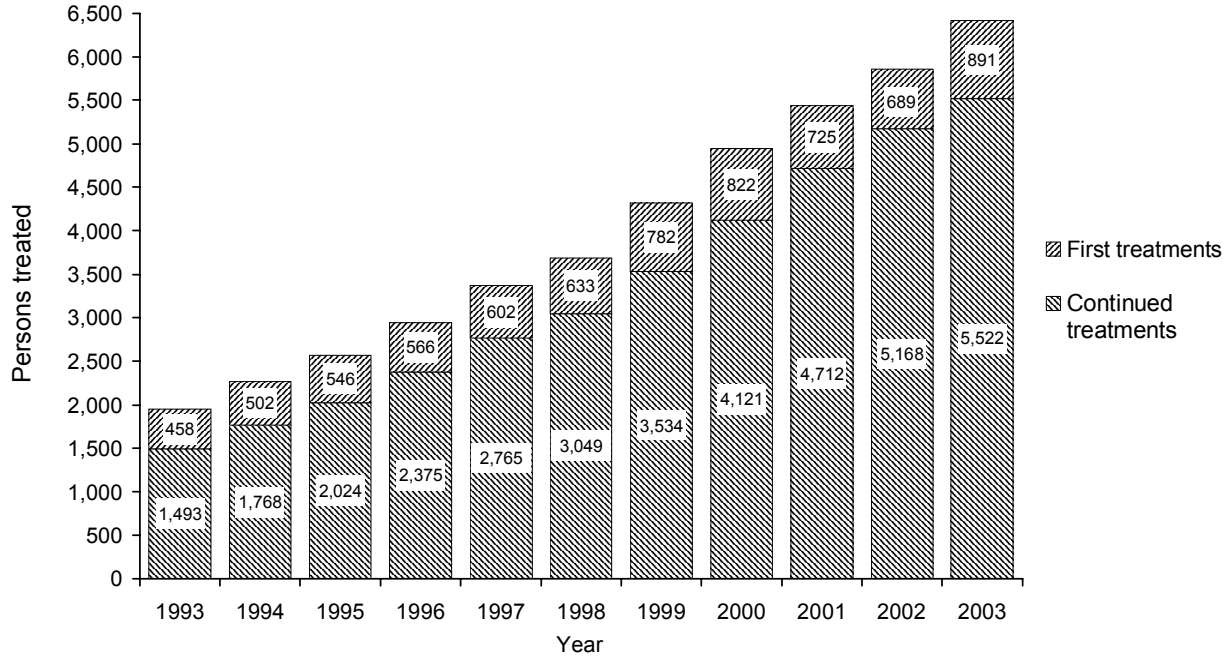
32% of the clients turned to a drug counselling centre for the first time, and 68% of them had already received drug counselling at such a centre at least once (n = 838). 35% were undergoing substitution treatment (n = 1 392).

Their average age of first use was 14.2 years in the case of alcohol (n = 669), 15.5 years for cannabis (n = 792), 18.4 years for ecstasy (n = 417), 20 years for benzodiazepines (n = 434), 19.3 years for heroin (n = 943), and 20.2 years for cocaine (n = 727). With the exception of alcohol, women were between 1 and 2 years younger when they used any of these substances for the first time. Regarding drug use in the past four weeks, 48% indicated cannabis, 48% had used heroin, 39% had taken other opiates and substitution substances, 41% indicated cocaine and 30%, benzodiazepines (n = 849). What was less frequently found was use of tranquillisers and hypnotics (10%), ecstasy (7%), stimulants, amphetamines or speed (4%), LSD (1%) and poppers (0.5%). Both heroin and cocaine were used intravenously in most cases.

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

The increasing acceptance of, and resort to, medically assisted treatment is reflected in the annually rising number of persons reported as currently undergoing substitution treatment. The number of first treatments (number of clients reported as undergoing substitution treatment for the first time in life), after a slight decline in recent years, has risen again in 2003 (see Figure 4.1).

Figure 4.1: Development of annual registrations of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment, from 1994 to 2003

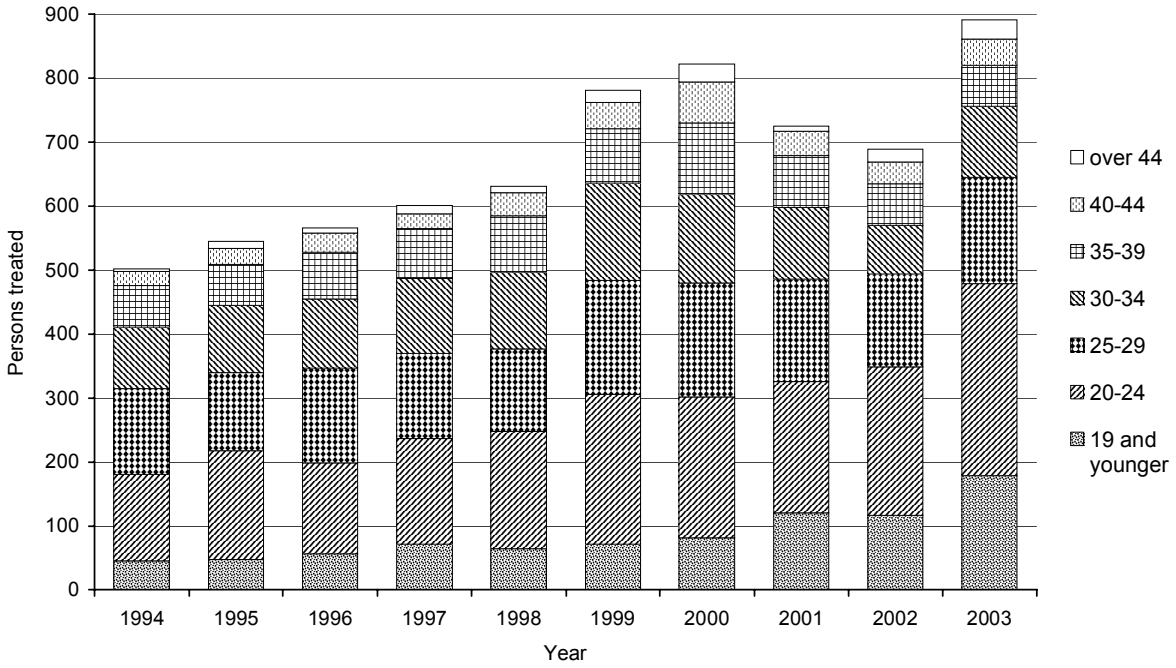


Note: **Continued treatments** are treatments started before the respective year or repeated treatments of persons having undergone substitution treatment before. **First treatments** are treatments of persons who have never been in substitution treatment before.

Sources: BMGF, calculations by ÖBIG

Figure 4.2 shows that the rise in first treatments is primarily accounted for by the age group up to 19 and the group between 20 and 24. From 1995 to 2000 the share of these two groups was between 25% and 40%, continuously rising since then to 54% in 2003. On the one hand this may indicate easier access to substitution treatment for young opiate users. On the other, this rise may also point to an increasing prevalence of (poly-)drug use including opiates. What is interesting in this connection is that the rise in first treatments greatly differs according to region. For instance, the highest increases have been registered in Lower Austria (2000: 86 first treatments; 2003: 152 first treatments) and Styria (2000: 68 first treatments; 2003: 211 first treatments), while Vienna (2000: 392 first treatments; 2003: 287 first treatments) and Vorarlberg (2000: 67 first treatments; 2003: 40 first treatments) report slight declines.

Figure 4.2: First substitution treatment in life by age, from 1994 to 2003



Sources: BMGF, calculations by ÖBIG

Gender-related analyses show that the share of women in persons undergoing substitution treatment for the first time has been between 25% and 35% over the years. In 2003, as in previous years, the share of women in the group under 20 undergoing treatment for the first time (37%) was markedly higher than in any other age group. In the older age groups men predominate: in the group between 20 and 24 years the share of women is 25%, in the group between 25 and 34, 16% and among patients over 34, 28%.

4.3 Main characteristics and patterns of use from non-treatment sources

Helpful information on current patterns of use in the drug scene of Vienna, and on a number of other sociodemographic data, also comes from studies on intravenous use of hard drugs based on syringe tests, which were carried out in the context of the **syringe exchange** programme (Haltmayer and Schmid 2004; for more details see Chapter 10.3).

A total of 491 persons returned standardised questionnaires; 79% of them were men and 21%, women. 9% were between 15 and 19 years old, 30% between 20 and 24, 23% between 25 and 29, 17% between 30 and 25 and 21% over 35. 24% lived on the street, 5% lived in shelters and 71% in a flat (see Chapter 8.1).

362 persons provided information on the kind of substance(s) they had thought to have injected with the syringe handed in for exchange (in many cases the substance actually consumed is not identical with the substance users believe to have bought or consumed; see Chapter 10.3). Only 4.7 of the persons said the syringes exchanged ought to contain nothing but heroin. 27% indicated cocaine, 24% a blend of heroin and cocaine, 21% pharmaceutical products containing morphine, which are substances frequently used for substitution treat-

ment, and 16% indicated poly-drug use without specifying any kind of substance. Single indications concerned Rohypnol, methadone and speed.

A comparison of the shares of syringes containing pure morphine from pharmaceutical production has shown a decline in use of this substance from 1998 to 2002 (from 37% to 26%). The authors relate this to the fact that morphines prescribed for substitution treatment in Vienna increased by more than 200 percent in the same period. They conclude that the market for morphine that is injected under misuse conditions seems to be saturated and that better availability of oral morphine in the context of medically assisted treatment has not led to a rise in intravenous morphine use (see Chapter 5.3).

The EU study "The Support Needs for Cocaine and Crack Users", in which Vienna is participating, includes qualitative interviews with cocaine users, toxicological urinalyses of clients of the Vienna drug outpatient department as well as interviews with experts (Fischer 2004). The cocaine users were divided into a treatment group (additional use of cocaine during substitution treatment), a scene group (intravenous cocaine use - no treatment) and a party group (only snorting - no treatment). The most pronounced differences were found between the party group and the scene group. The average party group member had a higher level of education, was younger (25.6 years v. 29.4 years), had used the substance for a shorter time (3.7 years v. 5.8 years) and less often (8 days v. 22 days in the past month). The party group was (still) fully integrated in working life (8 days per month without a job v. 25 days). The urinalyses carried out for the study to detect additional use of drugs by persons undergoing substitution treatment showed a rise in additional cocaine use (1996: 33%; 2000: 39%; 2001: 47%; 2002: 53%).

Giacomuzzi et al. (2004) conducted an anonymous survey among 158 patients of the University Hospital of Innsbruck who were undergoing outpatient substitution treatment. 31% of the respondents were women and 69% were men. The average age of the women was 28.5 years and of the men, 31.5 years. 18% indicated daily additional use of slow release morphines, and 14% daily additional use of benzodiazepines. 4% said they used additional daily doses of cocaine. 64% of the men and 91% of the women had used cocaine at least once within a year. Regarding additional use of morphines, easy availability in the black market was pointed out as a relevant factor. Furthermore the study stresses the rising importance of cocaine both in the form of excessive cocaine use (cocaine binge) and as a substance used intermittently or in addition to opiates.

The study on cocaine use in Vienna's street drug scene (VWS 2003b) also reports increasing cocaine consumption in the street scene. The authors assume that approximately 40% of the street scene members regularly inject cocaine, and that around 25% of them pursue the high-risk pattern of cocaine binges (massive cocaine use up to 20 times a day for a few days) followed by crash phases. The binge stage is often accompanied by delinquency, non-observance of safer use rules and general personal neglect (see Chapter 6.2).

5 Drug-Related Treatment

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

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, psychosocial services, established physicians). They include - primarily in the outpatient sector but increasingly often also for inpatients - both measures oriented towards drug-free treatment and substitution treatment. Therefore they can be classified to a limited extent only. As the general aim is to build a comprehensive care network, most centres also provide a variety of preparatory and aftercare measures as well as sparetime and reintegration services (see Chapter 9.1) and also interventions for specific target groups (e.g. young people or persons with psychiatric comorbidity).

5.1 Treatment systems

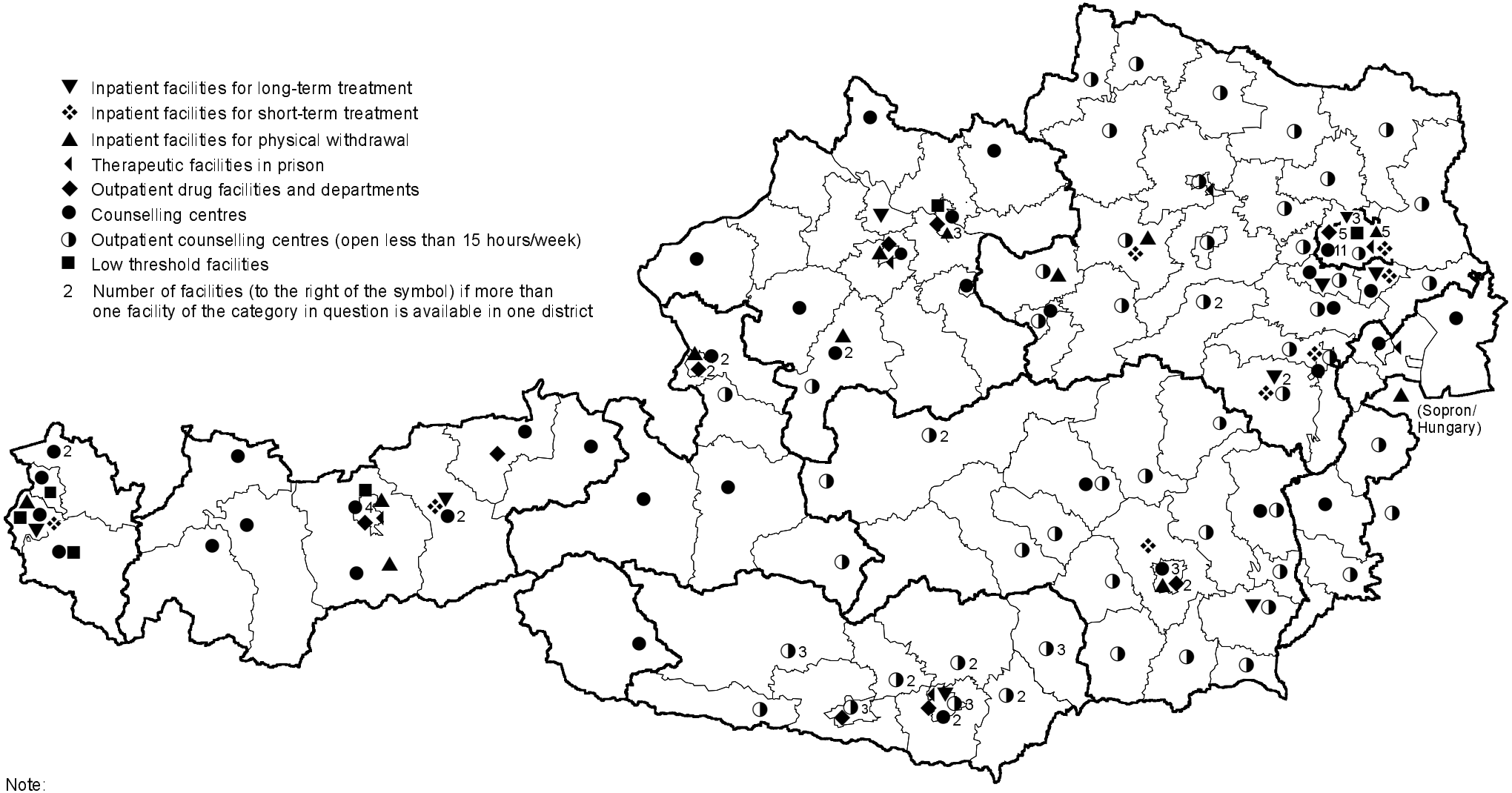
By now Austria has an almost nation-wide network of drug-related counselling, care and treatment centres (see Maps 5.1 and 5.2). So far, the existing scope of treatment and care services have been regarded as sufficient, however, a number of problems have emerged. By the end of 2003, all inpatient and outpatient drug help facilities of Vienna had reached their limits, so outpatient capacities have to be expanded and the inpatient sector should become more flexible in order to enhance utilisation (FSW 2004a). In Upper Austria, the addiction counselling centres no longer have any free capacities, and waiting lists had to be introduced (see Chapter 12.2). Unless subsidies are increased, the pertinent services will have to be restricted and full coverage will be impossible (Suchtkoordination OÖ 2003). In Styria, a few district counselling centres also report long waiting times due to capacity problems (Ederer, personal information). On the other hand, based on the new expansion plan for general coverage of Styria, the counselling services at Liezen were improved, and new counselling centres were established at Schladming and Weiz. In Styria's provincial capital Graz, a new drug outpatient department of the University Hospital of Psychiatry was opened in January 2004, which focuses on substitution treatment for adolescents and young adults and is currently in the process of becoming established. In Salzburg, the issue of decentralising substitution is under discussion (Schabus-Eder, personal information). SUST, Salzburg's centre for drug patients without social insurance, which in addition to providing comprehensive treatment and care, also dispenses substitution substances, has proven its worth. It could thus serve as a model with regard to the plan to widen the range of possible treatments.

Drug help centres whose names have officially been announced after an examination procedure according to Section 15 of the SMG have to meet federal quality standards defined by the Ministry of Health. Also at the provincial level relevant criteria and standards exist for the field of drug counselling and drug treatment. In order to review its quality standards, the association Dialog conducted a survey among its clients, which led to a very positive feedback in particular with regard to quality of relationships and fast, non-bureaucratic help (Dialog 2003). In autumn 2003 the Medical Association of Vienna issued a drug manual to assist established doctors in their work with addicted patients (FSW 2004a). In Carinthia a working group will draw up guidelines for decisions on substitution treatment and drug-free treatment, from which requirements for treatment and care structures are derived (Prehslauer, personal information).

Other important measures to improve drug-related treatment include further training schemes and improvement of regional cooperation structures. In Vienna the CONTACT hospital connection service organised a series of further training courses on the subject of addicted patients in hospital treatment (FSW 2004a). In March 2004 ARGE Suchtkompetenz, a working group for addiction competence, held a further training event on addiction families as communities of fate and the meaning of addiction for families (b.a.s. 2004). Eventually, perspectives for transboundary regional cooperation were discussed in the meeting Beyond Borders - Perspectives for Regional Cooperation in Treating Addiction, organised by Dialog in autumn 2003 (see Chapter 1.4).

In the Tyrol, a cooperation model to treat under-age addicted patients exists between the Outpatient Department of Dependence-Related Diseases and the Department of Child Neuropsychiatry at the University Hospital of Psychiatry (Kern, personal information). In Styria, a networking meeting was held for the first time with the aim to improve the cooperation of the individual inpatient departments and clinics. In Vienna regular networking meetings take place for all drug centres, and a weekly e-mail newsletter provides information on services and waiting times (FSW 2004a). The drug social work services at Vienna General Hospital (see Chapter 7.4) also contribute to better networking between different therapy departments in the General Hospital, counselling services by established doctors and the Municipal Youth and Family Offices, in particular for the group of pregnant opiate addicts. Furthermore treatment and care for withdrawal patients at intensive care units and referral to long-term therapy institutions are organised.

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

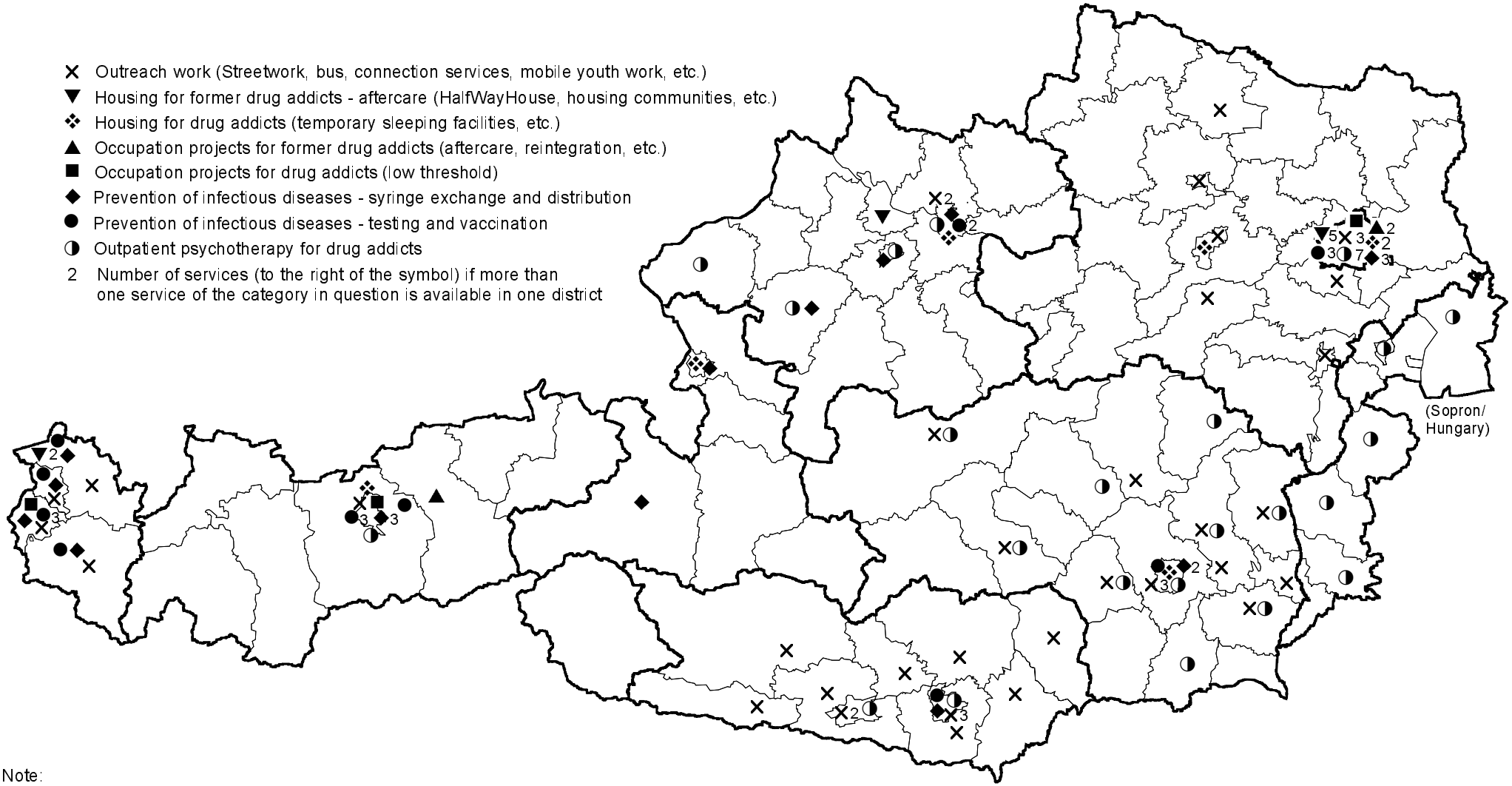


Note:

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

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2004

*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 facilities (see Map. 5.1), therefore a single facility can appear in several categories. Please note that general services (e.g. public employment service, emergency shelters) are also available for drug users and addicts - they are not included in this map.

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2004

5.2 Drug-free treatment

No relevant changes took place in the field of drug-free treatment. In Austria withdrawal treatment is mostly carried out in inpatient departments, but more and more often also in outpatient settings. A publication by Eisenbach-Stangl (2003b) analyses this trend towards outpatient forms of treatments and attributes it to factors such as market pressure, i.e. the fact that the least expensive therapy, and not the best one, is sought. As a result, help services for addicted patients (primarily inpatient treatment), self-help organisations and established psychotherapists are becoming competitors at the expense of patients, instead of providing complementary services in the help network for addicted patients and jointly taking action against the great number of existing restrictions.

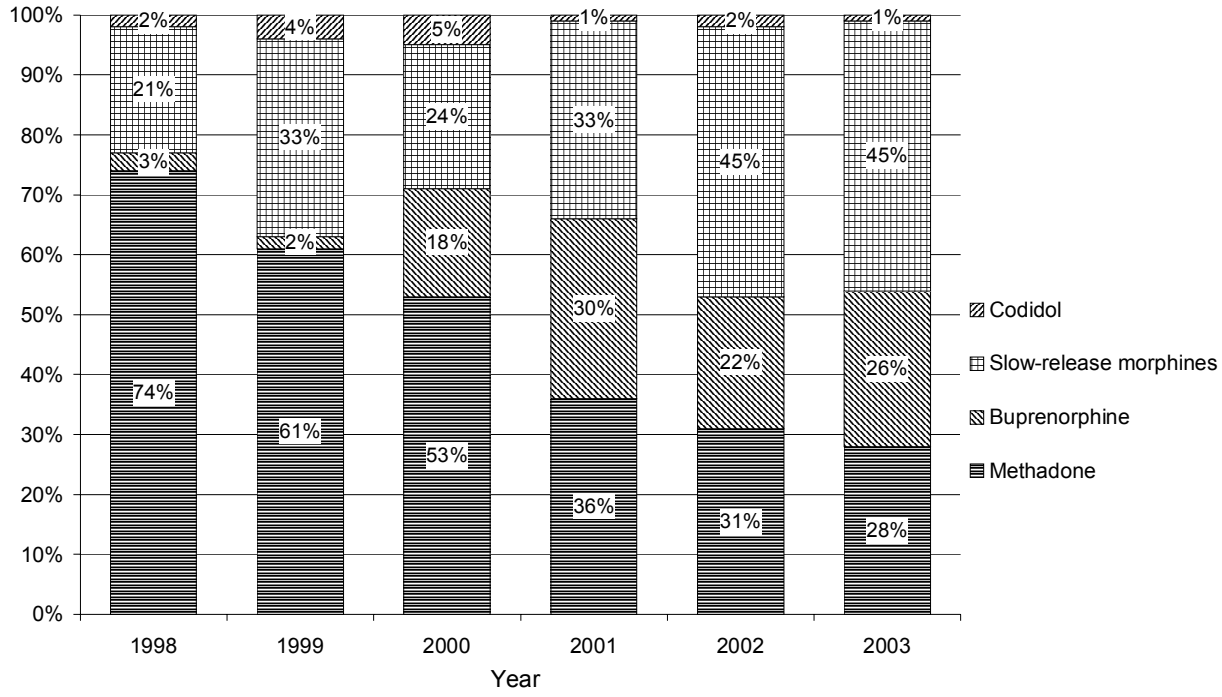
Quality assurance has continued to be an issue. For instance Grüner Kreis had its services in the field of preparatory care, vocational orientation and aftercare evaluated (Grüner Kreis 2003). Analyses by Grüner Kreis (2004) show that long-term therapy is more successful for male patients than for women. This effect is more pronounced among young people than among adults, however. A comparison of persons undergoing short-term therapy v. long-term treatment patients has revealed significant differences with regard to age, drug use and age at first use. Persons undergoing short-term therapy are usually older at the beginning of treatment and rather tend to use alcohol than illicit substances (cannabis, heroin, opiates, amphetamines) and benzodiazepines or other tranquillisers, and their average age is higher at the time of first use of the individual substances. Patients taking part in the special programme on psychogenic multimorbidity display differences to conventional long-term therapy patients with regard to drug use and the treatment process (see Chapter 7.3). The former consume significantly more alcohol and considerably less heroin and cocaine and less often other opiates or opiate substitutes, and eventually a larger share of them successfully complete therapy (26% v. 14%).

A thesis (Felder 2004) comparing inpatient drug-free therapy and outpatient methadone treatment has shown that in the course of either form of treatment considerable improvement is achieved, but also that distinctive differences appear. For instance, the inpatient group was better able to alleviate their psychological problems and stress with regard to housing situation or further legal proceedings to be expected, while the outpatient group was better able to solve family problems. What is also interesting in this respect is that satisfaction with their sparetime activities had not significantly risen in the outpatient group. According to the author, a greater number of sparetime and everyday-routine projects for substitution patients should be created, preferably for a heterogeneous target group so as to facilitate social contacts also to persons outside the drug scene. However it was not possible in the context of this study to find out which form of treatment was more efficient. What could be demonstrated however is that different groups are addressed: outpatient methadone treatment rather attracts older patients with more severe addiction problems who also have more pressing financial problems, while inpatient drug-free therapy is rather an option for younger persons who have more frequently been charged and sentenced and who may rely on help in particular by relatives.

5.3 Medically assisted treatment

The general conditions for substitution treatment have not fundamentally changed. In the reporting period the tendency to prescribe slow release morphines more frequently was a point of discussion. In Austria the share of methadone prescriptions for first treatment patients fell to 28% in 2003, while treatment with slow release morphines and buprenorphine rose to 45% and 26% respectively (see Figure 5.1 and Chapter 11). A number of experts say that misuse (black market problem, intravenous use) of slow release morphines has strongly risen (see Chapter 4.2). A bibliographical study on intravenous use of talcum powder focused on the health consequences when pills or capsules originally produced for oral use are injected (ÖBIG 2004b). It was found that intravenous use of talcum powder could cause serious, and in most cases irreversible, damage of the lungs and also other organs. Such damage may be induced by intravenous use of pharmaceuticals containing talcum powder, for instance substitution substances, but also heroin or cocaine cut with talcum powder. Consequently, the Ministry of Health called an expert hearing, and as a result, it was decided at the Drug Forum held in April 2004 to establish a working group dealing with an optimisation of medically assisted drug treatment. It studies ways to improve the general conditions of substitution treatment (e.g. safe dispensing, further training; see also below), and in addition a subgroup focusing on slow release morphines will specifically study the benefits and risks of the use of slow release morphines for medically assisted treatment.

Figure 5.1: Development of kinds of substitution substance used for first treatment, from 1998 to 2003



Sources: BMGF, calculations by ÖBIG

Quality assurance was also a subject treated by a working group in Vienna that met in spring 2004 to prepare recommendations in this regard (FSW 2004a). These include diagnosing for addicted patients under 18 by recognised drug centres or drug outpatient departments as well as expert opinions by specialists in child psychiatry, among other measures. If slow re-

lease morphines are prescribed, particularly accurate diagnosis is imperative, and the cooperation of attending physicians, drug units and public health officers should be improved. The working group also prepared a draft for a legally binding regulation concerning substances dispensed to patients to take with them. This proposal was taken up by the Ministry of Health and a corresponding amendment was presented for examination. In Carinthia a working group deals with the advancement of safety standards aimed at preventing the misuse of substitution substances. Here the focus is placed on the need for further training for and assistance of pharmacy staff who have difficult addicted clients (Prehslauer, personal information). In Lower Austria further training courses in substitution treatment were held for physicians and pharmacists (Brunner, personal information). Additional further training schemes dealing with addiction have been planned in the context of a curriculum in cooperation with the Medical Association. In Styria, talks among Addiction Coordinators, diagnosing and attending physicians and other treatment centres have been held (Ederer, personal information). It has also been planned to establish a substitution data base to optimise the cooperation of all parties involved in treatment. Early in 2004 informal meetings of physicians in Burgenland were started (Siegl, personal information). At the first meeting an adaptation of Vienna's model for the province of Burgenland was discussed.

As patients suffering from multimorbidity or having multiple problems often find it difficult to sustain regular substitution treatment, the Ganslwirt centre drew up a plan for low-threshold medically assisted treatment (VWS 2004c).

In the reporting period the Ludwig-Boltzmann Institute for Addiction Research, commissioned by the Vienna Social Fund, drew up an expert opinion on heroin-assisted treatment of chronic opiate addicts, in which the results of existing international programmes were analysed (Springer 2003a). This subject gives rise to controversial debate both in Austria and the European Union. Springer recommends to expand and optimise medically assisted treatment in terms of a multidimensional, diversified range of treatment options (with regard to substances, doses and modes of use) paralleled by corresponding research. This research should preferably include comparative studies on intravenous heroin and intravenous Dilaudid as well as peroral administration of slow release heroin or slow release morphines so that any differences in effects may be identified and indications for heroin-assisted treatment may be defined.

6 Health Correlates and Consequences

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

Infectious diseases are relevant in particular with regard to the risk of transmission due to intravenous drug use. The available data in this context are mostly based on a few small samples from treatment institutions or low-threshold counselling centres (see ÖBIG 2000). At the end of the 1980s the HIV prevalence rate still was around 20% and has since then stabilised at a low level (maximum: 5%). However, the prevalence rates of hepatitis have been high in recent years: between 50% and 80% in the case of hepatitis C and between 30% and 50% for hepatitis B.

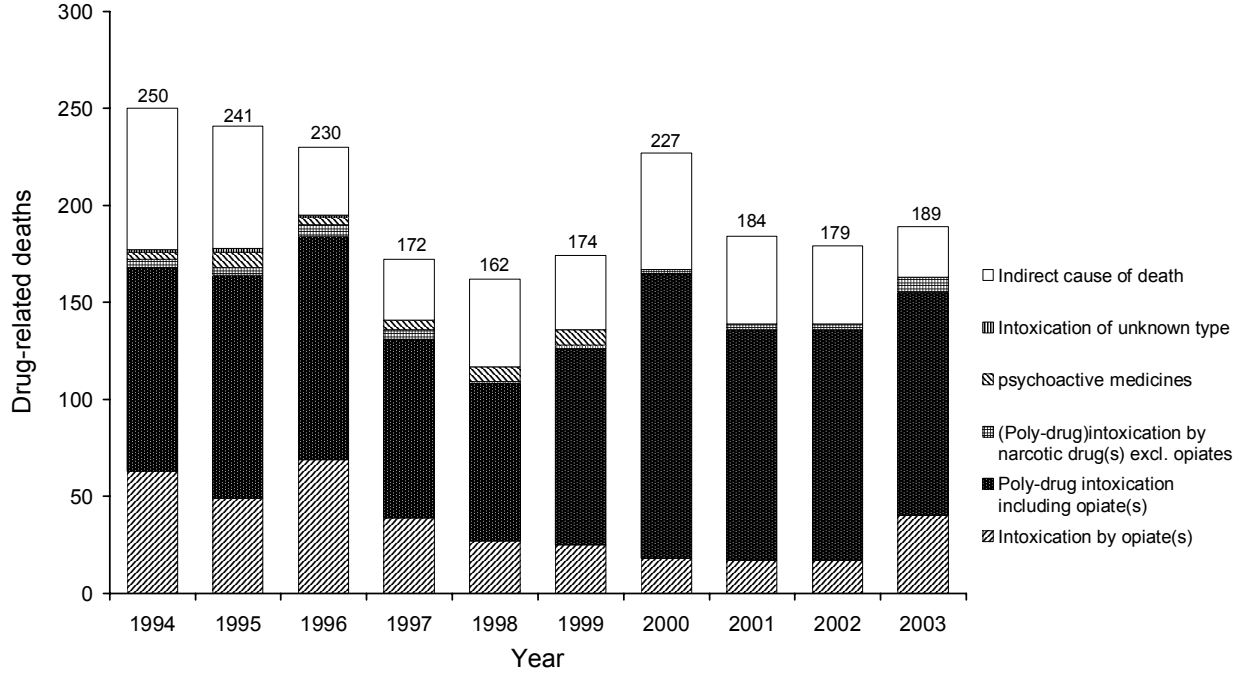
Psychiatric comorbidity has increasingly been discussed in the context of drug dependence in Austria. Although no routine data have been collected in this field, many data and reports from treatment centres are available. These data indicate a high prevalence of psychiatric co-morbidity (dual diagnoses)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

6.1 Drug-related deaths and mortality of drug users

In 2003 the number of directly drug-related deaths (163 persons) was higher than in the two previous years (2001 and 2002: 139 cases each year) and about at the same level as in 2000 (167 cases, see Table A4 of Annex A). As in previous years the data show a strong predominance of poly-drug intoxications including opiates (71% of all intoxications). Adding intoxications exclusively due to opiates (25% of all cases) one may conclude that 96% of all persons who die as a direct consequence of drug use have taken opiates. The number of intoxications solely involving opiates was 25%, which is a rise compared to previous years (1999: 18%, 2000: 11%, 2001 and 2002: 12%).

A more detailed analysis according to substance used of the total number of 163 intoxications reveals that 39% of the persons in question had exclusively taken illicit drugs (single substances or combinations). In addition to illicit drugs in 18% of the cases alcohol was found as well, 30% had also taken psychoactive medicines and in 12% of the cases both alcohol and psychoactive medicines were detected (see Tables A8 and A9 of Annex A). Cocaine was found in 30% of the cases (2000: 29%, 2001: 25%, 2002: 35%), but only three persons had exclusively taken cocaine. In one case death was caused by cocaine use combined with inhaling of a propane and butane gas blend. One person had exclusively used amphetamine derivatives (MDMA and MDE).

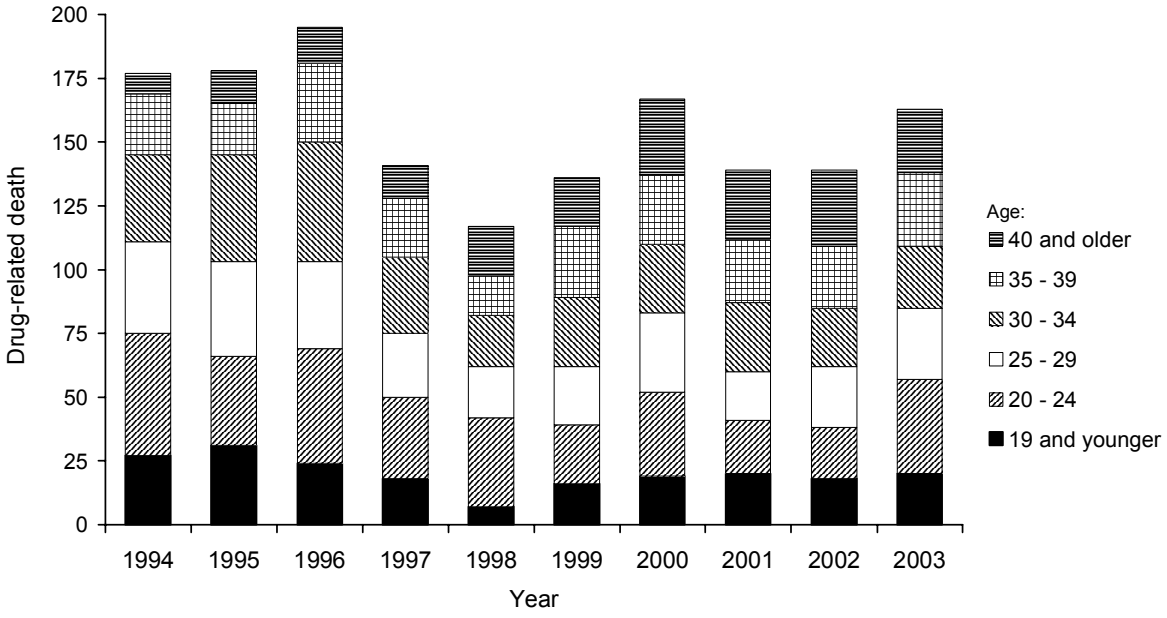
Figure 6.1: Number of drug-related deaths in Austria by cause of death, from 1994 to 2003



Note: Intoxications solely involving psychoactive medicines have not been included as of 2000 (see annex A).

Source: BMGF

Figure 6.2: Age distribution of directly drug-related deaths in Austria, from 1994 to 2003



Source: BMGF

Closer examination of the kinds of opiates involved shows that morphine was used in 79% of the cases of fatal intoxications, heroin was found in 7%, and other opiates, in 24% of the cases. Methadone was detected in 10% of the fatal intoxications. However, when interpreting shares of morphine and heroin, one has to take into consideration that heroin is quickly metabolised into morphine and thus any detection of morphine may also indicate a heroin intoxication. Therefore, according to experts one cannot safely assume misuse of slow release morphines when morphine is detected. Furthermore, the shares of directly drug-related deaths in which morphine is detected have varied considerably in the course of time (1999: 46%, 2000: 85%, 2001: 68%, 2002: 73%).

Table A5 in Annex A gives data broken down by cause of death as a direct or indirect consequence of drug use.

The share of women among persons who died as a direct consequence of drug use was 18%, which is in line with the long-term average. Regarding indirect drug mortality women accounted for 31% of the cases, which is slightly above the average of the past 10 years (see Tables A6 and A7 of Annex A).

Until 2002 the average age of persons dying as a direct consequence of drug use was rising. It was 27.7 years in 1991 for directly drug-related deaths, while in 2002 the average age of this group was 31.9 years. In 2003 a decline of average age was found for the first time, to 29.5 years. The share of persons under 20 among the total number of direct drug fatalities was 12%, which is roughly the same as in previous years (1999: 12%, 2000: 11%, 2001: 15%, 2002:13%); however, the share of persons dying from drug use at the age between 20 and 24 rose to 23% (1999: 17%, 2000: 20%, 2001: 14%, 2002: 14%).

With regard to indirectly drug-related deaths, average age further increased also in 2003, to 36 years.

The number of directly drug-related deaths has developed differently in the individual provinces. In Upper Austria and Vienna rises have been found compared to the year before, while no relevant changes have occurred in the other provinces (see Table A4 of Annex A). However, these regional differences should not be over-interpreted as the number of cases is small in statistical terms and in a number of provinces considerable variations are found over time.

It cannot yet be said whether the rise of directly drug-related deaths in 2003 may indicate a trend towards a quantitative increase of the drug problem in general. Many aspects of the recent development are similar to the situation in 2000, a year in which an increase was also registered. However, in the two following years, directly drug-related deaths again declined to the level of 1999. Nevertheless in 2003, different to the year 2000, other areas of monitoring also point to an increase in problem drug use (see Chapter 4).

The growing number of intoxications solely involving opiates could indicate a new rise in the relevance of opiates in the drug scene, which corresponds to a few individual reports from other areas of drug monitoring (see Chapter 4). Again, further interpretation will only be possible in comparison with data collected in the next few years. Poly-drug intoxications including opiates, in spite of their declining share, are still the most frequent cause of death among persons dying as a direct consequence of drug use. Combinations with alcohol and psychoactive medicines are also found very frequently. High-risk patterns of poly-drug use,

where the effects of different substances may be potentiating and thus can hardly be controlled, continue to be wide-spread (see Chapter 4) and constitute serious health hazards.

With regard to **cohort studies** no new results are available for the reporting period.

6.2 Drug-related infectious diseases

Reliable statements regarding changes and trends in the context of drug-related infectious diseases can hardly be made because of the limited number of available data. Based on existing data, the HIV prevalence rate obviously continues to be low (2% to 8% at the most). The prevalence of hepatitis B (0% to a maximum of 34%) has significantly gone down in two facilities and remained at the same level as before in Vienna's Ganslwirt drug centre. Lower prevalence rates than in the past have also been reported with regard to hepatitis C (39% to a maximum of 51%; see Table 6.1). However, on the basis of the samples available hardly any interpretation can be given for the slight decline in hepatitis prevalence rates, as the corresponding data come from voluntary tests and are thus not independent. For instance, persons who already know that they have HCV infections do not tend to have tests repeated and therefore they are not included in the annual statistics. As a result, incidence and prevalence rates cannot be separated from each other.

Table 6.1: Data on hepatitis B, hepatitis C and HIV infection rates in 2003

Source of data	HBV rate	HCV rate	HIV rate
Lukasfeld therapy department	7% (2/27)[1]	44% (12/27)	4% (1/27)
API long-term therapy department	1% (1/81)[2]	51% (41/81)	2% (2/81)
Low-threshold centre Ganslwirt	34% (30/89)[3]	50% (51/103)	4% (6/151)
Caritas Marienambulanz outpatient department	0% (17/0)	39% (11/28)	not available
Directly drug-related deaths	not available	33% (54/163) 42% (54/130)[4]	7% (11/163) 8% (11/130)[4]

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

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

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

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

Sources: Duspara, personal information; API 2004; Haltmayer, personal information; BMGF; Anderwald, personal information

In this context, the data concerning directly drug-related deaths are interesting as they are based on independent samples. For 2003, a HIV prevalence rate of 8% is reported, which is slightly higher than in previous years (5%). Furthermore, the prevalence rate of hepatitis C was included for the first time. At approximately 40%, it is markedly lower than estimated for the last few years (see above). Further analyses and statements will be possible on the basis of the sero-prevalence study on hepatitis C financed by the BMGF, which ÖBIG plans to carry out in 2005. While the above trend of declining hepatitis prevalence rates is undoubt-

edly encouraging, according to recent reports by low-threshold facilities intravenous cocaine users of the street scene often do not tend to obey safer use rules. This is explained in particular by the substance-related consequences of cocaine use such as strong craving and cocaine-induced restlessness. As a result, HCV and HIV infections are rising in phases of excessive use (VWS 2003b, see Chapters 6.3 and 4.2).

According to experts, TB infections still hardly constitute a problem in the context of drug-related comorbidity in Austria. Only a few isolated cases have been reported. The data of the Vienna Basic Documentation (BADO) show prevalence rates of only 1% for sexually transmitted diseases (IFES 2003b).

6.3 Psychiatric comorbidity

For an overview of psychiatric comorbidity in connection with drug use in Austria please consult the corresponding key issue chapter of last year's report (ÖBIG 2003b).

Generally speaking, no routine data on psychiatric comorbidity are yet available, and recent data primarily come from treatment facilities. As different codes for diagnosing are used (DSM IV, ICD-9, ICD-10) and no uniform methods of documentation are applied, the data cannot easily be compared. However, what can be deduced nevertheless is high prevalence rates of psychiatric comorbidity (dual diagnoses) among problem drug users. This particularly applies to persons undergoing inpatient long-term treatment. For instance, in API's long-term therapy department at Mödling, Lower Austria, 82% out of a total of 51 newly admitted patients suffered from at least one personality disorder, with narcissistic and avoidant personality disorders as well as borderline cases (according to DSM IV) predominating. Six out of nine young patients suffered from antisocial personality disorders starting before the age of 15 (API 2004). Vienna's BADO, which includes a larger number of data, reports that one out of five clients covered had undergone psychiatric treatment in the past 12 months. With regard to age groups, a noticeable rise up to the age of 25 shows, and after this age the relevant figures remain constant (IFES 2003b).

In connection with phases of excessive cocaine use (binges), specific personality changes such as delusional disorders (e.g. persecutory delusion) as well as auditory, visual or tactile hallucinations, distrust, anxiety and panic attacks may occur. These psychiatric symptoms are acute effects of cocaine binges and disappear after the crash. However, such personality changes may be a problem on the one hand in contacts with the police and on the other they may affect adherence to safer use rules in the case of injection of drugs (VWS 2003b, see Chapter 6.2).

The typical consumption patterns of the party scene are also becoming more and more relevant in a psychiatric sense. The rapid spread of metamphetamine derivatives sold in many different structures and doses, paralleled by a tendency to combine them with other psychoactive substances, may induce panic or anxiety disorders, affective disorders, psychotic reactions and other symptoms (Kocsis et al. 2003).

6.4 Other drug-related health correlates and consequences

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

In Vienna the number of ambulance services called because of drug emergencies with suspected overdoses further rose in 2003, thus continuing the upwards trend of previous years (1998: 360 calls, 2001: 448, 2002: 525, 2003: 618; FSW 2004d). According to low-threshold facilities in Vienna, in 2003 a total of 67 life-saving measures had to be taken (VWS 2004b, VWS 2004c), and the Vienna-based streetwork facility reports that 614 wounds had to be dressed (VWS 2004b).

The statistics of the Vienna Basic Documentation show that only 30% of the persons included did not have any current health problems. This percentage definitely correlates with the age of the drug users concerned. Among the group aged 15 or younger it is still 88% and goes down to 30% for the group between 21 and 24, and to 13% in the case of drug users between 36 and 40. The health conditions primarily named include dental problems, gastrointestinal problems, spasms, epileptic seizures and skin or vein problems (IFES 2003b).

Typical health consequences of excessive cocaine use include high degrees of lesions and pronounced physical and mental fatigue (crash) paralleled by psychomotor restlessness (VWS 2003b; see Chapter 6.2).

7 Responses to Health Correlates and Consequences

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

7.1 Prevention of drug-related deaths

Measures to prevent overdoses mainly focus on opiates and poly-drug use. However, recently other substances such as cocaine, amphetamines or ecstasy have also been taken into account to a greater extent: for instance, the websites of Do it Yourself (www.doit.at) and ChEck iT! (www.checkyourdrugs.at) give very detailed first-aid instructions for dealing with overdoses of various substances, and in an analysis of the risk potential of recreational drugs it is pointed out that emergency rooms should not forget to consider possible use of amphetamines and methamphetamines when differential diagnoses are made (Kocsis et al. 2003).

The responsible federal and provincial authorities have demanded that autopsy reports on drug-related deaths should more quickly be communicated to the competent provincial health departments and the Federal Ministry of Health so that any necessary measures to be derived from these reports may be planned and relevant actions may be taken.

In Vienna the CONTACT hospital connection service has further increased first contacts to persons having overdosed drugs (2002: n= 429; 2003: n= 478). The number of persons receiving counselling in hospital or after release from hospital has remained at a constant level of 1 110 contacts (FSW 2004b).

The secondary prevention activities of ChEck iT!, Vienna's mobile pill-testing service, continue to play a central role in the field of synthetic drugs. In the reporting year, 221 samples of illicit psychoactive substances were analysed. Furthermore, overdosing is an important theme in the talks that take place during events (VWS 2004d; see Chapter 3.2). In the Tyrol the drug-testing programme [fact] was prepared. At the implementation state, analyses of substance samples will be carried out at five large dance floor events in Innsbruck, in cooperation with the laboratory of the psychiatric department (MDA basecamp 2004).

Safer use measures such as safer use trainings serve the purpose of preventing both overdoses and infection. In the Tyrol the low-threshold centre KOMFÜDRO organised such a training for staff of various social institutions and also for drug users (Komfüdro 2004). In Vienna, safer use training is more and more often replaced by specific information initiatives such as publication of booklets and special training for the staff of low-threshold centres, with the focus placed on information talks on this subject (VWS 2004b).

MDA basecamp has repeatedly organised training courses dealing with drug use and drug emergencies for the target groups of ambulance and security staff on the one hand and young drug users on the other. As it has turned out that young people often do not call emergency services for fear of subsequent prosecution, the latter target group is regarded as particularly important (MDA basecamp 2004).

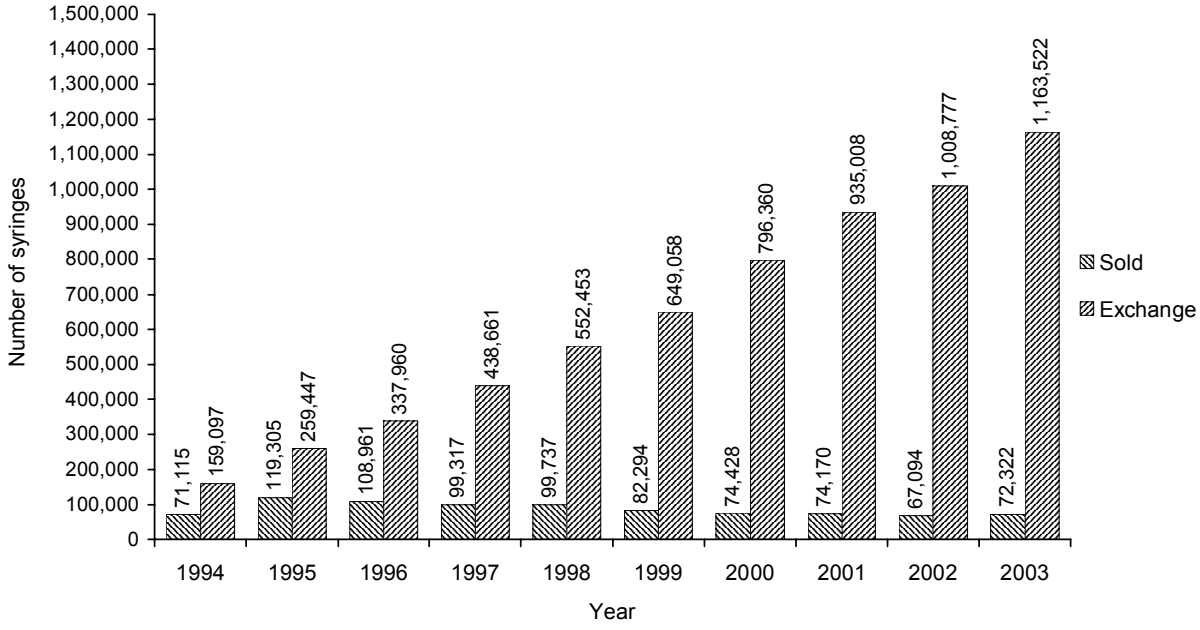
The issue of consumption rooms continues to be debated. The Ludwig Boltzmann Institute for Addiction Research, on behalf of the Vienna Social Fund (FSW), has drawn up an expert opinion on this subject, which summarises the historical development, evaluations, (comparative) studies, recommendations as well as arguments put forward in this context. One obvious positive effect of consumption rooms is that fatal opiate overdoses are reduced in this way (Springer 2003b, FSW 2004a). Consumption rooms have also been demanded with regard to support for the cocaine street scene (VWS 2003b). At present it has not been planned to implement any concrete project.

7.2 Prevention and treatment of drug-related infectious diseases

A nation-wide hepatitis vaccination programme for the target group of intravenous drug users continues to be inexistent in Austria, but regional and local initiatives have been active in this field. Vorarlberg has continued its current hepatitis A and B programme started in 1999. In Vienna, the Ganslwirt low-threshold centre carried out a total of 108 HBV vaccinations in 2003 and since the beginning of 2004 hepatitis A vaccinations have also been included (VWS 2004c). In the drug outpatient department of Innsbruck 89 persons were vaccinated against hepatitis B in 2003 (Universitätsklinik für Psychiatrie Innsbruck 2004). At the federal level the HCV sero-prevalence study under preparation (see Chapter 6.2) will include hepatitis B vaccination services for the participating drug users.

Syringe exchange is possible in six of the nine provinces, as a service provided by a total of 16 centres and one mobile facility. Table A24 of Annex A gives an overview of the number of syringes exchanged and sold in 2003 in the individual provinces. The return rate again was between 93% and 96%. In 2003 the Vienna Social Projects Association published a separate report on its activities in the syringe exchange programme, which states that the number of syringes exchanged in Vienna has further risen and that the return rate has gone up to 94.1% (VWS 2004a; see Figure 7.1). In Lower Austria a strong increase of intravenous heroin use was registered and thus urgent need for syringe exchange services (vending machines) was stressed (Brunner, personal information). In Carinthia syringe exchange is possible only in a small number of centres and limited to members of the - rather closed - drug scene (Arbesser, personal information).

Figure 7.1: Number of syringes sold or exchanged in the context of the syringe distribution programme in the open drug scene in Vienna from 1994 to 2003



Source: VWS 2004a

Currently a total of 12 syringe vending machines are operated in the provinces of Salzburg, Styria, the Tyrol and Vorarlberg. In 2003, 70 135 safer use sets were sold through these channels at prices between EUR 1 and 1.70. In all provinces mentioned these sets include sterile needles, syringes, swabs and a safer use booklet including addresses of drug help centres. Ascorbic acid, distilled water or condoms are distributed only in a few provinces. Graz plans to establish a second vending machine, as the existing one has been well accepted and has resulted in higher contact frequencies in the centre (Ederer, personal information). In Upper Austria a plan for placing a vending machine already exists, and in Lower Austria this option is under discussion. Vienna, due to its specific regional situation, has opted against a vending machine and prefers a mobile exchange programme, as personal contacts are regarded as essential for communicating prevention messages. In Styria the sets sold in the vending machines are prepared by clients in the context of an occupational project. A similar procedures is also envisaged by Upper Austria.

Information material is available as booklets or safer use cards on practical subjects such as how to inject correctly or emergency disinfection; furthermore the issues of drug dependence, pregnancy and cocaine are raised (FSW 2004c, VWS 2004e; Zeder, personal information). Last year Streetwork of Vienna distributed specific information material for Russian native speakers, who have increasingly often been found in the drug scene (FSW 2004c). In addition a fact sheet on cocaine smoking was prepared for experts, focusing on a description of crack use by the techno scene of Vienna (VWS 2004d).

In the context of the EU-wide study “Living with the Daily Dose” the situation of HIV-infected intravenous drug users was analysed and strategies to improve access and adherence to antiretroviral treatment (ARV) were sought. The study underlines the importance of social relationships in treatment and care settings during ARV therapy, on the one hand between

HIV-infected drug users and the treatment and care staff, and on the other, in the form of structural networking of medical HIV/AIDS treatment facilities, professional AIDS help services and drug help centres (see ÖBIG 2004a). Both inpatient and outpatient addiction treatment departments stress the relevance of professional networks (see Grüner Kreis 2004, VWS 2004c).

Cost-free, anonymous HIV and hepatitis tests are carried out by low-threshold centres such as do it yourself, Ganslwirt or H.I.O.B and also by a number of drug counselling and AIDS help centres of the individual provinces. In Graz, drug users may also have these tests made by the Marienambulanz low-threshold outpatient medical centre (www.caritas-graz.at).

The theme of infectious diseases is increasingly often addressed in the context of services for women who work as prostitutes to finance drug use, for instance by low-threshold centres such as H.I.O.B or psychosocial care services in prisons (Dialog 2004, www.caritas-vorarlberg.at/hiob; see Chapter 9.2). Eventually the drug counselling centre VIVA of Klagenfurt has organised a hepatitis C support group for drug-dependent clients (www.gesundheit-kaernten.at).

7.3 Interventions related to psychiatric comorbidity

In the field of interventions related to psychiatric comorbidity, the proven strategies and approaches to treatment and care have been continued (see ÖBIG 2003b). What is described as a particular challenge is the need to coordinate addiction-related care with general medical and psychiatric treatment.

Grüner Kreis reports that their special programme for multimorbid addicted patients has shown good results with regard to completion of therapy as planned among this group of patients, who usually show strong tendencies to discontinue treatment (Grüner Kreis 2004; see Chapter 5.2).

Specific problems have shown with regard to intravenous cocaine users, as they are difficult to access and compliance is low in this group. In most cases of depressive symptoms and suicidal patients, crisis intervention with admission to inpatient-treatment in psychiatric hospitals is needed. For this reason Vienna has demanded acute care beds for this group, combined with adequate forms of support focusing on the needs of these patients (VWS 2003b).

7.4 Interventions related to other health correlates and consequences

The drug social work centre at Vienna General Hospital provides services for the opiate-addicted patients of three different departments of the General Hospital. The main focus is placed on pregnant opiate addicts and women who have recently given birth to babies. In 2003 a total of 1 681 contacts were registered, 1 272 of them were contacts to women and 409, contacts to men (FSW 2004c; see Chapter 5.1).

The services for women provided by the low-threshold centre H.I.O.B include the regular presence of a female physician, who may carry out gynaecological examinations of female clients (www.caritas-vorarlberg.at/hiob).

8 Social Correlates and Consequences

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

8.1 Social exclusion

The available data show that the social problems of drug addicts mentioned in past reports, in particular unemployment and unstable accommodation, continue to play an important role. For instance, in Vienna more than two thirds of drug clients had no, or no regular, jobs before they turned to drug counselling centres. The majority of these persons said they lived alone or with their parents, and approximately 10% lived on the street or in institutions. The main income of most clients was unemployment benefits or welfare assistance, and one out of 10 clients said they had no source of income at all. Regarding highest level of education completed, the clients of drug help centres in Vienna fall noticeably short of the general population average. The education of around half of the persons receiving counselling and care does not go further than attending or completing lower secondary school or the subsequent polytechnic year (IFES 2003b).

This shows that the social situation of persons registered by the drug help system of Vienna is definitely worse compared to society in general (in terms of housing situation, educational level, employment, income and state of health). However, this does not necessarily mean that drug problems primarily concern socially disadvantaged groups, but only that these groups will more readily turn to the drug help system of Vienna than persons who (still) have social and financial resources (IFES 2003b). For more details of the data of the Vienna Basic Documentation of clients please consult Chapter 4.2.

In 2001 and in May 2002, based on an evaluation of the emergency sleeping facility at the Ganslwirt centre, the corresponding situation was thoroughly investigated in order to obtain information on any changes in demand and supply of overnight accommodation. Sleeping facilities for drug users were created in centres now owned by the Vienna Social Fund (FSW). Although other organisations meanwhile also accept drug-using clients, demand is still fairly high. In particular, the problem of long-term accommodation for drug users has not yet been solved, as due to their patterns of use they are hardly able to meet conventional obligations demanded in this context, thus it is difficult for them to stay in the social network of institutions providing accommodation. If one looks at the distribution of overnight stays per person, it shows that many persons use overnight accommodation occasionally and few persons use overnight facilities extremely often (VWS 2002).

A demand analysis carried out in the Tyrol with regard to homeless young problem poly-drug users has been finished and will be presented to the public in autumn 2004.

8.2 Drug-related crime

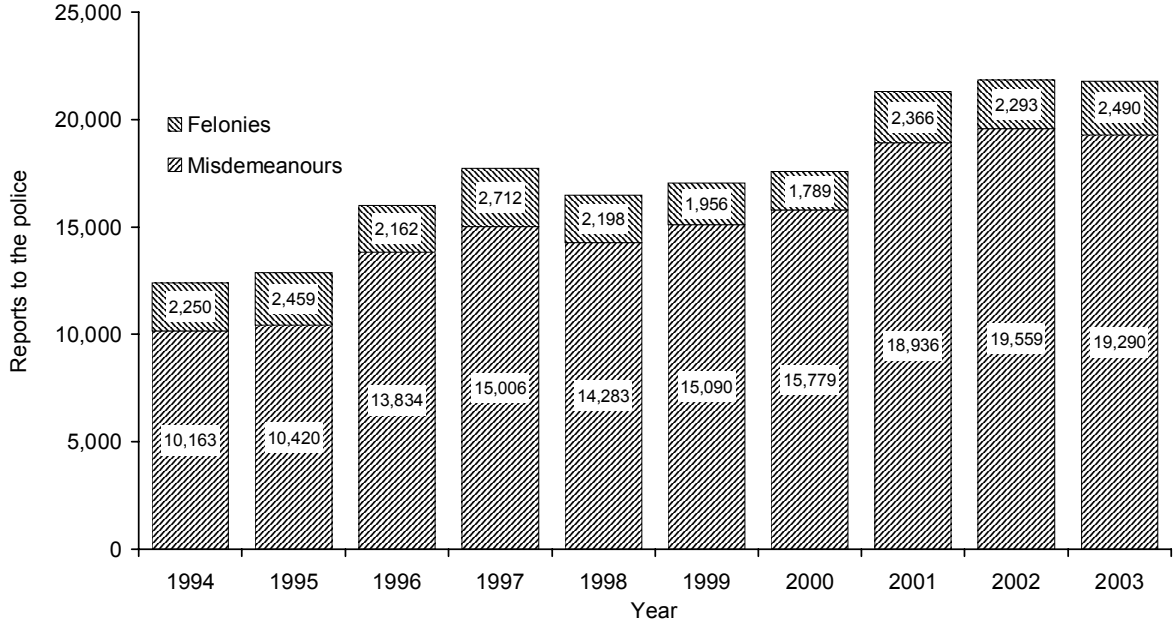
In 2003, 22 245 reports to the police for violation of the Narcotic Substances Act (SMG) were filed (2002: 22 422, see also Table A11 of Annex A), which is a slight decline compared to the previous year, but still a greater number than in the years before 2002. A total of 21 780 reports referred to narcotic drugs, the rest to psychotropic substances. Regarding type of report (see Figure 8.1), different to the year 2002, a decline in misdemeanours (possession, small-scale trafficking; Section 27 of the SMG) is found, while felonies (large-scale trafficking, commercial trafficking; Section 28 of the SMG) have gone up.

In terms of substances involved (see Table A13 of Annex A) increases compared to the previous year are found in reports to the police concerning heroin and opiates, cocaine and amphetamines, which is paralleled by a decline with regard to the rest of illicit substances. What is particularly striking is that the number of reports in connection with cannabis has declined for the first time (see Figure 8.2). Great differences regarding substances involved have again been registered in the individual provinces (see Tables A12 and A14 of Annex A). In Vienna the proportion of reports because of opiate- and cocaine-related offences is comparatively large, while the majority of reports in the other provinces concern cannabis. As in the year before a disproportionately large number of reports to the police referring to amphetamines were registered in Lower Austria, Upper Austria and Styria. In Salzburg the number of those reports was somewhat lower than in 2002 but still considerably above the figures of previous years.

The total of 22 245 reports to the police in 2003 led to 2 983 arrests in connection with narcotic drug investigations (2002: 2 437), but for the latter no details (type of offence, substance involved, etc.) are available.

As explained in previous years and also pointed out by the responsible Ministry of the Interior (BMI 2004), the data concerning reports to the police only permit limited conclusions as to the development of consumption and misuse of illicit drugs, because they primarily reflect the intensity and focus of police activities in this field.

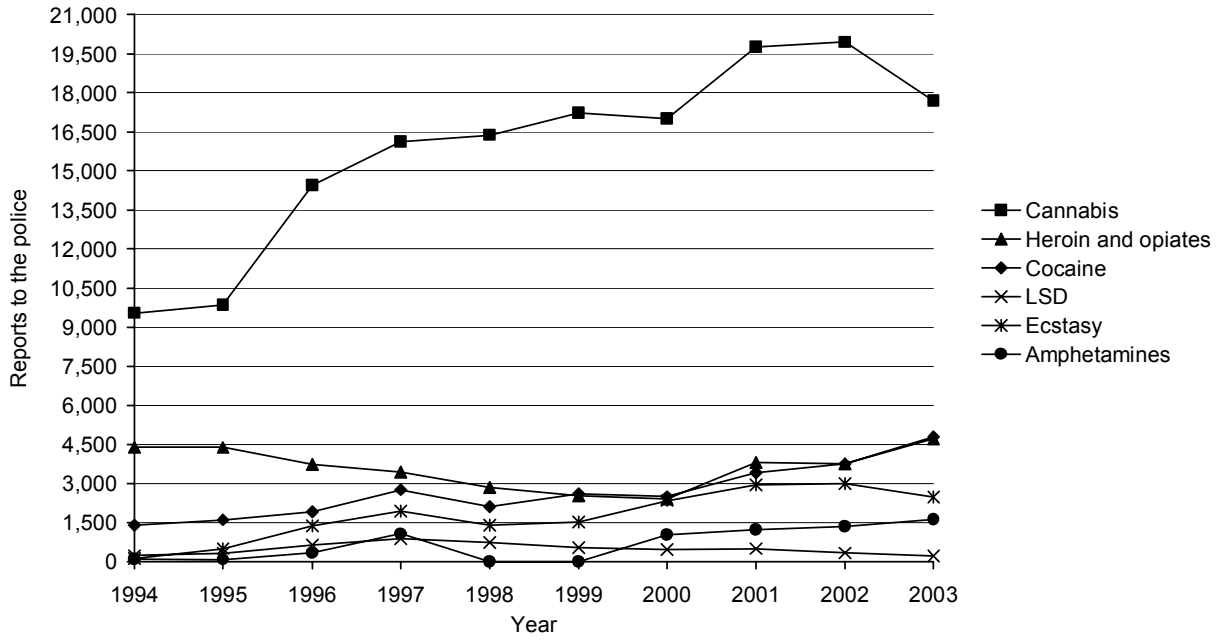
Figure 8.1: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1994 to 2003



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

Source:BMI Bundeskriminalamt (Federal Criminal Agency)

Figure 8.2: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1994 to 2003



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

Source:BMI Bundeskriminalamt (Federal Criminal Agency)

The number of convictions for violation of the SMG has slightly risen in 2003 (4 532 convictions; 2002: 4 394). While the number of convictions according to the SMG and their share in

the total number of convictions (1993: 3.6%; 2003: 10.9%) have thus reached a new peak, they are still only insignificantly higher than the figures of the previous year. Again, the number of misdemeanours (violation of Section 27 of the SMG - possession and small-scale trafficking), i.e. 3 318 cases (2002: 3 243) is considerably higher than the number of felonies (Section 28 of the SMG - trafficking), namely 1 161 cases (2002: 1 108 cases, see Table A15 of Annex A). About 67% of all persons convicted were punished with imprisonment (see Table A17 of Annex A). The share of sentences that were suspended on probation was 47%, which is somewhat lower than in the year before (2002: slightly more than 50%). Thus, in 2003 a greater number of persons were sentenced to imprisonment without probation, which according to media coverage has contributed to rising numbers of prisoners in Austria.

In addition to the data on convictions, information concerning a temporary (provisional) withdrawal of reports to the police (Section 35 of the SMG) and waiving of proceedings (Section 37 of the SMG) is also relevant. These legal alternatives to criminal prosecution (see also Chapter 12) were applied in 9 023 cases in 2003, which is an insignificant decline compared to the previous year (2002: 8 950 cases).

Please note that the figures given in last year's report (ÖBIG 2003b) have turned out to be incorrect because changes in the data processing systems in the Ministry of Health led to an error in the data on application of legal alternatives to punishment in 2001. The corrected data are presented in Table A18 of Annex A in this report.

Alternatives to punishment that may be applied in Austria are described in more detail in Chapter 12: Alternatives to Prison.

In 2003 a total of 23 171 driving licences were withdrawn according to Section 39 of the Driving Licences Act (2002: 25 289). In 21 188 cases (91%) the driving licences were suspended because of alcohol influence (2002: 24 097 cases) and in 688 cases (3%) it was due to narcotic drug use (2002: 407 cases; Parlamentarische Anfrage 1345/J, 2004).

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

8.3 Drug use in prison

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

8.4 Social costs

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

9 Responses to Social Correlates and Consequences

Interventions aimed at social (re)reintegration of (former) drug addicts address both clients who have undergone drug-free treatment and persons who are currently using drugs. In Austria this kind of interventions has traditionally played a central role, particularly with regard to housing, occupation, education and training. Some of the pertinent measures are part of the chain of treatment and constitute specific care modules, while others are services provided by low-threshold centres in the context of accepting drug assistance. Recently, activities to this effect have also been promoted for sparetime settings. Austria's prisons and police detention centres have taken a wide range of drug-related measures for prisoners, from prevention of addiction, medically-assisted treatment and prevention of infectious diseases to drug-free treatment (see Table 9.1).

9.1 Social reintegration

Austria has taken measures in the context of **training and occupation** particularly in the context of subprojects of the EU EQUAL programme, which aims at sustainable support for groups that are especially disadvantaged in the labour market.

Rehabilitation measures that promote social integration, especially in the fields of jobs, housing and sparetime activities, are the most effective form of support that help to prevent relapse. For this reason, the Drug Coordinators of Styria will particularly focus on the establishment and coordination of such measures. Their efforts include cooperation with the Chamber of Labour in Styria and the City of Graz to have the Law Faculty of the University of Graz investigate the status of drug users with regard to social insurance and unemployment insurance as well as the relevant consequences. Participation of the Economic Chamber of Styria will also been aimed at. In the context of social integration and rehabilitation measures for drug users, an open space event was organised in St. Martin in spring 2004, as a first concrete step in this direction. In addition a working group developed to an EQUAL partnership with seven partner institutions, including ANKER 1525, a quaternary prevention project funded by the Ministry of Health, which aims at preventing relapses through social integration. Currently, application for this EU programme is under preparation (Ederer, personal information).

The conference "New ways of lobbywork" held in Vienna in spring 2004 saw a presentation of the results of an interim evaluation of the drugaddicts@work development partnership established in the context of the EQUAL programme of the European Social Fund (see also ÖBIG 2003b). The aim of drugaddicts@work is to (re)integrate (former) drug addicts in, and reduce their exclusion from, the primary labour market. This partnership is coordinated by the Vienna Social Fund (FSW) and implemented in cooperation with various Vienna-based organisations in the fields of drug help and social reintegration. Many different measures and

projects were developed (see below) that complement the existing services of the drug help system of Vienna. In 2003, drugaddicts@work provided support for 227 (former) drug users. Jobs were found for 46 persons, and 8 of them have already been employed outside the development partnership. 180 clients received long-term counselling by the occupation assistance service of the Vienna Job Exchange, and 41 persons obtained qualifications through the @kurse module organised by the association DIALOG and the Public Employment Service. As a result, already in 2003 nearly 50% of the objectives set for September 2005 could be met (diepartner.at 2004).

In the context of drugaddicts@work, the Vienna Social Projects Association (VWS) started the operative organisation of their TeleCenter for active telephone marketing in 2002. Its official start was celebrated at the 10-year anniversary of fix und fertig, in October 2003 (VWS 2004f).

Also in connection with the development partnership, the Anton Proksch Institute established the socioeconomic enterprise Gabarage workshop. Here persons who have successfully completed inpatient long-term drug therapy are prepared for employment in the primary labour market by means of creative and practical team work. This is paralleled by further training schemes, which may be organised in the context of the occupation assistance and @kurse services of EQUAL partners (see above), As Gabarage is located in a culture- and arts-dominated neighbourhood, and work in an open workshop is possible, the project also counteracts the risk of social stigmatisation which the target group is often facing (Werkstatt “Gabarage” 2004).

Another occupation module connected to the EQUAL programme drugaddicts@work is pool7.at run by the non-profit education and training company Grüner Kreis - Gemeinnützige Aus- und FortbildungsgesmbH. The activities of pool7.at include interior design, catering, organisation of events, provision of seminar rooms as well as artistic and cultural programmes. Persons with drug experience are working in all areas in order to obtain professional qualification through employment with pool7.at and thus to improve their opportunities in the labour market. pool7.at understands itself as a shop window and a sales point for all drug help centres and initiatives, therapy workshops and socioeconomic enterprises (pool7.at o. J.).

In order to provide opportunities also to try out office work, in 2003 Needles or Pins founded its “virtual firm” in the context of the EQUAL programme. In this enterprise persons who have already obtained the relevant training may gather practical experience and persons who are interested in office jobs may try this kind of work to find out whether job reality is what they imagined. In the first completed module, support tasks and event organisation work were performed for the association DIALOG. This had the advantage that the participating workers were confronted with concrete jobs and deadlines and on the other hand, the administrative work load of DIALOG’s staff was reduced. Staff turnover was high among the workers in this project, which, however, prevented fixed roles or divisions of tasks to develop. In this way the workers also learned that while the personalities of their colleagues were relevant for teamwork, it was fulfilment of tasks that was decisive for the success of the company (DIALOG o. J.).

The evaluation of the Needles or Pins reintegration project carried out in 2002 (cf. EDDRA) illustrates the success of the measures taken. For instance, in the long run up to 21% of the clients found jobs in the primary and secondary labour markets, and eventually up to 14% were employed in the first labour market. 26% of the clients could be referred to training courses or qualification schemes after they had turned to Needles or Pins. Almost 60% of those persons who succeeded in finding employment could sustainably be integrated in the labour market. In a reemployment group especially targeting women, clients may talk about their specific problems and concerns. As a rule, it is possible for women to turn to a female counsellor and for men to go to male counsellors. This project is especially helpful for job reorientation of clients, for strengthening self-confidence and in addition, regular daily routines are more easily kept and reliability is improved. A central strong point of Needles or Pins is that clients are prepared for referral in the long run to employment in the first labour market (SORA 2003).

With regard to interventions in the field of **housing**, JUMP, a temporary sleeping facility for young people in danger of becoming addicted at St. Pölten, Lower Austria, deserves mention. Currently JUMP is at the implementation stage and will be opened in autumn 2004 (Brunner, personal information).

The work of Komfüdro, a communication centre for drug users run by Caritas of the Diocese of Innsbruck, comprises psychosocial counselling and care, provision of syringes (see Chapter 7.2), crisis intervention and also **sparetime activities** as well as visits to clients in prison and hospital. The sparetime events include horse riding and glass painting for women, and for men and women, an alpine tour with overnight stays in shelters and also climbing was organised (Komfüdro 2004).

9.2 Prevention of drug-related crime

The legal and organisational framework of drug-related interventions in prisons has not changed in the reporting period and was described in detail in Chapter 13 of our report of 2001 (ÖBIG 2001a). Recent data and information show that imprisonment because of SMG offences still plays an important role and is even of rising relevance (see Chapter 8.2).

Generally, a wide range of drug-related services are provided in prisons (see Table 9.1). Four out of 28 prisons have drug-free zones and six have treatment departments. The prison of Favoriten, Vienna, specialises in addiction treatment. Syringe exchange is still not possible in Austrian prisons; possession of needles or syringes is generally prohibited for prisoners. If such articles are detected, administrative proceedings are instituted, and in every case of suspicion of violation of the SMG a report to the public prosecution is filed (Kahl, personal information).

For the purpose of preventing infections, all prisons provide condoms and disinfectants for safer use, which prisoners may obtain anonymously in some cases (see also Table 9.1).

Table 9.1: Demand reduction interventions in prisons in 2004

Kind of intervention	Activities	Number of service-providing prisons[1]	Notes
Drug-free treatment	Detoxification/withdrawal	28	In all prisons, by physicians
	Drug-free zones	4	
	Treatment department in prison	6	
Medically assisted treatment		28	Specific forms exist in four prisons; substitution substances: mostly methadone, in some cases also other substances
Prevention	Blood testing	28	On demand
	Vaccination programmes	28	On demand
	Distribution of disinfectants	28	On demand
	Syringe exchange	0	Project under preparation
	Distribution of condoms	28	3 condoms in the take-care set handed out to each prisoner on commitment to custody
Cooperation with other institutions	Preparation for release	28	Part of standard social care measures
	Support for relatives	28	
	Continuous care and counselling	28	
	Therapeutic communities outside prison	10	
	Cooperation with public health care institutions	28	Cooperation with local health authorities is part of standard medical care services

[1] Total number of prisons in Austria: 28

Source: Kahl, personal information

Another new development is that in September 2003 the scope of the agreement between the prison of Favoriten and the FSW was expanded so that continuous medical care is possible for clients in the prison of Favoriten in need of psychiatric treatment and support. This also permits a more flexible form of service provision in the prison of Favoriten and its affiliated institution at Münchendorf (FSW 2004c).

The services of the outpatient addiction prevention centre of Innsbruck include psychotherapy, psychological counselling and care for prisoners of the Provincial Court Prison who have been sentenced to a maximum of six months of imprisonment. In 2003 the association BIT provided support services for 97 clients in the Provincial Court Prison of Innsbruck (Kern, personal information).

For persons arrested in the Police Detention Centre (PAZ) of Vienna Alsergrund, both addiction-related medical care and psychiatric assistance is provided by DIALOG. Since 2002 psychosocial counselling for women arrested because of administrative offences has also been possible. The main fields of social work include establishment of the social insurance and health insurance status of clients, finding emergency sleeping facilities for clients released from prison, contacts to assisted housing and assistance in obtaining financial support. Other relevant activities include strategies to promote self-empowerment and self-confidence of women (such as safer sex practices), preparation of a first treatment plan as well as organising continuing support after imprisonment. More than 50% out of 78 female clients who received counselling and care in 2003 had been arrested because of illegal prostitution. Almost half of them were also intravenous drug users. Over 60% of the female cli-

ents were dependent on illegal psychotropic substances, 6% were addicted to alcohol, and 31% did not have an addiction. Furthermore, DIALOG endeavours to improve cooperation with established physicians in Vienna by presenting its work in the PAZ in the context of quality circles, and by organising further training events on the disease of addiction for the staff of various police detention centres in the east of Austria. Eventually, standards for supervisory measures to ensure that psychoactive substances prescribed by DIALOG for clients in the PAZ of Vienna are actually taken were prepared and implemented, which also includes the necessity to organise regular training for the civil servants working in the PAZ (see also Chapter 7.2; Dialog 2004).

Since February 2003, DIALOG's counselling centre at Hegelgasse, Vienna, has also carried out specific after-care measures in the context of the women's project dialog - Frauensache, for former female detainees of the PAZ. The objective of this project is to facilitate access to after-care and sustainable long-term support of these clients. This is achieved by combining substitution treatment with medical and psychosocial care for these drug-addicted women who face massive social disadvantages. After medical and social stabilisation the clients may use the standard services provided by DIALOG, for instance individual and group counselling regarding labour market integration, where women-specific aspects are addressed (Dialog 2004).

An evaluation of the drug-free zone (DFZ) of the prison of Hirtenberg, Styria, has shown that the DFZ has led to a relative absence of drug use and trafficking and thus to a decline of subculture and a normalisation of everyday prison routines. This has particularly been appreciated by drug users as a helpful factor on their way out of addiction. Prisoners released from the drug-free zone are significantly less often sentenced again than prisoners released from normal prison units of Hirtenberg (62% v. 35%). In the case of repeat offenders among former DFZ inmates, the time elapsed before new offences are committed tends to be longer (73% v. 57% not incurring penalties for more than 2 years), and they are punished with imprisonment less often (28% compared to 53% in the case of non-DFZ prisoners). The share of first offenders is highest in the DFZ, namely 25%. This could also explain why the average period spent in prison so far is shortest among these persons in the DFZ. Previous convictions because of drug offences are less frequently found among DZT prisoners compared to the rest of prison inmates (7% v. 25%). Although leave from prison and other privileges in the DFZ result in better stabilisation of prisoners and facilitate the transition to everyday routines outside prison, reintegration in society is difficult for all former prisoners (Spirig 2003).

The principle of therapy instead of punishment continues to play an important role in all drug or addiction plans and programmes in Austria (ÖBIG 2002a). The pertinent measures are not implemented in specialised institutions, but the whole range of drug help services may be used. For a more detailed discussion of this subject please consult Chapter 12 of this report.

10 Drug Markets

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

10.1 Availability and supply

For the Ministry of Health's fourth report on the situation of young people (BMSG 2003a) a nation-wide representative survey among persons aged between 14 and 30 was conducted (n = 1 549). This study also included the question which drugs the respective adolescents and young adults had already been offered. Table 10.1 shows that cannabis/marihuana and ecstasy were indicated most often and with similar percentages for either substance, which range between 11% and 36% depending on gender and age group. For amphetamines/speed, cocaine, LSD and magic mushrooms the relevant shares are between 3% and 15%, and for heroin, between 3% and 5%.

Table 10.1: Drugs offered, according to gender and age (percentages)

		Drugs offered						
		Cannabis/ marihuana	Ecstasy	Amphetamines/ speed	Cocaine	LSD	Magic mush-rooms	Heroin
Women	14 to 19 years	19%	11%	3%	6%	4%	4%	3%
	20 to 24 years	28%	28%	12%	10%	10%	12%	3%
	25 to 30 years	22%	13%	7%	7%	6%	5%	3%
Men	14 to 19 years	21%	21%	9%	6%	7%	5%	5%
	20 to 24 years	36%	30%	15%	12%	14%	9%	5%
	25 to 30 years	26%	17%	5%	8%	8%	5%	4%

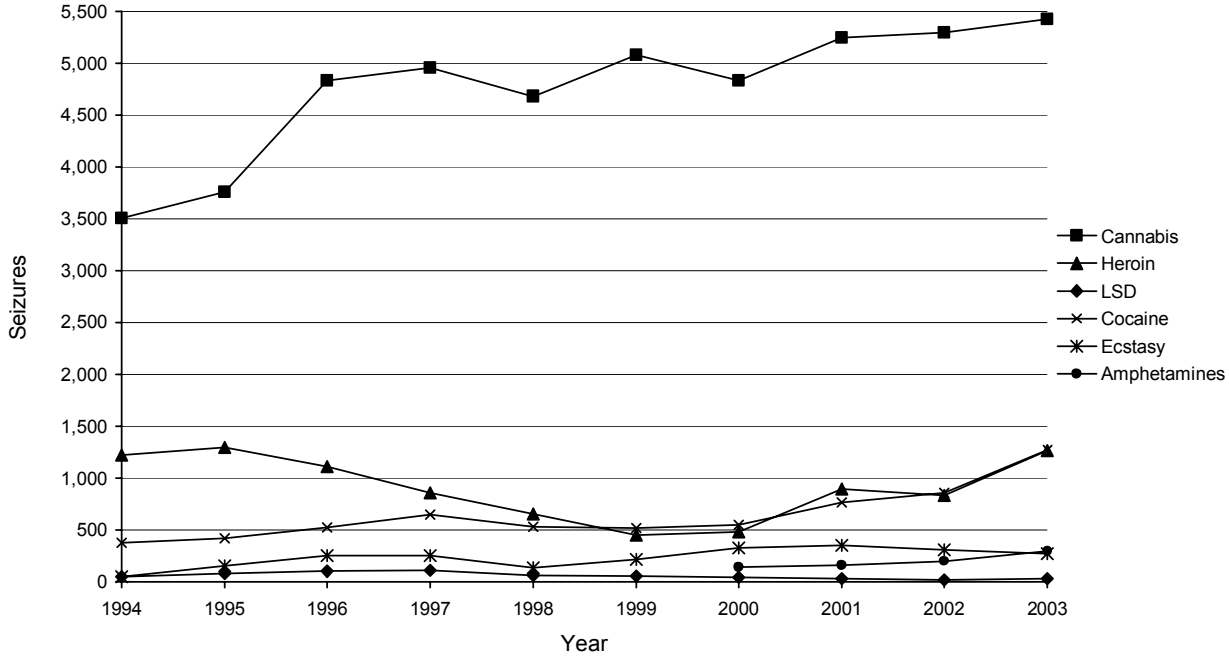
Source: BMSG 2003a

Approximately half of those persons who had already been offered drugs said that this had occurred at a party or in a disco. Around one third indicated "in a pub/bar" and one fifth, "at a clubbing". A significantly smaller share said this had happened "at school" (between 7% and 20% depending on age group) or "in front of school" (between 6% and 9%).

10.2 Seizures

The Federal Ministry of the Interior (BMI) reports a massive increase in cocaine and heroin seizures in 2003. With regard to cannabis and amphetamines a slight rise has shown, while the number of seizures relating to ecstasy and LSD has somewhat gone down (see Table A19 of Annex A and Figure 10.1).

Figure 10.1: Number of seizures of narcotic drugs in Austria from 1994 to 2003



Source: BMI Bundeskriminalamt (Federal Criminal Agency)

The amount of substances seized reflect these trends only to a limited extent, as individual seizures of exceptionally large quantities strongly influence the general picture (see Table A20 of Annex A). For instance, the amount of heroin seized (42.9 kg) has gone down by 28% compared to the previous year, while cocaine seizures (58.3 kg) have risen by 58% (BMI 2004).

In January 2004 the substances fentanyl, DOM and DMT were seized for the first time when an illegal drug producing laboratory was searched (Held, personal information).

10.3 Price/purity

In 2003 the project ChEckiT!, in which the **purity and ingredients** of substances bought as ecstasy or speed during raves are tested (see also Chapters 2.3 and 3.2) was present at five rave parties, where 145 pills bought as ecstasy and 57 samples purchased under the name of speed were handed in for testing. The percentage of pills bought as ecstasy that did not contain psychotropic substances other than MDMA, MDE or MDA remained the same as in previous years (2000: 88%, 2001 and 2002: 89%, 2003: 91%). 35% of the substances bought as speed and analysed by ChEckiT! had amphetamines as their only ingredient,

while 16% combined amphetamines and caffeine, and 30% contained amphetamines with additions of other psychotropic substances (see Tables A21 and A22 of Annex A). Thus one out of ten ecstasy pills and every second speed sample contained ingredients which their purchasers would not have expected (Eggerth, personal information).

The final report on the update of the syringe check project of 1998 is now available (Haltmayer und Schmid 2004). 526 syringes were sampled from the syringes exchanged in one week in July and in one week in November 2002 in the three syringe distribution points in Vienna, i.e. Ganslwirt, social centre Karlsplatz and the mobile syringe bus, and their ingredients were subsequently analysed by means of the REMEDi method. As one-way syringes may be purchased in pharmacies in Vienna but not exchanged there, the data obtained may be regarded as representative of the clients who use syringe exchange services. In addition, 362 of the questionnaires distributed were completed to an extent that they could be used for analysis and related to the REMEDi results. This questionnaires included information on the kind of drug the clients thought to have used, it is therefore possible to compare substances apparently taken to those actually consumed (see Table 10.2). This has shown that in 58% of the cases when clients thought they had purchased pure morphine this was indeed correct, while this was true for cocaine in only 17% of the cases. Generally, there are great differences between substances supposedly bought and actual ingredients.

Table 10.2: Comparison of supposed and actual ingredients of used syringes

		Bought under the name of								Total
		Heroin	Morphine (pure)	Heroin + cocaine	Cocaine	Methadone	Poly-drug use	Speed	Not indicated	
Result of analysis	**Cocaine/pure**	0	2	3	12	0	5	0	9	**31**
	Cocaine and adulterant	0	0	5	22	0	3	0	10	**40**
	Cocaine and other substances	0	2	12	22	0	4	0	14	**54**
	Cocaine and opiates	0	0	0	0	0	3	0	2	**5**
	Cocaine + opiates + other substances	2	1	25	2	0	2	0	8	**40**
	Morphine/pure	0	45	2	6	1	9	0	25	**88**
	Methadone	0	1	0	1	0	0	0	0	**2**
	Heroin	0	3	0	0	0	0	0	2	**5**
	Opiates/pure	2	0	0	0	0	0	0	0	**2**
	Opiates and others	6	24	5	3	0	7	0	8	**53**
	Other substances	1	0	5	3	0	3	0	5	**17**
	No ingredient	0	5	7	6	0	1	1	5	**25**
	Total	**11**	**83**	**64**	**77**	**1**	**37**	**1**	**88**	**362**

Source: Haltmayer und Schmid 2004, calculations by ÖBIG

This year, information by the Ministry of the Interior on potency and prices of various drugs sold at street level have been available for the first time. They have been summarised in Table 10.3. These data are based on information and fictitious purchases by undercover police agents.

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Table 10.3: Purity and price (EUR per gram) of various drugs sold on the street

		Herbal-cannabis	Cannabis resin	Brown heroin	White heroin	Cocaine	Ampheta-mines	Ecstasy	LSD
Purity	Minimum	0.5%	0.1%	3%	-	3%	1%	3%	-
	Maximum	19%	17%	50%	-	90%	99%	80%	-
	Typical	4%	8%	6%	-	40%	10%	40%	-
Price	Minimum	3	7	50	80	70	20	10	30
	Maximum	4	8	70	100	90	25	15	35

Source: BMI Bundeskriminalamt (Federal Criminal Agency) 2004

What is striking is the variations in potency, which are often considerable in drugs sold on the street. However, further interpretation and analysis of trends will be possible only after several years of analysis of relevant data.

An analysis of the potency of cannabis the BMI carried out for the EMCDDA Insight “An overview of cannabis potency in Europe” has not shown any changes for neither cannabis resin nor herbal cannabis (EMCDDA 2004).

PART B

Selected Issues

11 Buprenorphine

In Austria buprenorphine has been used for several years in substitution treatment under the trade mark Subutex®. Buprenorphine is a synthetic agonist-antagonist, i.e. a partial μ-agonist and κ-antagonist. Because of its limited opioid effects (ceiling effect) and its high opioid receptor affinity, compared to other opiates buprenorphine has a relatively wide safety margin, which makes it an important alternative option in medically assisted treatment. However, over the last few years misuse of buprenorphine has been increasingly reported, first in Scandinavia, then in other parts of Europe. This development raises some questions, and so buprenorphine has been chosen as a topic for the Selected Issues chapter of the 2004 National Report. In this chapter the framework conditions and the significance of substitution treatment with buprenorphine are presented as well as evidence of misuse of this substance in Austria.

11.1 Treatment with buprenorphine

The **legal basis** of substitution treatment has been laid down in Austria in 1997 with the Decree on Oral Substitution Treatment of Addiction Patients (Orale Substitutionsbehandlung von Suchtkranken). This Substitution Decree defines the legal framework of medically assisted treatment and is binding for all public institutions and agencies as well as the authorities reporting to the Ministry of Health. In the Narcotic Substances Act (SMG, BGBl. Nr. 112/1997), which entered into force on 1 January 1998 (see also Chapter 1), substitution was legally declared an equivalent treatment to withdrawal treatment.

Under item V, 4. in principle methadone is described as the substance of first choice. Only if a patient is pregnant, substitution substances other than methadone may be used already at the first administration. Otherwise only in cases of proven and objectively perceivable intolerance of methadone or after the occurrence of massive side effects other substitution substances may be prescribed. As examples slow release morphines, codeines and buprenorphine. The definition of methadone as the substance of first choice is not undisputed, however. For example, Bertel (2003) says that this does not correspond to the medical state of the art, which should be the standard for physicians to treat their clients. Therefore he recommends to consider methadone for treatment in the first place, but consequently to choose the substitution substance that is deemed appropriate.

Furthermore the Substitution Decree includes e.g. guidelines for diagnosing, administration of the substitution substance and implementation of treatment; it is especially pointed out that indication may only be made by physicians who are familiar with the problems connected to the misuse of addictive substances and have some experience in the treatment of addiction patients (see ÖBIG 1999). It also describes in detail the requirements for a corresponding prescription. However, the regulations apply to all substitution substances, there is no specific regulation referring to buprenorphine.

Apart from the SMG and the Substitution Decree, which are effective on a nation-wide basis, some provinces have special regulations for the substitution treatment of persons under 20 or with substances other than methadone (Werner 2003).

The **admission of buprenorphine** for substitution treatment under the name of Subutex® as sublingual tablets (of 2 and 8 mg) became effective in 1999. In fact buprenorphine has been used since 1996 within the framework of clinical trials especially in pregnant drug addicts at the drug outpatient department of the General Hospital of Vienna (Schindler, Ortner und Fischer 2002). Despite the positive results of the studies at the outpatient department of the General Hospital of Vienna, the Austria Codex still lists pregnancy and breast-feeding as contraindications. Buprenorphine is not only suitable for maintenance therapy, but also for outpatient withdrawal therapy, whether short-term or in the course of gradual detoxification over many weeks (Schindler, Ortner und Fischer 2002). Other pharmaceutical specialties containing buprenorphine as an active ingredient are Temgesic® (ampoules and sublingual tablets), and Transtec® (transdermal patch). However, neither of the two is admitted for maintenance therapy. Temgesic® is used above all for outpatient detoxification treatment - together with Subutex® (Lipburger 2003). Buprenorphine is not suitable for oral use, as it is subject to a high first pass metabolism in the liver (Giacomuzzi, Riemer und Vigl 2002). This effect is side-stepped by means of sublingual use. According to Fischer (personal information), Subuxon®, which also contains buprenorphine, will shortly be available in Austria, its admission by the EU is under way.

In addition to the legal basis there are also some **guidelines and recommendations** on substitution therapy with buprenorphine. In Carinthia, the guidelines on opioid-based substitution treatment (Prehslauer et al. 2001), give a description of the factors that should be taken into account when choosing the substitution substance (risk of misuse, level of psychosocial functioning, life circumstances), rather than recommending a particular substance. The guidelines on oral maintenance therapy with synthetic opioids in opiate-addicted patients (Fischer und Kaspar 1999) contain general recommendations for substitution therapy including psychosocial and psychotherapeutic care. They also discuss the differences between the substitution substances that are available, as well as specific target groups. In these guidelines buprenorphine therapy is recommended for highly motivated patients who are aware of their illness. In the recommendations on the use of buprenorphine for substitution treatment of opiate-addicted patients in Switzerland, Austria and Germany (Konsensustext 2000) the specific characteristics and effects of buprenorphine, fields of application, dosage information, scientific studies, etc. are described. Here buprenorphine is recommended especially for the treatment of persons with an addiction of short duration and mild severity. It is also stated that in cases of multiple drug use partial detoxification is advisable before administration, as there is a risk of potentially harmful interactions caused by the parallel use of alcohol and of benzodiazepines.

Practical experience and recommendations of experts are generally in line with the guidelines and recommendations mentioned above. All experts share the view that the choice of a substitution substance depends on the targets of substitution treatment and the individual situation of the drug-dependent person. Among other factors, recently consumed opioids, dosage level, duration of the dependence, previous experience of the addicted patients with other substitution substances and the appeal of the substances for them should

be taken into account. Some experts recommend, or use, buprenorphine for the short- to medium-term substitution especially of young drug users and addicted patients who aim at medium-term abstinence or those who have previously consumed a mix of cocaine and heroin (e.g. Stolz-Gombocz 2004; FSW 2004c; Schwarzenbrunner, personal information), others view buprenorphine as the substance of first choice (e.g. Fischer, Hermann, personal information). However, it has repeatedly been pointed out that some clients, on account of their life circumstances, cannot cope with a clear perception of their situation. These clients need a substance which allows them to perceive matters from some distance. The experts also agree that for addicted patients with high psychiatric comorbidity (pre-psychotic or psychotic disease profiles, tendency to paranoid reactions) or multiple drug consumption patterns, because of the stimulating effect of buprenorphine and the risk of interactions, other substances should be chosen (e.g. De Cordoba, Presslich and Fischer 2004; Fischer, Hermann, personal information). Other possible reasons for the use of substitution substances other than buprenorphine include tumours, intolerance of buprenorphine or a simultaneous HIV therapy (Kern, personal information).

Reported **advantages** of buprenorphine are its long duration of action, which entails the option to take it less frequently (once a day or even every second or third day), good tolerance, highly safe applicability owing to the ceiling effect, the fact that it can be discerned from opiates in the urine, and lacking or greatly reduced withdrawal symptoms in newborn babies (e.g. Kraigher et al. 2001), its antidepressant and stimulating properties, low potential of dependence and wide range of therapeutic applications, the relatively low risk of misuse and the reduced parallel use of other substances (Werner 2003; Madlung 2003; Stolz-Gombocz 2004; Fischer and Kaspar 1999). Furthermore patients treated with buprenorphine are more accessible and less dysphoric in everyday situations, they show less disorders of the sexual functions, and craving is noticeably reduced (Giacomuzzi, Riemer und Vigl 2002). In general, less side effects were found than in methadone treatment, and it is much easier to discontinue buprenorphine treatment or reduce the dosage. It has also been pointed out that in the case of substitution treatment with buprenorphine the amount of medication dispensed to the patients to take home can be handled much more liberally than in the case of methadone or slow release morphines (Schindler, Ortner and Fischer 2002).

The **disadvantages** that have been named are serious interactions with benzodiazepines and respiratory depressants, the clear clinical picture, a restricted target group, the difficult phase of changing especially from methadone to buprenorphine due to withdrawal symptoms, in some cases persistent headaches, and its unpleasant taste (Werner 2003; Fischer und Kaspar 1999, Madlung 2003, Prehslauer et al. 2001). Stolz-Gombocz (2004) also states that compared to methadone, buprenorphine has a lower retention rate and at least in the first weeks, illicit use of opiates is not reduced as much as during methadone treatment. According to Hermann (personal information) especially women who have used high dosages show more withdrawal symptoms for a longer period when changing from methadone to buprenorphine; however, these symptoms recede within the first three days and are much less dramatic than without treatment.

According to experts, while the **adaptation to a stabilising dose** of or change to buprenorphine takes more time and effort than is the case for pure opioid-agonists, the process is rather unproblematic especially if the clients have been adequately informed. However, un-

ease and pronounced clinical complaints may be experienced when changing from methadone to buprenorphine (Fischer und Kaspar 1999). After prolonged use of opiates in high doses it may occur that a satisfactory change from methadone to buprenorphine is not possible due to the ceiling effect. At the Innsbruck University Hospital, absolute intolerance of buprenorphine was registered only in approx. 5% of all cases, as a prepsychotic condition (Giacomuzzi, Riemer und Vigl 2002). As a rule, when changing from methadone to buprenorphine the methadone dosage should first be reduced (i.e. to approximately 30 mg), and the last consumption should be six hours (in the case of heroin) to 48 hours (methadone or slow release morphine) prior to the first use of buprenorphine (Werner 2003; Schindler, Ortner und Fischer 2002). According to Giacomuzzi, Riemer and Vigl (2002) even an interval of six to eight hours after heroin consumption may lead to withdrawal symptoms. Therefore many experts recommend to wait with the first administration of buprenorphine until the first clear withdrawal symptoms occur. Furthermore it is recommended that the adaptation to a stabilising dose should take place step by step. The recommended initial dose lies in the range of 1 to 2 mg (Kubec 2002), 2 to 4 mg (Konsensustext 2000) and 2 to 8 mg (Giacomuzzi, Riemer und Vigl 2002). Experts agree that the dose should be increased rapidly if the results are unsatisfactory. It is also possible to change from high doses of methadone to buprenorphine (Giacomuzzi und Riemer o. J., Giacomuzzi, Riemer und Vigl 2002). In the published cases a relatively high initial dose was used (16 mg buprenorphine), which was rapidly increased to 20 mg. Only after a phase of stability of some weeks, the amount was reduced to 12 mg of buprenorphine. At the Innsbruck University Hospital, the rate of reduction is approximately 2 mg of buprenorphine per week, however, the amount is adapted to the individual patient. As with other substances, withdrawal symptoms occurred, but they were no longer perceivable after three days.

Furthermore it has been reported that the opioid effect of buprenorphine occurs after 20 minutes, the maximum is reached after 1.5 to 4 hours and the duration of action can last up to 72 hours, depending on the dosage (Werner 2003; De Cordoba, Presslich und Fischer 2004; Stolz-Gombocz 2004). As an average daily dose, 8 mg (Kubec 2002), 8-16 mg (Fischer und Kaspar 1999; Giacomuzzi, Riemer und Vigl 2002), 6-12 mg (Madlung 2003) or 2-36 mg (Stolz-Gombocz 2004) are recommended, the maximum daily dose in Austria being 32 mg (Konsensustext 2000).

The previous Reports on the Drug Situation in Austria (see e.g. ÖBIG 2003b) have shown that in the course of a growing **diversification in substitution treatment** (see also Chapter 4.2) the number of persons treated with methadone is continually declining. On the other hand, the number of persons treated with slow release morphines (especially Substitol) or buprenorphine is on the rise. In 2003 in approximately one third of all first substitution treatments registered in Austria the substance used was Substitol and approximately in one fifth of the cases, methadone or buprenorphine. In this development, regional differences can be noted: in 2003, in Burgenland, Carinthia and Lower Austria, for most of the registered first treatments methadone was used, while in Upper Austria, the Tyrol, Vorarlberg and Styria Substitol was chosen, in Salzburg the preferred substance was Codidol and in Vienna, buprenorphine. As the numbers reported from the various provinces (FSW 2004b; Neubacher 2004; Suchtkoordination OÖ 2003; Kern, Schabus-Eder, Prehslauer, personal information) not only refer to first substitution treatments but also include clients who have been in substi-

tution treatment for a longer period, they reflect recent trends to a lesser extent. According to these figures, the situation is as follows: in 2003 in Vienna, Vorarlberg and Upper Austria the most used substitution substance was slow release morphines (51-65 %), followed by methadone (24-31 %) and then buprenorphine (11-15 %). In the Tyrol, Salzburg and Carinthia, however, methadone was used most often (32-46 %), followed by slow release morphines (19-33 %) and buprenorphine (11-20 %).

With regard to gender it was observed that in registered first treatments in 2003 buprenorphine was in third position among the substitution substances most often used by men and came second among women. In relation to age it turned out that in the age groups over 24 and under 40, buprenorphine was the second most used substance in first treatments, but only in third position among the age groups in between.

Categorising first treatments registered in 2003 by **administering institution**, it shows that drug care centres use buprenorphine most frequently, while for established physicians, it is the second-most used substitution substance, and in other institutions, it comes third or is used even less frequently. However, regarding established physicians regional differences must be taken into account. In Vorarlberg since 1987 substitution treatment has been carried out exclusively by physicians specialising in psychiatry and/or neurology (Jochum 2003), but there are initiatives to admit general practitioners as well. In Vienna, on the other hand, substitution treatment is mainly carried out by general practitioners and only few psychiatrists and/or neurologists (Kubec 2002). It has been pointed out that drug help centres and specialised institutions are better equipped for the substitution treatment of patients with multimorbidity or psychiatric patients and pregnant women.

Most of the specific **trainings** in substitution treatment with buprenorphine were organised immediately after its admission. Since then there have been only isolated specific training events, e.g. in autumn 2003 at the Otto Wagner Hospital in Vienna (Hermann, personal information). In Vienna physicians who want to carry out substitution treatments and collect a special fee from the Health Insurance Fund must regularly assist further training events (Wiener Modell). In these quality circles, a number of issues are discussed according to current needs, among them experience with various substitution substances. Moreover there are continual efforts to improve the quality of substitution treatment (see Chapter 5.3).

An important focus of **Austrian surveys** is the use of buprenorphine by pregnant drug patients (see ÖBIG 1999, 2001a). In 1999 60 opiate-addicted persons were examined, 29 of them were substituted with buprenorphine and 31 with methadone (Fischer et al. 1999). The methadone group showed a better retention rate than the buprenorphine group, which could be due to the maximum dose of 8 mg of buprenorphine per day, to the side effects (unspecific dysphoria), the condition of the patient (clearer state of mind, similar to an opioid-free state), but also to the fact that withdrawal symptoms caused by dropping out occur less frequently than in the case of methadone.

In a survey conducted in 2000 (Fischer et al. 2000) 15 opioid-addicted pregnant women were examined who were undergoing a change to maintenance therapy with buprenorphine. The maximum dose in this survey was 10 mg buprenorphine per day. It was found that the direct change from street heroin to buprenorphine was experienced as more agreeable than the change from another substitution substance to buprenorphine. In eight of the newborn ba-

bies, no neonatal abstinence syndrome (NAS) was observed, four showed slight and three, moderate symptoms. This decisively lower share confirms the advantages of buprenorphine treatment of pregnant women over methadone treatment. No correlation was found between the average dose of buprenorphine and the occurrence, non-occurrence or intensity of NAS.

Consequently some of the women who had taken part in the first survey were treated during a second pregnancy (Eder et al. 2001, Schindler et al. 2003). Different from the first survey, the women were already taking buprenorphine at the time of conception, as they had been treated with buprenorphine after their first pregnancy. These case studies confirm the positive effects of maintenance therapy with buprenorphine (no simultaneous consumption of illicit substances, no NAS).

A survey by Ortner et al. (2004) examined the feasibility and effectiveness of substitution therapy with buprenorphine in a special treatment setting (3-weeks stabilisation phase in a special outpatient establishment and 12 weeks continuation of the therapy by a general practitioner). It was shown that substitution treatment carried out by a general practitioner was as successful regarding the retention rate and additional consumption of drugs as treatment in a special outpatient establishment. The survey also confirms that if the initial dose and the maintenance dose are too low, the retention rate will be decreased. From the results of the survey it has been concluded that more opioid-addicted patients could receive adequate support if more general practitioners were involved in substitution treatment. It has been pointed out, however, that special trainings and guidelines especially for buprenorphine treatment would have to be made available to them.

In a recent survey by Schindler et al. (2004) the effect on the driving ability of substitution therapy with buprenorphine versus methadone was examined by means of a standardised test. According to the results, substitution therapy clients showed no significant differences to a healthy control group in most items of the tests.

A study by Giacomuzzi et al. (o. J./undated) compares substitution treatment with methadone, buprenorphine and morphine sulphate with regard to general and somatic side-effects. For each substance, 30 clients were examined after five to six months of continuous substitution. The study shows that buprenorphine and methadone are actually comparable, with partially better results for buprenorphine (regarding stomach cramps, running eyes, loss of appetite, heart palpitation, loss of drive, anxiety and depression). Morphine sulphate had the most negative results. The conclusion of the study is that the individual needs and life situation of the addiction patients must be taken into account when selecting a substitution substance.

According to a diploma paper by Dinich (2001), both buprenorphine and methadone contribute to raising the self-esteem of clients in the course of a period of six months after beginning therapy.

Another study by Giacomuzzi et al. (2003), in which 38 clients substituted with methadone and 29 clients substituted with buprenorphine were examined within the framework of the Lancashire Quality of Life Profile, confirms the comparability of buprenorphine and methadone as substitution substances. The average initial doses were 43.33 mg methadone and 11.15 mg buprenorphine respectively, the average doses at the end of treatment were 24.54 mg methadone and 9.93 mg buprenorphine. 14 out of 67 persons discontinued treatment

prematurely; no difference between the two groups was observed. In fact, after eight weeks the buprenorphine group had significantly higher overall satisfaction scores, but after 24 weeks there was no significant difference. Regarding physical symptoms no significant differences were observed.

According to data from 100 patients of the drug department of Otto Wagner Hospital, there is no correlation between the amount of drugs consumed before substitution treatment, the complaints during change to the substitution substance and the dose of buprenorphine needed in maintenance therapy (Hermann, personal information). At present further data on substitution treatment are evaluated. Specifically, data on socio-biographical, psychological and psycho-pathological status shall be included. In cooperation with experts from Paris a comparison of the current practice of substitution treatment in Vienna and Paris is undertaken.

11.2 Misuse of buprenorphine

In Austria there are hardly any data and no evaluations or surveys on the **misuse** of buprenorphine. Several Austrian experts hold the view that buprenorphine is not attractive or suitable for misuse, as it can trigger withdrawal symptoms on account of its properties as antagonist-agonist (e.g. Beubler 2003; Prehslauer, personal information). So far there have been no reports of hazardous events or deaths in connection with misuse of buprenorphine in Austria (FSW 2004c; Hermann, personal information). Even 10- to 20-time overdoses seem to cause no problems, but in extreme cases, respiratory arrest may occur (Schwarzenbrunner, personal information). In this context surveys conducted in France are quoted, which have shown that deaths are mostly due to the combined misuse of benzodiazepines and/or alcohol and buprenorphine (Konsensustext 2000).

On the other hand, drug consumers have repeatedly reported intravenous use of buprenorphine (in some cases mixed with opiates) or snorting buprenorphine (in some cases mixed with Somnubene®) (Hermann, Fischer, Haltmayer, Schwarzenbrunner, personal information; FSW 2004c). The motives given for buprenorphine misuse are that users want to try the substance, that they want to get over withdrawal symptoms, or that even in very low doses buprenorphine acts much faster when snorted or injected. (similar to speed) (Haltmayer, Schwarzenbrunner, personal information). From Carinthia it is reported that intravenous misuse of buprenorphine is only practised by very few addicted patients who are in very poor health (Prehslauer, personal information). In some provinces buprenorphine is available on the black market at comparatively low prices (FSW 2004c; Schwarzenbrunner, Prehslauer, personal information). In a survey by Giacomuzzi et al. (2001) comparing 30 clients in substitution treatment with methadone and 31 persons without substitution treatment, less than ten percent of the latter group said they were using buprenorphine (Temgesic®).

Because of this situation currently no **harm reduction measures** regarding buprenorphine are taken in Austria. Instead, information for drug users rather relates to substitution therapy with buprenorphine. A special issue of GAWI-News (entitled Das g'sunde Gansl) edited by the drug help service Ganslwirt provided information on buprenorphine, its specific effects and the withdrawal symptoms that might occur when changing to buprenorphine (VWS 2004e). Overall harm reduction measures are described in Chapter 7.

In order to prevent substitution substances from entering the black market, criteria for safe dispensing have been developed for all substitution substances (see Chapter 5.3). The amounts of buprenorphine intended for substitution therapy available on the black market are unknown. Concluding from seizures the amount would be rather low. According to the Federal Ministry of the Interior, in 2003 there were 25 reports to the police involving Subutex® and 79 units were seized (Mader, personal information). By way of comparison, in 2003 Substitol® was the cause for reports to the police in 404 cases, and 1021.5 units were seized. This confirms the experts‘ opinion that misuse of buprenorphine occurs much less often than the misuse of slow release morphines and currently does not present a problem in Austria.

The **combined use** of illicit substances during maintenance therapy with buprenorphine was examined in the course of several surveys (see Chapter 11.1). In some of them, no combined use of illicit substances was found. But there are also studies by Giacomuzzi et al. (2003, 2004b) in which substitution treatment with buprenorphine and methadone are compared in this respect. According to both studies, the buprenorphine group showed a significantly lower combined use of opioids than the methadone group. Regarding parallel use of cocaine or benzodiazepines, a study comparing 38 methadone clients with 29 buprenorphine clients found no significant differences (Giacomuzzi et al. 2003), which confirms the results of Fischer et al. (1999). In another study (comparing 488 methadone and 205 buprenorphine clients) the buprenorphine group showed a significantly lower combined use of the substitution substance with benzodiazepines, cocaine, alcohol or codeines, which amounted to approximately one third of the combined use of methadone with these substances in the other group (Giacomuzzi et al. 2004b). As to age, in the buprenorphine group significantly lower combined use was observed in clients up to age 50, compared to the methadone group. In both groups simultaneous use of substitution substances and cocaine or morphines declined with age. While in the buprenorphine group, combined use of benzodiazepines increased with age, a parallel development regarding alcohol and codeines was registered in the methadone group.

12 Alternatives to prison targeting to drug using offenders

This chapter deals with the alternatives to punishment[1], of drug using offenders in Austria. In many European countries and also in the EMCDDA the more restricted concept of "alternatives to prison" is applied. On the basis of the Austrian law system the broader concept of "alternatives to punishment" corresponds better to the intentions of the lawmakers and the actual range of available measures. As the alternatives to punishment presented below refer to offences which are punished by prison sentences, they can be viewed as "alternatives to prison" in the broadest sense. However, it should be noted that in the vast majority of the cases where diversion is applied (see Chapter 12.2) because of the petty character of the offences even in the case of conviction no unsuspended sentence, and thus no incarceration, follows.

12.1 Political, organisational and structural information

The principle of therapy instead of punishment and the availability of corresponding alternatives to punishment of drug consuming offenders has been one of the pillars of Austrian drug policy for several decades (see also ÖBIG 2000). The Narcotic Drugs Act (SGG) of 1971 for the first time provided the possibility to let users of narcotic drugs who agreed to the necessary medical treatment or monitoring go unpunished. In the context of the amendment of the SGG in 1985 the alternatives to punishment were extended to include deferment of charges for the duration of detoxification treatment and subsequent reduction of punishment. In the Narcotic Substances Act (SMG) of 1998 diversion regarding specific narcotic substances was further developed at several levels: it contains special regulations for cannabis products (see Table 12.1: section 35 (4) SMG), it provides a wider range of health-related measures (see Chapter 12.2) and the application of deferment of charges for certain offences committed to finance drugs is extended (see Table 12.1: section 39 (2) SMG) (Foregger et al. 1998).

The most important alternatives to punishment for drug using offenders are regulated in the Narcotic Substances Act and refer only to this target group (see Table 12.1 for details). There are two relevant measures:

The provisional deferment of charges (section 35 SMG) and the provisional suspension of sentence (section 37 SMG) can be applied in the case of petty crimes (possession and acquisition of small amounts of drugs for personal use) and serve as an alternative to conviction. These measures are applied regardless of an existing drug habit. Therefore they are only combined with a health-related measure if such a measure is deemed necessary by the competent health authority (see Table 12.1 and below).

[1] Alternative expressions used here are "diversion" and "therapy instead of punishment".

Table 12.1: Overview of legal regulations with regard to alternatives to punishment applicable specifically to drug offences

Section	Short title	Relevant passage	Implementing authority	Level of procedure
35 SMG	Provisional deferment of charge	(1) Should a person be charged with purchase or possession in violation of existing regulations of a small amount of narcotic substance for his own use, the public prosecutor's office shall provisionally defer the charge for a probationary period of two years under the conditions set forth hereafter. (2) Should a person be charged with an offence otherwise punishable under Sections 27 and 30 or because of his dependence on narcotic substances for an offence connected with the acquisition of a narcotic substance that is not within the competence of the *Schöffengericht*[local court consisting of one judge and two lay judges] or jury court, the public prosecutor's office may provisionally defer the charge for a probationary period of two years ... if the culpability is not serious and the deferment does not appear less likely than a sentence to prevent the accused from committing ... offences. (3) Provisional deferment of a charge shall be contingent on ... 2. a report from the district administrative authority acting as health authority indicating whether the person charged requires a health-related measure under Section 11 or not and whether such a measure is expedient, feasible, reasonable and not manifestly futile under the given circumstances. (4) The public prosecutor's office may waive the requirement for a report from the district administrative authority if a person is charged exclusively for purchase or possession of substances or preparations made from cannabis plant in small quantities for his own use and if there is no reason to assume that the person requires a health-related measure. ...	Public prosecutor's office	Before initiating proceedings
37 SMG	Provisional suspension	If an application for punishment has already been made with respect to the person charged, Sections 35 and 36 shall apply *mutatis mutandis* for the provisional suspension of the criminal proceedings by the court. The suspension of criminal proceedings may also be made contingent on the accused agreeing to certain instructions (Section 51 Criminal Code).	Court	Criminal procedure
39 SMG	Stay of execution of sentence	(1) Under the general requirements and conditions ... a narcotic-dependent accused person may be granted, for a maximum period of two years, a stay of execution of sentence of a fine or of imprisonment of not more than two years in so far as he agrees to receive the necessary health-related measure referred to in Section 11. Under these conditions the court may also approve a stay of execution of sentence of imprisonment of up to three years. (2) In accordance with paragraph 1 the court may also approve the stay of execution of sentence for an offence punishable by no more than five years' imprisonment relating to the procurement by the accused of narcotic substances on account of dependence.	Court	Conviction
13 SMG	Special regulation for schools and military service	(1) If particular facts give grounds for suspecting that a school pupil is abusing narcotic drugs, the head of the school shall have him examined by the school doctor. ... Should the examination show that a health-related measure as referred to in Section 11 paragraph 2 is necessary and should this not be provided, or should the pupil... refuse the examination by the school doctor, the head of the school shall inform the district administrative authority acting as health authority in lieu of filing a criminal charge. .... (2) If the medical examination of a person liable for military service or a medical examination by a military doctor of a conscript during his basic military service gives grounds for suspecting narcotic drug abuse, ... (the competent authority) shall inform the district administrative authority acting as health authority in lieu of filing a criminal charge.	School Competent military unit	Before or instead of referral to the legal authorities

Key: SMG = Narcotic Substances Act

Summary: ÖBIG

Table 12.2: Overview of general legal regulations with regard to alternatives to punishment applicable specifically to drug offences

Section	Short title	Relevant passage	Implementing authority	Level of procedure
90 StPO	Diversion	The public prosecutor shall .... desist from prosecuting an offence if it has been found on account of a sufficiently clear state of affairs that the withdrawal of a report under Section 90 is not applicable, but punishment in the form of 1. paying a fine or 2. doing community service or 3. determining a probationary period, possibly in connection with probation assistance and the obligation of fulfilling certain tasks or 4. a settlement out of court is not considered appropriate to prevent the suspect from committing offences or to counteract the committing of offences by others.	Public prosecutor's office	Before initiating proceedings
180 StPO	Milder measure instead of custody before trial	(4) (1) ... A person shall not be taken into or remain in custody before trial, if the purposes of custody ... can be achieved by ... applying one or several milder measures. (5) Milder measures include: ... 4a.the order to undergo withdrawal treatment, other medical treatment, psychotherapy or a health-related measure (Section 11 SMG), if the accused agrees to do so.	Court	Judicial investigation before trial
12 JGG	Verdict of guilty without punishment	If in the case of a juvenile offence a minor sentence would be applicable, the court shall defer from pronouncing a conviction, if it can be assumed that the verdict of guilty will suffice to prevent the offender from committing further punishable acts.	Court	Conviction
13 JGG	Verdict of guilty with reservation of punishment	The pronouncement of a punishment on account of a juvenile offence shall be reserved for a probationary period between one and three years, if it can be assumed that the verdict of guilty and the pending pronouncement of punishment alone or in combination with other measures will suffice to prevent the offender from committing further punishable acts.	Court	Conviction
46 StGB	Release from imprisonment upon probation	(1) If an offender has served half of the ... term of imprisonment provided in the sentence..., the remaining period of imprisonment shall be cancelled under the condition of a probationary period, if it can be assumed that it will not be necessary to execute penal law in order to prevent the offender from committing further punishable acts. (2) If an offender has served two thirds of the ... term of imprisonment, ... the remaining period of imprisonment shall be cancelled under the condition of a probationary period, unless there are special reasons to fear that the offender would commit further punishable acts when released.	Court	Execution of sentence
50 StGB	Pronouncement of court instructions and order of probationary assistance	If the punishment or preventive measure resulting in imprisonment is cancelled under the condition of a probationary period or if the offender is released from imprisonment or a preventive measure resulting in imprisonment under the condition of a probationary period, the court has to give instructions to him/her or pronounce an order of probationary assistance, insofar as this is necessary or expedient in order to prevent the offender from committing further punishable acts.	Court	Judicial investigation before trial conviction execution of sentence
51 StGB		(3) The offender can also ... be given instructions to undergo withdrawal treatment, psychotherapeutic or medical treatment, if s/he agrees to do so.		

: StGB = Criminal Code, StPO = Code of Criminal Procedure, JGG = Juvenile Court Act

Summary: ÖBIG

A stay of execution of sentence (39 SMG) is possible for more serious offences and functions as an alternative to the execution of a sentence in the case of a unsuspended conviction on account of a drug-related offence or an offence committed in connection with drug acquisition. This makes it an alternative to prison in the narrow sense. This procedure is restricted to convicted persons who are dependent on drugs and agree to adopt a health-related measure. If the offender has successfully completed the measure, the court shall suspend the sentence.

As in other respects, also regarding the alternatives to punishment the Narcotic Substances Act makes no difference according to substance, with the exception of a special regulation facilitating the waiving of a report in cases where cannabis is involved (Section 35 (4) SMG). In Section 13 of the Narcotic Substances Act special regulations for specific institutions (especially schools) are contained (see Table 12.1), which provide for internal crisis management without involving the law authorities, which represents another alternative to punishment in the broadest sense.

Apart from the Narcotic Substances Act, general laws on diversion are also applicable to drug using offenders (see Table 12.2). Compared to the drug-specific alternatives regulated by the Narcotic Substances Act, they are of minor importance and are thus not specifically referred to in the following.

It should be added that the majority of alternatives to punishment are regulated by obligatory provisions (= offenders have a legal claim) and only a small part by optional provisions (= judicial authorities can react according to their discretion; see Tables 12.1 and 12.2). This means that the scope for action by the decision-making bodies is narrow. If the requirements and conditions defined by law are applicable, the prosecutors and courts are in most cases obliged to adopt alternative measures.

The alternatives to punishment are regulated in federal laws and come under federal competence. The provinces have no scope for action, but they also endorse the principle of therapy instead of punishment and have drawn up their drug strategies and addiction plans accordingly. The implementation of alternatives to punishment is not carried out within the framework of a defined programme, but rather lies in the competence of all authorities involved. Therefore there is no central body coordinating and monitoring implementation. The Ministry of Health does, however, play a special role as the authority in charge of central monitoring in connection with the Narcotic Substances Act (especially reports, convictions, alternatives to punishment) under Section 24 of the Narcotic Substances Act. Under Section 25, the Ministry of Health within the framework of diversion gives information to the public prosecutors and the courts on any entries referring to the person in question in the database of narcotic substances.

Other authorities directly involved in the implementation of alternatives to punishment as regulated by the Narcotic Substances Act are the prosecutors, the courts and the district health authorities (see also Table 12.1). The decision on applying alternatives to punishment are taken by the public prosecutors (before proceedings have been initiated) and the courts (after proceedings have been initiated, or after conviction). The basis for decision is a report issued by the district health authorities, which have the competence to determine whether a

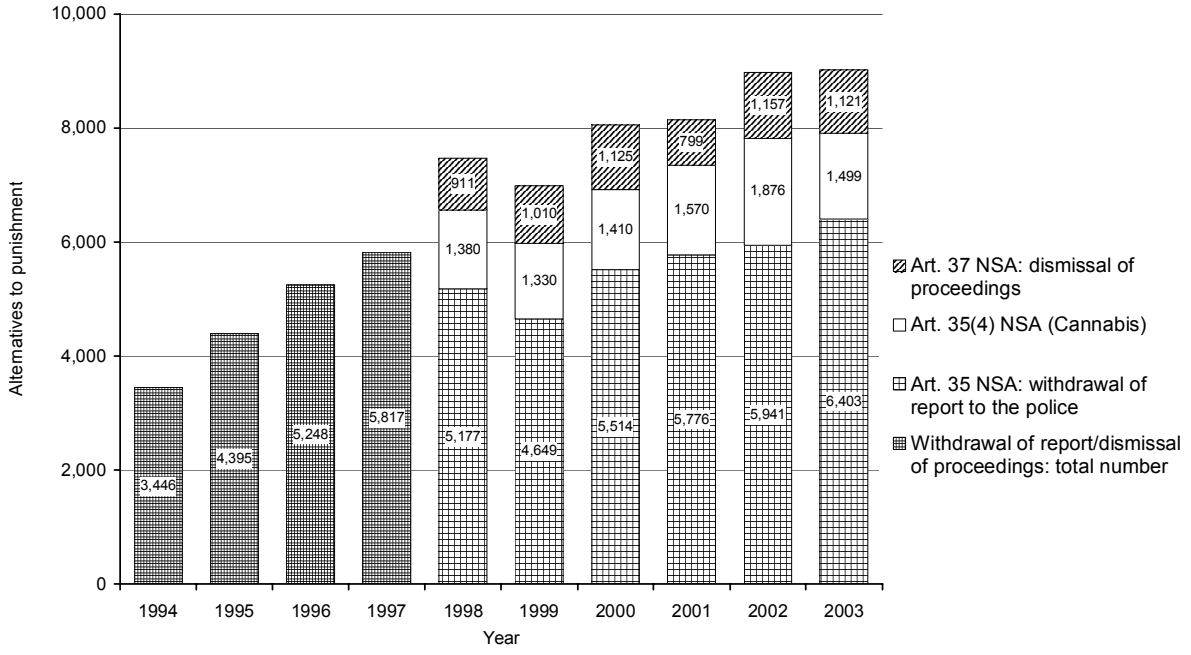
health-related measure is necessary and if so, which measure should be applied (see also Chapter 12.2).

The principle of therapy instead of punishment and the corresponding application of alternatives to punishment for drug using offenders is widely supported by policy makers and the general public. Therapy instead of punishment is the drug-policy consensus of all parties represented in the Austrian parliament. Opinion polls confirm the strong acceptance of this principle by the public, which has increased over the years. Compared over time, the attitudes towards drug policy investigated within the framework of drug surveys in Vienna show that the approval for "maintaining a general prohibition on drugs, but decriminalising drug addicts" has risen between 1995 (67%) and 2003 (76%), while the approval for "imprisonment on account of drug use" declined from 27% (1995) to 21% (2003) (IFES 2004; see Chapter 1.4).

12.2 Interventions

Data on the implementation of alternatives to punishment are available from the narcotic substances database (see Chapter 12.1) with regard to withdrawal of reports and waiving of proceedings

Figure 12.1:Development of the implementation of statutory alternatives to punishment in Austria, from 1994 to 2003



Section 35 SMG = Provisional deferment of charge by the public prosecutor's office
Section 35 (4) SMG = Waiving of reports in the case of small amounts of cannabis for personal use
Section 37 SMG = Provisional suspension of proceedings by the court

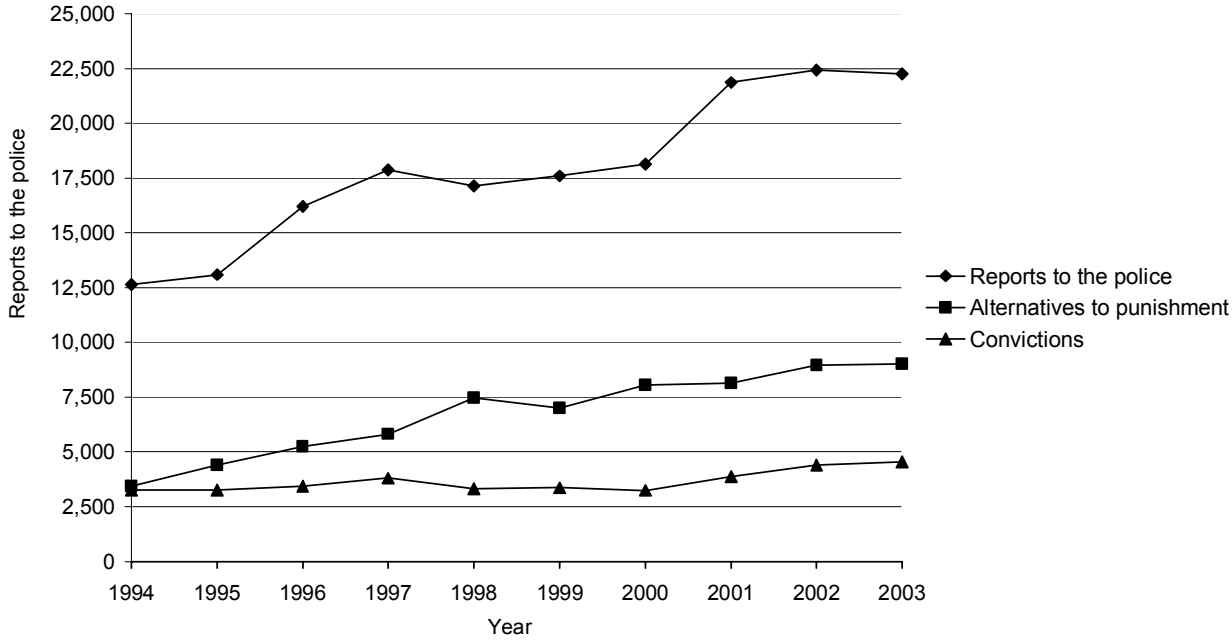
Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. A specification of the kind of alternative to punishment can be given for the period since 1998 only. Regarding Section 39 of the SMG (suspension of prison sentence based on the principle of therapy instead of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

Source: BMFG; calculations by ÖBIG

The available data indicate a marked increase of diversion to alternatives to punishment over the decades. The number of cases rose from approximately 1 200 in 1981 (Litzka 1997), to

approximately 5 000 cases in the mid-1990s and ultimately reached its actual peak in 2003, with over 9 000 cases (see Figures 12.1 and Table A18 of Annex A). The increase corresponds to the continually growing number of reports in the field of narcotic substances, especially over the past decade. This substantial rise was compensated by an increase in the implementation of alternatives to punishment, while the number of convictions has remained relatively stable over a long period of time (see Figure 12.2). Over the past few years the increase in the diversion to alternatives to punishment in relation to the number of reports has somewhat gone down. At the same time - and partly in connection with this development - the number of convictions and especially the number of persons taken into imprisonment on account of drug-related offences has grown (see ÖBIG 2003b).

Figure 12.2:Comparison of the development of drug-related reports, convictions and applications of the statutory alternatives to punishment in Austria from 1994 to 2003



Sources: BMI Bundeskriminalamt (Federal Criminal Agency), Statistics Austria, BMGF; calculations by ÖBIG

Regarding the stay of execution of sentence (Section 39 SMG), no reliable data are available from the narcotic substances database, on account of a great number of lacking reports. Data are available from the Federal Ministry of Justice (BMJ) for the past three years (2001: 254, 2002: 337, 2003: 318 cases) .

In general, the application of alternatives to punishment for drug using offenders is not contingent on special conditions in Austria (see also above). Regarding the reports issued by the district health authorities, the Narcotic Substances Act expressly stipulates that it shall be examined whether the person in question needs a health-related measure, and whether such a measure is expedient, feasible, reasonable and not manifestly futile. If a health-related measure is deemed necessary, the same range of measures as defined in Section 11 of the SMG is available at all levels of procedure: (1) medical supervision of the person's health, (2) medical treatment including withdrawal and substitution treatment, (3) clinico-psychological counselling and care, (4) psychotherapy and (5) psychosocial counselling and care. In order to safeguard the adequacy of the measure taken, the court may explicitly make the suspen-

sion of sentence contingent on inpatient treatment, on the basis of an expert opinion. Apart from this regulation there are no clauses regarding outpatient or inpatient treatment and care.

Information on the results of examinations can be obtained from the data included in the narcotic substances database. It should be noted that many reports are lacking. Still, the available data do permit some statements regarding the general situation and conclusions regarding longer-term trends. An analysis of the years from 1999 to 2002 shows that a variety of approaches to the prescribed measures are taken in practice. The number of cases in which no health-related measures are prescribed is higher than the number of prescribed health-related measures. Among the range of available measures, psychosocial care and treatment and medical supervision of the person's health are prescribed most often (see Table 12.3).

Table 12.3: Reports by the district administration authority by content from 1999 to 2002

Content of the report		1999	2000	2001	2002
A health-related measure has been prescribed, namely	medical supervision	382	708	637	778
	medical treatment	419	433	431	531
	clinico-psychological care	65	136	128	79
	psychotherapy	80	70	72	59
	psychosocial care	435	663	923	1.041
	total[1]	1 203	1 646	1 799	2.091
No health-related measure has been prescribed, because	no measure is deemed necessary	1 933	1 973	2 593	3.002
	measure would be inexpedient etc. or futile	19	25	44	68
	other reasons	1 044	1 371	1 904	381
	total[1]	3 025	3 394	4 549	3.449

[1)] As several health-related measures can be prescribed in one report, the category "total" is not identical with the added number of individual measures.

Source: ÖBIG

A detailed analysis also shows marked differences with regard to the substances involved and the corresponding degree of severity of the drug problem. While in the case of cannabis often no health-related measures are prescribed, the approach is different regarding opiates. Psychosocial care and medical supervision are the measures most frequently prescribed to cannabis users, while opiate users are mostly required to undergo medical treatment (see Table 12.4).

Table 12.4: Content of reports by the district administration authority from 1999 to 2002 by narcotic substance

Content of the report		1999		2000		2001		2002	
		C[1]	O[2]	C[1]	O[2]	C[1]	O[2]	C[1]	O[2]
A health-related measure has been prescribed, namely	medical supervision	208	73	390	98	365	100	463	142
	medical treatment	9	219	17	373	13	390	9	429
	clinico-psychological care	38	11	73	28	76	14	38	24
	psychotherapy	32	19	29	25	25	24	6	28
	psychosocial care	213	76	373	88	581	75	688	118
	total[3]	442	320	709	515	850	529	976	659
No health-related measure has been prescribed, because	no measure is deemed necessary	920	92	1 191	179	1 709	214	1 855	220
	measure would be inexpedient etc. or futile	11	3	5	7	26	1	43	8
	other reasons	60	11	244	45	98	16	98	19
	total[3]	1 003	113	1 447	243	1 836	232	1 995	247

[1)] Report refers cannabis only

[2)] Report refers to opiates only or to opiates in combination with other drugs

[3)] As several health-related measures can be prescribed in one report, the category "total" is not identical with the added number of individual measures.

Source: ÖBIG

For the implementation of health-related measures as alternatives to punishment, services of the entire drug help system (see also Chapter 5 and Map 5.1) may be used. In accordance with the principle of free choice of therapists, the implementing institution is selected by the drug using offenders. In principle the institutions make no difference between clients who are diverted to a health-related measure and other clients. In Austria there are no specific programmes or services with regard to measures as alternatives to punishment. The inpatient centre Schweizer Haus Hadersdorf in Vienna was founded with the principle of therapy instead of punishment in mind, but it also attends to other clients. In general diversion measures are implemented by the regular staff of the respective institution according to the defined health-related measures, i.e. social workers, physicians, psychotherapists, psychologists, and care staff of inpatient services.

On account of lacking data it is not possible to give an overview of the share of clients who turn to drug help centres in the context of alternatives to punishment. However, data are available from some provinces and centres. In Upper Austria, approximately one third of the clients of drug help services have been referred due to court orders (Suchtkoordination OÖ 2003). In Salzburg the share of clients receiving care upon court instruction rose from 27% in 2000 to 46% in 2003 (Schabus-Eder, personal information). Also in Lower Austria counselling centres have registered a sharp rise in the number of clients in connection with the Narcotic Substances Act.

Among the clients of the association Grüner Kreis, who undergo therapy as a consequence of a court decision, there is a higher share of men (86% vs. 73%) and a lower share of young people (12% vs. 22%) than among those clients who undergo therapy of their own accord (Muhr 2003).

As the prescribed health-related measures can be carried out in all drug help centres, the availability was usually considered sufficient in the past. But recently, problems have been

reported in some provinces. Because the great increase in the number of clients for whom a health-related measure is provided upon court order (the number of orders prescribing psychosocial counselling and care having more than doubled between 1999 and 2002; see Table 12.3), was not compensated by additional funding, some centres have capacity problems. In Upper Austria the corresponding institutions have had to restrict their services since June 2003; the application of health-related measures was discontinued in six districts. This endangers the implementation of alternatives to punishment, as in many cases prosecutors will not accept a delay and will subsequently instigate proceedings (see also below; Schwarzenbrunner, personal information). Also in Carinthia, due to financial problems no adequate access to health care can be guaranteed to drug using offenders (Prehslauer, personal information).

Limited financial means pose the greatest problem with regard to applying alternatives to punishment. For the majority of prescribed health-related measures no specific budgets are allocated, so they are financed by the regular budget of drug help centres, which mainly comes from the provinces, the Federal Government and social insurance funds (see also Chapter 1). Section 41 of the Narcotic Substances Act provides subsidiary financing of health-related measures as alternatives to punishment by the Federal Government (Ministry of Justice) under certain conditions. However, this excludes psychosocial counselling and care, which is the most frequently prescribed measure (see Table 12.3). Moreover, for years there have been disputes between the Federal Government and the Provinces about the constitutional principle of subsidiarity, because some of the provincial laws in the field of social help stipulate subsidiary competence, which makes it unclear who is ultimately obliged to bear the costs. In the late 1990s the Federal Ministry of Justice spent approximately EUR 4 million annually for costs related to Section 41 of the Narcotic Substances Act; in the first years of the present decade, this sum has been reduced to approximately EUR 3 million. As explained above, this is only a small part of the total expenditure on health-related measures as alternatives to punishment.

The health-related measures prescribed as alternatives to punishment are monitored by the public prosecutors and the courts, who may request reports confirming the beginning and the progress of a measure. The only exception to this rule is medical supervision of health, which comes under the competence of the district health authorities.

If a person persistently refuses to undergo a prescribed health-related measure, under Section 38 of the Narcotic Substances Act proceedings may be subsequently instigated or resumed, if this is considered necessary to prevent the person concerned from committing further offences. However, this regulation is rarely applied. Over the past few years public prosecutors have reported no more than approximately 250 to 600 cases of subsequent instigation of proceedings per year, while over the same period in approximately 4 600 to 6 800 cases reports were permanently withdrawn after the probationary period had expired. This means that proceedings are subsequently instigated in no more than 10% of withdrawn reports.

Under Section 39 of the SMG the stay of execution of sentence is revoked if the convicted person does not receive a health-related measure that has been prescribed, or if they are sentenced again on account of another offence under the SMG or an offence committed in

connection with their dependence on a narcotic substance and if imprisonment is considered necessary to prevent the convicted person from committing further offences.

12.3 Quality assurance

Austria has hardly taken any quality assurance measures (such as guidelines, standards, further education programmes, trainings) with regard to alternatives to punishment. When the Narcotic Substances Act entered into force in 1998, a number of events presenting the new law were organised, on occasion of which the planned strategies of diversion were discussed in detail. The field of alternatives to punishment was included in all the curricula of drug-specific further training programmes for relevant occupational groups developed on behalf of the Federal Ministry for Health and Women in 2003 (ÖBIG 2003a). This theme forms a central part of the curriculum for public health officers, who play an essential role owing to their competence for reports on required health-related measures (see Chapter 12.1). In Carinthia, the curriculum has been implemented since September 2003 within the framework of further education measures for physicians in the public health sector. This was complemented by a handbook containing standards for reports by the district health authorities (see also Chapter 1.2).

Research specifically dedicated to alternatives to punishment is also scarce. In her law thesis Beishammer (1999) discusses the implementation of the principle of therapy instead of punishment. First of all she points out that the Austrian drug policy includes elements of a legal approach (prosecution of crimes), a social approach (therapy instead of punishment) and a liberal approach (withdrawal of reports to the police, etc.). Against this background the model of therapy instead of punishment should be viewed as a forced compromise between the justice authorities and the drug help institutions, which leads to conflicts especially when it comes to evaluating the methods, objectives and results of a therapy. The potential for conflict is especially apparent in the difference in importance attributed to abstinence as an immediate aim of therapy. But this problem was partly solved by extending the scope of health-related measures defined in the SMG (see Chapter 12.1), thus permitting the implementation of the principle of therapy instead of punishment on a larger scale.

Dittrich et al. (2003) evaluated the results of an examination of 200 drug using offenders who applied for a stay of execution of sentence (Section 39 SMG; see Chapter 12.1) after the SMG entered into force in 1998. All the persons examined were dependent on a narcotic substance. Inpatient short-term treatments were recommended most frequently (1998: approx. 75%, 2001: approx. 50% of the cases), but their relevance declined in favour of outpatient care in the course of the observation period. This development is attributed to the falling number of seriously addicted opiate patients, the rising significance of substitution treatment and the generally growing diversity of available therapy services. According to the survey, the health-related measures defined by the SMG (see Chapter 12.2) permit adequate, specific therapy measures, whereas the principle of therapy instead of punishment in the 1980s and 1990s almost exclusively resulted in long-term therapies. The authors recommend that uniform criteria for the application of health-related measures be established with the aim of eliminating any regional differences within Austria.

At present, Austria takes part in creating a well-founded base of knowledge on extrinsically motivated therapy measures within the framework of the EU research programme QCT (QCT = quasi-compulsory treatment). In the course of this project, data comparing therapy prescribed by court order and voluntary therapy are collected in a number of Austrian drug help institutions. Preliminary results will be available within the next few months.

In the therapy community Grüner Kreis the rate of clients in therapy upon court order who discontinued treatment was lower than the drop-out rate of clients undergoing therapy of their own accord (30% vs. 50%; Grüner Kreis 2004). This is hardly surprising, as for the first group, discontinuing therapy may result in imprisonment. In the years before, the difference between the two groups was less marked, however (FSW 2004c). There is no information available on longer-term therapy effects.

In a current study, the Addiction Research Institute in Vorarlberg compares clients in therapy upon court order with other clients. As yet, no results are available.

13 Public Nuisance: definitions, trends in policies, legal issues and intervention strategies

In Austria, public nuisance in connection with drugs is not an explicitly defined issue. However, questions in this respect are included in public opinion polls on attitudes to drugs and drug policy measures. The focus in this context is on public safety, the individual feeling of security, but also on acceptance of measures. Another field of debate is media coverage, where upon certain current events (such as the planned opening of a drug help service) unspecific fears of the public are reflected, which contributes to ingraining existing prejudice. In some cases drug users are perceived as creating public nuisance, which has led to complaints by local residents. Recently measures to increase social acceptability of drug users have been discussed.

As a rule, in Austria, the issue is not drug-related crimes that are actually experienced or perceived, or the fear of crimes, but rather the individual feeling of security, which is irritated by marginalised social groups, among them drug users in the street scene (see Team Fokus 2002, FSW 2004a). Such perceptions of disorder may occur when the habitual rules of behaviour in the (semi)public sphere are violated (see IKF 2000). It should also be noted that the main factor causing negative responses is visible drug trafficking. Drug use in public or actually observed drug-related crimes are hardly ever mentioned by passers-by or local residents (Team Fokus 2002).

13.1 Measures taken

On the one hand, the fact that public nuisance in connection with illegal drugs is not voiced as a burning issue is due to the strategic definition of drug dependency as an illness rather than a criminal act, which is also shared by the general public. As a consequence, this leads to a better understanding and higher acceptance of addiction-related measures (Springer 2001, Team Fokus 2002). On the other hand, the Austrian drug policy with its focus on prevention reduces many potential fields of conflict (see Springer 2001). More specifically, this refers to demand-oriented low threshold care for drug users and to the following measures:

Within the framework of specific public relations work by drug help institutions, it is attempted to raise public understanding for addiction patients and to create a general awareness that addiction is not just a personal problem but has structural, social causes. Another aim is to overcome fears, negative expectations and prejudice against drug users by means of specific information and educational campaigns (Caritas Innsbruck 1999, www.doit.at) and to mediate between drug users and the general public (Suchtkoordination Steiermark 2003).

The exchange of experience and joint discussion of problem areas within the framework of specific networks of drug help experts has also contributed to a situation where existing conflicts of interest are not carried into the public sphere but rather brought to fact- and solution-oriented discussion by the competent institutions and decision-making bodies. Here the focus is on networking between the political level, police and drug help centres (see www.doit.at, Suchtkoordination Steiermark 2003, VWS 2003a, FSW 2004a).

When he entered office in spring 2003, the new Vienna Drug Coordinator defined social acceptability of the drug street scene as one of the focuses of his work (see Chapter 1.2), as a reaction to complaints about the drug street scene and drug trafficking in the public sphere. An important cornerstone of the corresponding measures is new approaches to social work in the public sphere. Since September 2003 monthly meetings of representatives of the police, Vienna's public transport system and social work/streetwork have been organised to develop a joint policy for coping with the drug scene and related problems. In this steering group, the specifically required measures at critical points of the public sphere and public means of transport are brought to a consensual vote (FSW 2004a).

In order to respond to complaints and reports of pressing problems in the public environment, TEAM FOCUS was created by the City of Vienna in 1993. The aim of this team is to obtain a comprehensive, neutral overview of the background, causes and actors in the respective conflict situation or conflict area, by means of investigating into the social situation in the public sphere. So far TEAM FOCUS has carried out three investigations in which problems related to the open drug scene were explicitly included in the agenda. On the basis of the results specific measures at the regional level were suggested (see Team Fokus 2001, 2002, 2003).

Demand-oriented low threshold measures play a vital role in preventing public nuisance. In almost all the provinces, syringe exchange programmes are run, with a return rate of approximately 95%, which has the effect that the number of syringes lying about have been drastically reduced (VWS 2004b, Do it yourself 2002; see Chapter 7.2). In Vienna, an additional syringe collection service which collects syringes in the public environment (MOSKITO) was organised by the Municipal Department for Parks and Gardens in 1992. In 2003, 8 008 syringes were regularly disposed of by this service (FSW 2004b, FSW 2004c). At the beginning of 2004 the project was transferred to the Municipal Department MA 48 (Waste Management), with the same tasks as before.

Outreach work in the sense of drug streetwork also has the aim of increasing the social acceptability of the drug street scene. At Karlsplatz square in Vienna, in addition to expanding outreach help for drug users, a new intervention and conflict management team has been created, which primarily serves as a contact point for local residents and the general public and has a mediating function (FSW 2004a).

Consumption rooms, where previously acquired drugs can be consumed under the condition that certain rules are observed, to a certain degree may help to relieve public space from drug consumption and the related problems, which increases the feeling of security in the general public (Springer 2003b). Drug use in public (e.g. toilets, parks, telephone booths) is thus reduced as well as the number of syringes left lying about especially due to the stressful situation of hurried drug consumption (see Neubauer 2003). It should be noted, however, that the successful implementation of consumption rooms relies on the consensus of all responsible actors involved (policy makers, experts, general public etc.). Plans for consumption rooms exist in Vienna and in Innsbruck. However, there are no signs that these plans will be implemented in the near future (Caritas Innsbruck 1999, Strobel und Zach 2002, VWS 2003a).

Furthermore there are police measures intended to reduce drug trafficking in the streets substantially. In Vienna, the Drug Coordinator's Office and the police regularly communicate about current problem situations, coordinating strategies and their implementation (VWS 2004a).

13.2 Results/ Evaluation

In Austria studies and results of evaluation regarding public complaints or disturbances in connection with illicit drugs are mainly limited to public opinion polls carried out in some provinces (Styria, Vorarlberg and Vienna) (IFES 2002, Institut für Suchtforschung 2001). In Vienna, public opinion polls have been conducted in the context of drug monitoring every two years since 1995 (see Chapters 1.4 and 2.1). Other interesting findings result from the social investigations carried out by TEAM FOCUS in Vienna (see Chapter 13.1). Also in Vienna, two surveys on life quality and safety were conducted (IFES 2003a).

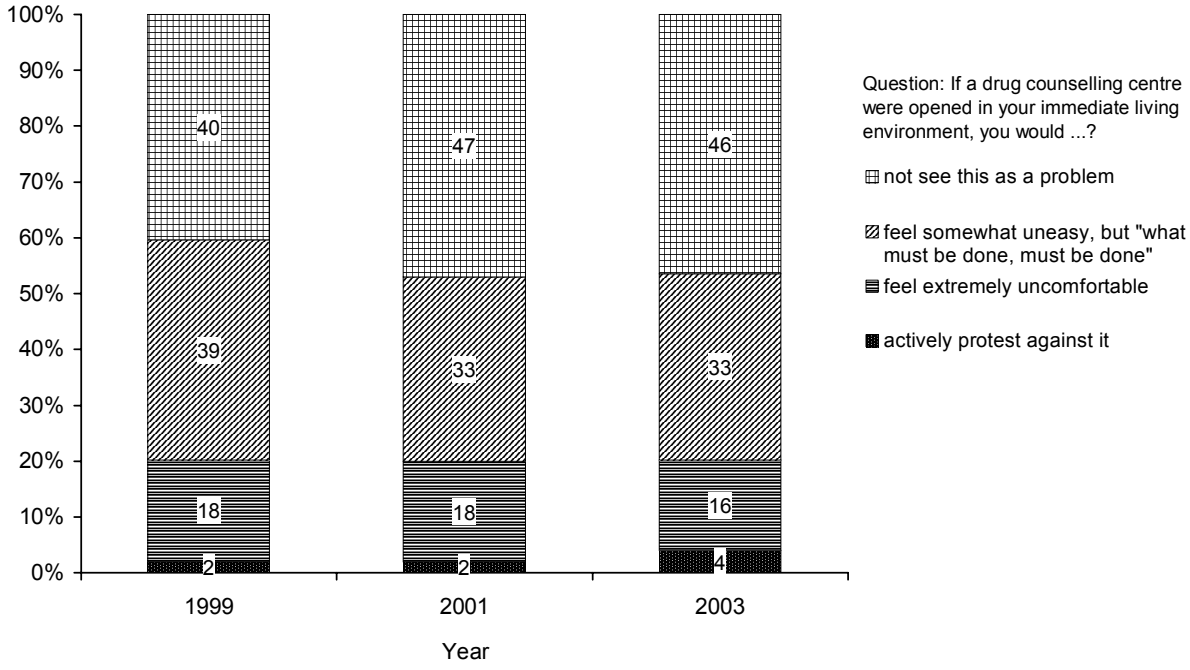
In general the various polls refer to attitudes of the public to drugs and drug policy (see Chapter 1.4), frequency and places of contact, experience of nuisance and threat, and also to acceptance of a variety of measures.

Regarding the feeling of security it has turned out in the polls that a general feeling of unease prevails, rather than clearly defined fears (IFES 1999b). This result concurs with the fact that complaints by local residents are usually caused not by crimes that have actually been experienced or witnessed, but rather by individual irritation (see Team Fokus 2002). From the results of the public polls in Vienna it can also be concluded that the feeling of threat in connection with the open drug scene markedly declined between 1997 and 2001 (IFES 2001). Also in Vorarlberg, the majority of the population does not feel personally bothered by drug users. Only four percent indicate that they have experienced unpleasant situations involving drug users (Institut für Suchtforschung 2001).

The presence of drug addicted persons or a drug scene in the immediate living environment does not affect the feeling of security of the public in Vienna, either. It is indicated as an issue that causes individually experienced nuisance with roughly the same frequency as pollution and decay, some obstacle in the street, or the presence of homeless people (see Team Fokus 2002). As can be seen in Figure 13.1, close to half of the population in Vienna would not feel disturbed if a drug counselling centre were opened in their immediate vicinity. Only one fifth would feel very negative about it, and a small minority would not exclude the possibility to protest actively against such an establishment. It also becomes evident that most of the data hardly changed over the period of observation, between 1999 and 2003. Only the shares of people who do not have a problem with a drug help centre in their vicinity and of those who would actively protest against it, have risen slightly (IFES 2004).

Physicians who treat drug addicted patients present no or no great problem to 80% of the population in Vienna (Feistritzer 2000).

Figure 13.1:Acceptance of a drug counselling centre in one's living environment in Vienna, from 1999 to 2003



Source: IFES 2004

TEAM FOCUS investigated the situation around the mobile contact point at Südtirolerplatz in Vienna (see Chapter 13.1). The facility faced problems of political acceptance on the part of the district. Allegations were made that the mobile facility (which includes a syringe service) attracted more and more drug users. It was agreed to move the facility to another place temporarily and to monitor scientifically any changes by means of interviews with the local residents and passers-by as well as resident business owners and employees of public means of transport. The results have shown that the allegations that the mobile service would attract an increasing number of drug users were unfounded. On the contrary it turned out that there were more protests of residents on account of syringes and needles left lying about in the streets after the facility had been moved (VWS 2003a, Team Fokus 2002). This result confirms (international) experience in connection with syringe exchange programmes and consumption rooms (Caritas Innsbruck 1999).

The attitude of the population to police interventions in relation to the feeling of security was also investigated. Almost half of the population of Vorarlberg expressed the view that police officers did not adequately protect the population from drugs and drug-related crimes (Institut für Suchtforschung 2001). In Vienna, opinions diverge with regard to police interventions as a drug policy measure. Approximately 40% are in favour of such interventions, while one third thinks this is the wrong approach. A focus on police interventions in this field is not regarded as expedient by the respondents (FSW/IFES 2002). In Styria two thirds of the respondents are in favour of more police interventions in the hope that this would cause an improvement of the drug situation (IFES 2002).

BIBLIOGRAPHY

BIBLIOGRAPHY

Akzente (2004a). Akzente Salzburg NEWS.letter. Nr. 12/04 vom 16. Juni 2004

Akzente (2004b). Akzente Salzburg NEWS.letter. Nr. 13/04 vom 30. Juni 2004

Ambulanz für Abhängigkeitserkrankungen der Univ. Klinik für Psychiatrie Innsbruck (2004). Jahresbericht 2003

API (2004). Jahresbericht 2003 der Abteilung V - Drogenabteilung Anton Proksch Institut Klinikum. Wien

b.a.s. (2004). Infomail des Steirischen Vereins für Suchtkrankenhilfe. Infomail 1/04. Graz

Beishammer, J. (1999). Ausgewählte Probleme des Drogenstrafrechts in Österreich. Dissertation an der Rechtwissenschaftlichen Fakultät der Universität Salzburg. Wissenschaftsagentur. Salzburg

Bertel, C. (2003). Kommentar zum Methadonerlass. Opiatabhängigkeit. Interdisziplinare Aspekte für die Praxis. Beubler, Haltmayer und Springer (Hrsg.). Wien

Beubler, E. (2003). Psychotrope Substanzen. Opiatabhängigkeit. Interdisziplinäre Aspekte für die Praxis. Beubler, Haltmayer und Springer (Hg.). Wien

BMGF (2004). Analyse der Drogenopfer. Jahresstatistik 2003. Bundesministerium für Gesundheit und Frauen - Abteilung VI/B/11. Wien

BMI (2004). Jahresbericht über die Suchtmittelkriminalität in Österreich 2003. Bundesministerium für Inneres - Bundeskriminalamt. Wien

BMSG (2003a). 4. Bericht zur Lage der Jugend in Österreich. Teil A: Jugendradar 2003. Bundesministerium für soziale Sicherheit, Generationen und Konsumentenschutz. Wien

BMSG (2003b). 4. Bericht zur Lage der Jugend in Österreich. Teil B: Prävention in der außerschulischen Jugendarbeit. Bundesministerium für soziale Sicherheit, Generationen und Konsumentenschutz. Wien

Bohrn, A. und Bohrn, K. (1996). Drogenmissbrauch im Kindes- und Jugendalter: Risikofaktoren, Probier- und Einstiegsverhalten, Suchtverläufe und Ausstieg. Zwischenbericht an die Kärntner Landesregierung. Institut für Sozial- und Gesundheitspsychologie. Wien

Brunmayr, E. (1997). Gefährdungen Jugendlicher - Auszug aus der NÖ Jugendstudie 1997. Bericht an das Jugendreferat der NÖ Landesregierung. St. Pölten

Caritas Innsbruck (1999). Konzept NIKA. Caritas Innsbruck. Innsbruck

De Cordoba, U., Presslich, O. und Fischer, G. (2004). Therapie opioidabhängiger Schwangerer - spezielle Aspekte. Sucht und Suchtbehandlung. Problematik und Therapie in Österreich. Brosch R., Mader R. (Hrsg.), Wien

Dialog (2003). KlientInnenfeedback 2003. Verein Dialog - Hilfs- und Beratungsstelle für Suchtgiftgefährdete und deren Angehörige. Wien

Dialog (o. J.). Abschlussbericht Virtuelle Firma. Needles or Pins. Dialog. Wien

Dialog (2004). PAZ 2003. Jahresbericht über die Tätigkeit des DIALOG im Wiener Polizeianhaltezentrum. Verein Dialog - Hilfs- und Beratungsstelle für Suchtgiftgefährdete und deren Angehörige. Wien

diepartner.at (2004). Ergebnisse der Zwischenevaluation der Entwicklungspartnerschaft drugaddicts@work. diepartner.at - Sozial- und Gesundheitsmanagement GmbH. Wien

Dinich, J. (2001). Eine Untersuchung zum Selbstwertgefühl von pharmakologisch substituierten Patienten mit Buprenorphin. Unveröffentlichte Diplomarbeit an der Naturwissenschaftlichen Fakultät der Leopold-Franzens-Universität Innsbruck. Innsbruck

Dittrich, I., Kocsis, E. und Haller, R. (2003). „Therapie statt Strafe". Die Anwendung gesundheitsbezogener Maßnahmen bei 200 süchtigen Straftätern. Wiener Zeitschrift für Suchtforschung Heft 1 2003, 5 - 9

Do it yourself (2002). Jahresbericht 2001. Kontakt- und Anlaufstelle Do it yourself. Bludenz

Dür, W. und Mravlag, K. (2002). Gesundheit und Gesundheitsverhalten bei Kindern und Jugendlichen. Ergebnisse des 6. HBSC-Surveys 2001 und Trends von 1990 bis 2001. Reihe Originalarbeiten, Studien, Forschungsberichte. Bundesministerium für soziale Sicherheit und Generationen. Wien

Eder, H. et al. (2001). Buprenorphin in der Schwangerschaft. Psychiatrische Praxis 2001, 28, 267-269

Eisenbach-Stangl, I. (2003a). Drug Policy as policy with foreigners: the Austrian case in times of European integration. Contemporary Drug Problems 30/Fall 2003, 563 - 594

Eisenbach-Stangl, I. (2003b). Suchtkrankenhilfe - Selbsthilfe - Psychotherapie: Komplizierte Verhältnisse. Wiener Zeitschrift für Suchtforschung Jg. 26, 2003, Nr. 2, 5-11

EMCDDA (2003). Annual Report on the State of the Drugs Problem in the European Union and Norway 2003. European Monitoring Centre for Drugs and Drug Addiction. Lisbon

EMCDDA (2004). An overview of cannabis potency in Europe. EMCDDA Insights 6

Fachstellen für Suchtprävention (2004). Stellungnahme der österreichischen Suchtprävention zur aktuellen Debatte um die geplanten Schutzzonen vor Schulen. http://www.praevention.at

Fachstelle für Suchtvorbeugung (2004). Jahresbericht 2003 der Fachstelle für Suchtvorbeugung NÖ. St. Pölten

Fazekas, C. und Stigler, H. (2004). Gemeindenahe Suchtprävention in Trofaiach. Evaluationsprojekt 2004

Feistritzer, G. (2000). Suchtmittel-Studie. Bevölkerungsbefragung Wien. November/Dezember 1999. Institut für empirische Studien. Wien

Felder, P. (2004). Rehabilitation unter abstinenzorientierter stationärer Therapie und ambulanter Methadonsubstitution

Fischer, G. et al. (1999). Buprenorphine versus methadone maintenance for the treatment of opioid dependence. Addiction 1999, 94 (9), 1337-1347

Fischer, G. et al. (2000). Treatment of opioid-dependent pregnant women with buprenorphine. Addiction 2000, 95 (2), 239-244

Fischer, G. und Kasper, S. (1999): Therapiestandards der Opiatabhängigkeit. Drogenambulanz AKH Wien

Fischer, G. (2004). EU-Studie Kokainkonsum in Wien. Powerpoint Präsentation am Drogenforum vom 6.4.2004

Foregger, E. et al. (1998). Suchtmittelgesetz. Manzsche Verlags- und Universitätsbuchhandlung. Wien

FSW (2004a). Jahresbericht 2003. Fonds Soziales Wien. Wien

FSW (2004b). Dokumentation Aktuell Nr.11, Februar 2004. Fonds Soziales Wien. Wien

FSW (2004c). Input für den Bericht zur Drogensituation 2004. Fonds Soziales Wien. Wien

FSW (2004d). Dokumentation Aktuell Nr.13, Juni 2004. Fonds Soziales Wien. Wien

FSW und IFES (2002). Suchtmittel-Studie. Bevölkerungsbefragung Wien. Im Auftrag des Fonds Soziales Wien. Oktober/November 2001. Institut für empirische Studien. Wien

FSW/ISP (2003). Ergebnisse der Bedürfniserhebung bei den MitarbeiterInnen der außerschulischen Jugendarbeit in Wien. Fonds Soziales Wien - Institut für Suchtprävention. Dezember 2003. Wien

FSW/ISP und IFP (2004). Kurzlehrgang Suchtprävention in der außerschulischen Jugendarbeit. Rahmencurriculum. Fonds Soziales Wien - Institut für Suchtprävention, Institut für Freizeitpädagogik. Juni 2004. Wien

Gehmacher, E., Bittner, M. und Kroismayr, S. (2004). Beyond Borders. Perspectives for regional co-operation in treating addiction. Final Report. Sponsered by the Jubiläumsfonds of Österreichische Nationalbank. Wien

Giacomuzzi, S. et al. (o. J.). Substitutionsbehandlungen im Vergleich. Universitätsklinik für Psychiatrie, Ambulanz für Abhängigkeitserkrankungen. Innsbruck

Giacomuzzi, S. et al. (2001). Subjektives Wohlbefinden und somatische Merkmale bei Methadonsubstitution. Fortschritte der Medizin 119. Jg. - Originalien Nr. III-IV/2001, 103-108

Giacomuzzi, S. et al. (2003). Buprenorphine versus methadone maintenace treatment in an ambulant setting: a health-related quality of life assessment. Addiction, 98

Giacomuzzi, S. et al. (2004a). Aktuelle Konsumformen bei Drogenabhängigkeit - Implikationen für Substitutionsprogramme in ambulanten Einrichtungen und bei behandelnden Ärzten. Wiener Klinische Wochenschrift 116

Giacomuzzi, S. et al. (2004b). Sublingual Buprenorphine versus Methadone in the Treatment of Opioid Dependence: Patterns of Drug Use - Results of a 4-Year Trial (2000-2003). Universitätsklinik für Psychiatrie, Ambulanz für Abhängigkeitserkrankungen. Innsbruck

Giacomuzzi, S., Riemer, Y. und Vigl, A. (2002). Drei Jahre Substitutionserfahrung mit Buprenorphin (Subutex): Das Substitutionsmodell der Universitätsklinik Innsbruck und Umstellung von hochdosiertem Methadon auf Buprenorphin (Subutex). Suchtmed 4 (4), 2002

Giacomuzzi, S. und Riemer, I. (o. J.). Umstellung von hochdosiertem Methadon auf Buprenorphin im Rahmen ambulanter Opiatsubstitution. Universitätsklinik für Psychiatrie, Ambulanz für Abhängigkeitserkrankungen. Innsbruck

Grüner Kreis (2003). 20 Jahre Grüner Kreis. Verein Grüner Kreis. Wien

Grüner Kreis (2004). Tätigkeitsbericht 2003. Verein Grüner Kreis. Wien

Haltmayer, H. und Schmid, R. (2004). Untersuchungen über den i.v. Drogen-Konsum durch Spritzentests. Verein Wiener Sozialprojekte. Wien

IFES (1999b). Einstellung der Wiener Bevölkerung zu drogenpolitischen Maßnahmen. Telefonumfrage: September 1999. Institut für empirische Studien. Wien

IFES (2001). Einstellung der Wiener Bevölkerung zum Thema Suchtmittel und Drogenpolitik. Februar 2001. Im Auftrag der Drogenkoordination Wien. Wien

IFES (2002). Suchtmittelstudie Steiermark. Bevölkerungsbefragung 2002. Berichtband. Im Auftrag der Suchtkoordination Steiermark. Institut für empirische Studien. Wien

IFES (2003a). Leben und Lebensqualität in Wien. Teilbericht Viktimisierung und Sicherheitsgefühl. Dezember 2003. Im Auftrag des Magistrats der Stadt Wien und dem Fonds Soziales Wien. Wien

IFES (2003b). BADO - Basisdokumentation KlientInnenjahrgang 2002. Im Auftrag des Fonds Soziales Wien. Wien

IFES (2004). Suchtmittel-Monitoring 2003. Bevölkerungsbefragung Wien. Im Auftrag des Fonds Soziales Wien. Institut für empirische Sozialforschung. Wien

IKF (2000). Sicherheit im öffentlichen Raum. Endbericht. Institut für Konfliktforschung. Wien

Institut für Sozial- und Gesundheitspsychologie (1999). Substanzkonsum und -missbrauch bei Kindern und Jugendlichen in Niederösterreich. Risiko- und Schutzfaktoren, Probier- und Einstiegsverhalten, Verläufe und Ausstieg. Endbericht an die Niederösterreichische Landesregierung. Institut für Sozial- und Gesundheitspsychologie. Wien

Institut für Soziologie der Johannes-Kepler-Universität-Linz (o. J.). Vom Genuss zur Sucht. Eine empirische Untersuchung über Alltagserfahrungen mit Alkohol, Nikotin und Cannabis. Institut für Soziologie der Johannes-Kepler-Universität-Linz. Linz

Institut für Suchtforschung (2001). Einstellung der Vorarlberger Bevölkerung zum Drogenproblem - Ergebnisse einer repräsentativen Telefonumfrage. Im Auftrag der Vorarlberger Landesregierung. Institut für Suchtforschung der Leopold-Franzens-Universität Innsbruck. Innsbruck

ISP (2003). Drogenmonitoring OÖ. Statistische Dokumentation zum Bereich illegale Drogen der Bevölkerungsbefragung in Oberösterreich 2003. Institut Suchtprävention. Linz

ISP (2004). Jahresbericht 2003. Institut Suchtprävention. Linz

Jochum, W. (2003). Substitutionstherapie in der nervenfachärztlichen Praxis. Substitutionstherapie. Weiterbildungsveranstaltung für praktische Ärzte und Fachärzte für Psychiatrie. Institut für Suchtforschung / KH Maria Ebene und Amt der Vlbg Landesregierung (Hrsg.). Feldkirch/Bregenz

Klopf. J. und Weinlich, C. (2004). Fragebogenstudie über den Gebrauch von Alkohol, Drogen und Tabak unter Lehrlingen (unveröffentlicht)

Kocsis, E., Haller, R., Dittrich, I. und Hinterhuber, H. (2003). Zum Gefahrenpotential von sogenannten „Freizeitdrogen". Neuropsychiatrie Band 17, 1/2003, 15-30

Komfüdro (2004). Jahresbericht 2003. Komfüdro. Innsbruck

Konsensustext (2000). Empfehlungen zur Anwendung von Buprenorphin (Subutex) in der Substitutionsbehandlung opiatabhängiger Patienten in der Schweiz, Österreich und Deutschland. Suchtmed 2 (1), 2000, 43-53

Kraigher, D. et al. (2001). Schwangerschaft und Substitution. Gesundheitswesen 2001, 63, Sonderheft 2, S101-S105

Kubec, A. (2002). Experiences of a Viennese GP in drug-substitution program. Vortrag im März 2002 in Prag

Lipburger, M. (2003). Psychosoziale Betreuung. Substitutionstherapie. Weiterbildungsveranstaltung für praktische Ärzte und Fachärzte für Psychiatrie. Institut für Suchtforschung / KH Maria Ebene und Amt der Vbg Landesregierung (Hrsg.). Feldkirch/Bregenz

Litzka, G. (1997). Die Bedeutung der Repression bei der Suchtgiftproblematik. Tagungsband des Forum Sicheres Österreich 1997. Bundesministerium für Inneres, Sicherheitsakademie. Wien

Madlung, E. (2003). Psychopharmakologische Aspekte der Substitutionstherapie. Substitutionstherapie. Weiterbildungsveranstaltung für praktische Ärzte und Fachärzte für Psychiatrie. Institut für Suchtforschung / KH Maria Ebene und Amt der Vbg Landesregierung (Hrsg.). Feldkirch/Bregenz

market (2000). Die Drogensituation in Oberösterreich. Ergebnisse einer face-to-face Befragung im August/September 2000. Kommentarbericht. Linz

MDA basecamp (2004). Tätigkeitsbericht 2003. Innsbruck

Muhr, R. (2003). Der Umgang mit straffälligen Suchtkranken beim „Grünen Kreis". MAGAZIN Grüner Kreis. Winter 2003, Nr. 48, 10

Neubacher, T. (2004). Quartalsauswertung per 31. Dezember 2003. Information & Dokumentation Substitution. Amt der Vorarlberger Landesregierung - Iva Gesellschaft und Soziales. Bregenz

Neubauer, P. (2003). Warum Konsumräume? Weil es sie schon gibt. Verein Wiener Sozialprojekte - Bericht 2002. VWS. Wien

Obrist, C., Werdenich, W. (2003). Substanzabhängigkeit und Strafvollzug. Opiatabhängigkeit. Beubler, Haltmayer, Springer (Hrsg.). Wien

Ortner, R. et al. (2004). Buprenorphine Maintenance: Office-Based Treatment with Addiction Clinic Support. European Addiction Research (in press).

ÖBIG (1999). Report on the Drug Situation 1999. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2000). Report on the Drug Situation 2000. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2001a). Report on the Drug Situation 2001. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2001b). Drogenspezifische Problemlagen und Präventionserfordernisse bei Jugendlichen. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2002a). Report on the Drug Situation 2002. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2002b). Die Rolle der außerschulischen Jugendarbeit in Hinblick auf suchtgefährdete Jugendliche. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2003a). Drogenspezifische Weiterbildung. Konzepte und Curricula für fünf ausgewählte Berufsgruppen. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2003b). Report on the Drug Situation 2003. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2004a). Living with the daily dose. Comparing national policies and practices to improve access and adherence of HIV-infected drug users to anti-retroviral treatment. Österreichisches Bundesinstitut für Gesundheitswesen. Wien

ÖBIG (2004b). Gesundheitsgefahren durch intravenöse Applikation von Talkum. Wien

Parlamentarische Anfrage Nr. 1345/J vom 28. 1. 2004 betreffend „Führerscheinausstellungen und Führerscheinentzüge 2003"

pool7.at (o. J.) Informationsblatt pool7.at. Verein Grüner Kreis. Wien

Prehslauer, B. et al. (2001). Richtlinien zur opioidgestützten Substitutionsbehandlung. Konsensuspapier der Koordinationsstelle für Suchtprävention und Drogenhilfe des Landes Kärnten in Kooperation mit dem Zentrum für seelische Gesundheit im Landeskrankenhaus Klagenfurt

Rat der Europäischen Union (2003). Entwurf eines Rahmenbeschlusses zur Festlegung von Mindeststrafen über die Tatbestandmerkmale strafbarer Handlungen und die Strafen im Bereichen illegalen Handels mir Drogen. DROIPEN 84. CORDROGUE 100 Rev 1. Brüssel

SAG (2003a). Qualitätsstandards für Suchtprävention in der Schule erstellt von der Arbeitsgruppe SAG - Suchtvorbeugung als Gemeinschaftsaufgabe. Graz

SAG (2003b). Checkliste zur Überprüfung der Qualität von suchtpräventiven Programmen in der Schule. Graz

Schindler, S., Ortner, R., Fischer, G. (2002). Medizinische Grundlagen zur Therapie der Opiatabhängigkeit. Therapie mit Opioiden. Fischer (Hrsg.). 31-56

Schindler, S. et al. (2003). Neonatal outcome following buprenorphine maintenance during conception and throughout pregnancy. Addiction 2003, 98, 103-110

Schindler, S. et al. (2004). Maintenance therapy with synthetic opioids and driving. European Addiction Research 2004, 10 (2), 80-87

Schönfeldinger, R. P. (2002). Empirische Erhebung über den Konsum von legalen und illegalen Substanzen bei burgenländischen Jugendlichen. Abschlussbericht. PSD Burgenland. Eisenstadt

Schüßler, G., Rumpold, G., Dornauer, K. und Klingseis, M. (2000). Das Drogenrisiko Jugendlicher und die Differenzierbarkeit des Rauschmittelkonsums. Eine empirische Arbeit über das Verständnis des qualitativen Suchtverhaltens am Beispiel Tiroler Jugendlicher. Innsbruck

SORA (2003). Endbericht: Evaluierung der Maßnahme Needles or Pins im Auftrag des waff. Institute for Social Research and Analysis. Wien

Spirig, H., Berlach-Pobitzer, I., Schmied, G. und Gluske, H. (2003). Evaluation der drogenfreien Zone in der Justizanstalt Hirtenberg. European Centre for Welfare Policy and social Research. Vienna

Springer, A. (2001). Die Wiener Sozialprojekte und das Prinzip der Schadensbegrenzung. Perspektiven der Drogenarbeit und Drogenhilfe - Ein Lesebuch. Verein Wiener Sozialprojekte. Wien

Springer, A. (2003a). Expertise zur ärztlichen Heroinverschreibung. Im Auftrag des Fonds Soziales Wien. Wien

Springer, A. (2003b). Expertise zu Konsumräumen. Im Auftrag des Fonds Soziales Wien. Ludwig-Boltzmann-Institut für Suchtforschung. Wien

Springer, A. (2003c). Different types of medically assisted treatment. Vortrag beim EBDD-Meeting zu Treatment Monitoring and the EU Action Plan on Drugs 2000-2004 am 27./28. November 2003 in Lissabon

Stolz-Gombocz, I. (2004). Substitution in Österreich. Sucht und Suchtbehandlung. Problematik und Therapie in Österreich. Brosch, Mader (Hrsg.). Wien

Strobel, S. und Zach, M. (2002). Risikominimierung durch hygienische Konsumbedingungen. Konzept für Konsumräume in Wien. Verein Wiener Sozialprojekte. Wien

Suchtkoordination OÖ (2003). Suchtbericht 2003 für das Land Oberösterreich. Suchtkoordination Oberösterreich. Linz

Suchtkoordination Steiermark (2003). Steirischer Suchtbericht 2002/2003. Graz

Team Fokus (2001). Erhebungsbericht über Regionen des 6. Bezirks, sowie die Strecke der Straßenbahnlinien 6 und 18 zwischen Westbahnhof und Südtirolerplatz. Verein Wiener Sozialprojekte. Wien

Team Fokus (2002). Wien 04: Südtirolerplatz. Fonds Soziales Wien. Wien

Team Fokus (2003). Wien 6 und Wien 15: Region Westbahnhof, Mariahilfer Gürtel, Äußere und Innere Mariahilfer Straße. Fonds Soziales Wien. Wien

Uhl, A., Bohrn, K., Fenk, R., Grimm, G. und Springer, A. (2004). Mitteilung über erste vorläufige Ergebnisse der ESPAD-Erhebung 2003 in Österreich. Wien (unveröffentlicht)

Universitätsklinik für Psychiatrie Innsbruck (2004). Jahresblatt der Ambulanz für Abhängigkeitserkrankungen der Univ. Klinik für Psychiatrie Innsbruck 2003. Innsbruck

VIVID (2004). Jahresbericht 2003. VIVID Fachstelle für Suchtprävention. Graz

VWS (2001). Perspektiven der Drogenarbeit und Drogenhilfe - Ein Lesebuch. Verein Wiener Sozialprojekte. Wien

VWS (2002). Verein Wiener Sozialprojekte - Ganslwirt - Situation der Krisenübernachtung und Unterbringung. Wien

VWS (2003a). Verein Wiener Sozialprojekte - Bericht 2002. VWS. Wien

VWS (2003b). Kokain in der Wiener Drogen-Straßenszene. Eine Situationsbeschreibung. Verein Wiener Sozialprojekte. Wien

VWS (2004a). Tätigkeitsbericht Spritzentauschprogramm 2003. Verein Wiener Sozialprojekte. Wien

VWS (2004b). Tätigkeitsbericht Streetwork 2003. Verein Wiener Sozialprojekte. Wien

VWS (2004c). Tätigkeitsbericht Ganslwirt 2003. Verein Wiener Sozialprojekte. Wien

VWS (2004d). Tätigkeitsbericht ChEckiT! 2003. Verein Wiener Sozialprojekte. Wien

VWS (2004e). Das g'sunde Gansl. Medizinische Sonderausgabe der Gawi News. Verein Wiener Sozialprojekte. Wien

VWS (2004f). fix und fertig - Einladung zur Eröffnung des TeleCenters. Verein Wiener Sozialprojekte. Wien

Werkstatt „Gabarage" (2004). Konzeptpapier Werkstatt „Gabarage". Anton Proksch-Institut. Wien

Werner, W. (2003) Substitutionstherapie. Opiatabhängigkeit. Beubler, Haltmayer, Springer (Hrsg.). Wien

Wiener Drogenkoordination und IFES (2000) Suchtmittelstudie Monitoring 1999, Bevölkerungsbefragung Wien. Studie im Auftrag der Drogenkoordination der Stadt Wien. Berichtband. Institut für empirische Sozialforschung. Wien

X-Sample (2002a). Die Drogensituation unter Grazer Jugendlichen und jungen Erwachsenen. Eine Monitoring-Studie von X-Sample in Kooperation mit dem Suchtkoordinator der Stadt Graz, im Auftrag des Grazer Gesundheitsressorts. X-Sample. Graz

DATA BASES

EDDRA = Exchange on Drug Demand Reduction Action
Internet data base of the EMCDDA : http://eddra.emcdda.eu.int/eddra

Austrian projects in the EDDRA data base:

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

Am Puls* - addiction assistance programme in the workplace
(Magistrat der Stadt Linz)

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

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

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

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

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

Betreutes Wohnen
(Verein Wiener Sozialprojekte, Wien)

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

ChEck iT! – scientific pilot project
(Verein Wiener Sozialprojekte, Wien)

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

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

Drogenfreie Zone in der Justizanstalt Innsbruck; drug-free zone
(Justizanstalt Innsbruck, Tirol)

Drogeninstitut – drug outpatient department, (drug-free) treatment department*
(Otto Wagner-Spital, Wien)

***** available in the data base by the beginning of 2005

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

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

Ehrenamtliche Bewährungshilfe für Insassen der Justizanstalt Favoriten (voluntary probation assistance)
(Verein für Bewährungshilfe und soziale Arbeit - Bewährungshilfe Wien)

Eigenständig werden* - education programme for prevention in schools
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

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

Erlenhof – therapy centre for addicted patients
(Pro mente Oberösterreich)

Europäische Netzwerkentwicklung in der Suchtprävention (building European networks of addiction prevention)
(Institut Suchtprävention, Oberösterreich)

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

FITCARD - Gesundheitsförderung mit Lehrlingen; sub-programme of the programme "health promotion and addiction prevention in the workplace"
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

Fix und Fertig – socioeconomic enterprise
(Verein Wiener Sozialprojekte)

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

Gelebte Suchtvorbeugung in der Gemeinde. Sub-programme of the pilot action "local capital for social purposes" of DG V of the EU programme Sozial Innovativ 2000 (EU regional management East Styria)
(Volkshilfe Steiermark, VIVID Fachstelle für Suchtprävention, Regionalbüro Oststeiermark)

Generation E* - workshop for creative parent work
(Institut für Suchtprävention, Fonds Soziales Wien)

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

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

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

***** available in the data base by the beginning of 2005

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

Jugendberatungsstelle WAGGON – youth counselling centre
(TENDER - Verein für Jugendarbeit, Niederösterreich)

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

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

Log In* - Leisure time activities to support social reintegration of (former) drug addicts
(Anton Proksch Institut, Niederösterreich)

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

Marienambulanz Graz* - medical first aid and basic care, low-threshold facility
(Caritas der Diözese Graz Seckau)

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

Miteinander leben 2* – regional addiction prevention schools and recreational settings in rural areas
(Institut für Suchtprävention, Wien)

My job my way* - subproject for reintegration of long-term jobless drug addicts in the context of the ida – Equal partnership
(Abrakadabra, Caritas Tirol)

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

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

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

Needles or Pins* - Occupational reintegration of persons with addiction problems
(Beratungsstelle DIALOG, Wien)

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

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

***** available in the data base by the beginning of 2005

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

Step by Step – early detection and intervention in case of possible addiction problems
(kontakt&co - Suchtpräventionsstelle, Tirol)

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

Senobio – inpartient drug treatment
(Senobio, Vorarlberg)

Sozialmedizinische Drogenberatungsstelle Ganslwirt* (low threshold service)
(Verein Wiener Sozialprojekte, Wien)

Spielzeugfreier Kindergarten. Toy-free kindergarten; prevention by promoting life skills
(ISP - Informationsstelle für Suchtprävention, Wien)

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

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

Viktoria hat Geburtstag (prevention programme)
(Fachstelle für Suchtprävention, Niederösterreich)

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

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

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

***** available in the data base by the beginning of 2005

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 prevention/drugs/links

Provincial Drug or Addiction Coordinations:

Addiction Coordination of Burgenland
http://www.burgenland.at

Drug Coordination of Carinthia
www.gesundheit-kaernten.at

Addiction Coordination of Lower Austria
http://www.noel.gv.at/service/gs/gs4/noesuchtkoordination.htm

Drug and Addiction Coordination of Upper Austria
http://www.ooe.gv.at/gesundheit/sucht

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

Addiction Coordination of Styria
http://www.drogenberatung-stmk.at

Addiction Coordination of the Tyrol
http://www.jugendweb.at/drogen

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

Vienna Social Fund, Drug Coordination of Vienna
http://www.drogenhilfe.at

Provincial Addiction Prevention Units:

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

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

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

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

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

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

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

Federal Ministries

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

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

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

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

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

Other websites

AIDS assistance
http://www.aidshilfen.at

Alles im Griff (touring exhibition on addiction prevention)
http://www.alles-im-griff.at

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

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

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

ChEckiT! – Vienna Social Projects Association
http://checkyourdrugs.com

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

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

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

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

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

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

Ganslwirt Vienna Social Projects Association
http://www.vws.or.at/ganslwirt/index.html

Grüner Kreis
http://www.gruenerkreis.at

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

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

Institut für Suchtforschung der Universität Innsbruck mit Sitz am Krankenhaus Maria Ebene (institute for addiction research of the University of Innsbruck at Maria Ebene Hospital)
http://www.suchtforschung.at

Komfüdro – communication centre for drug users
http://213.229.59.43/_html/caritas/hilfe/komfuedro.cfm

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

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

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

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

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

Needles or Pins - dialog
http://www.dialog-on.at/dialog/channels/standorte/base2_html

Otto Wagner Hospital; drug institute -
http://www.drogenhilfe.at/rathilfe/skh/r-s-ows.htm

Österreichische Caritaszentrale - Integration durch Arbeit KEG (Caritas social integration enterprise)
http://www.ida-equal.at

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

Österreichisches Netzwerk Gesundheitsfördernde Schulen (Austrian network for health promotion in schools)
http://www.schule.at/gesundheit

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

Schultüte (FSW/ISP Wien) – school cone project
http://schultuete.at

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

Substanz – association for accepting drug assistance
http://www.substanz.at

Verein für Bewährungshilfe und Soziale Arbeit (probation assistance and social work association)
http://www.vbsa.at

VIVA – drug counselling centre
http://www.gesundheit-kaernten.at

VWS - Vienna Social Projects Association
http://www.vws.or.at

Wiener Berufsbörse (Vienna Job Exchange)
http://www.bhakwien13.at/Beruffoerd/default.htm

ANNEX

A. Tables, Map

B. List of Abbreviations

C. Standard Tables & Structured Questionnaires

ANNEX A

Tables, Map

Table A1: Overview of selected general population surveys on drug experience among the Austrian population from 1998 to 2003

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

Summarised by ÖBIG

Table A2: Overview of selected school and youth surveys on drug experience among young people in Austria from 1996 to 2003

Study (author(s), year of publication))	**Area covered Year of data collection** (period covered)	**Target group** (sample)	**Drug types surveyed**	**Percentage of respondents with drug experience** Age group	%
Schulstudie Kärnten / school survey, Carinthia (Bohrn und Bohrn 1996)	Carinthia 1996 (lifetime)	Students in their 7th to 12th/13th school years (n = 1 234)	Hashish	13 –19	7.7
			Ecstasy	13 –19	3.2
			LSD	13 –19	1.0
			Cocaine	13 –19	0.3
			Heroin	13 –19	0.3
NÖ Jugendstudie / youth survey, Lower Austria (Brunmayr 1997)	Lower Austria 1996/97 (lifetime)	Students in their 9th to 12th/13th school years (n = 1 300)	Hashish	15–19	20
			Ecstasy	15 –19	4
			Hallucinogens	15 –19	>1
			Cocaine	15 –19	>1
			Heroin	15 –19	>1
Schulstudie NÖ / school survey, Lower Austria (Institut für Sozial- und Gesundheitspsychologie 1999)	Lower Austria 1997 (lifetime)	Students in their 7th to 12th school years (n = 1 899)	Cannabis	13 –18	13.6
			Ecstasy	13 –18	3.8
			LSD	13 –18	1.7
			Cocaine	13 –18	1.3
			Heroin	13 –18	0.6
Jugendstudie Tirol / youth survey, Tyrol (Schüßler u. a. 2000)	Innsbruck 1999 (lifetime)	Young people from 14 to 19 (n = 493)	Hashish	14 –19	22
			Other illegal drugs	14 –19	3
Schulstudie Burgenland / school survey, Burgenland (Schönfeldinger 2002)	Burgenland 2001 (lifetime)	Students in their 7th to 13th school years (n = 1 899)	Cannabis	12 –19	20
			Ecstasy	12 –19	4
			Cocaine	12 –19	2
			Heroin	12 –19	1
			Speed	12 –19	3
			Hallucinogens	12 –19	3
			Solvents	12 –19	20
			Biogenic drugs	12 –19	8
HBSC-Studie / HBSC study (Dür und Mravlag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1 292)	Cannabis	15	14
Grazer Jugendstudie / youth survey, Graz (X-Sample 2002a)	Graz 2002 (lifetime)	Adolescents and young adults from 12 to 25 (n = 515)	Cannabis	12 –25	58.2
			Party drugs	12 –25	15.4
			Cocaine	12 –25	7.3
			Heroin	12 –25	4.9
			Speed	12 –25	6.0
			Hallucinogens	12 –25	7.2
			Solvents	12 –25	9.2
			Biogenic drugs	12 –25	21.1
Berufsschulstudie Salzburg / vocational school survey, Salzburg (Klopf und Weinlich, unpublished)	Salzburg 2003 (lifetime)	Vocational school students from 15 to 25 (n = 609)	Cannabis	15 –25	31
			Ecstasy	15 –25	7
			Cocaine	15 –25	5
			LSD	15 –25	5
			Hallucinogenic mushrooms	15 –25	9
			Solvents	15 –25	15
Bevölkerungsbefragung OÖ / general population survey Upper Austria (ISP 2004)	Upper Austria 2003 (lifetime)	Adolescents and young adults from 15 to 24 (n = 567)	Cannabis	15 –24	34.2
			Ecstasy	15 –24	8.3
			Amphetamines	15 –24	8.8
			Cocaine	15 –24	6.2
			LSD	15 –24	5.6
			Solvents	15 –24	12.5
			Biogenic drugs	15 –24	10.1
ESPAD Österreich / ESPAD Austria (Uhl et al. 2004)	Austria 2003 (lifetime)	Students from 13 to 18 (n = 5 619)	Cannabis	13 –18	22.5
			Ecstasy	13 –18	3.1
			Cocaine	13 –18	2.2
			Crack	13 –18	1.5
			Heroin	13 –18	1.2
			Amphetamines	13 –18	4.7
			GHB	13 –18	0.8
			LSD	13 –18	2.2
			Solvents	13 –18	15.3
			Magic mushrooms	13 –18	3.7

Summarised by ÖBIG

Table A3: Number of drug-related deaths in Austria by cause of death from 1994 to 2003

Cause of death	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Intoxication by opiate(s)	63	49	69	39	27	25	18	17	17	40
Poly-drug intoxication including opiate(s)	105	115	115	92	81	101	147	119	119	115
Poly-drug intoxication by narcotic drug(s) excluding opiates	4	4	6	5	1	2	2	3	3	8
Psychoactive medicines	4	8	4	5	8	8	*	*	*	*
Intoxication of unknown type	1	2	1	0	0	0	0	0	0	0
Directly drug-related deaths/total	177	178	195	141	117	136	167	139	139	163
AIDS	41	28	23	9	20	11	13	12	4	13
Other diseases	13	21	5	5	11	9	22	17	21	9
Suicide (no intoxication)	13	9	2	8	8	12	16	9	15	3
Accidents, homicides	6	5	5	9	4	3	8	6	0	1
Unknown cause of death	0	0	0	0	2	3	1	1	0	0
Indirectly drug-related deaths/total	73	63	35	31	45	38	60	45	40	26

* = as of 2000 no longer taken into account

Source: BMGF, calculations by ÖBIG

Table A4: Number of directly drug-related deaths in Austria by province from 1994 to 2003

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

Source: BMGF, calculations by ÖBIG

Table A5: Number of indirectly drug-related deaths in Austria by province from 1994 to 2003

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

Source: BMGF, calculations by ÖBIG

Table A6: Number of directly drug-related deaths in Austria by age group and total by gender from 1994 to 2003

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

abs. = absolute figures

Source: BMGF, calculations by ÖBIG

Table A7: Number of indirectly drug-related deaths in Austria by age group and total by gender from 1994 to 2003

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

abs. = absolute figures

Source: BMGF, calculations by ÖBIG

Table A8: Distribution of drug-related deaths in Austria by cause of death and age in 2003

Cause of death			Age group									
			< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	> 49	**Total**
Intoxications	Opiates	One opiate	0	4	6	5	5	5	3	1	1	30
		Several opiates	0	1	3	2	2	2	0	0	0	10
		+ alcohol	0	2	2	5	2	6	1	0	0	18
		+ psychoactive medicines	0	4	6	4	3	4	1	2	0	24
		+ alcohol & psychoactive medicines	0	2	3	1	1	2	4	0	0	13
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	2	6	4	2	2	3	0	0	19
		ND + alcohol	0	0	3	1	1	2	3	0	0	10
		ND + psychoactive medicines	0	3	6	5	5	4	1	0	0	24
		ND + alcohol & psycho-active medicines	0	0	0	0	3	2	1	1	0	7
	Narcotic drugs ex-cluding opiates	Narcotic drug(s) only	0	2	1	0	0	0	2	0	0	5
		ND + alcohol	0	0	1	1	0	0	0	0	0	2
		ND + psychoactive medicines	0	0	0	0	0	0	1	0	0	1
		ND + alcohol & psycho-active medicines	0	0	0	0	0	0	0	0	0	0
	Directly drug-related deaths/total		0	20	37	28	24	29	20	4	1	163
	of these: men		0	15	30	25	21	21	18	2	1	133
Indirectly drug-related deaths	AIDS		0	0	0	3	1	3	4	2	0	13
	Other diseases		0	0	1	1	3	0	1	1	2	9
	Suicides (no intoxication)		0	1	0	1	1	0	0	0	0	3
	Accidents, homicides		0	0	0	1	0	0	0	0	0	1
	Unknown cause of death		0	0	0	0	0	0	0	0	0	0
	Indirectly drug-related deaths/total		0	1	1	6	5	3	5	3	2	26
	of these: men		0	1	1	4	3	1	3	3	2	18

ND = narcotic drug(s)

Source: BMGF, calculations by ÖBIG

Table A9: Distribution of drug-related deaths in Austria by cause of death and province in 2003

Cause of death			Province									
			B	C	LA	UA	S	ST	T	VB	V	A
Intoxications	Opiates	One opiate	0	0	4	1	0	4	0	0	21	30
		Several opiates	0	1	1	1	1	0	0	0	6	10
		+ alcohol	1	0	2	2	0	3	1	0	9	18
		+ psychoactive medicines	1	1	0	3	0	2	4	0	13	24
		+ alcohol & psycho-active medicines	0	1	1	0	1	2	2	2	4	13
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	1	3	0	0	1	0	0	14	19
		ND + alcohol	0	1	1	0	0	1	1	1	5	10
		ND + psychoactive medicines	0	0	1	5	3	0	2	2	11	24
		ND + alcohol & psychoactive medicines	0	1	0	1	0	0	1	0	4	7
	Narcotic drugs excl. opiates	Narcotic drug(s) only	0	0	0	0	0	0	1	0	4	5
		ND + alcohol	0	0	0	0	0	1	0	0	1	2
		ND + psychoactive medicines	0	0	0	0	0	0	1	0	0	1
		ND + alcohol & psycho-active medicines	0	0	0	0	0	0	0	0	0	0
	Directly drug-related deaths/total		2	6	13	13	5	14	13	5	92	163
Indirectly drug-related deaths	AIDS		0	1	0	1	0	1	2	3	5	13
	Other diseases		0	0	0	4	0	1	0	1	3	9
	Suicide (no intoxication)		0	0	0	0	0	0	0	3	0	3
	Accidents, homicides		0	0	0	0	0	1	0	0	0	1
	Unknown cause of death		0	0	0	0	0	0	0	0	0	0
	Indirectly drug-related deaths/total		0	1	0	5	0	3	2	7	8	26

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

ND = Narcotic drug(s)

Source: BMGF, calculations by ÖBIG

Table A10: Development of AIDS cases in Austria by risk situation from 1994 to 2003

Risk situation	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Homo-/bisexual contact	72	73	59	25	28	27	12	14	19	7
Intravenous drug use	43	39	25	23	25	27	21	18	19	11
Heterosexual contact	27	35	21	18	25	31	28	21	39	21
Other cause/unknown	27	61	33	35	21	16	23	10	15	9
Total	169	208	138	101	99	101	84	63	92	48

Source: BMGF, calculations by ÖBIG

Table A11: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by first offenders and repeat offenders, development from 1994 to 2003

Reports	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Total number of reports	12 623	13 093	16 196	17 868	17 141	17 597	18 125	21 862	22 422	22 245
First offenders	5 281	5 521	8 322	9 278	8 672	9 868	9 343	11 033	11 269	12 117
Repeat offenders	7 117	7 313	7 511	8 325	8 228	7 463	8 296	10 052	10 380	9 288

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

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

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

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A12: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act (narcotic substances only) in Austria from 1994 to 2003

Province	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Burgenland	343	669	694	759	707	603	843	712	805	984
Carinthia	524	534	1 280	961	1 076	1 208	1 088	1 758	1 676	1 659
Lower Austria	1 772	1 655	1 550	2 686	2 519	2 389	2 624	2 975	3 319	3 017
Upper Austria	1 133	1 405	1 941	2 256	2 334	1 946	1 887	2 677	3 054	2 782
Salzburg	436	355	962	855	1 053	840	718	1 471	1 384	868
Styria	739	851	1 093	1 125	973	1 367	1 305	1 601	1 910	1 570
Tyrol	1 798	1 382	2 268	2 204	2 212	2 152	2 687	2 449	2 229	2 102
Vorarlberg	888	1 082	1 040	933	1 144	1 848	1 183	1 447	1 265	1 146
Vienna	4 990	5 160	5 368	6 089	4 606	4 858	5 233	6 212	6 210	7 652
Total	12 623	13 093	16 196	17 868	16 624	17 211	17 568	21 302	21 852	21 780

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

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

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A13: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1994 to 2003

Drug type	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Cannabis	9 552	9 845	14 456	16 124	16 376	17 236	17 001	19 760	19 939	17 706
Heroin und opiates	4 394	4 386	3 727	3 434	2 850	2 524	2 413	3 802	3 954	4 717
Cocaine + crack	1 404	1 603	1 912	2 764	2 103	2 608	2 494	3 416	3 762	4 785
LSD	234	315	640	893	736	532	477	506	327	214
Ecstasy	116	496	1 375	1 942	1 411	1 517	2 337	2 940	2 998	2 473
Amphetamines	103	81	342	1 068	-	-	1 041	1 215	1 357	1 619
Psychotropic substances	-	-	-	-	802	750	780	822	736	603
Other drugs	306	302	430	850	-	-	-	1 288	1 524	1 311

- = not evaluated separately or not specified

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act. Because of data broken down by type of drug one report to the police may have been listed under several headings, therefore the added figures may differ from the total number of reports.

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A14: Distribution of reports to the police for violation of the Narcotic Substances Act in Austria by drug type and province in 2003

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	1 047	1 941	2 472	2 931	960	1 479	2 322	1 212	3 342	17 706
Heroin und opiates	82	53	680	316	81	505	75	104	2 821	4 717
Cocaine + crack	75	172	618	364	144	258	237	292	2 625	4 785
LSD	13	9	69	35	5	40	10	15	18	214
Ecstasy	53	325	524	536	215	205	263	149	203	2 473
Amphetamines	78	67	424	494	106	189	23	54	184	1 619
Psychotropic substances	2	26	47	10	11	5	29	5	468	603

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

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

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A15: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1994 to 2003

Year	Total number of convictions under the SGG/SMG	Convictions under Section 12 SGG/ Section 28 SMG	Convictions under Section 16 SGG/ Section 27 SMG	Convictions in Austria	
				total number	under the SGG/SMG (percentages)
1994	3 275	1 230	2 010	69 458	4.7
1995	3 261	1 124	2 102	69 779	4.7
1996	3 454	1 027	2 382	66 980	5.2
1997	3 797	1 036	2 717	65 040	5.8
1998	3 327	1 041	2 207	63 864	5.2
1999	3 359	1 022	2 230	61 954	5.4
2000	3 240	933	2 245	41 624	7.8
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

SGG = Narcotic Drugs Act
SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)
Section 16 SGG / Section 27 SMG = trafficking, possession, etc. of small quantities of narcotic drugs

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

Source: Statistics Austria (Criminal Court Statistics)

Table A16: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act in Austria by age, gender and basis of conviction in 2003

Basis of conviction		14-19 years	20-24 years	25-29 years	30-34 years	> 34 years	Total
SGG/SMG total	men	1 151	1 467	567	355	526	4 067
	women	120	163	80	31	71	465
Section 12 SGG / Section 28 SMG	men	171	360	174	130	214	1 049
	women	21	37	19	9	26	112
Section 16 SGG / Section 27 SMG	men	980	1 104	388	220	281	2 973
	women	99	125	59	21	41	345

SGG = Narcotic Drugs Act
SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)
Section 16 SGG / Section 27 SMG = trafficking, possession, etc. of small quantities of narcotic drugs

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

Source: Statistics Austria (Criminal Court Statistics)

Table A17: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act, young people and adults, basis of conviction and type of punishment in 2003

Basic of conviction		Fine	Prison sentence			Other punishment[1]	Total
			Probation	No probation	Partial probation		
SGG/SMG total	young people	178	314	95	104	53	744
	adults	1 223	1 108	881	513	63	3 788
Section 12 SGG / Section 28 SMG (felonies)	young people	5	26	33	28	0	92
	adults	28	228	529	281	3	1 069
Section 16 SGG / Section 27 SMG (misdemeanours)	young people	173	288	62	76	53	652
	adults	1 180	859	339	228	60	2 666

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

SGG = Narcotic Drugs Act
SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession, etc. of large quantities of narcotic drugs (commercial trafficking)
Section 16 SGG / Section 27 SMG = trafficking, possession, etc. of small quantities of narcotic drugs

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A18: Development of alternatives to punishment applied in Austria from 1994 to 2003

Withdrawal of report/ waiving of proceeding	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Total	3 446	4 395	5 248	5 817	7 468	6 989	8 049	8 145	8 974	9 023
Section 35 SMG (withdrawal of report)	-	-	-	-	6 557	5 979	6 924	7 346	7 817	7 902
Of these: Section 35(4) SMG (cannabis)	-	-	-	-	1 380	1 330	1 410	1 570	1 876	1 499
Section 37 SMG (waiving of proceedings)	-	-	-	-	911	1 010	1 125	799	1 157	1 121

Section 35 SMG = temporary withdrawal of the report to the police by the public prosecutor
Section 35(4) SMG = temporary withdrawal of the report to the police in the case of small quantities of cannabis for personal use
Section 37 SMG = temporary waiving of proceedings by the court

Note: On 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act. A specification of the kind of alternative to punishment can be given only for the period since 1998. Data on Section 39 of the SMG (postponement of prison sentence - therapy instead of punishment) is not available at present.

Source: BMGF

Table A19: Number of seizures of narcotic drugs/substances in Austria from 1994 to 2003

Narcotic drug/substance	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Cannabis	3 510	3 757	4 838	4 957	4 683	5 079	4 833	5 249	5 294	5 422
Heroin	1 225	1 298	1 110	861	654	452	478	895	836	1 263
Cocaine	376	421	525	651	531	519	554	768	863	1 271
Amphetamines	103	43	136	221	-	-	141	161	202	294
LSD	50	80	102	113	61	56	42	32	20	33
Ecstasy	51	153	254	253	135	215	330	352	308	276
Psychotropic substances	-	-	-	-	14	74	65	1	0	6
Psychotropic medicines	-	-	-	-	521	517	501	566	515	432

- = not evaluated separately or not specified

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

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A20: Seizures of narcotic drugs/substances in Austria by quantity from 1994 to 2003

Narcotic drug/substance	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Cannabis (kg)	394	697	517	912	1 336	451	1 806	456	743.1	925.9
Heroin (kg)	80.2	47.0	81.3	102	118	78	230	288	59.5	42.8
Cocaine (kg)	52.6	55.3	72.7	87	99	63	20	108	36.9	58.3
Amphetamines (kg)	0.7	1.6	3.7	7.9	-	-	1	3	9.4	54.2
LSD (no. of trips)	1 543	2 602	4 166	5 243	2 494	2 811	865	572	851	298
Ecstasy (no. of pills)	3 003	31 338	25 118	23 522	114 677	31 129	162 093	256 299	383 451	422 103
Psychotropic substances (kg)	-	-	-	-	0.128	4.004	1.294	0.002	0	0.2
Psychotropic medicines (units)	-	-	-	-	82 018	36 437	38 507	31 377	20 081	15 649

- = not evaluated separately or not specified

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

Source: BMI Bundeskriminalamt (Federal Criminal Agency)

Table A21: Ingredients of samples bought as ecstasy and analysed by the ChEck iT! Project at rave parties from 1997 to 2003

Ingredients	Samples bought as ecstasy (percentages)						
	1997 (n = 104)	1998 (n = 209)	1999 (n = 155)	2000 (n = 329)	2001 (n = 281)	2002 (n = 270)	2003 (n = 145)
MDMA	33.65	32.54	84.52	82.37	75.80	67.78	83.45
MDMA + MDE	2.88	0.00	0.00	3.04	2.14	14.07	7.59
MDMA + MDA	0.96	0.96	0.00	0.91	1.42	6.67	0.00
MDE and/or MDA	4.81	4.31	0.65	2.13	9.96	0.37	0.00
MDMA + caffeine	0.00	0.96	1.29	1.22	0.00	0.74	0.69
MDMA + amphetamines	0.96	0.96	0.65	0.61	0.36	0.00	0.69
MDMA + various combinations*	25.96	2.87	4.52	2.13	0.36	0.00	3.45
PMA/PMMA	0.00	0.00	0.00	1.52	0.36	0.00	0.69
Amphetamines	1.92	9.09	4.52	1.52	0.36	1.85	1.38
Methamphetamine	1.92	0.96	0.00	0.61	3.20	1.48	0.00
Caffeine	0.96	3.35	0.00	0.91	0.00	1.48	0.00
Quinine/quinidine	3.85	5.74	0.00	0.91	1.07	0.00	0.00
Various combinations*	22.12	38.28	3.87	2.13	4.98	5.56	2.07

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

Source: Vienna Social Projects Association (VWS)

Table A22: Ingredients of samples bought as speed and analysed by the ChEck iT! project at rave parties from 1997 to 2003

Ingredients	Samples bought as speed (percentages)						
	1997 (n = 24)	1998 (n = 56)	1999 (n = 68)	2000 (n = 92)	2001 (n = 52)	2002 (n = 87)	2003 (n = 57)
Amphetamines	4.17	84.21	55.88	58.70	57.69	45.98	35.09
Amphetamines + caffeine	0.00	3.57	5.88	6.52	9.62	8.05	15.79
Amphetamines + methamphetamine	0.00	0.00	1.47	0.00	0.00	0.00	0.00
Amphetamines + various combinations*	33.33	8.93	10.29	8.70	5.77	17.24	29.82
Methamphetamine	0.00	0.00	7.35	3.26	3.85	3.45	1.75
Caffeine	0.00	5.36	0.00	3.26	7.69	8.05	0.00
MDMA	0.00	1.79	4.41	3.26	0.00	1.15	0.00
Ephedrine total	37.50	3.57	7.35	0.00	1.92	0.00	0.00
Various combinations*	25.00	28.57	7.35	16.30	13.46	16.09	17.54

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

Source: Vienna Social Projects Association (VWS)

Table A23: Number of persons currently registered for substitution treatment in Austria by first treatment/continued treatment and province in 2003

Treatment	B	C	LA	UA	S	ST	T	VB	V	A*
Continued treatment	36	107	573	382	352	404	215	399	3 043	5 522
First treatment	16	42	152	73	40	211	30	40	287	891
Total	52	149	725	455	392	615	245	439	3 330	6 413

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

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

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

Source: BMGF, calculations by ÖBIG

Table A24: Exchange and sale of syringes by province in 2003

Province	Number of syringe provision points	Number of vending machines	Number of syringes provided (exchanged or sold)
Burgenland	0	0	0
Carinthia	3	0	520[1]
Lower Austria	0	0	0
Upper Austria	1	0	39 968
Salzburg	0	2	6 099
Styria	1	1	129 382[2]
Tyrol	2	3	163 328
Vorarlberg	6	6	180 647
Vienna	3	0	1 235 844
Total	**16**	**12**	**1 755 788**

[1] Syringe exchange mainly in the context of personal contacts

[2] Syringes are only available in Graz

Source: ÖBIG – Standard Table 10: Syringe Availability in 2004

Table A25: Austrian population statistics by age group and gender in 2002 (latest available data)

Age group	Men	Women	Total
0 to under 5 years	204 246	195 035	399 281
5 to under 10 years	235 478	224 566	460 044
10 to under 15 years	246 600	233 977	480 577
15 to under 20 years	245 592	234 261	479 853
20 to under 25 years	246 658	239 535	486 193
25 to under 30 years	257 835	258 985	516 820
30 to under 35 years	323 550	320 972	644 522
35 to under 40 years	358 174	347 628	705 802
40 to under 45 years	327 294	318 653	645 947
45 to under 50 years	271 737	273 433	545 170
50 to under 55 years	251 599	255 225	506 824
55 to under 60 years	219 464	229 578	449 042
60 to under 65 years	233 642	251 461	485 103
65 to under 70 years	151 060	176 177	327 237
70 to under 75 years	141 282	183 236	324 518
75 to under 80 years	100 102	186 038	286 140
80 to under 85 years	53 476	123 537	177 013
85 or older	33 218	99 802	133 020
Total	**3 901 007**	**4 152 099**	**8 053 106**
0 to under 15 years	686 324	653 578	1 339 902
15 to under 30 years	750 085	732 781	1 482 866
30 to under 45 years	1 009 018	987 253	1 996 271
45 to under 60 years	742 800	758 236	1 501 036
60 to under 75 years	525 984	610 874	1 136 858
75 or older	186 796	409 377	596 173
Total	**3 901 007**	**4 152 099**	**8 053 106**

Source: Statistics Austria, calculations by ÖBIG

Map A1: Overview of provinces, provincial capitals and districts

Scale 1:2 500 000

ANNEX B

List of Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenetylamine
AC	addiction coordinator
AIDS	acquired immune deficiency syndrome
AMS	Public Employment Service
API	Anton Proksch Institute
AR	addiction representative
ARV	anti-retroviral (treatment)
BGBl	Federal Collection of Statutes
BMaA	Federal Ministry for Foreign Affairs
BMBWK	Federal Ministry for Education, Science and Culture
BMF	Federal Ministry of Finance
BMGF	Federal Ministry for Health and Women
BMSG	Federal Ministry for Social Security, Generations and Consumer Protection
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
BMVIT	Federal Ministry for Transport, Innovation and Technology
DFZ	drug-free zone
DMT	dimethyltryptamine
DOM	dimethoxymethylamphetamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders - 4th edition
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESF	European Social Fund
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
FSW	Vienna Social Fund
GHB	gamma-hydroxydbutyric acid
HBSC	Health Behaviour in School-aged Children
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
ICD-10	International Code of Disease – 10th edition
ICD-9	International Code of Disease – 9th edition
IFES	Institute for Empirical Research
ISP	Addiction Prevention Institute

JGG	Juvenile Court Act
LSD	d-lysergic acid diethylamide
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine
MDMA	methylenedioxymethamphetamine
NAS	neonatal abstinence syndrome
ÖBIG	Austrian Health Institute
PAZ	Police Detention Centre
PMA	paramethoxyamphetamine
PMMA	paramethoxymethamphetamine
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
SGG	Narcotic Drugs Act
SMG	Narcotic Substances Act
StgB	Criminal Code
StPo	Code of Criminal Procedure
TB	tuberculosis
VWS	Vienna Social Projects Association
WUK	Workshop and Culture House, Vienna

ANNEX C

Standard Tables & Structured Questionnaires

List of Austrian Standard Tables and Structured Questionnaires of 2004

The following list gives an overview of all Standard Tables und Structured Questionnaires drawn up for Austria in 2004 and submitted to the EMCDDA. If you are interested in obtaining any table or questionnaire please contact Ms. Monika Löbau loebau@oebig.at).

STANDARD TABLES 01: BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE (IFES Vienna)

STANDARD TABLES 01: BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE (market Upper Austria)

STANDARD TABLE 02: METHODOLOGY AND RESULTS OF SCHOOL SURVEYS ON DRUG USE

STANDARD TABLE 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS

STANDARD TABLE 04: EVOLUTION OF TREATMENT DEMANDS

STANDARD TABLE 05: ACUTE/DIRECT DRUG-RELATED DEATHS

STANDARD TABLE 06: EVOLUTION OF ACUTE/DIRECT DRUG-RELATED DEATHS FIGURES

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Anton Proksch Institute: HBV, 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 (short-term therapy department of Lukasfeld: HBV, HCV, HIV)

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Marienambulanz outpatient department in Graz: HBV, HCV)

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Vienna Social Projects Association – Ganslwirt: HBV, HCV, HIV)

STANDARD TABLE 10: SYRINGE EXCHANGE, DISTRIBUTION AND SALE

STANDARD TABLE 11: ARRESTS/REPORTS FOR DRUG LAW OFFENCES

STANDARD TABLE 13: QUANTITY AND NUMBER OF SEIZURES OF ILLICIT DRUGS

STANDARD TABLE 14: PURITY AT STREET LEVEL OF ILLICIT DRUGS

STANDARD TABLE 15: COMPOSITION OF TABLETS SOLD AS ILLICIT DRUGS

STANDARD TABLE 16: PRICE IN EUROS AT STREET LEVEL OF ILLICIT DRUGS

STANDARD TABLE 21: DRUG-RELATED TREATMENT AVAILABILITY

STRUCTURED QUESTIONNAIRE 22: UNIVERSAL SCHOOL-BASED PREVENTION

STRUCTURED QUESTIONNAIRE 23: HARM REDUCTION MEASURES TO PREVENT INFECTIOUS DISEASES IN INJECTING DRUG USERS