GESUNDHEIT ÖSTERREICH GMBH

GESCHÄFTSBEREICH ÖBIG

Report on the Drug Situation 2007

COMMISSIONED BY THE EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION AND THE AUSTRIAN FEDERAL MINISTRY FOR HEALTH, FAMILY AND YOUTH

Gesundheit Österreich GmbH
Geschäftsbereich ÖBIG

Report on the Drug Situation 2007

Sabine Haas
Martin Busch
Ilonka Horvath
Elisabeth Türscherl
Marion Weigl
Charlotte Wirl

In cooperation with
Sonja Kamper

Translated by
Daniela Beuren
Susanne Ofner

Vienna, October 2007

Drawn up on behalf of the European Monitoring Centre for Drugs and Drug Addiction (Lisbon) and the Austrian Federal Ministry for Health, Family and Youth (Vienna)

ISBN 10 3-85159-097-X

Gesundheit Österreich GmbH (ÖBIG Department), A-1010 Vienna, Stubenring 6,
phone +43 1 515 61-0, fax +43 1 513 84 72, e-mail: surname@oebig.at

For our environment: This report has been printed on paper produced without chlorine bleaching and optical brighteners.

Summary

National reports on the drug situation in Austria are drawn up annually for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the federal ministry responsible for health affairs. They deal with the subject of illicit drugs. This report gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction interventions in the reporting period 2006/7. Every year specific issues are also highlighted; in this report, the themes of public expenditure, vulnerable groups of young people and drug-related research in Europe have been selected for detailed presentation.

Summary and discussion of the most important trends

This year, data from the nationwide documentation system of clients of Austrian drug help centres (DOKLI) have been available for the first time. In spite of a number of limitations because the reporting year has been the first year of data collection and analysis, the information obtained still gives a comprehensive picture of the situation in life and patterns of drug use of clients of drug help centres. In addition, a few observations and trends of previous years could be verified or revised.

Between one out of four and one out of five people undergoing treatment or receiving assistance are younger than 20, and around half of the clients are between 20 and 29 years old. The DOKLI data also confirm the fact that the social situation of clients of drug help centres (as to housing, education, employment, etc.) is definitely worse compared to the general population. Around 10% of clients receiving long-term assistance and almost half of the clients of low-threshold centres do not have a stable accommodation.

The share of women in the clients included in the DOKLI system is between 25% and 30%. This percentage corresponds to previous experience and primarily seems to reflect the gender distribution among persons showing patterns of problem use of illicit drugs. Women are younger at the time of first use in the case of most substances and start to inject drugs slightly earlier than men. In sum, these data correspond to the studies and analyses of recent years.

In the field of treatment, opiates definitely predominate as primary drugs, while cocaine, contrary to expectations, only plays a marginal role as a primary drug. This shows that in Austria, different to a number of other countries of the European Union, opiates (continue to) play a central role in the context of drug use relevant for treatment (see, e.g., EMCDDA 2006). Clients using cannabis as their (sole) primary drug very often contact the drug help system because of a treatment obligation after a report to the police relating to the Narcotic Substances Act.

Furthermore, the DOKLI data confirm the observations of drug help centres in Vienna that snorting, also of heroin, plays a relevant role as a route of administration. Thus, the previous assumption that in the context of problem drug use especially opiates are primarily injected has to be revised with regard to the present situation. However, depending on the treatment setting, the share of i.v. users continues to be between 44% (clients receiving short-term assistance) and 82% (inpatients). In addition, it shows that with rising age the percentage of i.v.

use is increasing considerably. This is an indication that the longer a drug career is, the more readily users tend to switch from snorting to injecting drugs.

In view of the health consequences that intravenous drug use has (particularly infections diseases, overdoses), specific prevention measures should be taken as a response to these findings. The DOKLI system also provides data on infectious diseases, which corroborate the prevalence rates that have so far been documented on the basis of a few small samples (HIV: max. 6%; hepatitis C-Ab: approx. 50%, hepatitis B: below 30 %).

The number of directly drug-related deaths, i.e., 197 cases (2005: 191), has risen for the fourth time in a row since 2002. Parallel to this the average age of people who died because of a drug intoxication has continuously gone down and in view of other data in this context, obviously high-risk patterns of use seem to become more frequent in the group of young drug users.

On 1 March 2007 the amended Narcotic Drugs Decree and the Oral Substitution Further Training Decree entered into force, thus the long-planned change of the legal basis of substitution treatment has become effective, which also ensures certainty of the law for attending doctors, which was absent before. The objective of these amendments is to improve the quality of treatment, in particular by obligatory further training for physicians providing substitution treatment and by strengthening the role of health authorities. In order to maintain a wide range of treatment options, slow-release morphines were not generally prohibited, but this group of substitution substances is no longer included in the substances that should preferably be prescribed, and in some aspects stricter regulations apply than for methadone and buprenorphine. The new legal framework continues to be an issue of highly controversial debate among experts.

The Government Policy Statement of the new Federal Government also includes plans to draw up a national addiction and alcohol strategy for young people and to intensify activities that aim to prevent the misuse of alcohol, drugs and nicotine as well as gambling addictions. In November 2006 the Provincial Government of Carinthia adopted the Addiction Plan 2006–10, which, in addition to illicit substances, also includes legal substances and addictive patterns of behaviour at all levels of planning of the corresponding interventions. Its implementation is financed through provincial taxes earned from small-scale gaming operations. Generally speaking, the trend towards an integrated approach that encompasses both legal and illicit substances and various types of addiction has continued. This is also reflected by the observation that in the reporting period, the political discussion and the media more strongly focused on legal substances (binge drinking, protection of non-smokers) than illicit drugs.

Almost all provinces introduced new, or adapted existing, services, which shows that the field of health-policy measures continues to be expanded. At present – in line with policy orientations – a strong focus of prevention activities has been placed on the legal drugs of alcohol and nicotine. In addition, an increasing number of measures taken include elements of both universal and selective prevention as well as early detection and early intervention. The drug help sector is also advanced continually, and treatment and assistance services that are provided aim to take into account specific needs of target groups and to address new groups. In this context a number of activities and services that are particularly oriented towards women have been offered by treatment and care units as well as low-threshold centres.

Selected issue: Public expenditures

In Austria no routine documentation of expenditure for drug help centres, prevention of drug misuse, or of data on other costs directly or indirectly related to drug use exists. In the financial statements of the federal, regional and local authorities, only few expenditures are earmarked as drug-specific. Due to various methodology problems, it is also very difficult to give corresponding estimates. Therefore it is not possible to make even remotely reliable statements on drug-related public expenditure in Austria for 2005. The most recent study in this field, limited to demand reduction, was conducted by ÖBIG within the framework of the Report on the Drug Situation 2002.

Selected issue: Vulnerable groups of young people

There are no studies specifically focusing on vulnerable groups and their profiles with regard to drug abuse in Austria. Information on this issue can thus only be gained from projects with other focuses, especially surveys of individuals or groups who already show problem drug use. According to such surveys, massive problems in the family of origin accompanied by lack of social support, referral to institutions, low level of education and resulting unemployment as well as an unstable housing situation are risk factors for the social exclusion of (young) people which make them vulnerable with regard to drug problems. The responses and measures that are called for in the context of drug use among vulnerable groups are above all to create an adequate political and legal framework as well as to initiate activities in the field of prevention and treatment. In this respect integrative approaches with a priority on enabling the children and adolescents concerned to stay in their family of origin and in their course of training (school, apprenticeship) are of great significance.

Selected issue: Drug-related research

In Austria there is a broad range of approaches with regard to drug-related research, both at national and at provincial level. The established focuses of research cover clinical studies in the field of substitution substances and neurology as well as studies on consumption patterns and social consequences of drug use, demand surveys, evaluation studies and projects relating to routine monitoring. Drug-specific research is financed at national level by individual ministries and institutes promoting research, indirectly from the budget of universities, and also from the budgets of the provinces and within the framework of EU programmes. The results of research are disseminated in specific publications and research reports or via the Internet.

Contents

PART B: Selected Issues

Tables and figures

Tables:

Figures:

Maps:

Introduction

This is the 12th time the REITOX Focal Point at GÖG/ÖBIG (Austrian Health Institute) presents its annual Report to the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and the Austrian Federal Ministry responsible for health affairs. The REITOX Focal Point is a central link in Austria's data and information network of drug-related matters and closely cooperates with the relevant federal and provincial agencies in this field as well as addiction and drug help centres.

This report deals with illicit drugs and serves both as a national report on the situation in Austria and as Austria's contribution to describing the drug situation in the European Union (EU). Similar reports are submitted by the REITOX Focal Points in all EU member states and by the EU candidates, according to guidelines issued by the EMCDDA. These reports are essential as a basis of the EMCDDA's Annual report on the state of the drugs problem in the European Union (latest publication: EMCDDA 2006).

Part A of this report deals with new developments and trends with regard to the drug policy framework, the epidemiological situation and health-policy interventions aiming at demand reduction. It is based on previous reports (latest report: GÖG/ÖBIG 2006) and refers to the reporting period from summer 2006 to summer 2007, while routine statistics refer to the year 2006. In Part B of the report selected issues are presented in more detail. In the present report the corresponding chapters are: Public expenditure; Vulnerable groups of young people; and Drug-related research in Europe. The Annex includes a number of additional tables with detailed information and data.

Every year the REITOX Focal Points also submit to the EMCDDA annual standard tables and structured questionnaires. These data and information have also been integrated in this report, with references to these sources given in the text. For an overview of all standard tables (= ST) and structured questionnaires (= SQ) please consult Annex C.

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

We are especially indebted to the members of the advisory working group of the REITOX Focal Point Austria, Mr Michael Dressel (Drug Coordinator of the City of Vienna and Provincial Representative), Mr Thomas Neubacher (Addiction Coordinator of Vorarlberg and Provincial Representative), Mr Franz Pietsch (Federal Drug Coordinator and head of the Federal Drug Coordination), Mr Robert Scharinger (BMGFJ), Ms Johanna Schopper (head of the Department of Drugs and Narcotic Substances at the BMGFJ) and Mr Wolfgang Werdenich (BMJ) for their helpful comments and invaluable input.

PART A

New Developments and Trends

1 National Policies and Context

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

1.1 Legal framework

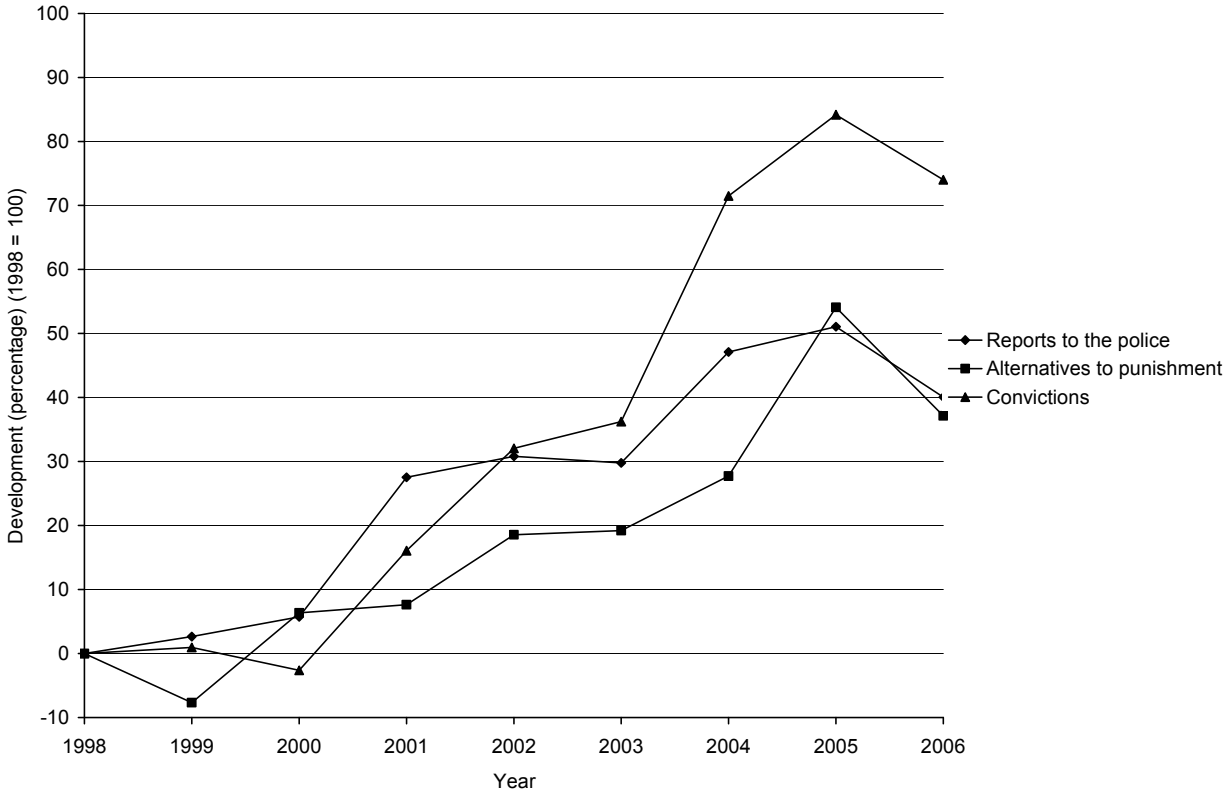
The reporting period did not see any amendments to the National Substances Act (SMG). Because the federal parliamentary period ended, this led to delays in the implementation of the European Framework Decision laying down minimum provisions on the constituents of criminal acts and penalties in the field of illicit drug trafficking (Council of the European Union 2003), which requires an amendment to the SMG. In autumn 2007, the corresponding bill was submitted to experts for consideration.

The plans to modify the legal basis of substitution treatment, which were described in detail in last year's report (see ÖBIG 2005 and GÖG/ÖBIG 2006) were implemented in the reporting period. On 1 March 2007, the amended Narcotic Drugs Decree (Federal Collection of Statutes BGBl II 2006/451 and 2007/50, respectively) and the Oral Substitution Further Training Decree (Federal Collection of Statutes BGBl II 2007/449) entered into force (see also Chapter 5.3). Now that a general legal framework has been laid down under the Narcotic Drugs Decree, certainty of the law exists for attending physicians, which was absent before.

With regard to the implementation of the legal framework, information is available on the practices regarding statutory alternatives to punishment (for more detail see ÖBIG 2004 and SQ31). In 2006, the corresponding figures went down compared to the year before (from 11 660 to 10 379 cases), as did reports to the police and convictions (see Chapter 8.2). This decline exclusively relates to waiving of reports to the police, which have seen a continuous rise for many years, while the number of suspended proceedings has gone up again for the first time since 2002 (see also Table A 16 in Annex A).

A comparison of the development of reports to the police, convictions (see Chapter 8.2) and alternatives to punishment reveals an interesting picture: on the basis of an index that was defined to be 100% in 1998, the year when the Narcotic Substances Act entered into force, it shows that in the period of analysis from 1998 to 2006, the share of convictions saw the greatest increase: their marked rise did not start before 2001 and was particularly high in 2004 compared to the previous year (see Figure 1.1).

Figure 1.1: Comparison of the index-related development of drug-related reports to the police, convictions and application of statutory alternatives to punishment in Austria, from 1998 to 2006



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

There are no obvious reasons for the disproportionate rise in convictions. It certainly cannot be explained by an increase in felonies (compared to misdemeanours; see Figure 8.1). However, to some extent it may result from changes in legal provisions due to the amendment to the SMG in 2001, which abolished the obligation of a temporary waiver of reports to the police in certain fields: now waivers lie within the discretion of the public prosecutors. Still, as no reliable database has been available so far, this development cannot be analysed in more detail. However, according to the Ministry of Health a modernisation and improvement of the Narcotic Substances Database, an important source in this regard, is under preparation, and as a result, more conclusive analyses will be possible in future.

Salzburg again provided complementing analyses of the results of examinations according to Section 12 of the SMG (see also Chapters 2.1 and 4.3), which give insight into the implementation practice of the health authorities (Drogenkoordination des Landes Salzburg 2007). In 2006, one health-related measure was recommended for 32% of the persons examined,

and in 54% of the cases, several measures were regarded as necessary. For 15% no health-related measure was indicated. By and large, this corresponds to the percentages of last year. As in 2005, medical supervision of the patients' state of health was the measure that was recommended most frequently (75%). The share of people for whom psychosocial counselling and care was regarded as necessary has further declined (2004: 71%, 2005: 62%, 2006: 51%). Analyses of the examinations according to Section 12 of the SMG are also available from Carinthia: in 2006, a health-related measure was indicated for only approximately half of the people examined, while in 47.5% of the cases no measures were regarded to be necessary (Prehslauer, personal communication).

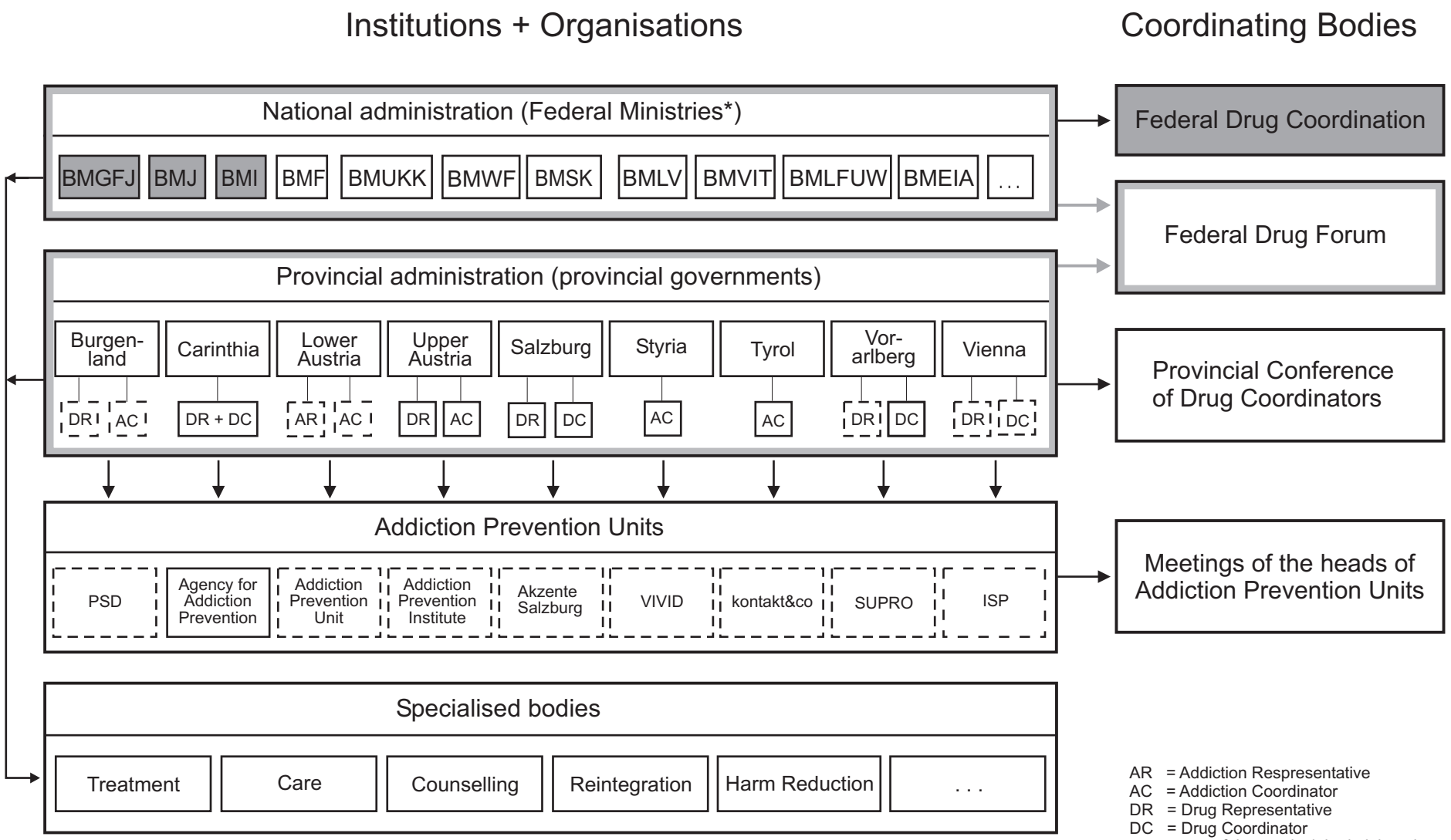
As a reaction to doubt regarding considerable differences in the examination practices of the individual district health authorities in Austria – which has already been mentioned in the report of the previous year (see GÖG/ÖBIG 2006) – plans to define uniform standards now exist at the federal level. A working group was formed which includes provincial representatives and those in charge of the examinations, in order to draw up recommendations in this regard.

1.2 Institutional framework, strategies and policies

No major changes in the political and administrative framework took place in the reporting period (see also SQ 32). Autumn 2006 saw federal elections in Austria, and on 11 January 2007 the new Federal Government was inaugurated. The Department of Health, which is in charge of federal drug coordination, became part of the current Federal Ministry of Health, Family and Youth (BMGFJ). Several chapters of the Government Policy Statement (Bundeskanzleramt 2007) also deal with objectives and plans related to the issue of drugs.

The chapter on health includes a national addiction and alcohol strategy for young people among the measures planned and also refers to addictive behaviour in the context of measures aimed at promoting healthy lifestyles. The chapter on youth policy has a special section on the prevention of alcohol and drug misuse as well as glorification of violence and points to the need for intensified activities in order to prevent the misuse of alcohol, drugs and nicotine as well as gambling addictions. In addition, the chapter on internal security deals with an expansion of measures in the field of drug prevention, and the chapter on foreign policy refers to the cooperation with the United Nations in areas such as combating drug trafficking. Compared to previous Government Policy Statements, the health and youth policies have no longer primarily been oriented towards illicit drugs: now legal substances and other forms of addiction play a more prominent role. This is in line with the change in the focuses of political and media discussions (see Chapter 1.4).

Figure1.2: Overview of the organisational structure of the drug sector in Austria



* see List of Abbreviations

Source: GÖG/ÖBIG; representation by GÖG/ÖBIG

In the reporting period the Federal Drug Forum (see Figure 1.2) held two regular meetings, in November 2006 and in April 2007. The themes discussed again included the modification of the legal framework for substitution treatment (see Chapters 1.1 and 5.3), drug-related legal questions (including the implementation of the European Framework Decision; see Chapter 1.1), the further advancement of drug monitoring and international cooperation. In June 2007 an extraordinary meeting of the Federal Drug Forum also took place, focusing on harm reduction interventions in Austria's drug help system (see Chapter 7.2).

Also at provincial level only a small number of relevant changes have been registered. In November 2006 the Provincial Government of Carinthia adopted the Addiction Plan 2006–10 (Prehslauer, personal communication). The new Plan is based on the Framework Plan of Addiction Prevention and Drug Help 2001–5. Its implementation is financed through provincial taxes earned from small-scale gaming operations and coordinated by a steering group of representatives of the Health and Social Affairs Departments. The Addiction Plan is oriented towards the drug strategy of the European Union and Carinthia's Patient's Charter as well as international treatment standards. In addition to illicit substances, also legal substances and addictive patterns of behaviour have been included at all levels of planning of the corresponding interventions.

Lower Austria completed the restructuring (see GÖG/ ÖBIG 2006) of the drug sector that was started in 2005, which especially concerned the field of addiction coordination. In Salzburg, the Provincial Addiction Advisory Board was expanded (it now also includes representatives of fields such as probation assistance and prevention medicine). All provinces continue to focus their drug policy measures on implementing their regional drug policy or addiction policy strategy papers on the one hand and on responding to new developments and demands on the other.

1.3 Budget and public expenditure

The financial regulations in the field of drugs did not see relevant changes in the reporting period. However, what is worth mentioning is that the implementation of Carinthia's Addiction Plan 2006–10 is financed through the province's tax revenues from small-scale gambling (see also Chapter 1.2). With regard to the individual budgets, the available information is limited and no general overview can thus be given (see Selected Issues Chapter 11).

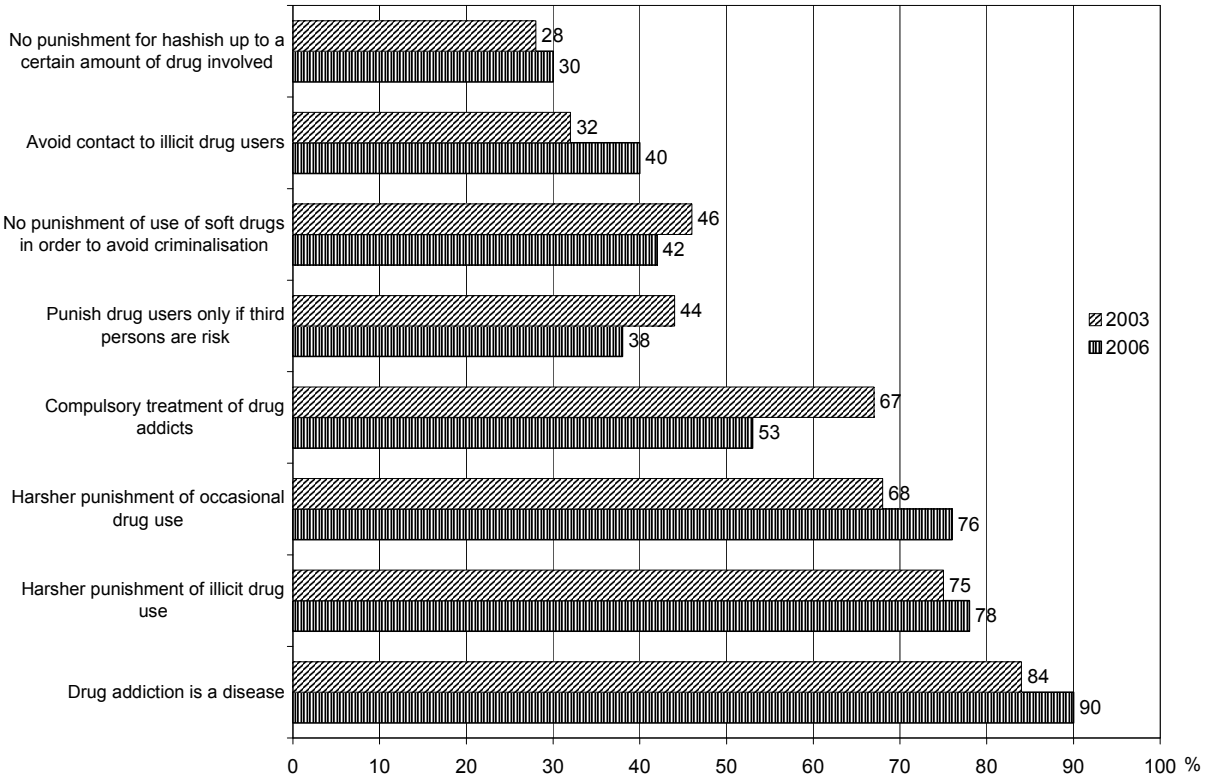
1.4 Social and cultural context

In Upper Austria, the general population survey[1] carried out in the context of drug monitoring was repeated for the third time in 2006 (Seyer et al. 2007), and again included questions about attitudes to drug policies among the general population. The results do not show significant differences compared to the survey of 2003 (see Figure 1.3 below). A vast majority

[1] The general population survey of Upper Austria was conducted in May 2006 among a total of 1 507 people aged 15 or older, in the form of face-to-face interviews (see also Chapters 2.1 and 2.2). Such surveys were also conducted in 2000 and 2003, based on a similar method.

agree to the statement that drug addiction is a disease (90%), but very many respondents also say that illicit drug use should be punished more harshly (78%). Around one out of four people regard non-punishment of hashish as sensible up to a certain amount of drug involved, and almost half approve of the view that the use of soft drugs should not be sanctioned in order to avoid criminalisation (46%) and that drug users should only be punished if they put third parties at risk (44%).

Figure 1.3: Attitudes towards drug policy measures among the population of Upper Austria, comparison of 2003 and 2006 (percentages show approval of the measure in question)



Source: Seyer et al. 2007; representation by GÖG/ÖBIG

Based on the statements obtained, in a further analysis categories with regard to drug policy attitudes were formed, distinguishing between liberal, mainstream and repressive. In sum, approximately 18% of the respondents were found in the liberal group, around 37% had repressive views, and the rest, i.e., the largest group was in the mainstream category. Drug policy attitudes tend to become more strongly oriented towards repressive measures the older the respondents are. The more drug-related know-how people have, the more liberal their standpoints tend to become.

The study also investigated which substances are considered to be risky. Heroin is regarded to be the most dangerous drug (89%: very dangerous), followed by LSD (83%), cocaine (81%) and ecstasy (69%), while cannabis (38%) and legal substances (nicotine: 23%; brandy: 27%; beer: 7%; wine: 6%) are thought to be very dangerous to markedly smaller degrees. In order to examine social problem awareness with regard to different substances, at the beginning of the survey the respondents were asked to name drugs spontaneously. The substance most frequently indicated was heroin (55%), followed by cocaine (52%) and hash-

ish (47%). This was complemented by aided-recall questions asking which substances the respondents regarded as drugs: here heroin, cocaine and ecstasy (between 96% and 97%) were in the lead. Cannabis was indicated slightly more often than in 2003 (90% v. 84%). The percentages for alcohol and nicotine (76% and 74% in 2006 v. 67% and 66% in 2003) went up considerably, which reflects the fact that these substances have played a more important role as drugs in public awareness than in the past.

This corresponds to the intensified public discussion on legal substances. In the reporting period, especially in spring 2007, the issues of drinking (primarily binge drinking) and smoking (in particular protection of non-smokers in pubs and restaurants) were more intensively covered by the media than illicit drugs. In both 2006 and 2007 alcohol was at the centre of several mass media campaigns[2] that also addressed young people, while no campaigns had been launched in the field of illicit drugs. This is well in line with the principle of addiction prevention, which rather focuses on comprehensive, sustainable measures (see Chapter 3).

[2] See www.fgoe.org

2 Drug Use in the Population

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

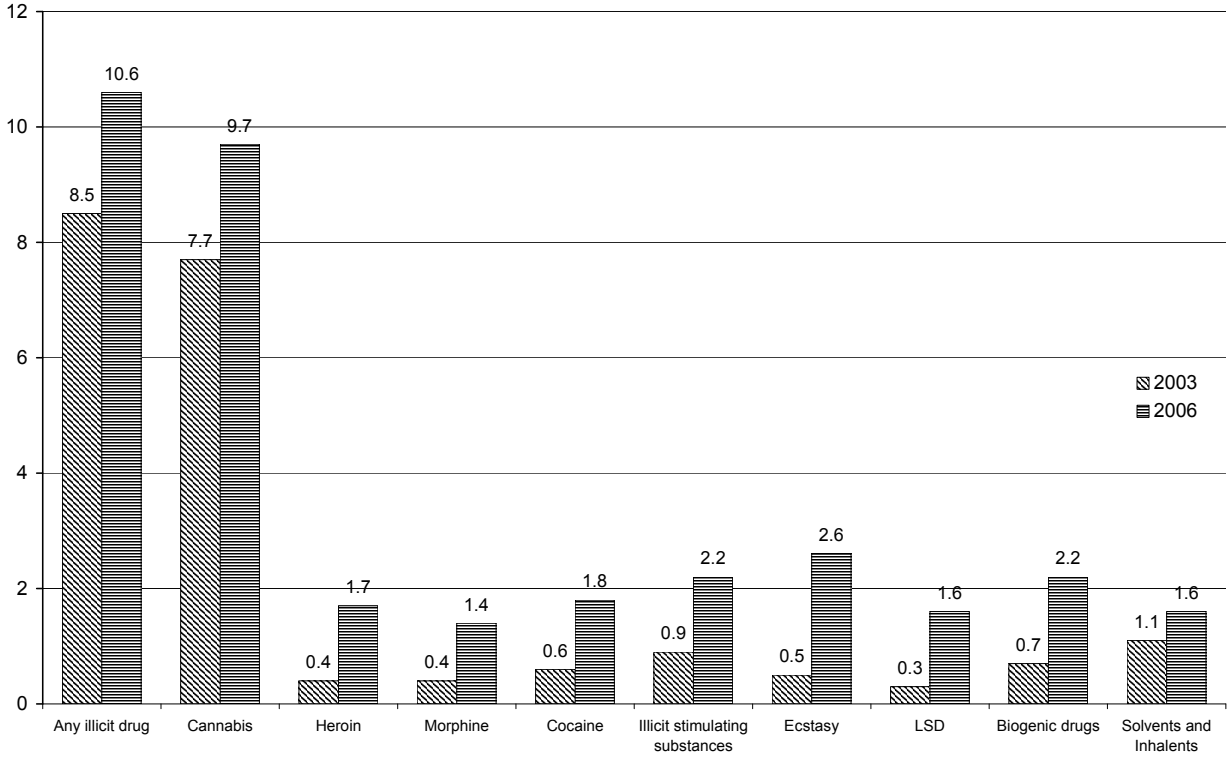
2.1 Drug use in the general population

In Upper Austria, the representative population survey[3] was repeated for the third time in 2006 (see Seyer et al. 2007). A comparison to the previous surveys (2000 and 2003) shows a general rise in lifetime experience of illicit drugs (see Table A1 in Annex A). Around 28% (2000: 24%) of the respondents indicated that they had already used cannabis, approximately 7% said they had experience of ecstasy and amphetamines, and around 6%, of cocaine. For the rest of substances (heroin, morphine, LSD), the corresponding percentages were between 4% and 5%. Experience of solvents and inhalants (8%) and biogenic drugs (7%), which are not among the "illegalised" substances, was similar to ecstasy and amphetamines (see ST1). These prevalence rates appear to be very high compared to other representative surveys. For instance, the 2004 nationwide general population survey in Austria revealed a lifetime prevalence of cannabis of approximately 20%, and around 2% to 3% regarding ecstasy, amphetamines and cocaine (see Table A1 in Appendix A). For control purposes, a non-existent fantasy drug was also included, and use of this drug was also indicated by around 3% of the respondents, therefore the results obtained should be interpreted with caution. In addition, the authors of this report point to the fact that at present, lifetime prevalence is also rising for the very reason that the share of older respondents with little drug experience has gone down from one survey to the next, while the share of younger people with more drug experience is rising at the same time.

Therefore, it is more significant to consider current drug use (i.e. drug use in the past 12 months). Naturally, the corresponding figures are significantly lower (cannabis: approx. 10%, ecstasy: around 3%, all other substances: 2% or lower) than those of lifetime use, but still, a rise compared to 2003 has shown for all substances (see Figure 2.1).

[3] The general population survey included a total of 1 507 people aged 15 or older (see also Chapters 1.4 and 2.2). For the interpretation of the results regarding experience of use, only the data relating to the age group between 15 and 59 (n = 1 284) were included.

Figure 2.1: Illicit drug experience in the past 12 months among the population of Upper Austria: comparison of the years 2003 and 2006 (percentages)



Source: Seyer et al. 2007, representation by GÖG/ÖBIG

Such a strong rise within only three years is in fact unlikely. However, the data do suggest a certain increase in current illicit substance use. The corresponding percentages are higher for men than for women with regard to almost all substances (e.g., cannabis use: 12% v. 7% in the past 12 months). The 12-month prevalence rates also show that illicit drugs are consumed primarily up to the age of 30, afterwards current drug use goes down considerably (Seyer at al. 2007).

The results of the Austrian Health Interview Survey[4] (Klimont et al. 2007) are significantly lower than those of the Upper Austria survey: around 10% of the respondents aged between 15 and 64 indicated lifetime experience of cannabis. The highest lifetime prevalence was found in the group between 25 and 34 years: 15% (see Table A1 in Annex A). In sum, only 1.3% of the respondents reported use in the past 12 months, with the highest percentage found in the youngest age group (15 to 24 years: 2.7%). The drug prevalence rates are generally lower among women than among men. The prevalence rates shown here are below those of all drug-specific studies of the last few years (see Table A1 in Annex A). A reasonable explanation for this is that the setting of the survey (few questions about cannabis in the

[4] In the context of the Austrian Health Interview Survey (ATHIS) of 2006/7, throughout Austria a total of 15 492 people aged 15 years or older (from 15 to 64; n = 11 822) were interviewed about their state of health and health-related behaviour. HIS have been conducted since 1973, at irregular intervals. The current survey for the first time followed the modules for unified Health Interview Surveys developed at European level (Eurostat) and included a number of questions regarding cannabis as well as the legal substances of alcohol and nicotine.

context of a health survey) resulted in unwillingness to admit drug use and thus an underestimation of prevalence rates.

In Salzburg, on the basis of a comparison over several years of medical examination results from the district health authorities (see Chapter 1.1) the conclusion is drawn that there is a trend towards a continuous rise in the share of cocaine, while the shares of cannabis and hallucinogenic drugs remain unchanged and a downward trend seems to show with regard to ecstasy use. After initial declines, opiate use seems to be rising again (Drogenkoordination des Landes Salzburg 2007). Here, aspects of problem drug use also occur (see also Chapter 4.3).

2.2 Drug use in the school and youth population

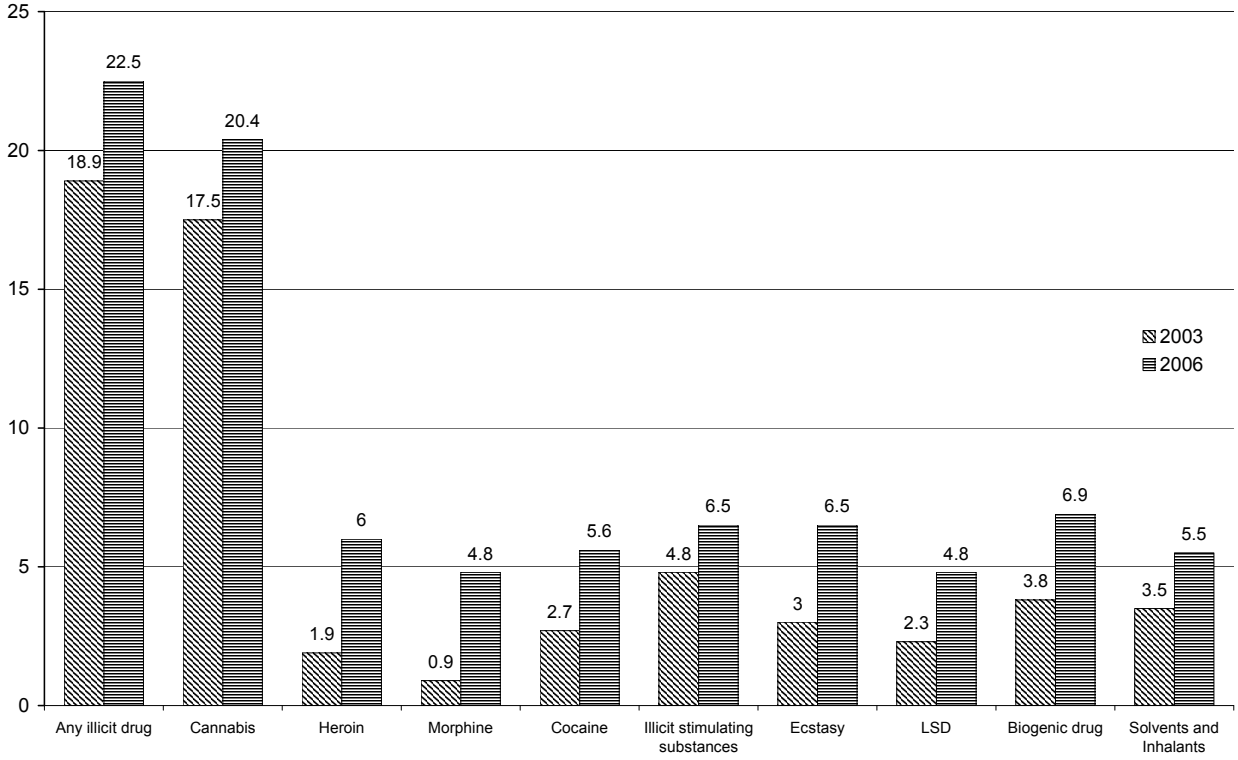
As adolescents and young adults are the group where drug experience is found most frequently (see above), in the context of the general population survey of Upper Austria[5] an additional separate analysis was made for the age group between 15 and 24 (see Seyer et al. 2007). As expected, the prevalence rates are higher in this group compared to the general population, and a rise since 2003 has also shown (see Table A2 in Annex A). Again, cannabis is the most frequent drug, with lifetime experience shares of approximately 37%. For ecstasy and amphetamines, lifetime prevalence rates are around 8% to 9%, while the rates for solvents and inhalants (13%) and biogenic drugs (10%) are slightly higher (see ST1). Again, the high prevalence rates in this age group should not be taken at face value, however, because here, use of the non-existent fantasy drug that was included in the questionnaire in order to check the reliability of responses was also indicated by as many as around 7% of the respondents. This leads to the conclusion that actual illicit drug experience is likely to be smaller than indicated. The methodology of the survey may also account for these rather high percentages: in order to create a situation of confidence, special attention was paid to the fact that the interviewers should be of the same age as the interviewees.

Lower prevalence rates of current drug use (i.e., in the past 12 months) are also found among the group between 15 and 24 years (see Figure 2.2), however, the differences to lifetime experience are less pronounced than among the general population (see Chapter 2.1). In addition, the differences according to gender are smaller among people aged from 15 to 24 than in the overall population. Again, a significant rise compared to 2003 has been registered.

Drug consumption in the past month was also surveyed, but as the prevalence rates were low, no detailed analysis is possible. What has become apparent is that the highest 30-day prevalence rates are found at the age between 18 and 19: 22% of the young people in this group said they had taken an illicit substance in the past month. Again, one must bear in mind that these figures have to be interpreted with utmost care because they are likely to lead to an overestimation of actual drug use.

[5] The general population survey included a total of 1 507 people aged 15 or older (see also Chapters 1.4 and 2.1). The sample for the age group between 15 and 24 was overrepresented (n = 669) and analysed separately.

Figure 2.2: Illicit drug experience in the past 12 months among the population of Upper Austria aged between 15 and 24: comparison of the years 2003 and 2006 (percentages)



Source: Seyer et al. 2007; representation by GÖG/ÖBIG

Furthermore, recent results of the international WHO HBSC survey of 2006[6] are available (Dür and Griebler 2007): approximately 7% of the young people aged 15 said they had already taken cannabis once or twice. Another 7% indicated use of cannabis at least three times (see ST2). Compared to 2001 (once or twice: 8%; at least three times: 6%) the situation has hardly changed (see Table A2 in Annex A). However, the share of 15-year-olds who said they had already been drunk has doubled (2001: 28%; 2006: 57%).

2.3 Drug use among specific groups

In past years, almost all data on drug use among specific groups in Austria (e.g., conscripts, ethnic minorities, immigrants etc.) referred to specific youth scenes (e.g., see ÖBIG 2004). Drug use in groups of at-risk youths is described in Selected Issues Chapter 12.

In addition, a recent diploma thesis deals with ketamine as a party drug: for this purpose, people with experience of ketamine use were interviewed (Baumgartner 2007). The thesis does not aim to give representative data but focuses on a better understanding of patterns of use and the motives for and experience with the use of ketamine, primarily with regard to

[6] The WHO project Health Behaviour in Schoolaged Children (HBSC) focuses on the state of health and health behaviour of school students and has been conducted at regular intervals in Austria since the school year 1983/4. The survey of the school year 2005/6 was the second survey after 2001/2 in which also cannabis use among students aged 15 (n =1 239) was investigated (data source: WHO-HBSC-Survey 2006, Dür and Griebler 2007).

secondary prevention and social work interventions (see Chapters 3.2 and 7.2). This survey was carried out on the spot at freetekno and goa events as use of ketamine is of particular relevance in these two scenes. In total, 62 persons were interviewed, who indicated high consumption rates of a variety of substances: in the past 30 days the majority had used alcohol (94%), cigarettes (86%) and cannabis (77%), and about half had taken amphetamines (58%) and cocaine (53%). Ecstasy (27%), ketamine (23%), mushrooms and LSD (21% each) were not indicated as often. Ketamine is typically snorted (85%) and use is often connected to the use of other substances – primarily alcohol, cannabis and speed – within six hours before or after ketamine consumption. Here the risks of mixed use, particularly combinations with alcohol, tend to be underestimated.

The reason why ketamine is regarded as interesting by the users is primarily the mix of psychedelic effects on the one hand and sedation on the other. Curiosity was indicated as the most important motive for first use, which took place at the age of 20 on average. The majority of respondents said they had not felt any negative effects of ketamine use, but around one third reported negative aspects. Most of the users did not think that ketamine use had led to changes in their lives, however, almost 80% reported a negative development of the general mood (dejected, irritated, aggressive atmosphere etc.) at parties where much ketamine was used.

3 Prevention

According to the EMCDDA classification of prevention, this chapter has been divided into three subchapters: universal prevention, selective prevention and indicated prevention[7]. This approach is different to the distinction between primary and secondary prevention[8] that has primarily been used to so far. In line with Austria's comprehensive view of addiction, many prevention measures are not aimed at specific substances but also encompass forms of addiction that are not linked to substances. In Austria, the corresponding measures are primarily implemented at local and regional levels, in accordance with expert consensus. In this context, the provincial Addiction Prevention Units (see Chapter 1.2), the Addiction Prevention Forums of Salzburg and Vienna, as well as regional coordination bodies (Salzburg) play central roles. As a rule, the prevention measures are aimed at long-term effectiveness and sustainability. In addition to a number of standard programmes that are carried out routinely and at nationwide level, numerous regional projects or measures exist that have also been effectively implemented for longer periods already and have been advanced regularly. Furthermore, new strategies and approaches are developed continually in order to optimise the quality of prevention activities. Other important fields that deserve mention are networking and public relations work, (financial) support of prevention initiatives and organising further training programmes for experts, e.g., the expert meeting on methods of addiction prevention that the Working Group for Addiction Prevention held in Bolzano in autumn 2006.

This chapter focuses on the presentation of new developments. The wide range of prevention measures taken in Austria, including the activities mentioned in this report, are described in more detail on the individual websites and in the annual reports and newsletters of the Addiction Prevention Units, the Ministry of Education (BMUKK), the Healthy Austria Fund (GÖG/FGÖ) and other relevant actors, as well as in previous reports on the drug situation and in the EDDRA database (see Bibliography). What characterised the reporting period was a strong focus of prevention activities that was placed on the legal drugs of alcohol and nicotine (see Chapter 1.4), which will not be presented in more detail, however. Another aspect worth mentioning is the rising number of activities that include elements of both universal and selective prevention as well as early detection and early intervention and also counselling and treatment services.

---

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

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

3.1 Universal prevention

For an overview of Austria's universal prevention activities and the general framework of prevention please consult SQ22/25. **Schools** play an important role as settings of implementation. Here, prevention takes place on a statutory basis, in the context of the educational principle of health promotion[9]. It is recommended that prevention measures at schools involve all stakeholders of the school community as well as regional addiction experts. On this basis, training courses on addiction prevention and further training events are organised, teaching materials and projects are prepared and teachers, heads of school and school medical officers[10] are offered practical assistance in planning and implementing prevention activities. A number of new booklets published by the BMUKK are available in this field and provide an overview of the range of possible prevention options (Haller, personal communication). The BMUKK and GÖG/FGÖ organised a workshop with experts on the theme of mental health at school, where recommendations for the further development of this subject were compiled (Dür and Griebler 2007a). This includes a framework plan with guidelines and standards for the implementation of health promotion and the involvement of school medical officers. Salzburg is currently preparing the structural basis for forward overall planning of addiction prevention at school (Drogenkoordination des Landes Salzburg 2007). In this context, as of 2007 the KIS Contact Point of Addiction and Health Matters has organised the establishment of a new system of health officials at schools, who will address the themes of diet, exercise and life skills, which also includes prevention activities in school settings. In Styria, a new curriculum was developed so that, as of autumn 2007, it will be possible in basic primary and secondary education as well as education of children with special needs to place an individual focus on the prevention of drugs and addiction in school contexts (Ederer, personal communication). Since autumn 2006, the Dialog association of Vienna, through the service centre of prevention and early detection, has provided assistance in the development and implementation of projects tailored to meet specific demands or measures according to Section 13 of the SMG, as well as training programmes, and in addition, counselling for young people is organised[11]. The Internet-based computer programme *feel ok*, which addresses school students between 12 and 18, is available in most of the provinces by now, and the project *Eigenständig Werden* (Becoming Independent) – see MUSTAP programmes[12] - was implemented in the whole of Lower Austria (Mellish, personal communication). *ARGE Suchtvorbeugung* (Working Group on Addiction Prevention) prepared *plus*, a four-year prevention programme for schools, which aims to promote psychosocial health and specifically includes of the themes of addiction, violence and suicide. At present, it is being tested in the Tyrol[13]. Based on the life skills approach, it is oriented towards existing resources, experience and adventure aspects, takes into account gender-specific needs and follows a participatory

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

[10] For further details on the corresponding materials and services see, e.g., www.schulpsychologie.at.

[11] www.dialog-on.at (1 Aug. 2007)

[12] Multi-session Standardised Printed Programmes, which the EMCDDA defines as programmes that cover a defined subject for each lession and provide printed material for teachers and pupils, which may be adapted to meet local demands.

[13] www.kontaktco.at (25 May 2007)

structure. Its target group is school students between 10 and 14, and it is implemented by form teachers and teachers of individual subjects.

In **kindergartens**, the focus continues to be placed on further training schemes, provision of information materials and work with parents. Regarding new developments, what deserves mention is the further training programme for kindergarten teachers that has been offered in Upper Austria since 2006[14]. Consisting of five modules, it includes basic knowledge and self-reflection on the themes of addiction and prevention, dealing with problem situations, ways of implementing the subject of prevention and presentation of concrete projects.

The measures addressing **parents** primarily concentrate on information events on addiction and prevention. For instance, early in 2007, a cooperation agreement between the Addiction Prevention Unit and the police was concluded in Styria, in the context of which specially trained police officers have organised information evenings for parents (see SQ22/25). Police officers also hold workshops for students, which are complemented by courses for teachers organised by the Addiction Prevention Units in order to permit further treatment of this issue at school. New services for parents of young people are available in Styria (*Was geht ab?!* [What's wanting?!], VIVID 2007a) and Lower Austria (Mellish, personal communication). Work with parents has become a new focus of activities of Salzburg's Addiction Prevention Forum (Drogenkoordination des Landes Salzburg 2007). Central objectives here are to build information structures, in particular with regard to groups that have little contact to education, and to define standards for the subjects treated in the context of parent training. In the Pinzgau region of Salzburg, a major regional information campaign on solvents and inhalants was initiated for the target group of parents (Drogenkoordination des Landes Salzburg 2007).

Prevention measures are also found in **workplace** settings, particularly for trainees. The corresponding activities focus on further training measures for instructors of trainees (e.g., new activities in Styria as of 2006), but there are also training programmes for managerial staff, and internal step-by-step plans for approaching workers who whose behaviour gives rise to concern may be developed. Salzburg, in the context of a EuRegio project and a transboundary cooperation with Bavaria, started a mobile information and counselling point for workplace prevention in small and medium-sized enterprises (GÖG/FGÖ 2007). In Vorarlberg, a guideline on drug use during traineeship was published for the target group of trainee instructors, which also aims to provide a variety of assistance services[15]. As of 2006 Salzburg's project *Lehrlinge ins Zentrum!* (Trainees in the Centre) has also included workshops and focal groups at workplace level for trainers and trainees (Drogenkoordination des Landes Salzburg 2007).

The prevention activities at **community** level that address young people also focus on further training programmes for multipliers. In the reporting period, particularly coaches of youth teams in the Lower Austria Football Association and youth officials in the Provincial Fire Brigade Association were addressed (Fachstelle für Suchtvorbeugung, Koordination und Beratung 2007, VIVID 2007b). The Amstetten Model of addiction prevention in schools, which has been run since 2004, was expanded to cover also youth social work at community level, i.e.,

[14] www.praevention.at (4 June 2007)
[15] www.supro.at (4 June 2007)

outside school (Mellish, personal communication). Apart from further training, special action days and events for parents, networking with the social departments of Amstetten (Lower Austria) forms a central part of this project.

The last few years have seen a marked increase in prevention activities at community level in Austria, which in addition to awareness-raising among the general population, are aimed at the development and implementation of concrete measures that respond to specific regional situations. With regard to the sustainability of the projects, different results have been reported. The project groups of Salzburg's *Guat beinand* (Feeling Good) towns (see GÖG/ÖBIG 2006) have continued to play important roles in supporting prevention measures also after the conclusion of the project, while experience with the regional coordination bodies has shown that long-term effectiveness of the projects has been more difficult to achieve due to restricted resources regarding staff and work hours (Drogenkoordination des Landes Salzburg 2007). In autumn 2006, ISP of Upper Austria started a new community-oriented project, in cooperation with the town of Freistadt: *Suchtprävention in Freistadt* (Addiction Prevention at Freistadt), which, for instance, includes individual projects in youth contexts, lectures and public information events as well as further training programmes[16].

Other activities in the reporting period that deserve mention are lectures on addiction and preventing addiction that were organised in Lower Austria for all young men shortly before or at the early stages of military service, in cooperation with the military authorities. The objectives of these lectures were to communicate relevant general knowledge and raise the awareness of addiction-related issues among the young men on the one hand and to reduce prejudice and reservation regarding assistance providers on the other (Fachstelle für Suchtvorbeugung, Koordination und Beratung 2007). ISP of Upper Austria, cooperating with the Provincial Theatre of Linz, staged the play *Motte & Co*. (Moth & Company), which aims to communicate to children and their parents protective factors such as self-confidence, the ability to deal with conflicts and adequate ways of coping with difficult feelings. In cooperation with *BildungsMedienZentrum* (EducationMediaCentre) a new media leaflet on the prevention of addiction was prepared[17]. The Working Group on Addiction Prevention drew up new information sheets on addiction and "hangover cards", which provide easy-to-grasp information on the effects and risks of substances, patterns of use, prevalence and prevention regarding drinking, smoking and various illicit drugs.

3.2 Selective prevention

As a result of the activities undertaken by the ENCARE network, in the reporting period the field of selective prevention (see also SQ26) also focused on drinking, i.e., children in families with alcohol problems. In order to expand the focus of this network and transfer it to the regional level, the Addiction Prevention Units established provincial networks for **children in families with addiction problems** (ENCARE Österreich 2006). In autumn 2006 and spring 2007, the first two ENCARE regional meetings took place (ENCARE Österreich 2007), where the basis of future cooperation was defined and a variety of activities were planned. For in-

[16] www.praevention.at (10 Oct. 2006)
[17] www.praevention.at (5 April 2007)

stance, demand was identified for sustainable low-cost services for parents and children, in particular children who do not seem to be distressed outwardly, as well as further training programmes in order to enhance the level of competence among the occupational groups concerned (e.g., motivational interviewing). A strategy and guideline for the cooperation with assistance providers (Styria, Tyrol) were drawn up, and specific services for children from families with addiction problems (Styria, Vorarlberg) were developed. Further plans include the organisation of expert meetings, investigations of the current situation and an expansion of Vorarlberg's project Kasulino (see GÖG/ÖBIG 2006) to cover the whole province. As of the beginning of 2007 a new homepage[18] has been online to facilitate an interregional exchange in the context of ENCARE Austria, and in June 2007 an interregional meeting was held.

In addition to the aforementioned focus, specific prevention activities undertaken in Austria are primarily found in spare time contexts, with the aim to communicate a critical approach to psychoactive substances (risk competence) as well as alternatives to drug use. Here, **youth social work in recreational settings** plays an important role: although addiction and the use of addictive substances are not treated as issues of primary relevance, they are still addressed repeatedly. In Lower Austria, the services provided in the context of street social work are expanding: GOOSTAV at Deutsch Wagram (GOOSTAV 2007) is a new service provider in this field, and MOJA's activities now encompass additional towns (MOJA 2007). In Vienna, new approaches to secondary prevention were discussed at the expert meeting on current developments in work with young people at risk of becoming addicted (Sucht- und Drogenkoordination Wien 2007).

The members of the **club and party scene** have been identified as a specific at-risk group. In the Tyrol, MDA basecamp focused its activities on girls and young women in 2006 (MDA basecamp 2007). It had shown that the share of female drug users was markedly higher in the drug counselling centre for young people and in the online counselling services provided by MDA basecamp than at the information stands at parties and events, therefore specific counselling and information services will be planned in cooperation with existing centres, on the basis of a questionnaire survey among girls and young women. Baumgartner (2007) recommended specific assistance services at freetekno events to target the ketamine users in the scene (see Chapters 2.3 and 7.2). Central requirements for this type of assistance include the involvement of physicians because medical emergencies have occurred rather often, combined with providing information and counselling, and frequent presence at events (three to four times a month). The latter is important in order to keep in touch, as these events often are not announced and take place at remote locations. In summer 2007 the secondary prevention project ChEck iT! offered its services at a freetekno party for the first time and was able to analyse a considerable number of samples, and information talks and counselling took place as well (VWS 2007b). Since 2007, ChEck iT! has also run its *home-base* centre in Vienna where, in addition to various counselling services, theme-centred evening events are organised at regular intervals. 2006 also saw the production of a number of fact sheets on various recreational drugs. The plans for the next few years include the advancement of the toxicological analysing procedures and intervention research (VWS

[18] www.encare.at

2007a). In this context, a questionnaire on the use of the ChEck-iT! homepage was drawn up, which is now available online.

In Vorarlberg, Supro has run a youth orientation project which especially addresses **young people who have shown problems for the first time**. By means of early intervention and early detection, crisis intervention and networking of system partners at local level, specific assistance is provided[19]. In addition to a group training programme on early intervention, which is run in cooperation with the courts, the police and outpatient addiction counselling centres, specific measures and new services are drawn up on the basis of an analysis of current demand, and the young people are offered assistance in social education centres.

Immigrants form the target group of Vorarlberg's Migration and Addiction Platform, which aims to raise awareness of the issue of addiction in particular among parents and young people of Turkish origin and to make it easier for the young people concerned as well as their parents to get access to information and existing assistance services[20]. The corresponding measures and projects are planned and implemented by three working groups.

3.3 Indicated prevention

Indicated prevention in the sense of the EMCDDA definition (see above) has not been an issue of discussion in Austria nor has it been implemented so far. This has been confirmed by talks with experts in the field of addiction research and prevention. In addition to general prevention, also measures for specific target groups are taken in Austria, but this is always linked to social factors (e.g., children in families with addiction problems). The treatment of children and young people with behavioural problems such as ADHS is not regarded as addiction prevention in Austria.

An approach that might cover aspects of this definition is the cooperation existing since autumn 2005 between the Drug Counselling Centre of the Province of Styria and the Department of Child and Youth Neuropsychiatry of the Sigmund Freud Provincial Neurological Hospital. The objective here is to get into contact as early as possible with drug abusing young people undergoing inpatient treatment or who receive counselling at an outpatient department. The fact that drug counsellors are present regularly has met with a positive response and made it easier for the young people to turn to the counselling centre during or after their stay in hospital (Drogenberatung des Landes Steiermark 2007). However, the reasons why the young people are admitted as inpatients are very heterogeneous: they range from problems resulting from substance use to autoaggression or running away from home as other frequent reasons, while the problem of drug use as such is only raised during the stay in hospital. Thus, these activities do not exactly meet the EMCDDA's definition of indicated prevention.

[19] www.mariaebene.at (24 May 2007)

[20] www.mariaebene.at (4 June 2007)

4 Problem Drug Use

Problem drug use here means the frequent use of “hard drugs” (in particular opiates and cocaine), which is often accompanied by dependence and consequences for the health, social and legal situation of the consumers (see also Chapters 6, 8 and 12). One has to bear in mind, however, that it is primarily patterns of use and not substances as such that are risky or safe. In addition, it is difficult to distinguish between experimental use and problem drug use. This problem is further aggravated by the fact that hardly any scientific analyses are available in this field.

In Austria, poly-drug use with opiates, often administered intravenously, has traditionally played a central role. In the past decade the range of substances consumed in the context of poly-drug use has widened. Intravenous use of cocaine has also become more relevant in the street scene. However, now that nationwide data on patterns of use among clients of the drug counselling system in 2006 have been available for the first time, it has shown that opiates continue to play a predominant role as primary drugs.

According to recent estimates, a prevalence rate of 25 000 up to a maximum of 35 000 problem opiate users, probably in the context of multiple drug use in the majority of cases, seems realistic for Austria. However, prevalence estimates of problem drug use are difficult to give as methodological problems arise due to the complexity of the subject, and the figures obtained are conclusive to a limited extent only. Thus any results given are rough approximations and have to be interpreted with caution.

4.1 Prevalence and incidence estimates of PDU

In Austria scientific estimates regarding the prevalence of problem drug use are only available for opiates or poly-drug use with opiates. The most recent data that are available (see above) refer to the year 2004 and have already been presented in more detail in the report of 2006 (GÖG/ÖBIG 2006; see also ST7). The data gathered in the context of Austria’s uniform documentation and reporting system of clients of Austrian drug help centres (DOKLI)[21] provide important insights regarding the interpretation of the results of prevalence estimates. On the one hand, it shows that opiates play a predominant role in the context of drug use that is relevant for treatment. This means that the prevalence estimate mentioned above covers a large part of drug use relevant for treatment. On the other hand, it also reveals that nasal use of opiates plays an important role especially among younger opiate addicts (see Chapter 12.1). Therefore, different to previous assumptions, the prevalence data obtained cannot be regarded as equivalent to the prevalence rates of i.v. drug use (see Chapter 4.2).

[21] In the DOKLI documentation system, which was established on behalf of and financed by the BMGFJ, nationwide data on clients of drug help centres are centrally collected and analysed at GÖG/ÖBIG in accordance with the documentation standards of the EMCDDA. (for details see http://tdi.oebig.at and GÖG/ÖBIG, under preparation). With the exception of the province of Vorarlberg, which reports only data from the inpatient drug treatment sector, a major part of Austria’s drug help system is covered by the DOKLI system. The corresponding data may thus be regarded as highly representative regarding the drug help network of Austria. Results from the DOKLI system are presented in Chapters 4.2, 6, 8, 12 as well as in ST3 und ST34). A separate report is under preparation (GÖG/ÖBIG 2007a).

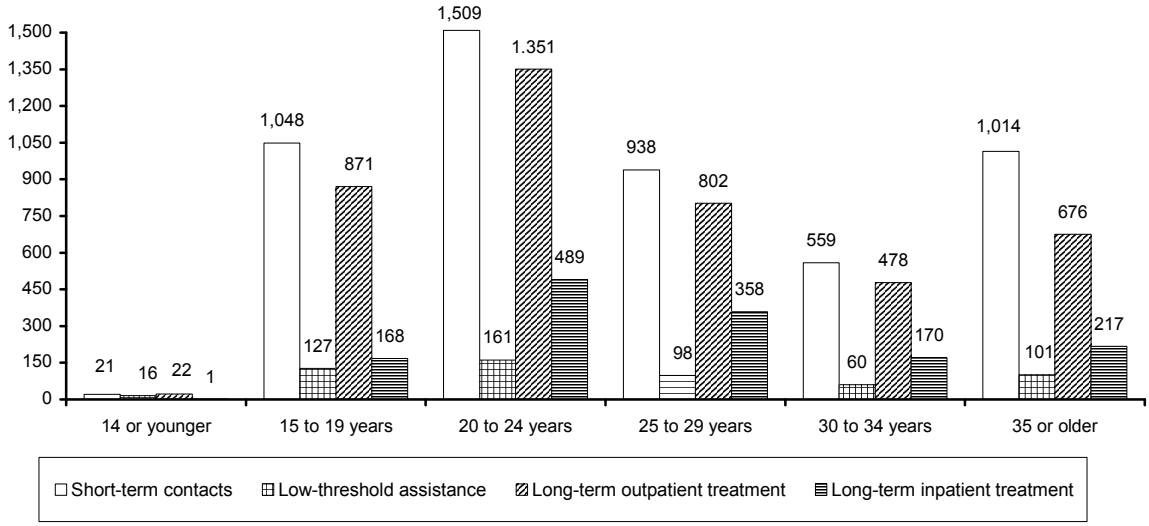
4.2 Treatment demand indicator

The year 2006 is the first for which data from the DOKLI nationwide documentation system of clients of Austrian drug help centres are available. When interpreting the results, one has to bear in mind that, while double counts of clients of one centre can be excluded, due to the aggregate character of the data double counts of clients who turned to several centres in 2006 cannot be avoided. The share of such cases of multiple treatment can only be guessed at. The report of Vienna's BADO Basic Documentation (see GÖG/ÖBIG 2006, IFES 2005b) gives a general idea of the magnitude of this aspect as in the case of BADO, double counts of clients who contacted several drug help centres during the reporting period can be detected by means of an identifier. In 2004, 14% of the clients registered in BADO were provided services by more than one centre (10%: 2 centres; 4%: more than 2 centres – see IFES 2005b). However, as drug help centres are more easily accessible in Vienna due to the higher geographical density compared to rural areas, the share of double counts might be slightly smaller in the rest of Austria.

As not all cases of treatment that was started before 2006 were documented retrospectively, the DOKLI data generally refer to those persons who started to undergo drug treatment in 2006 (= all treatments). The Austrian drug help centres covered by the DOKLI system reported data on a total of 4 200 people who started **long-term outpatient treatment** in 2006. For 1 949 of them it was their first drug-specific treatment in life (= first treatments). 1 403 clients began **long-term inpatient treatment**, 211 of them received long-term treatment for the first time in life. In addition to people undergoing drug-related treatment in a strict sense, DOKLI also registered 563 new clients of **low-threshold assistance** centres, and 5 089 people receiving drug counselling in the form of s**hort-term contacts**.

Between one out of four and one out of five people undergoing treatment or receiving assistance are younger than 20 – with the exception of people treated in the context of inpatient settings, where this share is 12%. Around half of the clients are between 20 and 29 years old (see Figure 4.1 and Table A23 in Annex A).

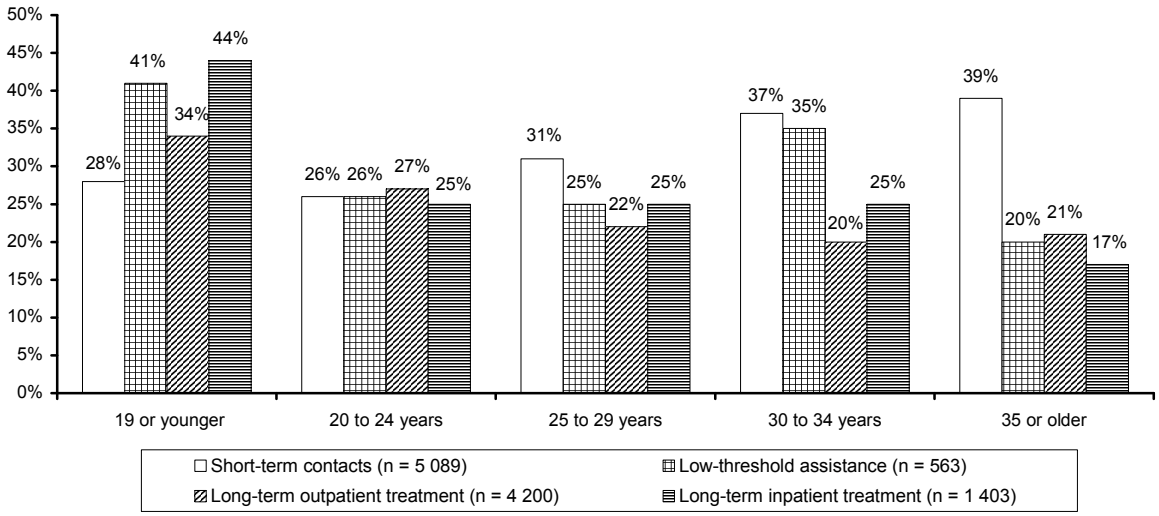
Figure 4.1: Number of people starting drug-specific treatment in 2006, by age and type of treatment



Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

In all settings analysed, the share of women was between 25% and 30%. This roughly corresponds to past experience (e.g. gender distribution regarding patients undergoing substitution treatment – see below – and drug-related deaths; see Chapter 6.1) and primarily seems to reflect the gender distribution with regard to problem users of illicit drugs. Generally speaking (with the exception of short-term contacts) the share of women in people receiving treatment tends to go down with rising age (see Figure 4.2).

Figure 4.2: Share of women in persons starting drug-specific treatment in 2006, by age and type of treatment



Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

This situation also shows in the data on substitution treatment and drug-related deaths and corresponds to experience reported from the majority of countries of the European Union (EMCDDA 2006). In addition, the DOKLI system reveals that women are younger at the time of first use of most substances and also start intravenous drug use slightly earlier than men (see below). These data are confirmed by studies and analyses of recent years, which also reveal that women begin to show problem patterns of drug use at a younger age but also seem to stop drug use earlier, which, for instance, may be due to greater problem awareness or pregnancy (EMCDDA 2006, GÖG/ÖBIG 2007a, Haas 2005).

In sum, approximately half of the clients are undergoing substitution treatment when they turn to the drug help centres (except short-term contacts, for which this aspect is not documented). Substitution treatments that are started only after the clients' turning to the drug help centre have not been registered.

In most cases, the clients contacted the corresponding drug help centres on their own initiative. In the case of low-threshold assistance and inpatient treatment this was a predominant motivation for almost half of the patients, and for about one out of four people undergoing outpatient treatment. This is different with regard to short-term contacts, where court interventions (directives, obligatory therapy; 58%) constitute the primary impulse and other reasons do not play an important role. Court orders are relevant triggers also in the case of long-term outpatient (23%) and inpatient (19%) treatment, but not with regard to low-threshold assistance.

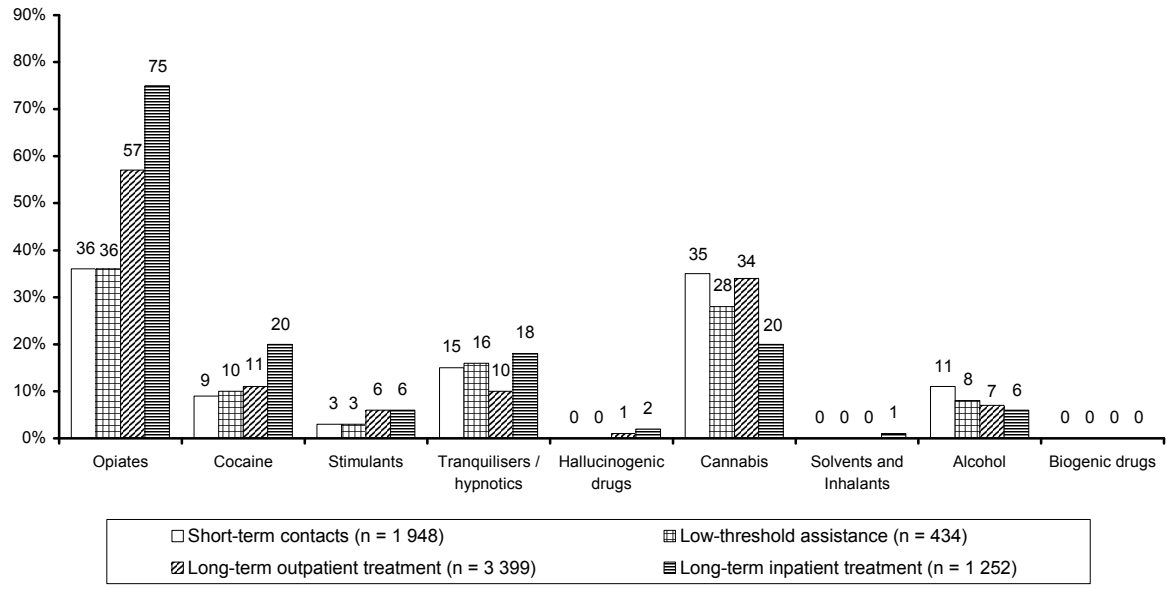
The share of i.v. drug users (related to lifetime use) strongly depends on the treatment setting (short-term contacts: 44%; low-threshold assistance: 66%; outpatient long-term treatment: 46%; inpatient treatment: 82%; see Table A28 in Annex A). Women obviously start to use drugs intravenously at a younger age. In long-term outpatient and inpatient therapy settings and in low-threshold contexts, the share of women who started to inject drugs before the age of 20 is higher than the corresponding share of men (e.g., 64% v. 51% in the case of long-term outpatient treatment). This is in line with other data and analyses from the field of drug monitoring and might be explained by the fact that girls are ahead of boys in their development during adolescence (see ÖBIG 2005, Haas 2005).

In the conventional treatment sector, opiates definitely predominate as primary drugs[22]. What is surprising is that cocaine only plays a marginal role as a primary drug (see Figure 4.3 and Table A27 in Annex A).

This shows that in Austria, different to a number of other countries of the European Union, opiates (continue to) play a central role in the context of drug use relevant for treatment (see, e.g., EMCDDA 2006). What is surprising is the large shares accounted for by cannabis as a primary drug in all settings. However, this can be qualified due to the fact that a fairly high percentage of persons who are referred to compulsory treatment through the judicial system used cannabis as their sole primary drug. For instance, this applies to 61% among clients undergoing long-term outpatient treatment.

[22] For compiling the DOKLI case history, clients are first asked which drugs they have ever taken. Then the drugs mentioned are classified according to current patterns of use, as primary drugs, additional drugs, drugs only taken in the context of experimental use and drugs not relevant for treatment. The primary drug is the drug which causes the greatest problems from the personal point of view of the client. Here, problems – on the basis of ICD 10 – are understood as psychosocial and health-related problems and not solely legal problem situations. As a rule, the primary drug also is the drug because of which the client has started the current treatment. If a client cannot decide on a certain drug as their primary drug, several drugs may be named. Additional drugs are drugs which the client has used in addition to the primary drug in the past six months and which also constitute a problem for the client. Experimental drug use refers to intermittent use of the corresponding drug in the past six months without harmful use or manifest addiction problems. Drug use not relevant for treatment means that the drug in question has occasionally been taken for more than half a year but without harmful use or manifest addiction problems, or if the drug was used in the past but not during the six-month period preceding treatment (GÖG/ÖBIG 2007a).

Figure 4.3: People starting drug-related treatment in 2006, by primary drug and type of treatment



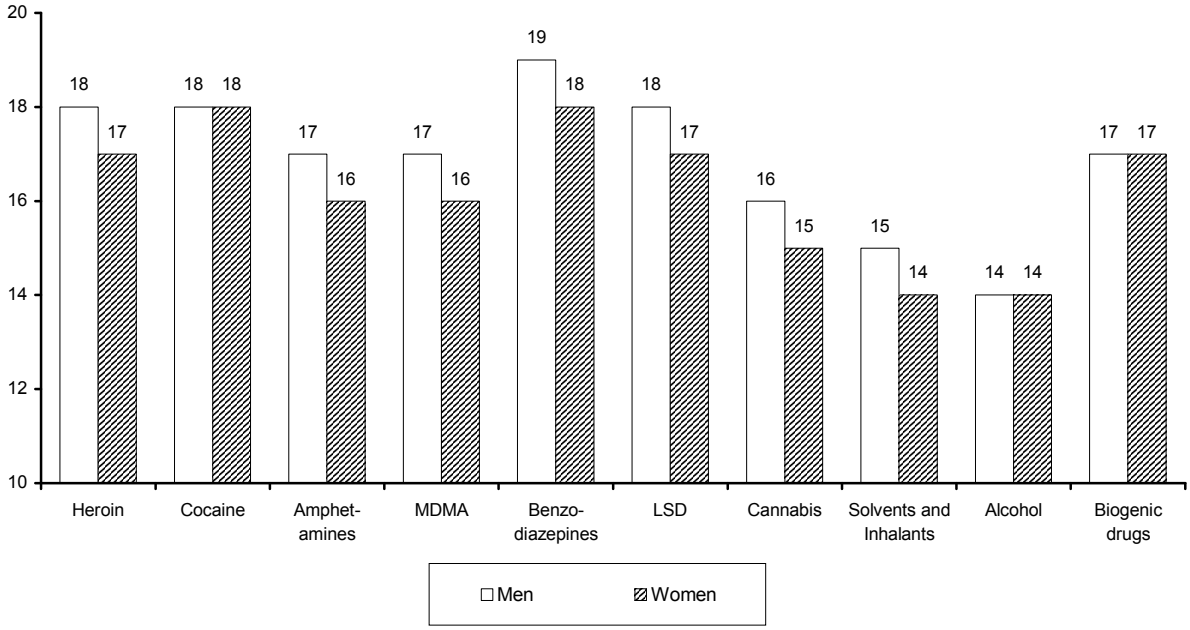
Note: multiple answers were permitted.

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

Only few gender-specific differences regarding primary drug have been found. In inpatient and outpatient settings as well as in the context of short-term contacts, women name opiates as primary drugs more frequently and cannabis less often than men. With rising age, opiates, cocaine and tranquillisers/hypnotics are indicated as primary drugs increasingly often – with the exception of inpatient treatment settings, where this trend only shows with regard to opiates. Cannabis, on the other hand, is named less often by older clients in all settings.

Further information on age of first use and predominant form of administration is available only for clients undergoing long-term outpatient and inpatient treatment. Regarding median age of first use it has shown that it is between 17 and 20 years for the majority of drugs. It is lower only in the case of cannabis (15 years), solvents and inhalants (15 years) and alcohol (14 years). What is consistent compared to the results regarding intravenous drug use (see above) is that as a rule women are one year younger than men when they use drugs for the first time (see Figure 4.4).

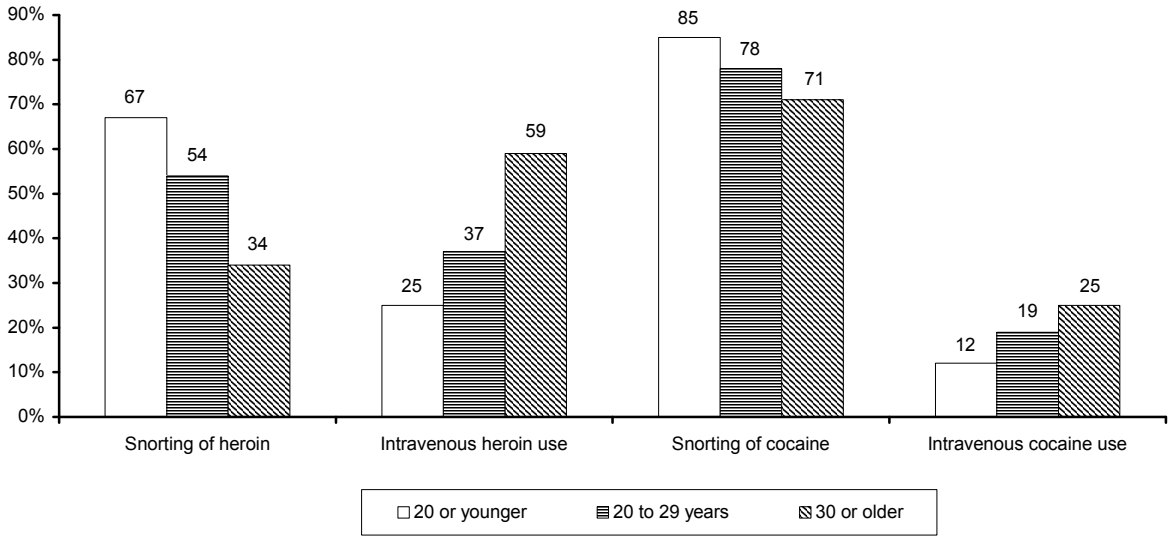
Figure 4.4: Age of first drug use (median) of persons starting long-term outpatient treatment in 2006, by substance and gender



Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

Regarding the predominant form of heroin use, the data relating to long-term outpatient treatment confirm the surprising observation reported to BADO (Vienna) in the last few years, namely that snorting is indicated more often (50%) than i.v. use (42%).

Figure 4.5: Predominant form of administration of heroin (n = 1 892) and cocaine (n = 1 999) among people starting long-term outpatient treatment, by age



Source: GÖG/ÖBIG, DOKLI analysis of client 2006; representation by GÖG/ÖBIG

While the majority of clients undergoing inpatient treatment indicated intravenous drug use (54%), the share of snorters (41%) is still high also in this group. However, it shows that with rising age, the percentage of injecting users is increasing considerably (see Figure 4.5). These findings could mean that the longer a drug career is, the more readily users tend to switch from snorting to injecting drugs. 20% of clients in outpatient settings and 40% of people undergoing inpatient treatment administered cocaine intravenously. Also in the case of this drug, an increase of injecting use as clients grow older is registered. Around two thirds of amphetamines are taken nasally, and one third, orally.

National monitoring of substitution treatment is performed by the BMGFJ and based on the reports of attending doctors. Although these reports are not always complete and frequently not provided in due time (see ÖBIG 2003), they still give a general impression of both quantitative developments and characteristics of clients. A significant deficit regarding data quality is the problem of ghost cases[23]. In order to get this problem under control, the BMGFJ started to take comprehensive correction measures in 2007, based on enquiries to attending doctors. In addition, the amendment to the Narcotic Drugs Decree (see Chapter 5.3), which entered into force on 1 March 2007, has been likely to improve the completeness of reports.

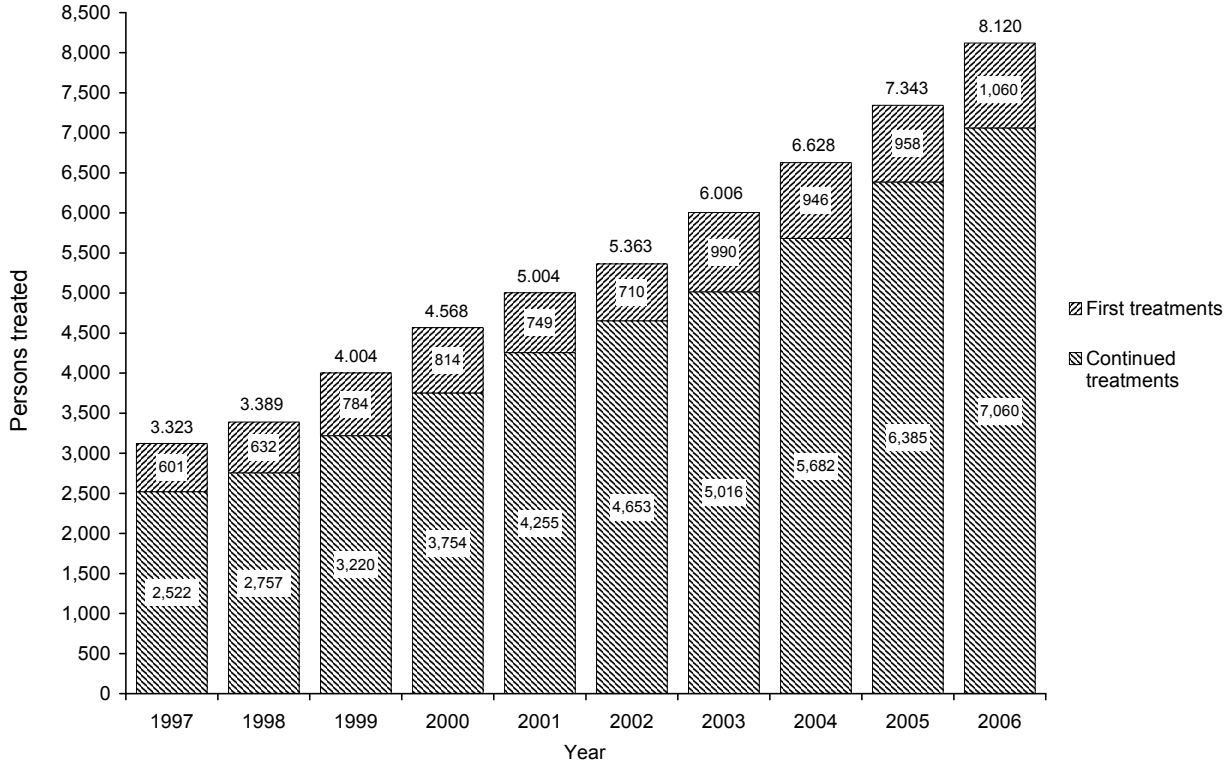
As a result of these corrections and new developments, a number of discrepancies in comparison to the figures reported in previous years have shown, but they hardly have any effects on the trends described. Only the rise in the number of treatments registered and in particular of first treatments from 2005 to 2006 may (in part) also have been caused by the increased coverage of cases.

The growing acceptance of, and resort to, substitution treatment is reflected in the annually rising number of persons reported as currently undergoing substitution treatment (see Fig. 4.6).

Figure 4.7 shows that the rise in first treatments in recent years has primarily been accounted for by the age group up to 19 and the group between 20 and 24. From 1995 to 2000 the share of these two groups was between 35% and 40%, continuously rising since then to 52% in 2004. In 2006 it was 50%. On the one hand this increase may indicate easier access to substitution treatment for young opiate users. On the other, it may also point to an increase in prevalence rates of (poly-)drug use with opiates (see GÖG/ÖBIG 2006). What is also interesting in this connection is that the rise in first treatments considerably differs according to region. While the corresponding numbers have remained roughly the same in Carinthia, Upper Austria and Salzburg, a rise has been registered in Lower Austria, Styria and Vienna (BMGFJ, calculations by GÖG/ÖBIG; see Table A21 in Annex A). However, also this context, one should bear in mind that the amendment to the Narcotic Drugs Decree (obligation to report substitution treatments) might have influenced the situation, and possibly to different degrees in the individual provinces.

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

Figure 4.6: Development of annual registrations of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment, from 1997 to 2006

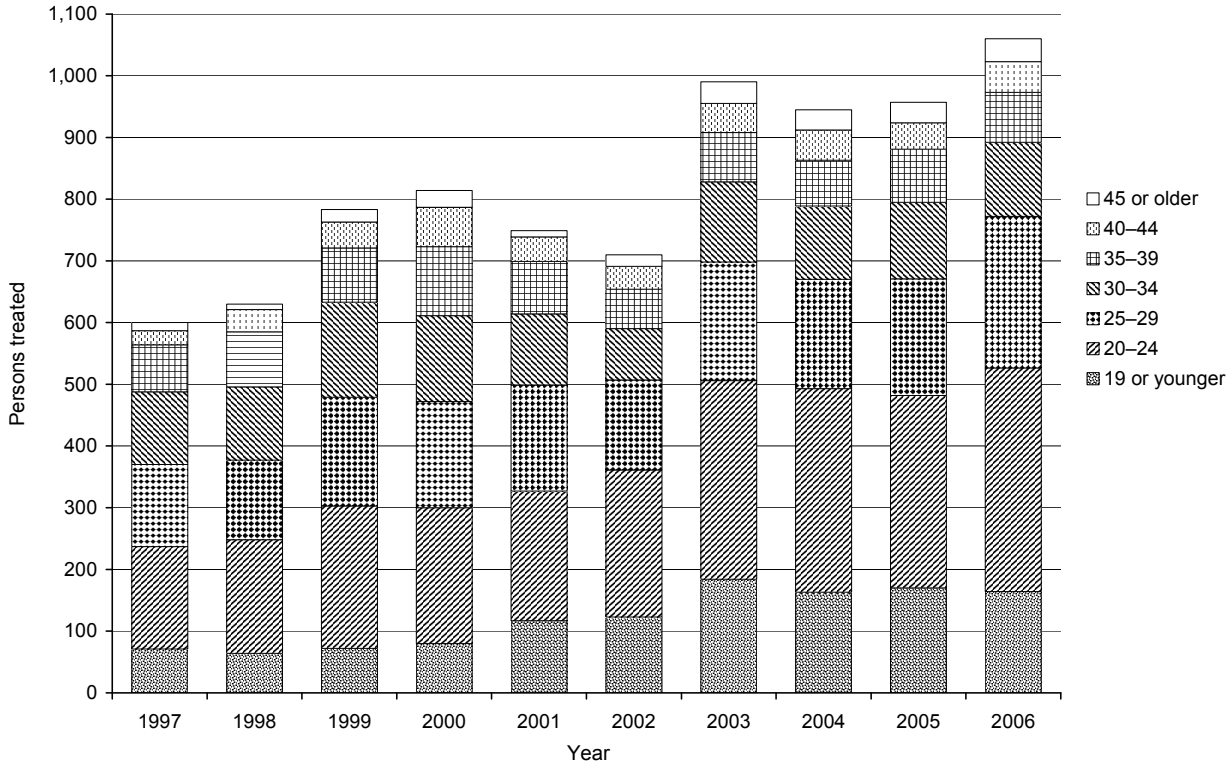


Note: **continued treatment** means treatment started before the respective year or repeated treatment of persons already having undergone substitution treatment in the past. **First treatment** means treatment of persons who have never been in substitution treatment before**.** Any differences to the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

Sources: BMGFJ, calculations by GÖG/ÖBIG; representation by GÖG/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 several years. In 2006 it was slightly lower, i.e., 22%. In this year, as in previous years, the share of women in the group under 20 undergoing treatment for the first time (37%) was higher than in the other age groups, where men clearly predominated (see also ST3). This observation corresponds to the findings from the DOKLI system that have been described and interpreted above.

Figure 4.7: First substitution treatment in life, by age, from 1997 to 2006



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

4.3 PDUs from non-treatment sources

Salzburg (Drogenkoordination des Landes Salzburg 2007) and Carinthia (Prehslauer, personal communication; see Chapters 1.1 and 2.1) provided analyses of patterns of use among persons examined according to Section 12 of the SMG (i.e., because of a reasonable suspicion of drug abuse and who, after a report to the police, information by a heads of school, a military agency or driving licence authority, were medically examined with regard to the need for undergoing a health-related measure). It shows that use of cannabis predominates in this group of persons (Salzburg: 89% out of a total of 379 examinations; Carinthia: 76% out of 805 examinations). In Salzburg, 11% of the examinations were related to opiate use, compared to 6% in Carinthia. The shares for cocaine are 13% and 7%, respectively.

Graz reported the results of a non-representative scene study among injecting drug users, which was carried out in the context of planning a drug treatment contact point (see Chapter 7.2). A total of 102 intravenous drug users (71% men, 29% women) among the clients of the Kontaktladen and Streetwork low-threshold centres were interviewed. The average age of the respondents was 27 years. 75% of them were undergoing substitution treatment at the time of the survey. 98% of the respondents indicated experience of heroin consumption (average age of first use: 18 years), 95% reported cocaine use (average age of first use: 18), 99% had experience of substitution substances (average age of first use: 22 years), and 86% reported experience of benzodiazepine use (average age of first use: 20 years). 72% of the respondents indicated injecting use as their preferred route of administration of both substitution substances and cocaine (no indications regarding preferred form of administration of

heroin). Nine percent said that heroin was their primary drug, 99% indicated substitution substances and 23%, benzodiazepines (no indications regarding cocaine as a primary drug; Zeder 2007).

In recent years qualitative reports from a few provinces have pointed to a possible misuse of substitution medicines in the context of opiate consumption (e.g., Neubacher, personal communication; Mentlvilla, personal communication). This has been corroborated by the scene study among intravenous drug users of Graz (Zeder 2007) and the rise in seizures of substitution medicines described in Chapter 10.1 (see also Chapter 5.3).

5 Drug-Related Treatment

Austria attributes great importance to a diversification of the available treatment options. As a result, in the past decade the inpatient sector saw a development from long-term to short-term treatment and generally, to more flexibility with regard to possible kinds of therapy, for instance in the form of modular systems. The aim of this development is to take into account to a greater extent individual needs and the patients' situation in life. This also means that a variety of substitution substances may be prescribed. In quantitative terms, substitution treatment has become the most important form of therapy in Austria, and efforts to improve it have continuously been made (see Chapter 4.2).

Drug-specific counselling, care and treatment services are provided both by specialised centres and in the context of the general health care system (e.g., psychiatric hospitals, psychosocial services, established physicians). These services, primarily in the outpatient sector but increasingly often also for inpatients, include both measures oriented towards drug-free treatment and substitution treatment, therefore they can be classified to a limited extent only. As the general aim is to build a comprehensive treatment and care network, most centres also organise a variety of preparatory and aftercare measures as well as recreational and reintegration services (see Chapter 9.1) and also measures for specific target groups (e.g. young people or persons with psychiatric comorbidity). The Addiction Help Compass[24] provides an overview of the whole range of available drug help services. In addition the web sites as well as the annual reports and newsletters of the individual centres and ÖBIG's previous reports to the EMCDDA and the database of the EDDRA (see Bibliography) also give detailed descriptions of these services.

5.1 Treatment system

By now Austria has an almost nationwide network of drug-related counselling, care and treatment centres (see Maps 5.1 and 5.2). In 2006, inpatient and outpatient treatment or counselling related to addition or illicit substances were provided by a total of 194 specialised centres (investigations by GÖG/ÖBIG). As in previous years, there are still waiting lists, and waiting times have to be accepted (see GÖG/ÖBIG 2006). In a few regions the waiting time for the first counselling talk is up to six weeks, up to eight weeks until therapy may be started, and in the case of inpatient withdrawal treatment even up to four months. Several centres report a rise in the number of clients needing intensive counselling and treatment, which takes more time. For instance, a larger number of cocaine users have turned to the Landeck counselling centre in the Tyrol (B.I.T. 2007).

In the reporting period, the treatment and counselling networks of Carinthia and Upper Austria were expanded. Villach (Carinthia) now has a new outpatient clinic for drug users (ROOTS), where counselling, diagnosing, care and treatment are available (Prehslauer,

[24] http://suchthilfekompass.oebig.at

personal communication). Lower Austria started to build a new inpatient department for withdrawal treatment in the hospital at Amstetten/Mauer (Hörhan, personal communication).

In addition, activities have been undertaken to orient assistance and treatment services more specifically towards individual target groups and to address new groups. For instance, in Carinthia a strategy of outreach psychosocial assistance (system of reference assistance workers) was developed as a cooperation of the drug outpatient clinic of Klagenfurt and the Neustart association for persons with severe addiction problems. It has proven its worth and is now practised in both drug outpatient clinics of Carinthia (Prehslauer, personal communication). According to Carinthia's new Addiction Plan (see Chapter 1.2), in future the provision of addiction-related services for young people will be transferred to the youth welfare system in order to promote social integration. In the Tyrol, a project group on uppers developed a new strategy for counselling settings regarding ecstasy use as a primary problem, which specifically addresses young users of designer drugs (B.I.T. 2007). Improvements in clinical psychology diagnosing aim to permit drawing up more specific counselling and treatment schedules at the B.I.T. association. In Graz, Styria, an action plan for early prenatal counselling as well as postnatal assistance for mothers undergoing substitution treatment is being prepared in the context of a cooperation between the competent Municipal Department and the Provincial Hospital. In addition, the activities targeting immigrants will be improved by reducing language barriers and promoting sociocultural and migration-related background knowledge (Drogenberatung des Landes Steiermark 2007). In order to expand the services for women in Styria, a network focusing on the issue of women and addiction has been planned (see Chapter 7.4). In the context of a cooperation between the Walkabout therapy department and the Kontaktladen centre in Graz, monthly information talks on withdrawal and detoxification have been organised at Kontaktladen in order to make it easier to get into contact with drug users (see ÖBIG 2005, Kontaktladen 2007). Lower Austria aims to promote services adapted to specific regional needs by establishing drug advisory boards at local level. In Vienna, guidelines for gender mainstreaming in addiction and drug social work were published (Sucht- und Drogenkoordination Wien 2006) so that a gender-sensitive orientation of addiction assistance centres, services and research may be ensured in future. Work with the relatives of drug users is another focus of the counselling centres, which has played an increasingly important role. In autumn 2006, the Anton Proksch Institute organised the first networking meeting (ANGNET) in order to establish a network of all organisations that are active in the field of work with relatives, to make known the available services and to define perspectives for the future (ENCARE Österreich 2006). In this context, also a list of requirements regarding aspects such as financing of assistance services for relatives of addiction patients was drawn up.

b.a.s, Styria's Society for Addiction Issues, published a paper of principle[25], which aims to make transparent the ethical attitude that b.a.s. pursues in its work in the field of illegalised drugs: while an orientation towards abstinence is maintained as an objective, what takes precedence at the start of treatment is the dialogue between the counsellor and the client, which is relevant for deciding on the concrete treatment process.

[25] www.bas.at (25 May 2007)

The reporting period again saw a number of events that aimed to improve networking and cooperation as well as to analyse the current situation and services, the potential for improvement and to discuss addiction-related topics. A new edition of the publication on opiate addiction by Beubler et al. (2007) has been printed; it focuses on promoting a rational approach to opiate addiction. Therefore a number of new articles on various medical problem fields, the practice of examinations, fitness to drive, psychosocial assistance and treatment by means of heroin were included.

5.2 Drug-free treatment

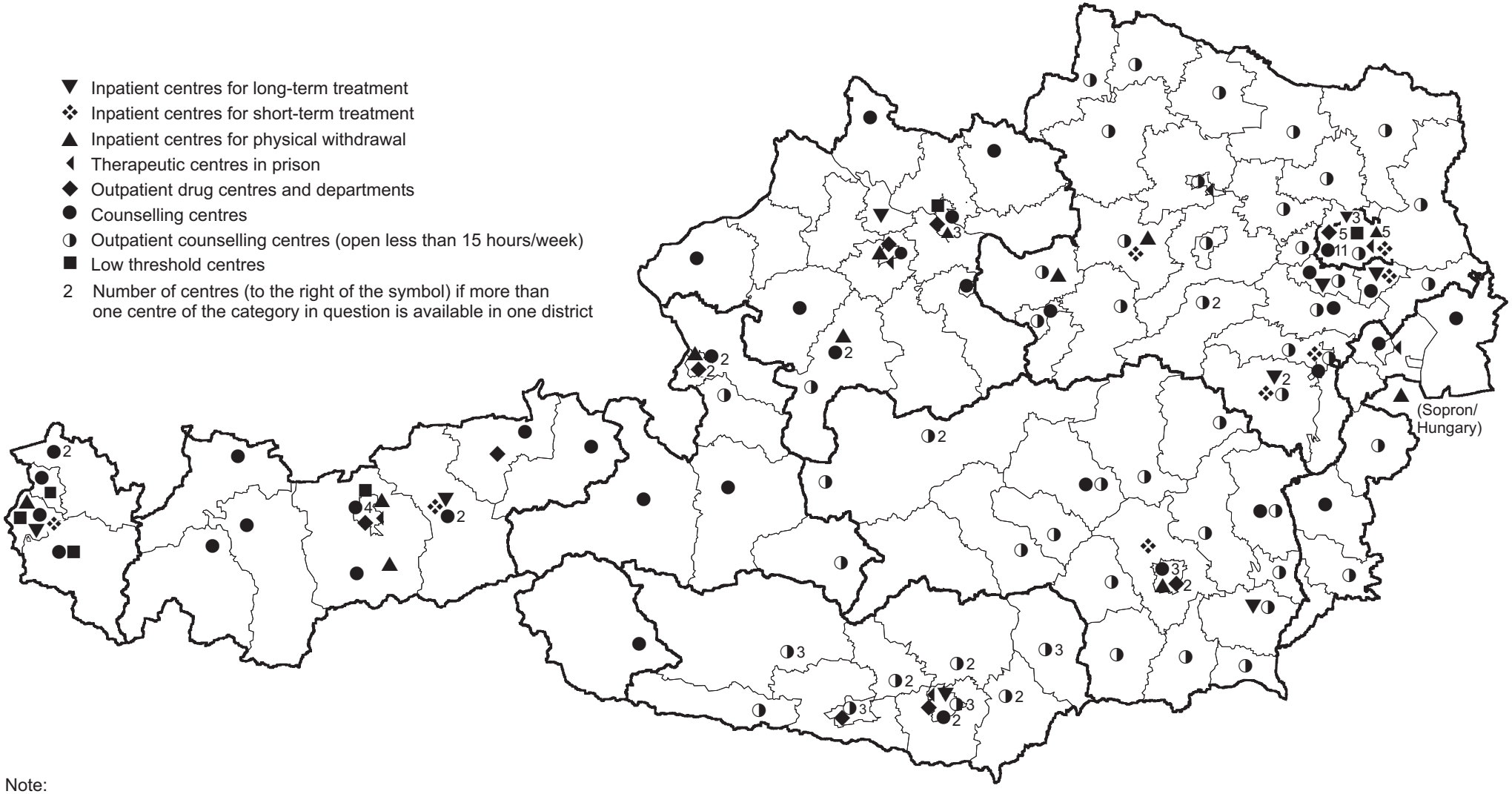
No relevant changes took place in the field of drug-free treatment. In Austria withdrawal treatment is primarily carried out in inpatient departments, but more and more often also in outpatient settings. Generally, the trend towards more flexible programmes of differing duration has continued in Austria. The Anton Proksch Institute (API), because of little demand, did not prolong its offer of a three-month short-term therapy for persons having undergone withdrawal treatment at another institution. Several treatment institutions have registered a rising demand for withdrawal treatment as well as for inpatient alternatives to this type of treatment, which the API will cover by means of a programme aiming at stabilisation and psychological recovery in a drug-free protective environment where assistance is available and where partial withdrawal treatment (e.g., alcohol, cocaine) is possible (API 2007). Additional plans include inpatient crisis intervention and relapse treatment as well as special programmes for cocaine users. In all types of service, a certain number of places is reserved for young people. As a first step the number of beds at the withdrawal department was increased from 20 to 24. In the medium run, also rebuilding measures will become necessary so that different treatment services may be provided simultaneously. From the point of view of the API an increase in the six-months programme parallel to a downwards trend regarding twelve-month treatment is to be expected in the field of inpatient long-term therapy, and strategies for chronified courses of disease should be considered.

The Lukasfeld therapy department (Vorarlberg) reports good results regarding the approach of encouraging the patients' active participation in decision-taking processes[26]. In 2006 a working group was established to deal with the issue of self-inflicted injuries: a systematic investigation of persons treated has now been started.

A state-of-the-art paper by the Austrian Association for Psychiatry and Psychotherapy (ÖGPP) points to the fact that regarding opiate withdrawal treatment, the state of the art is to administer decreasing doses of opioids (Fischer and Kayer 2006) and that buprenorphine seems to be the best substance for this purpose.

[26] www.mariaebene.at (24 May 2007)

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

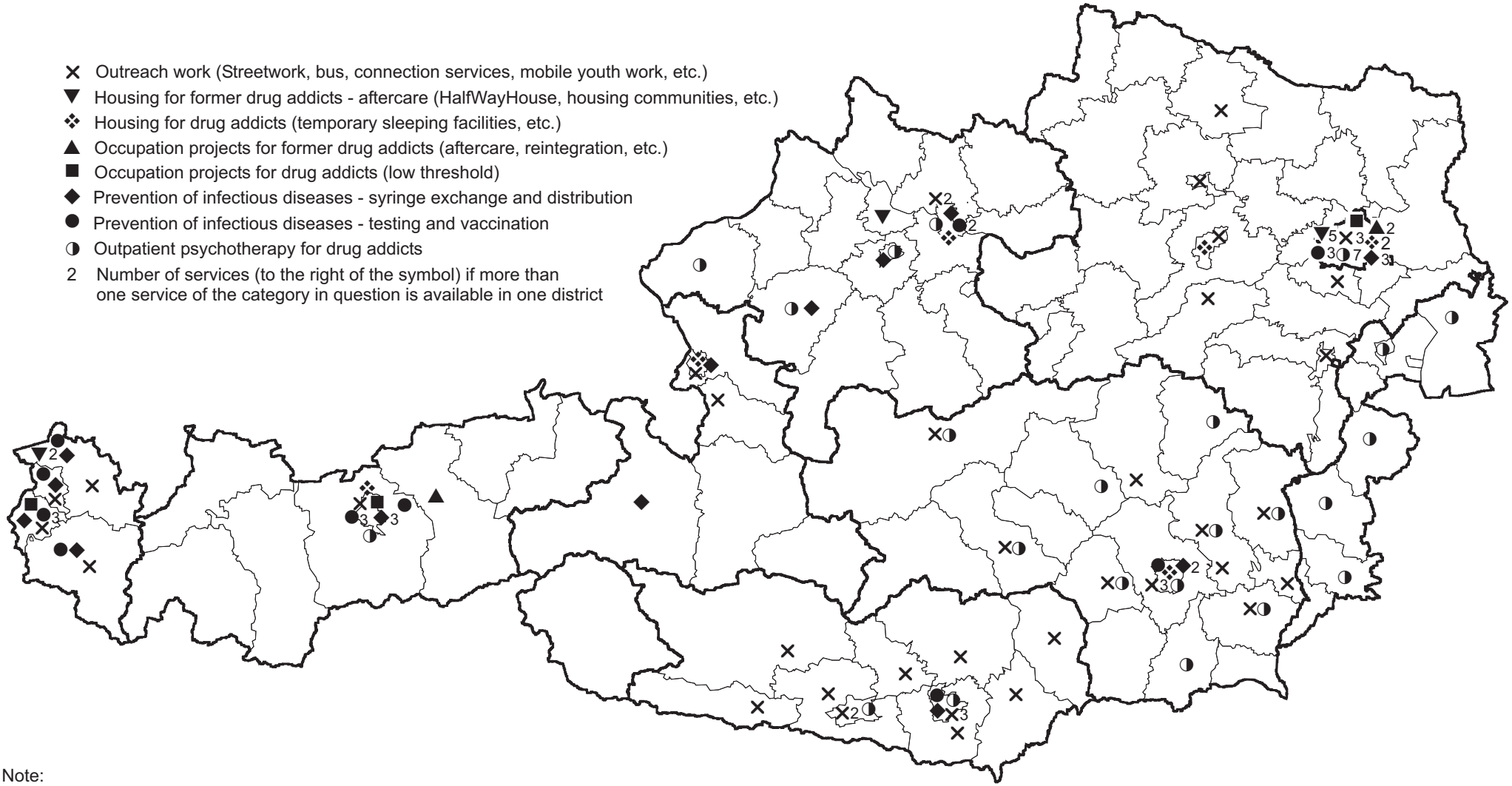


Note:

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

Source: GÖG/ÖBIG - based on information by the Drug Coordinators and Addiction Coordinators, as of August 2007

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



Note:

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

Source: GÖG/ÖBIG - based on information by the Drug Coordinators and Addiction Coordinators, as of August 2007

5.3 Pharmacologically assisted treatment

The framework of substitution treatment changed when the corresponding decrees[27] entered into force on 1 March 2007 (see Chapter 1.1). The relevant changes were explained and announced by means of the Introductory Ordinance by the BMGFJ of 26 April 2007. The objective of the new decrees is to unify and optimise substitution treatment and to reduce the abuse of slow-release morphine (see Chapter 4.3). Still, the amendments continue to be controversial issues of debate among experts (GÖG/ÖBIG 2006). The most important details of the ensuing changes in substitution treatment are briefly described below. The Further Training Decree has already been described in the report of last year.

In the case of people addicted to opioids for a relatively short time only (< 2 years) and in the case of very young people (younger than 20) it should very carefully be considered if alternatives to drug-free therapy were sensible indeed. Persons under 18 are eligible for substitution treatment only if this is the only possibility to avoid further addiction-related harm. In these cases, an expert opinion by a psychiatrist or youth psychiatrist (or alternatively, also the expert opinion by a physician working in an institution in a relevant field according to Section 15 of the SMG) should be obtained.

Methadone and buprenorphine are to be prescribed primarily while other substances such as slow-release morphines should only be administered if the former two substances are contraindicated. The person defining the stabilising dosage has to issue a substitution certificate that specifies the type of substitution medicine and the daily dose, which has to be submitted to any person in charge of further treatment, for inspection and completion if necessary. The person deciding on the dosage or the person in charge of treatment has to report every substitution patient to the BMGFJ for entry in the substitution registry.

The attending physician has to prescribe the controlled administration of the substitution substance, i.e., it has to be taken under supervision every day. On principle, apart from buprenorphine prescriptions and administration on weekends or holidays, exceptions are admissible only in individual cases: if the substitution patient is in a stable condition and if there is evidence that the patient is unable to take the daily dose of substitution substance under supervision due to their work, education and training programmes, certain temporary reasons (e.g., holidays, disease) or also long-term reasons that deserve special consideration. Slow-release morphine may be dispensed to patients to take along only if there is no other way of ensuring the availability of the substitution substance under conditions of controlled administration and if the substitution patient has been treated by the same person for at least six months (12 weeks in the case of other substitution substances). Exceptions regarding daily doses and minimum period of treatment may be granted after consultation with a public health officer if the attending physician regards this as necessary and if the reason for this is documented. The aim here is to restrict the dispensation to take along substitution substances to such cases where the patient's stabilisation and psychosocial integration has pro-

[27] Novelle zur Suchtgiftverordnung (Amendment to the Narcotic Drugs Decree), Federal Collection of Statutes BGBl II 2006/451, and Weiterbildungsverordnung orale Substitution (Oral Substitution Further Training Decree), BGBl II 2006/449

gressed and if there is no suspicion that the substance in question could be used in another way as for the intended purpose, i.e. diverted into the black market.

From the point of view of a number of physicians, the provisions described above constitute a massive encroachment on their treatment competence, and in addition objections regarding data protection have been voiced. Eventually it is criticised that the provision on psychosocial assistance was changed from discretionary to obligatory. However, there are also experts concerned who welcome the amendment and e.g., regarding data protection, agree with the Ministry of Health that a more intensive exchange between the agencies involved is necessary. At provincial level, an error management system is to be established in the form of expert commissions including the Addiction or Drug Coordinators, the Medical Association and Public Health Departments, in order to deal with cases in which this exchange does not work as intended. At federal level, a committee on the quality and security of substitution treatment was established, which will focus on questions and problems of substitution treatment on the basis of the scientific state of the art.

By 30 June 2008 the BMGFJ has to present an evaluation of the effects of the new Decree. A few provinces report a decline in established physicians providing substitution treatment (e.g., Lower Austria and Upper Austria), which has led to bottlenecks in the provision of this service and counteracted efforts to widen the basis of treatment (e.g., Salzburg). In part, this development is attributed to additional paperwork that is now required and the obligation to obtain further training. On the other hand, there are also regions where interest in further training does exist. For instance, in Styria 50 physicians and 20 public health officers registered for further training (Ederer, personal communication). Vienna reports that as a consequence of the stricter regulations for dispensing substitution substances that may be taken along, the cases of controlled administration of substitution substances have markedly risen. Nevertheless, further increases in the number of substitution patients have been registered in Vienna (Pietsch, personal communication).

Parallel to the commencement of the amended Decree, a special remuneration item for physicians was introduced in the Tyrol, similar to Vienna's performance-oriented remuneration system, so that the costs of providing substitution therapy can be taken over by the social insurance funds.

In autumn 2006 Carinthia established the first quality circle of addiction medicine in order to ensure the quality of treatment, and a check list of safety criteria was drawn up that may serve as a reference document regarding the dispensation of substitution substances to patients to take along. In addition, a treatment standard for outpatient clinics was defined and a paper on substitution treatment was prepared for public health officers that lays down rules for the communication between attending and supervising physicians in the context of the amended Decree. The newly established Austrian Society of Pharmacologically Assisted Treatment of Addiction (ÖGABS; see Chapter 7.2), drew up an expert statement on the new regulations for substitution therapy and its practical implementation[28].

[28] www.medical-tribune.at (4 June 2007)

The ÖGPP's state-of-the-art paper mentioned above (Fischer and Kayer 2006) underlines that while a drug-free life continues to be a long-term goal of pharmacologically assisted treatment, a therapy of long-term stabilisation accompanied by psychological education has become the state-of-the-art treatment. The doses of opioids prescribed should be reduced step by step, and slowly, and this should only be started after a long period of treatment (from several years to decades), provided the patient has not taken other additional substances that had not been prescribed. Short-term intervention is not thought to be helpful (with regard to sustained abstinence) and the involved risk of elevated acute mortality is also underlined. The authors refuse to recommend a certain substance that should be preferred. Regarding the provision of substitution medicines that patients may take home, it is stated that this is sensible in a number of cases and contributes to enhanced self-responsibility on the part of substitution patients. However, it is not regarded as advisable only during the first three weeks of treatment or in cases of irregularity or increasing psychopathological problems. Regarding slow-release morphines, an attitude of great diligence is recommended.

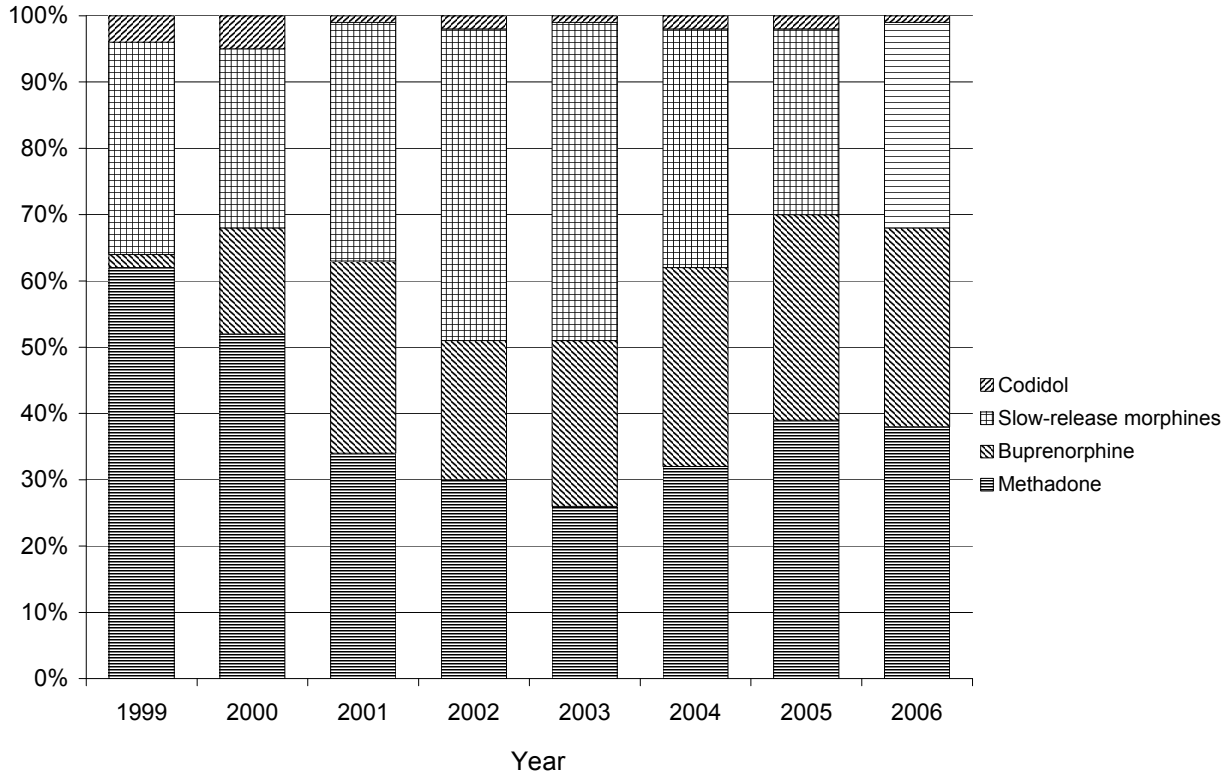
The experience that the H.I.O.B. counselling centre in the province of Vorarlberg has made with regard to intensive care substitution (see GÖG/ÖBIG 2006) shows that high quality substitution treatment exclusively with methadone and buprenorphine is possible if it is accompanied by committed medical and psychological care measures (Mayrhofer, personal communication). As problems arose with regard to slow-release morphines (see GÖG/ÖBIG 2006, in the first half of 2006, all persons formerly substituted with these substances were prescribed methadone instead. This did not lead to negative consequences, and in the case of a few persons, even a positive development showed. Recently, the focus of implementation of intensive care substitution has been placed on establishing a smooth interdisciplinary cooperation of the entire team, which also meant that a unified formal framework had to be defined and a harmonisation of methods adopted had to be ensured (H.I.O.B. 2007).

The nationwide decrease in reports of first treatments with slow-release morphines that was mentioned in last year's report (see GÖG/ÖBIG 2006) has not continued. In 2006 the share of substitution patients taking methadone in the total of first treatments registered in Austria was 38%, while 31% of patients were treated with slow-release morphines, 30% took buprenorphine and 1%, codeine (see Figure 5.1).

Still, an analysis of DOKLI data (see Chapters 4.1 and 4.2) shows that in the group of substitution patients registered there, slow-release morphines are the substance that is taken most frequently: it was prescribed to 55% of clients receiving low-threshold assistance and 66% of patients undergoing long-term outpatient treatment. Only one out of four substitution patients of each group was prescribed methadone, and buprenorphine played a major role primarily in the youngest age group. These figures differ from the substitution monitoring data of the BMGFJ, which might be due to a number or reasons: on the one hand, the substitution data analysed by DOKLI – different to the BMGFJ's substitution monitoring – do not relate only to first treatments, and on the other, until 1 March 2007, it was not obligatory for all attending physicians to report treatments to the BMGFJ for entry in the substitution registry, therefore the data are incomplete (see Chapter 4.2). It should also be taken into account that data from the field of established physicians are not included in the DOKLI system and as 2006 is the first year that was analysed, the data cannot be compared to those of other years. The differences found may be due to differences in the prescription practices of low-threshold cen-

tres, counselling and care centres and established physicians, and effects on new treatments of changes in the legal situation may also be felt. This can only be verified in future years, however, and if checks against other data sources are made. A more detailed interpretation of the data does not seem to make sense at present.

Figure 5.1: Development of kinds of substitution substance used for first treatment, from 1999 to 2006



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

Finally, two studies deserve mention that investigate the current situation in life of substitution patients. The study by Angerer and Popig (2007)[29] shows that substitution treatment results in a number of positive developments of the patients' situation. Almost all respondents indicated that the long-term goal they pursued with this treatment was to improve their physical and mental state of health. The majority said that access to substitution treatment was easy and adequate. The level of satisfaction with the substance, doses and oral way of administration was very high, namely 83%, independent of the duration of substitution treatment. When asked what could be improved the respondents primarily mentioned the regulations for dispensation of substitution substances to take along, but a wider range of available substitution medicines was also demanded. Many respondents voiced the opinion that a controlled dispensation of heroin would help to reach a larger number of opiate addicts.

[29] Carried out in 2005/6, the study is based on interviews with experts at the preparatory stage and interviews with persons who, at the time of the survey, were undergoing substitution treatment in Upper Austria. 429 out of a total of 829 questionnaires were returned and analysed by means of SPSS.

The study by Huber (2006)[30], which focuses on the personal perspectives of substitution patients in their sociocultural environment, confirms the positive effects that were felt regarding substitution treatment combined with psychosocial assistance. In addition to support services provided in the context of substitution programmes, what is also important for the integration of substitution patients is the availability of additional resources. People suffering from addiction who cannot rely on support by their families strongly depend on psychosocial services in the context of substitution therapy.

[30] The study was carried out in 2005/6 and is based on qualitative interviews with six selected persons who at the time of the study were undergoing substitution therapy at the SMZ Liebenau hospital in the province of Styria. The selection criteria included gender, social background, age, period of former drug use as well as reliability, i.e., that the respondents actually managed to come to scheduled meetings.

6 Health Correlates and Consequences

The Ministry of Health has collected data on drug-related deaths in Austria since 1989. After the mid-1990s the overall number of directly drug-related deaths went down temporarily. In recent years, however, a rise has again been registered

Infectious diseases are relevant in particular because of the risk of transmission due to intravenous drug use. The available data in this context are based on a few small samples from treatment institutions or low-threshold centres. While the HIV prevalence rate still was around 20% in the early 1990s, it has remained at a low level since then (1% to 6%). However, the prevalence rate of hepatitis C-Ab has remained around 50%, and in the case of hepatitis B it is below 30%.

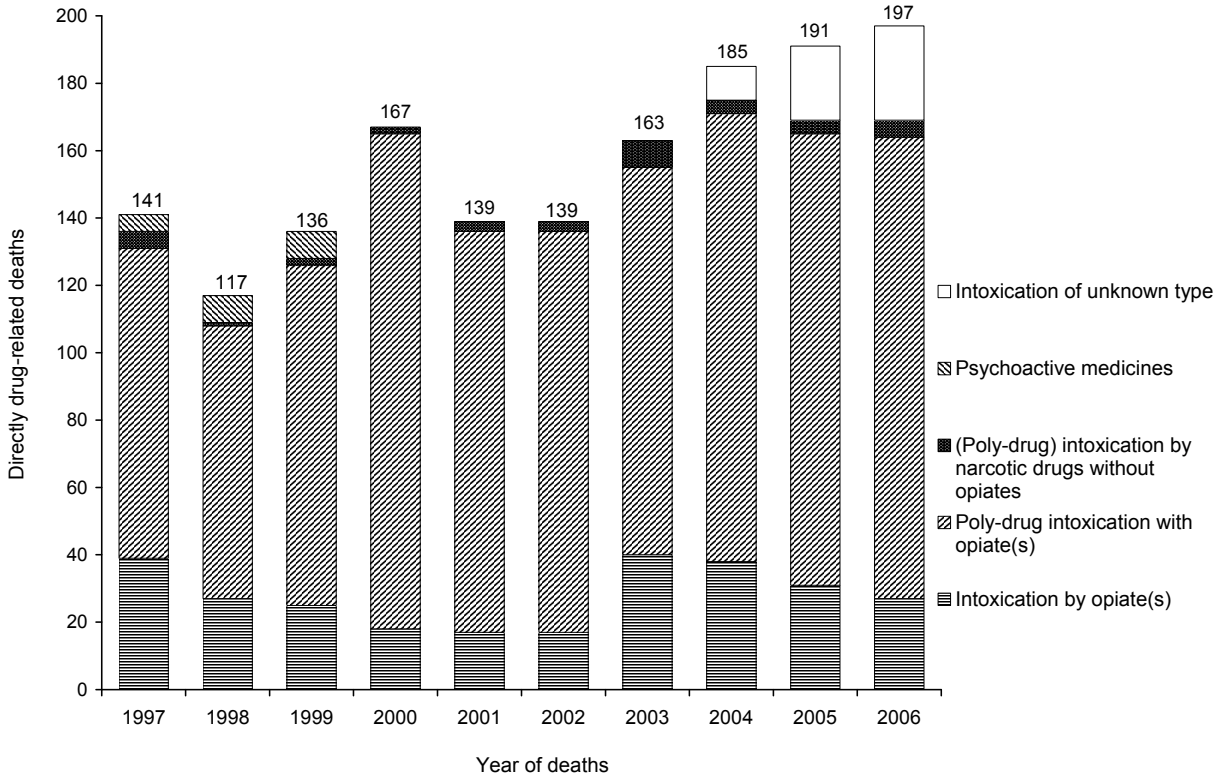
Psychiatric comorbidity in the context of drug dependence has increasingly often been discussed in Austria. Although no routine data have been collected in this field, many data and reports from the treatment sector are available. These data indicate a high prevalence of psychiatric comorbidity (dual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

6.1 Drug-related deaths and mortality of drug users

Regarding drug-related deaths, a distinction is made between deaths directly caused by drug use and indirectly related deaths. The situation regarding indirectly related deaths is described in Chapter 6.4.

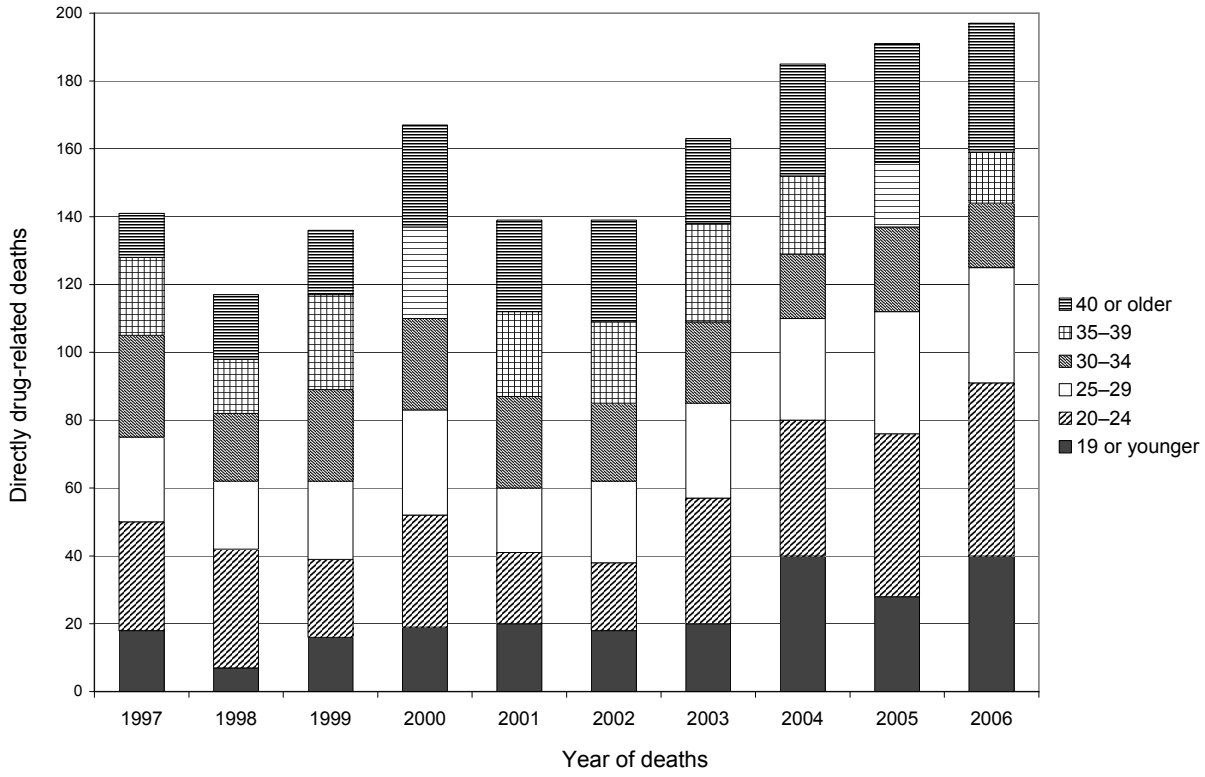
In 2006 the number of directly drug-related deaths (intoxications) rose to 197 (2005: 191 cases, see Tables A3 and A4 in Annex A, ST5, GÖG/ÖBIG 2007b). In 23% of these cases, the toxicological analyses revealed only illicit substances (one drug or a combination of several drugs). In addition, psychoactive substances were also found in 47% of the cases, in 14% alcohol was detected as well, and 17%, both substances, i.e., alcohol and psychoactive drugs (see Tables A6 and A7 in Annex A). As in previous years, poly-drug intoxications with opiates clearly predominate (81% of all intoxications with known substances; see Figure 6.1). The share of persons who had exclusively taken opiates (16%) has slightly gone down compared to previous years (2003: 25%; 2004: 22%; 2005: 18%). Patterns of multiple drug use, where the effects of different substances may be potentiating and thus are difficult to control, continue to be wide-spread and constitute serious health hazards (see Chapter 4).

Figure 6.1: Number of directly drug-related deaths in Austria by cause of death, from 1997 to 2006



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

Figure 6.2: Age distribution of directly drug-related deaths in Austria, from 1997 to 2006



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

Until 2002 the average age of persons who died as a direct consequence of drug use was rising. Since 2003, the grouped median[31] has continuously gone down and was 24.6 years in 2006 (2003: 28.4 years; 2004: 26.1; 2005: 25.9). The share of persons under 20 was at a similar level as in previous years (2003: 12%; 2004: 22%; 2005: 15%; see Figure 6.2). The share of persons between 20 and 24 years was 25%, which corresponds to the average of the last few years (2003: 23%; 2004: 22%; 2005: 25%). The share of women in directly drug-related deaths, i.e., 21%, is in line with the long-term average.

In 2006, the greatest number of drug-related deaths was registered in the province of Vienna, which is not surprising as drug problems tend to be more pronounced in and around urban areas. In Vienna, 8.4 cases of directly drug-related deaths per 100 000 inhabitants aged between 15 and 64 were registered in 2006 (see Tables A4 and A7 in Annex A). Lower Austria ranked second, with 3.6 deaths per 100 000 inhabitants (GÖG/ÖBIG 2007b). Austria's national average was 3.5 drug-related deaths per 100 000 inhabitants in 2006.

The places where the persons concerned died have systematically been recorded for the second time now. This provides important information on locations where fatal overdoses typically occur. The first analysis of 2005 has already shown that the majority of directly drug-related death occur in flats in private houses, which also applies to the year 2006 (79%; ÖBIG 2006, GÖG/ÖBIG 2007b). This may be interpreted to mean that a large part of high-risk drug use takes place in private contexts, which, however, involves the risk that in the case of intoxication help may not be available quickly enough, which in turn increases the probability of fatal overdoses. In addition, analyses were made of diseases other than addiction that were diagnosed in persons who had died as a direct consequence of drug use (see Chapter 6.4).

Any variations in the number of directly drug-related deaths have to be interpreted with caution because their numbers are small in a statistical sense, and they must not at all be regarded as indicators of the development of the drug situation as such. However, as the number of directly related deaths has risen four years in a row until 2006, it is plausible to assume that the situation regarding directly drug-related deaths has worsened. This should give rise to a consideration of specific health policy measures for risk minimisation. If other results from the field of drug monitoring (prevalence estimates, data from the treatment sector; see Chapter 4) are also taken into account, the rise in the number of drug-related deaths (also in view of the fact that the average age has gone down and has reached its lowest level so far) may be interpreted as an indicator of an increase in problem opiate use in Austria.

6.2 Drug-related infectious diseases

The available data for the reporting year provided by low-threshold centres and inpatient treatment institutions (see Table 6.1) point to hepatitis B (HBV) rates between 5% and 27% (2005: 0% to 28%). The hepatitis C antibody (HCV-Ab) prevalence rate of 2006 was between 38% and 55%, which is lower than the level of the year before, i.e. 50% to 60%. The figures

[31] Grouped median means that 50% of cases are above this figure and 50% are below this figure.

regarding drug-related deaths also reflect this slight decline in HCV-Ab prevalence rates (2005: 32% and 48%, respectively; 2006: 19% and 32%, respectively, as the highest and lowest prevalence rates). The drug help centres again report low HIV prevalence rates between 0% and 3%, and the expert opinions on drug-related deaths indicate HIV prevalence rates between 4% and 7% (2005: 7% to 12%). The increase in HIV rates particularly among young i.v. drug users that was mentioned in our report of last year cannot be confirmed on the basis of this year's data (GÖG/ÖBIG 2006). The nationwide data on infectious diseases provided by drug help centres for the DOKLI system for the first time generally confirm the HIV, HCV-Ab and HBV prevalence rates formerly taken from ST9 (see Table 6.1 and Chapter 4.2).

Table 6.1: Data on hepatitis B, hepatitis C-Ab and HIV infection rates in 2006

Data source	HBV rate	HCV-Ab rate[1]	HIV-rate
Lukasfeld therapy department	7% (2/29)[2]	38% (11/29)	0% (0/29)
API long-term therapy department	17% (12/72)[3]	43% (31/72)	1% (1/72)
Low-threshold centre Ganslwirt	27% (20/73)[4]	55% (44/80)	2% (2/113)
Caritas Marienambulanz outpatient department	5% (5/97)[5]	52% (50/97)	0% (0/97)
Drug outpatient department of General Hospital Vienna	n.a.	44% (33/75)	3% (2/71)
DOKLI[6]	21% (61/288)	54% (195/359)	1% (2/359)
Drug-related deaths (intoxications) in 2006	n.a.	19% (37/197)[7] 32% (37/116)[7]	4% (8/197)[7] 7% (8/112)[7]

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

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

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

[4] 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).

[5] Positive test results only refer to HBV-cAb positive and HBV-sAb positive results. In the reporting year, no HBV-sAg positive cases were found.

[6] These data refer to intravenous drug users who started drug-specific treatment in 2006; information on their infection status was obtained either by status testing or based on the case history.

[7] Only 116 and 112, respectively, out of a total number of 197 expert opinions on directly drug-related deaths explicitly mentioned the presence or absence of HCV Ab and HIV infections. In the remaining cases it is not clear whether no tests for the relevant infections were carried out or whether the results were negative and thus not mentioned. The two percentages given therefore indicate maximum and minimum levels of HCV and HIV infection prevalence rates.

Sources: Duspara, Stolz-Gombocz, Haltmayer, Anderwald, Bauer, Fischer, personal communications; GÖG/ÖBIG 2007a, GÖG/ÖBIG 2007b; see also ST9; representation by GÖG/ÖBIG

The information provided by clients for Vienna's BADO documentation indicates a HCV prevalence rate of 35% and a HBV prevalence rate of 4%. Regarding HIV infections, significant differences again show in the individual age groups: only 1% of people under 18, but 7% of clients over 40 indicated to suffer from HIV infections. The group of homeless people is affected to a particularly large degree: HIV infections were reported by 18% (IFES 2006).

With regard to hepatitis C, the prevalence rates relating to HVC antibody (HCV-Ab) and HCV-RNA tests have been documented separately also in the reporting year. This is relevant in particular because it is primarily HCV-RNA positive results based on PCR tests that reflect

a chronic development of HCV. The individual HCV-RNA prevalence rates, related to all HCV-Ab positive tests, range between 88% and 35%. Regarding HCV genotypes, Vorarlberg (Lukasfeld) reports that in 2 out of a total number of 9 HCV-RNA positive patients, genotype 1 was found, in 2 persons genotype 1a was detected, and in 5 persons, it was genotype 3[32].

One should bear in mind, however, that again reliable statements on developments and trends with regard to the above infectious diseases cannot be given as the data from the respective sources are not representative.

In the case of 89 out of a total of 267 persons with positive hepatitis C results documented in the DOKLI system a manifest liver disease was found: 71 out of these 89 patients had a manifest hepatitis. For 6 out of the 12 HIV positive patients, data on AIDS exist: 5 patients were suffering from manifest AIDS (see Chapter 4.2; GÖG/ÖBIG 2007a), and the forensic expert opinions on directly drug-related deaths included AIDS diagnoses in the case of 8 people with HIV infections.

For the reporting year 2006, the DOKLI data provide TBC information on 36 people, with a prevalence rate of 0%. Thus, again no relevant TBC problems have shown in Austria. A basic immunisation status against TBC resulting from a previous vaccination was found in less than 10% of people for whom valid data exist (see Chapter 4.2; GÖG/ÖBIG 2007a). In two cases out of the total of 197 drug-related deaths, concomitant lung tuberculosis was diagnosed in the context of the forensic autopsy of the internal organs (GÖG/ÖBIG 2007b).

6.3 Psychiatric comorbidity

This year, nationwide data on secondary diagnoses (ICD-10 codes) have been provided by the treatment sector for the first time[33], which confirm the high prevalence of psychiatric comorbidity. Secondary diagnoses concerning the group of mental and behavioural disorders (F00–F99) are found in 127 (62%) of the 206 patients with entries of non-addiction-related ICD-10 secondary diagnoses. The most frequent diagnoses are affective disorders such as depression, and personality or behavioural disorders (see Chapter 4.2; GÖG/ÖBIG 2007a).

Recent data on psychiatric comorbidity have been reported by several drug treatment centres in 2006: 52 out of 72 persons newly admitted to the Anton Proksch Institute (API) took part in clinical psychology examinations. In around 11% of the patients one personality disorder according to DSM IV[34] was diagnosed, and in 85%, two or three DSM-IV disorders were found. Only approximately 4% did not suffer from a personality disorder. The most frequent diagnosis was antisocial personality disorder starting after the age of 15 (36%), followed by antisocial personality disorder starting before the age of 15 (23%) and borderline personality disorder (19%; API 2007). In 2006, Grüner Kreis treated 104 patients in whom, apart from addiction, also another psychiatric disease was diagnosed. Regarding ICD-10 diagnoses[35], the majority patients suffered from affective disorders (32%), followed by personality disor-

[32] For details on the individual drug-related infectious diseases, HCV-RNA prevalence rates and HCV genotypes see also ST 9.

[33] In the DOKLI system, in addition to addiction-related ICD-10 codes, up to 10 other ICD-10 diagnoses may be included. For 206 out of the total of 1 048 patients for whom medical data were available in 2006, at least one additional diagnosis was entered.

[34] Diagnostic and Statistical Manual of Mental Disorders, 4th edition

[35] International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD 10)

ders (30%) and schizophrenia (28%). Neurotic disorders (8%) and eating disorders (3%) were diagnosed less often. In particular eating disorders were found significantly more often in women than in men (Grüner Kreis 2007a).

As in the year before, around one out of five clients of drug help centres in Vienna (see Chapter 4.2) reported to have undergone psychiatric treatment in the last 12 months before the start of addiction treatment (see GÖG/ÖBIG 2006). While no differences regarding age were found, differences according to gender and treatment settings did show: among men, inpatient treatment predominates (inpatient treatment: 64%; outpatient settings: 50%), while in the case of women, the corresponding percentages are at similar levels (inpatients: 61%; outpatients: 59%). 10% of new clients said that they were suffering from a psychiatric disease (see Table 6.2 on the following page). In general, the data on other types of assistance provided outside the current treatment setting that were gathered in the context of the BADO documentation also indicate that psychiatric comorbidity plays a relevant role. The corresponding services were rendered to 53% out of the total of 2 252 people concerned: 15% said they were getting medical psychiatric treatment, 4% named psychological assistance and 8%, psychotherapy (IFES 2006).

6.4 Other health correlates and consequences

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

The following representation of physical comorbidity (concomitant organic diseases) is based on the findings (macroscopic and microscopic histological tests on internal organs) of 197 forensic expert opinions on directly drug-related deaths, 186 of which include statements on concomitant diseases (see Chapter 6.1, GÖG/ÖBIG 2007b). 41 of the corresponding expert opinions do not diagnose pathological changes of the organs; 40 opinions describe damage of one organ, and in 77 cases damage of two or three organs is listed. Diseases of more than four organs were found in 24 persons, and in four cases, the expert opinions referred to six affected organs.

As in the previous year, the forensic expert opinions on directly drug-related deaths mention pronounced physical lesions (see GÖG/ÖBIG 2006, GÖG/ÖBIG 2007b). In 2006, a total of 31 deaths were found to be indirectly related to drug use[36]. The majority of these cases (18 persons) had died of diseases such as myocarditis, cirrhosis or cancer. 7 persons had committed suicide, five had died in accidents and four of these, in road accidents. One person had been stabbed to death.

[36] In the case of indirectly related deaths, death has not been caused by an acute intoxication with a drug of abuse. However, because of the patient's history of drug use, her/his death may be related to drug consumption. As a classification is only possible if a suspicion of an indirect drug relation is reported, the data cannot be assumed to be complete (see GÖG/ÖBIG 2007b)

According to the statistics of BADO (Vienna), 65% of the patients registered said that they were suffering from health problems. This is an increase by 6% compared to the year before and contrary to the trend described in the reports of past years, which indicated a declining tendency of health problems (see GÖG/ÖBIG 2006, Table 6.2 and Table A22 in Annex A).

Table 6.2: Current health problems, comparison from 2002 to 2005; percentages (n = 2 244 in 2005), client year 2005

Health problems	2002	2003	2004	2005
Current health problems	70	66	59	**65**
Chronic hepatitis C	42	39	30	**35**
Dental problems	22	22	19	**23**
Gastrointestinal problems	12	13	11	**16**
Psychiatric diseases	11	9	9	**10**
Dermatological and venous problems	8	9	7	**10**
Spasms, epileptic seizures	6	7	5	**6**
AIDS/HIV infections	7	5	4	**4**
Chronic hepatitis B	5	5	4	**4**
Gynaecological problems	1	3	2	**4**
Chronic ill health	2	1	1	**1**
STD (sexually transmitted diseases)	1	1	0	**1**
Other health problems	7	10	9	**8**
No current health problems	30	34	41	**35**

Source: IFES 2006; representation by GÖG/ÖBIG

Secondary diagnoses that are not related to addiction, which have been gathered for the first time in the context of DOKLI, in addition to ICD diagnoses of psychiatric comorbidity (see Chapter 6.3), primarily list viral hepatitis (24%). 17% of the diagnoses (total: 206 patients) concern rehabilitation measures in the context of addiction to pharmaceutical substances or illicit drugs, 5% refer to diseases of the respiratory system, and another 5% to episodic and paroxysmal disorders of the nervous system such as epilepsy. The rest of secondary diagnoses are accounted for by shares of less than 5% (see Chapter 4.2; GÖG/ÖBIG 2007a).

In the reporting year, the low-threshold centres of Vienna reported 72 instances of life-saving measures taken, for which either ambulance services had been called or artificial respiration was necessary. According to statistics of Vienna's ambulance service, in Vienna the number of patients with suspected overdoses of illicit substances was 546 in 2006 (VWS 2007a, Sucht- und Drogenkoordination Wien 2007).

7 Responses to Health Correlates and Consequences

In Austria the responses to health correlates and consequences include a wide range of interventions. The relevant measures focus on drug-related infectious diseases, as well as low-threshold assistance aimed at harm reduction. For instance, syringe exchange, hepatitis vaccinations and information on safer use/safer sex are typical services performed by low-threshold centres and outreach services (street social work)[37]. Treatment of health consequences is primarily provided by the general health-care system (e.g. emergency physicians, psychiatrists). In recent years the prevention of overdoses and the issue of comorbidity have played increasingly important roles. Regarding the general state of health of drug users, the themes of gynaecological health care and pregnancy have become central aspects of the services addressing women. Staff training in the exchange and sale of syringes is regularly organised primarily in low-threshold centres.

7.1 Prevention of drug-related deaths

A number of provinces started new initiatives to prevent overdoses. Burgenland is preparing a programme of first-aid training courses for different stakeholders, e.g., drug users, relatives and staff of drug help centres. In Upper Austria the centres give drug users small booklets and key rings with information and emergency phone numbers. Practitioners in the drug help field have again reported problems in certain provinces regarding the consequences when ambulance services are called because of overdoses: for instance, the ambulance services sometimes also call the police, and there are provinces, e.g., Lower Austria, where the drug users concerned have to pay for the emergency services provided. Generally speaking, the range of measures taken to prevent drug-related deaths obviously is insufficient.

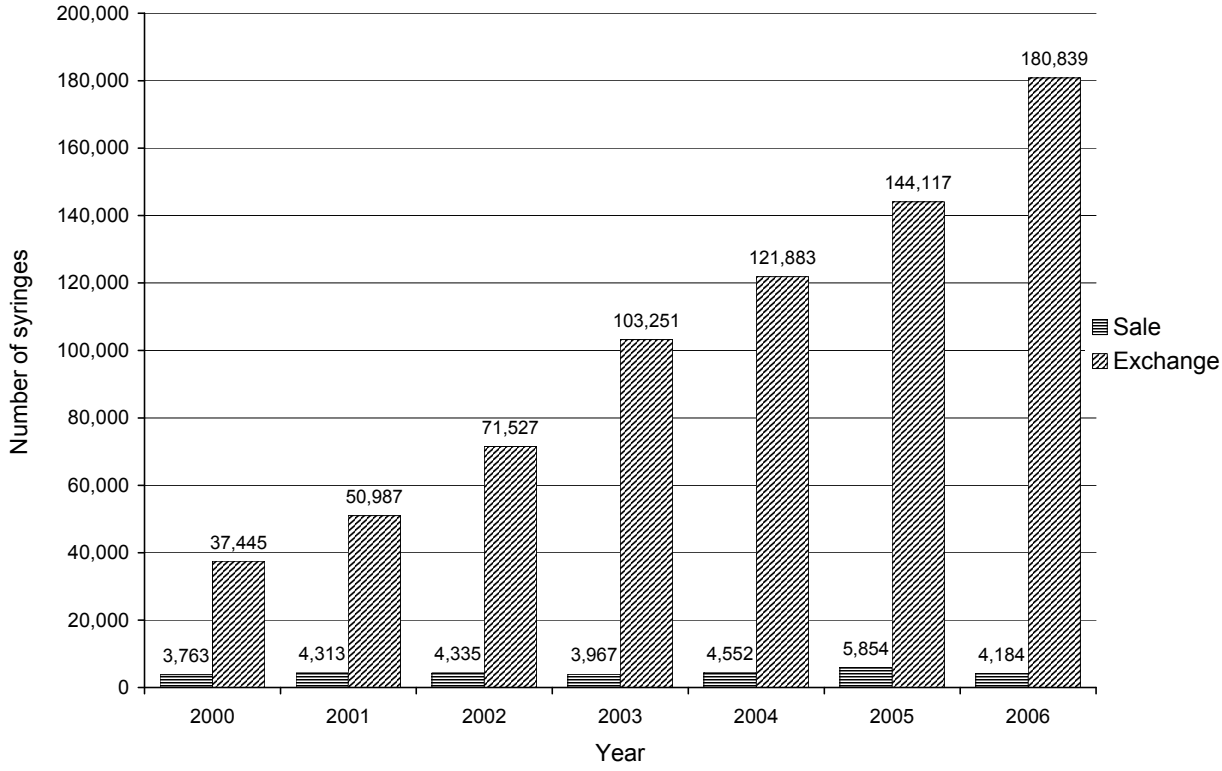
7.2 Prevention and treatment of drug-related infectious diseases

Preventing infections continues to play a central role in low-threshold centres and outreach work, here the exchange and sale of syringes is of particular relevance. In this field, no nationwide programmes exist in Austria, but the corresponding measures are taken at provincial level. The reporting period did not see any relevant changes with regard to these interventions (see GÖG/ÖBIG 2006). In Styria the Addiction Coordinators, in cooperation with the Federal Streetwork Association (BAST) plan to integrate the issue of drugs in the context of street social work addressing young people at transregional level, on the basis of uniform quality standards. One goal here is that the standard scope of street social work should also include counselling, information and harm reduction measures as well as syringe exchange
.

[37] http://suchthilfekompass.oebig.at

This reorientation has become necessary as also at present, 30% of the work time of youth street social workers is accounted for by drug issues (Ederer, personal communication).

Figure 7.1: Distribution of injection equipment at the Komfüdro centre, from 2000 to 2006



Source: Komfüdro 2007; representation by GÖG/ÖBIG

The Komfüdro low-threshold centre in the Tyrol (see Figure 7.1) is a place that is contacted by drug users from the entire province. In order to expand its syringe services, opening hours in the evening once a week were introduced for a trial period especially for syringe exchange, but this was discontinued after four months due to lack of demand.

All centres that communicated figures on syringe exchange in the reporting year stated that there were further increases of both the sale and exchange of injection equipment, and constant good return rates between 94% and 98%. The trend of recent years has thus continued (see GÖG/ÖBIG 2006). The Vienna Social Projects Association (VWS) presents the following tentative explanation of these rises (2005: 1 667 845; 2006: 1 902 001): apart from the assumption that the number of injecting users has been going up and that the increase in cocaine consumption in the street scene has also led to rises in i.v. use, the safer use information campaigns are likely to have taken effect and therefore needle sharing is practiced less often. In addition, practical experience has shown that the groups of clients and customers of the syringe exchange programme are expanding and that larger numbers of users of better social integration also use this service (VWS 2007a).

In addition to the syringe exchange and sale programmes at provincial level, it is also possible in Austria to buy injection equipment in pharmacies. In Graz, Styria, around 13 000 syringes are sold by pharmacies every month. In Salzburg, a survey on syringe distribution was

carried out in pharmacies, organised by the Drug Counselling Centre of the Province of Salzburg in cooperation with the Chamber of Pharmacists. This showed that in the city of Salzburg, a monthly average of 10 to 80 syringes are sold per pharmacy, but in certain focal areas, the sales may be as high as 900 syringes. Outside the capital of Salzburg, the average is 10 syringes (Drogenkoordination des Landes Salzburg 2007). Upper Austria reports the problem that several pharmacies have refused to sell syringes to drug users (Schwarzenbrunner, personal communication).

Hepatitis vaccination projects at regional level or run by individual centres are other important interventions in the context of the prevention and treatment of drug-related infectious diseases (see also GÖG/ÖBIG 2006). 30% of the patients at the API were immunised against HBV, which is an increase in the vaccination rate compared to the previous year (19%). All persons who had not yet been vaccinated obtained basic immunisation at the API (API 2007). The outpatient drug department of Innsbruck administered a total of 30 HBV vaccinations in 2006 (Giacomuzzi, personal communication), and the hepatitis A and B immunisation programme of Ganslwirt (Vienna) has been continued. The available DOKLI data on clients' immunisation status[38] show that the share of persons immunised against HAV and HBV is smaller among the i.v. users registered than in the total group of clients (HAV: 18% v. 23%; HBV: 25% v. 29%; see Chapter. 4.2; GÖG/ÖBIG 2007a).

In Vienna an initiative aiming at the optimisation of diagnosing and treatment of HCV-positive drug users was started at the end of 2006, organised by the interdisciplinary Austrian Society of Pharmacologically Assisted Treatment of Addiction (ÖGABS) as the responsible agency, in cooperation with the Medical Association of Vienna (see Chapter 5.3). In the context of this social medicine treatment network, quarterly quality circles are held which, in addition to improving the communication among sectors relevant for treatment, also aim to optimise the care and treatment services for HCV-positive drug users, to develop a structure for crisis management, to facilitate the exchange among experts as well as to identify and remove treatment barriers. The participants in the regular meetings include physicians from specialised hepatitis or drug outpatient departments, psychologists, social workers, representatives of support groups, general practitioners providing substitution treatment and established psychiatrists. In the medium and long runs, the interdisciplinary approach of this network will facilitate the cooperation across different fields of expertise, which has proved to have good results in particular for the treatment of drug users. Because of the positive effects that showed, in July 2007 a second quality circle was set up in Innsbruck, Tyrol (Haltmayer, personal communication).

The establishment of safe rooms as a complementing harm reduction measure regarding new infections was again discussed in Austria. The debate was triggered by an analysis of current demand that was carried out in June 2006 as a cooperation of the Drug Coordinators of the City of Graz, Styria, the Kontaktladen centre and the Addiction Coordinators of Styria (see Chapter 4.3). The analysis, which was based on 102 interviews with injecting users in Graz, showed the following picture: The majority of respondents said that they planned in

[38] Data on HAV vaccination status are available for 330 clients, and regarding HBV, for 326 clients.

advance when and where to take drugs. Almost half of them occasionally or almost exclusively consume their drugs in public toilet facilities, and some people also outdoors or in parks. More than 50% indicated that they had already been affected by a drug emergency. When asked about the need for a users' room in Graz, 90% of respondents agreed and approximately 72% said they would maybe use such a facility. On the basis of these results, an implementation plan was drawn up for a drug treatment contact point (DTA) that is integrated in the existing system of low-threshold and outpatient centres (Kontaktladen 2007; Zeder 2007). As a consequence, the Federal Drug Forum discussed this issue in April at the federal level. Eventually, because of the topicality of this question, a Special Federal Drug Forum on harm reduction measures was held in June 2007, for a first exchange of positions regarding users' rooms. Generally, the implementation of safe rooms continues to be a controversial issue: for instance, at present neither the Federal Government nor the City of Vienna see any need for providing such a service.

Talks about safer use and safer sex still are central themes of outreach drug social work; they usually take place in the context of syringe exchange. In the reporting period Vienna's low threshold service providers registered around 4 650 talks (2005:3 800), which focused on harm reduction in connection with drug use (VWS 2007a). In the course of restructuring the counselling centre in Karlsplatz square (Vienna), a weekly series of events named *Zur Sache* (Getting to the Point) was initiated, where harm reduction themes are addressed: the first few events focused on safer use, HIV and HCV infections and first aid. The paper published by Ganslwirt in Vienna regularly provides information on safer use as well. For instance, in one edition, under the subject of Fairy Tales and Myths, typical misinformation that circulates in the scene was corrected (VWS 2006a). In spite of the long-standing focus on safer use in the centres, experience from the low-threshold sector shows that safer use measures are not applied to a sufficient extent. For instance, clients report that syringes and also filters are used several times by one person, that only the needle is exchanged but not the pump, and that the same site is injected repeatedly (Schwarzenbrunner, personal communication). In order to optimise the corresponding prevention measures it would be sensible further to investigate this discrepancy between what clients know and what is actually practised. The theme of safer use and risk reduction in the party scene, in particular regarding use of ketamine, is also treated in a diploma thesis on ketamine as a party drug, published in cooperation with ChEckiT! in Vienna (Baumgartner 2007, see Chapters 2.3 and 3.2).

7.3 Interventions related to psychiatric comorbidity

All centres and institutions in the drug help sector provide specific care services for their clients in the field of psychiatric comorbidity (see GÖG/ÖBIG 2006).

Around 15% of all persons receiving care and treatment at Grüner Kreis have case histories that include diagnoses of psychiatric comorbidity. In the treatment and care settings, this requires intensive medical management because additional regular treatment by a general practitioner and psychiatric care or crisis intervention are needed. The majority of patients take neuroleptics, antidepressants and/or mood stabilisers, which require frequent lab tests, as well as ECG and EEG examinations (Grüner Kreis 2007a).

The Addiction Plan 2006–10 of the province of Carinthia stipulates a diversification of prevention and treatment options and also includes the group of chronic addiction patients with psychiatric comorbidity (Prehslauer, personal communication; see Chapter 1.2). In Innsbruck, the outpatient addiction prevention department of the city's social and health care district also provides psychiatric and psychotherapeutic outpatient treatment of drug users. In 2006, a total of 125 persons were treated, and 2 250 individual therapy sessions as well as 45 hours of counselling and information talks with relatives were held (Kern, personal communication).

7.4 Interventions related to other health correlates and consequences

Interventions and measures that aim at the general state of health of drug users are integrated in all treatment and care fields covered by the drug help network, with different focuses depending on the setting in question. For instance, in Carinthia treatment by general practitioners was integrated in the services provided by drug outpatient departments because many drug users were found to be in a bad state of general health. In 2006 the aftercare services of API placed the focus on the theme of health because it showed that psychological and physical stabilisation, crises, interferon treatment, diet, exercise, stress and medication were identified as recurring aspects of aftercare (API 2007). In the outpatient clinic of the Ganslwirt low-threshold centre in Vienna the service most frequently provided in 2006 again was treatment with pharmaceuticals (4 187 times), followed by treatment of acute withdrawal symptoms (1 423 times), transitional treatment (1 127 times) and medical consultation talks (863 times) (see VWS 2007a).

In addition to general health-care services, the drug help centres increasingly often have dealt with the theme of safer sex in the context of revenue-raising prostitution for buying drugs. In Vienna, as of 2006 Ganslwirt's newspaper has regularly published tips for male prostitutes, and since its reopening, the mobile contact point in Karlsplatz square (Vienna) is open until late at night several times a week in order to establish better contacts to the drug-related prostitution scene. The weekly *Zur Sache* (Getting to the Point) information events focus not only on specific harm reduction themes such as safer use, HIV and HCV infections but also the issue of safer sex, which is separately treated for women and men (VWS 2006b). The outpatient drug help sector of Vorarlberg expanded the project strategies on prostitution in order to provide adequate support to those concerned, who are often confronted with combined problem situations such as trauma, experience of violence and abuse, drug addiction, infectious diseases and psychological disorders (Stiftung Maria Ebene 2007).

The themes of women's health, gynaecological questions and pregnancy/children have increasingly often been raised in contacts with female clients. In the Tyrol, Vorarlberg and Styria women's networks have existed for some time in order to promote a professional approach to the theme of women and substance use, identify and study necessary fields of action at structural level, and eventually prepare practical ways of implementation and provide concrete services for clients (see Chapter 5.1). The outpatient drug help centre of Vorarlberg has continued its activities in the field of pregnancy and motherhood (see GÖG/ÖBIG 2006). A central focus of 2006 was to ensure gynaecological care for drug-using women in all dis-

tricts and to build a system of liaisons in the maternity wards of the hospitals and start a co-operation with youth welfare departments. In October 2006, the drug help centres, physicians and youth welfare agencies cooperated to organise a conference on addiction, parenthood and the welfare of children, in which more than 80 persons took part. As a result of this conference, a project group was established to prepare practical guidelines for the cooperation of the corresponding social welfare agencies and to draw up a cooperation agreement in the interest of drug-using parents and their children (Stiftung Maria Ebene 2007). The low-threshold sector also offers specific services in the field of women's health and pregnancy. Komfüdro (Innsbruck, the Tyrol) cooperated with the AIDS Assistance Service of the Tyrol to organise a further training programme for drug-using women, which places a special focus on the issue of sexual health (Komfüdro 2007). Ganslwirt's paper published a comprehensive article on birth control and pregnancy, and in addition, the theme of pregnancy and drugs has been an integral part of the regular *Zur Sache* series of events (VWS 2006b). In 2006, 68 pregnancy tests were carried out at Ganslwirt (2005: 56 tests). Seven clients were treated under the diagnosis of pregnancy, but not all diagnoses were obtained through Ganslwirt's internal testing services. In Graz, the specific services for women provided by Kontaktladen were expanded to include a monthly gynaecological clinic, and a cooperation with the Drug Counselling Centre of the Province of Styria was started, which focuses on treatment and care services for both drug-using women and their children (Drogenberatung des Landes Steiermark 2007, Kontaktladen 2007).

8 Social Correlates and Consequences

Homelessness, unemployment and debts continue to be the most pressing social problems of drug users, in particular severely addicted users in the street scene (see also Chapter 12). Reports to the police relating to violations of the Narcotic Substances Act (SMG) have gone down for the first time since 2003, and what deserves special mention here is the decrease in reports concerning cannabis. Convictions because of misdemeanours according to the SMG have also declined, while the number of convictions resulting from felonies has remained at the same level as in 2005.

8.1 Social exclusion

Among the clients of 2006 registered in the Austrian DOKLI system (see Chapter 4.2), the share of people with jobs is smallest in the group undergoing inpatient treatment (13%). Here, the percentage of persons who indicated that they were unemployed was also the highest (45%). In all groups, the share of women who have jobs is smaller to varying degrees compared to men (e.g., clients of low-threshold centres: 12% of women and 18% of men). While smaller shares of women stated that they were jobless, recipients of welfare assistance are found more often among women than among men. The trends regarding source of income, which at present can be studied only on the basis of the BADO[39] documentation of Vienna, show that the share of gainfully employed people has remained constant from 2003 to 2005. On the other hand, the percentage of people receiving unemployment benefit (2003: 20%; 2005: 13%) or unemployment assistance (2003: 30%; 2005: 23%) has significantly declined. At the same time, the share of clients covered by BADO who do not have any source of income has massively risen (2003: 9%; 2005: 31%). An average of 53% of clients of low-threshold centres whose data are covered by DOKLI said they had a stable accommodation, compared to 90% out of the group of people receiving long-term treatment. Regarding educational level, more than half of the clients of Austrian drug help centres aged 19 or older said that their highest degree was a lower secondary school leaving certificate. Around one out of five women and one out of four men said they had completed an apprenticeship. However, the share of women is overrepresented in the categories referring to completion of a vocational intermediate secondary school as well as general education and vocational education upper secondary schools (IFES 2006, GÖG/ÖBIG 2007a).

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

[39] Basic Documentation of clients of drug help centres of Vienna, compiled by the Viennese Working Group on Documentation. The Basic Documentation of 2005 covers 28 centres with data sets on 3 452 persons. The data collected in the context of BADO (client year 2006) are also included in the DOKLI data and thus form part of the analyses of DOKLI.

A new diploma thesis[40] provides information on the theme of social exclusion and the resulting interactions of the groups concerned, i.e., police officers, social workers and drug users. This also revealed how difficult it is for social workers and even more so for police officers to recognise and respect fields of activity that are the specific domain of the other group. As a protection area was defined for Karlsplatz in 2005, the places where members of the drug scene may stay have been reduced massively, which in turn has increased the pressure on this group (see ÖBIG 2005). The interviews have shown that Karlsplatz is a typical place to spend time not only for drug users but for socially excluded people in general, e.g., homeless people, people placed under guardianship or people who are not socially adjusted in one way or other (Etl 2006).

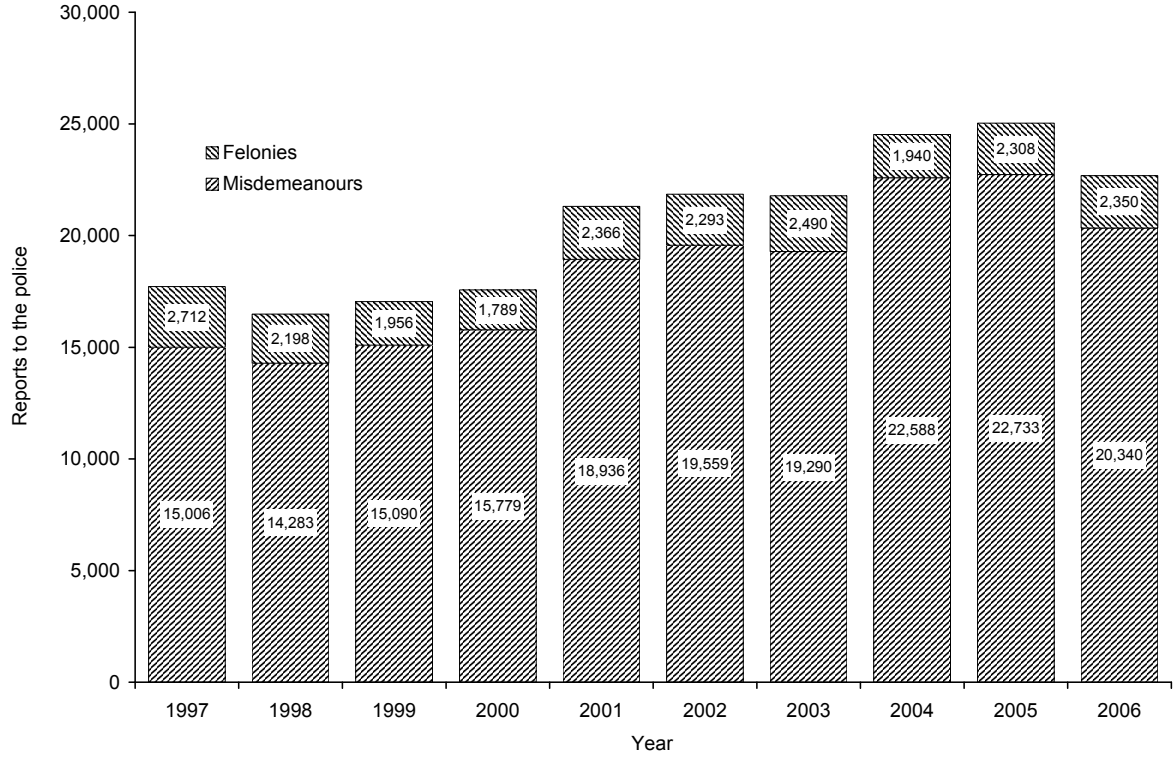
Also in 2005 TEAM FOCUS, on behalf of the Social Vienna Fund (FSW), carried out a general analysis of how public places are used and of social patterns around Karlsplatz square. The focus was placed on typical points of interaction and conflict between groups of users as well as possible problems that might result. The project report confirms the statements by Etl 2006 that the area around Karlsplatz square is in fact a meeting point and place to spend the night for socially excluded groups such as homeless people, immigrants, persons with alcohol problems and people suffering from psychiatric diseases. Recently, also increasing numbers of adolescents and young adults have been found to frequent the Karlsplatz area but their patterns of behaviour differ from the established scene (FSW/Team Focus 2005, GÖG/ÖBIG 2007a; see also Chapter 12).

8.2 Drug-related crime

In 2006, the number of reports to the police on the basis of the Narcotic Substances Act (SMG) was 24 008 (2005: 25 892; see also Table A9 in Annex A and ST11), which is a decline compared to the previous year. A total of 22 690 reports relate to narcotic drugs, the rest to psychotropic substances. Regarding type of report (see Figure 8.1), in 2006 the number of reports for misdemeanours (possession and small-scale trafficking – Section 27 of the SMG) was considerably smaller than in 2005, and regarding felonies (large-scale trafficking, professional trafficking – Section 28 of the SMG) it was slightly higher. The trend regarding reports because of felonies has thus continued, although it has become weaker, while the number of reports relating to misdemeanours has gone down by 11% (see Chapter 1.1).

[40] In the context of a qualitiative research setting, Ms Sabine Etl talked to police officers, social workers and drug users in Karlsplatz square in Vienna, a traditional meeting place of Vienna's open drug scene, and also in the Streetworker bus at Vienna's Westbahnhof railway station.

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 1997 to 2006



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.

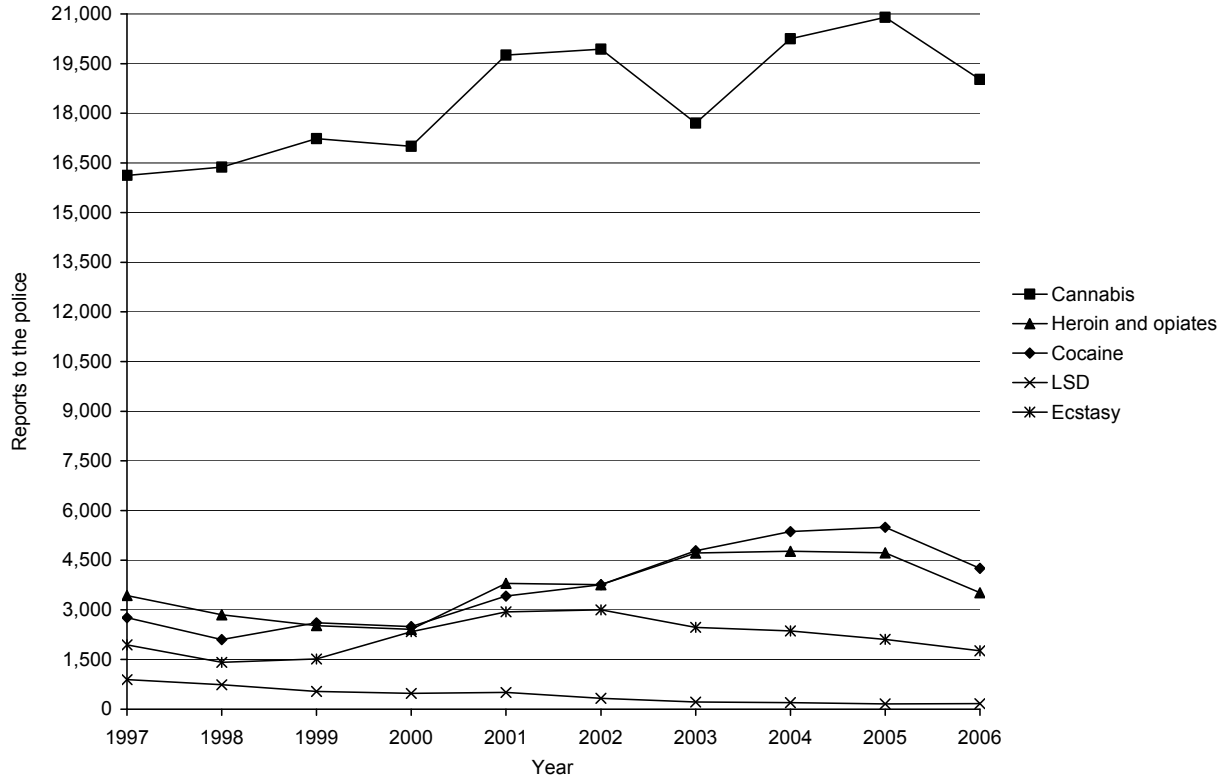
Source: BMI/Bundeskriminalamt (Federal Criminal Agency); representation by GÖG/ÖBIG

In terms of substances involved (see Table A11 in Annex A and Standard Table 11), compared to the previous year there have been slight decreases in the number of reports to the police with regard to all substances except LSD as well as psychotropic and other substances (see Figure 8.2 on the following page). The declining trend in reports to the police because of heroin and opiates that showed already in 2005 has continued and become considerably more pronounced. However, a simultaneous rise in reports relating to pharmaceuticals containing opioids has also been registered (see Chapter 10.1). As in the year before, the reports because of ecstasy have decreased further, a development which since 2005 has also shown with regard to reports concerning amphetamines.

In 2006, 24 008 reports led to a total of 3 292 arrests (2004: 3 929) in connection with narcotic drug investigations; however, regarding arrests no detailed indication of the type of offence, substances involved, etc. can be given.

As explained in previous years and also stressed by the responsible Ministry of the Interior (BMI 2007), the data concerning reports to the police permit only limited conclusions as to the development of illicit drug use and misuse, because they primarily reflect the intensity and focus of police measures in this field.

Figure 8.2: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act by type of substance, from 1997 to 2006



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

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

The number of convictions for violation of the SMG (5 795) declined in 2006, as did the number of unsuspended prison sentences (1 499). The decrease in the total number of convictions relating to the SMG in 2006 has also stopped the rising trend as to the shares of SMG convictions in total convictions showing in recent years (1999: 5.4%; 2005; 13.4%; 2006: 13.3%; see Table A13 in Annex A).

Again, there were significantly more misdemeanours (Section 27 of the SMG – possession and small-scale trafficking), namely 4 246 cases (2005: 4 702) than felonies (Section 28 of the SMG – trafficking; 1 464 cases compared to 1 357 in 2005; see Table A14 in Annex A). The number of convictions because of felonies remained near the level of the previous year regarding both young people and adults, while a decline shows for both age groups as far as misdemeanours are concerned. 66% of all persons convicted (2005: 70%) were punished with imprisonment (see Table A15 in Annex A). The share of sentences that were suspended on probation in all convictions was 44% (2006: 42%), thus again a slight rise has shown compared to previous years.

In addition to convictions, the data on the provisional waiving of reports (Section 35 SMG) and suspension of proceedings (Section 37 SMG) are also relevant (see Chapter 1.1 and Table A16 in Annex A). As yet there are no reliable data on the suspension of sentences on the basis of the principle of therapy instead of punishment (Section 39 of the SMG). However, such data would be an important source of information on the practical implementation of this principle.

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

However, there is a recent study that shows that drug users frequently also are the victims of various types of crime. Women, homeless people and persons with mental illnesses are especially affected groups[41] in this regard. The average age in the Austrian sample was 27.2 years; men accounted for a share of 80%, 86% were out of work. In Austria, the probability to become the victim of a crime has shown to be smaller than in any of the other countries studied – but still as high as 60% (Stevens et al. 2007; see Chapter 13.2).

8.3 Drug use in prison

The existing information on drug use in prison was presented in detail in the Key Issue chapter on drug use in prison in 2001 (ÖBIG 2001a). According to recent information, in Austria around one out of three prisoners suffering from opiate addiction is offered substitution therapy. In sum, the group of persons who are serving prison sentences in Austria **and** in whom drug addiction has been diagnosed has strongly risen in recent years. The share of this group of inmates is around 30% in the Jakomini prison of Graz, Styria (Kontaktladen 2007).

8.4 Social costs

Studies on public expenditure for drug purposes are hardly available in Austria, and no routine data on this aspect exist (see Chapter 11).

However, a study of 2004 dealing with costs incurred in the context of cerebral diseases in Austria also included the category of addiction (Wancata et al. 2007). An interesting aspect here is that the cost of addiction in overall costs was EUR 1 444 million (in terms of PPP[42]), but a major part of this sum (EUR 1 043 million) was accounted for by indirect costs (e.g., sick leave, premature retirement).

[41] For this study, which was carried out from 2003 to 2004, a total of 545 people were interviewed in Austria (150 people), England, Germany and Switzerland. The respondents came from the groups of clients undergoing compulsory or voluntary treatment in drug help centres.

[42] PPP, or purchasing power parity, means that the purchasing power of consumers in a country is taken into account in order to permit comparisons across countries.

9 Responses to social correlates and consequences

Measures for the social (re)integration of (former) drug addicts address both clients who have undergone drug-free treatment and people who are currently using drugs. In Austria, such measures have traditionally played an important role, especially with regard to housing, work, education and training (see SQ28, latest update). Some of the pertinent measures are part of the chain of treatment and integrated in the corresponding care modules, while others are services provided by low-threshold centres in the context of accepting drug assistance (see Chapter 5). Recently, activities in recreational settings have increasingly often been organised. In Austria's prisons and police detention centres a wide range of drug-related measures for prisoners exist, from prevention of addiction, substitution treatment and prevention of infectious diseases to drug-free treatment.

9.1 Social reintegration

In the field of **training** and **employment**, a number of projects described in previous years (e.g., drugaddicts@work) were phased out. Others, such as *fix und fertig*, have been carried on with good results, and the personnel development strategy started in 2005 has been continued (GÖG/ÖBIG 2006). For instance, four vocational orientation programmes and three job application training events took place in 2006. In the context of personal counselling, 120 talks with 23 clients were held from May to December 2006. On average, the clients remained with *fix und fertig* for 12 months, and nine out of 27 people could be referred to the regular labour market. Another three clients who were regarded to be job-ready did not find work, and one person started a therapy. The evaluation of objectives drawn up in 2005 shows the following results in the fields of training and employment as well as financial situation: the goals that were set with regard to work values were met (in part) in the case of 21 out of 24 transitional workers. Similar results were achieved with regard to job application skills and outplacement readiness. 11 people completed qualification training or on-the-job training, and success also showed in fields such as managing to make ends meet and handling financial crises, and 10 clients made progress regarding debt regulation (VWS 2007a).

The Vienna Job Exchange (WBB) also focused its activities on intensifying contacts to the regular labour market, which is extremely difficult as a rule because often massive reservations regarding contacts to addicted people exist that cannot be overcome. A good cooperation was started with a building contractor to whom a few clients were referred with support by the Public Employment Service (AMS). In addition, the contacts to the socioeconomic enterprises (SÖB) and to outplacers were intensified (Wiener BerufsBörse 2007).

As a result of the close cooperation between the Vienna Job Exchange and the Grüner Kreis association, a wide range of education and training opportunities have been made available to patients. Wherever possible, further qualification is encouraged, for instance, through vocational orientation, job application training and external on-the-job training. For a further

improvement of the quality of occupational therapy services, a joint project was started by Grüner Kreis and diepartner more than one year ago, where information on qualification and occupation is gathered, analysed and interpreted. Both clients and staff take part in the project so that measures of personnel and organisation development may be realised more effectively and the commitment of stakeholders is enhanced (Grüner Kreis 2007b).

The second Austrian addiction aid fair scheduled for November 2007 is oriented towards job reintegration of addiction patients, and also presents qualification measures as well as offers of daily paid work for (former) drug users who are undergoing (medical) treatment because of their addiction disease. At the fair, Austrian socioeconomic employers and enterprises will take part, and services provided by the Public Employment Service will be made known. In addition, lectures on these themes will be delivered.

In the field of **housing**, a part-time-home system was established for patients of the Grüner Kreis association who suffer from an addiction disease and also a psychiatric disorder (comorbidity). After inpatient long-term treatment, they may spend the evening or the whole night and their spare time outside the inpatient facility, while the entire daily structure including treatment and meals are organised by this facility. Grüner Kreis rented flats in the neighbourhood of its inpatient departments, which patients may use as their part-time homes. In 2006 eight people (two women and six men) took part in this programme; the average time of stay is around 40 months (Grüner Kreis 2007).

Regarding medium-term housing, a new development is that the three large transitional homes run by the City of Vienna (Haus Hernals, Haus Siemensstraße, Haus Wurlitzergasse) have partly been opened also to drug users. A quota regulation provides that a maximum of 20% of the available places may be used by clients with drug problems. The women's accommodation centre is another important place where homeless drug-using women may find accommodation (VWS 2007a).

2006 was an especially good year for the Assisted Housing project, as in the reporting year nine (out of 15) clients could be referred to regular council flats. Since the establishment of Assisted Housing 10 years ago, around half of the clients have been referred to regular accommodations (two thirds of the women and almost half of the men), they had previously lived in an Assisted Housing accommodation for 22 months on average. In 2006 it was decided that six of the 15 places of accommodation (i.e., 40%) should preferably be made available to women in order to achieve a better gender balance among the residents (VWS 2007a).

As social integration is more than having a place to live and a position of financial and social security, since May 2006 Assisted Housing has also organised monthly **recreational** activities for all residents. By the end of 2006, nine activities had taken place with a total of 19 people participating: e.g., a barbecue on Donauinsel recreational area, bicycling, visiting an exhibition and Schönbrunn zoo, bowling, billiards, etc. (VWS 2007a).

In the context of social integration measures, the Anton Proksch Institute runs LOG IN, a network of supporting integration measures and health-oriented sports and cultural events as central elements of aftercare. In January 2006, in a cooperation of the ASKÖ sports association of Vienna and LOG IN, a football team was set up, which has seven core members who also attend the regular training hours. For the clients, this environment with its orientation to-

wards abstinence is regarded as protective and a model with which they may identify (API 2007; see EDDRA).

Although it is no measure in the field of social reintegration as such, the Help U pilot project, which was started already in September 2005 as a cooperation of the public transport system of Vienna and the Addiction and Drug Coordinators, nevertheless contributes to enhancing the feeling of personal safety and avoiding social problems in public areas. From October to December 2006, the Help U team, for which additional staff was hired in May 2007, provided assistance in more than 7 500 situations, and in 70% of the cases they became active of their own accord. The shop owners in the neighbourhood have increasingly often contacted the team either by phone or in person, and Help U is now present on the street until 10 p.m. Because of its good results and after a positive evaluation, the project has been continued as a regular service (Sucht- und Drogenkoordination Wien 2007; see ÖBIG 2005).

9.2 Prevention of drug-related crime

The legal and organisational framework of drug-related interventions in prisons, which was described in great detail in the Report on the Drug Situation 2001 (ÖBIG 2001a), has not changed in the reporting period. As recent data and information have shown, imprisonment on account of felonies due to violations of the SMG still plays a relevant role (see Chapter 8.2)

In September 2007 the New Society of Criminology (NKG) held its 11th scientific expert meeting in Innsbruck, which dealt with the themes of drugs, addiction and delinquency (Haller, personal communication).

Because of the tight staffing situation, the Austrian prisons cannot perform the task of preparing social reintegration to a sufficient degree. On the one hand, the scope of work of prison psychologists has increased because of projects such as suicide screening or drug-free zones, and on the other, an increasing number of inmates show massive psychological distress, also due to addiction problems. For instance, in the prison of Suben one social worker is in charge of 280 prisoners, and in Klagenfurt, there is one psychologist for 300 prisoners[43]. In this context, it should also be mentioned that the Minister of Justice considers to close two prisons in Vienna, i.e. Favoriten and Mittersteig, as the buildings are in urgent need of repair. Favoriten is a special prison that focuses on addiction treatment[44].

The workload of the prison staff has eased to a certain extent as a result of the cooperation with drug help centres. For instance, the number of visits to the Jakomini prison of Styria by staff of the Drug Counselling Centre of the Province of Styria has greatly increased: 66 visits to 16 men and eight women. During these visits, the treatment of clients who were already treated at the drug help centre before is continued, and services to other inmates are also provided. The possible treatment options and ways to practice therapy instead of punishment

[43] Salzburger Nachrichten of 24 May 2007

[44] Salzburger Nachrichten of 21 July 2007

under the SMG are explained. In addition, the motivation for and goals of treatment are discussed (ÖBIG 2002a; Drogenberatung des Landes Steiermark 2007).

The principle of therapy instead of punishment continues to be an important component of all drug strategies and drug policy plans in Austria (ÖBIG 2002a). The related measures are implemented by all actors in the drug help system of Austria rather than by specialised services (see Chapter 5).

A cooperation agreement was concluded between Grüner Kreis and B.A.S.I.S. in order to be able to provide a flexible treatment and counselling programme that takes into account individual needs and does not require a change of counsellors – and in particular, it aims to provide a treatment model that specifically addresses clients in prison. By means of this cooperation the available resources and synergy may be used in the best possible way and the requirements regarding economy on the part of the judicial authorities may also be met without reducing the quality of treatment. Eventually, the imprisoned clients benefit from advantages such as shorter waiting times and uninterrupted counselling/treatment[45].

A point of criticism is that in Austria, the types of treatment facilities and thus the number of available beds is fairly limited and that the treatment options especially for young drug users are not as diversified as is desirable. The number of therapy forms that are actually available is also reduced due to the lack of harmonised cost coverage agreements between the Ministry of Justice and the individual treatment centres (Kontaktladen 2007).

[45] www.vereinbasis.com (3 Aug. 2007)

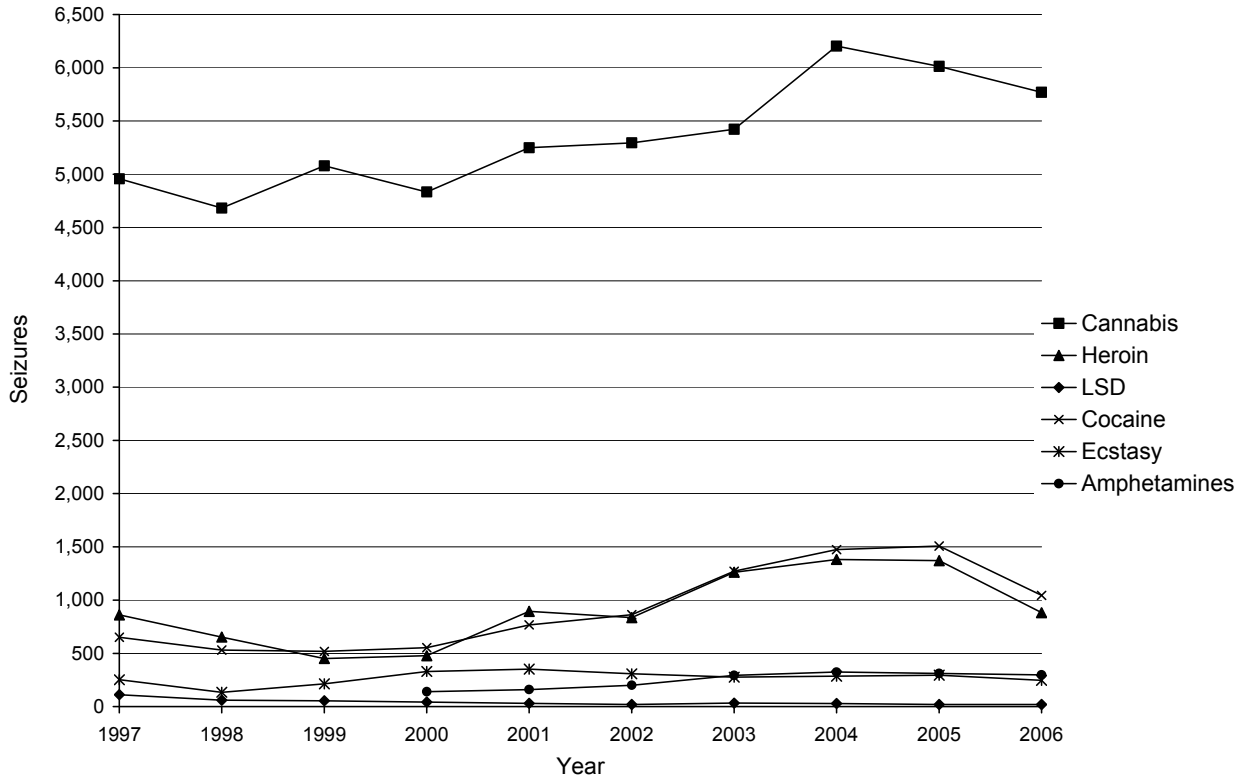
10 Drug Markets

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

10.1 Seizures

According to the Austrian Federal Ministry of the Interior (BMI), in 2006 a decline in the number of seizures was registered for all drugs with the exception of amphetamines and LSD, (see Figure 10.1 and Table A17 in Annex A).

Figure 10.1: Number of seizures of narcotic drugs in Austria from 1997 to 2006



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

The amount of substances seized reflects these trends only to a limited extent, as individual seizures of exceptionally large quantities strongly influence the general picture (BMI 2007, see Table A18 in Annex A and ST13).

While cocaine reaches Austria primarily by air from Latin America, the route over the Balkans is the dominant trafficking route for heroin. Cannabis products are imported from various countries and regions such as the Netherlands, the Balkan countries and Morocco; to a small extent, they are home grown in Austria. Amphetamines and derivatives are mainly imported from the Netherlands (BMI 2007).

The special analysis of seizures of pharmaceuticals containing addictive substances, which the BMI conducted for the first time in 2007 shows that 1 530 seizures refer to substitution substances. The number of seizures of substitution substances has strongly risen over the years (2002: 328; 2004: 783; 2005: 1 081).

10.2 Price/purity

In the context of the ChEck-iT! project (see Chapter 3.2), which tests the purity and ingredients of substances bought as ecstasy or speed during events of the party and clubbing scene, in 2006, 134 samples bought as ecstasy and 75 samples purchased under the name of speed were analysed during a total of eight music events (freetekno, goa, techno, electronic) in the provinces of Burgenland, Lower Austria and Vienna (VWS 2007a). The percentage of pills bought as ecstasy that did not contain psychotropic substances other than MDMA, MDE or MDA was roughly the same as in the previous year (77%). Also as in the previous year, an extreme variation in the degree of potency per pill was registered (between 14 mg and 97 mg).

Only 24% of the substances bought as speed and analysed by ChEckiT! had amphetamines as their only ingredients, while 29% combined amphetamines and caffeine, and 24% contained amphetamines with additions of other psychotropic substances (see Tables A19 and A20 in Annex A ST15). Unknown amphetamine derivatives continue to be a problem in this regard. These substances may either originate from inappropriate production procedures of amphetamines using cheap base substances, or they may be newly developed designer drugs. The effects and risks of these substances are unknown and cannot be assessed (VWS 2007a).

As in the previous year, in 2006 both seizures and use of ecstasy pills containing the ingredient mCPP were reported. Compared to MDMA, the psychoactive effect of mCPP is weaker, but very frequently, the latter ingredient causes unpleasant side-effects such as headaches, kidney pain, nervousness, heavy breathing, tiredness and hangover lasting for several days. Furthermore, simultaneous use of MDMA may lead to convulsions (see for example VWS 2007a). In addition, the drug 1-(3-trifluoromethylphenyl-)piperazine (BZP group), which has as yet hardly been examined, was sold as amphetamine, and dihydrofuran-2-on (GBL – a precursor substance of GHB) was offered as GHB.

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

Table 10.1: Purity and price (EUR per gram/pill**) of various drugs sold in the street in 2006*

		Herbal cannabis *	Cannabis resin*	Brown heroin*	White heroin*	Cocaine*	Ampheta-mine*	Ecstasy**	LSD**
Purity	Minimum	0.1%	0.04%	0.2%	–	0.5%	0.7%	12%	–
	Maximum	22%	19%	39%	–	93%	97%	100%	–
	Typical	6%	5%	6%	–	32%	19%	33%	–
Price	Minimum	3	6	40	80	50	15	7	30
	Maximum	4	8	70	90	70	25	10	35
	Typical	4	7	60	85	65	20	10	30

Note: data are based on information and fictitious purchases by undercover police agents. For the individual drugs, between 76 and 423 analyses were carried out.

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

PART B

Selected Issues

11 Public Expenditures

It was proposed by the EMCDDA to derive drug-related expenditures from the budget (labelled expenditure) according to the COFOG classification.[46] Drug-related expenditures not classified as such (e.g., in the field of justice) are to be calculated according to expert estimates on the basis of the corresponding budget. This methodology for estimating the expenses on the basis of budgets as proposed by the EMCDDA was tested for the fiscal year 2005 and turned out to be inappropriate for Austria (see Chapter 11.1).

11.1 National estimates of labelled drug related expenditures

The preliminary budget of the Provinces and the federal financial statement for 2005 were examined for drug-related or addiction-specific expenditures. On closer inspection of the individual budgets, different classification practices and names of budget items become apparent. For example, Vienna[47] as the largest province as well as Burgenland[48] have no separate budget items for addiction or drug-related measures, but include these items in, e.g., expenditures for health, social matters and education. Expenditures specifically attributed to drug therapy services and the fight against drug abuse were only indicated by Styria[49] (for drug therapy), the Tyrol[50] (for the emergency sleeping facility Mentlvilla), Carinthia[51] (drug coordination and drug outpatient services), Lower Austria[52] (drug counselling centre) and the Federal Government[53] (BMGFJ: fight against the abuse of addictive substances). In Salzburg[54], Vorarlberg[55, 56], Upper Austria[57], Carinthia and the Tyrol there are budget items covering addiction in general, or addiction and drugs are included under one and the same item. Based exclusively on the expenditures classified as drug-specific in 2005, the corresponding proportion is relatively small in Austria, namely EUR 4 mill (the largest share of which is spent by

[46] COFOG, the Classification of Functions of Government, comprises ten functions, which are subdivided into groups and classes. In Austria, at present the expenditures are only available according to the ten COFOG functions, but not according to groups and classes.

[47] http://www.wien.gv.at/finanzen/budget/va05/ (27 July 2007)

[48] http://www.burgenland.at/media/file/124_budg5.pdf (27 July 2007)

[49] https://sterz.stmk.gv.at/lve/public/SiteCostEstimation.do (27 July 2007)

[50] http://www.tirol.gv.at/fileadmin/www.tirol.gv.at/themen/zahlen-und-fakten/budget/downloads/2005/budgeta05oaoh.pdf (27 July 2007)

[51] http://www.kaerntner-landtag.ktn.gv.at/cgi-bin/evoweb.dll/web/akl/11660_DE-Budget-Landesvoranschlag-2005.htm (27 July 2007)

[52] http://www.noe.gv.at//SERVICE/F/F1/Budget/voranschlag/2005/VA_Hauptteil.pdf (27 July 2007)

[53] http://www.rechnungshof.gv.at/fileadmin/downloads/BRA/BRA_2005/BRA2005_Band_1.pdf (27 July 2007)

[54] http://www.salzburg.gv.at/erlaeuterungen_landesvoranschlag2005.pdf (27 July 2007)

[55] http://www.vorarlberg.at/pdf/kurzinformationzumentwur1.pdf of 27 July 2007

[56] http://vlb-lotus.vorarlberg.at/vlr/vlr_gov.nsf/vlr/vlr_gov.nsf/40C1FFFAB4B3D2EEC125717A00714273?OpenDocument (27 July 2007)

[57] http://www1.land-oberoesterreich.gv.at/budget/ (27 July 2007)

the federal government), as the major part of the expenditures in question are included in other budget items (see Chapter 11.2). If we compare this figure to the latest available estimate of EUR 67 million in the year 2001 (ÖBIG 2002a), it becomes clear that the figures derived from the budget are by no means significant.

11.2 Estimation of non-labelled drug-related expenditures

In 2002 ÖBIG carried out a survey of public expenditures for drug-related demand reduction. As shown in the Report on the Drug Situation 2002, drug-related demand reduction measures are mainly financed by the federal government, the provinces, local governments, the social insurance funds and the Public Employment Service (AMS). According to the survey, the provinces play the most significant role here (approx. 43%), followed by the social insurance funds (approx. 22%). As indicated in the survey, the federal government bears a mere 13% of the estimated total expenditure in the field of drug-related demand reduction. In 2001, total expenditures on drug-related demand reduction were estimated at approximately EUR 67 million (ÖBIG 2002a).

As in 2002, research in 2007 which has been designed more broadly to include the field of supply reduction as well shows great structural differences with regard to the various public funding sources. At the federal level, means or expenditures have been assigned specifically under the heading of addictive substances or drugs by the Federal Ministry for Health, Family and Youth. In the preliminary budget as well as in the financial statement, this Ministry reports several items of expenditure for the purpose of combating the abuse of addictive substances which are ear-marked for, e.g., the promotion of prevention and drug help services, the funding of operative tasks as provided by law (supplying prescriptions for addictive substances) and specific projects (such as publishing information material, allocating certain research and development contracts, etc.). However, a strict method of limitation of these means to the field of (illegal) drugs is not possible, as they partly cover more comprehensive areas. For example, the booklet *Zum Thema Sucht* (On Addiction) financed under this heading offers information not only on illegal drugs, but also on the whole range of psychoactive substances and to some extent on addictive behaviour irrespective of substances. Not all drug-specific expenditures are specified as such: e.g., the funding of research institutions, especially of the REITOX Focal Point, is included under a different heading, as there is no corresponding specification of tasks. Inaccuracies also occur in the field of personnel expenditures on account of the lack of task specification, which means that regarding personnel costs in the field of illegal drugs, only a rough estimate is possible.

The expenditures on combating drug-related crime spent by the Federal Ministry of the Interior cannot be indicated, either. Here, the problem is that it is hard to distinguish or separate the fight against drug-related crime from the fight against other forms of crime, therefore it cannot be measured (Mader, personal communication). Also with regard to law enforcement and the costs connected to criminal procedures (drug-related offences), it is not possible to render meaningful and significant data, calculations or estimates. However, currently report systems are being designed which may facilitate a cost estimate regarding persons imprisoned for offences against the Narcotic Substances Act (Kahl, personal communication).

To sum up, while the Federal Government spends part of the public expenditures allocated to the field of drugs, the classification of means is regulated by budget law standards and therefore it is not consistently feasible to relate these expenditures directly to the field of drugs.

Rather than an estimate of the costs incurred by health insurance funds, expenditures for treatment in hospitals can be specified. Table 11.1 indicates the costs of inpatient admission and beds occupied by patients with drug dependence/toxicomania as primary diagnosis. In 2005, there were 98 571 care days accounted for by patients with drug-specific primary diagnoses, which results in expenditures of an estimated EUR 24.1 million.

Table 11.1: Inpatient hospital stays and beds occupied by patients with drug dependence/toxicomania** as primary diagnosis, 1999–2005*

Indicator / year	1999	2000	2001	2002	2003	2004	2005
Inpatient stays	4 466	4 704	4 795	4 981	4 984	5 258	5 252
Care days	86 335	87 196	84 299	88 481	89 638	93 745	98 571
Estimated expenditures***	17.8	18.5	18.4	19.9	20.7	22.2	24.1

* excluding patients with a stay of more than 365 days

** selected according to the diagnosis group Drug dependence, toxicomania of the European Shortlist (ICD-10 F11, F12, F13, F14, F15, F16, F18, F19)

*** million EUR

Sources: BMGFJ – DLD 1992–2005; calculations by GÖG/ÖBIG; representation by GÖG/ÖBIG

11.3 National studies on drug-related public expenditures

In Austria hardly any studies on drug-related public expenditures are conducted, so no routine data exist in this respect.

The few studies that are available have been presented in the corresponding Key issue chapter of the Report on the Drug Situation 2002. A survey on the social costs related to addiction diseases is included in Chapter 8.4.

12 Vulnerable Groups of Young People

In Austria, there are no surveys available on the basis of which the requirements of the EMCDDA could completely be met in the context of this chapter. Neither is there a system corresponding to the ACORN classification[58] used in the UK. As the EMCDDA guidelines do not fit the reality in Austria, which is characterised by an integrative approach, they cannot be complied with; this chapter is an attempt to approach the subject on the basis of the current data situation.

12.1 Epidemiology related to vulnerable groups

Although, as mentioned before, there is no literature specifically dealing with **the profile of vulnerable groups** in Austria, statements on the issue may be extracted from surveys with different focuses. For example, the description of the clients of the Mentlvilla house in Innsbruck, which offers emergency accommodation, is perfectly suited for drawing a profile that generally applies to extremely vulnerable groups. Half of the Mentlvilla occupants are between 18 and 27 years old and have been dependent on drugs for several years, which means that they started using drugs when they were minors. In addition, the persons concerned have been homeless for some time. They are young people who grew up in changing foster families or institutions, or who come from socially disadvantaged families with a low level of education and training, in which already the parents had addiction diseases. However, it should also be mentioned at this point that any youth may become addicted (Mentlvilla, personal communication).

It has turned out that many young drug users have come into conflict with the law very early (see also below) and that delinquency is continued later on (although only in the context of minor offences, in many cases). However, one must bear in mind that young drug users – apart from their drug consumption which is mostly illegal – are not per se criminals. In many cases, the connection between juvenile delinquency and drug use is either non-existent or very complex, as both behaviours often originate from the same causes: lack of opportunities, perspectives, and self-esteem, the desire to be accepted and loved, to have a family, a regular life etc.

Refugees, asylum seekers and immigrants illegally staying in Austria are an at-risk group which is becoming more and more noticeable. Admittedly, from the point of view of assistance services it is impossible to tell whether these persons have developed their addiction only upon coming to Austria or whether they were dependent on drugs before. But also in these cases, their mostly bleak situation and the lack of perspective which many of these individuals experience is clearly conducive to the development of an addiction and of problem drug use. (Mentlvilla, personal communication).

[58] The ACORN classification used in the United Kingdom is the leading geodemographic tool for describing the population and their demand for products and services on the basis of the 287 lifestyle variables and other factors. In addition, HealthACORN offers the option to describe a mix of persons at the level of neighbourhoods and identify four groups according to disease status and lifestyle.

Looking at the interrelation between drug use and truancy according to the ESPAD school survey[59] of 2003 (Uhl et al. 2005b, Table 12.1), it becomes apparent that individuals who do not often play truant have a lower lifetime prevalence for the use of illegal drugs than those who stay away from school more often. However, a possible bias in the answers of the school students should be taken into account. And one should take into account that the number of cases in some instances is very small.

Table 12.1: Prevalence rates in the context of the number of truancy days within the past 30 days (%; n = 5.270)

Number of truancy days within the past 30 days	Lifetime prevalence		
	Cannabis use average: 22%	Illegal drugs apart from cannabis average: 10%	Cannabis and alcohol average: 17%
None	17.1	7.4	12.4
One day	30.2	13.6	24.7
Two days	38.4	16.7	33.8
Three or four days	46.9	22.3	33.7
Five or six days	54.0	21.6	46.9
Seven or more days	55.8	34.2	46.7

Source: Uhl et al. 2005b ; representation by GÖG/ÖBIG

The question whether the connection between staying away from school and indicated substance use points to consequent development of problem drug use later in life cannot be answered on the basis of the available studies. The ESPAD survey does not appear to be a very appropriate source of information on (the possibility of) social marginalisation, as the group of young people engaging in massive drug misuse is mainly not composed of school students. As a common background for the various psychological and social risk factors, a lack of affection, structure, orientation and positive relationships as well as perspectives was registered among the young people concerned. It should be added that not a single risk factor, but rather an accumulation of problem situations and the simultaneous lack of resources (protective factors) are responsible for the development of an addiction (ÖBIG 2002b). This observation is also confirmed by a survey carried out in Lower Austria[60] in late 2005 on the issue of drug use. According to the authors, opiates, cocaine and other hard drugs played a minor role among the young respondents, and experimental use of these drugs was also rare. Only a small number of vulnerable young people who experience an accumulation of several strain factors that may lead to an addiction seem to turn to such drugs and become dependent on them (Gartner-Schiller & Neumayr 2006).

Individuals regarded as belonging to **especially vulnerable groups among the clients receiving assistance or undergoing treatment** are those who have no job qualifications or are unemployed and live in a precarious housing situation. If young people are already affected by these factors, they may be defined as a vulnerable group by any standard (e. g., social exclusion on account of homelessness, diseases, etc.; see also GÖG/ÖBIG 2006).

[59] In the context of the ESPAD survey, in 2003, 5 270 Austrian ninth- and tenth-graders were interviewed about alcohol and other drugs.

[60] In the context of a survey carried out by the counselling service Auftrieb in the Wiener Neustadt region (Lower Austria), 1 404 young people aged between 12 and 19 were interviewed.

Therefore, below a special focus of attention is placed on this group of persons undergoing treatment. In order to present the development of treatment/assistance data over time, the BADO[61] Basic Documentation which has been maintained in Vienna since 2002 serves as a basis (IFES 2006). For the present purposes only those data are supplied which contain a representation by age.

One fourth of those aged between 16 and 20 who are assisted in the Vienna drug help services have only completed primary school, which reflects the high share of persons who dropped out of the school system prematurely. 42% of this age group have only finished lower secondary school, another fifth have completed polytechnic school. Around 80% of those aged between 16 and 20 indicated that they had no job. In this age group 14% of the clients are in inpatient treatment, with half of them currently undergoing substitution treatment, a figure which has more than doubled since 2002. 59% are treated in a drug help service for the first time.

Beginning with the clients who turned to Austrian drug help services in 2006, the nationwide documentation system DOKLI[62] was established to register these clients (see Chapter 4.2; GÖG/ÖBIG 2007a). In order to obtain statements on homeless persons without gainful employment younger than 20 years of age in the Austrian drug help system, additional analyses were made.

Table 12.2: Selected sociodemographic parameters for members of the surveyed target groups, who are assisted in low threshold services (n = 563) or longer-term outpatient services** (n = 4 200), by age and gender (%)*

Selected sociodemographic parameters	Age and gender					
	Younger than 20		20 years and older		All age groups	
	Men	Women	Men	Women	Men	Women
Housing situation*: unstable (n = 417)	25	27	51	41	44	35
Gainful employment*: no (n = 354)	77	85	80	88	79	87
Obligation/referral**: yes (n = 3 856)	49	32	37	26	40	27

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

Table 12.2 clearly shows that the incidence of unemployment and especially of an unstable housing situation rises with the age of clients, whereas obligatory treatment – in the context of criminal investigations – tends to be accounted for by younger rather than older persons and men rather than women.

[61] Basic documentation of clients of drug help services in Vienna established by the Vienna working group on documentation. 28 centres with data sets of 3 2452 persons participated in the basic documentation for 2005. BADO data (client year 2006) are also included in the DOKLI data and are therefore contained in the DOKLI system as well as in DOKLI-specific evaluations.

[62] Data collected by the drug help services in Austria on a total of 4 200 persons who started undergoing longer-term outpatient treatment in 2006 are covered by DOKLI. 1 403 started longer-term inpatient treatment and 563 accepted low-threshold assistance. 5 069 persons came to a drug help service for a short-term contact.

Table 12.3: Primary drugs of persons younger than 20 in unstable housing situation compared to primary drugs indicated by the same age group in a stable housing situation, among clients receiving low-threshold assistance, by gender (%; n = 120)

Primary drugs (multiple indications were possible)	Housing situation of persons younger than 20, by gender			
	Unstable		Stable	
	Men	Women	Men	Women
Opiates	58	33	7	26
Cocaine group	0	17	2	0
Stimulants	0	0	2	3
Tranquilizers/hypnotics	37	25	2	0
Hallucinogenic drugs	0	0	0	0
Cannabis	21	25	75	74
Solvents and inhalants	0	0	0	0
Alcohol	11	17	20	24

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

Regarding the primary drugs indicated in Table 12.3 (multiple answers were possible) there are substantial differences between persons in an unstable housing situation and those who live in a stable environment. In unstable housing situations, opiates and tranquilizers/hypnotics play a major role, whereas young people in stable housing situations prefer cannabis and alcohol, the women among them also opiates.

Table 12.4: Predominant route of administration among 20 year-olds living in an unstable housing situation, compared to indications by the same age group in a stable housing situation, among clients receiving low-threshold assistance, by gender (%)

Predominant route of administration	Housing situation of those younger than 20, by gender			
	Unstable		Stable	
	Men	Women	Men	Women
Heroin (n = 310)				
Injecting	56	20	21	27
Smoking	0	20	9	5
Snorting	44	60	69	66
Substitution substances (n = 235)				
Injecting	38	38	37	38
Eating and drinking (oral use)	63	38	53	44
Snorting	0	25	9	15
Cocaine (n = 325)				
Injecting	25	14	8	15
Snorting	75	86	89	81
Amphetamines (n = 283)				
Injecting	10	0	1	0
Eating and drinking (oral use)	20	50	30	38
Snorting	70	50	7	60

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006; representation by GÖG/ÖBIG

Regarding the route of administration the group of men in unstable housing conditions indicate that they preferably inject substances (see Table 12.4). The group of persons living in a stable environment mainly snort heroin and cocaine. In both groups, women rather inject or snort substitution substances while men prefer to use these substances orally (GÖG/ÖBIG 2007a).

As to the frequency of drug use within the past 30 days, the group of persons living in unstable housing conditions shows markedly higher consumption frequencies with regard to most substances (GÖG/ÖBIG 2007a).

Revealing insights into the lives of homeless drug users are provided by Margit Putre in her diploma thesis (2006)[63]. She demonstrates that most of the clients who sleep a lot develop drug dependence already at an early age (average age at problem use: 17 years) and have a long history of drug use. On average, the first contact to Ganslwirt is made seven years after the first phase of problem drug use. For the diploma thesis, four homeless drug users aged between 22 and 38 were interviewed, which means they are beyond the age span that is relevant for this chapter. Nevertheless, their reports are rendered here, as they used drugs already when they were young, and it is precisely the retrospective view on their lives up to the point of the interview that gives an impressive account of the examined group.

One of the four respondents is a woman, which corresponds more or less to the average gender distribution of the persons documented in the drug help system (see Chapter 4.2). All four of them began using illicit drugs when they were between 16 and 18 years old, one person indicated to have started drinking alcohol at age nine. They began to use drugs intravenously at around 20. They used cannabis, alcohol and pharmaceuticals, heroin/morphine, ecstasy, LSD, speed and cocaine. They are all currently undergoing substitution treatment, with additional use of, e.g., alcohol and benzodiazepines, to varying degrees. The period of homelessness has lasted for between a few months and 17 years; in the latter case, the period was interrupted by prison terms and hospital stays. The respondents reported their difficult family situation, being dominated by a violent father and neglected by a mother addicted to alcohol and pharmaceuticals, being referred to a home and restrained with tranquilisers because of hyperactivity from age ten on. The trigger for homelessness was that they broke up with their families of origin or with significant persons in their lives, which made them lose resources that had supported them. The male respondents had been addicted to drugs before becoming homeless, whereas in the case of the female respondent addiction followed after she lost her family and her home. The respondents suffer from hepatitis, cirrhosis of the liver and/or HIV, among other conditions (Putre 2006).

Apart from people who use drugs as a coping strategy in the context of social problems, there is also a great number of users with dual diagnoses, i.e., addiction diseases with concomitant psychiatric disorders (depression, psychosis, borderline personality etc.), some of whom take drugs as a kind of self-medication in the sense of a consciously applied strategy of repression. In addition, there are still many young drug users who are infected with hepatitis C as a consequence of unsafe intravenous drug use. Other consequences are hardened veins, phlebitis and syringe abscesses (Drug Counselling Service Z6 and Mentlvilla, personal communications).

[63] In her diploma thesis Margit Putre, executive manager of the social medicine drug counselling service Ganslwirt conducted problem-centred interviews with four representative clients, selected among 41 persons who are the most frequent occupants of the emergency sleeping facility at Ganslwirt.

According to a study on self-reported delinquency of young people in Austria[64], 27% of the respondents who report to have committed petty theft, indicate that they have experience of alcohol and drugs. In cases of aggravated theft, the corresponding share is 46%. 23% of the respondents who have observed increasing tendencies towards criminal behaviour among their friends also indicate experience of alcohol and drugs. In addition, young people reporting either offences or experience with drugs and alcohol also mention having had problems with their parents (Hager und Stummvoll 2006).

12.2 Responses to drug problems among vulnerable groups

Responses and measures taken in the context of drug problems among vulnerable groups aim to create an adequate political and legal framework on the one hand and to initiate activities in the field of prevention and treatment on the other. In this sense the Vienna Drug Policy Programme provides that members of society who have become marginalised be reintegrated into society and social vulnerability be prevented as far as possible (Bäcker und Magnus 2006). In this respect integrative approaches with the aim to let the children and adolescents stay in their families of origin wherever possible play a great role. Moreover the young person suffering from addiction should be offered a sufficient network of housing and care units where they can relax and get a hold on drug use (Mentlvilla, personal communication).

At the level of jurisdiction, the structural improvement of Juvenile Courts pertaining to Province Courts is planned. At the same time a location in Vienna's third district shall serve as the location for re-establishing the Juvenile Court with an attached prison for juvenile delinquents (with approximately 350 places) and additional facilities.[65] Established in 1929, the former Juvenile Court with public prosecutors and judges specially trained to take into account the specific conditions of adolescent criminal behaviour, was closed in 2003.

Furthermore, under Section 13 of the Narcotic Substances Act (SMG) schools are obliged to offer targeted help to students who evidently abuse narcotic substances. In such a case the head of the school shall have the young person in question tested by the school physician and/or the school psychologist. Depending on the results of the examination, a health-related measure according to Section 11 (2) of the SMG may be necessary. If the student goes in for the tests as ordered, there is no obligation for the school to report them to the authorities. In this way the student concerned can stay on at their school and possible social marginalisation on account of drug use is prevented (GÖG/ÖBIG 2006).

Also in the field of schools, the secondary prevention project Step by Step is aimed at the implementation of the above-mentioned Section 13 of the SMG. As a contribution to early detection and crisis intervention it provides help for teachers in their contacts with students who show distress or use narcotic substances. Furthermore, networking with relevant actors, ser-

[64] In this study carried out by the Institute for the Sociology of Law and Criminal Sociology in cooperation with the Austrian Institute for Youth Research 3 009 school students from Austrian major and small towns were interviewed on the issue of delinquency.

[65] www.jusline.at, press communication of 20 July 2007

vices and authorities is a possibility to form crisis intervention teams in schools; if they wish, these teams can receive coaching by experts from the Addiction Prevention Units free of charge.[66]

At vocational schools, it is difficult to implement the existing action model as provided in Section 13 of the SMG, due to the short period during which students stay at these schools which in rural areas are mostly organised as boarding schools with one period of instruction per semester. This causes problems as to the implementation of the early warning system and long-term assistance (Hutsteiner et al. 2005).

Regarding newborn babies (in Vienna, between 50 and 60 a year) of drug-dependent mothers, the decision on separating the children from their mothers or parents should not be considered as a general primary strategy. Rather, the possibilities of stabilising the individual life situation of the parents through appropriate, multi-disciplinary support should be considered and by helping the mothers or parents it should be avoided that the children have to live elsewhere. This is successful for about one third of the children concerned. Another third is taken to a home away from the mother immediately, and for the remaining third, a home is found within the first years of life (Berger und Elstner 2002; Bäcker und Magnus 2006).

An integrative approach is also taken in practical youth welfare, with the drug competence centre MAG ELF as an interface between drug help services and youth welfare. The task of the centre is to protect children, on the basis of using the most moderate intervention. It is attempted to find a solution which is as close as possible to the family in question. Only in emergency cases is the child taken away (Bäcker, personal communication). Also in Styria, there is a competence centre where persons working in the fields of drug help and youth welfare regularly cooperate on the basis of a solution- and resource-oriented approach (Drogenberatung des Landes Steiermark 2007). The activities of ENCARE, in which regional networks focusing on children in drug-dependent families are established, should also be mentioned in this context (see Chapter 3.2).

Experts assume that in addition to long periods of waiting for withdrawal and therapy places caused by ever more complicated bureaucracy, the lack of services supporting young people after a long-term therapy poses a great problem. Also, additional street social work projects should be supported, as in their outreach work and to some extent also follow-up counselling and repeated offers of contacts, street social workers may provide alternative values for drug users. What is also needed is services that give young people an adequate opportunity to develop a positive daily structure again, to complete school and professional training that were discontinued and to be integrated into the labour market (Mentlvilla, personal communication).

There are a number of services offering emergency sleeping facilities, which are not specifically directed to addiction, but in which addiction to alcohol or drugs is no obstacle for admission. An example for this is the Vienna low-threshold service a_way, which provides emergency beds for homeless adolescents aged between 14 and 18 (see GÖG/ÖBIG 2006).

[66] www.Suchtvorbeugung.at (26. July 2007)

In 1997, VWS streetwork, on behalf of the Municipal Department for Public Health and Social Welfare of the City of Vienna (MA 15) drew up a strategy for planning social work in the field of male prostitution, which, however, has not yet been implemented. The target group is young men between 14 and 25 years of age, some of whom are already using hard drugs. In order to reach the goals of STD prevention, psychosocial support, prevention of destitution and poverty, as well as support during reintegration, a multifunctional contact point for male prostitutes including a telephone helpline is needed. The cooperation of various partners in the fields of health, medicine, legal and social matters is indispensable for taking further measures (VWS 2000).

The project Way out, which had been started in 2002, was turned into a running project by means of an unlimited contract with cooperation partner NEUSTART, and provides regional, youth-directed services in Carinthia. Based on the principle of help instead of punishment, this secondary prevention project for adolescents and young adults between 14 and 21 years is an early intervention service for young first-offence drug users. With a duration of approximately six months it provides targeted help interventions in the sense of health-related measures which can be carried out regionally in all areas of Carinthia if needed (Drobesch, personal communication; see also GÖG/ÖBIG 2006; EDDRA).

Since June 2006 the addiction counselling unit B.I.T. in the Tyrol has also intensively dealt with the situation of children and young people in families with addiction problems. The working group established for this purpose consists of youth welfare officers, drug help services and Kontakt & Co, the Addiction Prevention Unit. The aim is to draw up a binding cooperation guideline as a standard for everyday practical work (B.I.T., personal communication).

13 Drug-related Research

The following selected issue chapter is an attempt to give an overview of national and regional structures of drug- and addiction related research in Austria according to the guidelines of the EMCDDA[67]. The objective is to provide insights into political competencies, implementation structures and financing systems of drug-related research funding, to provide an overview of the field of research in Austria by presenting five relevant research projects, and to sketch this area by listing the articles published by Austrian researchers in field-specific (international) journals in 2006. Lastly, the national and regional structures for disseminating the results of research are presented.

13.1 Research structures

Looking at the field of drug-related research in Austria one becomes aware of the great diversity and little planning in this field which is mainly characterised by the initiatives of individual institutions and researchers. It is important to distinguish between research contracts and funded research. Research contracts are mainly awarded by the federal government (e.g., consumption surveys in the general population and in schools; see Chapter 13.2) or the provincial governments (e.g., evaluation studies, demand surveys). For example, the Ministry of Health finances representative surveys and the Ludwig Boltzmann Institute of Addiction Research. Research funding is applied for by research institutes and individual researchers. The field of interaction between politics, practice and research has no established structures in Austria, but especially in the field of commissioned research, decisions are influenced by research results. There is no general research strategy or coordinating body for the field of drugs and addiction in Austria, either at national or at provincial level.

In Austria there are two interdisciplinary research institutes specifically dedicated to the issue of addiction. The Ludwig Boltzmann Institute of Addiction Research[68] (LBISucht) is based on a cooperation between the Anton Proksch Institute, which is the largest therapy centre assisting persons addicted to alcohol and/or drugs in Austria, and the Ludwig Boltzmann Society, an umbrella organisation with the aim of promoting scientific research in Austria. The LBI Sucht publishes the quarterly *Wiener Zeitschrift für Suchtforschung*. Research focuses on epidemiology, drug-specific problem areas (e.g., traffic safety), drug policy, social history, evaluation research, studies on addiction treatment and prevention as well as papers dealing with statistics and methodology. In recent years there were increased research activities within the framework of international studies in the field of evaluation of primary prevention. The Addiction Research Institute[69] was established as a branch of the University of Innsbruck in 1990 and is based at the treatment centre for addiction patients Maria Ebene hospital in

[67] The EMCDDA defines drug-related research as research into the use of drugs, addiction and its consequences as well as the responses to drug use and drug related problems. This definition covers basic and applied research.

[68] www.api.or.at/lbi

[69] www.suchtforschung.at

Vorarlberg. The research undertaken at this Institute focuses on physical, psychological and social disorders and diseases in the context of alcohol, nicotine, illicit drugs and psychotropic substances.

At university level drug-related research is mainly found in the medical field of hospitals. The Hospitals of Psychiatry of the Universities of Vienna and Innsbruck should be mentioned in this context as centres of continuous substitution-specific research (see Chapter 13.2). Single projects in the field of basic research into social issues may be found at university departments dedicated to social studies. Addiction- and drug-specific issues are also discussed in diploma theses and dissertations; social consequences are explored mostly at Social Work Colleges of Higher Education, whereas public health issues are mainly studied at Health Management Colleges of Higher Education. Individual drug help services, e.g., ChEck iT!, are also committed to questions that are relevant for research, and to a growing extent, private institutes in the field of drug-related research accept contracts as well. Gesundheit Österreich GmbH / Austrian Health Institute (GÖG/ÖBIG) also carries out research in the context of drugs and addiction. Examples are the two studies on the requirements of prevention regarding young people vulnerable to addiction and the prevalence estimates for problem drug use (see 2001b, ÖBIG 2002b, GÖG/ ÖBIG 2006).

In Austria there is no specific institution competent for centralised allocation of means for drug- or addiction-relevant issues. Therefore drug-related research is included in the general structure of research promotion in Austria. In the field of basic research, competence mainly lies with the federal authorities. Because of the great number of funding institutions, no funding figures can be given either for research in general or for drug-specific research.

At federal level, apart from research funding by the Federal Ministries there are major funding institutions that accept applications of drug-related research projects according to their focus. One example is the Austrian Research Promotion Agency (FFG)[70], the central organisation for the promotion of research and innovation in this country. It focuses on economically relevant and application-oriented research. The Austrian Science Fund (FWF)[71] is Austria's central institution for the promotion of basic research. It is committed to all academic fields in the same measure, and in its activities it closely adheres to the standards of the scientific community. The Österreichische Nationalbank (OeNB), the central bank of the Republic of Austria, in 1966 founded the Jubilee Fund for the promotion of academic research and teaching. The means are awarded for scientific projects of high quality in the fields of economic studies, medical science, social sciences and humanities.[72] Especially in the field of health, the Healthy Austria Fund (GÖG/FGÖ) also finances application-oriented research projects and studies on the further development of health promotion and comprehensive primary prevention, as well as epidemiology, evaluation and quality assurance in these areas.[73] Other sponsors of addiction- and drug-related research can be found at the level of provinces and in the promotion programmes of the European Union (EU). The multiplicity of structural

[70] www.ffg.at

[71] www.fwf.ac.at

[72] www.oenb.at/de/ueber_die_oenb/foerderung/jubilaeumsfonds/jubilaeumsfonds.jsp

[73] www.fgoe.org/projektfoerderung

levels involved (federal and provincial levels, EU level) and the great variety of research funding sources make it difficult to survey the sphere of research promotion in Austria. There are some Internet portals which may help to get an overview. In addition, each funding institution gives information on their own website. For example, the website of the City of Vienna[74] and the grants compass[75] of the Federal Ministry of Transport, Innovation and Technology (BMVIT) provide a general navigation system for nationwide research promotion in Austria.

13.2 Main recent studies and publications

In Austria, a great variety of research approaches both at national and at provincial level can be registered in the field of drug-related research. In addition to evaluation studies, clinical comparisons (e.g., on substitution) and population surveys (e.g., addiction monitoring Vienna, ESPAD, population survey Austria; see also Tables A1 and A2 in Annex A), qualitative research projects have been carried out as well (e.g., on the life situation of drug users). Below five relevant studies are presented, all of which were conducted after 2000. In order to represent the broad range of drug-related research approaches, they have been selected according to the criteria of diversity in the field of research into drugs and addiction.

The European study **QUASI-Compulsory Treatment (QCT) of Drug Addicted Offenders** was organised by the European Institute of Social Services (EISS); the Austrian contribution was coordinated by the Professor of Clinical Psychology of the University of Vienna. This study project was financed within the framework of the European Commission's Fifth Framework Research Programme and had a running period of three years (10/2003 to 9/2005)[76]. As the first systematic comparative evaluation, the QCT Europe study examined the efficacy and efficiency of existing QCT systems at national and European level in Austria, Germany, Italy, the Netherlands, Switzerland and the United Kingdom. QCT systems are defined as applied therapeutic and psychosocial interventions following drug-related crimes (therapy obligations, therapy instead of punishment, compulsory therapy, drug therapy in prisons) with the aim of social integration of the drug-dependent offenders, the pronouncement of legal probation and a longer-term perspective of a drug-free life.

For the Austrian part of this longitudinal study a quasi-experimental design was chosen, which compared voluntary therapy clients to participants in a court measure, with the corresponding control groups. In the interview period between July 2003 and January 2005 a qualitative and quantitative first interview after starting treatment (n = 150) and follow-up interviews after six, twelve and 18 months (n = 67) were carried out, regardless of the course of treatment. The European Addiction Severity Index (EuropASI) and the questionnaire on perceived pressure were used as interview tools. During the first interview, the compulsory clients were compared to voluntary clients with regard to drug use, criminal behaviour, psychological and medical problems as well as perceived pressure. The follow-up interview was

[74] www.wien.gv.at/forschung/foerderungen/index.html
[75] www.foerderkompass.at
[76] www.kent.ac.uk/eiss/projects

especially directed at the indicators of therapy completion and success of therapy in connection with drug use, criminal behaviour, physical and psychological health and social integration. The results do not indicate any difference in the total amount of perceived pressure. In both settings the clients perceive themselves to be under pressure, no difference was registered between experienced social pressure and pressure by the justice system. It follows that there is no negative influence of indirect pressure by court interventions on the discontinued therapy quota (Werdenich, personal communication, DrugNet Austria 10/2003).

A. Stevens, D. Berto, U. Frick, V. Kerschl, T. McSweeney, S. Schaaf, M. Tartari, P. Turnbull, B. Trinkl, A. Uchtenhagen, G. Waidner, W. Werdenich (forthcoming). The victimisation of dependent drug users: Findings from a European Study. European Journal of Criminology, 4,4 (to be published in October 2007)

A. Stevens, D. Berto, U. Frick, N. Hunt, V. Kerschl, T. McSweeney, K. Oeuvray, I. Puppo, A. Santa Maria, S. Schaaf, B. Trinkl, A. Uchtenhagen, W. Werdenich (2006). The relationship between legal status, perceived pressure and motivation in treatment for drug dependence: Results from a European study of quasi-compulsory treament. European Addiction Research, 12/2006, 197-209

The cross section study **Cocaine Use in Europe – A Multi-Centre Study** investigating into cocaine use in three major groups of users was also financed by the European Commission. Besides Vienna nine other European cities (Hamburg, Stockholm, London, Barcelona, Zurich, Dublin, Rome, Budapest) participated in the study[77].

The Austrian part of the study was coordinated by the University Hospital of Psychiatry of the Medical University of Vienna and supervised by Gabriele Fischer, the exact budget is unknown. The objective was to examine the current situation of cocaine users, the assessment of the cocaine problem by experts and to obtain reliable findings on cocaine use. Data were collected by means of structured interviews with 211 cocaine users, who were divided into a treatment group (n = 70), a scene group (n = 71) and a party group (n = 70). In addition, sociodemographic data such as age, level of education, employment status, monthly expenses for cocaine and crack and data on use patterns and physical and psychological health were collected. Toxicological tests of urine samples for cocaine were also analysed. The results showed that members of the scene group are oldest (around 29 years), have the highest unemployment rate as well as the longest period and the highest frequency of use (22 days per month). In the treatment group, the lowest education level (number of school years) is found; what is striking, however, is that the members of this group show the greatest understanding of their drug use problem. The party group, on the contrary, highly underrates the dimensions of their drug use. The study confirms the European trend of a rise in cocaine use also for Vienna. One of the greatest problems with regard to establishing adequate treatment structures for this group of drug users is that they are hard to contact. In addition, one of the most significant patterns of cocaine use is multiple substance use, an aspect which should be taken into account when developing treatment programmes (Fischer, personal communication).

A. Bäwert, N. Primus, R. Jagsch, H. Eder, M. Zanki, K. Thau, G. Fischer (2006). Cocaine abuse in Vienna and European cities – a multi-center study. Wiener Klinische Wochenschrift., 118 (17-18)/2006, 521-530

C. Haasen, M. Prinzleve, H. Zurhold, J. Rehm, F. Güttinger, G. Fischer, R. Jagsch, B. Olsson, M. Ekendahl, A. Vester, A. Camposeragna, A. M. Pezous, M. Gosop, V. Manning, G. Cox, N. Ryder, J. Gerevich, E. Bacskai, M. Casas, J. L. Matali, M. Krausz (2004). Cocaine Use in Europe – A Multi-Centre Study. European Addiction Research, 10/2004, 139-146

[77] www.meduniwien.ac.at/psychiatrie/

At the University Hospital of Psychiatry, Division of Neurochemistry, of the Medical University Innsbruck a research project financed by the FWF on **Nucleus Accumbens Acetylcholine and Substance Dependence** is currently running (from March 2006 to March 2008) supervised by Gerald Zernig-Grubinger[78].

The aim of this project, which is based on animal laboratory tests, is to identify new pharmacotherapy and psychotherapy approaches to the treatment of substance dependence. Among the cerebral regions transmitting a fatal preference of the dependent person for the addictive substance, nucleus accumbens plays a key role. In the course of determining the neurotransmitter release in the centre of nucleus accumbens during the development of the reinforcement effect of remifentanil, a mu-opioid agonist, by means of in-vivo microdialysis and tandem mass spectrometric (LC/MS/MS-)analysis of dopamine, acetylcholine and remifentanil it turned out that the development of the reinforcement effect is accompanied by an increase in acetylcholine release, whereas the release of dopamine, the expected prime neurotransmitter candidate for conditioning, remains unchanged. These results call for a far-reaching modification of the theory of dopamine reward, at least regarding the initial stages of addiction. The present focus of experimenting is on neuronal cell responses triggered by the accumbal activation of the acetylcholine receptors and what forms of "addiction memory" can be influenced in this way. Within the framework of this research project, also the international state of the art in clinical and pre-clinical addiction research is critically evaluated: an international team of 15 authors introduces especially those who are not familiar with the matter to the currently favoured models accounting for the increase of drug use in drug-addicted persons and explains the clinical and pre-clinical basis of these models (Zernig-Grubinger, personal communication).

J. A. Crespo, K. Sturm, A. Saria, G. Zernig (2006). Activation of Muscarinic and Nicotinic Acetycholine Receptors in the Nucleus Accumbens Core Is Necessary for the Acquisition of Drug Reinforcement. The Journal of Neuroscience, 26(22)/ 2006, 6004-6010

G. Zernig, S. H. Ahmed, R. N. Cardinal, D. Morgan, E. Acquas, R. W. Foltin, P. Vezina, S. S. Negus, J. A. Crespo, P. Stöckl, P. Grubinger, E. Madlung, C Haring, M. Kurz, A. Saria (2007). Explaining the Escalation of Drug Use in Substance Dependence: Models and Appropriate Animal Laboratory Tests. Pharmacology, 80/ 2007, 65-119

In Vienna, the drug testing service ChEck iT! in 1998 and from 2001 to 2003 carried out a questionnaire survey on the **Consumption Patterns of Recreational Drug Users** which was financed from the regular budget of the service.[79]

The aim of this survey was to identify and assess consumption trends among people attending large, commercial rave parties, beyond concentrating on ecstasy use patterns towards examining a broader range of substances and creating a more diverse research design. In the secondary analysis of the questionnaires collected at rave events (n = 827) on the one hand the development of prevalence for the individual substances was examined, and on the other, a cluster analysis of the phenomenon of leisure-time drug use is investigated more closely on the basis of indicated use frequency of individual substances over the past few days. The major part of the data were collected at events in the Vienna area, a smaller part

[78] www.plasmaspiegel.at/forschung.htm
[79] www.vws.or.at/images/stories/ChEck%20iT_Sekundaeranalyse.pdf

in Linz and Innsbruck. The result of the cluster analysis is that leisure-time users do not fit into one homogeneous group, but can be divided into four different groups of users. The first group (n = 225), non-users of illicit drugs, is composed of non-users, experimental users and ex-users of illegal substances. In the second group (n = 295), that of occasional users, besides alcohol sometimes also cannabis and ecstasy, and in rarer cases speed, are consumed. The third group (n = 196) comprises cannabis users who occasionally use other recreational drugs. Compared to the second group, cannabis is used more regularly and there is increased use of speed, ecstasy and mushrooms. In the fourth group (n = 111), the high-risk group, all substances except alcohol and cannabis are used more frequently than in the other groups, and rave events are attended most often. For the (further) development of specific prevention measures it seems useful to analyse these four different groups of users in more detail. Especially the two groups (group 3 and 4) that show problem use patterns need specific assistance beyond on-the-spot services (Eggerth et al. 2005a).

A. Eggerth, M. Keller-Ressel, S. Lachout, R. Schmid (2005b). Konsumtypen bei Freizeitdrogenkonsumenten in Österreich. Sucht: Zeitschrift für Wissenschaft und Praxis, 51/2005, 88-96

The Institute for the Sociology of Law and Criminal Sociology in cooperation with LBISucht carried out the project **Viennese Drug Policy of the last 30 Years Seen by its Addressees and Actors** from March 2003 to December 2005, under the supervision of Irmgard Eisenbach-Stangl and Arno Pilgram[80]. The project was financed by the Vienna Social Fund (FSW), the exact costs are unknown.

The project was aimed at presenting the development of the regional Vienna drug policy and planning between 1970 and 2002, in a phase when national drug strategies and plans were transferred to the European level. The perception of drug policy on the part of the drug users concerned and their relatives (addressees of drug policy) and on the part of those who implement drug policy (actors), was included in the analysis. The first project phase (2003) focused on analysing documents and reconstructing drug policy in Vienna since 1970 from legal texts, reports by authorities and drug help centres, statistics and studies. In the second phase (2004) guided interviews (n = 50 each) were held with policy actors in the field of health, justice and security at federal and municipal level, as well as with persons working in the prevention and treatment system of the police, courts and prisons on the one hand and with addressees of drug policy on the other. The text analysis of the interviews with the actors of drug policy focused on the definition of their own role, their view on drug users and their social environment. In the case of the addressees evaluation focused on the self-perception of drug users as dependent on contacts with controlling authorities as well as on their view of drug policy measures and services in Vienna at different times and in comparison to other places. According to the results of the study, there have been five characteristic phases of drug policy in Vienna. During the first phase drug policy took place exclusively at national level in the form of punishing measures. In the second phase drug-related treatment measures were tentatively added to the police measures. This was the starting point for involvement at regional level. During the third phase, treatment options became the main approach towards solving drug problems, and at the same time regional drug strategies were consoli-

[80] http://www.euro.centre.org/detail.php?xml_id=430

dated. As a result, in the fourth phase Drug Coordinators were established and became competent for all drug-related measures with the exceptions of punishment and the newly developing addiction prevention. The fifth phase is characterised by the integration of regional drug policy into regional social policy[81]. The results of this research project were not published in scientific journals.

One relevant focus of research in Austria is surveys or comparative studies on various substitution substances. These studies are carried out above all by the University Hospital of Psychiatry at the Medical University of Vienna and at the Clinical Department of General Psychiatry of the Medical University of Innsbruck and are published internationally (see list of publications on the following page).

[81] www.euro.centre.org/detail.php?xml_id=430 resp. www.irks.at/forsch_frame.html

Selected field-specific articles published in 2006 and 2007 in international journals following external reviews

P. Baumann, C. Hiemke, S. Ulrich, G. Eckermann, H. L. Kuss, G. Laux, B. Muller-Oerlingenhausen, M. L. Rao, P. Riederer, G. Zernig (2006). Therapeutic Drug Monitoring (TDM) of psychotropic drugs: a consensus guideline of the AGNP-TDM group. Revue Médicale Suisse, May 24; 2 (67), 1413-8, 1429-2, 1424-6

A. Bäwert, N. Primus, R. Jagsch, H. Eder, M. Zanki, K. Thau, G. Fischer (2006). Cocaine abuse in Vienna and European cities – a multi-center study. Wiener Klinische Wochenschrift, 118 (17-18)/2006, 521-530

M. Busch (2006). Der epidemiologische Schlüsselindikator „Drogenbezogene Todesfälle und Mortalität von Drogenkonsumentinnen und Drogenkonsumenten" in der Europäischen Union und in Norwegen. Suchttherapie, 7/2006, 154-161

J. A. Crespo, K. Sturm, A. Saria, G. Zernig (2006). Activation of Muscarinic and Nicotinic Acetycholine Receptors in the Nucleus Accumbens Core is Necessary for the Acquisition of Drug Reinforcement. The Journal of Neuroscience, 26(22)/ 2006, 6004-6010

M. Ertl, S. Giacomuzzi, Y. Riemer, A. Vigl, G. Kemmler, H. Hinterhuber, M. Kurz (2006). Abstinenzzuversicht und Beikonsumverhalten substituierter Drogenabhängiger in Abhängigkeit vom Beschäftigungsstatus. Neuropsychiatrie, 4/ 2006, 265-272

G. Fischer (2007). Influence of Peak and Trough Levels of Opioid Maintenance Therapy on Driving Aptitude. European Addiction Research, 13/ 2007, 127-135

G. Fischer, B. Kayer (2006). Substanzabhängigkeit vom Morphintyp – State of the Art: Erhaltungstherapie mit synthetischen Opioiden. Psychiatrie und Psychotherapie, 2/2 2006, 39-54

G. Fischer, R. Ortner, K. Rohrmeister, R. Jagsch, A. Baewert, M. Langer, H. Aschauer (2006). Methadone versus buprenorphine in pregnant addicts: a double-blind, double-dummy comparison study. Addiction, 101(2)/2006, 275-281

S. Giacomuzzi, M. Pavlic, K. Libiseller, Y. Riemer (2007). Intramuskulärer Beikonsum von retardiertem Morphin bei ambulanter Opiatsubstitution mit Buprenorphin. Suchttherapie, 8/2007, 41-42

S. Giacomuzzi, M. Ertl, M. Pavlic, K. Libiseller, Y. Riemer, G. Kemmler, H. Rössler, P. Grubwieser, W. Rabl, H. Hinterhuber (2006). Maintenance Treatment of Opioid Dependence and Patterns of Non-prescribed Drug Use: Results of a 4-Year Trial. Letters in Drug Design & Discovery, 3 (10)/2006, 731-740

S. Giacomuzzi, G. Kemmler, M. Ertl, Y. Riemer (2006). Opioid Addicts at Admission versus Slow-Release Oral Morphine, Methadone and Sublingual Buprenorphine Maintenance Treatment Programme Participants. Substance Use & Misuse, 41(2)/2006, 223-244

B. Haas, F. Popp (2006). Why Do People Injure Themselves? Psychopathology, 39/2006, 10-18

R. Haller, H. Hinterhuber, K. Mann (2006). Maintenance pharmacotherapies for opioid dependence: Recommendations. Neuropsychiatrie, 20/ 2006, 140-150

W. Jessner, M. Strasser, I. Graziadei, F. Berr, W. Vogel (2006). Sustained remission of chronic hepatitis C after acute hepatitis B superinfection. Scandinavian Journal of Infectious Diseases, 38 (9)/2006, 818-821

N. D. Kapusta, K. Ramskogler, I. Hertlinger, R. Schmid, A. Dvorak, H. Walter, O. M. Lesch (2006). Epidemiology of substance use in a representative sample of 18-year-old males. Alcohol Alcohol, 41(29/2006, 188-192

L. Kraus, A. Uhl (2006). Substanzkonsum und Sterblichkeit: Das Dilemma der Kausalität. Suchttherapie, 4/2006, 162-172

L. Kraus, A. Uhl (2006). Wie nahe kommt die Forschungsrealität dem Wunsch, kausale Beziehungen zwischen Substanzkonsum und Tod herzustellen? Suchttherapie, 4/2006, 141-142

E. Madlung, D. Dunkel, C. Haring (2006). Substitutionsmittel und Beikonsum bei Opiatabhängigen. Suchttherapie, 7/2006, 18-23

E. Madlung, C. Haring, J. A. Crespo, A. Saria, P. Grubinger, G. Zernig (2006). Methadone doses upon multiple readmissions to inpatient detoxification: Clinical evidence for very moderate opioid tolerance. Pharmacology, 78(1)/2006, 38-43

G. Rumpold, M. Klingseis, K. Dornauer, M. Kopp, S. Doering, S. Hofer, B. Mumelter, G. Schussler (2006). Psychotropic substance abuse among adolescents: a structural equation model on risk and protective factors. Substance Use and Misuse, 41 (8)/2006, 1155-1169

A. Stevens, D. Berto, U. Frick, N. Hunt, V. Kerschl, T. McSweeney, K. Oeuvray, I. Puppo, A. Santa Maria, S. Schaaf, B. Trinkl, A. Uchtenhagen, W. Werdenich (2006). The Relationship between Legal Status, Percieved Pressure and Motivation in Treatment for Drug Dependence: Results from a European Study of Quasi-Compulsory Treatment. European Addiction Research, 12 (4)/2006, 197-209

A. Uhl (2006). Darstellung und kritische Analyse von Kostenrechnungen im Bereich des Substanzmissbrauchs. Sucht: Zeitschrift für Wissenschaft und Praxis, 52 (2)/2006, 121-132

C. G. Widschwendter, G. Zernig, A. Hofer (2007). Quetiapine cross reactivity with urine methadone immunoassays. The American Journal of Psychiatry, 164 (1)/2007, 172

B. Winklbaur, N. Ebner, G. Sachs, K. Thau, G. Fischer (2006). Substance abuse in patients with schizophrenia. Dialogues in Clinical Neuroscience, 8 (1)/2006, 37-43

G. Zernig, S. H. Ahmed, R. N. Cardinal, D. Morgan, E. Acquas, R. W. Foltin, P. Vezina, S. S. Negus, J. A. Crespo, P. Stöckl, P. Grubinger, E. Madlung, C. Haring, M. Kurz, A. Saria (2007). Explaining the Escalation of Drug Use in Substance Dependence: Models and Appropriate Animal Laboratory Tests. Pharmacology, 80/2007, 65-119

Publications of 2006 by Austrian researchers in international journals are included in the list of publications (see previous page). This collection is based on extensive research on the Internet via the web pages of the Austrian Library Network (OBVSG), the National Library of Medicine (NLM) and the German Medpilot meta database. Furthermore, issues of drug-specific journals as well as the achievement reports of individual University Hospitals in Austria and of the drug-specific research institutes were viewed. The Newsletter DrugNet Austria published by the REITOX Focal Point Austria (GÖG/ÖBIG) was also consulted for reference. The list of publications exclusively contains publications in journals with peer review.

13.3 Collection and dissemination of research results

Gesundheit Österreich GmbH and the Austrian Health Institute (GÖG/ÖBIG) in its function as REITOX Focal Point of the EMCDDA has regular contacts with relevant research institutions and experts. The Newsletter DrugNet Austria, an electronic quarterly out sent to 600 persons, offers an added possibility to present studies and research result in short. The national report on the drug situation in Austria also sums up recent studies, research projects and results on the various addiction-related topics every year.

Wiener Zeitschrift für Suchtforschung is Austria's only scientifically recognised specific publication focusing on addiction and drugs. It has been published since 1977 as a quarterly by the Anton Proksch Institute in cooperation with the Ludwig Boltzmann Institute of Addiction Research (LBISucht). This journal contains information on the interdisciplinary research into the use of and dependence on psychotropic substances as well as into addiction treatment in theory and practice. Thematically open issues alternate with focal issues on subjects such as methadone or alcohol in the workplace. There is an external review procedure for articles to be published, and an abstract in English.

Articles on addiction and drugs are also published in journals from the fields of clinical medicine or social sciences, which are listed below:

Wiener Zeitschrift für Suchtforschung – www.api.or.at/wzfs/

Editors	API and LBISucht
Contents:	interdisciplinary research into the use of and dependence on psychotropic substances; addiction treatment in theory and practice; thematically open issues alternate with focal issues (e.g., on methadone or alcohol in the workplace)
Discipline:	multi-disciplinary
Language:	German with English abstract
Issues/year	4
Peer review	yes

Neuropsychiatrie: Psychiatrie, Psychotherapie und Public Mental Health
www.dustri.de/zd/ne/44welcome.htm

Editors	Hartmann Hinterhuber and Ullrich Meise, both Innsbruck
Contents:	Overviews, original papers, case histories, news from the field of science, questions from practice, letters to the editors, readers' questions from practice and answers, political and ethical issues of the profession, information on representatives of the profession, conference announcements, book reviews etc. in all fields of neurology and psychiatry
Discipline:	neurology, psychiatry
Language:	German with English abstract
Issues/year	4
Peer review	yes

Wiener klinische Wochenschrift – The Middle European Journal of Medicine
http://springerlink.metapress.com/content/112448/

Editors	Members of the Medical University Vienna and the Society of Physicians in Vienna with collaboration of the members of the Medical Universities in Graz and Innsbruck
Contents:	scientific journal of medicine covering the entire range of clinical medicine as well as issues concerning medicine and society, such as medical ethics, social medicine, history of medicine. Editorials and leading articles on topical issues, overviews, case reports and a broad range of special themes. Focus on Middle Europe
Discipline:	clinical medicine
Language:	German, English
Issues/year	1 volume containing 24 issues
Peer review	yes

Wiener Medizinische Wochenschrift – www.springerlink.com/content/112449/

Editors:	Institutes and hospitals of the Medical Universities Vienna, Graz and Innsbruck and the Scientific Society of Physicians in Styria
Contents:	scientific journal of medicine with contributions from all over Europe. The articles cover a broad, Europe-wide range of clinical and pre-clinical medicine
Discipline:	clinical medicine
Language:	German, English
Issues/year	1 volume containing 24 issues
Peer review	yes

Österreichische Zeitschrift für Soziologie – www.soz.univie.ac.at/oezs/

Editors:	Austrian Sociological Society (ÖGS)
Contents:	articles, information on completed research projects, reports of events, short description of sociology institutes, book reviews, discussion of sociological issues. Thematically open issues alternate with focal issues
Discipline:	sociology, social studies
Language:	German with English abstract
Issues/year	4
Peer review	yes

Kontraste – www.gespol.jku.at/e1275/index_ger.html

Editors:	Social Sciences Association and Institute of Social and Societal Policy **–** University of Linz
Contents:	reports on social policy: poverty and labour market policy, health policy problems and social insurance, women's issues and human rights topics
Discipline:	social studies
Language:	German with English abstract
Issues/year	10
Peer review	no

Furthermore, Austrian studies and new research results are also published in books (see for example Beubler, Haltmayer, Springer 2007; Eisenbach-Stangl, Lentner, Mader 2005), and most research institutes also publish their scientific papers on their own websites (see the websites mentioned in this chapter). At national level, rather than one nationwide addiction research conference with regular meetings, there is a variety of expert meetings and conferences on specific issues with a regional or international approach (e.g., ReDUse – New Aspects and Developments in Recreational Drug Use[82] in October 2007 in Vienna; and a conference on addiction, co-morbidity and treatment – new ways of treatment for addiction patients[83] in January 2008 in Vienna).

[82] www.checkyourdrugs.at/data/_static/reduse/

[83] www.api.or.at/pdfs/vorankuendigung_2008.pdf

BIBLIOGRAPHY

BIBLIOGRAPHY

Angerer, K., und Popig, M. (2007). Forschung und Entwicklung „Lebenswelt von Substituierten in Oberösterreich“. Endbericht, April 2007. Linz

API (2007). Jahresbericht 2006 der Abteilung V – Drogenabteilung. Anton-Proksch-Institut Klinikum. Vienna

Bäcker, W., Magnus, A. (2006). Tagungsband zur Arbeitstagung „Aktuelle Entwicklungen in der Arbeit mit suchtgefährdeten Jugendlichen – Multiprofessionalität und Kooperationen“. September 2006. Vienna

Baumgartner, E. (2007). Ketamin als Partydroge. Zum Risiko konsumbedingter sozialpathologischer Veränderungen und spezifischer Konfliktmuster sowie deren Relevanz für sekundärpräventive Einrichtungen. Verein Wiener Sozialprojekte. Vienna

Berger, E., Elstner, T. (2002). Entwicklung von Kindern substanzabhängiger Mütter. Kinderneuropsychiatrische Evaluationsstudie des Wiener Comprehensive Care Projects 2002. Vienna

Beubler, E., Haltmayer, H., Springer, A. (eds.) (2007[2]). Opiatabhängigkeit. Interdisziplinäre Aspekte für die Praxis. Springer-Verlag. Berlin, Heidelberg, New York

BGBl II 2006/49: Weiterbildungsverordnung orale Substitution. Ausgegeben am 23. November 2006

BGBl II 2006/51: Änderung der Suchtgiftverordnung. Ausgegeben am 23. November 2006

B.I.T. (2007). Jahresbericht 2006 der Drogen- und Suchtberatung B.I.T. Tirol. Verein B.I.T. – Suchtberatung. Volders

BMI (2007). Jahresbericht über die Suchtmittelkriminalität in Österreich 2006. Bundesministerium für Inneres/Bundeskriminalamt. Vienna

Bundeskanzleramt (2007). Regierungsprogramm 2007–2010. Regierungsprogramm für die XXII. Gesetzgebungsperiode. Vienna

Council of the European Union (2003). Draft Framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of drug trafficking. DROIPEN 84. CORDROGUE 100 Rev 1. Brussels

Drogenberatung des Landes Steiermark (2007). Jahresbericht 2006. Graz

Drogenkoordination des Landes Salzburg (2007). Bericht zur Drogensituation im Land Salzburg. Jahresbericht 2006. Salzburg

Dür, W., und Griebler, R. (2007). Die Gesundheit der österreichischen SchülerInnen im Lebenszusammenhang. Ergebnisse des 7. HBSC-Surveys 2006. Schriftenreihe Originalarbeiten, Studien, Forschungsberichte. Bundesministerium für Gesundheit, Familie und Jugend. Vienna

Dür, W., und Griebler, R. (2007a). Bericht zum ExpertInnenworkshop. „Seelische Gesundheit im schulischen Setting“. Forschungsbericht des Ludwig Boltzmann Institutes für Medizin und Gesundheitssoziologie (LBIMGS).

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. Vienna

Eggerth, A., Keller-Ressel, M., Lachout, S., Schmid R. (2005a). Daten zum Konsumverhalten von Freizeitdrogen-KonsumentInnen. Eine Sekundäranalyse der Fragebogenstudie 1998 und 2001 bis 2003. Verein Wiener Sozialprojekte. Vienna

Eggerth, A., Keller-Ressel, M., Lachout, S., Schmid, R. (2005b). Konsumtypen bei Freizeitdrogenkonsumenten in Österreich. Sucht: Zeitschrift für Wissenschaft und Praxis, 51/2005, pp. 88–96

Eisenbach-Stangl, I., Lentner, S., Mader, R. (eds.) (2005). Männer, Frauen, Sucht. Facultas. Vienna

EMCDDA (2006). Annual Report 2006. The state of the drugs problem in Europe. European Monitoring Centre for Drugs and Drug Addiction. Lisbon

ENCARE Österreich (2006). Newsletter 4/2006, Vienna

ENCARE Österreich (2007). Newsletter 1/2007, Linz

Etl, Sabine (2006). Drogenszene Karlsplatz – Das Verhältnis von Polizei und Sozialarbeit im Drogenmilieu. Diplomarbeit, eingereicht im Jahr 2006 an der Fakultät für Sozialwissenschaften der Universität Wien. Diploma thesis at the University of Vienna

Fachstelle für Suchtvorbeugung, Koordination und Beratung (2007). Jahresbericht 2006. St. Pölten

Fischer, G., und Kayer, B. (2006). Substanzabhängigkeit vom Morphintyp – State of the Art: Erhaltungstherapie mit synthetischen Opioiden. Psychiatrie & Psychotherapie (2006) 2/2, pp. 13–28

FSW/Team Focus (2005). Wien 1 & 4 – Karlsplatz. Im Auftrag des Fonds Soziales Wien. Berichtszeitraum: Jänner bis Juni 2005.

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

Gartner-Schiller, A., und Neumayr, H. (2006). Studie zum Substanzkonsum von Jugendlichen aus Wiener Neustadt und Umgebung 2005/2006. Verein Jugend und Kultur. Wiener Neustadt

GÖG/FGÖ (2007). Jahresbericht des Fonds Gesundes Österreich (FGÖ). Gesundheit Österreich GmbH / Geschäftsbereich Fonds Gesundes Österreich. Vienna

GÖG/ÖBIG (2006). Bericht zur Drogensituation 2006. Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG. Vienna

GÖG/ÖBIG (2007a). Einheitliche Dokumentation der Klientinnen und Klienten der Drogeneinrichtungen (DOKLI) – Klientenjahrgang 2006. Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG. Im Auftrag des Bundesministeriums für Gesundheit, Familie und Jugend. Vienna 2007.

GÖG/ÖBIG (2007b). Suchtgiftbezogene Todesfälle 2006. Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG. Vienna 2007.

GOOSTAV (2007). Jahresbericht 2006. TENDER Verein für Jugendarbeit, Deutsch-Wagram

Grüner Kreis (2007a). Tätigkeitsbericht 2006. Verein Grüner Kreis. Vienna

Grüner Kreis (2007b). Magazin. Sommer 2007, No. 62. Verein Grüner Kreis. Vienna

Haas, S. (2005). Problembewusste Frauen, risikofreudige Männer? Illegale Drogen und Geschlecht. Männer Frauen Sucht. Eisenbach-Stangl, I., Lentner, S., Mader, R. (Hrsg.), Vienna

Hager, I., Stummvoll, G. (2006). Sonderauswertung zur ISRD-2-Studie in Österreich. Jugenddelinquenz in Österreich – ein Beitrag zur zweiten internationalen „Self-Report-Delinquency Study“. Gefördert von Jubiläumsfonds der ÖNB und bmbwk. Vienna (unpublished)

H.I.O.B. (2007). Intensive Care Substitution. Ambulante Substitution mit niederschwelligem Zugang. Zwischenbericht Oktober 2004 – April 2007. Feldkirch

Huber, A. S. (2006). Ganz normal eben. Soziokulturelle Aspekte des Alltags von SubstitutionspatientInnen. Graz

Hutsteiner, T., Seebauer, S., Auferbauer, M. (2005). Die Drogensituation an steirischen Berufsschulen und Lehrlingshäusern. Endbericht. X-Sample. Graz

IFES (2002). Suchtmittelstudie Steiermark. Bevölkerungsbefragung 2002. Berichtsband. Im Auftrag der Suchtkoodination Steiermark. Institut für empirische Sozialforschung. Vienna

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

IFES (2005a). Suchtmittel-Monitoring 2005. Bevölkerungsbefragung Wien. Im Auftrag des Fonds Soziales Wien. Institut für empirische Sozialforschung. Vienna

IFES (2005b). BADO – Basisdokumentation. KlientInnenjahrgang 2004. Im Auftrag des Fonds Soziales Wien. Vienna

IFES (2006). BADO – Basisdokumentation. KlientInnenjahrgang 2005. Im Auftrag des Fonds Soziales Wien. Vienna

Klimont, J., Kytir, J., Leitner, B. (2007). Österreichische Gesundheitsbefragung 2006/2007. Hauptergebnisse und methodische Dokumentation. Bundesministerium für Gesundheit, Familie und Jugend. Vienna

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

Komfüdro (2007). Jahresbericht 2007. Komfüdro. Innsbruck

Kontaktladen (2007). Jahresbericht 2006 Kontaktladen / Streetwork. Caritas. Graz

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

MDA basecamp (2007). Tätigkeitsbericht 2006. Innsbruck

MOJA (2007). Jahresbericht 2006. TENDER – verein für Jugendarbeit. Wiener Neudorf

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

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

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

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

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

ÖBIG (2004). Report on the Drug Situation 2004. Österreichisches Bundesinstitut für Gesundheitswesen. Vienna

ÖBIG (2005). Report on the Drug Situation 2005. Österreichisches Bundesinstitut für Gesundheitswesen. Vienna

ÖBIG (2006). Suchtgiftbezogene Todesfälle 2005. Österreichisches Bundesinstitut für Gesundheitswesen. Vienna

Putre, M. (2006). Obdachlosigkeit bei KonsumentInnen illegaler Drogen – Eine Analyse der Lebenswelt und der Hilfsressourcen von obdachlosen DrogenkonsumentInnen in Wien. Diplomarbeit, eingereicht zur Erlangung des Grades Magistra (FH) der Sozialwissenschaften an der Fachhochschule St. Pölten im Mai 2006. Diploma thesis at the Fachhochschule St. Pölten

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

Seyer, S. (2005). Von illegalen Substanzen. Vom Gebrauch der Drogen. Drogenmonitoring zu illegalen Substanzen, Alkohol und Nikotin in Oberösterreich. Institut für Suchtprävention / Pro Mente OÖ. Linz

Seyer, S., Lehner, R., Gschwandtmer, F., und Paulik, R. (2007). Bericht zum Drogen-monitoring 2006. Institut für Suchtprävention/Pro Mente OÖ. Linz (to be published)

Stevens, A., Berto, D., Frick, U., Kerschl, V., MCSweeney, T., Schaaf, S., Tartari, M., Turnbull, P., Trinkl, B., Uchtenhagen, A., Waidner, G., Werdenich, W. (2007). The Victimization of Dependent Drug Users – Findings from a European Study. European Journal of Criminology 4 (4). Voraussichtlich Oktober 2007. Oxford, UK.

Stevens, A., Berto, D., Frick, U., Hunt, N., Kerschl, V., McSweeney, T., Oeuvray, K., Puppo, I., Santa Maria, A., Schaaf, S., Trinkl, B., Uchtenhagen, A., Werdenich, W. (2006). The relationship between legal status, perceived pressure and motivation in treatment for drug dependence: Results from a European study of quasi-compulsory treament. European Addiction Research, 12/2006, pp. 197–209

Stiftung Maria Ebene (2007). Jahresbericht 2006. Stiftung Maria Ebene. Frastanz

Sucht- und Drogenkoordination Wien (2006). Gender-Mainstreaming in der Sucht- und Drogenarbeit. Vienna

Sucht- und Drogenkoordination Wien (2007). Österreichischer Drogenbericht. Input zur Drogensituation Wien. Vienna

Uhl, A., Springer, A., Kobrna, U., Gnambs, T., Pfarrhofer, D. (2005a). Österreichweite Repräsentativerhebung zu Substanzgebrauch, Erhebung 2004. Bundesministerium für Gesundheit und Frauen. Vienna

Uhl, A., Bohrn, K., Fenk, R., Grimm, G., Kobrna, U., Springer, A., Lantschik, E. (2005b): ESPAD Austria 2003: Europäische Schüler- und Schülerinnenstudie zu Alkohol und anderen Drogen. Bundesministerium für Gesundheit und Frauen. Vienna

VIVID (2007a). Primäre Suchtprävention an steirischen Schulen. Infoletter 2007. Graz

VIVID (2007b): Jahresbericht 2006. Graz

VWS (2000). Sozialarbeit im Bereich männlicher Prostitution – Abschlussbericht. Verein Wiener Sozialprojekte. Vienna

VWS (2006a). GawiNews, No. 22 / August 2006. Verein Wiener Sozialprojekte. Vienna

VWS (2006b). GawiNews, No. 23 / Dezember 2006. Verein Wiener Sozialprojekte. Vienna

VWS (2007a). Bericht 2006. Verein Wiener Sozialprojekte. Vienna

VWS (2007b). Eventbericht 2. 6. 2007. ChEck iT!. Vienna

Wancata, J., Sobocki, P., Katschnig, H. (2007). Die Kosten von „Gehirnerkrankungen“ in Österreich im Jahr 2004. Wiener Klinische Wochenschrift 119/3–4, pp. 91–98.

Wiener BerufsBörse (2007). Jahrsbericht 2006. Wiener BerufsBörse. Vienna.

Zeder, U. (2007). Eine Drogentherapeutische Anlaufstelle (DTA) für Graz. Suchtkoordination der Stadt Graz. Graz

Personal communications, alphabetical order

Name and page	Organisation or function
Anderwald, Christine (p. 46)	Caritas Marienambulanz outpatient department, Graz
B.I.T. (p. 81)	Drug and addiction counselling unit, Tyrol
Bäcker, Wolfgang (p. 80)	MAG ELF – Department 6 – Social Education Services – Drug Counselling and Treatment Services, Vienna
Bauer, Dr. Bernhard (p. 46)	Head of department, Caritas Marienambulanz outpatient department, Graz
Drobesch, Dr. Barbara (p. 81)	Director of the province unit for addiction prevention, Carinthia
Drug Counselling Service Z6 (p. 78)	The Drug Counselling Service of the youth centre Z6 provides counselling and assistance for adolescents and adults vulnerable or addicted to drugs and to relatives of those concerned, Innsbruck
Duspara, Vinko (p. 46)	Lukasfeld therapy department, Maria Ebene foundation, Vorarlberg
Ederer, DSA Klaus Peter (p. 18, 39, 51)	Addiction coordinator, Styria
Fischer, Dr. Gabriele (p. 46, 85)	University professor, Clinical Department of General Psychiatry, drug outpatient department at the General Hospital Vienna
Giacomuzzi, DDr. Salvatore M. (p. 52)	Outpatient department of dependence diseases/drug outpatient department of the Psychiatric University Hospital of Innsbruck
Haller, Dr. Beatrix (p. 18)	Federal Ministry for Education, the Arts and Culture
Haller, Dr. Reinhard (p. 63)	University professor, Addiction Research Institute of the Medical University of Innsbruck
Haltmayer, Dr. Hans (p. 46, 52, 63)	Vienna Social Projects Association (VWS)
Hörhan, Dr. Ursula (p. 34)	Addiction coordinator, Lower Austria
Kahl, Walter (p. 72)	Federal Ministry of Justice, V/1
Kern, Harald (p. 54)	Addiction coordinator, Tyrol
Mader, Christian (p. 72)	Federal Ministry of the Interior, Bundeskriminalamt (Federal Criminal Agency), drug offences unit
Mayrhofer, Dr. Herbert (p. 40)	Medical director of H.I.O.B. counselling centre, Vorarlberg
Mellish, Petra (p. 18, 19, 20)	Addiction Prevention, Coordination and Counselling Unit, Lower Austria
Mentlvilla (p. 32, 74, 78, 79, 80)	Emergency sleeping facility of Caritas Innsbruck
Neubacher, Thomas (p. 32)	Addiction coordinator, Vorarlberg
Prehslauer, Dr. Brigitte (p. 7, 9, 31, 33, 34, 54)	Drug coordinator, Carinthia
Schwarzenbrunner, Thomas (p. 52, 53)	Addiction and drug coordinator, Lower Austria
Stolz-Gombocz, Dr. Ingrid (p. 46)	Assistant medical director, Anton Proksch Institute, long-term therapy of drug addicts with personality disorders, Mödling, Lower Austria
Werdenich, Dr. Wolfgang (p. 85)	Federal Ministry of Justice, prison Favoriten, Vienna
Zernig-Grubinger, Dr. Gerald (p. 86)	University professor, Clinical department of psychiatry/ experimental psychiatry, Medical University of Innsbruck

DATABASES

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

Austrian projects in the EDDRA database (as of August 2007):

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

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

Addiction prevention in early childhood: An advanced training course for kindergarten teachers
(VIVID - Fachstelle für Suchtprävention, Styria)

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

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

Addiction programme: Promote health, prevent addiction
(Bundesministerium für Unterricht und kulturelle Angelegenheiten, Vienna)

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

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

Campaign „Empower our Children“
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

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

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

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

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

Drug-free areas in Innsbruck prison
(Justizanstalt Innsbruck, Tyrol)

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

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

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

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

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

European networking in addiction prevention
(Institut Suchtprävention, Upper Austria)

Fantasy instead of Ecstasy: Addiction prevention through peer group education in a vocational high school in Neumarkt in Salzburg
(AKZENTE Salzburg - Suchtprävention, Salzburg)

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

Grüner Kreis: A treatment facility for adolescents
(Verein Grüner Kreis, Lower Austria)

"Guat beinand'!": Addiction prevention in communities and city districts
(Akzente Salzburg – Suchtprävention, Salzburg)

Health Promotion and Addiction Prevention in the Workplace
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

High enough? – Practical kit for addiction prevention in the field of youth work
(VIVID Fachstelle für Suchtprävention, Styria)

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

In motion: A multiplier project for addiction prevention at schools
(Institut Suchtprävention - eine Einrichtung von pro mente, Upper Austria)

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

Living together in the 2. district. Program for the prevention of addiction in schools, children and youth work in urban areas.
(Institut für Suchtprävention, Vienna)

Local Capital for Social Purposes (a pilot action of the DG V of the EU) Programme: "Socially Innovativ 2000" (EU regional management Eastern Styria)
(Volkshilfe Steiermark, VIVID Fachstelle für Suchtprävention, Regionalbüro Oststeiermark, Styria)

Log In: Measures for the integration and health promotion of former drug users
(Anton Proksch Institute, Lower Austria)

Long-term therapy, Anton Proksch-Institute, Mödling
(Anton Proksch Institute, Lower Austria)

Long-term therapy facility CARINA
(Stiftung Maria Ebene, Vorarlberg)

Long-term treatment of drug dependence Senobio, Schnifis, Vorarlberg
(Senobio, Vorarlberg)

Low threshold service Ganslwirt
(Verein Wiener Sozialprojekte, Vienna)

Lukasfeld: A short term therapy for young illegal drug addicts
(Stiftung Maria Ebene hospital, Vorarlberg)

Making kids strong through Sports
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

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

Medico-psycho-social Sanatorium „Schweizer Haus Hadersdorf“
(Evangelisches Haus Hadersdorf - WOBES, Vienna)

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

Needles or Pins: A European Project to develop innovative projects for the social and professional rehabilitation of people with drug problems. Sub-project of Vorarlberg
(Die Fähre, Vorarlberg)

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

Pib – prevention in companies
(kontakt+co - Suchtpräventionsstelle, Tyrol)

Pilot projekt: Addiction prevention in Trofaiach
(b.a.s. (betrifft alkohol und sucht) – steirischer Verein für Suchtkrankenhilfe, Styria)

Probation assistance for prisoners at Vienna Favoriten prison provided by voluntary staff
(Verein für Bewährungshilfe und soziale Arbeit – Bewährungshilfe, Vienna)

SAS: Pupils searching for alternative solutions. A pupil multiplier project of primary addiction prevention based on the concept of peer group education.
(VIVID - Fachstelle für Suchtprävention, Styria)

Scientific project: ChEckiT!
(Verein Wiener Sozialprojekte, Vienna)

Social medicine counselling centre Ganslwirt
(Verein Wiener Sozialprojekte, Vienna)

Socio economical company: Fix und Fertig (“All ready”)
(Verein Wiener Sozialprojekte, Vienna)

Stationenmodell: Primary addiction prevention in schools
(Fachstelle für Suchtvorbeugung, Koordination und Beratung, Lower Austria)

Step by Step: A programme for early detection and crisis intervention at schools
(VIVID – Fachstelle für Suchtprävention, Styria)

Streetwork mobile youth work: “Rumtrieb” Wiener Neustadt
(Verein für Jugend und Kultur Wr. Neustadt, Lower Austria)

Substitution treatment in the Outpatient Clinic for Addictions in Innsbruck
(Outpatient Clinic for Addictions Innsbruck, Tyrol)

Supervised housing
(Verein Wiener Sozialprojekte, Vienna)

Supromobil: Secondary prevention of the Foundation Maria Ebene
(Stiftung Maria Ebene, Vorarlberg)

The Umbrella Network Programme: Analysis of border issues with regard to HIV, AIDS and STD problems and the development of cooperative border crossing preventative measures.
(Institut für Sozialdienste, Vorarlberg)

Therapy for parents and children at Grüner Kreis
(Verein Grüner Kreis, Lower Austria)

Toy-free Kindergarten: Addiction prevention by promoting life skills
(ISP - Informationsstelle für Suchtprävention, Vienna)

Travelling exhibition with the aim of addiction prevention: “Have you got the hang of everything?“
(Fachstelle für Suchtprävention, Lower Austria)

Treatment and care of addicted offenders in Vienna Favoriten prison
(Justizanstalt Wien-Favoriten, Vienna)

URBAN: Vienna Gürtel Plus. Secondary prevention for young people in urban areas
(Drogenberatungsstelle Change, Vienna)

Vienna Job Exchange
(Wiener Berufsbörse, Vienna)

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

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

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

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

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

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

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

WebSites

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

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

Provincial Drug or Addiction Coordinators:

Addiction Coordinators for the Province of Burgenland
http://www.burgenland.at

Drug Coordinators for the Province of Carinthia
www.gesundheit-kaernten.at

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

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

Drug Coordinators of the Province of Salzburg
http://www.salzburg.gv.at/themen/gs/soziales/leistungen_und_angebote/abhaengigkeit/abhaengigkeit_drogenkoordination.htm

Addiction Coordinators of the Province of Styria
http://www.drogenberatung-stmk.at/

Addiction Coordinators of the Province of the Tyrol
http://www.jugendweb.at/drogen/drogen_ein_det.asp?ID=19

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

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

Provincial Addiction Prevention Units:

Burgenland: Fachstelle für Suchtprävention Burgenland
http://www.psd-bgld.at

Carinthia: Landesstelle für Suchtprävention Kärnten
http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN_ID=77

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

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

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

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

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

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

Federal Ministries:

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

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

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

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

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

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

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

Monitoring and research:

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

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

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

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

ÖBIG – Einheitliches Dokumentationssystem der Klienten und Klientinnen der Drogenhilfe (Uniform documentation and reporting system of clients of Austrian drug help centres)
http://tdi.oebig.at

Other websites:

AIDS assistance
http://www.aidshilfen.at

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

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

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

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

Blue Monday Gesundheitsmanagement (health management)
http://www.bluemonday.at

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

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

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

Caritas Graz – Kontaktladen (contact point)
http://caritas-graz.at

ChEck iT! – Vienna Social Projects Association (VWS)
http://checkyourdrugs.com

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

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

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

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

ENCARE Austria
http://www.encare.at

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

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

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

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

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

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

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

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

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

Komfüdro – communication centre for drug users
http://www.caritas-innsbruck.at/einrichtungen.cfm?mode=showseite1&e_id=15

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

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

Lukasfeld – (therapy centre)
http://www.mariaebene.at

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

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

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

Needles or Pins – dialog
http://www.dialog-on.at/article_69.html

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

Otto-Wagner-Spital – drug institute
http://www.wienkav.at/kav/ows/medstellen_anzeigen.asp?suchstring=912

Österreichische Caritaszentrale –
http://www.esf.at/projekte/arbeitslose/projekte_ida.html

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

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

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

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

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

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

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

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

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

Streetwork Graz (street social work)
http://caritas-graz.at/home.php?cakt=einr&id=11&einrakt=&narchiv=&armonat=&arjahr=&suche=&einrid=&ibhid=&mitid=

Substanz – Verein für suchtbegleitende Hilfe (association for accepting drug assistance)
http://www.substanz.at

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

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

Tiroler JugendWeb – Drogen, Sucht, Hilfe (Tyrolean youth network for drug assistance)
http://www.jugendweb.at/drogen/

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

VIVA (drug counselling centre)
http://www.gesundheit-kaernten.at/gesundheitsserverhtml/page.asp?MEN_ID=109&SEI_ID=99&LST_ID=48

Vorarlberger Drogenhilfe (drug help services)
www.suchthaufen.at

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

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

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

ANNEX

A. Tables, Map

B. List of Abbreviations

C. Standard Tables & Structured Questionnaires

ANNEX A

Tables, Map

Table A1: Overview of selected general population surveys on drug experience among the Austrian population from 2000 to 2007

Study (author(s), year of publication)	**Area covered Year of data collection** (period covered)	**Target group** (sample)	**Drug types surveyed**	**Percentage of respondents with drug experience** Age group	%
Bevölkerungsbefragung OÖ / drug survey, Upper Austria (market 2000)	Upper Austria 2000 (lifetime)	General population aged 15 and older (n = 1 011)	Cannabis	15 +	21
			Ecstasy	15 +	4
			Amphetamines	15 +	1
			Cocaine	15 +	4
			Morphine	15 +	1
			LSD	15 +	3
			Smart drugs	15 +	1
Wiener Suchtmittelstudie / drug survey, Vienna (FSW and IFES 2002)	Vienna 2001 (lifetime)	General population aged 15 and older (n = 650)	Cannabis	15 +	14
			Ecstasy	15 +	1
			Amphetamines	15 +	1
			Cocaine	15 +	1
			Opiates	15 +	1
Suchtmittelstudie Steiermark / drug survey, Styria (IFES 2002)	Styria 2002 (lifetime)	General population aged 14 to 60 (n = 1 000)	Illicit drugs (total)	14–60	14
			Cannabis	14–60	13
			Other illicit drugs	14–60	2
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (Seyer 2005)	Upper Austria 2003 (lifetime)	General population aged 15 and older (n = 1 018)	Cannabis	15–59	23.7
			Ecstasy	15–59	3.9
			Amphetamines	15–59	3.6
			Cocaine	15–59	3.7
			Heroin	15–59	2.0
			Morphine	15–59	2.1
			LSD	15–59	3.3
			Solvents and inhalants	15–59	5.8
			Biogenic drugs	15–59	3.9
Wiener Suchtmittelstudie / drug survey, Vienna (IFES 2004a)	Vienna 2003 (lifetime)	General population aged 15 and older (n = 750)	Cannabis	15 +	16
			Ecstasy	15 +	2
			Amphetamines	15 +	2
			Cocaine	15 +	3
			Opiates	15 +	1
			Biogenic drugs	15 +	3
			Other illicit drugs (e. g., LSD)	15 +	2
Bevölkerungsbefragung Österreich / general population survey, Austria (Uhl et al. 2005a)	Austria 2004 (lifetime)	General population aged 14 and older (n = 4 547)	Cannabis	14 +	20.1
			Ecstasy	14 +	3.0
			Amphetamines	14 +	2.4
			Cocaine	14 +	2.3
			Opiates	14 +	0.7
			Biogenic drugs	14 +	2.7
			LSD	14 +	1.7
			Solvents and inhalants	14 +	2.4
Wiener Suchtmittelstudie / drug survey, Vienna (IFES 2005a)	Vienna 2005 (lifetime)	General population aged 15 and older (n = 600)	Cannabis	15 +	17
			Ecstasy	15 +	2
			Amphetamines	15 +	2
			Cocaine	15 +	2
			Opiates	15 +	2
			Biogenic drugs	15 +	3
			Other illicit drugs (e. g., LSD)	15 +	2
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (Seyer et al. 2007)	Upper Austria 2006 (lifetime)	General population aged 15 to 59 (n = 1 125)	Cannabis	15–59	27.6
			Ecstasy	15–59	7.3
			Amphetamines	15–59	7.6
			Cocaine	15–59	5.8
			Heroin	15–59	4.2
			Morphine	15–59	4.4
			LSD	15–59	4.6
			Solvents and inhalants	15–59	8.0
			Biogenic drugs	15–59	7.4
Gesundheitsbefragung Österreich (ATHIS) / Austrian Health Interview Survey (ATHIS) (Klimont et al. 2007)	Austria 2006/7 (lifetime)	General population aged 15 to 64 (n = 11 822)	Cannabis	15 +	9.7
			Cannabis	15–24	13.0
			Cannabis	25–34	15.0
			Cannabis	35–44	10.1
			Cannabis	45–54	6.7
			Cannabis	55–64	2.8

Summarised by GÖG/ÖBIG

Table A2: Overview of selected youth surveys on drug experience among young people in Austria from 1999 to 2006

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	%
Jugendstudie Tirol / youth survey, Tyrol (Schüßler et al. 2000)	Innsbruck 1999 (lifetime)	Young people from 14 to 19 (n = 493)	Hashish Other illicit drugs	14–19 14–19	22 3
Schulstudie Burgenland / school survey, Burgenland (Schönfeldinger 2002)	Burgenland 2001 (lifetime)	Students in their 7th to 13th school years (n = 1 899)	Cannabis Ecstasy Cocaine Heroin Speed Hallucinogens Solvents and inhalants Biogenic drugs	12–19 12–19 12–19 12–19 12–19 12–19 12–19 12–19	20 4 2 1 3 3 20 8
HBSC-Studie / HBSC study (Dür and Mravlag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1 292)	Cannabis	15	14
Berufsschulstudie Salzburg / vocational school survey, Salzburg (Klopf and Weinlich 2004)	Salzburg 2003 (lifetime)	Trainees at vocational school from 15 to 25 (n = 609)	Cannabis Ecstasy Cocaine LSD Hallucinogenic mushrooms Solvents and inhalants	15–25 15–25 15–25 15–25 15–25 15–25	31 7 5 5 9 15
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (Seyer 2005)	Upper Austria 2003 (lifetime)	Adolescents and young adults from 15 to 24 (n = 567)	Cannabis Ecstasy Heroin Amphetamines Cocaine LSD Solvents and inhalants Biogenic drugs	15–24 15–24 15–24 15–24 15–24 15–24 15–24 15–24	34.3 8.3 4.7 8.9 6.2 5.7 12.5 10.0
ESPAD Österreich / ESPAD Austria (Uhl et al. 2005b)	Austria 2003 (lifetime)	Students from 14 to 17 (n = 5 281)	Cannabis Ecstasy Cocaine Crack Heroin Amphetamines GHB LSD Solvents and inhalants Magic mushrooms	14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17	22 3 2 2 1 5 1 2 15 4
Berufsschulstudie Steiermark / vocational school survey, Styria (Hutsteiner, Seebauer, Auferbauer 2005)	Styria 2005 (lifetime)	Trainees at vocational school from 15 to 19 (n = 3 919)	Cannabis Party drugs Cocaine Crack Opiates Amphetamines Hallucinogens Solvents and inhalants Magic mushrooms	15–20 15–20 15–20 15–20 15–20 15–20 15–20 15–20 15–20	27.1 4.8 2.0 1.1 1.4 3.1 1.8 11.4 8.9
HBSC-Studie / HBSC study (Dür and Griebler 2007)	Austria 2005/6 (lifetime)	Students aged 15 (n = 1 239)	Cannabis	15	14
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (Seyer et al. 2007)	Upper Austria 2006 (lifetime)	Adolescents and young adults from 15 to 24 (n = 669)	Cannabis Ecstasy Heroin Morphine Amphetamines Cocaine LSD Solvents and inhalants Biogenic drugs	15–24 15–24 15–24 15–24 15–24 15–24 15–24 15–24 15–24	36.9 12.3 7,7 8.5 12.3 10.0 9.0 16.5 130

Summarised by GÖG/ÖBIG

Table A3: Number of directly drug-related deaths in Austria by cause of death from 1997 to 2006

Cause of death	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Intoxication by opiate(s)	39	27	25	18	17	17	40	38	31	27
Poly-drug intoxication with opiate(s)	92	81	101	147	119	119	115	133	134	137
Poly-drug intoxication by narcotic drug(s) without opiates	5	1	2	2	3	3	8	4	4	5
Psychoactive medicines	5	8	8	*	*	*	*	*	*	*
Intoxication of unknown type	0	0	0	0	0	0	0	10	22	28
Directly drug-related deaths/total	141	117	136	167	139	139	163	185	191	197

* = as of 2000 no longer taken into account

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A4: Number of directly drug-related deaths in Austria by province from 1997 to 2006

Province	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	1997–2006
Burgenland	2	2	0	0	0	0	2	5	3	3	17
Carinthia	3	3	7	2	5	7	6	4	6	7	50
Lower Austria	12	9	8	11	14	12	13	31	29	38	177
Upper Austria	6	6	2	11	8	6	13	15	13	14	94
Salzburg	11	11	7	6	7	7	5	7	8	6	75
Styria	13	5	6	11	9	13	14	12	17	12	112
Tyrol	8	12	14	11	16	13	13	15	17	16	135
Vorarlberg	5	6	5	5	11	6	5	8	6	6	63
Vienna	81	63	87	110	69	75	92	88	92	95	852
Total	141	117	136	167	139	139	163	185	191	197	1 575

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A5: Number of directly drug-related deaths in Austria by age group and total by gender from 1997 to 2006

Age group	1997		1998		1999		2000		2001		2002		2003		2004		2005		2006	
	abs.	%	abs.	%	abs.	abs.	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 or younger	18	12.8	7	6.0	16	16	19	11.4	20	15.1	18	12.9	20	12.3	40	21.6	28	14.7	40	20.3
20–24	32	22.7	35	29.9	23	23	33	19.8	21	14.4	20	14.4	37	22.7	40	21.6	48	25.1	51	25.9
25–29	25	17.7	20	17.1	23	23	31	18.6	19	13.7	24	17.3	28	17.2	30	16.2	36	18.8	34	17.3
30–34	30	21.3	20	17.1	27	27	27	16.2	27	19.4	23	16.5	24	14.7	19	10.2	25	13.1	19	9.7
35–39	23	16.3	16	13.7	28	28	27	16.8	25	18.0	24	17.3	29	17.8	23	12.4	19	9.9	15	7.6
40 or older	13	9.2	19	16.2	19	19	30	17.4	27	19.4	30	21.6	25	15.3	33	17.8	35	18.3	38	19.3
Total	141	100	117	100	136	136	167	100	139	100	139	100	163	100	185	100	191	100	197	100
Women	23	16.3	16	13.7	38	38	35	21.0	22	15.8	25	18.0	30	18.4	38	20.5	43	22.5	42	21.3
Men	118	83.7	101	86.3	98	98	132	79.0	117	84.2	114	82.0	133	81.6	147	79.5	148	77.4	155	78.7

abs. = absolute figures

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A6: Distribution of directly drug-related deaths in Austria by cause of death and age in 2006

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	11	5	4	0	2	1	1	2	26
		Several opiates	0	0	0	0	0	0	0	1	0	1
		+ alcohol	0	1	1	6	3	1	3	1	0	16
		+ psychoactive medicines	0	18	17	16	3	2	2	3	1	62
		+ Alcohol + psychoactive medicines	0	1	5	2	3	3	3	3	0	20
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	2	5	0	1	1	0	1	1	11
		ND + alcohol	0	0	2	0	0	1	1	1	0	5
		ND + psychoactive medicines	0	2	5	2	2	1	1	2	0	15
		ND + alcohol + psychoactive medicines	0	1	2	0	2	1	1	1	0	8
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	0	0	0	1	0	1
		ND + alcohol	0	0	0	1	0	1	0	0	0	2
		ND + psychoactive medicines	0	0	1	0	0	0	0	0	1	2
		ND + alcohol + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Intoxication of unknown type		0	4	8	3	5	2	4	2	0	28
	Directly drug-related deaths/total		0	40	51	34	19	15	16	17	5	197
	of these: men		0	31	36	28	15	13	15	14	4	155

ND = narcotic drug(s)

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A7: Distribution of directly drug-related deaths in Austria by cause of death and province in 2006

Cause of death			Province									
			B	C	LA	UA	S	ST	T	VB	V	A
Intoxications	Opiates	One opiate	1	0	7	2	1	0	0	0	15	26
		Several opiates	0	0	0	0	0	0	0	0	1	1
		+ alcohol	1	0	4	0	0	0	7	1	3	16
		+ psychoactive medicines	1	4	12	6	1	9	5	1	23	62
		+ alcohol + psychoactive medicines	0	3	3	3	0	2	2	2	5	20
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	0	1	0	1	0	0	1	8	11
		ND + alcohol	0	0	1	1	0	0	0	0	3	5
		ND + psychoactive medicines	0	0	5	0	2	0	1	0	7	15
		ND + alcohol + psychoactive medicines	0	0	4	1	1	0	1	1	0	8
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	0	0	0	0	1	1
		ND + alcohol	0	0	0	0	0	0	0	0	2	2
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	2	2
		ND + alcohol + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Intoxication of unknown type		0	0	1	1	0	1	0	0	25	28
	Directly drug-related deaths/total		3	7	38	14	6	12	16	6	95	197
	Direct drug-related **deaths per 100 000 inhabitants** aged 15 to 64 years		1.6	1.9	3.6	1.5	1.7	1.5	3.4	2.4	8.4	3.5

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

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A8: Development of AIDS cases in Austria by risk situation from 1997 to 2006

Risk situation	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Homo-/bisexual contact	26	28	27	12	21	19	7	14	13	16
Intravenous drug use	23	25	28	22	26	20	12	13	13	4
Heterosexual contact	18	25	31	28	33	39	21	28	17	25
Other cause/unknown	35	21	15	23	11	15	10	12	12	9
Total	102	99	101	85	91	93	50	67	55	54

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A9: 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 1997 to 2006

Reports	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total number of reports	17 868	17 141	17 597	18 125	21 862	22 422	22 245	25 215	25 892	24 008
First offenders	9 278	8 672	9 868	9 343	11 033	11 269	12 117	14 346	15 569	15 808
Repeat offenders	8 325	8 228	7 463	8 296	10 052	10 380	9 288	9 990	9 520	7 636

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 A10: Distribution of reports to the police for violation of the Narcotic Drugs Act/ Narcotic Substances Act (narcotic substances only) in Austria from 1997 to 2006

Province	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Burgenland	759	707	603	843	712	805	984	967	923	1 033
Carinthia	961	1 076	1 208	1 088	1 758	1 676	1 659	1 464	1 529	1 190
Lower Austria	2 686	2 519	2 389	2 624	2 975	3 319	3 017	3 531	3 632	3 050
Upper Austria	2 256	2 334	1 946	1 887	2 677	3 054	2 782	3 521	3 769	3 209
Salzburg	855	1 053	840	718	1 471	1 384	868	1 077	1 092	1 001
Styria	1 125	973	1 367	1 305	1 601	1 910	1 570	1 705	1 516	1 435
Tyrol	2 204	2 212	2 152	2 687	2 449	2 229	2 102	2 695	2 775	2 607
Vorarlberg	933	1 144	1 848	1 183	1 447	1 265	1 146	1 044	1 008	1 240
Vienna	6 089	4 606	4 858	5 233	6 212	6 210	7 652	8 524	8 797	7 925
Total	17 868	16 624	17 211	17 568	21 302	21 852	21 780	24 528	25 041	22 690

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

Note: on 1 January 1998 the Narcotic Drug 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 A11: Distribution of reports to the police for violation of the Narcotic Drugs Act/ Narcotic Substances Act in Austria by drug type from 1997 to 2006

Drug type	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cannabis	16 124	16 376	17 236	17 001	19 760	19 939	17 706	20 252	20 900	19 021
Heroin and opiates	3 434	2 850	2 524	2 413	3 802	3 954	4 717	4 770	4 720	3 516
Cocaine + crack	2 764	2 103	2 608	2 494	3 416	3 762	4 785	5 365	5 491	4 252
LSD	893	736	532	477	506	327	214	196	160	164
Ecstasy	1 942	1 411	1 517	2 337	2 940	2 998	2 473	2 362	2 106	1 763
Amphetamines	1 068	–	–	1 041	1 215	1 357	1 619	1 741	1 664	1 503
Psychotropic substances	–	802	750	780	822	736	603	903	1 085	1 701
Other drugs	850	–	–-	–	1 288	1 524	1 311	1 826	2 471	3 299

– = 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 A12: Distribution of reports to the police for violation of the Narcotic Substances Act in Austria by drug type and province in 2006

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	1 078	1 408	2 465	3 244	1 114	1 573	2 805	1 367	3 967	19 021
Heroin and opiates	87	23	535	492	63	163	168	160	1 825	3 516
Cocaine + crack	140	135	519	367	145	188	434	280	2 044	4 252
LSD	21	3	24	16	4	14	39	29	14	164
Ecstasy	148	59	459	227	87	165	238	140	240	1 763
Amphetamines	111	28	445	379	54	131	78	89	188	1 503
Psychotropic substances	6	14	83	30	3	27	61	12	1 465	1 701

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

Note: because of data broken down by type of drug, one report 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 A13: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1997 to 2006

Year	Total number of convictions under the NDA/NSA	Convictions under Section 12 NDA/ Section 28 NSA	Convictions under Section 16 NDA/ Section 27 NSA	Convictions in Austria	
				Total number	Under the NDA/NSA (percentages)
1997	3 797	1 036	2 717	65 040	5.8
1998	3 327	1 041	2 207	63 864	5.2
1999	3 359	1 022	2 230	61 954	5.4
2000	3 240	933	2 245	41 624	7.8
2001	3 862	1 141	2 671	38 763	10.0
2002	4 394	1 108	3 243	41 078	10.7
2003	4 532	1 161	3 318	41 749	10.9
2004	5 706	1 441	4 229	45 185	12.6
2005	6 128	1 357	4 702	45 691	13.4
2006	5 795	1 464	4 246	43 414	13.3

NDA = Narcotic Drugs Act
NSA = Narcotic Substances Act

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

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A14: Final convictions under the Narcotic Substances Act in Austria by age, gender and basis of conviction in 2006

Basis of conviction		14–19 years	20–24 years	25–29 years	30–34 years	> 34 years	Total
NSA total	Men	1 046	1 883	905	527	814	5 175
	Women	145	194	97	61	123	620
Section 28 NSA	Men	211	422	235	154	277	1 299
	Women	32	52	26	19	36	165
Section 27 NSA	Men	833	1 459	660	360	495	3 807
	Women	113	141	68	39	78	439

NSA = Narcotic Substances Act

Section 28 NSA = trafficking, possession etc. of large quantities of narcotic drugs (commercial trafficking)
Section 27 NSA = trafficking, possession etc. of small quantities of narcotic drugs

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

Source: Statistics Austria (Criminal Court Statistics)

Table A15: Final convictions under the Narcotic Substances Act, young people and adults, basis of conviction and type of punishment in 2006

Basis of conviction		Fine	Prison sentence			Other Punishment[1]	Total
			Probation	No probation	Partial probation		
NSA total	Young people	161	155	58	39	45	458
	Adults	1 599	1 530	1 441	603	164	5 337
Section 28 NSA (felonies)	Young people	10	26	15	17	4	72
	Adults	54	275	667	343	53	1 392
Section 27 NSA (misdemeanours)	Young people	151	129	43	22	41	386
	Adults	1 522	1 220	752	258	108	3 860

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

NSA = Narcotic Substances Act

Section 28 NSA = trafficking, possession etc. of large quantities of narcotic drugs (commercial trafficking)
Section 27 NSA = trafficking, possession etc. of small quantities of narcotic drugs

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A16: Development of alternatives to punishment applied in Austria from 1997 to 2006

Waiving of reports/ suspension of proceedings	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total	5 817	7 468	6 989	8 049	8 145	8 974	9 023	9 666	11 660	10 379
Section 35 NSA (waiving of report)	–	6 557	5 979	6 924	7 346	7 817	7 902	8 599	10 668	9 173
Of these: Section 35 (4) NSA (cannabis)	–	1 380	1 330	1 410	1 570	1 876	1 499	2 016	2 697	1 895
Section 37 NSA (suspension of proceedings)	–	911	1 010	1 125	799	1 157	1 121	1 067	992	1 206

NSA = Narcotic Substances Act

Section 35 NSA = provisional waiving of reports to the police by the public prosecutor
Section 35 (4) NSA = waiving of reports to the police in the case of small quantities of cannabis for personal use
Section 37 NSA = provisional suspension of proceedings by the court

Note: on 1 January 1998 the Narcotic Drugs Act was replaced by the Narcotic Substances Act. A specification of the kind of alternative to punishment can be given only for the period since 1998. Data on Section 39 of the NSA (stay of execution – therapy instead of punishment) are not available at present.

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A17: Number of seizures of narcotic drugs/substances in Austria from 1997 to 2006

Narcotic drug/substance	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cannabis	4 957	4 683	5 079	4 833	5 249	5 294	5 422	6 202	6 012	5 770
Heroin	861	654	452	478	895	836	1 263	1 383	1 371	883
Cocaine	651	531	519	554	768	863	1 271	1 475	1 507	1 044
Amphetamines	221	–	–	141	161	202	294	324	312	299
LSD	113	61	56	42	32	20	33	29	20	20
Ecstasy	253	135	215	330	352	308	276	286	295	248
Psychotropic substances	–	14	74	65	1	0	6	5	2	2
Psychotropic medicines	–	521	517	501	566	515	432	678	823	1 300

– = 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 A18: Seizures of narcotic drugs/substances in Austria by quantity from 1997 to 2006

Narcotic drug/substance	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cannabis (kg)	912	1 336	451	1 806	456	743.1	925.9	1 680.9	819.9	1 880.4
Heroin (kg)	102	118	78	230	288	59,5	42.8	235.0	282.2	34.33
Cocaine (kg)	87	99	63	20	108	36.9	58.3	75.5	244.9	61.76
Amphetamines (kg)	7.9	–	–	1	3	9.4	54.2	25.7	8.9	38.17
LSD (trips)	5 243	2 494	2 811	865	572	851	298	2 227.5	2 108.5	10 831.5
Ecstasy (number of pills)	23 522	114 677	31 129	162 093	256 299	383 451	422 103	122 663	114 103.5	30 854.5
Psychotropic substances (kg)	–	0.128	4.004	1.294	0.002	0	0.2	0.1	0.002	0.032
Psychotropic medicines (units)	–	82 018	36 437	38 507	31 377	20 081	15 649	21 119	27 104	44 416

– = 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 A19: Ingredients of samples bought as ecstasy and analysed by the ChEck iT! Project at parties and clubbings from 1999 to 2006

Ingredients	Samples bought as ecstasy (percentages)							
	1999 (n = 155)	2000 (n = 326)	2001 (n = 271)	2002 (n = 269)	2003 (n = 95)	2004 (n = 95)	2005 (n = 57)	2006 (n = 134)
MDMA	85.81	81.90	77.12	68.03	83.45	71.58	70.2	74.6
MDMA + MDE	0.00	3.07	2.21	14.13	7.59	9.47	0.0	1.5
MDMA + MDA	0.00	0.92	1.48	6.69	0.00	0.00	0.0	0.7
MDE and/or MDA	0.65	1.23	7.01	0.37	0.00	7.37	0.0	0.0
MDMA + caffeine	1.29	1.53	0.00	0.74	0.69	1.05	5.3	5.2
MDMA + amphetamines	0.65	0.61	0.37	0.00	0.69	0.00	1.8	1.5
MDMA + various combinations*	3.87	2.15	0.37	0.00	3.45	1.05	12.3	0.0
PMA/PMMA	0.00	1.23	0.37	0.00	0.69	0.00	0.0	0.0
Amphetamines	3.87	1.53	0.00	1.86	1.38	0.00	1.8	4.5
Methamphetamine	0.00	0.61	2.58	1.49	0.00	0.00	0.0	0.7
Caffeine	0.00	0.92	0.00	1.49	0.00	1.05	0.0	0.7
Chinine/quinidine	0.00	0.61	1.11	0.00	0.00	0.00	0.0	0.0
Various combinations*	3.87	3.68	7.38	5.20	2.07	8.42	8.8	10.4

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

Source: Vienna Social Projects Association (VWS)

Table A20: Ingredients of samples bought as speed and analysed by the ChEck iT! Project at parties and clubbings from 1999 to 2006

Ingredients	Samples bought as speed (percentages)							
	1999 (n = 67)	2000 (n = 93)	2001 (n = 51)	2002 (n = 87)	2003 (n = 57)	2004 (n = 41)	2005 (n = 33)	2006 (n = 75)
Amphetamines	53.73	56.99	60.78	45.98	35.09	21.95	33.3	24.0
Amphetamines + caffeine	4.48	9.68	9.80	8.05	15.79	19.51	6.1	29.3
Amphetamines + methamphetamine	1.49	0.00	0.00	0.00	0.00	0.00	0.0	0.0
Amphetamines + various combinations*	20.90	7.53	3.92	17.24	29.82	39.02	24.2	24.0
Methamphetamine	7.46	3.23	1.96	3.45	1.75	2.44	3.0	0.0
Caffeine	1.49	3.23	11.76	8.05	0.00	4.88	9.1	1.3
MDMA	2.99	3.23	0.00	1.15	0.00	0.00	6.1	4.0
Ephedrine total	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.0
Various combinations*	7.46	16.13	11.76	16.09	17.54	12.20	18.2	17.3

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

Source: Vienna Social Projects Association (VWS)

Table A21: Number of persons currently registered for substitution treatment in Austria in the BMGFJ monitoring system by treatment/continued treatment and province in 2006

Treatment	B	C	LA	UA	S	ST	T	VB	V
Continued treatment	71	221	834	511	380	778	273	408	3 576
First treatment	23	68	201	74	27	157	25	70	410
Total*	94	289	1 035	585	407	935	298	478	3 986

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

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

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

Source: BMGFJ, calculations by GÖG/ÖBIG

Table A22: Current health problems by age group and gender (percentages), clients of the year 2005 (n = 2 244)

Current health problems	Total	Men	Women	Age group					
				16–20	21–25	26–30	31–35	36–40	> 40
	65	**64**	**68**	**48**	**57**	**69**	**71**	**75**	**80**
Chronic hepatitis C	**35**	35	34	14	27	39	44	48	47
Dental problems	**23**	23	22	12	22	29	26	27	25
Gastrointestinal problems	**16**	14	20	15	14	16	15	17	19
Psychiatric diseases	**10**	10	11	10	8	11	10	12	12
Dermatological and venous problems	**10**	9	12	6	7	10	11	13	16
Aids, HIV infection	**4**	4	5	1	3	5	6	5	7
Spasms, epileptic seizures	**6**	5	7	5	6	8	5	6	4
Chronic hepatitis B	**4**	4	4	1	3	2	7	6	8
Chronic ill health	**1**	2	1	–	2	1	1	3	3
Gynaecological problems	**4**	*	13	6	5	2	2	3	3
STD (sexually transmitted diseases)	**1**	*	1	*	*	1	1	*	–
Other health problems	**8**	9	7	8	6	7	8	8	16
No current health problems	**35**	36	32	52	43	31	29	25	20

* = share of less than 1%

– = share of 0%

Source: IFES 2006

Table A23: Persons starting drug-specific treatment or assistance in 2006, by age and gender; percentages

Age	Short-term contacts			Low threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
0 to 4	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0	0	0	0	0
10 to 14	0	1	0	2	5	3	0	1	1	0	0	0
15 to 19	22	18	21	19	30	23	19	27	21	9	20	12
20 to 24	32	25	30	30	25	29	32	34	32	35	34	35
25 to 29	19	18	18	19	15	17	20	16	19	26	24	26
30 to 34	10	13	11	10	13	11	12	9	11	12	12	12
35 to 39	8	10	8	8	7	8	7	6	7	10	5	9
40 to 44	6	9	7	7	4	6	6	4	5	5	2	4
45 to 49	3	4	3	4	1	3	3	2	3	2	2	2
50 to 54	1	1	1	1	1	1	1	1	1	0	0	0
55 to 59	0	1	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0
70 to 74	0	0	0	0	0	0	0	0	0	0	0	0
75 to 79	0	0	0	0	0	0	0	0	0	0	0	0
80 or older	0	0	0	0	0	0	0	0	0	0	0	0
Valid indications	3 503	1 586	5 089	398	165	563	3 106	1 094	4 200	1 039	364	1 403
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Missing	-	-	-	-	-	-	-	-	-	-	-	-

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

Sampled population: all clients

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006

Table A24: Persons starting drug-specific treatment or assistance in 2006, by gender and livelihood; percentages

Livelihood/employment	Short-term contacts			Low threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Gender		Total	Gender		Total	Gender		Total	Gender		Total
	M	F		M	F		M	F		M	F	
Gainful employment	–	–	–	18	12	16	30	26	29	14	11	13
Registered as unemployed	–	–	–	35	29	33	40	28	37	49	32	45
Welfare assistance	–	–	–	10	18	12	8	12	9	9	17	11
Child, school student, university student	–	–	–	9	17	11	5	11	6	4	7	5
Military service, alternative military service, parenthood leave, retired	–	–	–	5	4	5	6	8	6	6	8	7
Housework, (re)training, other	–	–	–	3	3	3	3	7	4	2	2	2
No gainful employment, no other form of livelihood	–	–	–	5	3	5	4	3	4	3	3	3
No gainful employment, other form of livelihood unknown	–	–	–	15	14	15	6	4	5	14	19	15
Valid indications	–	–	–	278	120	398	2 542	916	3 458	1 010	345	1 355
Unknown	–	–	–	57	16	73	105	48	153	20	17	37
Missing	–	–	–	63	29	92	459	130	589	9	2	11

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

Sampled population: all clients. The corresponding data are not collected for short-term contacts.

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006

Table A25: Persons starting drug-specific treatment or assistance in 2006, by place of residence and gender; percentages

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

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

Sampled population: all clients; from Vorarlberg only data of inpatient centres are available.

The corresponding data are not collected for short-term contacts and low-threshold assistance.

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006

Table A26: Persons starting drug-specific treatment or assistance in 2006, by present housing situation and gender; percentages

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

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

Sampled population: all clients.

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

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006

Table A27: Persons starting drug-specific treatment or assistance in 2006, by primary drug and gender; percentages

Primary drug (multiple indications admissible)	Short-term contacts			Low threshold assistance			Long-term out patient treatment			Long-term in-patient treatment		
	Gender			Gender			Gender			Gender		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Opiates	**31**	**44**	**36**	**38**	**32**	**36**	**53**	**66**	**57**	**73**	**81**	**75**
Heroin	26	40	32	25	22	24	38	47	40	51	55	52
Methadone	2	3	2	4	2	3	5	6	5	15	13	14
Other substitution substances	11	11	11	17	14	16	22	30	24	35	40	36
Other opiates, or opiates not specified	1	1	1	4	2	3	4	4	4	3	2	2
Cocaine group	**7**	**11**	**9**	**11**	**10**	**10**	**11**	**11**	**11**	**19**	**22**	**20**
Cocaine	7	11	9	11	10	10	11	10	11	19	22	20
Crack	0	0	0	0	0	0	0	1	0	1	1	1
Cocaine not specified	0	0	0	0	0	0	0	0	0	0	0	0
Stimulants	**4**	**3**	**3**	**3**	**1**	**3**	**6**	**6**	**6**	**6**	**5**	**6**
Amphetamines (e.g., speed)	2	2	2	2	1	2	4	4	4	5	4	5
MDMA (ecstasy), other derivatives	2	2	2	2	0	1	4	4	4	4	4	4
Stimulants not specified	0	0	0	0	0	0	0	0	0	0	0	0
Tranquilisers/hypnotics	**9**	**22**	**15**	**15**	**17**	**16**	**9**	**14**	**10**	**18**	**19**	**18**
Benzodiazepines	9	22	14	15	17	16	9	13	10	17	18	17
Barbiturates	0	0	0	0	0	0	0	1	0	1	0	0
Other hypnotics/tranquilisers	1	2	2	0	1	0	0	0	0	2	2	2
Hallucinogenic drugs	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**	**2**	**1**	**2**
LSD	0	0	0	0	0	0	1	1	1	2	1	2
Hallucinogenic drugs not specified	0	0	0	0	0	0	0	0	0	0	0	0
Cannabis	**42**	**25**	**35**	**30**	**23**	**28**	**38**	**23**	**34**	**21**	**15**	**20**
Solvents and inhalants	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Alcohol	**9**	**13**	**11**	**7**	**12**	**8**	**7**	**4**	**7**	**7**	**6**	**6**
Biogenic drugs	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other drugs	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
Only use not relevant for treatment	**21**	**22**	**21**	**13**	**17**	**15**	**4**	**5**	**4**	**1**	**1**	**1**
Additional drug only	**3**	**2**	**2**	**14**	**17**	**15**	**5**	**4**	**5**	**5**	**3**	**4**
Valid indications	1 587	1 245	2 832	442	178	620	3 858	1 401	5 259	1 768	601	2 369
Number of persons with valid indications	1 143	805	1 948	304	130	434	2 514	885	3 399	937	315	1 252
Unknown	2 280	751	3 031	28	11	39	297	125	422	73	35	108
Missing	80	30	110	66	24	90	295	84	379	29	14	43

Note: all lines except Valid indications, Number of persons with valid indications, Unknown and Missing give percentages that relate to the number of persons making valid indications. Unknown means that the field "unknown" was indicated and missing means that no indication was made.

Bold type indicates main categories.

Sampled population: all clients.

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006

Table A28: Persons starting drug-specific treatment or assistance in 2006, by intravenous drug use and age; percentages

Intravenous drug use	Short-term contacts			Low threshold assistance			Long-term out-patient treatment			Long-term in-patient treatment		
	Age			Age			Age			Age		
	< 20	20–29	> 29	< 20	20–29	> 29	< 20	20–29	> 29	< 20	20–29	> 29
No	83	53	30	67	23	14	73	53	39	18	20	14
Yes	17	47	70	33	77	86	27	47	61	82	80	86
Valid indications	521	814	481	100	149	81	805	1 864	955	149	736	337
Unknown	39	215	284	32	66	54	76	258	178	17	85	31
Missing	509	1 418	808	11	44	26	12	31	21	3	26	19

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

Sampled population: all clients.

Source: GÖG/ÖBIG, DOKLI analysis of client year 2006

Table A29: Austrian population statistics by age group and gender in 2005

Age group	Men	Women	Total
0 to under 5 years	204 801	193 708	398 509
5 to under 10 years	221 520	211 142	432 662
10 to under 15 years	249 592	236 944	486 536
15 to under 20 years	250 435	238 149	488 584
20 to under 25 years	266 092	260 410	526 502
25 to under 30 years	258 364	253 459	511 823
30 to under 35 years	290 984	293 524	584 508
35 to under 40 years	351 911	343 612	695 523
40 to under 45 years	357 225	347 245	704 470
45 to under 50 years	305 728	303 804	609 532
50 to under 55 years	251 134	256 487	507 621
55 to under 60 years	235 800	243 896	479 696
60 to under 65 years	225 017	243 936	468 953
65 to under 70 years	185 770	209 578	395 348
70 to under 75 years	136 170	172 695	308 865
75 to under 80 years	110 578	169 345	279 923
80 to under 85 years	66 749	153 259	220 008
85 and older	33 991	100 252	134 243
Total	**4 001 861**	**4 231 445**	**8 233 306**
0 to under 15 years	675 913	641 794	1 317 707
15 to under 30 years	774 891	752 018	1 526 909
30 to under 45 years	1 000 120	984 381	1 984 501
45 to under 60 years	792 662	804 187	1 596 849
60 to under 75 years	546 957	626 209	1 173 166
75 and older	211 318	422 856	634 174
Total	**4 001 861**	**4 231 445**	**8 233 306**

Source: Statistics Austria, calculations by GÖG/ÖBIG

Map A1: Overview of provinces, provincial capitals and districts

Scale 1:2 500 000

ANNEX B

List of Abbreviations

AC	Addiction Coordinator
ADHS	attention deficit hyperactive disorder
AIDS	acquired immune deficiency syndrome
API	Anton Proksch Institute
AR	Addiction Representative
BADO	(Vienna) Basic Documentation
BAST	Federal Streetwork Association
BGBl	Federal Collection of Statutes
BMeiA	Federal Ministry for European and International Affairs
BMUKK	Federal Ministry for Education, the Arts and Culture
BMF	Federal Ministry of Finance
BMGFJ	Federal Ministry for Health, Family and Youth
BMI	Federal Ministry of the Interior
BMJ	Federal Ministry of Justice
BMLFUW	Federal Ministry of Agriculture, Forestry Environment and Water Management
BMLV	Federal Ministry of Defence
BMSG	Federal Ministry for Social Security and Consumer Protection
BMVIT	Federal Ministry for Transport, Innovation and Technology
BZP	Benzylpiperazines
DC	Drug Coordinator
DOKLI	nation-wide treatment documentation system of clients of drug help centres in Austria
DR	Drug Representative
DSM IV	Diagnostic and Statistical Manual of Mental Disorders
DTA	drug treatment contact point
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EDDRA	Exchange on Drug Demand Reduction Action
EEG	electroencephalogram
EKG	electrocardiogram
ENCARE	European Network for Children Affected by Risky Environments within the Family
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
FFG	Austrian Research Promotion Agency
FGÖ	Healthy Austria Fund
FSW	Vienna Social Fund
FWF	Austrian Science Fund
GBL	gamma butyrolacetone
GHB	gamma hydroxybutyric acid

GÖG	Gesundheit Österreich GmbH
GÖG/ÖBIG	Gesundheit Österreich GmbH / Austrian Health Institute
GÖG/FGÖ	Gesundheit Österreich GmbH / Healthy Austria Fund
GPS	General Population Survey
HAV	hepatitis A virus
HBV	hepatitis B virus
HBVcAb	hepatitis B core antibody
HBVsAb	hepatitis B surface antibody
HBVsAg	hepatitis B surface antigen
HCV	hepatitis C virus
HCV-Ab	HCV antibody
HCV-RNA	RNA (ribonucleic acid) of the hepatitis C virus
HIV	human immunodeficiency virus
ICD-10	International Classification of Diseases and Related Health Problems
IFES	Institute for Empirical Research
i.v.	intravenous
JGG	Juvenile Court Act
LBISucht	Ludwig Boltzmann Institute of Addiction Research
LSD	d-lysergic acid diethylamide
MA	Municipal Department
mCPP	meta-chlorophenyl piperazine
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine
MDMA	3,4-methylenedioxy-methylamphetamine
MUSTAP	Multi-session Standardised Printed Programmes
NLM	National Library of Medicine
ÖBIG	Austrian Health Institute
OeNB	central bank of the Republic of Austria
ÖGABS	Austrian Society of Pharmacologically Assisted Treatment of Addiction
ÖGPP	Austrian Association for Psychiatry and Psychotherapy
PCR	polymerase chain reaction
QCT	quasi-compulsory treatment
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
RNA	ribonucleic acid
SGG	Narcotic Drugs Act
SMG	Narcotic Substances Act
SÖB	socioeconomic enterprises
STD	sexually transmitted diseases

StGB	Criminal Code
TB	tuberculosis
VWS	Vienna Social Projects Association
WHO	World Health Organisation

ANNEX C

Standard Tables & Structured Questionnaires

List of Austrian Standard Tables and Structured Questionnaires of 2007

The following list gives an overview of all Standard Tables and Structured Questionnaires drawn up for Austria in 2007 and submitted to the EMCDDA. Here, all Structured Questionnaires referred to in the text are mentioned, also those that were updated in previous years. If you are interested in obtaining any table or questionnaire please contact Ms Monika Löbau: loebau@oebig.at .

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

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

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

STANDARD TABLES 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS (DOKLI)

STANDARD TABLES 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS (Substitution treatments)

STANDARD TABLE 05: ACUTE/DIRECT DRUG-RELATED DEATHS

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

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Anton Proksch Institute: HBV, HCV, HIV)

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

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

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

STANDARD TABLE 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (drug outpatient department of General Hospital Vienna: HCV, HIV)

STANDARD TABLE 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (drug-related deaths: HCV, HIV)

STANDARD TABLE 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (DOKLI: HBV, HCV, HIV)

STANDARD TABLE 11: ARRESTS/REPORTS FOR DRUG LAW OFFENCES

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

STANDARD TABLE 14: PURITY AT STREET LEVEL OF ILLICIT DRUGS

STANDARD TABLE 15: COMPOSITION OF ILLICIT DRUG TABLETS

STANDARD TABLE 16: PRICE AT STREET LEVEL OF ILLICIT DRUGS

STANDARD TABLE 34: TREATMENT DEMAND INDICATOR (TDI) DATA

STRUCTURED QUESTIONNAIRE 22/25: UNIVERSAL PREVENTION (last update: 2007)

STRUCTURED QUESTIONNAIRE 23: HARM REDUCTION MEASURES TO PREVENT INFECTIOUS DISEASES IN INJECTING DRUG USERS (last update: 2006)

STRUCTURED QUESTIONNAIRE 26: SELECTIVE PREVENTION (last update: 2007)

STRUCTURED QUESTIONNAIRE 28: SOCIAL REINTEGRATION (last update: 2006)

STRUCTURED QUESTIONNAIRE 31: TREATMENT AS AN ALTERNATIVE TO IMPRISONMENT APPLICABLE FOR DRUG USING OFFENDERS IN THE EUROPEAN UNION (last update: 2006)

STRUCTURED QUESTIONNAIRE 32: POLICY AND INSTITUTIONAL FRAMEWORK (last update: 2006)

MUSTAP PROGRAMMES QUESTIONNAIRES: EIGENSTÄNDIG WERDEN (Becoming Independent; Lower Austria, Tyrol)

MUSTAP PROGRAMMES QUESTIONNAIRE: EXPERTENGESTÜTZTE SCHULISCHE SUCHTINFORMATION (expert-aided information on addiction in schools; Tyrol)

ISBN 10 3-85159-097-X