



**REPORT TO THE EMCDDA
by the Reitox National Focal Point**

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DRUG SITUATION 2002

REITOX



Report on the Drug Situation 2002

Sabine Haas
Martin Busch
Ilonka Horvath
Elisabeth Türscherl
Marion Weigl

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Summary

The Report on the Drug Situation in Austria drawn up for the European Monitoring Centre for Drugs and Drug Addiction and the Federal Ministry for Social Security and Generations of Austria (FMSSG) appears annually and addresses the subject of illegal drugs. It gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction interventions in the reporting period 2001/2. Every year specific key issues are highlighted; this year demand reduction expenditures on drugs, drug and alcohol use among young people as well as social exclusion and reintegration have been selected for detailed presentation.

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

The most important change regarding the legal framework has been the adoption of the 21st amendment to the Road Traffic Act, which entered into force as of 1 January 2003 and permits obligatory blood tests if impaired ability to drive due to drug influence is suspected. The aim of the amendment is to improve the evidence situation with regard to driving under the influence of drugs, and in the long run, to reduce the number of road accidents caused under the influence of drugs. The adoption of this amendment was preceded by long, controversial debates, in which critics primarily pointed to the problem that the results obtained by the available test methods might not be conclusive and also doubted the constitutionality of such testing. These aspects will be discussed further by a group of experts convoked by the Health Department of the FMSSG to deal with the issue of drugs in road traffic.

The FMSSG's Health Department was reorganised in spring 2002. Now drug-related competencies have been concentrated and the staff dealing with drug matters has been increased.

The reporting period saw the completion of a major step towards the advancement of the drug policy framework at the provincial level. By now all nine provinces have employed Addiction Coordinators or Drug Coordinators and drawn up addiction or drug plans. In January 2002 Styria appointed an Addiction Coordinator. The Provincial Government of Burgenland adopted the drug plan of the province early in 2002, which is seen as a flexible guideline with regard to drug policy interventions at the provincial level. The addiction and drug plan of Upper Austria has been prepared in its draft version and will serve as a framework plan for coordinated strategies and interventions. The draft of Vorarlberg's drug plan further develops the existing drug plan and in particular aims at an improvement of networking with regard to services provided. The other provinces were implementing their addiction or drug plans adopted in the last few years. Generally speaking the trend towards a comprehensive approach to addiction problems, taking into account both legal and illegal substances, has been continued at the provincial level.

What are the characteristics of the drug situation in Austria?

The available data on the drug situation and assessments by experts do not indicate relevant changes, while a number of the trends emerging last year have been confirmed. Recent consumption studies show high prevalence rates especially among adolescents and young adults. Experience of cannabis use is indicated by at least one third of the young adults interviewed, and a few studies even give markedly higher percentages. For the first time in many years biogenic drugs (mushrooms, cacti etc.) and poppers (solvents, gas etc.) have also been included in the surveys, and in line with reports by experts provided last year high prevalence rates of up to 20% were found. Experience of party drugs (in particular ecstasy), stimulating substances (such as amphetamines and cocaine) and especially opiates was indicated far less often on an average. What applies to all substances is that the prevalence rates tend to fall considerably in the case of use in the past year or past 30 days. So it may be concluded that drug consumption is often limited to experimental use at a certain phase in life. Therefore reports of rising poly-drug use and lack of risk awareness among young people rather than the increase in prevalence rates give rise to concern.

On the whole the situation concerning problem drug use is regarded as stable. Increases are found only in a few, mostly rural, regions. This indicates that the levelling-out process of regional differences has not yet been completed. So far the increase in experience of drug use among young people has not led to rising numbers of young problem drug users. What has been reported however is that some of the young people who are addicted to drugs or in danger of becoming addicts have serious social and psychological problems. Parallel to this recent data confirms the trend towards a rise in average age of the established drug scene. Regarding a suspected trend towards stimulating substances in the context of poly-drug use the available information is contradictory. The number of drug-related deaths has markedly gone down in 2001 compared to the year before (2001: 184 cases; 2000: 227 cases) and has thus again reached the level of 1999 (174 persons). 139 deaths (in 2000: 167) were caused by intoxications and thus directly related to drug use.

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

Regarding health policy measures the activities that were initiated in the past few years have been advanced and in some cases also intensified. In the context of implementing their drug or addiction plans the provinces also drew up a number of new programmes which further diversify the available drug help services. For instance, the draft of Vorarlberg's drug plan, as a response to recent epidemiological trends, includes specific services for chronic addicts with multiple problems, inpatient cocaine treatment and additional inpatient substitution treatment options. Many provinces (e.g. Carinthia, Lower Austria, Styria and Upper Austria) plan a step-by-step expansion of their drug help systems to provide services tailored to meet actual demands and needs. Specific attention is paid to networking structures of the individual facilities so that counselling and treatment may be organised as effectively and smoothly as possible.

Health policy measures aimed at the target group of young people in danger of becoming addicted continue to play a central role: secondary prevention and in particular outreach services are being expanded, with the focus placed on integrated approaches. The rising im-

portance of secondary prevention is also reflected in the funding practices of the Federal Government. The fact that quality assurance is regarded as essential shows in a rising number of evaluations, evaluation studies and quality management projects carried out for the individual drug help centres. Both the federal and the provincial governments encourage the adoption of specific guidelines and provide financial support for (further) education and training schemes.

Key issue: Demand reduction expenditures on drugs in 1999

Apart from a study on the situation in 1997, no data for Austria regarding demand reduction expenditures on drugs have been available, so ÖBIG specifically conducted a survey on this issue, including both the most important financing sources (federal, provincial and local governments, social insurance funds, Public Employment Service, Healthy Austria Fund) and a sample of prevention facilities and drug-help centres. In addition in some fields where a direct survey was difficult (e.g. substitution treatment or drug-related treatment in hospitals) the corresponding expenditures were estimated on the basis of available data.

Austria's total expenditures on drug-related demand reduction are estimated to have amounted to roughly EUR 60 million in 1999 and about EUR 67 million in 2001. More than 75% of the funds are used for counselling, care and treatment, while other fields of intervention such as primary prevention, outreach services, harm reduction or reintegration tend to play a minor role. Most of the funding is provided by the provinces (approx. 40%), followed by health insurance funds (approx. 20%) and the Federal Government (approx. 15%). More than two thirds of the expenditure of specialised facilities (addiction prevention and drug help centres) is accounted for by staffing costs, in particular for staff working with clients.

Key issue: Drug and alcohol use among young people aged 12-18

In Austria there are three groups of young drug users. Young people involved in experimental drug use constitute by far the largest group. An overview of various surveys among adolescents and at schools shows a rise in lifetime experience of illicit drugs among young people. Cannabis continues to be most relevant, followed by party drugs. According to recent studies, there are high prevalence rates for biogenic drugs and poppers, which are not classified as illicit drugs, but are also included among the targets of prevention efforts. The second, much smaller, group is young people who experiment with a variety of substances over a longer period of time. Several non-representative surveys have shown high prevalence rates for various substances in certain youth cultures. The smallest group is young people whose use of illicit substances is regarded as problematic. In general their number is considered to be stable, only in some, mostly rural, areas an increase has been registered. In this group of young problem drug users or drug addicts massive social and psychological problems as well as health consequences of drug use are found. It is remarkable that the gender distribution is balanced in this group, and in some scenes there are even more young women than men involved, while among adult addicts men have a clear majority.

Young people are an important target group in all fields of demand reduction. In the last few years secondary prevention measures have been highlighted, with a special focus placed on outreach work, in the sense of getting into contact with young people in danger of becoming addicted. Furthermore integrative approaches have been attributed special importance.

Services relating specifically to young people can also be found in the field of treatment and social (re)integration.

Key issue: Social exclusion and reintegration

The relations between drug use and social exclusion are diverse and complex, and this phenomenon almost exclusively concerns problem drug users and addicts. The majority of drug users - especially experimental or occasional users - are socially integrated, however.

Social exclusion constitutes an important risk factor for problem drug use. It should be noted though that in the discussion of drug problems and addiction forming one should not point to individual risk factors, as an accumulation of problem situations along with a simultaneous lack of resources (protective factors) is decisive here. Concrete data on social exclusion as a cause of (problem) drug use is lacking in Austria. However a great number of reports and surveys have investigated the social consequences of drug use. They mainly refer to the drug scene and to clients of drug help facilities, i.e. mostly long-term drug addicts. In this group, social exclusion is encountered at many levels. Unemployment, inadequate education and training, homelessness, high debts, insufficient access to medical care and social benefits, delinquency and marginalisation are among the gravest social problems of drug addicts.

Accordingly social (re)integration measures for drug addicts and problem drug users are strongly focused on those areas. In the course of withdrawal treatment special attention is paid to improving the job qualification of clients. Other fields of activity include occupation and housing. The programmes developed over the last few years have increasingly been addressed to persons who already are addicted, rather than being limited to after-care following drug-free therapy. As has been shown on evaluation, the programmes have promoted social integration, which is recognised as an important motive for stable drug use and, going one step further, for abstinence.

Introduction

This is the 7th time the REITOX Focal Point at the Austrian Health Institute (ÖBIG) presents its annual Report on the Drug Situation drawn up for the European Monitoring Agency for Drugs and Drug Addiction (EMCDDA) and the Austrian Federal Ministry for Social Security and Generations (FMSSG).

The Report on the Drug Situation in Austria deals with illicit drugs and serves both as a national report covering the situation in Austria and as Austria's contribution to describing the drug situation in the European Union. Similar reports are submitted by the REITOX Focal Points in all EU member states according to a structure defined by the EMCDDA. They form the central basis of the EMCDDA's Annual report on the state of the drugs problem in the European Union (latest publication: EMCDDA 2001).

This year's report follows the structure of last year in most points. The first three parts deal with current developments and trends concerning the drug policy framework, the epidemiological situation and health policy interventions aiming at demand reduction. These parts refer to the reporting period from summer 2001 to summer 2002, while the routine statistics refer to the year 2001. As these chapters are based on the previous reports (latest report: ÖBIG 2001a), they have been kept concise deliberately. Part 4 gives a detailed presentation of selected key issues, which in the present report deals with demand reduction expenditures on drugs, drug and alcohol use among young people as well as social exclusion and reintegration. In addition the annex includes a number of tables, figures and maps with detailed information and data as well as an overview of major sources of information and drug monitoring systems in Austria.

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

We are especially indebted to the members of the advisory working group of the REITOX Focal Point Austria, Mr Peter Hacker (Drug Coordinator of the City of Vienna and Provincial Representative), Ms Brigitte Magistris (FMSSG), Ms Helga Oberarzbacher (Addiction Coordinator of the Tyrol and Provincial Representative), Mr Franz Pietsch (Federal Drug Coordinator and head of the Federal Drug Coordination), Mr Robert Scharinger (FMSSG), Ms Johanna Schopper (head of the Drugs Department at the FMSSG) and Mr Wolfgang Werdenich (FMJ), whose comments and complements to this report have been most helpful.

Part 1

National Strategies: Institutional and Legal Framework

1 Developments in Drug Policy and Responses

1.1 Political framework in the drug field

In the reporting period a number of ministries concerned with drugs affairs at the **federal level** were restructured. The reorganisation of the Federal Ministry for Social Security and Generations (FMSSG) resulted in a concentration of drug competences of the Health Department in one division, whose staff was increased. This also was a response to criticism by the Court of Audit regarding insufficient staff working in the field of drugs. And for the first time staff resources were specifically dedicated to federal drug coordination activities. In the Ministry of the Interior it was decided to set up a Federal Criminal Agency, which will also include the former Central Unit for Fighting Drug Delinquency.

The FMSSG's focus of activities in the reporting period was to advance and improve drug-related monitoring. Cooperation with the EU candidate members has played an increasingly important role: Austria is a partner in PHARE Twinning projects with the Czech Republic and Slovenia. Apart from the FMSSG and ÖBIG as the main responsible actors other Federal Ministries (Interior, Justice) and a number of Provinces (Upper Austria, Vienna) also cooperate in this field. Furthermore the FMSSG organised a Ministers' Conference held in Graz, Styria, in September 2002, dealing with the theme of young people, addiction and health. The participants included the Ministers of Health and of Youth of Croatia, the Czech Republic, Hungary, Poland, Slovakia and Slovenia. The aim of the Conference was to create a basis for future cooperation in the field of addiction prevention.

At the **provincial level** the reporting period saw the completion of a major step towards advancing the drug policy framework. In Styria the Addiction Coordination was established as a staff position in the Provincial Sanitary Direction and as of January 2002 an Addiction Coordinator has been employed. An addiction advisory board was also nominated. In Burgenland and Upper Austria, drug plans were drawn up, and in Vorarlberg the drug plan of 1991 was amended and further developed. By now all nine provinces have employed Addiction Coordinators or Drug Coordinators and drawn up addiction or drug plans.

On the whole the trend towards a comprehensive approach to addiction problems has been continued and intensified. The Drug Coordinator of Styria is competent for all drug matters. The addiction plans of Burgenland and Upper Austria also relate both to legal and illicit substances. In summer 2001 the Drug and Addiction Coordinator of Upper Austria also took over the field of alcohol-related counselling measures. Vienna saw an expansion of activities in spring 2002, when the Vienna Social Fund (cf. ÖBIG 2001a) was given competences for general health promotion as well. And in the Tyrol now two persons work as Addiction Coordinators (cf. ÖBIG 2001a) and have become responsible also for alcohol-related activities.

The new drug or addiction plans are based on the established principles of Austria's drug policy and oriented at common denominators in the plans of the Provinces (for more details see ÖBIG 2000). Adopted by the Provincial Government in January 2002, the addiction plan of Burgenland is intended as a set of flexible guidelines to be adapted to the actual situation with regard to drug policy interventions in the province (Amt der Burgenländischen Landesregierung 2002). The addiction and drug plan of Upper Austria has been drafted and will

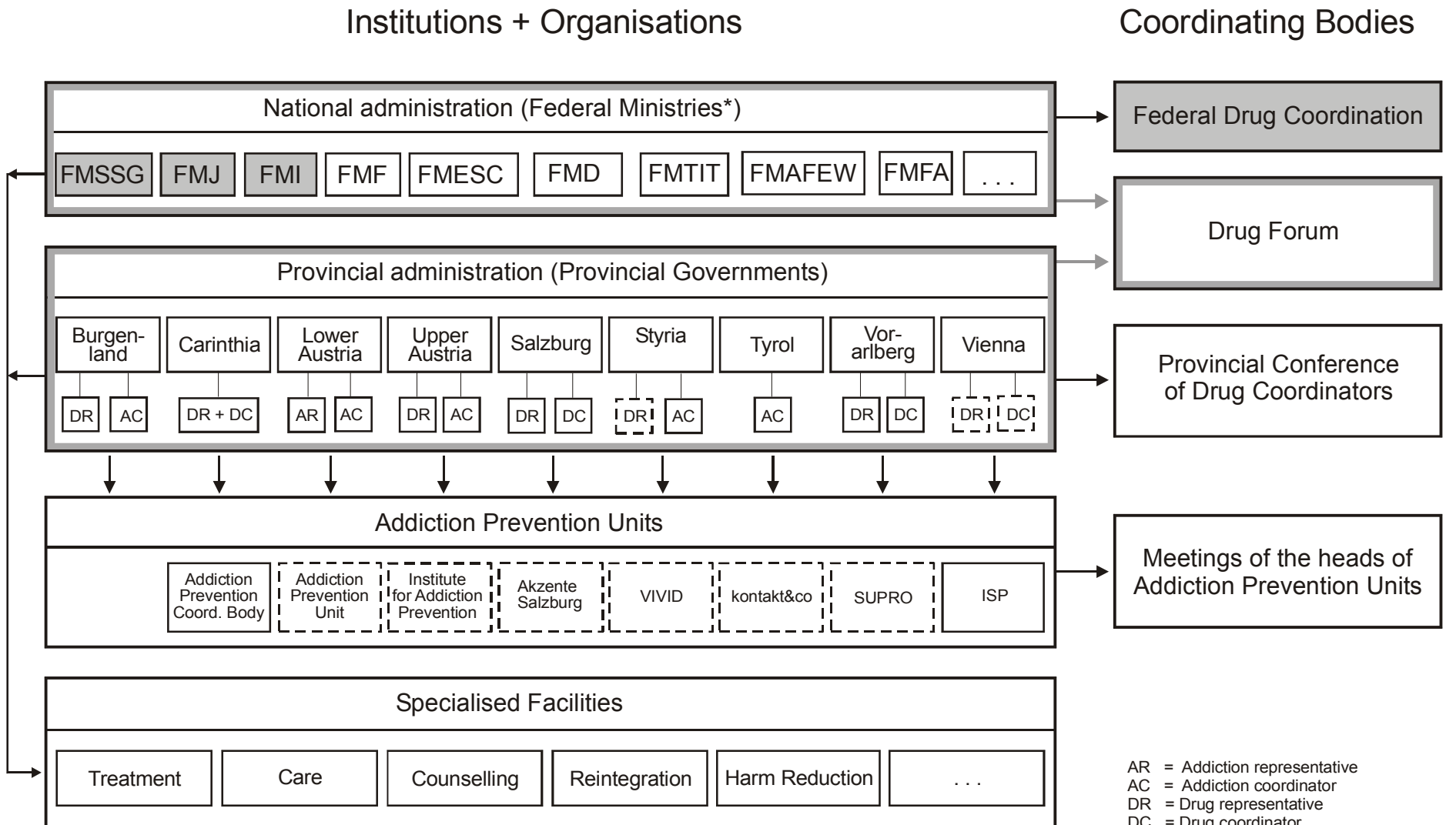
serve as a framework plan for coordinated strategies and interventions to tackle the complex problem of addiction and drugs. The draft of Vorarlberg's drug plan of 2002 prioritises the improvement of cooperation and networking in order to prevent a fragmentation of the relevant interventions and to provide a good combination of the whole range of available services. The three plans stress the principle of integrated drug and addiction policies aimed at preventing discrimination and stigmatisation on the one hand and integrating the relevant measures in the field of general health and social policies on the other (cf. also chapters 8.1 and 16).

The other provinces were implementing their drug or addiction plans in the reporting period (cf. ÖBIG 2001a). Lower Austria prepared a report on the implementation of interventions regarding prevention, counselling, treatment and integration as proposed in the addiction plan (cf. also Part 3), and in summer 2002 it was presented to the competent politicians at the provincial level. In Carinthia the focus of interventions based on the framework plan on addiction prevention and drug help has been placed on expanding the services of primary and secondary prevention as well as establishing a drug outpatient clinic. Salzburg has almost completed the structural measures laid down in the drug plan of 1999 (networking and cooperation structures; monitoring). A list of measures to be implemented was drawn up on behalf of the Provincial Parliament and will be discussed by the political actors in the next few months. Vienna has placed the focus of practical implementation on labour policy interventions on the one hand (cf. also chapters 11 and 16) and on prevention activities at the district level on the other.

In all provinces the issues of drugs and addiction continue to be of great political relevance. In spring 2001 the Provincial Parliament of Upper Austria adopted its 11th health care target: by 2005 at least 80% of the young people and at least 50% of the total population of Upper Austria shall have received profound information about the consequences of drug use. To achieve this it was decided to draw up the addiction and drug plan of Upper Austria (see above) and as a first step the corresponding prevention activities were intensified. In Salzburg the Provincial Parliament held a special meeting on drugs (cf. chapter 1.4), and in Styria it scheduled a hearing on addiction.

The trend towards an expansion of the organisational framework at the regional level and towards networking, which has already been reported last year (cf. also chapter 8) has further intensified. Vienna has promoted regional platforms and networking meetings of the drug help centres at the district level. In Salzburg regional addiction preventing networks have been established. By the end of 2001 in six districts of the Tyrol groups aimed at promoting networking structures of organisations concerned with young persons and drugs were established. Carinthia established a drug forum at the provincial level integrating many actors in the field of health and social policy as well as criminal prosecution. In addition a number of districts saw the foundation of platforms on addiction prevention initiated by regional actors. Promotion of networking structures also plays a central role in the new drug plan of Vorarlberg.

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



AR = Addiction representative
 AC = Addiction coordinator
 DR = Drug representative
 DC = Drug coordinator
 — = part of the Provincial Administration
 - - = external institution or expert

* see List of abbreviations
 Source: ÖBIG

1.2 Legal framework

Although the drug-related laws have not changed in the reporting period, there are a number of decisions and bills relevant for drug issues.

At present amendments to the Decrees on Narcotic Substances, on Limit Quantities, on Psychotropic Substances and on Psychotropic Limit Quantities are under preparation, which is a consequence of the inclusion in the list of controlled substances under the Narcotic Substances Act (NSA) of 2C-B, GHB and Zolpidem (implementation of the decisions of the 44th Commission on Narcotic Drugs) as well as PMMA (implementation of the decision by the EU Council of February 2002). The pertinent examinations were carried out in spring 2002, and implementation is planned for autumn.

Early in July 2002 the Austrian Parliament adopted the 21st amendment to the Road Traffic Act: as of 1 January 2003 blood tests may be made if impaired ability to drive due to drug influence is suspected (Federal Collection of Statutes BGBl. I No. 128/2002). The primary aim of the amendment is to improve the evidence situation with regard to driving under the influence of drugs, and in the long run, to reduce the number of road accidents caused under the influence of drugs. If impaired ability to drive due to drug influence is found the eventual sanctions, and also the consequences if testing is refused, correspond to the regulations concerning alcohol. This decision marks the end of a long and highly controversial debate on drug tests for drivers started last year already (cf. ÖBIG 2001a). Critics primarily pointed to the problem that the results obtained by the available test methods might not be conclusive and also doubted the constitutionality of such testing. In this context the Vienna Social Fund carried out an expert survey in spring 2002, which showed that a strong majority of the experts interviewed said that the available tests (of urine, blood and saliva) could not be used to find out at which exact time a substance was taken, which quantities were consumed and whether the fitness to drive was thus impaired (FSW 2002a). In June 2002 the Innsbruck University Hospital of Psychiatry and the Tyrolean Chamber of Pharmacists organised a symposium on medicines and drugs in road traffic, where experts again expressed doubts and the Health State Secretary announced that an expert group would be established to discuss the points that had not yet been settled. This FMSSG expert group on drugs in road traffic held its first meeting in September 2002 and will discuss problems regarding the actual usefulness of the available tests, among other issues. The Vienna Drug Advisory Board also nominated a working group dealing with the themes of epidemiology and ways of determining the fitness to drive.

In addition the reporting period saw a new discussion of the plan to amend the Driving Licences Health Decree (cf. ÖBIG 1999). Experts had repeatedly pointed out that having a driving licence was important for reintegrating former drug patients into the labour market, and demanded that corresponding regulations be adopted. Another aspect relevant for the issue of drugs is the plan to reform of the Code of Criminal Procedure, which was presented and discussed in spring 2002. Both plans are still in the discussion or examination stages.

1.3 Laws implementation

In autumn 2001 Austria's implementation of drug-related United Nations conventions was reviewed by representatives of the International Narcotics Control Board (INCB). The INCB's assessment communicated in spring 2002 was very positive and recommended to maintain the time-tested balance of health and social policy interventions on the one hand and criminal prosecution on the other.

At the Austrian level another issue raised in the reporting period was problems regarding the implementation of the examinations concerning necessary health-related measures according to Art. 11 of the NSA. Although the official approach is to focus on (organised) drug trafficking as far as repression is concerned, a very large number of reports to the police still refers to drug users, and almost exclusively to cannabis (cf. also chapter 4.2). On the other hand the district health authorities (public health officers), who are in charge of indirect federal administration, prescribe obligatory health-related measures in most cases, which results in capacity problems of the drug help centres, who eventually lack resources for fulfilling their core tasks. Apart from this the implementing practices regarding Art. 11 of the NSA vary according to province: in Burgenland, 75% of the examinations carried out in 2001 exclusively concerned cannabis, and in 70% of the cases health-related measures were prescribed. Upper Austria saw a case where 300 reports to the police resulted in 230 referrals to regional drug centres for counselling and care. Salzburg also reports a strong increase in reports to the police, paralleled by frequent referrals to health-related measures, which has put considerable strain on the capacities of the drug help centres that were contacted by intermittent users of cannabis. On the other hand in Vienna, where as of April 2001 examinations have exclusively been carried out by the new Diagnoses Institute of the Vienna Social Fund, health-related measures were recommended only for about 20% of the persons examined. This is more in line with estimates of Upper Austria according to which such measures make sense for those roughly 10% of the drug users who are found to be in at-risk situations and for young people under 16. In the future this problem of implementing Art. 11 of the NSA should be taken into account to a larger extent in the future.

These discussions touch a central aspect of Austria's drug policy, as the principle of therapy instead of punishment forms a basic tenet acknowledged by all political parties. Based on an analysis of developments in Austria's drug policy in the last few decades, Eisenbach-Stangl (2001a, 2001b) points out that Austria's drug policy has rather been characterised by a prosecution-and-treatment approach. While it has been a strong tradition in Austria to regard addicts primarily as patients, this approach has been paralleled by a continuous increase of prosecution activities by the police, also due to requirements of international agreements.

1.4 Developments in public attitudes and debates

Drug-related attitudes were examined in studies conducted in Vienna and Vorarlberg. In autumn 2001 Vienna repeated the population survey carried out at regular intervals, with a sample of 650 persons over 15. The outcome basically confirms what was found in the survey of spring 2001 (FSW/IFES 2002) and described in last year's report (ÖBIG 2001a). In Vorarlberg a representative telephone survey was conducted in spring 2001, for which 2 024 persons aged between 20 and 59 were interviewed. As in Vienna, the data collected in

Vorarlberg indicates general acceptance of a balanced drug policy focusing on health and social policy measures. For instance, 86% of the respondents accept the principle of therapy instead of punishment for drug addicts (Vienna: 78% in favour of drug prohibition but also of decriminalisation of addicts); 77% approve of substitution treatment and 91% say prevention funds should be raised. As Austria is a neighbouring country to Switzerland, where such measures have already been implemented, attitudes towards liberalising cannabis use (for persons over 18) and prescription of heroin in medical contexts are of special interest. Both measures are approved of by roughly one third of the respondents in Vorarlberg (Vienna: 24% in favour of hashish liberalisation). Pronounced differences according to educational level and occupation were found for all questions: persons with higher education levels and trainees generally adopt more liberal positions with regard to drug policy (Institut für Suchtforschung 2001).

In the reporting period a central issue of political discussion, and also media coverage, was drug testing for drivers (cf. chapter 1.2) on the one hand and public safety in the context of drugs on the other. In spring 2001 the Austrian Freedom Party (FPÖ) started a neighbourhood watch in Graz, Styria, to maintain public safety and order, which its initiators justified in particular by the need to protect young persons from drug dealers. This project was criticised even by some members of the Freedom Party but also backed by a few local FPÖ organisations. The debate of this issue was highly controversial and emotional while its implementation was slack and short-termed. Other provinces also report heated drug policy debates. In Salzburg, as a result of intensified police action, the number of reports sharply rose, which in turn led to extensive media coverage. This also gave rise to a special meeting of the Provincial Parliament held in December 2001. In the city of Salzburg the local political actors refused an additional syringe vending machine, on grounds of safety. In Vienna the issue of public safety and order in connection with drugs – usually with regard to specific meeting places of the drug scene – was repeatedly raised as well, also by the media.

Drug experts as well as the competent Drug and Addiction Coordinators point to the strong discrepancy between empirical data and subjective descriptions, which sometimes is also contrary to how the public sees the situation. For instance only 1.3% of the respondents in Vorarlberg (see above) said they felt disturbed by drug addicts, while 89% indicated that they did not, and the rest felt inconvenienced rarely or only at times. The Federal Drug Coordination of the FMSSG, however, points out that intensified repressive interventions have repeatedly been demanded in meetings, with reference to the safety needs of the population.

This discrepancy between empirical data and both public and political discussion is no surprise, however, if one considers that drug policy (cf. Eisenbach-Stangl 2001b) may be regarded as symbolic to a rather large extent. Controversial attitudes on drugs, as surface phenomena, often reflect large and small conflicts whose origins have nothing to do with psychoactive substances. In the 1990s, in addition to the generation conflicts of former decades, drug attitudes have increasingly often become an expression of globalisation conflicts in the form of conflicts with foreign persons and influences. This is reflected in the fact that discussions of public safety are often linked with images of foreigners as drug dealers.

The discussion of political approaches to cannabis was continued in the reporting period. The Federal Government is opposed to a liberalisation of cannabis, especially with reference to possible health hazards of cannabis use, while drug experts point out that the statutory

status of cannabis as an illicit substance is no longer accepted by many adolescents and young adults. According to the survey in Vorarlberg mentioned above 63% of the students and trainees, and between 40% and 45% of the young adults, high school graduates and university graduates are against punishment in cases of cannabis use by persons over 18. In another study conducted in Graz, Styria (cf. chapter 2.2), the majority of the respondents between 12 and 25 were in favour of hashish legalisation (X-Sample 2002). Experts are concerned that the strong differences between the legal situation on the one hand and the everyday attitude of the population might reduce the credibility of the drug policy pursued.

1.5 Budget and funding arrangements in 2001

With regard to this year's key issue on demand reduction expenditures, ÖBIG conducted a survey for the years 1999 and 2001. The results and a detailed presentation of funding arrangements are given in key issues chapter 14.

The funding arrangements basically have not changed. In the Tyrol remuneration negotiations are under way concerning payment of physicians for specific medical counselling for drug patients, which Vienna introduced a few years ago already (cf. ÖBIG 1999). This means that treatment of drug patients by established doctors will be specifically remunerated by the health insurance fund of the province in question. In the last few years a number of provincial funding guidelines aimed at improved transparency and quality assurance were defined (e.g. in Vienna; and under preparation in Styria).

Especially in those provinces where new interventions were planned in the context of the implementation of drug or addiction plans the drug-related budgets were considerably increased. For instance Lower Austria's 2002 budget includes funds amounting to almost EUR 3.3 million, which is more than 10% above the budget of 2001 and more than 40% higher than in 2000. In the Tyrol the available funds were markedly increased in 2001 in the context of the general restructuring of drug and alcohol counselling throughout the province. Rough estimates show that Carinthia will face costs of approximately EUR 2.35 million in 2004, when the framework plan on addiction prevention and drug help will be fully implemented, while the corresponding budget of 2000 was EUR 650 000. In the next few years Upper Austria would have to double its present expenditures of roughly EUR 3.6 million if the plans in connection with the 11th health care target (see above) and its addiction and drug plan were fully implemented. For the first stage an additional sum of EUR 360 000 has been appropriated for prevention in 2002.

Part 2

Epidemiological Situation

2 Prevalence, Patterns and Developments in Drug Use

2.1 Main developments and emerging trends

Recent data and reports on prevalence and patterns of drug use in Austria do not indicate relevant changes compared to the previous year and mainly confirm the trends described then.

The results of the studies on experience of drug use in the population (cf. chapter 2.2) show that, as in previous years, levels of lifetime experience of illicit drugs are high especially among adolescents and young adults. Again, this in particular applies to cannabis as the drug by far most frequently used. The two youth studies for the first time provide concrete data confirming the relevance of biogenic drugs (such as mushrooms, cacti or Solanaceae), which have also become an issue in other provinces. High prevalence rates are also found for poppers (solvents, gas etc.). A few provinces have registered an increase in poly-drug use among young people. Different to previous years, however, no specific link to the rave scene has been found (cf. chapter 15). On the whole the experience of the last few years has been confirmed: drug use among young persons tends to be a problem no longer restricted to urban areas and typical regions.

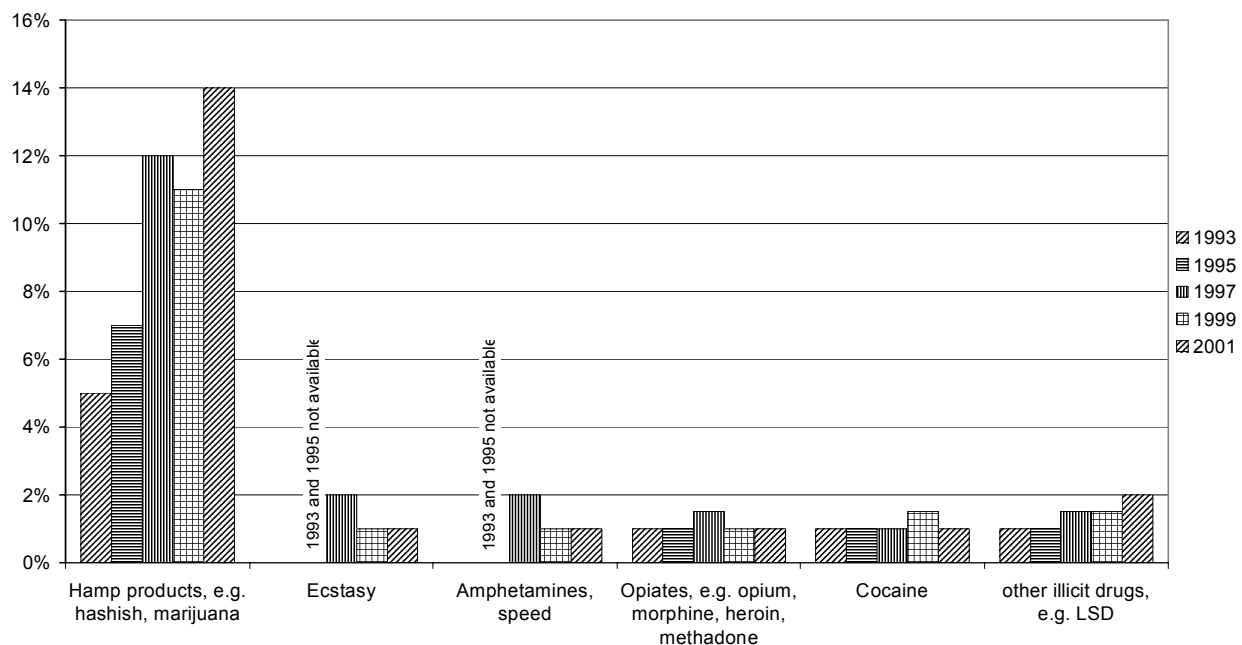
At the same time estimates say that the (quantitative) situation regarding problem drug use in general continues to be stable. This does not mean however that the drug situation might not have worsened in specific regions. The number of young addicts or young people in danger of becoming addicted do not seem to have changed significantly, but on the other hand the social and psychological situation of the persons concerned is regarded as highly problematic in some cases (cf. chapter 15). This is paralleled by other reports stating that the established drug scene is ageing, which poses new challenges to health policy interventions. One trend showing last year, namely that amphetamines seem to be on the rise while heroin plays a less central role, cannot be confirmed by consistent data. There are indications pointing to this but there are also other data according to which the situation regarding substances preferred by drug users has hardly changed.

2.2 Drug use in the population

Regarding experience of illicit drugs in the population the results of four regional population surveys are available for the reporting period: two surveys cover the whole population and two refer to young people. In addition other provinces have provided complementing reports based on estimates by experts and experience made by drug help centres.

In autumn 2001 Vienna repeated its population survey conducted every two years since 1993, with a sample of 650 persons over 15 (cf. chapter 1.4 and FSW/IFES 2002). A comparison of the results obtained over time shows that experience of cannabis has risen while all other substances have remained at levels between 1% and 2% (cf. figure 2.1 and table A1 in annex B).

Figure 2.1: Lifetime experience of illicit substances among the population of Vienna from 1993 to 2001; percentages



Source: Vienna Social Fund; IFES Institute for Empirical Research (FSW/IFES 2002)

The age group between 15 and 29 report above-average levels for experience of cannabis (lifetime prevalence: 31%; past 3 years: 24%; past 30 days: 6%). Regarding other substances prevalence rates are considerably lower, however (lifetime prevalence: ecstasy: 2%; amphetamines: 3%; cocaine: 2%; opiates: 1%). Compared to 1999 and 2001 no relevant differences have been found.

In the context of the representative telephone survey conducted in Vorarlberg in spring 2001, 2 024 persons aged between 20 and 59 (cf. chapter 1.4) were also interviewed about use of illicit drugs among their friends as well as their own experience of illicit drugs (Institut für Suchtforschung 2001). About 20% of the respondents said they had already used illicit drugs themselves. The questions concerning drug use among their friends were more specific: 42% are acquainted with cannabis users, 19% with ecstasy users; 15% with cocaine users, 13% with heroin users and 12% with users of biogenic drugs. Significant differences according to gender and age are found for all substances except heroin: males and young adults (between 20 and 29 years) report drug use among their friends more often than the average.

In Graz a representative study was carried out with a sample of 515 adolescents and young adults between 12 and 25 (X-Sample 2002). Here high prevalence rates were found regarding both lifetime experience and use in the previous year. 58.2% said they had already used cannabis (12-months prevalence: 36.7%), with percentages for party drugs of 15.4% (6.1%); for cocaine: 7.3% (1.4%); for speed: 6.0% (1.8%); for hallucinogens: 7.2% (3.2) and for opiates: 4.9% (1.4%). This study also gives high percentages regarding biogenic drugs (lifetime prevalence: 21.1%; 12-months prevalence: 11.1%) and poppers (9.2% and 1.1%, respectively). These rather high prevalence rates are explained by the design of the study,

which attributed great importance to confidence-building and assuring the respondents of anonymity. Compared to the results of school surveys (see below) one has to bear in mind that the setting of the survey may have great relevance and that prevalence rates reach peak values among young adults (cf. also chapter 15.1).

Key issues chapter 15 gives a more detailed description of drug trends among young people, therefore only the most important information is presented here. In the school survey of Burgenland (cf. chapter 15.1), with a total number of 1 078 respondents aged between 12 and 19, drug experience was primarily indicated for cannabis (20%), poppers (20%) and biogenic drugs (8%) (Schönfeldinger 2002). According to the HBSC survey of 2001 (cf. chapter 15.1) 14% out of a total number of 1 292 15-year old school children indicate experience of cannabis (Dür und Mravlag 2002).

In the context of the ChEckiT! project, which deals with secondary prevention in the form of tablet testing during raves, the consumption patterns of ravers were again surveyed in 2001 (Ivan und Schmid 2002). The prevalence of use indicated by a total number of 199 respondents for the past 30 days again was very high for many substances (cannabis: 56%; ecstasy: 42%; speed: 24%; cocaine: 16%). One should take into account, however, that these figures are not representative, neither for adolescents or young adults in general nor for ravers. They relate to a group known for high consumption rates, and primarily serve as a basis for planning and coordinating secondary prevention measures. What is interesting in this context is that the levels for new synthetic substances are rather low: 2% for GHB, 1% for ketamine and 0% for 2C-B. The insignificant role these substances play – even in the rave scene – is confirmed by a specific GHB survey ChEckiT! conducted in summer and autumn 2001, for which 175 ravers were interviewed. Approximately 6% of the respondents said they had already taken GHB but only 2 persons indicated having used this substance more than once (ChEckiT! 2001). Biogenic drugs seem to be popular also among ravers however: 16% out of the 199 persons interviewed in 2001 said they had consumed mushrooms in the past 30 days, and 7 percent indicated use of so-called natural drugs.

On the basis of estimates by experts and practical experience many provinces confirm that weekend and sparetime use in particular of illicit drugs tends to be increasingly important for adolescents and young adults. This especially applies to cannabis, however a number of drug users also take other substances in addition to cannabis, in particular ecstasy and amphetamines. Biogenic drugs and poppers are also rising in importance (cf. above), however one should not forget that the increase in drug use found among young people is mostly limited to experimental use and sparetime consumption at a certain phase in life. Only a small percentage of the young people develop patterns of problem drug use (cf. chapters 2.3 and 15.1). Still, the political actors attribute great importance to this development. The main response to this situation has been the extension of secondary prevention and outreach work for the target group of young people (cf. chapters 9, 10 and 15.3).

The Federal Ministry of Defence reports a rise in the last few years of conscripts prematurely dismissed from compulsory military service because of repeated drug incidents. To tackle this problem a working group was established and specific measures were taken (cf. chapter 9).

In the reporting period use of Pervitin was also found. Pervitin (Vint, Shirka) is a metamphetamine coming from the Czech Republic, which Upper Austrian young people bought in Bavaria under the name of *Fliegersalz*. No other new substances have been reported to play a relevant role in Austria.

2.3 Problem drug use

Here, the term problem drug use means that hard drugs (in particular opiates and cocaine) are used frequently, which is often accompanied by dependence and consequences for the health, social and legal situation (cf. chapters 3, 4 and 16).

In Austria scientific estimates of the prevalence of problem drug use are available only for opiates. At present ÖBIG, in its function as REITOX Focal Point, is updating the methodological pilot study providing an estimate of the number of problem opiate users for the period of 1994/5 (cf. ÖBIG 2000). Initial results are available for the 2-sample capture-recapture method (substitution treatment and reports to the police). Consistency checks and further analyses based on the 3-sample capture-recapture method have not yet been completed. Preliminary estimates suggest that in 1999 there were 17 801 problem drug users in Austria (1994/5: 17 276), and 10 185 in Vienna (1994/5: 10 953). According to estimates taking gender into account, 74% of this group are men and 26% are women (1994/5: 70% and 30%), and broken down by age groups the percentages are 25% (15 to 24 years), 40% (25 to 34 years) and 35% (35 to 64 years) (1994/5: 25%; 50%; 25%). The available results of estimates indicate that a prevalence rate between 15 000 and 20 000 problem opiate users seems realistic for Austria. So the estimated overall number of problem opiate users has not changed compared to 1994/5, while the percentage of older opiate addicts has risen, which obviously reflects the trend towards a rise in average age of members of the established drug scene. More detailed information cannot be given before further analyses have been completed.

Most provinces indicate that problem use of illicit drugs is estimated to be stable. This contradicts public presentation and media coverage, which often give a very dramatic picture (cf. chapter 1.4). For instance, Salzburg reports that, different to fears expressed in public discussion, routine data provided by drug help centres do not indicate major changes in the situation. Although sparetime use of illicit drugs has risen among young people in the last few years, this has effects on problem use qualitatively rather than with regard to quantities (cf. also chapter 15). In the Tyrol and Salzburg a trend towards rising poly-drug use among young people has shown, and users seem to lack awareness of the risks involved. In spring the Vienna Drug Advisory Board discussed the drug situation of young people. Based on reports by experts it was concluded that although no quantitative increases can be found in this field, the affected young people often have very serious social and psychological problems (including psychiatric comorbidity; cf. chapter 3.4) and therefore need intensive, specified counselling (cf. chapters 8.2 and 15).

Regarding preferred substances there is some evidence confirming the trend towards stimulating drugs observed last year, and indications that heroin tends to be replaced by other opiates. In Salzburg opiate use has decreased in importance as a reason for clients to contact drug help centres. Vorarlberg reports a rising relevance of stimulating substances.

According to the low-threshold centre Substanz of Linz, Upper Austria, their addicted clients often indicate opioids as their primary drugs, which they explain by difficult access to heroin, among other reasons (Substanz 2002). On the other hand, the new annual report of the therapy community Grüner Kreis (Grüner Kreis 2002) says that the patterns of use of its clients have not changed and that heroin continues to be of central importance. So there is no unambiguous evidence of a clear trend (cf. also chapter 6). However multi-drug patterns of use undoubtedly still play a dominant role (cf. also ÖBIG 2001a).

Opiates also continue to be the drugs causing the most serious health and social problems for users (cf. chapter 3), while there are hardly any indications of health and social problems due to cannabis and ecstasy use in Austria. A recent study (Dittrich und Haller 2002) analyses possible relations between psychotic diseases and use of cannabis, based on international studies, as no specific data for Austria is available. The authors draw the conclusion that chronic use of large amounts of cannabis may result in acute psychosis, while there is no evidence showing that occasional use may cause lasting psychotic conditions.

Hardly any new data on ways of administration and risk behaviour of problem drug users is available. According to reports of practitioners intravenous use continues to be prominent among drug addicts. In Vienna a local scene practices chinsing (of heroin and speedballs), a rather untypical way of use (VWS 2002b). There is some information from drug centres indicating awareness among users of risky forms of consumption. On the one hand syringe exchange programmes (cf. chapter 10) have become more and more popular over the years in all provinces, and on the other, the streetworkers of Vienna report that in the last few years life-saving emergency measures and interventions due to overdoses have had to be taken less often (VWS 2002b).

The share of women in problem drug users continues to be disproportionately low. Their share goes down with age and severity of drug problems (cf. chapters 3.1 and 3.2). The recent annual statistics of Grüner Kreis (Grüner Kreis 2002) also reflects the fact that women are inclined to a higher degree to undergo treatment or counselling and at an earlier time in their drug careers (cf. ÖBIG 2000). The differences regarding the average age of clients indicate that women start inpatient treatment approximately three years earlier than men.

The trend towards rising average ages in the established drug scene mentioned in last year's report has been confirmed by current data and information. For instance, Lower Austria reports a rising share of older drug users among the clients of counselling centres, and that social problems (cf. also chapter 16) are rising at older ages, while specific services for this group are still lacking (cf. chapter 8.2). The draft of Vorarlberg's drug plan for 2002 (cf. also chapters 1.1 and 8.2) therefore includes interventions aimed at chronic addicts with multiple problems.

3 Health Consequences

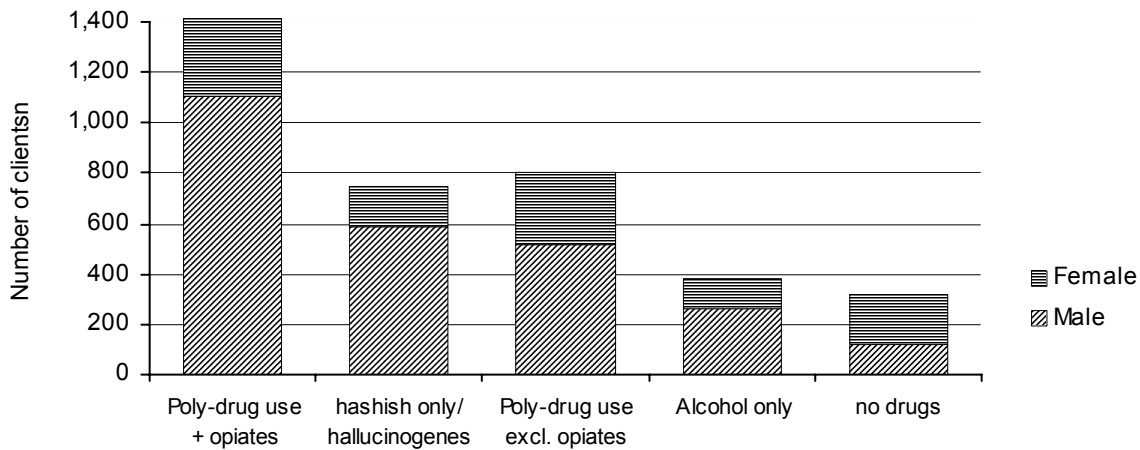
3.1 Drug treatment demand

As Austria has no uniform client documentation system, only few data of limited interpretative value is yet available in the field of treatment. In 2001/2 the working group convoked by the FMSSG in spring 1999 in order to establish a uniform documentation and reporting system has continued its activities. The pilot version of a client questionnaire drawn up by the working group and sent out to several treatment and care centres has been tested successfully. Client data covering the whole of Austria will not be available before 2004, however.

The data presented here refers to statistics kept by drug centres announced according to Art. 15 of the NSA, providing aggregate data about their clients. There are certain reservations however regarding the quality of client data: due to its aggregate character the type of treatment or assistance (e.g. examinations according to the Narcotic Substances Act, counselling or long-term assistance/treatment) cannot be specified. Double counts of clients cannot be excluded either.

In the **outpatient sector** a total of 25 of the drug help centres announced according to Art. 15 of the NSA provided data on the drug use of their clients in 2001, broken down by gender (cf. figure 3.1).

Figure 3.1: Number of clients documented in the statistics of 25 outpatient drug help centres in Austria, by gender and (drug) problem, in 2001

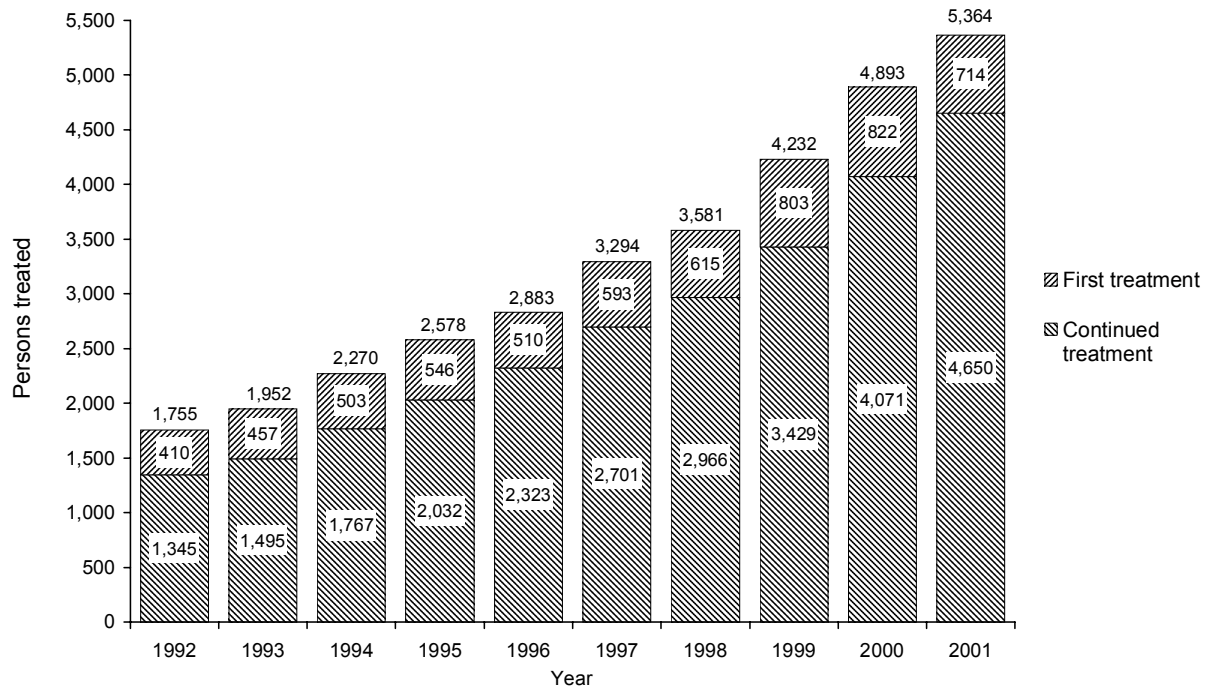


Sources: FMSSG (BMSG/Abt. VI/B/11), calculations by ÖBIG

In view of this data one may assume that the largest share of clients receiving treatment or assistance because of drug problems comprises (poly-drug) users of opiates. Regarding **inpatient** services (for this field data from 4 centres announced according to Art. 15 of the NSA is available) the share of (poly-drug) users of opiates is even higher (69%). Exclusive use of hashish/hallucinogenes accounts for 0%; problems only concerning alcohol for 4%; and poly-drug use excluding opiates for 27%. The outpatient facilities have twice as many men clients as women and the inpatient departments, three times as many.

National monitoring of **substitution treatment** is performed by the FMSSG and based on the reports of attending doctors. Although not all cases are reported or reports often come in late (cf. ÖBIG 1999), some broad insights may nevertheless be gained as to quantitative developments and characteristics of clients. The increasing acceptance of, and resort to, this form of treatment is reflected in the annually rising number of reports concerning persons currently undergoing substitution treatment. On the other hand the number of clients going in for substitution treatment for the first time declined somewhat in 2001 (cf. figure 3.2).

Figure 3.2: Development of annual registrations of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment, from 1992 to 2001



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

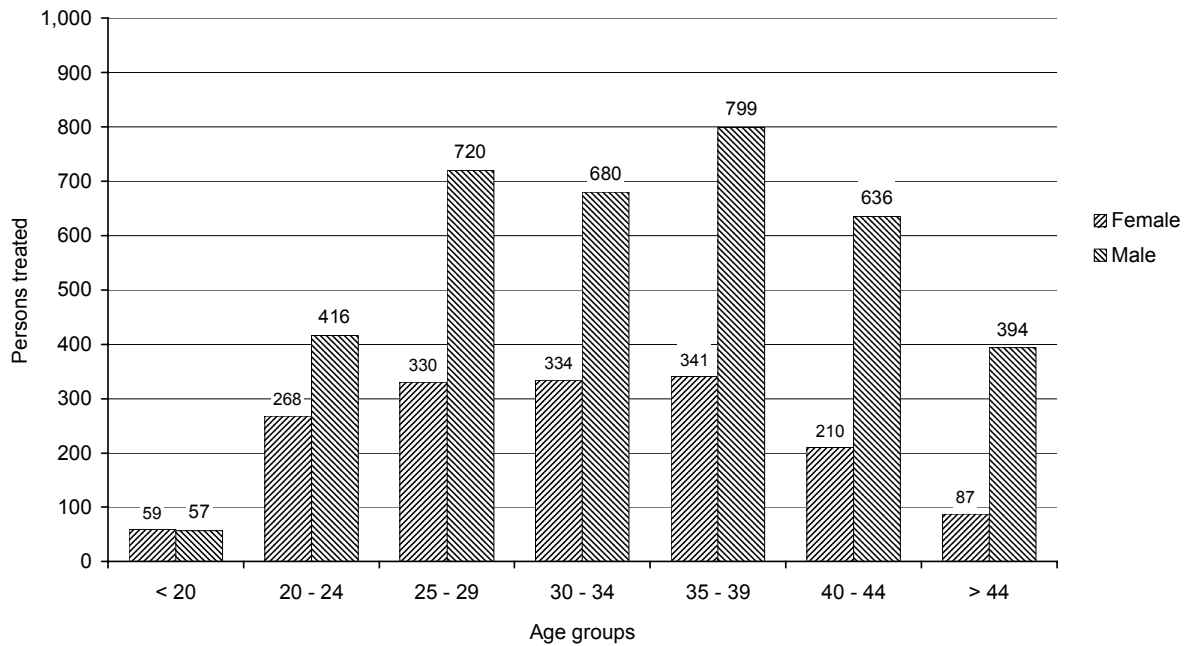
Sources: FMSSG (BMSG/Abt. VI/B/11), calculations by ÖBIG

About half of the persons undergoing substitution treatment in 2001 were over 34. This is an indication that most of them are long-term drug addicts. The gender distribution of patients reported is balanced more or less in the group under 20, while the older age groups have a markedly higher proportion of men than women (25–34 years: ratio 2:1; over 34: 3:1; cf. figure 3.3).

Another interesting aspect is that the average age of persons undergoing substitution treatment for the first time in 2001 ($n = 714$) has gone down to 27.4 years, compared to 28.2 in 1995, 28.4 in 1998, 28.5 in 1999 and 29.2 in 2000. As the number of first treatment patients has also slightly fallen (see above) this might suggest a saturation effect: the average age of patients receiving substitution treatment for the first time tends to get lower as a larger number persons with shorter drug careers start treatment and the need for substitution has been more or less satisfied in the group of long-term opiate users. The further development of this statistics will show if this interpretation has been correct.

As in previous years the average age of women starting their first substitution treatment in 2001 (25.3 years) has been lower than the average age of men patients (28.3 years).

Figure 3.3: Persons currently registered for substitution treatment in Austria by age and gender, in 2001



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

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

3.2 Drug-related mortality

The Health Department of the FMSSG has gathered data on drug-related deaths since 1989, which refers both to persons dying as a **direct** consequence of drug use (e.g. fatal overdoses) and to deaths where an **indirect** relation to drugs may be assumed (e.g. intravenous drug users with HIV infections dying of AIDS).

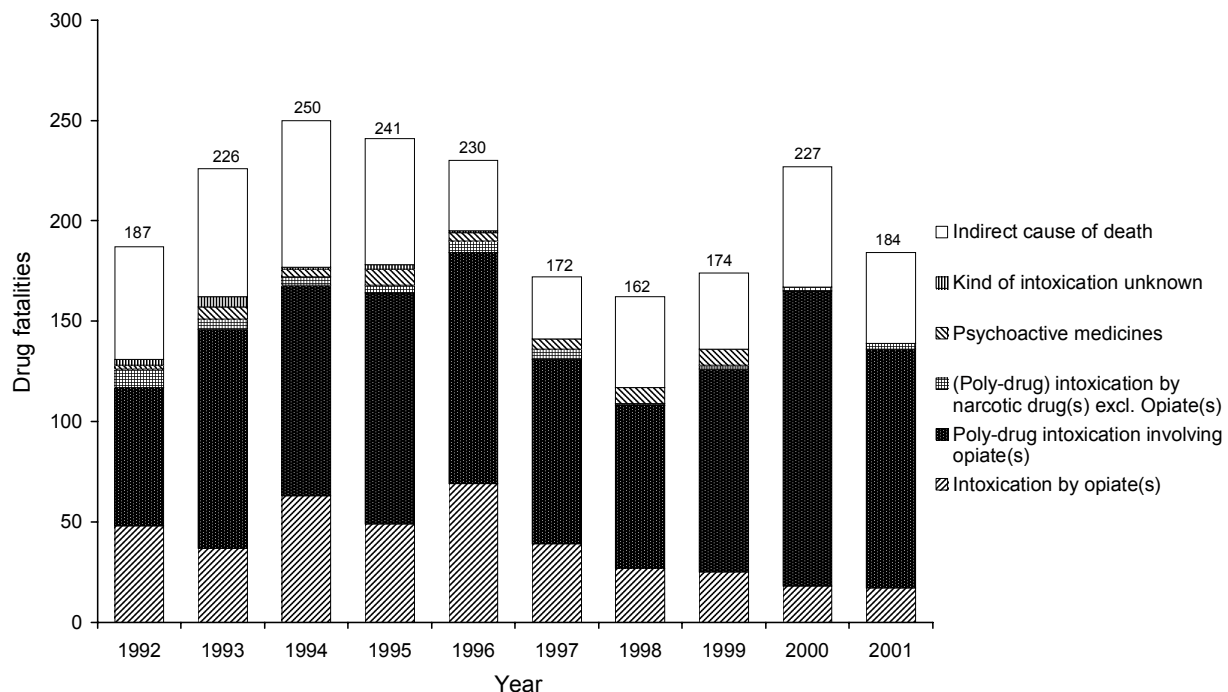
According to the EMCDDA it is primarily persons dying as a direct consequence of drug use who are indicators of the current drug situation, i.e. of the gravest health consequences of drug use. For this reason the epidemiological key indicator Drug-Related Deaths refers to persons dying as a direct consequence of drug use. At the European level deaths indirectly caused by drug use are not included in this key indicator as they often do not provide helpful data on the current drug situation (e.g. a person having contracted an HIV infection due to intravenous drug use 10 years ago and who has now died of AIDS). On the other hand, standardised data-gathering with regard to persons dying as an indirect consequence of drug use may provide important complementary information, for instance about long-term health consequences, and is under discussion at the European level.

Since 1999 a group of experts coordinated by the NFP has continually adjusted existing data on drug victims to EMCDDA requirements and also endeavours to improve data quality. An important outcome of this work is the decision to make a clearer distinction in the future

between directly and indirectly drug-related deaths when interpreting data. This has already been taken into account in the following presentation of drug-related mortality.

While the total number of (direct and indirect) drug fatalities remained stable from 1997 to 1999 (between 160 and 180 cases), in 2000 a marked rise to a total number of 227 drug-related deaths was reported. In 2001 the number of drug fatalities again fell to 184 (cf. figure 3.4 and table A2 of annex B).

Figure 3.4: Number of drug fatalities in Austria by cause of death from 1992 to 2001



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

Source: FMSSE (BMSG/Abt. VI/B/11)

As in previous years the data on deaths directly related to drug use shows a strong predominance of poly-drug intoxications including opiates (86% of all intoxications). A more detailed analysis of the total number of 139 intoxications according to substances used shows that only 23% of the persons in question had exclusively taken opiates or other illicit drugs (single substances or combinations). In addition to illicit drugs in 19% of the cases alcohol was found, 34% had also taken psychoactive medicines and 24% had used both alcohol and psychoactive medicines (cf. tables A7 and A8 in annex B).

Data broken down by cause of death regarding direct or indirect drug fatalities is given in table A2 of annex B.

The share of women among persons dying as a direct consequence of drug use is 16%, which is in line with the long-term average. Regarding indirect drug mortality women account for 33%, which is slightly higher than the average of the last nine years (24%). Strikingly, over the years the share of women in indirect drug deaths has been elevated to some extent compared to direct drug fatalities. In 2000 and 2001 their share in indirect deaths was approximately twice as high as in direct drug fatalities (cf. tables A5 and A6 of annex B).

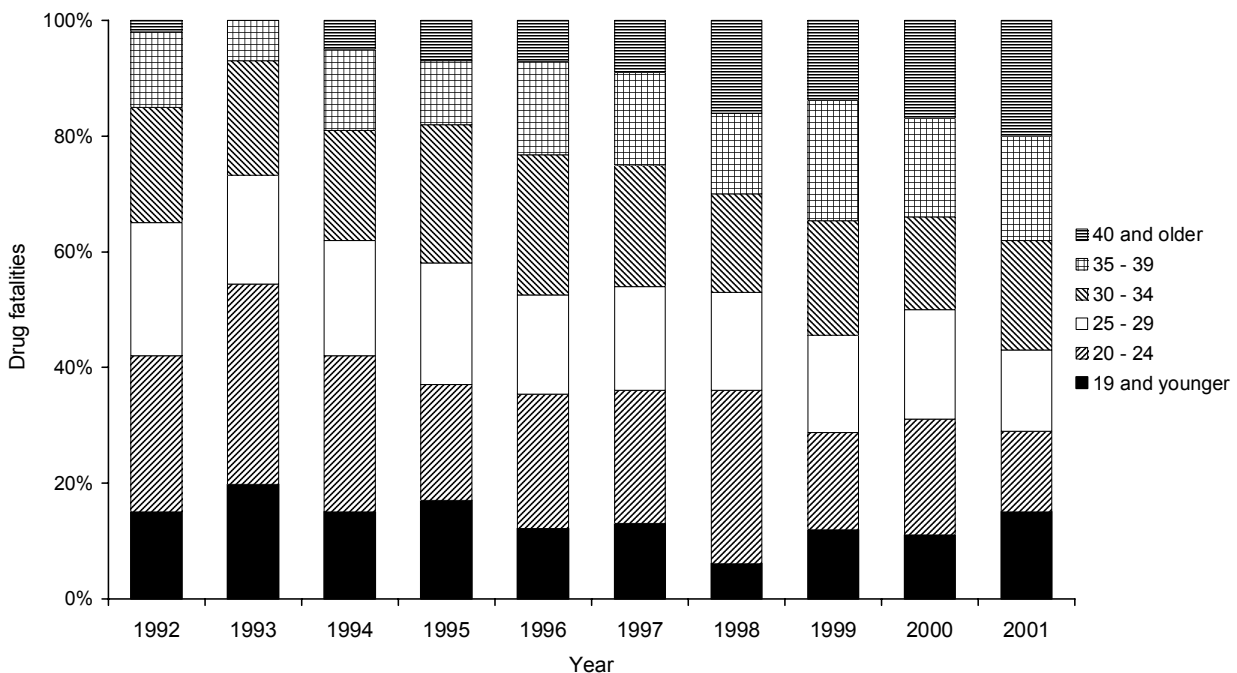
The age of the drug victims has risen over the years. While the average age of persons dying as a direct consequence of drug use was 27.7 in 1991, by 2001 the average age of this group had risen to 31.3. Almost two thirds (57%) were over 29 in 2001. The persons whose death was directly caused by drug use were 32.2 years old on an average in 1991 and 35.6 years old in 2001 (cf. figure 3.5, tables A5 and A6 of annex B).

The developments regarding the number of directly drug-related deaths differ from province to province. While Vienna has registered a marked decline, in Vorarlberg directly related deaths have increased. In the rest of the provinces no significant changes have occurred (cf. table A3 of annex B). However, the number of cases is low in statistical terms and there have been strong fluctuations in individual provinces in the course of time, so these regional differences should not be overinterpreted.

The assumption that the rise in drug-related deaths of the year 2000 does not indicate a quantitative increase of the drug problem was correct. In addition an article published in the journal *Wiener Zeitschrift für Suchtforschung* explains that short-term changes in the number of drug-related deaths cannot be interpreted as changes in the general drug situation (Uhl 2002).

As in previous years the drug fatalities statistics of 2001 indicates two main trends relevant for prevention. The age of persons dying as a direct or indirect consequence of drug use is rising. On the one hand this indicates that harm-reducing interventions have been successful, but on the other hand it points to new requirements to be met in the field of prevention. A central aspect is that the state of health of many drug victims is very poor, which is confirmed by forensic findings (cf. also chapters 3.3 and 3.4).

Figure 3.5: Age distribution of direct drug deaths in Austria from 1992 to 2001



Source: FMSSG (BMSG/Abt. VI/B/11)

The share in directly related deaths of poly-drug intoxications including opiates has risen from year to year and has now stabilised at a very high level (1999: 74 %; 2000: 88 %; 2001: 86 %). Alcohol and psychoactive medicines are also involved very often. Data from other fields of drug monitoring shows a rise in high-risk patterns of poly-drug use, where the effects of different substances may be potentiating and can hardly be controlled (cf. chapter 2.3).

Interesting additional information on fatal overdoses is supplied by a study on drug mortality in Vienna focusing on drug quality and deaths caused by heroin overdoses (Risser et al. 2000a). What applied to the period from 1987 to 1996 (cf. Risser et al. 2000b) was also confirmed for 1999, namely that there is no connection between the concentration of diacetylmorphine found in heroin intended for retail sale that was seized in Vienna, and the number of fatal heroin and poly-drug intoxications including heroin. Also in this study the majority of fatal overdoses occurring in Vienna are attributed to poly-drug use.

Regarding **cohort studies** the final report of the cohort study on the mortality of opiate consumers in Vienna undergoing substitution treatment has been completed (Risser et al. 2000c). By 31 December 1998 291 persons (50 women and 241 men) out of a total number of 4 709 opiate users (1 447 woman and 3 262 men) starting substitution treatment between 25 September 1987 and 31 December 1998 had died. Most deaths were due to overdoses (97 patients) and AIDS (96 cases). 24 patients died of liver diseases and the deaths of 74 patients were attributed to other causes (cardiovascular diseases, etc.). The mortality rate has gone down since 1992, and while fatalities due to overdoses were rising till 1996 a downward trend has been observed since then. Over time the mortality risk for patients undergoing substitution treatment was 13.6 times higher compared to the general population of Vienna at the same age. In most cases (two thirds) this elevated risk is due to the long-term consequences of past opiate use over many years. Compared to the rest of Europe the mortality rate of opiate users undergoing substitution treatment in Vienna ranks slightly below average.

3.3 Drug-related infectious diseases

The situation regarding **infectious diseases**, which is especially relevant because of the infection risks involved in intravenous drug use, may only be estimated on the basis of a few small samples from treatment centres and low-threshold services (cf. ÖBIG 2000). For this reason reliable statements regarding changes and trends cannot be made. The available data again indicates a stable HIV prevalence rate at a low level (between 0% and 6%). The hepatitis prevalence rates however continue to be very high (hepatitis C: 47% to 71%, hepatitis B: 38% to 53%). According to experts tuberculosis infections are hardly relevant in the context of drug-related infectious diseases in Austria. Only isolated cases have been reported.

Table 3.1: Data on hepatitis B, hepatitis C and HIV infection rates in 2001

Source of data	HB rate	HC rate	HIV rate
Short-term therapy department Lukasfeld	48% (13/27) ¹	68% (23/24)	0% (34)
Long-term therapy department of Anton Proksch Institute	53% (45/85) ²	71% (60/85)	1% (1/85)
Low-threshold centre Ganslwirt	38% (26/68) ³	47% (51/107)	1% (2/153)
Drug fatalities (intoxications)	not available	not available	6% (8/139)

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

² This percentage relates to persons in whom antibodies to hepatitis B were found and for whom it was proved that they had not received vaccinations. An additional 15% of the patients had developed hepatitis B antibodies and had got vaccinations.

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

Sources: Riedl, F. personal information; API 2002; Haltmayer, H. personal information; FMSSE (BMSG/Abt. VI/B/11)

3.4 Other drug-related morbidity

Regarding **psychiatric co-morbidity** recent data has been available. In the context of a study on patient satisfaction at the drug outpatient department and the drug withdrawal department of Baumgartner Höhe Hospital of Psychiatry in Vienna one third out of a total number of 166 patients interviewed between November 1999 and July 2000 said they had already undergone psychiatric treatment already in the past. The reasons for this treatment included drug addiction (53%), depression (9%), attempted suicide (9%), thoughts of suicide, borderline syndrome, nervous breakdown and anxiety disorders (4% each). Other indications by some patients were narcissistic personality disorders, manic depressive problems, nightmares, suicide of a close relative, epilepsy and private problems (Essl und Hlavin 2000). 75% of the patients of the long-term therapy department at Mödling, Lower Austria (n = 85) had diagnoses of personality disorders according to ICD-10 (API 2002).

Data on the general state of health may also be indirectly derived from the cohort study on substitution patients in Vienna already mentioned in chapter 3.2 (Risser et al. 2000c). Approximately two thirds of the deaths among this group go back to (drug-associated) co-morbidity (AIDS, liver diseases, cardiovascular diseases).

8% out of the total of 85 patients of the API at Mödling mentioned before also had skin diseases (e.g. psoriasis, neurodermatitis, erythema migrans, condylomata etc.), and nine patients had histories of grand mal seizures in the context of withdrawal.

In 2001 ambulance services were called 448 times in Vienna because of drug emergencies with suspected overdoses (1993: 705 times; 1998: 360; FSW 2002b).

4 Social and Legal Correlates and Consequences

4.1 Social problems

Recent experience of drug help centres shows that the social problems of drug addicts mentioned in past reports, in particular unemployment and precarious accommodation, continue to play an important role. For instance, Ganslwirt's sleeping facility and the socio-economic project Fix und Fertig register a rising number of clients wanting to spend the night there (VWS 2002a) and an increased demand for employment on a per-day basis (VWS 2002c). The existing services cannot sufficiently meet this demand. For a more detailed description of the correlates of drug use/drug addiction and social problems see the key issues chapter Social Exclusion and Reintegration (cf. chapter 16).

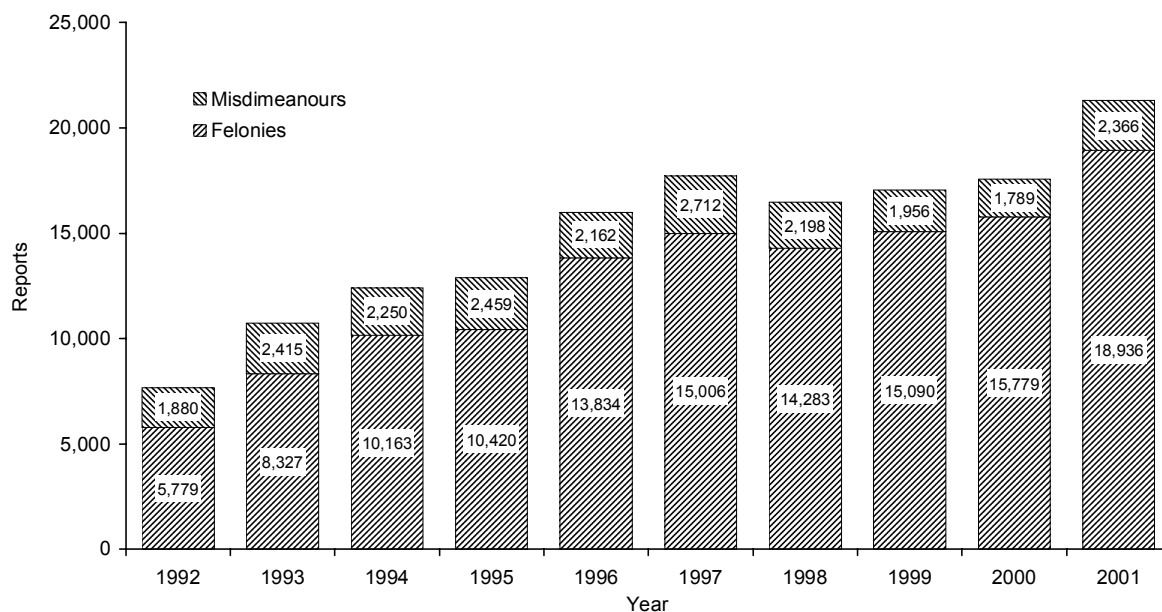
As has already been mentioned in part 1 (chapter 1.4) during the reporting period public discussion often linked the drug problem with public safety and nuisance. What is interesting in this context is a survey conducted by the Focus team of the Vienna Social Fund, aimed at investigating nuisance and irritation felt by passers-by and inhabitants when drug addicts were present in neighbourhood with and without the syringe exchange bus. The reason for this survey was discussions about the location of the syringe exchange bus and fears that the bus could attract drug addicts and thus give rise to public nuisance. However, the respondents did not see significant changes of the situation before and after the syringe exchange bus was in the neighbourhood. On the other hand, without the syringe bus a larger number of syringes thrown away was found (FSW 2002b).

4.2 Drug offences and drug-related crime

In 2001 21 862 reports to the police for violations of the Narcotic Substances Act (NSA) were registered, which is another noticeable rise compared to preceding years (2000: 18 125 reports; cf. also table A10 of annex B). A total of 21 302 reports refer to narcotic drugs, the rest concerns psychotropic substances. Reports to the police both for misdemeanours (possession and small-scale trafficking of drugs according to Art. 27 of the NSA) and felonies (large-scale trafficking and commercial trafficking according to Art. 28 of the NSA; cf. figure 4.1) have markedly risen. It should be examined in this context to which extent the current rise in reports is due to the amendments of drug laws adopted in 2001 (in particular the reduction of the limit quantity of heroin; cf. ÖBIG 2001a).

Regarding substances involved (cf. table A12 of annex B) increases compared to the previous year have been reported for all substances. A considerable rise has been found with regard to cannabis, but also opiates and cocaine (cf. figure 4.2). Great differences regarding substances involved have again shown in the individual provinces (cf. table A13 of annex B). In Vienna the proportion of reports due to opiates and cocaine is comparatively high, while the majority of reports in all other provinces concern cannabis. A disproportionate number of reports to the police referring to amphetamines have been registered in Lower Austria, Upper Austria and Styria.

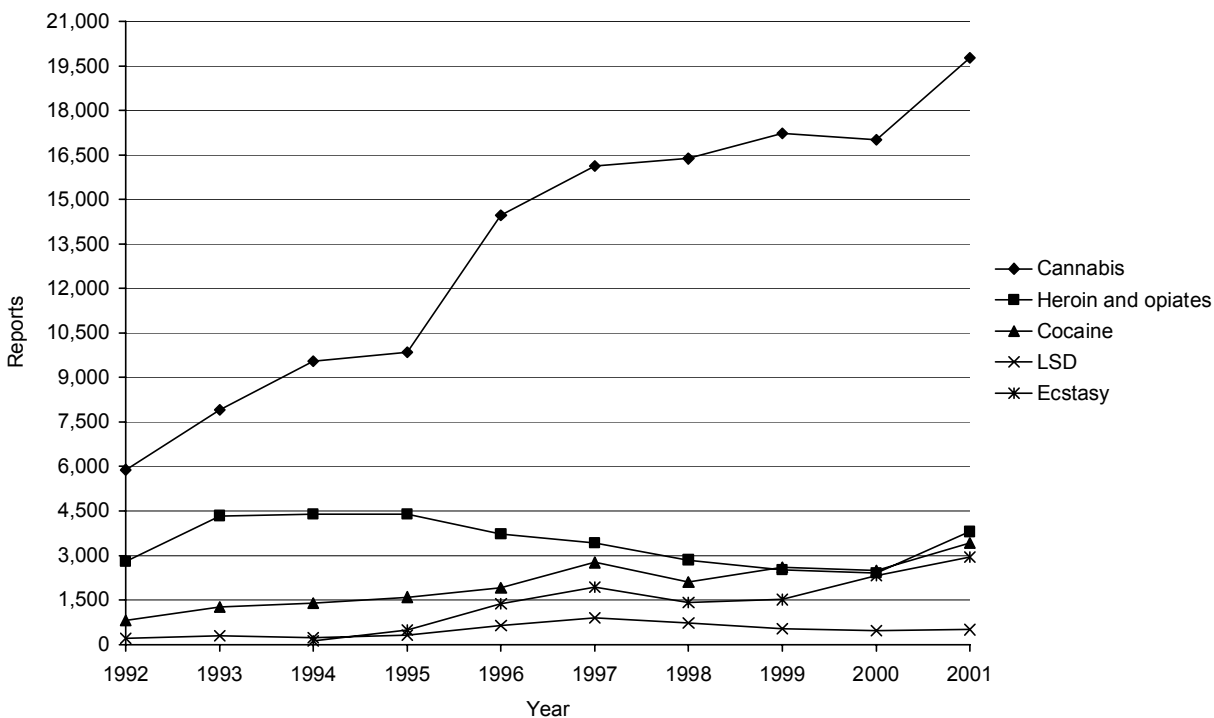
Figure 4.1: Development of reports to the police for violations of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1992 to 2001



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 are considered here. The difference to the total number of reports results from reports that are not assignable.

Source: FMI/Central Office for Combating Drug Crime (BMI – Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

Figure 4.2: Development of reports to the police for violations of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1992 to 2001



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

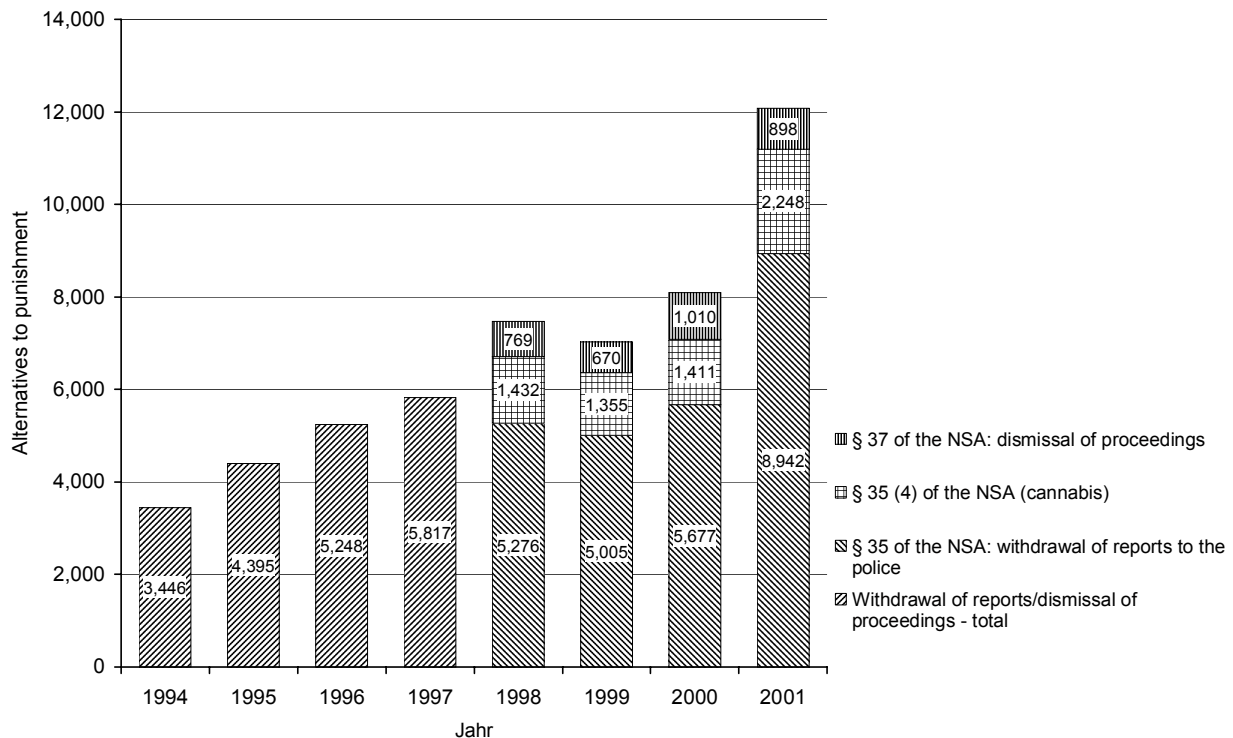
Source: FMI/Central Office for Combating Drug Crime (BMI - Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

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

Compared to almost 22 000 reports to the police in 2001, 2 577 arrests in connection with narcotic drug investigations were registered (2000: 2 052), but for the latter no details (type of offence, substance involved, etc.) are available.

2001 saw 3 862 convictions for violations of the Narcotic Substances Act, which is a considerable rise (2000: 3 240). The share of drug-related convictions in the total number of convictions amounts to 10% and has thus reached a new peak (1991: 2%; 2000: 7.8%). However, one has to bear in mind that the Court Criminal Statistics registers only convictions for the leading offence, so the role of drug-related offences is even more important with regard to convictions than is reflected here. The high proportion of misdemeanours (2 671 cases; violation of Art. 27 of the NSA – possession and small-scale trafficking) compared to felonies (1 141 cases; violation of Art. 28 of the NSA – trafficking; cf. table A14 of annex B) is still striking. About 60% of all persons convicted were punished with imprisonment (cf. table A16 of annex B). The share of sentences that were suspended fell to about 45% (2000: approximately 50%). This means that a larger number of persons are actually imprisoned.

Figure 4.3: Development and application of statutory alternatives to punishment in Austria from 1994 to 2001



Art. 35 of the NSA = temporary withdrawal of report to the police by the public prosecutor
 Art. 35(4) of the NSA = temporary withdrawal of report to the police in the case of small amounts of cannabis for personal use
 Art. 37 of the NSA = temporary dismissal of proceedings by the court

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

Source: FMSSG (BMSG/Abt. VI/B/11)

Complementary to the data on convictions, information concerning a temporary (provisional) withdrawal of reports to the police (Art. 35 of the NSA) and dismissal of proceedings (Art. 37 of the NSA) is also relevant. These legal alternatives to criminal prosecution (cf. also chapter 12) were made use of in 12 088 cases in 2001, which is a very strong increase compared to past years (2000: 8 098 cases; cf. figure 4.3).

Again no data on crimes committed for the purpose of drug acquisition or other drug-related crimes could be obtained. Available information on drug use in prisons was presented in more detail in the key issues chapter Drug Users in Prison in last year's report (ÖBIG 2001a). No new, additional information is available. However, the statistics on convictions (see above) indicates that the percentage of persons imprisoned because of drug-related offences is rising.

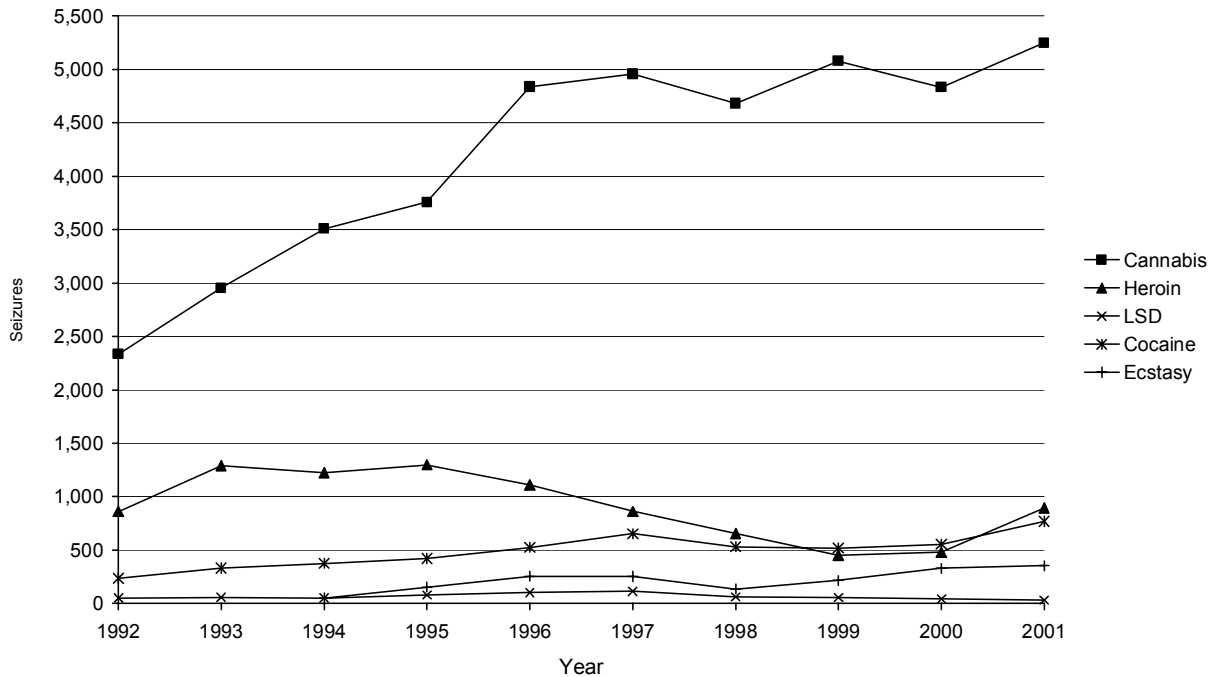
4.3 Social and economic costs of drug consumption

No recent studies or data on the social and economic costs of drug use in Austria are available. For a presentation of the expenditures for drug-related demand reduction see key issues chapter 14.

5 Drug Markets

According to the Federal Ministry of the Interior (FMI) a rise in seizures of cannabis, heroin and cocaine was registered in 2001. In the case of ecstasy the seizures remained roughly at the same level as in the previous year, and regarding LSD a slight decline was observed (cf. table A18 of annex B and figure 5.1).

Figure 5.1: Number of seizures of narcotic drugs in Austria from 1992 to 2001



Source: FMI/Central Office for Combating Drug Crime (BMI - Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

The amount of substances seized reflect these trends only to a limited extent, as individual seizures of exceptionally large quantities strongly influence the general picture (cf. table A19 of annex B). Compared to the previous year the quantities of marijuana seized fell by 81%, and regarding cannabis the decrease was 43%. The large amounts of cocaine, heroin and ecstasy found are due to a small number of large-scale seizures (e.g. 107.5 kg of heroin at Wels, Upper Austria, 49 kg of cocaine and 50 000 ecstasy pills at the airport of Vienna).

When assessing the data on seizures and relating them to drug demand and supply one has to bear in mind that part of the drugs seized were not intended for Austria (transit) and that these figure also reflect the intensity of police activities.

The aforementioned study on drug-related deaths (Risser et al. 2000a – cf. chapter 3.2) also includes an analysis of 415 units of street heroin of a total weight of 128 g, seized by the police in Vienna between 1 January and 31 December 1999. 63% of the units were

distributed as small plastic balls, 29% were enveloped in paper, and 8% were wrapped in aluminium foil. An average street unit of heroin had 0.15 g, with weights ranging from 0.1 g to 2.8 g. 90% of all units examined contained alkaline forms of heroin and the overall opiate content was between 0.5% and 55%, with strong variations depending on time of the year. On analysis all street heroin units were found to contain noscapine and/or papaverine as well as sugar compounds, in particular lactose. Caffeine was added to 92% of the units (average concentration: 29%), cocaine to 3% and lidocaine to 1%.

In 2001 the project ChEckiT!, which tests the purity and ingredients of substances bought as ecstasy or speed during raves, was present at six rave parties, where 280 pills bought as ecstasy and 51 samples purchased under the name of speed were handed in for testing. The percentage of pills bought as ecstasy which did not contain psychotropic substances other than MDMA, MDE or MDA remained the same as in the previous year (1998: 38%, 1999: 85%, 2000: 88%, 2001: 89%). The average dose in the samples containing MDMA was 59.08 g per pill. 58% of the substances bought as speed and analysed by ChEckiT! had amphetamines as their only ingredient, while 10% combined amphetamines and caffeine, 6% contained amphetamines with additions of other psychotropic substances and 4% contained metamphetamine. In 23% no amphetamines were found (cf. table A20 and A21 of annex B). As in previous years the pills sold in 2001 had many different, and frequently changing, logos (VWS 2002e).

No recent studies on drug **prices** have been drawn up in the reporting period. In the context of the study on drug-related deaths in Vienna (Risser et al. 2000a – cf. chapter 3.2), for 93 out of the 415 street units of heroin that were seized also the prices were known, ranging between ATS 100 (EUR 7) and ATS 3 500 (EUR 255). In terms of weight this means that 1 gram of street heroin was available at a cost between ATS 332 (EUR 24) and ATS 2 307 (EUR 168).

6 Trends per Drug

Recent consumption surveys confirm high lifetime prevalence rates for **cannabis**: between 15% and 20% in the general public, and 30% or higher among adolescents and young adults (cf. chapter 2.2). However, regular consumption of cannabis is by far less frequent than experimental use. For instance, in the survey conducted in Vienna 31% of the group between 15 and 29 said they had used cannabis once, and 6% indicated cannabis consumption within the past 30 days. There are still hardly any indications of social and health problems in the context of cannabis use in Austria. The number of reports to the police concerning cannabis has again considerably risen in the reporting period. Cannabis is mentioned in about 90% of all reports.

Synthetic drugs, above all ecstasy, are the second-most consumed illegal drugs after cannabis and especially popular among young people. In Burgenland the figures for ecstasy have been 4%, which corresponds to the average of the past few years, while Graz reports markedly higher percentages. Both studies confirm a rising trend regarding experience of amphetamines among young people. In addition experimental use of hallucinogens (such as LSD) seems to have slightly risen. New synthetic substances (GHB, ketamine, 2C-B etc.), on the other hand, obviously do not play a major role in Austria; they are used in rare instances only. So far, health and social problems with regard to consumption of synthetic drugs have primarily arisen in the context of poly-drug use. The number of reports to the police has risen both for use of ecstasy and amphetamines.

In recent population surveys again only a rather small group of the respondents has indicated experience of **opiate** use. Opiates continue to be the most relevant substance with regard to problem drug use. In most cases they are injected, and a local scene in Vienna is practicing chinsing. The decreasing relevance of opiates, and especially heroin, mentioned in last year's report has been confirmed by evidence from Salzburg and Vorarlberg. Data provided by Upper Austria shows that, as already mentioned last year, addicts tending to poly-drug patterns of use increasingly often take morphine and other opiates instead of heroine. However, nation-wide data is scarce and sometimes contradictory so no clear statements can be made with regard to assumptions concerning such a trend. Opiates continue to be involved in almost all cases of fatal intoxications. After declining for several years the number of reports to the police concerning opiates now have markedly risen.

Recent surveys show that experience of **cocaine** use has remained in line with the long-term average of one or two percent of the population; only a study carried out in Graz, Styria gives higher figures. It has been confirmed by practical experience that cocaine, due to falling prices and easy availability, has become more relevant in the open drug scene in the last few years and is often injected in the context of poly-drug use. Crack still does not play a major role in Austria. Overdoses of cocaine alone are very rare causes of drug-related death, but cocaine has more often been found in the context of poly-drug intoxications including opiates. The number of reports to the police as well as seizures have markedly risen in the reporting period.

As in the past **poly-drug use** is the most common pattern of consumption among addicts in Austria. In the context of poly-drug use or multiple drug use many different substances (such as heroin, other opiates, benzodiazepines, alcohol, cocaine, amphetamines etc.) are taken simultaneously. Most substances are injected, and in some cases they are consumed in a combined form. This is also reflected in the corresponding health consequences: poly-drug intoxications continue to be the most frequent cause of drug-related deaths. However, these fatalities have considerably declined compared to the year before, so the overall number of drug-related deaths has also gone down. The group of poly-drug users also tend to have more serious social problems such as unemployment, homelessness and high debts (cf. chapter 16). Several provinces (e.g. Salzburg and the Tyrol) report rises in poly-drug use of illicit substances among young people (cf. also chapter 15.1). However, in most cases experimental or sparetime drug use seems to prevail so far. What gives reason for concern, however, is lack of risk awareness on the part of the young people.

Regarding **other substances** the role of biogenic drugs and poppers has been investigated in the reporting period, although they do not belong to the group of illicit drugs. Both drugs are primarily taken by young people. In the survey conducted in Burgenland 20% of the young people interviewed said they had experience of poppers, and 8% had already experimented with biogenic drugs. This picture is reversed, however, in the survey of Graz, where poppers account for 9% and natural drugs for 21%. This may be due to the fact that very young adolescents seem to prefer poppers while older youths rather take biogenic drugs. The ChEckiT! survey among ravers also reports use of mushrooms and natural drugs. Lack of risk awareness of many young people gives cause for concern also with regard to these substances.

7 Discussion

The available data on the epidemiological situation in Austria supports a few of the trends emerging last year. The consumption surveys carried out so far reveal high prevalence rates in particular among adolescents and young adults. This year data on the relevance biogenic drugs and poppers for young people has been confirmed for the first time. A number of provinces report increases in poly-drug use of various substances among young people, in particular in the context of sparetime and experimental drug use. Surveys concerning possible trends towards problem use of stimulating substances and consumption of stimulants in the context of poly-drug use have yielded contradictory results, however. While individual sources and reports mention to have registered developments as described last year, others do not indicate relevant changes.

Rising average ages of the established drug scene and also with regard to drug-related deaths are backed by reports from some provinces. The number of drug-related deaths have markedly declined again compared to the previous year and gone back to the level of 1999. So last year's sharp rise seems to be an exception. Obviously reliable analyses and statements regarding trends can only be made on the basis of a compilation of many different data and taking into account developments over several years.

On the whole the drug situation has remained stable, especially with regard to problem drug use. The levelling-out process of regional differences does not seem to have been completed yet. So even if aggravations are registered in particular in rural areas this does not contradict the general trend confirming a stable drug situation.

The drug policy responses to rising prevalence rates among young people include additional secondary prevention and outreach services (cf. chapters 8 and 9). Prevention activities will focus more specifically on biogenic drugs and poppers. Services tailored to meet the demands of older addicts, who may also need nursing care, are still lacking, but for instance such approaches form part of the new draft of Vorarlberg's drug plan (cf. chapter 8), which also includes plans to establish inpatient cocaine treatment facilities, as a response to the trend towards stimulating substances (cf. chapter 8).

As was explained last year already (cf. ÖBIG 2001a) certain inconsistencies in the available data are due to deficits of Austria's monitoring system (cf. annex A). Data often refers to rather small, local samples or studies, which do provide valuable information and are essential for deeper analysis, but what is lacking in some fields is complementary data that is collected annually for clearly defined groups and thus permit reliable monitoring yielding conclusive results. A relevant point in this regard is the lack of data on drug-related treatment and care that is comparable at a nation-wide level.

Part 3

Demand Reduction Interventions

8 Strategies in Demand Reduction at National Level

8.1 Major strategies and activities

Activities at the provincial level in the reporting period include a new addiction plan adopted in Burgenland, the draft of the drug and addiction plan for Upper Austria and the review of the drug plan of Carinthia, Lower Austria, Salzburg, Vienna and Vorarlberg were implementing their drug or addiction plans. In Salzburg the implementation of the framework plan on addiction prevention focuses on establishing regional networks and drawing up continuing, systematic further training programmes for multipliers and persons working with children and adolescents. In August 2002 Lower Austria presented its final report on the implementation of proposed interventions. Based on a graduated plan the corresponding addiction counselling services will be expanded until 2010. Vienna's drug policy is focusing on the implementation of labour market measures. The implementation of Carinthia's drug plan is particularly aimed at expanding primary and secondary prevention services as well as establishing a drug outpatient clinic for central Carinthia. In the Tyrol restructuring measures have been implemented; by now drug and alcohol counselling centres have been created in all districts (cf. also map 10.2 on p. 49).

The addiction plan of Burgenland as well as the drafts of Upper Austria's and Vorarlberg's drug plans endorse the principle of therapy instead of punishment for drug users, paralleled by consequent prosecution and punishment for drug dealers (cf. chapter 1.1). All plans state that a wide range of different, innovative treatment and care approaches are necessary to attend to individual problems. Addicted patients shall have access to medical, psychological and psychotherapeutical help as well as support by social workers.

Upper Austria's addiction plan also includes the goal to establish prevention and outpatient counselling centres all over the province. For other services such as low-threshold centres and inpatient clinics the relevant demand will be analysed at first. The addiction plan of Burgenland stresses the specific geographical situation of Burgenland at an EU border, which makes it highly important to cooperate with Eastern neighbours (in particular Hungary).

The drug plan of Vorarlberg points to a trend towards stimulating substances and changes in patterns of use, and will respond to this by expanded secondary prevention activities. On the other hand the need to be able to provide adequate treatment options as soon as possible is stressed. The aim of Vorarlberg's drug help centres is instant treatment, i.e. to provide therapy for each person willing to undergo treatment. To achieve this, in line with the psychiatry plan of Vorarlberg, six beds at the Provincial Hospital at Rankweil have been reserved for withdrawal patients.

8.2 Approaches and new developments

The trends described in our reports of the last few years (ÖBIG 2000, ÖBIG 2001a) have continued as far as concrete demand reduction interventions are concerned. Due to the rise in prevalence rates among young people (cf. chapter 2.2) the expansion of secondary prevention still plays an important role. Tertiary prevention sees trends towards flexible inpatient services not exclusively aimed at abstinence that may be adapted to the individual situation of the patients (cf. chapter 11). Young people in danger of addiction have become an increasingly relevant target group of new treatment and care approaches (cf. chapters 9.2 and 15.3). Here integrative aspects and accommodation (assisted housing, temporary sleeping facilities) are regarded as central necessities. In the Tyrol a group of experts has recommended to draw up a social sciences study assessing the demand for multi-faceted help services for adolescents and young adults and developing the corresponding strategies.

The increasing number of older addicts and also in adolescent drug addicts with serious psychological problems already mentioned in last year's report has continued (cf. chapters 2.1 and 15.2). Both groups need specific forms of assistance that have not yet been provided (cf. chapter 15.3). As a response to the rising number of drug addicts with multiple physical, psychological and social problems and especially cocaine addicts, the drug plan of Vorarlberg includes plans to provide specific training schemes for the staff of drug help services in addition to a specialisation in cocaine treatment and cocaine-related disorders of existing inpatient programmes.

Another aspect worth mentioning is that more and more young people have been placed under medical supervision due to violations of the Narcotic Substances Act, which has resulted in capacity problems of the drug and addiction counselling centres (cf. chapter 1.3). As immigrants are underrepresented in the drug help centres Vienna established the networking initiative Migration, aimed at assessing the demand for assistance to drug-using immigrants and coordinating relevant activities (cf. also chapter 16).

The trend towards intensified regional networking and professionalisation has continued (cf. chapter 1.1). For instance, Vienna organises regular networking meetings of all workers in the drug help centres of Vienna, and also networking meetings at the district level (e.g. regional forums). Participation in EU programmes has also become increasingly important. A number of drug help organisations take part in the EU programme Equal (Vienna Social Fund), the DAPHNE project Addiction as a chance of survival for women with experience of violence (Dialog and Streetwork of the Vienna Social Fund) and the EU project AC Company (Streetwork of the Vienna Social Fund), just to mention a few examples.

Chapters 9 to 13 give examples of various interventions in the field of demand reduction in Austria, which do not claim to be exhaustive. For more detailed presentations of individual projects and interventions please consult the reports of past years and the EDDRA database of the EMCDDA (cf. list of Austrian EDDRA projects in the Bibliography section).

9 Prevention

Prevention is of central importance in Austria, and corresponding interventions are found regarding both primary and secondary prevention. The distinction between primary prevention¹ and secondary prevention² is regarded as fundamental and is based on the principles of prevention policy established in Austria. Preventive measures are usually implemented at the local or regional levels. In this context the Addiction Prevention Units of the individual provinces play a major role. For information on the legal framework and strategies please consult chapters 1 and 8 as well as the reports of the last few years (most recent: ÖBIG 2001a). Details on expenditures with regard to prevention are given in chapter 14).

9.1 School programmes

The school sector continues to be an important setting of prevention measures. Preventing addiction has been defined as a general educational principle in the context of health promotion at Austrian schools. The majority of the prevention projects in this field focus on pupils between 10 and 18 (cf. table A23 of annex B), although the number of prevention projects carried out in primary schools is also rising. The most relevant methods of primary prevention at schools include educational theatre play and peer group education. The youth and drug counselling centre Auftrieb at Wiener Neustadt, Lower Austria, has organised drama workshops for students of the Waldegg school of tourism, apart from information and consulting hours (since 2001). In the Tyrol the dance and theatre programme *Klassenzimmerzauber* (classroom magic) for primary schools was again put on the programme of the Tyrolean Cultural Service, as it had met with much acceptance also in the past. Peer education projects are found for instance in the Tyrol, where the *fun&friends* project is being run in 19 lower secondary schools and three upper secondary schools, and in Upper Austria, where about 60 schools are already participating (ISP 2000).

The EU school programme *Gläserne Schule*, in which 40 classes from Innsbruck took part, has been evaluated in the meantime. Approximately two thirds of the students interviewed indicated that they had benefited from the prevention initiatives. 89% said they had taken considerably smaller quantities of drugs during the monitoring period. *in motion*, a project of Upper Austria, was also completed by the end of 2001 and was very favourably assessed by both pupils and teachers.

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

² Secondary prevention is oriented towards defined at-risk groups and persons who do have problems, which have not become manifest to their full extent, however. The priority target group of secondary prevention is young people.

Other developments worth mentioning are that the Working Group for Addiction Prevention of Burgenland is drawing up a comprehensive, networked model of prevention for schools in the province and that the Provincial Council of Education of Salzburg established KIS, a specific coordination centre for addiction prevention at schools. KIS understands itself as a place where pupils, parents and teachers may turn to find answers to their questions concerning prevention and drug abuse among pupils. The activities of KIS focus on training of liaison teachers and drawing up detailed guidelines concerning legal questions related to Art. 13 of the NSA.

In addition many initiatives aim at providing information on addiction, addiction careers and causes of addiction on the one hand and guidance on how to act in situations of crisis on the other. For instance Upper Austria is preparing a manual for parents (ISP 2002), and in Vienna the booklet *Schultüte* for parents of primary school children was published in five languages. Teachers all over the country have access to specific teaching materials methodically and didactically adapted to the theme of joint learning and active addiction prevention at schools, and in addition the Tyrol provides its *tools4schools* materials. Apart from this further education courses and prevention programmes such as Becoming Independent (primary prevention in primary schools) and Step by Step (secondary prevention) are organised; cf. chapter 15.3)

9.2 Youth programmes outside school

In Austria numerous primary prevention projects focusing on youth work outside schools are run (ÖBIG 1999, 2000, 2001a), e.g. the information flyer *It's up 2U*, which now also includes the subjects of heroin, cocaine and amphetamines. In the Tyrol *act it*, an educational theatre play programme for youth centres, was started. As it was very successful it will now also be used in schools. Art based empowerment is a new prevention approach, combining art and prevention. Courses in this field are organised by associations such as Kinderfreunde for the target group of persons working with children and young people (VIVID e-mail information of 4 February 2002). The prevention centre kontakt&co in the Tyrol has tried a new approach: in summer 2001 six young people, assisted by experts, studied the themes of addiction, prevention and youth work in Zillertal valley in the context of holiday jobs (SommerForschungsJob). This initiative will be repeated at a larger scale in summer 2002. The subjects dealt with are environments where young people feel comfortable, consumption, role models and concrete community projects. The results will eventually be presented to the public.

As use of legal and illegal drugs is part of adolescence, i.e. many young people are experimenting with drugs (ÖBIG 2001c), to keep up the distinction between primary and secondary prevention for this target group does not always seem appropriate. What is needed most of all is integrative measures so as to prevent young people from stigmatisation and from stumbling into the drug scene. Most adolescents in danger of becoming addicted have numerous social problems and needs apart from problem drug use, which should be put at the centre of attention and tackled by a variety of programmes and methods (cf. also chapters 15 and 16).

Secondary prevention approaches have also been intensified, however (cf. also chapter 15). For instance in May 2002 a new centre of mobile youth work/streetwork was opened in

Mödling, Lower Austria. Lower Austria plans to expand its streetwork projects to a greater number of regions in the next few years: for 2003 mobile youth work activities will be intensified at Krems and in the Waldviertel region. Vorarlberg plans to run a special secondary prevention project covering the whole province and closely cooperating with all relevant help organisations so that assistance may be provided to drug-using adolescents and young adults at the earliest possible stage. Apart from assistance and counselling with regard to project planning, in cases of crises joint actions may be taken.

At present Auftrieb, a youth and addiction counselling centre at Wiener Neustadt, Lower Austria, which provides counselling and care as well as crisis intervention, is being evaluated (cf. EDDRA). Initial results show that Auftrieb's services are accepted both by young people and parents (parents' group) and that the sociopolitical climate of the town has been influenced favourably. Discussions of young people with experts and politicians were organised, and as a result problems relating to young people and drugs have ceased to be taboo subjects (Verein Jugend & Kultur 2002).

9.3 Family and childhood

Interventions aimed at children and families in particular focus on kindergartens (cf. table A24 of annex B). This includes specific primary prevention projects for kindergarten children, such as the therapeutical support kindergarten for children of addicted parents at the Parents and Children House of Grüner Kreis, or Waldkindergarten in Burgenland. Other approaches stress further training schemes for kindergarten teachers (cf. EDDRA) and parent activities. In Styria parent talks on prevention during childhood are organised under the heading of Strong Parents – Strong Children. In autumn 2001 Lower Austria saw the start of a parents' group for relatives of young people in danger of becoming addicted, organised by the youth and addiction counselling centre Auftrieb. Since early 2002 the Addiction Prevention Institute in Vienna has taken part in the EU project Generation E – workshop for creative parent work (FSW 2002b).

9.4 Other programmes

The role of **community projects** is becoming more and more important, e.g. the model project Addiction Prevention at Trofaiach, Styria. The aim of the project was to start measures of addiction prevention that involve as many decision makers as possible and also the target group of young people, and to change approaches to legal and illegal drugs in the district of Trofaiach. An evaluation carried out in 2001 showed that the measures developed and adopted in this context met with acceptance and that the situation was eased (cf. EDDRA). The project Practical Prevention of Addiction in Communities, which was also evaluated in 2001 is aimed at training locals to become addiction prevention contacts in their communities in order to raise awareness of this issue among the inhabitants and to gather ideas for projects and implement them. However it showed that although a number of towns succeeded in training contacts they often did not have the necessary resources or support within their communities to carry out independent prevention projects (cf. EDDRA).

In Radenthein, Carinthia, further education courses and training schemes for multipliers in various occupational groups were organised in the context of a community project on prevention. In addition prevention activities focusing on children and young people were started and many locals were encouraged to take part in these efforts (Koordinationsstelle für Suchtprävention 2002). The Addiction Prevention Unit of Upper Austria organised community projects such as *1-2-free*, taking place from September 2001 to March 2002 in the district of Wels-Land. The aim of the project was information and awareness-raising of the population, in particular young people between 13 and 16, on the issues of addiction and prevention. In the context of this project a web site for young people was designed, and lectures, seminars and workshops were organised in communities, associations and youth centres, in addition to projects and action days taking place at all lower secondary schools (ISP 2002).

By now most of the regional Addiction Prevention Units and also many other drug-help and counselling centres have their own **web sites**. The web site of It's up 2U also has a discussion forum for young people. Regarding **mass media campaigns**, in summer 2002 the Vienna Social Fund started a campaign to make drug help options known to users and to raise public awareness of this issue (Wiener Zeitung of 7 August 2002). In Lower Austria a **touring exhibition** about drugs will be presented over the next two years, and as of 2003 a **telephone hotline** will be operated.

Persons performing military service have been defined as a **specific target group** for prevention. In spring 2002 the Federal Ministry of Defence adopted a number of measures in this field, after a marked rise in the number of conscripts dismissed prematurely due to repeated drug incidents (cf. chapter 2.2). The relevant interventions include intensified information on the consequences of repeated drug incidents and also training for officers acting as liaisons for conscripts. In addition the curricula of the college study programme Military Leadership and also at Theresianum Military Academy will include lessons on drug problems.

10 Reduction of Drug-Related Harm

Harm reduction plays a very important role in Austria. Many provinces plan intensified activities in this field. Reducing drug-related harm comprises a wide range of interventions addressing drug users or drug addicts. Most of these measures are not primarily oriented towards drug-free ways of life, their aim is rather to provide low-threshold assistance for drug addicts in their actual life situation and to reduce the risks and problematic consequences of drug consumption as far as possible. Therefore the corresponding measures are often referred to as accepting drug assistance, survival assistance or harm reduction. For an overview of the relevant interventions and facilities in the individual provinces see maps 10.1 and 10.2 (cf. pp. 48 and 49).

10.1 Description of interventions

Outreach work is an important service in this regard, provided primarily by streetworkers and mobile facilities. This type of intervention makes it possible to contact persons who would not turn to a counselling centre of their own accord but nevertheless need help or support (cf. table A25 of annex B). In the context of the project The Karlsplatz Issue run by Streetwork Vienna open information events are organised, where basic information is provided as a low-threshold service close to the drug scene. In 2001 ten events with the subjects of first aid, hepatitis/HIV, safer sex for men, safer sex for women and safer use took place (VWS 2002b).

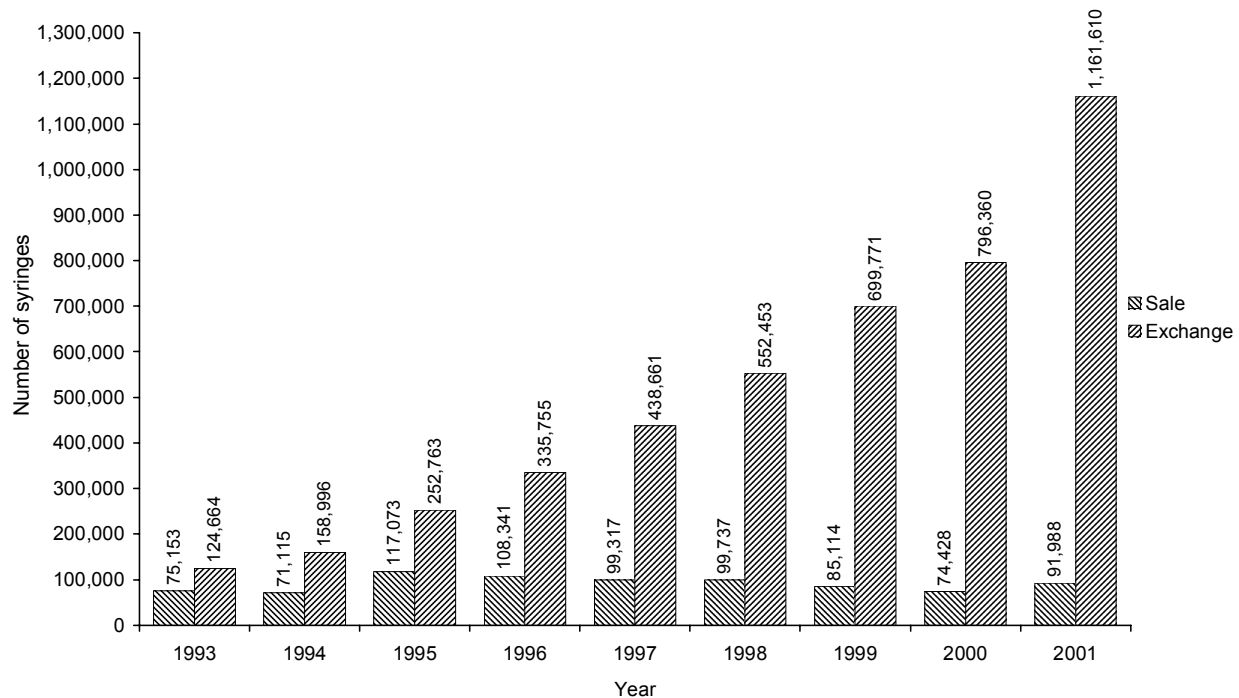
Another outreach work service is the pill testing project organised by the ChEckiT! team at events in Vienna. In 2001, subsidised by the Federal Ministry for Social Security and Generations, pill tests were also carried out in Lower Austria, the Tyrol and Upper Austria. By cooperating with local counselling centres the testers could refer persons with addiction problems directly to the staff of these facilities. High access rates registered at online counselling services in 2001 (VWS 2002e) show the important role these platforms play. In 2002 a special working group will prepare an online counselling guide. The secondary prevention aspect of ChEckiT! is also reflected in the rising number of counselling talks at raves in relation to the total number of contacts (5-minute talks).

Low-threshold centres are essential for the provision of harm reduction services. Since August 2001, in addition to Ganslwirt outpatient clinic, which for a long time has been the only drug help facility in Vienna providing medical care during weekends and on holidays, at these days now other facilities may also be contacted: the drug outpatient department of Otto Wagner Hospital provides addiction-related medical care for patients with severe addiction problems and in situations of psychosocial crisis, the doctors participating in the medical off-hours service may be consulted by patients undergoing substitution treatment, and Ganslwirt's outpatient clinic provides care for patients outside substitution programmes who need medical treatment because of acute withdrawal symptoms. Although relevant functions have now been taken over by other service providers Ganslwirt still registers very high numbers of clients during weekends (VWS 2002a).

The demand for low-threshold accommodation for drug users continues to be high. In 2001 a daily average of 20.3 clients applied for one of the 14 beds available in Ganslwirt's sleeping facility (VWS 2002a). Mentvilla at Innsbruck, the Tyrol, accommodated rising numbers of addicted adolescents and young adults in 2001 (39% were between 18 and 22 years old), which required a change in their work routine. Compared to 2000 the demand has again sharply risen, and absolute emergency admissions have slightly risen (Caritas 2002).

Preventing infectious diseases is another relevant aspect of harm reduction interventions (cf. also chapter 3.3). The most important activities in this field include information, syringe exchange, vaccination programmes and counselling with regard to safer use and safer sex. These services are usually provided by streetwork projects and low-threshold facilities. In many provinces the AIDS Assistance Service plays an active part here, for instance by running syringe vending machines. The number of syringes exchanged has again risen in the reporting period (cf. figure 10.1). In the Tyrol the Komfödros and Mentvilla drug help centres and the syringe vending machines of the AIDS Assistance Service distributed a total number of 88 339 syringes.

Figure 10.1: Number of syringes sold or exchanged in the context of the syringe distribution programme in the open drug scene in Vienna from 1993 to 2001

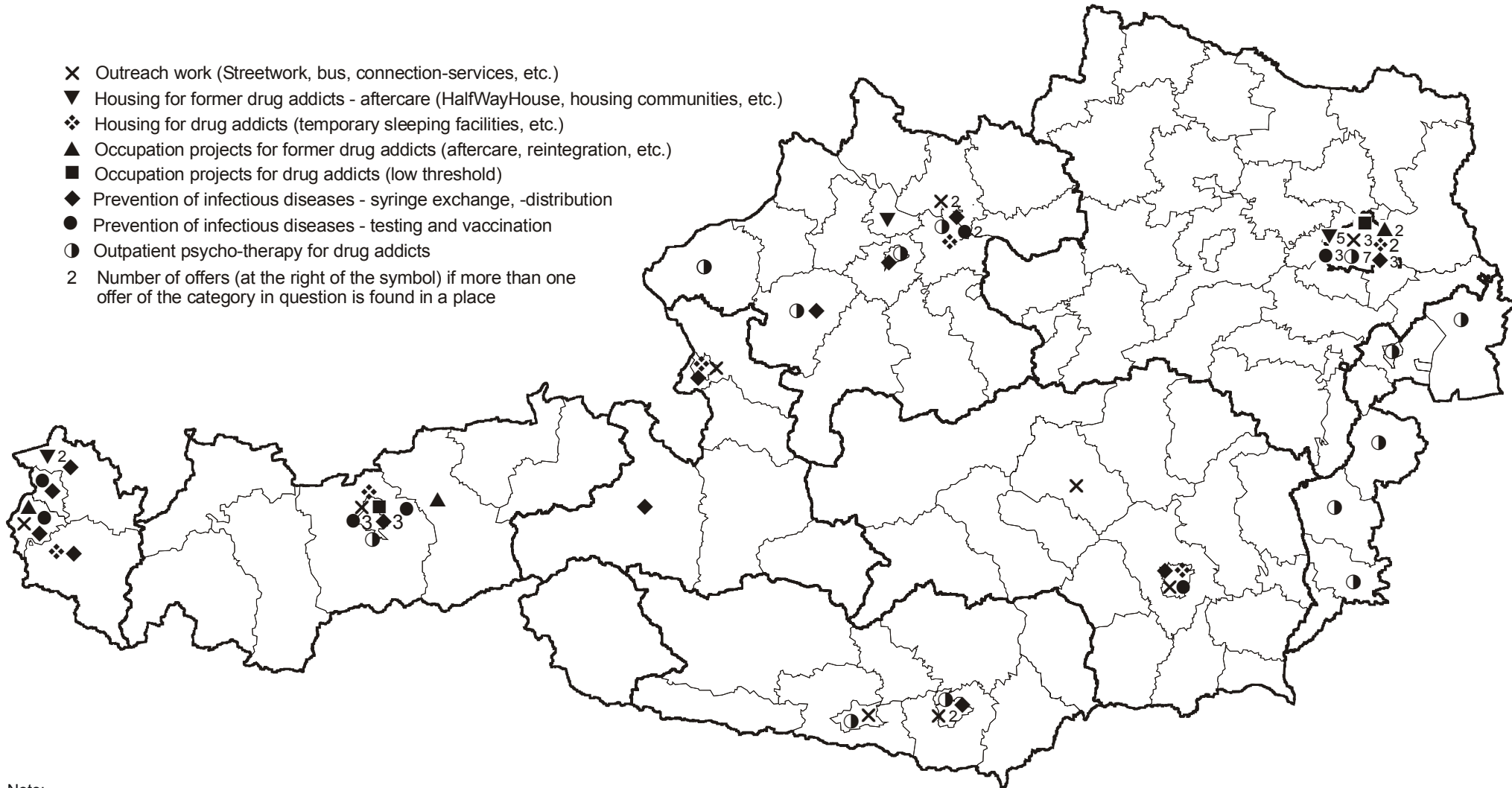


With regard to the **prevention of drug-related deaths** the CONTACT hospital connection service of Vienna is an important instrument. In 2001 a total number of 362 patients in hospital received help by CONTACT (FSW 2002d). This is a rise by 27.5% compared to the previous year. The number of first contacts rose to 442 (+22.1%), the number of contacts during hospital stays to 930 (+11.2%), and the number of contacts after hospital stays to 1 496 (+25.4%).

10.2 Standards and evaluation

For information on standards please consult the reports of the last few years and chapter 13 of this report. In 2001 a team consisting of doctors of the Vienna Social Projects Association, the association Dialog, the University Hospital of Psychiatry (Vienna University) and Baumgartner Höhe Centre of Social Medicine (Otto Wagner Hospital) agreed on a consensus from the point of view of addiction medicine on the treatment of drug users in Austria suffering from chronic hepatitis C. This consensus is based on the 5-axes model, by which existing deficits or imminent problems may be diagnosed before or during treatment and specifically tackled (Hasenöhrl und Haltmayr 2002).

Map 10.1: Specialised **offers** for treatment, counselling of and assistance to drug patients

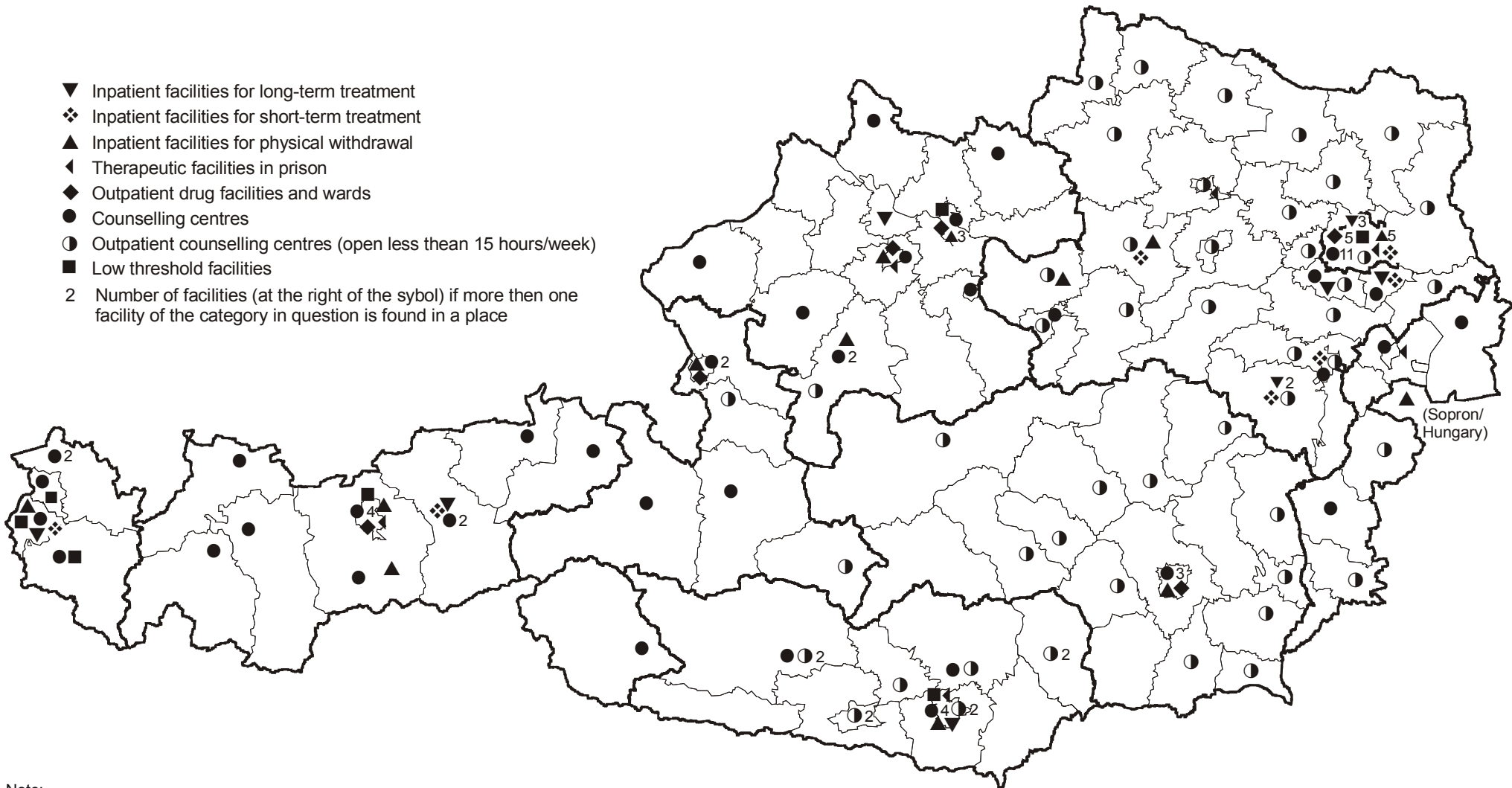


Note:

The map provides an overview of selected drug-related offers, broken down by district. The map does not specify quantitative and qualitative aspects (i.e. opening hours or number and qualification of personnel, respectively). The map differentiates by offer and not by facility (cf. Map 10.2), therefore a single facility can appear in several categories.

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2002

Karte 10.2: Specialised facilities for treatment, counselling of and assistance to drug patients



Note:

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

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2002.

11 Treatment

By now Austria has reached almost full coverage regarding treatment, counselling and health care centres (cf. map 10.2 on p. 49), although there are pronounced differences as to size and specific focus of individual centres (cf. ÖBIG 2001a). The necessary services are provided both by specialised agencies and in the framework of general health care (e.g. by psychiatric hospitals, psychosocial service centres etc.).

Generally speaking Austria provides a wide range of diversified services in both outpatient and inpatient departments. The trend towards flexible services tailored to meet specific demands has continued, so it is becoming easier to respond to individual needs of clients and take new trends into account. This tendency also shows in inpatient facilities, which by now offer a wide range of modular programmes so patients may choose the modules in which they want to take part (e.g. API, Grüner Kreis and Erlenhof - cf. ÖBIG 2001a and EDDRA).

11.1 Drug-free treatment and health care at national level

Many therapy centres provide different kinds of treatment, counselling and other forms of intervention, and there is also a number of important facilities situated between the low-threshold and treatment sectors. They provide counselling and act as links to treatment centres and also aftercare and reintegration facilities.

The association Dialog in Vienna, which celebrated its 20th anniversary in September 2001, is a good example of an outpatient centre providing a variety of services. In the context of the expert meeting *Wirkungskreise* Dialog's activities for the next few years were planned: continuation and diversification of substitution treatment (e.g. low-threshold substitution for young people), prevention and treatment of hepatitis, definition of gender-related drug work, more intensive cooperation with key actors of addiction prevention especially in the workplace, interventions related to the labour market, cooperation with established physicians, ways of dealing with problematic clients and young people and development of adequate organisational structures. As work with young people played an increasingly important role for Dialog, in autumn 2001 specific further training courses were held. In addition in autumn 2001 a one-year counselling group for partners of addicts was started (Dialog 2002).

In Carinthia, apart from a drug department, complete facilities according to Art. 15 of the NSA will be established at Villach, Spittal and Wolfsberg, and also at Klagenfurt a drug outpatient department has been planned. Lower Austria will expand its treatment services by creating four competence centres for addiction therapy. Three of these centres will specialise in alcohol problems and one in illicit drugs. In addition to inpatient departments for withdrawal or detoxification they will also house an addiction outpatient department and possibly a day-care clinic as well.

Creating forms of treatment oriented at individual needs also means that gender-related services should be provided. The essential role of such an approach is supported by the results of a diploma thesis on women undergoing treatment at the women's house of Grüner Kreis (Gruber 2002). Although many of these women did not show interest in services

specifically aimed at women before treatment started, afterwards they said that the gender aspect had been very important for therapy to be successful.

11.2 Substitution and maintenance programmes

In 2001 a feasibility study on opiate withdrawal inpatient treatment with morphine sulphate pentahydrate was carried out at the drug withdrawal department of the Hospital of Psychiatry at Hall, the Tyrol. The outcome of this study was that when patients were administered morphine, abstinence syndromes could be effectively suppressed, their craving for drugs was reduced and they were highly satisfied with this kind of treatment. Consequently the number of patients abandoning therapy was markedly reduced. Another study has shown that it is of central importance for addicts to keep up inpatient withdrawal treatment, as about 40% of the patients dropping out of withdrawal treatment did so during the first 11 or 12 days, while 90% of the persons finishing therapy as planned underwent withdrawal treatment for more than 19 days (Madlung-Kratzer und Altenstrasser 2001).

The general conditions of substitution treatment (cf. chapter 3.1 and ÖBIG 1999) have not changed. The guidelines for opioid-supported substitution treatment have been laid down in a consensus paper of the Coordination Office for Addiction Prevention and Drug Help of Carinthia and the Centre for Mental Health at the Provincial Hospital at Klagenfurt, Carinthia. These guidelines correspond to the Substitution Decree of the FMSSG and provide the prerequisites and procedures for substitution treatment. In 2002 Salzburg will establish an extramural substitution centre and implement substitution monitoring at the regional level. Parallel to this a trend towards inpatient substitution treatment has been registered (e.g. therapeutic community Seniobio of Vorarlberg).

The trend towards prescribing medicines other than methadone is continuing. In Vorarlberg roughly two thirds of all patients were already treated with other substitution substances in 2001. The preparation primarily prescribed is Substitol (35%), followed by Subutex (15%), Compensan (9%), Mundidol and Vendal (1% each) and Kapanol. Upper Austria reports a similar distribution for 2001, but Compensan and Mundidol are not used there. In the Tyrol and Vienna about half of the substitution patients are treated with methadone.

11.3 Aftercare and reintegration

Interventions aimed at aftercare and (re)integration of (former) drug addicts address both clients having undergone drug-free treatment and persons with manifest addictions. General aftercare measures (e.g. psychotherapy or counselling by social workers) are provided by many drug help centres. In addition there are specific social (re)integration services in the fields of education, occupation and housing (see also ÖBIG 1998, ÖBIG 1999, ÖBIG 2000 and 2001a). For more details on interventions in this field and their approaches see chapter 16 of this report.

Regarding **education and training programmes** it should be mentioned that in future Promente of Styria, which runs a number of job training centres preparing people with psychosocial for job reintegration, will also employ drug users with acute addiction problems. Since November 2001 the Vienna Social Fund has taken part in the EU programme Equal,

with the project drug-addicts@work. The aim of this initiative is to improve the reintegration of jobless drug patients by means of a cooperation of all drug help organisations in Vienna, the Vienna Employment Promotion Fund and the Public Employment Service of Vienna (FSW 2002b, API 2002).

The socioeconomic project Fix und Fertig of the Vienna Social Projects Association provides **employment** on a per-day basis and transition jobs. As a result of a considerable expansion in the last few years, in 2001 organisational restructuring was necessary. However, demand for the 19 per-day jobs was so high that an average of 15 persons had to be turned down every day. A total number of 57 persons work in transitional jobs and also receive counselling. 32% out of those 25 clients who completed the care programme in 2001 could be transferred to other jobs. Similar programmes are also run in the Tyrol: Abrakadabra, with 8 per-day jobs in postal dispatch, and Jobshop, offering 7 integration jobs.

Demand for **assisted housing** is also high. In Innsbruck the project 4 Walls as a Chance run by Caritas has helped to ease the situation in the temporary sleeping facility. The target group of this project is persons living in Mentlvilla, who will receive counselling by Mentlvilla staff also at 4 Walls. Housing for 12 clients is available.

12 Interventions in the Criminal Justice System

12.1 Assistance to drug users in prisons

The legal and organisational framework of drug-related interventions in prison was discussed in detail in chapter 13 of last year's Report on the Drug Situation (ÖBIG 2001a). No relevant changes have taken place in this regard.

Generally speaking there is a wide range of drug-related interventions taking place in the criminal justice system, e. g. drug-free zones, substitution treatment, drug-free treatment and prevention of infectious diseases (cf. Bundesministerium für Justiz 2002). By now 6 prisons have drug-free zones and 8 prisons have treatment departments, while syringe exchange programmes are still not being run (cf. table A26 of annex B).

The prisons and the drug help centres **cooperate** in many ways. The care services the Dialog drug counselling centre provides for were expanded in 2001. In 2002 a social work project for imprisoned addicts at the police prison of Vienna will be implemented so that not only medical but also many other needs of the prisoners may be met (Dialog 2002).

In 2001 the Diagnoses Institute of the Vienna Social Fund and the Federal Ministry of Justice concluded an agreement on treatment and care for prisoners at the Münchendorf branch of the Prison of Vienna/Favoriten. As a result group psychotherapy sessions are scheduled twice a week and substitution treatment is provided.

12.2 Alternatives to prison for drug-dependent offenders

As has already been mentioned in chapter 8, the principle of therapy instead of punishment is a central aspect of all drug and addiction plans in Austria. Alternatives to punishment are provided by the general drug help system. As a rising number of drug users, in particular young people, are referred to drug help organisations for obligatory health-related measures imposed in the context of violations of the Narcotic Substances Act, this has put considerable strain on the capacities of the counselling centres (cf. chapters 1.3 and 4.2). To tackle this problem specific (further) education and training schemes will be organised for public health officers (cf. chapter 13), so that health-related measures according to Art. 11 of the NSA will be prescribed in a more carefully directed way in the future.

12.3 Evaluation and training

Based on the guidelines for addiction prevention events organised by police officers that were adopted in 2001, a separate addiction prevention office will be established in the Federal Criminal Agency (Department II/BK/12). This office organises one-week courses for police officers working in the field of addiction prevention. Other competences in particular include regional networking and coordination of activities with the Addiction Prevention Units. In Styria the expert conference Addiction Prevention, Counselling and the Police was organised in January 2002 in cooperation with VIVID, the provincial Addiction Prevention Unit. In the context of this conference regional cooperation models were drawn up and common addiction prevention aims were defined. Similar expert conferences will also take

place in Lower Austria (autumn 2002), Carinthia, Salzburg and the Tyrol (Tauber W; personal information). In autumn 2001 a conference on the issue of addiction and drugs from the point of view of the police force was held in Upper Austria in the context of the model project PräGend (ISP 2002).

In March 2002 the evaluation of the addiction prevention work of the Criminal Police Information Service of Vienna focusing on problems with legal and illegal drugs at schools was concluded. The evaluation covered activities at two schools in Vienna, consisting of one lecture for 9th-grade students in one school and a peer education project at the other school. The results will be presented in autumn 2002.

13 Quality assurance

Quality assurance continues to play an increasingly important role in the field of drug-related demand reduction. The corresponding methods of quality assurance include guidelines for prevention work, evaluation of projects and activities as well as (further) education and training programmes.

Regarding new **guidelines**, the consensus from the point of view of addiction medicine on the treatment of drug users in Austria suffering from chronic hepatitis C described in chapter 10 deserves mention. In Styria quality guidelines for drug help centres are being drawn up, and Dialog of Vienna and the Vienna Social Projects Association take part in the EU project Addiction as a chance of survival for women with experience of violence started in December 2001. The aim of the project is to define gender-sensitive criteria for and methods of addiction work for women, taking into account the aspect of violence in the experience of organisations for the protection of women on the one hand and traditional addiction help organisations on the other (Dialog web site, July 2002).

Evaluation of projects and activities is becoming a standard instrument in the drug help sector and has already been included in many plans and programmes. However, funding for this purpose is still limited. The reporting period again saw the start or conclusion of several project evaluations, e. g. of Living Together (Institute of Drug Prevention, Vienna), Practical Prevention of Addiction in Communities (VIVID Addiction Prevention Unit), Children of Drug-Addicted Mothers (Department of Child Neuropsychiatry at Rosenhügel Hospital of Neurology, Vienna), Health Promotion and Addiction Prevention in the Workplace (SUPRO addiction prevention workshop) and the pilot project Addiction Prevention at Trofaiach (cf. also chapter 9.4).

Since October 2001 ChEckiT! has taken part in an EU project for evaluating the effectiveness of secondary prevention measures and in particular the effects pill-testing programmes have on consumption patterns and risk awareness among users of synthetic drugs (ecstasy). This project includes a comparison of drug screening programmes carried out in Vienna, Amsterdam and Hanover, which use different procedures. In addition ChEckiT! is conducting a survey of demographic variables and consumption patterns at various rave events, for which a standardised questionnaire was drawn up (cf. chapters 2.2 and 15.1). This survey will be continued in 2002 (VWS 2002e).

Another measure taken in the field of quality assurance is the **certification** according to ISO 9001:2000 of Dialog (Dialog 2002) that was achieved in 2001.

Training for professional is also a part of quality assurance and plays an important role in all related fields. Regarding youth work demand for further education and training in dealing with addiction and young people in danger of becoming addicts has been registered. The training programme Riscflecting, which has again been scheduled for 2002/3, provides opportunities to study risk behaviour and how to deal with this problem. In the Tyrol the prevention centre kontakt&co cooperates with MDA basecamp to organise further training schemes for all staff of youth organisations (join2gether). The aim is to increase competences with regard to identifying and assessing problematic developments that their young clients might ex-

perience in the context of drugs, and to draw up models for dealing with such situations (kontakt&co 2002). In Styria the Addiction Prevention Unit VIVID also organises training programmes for the staff of youth work centres outside schools. In 2002 the key subjects of these programmes are Searching for the Kick (introductory course), Merry Go Down (young people and drinking) and Rules for Rules (options for action) (VIVID web site, July 2002).

As of autumn 2002 the study programme M.S. Social Therapy – Focus on Addiction will take place at Danube University Krems. It is a postgraduate course for experts in social work, aimed at providing assistance in work with addicted patients and their relatives.

In October 2001 the Faculty of Medicine at Innsbruck University, again cooperating with the Province of Bolzano/South Tyrol, started the 3rd university study course on joint actions in the work with addicted patients. 21 persons take part in this course, which will be completed in March 2003.

ÖBIG, on behalf of the Federal Ministry for Social Security and Generations, is drawing up a plan for drug-related further education and training for five occupational groups active in this field (social workers, clinical/health psychologists, psychotherapists, physicians and public health officers; cf. also chapter 12.2), which will be available by mid-2003.

Part 4

Key Issues

14 Demand Reduction Expenditures on Drugs³

This key issues chapter deals with funds provided for drug-related demand reduction in Austria. Here only directly assignable expenditures are taken into account, while social costs incurred as an indirect consequence of drug use are not considered. As no relevant figures were available in Austria apart from an overview for the year 1997 of expenditures and services of drug facilities (Bruckner und Zederbauer 2000), ÖBIG conducted a survey on drug expenditures when preparing this key issues chapter in spring/summer 2002. The institutions that were contacted included on the one hand the most important financing sources (relevant federal ministries and departments, the provinces, social insurance funds, the Public Employment Service, the Healthy Austria Fund and municipalities that are members of the Local Government Federation), and on the other, selected drug help organisations. For more details regarding samples and return rates see the presentation of the results (cf. chapters 14.3 and 14.4). The survey covers the years 1999 and 2001. The figures for 1999 were needed for the EMCDDA and they are relevant with regard to evaluating the European Action Plan on Drugs for the period 2000–2004. In addition it was decided at the Austrian level also to include the year 2001 to obtain recent figures. In order to give a concise description both years are dealt with in this key issues chapter.

14.1 Concepts and definitions

The concept of drug-related demand reduction comprises a variety of interventions (prevention, harm reduction, counselling and care, treatment, reintegration etc.) aimed at preventing use or abuse of illicit drugs and/or reducing the corresponding health and social consequences, independent of the actors providing such services. This also includes treatment programmes in prisons or prevention activities by the police force, among other measures. In addition to expenditures on the implementation of interventions (i.e. activities directly oriented at the target group in question), expenditures on planning and coordinating demand reduction and also measures of quality assurance (evaluation, training, relevant research) have been taken into account.

Regarding financial sources a distinction between internal staffing expenses and cost of materials on the one hand and financial support to third parties on the other had to be made. In order to calculate net expenditure, revenues were also taken into consideration (cf. chapter 14.3). Expenditures of specialised organisations (prevention and drug work) have been broken down by staffing costs, costs of supervision/further training, operating expenditure, investments and other expenditures (cf. chapter 14.4).

³ We wish to acknowledge the invaluable assistance of all persons and institutions who have contributed to this survey of demand reduction expenditures on drugs.

14.2 Financial mechanisms, responsibilities and accountability

Funding for **treatment and care** is mostly provided by the federal, provincial and local governments as well as the social insurance institutions. Due to the federalist structure of Austria's health care and social systems the provinces play a central role in this regard. Out-patient drug facilities are usually financed by way of annual subsidies. Provincial funding provided for treatment in inpatient drug departments however is often based on individual approval and defined as a personal service for which daily costs are remunerated from resources of funds for handicapped persons, social or youth funds. The Health Department of the FMSSG grants annual subsidies for inpatient and outpatient departments according to Art. 16 of the NSA, on the condition that other federal, regional or local authorities also grant subsidies at least to the same amount. Funding by the social insurance institutions is available for patients who have health insurance coverage and for whom a service defined in the statutes of the respective health insurance fund is provided by a doctor or institution under contract with this insurance fund. Such services provided by established doctors are not usually defined in terms of drug help. An exception is specific medical counselling for drug patients by established doctors under contract with the Vienna Health Insurance Fund mostly in the context of substitution treatment. Doctors are remunerated for this service if they take part in special further training programmes (cf. chapter 1.5).

Treatment in hospital is funded by several different sources. In the context of an agreement between the federal and provincial governments dealing with restructuring the health care system and hospital financing for the period from 2001 to 2004, provincial funds responsible for financing all hospitals in the province that are entitled to subsidies were established. Unless exemption has been granted the patients have to contribute co-payment.

An exceptional case in this field is taking over of costs in the case of **alternatives to punishment** if this is not covered by the social insurance funds. According to the NSA the federal government shall be liable subsidiarily for cost coverage (Art. 41(1) of the NSA) if certain prerequisites are met. But as some of the provincial welfare assistance laws also include subsidiary cost coverage provisions, a negative conflict of competences between the federal and provincial governments has existed for many years (cf. ÖBIG 2001a). In 2000 the Ministry of Justice, which assumes the corresponding costs at the federal level, issued a decree (703.015/58-II 2/2000) stipulating criteria for the assessment of subsidiary cost coverage obligation on the part of the Federal Government. Based on this decree individual agreements with six drug centres have been concluded so far but what is still lacking is general coordination with the social welfare departments at the provincial level.

Expenditures on the Addiction Prevention Units and regional **prevention** programmes are almost exclusively taken over by the provincial, and in some cases also local, governments. Nationwide prevention activities both of a general nature and activities in and outside schools are financed by the Federal Government from the budgets of the competent federal ministries or departments. Prevention activities may be financially supported by the Healthy Austria Fund (cf. ÖBIG 1998, 1999). Regarding **occupational reintegration** co-financing comes from the Public Employment Service.

Generally speaking, most projects and facilities in the drug help sector receive funding from public sources. A number of projects and non-profit associations, especially in the field of occupational reintegration, raise a small part of their resources themselves by selling products or providing services in the market (e. g. postal dispatch services, renovation work). Profit-oriented enterprises have not traditionally been active in this sector in Austria. As a rule public subsidies, also from the Federal Government, directly go to the respective organisations and projects. There is no nationwide financing programme for drug-related demand reduction, which has repeatedly given rise to conflicts between the Federal and Provincial Governments.

14.3 Expenditures at national level

To get an overview of national expenditures on drug-related demand reduction the most important financial sources, i.e. federal, provincial and local governments, social insurance institutions, the Public Employment Service and the Healthy Austria Fund, have been considered in our survey. Analysis of the data obtained and the return rate show that drug-related expenditures in specialised and clearly assignable areas (in particular addiction prevention and drug-help organisations) may be covered to a satisfactory extent in this way, whereas data with regard to the corresponding expenditures in the general health care and social systems (e.g. established doctors, hospitals) can be collected with restrictions only. Therefore based on the data obtained, additional estimates and projections in particular for substitution treatment and inpatient treatment in hospitals (see further below) have been made. In some fields it was also difficult to extract expenditures explicitly spent with regard to illegal substances. For instance, primary prevention in Austria pursues a comprehensive approach (cf. ÖBIG 1998) and is not oriented at specific substances. For this area all expenditures reported were taken into account as all corresponding measures aim at preventing drug addiction, although this is not always their only goal. For other kinds of interventions however, where possible, expenditures specifically focusing on illicit drugs were considered.

These introductory remarks should make it clear that the following results regarding expenditures at various levels are rough estimates only.

At the federal level five out of a total number of eight competent ministries or departments provided information on demand reduction expenditures (cf. table 14.1), including the Health Department of the FMSSG and the Federal Ministry of Justice as the two major financial sources. The Health Department sent a comprehensive description, while the Ministry of Justice was able only to make available expenditures related to subsidiary cost coverage according to Art. 41 of the NSA (therapy instead of punishment, see above) and expenditures of the Prison of Vienna/Favoriten, which specialises in addiction treatment. So what is lacking is information on expenditures with regard to other drug-related interventions in the criminal justice system – prevention, substitution treatment, therapy departments, infection prophylaxis etc. (cf. table A26 of annex B) – and interventions in the field of probation assistance. The Youth Department of the FMSSG and the Education Department of the FMESC, which provide funding for primary prevention and related measures of quality assurance, were able to report only those expenditures that are explicitly used for drug or addiction purposes.

Three Ministries or Departments (Interior, Defence, Family Affairs) did not provide information. Relevant expenditures in the Ministry of the Interior are spent for prevention work by police officers, treatment and counselling in police prisons (cf. chapter 12) and young men performing civilian service who work in drug help centres. The Ministry of Defence spends rather small sums in the context of prevention measures, and the Family Department subsidises family counselling centres, some of which also work in the field of drug help.

Table 14.1: Federal demand reduction expenditures on drugs in 1999 and 2001

Area	1999 (EUR 1 000)	2001 (EUR 1 000)	Ministry/Department ¹
Primary prevention	365.9	173.7	Health, Youth, Education
Outreach work	207.0	198.9	Health
Substitution treatment ²	132.6	141.7	Health
Outpatient departments	1 152.3	1 047.4	Health
Inpatient departments	373.5	344.5	Health
Therapy instead of punishment ³	4 433.1	2 986.8	Justice
Treatment in prison ⁴	3 035.9	2 938.1	Justice
Quality assurance	347.7	461.9	Health, Youth, Education
Other expenditures ⁵	319.5	335.4	Health
Overall expenditures (EUR 1 000)	10 367.5	8 628.4	

¹ Ministries and departments providing information on expenditures in this field.

² Expenditures on narcotic drug prescriptions in the context of substitution treatment.

³ Expenditures in the context of subsidiary cost coverage according to Art. 41 of the NSA.

⁴ Expenditures on the Prison of Vienna/Favoriten, which specialises in treatment of addicted prisoners. The estimate of expenditures on addicted clients is based on the overall expenditures for this prison, with a share of 25% legal and 75% illegal drug users. For this purpose overall expenditures and not only drug-related additional costs have been taken into account. Expenditures on prevention and treatment in other prisons have not been available (cf. table A26 of annex B).

⁵ Other expenditures comprise a number of additional expenditures (staffing costs, travelling expenses, refunding of urinalysis costs according to Art. 12 of the NSA) in the Department of Health.

Sample: ÖBIG sent the questionnaire to those eight Ministries or Departments (Health, Youth, Family, Education, Science, Justice, Interior and Defence) where expenditures related to demand reduction expenditures on drugs may incur. Five Departments or Ministries (Health, Youth, Education, Science and Justice) took part in the survey, and one of these Departments (Science) reported no expenditure on drug-related demand reduction.

Source: survey by ÖBIG, spring/summer 2002

An analysis of the data provided shows that a large part of federal demand reduction expenditures on drugs are used for the treatment sector (cf. table 14.1). At the federal level no specific revenues in this field were indicated. As a few departments and ministries did not supply data, and some expenditures were not registered completely, the overall expenditures at the federal level are estimated to be considerably higher than the amounts of EUR 10.4 million and EUR 8.6 million, respectively, that are given in our survey. The decline of federal funds explicitly used in the field of drugs from 1999 to 2001 may be explained by budgetary economies (cf. ÖBIG 2000), which also led to a reduction of drug-related funds.

Due to the federalist structure of Austria's health care and social system the provinces play a central role with regard to expenditures in the field of drugs (cf. chapter 14.2). All nine provinces took part in the survey, but only four provinces (Lower Austria, Salzburg, Upper Austria and Vorarlberg) provided data on both 1999 and 2001. This data was used as a basis for estimates of the expenditures by the rest of the provinces or in the years for which no information could be supplied (cf. table 14.2). The returned questionnaires show that expen-

ditures in fields not explicitly related to drugs (e.g. emergencies, ambulance services needed) or hospital treatment (see below) often could not be specified for the purposes of our survey.

Table 14.2: Demand reduction expenditures on drugs by the provinces in 1999 and 2001

Area	1999 (EUR 1 000) survey	1999 (EUR 1 000) estimate ¹	2001 (EUR 1 000) survey	2001 (EUR 1 000) estimate ¹
Primary prevention	1 383.0	1 627.9	3 161.3	3 273.3
Outreach work and harm reduction ²	1 112.8	2 875.0	5 236.7	5 273.4
Outpatient departments	3 549.4	6 021.5	6 570.1	6 574.9
Inpatient departments	4 208.1	5 817.0	11 709.4	11 857.1
Reintegration	254.7	1 164.2	1 031.2	1 031.1
Quality assurance	90.1	236.9	447.6	492.8
Other expenditures ³	137.3	155.0	151.8	155.1
Overall expenditures (EUR 1 000⁴)	10 735.4	17 897.5	28 308.1	28 657.7

¹ Not all provinces supplied data for both years (see sample). Therefore based on the average increases (or decreases) in expenditures of those four provinces that communicated data both for 1999 and 2001, figures for all nine provinces in the individual areas were estimated.

² As it was not possible in a few provinces to distinguish between expenditures on outreach work and on harm reduction the figures for these two groups have been summed up in one area.

³ Other expenditures give the sum of additional measures (e.g. drug and addiction coordination, secondary prevention, self-help, competition, other expenses) that were indicated only sporadically.

Sample: ÖBIG sent the questionnaire to all nine provinces. Five provinces (Burgenland, Lower Austria, Salzburg, Upper Austria and Vorarlberg) communicated data for 1999, seven provinces (Lower Austria, Salzburg, Styria, Upper Austria, the Tyrol, Vienna and Vorarlberg) provided data for 2001, and four provinces (Burgenland, Carinthia, Styria, Upper Austria) also supplied data for 2000. The latter was taken into account for data analysis regarding the years 1999 and 2001 in the case of those provinces that did not supply information on the respective years. However, in our projections these figures were corrected correspondingly. For the Tyrol and Vienna only data for 2001 was taken into account, and the projection gives correspondingly adjusted figures.

Source: survey by ÖBIG, spring/summer 2002

Also at the provincial level a considerable share of expenditures go to the treatment sector, however the differences between the individual fields of interventions are not as pronounced. The respondents indicated relevant revenues (mostly transfer payments) amounting to approximately EUR 133 900 (1999) and EUR 183 300 (2001), respectively. These receipts were subtracted from the expenditures. With the exception of Vienna, at the provincial level distinctions according to cost type were made in most cases. The focus of expenditures is clearly placed on financial support to third parties. Regarding the proportions of funds used to cover internal staffing costs and cost of materials on the one hand and financial support to third parties on the other (1999: 8%, 2% and 90%), the percentages used for financial support to third parties was further increased in 2001 (5%, 1% and 94%). The actual overall expenditures at the provincial level are likely to be higher than the sums indicated in the survey (roughly EUR 17.9 million and EUR 28.7 million, respectively). The rise from 1999 to 2001 seems very high, which on the one hand could be due to the fact that resulting from the method used the expenditures of 1999 were underestimated (cf. also chapter 14.5), but on the other hand this rise obviously also reflects considerable actual increases in funding by the provinces (cf. chapter 1.5).

Local governments (municipalities) also provide remarkably high funds for demand reduction. As Austria has as many as 2 359 municipalities, not all of them could be covered by our

survey. For our sample we selected those 189 municipalities that are members of the Local Governments Federation (cf. table 14.3), where due to larger populations significant expenditures used on drug-related demand reduction are more likely. A total number of 50 municipalities took part in the survey, and 31 of them did not register drug-specific expenditures in the relevant two years.

Table 14.3: Demand reduction expenditures on drugs by Austrian municipalities in 1999 and 2001

Area	1999 (EUR 1 000)	2001 (EUR 1 000)	Number of municipalities	
			1999	2001
Primary prevention	257.0	385.3	8	7
Outreach work	163.2	288.0	6	7
Harm reduction	60.3	63.0	2	2
Outpatient departments ²	264.0	294.2	7	8
Inpatient departments	18.2	86.1	1	2
Reintegration	11.4	10.5	2	2
Quality assurance	2.7	42.8	2	2
Other expenditures ³	327.1	12.6	5	3
Overall expenditures (EUR 1 000)	1 103.9	1 182.5	17	17

¹ Number of municipalities indicating expenses in the individual areas .

² Expenditures on substitution treatment by a municipality are listed under outpatient departments.

³ Overall expenditures also include (rather insignificant) expenditures for emergencies as well as expenditures that could not be assigned (a few municipalities did not distinguish between intervention areas but only provided data on overall expenditures).

Sample: The Local Governments Federation sent the questionnaire to all 189 members, which include all towns of 10 000 inhabitants or more and approximately 60% of the towns between 5 000 and 10 000 inhabitants. 50 municipalities took part in the survey, and 31 reported no demand reduction expenditures on drugs. 2 out of the remaining 19 municipalities registered demand reduction expenditures in only one of the two years surveyed. Expenditures by the municipality (= province) of Vienna are listed under provincial expenditures.

Source: survey by ÖBIG, spring/summer 2002

A rather high number of municipalities reported expenditures on primary prevention, outreach work and outpatient facilities. These areas of activities also account for most of the funds. Revenues (primarily transfer payments) amounting to approx. EUR 320 600 (1999) and 283 600 (2001), respectively, were indicated, which were subtracted from the expenditures. Compared to the provinces the apportionment of funds according to internal staffing expenses and costs of materials on the one hand and financial support to third parties on the other (1999: 43%, 19% and 35%; 2001: 24%, 15% and 61%) is more evenly balanced in the municipalities, but here also the share of financial support had risen in 2001. As in the case of the provinces compared to previous years the municipalities have increased their demand reduction expenditures on drugs. The overall expenditures of all municipalities in Austria are likely to be noticeably higher than the sums reported by the 50 municipalities taking part in our survey (i.e. approx. EUR 1.1 million for 1999 and EUR 1.2 million for 2001).

A relevant share of drug-related expenditures incurred in the context of the general health care system are covered by the social insurance funds. This in particular applies to substitution treatment (for more details see ÖBIG 1999) and inpatient treatment in hospitals (cf. chapter 14.2 and below). 21 out of a total number of 22 health insurance funds took part in the survey (cf. table 14.4). However, many health insurance funds could provide information only to a limited extent as drug-related data is not collected separately in most cases. For in-

stance, only Vienna explicitly provides remuneration for the service of specific medical counselling for drug patients by established doctors (cf. chapter 14.2), so the corresponding payments may be identified as drug expenditures. In addition substitution patients in Austria are often prescribed prolonged-action morphines, which also play an important role in the context of pain treatment and thus do not necessarily come under drug expenditures. Still, with regard to substitution treatment sufficient data was available to permit at least a projection and thus a more exact estimate.

Table 14.4: Demand reduction expenditures on drugs by the health insurance funds in 1999 and 2001

Area	1999 (EUR 1 000) survey	1999 (EUR 1 000) estimate	2001 (EUR 1 000) survey	2001 (EUR 1 000) estimate
Substitution substances ¹	1 392.7	1 669.1	3 539.7	4 349.3
Substitution – other costs ²	767.8	1 207.8	1 209.1	1 946.8
Inpatient treatment in hospital ³	1 357.7	6 646.2	1 179.8	7 401.6
Other expenditures ⁴	481.5	481.5	436.6	436.6
Overall expenditures (EUR 1 000)	3 999.7	10 004.6	6 365.2	14 134.3

¹ The figures given refer to those substances that may be assigned to substitution treatment as explicitly as possible (methadone, Subutex, Substitol). As a few provinces could not extract their corresponding expenditures, projections based on the available data and the number of substitution clients were made.

² These figures primarily relate to expenditures on counselling services for substitution patients provided by established doctors. These expenditures could be specifically identified and thus extracted only for Vienna (remuneration of specific medical counselling for drug patients by established doctors). Based on the expenditures and patients registered in Vienna and the number of substitution patients in the individual provinces, the expenditures of the other provinces were estimated.

³ In the estimate regarding expenditures for inpatient treatment in hospitals 40% of the calculated costs of inpatient drug-related treatments in hospitals were taken into account.

⁴ This group summarises a number of expenditures (psychotherapy, outpatient treatment in hospitals, outpatient treatment in drug facilities, other expenditures with regard to established doctors etc.) as each of these cost types was indicated by only one health insurance fund. No comparison figures were available in this field so no projection was made.

Sample: The Main Association of Austrian Social Insurance Institutions sent the questionnaire to all 22 health insurance funds. 21 of them took part in the survey, 7 of which reported no expenditures on drug-related demand reduction, while two other replied that drug-related expenditures could not be identified.

Source: survey by ÖBIG, spring/summer 2002

In addition to the survey drug-related expenditures on inpatient treatment in hospitals were also calculated, as the financial sources taken into account could not provide these data to a sufficient extent. The calculation of the corresponding expenditures is based on hospital days of patients with drug-related main diagnoses in 1999 and the average expenses of those hospital departments where drug patients are most frequently treated. The data for 2001 was projected taking into account increases from 1999 to 2000. In 1999 a total of 76 148 hospital days could be assigned to drug-related main diagnoses, which corresponds to an estimated expenditure of approximately EUR 16.6 million. Estimates for 2001 are roughly 80 000 hospital days and expenditures of about EUR 18.5 million. Approximately 40% of the costs are taken over by the social insurance funds, however, a more detailed breakdown by other financial sources is not possible (cf. chapter 14.2).

Problems with data assignment not only concern expenditures but also revenues. A number of health insurance funds reported receipts, mostly in the form of prescription fees, but the respective amounts, i.e. approximately EUR 6 900 (1999) and EUR 15 000 (2001), obviously are too low to be realistic. The estimated overall expenditures of health insurance funds

markedly rose from roughly EUR 10 million in 1999 to approximately EUR 14.1 million in 2001. Apart from inpatient treatment in hospitals, substitution treatment also accounts for an important share in expenditures.

Regarding occupational reintegration of drug users and addicts the Public Employment Service (AMS) is a significant provider of funding. The federal office of AMS sent the questionnaires to the nine provincial offices, six of which (Burgenland, Lower Austria, Styria, Upper Austria, Vienna and Vorarlberg) took part in the survey. It has already been mentioned that the expenditures indicated (with the exception of Vorarlberg) only refer to financial support to drug-related projects, as regarding financial support to persons (i.e. personal funding provided either to enterprises or the person in question) and subsidies for labour costs one cannot usually specify which share is used for drug-related work. Calculated on this basis the drug-related expenditures of the Public Employment Service amounted to EUR 3.1 million in 1999 and EUR 3.6 million in 2001.

The Healthy Austria Fund subsidises health promotion measures, which also include addiction-preventing interventions and quality assurance measures in this field. In 1999 the Fund spent approximately EUR 0.3 million on drug-related demand reduction, and in 2001, about EUR 0.2 million.

14.4 Expenditures of specialised drug centres

The expenditures of specialised drug centres have been estimated on the basis of a sample. The FMSSG sent the questionnaire to those centres that receive subsidies according to Art. 16 of the NSA (cf. table 14.5). For our analysis data on roughly 45 centres⁴ was available, which covers a cross-section of the different kinds of services provided (prevention of addiction, outreach services, harm reduction, inpatient and outpatient treatment, counselling, reintegration). However, the results obtained do not give a complete picture regarding expenditures but still provide an overview of the structure of expenditures and the different financial sources of these centres. In order to avoid double counts the expenditures of specialised centres were not taken into account when the overall expenditures on drug-related demand reduction were calculated (cf. chapter 14.5).

10% of the calculated overall expenditures of approximately EUR 18.0 million and 20.7 million respectively (cf. table 14.5) go to the Addiction Prevention Units, 25% to outpatient centres for counselling, care and treatment, 45% to inpatient departments, and the remaining 20% to organisations focusing on outreach work, low-threshold intervention and reintegration.

The major part of the expenditures of specialised centres is used for staffing costs and especially staff directly working with the target group (clients; cf. Table 14.5). This structure of expenditures has not significantly changed over the years investigated in our survey.

⁴ According to a survey by ÖBIG (cf. ÖBIG 2001b), in 2000 Austria had approximately 160 drug help centres (in addition to the eight Addiction Prevention Units). Our sample includes many, though by far not all, important service providers in this field.

Table 14.5: Expenditures of drug-help centres by cost type in 1999 and 2001

Cost type	Expenditures in 1999 (EUR 1 000)	Expenditures in 1999 (%)	Expenditures in 2001 (EUR 1 000)	Expenditures in 2001 (%)
Staffing costs – total ¹	12 357.4	68.7	14 121.3	68.2
<i>of these: for work with clients</i>	9 867.3	54.8	11 293.5	54.5
<i>of these: other fields (administration etc.)</i>	1 202.1	6.7	1 358.8	6.6
Supervision/further training	147.5	0.8	173.7	0.8
Building expenses and related running cost	922.5	5.1	1 039.5	5.0
Operating expenses ²	1 851.7	10.3	2 065.6	10.0
Investments	590.8	3.3	576.8	2.8
Other costs ²	2 120.0	11.8	2 745.7	13.2
Overall expenditures (EUR 1 000)	17 989.9	100.0	20 722.6	100.0

¹ Total staffing costs are higher than the sum of staffing costs directly related to client work plus other staffing costs (e.g. for administrative staff), as a number of facilities could only provide information on overall staffing costs.

² In a number of facilities operating expenses or other expenditures include all costs apart from staffing costs. So the relevant figures given here are somewhat higher than in reality.

Sample: The FMSSG sent the questionnaire to all prevention centres and drug help facilities that receive annual subsidies by the FMSSG according to Art. 16 of the NSA (cf. chapter 14.2). 30 out of a total number of 39 centres took part in the survey. As a number of them also provided data on facilities not subsidised by the FMSSG or on the overall expenditures of various centres, information on approximately 45 drug help centres was available. Two centres only communicated data on the year 2001, and the figures for 1999 were calculated on the basis of the average data of the other centres, taking cost types into account.

Source: survey by ÖBIG, spring/summer 2002

The analysis of revenues (cf. table A27 of annex B) shows that the drug help centres receive funds from a large number of different sources and authorities. In this context the provinces play the most important role, accounting for approximately 46% of the receipts of the centres, however also the provincial hospital financing funds (Hospital Funds), the social insurance institutions and a number of federal ministries (especially the Ministry of Justice, due to subsidiary cost coverage according to Art. 41 of the NSA) provide relevant contributions in particular with regard to inpatient treatment. Comparison of the two years of reference shows a decline in federal funding (cf. also chapter 14.3), while receipts coming from other financial sources have risen.

14.5 Conclusions

As this was the first survey of public expenditures on drug-related demand reduction carried out for Austria a number of problems arose (cf. chapters 14.3 and 14.6). In order nevertheless to give a rough estimate of total expenditures it was necessary to estimate expenses in some fields. Calculations on this basis show overall expenditures on drug-related demand reduction amounting to at least EUR 52.3 million in 1999 and at least EUR 66.8 million in 2001 (cf. table 14.6). By far the largest share is accounted for by counselling, care and treatment. This is primarily due to high costs of inpatient treatment. The largest share of expenditures are financed by the provinces (cf. table A28 of annex B).

Table 14.6: Overall demand reduction expenditures on drugs in Austria by area in 1999 and 2001

Area	1999 (EUR 1 000)	Percent	2001 (EUR 1 000)	Percent
Primary prevention	2 477.1	4.7	4 009.3	6.0
Outreach work and harm reduction ¹	3 305.7	6.3	5 825.0	8.7
Counselling, care and treatment ²	40 770.4	78.1	50 736.8	76.0
Reintegration	4 296.6	8.2	4 667.2	7.0
Quality assurance	662.1	1.2	1 016.3	1.5
Other expenditures/not assignable ³	801.4	1.5	501.4	0.8
Overall expenditures (EUR 1 000)	52 313.3	100	66 756.0	100

¹ This group includes expenditures for outreach work, harm reduction, low-threshold centres, temporary sleeping facilities etc. and emergencies.

² This group includes expenditures for inpatient and outpatient departments, substitution treatment, interventions with regard to therapy instead of punishment, treatment in prisons, inpatient treatment in hospitals and other expenditures by health insurance funds. Double counts have been excluded here.

³ Other expenditures also include expenditures by some local authorities that could not be specifically assigned as no distinction between areas of intervention was made but only figures on overall expenditures were provided.

Note: For calculating overall expenditures the results of the projection and not the data collected were used. For further details regarding sample, rate of return and projection see chapter 14.3. Expenditures by drug-help centres (cf. chapter 14.4) were not taken into account when calculating overall expenditures in order to avoid double counts.

Source: survey by ÖBIG, spring/summer 2002

The study by Bruckner and Zederbauer (2000) gives estimates of expenditures on prevention and drug help in 1997 amounting to EUR 53.1 million. This roughly confirms our estimates but also indicates that the expenditures for 1999 are likely to be higher, as provincial expenditures in this year were rather underestimated (cf. chapter 14.3). So a corrected estimate taking this factor into account indicates demand reduction expenditures on drugs of approximately EUR 60 million in 1999 and EUR 67 million in 2001.

In order to illustrate the actual significance of these figures the calculated overall expenditures will also be related to other expenditures. According to the study by Bruckner and Zederbauer (2000) expenditures for criminal prosecution with regard to drugs (police and judicial authorities) amounted to approximately EUR 96.7 million in 1997. As reports to the police and also convictions have risen (cf. chapter 4.2) by now expenditures in this field seem to have gone up considerably, so one may assume that compared to demand reduction, expenditures on repressive interventions tend to be about twice as high. The proportionalities may also be shown by comparison to social expenditures according to ESSPROS, which includes health and social expenditures. In Austria approximately EUR 54.7 million were spent in this field in 1999 (Statistik Österreich 2002). This means that expenditures on drug-related demand reduction account for only 0.1% of overall social expenditures.

14.6 Methodological information

Data with regard to demand reduction expenditures on drugs are not traditionally collected in Austria, so routine data has not been available so far. Only a few years ago, the first and only study on this subject was drawn up, providing figures on expenditures in 1997 (Bruckner und Zederbauer 2000). Although not all areas are covered this study is a good basis for further investigations.

As no data for the years 1999 and 2001 was available ÖBIG conducted a survey especially for this key issues chapter. What was encouraging was the readiness to take part of the organisations and authorities contacted, so in spite of methodological problems and restrictions it has been possible to provide a rough estimate of the total expenditures. Generally speaking the procedure of data gathering has proved its worth. A more exact analysis would have taken considerably more time and exceeded the resources available for drawing up this key issues chapter.

In order to gather experience for future work in this field, the questionnaires included a page for comments, which some of the respondents used for replies. The main aspects pointed out were problems of distinguishing between expenditures for legal and illegal substances, so often shares of the respective drug clients in the total number of patients were used as a guideline for cost assignment. Another problem is that it is often very difficult, and sometimes impossible, to identify drug expenditures in fields that do not exclusively focus on illicit drugs where expenses are not usually broken down in this way. Regarding substitution treatment and inpatient treatment in hospitals, however, reliable results may be obtained on the basis of cost estimates.

In the context of this survey the wish was expressed to develop standards for future routine data collection, as major problems generally arise when subsequent surveys have to be conducted. In the next few months this will be organised in cooperation with national partners, on the basis of the experience made in the context of this year's survey and analysis. What would also be interesting is a discussion of standards in the European Union so as to improve comparability of data at the European level.

15 Drug and Alcohol Use Among Young People

This key issues chapter focuses on the trends of drug use among young people. In accordance with the guidelines of the EMCDDA it was attempted to limit the age group to 12 to 18 year olds (cf. table A29 of annex B) and to further distinguish between young people of 12 to 14 and 15 to 17 years of age. However, this was only possible for part of the available data. Therefore studies and data not exactly limited to the above mentioned age group, which nevertheless provide interesting insights as to drug trends among young people, are also included. The survey concentrates on illegal substances. In order to render a more comprehensive view of the consumption of addictive substances among young people, reference is also made to the use of legal drugs, especially alcohol.

15.1 Prevalence, trends and patterns of use

In Austria there are three relevant groups of young drug users:

- The first group is young people who have tried – mostly single/individual – substances at one time or other, without repeating this experience.
- The second group is young drug users experimenting intensively with various substances over a prolonged period of time. In most cases the consumption of drugs is limited to this specific period in their lives without leading to problem use or addictive behaviour.
- The third (and smallest) group shows massive drug abuse patterns already at an early age, in most cases linked to substantial social and psychological problems.

Data on the first group of young experimental drug users is available from a number of surveys (cf. table A1 of Annex B). The most recent information comes from a survey of schools in the province of Burgenland, a study on young people in the city of Graz, Styria, and data on cannabis use included in the HBSC survey (cf. also chapter 2.2).

In spring 2001 a survey regarding legal and illegal drug use among a total of 1 078 respondents aged between 12 and 19 was carried out at 22 schools in Burgenland (Schönfeldinger 2002). Apart from alcohol (97%) and nicotine (47%) the respondents primarily indicated to have tried cannabis and poppers (20% respectively) at one time. High prevalence rates were found for the experience of biogenic drugs, followed by ecstasy (4%), speed and hallucinogens (3%), cocaine (2%) and heroin (1%). The survey reveals marked age and gender differences. 11% of the responding 12 to 14 year-olds indicate experience of at least one illegal substance, the corresponding value for the group aged 15 to 19 is 29%. Experience of poppers and biogenic drugs, however, is indicated somewhat more frequently among the younger age group (25%) compared to the older one (22%). Reports of regular alcohol and nicotine use are more frequent among older adolescents. Approximately half of the younger and 85% of the older age group responded to have been drunk at least once. In both age groups experience of illegal substances and the incidence of regular alcohol use is higher among the young men compared to the young women. The respondents indicated that they used drugs primarily in the company of close friends, and solitary use was rarely practised. In the course of the Austrian survey within the framework of the international WHO project.

entitled Health Behaviour in School-aged Children (HBSC) dealing with the state of health and health behaviour/management among the target group, in 2001 data on cannabis consumption was collected for the first time (cf. Dür und Mravlag 2002). Out of the total number of respondents aged 15 (1 292), 8% indicated to have used cannabis once or twice, another 6% at least three times. Intoxication caused by alcohol was reported by 11.2% of the 13 year-olds and 17.2% of the 15 year-olds.

A study carried out in Graz, Styria in spring 2002 (cf. chapter 2.2), in the course of which 515 adolescents and young adults aged 12 to 25 were surveyed (X-Sample 2002), generally showed a higher prevalence of illicit drugs. However, the difference becomes somewhat less marked when narrowing down the age groups. Illegal drug use is insignificant among the 12 to 13 year-olds, and experience of drugs is limited to cannabis on a small scale (3.4 %). For all substances there is a substantial increase of indicated drug use with age, the most relevant substances being cannabis (40% among the respondents aged 14 to 15), natural drugs (19%), party drugs and poppers (9% each). Regarding multiple drug use alcohol and cannabis is named as the most frequently used mixture.

The representative surveys organised by the Institute for Social and Health Psychology in Carinthia, Lower Austria and Vienna among a total number of 4 668 respondents aged between 13 and 18 years in the period from 1996 to 1998 (Bohrn und Bittner 2000) also demonstrated a clear correlation between the use of legal and that of illegal drugs. To give an example, 34.6% of the respondents reporting to drink alcohol several times a week also indicate experience of cannabis. Similarly, there is an increased readiness/propensity/inclination towards trying ecstasy among users of other legal or illegal substances.

Data for the second group of young people is available from several studies focusing on specific youth cultures, which do not claim to be representative. A study on the significance and use of psychoactive substances among young people in Austria (Springer et al. 1999) surveyed 200 respondents between 14 and 23 years of age from four different backgrounds: ravers, fun sports, youth associations and a control group. According to the indications by the respondents, the raver group had the strongest tendency to experiment with legal and illegal drugs (e.g. alcohol 94%, cannabis 82%, ecstasy 64%, stimulants 54%, cocaine 42%, LSD 40%, sedatives 20%). The fun sports group ranks second (alcohol 100%, cannabis 76%, ecstasy: 10%, stimulants 20%, cocaine 22%, LSD 24%, sedatives 26%), while the other two groups tend less towards illicit drug use. Concerning the use of alcohol, however, they are at the same level as the ravers and fun sports groups. 96% of the youth association group and 94% of the control group indicated to consume alcohol. The value for all illegal substances decreased markedly in all groups when they were asked to indicate consumption within the preceding three months. While for cannabis, occasional solitary use at home was indicated, ecstasy, stimulants, cocaine, LSD and other drugs were consumed among friends, particularly at rave parties, and stimulants were used specifically to fight/prevent exhaustion.

Data on the experience of use and behaviour of rave attenders was also collected in the context of the pilot project ChEckiT! in Vienna (cf. chapters 2.2 and 15.3) and the EU project Drug affinity of young persons in the techno party scenes of European cities. The 346 respondents surveyed in the ChEckiT! study reported experience of a variety of legal and illegal drugs (alcohol 98%, nicotine 94%, cannabis 73%, speed 56%, ecstasy 53%, LSD and poppers 40%, cocaine and smart drugs 30%). Regarding consumption patterns it turned out

that speed, ecstasy, LSD, cocaine and smart drugs were used preferably among friends at rave events and in clubs. One remarkable finding was that in comparison to representative studies, consumers of synthetic drugs used more nicotine and cannabis than average, but only half the amount of alcohol compared to their peers. Among the responding ravers multiple drug use is very common, but there is a certain amount of caution regarding the simultaneous use of several substances (Kriener et al. 1999).

In the course of the EU study (Tossmann et al. 1999) techno events were investigated both in Vienna and in the province of Vorarlberg, in order to obtain complementing data for more rural areas. The results for Vienna are similar to and comparable with those of ChEckiT! in many respects. The consumption experience for individual substances is also approximately at the same level, with the exception of ecstasy and speed, for which experience is reported by markedly fewer respondents (below 40%). This is hardly surprising, considering that the ChEckiT! questionnaires were filled in by persons interested in the project (and particularly in having the quality of their pills tested). In Vorarlberg the figures for experience of illegal drugs were generally much lower (cannabis 59%, ecstasy 32%, speed 26%, hallucinogens 23%, cocaine 16%). It was also shown that users in Vorarlberg have less affinity towards poly-drug use and are more cautious regarding simultaneous use of various substances.

However, it should be pointed out once more that these surveys result from investigations of specific youth cultures and do not claim to be representative. Moreover, not only adolescents but also young adults were included. Still, their findings have yielded remarkable insights into the consumption patterns of young people, so they were included in the absence of more specific data.

Data concerning the third group, problematic drug users or drug addicts, is even more scarce. According to a prevalence estimate carried out for 1995, the number of problem opiate users was 4 000 in the age group between 15 and 24, with a presumable majority in the older age group (cf. Uhl und Seidler 2000). On the whole a stable situation is reported for the number of young problem drug users in Austria, with regional variations however. The trend towards abuse of stimulating substances in the context of poly-drug use registered in last year's report appears to apply especially to young people. At the therapy community Grüner Kreis (Muhr 2002), use of ecstasy has been found among young clients (50.4%) prior to therapy to a significantly higher degree than among adults (23.8%). This third group of young drug users is also the only one where intravenous consumption patterns can be expected to be of any relevance.

According to a survey conducted in the Tyrol (Schüßler et al. 2000) the high-risk group of young people who massively abuse drugs for the greatest part does not consist of pupils. In the course of an ÖBIG study on young people in danger of becoming addicted that was based on the analysis of relevant literature and expert interviews (ÖBIG 2001c), the common denominator for the various psychological and social risk factors turned out to be lack of care, structure, orientation and positive relationships as well as perspectives for the young people in question. What was found to lead to addiction in this context was an accumulation of problem situations in connection with lacking resources (protective factors) rather than individual risk factors (cf. also chapter 16.1).

Some of the surveys that have been mentioned include motives for use, attitudes towards drugs and risk assessment indicated by young people. According to the survey of schools in Burgenland (Schönfeldinger 2002) young people say they take drugs because “you’ve got to try everything” (30%) and because they want to enhance a positive mood (17%). In the comparative study of various youth cultures (Springer et al. 1999) the young people reported that drugs would get them in a good mood (cannabis, ecstasy), would make them happy (ecstasy, LSD, cocaine, stimulants), enhance their performance (stimulants, cocaine) and expand their minds (LSD, ecstasy). According to the survey conducted in Innsbruck, the Tyrol in spring 1999 among 493 adolescents aged between 14 and 19 (Schüßler et al. 2000), “fun” was indicated as the most important motive for drug consumption (40%) followed by “it tastes good” and “drugs are common among my friends”.

The study carried out in Graz (X-Sample 2002) demonstrates that the attitudes of the respondents to illegal drugs in general (soft and hard drugs) become more liberal with age, but cannot be termed extraordinarily liberal in any of the age groups. The social pressure exerted by groups of drug users also goes down with age. Remarkably, younger respondents tend to be convinced that they won’t become addicted to drugs to a larger extent than young adults aged 20 years and over. On average, cannabis is classified as by far the least harmful drug (an assessment which reaches its peak in the age group of the 16 to 17 year-olds), while alcohol and tobacco are considered to be rather harmful. As to gender-specific differences, compared to the assessments by young women, young men classify cannabis products, speed and hallucinogens as significantly less harmful.

An overview of the findings concerning the use of illegal drugs by young people shows that the prevalence of drug experience has risen over the past decade. From the mid-90s on particularly ecstasy, and consequently stimulants in general, became established as youth drugs beside cannabis, the latter still being of much greater significance, however. Hardly any comparable data is available on biogenic drugs and poppers, for which high prevalence rates are currently found. In recent years the simultaneous use of various substances in combination – especially, but not only, in the rave scene – has been a topic of discussion. The number of problem drug users or drug addicts among young people in Austria is considered to be stable.

15.2 Health and social consequences

Negative health and social consequences of drug consumption are found particularly in the third group of young drug users indicated above, i. e. problem drug users or addicts.

The number and share of young people among drug victims has varied strongly over the last decade. The number of deaths directly related to drug use ranged from seven (or 6.0% in 1998) to 31 (or 19.7% in 1993) among young people under 19 years of age (cf. table A5 in annex B). The corresponding figure for 2001 is 21 (15.1%), in six cases death was caused by a mixture of opiates and psychoactive medicines and in seven cases, by a mixture of opiates, other addictive substances and psychoactive medicines (cf. table A7 in annex B).

With regard to overdoses and emergencies connected to drug use, there is hardly any youth-specific data available. In Vienna the ambulance services were called because of drug-related emergencies concerning persons aged between 11 and 20 in 19% of all cases in the

year 2000 (FSW 2001). The hospital connection service CONTACT of Vienna (cf. EDDRA) has registered a stable number of first contacts with young people over the past years, approximately 20% out of the total number of first contacts. A survey carried out in 1998/99 among clients with overdoses included 27 adolescents. Different from the situation of the adults, their problems were related to family and partnerships rather than to addiction (Seidler 2000). Statistics in the field of road accidents do not permit any conclusions to be drawn as to risks connected to drug use among young people.

Data on the demand for treatment among young people is available from the statistics of substitution treatment services and information from the drug help organisations. In the last decade a total of 340 persons aged between 15 and 17 were undergoing substitution treatment in Austria; the number of young people among them rose from 11 in 1992 to 93 in 2001, representing a share of 1.7% of all clients undergoing substitution treatment in 2001. cf. also chapter 3.1).

In spring 2002 the subject of children and adolescents was on the agenda of the Vienna Drug Advisory Board, and in this context various data and experience from the drug-related services were presented. In a survey of the attendance of clients under 19 years of age at drug help services in Vienna in 2001 (FSW 2002c) a total of 798 adolescents were registered in outpatient and 208 in inpatient services, multiple counts not excluded. The therapy community Grüner Kreis, which offers special housing to young people (cf. chapter 15.3 and EDDRA), registered a high share of 18% of young people (under 18) among its clients in long-term inpatient therapy (Muhr 2002). At the long-term therapy drug department of Otto Wagner Hospital the share of clients under 20 years is 10%. The withdrawal and short-term therapy department at Anton Proksch Institute (API 2002) registered a share of clients under 19 between 4.5% (1998) and 7.9% (1999) for the past few years, the most recent figure for 2001 was 7.2%. In the field of low-threshold services, approximately 6% of all contacts in 2000 referred to young people (FSW 2001).

It is remarkable that the gender distribution is balanced in the various fields of drug-related work with young clients, or there are even more young women than men involved, while among adult clients men have a clear majority.

The experts of the Vienna Drug Advisory Board unanimously stated that there has been no rise in numbers of problem drug users among young people. However, there are some reports regarding qualitative deterioration of the psychological and social situation of the young people concerned. To give an example, the drug department of the Anton Proksch Institute has registered an increase of young patients with severe personality disorders and anti-social behaviour in addition to drug problems (API 2002). Also in the Tyrol, the issue of young people in a situation where a number of other severe problems and worries come on top of massive poly-drug use has become a topic of discussion (Oberarzbacher 2002). Even young problem drug users and addicts have grave social problems, e.g. homelessness, arising not so much as a consequence of drug use (cf. chapter 16.3) but rather in the context of a socially problematic situation that has existed before.

15.3 Demand and harm reduction responses

Measures relating specifically to young people exist at all levels of demand reduction. Therefore only some selected examples of projects and programmes can be discussed here.

In Austria young people have traditionally been an important target group of primary prevention measures (cf. chapter 9 and EDDRA). Corresponding interventions concentrate on schools and youth work outside schools, but over the last few years young people have also increasingly often been reached via addiction prevention programmes in communities and enterprises. In addition to adolescents themselves multipliers are a relevant target group of the corresponding measures. One example is the Knowledge Exchange for supportive youth work in the field of prevention, which offers further education to a variety of actors working with young people full time or as volunteers. The education and information package Step by Step (cf. EDDRA) has been designed for teachers and is aimed at improving competences in tackling the issue of drugs in class. Following a test stage this programme with a focus on secondary prevention has been expanded on a nationwide basis.

In the past few years secondary prevention measures have clearly gained in importance and are expanded in many provinces (e.g. Lower Austria, Carinthia, Vorarlberg; cf. also chapter 8.1). On the one hand this is a response to rising prevalence rates among young people (cf. chapters 2.2 and 15.1), and on the other the aim is to prevent problem drug use and addiction among young people who already take drugs. In the mid-90s the focus was placed on synthetic drugs. Projects in line with this approach continue to play an important role. The Vienna-based project ChEckiT! (cf. EDDRA) combines secondary prevention activities with pill-testing services on the spot for attenders of rave events, thus reaching a group of young people who despite regularly taking drugs often do not see themselves as drug users and would not access the established drug help services. In 2001 ChEckiT! for the first time became active in other provinces (Lower Austria, Upper Austria, the Tyrol) and uses new information technologies by providing a web site and an online counselling service (cf. chapter 10). The project MDA basecamp run in the Tyrol has also carried out secondary prevention activities in the party scene for some years. In the last few years the general trend in secondary prevention has been to establish outreach facilities and mobile services. In several districts of Lower Austria for instance mobile youth work projects were created and their expansion has been planned (cf. chapter 9).

In the approach towards young people in danger of becoming addicted, the main concern is integration. In the ÖBIG study cited above (2001c) it was recommended to counteract the existing deficiencies with regard to counselling young people at risk of becoming addicted by providing integrative measures in the field of youth work (outside schools). Some provinces have already implemented this approach. In Vienna a competence centre was created at the Youth and Family Office for the purpose of improving the youth welfare counselling services (particularly assisted housing) for young people at risk of becoming addicted, through interface management, transfer of competence and knowledge as well as counselling and further education in the field of drugs. With excellent assistance by the drug help organisations it was possible to reduce fears connected to the issue of drugs and solve many problems without external help, so that the mobile task force intended to back up the counselling staff in crises and emergencies has not had to become active so far (Bäcker 2002).

Also in the field of treatment there are services especially designed for young people. In this context it is interesting to view the experience made at the association Grüner Kreis (cf. EDDRA) providing long-term inpatient therapy in a special house for young people, among other measures. While the rate of adolescents abandoning therapy used to be approximately 90% some years back, they have gone down to the current rate of between 60% and 70%. At the young people's house Frankenau the rate was even lowered from 80% to 40%. Apparently this favourable development has been caused by a change in the therapy programme. Following the trend of the time, in the beginning work with young people was strongly oriented towards adventure programmes, which however soon lost their appeal to the young patients. The revised programme focuses on (continuing) education and personal freedom. The aim is to give young people the opportunity to develop responsibility for their own lives and a perspective for the future. The core elements of the programme now relate to structure, freedom and perspective, which has proved more successful by far. Moreover the age range of the clients of the house for young people, which used to be 15 to 22 years, could be lowered to a current maximum of 19 years (Muhr 2002).

The low-threshold services are contacted by young clients as well. Out of 18 089 contacts registered at the Ganslwirt day care facility, 4% refer to persons under 19 years of age. For the sleeping facility the corresponding figure is 7%. In the syringe exchange programme at Ganslwirt the share of young people is 4% (FSW 2001). However, experts do not consider low-threshold services mainly frequented by adults to be an ideal setting for young people, as there is danger of intensified contacts with the drug scene. Thus a certain – however small – group of young people with massive drug problems would benefit from adequate low-threshold facilities especially aimed at adolescents.

The existing social problems are addressed particularly in the field of housing, with increasing importance attributed to integrative facilities (cf. also above). Both *Chill out* in Innsbruck (the Tyrol) and *Airbag* in St. Pölten (Lower Austria) provide assisted housing, which is open to young drug consumers and adolescents in danger of becoming addicted. However, they are not the only target group, the main focus is social problems and homelessness among the young people. In Graz the emergency sleeping facility Schlupfhaus is at the service of young people. Furthermore, many counselling and treatment services for young people stress (continuing) education and the development of a job perspective (see above) especially for adolescents who have not completed school.

15.4 Methodological information

In Austria a number of consumption surveys have been carried out, mostly at the regional level and especially in schools. Although it was not always possible to limit the data to the desired age groups, the surveys are of great value for the analysis of changing consumption patterns. For the future it would be desirable to adapt the methodology to core matters in order to improve the comparability of results. In surveys conducted outside schools the prevalence rates tend to be higher, which may be due on the one hand to greater trust of the respondents and on the other to better access to young people with problems. Surveys of specific youth cultures and sub-groups are a valuable complement to the representative surveys, as they yield insights into the consumption patterns that are common among young

people with greater drug experience, who are hard to reach in the context of representative surveys.

Routine data and the annual reports of drug help facilities contribute to the analysis of the health and social consequences for young people using drugs. However, the data is comparable over several years only to some extent and lacking as to specific aspects (e.g. emergencies, infectious diseases). Better insights could be gained by giving more attention to young people and differentiating data collection accordingly. The experience and assessments of experts working with young drug users and addicts are a valuable basis for information, as they facilitate an in-depth view of the drug issue.

16 Social Exclusion and Reintegration

Social exclusion can become apparent in homelessness, unemployment or delinquency, but also in difficult access to health care and social benefits. Common factors to all forms of social exclusion are lack of social acceptance, limited opportunities, bleak future perspectives, and the experience of a generally negative social image. Especially in the field of illegal drugs this image has massive effects and far-reaching consequences for the people concerned. Eisenbach-Stangl (2001a) also underlines the difference in social and societal effects depending on whether consumers of illegal drugs are perceived and treated as suffering from an illness or as criminals, as drop-outs or as fashionable and trendy.

16.1 Definitions and concepts

When discussing the **causes** of problem drug use, social exclusion is frequently named as one factor among many others. However, social exclusion should not be regarded just by itself, as it is the accumulation of problem situations and the interdependence of individual hardships and resources which is of relevance for arising drug problems and addiction in the sense of risk and protection factors. In particular it would be wrong to infer that certain groups as such, for instance unemployed, homeless or delinquent people of any age, should be classified as in danger of becoming addicted (ÖBIG 2001c). For this reason no particularly vulnerable groups are defined regarding drug use in Austria.

Social exclusion as a **consequence** of problem drug use has been observed and confirmed by numerous experts in Austria. However, the deterioration of living conditions which is often linked to drug addiction by far does not apply to all drug consumers. In this sense social exclusion is less related to drug taking than to ensuing problems such as poor health, unemployment or homelessness, unstable relationships and material want. Also the issue of social exclusion or integration should be regarded from the point of view of those concerned. In many cases, drug addicts are socially integrated, namely into their subgroups. Should they decide to leave the drug scene, they have to give up their subgroup and try to integrate into another social group instead (Tomas 2001).

Because of the close relation of problem drug use to the various forms of social exclusion, social (re)integration measures have been attributed great importance in Austria. This becomes manifest in the principle of integrative drug policy (cf. chapter 8) with the aim of integrating marginalised groups and especially drug users in order to prevent their exclusion (cf. e.g. Drogenkoordination der Stadt Wien 1999). In a broader sense a variety of drug-related demand reduction measures could be regarded under the aspect of social integration. One example is the principle that social and health policy measures for people suffering from addiction should be given priority over punishment (cf. chapter 8).

In a stricter sense, however, social (re)integration measures are defined as programmes and activities directed at the specific social problem areas of drug users and addicts, especially housing, work and education/training. This definition is the basis of the following presentation.

In Austria social (re)integration measures are increasingly intended to provide support for people who are currently addicted rather than only as a follow-up to drug-free treatment (cf. chapter 11 and 16.4). Counselling in this case does not focus primarily on drug use but rather on specific problem areas such as work, housing, social networks and relationships, in order to achieve stability and (re)integration. In the course of tackling the whole range of problems drugs can be treated with as one issue among many. At the same time efforts are directed at reducing stigmatisation and its negative consequences (Schinnerl 2001).

16.2 Drug use patterns and consequences observed among socially excluded population groups

In Austria there are hardly any surveys or data available on the theme of consumption patterns and consequences among socially excluded groups. On the basis of a few findings and observations by experts some information can be given on the drug use patterns in prisons, among immigrants and male sex workers.

Regarding drug use in **prisons** the results of a representative inquiry in six Austrian prisons in 1999 is available (Spirig 2001), apart from assessments by experts. The share of prison inmates injecting drugs is assumed to be 20%. Taking into account occasional drug use during imprisonment, a share of 50% of the inmates would be realistic. This high figure is partly explained by the fact that many criminal offences are connected to addiction. A detailed description of this group is included in the corresponding key issues chapter in last year's report (Drug users in prison, ÖBIG 2001a).

Another population group frequently confronted with social exclusion and social stigmatisation is **immigrants**. Their situation is often characterised by an accumulation of problems as described above (cf. chapter 16.1) such as a difficult position in the job market, material want, limited access to education and training, etc. Moreover, immigrants who do not hold the Austrian citizenship often have an insecure status of residence and encounter barriers in the job market and regarding social benefits. However, there are no precise figures on drug use among immigrants, as this group is hardly reached via drug help services. Still, some interesting data was collected in the course of a survey of a specific group of socially disadvantaged adolescents (AG SCHOP 1999). While drugs such as cannabis, heroin and cocaine played a great role in the surveyed group, intravenous use was rarely encountered. All the young people came from immigrant families and lived in an extremely precarious social situation. More than half of the 40 respondents said that they were unemployed or would hold a temporary job every now and then. Moreover some of the young people interviewed had an insecure status of residence, which severely limited their access to the job market. Thus the social problems of the respondents were of much greater relevance than the fact that they used drugs. This finding has been confirmed by several experts, who have pointed out that immigrants and asylum seekers in Austria show no elevated prevalence of drug use, however (networking initiative Migration – personal information, Halbartschlager 2001). Especially for second-generation adolescents no marked differences of consumption patterns compared to other Austrian adolescents is found (ÖBIG 2001c).

According to experts, another group frequently consuming legal and illegal substances in relevant amounts is **sex workers**. Detailed information is only available for male sex workers

in Vienna, as this subject was discussed by the Vienna Social Projects Association in the course of preparing a social work plan for male sex workers (VWS 1997). It has become apparent that especially among young male streetwalkers their occupation is connected to addictive behaviour in various forms. Addiction may be the motive for prostitution (prostitution for the purpose of drug acquisition), but may also be a concomitant factor. Sex workers engaging in prostitution for the purpose of drug acquisition are under enormous pressure to procure drugs, which is their main motive for prostitution. The problems encountered in this group are frequent intoxications and health deterioration, a wide range of criminal offences, difficulties when trying to integrate in drug help institutions (because they are discriminated against on grounds of being sex workers) and acute homelessness. Drug use has the purpose of temporarily alleviating the hardships that are currently experienced, but also aggravates the problem situation (VWS 1997).

16.3 Relationship between social exclusion and drug use

Based on the existence of a large proportion of drug addicts who in spite of problem drug use remain inconspicuous for a long period of time and are fully integrated in their social settings, it may be assumed that drug use alone does not automatically lead to social exclusion (Uhl und Springer 1997). Nevertheless a number of investigations and surveys have shown that problem drug use in the sense of prolonged addiction may lead to social exclusion. The following data mainly applies to the situation at the core of the drug scene and the problems encountered by the clients of low-threshold services, henceforth referred to as drug addicts.

As to the **financial situation** of drug addicts, unemployment benefits and social welfare assistance form an essential part of their income (Uhl und Springer 1997, Seidler 1997, Dialog/Die Fähre 1998). Most drug addicts have several sources of income. Approximately one third have a regular job or count on financial support by relatives. Making debts, and financial support by partners, are also found among the ways of making a living. Other sources of income are making connections to drug dealers, drug dealing, prostitution and other criminal offences.

Another relevant problem is long-term **unemployment**, concerning a share between 50% and 90% of the clients, depending on the data source and institution. In contrast, according to Eurostat the unemployment quota for Austria in June 2002, calculated in line with the criteria of the International Labour Organisation (ILO), was 4.1% (<http://europa.eu.int>). For those concerned unemployment has a number of negative effects: lack of income, no time schedule to structure the day and deficiencies with regard to social contacts and experience of success connected to work. Often the clients have a low level of endurance, so they have a hard time sticking to a set schedule of working hours and meeting the demands of their employers (Dialog/Die Fähre 1998). Therefore many drug addicts would probably fail on the primary or secondary labour markets, but they could do well in a job on an hourly basis (Caritas 2002).

As to **education and training** the data indicates that the majority of clients of counselling centres only completed compulsory school and had no further education or training. This absence of qualification also has a negative effect on the employability of drug addicts.

Homelessness is another factor that affects many drug addicts. For example, when investigating the demand situation for a health-care room in the low-threshold service Komfűdro in Innsbruck (Zurhold et al. 2001), it turned out that 21% of the clients lived in an unstable housing situation. This includes temporary housing with friends or acquaintances (8%), in sleeping facilities/hostels (8 %), and sleeping in the streets (5%). Even among those respondents who did have a more or less stable housing situation, only few lived in an apartment of their own. One reason is that because of their drug use, their outward appearance and their obviously poor health they have little opportunities to find apartments offered in the free market (Caritas 2002). The problem of homelessness also becomes apparent in the excessive demand for places in the sleeping facility of Ganslwirt in Vienna, concerning above all beds for men. As was shown on evaluation, this situation is largely due to long-term homeless clients (VWS 2002a und EDDRA).

Drug addicts often have a very poor **state of health**, infectious diseases (especially hepatitis) being widespread among them (cf. chapters 3.3 and 3.4); compared to the average population their mortality rate is up to 20 times higher (cf. chapter 3.2, Caritas 1999). Moreover, they often do not accept, or are not entitled to, medical care, because of bad experience with medical services in the past on the one hand and lacking insurance or social welfare cost coverage for the treatment of diseases on the other (Caritas 1999, Dialog 2000). Also, it repeatedly happened that they were denied vital services or benefits that they were legally entitled to (e.g. medical aid, social welfare payments according to a fixed rate; Caritas 1999). These problems in the field of social and health stability are aggravated in the case of people who are not Austrian citizens, as they are not entitled to receive social welfare payments or health insurance, which means they have neither the right even to receive minimal health care nor the possibility to enter a withdrawal programme (networking initiative Migration, personal information).

Drug addicts are confronted with **social exclusion** in a variety of forms. Apart from having to face a situation characterised by limited or lacking opportunities and perspectives, they are met with rejection or even hostility by the general public and by authorities. For example, there is hardly a public spot where they can meet without being expelled, which is especially problematic for them as the drug scene often is the only social environment where they can exchange experience with others who are in the same situation. Ousted from public space, they are deprived of their last social relationships. The creation of new drug help facilities has also repeatedly met with massive resistance from the general population. Moreover, the respondents of a study carried out in the Prison of Vienna/Favoriten (Waidner 1999) reported that they had experienced prejudice-laden and violent treatment by police abusing their power, as well as being blamed and treated without the appropriate care.

Investigations have also shown a greater tendency towards **criminal offences** among drug addicts. For example in 2001 a share of 57% of each of the persons in outpatient and inpatient treatment at the respective drug therapy departments of Otto Wagner Hospital had a previous conviction (Otto-Wagner-Spital 2002). However, in many cases the criminal acts were mainly of a self-endangering nature and directly related to the acquisition of their daily doses of drugs. Schinnerl (2001) points out that imprisonment promotes the integration into a criminal setting. This type of criminalisation increases social exclusion and severely limits the opportunities and perspectives of the persons concerned.

16.4 Political issues and reintegration programmes

In Austria social (re)integration measures are part of a **diversified, multiprofessional drug help network** covering many different interventions such as primary and secondary prevention measures, accepting assistance, harm reduction and substitution measures as well as drug-free treatment and rehabilitation (ÖBIG 2000).

In addition to social work, therapy and medical care many inpatient facilities (e.g. Grüner Kreis, Stiftung Maria Ebene, Anton Proksch Institute (API), Erlenhof) focus on social (re)integration measures. They mainly concentrate on the areas of education and training, work and housing and in most cases are an essential component of after-care for (former) drug addicts.

It has been mentioned above (cf. chapters 16.1 and 11) that different from many other countries, in Austria social integration measures not only follow abstinence-oriented treatment, but are also increasingly directed at people who are currently dependent on drugs. Experience has shown that social integration and life perspectives enhance the motivation of drug addicts to become abstinent (e.g. occupational project WALD, Fix und Fertig, Betreutes Wohnen, cf. EDDRA).

Measures promoting **(re)integration in the job market** for drug addicts play an essential role and follow a three-stage model. The first stage includes job orientation measures, training and qualification, which is provided in Austria in the form of special programmes (e.g. Needles or Pins, Vienna Job Exchange, Promente Styria association) as well as in the course of inpatient therapy (see above).

At the second stage, clients take part in a social and economic occupational project of the secondary labour market. The aim of the projects (e.g. Needles or Pins, Fix und Fertig, Shop 23, WALD) is the gradual (re)integration of people with a drug career of several years into the training and job market. In the protected setting of the occupational project WALD (cf. EDDRA), clients get to know their own resources and capabilities and experiment with action strategies and everyday coping. ABRA KADABRA in the Tyrol as well as Fix und Fertig in Vienna give drug users the opportunity to work on an hourly or per-day basis and free themselves of the pressure that rules the drug scene. The demand for per-day jobs by far exceeds the existing supply (VWS 2002c, cf. EDDRA).

At the third stage, support is provided for reintegration into the primary labour market. In this context the Public Employment Service (AMS) has promoted the Vienna Job Exchange, a job market policy counselling service functioning as a link between the drug help facilities and the AMS services (ÖBIG 2000, Wiener Berufsbörse 2002). The Vienna Job Exchange has commissioned a study on the subject of job integration of persons affected by addiction, the results of which are expected to be available by the end of 2002.

The various services of the therapeutic community Grüner Kreis provide job oriented groups as a part of therapy relating to the subject of work. These groups also follow a stage-by-stage system, starting with job orientation and guiding patients through application training, job reality and job planning to job search (web site of Grüner Kreis).

Furthermore, in the context of job (re)integration of drug addicts, the need for creating a network of drug help services and work-specific institutions has been stressed. It was

demanded that a coordinating body for the field of work and drugs should be established, with the tasks of drawing up a plan in various steps in order to coordinate counselling of the target group, negotiating with funding institutions, servicing other providers in the field of drug help, coordinating regional services, etc. (Bacher 2001). A similar cooperative approach is now followed by drug.addicts@work (cf. chapter 11).

Beside work, **housing** is another central component of (re-)integration plans. In addition to temporary sleeping facilities in case of emergency and crises (e.g. Ganslwirt/Vienna, Mentlvilla/the Tyrol, DOWAS/Vorarlberg) there are also longer-term housing places, in general with mobile assistance, in the form of housing communities and projects. Here the idea is to provide long-term accommodation characterised by safety and continuity, which constitutes a stabilising factor in the (re)integration process. The aim is to provide a definite place to live.

For clients who are already settled in their flats there is the possibility of comprehensive after-care provided by various counselling centres and services and by assisted housing facilities. The short-term therapy service Haus am Seespitz at Maurach, the Tyrol has run an open after-care group meeting every week since 2000 (Oberarzbacher 2002).

The **outcome evaluation** of the occupational project WALD, the social and economic project Fix und Fertig and the drug therapy service SENOBIO (Vorarlberg) has revealed that approximately one fourth of the clients who have completed counselling find jobs in the regular labour market. Fix und Fertig reports that clients who worked in a social and economic project in the long run have by 20% longer periods of employment compared to clients who only participated in a training course (cf. EDDRA).

The evaluation of the long-term inpatient treatment at the drug therapy facility SENOBIO has shown that social integration has been successful. Out of a total of 30 surveyed clients, 18 (60%) completed treatment as planned, while 12 abandoned therapy prematurely. Of the 18 clients with full treatment, 15 had a stable housing and working situation, while three clients had a stable housing situation, but had not (yet) succeeded in re-entering the job market. In comparison, three of the clients who had abandoned treatment prematurely had a stable accommodation and employment situation, and for three others the housing situation was stable, but they did not have a job (Mika 2000; cf. EDDRA).

In the period from 1996 to 2000 the assisted housing service Betreutes Wohnen (Vienna) had completed counselling for 39 clients, for half of them with a positive outcome, and another 13% had left counselling prematurely with a positive prognosis. This means that 62% of the counselling relationships took a positive development. The changes regarding the drug situation are also remarkable: after counselling, out of 19 client using drugs 37% were abstinent and 58% used substitution substances. This clearly indicates that stabilising social factors pave the way to drug abstinence (VWS 2001 and EDDRA).

16.5 Methodological information

In general it can be stated that few routine data and data comparable at a nationwide level are available in Austria. Therefore a lot of basic information and statements contained in the

annual reports of the various drug help organisations, the reports of the Provincial Drug Coordinators and the Reports on the Drug Situation in Austria of previous years were collected.

Evidently, there is a lack of data on social exclusion as a cause of drug problems and on drug use by socially marginalised individuals. A lot of information was obtained in communicating with experts, who in turn also complained of lacking data material. Important information was provided by the networking initiative Migration, which was founded in 2000 and consists of representatives of various organisations active in drug help, youth and immigration work who meet every three months in order to exchange experience related to the themes of drug use and immigration.

Comparatively more data is available on social exclusion as a consequence of problem drug use. However, in many cases the surveys and data refer to members of the open drug scene or to clients of low-threshold facilities. Here it should be taken into account that among the clients of low-threshold services there is a disproportionately large share of people who are out of a job, homeless, who have insufficient financial means, who suffer from (sometimes life-threatening) diseases and are socially excluded (Caritas 1999). There are no surveys or data available on the living conditions of socially integrated drug abusers.

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DATABASE

EDDRA = Exchange on Drug Demand Reduction Action

Internet-Database of the EBDD: <http://www.reitox.emcdda.org:8008/eddra/>

Austrian Projects in the EDDRA-Database:

Addiction Prevention in the village. Sub-programme of the Pilotproject "Local capital for social purposes" of the GD V of the EU, Programme "Social innovative 2000" (EU-Regional-management Oststeiermark)*

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

After care of children of drug abusing mothers. Viennese Pilot Project "Pregnancy and Addiction" - Comprehensive care project for substance abusing mothers and their children (Department of Child and Adolescent Neuropsychiatry, Hospital Rosenhügel, Vienna)

API Mödling – Inpatient long-term therapy for drug addicts*

(Anton Proksch Institut, Lower Austria)

Assisted Housing

(Vienna Social Projects Association, Vienna)

Auftrieb - Youth- and Addiction-Counselling-Centre

Association Youth and Culture Wiener Neustadt, Lower Austria)

CARINA – Long term therapy facility

(Foundation Maria Ebene, Vorarlberg)

ChEck iT! Scientific Pilot Project Check iT!

(Vienna Social Projects Association, Vienna)

CONTACT – Liaison service for hospitals

(Vienna Social Fund)

Drug-free zone at the prison of Hirtenberg

(prison of Hirtenberg, Lower Austria)

Drug-free zone at the prison of Innsbruck

(prison of Innsbruck, the Tyrol)

Drug Out – therapy unit at the prison of Innsbruck

(prison of Innsbruck, the Tyrol)

Employment programme WALD

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

“Empower our children“ - Campaign

(SUPRO – Addiction Prevention Unit of Vorarlberg, Vorarlberg)

Empower our Children through sports*

(SUPRO - Addiction Prevention Unit of Vorarlberg, Vorarlberg)

Erlenhof – Inpatient treatment centre for addicts

(Pro mente, Upper Austria)

* will be available by the beginning of the year 2003

European Networking in addiction prevention

(Institute for Addiction Prevention, Upper Austria)

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

(AKZENTE Salzburg – Addiction Prevention Unit, Salzburg)

FITCARD – Health Promotion with apprentices. Sub-Programme of the programme “Health Promotion and Addiction Prevention at Workplace” *

(SUPRO - Addiction Prevention Unit Vorarlberg)

Fix und Fertig – socio-economical company

(Vienna Social Projects Association, Vienna)

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

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

In motion – a multiplier-project for addiction prevention in schools*

(Institute for Addiction Prevention, Upper Austria)

Youth counselling service WAGGON

(TENDER – Association for youth work, Lower Austria)

Youth-house – Therapy for adolescents at the therapeutic community Grüner Kreis*

(Association Grüner Kreis)

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

(Stiftung Maria Ebene, Vorarlberg)

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

(Support and counselling centre for drug addicts and their relatives – Dialog, Vienna)

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

(Die Fähre, Vorarlberg)

Parents-Child-House - Therapy for Parents and Children at the therapeutic community Grüner Kreis

(Association Grüner Kreis)

Pilotproject – Addiction Prevention in Trofaiach, Styria

(b.a.s. - concerns alcohol and addiction - steirischer Verein für Suchtkrankenhilfe)

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

(Vienna Association of Probation Assistance and Social Help)

Promote health – prevent addiction – Action programme of the Federal Ministry of Education and Cultural Affairs

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

(VIVID – Addiction Prevention Centre, Styria)

* will be available by the beginning of the year 2003

Senobio – Inpatient drug therapy*
(Drug therapy service Senobio, Vorarlberg)

Socialmedical drug counselling centre Ganslwirt - Sleeping facility for crises*
(Vienna Social Projects Association, Vienna)

Step by Step - Early detection and intervention with regard to problematic drug use and addiction
(kontakt&co – Addiction Prevention Unit, the Tyrol)

Schweizer Haus Hadersdorf – Medical and psychosocial sanatorium
(Evangelisches Haus Hadersdorf – WOBES: Medizinische, Psychologische und Psychotherapeutische Gesundheits- und Heilstätte “Schweizer Haus Hadersdorf” (SHH) Ges.m.b.H., Vienna)

Toyfree kindergarten. Addiction prevention by promoting life skills
(ISP – Information Centre for Addiction Prevention of the City of Vienna, Vienna)

Training course on addiction prevention in the kindergarten, for kindergarten teachers
(VIVID – Addiction Prevention Unit, Styria)

Umbrella–Network–Projekt Austria – Switzerland: Analysis of problems with HIV, AIDS and STDs in European border regions as well as development of co-operative, border-crossing prevention methods
(Institut für Sozialdienste, Vorarlberg)

URBAN - Wien Gürtel Plus. Secondary addiction prevention for youths in urban areas
(Drug advisory centre Change, Vienna)

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

Wien-Favoriten – Treatment and care of addicted offenders in Vienna Favoriten Prison
(Vienna Favoriten Prison, Vienna)

* will be available by the beginning of the year 2003

WEBSITES

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

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

AIDS-Hilfe (AIDS Assistance Service)

<http://www.aidshilfe.at>

AKZENTE Salzburg, Suchtpräventionsstelle (Addiction Prevention Unit Salzburg)

<http://www.akzente.net>

Arbeitsmarktservice Oberösterreich (Public Employment Service, Upper Austria)

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

ARGE Suchtvorbeugung (Working Group Addiction Prevention)

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

Anton Proksch-Institut (treatment facility)

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

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

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

Bundesministerium für Inneres (Federal Ministry of the Interior)

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

Bundesministerium für Justiz (Federal Ministry of Justice)

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

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

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

Carina – Therapiestation (therapy facility)

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

Caritas - Diözese Innsbruck

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

CheckiT! - Verein Wiener Sozialprojekte (pill testing project)

<http://checkyourdrugs.com>

CONTACT – Spitalsverbindungsdiens (Hospital Connection Service)

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

Cybertown - Internetforum für Prävention (Internetforum for Prevention)

<http://www.cybertown.at>

dialog - Beratungs- und Betreuungszentrum (Counselling and Support Centre for Drug Addicts and their Relatives)
<http://www.dialog-on.at>

Drogenambulanz - AKH Wien (Outpatient Drug Clinic of the General Hospital Vienna)
<http://www.akh-wien.ac.at/drogenambulanz>

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

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

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

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

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

Ganslwirt - Verein Wiener Sozialprojekte (low threshold service)
<http://www.vws.or.at/ganslwirt/index.html>

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

Grüner Kreis (therapeutic community)
<http://www.gruenerkreis.at>

Haus am Seespitz - Kurzzeittherapie für Drogenabhängige (short term therapy facility)
<http://www.jugendweb.at/drogenhandbuch/einrichtung/seespitz.htm>

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

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

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

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

Komfüdö - Kommunikationszentrum für DrogenkonsumentInnen (low threshold service)
<http://www.caritas-innsbruck.at/komfuedro.htm>

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

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

Kriminalpolizeilicher Beratungsdienst Wien (Counselling Centre of the Viennese Police)
http://www.polizei.gv.at/wien/fixlokal/kriminalpolizeilicher_beratungsd.htm

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

Ludwig Boltzmann-Institut für Suchtforschung (Ludwig Boltzmann-Institute for Addiction Research)
<http://www.api.or.at/lbi/index.htm>

Lukasfeld – Therapiestation (therapy facility, Vorarlberg)
<http://www.mariaebene.at/Lukasfeld/welcome.htm>

Needles or Pins – dialog (programme for labour integration)
http://www.dialog-on.at/dialog/channels/standorte/base2_html

Otto Wagner-Spital – Drogeninstitut (Drug Treatment Centre as the Otto Wagner-Hospital, Vienna)
<http://www.drogenhilfe.at/rathilfe/skh/r-s-ows.htm>

Pädagogische Akademie des Bundes in Oberösterreich (Federal Paedagogical Academy, Upper Austria)
<http://www.pa-linz.ac.at/>

pro mente Oberösterreich (central organisation of various drug centres)
<http://www.promenteooe.at/>

risiko - Institut für Sozial- und Gesundheitspsychologie (Institute for Social- and Health Psychology)
<http://www.members.aon.at/isg>

Stiftung Maria Ebene (central organisation of various drug centres)
<http://www.mariaebene.at>

Substanz - Verein für suchtbegleitende Hilfe (low threshold service)
<http://www.substanz.at>

SUPRO - Werkstatt für Suchtprophylaxe (Addiction Prevention Unit, Vorarlberg)
<http://www.supro.at>

Verein für Bewährungshilfe und Soziale Arbeit (Association for Probation Assistance and Social Help)
<http://www.vbsa.at/>

VIVID - Fachstelle für Suchtprävention, Steiermark (Addiction Prevention Unit, Styria)
<http://www.vivid.at>

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

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

ANNEX

A. Drug Monitoring Systems and Sources of Information

B. Tables, Map and Lists of Tables, Figures, Maps

C. List of Abbreviations

ANNEX A

Drug Monitoring Systems and Sources of Information

Data source Responsible institution	Type of data	New developments and activities
Relevant monitoring and information systems at the federal level		
Drug-related deaths - special register Federal Ministry for Social Security and Generations (FMSSG)	Fatalities related to drugs directly (overdoses) or indirectly (suicide, AIDS, accidents, premature natural death, etc.)	<p>When the annual statistics of 2000 was drawn up the issue of how to count drug-related deaths was extensively discussed. Based on the EMCDDA's requirements for special registers it was decided that future statistics should distinguish between more groups of deaths, giving separate figures also for poly-drug use including alcohol. What is still under discussion is the question whether to take into account intoxications with psychoactive medicines. For the time being cases for which only psychopharmaceuticals are found in toxicological investigation will not be included in the statistics. The groups defined for the statistics of 2000 (cf. ÖBIG 2001) were also used for the year 2001.</p> <p>In the reporting period the Austrian working group on the epidemiological key indicator of drug-related deaths prepared a form to be used by forensic institutes for registering drug-related deaths and discussed this form with the institutes concerned. Plans for future data collection include the creation of an online database for forensic institutes to enter drug-related deaths. This would assure data quality at the national level and also make current information available within short time.</p>
Drug-related deaths – general mortality register Statistics Austria	Deaths with drug-related ICD codes for cause of death	As of 2002 deaths have been classified in the general mortality registry according to ICD 10 instead of ICD 9. It is now being checked to which extent this change influences the collection of data on drug-related deaths and if a comparison of new data and data of former years is possible. Parallel to this recommendations for future routine data interpretation based on ICD 10 will be drawn up.
Substitution treatment FMSSG	Reports on the beginning and end of substitution treatment by physicians in charge of treatment	In order to improve the situation regarding completeness and quality of data it has been considered to involve the provinces more intensively in data collection and routine comparisons of data available at federal and provincial levels. This has not been implemented until now.
Drug-specific treatment and care FMSSG	Aggregate statistics on clients of drug centres announced according to Art. 15 of the Narcotic Substances Act (NSA)	At present the relevant organisations receiving financial support provide annual client statistics communicated to the FMSSG in the form of aggregate data, which permit epidemiological analyses to a very limited extent only. In the context of the working group convoked by the FMSSG concerned with the establishment of a uniform nationwide treatment reporting system in line with European requirements, in spring/summer 2001 a client questionnaire was drafted and tested in practice. This test run had positive results, and the protocol that had been drawn up was assessed as suitable for routine use, with only a few necessary amendments. However, before implementing this system all partners involved have to agree on the corresponding organisational, financial and legal framework. These discussions have not yet been completed.
Register of drug offences according to Art. 24 of the Narcotic Substances Act (NSA) FMSSG	Personal and episode-specific data of all persons reported to the FMSSG according to Art. 24 of the NSA (especially with regard to reports to the police, court proceedings or alternatives to prosecution)	<p>The Focal Point, acting on behalf of the FMSSG, is analysing the epidemiological conclusiveness of the data. This analysis will be completed in autumn 2002. Then recommendations for quality improvements, easier collection and more intensive use of data in the context of epidemiological monitoring will be drawn up. Based on the data available in the register and data on substitution treatments and drug-related deaths collected by the FMSSG (see above) a methodological pilot study on estimates of the prevalence of problem opiate use will be carried out for the period from 1998 to 2000. In future this will form the basis for regular updates of prevalence estimates carried out by the Focal Point.</p> <p>In the FMSSG activities concerning the technological redesign of the data base have been continued, so as a result all data will be available on one single platform.</p>

Data source	Type of data	New developments and activities
Responsible institution		
Hospital discharge diagnoses FMSSG, ÖBIG	Number of drug-related hospital discharge diagnoses according to ICD 9	In the context of a project to further develop drug-related monitoring, which the Focal Point is carrying out on behalf of the FMSSG, the hospital discharge codes are analysed with regard to their epidemiological relevance and recommendations for future routine interpretations are drawn up.
Reports to the police for violation of the NSA Federal Ministry of the Interior (FMI)	Episode-related data on all reports for violations of the NSA registered by federal and provincial police or customs authorities (double counting cannot be excluded)	No relevant changes. The online network of all the units involved - installed in the beginning of 2000 - seems to work very well. Data can now be made available earlier than in the past.
Seizures of narcotic drugs FMI	Number and quantity of seizures registered by federal and provincial police or customs authorities	No relevant changes. The online network of all the units involved – installed in the beginning of 2000 – seems to work very well. Data can now be made available earlier than in the past.
Convictions under the NSA Statistics Austria	Number of convictions under the NSA and type of punishment	Due to lack of resources, at the moment only data referring to leading offences is available.
Relevant monitoring and information systems at the provincial level		
Vienna Drug Coordination Office of the City of Vienna	Data on the number of clients and services provided by drug help centres; drug-related deaths; substitution treatment; overdoses; ambulance services required; population surveys	Vienna's monitoring system includes many different kinds of information (see type of data) and is being developed further: the basic documentation has now been implemented at the offices of the drug help network of Vienna and the preparation of a performance documentation has been continued. In addition current results of the population survey from autumn 2001, on prevalence of drug use, assessment of the drugs situation and drug-policy attitudes, have been made available (comparable surveys have been carried out every two years since 1995).
Other provinces Drug/Addiction Co-ordinators	Data on the number of clients and services provided by the drug help centres; drug-related deaths; substitution treatment; examinations according to the NSA; in part: population surveys	<p>In the other provinces the scope of the monitoring and information systems vary. Almost all of them collect data from the regional drug help centres as well as data on substitution treatment and drug-related deaths. In many provinces the monitoring systems are in the process of being expanded. All provinces participate in a working group convoked by the FMSSG to discuss the establishment of a nation-wide uniform treatment reporting system that will meet EU requirements. In four provinces (Burgenland, Lower Austria, the Tyrol and Vorarlberg) the client protocols were tested during a pilot stage in spring and summer 2001.</p> <p>In Burgenland the results of the school survey carried out in spring 2001 have been presented, so for the first time province-related prevalence data is available.</p> <p>Upper Austria carried out the pilot project Rapid Situation Assessment in 2000/1, which will form the basis for investigations of the drug situation in the province that will be carried out at regular intervals.</p>

ANNEX B

Tables, Map

Table A1: Overview of selected studies on drug experience among the Austrian population, published between 1996 and 2002

Study (year of publication)	Area covered, year of data collection (period covered)	Target group (sample)	Drug types surveyed	Percentage of respondents with drug experience	
				Age group	%
Schulstudie Kärnten / school survey, Carinthia (Bohrn/Bohrn 1996)	Carinthia 1996 (lifetime)	Students in their 7th to 12th/13th school years (n = 1 234)	Hashish Ecstasy LSD Cocaine Heroin	13–19 13–19 13–19 13–19 13–19	7.7 3.2 1.0 0.3 0.3
NÖ Jugendstudie / youth sur- vey, Lower Austria (Brunmayr 1997)	Lower Austria 1996/97 (lifetime)	Students in their 9th to 12th/13th school years (n = 1 300)	Hashish Ecstasy Hallucinogens Cocaine Heroin	15–19 15–19 15–19 15–19 15–19	20 4 > 1 > 1 >1
Schulstudie NÖ / school survey, Lower Austria (Institut für Sozial- und Gesundheitspsychologie 1999)	Lower Austria 1997 (lifetime)	Students in their 7th to 12th school years (n = 1 899)	Cannabis Ecstasy LSD Cocaine Heroin	13–18 13–18 13–18 13–18 13–18	13.6 3.8 1.7 1.3 0.6
Linzer Suchtmittelstudie / drug survey, Linz (Institut für Soziologie der Universität Linz o. J.)	Linz 1998 (lifetime)	General population aged 15 and older (n = 394)	Cannabis Cannabis Cannabis Cannabis Cannabis	15–19 20–29 30–39 40–49 50 +	28 37 19 7 5
Jugendstudie Tirol youth survey, the Tyrol (Schübler et al. 2000)	Innsbruck 1999 (lifetime)	Young people aged 14 to 19 (n = 493)	Hashish Other illegal drugs	14–19 14–19	22 3
Wiener Suchtmittelstudie / general population drug sur- vey, Vienna (Wiener Drogenkoordinati- on/IFES 2000)	Vienna 1999 (lifetime)	General population aged 15 and older (n = 623)	Cannabis Ecstasy Amphetamines Cocaine Opiates Other illegal drugs (e.g. LSD)	16+ 16+ 16+ 16+ 16+ 16+	11 1 1 1–2 1 1–2
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (market 2000)	Upper Austria 2000 (lifetime)	General population aged 15 and older (n = 1 011)	Cannabis Ecstasy Amphetamines Cocaine Morphine LSD Smart drugs	15+ 15+ 15+ 15+ 15+ 15+ 15+	21 4 1 4 1 3 1
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 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 und Mravlag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1 292)	Cannabis	15	14
Wiener Suchtmittelstudie / general population drug sur- vey, Vienna (FSW/IFES 2002)	Vienna 2001 (lifetime)	General population aged 15 and older (n = 650)	Cannabis Ecstasy Amphetamines Cocaine Opiates Other illegal drugs (e.g. LSD)	15+ 15+ 15+ 15+ 15+ 15+	14 1 1 1 1 2
Grazer Jugendstudie / Youth survey Graz (X-Sample 2002)	Graz 2002 (lifetime)	Adolescents and young adults aged 12 to 25 (n = 515)	Cannabis Party drugs Cocaine Heroin Speed Hallucinogens Solvents Biogenic drugs	12–25 12–25 12–25 12–25 12–25 12–25 12–25 12–255	58.2 15.4 7.3 4.9 6.0 7.2 9.2 21.1

Summarised by ÖBIG

Table A2: Number of drug-related deaths in Austria by cause of death from 1992 to 2001

Cause of death	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Intoxication by opiate(s)	48	37	63	49	69	39	27	25	18	17
Poly-drug intoxication including opiate(s)	69	109	105	115	115	92	81	101	147	119
(Poly-drug) intoxication by narcotic drug(s) excl. opiates	9	5	4	4	6	5	1	2	2	3
Psychoactive medicines	2	6	4	8	4	5	8	8	*	*
Intoxication of unknown type	3	5	1	2	1	0	0	0	0	0
Total/direct drug-related deaths	131	162	177	178	195	141	117	136	167	139
AIDS	39	47	41	28	23	9	20	11	13	12
Other diseases	9	12	13	21	5	5	11	9	22	17
Suicide (no intoxication)	7	4	13	9	2	8	8	12	16	9
Accidents, homicides	1	1	6	5	5	9	4	3	8	6
Unknown cause of death	0	0	0	0	0	0	2	3	1	1
Total/indirect drug-related deaths	56	64	73	63	35	31	45	38	60	45

* = as of 2000 no longer taken into account (cf. Annex A)

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A3: Number of direct drug-related deaths in Austria by province from 1992 to 2001

Province	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	1992–2001
Burgenland	1	1	0	3	2	2	2	0	0	0	11
Carinthia	2	1	3	1	3	3	3	7	2	5	30
Lower Austria	5	9	7	9	18	12	9	8	11	14	102
Upper Austria	4	4	9	9	6	6	6	2	11	8	65
Salzburg	2	3	4	6	6	11	11	7	6	7	63
Styria	5	4	4	6	9	13	5	6	11	9	72
the Tyrol	8	21	18	12	12	8	12	14	11	16	132
Vorarlberg	14	13	6	11	14	5	6	5	5	11	90
Vienna	90	106	126	121	125	81	63	87	110	69	978
Total	131	162	177	178	195	141	117	136	167	139	1 543

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A4: Number of indirect drug-related deaths in Austria by province from 1992 to 2001

Province	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	1992–2001
Burgenland	0	0	4	0	0	1	0	0	0	0	5
Carinthia	2	2	3	3	0	5	2	0	1	3	21
Lower Austria	1	1	3	2	0	1	2	4	4	6	24
Upper Austria	16	11	18	15	11	4	8	3	7	12	105
Salzburg	1	0	1	1	0	1	2	2	1	0	9
Styria	2	1	1	2	1	0	1	0	1	2	11
the Tyrol	4	7	8	11	6	7	6	7	7	0	63
Vorarlberg	5	5	14	13	6	2	7	5	5	6	68
Vienna	25	37	21	16	11	10	17	17	34	16	204
Total	56	64	73	63	35	31	45	38	60	45	510

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A5: Number of direct drug-related deaths in Austria by age group and total by gender from 1992 to 2001

Age group	1992		1993		1994		1995		1996		1997		1998		1999		2000		2001	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	20	15.3	30	18.7	27	15.3	31	17.4	24	12.3	18	12.8	7	6.0	16	11.8	19	11.4	21	15.1
20–24	36	27.5	56	34.6	48	27.1	35	19.7	45	23.1	32	22.7	35	29.9	23	16.9	33	19.8	20	14.4
25–29	30	22.9	30	18.5	36	20.3	37	20.8	34	17.4	25	17.7	20	17.1	23	16.9	31	18.6	19	13.7
30–34	26	19.8	33	20.4	34	19.2	42	23.6	47	24.1	30	21.3	20	17.1	27	19.9	27	16.2	27	19.4
35–39	17	13.0	13	8.0	24	13.6	20	11.2	31	15.9	23	16.3	16	13.7	28	20.6	28	16.8	25	18.0
40 and older	2	1.5	0	0.0	8	4.5	13	7.3	14	7.2	13	9.2	19	16.2	19	14.0	29	17.4	27	19.4
Total	131	100	162	100	177	100	178	100	195	100	141	100	117	100	136	100	167	100	139	100
Women	22	16.8	25	15.4	25	14.1	30	16.9	27	13.8	23	16.3	16	13.7	38	27.9	35	21.0	22	15.8
Men	109	83.2	137	84.6	152	85.9	148	83.1	168	86.2	118	83.7	101	86.3	98	72.1	132	79.0	117	84.2

abs. = absolute figures

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A6: Number of indirect drug-related deaths in Austria by age group and total by gender from 1992 to 2001

Age group	1992		1993		1994		1995		1996		1997		1998		1999		2000		2001	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	2	3.6	1	1.6	7	9.6	2	3.2	0	0.0	2	6.5	1	2.2	3	7.9	6	10.0	1	2.2
20–24	4	7.1	7	10.9	7	9.6	5	7.9	2	5.7	6	19.4	6	13.3	4	10.5	7	11.7	6	13.3
25–29	12	21.4	9	14.1	6	8.2	9	14.3	2	5.7	1	3.2	6	13.3	4	10.5	10	16.7	4	8.9
30–34	21	37.5	23	35.9	31	42.5	20	31.7	7	20.0	3	9.7	6	13.3	12	31.6	8	13.3	11	24.4
35–39	8	14.3	19	29.7	18	24.7	21	33.3	14	40.0	7	22.6	11	24.4	10	26.3	12	20.0	9	20.0
40 and older	9	16.1	5	7.8	4	5.5	6	9.5	10	28.6	12	38.7	15	33.3	5	13.2	17	28.3	14	31.1
Total	56	100	64	100	73	100	63	100	35	100	31	100	45	100	38	100	60	100	45	100
Women	11	19.6	15	23.4	15	20.5	15	23.8	9	25.7	6	19.4	8	17.8	10	26.3	25	41.7	15	33.3
Men	45	80.4	49	76.6	58	79.5	48	76.2	26	74.3	25	80.6	37	82.2	28	73.7	35	58.3	30	66.7

abs. = absolute figures

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A7: Distribution of drug-related deaths in Austria by cause of death and age in 2001

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	1	2	0	1	2	2	1	2	11	
		Several opiates	0	2	0	1	1	1	1	0	0	6	
		+ alcohol	0	1	4	0	5	5	1	0	1	17	
		+ psychoactive medicines	0	6	2	4	6	3	4	1	2	28	
		+ alcohol & psychoactive medicines	0	1	2	5	7	3	2	0	1	21	
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	3	2	3	0	3	2	1	0	14	
		ND + alcohol	0	0	3	1	1	3	0	0	0	8	
		ND + psychoactive medicines	0	7	2	3	4	1	1	1	0	19	
		ND + alcohol & psychoactive medicines	0	0	2	1	2	3	1	1	2	12	
	Narcotic drugs excl. opiates	Narcotic drug(s) only	0	0	1	0	0	0	0	0	0	1	
		ND + alcohol	0	0	0	1	0	0	0	0	0	1	
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
		ND + alcohol & psychoactive medicines	0	0	0	0	0	1	0	0	0	1	
	Total/direct drug-related deaths			0	21	20	19	27	25	14	5	8	139
	of these: men			0	15	16	18	22	22	13	5	6	117
Indirect drug-related deaths	AIDS		0	0	0	1	1	2	2	4	2	12	
	Other diseases		0	0	2	0	5	5	1	4	0	17	
	Suicides (no intoxication)		0	1	2	1	4	0	0	0	1	9	
	Accidents, homicides		0	0	1	2	1	2	0	0	0	6	
	Unknown cause of death		0	0	1	0	0	0	0	0	0	1	
	Total/ indirect drug-related deaths			0	1	6	4	11	9	3	8	3	45
	of these: men			0	1	4	2	7	7	3	5	1	30

ND = narcotic drug(s)

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A8: Distribution of drug-related deaths in Austria by cause of death and province in 2001

Cause of death			Province									
			B	C	LA	UP	S	St	T	VB	V	A
Intoxications	Opiates	One opiate	0	0	1	0	0	0	1	0	9	11
		Several opiates	0	0	1	0	0	3	0	0	2	5
		+ alcohol	0	1	2	0	1	2	0	0	11	17
		+ psychoactive medicines	0	0	7	2	2	0	5	3	9	28
		+ alcohol psychoactive medicines	0	0	0	2	3	3	1	2	11	22
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	1	3	0	0	0	0	1	9	14
		ND + alcohol	0	0	0	0	0	0	1	1	6	8
		ND + psychoactive medicines	0	2	0	2	0	0	7	2	6	19
		ND + alcohol & psychoactive medicines	0	0	0	2	1	1	1	2	4	11
	Narcotic drugs excl. 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	1	1
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
		ND + alcohol & psychoactive medicines	0	1	0	0	0	0	0	0	0	1
	Total/direct drug-related deaths			0	5	14	8	7	9	16	11	69
Indirect drug-related deaths	AIDS		0	2	0	6	0	0	0	1	3	12
	Other diseases		0	0	4	3	0	1	0	1	8	17
	Suicides (no intoxication)		0	1	1	0	0	1	0	3	3	9
	Accidents, homicides		0	0	1	3	0	0	0	1	1	6
	Unknown cause of death		0	0	0	0	0	0	0	0	1	1
	Total/ indirect drug-related deaths			0	3	6	12	0	2	0	6	16

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

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A9: Development of AIDS cases in Austria by risk situation from 1992 to 2001

Risk situation	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Homo-bisexual contact	78	91	71	71	59	25	28	26	12	11
Intravenous drug use	56	60	42	39	25	22	25	27	19	14
Heterosexual contact	30	31	27	34	21	16	24	31	28	12
Other cause / unknown	28	54	27	62	34	35	21	16	23	10
Total	192	236	167	206	139	98	98	100	82	47

Source: FMSSG (BMSG, Abt. VI/D/2)

*Table A10: Distribution of reports to the police for violations of the Narcotic Drugs Act/
Narcotic Substances Act in Austria by first offenders and repeat offenders and
development from 1992 to 2001*

Reports	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total number of reports	7 805	10 915	12 623	13 093	16 196	17 868	17 141	17 597	18 125	21 862
First offenders	3 616	4 788	5 281	5 521	8 322	9 278	8 672	9 868	9 343	11 033
Repeat offenders	3 893	5 882	7 117	7 313	7 511	8 325	8 228	7 463	8 296	10 052

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

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

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

Source: FMI/Central Office for Combating Drug Crime (BMI - Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

*Table A11: Distribution of reports to the police for violations of the Narcotic Drugs Act/
Narcotic Substances Act in Austria by province from 1992 to 2001*

Province	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Burgenland	368	332	343	669	694	759	707	603	843	712
Carinthia	355	334	524	534	1 280	961	1 076	1 208	1 088	1 758
Lower Austria	1 055	1 216	1 772	1 655	1 550	2 686	2 519	2 389	2 624	2 975
Upper Austria	936	992	1 133	1 405	1 941	2 256	2 334	1 946	1 887	2 677
Salzburg	268	504	436	355	962	855	1 053	840	718	1 471
Styria	340	458	739	851	1 093	1 125	973	1 367	1 305	1 601
the Tyrol	842	1 483	1 798	1 382	2 268	2 204	2 212	2 152	2 687	2 449
Vorarlberg	748	973	888	1 082	1 040	933	1 144	1 848	1 183	1 447
Vienna	2 893	4 623	4 990	5 160	5 368	6 089	4 606	4 858	5 233	6 212
Total	7 805	10 915	12 623	13 093	16 196	17 868	16 624	17 211	17 568	21 302

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

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

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

Source: FMI/Central Office for Combating Drug Crime (BMI - Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

*Table A12: Distribution of reports to the police for violations of the Narcotic Drugs Act/
Narcotic Substances Act in Austria by drug type from 1992 to 2001*

Drug type	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cannabis	5 889	7 913	9 552	9 845	14 456	16 124	16 376	17 236	17 001	19 760
Heroin and opiates	2 803	4 340	4 394	4 386	3 727	3 434	2 850	2 524	2 413	3 802
Cocaine	819	1 267	1 404	1 603	1 912	2 764	2 103	2 608	2 494	3 416
LSD	200	296	234	315	640	893	736	532	477	506
Ecstasy	-	-	116	496	1 375	1 942	1 411	1 517	2 337	2 940
Amphetamines	-	-	103	81	342	1 068	-	-	1 041	1 215
Psychotropic substances	-	-	-	-	-	-	802	750	780	822
Other drugs	222	226	306	302	430	850	-	-	-	1 288

- = not evaluated separately or not specified

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

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

Source: FMI/Central Office for Combating Drug Crime (BMI -Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

Table A13: Distribution of reports to the police for violations of the Narcotic Substances Act in Austria by drug type and province in 2001

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	954	2 222	3 003	2 927	1 399	1 979	2 709	1 495	3 072	19 760
Heroin and opiates	21	34	486	138	310	298	154	149	2 212	3 802
Cocaine	25	98	378	275	189	198	221	220	1 812	3 416
LSD	34	26	136	158	20	54	21	46	11	506
Ecstasy	72	384	521	648	245	335	293	226	216	2 940
Amphetamines	49	43	335	319	88	199	13	56	113	1 215
Psychotropic substances	2	28	51	25	20	17	65	11	603	822

B = Burgenland, C = Carinthia, LA = Lower Austria, UA = Upper Austria, S = Salzburg, ST = Styria, T = the 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 figures differ from the total number of reports.

Source: FMI/Central Office for Combating Drug Crime (BMI – Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

Table A14: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1992 to 2001

Year	Total number of convictions under the NDA/NSA	Convictions under Art. 12 NDA/ Art. 28 NSA	Convictions under Art. 16 NDA/ Art. 27 NSA	Convictions in Austria	
				Total number	Under the NDA/NSA (percentages)
1992	1 720	617	1 074	74 419	2.3
1993	2 683	952	1 700	74 937	3.6
1994	3 275	1 230	2 010	69 458	4.7
1995	3 261	1 124	2 102	69 779	4.7
1996	3 454	1 027	2 382	66 980	5.2
1997	3 797	1 036	2 717	65 040	5.8
1998	3 327	1 041	2 207	63 864	5.2
1999	3 359	1 022	2 230	61 954	5.4
2000	3 240	933	2 245	41 624	7.8
2001	3 862	1 141	2 671	38 763	10.0

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

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

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

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A15: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act in Austria by age, gender and reason for conviction in 2001

Reason for conviction		14–19 years	20–24 years	25–29 years	30–34 years	> 35 years	Total
NDA/NSA total	men	798	1 118	569	361	531	3 377
	women	117	159	85	42	82	485
Art. 12 NDA / Art. 28 NSA	men	165	284	206	126	220	1.001
	women	18	43	31	15	33	140
Art. 16 NDA / Art. 27 NSA	men	633	831	359	230	285	2 338
	women	98	114	53	26	42	333

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

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

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

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A16: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act, according to youths and adults, reason for conviction and form of punishment in 2001

Reason for conviction		Fine	Prison sentence			Other punishment ¹	Total
			Probation	No probation	Partial probation		
NDA/NSA total	young people	181	196	52	82	177	688
	adults	1 091	864	829	358	32	3 174
Art. 12 NDA / Art. 28 NSA (felonies)	young people	5	39	34	46	0	124
	adults	20	199	565	230	3	1 017
Art. 16 NDA / Art. 27 NSA (misdemeanours)	young people	176	157	18	36	176	563
	adults	1 062	644	252	122	28	2 108

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

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

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

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

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

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A17: Development of application of alternatives to punishment in Austria from 1994 to 2001

Withdrawal of report/ dismissal of proceedings	1994	1995	1996	1997	1998	1999	2000	2001
Total	3 446	4 395	5 248	5 817	7 468	7 030	8 098	12 088
Art. 35 NSA (withdrawal of report)	-	-	-	-	6 699	6 360	7 088	11 190
of these: Art. 35 (4) NSA (cannabis)	-	-	-	-	1 432	1 355	1 411	2 248
Art. 37 NSA (dismissal of proceedings)	-	-	-	-	769	670	1 010	898

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

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

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

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

Source: FMSSG (BMSG, Abt. VI/B/11)

Table A18: Number of seizures of narcotic drugs/substances in Austria from 1992 to 2001

Narcotic drugs/substances	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cannabis	2 334	2 953	3 510	3 757	4 838	4 957	4 683	5 079	4 833	5 249
Heroin	859	1 289	1 225	1 298	1 110	861	654	452	478	895
Cocaine	235	332	376	421	525	651	531	519	554	768
Amphetamines	14	26	103	43	136	221	-	-	141	161
LSD	51	58	50	80	102	113	61	56	42	32
Ecstasy	-	-	51	153	254	253	135	215	330	352
Psychotropic substances	-	-	-	-	-	-	14	74	65	1
Psychotropic medicines	-	-	-	-	-	-	521	517	501	566

- = not evaluated separately or not specified

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

Source: FMI/Central Office for Combating Drug Crime (BMI -Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

Table A19: Seizures of narcotic drugs/substances in Austria by quantity from 1992 to 2001

Narcotic drugs/substances	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cannabis (kg)	248	546	394	697	517	912	1 336	451	1 806	456
Heroin (kg)	78.2	104.8	80.2	47.0	81.3	102	118	78	230	288
Cocaine (kg)	58.1	83.9	52.6	55.3	72.7	87	99	63	20	108
Amphetamines (kg)	0.4	0.3	0.7	1.6	3.7	7.9	-	-	1	3
LSD (trips)	3 847	28 201	1 543	2 602	4 166	5 243	2 494	2 811	865	572
Ecstasy (doses)	-	-	3 003	31 338	25 118	23 522	114 677	31 129	162 093	256 299
Psychotropic substances (kg)	-	-	-	-	-	-	0.128	4.004	1.294	0.002
Psychotropic medicines (units)	-	-	-	-	-	-	82 018	36 437	38 507	31 377

- = not evaluated separately or not specified

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

Source: FMI/Central Office for Combating Drug Crime (BMI - Zentralstelle für die Bekämpfung der Suchtgiftkriminalität)

Table A20: Ingredients of samples bought as ecstasy and analysed by the ChEck iT! project at rave parties, from 1997 to 2001

Ingredients	Samples bought as ecstasy (percentages)				
	1997 (n = 104)	1998 (n = 209)	1999 (n = 155)	2000 (n = 329)	2001 (n = 281)
MDMA	33.65	32.54	84.52	82.37	75.80
MDMA + MDE	2.88	0.00	0.00	3.04	2.14
MDMA + MDA	0.96	0.96	0.00	0.91	1.42
MDE and/or MDA	4.81	4.31	0.65	2.13	9.96
MDMA + caffeine	0.00	0.96	1.29	1.22	0.00
MDMA + amphetamines	0.96	0.96	0.65	0.61	0.36
MDMA + various combinations*	25.96	2.87	4.52	2.13	0.36
PMA/PMMA	0.00	0.00	0.00	1.52	0.36
Amphetamines	1.92	9.09	4.52	1.52	0.36
Metamphetamine	1.92	0.96	0.00	0.61	3.20
Caffeine	0.96	3.35	0.00	0.91	0.00
Quinine/quinidine	3.85	5.74	0.00	0.91	1.07
Various combinations*	22.12	38.28	3.87	2.13	4.98

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

Source: CheckiT! 2002e, calculations by ÖBIG

Table A21: Ingredients of samples bought as speed and analysed by the ChEck iT! project at rave parties, from 1997 to 2001

Ingredients	Samples bought as speed (percentages)				
	1997 (n = 24)	1998 (n = 56)	1999 (n = 68)	2000 (n = 92)	2001 (n = 52)
Amphetamines	4.17	84.21	55.88	58.70	57.69
Amphetamines + caffeine	0.00	3.57	5.88	6.52	9.62
Amphetamines + metamphetamine	0.00	0.00	1.47	0.00	0.00
Amphetamines + various combinations*	33.33	8.93	10.29	8.70	5.77
Metamphetamine	0.00	0.00	7.35	3.26	3.85
Caffeine	0.00	5.36	0.00	3.26	7.69
MDMA	0.00	1.79	4.41	3.26	0.00
Ephedrine total	37.50	3.57	7.35	0.00	1.92
Various combinations*	25.00	28.57	7.35	16.30	13.46

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

Source: CheckiT! 2002e, calculations by ÖBIG

Table A22: Number of persons currently registered for substitution treatment in Austria by first treatment/continued treatment and province in 2001

Treatment	B	C	LA	UA	S	St	T	VB	V	A*
Continued treatments	23	80	375	311	278	182	207	370	2 810	4 650
First treatments	3	19	129	40	37	75	6	53	351	714
Total	26	99	504	351	315	257	213	423	3 161	5 364

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

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

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

Source: FMSSG (BMSG/Abt. VI/B/11, calculations by ÖBIG)

Table A23: Prevention programmes in schools

Name	Target groups	Implementation by	Number of teachers involved	Related to family intervention	Related to school policy	Regions covered	Number of schools involved	Number of students reached	Number of teachers involved	Number of families involved	Evaluation
Step by Step crisis intervention	Students (13-21 years)	Experts	30	No	No	9 regions in Styria and the city of Graz	42	1 317	104	-	Outcome incl. control
	Teachers	Experts	150	Yes	Yes	Lower Austria	90		150	-	Outcome incl. control
Addiction prevention workshops in schools	Students (10-18 years), teachers, parents	Experts	53	Yes	Yes	Lower Austria	18	1 250	53	360	Outcome without control
It's Victoria's Birthday	Students (6-10 years), teachers, parents	Experts	400	Yes	No	Lower Austria	70	6 100	400	220	Evaluated previously
Sankt Pölten project	Students (10-14 years), teachers, parents	Experts	40	Yes	Yes	District of St. Pölten (Lower Austria)	15	600	40	200	Evaluated previously
Station model	Students (10-18 years), teachers, parents	Experts	350	Yes	Yes	Lower Austria	70	1 750	70	800	Other type
Addiction prevention - further training for teachers	Teachers	Experts, educators	240	No	Yes	Lower Austria	110		240	-	Other type
Becoming Independent	Students (6-10 years)	Teachers, educators	1	Yes	Yes	Vienna	23	700+	50	0	Outcome without control
Living Together	Students (10-19 years)	Teachers, educators	2	Yes	Yes	Vienna	13	1 500	80	0	Other type

- = not available

Note: The survey of school programmes has been carried out for the first time. The projects presented here reflect the return rate and do not give a complete picture of prevention programmes at schools in Austria.

Source: summarised by ÖBIG, spring/summer 2002

Table A24: Prevention programmes in early childhood, 2001

Name	Target groups	Related to family intervention	Regions covered	Number of kindergartens involved	Number of children reached	Number of teachers involved	Number of actively participating family members	Evaluation
Weeping, raging, laughing	Kindergarten teachers	No	Lower Austria	42	840	42	-	Outcome evaluation incl. control
Drug prevention at pre-school age	Children (up to 6 years), teachers, parents	Yes	City of Graz, district capitals in Styria	-	-	-	-	Outcome evaluation incl. control
Toy-Free Kindergarten	Children (4-6 years), teachers, parents	Yes	Weidling (Lower Austria)	1	74	5	65	Other type

- = not available

Note: The survey of prevention projects in early childhood has been carried out for the first time. The projects presented here reflect the return rate and do not give a complete picture of interventions related to early childhood prevention projects in Austria.

Source: summarised by ÖBIG, spring/summer 2002

Table A25: Outreach work, 2001

Name	Target groups	Staff	Number of trained streetworkers	Total number of staff	Total number of contacts/year	Number of clients reached	Number of condoms distributed	Evaluation
Streetwork Graz	Potential drug users	Social workers	4	4	5 500	250	approx. 1 500	Monitoring and documentation
Streetwork Vienna	Problem drug users, young people at risk	-	13	15	70 000	-	-	Monitoring and documentation
H.I.O.B. (low-threshold counselling facility for drug addicts), Vorarlberg	Others	Social workers, legal expert	5	6	approx. 100 regular clients, approx. 250 one-time contacts	approx. 350	approx. 8 900	Monitoring and documentation
MOJA (mobile youth work in the district of Mödling, Lower Austria)	Young people at risk	Social workers, psychologist, education expert	5	5	887	80	approx. 200	No evaluation
ChEcki! (Vienna)	Sparetime drug users (esp. the techno scene)	Social workers, psychologists, chemistry expert	10	20	756	approx. 1 800	approx. 6 000	Monitoring and documentation

- = not available

Note: The survey of outreach programmes has been carried out for the first time. The projects presented here reflect the return rate and do not give a complete picture of outreach programmes in Austria.

Source: summarised by ÖBIG, spring/summer 2002

Table A26: Assistance to drug users in prison in 2001

Intervention	Activities	Number of prisons participating	Notes
Abstinence-oriented treatment	Detoxification/withdrawal	29	In all prisons, carried out by doctors
	Drug-free zones	6	
	Therapy departments in the prison	8	
Substitution treatment		Must be provided in all prisons; specific forms in 4 prisons	Only methadone so far; recently a pilot project with other substances has started
Prevention	Blood testing	29	Wherever needed
	Vaccination programmes	29	Wherever needed
	Supply of disinfectants	29	Wherever needed
	Syringe exchange	0	
	Supply of condoms	29	Obligatory at admission examination
Cooperative relationships	Preparation for release	29	
	Counselling for relatives	29	
	Continuing counselling	6–10	
	Therapy communities outside prison	15	
	Cooperation with public health-care system	In some prisons	As a rule a task of the prison doctors

¹ Total number of prisons in Austria: 29

Source: FMJ (BMJ) 2002

Table A27: Revenues of facilities by financial source, 1999 and 2001

Financed by	Revenues 1999 (EUR)	Revenues 1999 (%)	Revenues 2001 (EUR)	Revenues 2001 (%)
FMSSG	1 302.7	7.9	1 226.8	6.4
Other ministries	1 801.7	11.0	1 699.9	8.8
Provincial governments	7 643.7	46.6	8 833.4	45.8
Local governments	198.0	1.2	563.2	2.9
Social insurance funds	2 060.7	12.6	2 273.3	11.8
Hospital Fund	2 365.5	14.4	2 441.9	12.7
Public Employment Service	385.6	2.3	550.8	2.8
Other sources	652.1	4.0	1 701.5	8.8
Total (EUR 1 000)	16 409.9	100.0	19 291.2	100.0

¹ The Hospital Fund comprises the individual Provincial Hospital Financing Funds

Sample: The FMSSG sent the questionnaire to all prevention centres and drug help facilities that obtain annual funding by the FMSSG according to Art. 16 of the NSA (cf. Chapter 14.2). 30 out of a total number of 39 organisations took part in the survey. As a few facilities also communicated data from drug-help centres not funded by the FMSSG, information from a total number of 33 drug-help facilities have been available. Two facilities only communicated data for 2001, so the figures for 1999 were calculated on the basis of the average figures of the other facilities, taking into account their specific areas of activity and financing source.

Source: calculations by ÖBIG, spring/summer 2002

Table A28: Total expenditures for drug-related demand reduction in Austria by financial source in 1999 and 2001

Area	1999 (EUR)	Percentage	2001 (EUR)	Percentage
Federal government	10 367.5	19.8	8 628.4	12.9
Provincial governments	17 897.5	34.2	28 657.7	42.9
Local governments ¹	1 103.9	2.1	1 182.5	1.8
Health insurance funds	10 004.6	19.1	14 134.3	21.2
Public Employment Service	3 121.0	6.0	3 625.6	5.4
Healthy Austria Fund	301.1	0.6	196.9	0.3
Expenditures not attributable	9 517.7	18.2	10 330.6	15.5
Total expenditures (EUR)	52 313.3	100	66 756.0	100

¹ Expenditures by the City of Vienna (= both a provincial and a local government) have been accounted for under provincial expenditures only.

² Expenditures for inpatient treatments in hospitals that could not be attributed to a certain area.

Note: For calculating total expenditures the results of extrapolations and not the data collected were used. For details concerning sample, return rate and extrapolation see Chapter 14.3.

Source: calculations by ÖBIG, spring/summer 2002

Table A29: Austrian population aged 12 to under 18 years by age and gender, in 2002

Age (completed years)	Male	Female	Total
12 years	48 093	45 508	93 601
13 years	47 928	45 644	93 572
14 years	48 181	45 895	94 076
15 years	48 337	46 141	94 478
16 years	48 552	46 439	94 991
17 years	49 561	47 534	97 095
Total	290 652	277 161	567 813

Source: Statistics Austria (Statistik Österreich), calculations by ÖBIG

Table A30: Austrian population statistics by age group and gender in 2001

Age group	Men	Women	Total
0 to less than 5 years	210 622	200 461	411 083
5 to less than 10 years	241 140	229 626	470 766
10 to less than 15 years	243 590	231 698	475 288
15 to less than 20 years	248 449	237 621	486 070
20 to less than 25 years	241 724	234 141	475 865
25 to less than 30 years	270 043	272 488	542 531
30 to less than 35 years	339 365	332 601	671 966
35 to less than 40 years	360 865	347 308	708 173
40 to less than 45 years	317 958	310 514	628 472
45 to less than 50 years	263 243	264 180	527 423
50 to less than 55 years	257 214	259 476	516 690
55 to less than 60 years	221 873	232 185	454 058
60 to less than 65 years	217 938	234 424	452 362
65 to less than 70 years	153 282	180 056	333 338
70 to less than 75 years	140 486	187 492	327 978
75 to less than 80 years	98 167	192 639	290 806
80 to less than 85 years	45 918	105 717	151 635
85 and older	35 367	105 594	140 961
Total	3 907 244	4 158 221	8 065 465
0 to less than 15 years	695 352	661 785	1 357 137
15 to less than 30 years	760 216	744 250	1 504 466
30 to less than 45 years	1 018 188	990 423	2 008 611
45 to less than 60 years	742 330	755 841	1 498 171
60 to less than 75 years	511 706	601 972	1 113 678
75 and older	179 452	403 950	583 402
Total	3 907 244	4 158 221	8 065 465

Source: Statistics Austria (Statistik Österreich), calculations by ÖBIG

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Scale 1:2 500 000

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ANNEX C

List of Abbreviations

2-CB	4-bromo-2,5-dimethoxyphenethylamine
AMS	Public Employment Service
API	Anton Proksch Institute
ATS	Austrian schillings
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESSPROS	European System of Integrated Social Protection Statistics
EU	European Union
FMAFEW	Federal Ministry of Agriculture, Forestry, Environment and Water Management (BMLFUW)
FMD	Federal Ministry of Defence (BMLV)
FMESC	Federal Ministry of Education, Science and Culture (BMBWK)
FMF	Federal Ministry of Finance (BMF)
FMFA	Federal Ministry for Foreign Affairs (BMA)
FMI	Federal Ministry of the Interior (BMI)
FMJ	Federal Ministry of Justice (BMJ)
FMSSG	Federal Ministry for Social Security and Generations (BMSG)
FMTIT	Federal Ministry for Transport, Innovation and Technology (BMVIT)
FPÖ	Austrian Freedom Party
GHB	gamma-hydroxybutyric acid
HAF	Healthy Austria Fund (FGÖ)
HBSC	Health Behaviour in School-Aged Children
IFES	Institute for Empirical Research
ILO	International Labour Organisation
INCB	International Narcotics Control Board
ISP	Addiction Prevention Institute
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine
MDMA	methylen-dioxy-methyl-amphetamine
NDA	Narcotic Drugs Act
NFP	National Focal Point
NSA	Narcotic Substances Act
ÖBIG	Austrian Health Institute

PMA	paramethoxyamphetamine
PMMA	paramethoxymethylamphetamine
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
VSF	Vienna Social Fund (FSW)
VWS	Vienna Social Projects Association