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by the Reitox National Focal Point**

AUSTRIA DRUG SITUATION 2003

REITOX

Österreichisches Bundesinstitut für Gesundheitswesen



ÖBIG

Report on the Drug Situation 2003

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Summary

This Annual Report on the Drug Situation in Austria, drawn up for the European Monitoring Centre for Drugs and Drug Addiction and the Federal Ministry of Health and Women, addresses the subject of illicit 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 2002/3. Every year specific issues are highlighted; this year evaluation of national drug strategies, cannabis problems and psychiatric comorbidity have been selected for detailed presentation.

Wider range of substances taken by both experimental users and problem users

In the last few years the range of (illicit) substances used has markedly widened in Austria with regard to both experimental drug use and problem drug use. While the data and reports available appeared to be contradictory at first – on the one hand there were indications of a trend towards stimulating substances and on the other it was reported that opiates continued to play a dominant role - now a more consistent analysis is possible. The trend towards stimulating substances, in particular cocaine, but also amphetamines, has not resulted in their gradually replacing opiates, as was assumed before, but is part of a general development towards a widened range of substances consumed.

In the context of experimental use, in addition to cannabis - which continues to be the substance most frequently used - more and more other substances (ecstasy, speed, cocaine and in some cases also opiates) are taken. On the other hand, problem drug use in the context of poly-drug consumption (multiple or combined drug use) tends to involve more and more different substances. While use of cocaine - also by injection - has become more frequent in the last few years, mainly due to market mechanisms such as price and availability, the number of severe opiate addicts has been reported to go down. The widening range of substances used also explains the seeming contradiction of recent prevalence estimates indicating a rising number of problem opiate users. This appears to be an overestimation on grounds of methodology, which reflects increases in experimental drug use on the one hand and a general trend towards increasing poly-drug use to a problematic extent on the other. Combined use of various different substances accounts for the majority of drug-related deaths, while intoxications caused solely by opiates are very rare.

More and more drug help centres are responding to the changing situation, for instance by placing a specific focus on young people, as experimental drug use is rising in this group (see below), and in the last few years the treatment services have generally become more flexible. The change in patterns of use has become an issue of discussion also among low-threshold facilities, and the relevant services are being adapted accordingly.

Young people and women as specific target groups

As mentioned above, a rise in experimental drug use has been registered for a number of years, in particular among adolescents and young adults. This is most pronounced in the case of cannabis but generally applies to a variety of other substances. In addition more and

more reports to the police, convictions and imprisonment due to drug-related offences concern adolescents and young adults. A number of drug help centres and experts have also registered rising numbers of young people abusing drugs. Many of the young people showing patterns of problem drug use have massive social problems such as homelessness or unemployment as well as psychological problems (e.g. psychiatric co-morbidity).

Young people have always been a central target group of drug policy interventions, but as a result of the developments in recent years still more attention has been paid to this group. For instance a study assessing the demand for accompanying psychosocial measures for young problem drug users was carried out in Graz, and in the Tyrol a demand analysis regarding homeless young drug users is being conducted. In addition to primary and secondary prevention measures, outreach work and target group-oriented treatment, now also measures aimed at the social integration of the young people concerned have been intensified.

A second target group to which growing attention is attributed is women. For several years already, epidemiological data have shown relevant gender-related differences, with the share of women in the total number of drug users going down with age and severity of drug problems. However, women may also be underrepresented in the drug help system to some extent as the relevant services often do not meet their specific demands. In view of this situation many centres have particularly focused on women-related aspects in the last few years, and some of them have adapted their services accordingly, or created new ones. This eventually resulted in a discussion of gender mainstreaming. There are indications that gender-related aspects will play an important role in the context of drug help in the next few years.

Further professionalisation of drug policy and drug help structures

The Federal Drug Coordination considers drawing up a nation-wide drug strategy for the first time. Recently drug or addiction plans or strategies have been made available, and drug or addiction coordinators nominated, in all nine provinces, which is another important step towards professionalisation of drug policy and drug help structures. In addition at both the federal and the provincial levels endeavours are made to intensify drug monitoring, which will improve the data situation and thus in future permit a better, and more objective, evaluation of the drug situation. This will also facilitate an adaptation of the relevant services in line with actual needs. The trend towards further professionalisation is also reflected in a rising number of demand analyses, accompanying research and evaluations. The Federal Ministry for Health and Women (FMHW) had plans and curricula developed for drug-related further training for five relevant occupational groups. In addition at the national, regional and local levels numerous further training programmes and quality assurance measures (e.g. drawing up of guidelines, quality management, preparation of organisational profiles) have been promoted by various federal ministries, provincial departments and in all areas of drug help.

Selected issue: Evaluation of national drug strategies

So far no experience of evaluation of drug strategies has been gathered in Austria. At the federal level concrete plans to draw up a nation-wide drug strategy are being considered. Due to the federalist structure of the field of health and social affairs the provinces play a major role in planning and implementing drug policy measures. All nine provinces have drawn

up drug or addiction plans or strategies specifying the objectives and fields of intervention of drug and addiction policies at the provincial level. None of these plans or strategies has been evaluated so far, however, Vorarlberg is considering an evaluation of the provincial drug strategy.

Selected issue: Cannabis problems in context

Only few routine data on problem use of cannabis and thus the corresponding demand for treatment are available for Austria. Cannabis users are frequent clients of outpatient drug help facilities, but the majority of them do not require treatment or care in a narrower sense. However, there is a group of persons who need treatment either exclusively or primarily on account of cannabis consumption. Most of these clients are rather young, socially integrated men who show psychotic disorders after intensive use of high cannabis doses over a longer period of time. According to experts this is likely to be related to an already existing vulnerability to psychoses.

An assessment of trends is difficult: there are experts pointing to a rising demand for treatment because of cannabis use (in most cases in connection with psychoses), while others say that the situation is stable or that no clear assessment can be given due to lack of data. On the whole the share of persons who need treatment or care because of cannabis consumption is very small compared to the total number of cannabis users. However, undoubtedly there is a group, if small, for whom cannabis use is risky and may have adverse consequences due to an existing vulnerability to psychoses.

Selected issue: Psychiatric comorbidity

Psychiatric comorbidity can be either a cause or a consequence of problematic drug use or drug addiction. The connections and interrelations between addiction and psychiatric disorders are complex and often not easy to detect. In Austria there are no routine data and only few in-depth surveys on this issue. However, ample data and reports are available especially from the field of treatment. Despite the different methods of data collection and sampling applied by the individual services, generally a high prevalence of psychiatric comorbidity (double diagnosis) can be discerned in problem drug users, especially inpatient clients undergoing long-term therapy. The most frequent diagnoses are personality disorders, psychotic disorders and depressive episodes, in many cases combined as multiple disorders.

The treatment and care of clients with psychiatric comorbidity represents a great challenge to drug help staff and services. Problems arise especially in those fields of drug help where the staff have no psychiatric know-how. In recent years efforts have been directed at increasing psychiatric competence through cooperation with psychiatric institutions and experts and by organising further training courses. In the inpatient sector it has been found that clients with double diagnosis more frequently tend to quit therapy prematurely and also relapse more often. In the treatment sector, more and more programmes are adapted accordingly and target-group specific services are created. It is suggested that young clients be referred to treatment in psychiatric institutions rather than drug help facilities, as the use of narcotic substances in many cases is as yet a secondary problem.

Introduction

This is the 8th time that the REITOX Focal Point at the Austrian Health Institute (ÖBIG) presents its annual Report on the Drug Situation commissioned by the European Monitoring Agency for Drugs and Drug Addiction (EMCDDA) and the Austrian Federal Ministry for Health and Women (FMHW).

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 (EU). Similar reports are submitted by the REITOX Focal Points of all EU member states and EU applicant countries, according to the structure required 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 2002).

This year's report follows the structure of last year. The first three parts deal with current developments and trends concerning the drug policy framework, the epidemiological situation and health policy interventions aimed at demand reduction. These parts refer to the reporting period from summer 2002 to summer 2003, while routine statistics refer to the year 2002. As these chapters are based on the previous reports (latest report: ÖBIG 2002a), they have been kept concise deliberately. Part 4 gives a more detailed presentation of selected issues, which in the present report deal with the evaluation of national drug strategies, cannabis problems and psychiatric comorbidity. The annex includes supplementary material such as tables 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 experts in the field of drugs. In this respect, the reports on the drug situation in the individual Austrian provinces presented by the drug coordinators and addiction coordinators have been especially helpful. In addition a number of experts contributed background information and specific data for individual chapters of this report (cf. also selected issues). We would like to express our gratitude for their cooperation.

We are especially indebted to the members of the advisory working group of the REITOX Focal Point Austria, Mr Michael Dressel (Drug Coordinator of the City of Vienna and Provincial Representative), Mr Thomas Neubacher (Drug Coordinator of the Province of Vorarlberg and Provincial Representative), Mr Franz Pietsch (Federal Drug Coordinator and head of the Federal Drug Coordination), Mr Robert Scharinger (FMHW), Ms Johanna Schopper (head of the Drugs Department at the FMHW) 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

Regarding the political framework at the **federal level**, an important development in the field of drugs was the presentation - at a meeting of the Federal Drug Forum (cf. Figure 1.1) in April 2003 - of plans to prepare a nation-wide drug strategy. The aim of these endeavours is to draw up a national strategy based on European and international standards and developments, which combines the positions of the Federal Government and already existing plans and strategies of the Provinces, and also takes into account recent developments in this multidisciplinary field. A first draft will be available in autumn 2003 and presented by the Federal Drug Coordination at the next meeting of the Federal Drug Forum scheduled for November 2003.

The government programme of 28 February 2003 of the Austrian Federal Government (Bundesregierung 2003) refers to drug issues in the chapters on internal affairs, justice and youth. The chapter on internal affairs, asylum policy and integration stresses the importance of an uncompromising position in the fight against drug trafficking and - as part of the set of measures to increase road traffic safety - intensified efforts to reduce instances of driving under the influence of drugs. The chapter on justice includes a section specifically dedicated to the issue of drugs, with the following positions: refusal of any liberalisation even of soft drugs, and maintenance of the principle of therapy instead of punishment in the case of offenders who do not deal drugs (p. 10). The chapter on families and generations includes a section on young people, which mentions the aim to expand services and facilities to prevent addiction and drugs (cf. also chapter 8.1)

In the new Federal Government the competence for health-related drug affairs rests with the Federal Ministry for Health and Women (FMHW), which according to recent legislation (cf. chapter 1.2) is also responsible for federal drug coordination (cf. figure 1.1). Another relevant development regarding the organisational framework is the establishment of the Federal Criminal Agency (cf. ÖBIG 2002a), where the department of the Ministry of the Interior responsible for drugs is located. In the course of implementation an office for operative and strategic analyses was also founded to provide assistance in complex investigations.

In the reporting period the FMHW continued the measures taken to advance drug-related monitoring (cf. also annex A). A relevant achievement in this context was the completion in spring 2003 of the work concerning the themes to be covered by the uniform documentation system of drug help centres. Autumn 2003 will see negotiations at the provincial level regarding the practical realisation of the project, which will especially focus on the implementation of the key indicator Demand for Drug Treatment defined by the EU. What is also planned is the establishment of an early-warning system for new trends in the field of drugs. The reason for this is that in August 2002 traces of strychnine were found in heroin in Vienna (cf. chapter 5.3). As a consequence the FMHW, in coordination with the Federal Drug Forum, nominated a working group to deal with this issue. First recommendations for the implementation of such a system in Austria have already been made and will be discussed by the Drug Forum in autumn 2003.

Developments in the reporting period at the **provincial level** include the adoption of the Vorarlberg drug strategy of 2002 by the Provincial Government. In June 2003 the Addiction Advisory Board of Upper Austria approved the provincial addiction strategy, which will now be discussed by Government. The drafts of the two strategies have already been described in the report of last year (cf. ÖBIG 2002a).

In the reporting period all provinces adopted or planned measures to implement their drug or addiction plans or strategies (cf. ÖBIG 2000 and 2001a). Specific attention was paid to the subjects of secondary prevention for the target group of young people (e.g. Lower Austria, Carinthia, Tyrol, Vorarlberg and Vienna; cf. chapters 8.1 and 9), substitution (e.g. Salzburg, Tyrol, Vorarlberg and Vienna; cf. chapter 11), quality assurance (in particular Lower Austria, Salzburg and Styria; cf. chapter 13) and monitoring (in particular Upper Austria, Vorarlberg and Vienna; cf. annex A). Implementation of these plans and strategies has also resulted in the creation of new drug centres (Lower Austria, Carinthia, Salzburg and the Tyrol; cf. chapter 11). Vienna reported plans to increase the subjective feeling of safety among the population (cf. chapter 4.1) and to continue the focus on labour-market interventions (cf. chapter 11). Generally speaking, evaluation and research have played an increasingly important role. Implementation of drug policies is more and more often accompanied and underpinned by studies assessing the relevant demand situation (e.g. the Tyrol and Styria), evaluation of pilot projects (e.g. Lower Austria, Carinthia and Vienna) as well as scientific studies and analyses (e.g. Burgenland, Upper Austria, Vorarlberg and Vienna). In addition Vorarlberg is the first province planning an evaluation of the provincial drug strategy (cf. chapter 14).

The organisational framework at the provincial level has also changed in some respects (cf. also chapter 8.1). In Carinthia, based on a decision by the Provincial Government, the fields of drug coordination and addiction prevention were separated in autumn 2002: a special provincial Agency for Addiction Prevention (cf. figure 1.1) and the organisational unit Subdivision for Drug Coordination/Social Medicine were created, which has strengthened both fields. In addition the examinations carried out according to Art. 12 of the Narcotic Substances Act (NSA), which had been centrally organised before, were transferred to the district level. In Salzburg the Addiction Advisory Board was established as a new consulting body of the competent member of the Provincial Government, and two permanent working groups (on prevention and substitution) were founded. In the Tyrol the range of tasks of the Addiction Coordinators was expanded and now also includes quality assurance of drug centres as well as evaluation and documentation. In spring 2003 Vienna decided that the Vienna Social Fund competent for drug affairs was to take over a number of additional tasks in the field of health and social care. Due to these organisational changes the VSF now includes a special addiction and drugs unit, whose head was appointed Drug Coordinator of Vienna.

The **Federal Drug Forum** continues to be the central coordination body between the federal and provincial governments (cf. figure 1.1). The Federal Drug Coordination has prepared rules of procedure to provide a clear framework with regard to the tasks and structures of this body. In the reporting period the Federal Drug Forum met twice (October 2002 and April 2003), with agendas including drug-related legal amendments (Road Traffic Act, Driving Licences Act Health Degree; cf. chapter 1.2), executive problems of the provinces due to rising

reports to the police concerning use of cannabis (cf. also chapter 15.1 and ÖBIG 2002a), further development of drug monitoring (introduction of a uniform documentation and reporting system of drug help centres, monitoring of substitution treatment) as well as information on new developments and measures.

1.2 Legal framework

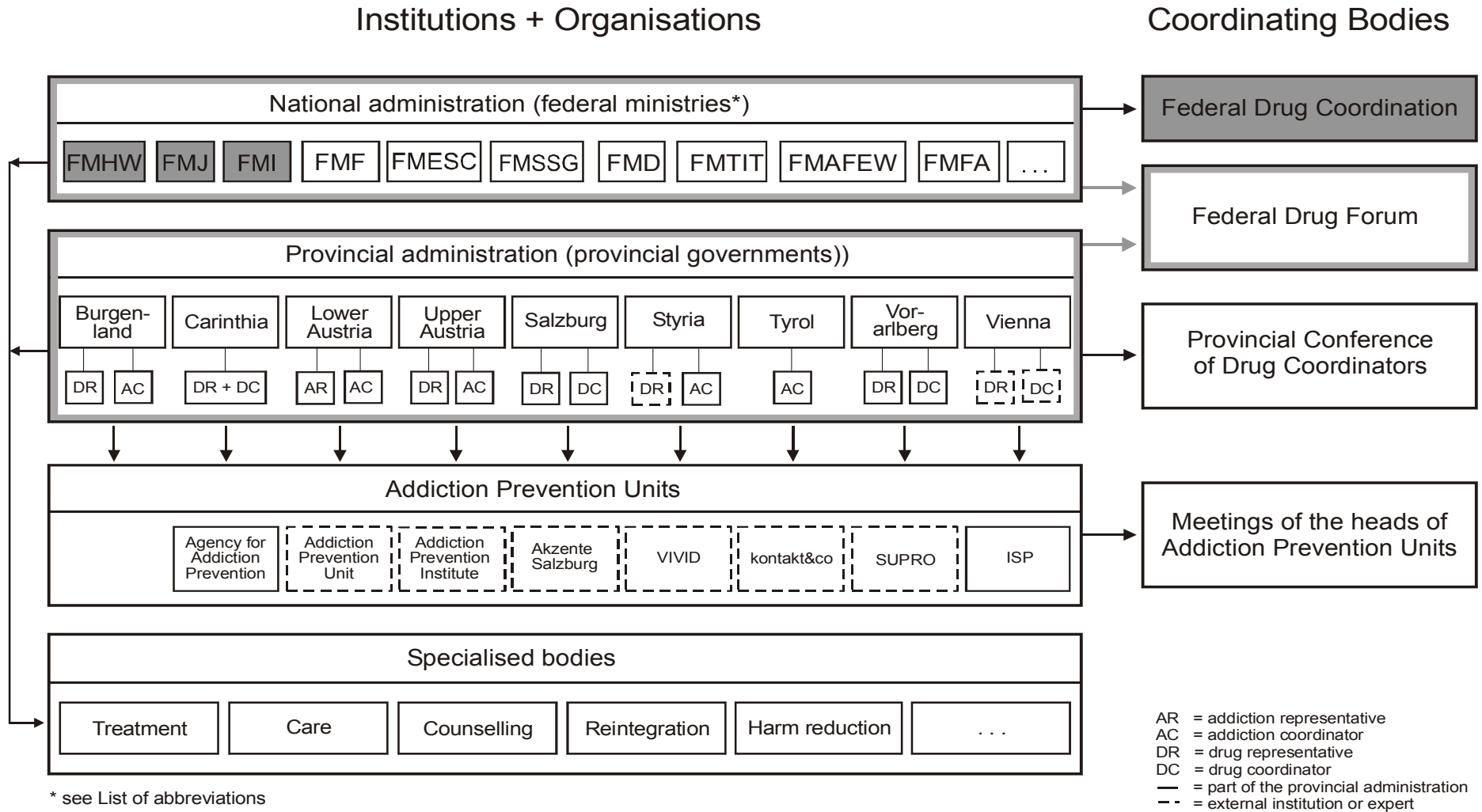
The Narcotic Substances Act (NSA), which has been in force since 1998, has not been amended in the reporting period, but a number of other regulations relevant for the field of drugs have changed. On 1 January 2003 the 21st amendment to the Road Traffic Act entered into force, permitting blood tests if impaired ability to drive due to drug influence is suspected (Federal Collection of Statutes BGBl. I No. 128/2002, for more details see ÖBIG 2002a). The sanctions for impaired ability to drive due to drug influence, and also the consequences if testing is refused, correspond to the regulations concerning alcohol. In addition the Act provides that a positive test result shall not lead to a report to the police for violation of the NSA but the procedure is the same as laid down in Art. 13 of the NSA in the case of suspected drug use in schools or in the Federal Army, i.e. only the district health authorities are informed in accordance with Arts. 12ff of the NSA. The procedure for drug tests for drivers comprises several stages: (1) investigation by the police of suspected influence of drugs (check list), (2) clinical testing by a public health officer if investigation by the police has corroborated the suspicion, (3) blood test if clinical testing has confirmed drug influence. At present an inter-departmental decree of the competent ministries is under preparation, which will further specify the procedure to be adopted in particular by the police, the public prosecutors and the medical officers.

In spring 2003 the Federal Drug Forum (cf. also chapter 1.1) again discussed the planned amendment to the Driving Licences Act Health Decree (cf. ÖBIG 2002a), on the basis of a proposal outlining several options prepared by the FMHW, and consensus was reached to a certain extent. It was agreed that the FMHW should revise the text of the amendment on the basis of the results achieved and again present it to the relevant institutions and experts.

In the amendment to the Federal Ministries Act of 2003 it was laid down that the FMHW should be responsible for drug coordination at the national level (cf. also chapter 1.1).

As per 30 June 2003 the Vienna Juvenile Court was closed (cf. Federal Collection of Statutes BGBl. I No. 135/2003). This is relevant for the field of drugs as drug offences play a central role among juvenile delinquents (cf. chapter 1.3). The Juvenile Court had been located near the public prosecutor for juvenile delinquents, the youth court help centre, the staff of the youth welfare department, the probation assistance office and the police directorate as well as the counsellors, education experts and psychologists working in the adjacent prison for juvenile delinquents, which facilitated close cooperation. The tasks of the Juvenile Court have been taken over by the competent district courts and the Provincial Criminal Court of Vienna. Young people taken into custody pending trial are now detained in the prison of Josefstadt/Vienna.

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



Source: ÖBIG

1.3 Laws implementation

Austria registered a marked increase in the number of prisoners last year. While the long-term average number of prisoners has been approximately 7 000, in 2002 it rose to almost 8 000, by which a capacity limit was reached. As a consequence the Ministry of Justice had a study conducted to examine the development of the number of prisoners. It showed that the strongest increase in newly detained prisoners in Austrian prisons from 2000 to 2002 concerned persons arrested because of misdemeanours under the NSA such as possession of small quantities of drugs and small-scale trafficking (Pilgram 2003). In Vienna new arrests because of these offences had increased by 86 percent, and in the rest of Austria, by more than 100 percent. On the other hand, in the same period the number of arrests due to felonies according to the NSA (e.g. large-scale trafficking and commercial trafficking) had gone down (Vienna: reduction by 12.7%; rest of Austria: reduction by 1.3%). The increase is especially pronounced in the case of adolescents arrested because of drug offences (age group from 14 to 18: +162.7% for NSA misdemeanours and +68.9% for NSA felonies) and also young adults (age group from 18 to 21: +136.3% for NSA misdemeanours and +64.8% for NSA felonies).

The strong increase in arrests because of drug-related offences is connected with the continuous rise in reports to the police in this field, noticed in particular since the early 1990s. Until 1990 the annual number of reports to the police for violations of the Narcotic Drugs Act or Narcotic Substances Act had remained lower than 5 000, which was followed by a rapid increase to more than 22 000 reports in the recent past, parallel to an increase in convictions from approximately 1 000 in 1987 to more than 4 000 in 2002. However, the strong rise in reports in the second half of the 1990s at first was not reflected in a similar increase in convictions as it was compensated by a growing tendency to apply legal alternatives to punishment - with a rise from approximately 3 500 cases in 1994 to more than 12 000 in 2001 (cf. figure 1.2). 2002 was the first year in which alternatives to punishment were adopted to a markedly smaller extent, i.e. in approximately 9 000 cases (cf. also chapter 4.2). This will probably also have effects on the figures for 2003 and will lead to a further increase in the number of convictions and eventually also in the number of prisoners.

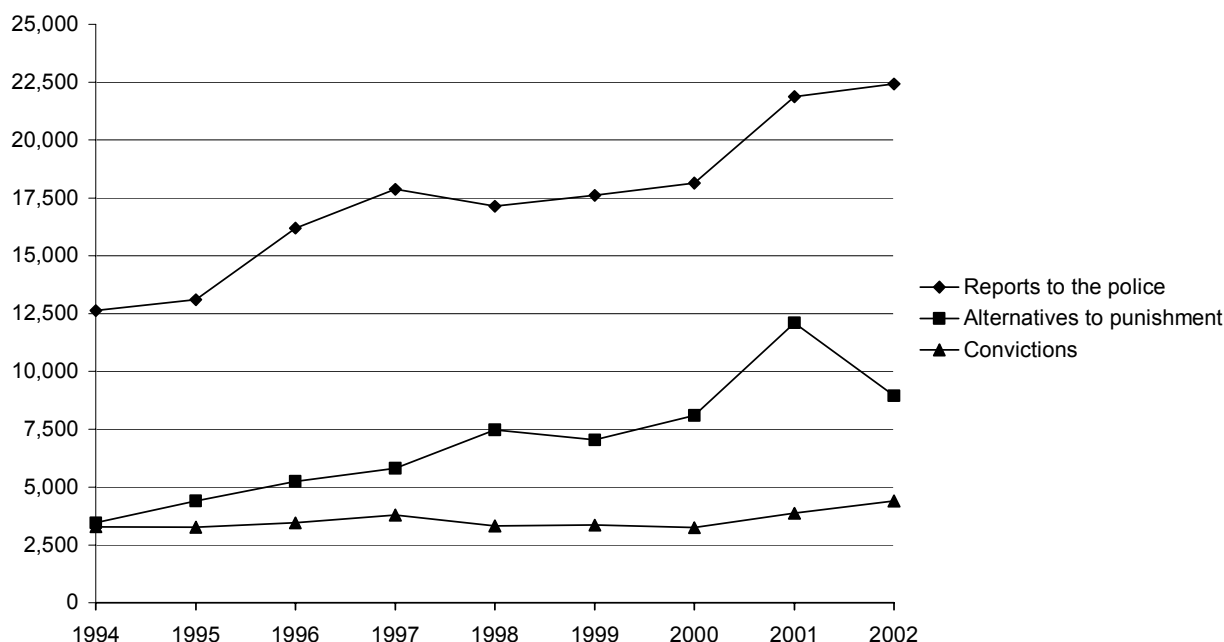
The decline only concerns withdrawals of reports to the police (cf. table A17 in annex B) i.e. the scope of influence of the public prosecutors, whereas the number of proceedings dismissed, which comes under the competence of the courts, has risen. The reasons and causes for this development in the approaches to executive practice on the part of the state prosecutors have yet to be investigated.

More detailed analysis of data on convictions for violations of the NSA shows an increase in the last two years of the number of persons punished with imprisonment. In the second half of the 1990s between 1 000 and 1 100 persons per year were punished with imprisonment (including convictions with sentence suspended), and in 2001 and 2002 the annual number was approximately 1 300 (cf. also table A16 of annex B). Obviously, this immediately affects the number of prisoners.

These figures show that drug offences in general have played an increasingly important role in the field of prosecution. The present share of convictions for drug-related offences in the total number of convictions in Austria is almost eight times as high as 15 years ago (1987:

1.4%; 2002: 10.7%; cf. also table A14 of annex B). Another remarkable fact is that the rise in reports to the police, convictions and number of persons imprisoned almost exclusively refers to misdemeanours (cf. figure 4.1 and table A14 of annex B).

Figure 1.2: Comparison of the development of drug-related reports to the police, convictions and adoption of legal alternatives to punishment in Austria from 1994 to 2002



Sources: FMI - Federal Criminal Agency, Statistics Austria, FMHW

It has not been possible in the above description of the number of prisoners to give a more detailed analysis of the reasons for the new developments in the field of prosecution and adjudication as the relevant data are insufficient. A further investigation of the reasons for the current decline regarding the application of alternatives to punishment would also be important. Based on his analysis Pilgram (2003) concludes that one cannot expect social problems such as an undiminished demand for illicit drugs to be solved by the police and justice authorities alone. What would be needed is new strategies for social institutions to react to social developments in times of globalisation in a practical and concerted way, beyond mere prosecution.

An article by Eisenbach-Stangl (2003) illustrates the trends of prosecution regarding drug offences in Austria as from 1975. She attributes the strong rise in reports to the police mainly to the reorganisation of the drug investigation structures since the early 1990s (increased involvement of the district police and the customs authorities, cooperation with Europol, more activities in the field of drugs) as relevant studies do not indicate any major changes in the epidemiological situation.

Dittrich et al. (2003a) investigated the adoption of health-related measures for 200 addicted offenders who had filed applications for therapy instead of punishment (Art. 39 of the NSA) after the Narcotic Substances Act had entered into force in 1998. These persons were examined in order to assess whether they were dependent on a narcotic substance, which is a

prerequisite for granting therapy instead of punishment, and which health-related measures were appropriate. Dependence on illicit drugs was diagnosed in all cases. Regarding measures to be adopted the most frequent recommendation was inpatient short-time therapy, although outpatient types of counselling and care were becoming more important in the course of the three-year period investigated. While in 1998 inpatient therapy was still recommended for three quarters of the patients, in 2001 it was regarded as appropriate in less than half of the cases. This development is attributed to the declining number of persons severely addicted to opiates (cf. also chapter 2.3), the rising importance of substitution treatment and also the general diversification of the range of possible therapies. The authors of the study conclude that the health-related measures defined in the NSA permit an adequate range of different types of treatment adapted to individual needs, although in the 1980s and 1990s the adoption of the principle of therapy instead of punishment almost exclusively resulted in long-term therapies. The authors recommend the definition of uniform, transparent criteria for the application of health-related measures in order to reduce possible regional differences within Austria.

1.4 Developments in public attitudes and debates

The only recent data on drug-related attitudes are included in a survey covering 515 young people between 12 and 25 in Graz, which was already mentioned in the report of last year (X-Sample 2002a; cf. also table A1 of annex B). The young people interviewed had rather liberal attitudes with regard to cannabis: more than half of the respondents (56%) said they were in favour of a legalisation of cannabis for persons over 18, approximately 72% supported the use of marijuana for medical purposes and only 30% thought that use of hashish involved more health risks than drinking alcohol. On the other hand around 39% regarded cannabis as a gateway drug and 27% thought that fatal overdoses of hashish could occur. 82% of the young people surveyed were in favour of more severe punishment for illegal drug trafficking, and as many as 54% also for drug use. More than 90% said that it was good to provide opportunities for having drug ingredients tested, e.g. in the context of the project ChEck iT! (cf. chapters 2.2, 5.3 and 9.4). In their further analysis the authors of the survey distinguish between liberal and rigid patterns of attitudes. They found that attitudes tend to become more liberal with age of the respondents, and no gender-related differences were registered. The survey also investigated how the young people assessed the subjective dangers of various substances, i.e. whether they led to addiction or physical harm. The respondents regarded crack, cocaine and opiates as the most harmful drugs in this respect (average ratings around 1.3 on a scale from 1 to 4), and among the less dangerous substances they named substitution substances (2.0), alcohol (2.1), poppers (2.2) and natural drugs (2.6). Cannabis was regarded as the least problematic drug (2.9) (X-Sample 2002a).

Based on the general population drug surveys in Vienna, a comparison over time was made of the attitudes to hashish among young people and young adults between the age of 14 (1993, 1995) and 15 (1997, 1999, 2001), respectively, versus 29 years (cf. also chapter 2.2). It showed that assessments of hashish as a dangerous drug have gone down considerably. From 1993 to 2001 approval of the statement “hashish is dangerous” declined from 68% to 40%, while approval of the statement “hashish isn’t so very dangerous” rose from 26% to 51%. These changes only refer to cannabis, however. Other drugs such as opiates, am-

phetamines and ecstasy are still regarded as dangerous by the majority of the young people (Magistrat der Stadt Wien 2002).

With regard to political debates and media coverage, different especially to previous years, no specific subjects predominated in the reporting period. The issue of driving under drug influence lost much of its prominence after the new legislation was passed and could be implemented accordingly. Subjects of interest for the media were increases in reports to the police and rising numbers of arrests (cf. chapter 1.3) as well as international aspects of the issue of drugs (cultivation, trade channels and patterns of drug use, reports on discussions at the level of the United Nations, international cooperation for combating drugs etc.). The media still primarily focus on drugs in relation to public safety and order as well as drug-related crimes. The themes of demand reduction interventions and results of relevant research have also been covered to a somewhat larger extent although rather infrequently compared to other aspects. In the political debate the issue of drugs was not as central a theme in the parliamentary elections campaign as it was before the previous elections.

1.5 Budget and funding arrangements

The funding arrangements basically have not changed in the reporting period (for more details see the key issue chapter dealing with demand reduction expenditures on drugs in the report of last year; ÖBIG 2002a). The Court of Audit criticised the current system of funding for drug centres granted by the FMHW and suggested a change from the system of generally subsidising many drug centres to project-based funding for selected measures. This recommendation was discussed with the provinces in the Drug Forum of October 2002 and rejected unanimously, as such a change would jeopardise the existing drug help structure. The funding the FMHW granted to drug centres has risen by approximately 10% in 2003 compared to the year before. In addition special resources were provided for the implementation of the uniform documentation system of drug help centres (cf. chapter 1.1 and annex A).

Detailed budget data have not been available this year, however information on individual provinces may be provided. In the province of Vorarlberg the expenditures for drug-related demand reduction amounted to EUR 3 640 000 in 2002, which is an increase of approximately 20% compared to the previous year (cf. ÖBIG 2002a). In Vienna the budget of the Vienna Social Fund (VSF), which is responsible for drug help activities (cf. chapter 1.1), was approximately EUR 10.4m in 2002. In addition to funding for centres run by the VSF (such as the Addiction Prevention Institute, Diagnoses Institute, Contact hospital connection service; cf. also part 3) this also includes funding for drug-related organisations, facilities and projects. In 2002 the relevant amount rose by approximately 4% to about EUR 7 743 000. The most marked increases concern funding for addiction prevention (more than 60%), however, the relevant sum only accounts for approximately 3% of the total support sum (cf. FSW 2003a). The Province of the Tyrol spent a total of approx. EUR 2 371 800 for addiction help facilities in the Tyrol in 2002, however, this sum also includes funds for alcohol-related measures. The Province of Upper Austria provided nearly EUR 1m for drug counselling centres in 2002, which is an increase of more than 10%. Generally speaking, expenditures in this field by the Province have increased by around 20% since 1999. However, in the same period the number of counselling services provided by the drug centres rose by more than

60%. Care structures covering the whole province still cannot be guaranteed in the future either, due to budget restrictions (Suchtkoordination OÖ 2003; cf. also chapter 11).

PART 2

Epidemiological Situation

2 Prevalence, Patterns and Developments in Drug Use

2.1 Main developments and emerging trends

For the reporting period only few new results of representative or nation-wide studies or surveys on the prevalence and patterns of (problem) drug use are available. However, a number of data from smaller surveys or studies on specific subgroups as well as reports by drug help centres and experts generally confirm the trends observed in previous years.

There are indications of an increased diversification of drug use. Many different substances are taken both in the context of experimental use (cf. chapter 2.2) and problem drug use (cf. chapter 2.3). Recent data confirm the trend towards stimulating substances, in particular cocaine but also amphetamines. In addition to the falling price of cocaine in recent years, this may also be due to general social developments, in particular the search for stimulants in order to adjust to the social and economic demands of our society, which is getting more and more achievement-oriented (Stiftung Maria Ebene 2003b, Komfűdro 2003).

However, especially with regard to problem drug use, what is noticeable is use of a wider range of substances rather than a shift to other substances. Multiple drug use continues to be wide-spread, i.e. users tend to use different substances alternately or simultaneously. The kind of drug chosen strongly depends on availability and prices. This also explains the continuing tendency to replace heroin with other opiates and in particular morphines.

This trend towards a diversification regarding substances taken in the context of experimental and problem drug use has to be considered when new results of prevalence estimates, contradictory to many other data, show rising numbers of problem opiate users. Due to methodological problems this rather seems to reflect an increase in experimental use of opiates than trends towards growing problem drug use of opiates. In addition the estimates are likely to include to a larger extent than before problem drug users taking various substances and not persons primarily taking opiates (cf. chapter 2.3).

Some sources of information indicate that crack has recently become available in Austria though to a very limited extent so far. Nevertheless according to experts crack is still hardly relevant even among problem drug users.

2.2 Drug use in the population

No results of recent representative studies on experience of illicit drug use in the overall population are available for the reporting period (cf. table A1 of annex B for an overview of available studies drawn up in recent years). However, a number of surveys are being conducted or prepared: for the first time Austria will take part in the ESPAD study (European School Survey Project on Alcohol and other Drugs). In autumn 2003 Vienna will repeat the survey of the overall population carried out every two years since 1993, and in Upper Austria the population survey of 2000 will be repeated in the context of Rapid Situation Assessment (cf. chapter 13 and annex A). Autumn 2003 will see the final report of a study on drug abuse among 18 year-old men carried out in Lower Austria, where 1 902 conscripts were surveyed

in the context of the pre-enlistment examinations. In addition the Federal Ministry for Health and Women (FMHW) is preparing a nation-wide general population survey in line with the relevant guidelines of the European Monitoring Centre for Drugs and Drug Addiction (EM-CDDA). Thus next year a number of recent data will be available, which will permit both a comparison over time in Austria and a comparison with other European countries.

Still, a few new analyses and data regarding the development of prevalence and patterns of drug use among adolescents and young adults can also be presented in this report.

In the context of the 2002 Vienna Youth Health Report (Magistrat der Stadt Wien 2002) the results of the general population drug surveys conducted between 1993 and 2001 in Vienna were further analysed with regard to the age group between 14 (1993, 1995) or 15 (as of 1997) and 29 (cf. also chapter 1.4). In the case of cannabis a continuous increase in lifetime experience among the target group was found: from 8% (1993) to 31% (2001). Data on the age of first use of cannabis are available for the years 1997 and 2001. In this respect hardly any changes have been registered (1997: 17.86 years; 2001: 17.67). The prevalence rates for ecstasy and amphetamines were also analysed for the years 1997 and 2001 (no data on previous years available). Here a trend towards a decline from 6% (1997) to 2 or 3% (1999 and 2001) was found. However, due to the statistical range these figures are conclusive to a limited extent only.

The final report of the representative study of 515 adolescents and young adults between 12 and 25 conducted in Graz, which was already referred to in the report of last year, has been completed (X-Sample 2002a). As mentioned above this youth study showed high prevalence rates both regarding lifetime experience (cf. table A1 of annex B) and drug use in the past year. When comparing these data to the results of other youth studies, however, one has to take into account the specific study design and setting of the survey (leisure time setting vis-à-vis school environment; cf. ÖBIG 2002a). An interesting aspect of the study is that differences in drug experience with regard to age and gender are given. Lifetime prevalence of cannabis is rising with age, from 3.4% (12-13 years) to 67.6% (20-25 years). However, the highest 12-months prevalence is found in the group aged between 16 and 17: 47.9%. The same group also ranks first with regard to indication of lifetime experience of party drugs, natural drugs and poppers. Gender-related differences were found in particular for cocaine, speed, hallucinants, natural drugs and poppers. Here experience of use is markedly higher among male adolescents. Regarding the rest of the substances surveyed the male respondents are also slightly overrepresented, but not to a statistically significant extent.

In surveys of specific youth scenes conducted during the reporting period, the results of the nation-wide study on correlations between youth cultures and drug use were generally confirmed (Springer et al. 1999). In Vorarlberg a survey of anonymous snow-boarders conducted on ski slopes revealed that more than 20% of this group indicated regular use of cannabis (Stiftung Maria Ebene 2003d).

The secondary prevention project ChEck iT! (cf. chapters 5.3 and 9.4) took part in the study Pill Testing - Ecstasy and Prevention co-financed by the European Union (Benschop et al. 2002), for which 225 people attending raves in Vienna were interviewed about their patterns of drug use, among other subjects, in the period from March to July 2002. 61.2% of the respondents were men, their average age was 19.8 years, and 56.8% of the persons inter-

viewed were students - which confirms the assumption that the relevant target group primarily includes socially integrated young people with high education levels. More than half of the respondents said they had attended parties at least four times in the previous month. The prevalence rates were high for all substances included in the survey, which was to be expected in view of the results of former studies concerning this group. Regarding lifetime experience of illicit drugs, cannabis ranked first (80.6%), followed by ecstasy (67.0%) and amphetamines (60.9%). Other frequently indicated substances were poppers (45.7%), mushrooms (42.3%), cocaine (41.7%), LSD (36.5%) and herbal ecstasy/ephedra (27.1%). As many as 15% said they had already tried heroin, approximately 13% had experience of GHB and around 12%, of ketamine. The figures concerning drug use in the past 12 months and the past month were markedly lower for all groups. Again, it must not be forgotten that these results are not representative for adolescents or young adults in general or for people attending raves. The relevant data refer to a group known for high levels of drug experience and primarily serve for planning and coordinating secondary prevention measures. Compared to the surveys in Amsterdam and Hanover conducted simultaneously in the context of this study, Vienna reports larger figures for poppers, ketamine and heroin, while for instance in Amsterdam the prevalence rates are higher with regard to ecstasy, mushrooms and GHB (Benschop et al. 2002). In Vienna the average age of first drug use was slightly lower for all substances covered than in the other two cities, which also applies to the age when people attended their first rave.

Regarding new substances there are reports that crack has recently been available in Austria though (still) in rare instances only. According to the study carried out in Graz (see above) 4 out of the 515 respondents said they had already used crack. In the survey of ravers in Vienna (see above) 8.9% indicated to have used crack or cocaine base at least once. In addition the Federal Criminal Agency registered individual cases of reports to the police and seizures of crack in 2001 (6 reports, 3 seizures) and 2002 (4 reports, no seizures; BMI 2003). According to experts crack continues to play an inferior role in Austria, although recent developments give rise to concern and should be observed also in future.

2.3 Problem drug use

Problem drug use is defined as frequent use of hard drugs (in particular opiates and cocaine), which is often accompanied by dependence and consequences for the health, social and legal situation of the consumers (cf. chapters 3, 4 and 16). One has to bear in mind however that it is primarily patterns of use and not substances as such that are problematic or unproblematic. Problem drug use may therefore be found in the case of other drugs as well (cf. e.g. chapter 15 on cannabis).

Reports by drug help centres have provided new confirmation of the trend observed in the last few years, namely a change in kinds of substances taken in the context of poly-drug use. On the one hand stimulating substances have tended to play a more significant role, and on the other, opiate users have increasingly replaced heroin by morphines.

The low-threshold centres in particular point to the rising importance of cocaine in the open drug scene. The Vienna Social Projects Association (VWS 2003) reports a continuous rise of intravenous use of cocaine and combinations of cocaine and heroin (referred to as "blend" in

the street drug scene of Vienna). This observation is also corroborated by concrete data: the low-threshold centre Ganslwirt gathered data on the drugs used by 188 clients in 2002. 43% indicated use of cocaine, while heroin (22%) and morphine (20%, i.e. morphine obtained without doctor's prescription) were indicated significantly less often. However one has to take into account that two thirds of the respondents were taking part in substitution programmes, therefore additional use of opiates played a minor role for them. Approximately half of the 188 clients of Ganslwirt's said they also used benzodiazepines. Regarding patterns of use, cocaine is typically taken either in excessive amounts for several weeks (coca run) or only occasionally (often in addition to other substances), while the rest of the drugs are typically used as primary drugs over longer periods (VWS 2003). Komfüdro, a low-threshold centre in the Tyrol, has also registered changing patterns of use in recent years (Komfüdro 2003). Exclusive use of opiates has become rare, as the majority of drug addicts tends to take whatever substance is currently available. In the last few years cocaine has become considerably more relevant, which has also had effects on the services provided by the drug help centres. For instance, Ganslwirt adapted and expanded its counselling and care services in order to respond to specific characteristics of users of stimulating drugs (highly mobile scene, drug users permanently on the go etc.). At a networking meeting initiated by Komfüdro in spring 2002 representatives of the Austrian low-threshold drug centres for the first time discussed this problem together and sought for adequate ways of responding to it (cf. chapter 10.1).

The Maria Ebene Foundation of Vorarlberg, in a booklet on cocaine (Stiftung Maria Ebene 2003b), states that use of this substance has massively increased in the province of Vorarlberg in the last few years. The therapy department Carina registered cocaine abuse in approximately two thirds of the clients in 1999, and around 25% had primarily taken cocaine. This group included a large share of clients with severe narcissistic and histrionic personality disorders (cf. also chapter 16). In Salzburg opiate abuse is becoming less relevant among new clients of drug help centres, while ecstasy and cocaine use has been found to rise (Schabus-Eder, personal information). Other interesting data in this respect concern the results of examinations of 200 convicted persons applying for treatment in the context of the therapy instead of punishment programme (cf. chapter 1.3). The psychiatric expert opinions drawn up for this purpose showed that approximately half of the clients were poly-drug users, and for another 21.5% a cocaine addiction was diagnosed. 10% of the patients were primarily dependent on stimulants, and 8.5% were heroin addicts (Dittrich et al. 2003a). The authors generally registered falling numbers of severe opiate addictions in the last few years (cf. chapter 1.3), a trend reported also by a number of treatment centres.

In Vorarlberg, the Tyrol and Graz an increase in the relevance of morphines in the black market was noticed, paralleled by a declining importance of heroin. This corresponds to reports of last year (cf. ÖBIG 2002a) and is attributed to market and supply mechanisms. For instance, there are reports from Graz that after activities of a special police force heroin was hard to obtain and prices rose considerably. As a result addicts turned to substitution substances and psychopharmaceuticals purchased illegally (Zeder, personal information). In Vorarlberg and the Tyrol experts assume that morphine pills have been more easily available in the black market since the time that these pills have more frequently been used for substitution treatment. As a consequence, new strategies for substitution treatment have been considered (cf. chapter 11.2).

Interesting results regarding patterns of problem drug use have also been obtained in a demand analysis for accompanying psychosocial care conducted in Graz (X-Sample 2002b; cf. chapter 8.1), for which 50 young problem drug users between 14 and 25 were investigated (free-response interviews, critical events method, focus group). The young people primarily tended towards poly-drug use, with the range of substances widening in the course of their addiction careers. Eventually, they took any available substance they could afford. The main drug used was heroin followed by cannabis and cocaine, and in the case of multiple drug use, in most cases heroin was combined with cocaine. Intravenous use turned out to be rather frequent also among young people. Although they knew about the health risks of needle-sharing a number of young people indicated occasional sharing.

In Austria scientific estimates regarding the prevalence of problem drug use are available for opiates only. ÖBIG, in its function as the REITOX Focal Point, concluded the update of the prevalence estimate concerning the number of problem opiate users for the period from 1999 to 2002. Again the capture-recapture method was used, however, different from the pilot study for 1994/5 (cf. ÖBIG 2000), on grounds of methodology only two samples were included, i.e. substitution treatment and reports to the police, while opiate-related deaths were no longer considered because of the low number of cases. According to the estimate, in the course of several years the number of problem drug users has markedly risen at the nationwide level. While the figures for 1999 (17 928) still remain at the level of 1994/5 (17 276), in the following years a continuous rise from 20 144 (2000) to 24 821 (2001) and then 31 466 (2002) was registered. The results of this estimate at first seem to contradict the rest of the data generally indicating a trend towards a declining relevance of opiates, which numerous reports of drug centres and experts have again confirmed also for this year (see above). On detailed analysis this contradiction is not as striking, however. As a matter of fact, prevalence estimates involve a number of methodological problems (case definition, necessary independence of sources of data used etc.; cf. Uhl und Seidler 2000), which cannot be controlled to a sufficient extent. Regarding the present situation in Austria one has to take into account in particular the following developments: as has already been mentioned, the range of substances used has widened both for experimental use and for problem drug use; furthermore a few characteristics of (the data on) substitution treatment are relevant in this context. As a wider range of substances is taken, experimental use of opiates is also rising, which is likely to result in larger numbers of reports to the police for opiate use by persons who do not show patterns of problem drug use and therefore never undergo substitution treatment. Another point is that data concerning substitution treatment are often inconclusive as many physicians do not report the end of treatment even if their patients are no longer prescribed substitution substances (cf. chapter 3.1). Eventually, evaluation studies and practical experience have shown that long-term substitution clients often live under very stable conditions with regard to drug use and also their general life situation and in this respect no longer show patterns of problem drug use. However, they are still included in the substitution statistics but are hardly represented in data on reports to the police. These two features are important reasons why the number of problem opiate users is often overrated, with discrepancies increasing in the course of time due to current developments.

In addition to the methodological problems mentioned there are further explanations for the contradictory results. As problem drug users tend to take a wider range of substances than in

the past, the tendency towards stimulating substances does not result in a replacement of opiates but in a reduced importance in qualitative terms of opiates. Thus, on the one hand opiates are still used although they no longer play as central a role in the context of poly-drug use, and on the other, more and more estimates regarding problem drug use do not refer primarily to persons exclusively taking opiates but generally to problem drug users showing poly-drug patterns of consumption. In addition, in past years it was pointed out that the situation was stable in many regions, while other regions formerly hardly affected by drug problems were registering increases - due to a levelling-out process of regional differences (cf. ÖBIG 1999, 2002a). Naturally, this has led to a rising total number of problem drug users in Austria.

To sum up one may conclude that due to methodological problems of prevalence estimates, which are particularly striking because of recent developments in Austria, the number of problem opiate users tends to be overestimated. The estimate possibly reflects an increase in experimental drug use on the one hand, and problem poly-drug use in general on the other. Taking this into account, it is realistic to assume that the prevalence rate for the whole of Austria is between 20 000 and 30 000 persons with problem consumption of opiates, in most cases probably in the context of multiple drug use. More exact figures can only be given on the basis of more detailed analysis and further study of samples of data sources used, which will be carried out in the next few months.

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. chapter 3). For instance, in the aforementioned study including 200 convicted drug addicts, only 16.5% were women (Dittrich et al. 2003a). According to Eisenbach-Stangl (2002) this may be due to "gender characters". She analysed gender-specific patterns of use of various legal and illegal substances and concluded that men mostly preferred hard, and women soft, patterns of consumption. So far, further investigation of gender differences with regard to problem drug use has not been possible due to lack of data. However, the drug help organisations are paying increased attention to this problem and the specific demands - in particular of women - that drug help services should meet (cf. part 3 and Pichlhöfer 2003, Komfűdro 2003).

3 Health Consequences

3.1 Drug treatment demand

As Austria has no uniform client documentation system, only few data of limited interpretative value are yet available for the field of treatment. The working group convoked by the FMHW in spring 1999 in order to establish a uniform documentation and reporting system has completed its work this year. Now a client questionnaire is available and a general strategy for data gathering has been drawn up. At present the political and technical implementation of the documentation system is being prepared (cf. chapter 1.1). Nation-wide client data for Austria will not be available before 2005. By autumn 2003 data for Vienna are expected to be available from the basic documentation compiled by the Viennese working group on documentation and implemented in the course of 2002 in all drug help centres of Vienna (FSW 2003b - cf. chapter 13 and annex A).

National monitoring of **substitution treatment** is performed by the FMHW and based on the reports of attending doctors. For a further development of this monitoring instrument the quality of the data used has been examined this year in the context of the monitoring project and presented to the Drug Forum in April.

A central problem in this context is that physicians often do not report the end of substitution treatment. As a consequence the corresponding clients are still registered in the statistics as persons undergoing therapy several years after the actual end of treatment. One indicator for this problem is the fact that out of those 1 313 persons starting substitution therapy in 2001, 245 (23%) were registered as patients currently undergoing treatment - i.e. the end of previous treatment had not been reported. In order to be able to assess the maximum possible extent of this error cumulating over the years, the current treatments of 2002 were analysed. 459 out of a total number of 5 857 persons registered as currently undergoing therapy were found to have received treatment for 10 years or more already, and 985 patients for a period between five and nine years. On the other hand, only about five percent of the treatments reported as completed had lasted longer than five years, therefore one may assume that a large percentage of those 1 444 persons for whom no end of treatment has been reported and who have been registered as under treatment for five years or more, actually do not undergo treatment any longer (cf. chapter 2.3).

In order to obtain information with regard to the completeness of reports of substitution treatment, data of the FMHW were compared to regionally available data in the provinces of Upper Austria, the Tyrol, Vorarlberg and Vienna. Correspondence was particularly high in the case of the data from Upper Austria, it was fairly high with regard to the data from Vorarlberg and Vienna and very low in the case of the Tyrol. However, it is difficult to evaluate the discrepancies referred to in table 3.1 because the problem of lacking reports of end of treatment mentioned above also concerns part of the available regional statistics, which may lead to an overestimation of the number of persons currently undergoing substitution treatment also in this case.

These results indicate an urgent need to improve the data quality with regard to national monitoring of substitution treatment. The monitoring project mentioned above also deals with the preparation of a corresponding strategy.

Table 3.1: Comparison of data by the FMHW and available regional data on persons undergoing substitution treatment

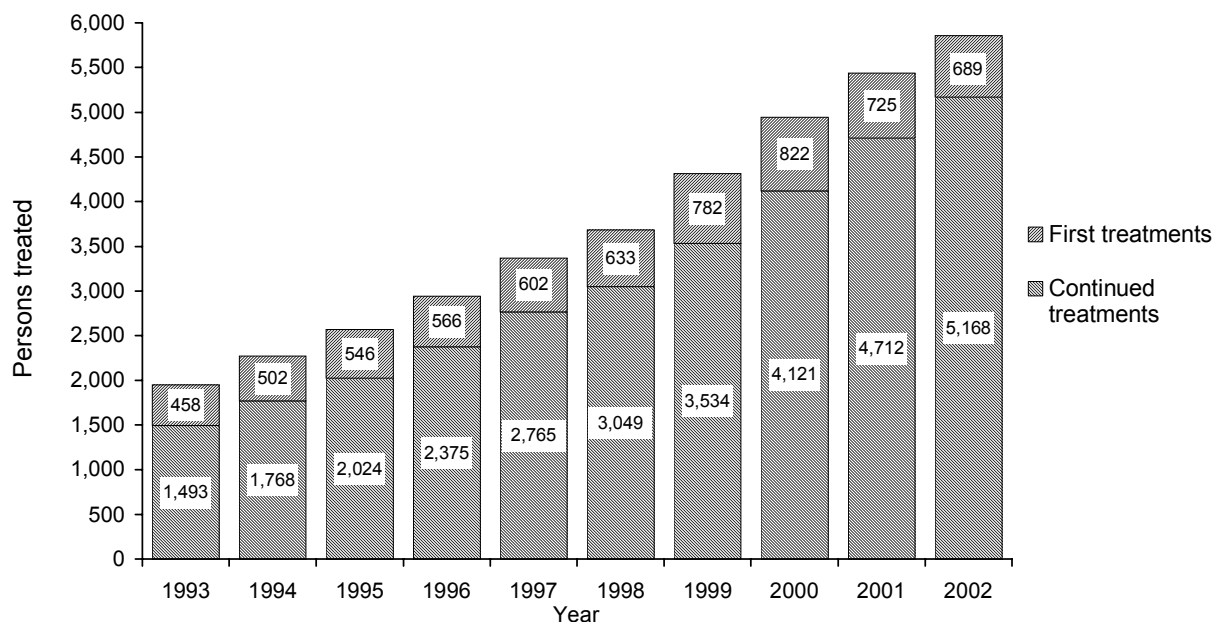
	FMHW	Regional	Difference
Upper Austria (as per 31 Dec. 2002)	347	386	39
Tyrol (as per 31 Dec. 2001)	207	447	240
Vorarlberg (persons treated in 2002)	438	357	81
Vienna (as per 1 Nov. 2002)	2 978	3 840	862

Sources: FMHW (BMGF - Abt. III/B/11), calculations by ÖBIG; Upper Austria: Upper Austria Addiction Coordination (Suchtkoordination OÖ 2003); Tyrol: Oberarzbacher 2002; Vorarlberg: Dittrich et al. 2003b; Vienna: VSF (FSW 2003d)

In spite of the data quality problems mentioned, the existing figures on monitoring of substitution treatment in Austria still give a general impression regarding both the quantitative development 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 has slightly declined since 2000 (cf. figure 3.1).

Figure 3.1: Development of annual registrations of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment from 1993 to 2002

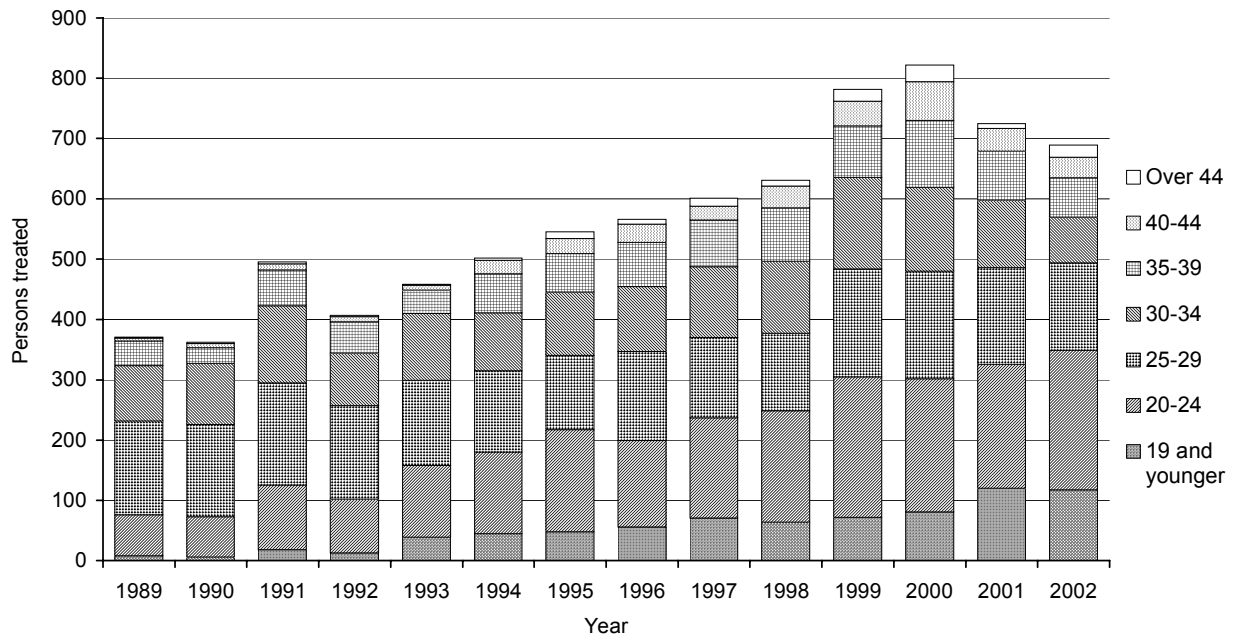


Note: **Continued treatments** are treatments started before the respective year or repeated treatments of persons having undergone substitution treatment before. **First treatments** are treatments of persons who have never been in substitution treatment before. The discrepancies between these figures and those given in previous reports are due to delayed information about the start of substitution treatment.

Sources: FMHW, calculations by ÖBIG

Another analysis also carried out in the context of the monitoring project concerns the age of patients undergoing substitution treatment for the first time in their lives (incidence of substitution treatment), yielding the following results:

Figure 3.2: First substitution treatment in life by age from 1989 to 2002



Sources: FMHW, calculations by ÖBIG

The number of persons undergoing substitution treatment for the first time at an age of 40 or above considerably rose over the years until 2000, both in absolute figures (1989: 7 persons; 2000: 92 persons) and in terms of percentages (1989: 2%; 2000: 11%) and has slightly declined again since then. The number of first treatment patients under 20 has also risen (1989: 8 persons, or 2%; 2002: 117 patients, or 17%). However, it is remarkable that the share of persons under 20 in all persons starting substitution treatment for the first time in 2000 strongly differs according to province (e.g. Vorarlberg: 3%; Vienna: 14%; Styria: 34%). In contrast, the relative share of first treatment patients aged between 20 and 34 fell from 85% in 1989 to 66% in 2002. The rising numbers in the older age groups may be explained by the increasing age of the drug scene as such, with the slight decline since 2000 possibly indicating the saturation effect already mentioned in the report of 2002. The number of first treatments in this age group is falling as the majority of the older opiate addicts eligible for substitution therapy have undergone treatment already before. What is more difficult to interpret is the increase in first treatments of persons under 20. While this certainly reflects a change in eligibility for substitution treatment to some extent, the rise may also indicate increasing problem opiate use in this age group. The annual report of 2002 of the outpatient department of dependence-related diseases at the Innsbruck University Hospital of Psychiatry also describes an increase in young substitution patients (approx. 8% of the patients treated in the last few years have been between 14 and 19 years old) and attributes this development to an increased use of morphine (Universitätsklinik für Psychiatrie Innsbruck 2002).

Gender-related analyses show that the share of women in persons undergoing substitution treatment for the first time has been between 25% and 35% over the years. As in previous years the gender distribution regarding persons under 20 registered as undergoing treatment for the first time in 2002 was rather balanced (share of women: 39%). In the older age groups, however, men predominate: in the group between 20 and 24 years the share of women is 25%, in the group between 25 and 34, 23% and among patients over 34, 21%.

3.2 Drug-related mortality

Data on drug-related deaths have been collected in the FMHW since 1989 and 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. AIDS victims having contracted HIV infections because of intravenous drug use, cf. ÖBIG 2002a).

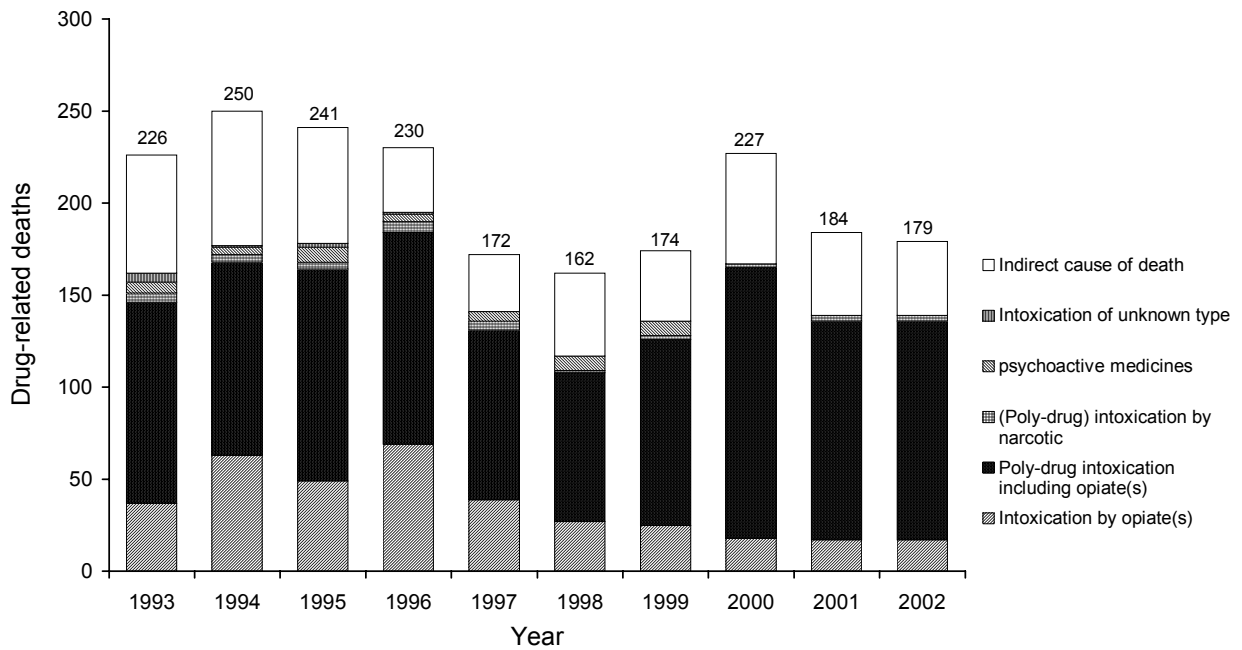
The total number of persons who died as a direct or indirect consequence of drug use remained stable between 160 and 180 deaths per year in the period from 1997 to 1999, and rose to 227 in 2000. In 2001 it fell again to the level of before 2000 (184 deaths). In 2002 a total number of 179 drug-related deaths were registered (cf. figure 3.3 and table A2 of annex B).

In 2002 the number of directly drug-related deaths was the same as in 2001 (139 persons). As in previous years the data show a strong predominance of poly-drug intoxications including opiates (86% of all intoxications). If one adds intoxications exclusively due to opiates (12% of all cases) it can be concluded that that 98% of all persons who died as a direct consequence of drug use had taken opiates.

A more detailed analysis according to substances used of the total number of 139 intoxications reveals that only 30% of the persons in question had exclusively taken illicit drugs (single substances or combinations). In addition to illicit drugs in 14% of the cases alcohol was found, 36% had also taken psychoactive medicines and in 20% of the cases both alcohol and psychoactive medicines were detected (cf. tables A7 and A8 in annex B). In one case the person had exclusively taken cocaine, and two persons showed MDMA intoxications. In total, morphine was detected in 101 cases, cocaine in 49 cases and heroin in 21 cases.

Table A2 in annex B gives data broken down by cause of death as a direct or indirect consequence of drug use.

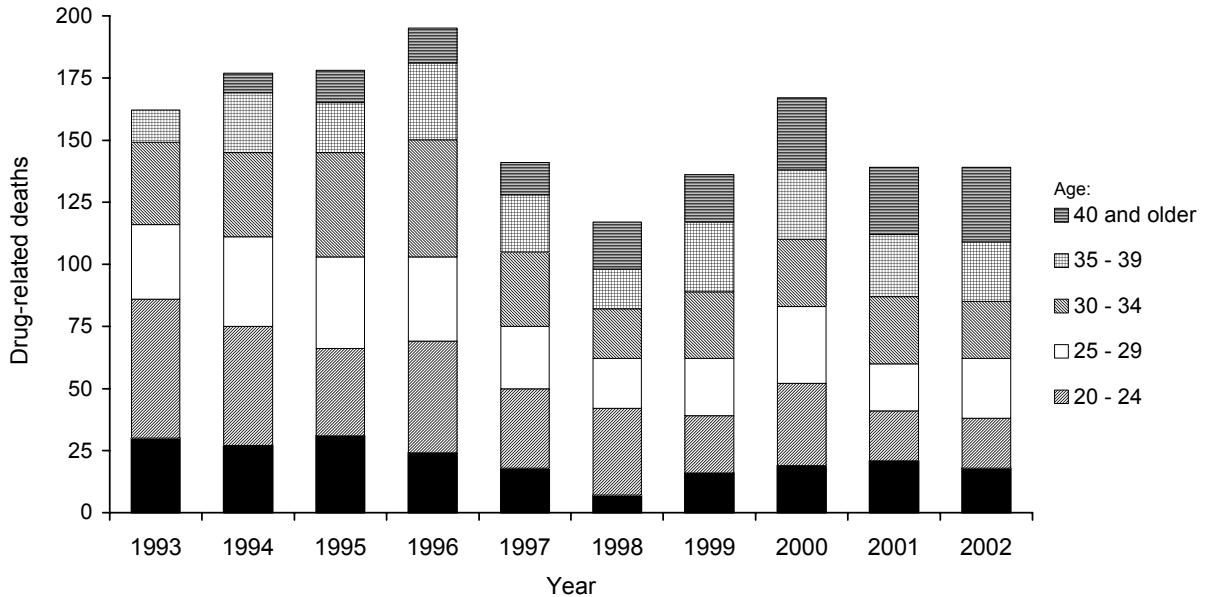
Figure 3.3: Number of drug-related deaths in Austria by cause of death from 1993 to 2002



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

Source: FMHW

Figure 3.4: Age distribution of directly drug-related deaths in Austria from 1993 to 2002



Source: FMHW

The share of women among persons dying as a direct consequence of drug use is 18%, which is in line with the long-term average. Regarding indirect drug mortality women account for 23%, which also corresponds to the average of the last 10 years (cf. tables A5 and A6 in annex B).

The age of persons who die as a consequence of drug use has risen over the years. The average age in the case of directly related deaths was 27.7 in 1991, and 32 years in 2002. The share of persons under 20 among the total number of drug fatalities was 13% (2001: 15%).

The number of directly drug-related deaths in the individual provinces has remained near the level of the previous year.

As in previous years the drug fatalities statistics of 2002 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 implies new requirements to be met in the field of health policy (cf. also chapter 10.1). A central aspect is that the state of health of many persons who later die due to drug use is very poor, which is confirmed by forensic findings.

Regarding directly drug-related deaths, the share of poly-drug intoxications including opiates has risen over the years and has now stabilised at a very high level (1999: 74%; 2000: 88%; 2001 and 2002: 86%). Alcohol and psychoactive medicines are also involved very often. In the cases of overdoses including opiates, morphines also play a prominent role. Data from other fields of drug monitoring also show a rise in high-risk patterns of poly-drug use and an increasing significance of morphines, where the effects of different substances may be potentiating and can hardly be controlled (cf. chapter 2.3).

Regarding **cohort studies** no new results are available for the reporting period. The working group dealing with the key indicator Drug-Related Deaths discussed a continuation of the mortality cohort study of opiate users undergoing substitution treatment in Vienna (cf. Risser et al. 2000) and an extension of the study to the whole of Austria.

3.3 Drug-related infectious diseases

The situation regarding **infectious diseases**, which are 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 facilities and low-threshold centres (cf. ÖBIG 2000). For this reason reliable statements regarding changes and trends cannot be made. The available data again indicate a stable HIV prevalence rate at a low level (between 3% and 4%). The hepatitis prevalence rates however continue to be very high (hepatitis C: 36% to 66%, hepatitis B: 17% to 34%). The slight reduction of the hepatitis B prevalence rate (i.e. number of persons in whom antibodies to hepatitis B were found **and** for whom it was proved that they had not received vaccinations) compared to previous years may be interpreted as a result of the HB vaccination projects started in a number of drug centres. The rather low HC rate among the clients of the low-threshold centre Ganslwirt is explained by the fact that different to previous years the recent data refer to a group of clients who are considerably younger (in 1999 54% of the persons tested were under 25, and in 2000, as many as 70%). Ganslwirt also reports a rising number of experimental drug users or persons occasionally injecting drugs who turn to the centre for HC testing (Haltmayer, personal information).

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 3.2: Data on hepatitis B, hepatitis C and HIV infection rates in 2002

Source of data	HB rate	HC rate	HIV rate
Lukasfeld therapy department	17% (5/29) ¹	59% (17/29)	3% (1/29)
Long-term therapy department of Anton Proksch Institute	22% (17/77) ²	66% (51/77)	3% (2/77)
Low-threshold centre Ganslwirt	34% (26/76) ³	36% (40/110)	4% (6/151)
Drug fatalities (intoxications)	Not available	Not available	4% (5/139)

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 17% 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: Duspara, personal information; API 2003; Haltmayer, personal information; FMHW

3.4 Other drug-related morbidity

In addition to psychiatric comorbidity (see chapter 16) and the physical consequences of the aforementioned infections such as AIDS or liver diseases, somatic diseases and problems are registered, which in particular affect injecting drug users as a consequence of the problematic living conditions which they are often facing.

in 2002 ambulance services were called 525 times in Vienna because of drug emergencies with suspected overdoses (1993: 705 times; 1998: 360 times; 2001: 488 times; FSW 2003d). According to the Vienna-based streetwork facility (approximately 200 contacts to clients per day in 2002), in an average month 30 times wounds have to be dressed, and one life-saving measure has to be taken (VWS 2003).

Nine out of the total of 77 patients of the long-term therapy department of Anton Proksch Institute also had skin diseases (e.g. common acne, psoriasis or neurodermatitis) and another nine patients had histories of grand mal seizures in the context of withdrawal. Two patients suffered from paralytic symptoms after overdoses (API 2003).

4 Social and Legal Correlates and Consequences

4.1 Social problems

The available data show that the social problems of drug addicts mentioned in past reports, in particular unemployment and unstable accommodation, continue to play an important role. According to an analysis of the situation of persons undergoing substitution treatment in Vorarlberg in 2002 (n=357), almost 39% of the clients were out of work, another 17% were receiving welfare assistance or unemployment assistance and only 29% had jobs (Dittrich et al. 2003b). More than half of the total of 200 convicted drug addicts applying for therapy instead of punishment who were included in the aforementioned study (cf. chapters 1.3 and 2.3) were out of work and only 40% had jobs (Dittrich et al. 2003a). In view of the tight state of the labour market this situation is not likely to improve in the near future. The Vienna Social Projects Association registers rising number of - in particular middle-aged or older - clients who suffer from chronic diseases so that it is unrealistic for them to find jobs in the primary, and sometimes even in the secondary, labour markets (Wojcik 2003). For this reason specific measures aimed at occupational reintegration of drug addicts are of rising importance (cf. chapter 11.3).

The problem of homelessness is also aggravating. The organisations and centres providing emergency accommodation or housing (cf. chapter 11.3) are still facing a rise in demand (cf. e.g. VWS 2003). Recently particular attention has been paid to housing problems of drug-using young people, for whom homelessness is often the primary concern and drug abuse is regarded as a secondary or attendant problem (cf. chapter 11.3). For instance Lower Austria reports demand for assisted housing and temporary sleeping facilities for young people. In the Tyrol a demand analysis regarding homeless young people with harmful poly-drug patterns of use will be made.

The study of Graz analysing the demand for accompanying psychological measures (cf. chapter 2.3) confirms existing social problems of young problem drug users. According to this analysis 10% of the young people lived in a temporary sleeping facility, and another 21% in other specialised facilities. However, due to the design of the survey a certain degree of overestimation is possible. 58% of the respondents were unemployed, and only one out of four either went to school or had a permanent job. The rest were employed on a temporary basis or had never had jobs before. In view of this situation opportunities for spare-time activities are especially important. About half of the young people explicitly stated that they did not know how to spend their leisure time. According to the authors of the survey this inability, or insufficient opportunities, to structure everyday life and spend one's leisure time have central relevance with regard to starting to take drugs and keeping up drug use (X-Sample 2002b).

The social problems of addicted women were studied in the project Addiction as a chance of survival for women with experience of violence, which received funding in the context of the DAPHNE programme of the European Union. In the course of the corresponding evaluation 52 clients of women-oriented centres (15 women) and addiction-oriented facilities (37 women) were interviewed about their general situation and experience of violence. With regard to the majority of social aspects, no relevant differences between the clients of the

two types of centres were found. At the time of the survey 37% of the women were out of work and 10% were homeless. 43 women (83%) had already experienced violence directed against themselves. In this respect again no relevant differences between the clients of addiction-oriented and of women-oriented centres were found. The respondents described many effects the experience of violence had had on them, ranging from loss of confidence in others and of self-confidence, self-destructive behaviour, drug use, to becoming tough and aggressive (Haas und Enders-Drägässer 2003).

As already described in the report of last year (cf. ÖBIG 2002a), in recent years the issue of drugs has increasingly often been linked to aspects of public safety and nuisance. In Vienna activities are planned to enhance the “social compatibility” of the open drug scene with the feeling of safety of the general population, by means of specific measures such as stronger presence of streetworkers in the drug scene, improved contacts to neighbours, schools and shop owners, and better coordination of social work and police strategies (Der Standard, 8 April 2003; cf. also chapters 1.1 and 10.1).

4.2 Drug offences and drug-related crime

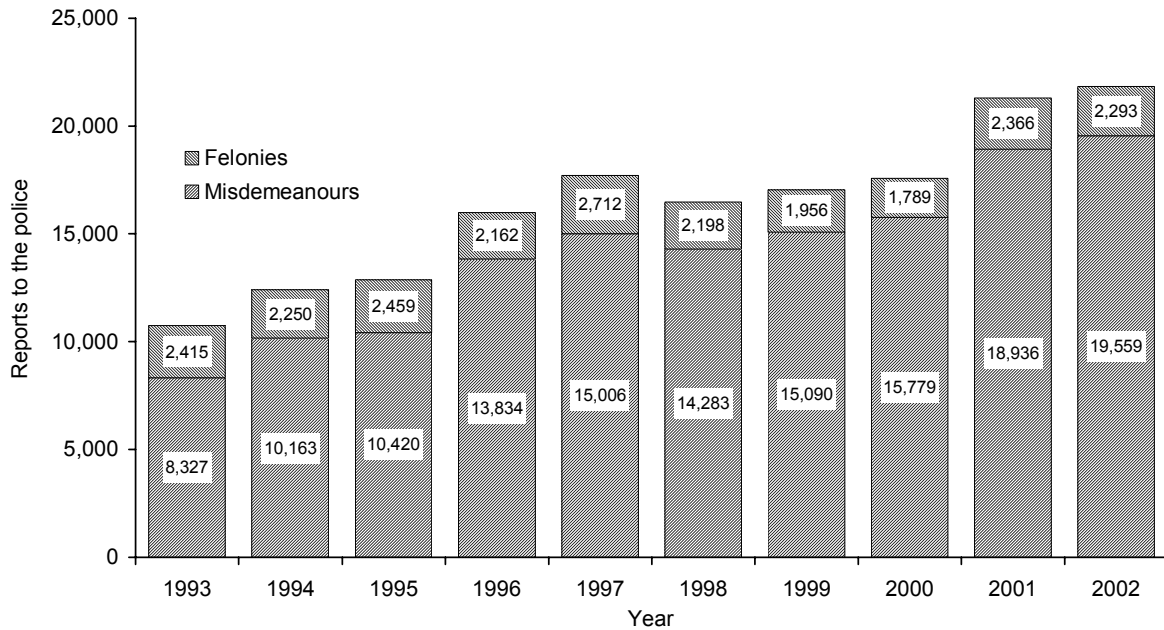
In year 2002, reports to the police for violations of the Narcotic Substances Act (NSA) amounted to 22 422, which is another rise compared to preceding years (2001: 21 862 reports; cf. also table A10 of annex B). A total of 21 852 reports referred to narcotic drugs, the rest concerned psychotropic substances. Regarding type of report (cf. figure 4.1) a rise in misdemeanours (possession, small-scale trafficking; Art. 27 of the NSA) is found, while felonies (large-scale trafficking, commercial trafficking; Art. 28 of the NSA) have gone down.

In terms of substances (cf. table A12 of annex B) increases compared to the previous year are found for almost all substances, although they tend to be rather small, with the strongest rise concerning cocaine and amphetamines (cf. figure 4.2). Great differences regarding substances involved have again been registered in the individual provinces (cf. tables A11 and A13 of annex B). In Vienna the proportion of reports because of opiate- and cocaine-related offences is comparatively large, while the majority of reports in all other provinces concern cannabis. As in the year before a disproportionately large number of reports to the police referring to amphetamines were registered in Lower Austria, Upper Austria and Styria, and this year also in Salzburg.

As explained in previous years and also pointed out by the responsible Ministry of the Interior (BMI 2003), the data concerning reports to the police only permit limited conclusions as to the development of consumption and misuse of illicit drugs, because it primarily reflects the intensity and focus of police activities in this field.

Compared to almost 22 422 reports to the police in 2002, 2 437 arrests in connection with narcotic drug investigations were registered (2001: 2 577), but for the latter no details (type of offence, substance involved, etc.) are available.

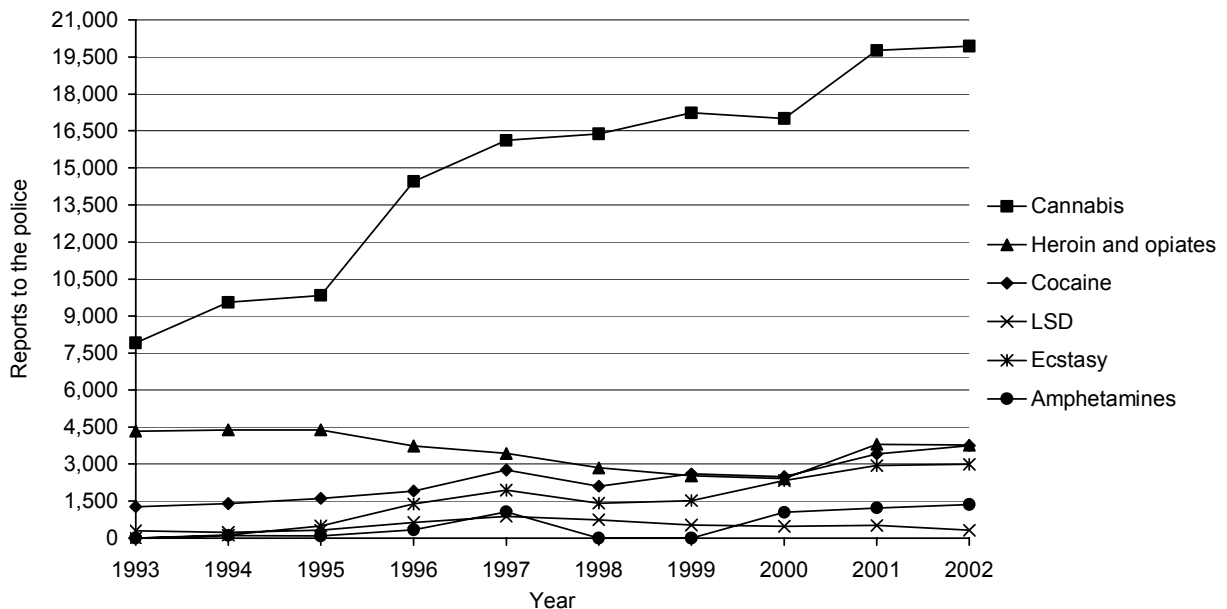
Figure 4.1: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1993 to 2002



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

Source: FMI/Federal Criminal Agency (BMI - Bundeskriminalamt)

Figure 4.2: Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1993 to 2002

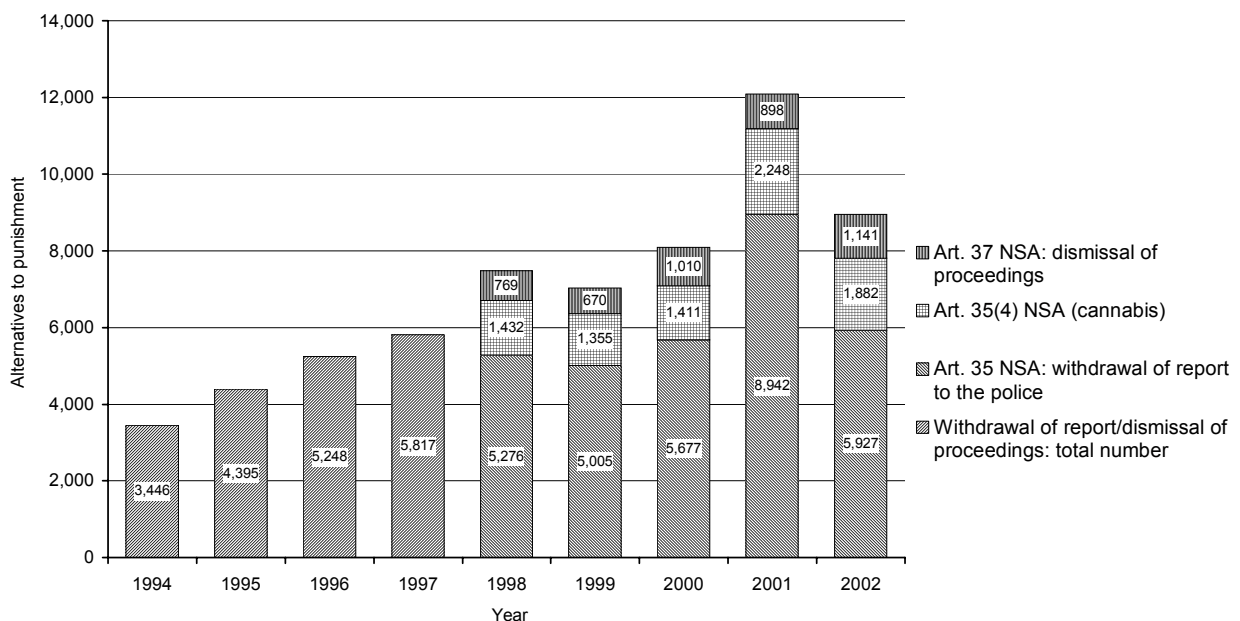


Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998.

Source: FMI/Federal Criminal Agency (BMI - Bundeskriminalamt)

In 2002 there were 4 394 convictions for violation of the Narcotic Substances Act, which also represents a considerable rise (2001: 3 862). Both the number of convictions for violation of the NSA and the share in the total number of convictions (1991: 2.3%; 2002: 10.7%) have thus reached a new peak (cf. also chapter 1.3). What is even more pronounced than in previous years is the high proportion of misdemeanours (violation of Art. 27 of the NSA - possession and small-scale trafficking) of 3 243 cases in 2002 (2 671 in 2001) compared to felonies (violation of Art. 28 of the NSA - trafficking; cf. table A14 of annex B) of 1 108 cases in 2002 (1 141 in 2001). About 60% of all persons convicted were punished with imprisonment (cf. table A16 of annex B). The share of sentences that were suspended amounts to slightly more than 50% (2000: approximately 45%).

Figure 4.3: Application of statutory alternatives to punishment in Austria, development from 1994 to 2002



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 are currently available.

Source: FMHW

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 1.3) were applied in 8 950 cases in 2002, which is a marked decline for the first time in many years (2001: 12 088 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 selected issues chapter Drug Users in Prison in the report of 2001 (ÖBIG 2001a). No new, additional information is available.

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. The expenditures for drug-related demand reduction were presented in detail in a selected issue chapter of last year's report (cf. ÖBIG 2002a). For recent information on expenditures in some provinces see chapter 1.5.

5 Drug Markets

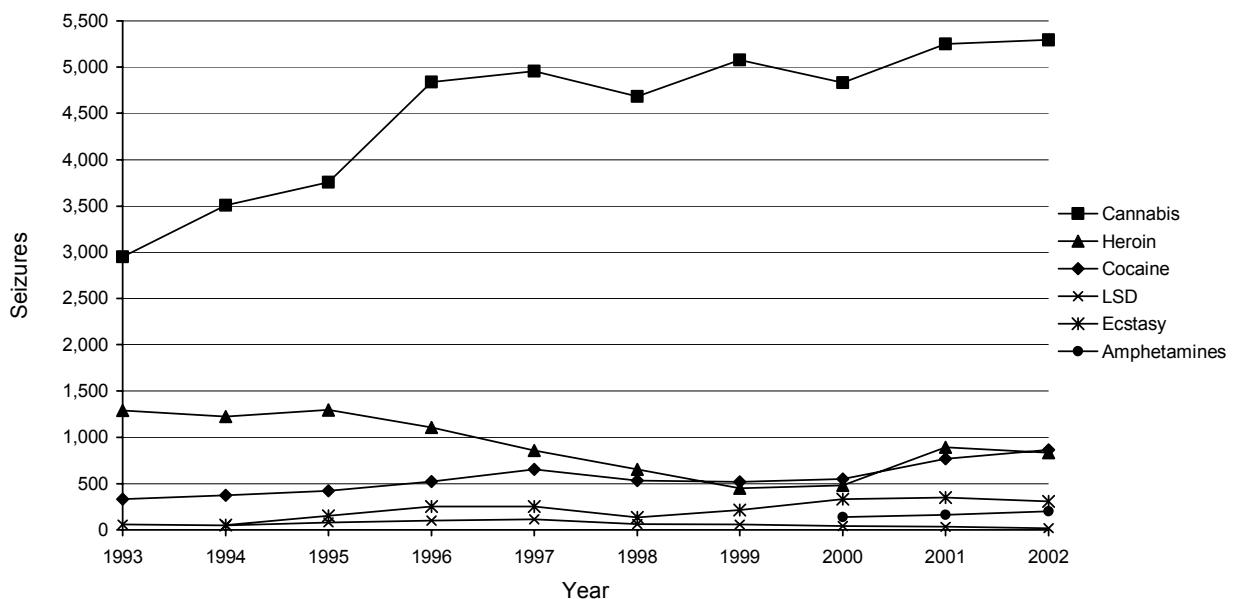
5.1 Availability and supply

No studies on availability and supply of drugs are available for the reporting period. However, surveys are planned (cf. chapter 2.2), in which this issue will also be included. When assessing the data on seizures in relation to drug supply and availability one has to bear in mind that for part of the drugs seized Austria is not the final destination but a transit country and that these figures also reflect the intensity of police activities.

5.2 Seizures

According to the Federal Ministry of the Interior (FMI) a rise in seizures of cocaine and amphetamines was registered in 2002. In the case of cannabis, heroin and 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 1993 to 2002



Source: FMI - Federal Criminal Agency (BMI - Bundeskriminalamt)

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 marihuana seized rose by 59%, and with regard to heroin seizures a decline by 79% was registered. The large amounts of ecstasy found are due to a small number of large-scale seizures, with the largest quantity found in one single seizure amounting to 197 040 pills (BMI 2003).

5.3 Price, purity

In 2002 the project ChEckiT!, in which the purity and ingredients of substances bought as ecstasy or speed during raves are tested, took place at six rave parties, where 270 pills bought as ecstasy and 87 samples purchased under the name of speed were handed in for testing. The percentage of pills bought as ecstasy that did not contain psychotropic substances other than MDMA, MDE or MDA remained the same as in the previous year (1998: 38%, 1999: 85%, 2000: 88%, 2001 and 2002: 89%). 46% of the substances bought as speed and analysed by ChEckiT! had amphetamines as their only ingredient, while 8% combined amphetamines and caffeine, and 17% contained amphetamines with additions of other psychotropic substances (cf. tables A20 and A21 of annex B). Thus one out of nine pills contained ingredients which their purchasers would not have expected (VWS 2003).

In August 2002 strychnine was detected in three out of eight heroin samples found during a seizure, although in very small concentrations (0.1 mg per gram). According to toxicologists this dose does not result in a health hazard even if it taken repeatedly. While there have been many rumours of heroin cut with strychnine, this has been the first case in Austria where this substance was actually detected (FSW 2002). This occurrence gave rise to discussions about an early-warning system for Austria (see chapter 1.1).

Regarding drug prices no reliable data are available for the reporting period.

6 Trends per Drug

Recent analyses confirm high lifetime prevalence rates of **cannabis** in particular among adolescents and young adults, with figures rising further in the last few years. For instance an analysis of the general population surveys conducted in Vienna shows rises in lifetime experience from 8% (1993) to 31% (2001) among the age group between 14/15 and 29. The number of cannabis-related reports to the police and seizures have hardly increased after a sharp rise in the year before. According to experts, social problems in connection with cannabis are rarely found. However, there is a demand for treatment of a small group of users, in most cases because of psychotic disorders after prolonged use of high doses of cannabis (cf. chapter 15).

Synthetic drugs, above all ecstasy, are the second-most consumed illicit drugs after cannabis. Especially high prevalence rates continue to be found in the rave and party scene. Available information indicates a rather stable general situation regarding use of ecstasy, while the importance of amphetamines is still rising, in particular in the context of multiple drug use. The number of reports to the police related to ecstasy has slightly risen, while the number of seizures has gone down. For amphetamines marked increases have been registered with regard to both reports to the police and seizures. Social and health problems still primarily concern persons taking synthetic drugs in the context of multiple drug use. In 2002 two deaths caused by MDMA intoxication were reported.

Opiates have traditionally played an important role with regard to problem drug use in Austria, while the corresponding prevalence rates are very low in the majority of representative consumption surveys. According to estimates by experts and recent data, experimental use of opiates is rising in the context of the general trend towards increased experimental use of a variety of substances. A number of new data and information confirm that opiates will most likely continue to play a relevant role for problem drug use, and in particular poly-drug use, although this is paralleled by a rise in importance of other substances. In addition recent information indicates that heroin tends to be replaced increasingly by morphines and other opiates. This is explained primarily by market mechanisms, i.e. availability and prices of the relevant substances. The results of the updated prevalence estimate show a significant increase of problem opiate use in the last few years. However, in part this is due to overestimations because of methodological problems and thus does not contradict general evidence of falling numbers of persons severely dependent on opiates. While the number of reports to the police related to opiates has increased compared to the year before, seizures have gone down slightly. Opiates continue to play a relevant role in almost all fatal intoxications, but the number of intoxications solely involving opiates is rather small. Morphines were found considerably more often than heroin in the case of both opiate intoxications and poly-drug intoxications.

Practical experience as well as data from a number of studies prove the rising relevance of **cocaine** in particular in the context of multiple drug use. According to estimates by experts, cocaine is also becoming more relevant for both experimental and spare time users. However, corroborating data are not yet available. It is generally assumed that the trend towards use of stimulating substances and in particular cocaine is a result of falling prices as well as

an overall development of our achievement-oriented society. The number of reports to the police and seizures have again significantly risen in the reporting period. 49 persons who died of fatal poly-drug intoxications in 2002 had taken cocaine in addition to other substances, but only one intoxication was caused solely by cocaine. For the first time data on the availability of crack in Austria are available, however, according to experts, crack use still seems to play an insignificant role also among problem drug users.

As in the past **poly-drug use** is the most common pattern of consumption among addicts in Austria. In the context of multiple or combined drug use many different substances (such as heroin, other opiates, benzodiazepines, alcohol, cocaine, amphetamines etc.) are taken consecutively or in various combinations. In the last few years a number of reports have indicated a widening range of substances used, with opiates tending to play a somewhat less predominant role, while stimulating substances are becoming more relevant. It is assumed that as a result of this development estimates of the number of problem opiate users include, to a rising extent, also addicts primarily showing poly-drug patterns of use. Most substances are injected, and in some cases consumed in a combined form, which is also reflected in the corresponding health consequences: poly-drug intoxication continues to be the most frequent cause of drug-related mortality. Furthermore, it is in particular this group of drug users who face serious social problems such as unemployment and homelessness.

7 Discussion

Recent data and information on the epidemiological situation in Austria essentially confirm the trends registered in previous years. A number of data, reports on the practical situation as well as estimates by experts support the assumption of a rising importance of stimulating substances, in particular cocaine but also amphetamines. Although these drugs have also played a more prominent role for experimental use than in the past, they are particularly relevant in the context of multiple drug consumption by persons tending towards problem patterns of use (cf. chapter 2.3). This apparently contradicts the results of the updated prevalence estimate showing a rise in problem users of opiates, which, however, seems to be an overestimation due to methodological problems that is becoming more and more significant because of recent developments (cf. chapter 2.3). Furthermore opiates, which have predominated in the last few decades, are obviously not being replaced by stimulating substances, but the range of drugs used is widening. Thus opiates still play a central role for problem drug users, but there is additional evidence of the shift from heroin to morphines already registered in the last few years. These changes are confirmed both by reports and data from low-threshold centres and treatment facilities as well as routine statistics of drug-related deaths, reports to the police and seizures, as well as relevant studies.

According to experts these developments may be explained by market mechanisms, with easy availability and prices influencing the choice which substance is used. In the last few years the price of cocaine has considerably fallen in Austria. In many regions heroin is difficult to obtain while the opposite is true for morphines. In addition the trend towards stimulating substances is also regarded as a reflection of a general social development in which achievement and competition are gaining importance. The drug policy responses to these changes include, for instance, an adaptation of the services provided by low-threshold centres and the establishment of an inpatient cocaine treatment programme in Vorarlberg.

As has already been reported in previous years, there is a lack of routine data and representative studies in the field of drugs in Austria (cf. ÖBIG 2001a, 2002a). This deficit is especially pronounced this year; however, the situation will improve next year, as a number of studies are currently being conducted or planned. A positive development here is that more annual reports of drug centres providing data, information on practical experience and analyses have become available. They are sources of valuable information and facilitate a better understanding of changes and trends.

Crucial for the further development of drug-related monitoring in Austria are the epidemiological key indicators and in particular the establishment of a uniform treatment reporting system. With regard to current issues, the agenda should include a more detailed analysis of the widening range of substances used for experimental use and problem drug use, intensified investigation of the crack situation as well as studies on gender-related differences and requirements.

PART 3

Demand Reduction Interventions

8 Strategies in Demand Reduction at National Level

8.1 Major strategies and activities

At the provincial level the reporting period saw the adoption of the revised drug strategy of Vorarlberg, and plans of a new addiction strategy for Styria, an outline of which already exists. In Upper Austria, the reorientation and specification of addiction and drug policy objectives in the context of the new addiction and drug strategy resulted in restructuring of and more resources for the Addiction Prevention Institute.

In Carinthia the fields of drug coordination and addiction prevention were separated in different organisational structures. In addition to the existing drug coordination department the special provincial Agency for Addiction Prevention was created, by which both fields were strengthened (cf. chapter 1.1). In Salzburg a new Addiction Advisory Board was established, in which political parties are also represented now. At present the Board deals with definitions of goals and target groups of drug-related interventions and drug help centres, which in future will serve as the basis for quality assurance measures. Vienna presented new focuses of activity with regard to street social work and the issue of young people taking drugs (cf. chapter 4.1).

Almost all provinces focus on secondary prevention in the field of youth work (cf. also chapter 1.1). For instance, Vorarlberg concentrates on networking of youth and drug work in order to meet the specific requirements of this scene. In Graz an analysis of relevant demand with regard to young problem drug users was carried out, and the Tyrol surveyed the demand for interventions focusing on homeless young people. In Vienna and Upper Austria secondary prevention activities with trainees play an important role, and Lower Austria concentrates on an expansion of mobile youth work structures.

Prevention continues to be of great relevance in Austria. At the national level the new government programme includes plans to expand addiction and drug prevention measures (cf. chapter 1.1). In addition an amendment to the Federal Youth Support Act is planned, with the aim to enhance prevention. The fourth report on the situation of young people in Austria also focuses on this field. The results of this report will form the basis for future activities of the youth department in the field of prevention measures for young people.

8.2 Approaches and new developments

The trends regarding concrete demand reduction interventions described in our reports of the last few years (ÖBIG 2000, ÖBIG 2001a) have continued. This includes the expansion of secondary prevention measures and activities aimed at young people in danger of becoming addicted, and to an increasing extent, also young people taking hard drugs. Adapting measures to the specific needs and requirements of young people has been a concern in the fields of both primary and secondary prevention as well as special services for this target group. This is of great significance particularly with regard to social reintegration (temporary sleeping facilities, assisted housing and employment on a per-day basis).

The trend towards a rise in injecting use of cocaine in the street drug scene has continued (cf. chapter 2.1). Regarding services for cocaine users, who cannot easily be addressed by traditional drug help centres, new approaches and strategies are necessary at all levels of demand reduction (Komfűdro 2003). Investigating the specific implications of cocaine use is indispensable as so far no state of the art regarding interventions aimed at addicted cocaine users has existed and there is a demand for basic information. The cocaine street scene is extremely mobile due to specific sales structures on the one hand and police strategies on the other (VWS 2003). This fact, in addition to the specific stimulating effect of cocaine, leads to a high degree of restlessness, and a pronounced lack of peace and quiet, of cocaine users. Therefore low-threshold facilities concentrate on ways how best to deal with high-risk users (cf. chapter 10.1), and drug counselling centres are often oriented towards raising users' problem awareness as a prerequisite for treatment and care (cf. chapter 11.1). In the medical field the relevant discussion deals with theories regarding specific diagnosing and types of cocaine users as well as the institutional integration of treatment and necessary knowledge about specific forms of therapy interventions (Grűner Kreis 2003c). A booklet on cocaine use published this year summarises basic information on the substance, effects and consequences as well as experience made in the field of treatment and care (Stiftung Maria Ebene 2003b).

While in the last few years the various drug help centres have used the Internet and e-mail primarily as opportunities for presenting themselves and their services, a new trend regarding these media is emerging: all over Austria a rising number of log-ins to drug-help websites has been observed, partly for gathering information. However (anonymous) counselling services have increasingly often been provided both online and by e-mail (e.g. www.doit.at, www.checkyourdrugs.at) and has shown to be welcomed by users, some of whom subsequently also turn to drug-centres for face-to-face counselling. In addition the Internet is more and more often used for the purpose of harm reduction, as the websites provide information on first aid in the case of overdoses and they list addresses of syringe exchange facilities and syringe vending machines, among other themes.

Services specifically addressing women and dealing with gender aspects continue to be important (cf. e.g. Komfűdro 2003, Pichlhűfer 2003). In the context of the DAPHNE project Addiction as a chance of survival for women with experience of violence (cf. chapter 4.1), the Vienna Social Projects Association and the association Dialog organised a self-defence course for female clients. This project has generally stimulated discussions of gender mainstreaming in drug-help centres, and the two above associations will continue to deal with this subject.

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 measures are primarily implemented at the local and regional levels and coordinated by the Addiction Prevention Units of the individual provinces. In the province of Salzburg the regionalisation of prevention was intensified, with the focus placed on regional networking structures. Upper Austria, in the context of implementing the new addiction and drug strategy, increased the financial resources for prevention, reoriented and specified addiction- and drug-related objectives and restructured the Addiction Prevention Institute (ISP 2003a; cf. chapter 8.1). Furthermore almost all provinces are expanding secondary prevention measures for young people (cf. chapters 1.1, 8, 9.2 and 9.4).

In addition to the areas of prevention described in more detail below, prevention in the workplace continues to play an increasingly important role. For instance the project Prevention in Enterprises first implemented in the Tyrol (cf. ÖBIG 2000) has been continued with partner organisations of South Tyrol, in the context of EU Interreg III. Trainees are a central target group for prevention in the workplace (cf. chapter 9.1). In Carinthia a pilot project is carried out in a trainee workshop (Prehslauer, personal information), and in Upper Austria the project In-Between - Addiction and Pleasure is being implemented (ISP 2003c).

9.1 School programmes

Schools continue to be important settings for prevention measures, with the focus placed on primary prevention¹. The target groups range from primary school pupils to young people up to 18.

The relevant scientific basis includes life skill approaches and protective factors as well as social learning theories. In particular in the field of primary prevention they are frequently complemented by educational theatre play.

Since the school year 2002/3 the project Victoria Goes Travelling has been run in Lower Austria. A primary prevention active-participation play, it focuses on the development of skills helping children to stand their ground in various situations of present-day and future life. In a second step the theme of addiction is presented to parents. The idea for this project is based on the evaluation results of the initial project It's Victoria's Birthday (cf. EDDRA, Fachstelle für Suchtvorbeugung 2002, Stanglauer et al. 2002). In Vienna the primary prevention project Becoming Independent was implemented in 28 primary schools (FSW 2003b).

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.

Secondary prevention¹ approaches, in addition to creative methods, also include the aspect of transporting information to pupils and are often implemented in peer education settings. Work with parents is attributed more and more importance. In Carinthia the project Leader School was initiated and implemented in five intermediate and upper secondary schools.

This approach comprises both activities with pupils and the active participation of teachers and parents (Landesstelle Suchtprävention 2003). Meanwhile a positive interim report on the implementation of the secondary prevention programme Step by Step at schools in Graz has been presented. Funding was increased so that the programme could be continued in 2003 and made available to all secondary schools in Graz (VIVID 2003c, VIVID 2003d).

Addiction prevention at schools increasingly often also includes measures oriented towards vocational schools for the target group of trainees (cf. also above). For instance Vienna plans to draw up a specific addiction prevention programme for vocational schools (FSW 2003b).

Demand for information still exists in schools, among pupils, teachers and parents. As a response the FMESC had comprehensive information materials prepared for the school environment. In addition to basic facts on addiction and prevention, psychoactive substances and forms of addiction independent of substances, the book includes a part comprehensively dealing with methods and didactical approaches (BMBWK 2002). In Vorarlberg the event series Addiction Starts in Everyday Life - Prevention Too was organised, dealing with addiction at school and also possible effects of changes of the drug policy in Switzerland (SUPRO 2003). A networking conference on addiction-related information was held in the Tyrol, with the aim to establish a uniform model of addiction-related information for schools, with the help of experts and in cooperation with relevant partners (Suchtkoordination Tirol 2003, kontakt+co 2003). Upper Austria has organised academic training courses for addiction-prevention coordinators at schools, who will act as liaisons at upper secondary schools (ISP 2003a).

9.2 Youth programmes outside school

The youth programmes outside schools primarily focus on secondary prevention as it is to be expected that young people at that age are experimenting with drugs (ÖBIG 2001c). The youth department had a study prepared on this subject, which examined the role of youth programmes outside schools addressing young people in danger of becoming addicted. The pertinent analysis focuses on the possibilities and limits regarding an implementation of integrative approaches in programmes outside schools as well as the necessary increase of networking and cooperation (ÖBIG 2002b).

In the field of mobile youth programmes, early in 2003 Vorarlberg started the five-year project SUPROmobil. Its primary target group is young people running a high risk of harmful drug use. The secondary aim is to address so-called system partners who have direct contact to the primary target group (Neubacher, personal information). In Lower Austria the streetwork

¹ 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.

projects were expanded and now include mobile youth work activities at Krems. For the next few years a further expansion to additional regions is planned (Brunner, personal information).

In the context of SUPROmobil a new approach addressing young people in situations of crises was implemented. Visionquest provides an opportunity for these persons to take a break of approximately 10 days for the purpose of reorientation (SUPRO 2002).

In addition, primary prevention as well as innovative, comprehensive approaches are important with regard to activities aimed at young people outside schools. Under the slogan “promoting (risk) competence and risk attending” an increasing number of activities focus on how to deal with psychoactive substances. The primary aim here is not to prevent risk behaviour by young people but to help them to transform it into stable, sustainable risk competence. 2003 also saw the publication of a textbook on intoxication and risk education (Koller und Rögl 2003).

Recently an interim report has been available on the touring exhibition Everything Under Control, which will be shown in Lower Austria until the end of 2003 (Fachstelle für Suchtvorbeugung 2002). The exhibition was also presented in Carinthia (Landesstelle Suchtprävention 2003). Kontakt+co has provided the b.yourself service treating the issue of addiction by means of games and educational theatre play (www.kontaktco.at).

This year’s activities of the youth department have focused on participation and peer education. Based on the results of the expert conference peer.meeting of young peer leaders in prevention projects (with addiction prevention as one subtheme), the department now plans to define quality criteria for the fields of education and support of peer leaders (Lender, personal information; cf. chapter 13). In Graz young applicants for asylum coming from Africa were trained in the project Euro YOUTH to become peers in the field of addiction prevention. Their training took four full days and was based on the method of art-based empowerment (VIVID 2003a).

9.3 Family and childhood

In this field of prevention, in addition to the toy-free kindergarten project (ÖBIG 2001a) and further education for kindergarten teachers, the current focus is being placed on activities targeting parents (cf. chapter 9.1).

The parent-oriented programmes provide basic information on addiction and relevant substances, for instance in the special manual for parents (ÖBIG 2002a, ISP 2003a) or the information booklet “cannabis - hashish - marihuana - hemp. Do you talk about it?” (ÖVDF 2003). This is complemented by awareness-raising with regard to protection and risk factors in families, and an additional aim is to provide orientation and support regarding education so as to enhance the parents’ participation in prevention activities. An internal evaluation of the project Strong Parents - Strong Children has shown that parents have great demand for information, exchange and personal reflection on prevention (VIVID 2003a). In May 2003 an expert meeting on parent education in the field of addiction prevention was held in Upper Austria (ISP 2003b).

There are also numerous other projects for parents of young people with addiction or drug problems. In Lower Austria the project Groups of Parents organised the Active Parents Workshop primarily dealing with the polarity between being in control and letting go (Fachstelle für Suchtvorbeugung 2002). In Burgenland a self-help group counselled by experts for relatives of young people with drug problems is being established (Siegl, personal information). Here Parents as Peers is an attempt to implement the peer approach also in parent-oriented programmes. SUPROmobil started the so-called pub-tours to address parents (in particular fathers) who cannot easily be contacted through other channels (SUPRO 2002).

9.4 Other programmes

The Vienna-based project ChEck iT! was started as a response to the increasing use of synthetic drugs by young people (cf. EDDRA; chapter 5.3). It combines secondary prevention activities with pill testing services directly at raves, which facilitates contacts to a group of adolescents and young adults who do not turn to established drug help facilities. In 2002 ChEck iT! was present at six raves, where an average of 259 information talks, 74 counselling talks and 71 analyses of substances took place at each event. Reacting to the development of the rave scene towards the mainstream, ChEck iT! is currently endeavouring to adapt its services to locations such as large discos (Lachout 2003).

The project MDA basecamp in the Tyrol has provided secondary prevention measures for the party scene - without pill testing - for a few years already, and was present at 13 parties in 2002. In addition MDA basecamp uses the medium of radio and since November 2002 twice a month a programme has been broadcast with tips and news for the dance floor scene, combined with information on drugs, pleasure, addiction and risk management (MDA basecamp 2003).

Both ChEck iT! and MDA basecamp state that they need central offices in order to be able to advance their activities towards continuous counselling and testing services (MDA basecamp 2003, Lachout 2003).

A study comparing pill testing projects in three European cities - among them also Vienna - examined the actual influences pill testing services have on users of ecstasy. The study made it clear that there are two separate groups existing side by side in the same party setting, namely users and non-users. The methodological approach of peer education has different impacts on these two networks: peer activities show effect in the context of primary prevention for non-users and they have secondary prevention effects on the group of users who have already had their pills tested several times (e.g. lower frequency of use, less risky party behaviour). What has also become apparent is that peers of the individual groups of the party scene play the most important role with regard to imparting information. For instance pill testers inform drug users among their friends about suspicious ingredients or high MDMA doses. These informal channels of information are examples of the less manifest advantages of pill testing services (Benschop et al. 2002; cf. chapter 2.2).

10 Reduction of Drug-Related Harm

Reduction of 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 and to reduce the risks and problematic consequences of drug consumption as far as possible. In the field of harm reduction specific methodological approaches have increasingly been employed in the work with clients; examples are peer support (Komfűdro 2003) and women-specific or gender-related projects (cf. chapter 8.2). More and more services make use of problem-specific networks, focusing e. g. on cocaine, e-mail-counselling and other themes (cf. chapters 8.2, 11.1).

As to rooms designated for drug use, theoretical discussions have continued, but no plans for implementation have been formulated at the decision-making level (Neubauer 2003). A diploma thesis (Hoffmann 2002) gives a summary of the discussion on rooms for drug users in Austria and puts particular emphasis on the political dimension, which has turned out to be an obstacle to a corresponding expansion of drug help services. According to the results of a demand analysis carried out in Graz, young opiate consumers have shown marked interest in users' rooms (X-Sample 2002b; cf. chapter 2.3).

10.1 Description of interventions

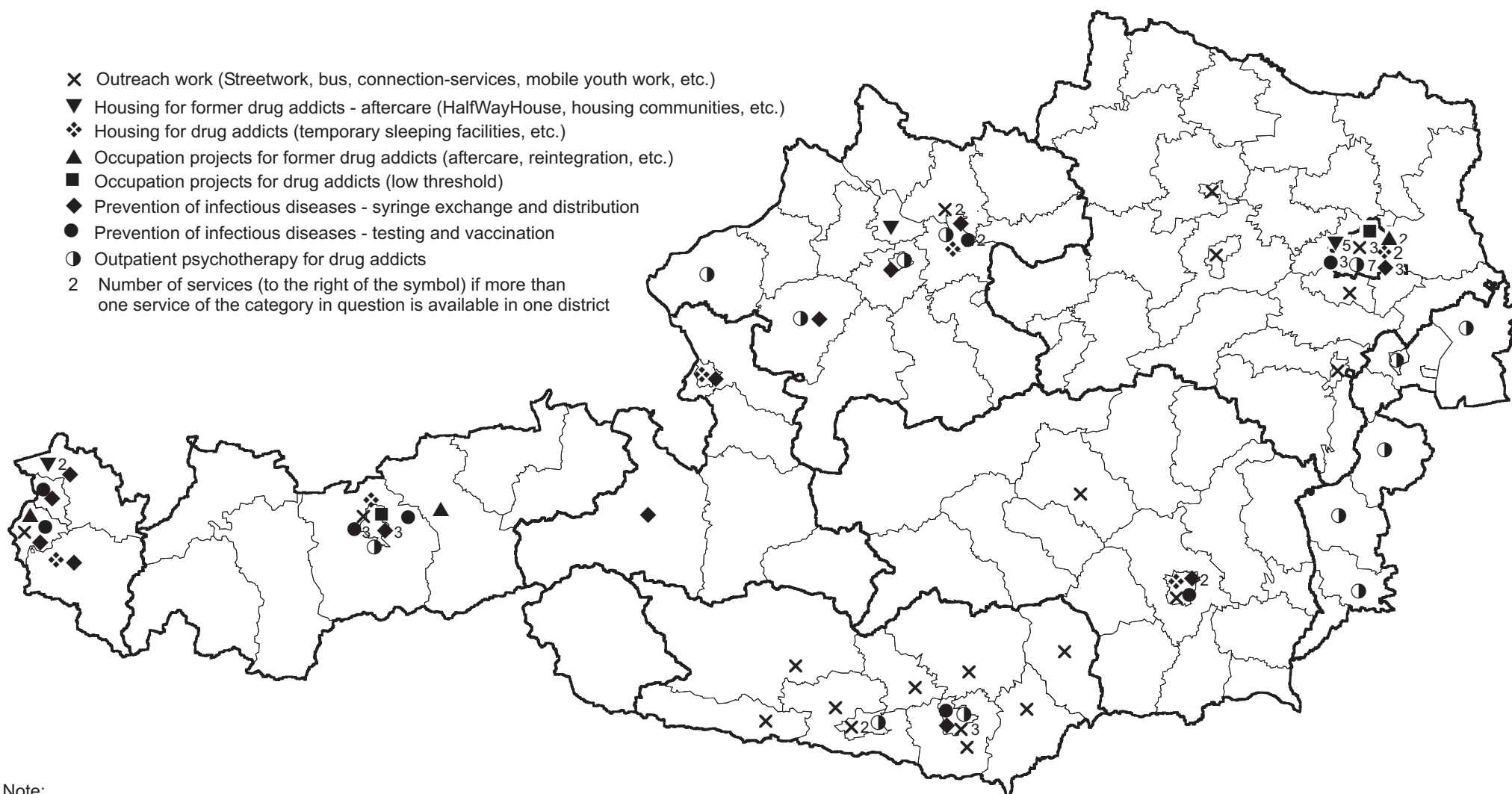
An overview of all the relevant services and facilities in the Austrian provinces is presented in maps 10.1 and 10.2 below.

Outreach work continues to be of central importance among harm-reducing measures (cf. table A23 of annex B). Especially in Vienna plans have been made to expand the field of streetwork by providing additional structural and financial means and developing new strategies. On the one hand this is a reaction to the increase of cocaine consumption in the street scene, on the other hand outreach work is called upon to take into account to a greater extent the concerns of the local population and to improve contacts to the police (VWS 2003; cf. chapter 4.1).

Another form of outreach work is carried out by the hospital connection service CONTACT, with a total of 348 clients counselled in 2002, which represents a 18.5% increase. Contacts after hospital stays decreased by 10.9% compared to the previous year. Furthermore in the General Hospital of Vienna (AKH) a drug-related social work plan has been drawn up and successfully implemented since November 2002 (FSW 2003a, FSW 2003b).

Low-threshold centres are facing a growing (intravenous) use of stimulants (cf. chapter 2.3). Since as yet there is little know-how and experience on how to interact with cocaine users in the street scene, a nation-wide networking meeting on the theme of cocaine and crack was organised. A follow-up meeting has been scheduled for 2003 (Komfűdro 2003). In particular the low-threshold centre Ganslwirt (Vienna) strongly promotes the implementation of the necessary measures (installing a quiet room for cocaine users to calm down, developing specific first-aid measures for cases of cocaine overdosing; VWS 2003; cf chapters 8.2 und 11.1).

Map 10.1: Specific services for treatment and counselling of, and assistance to, drug users and drug patients

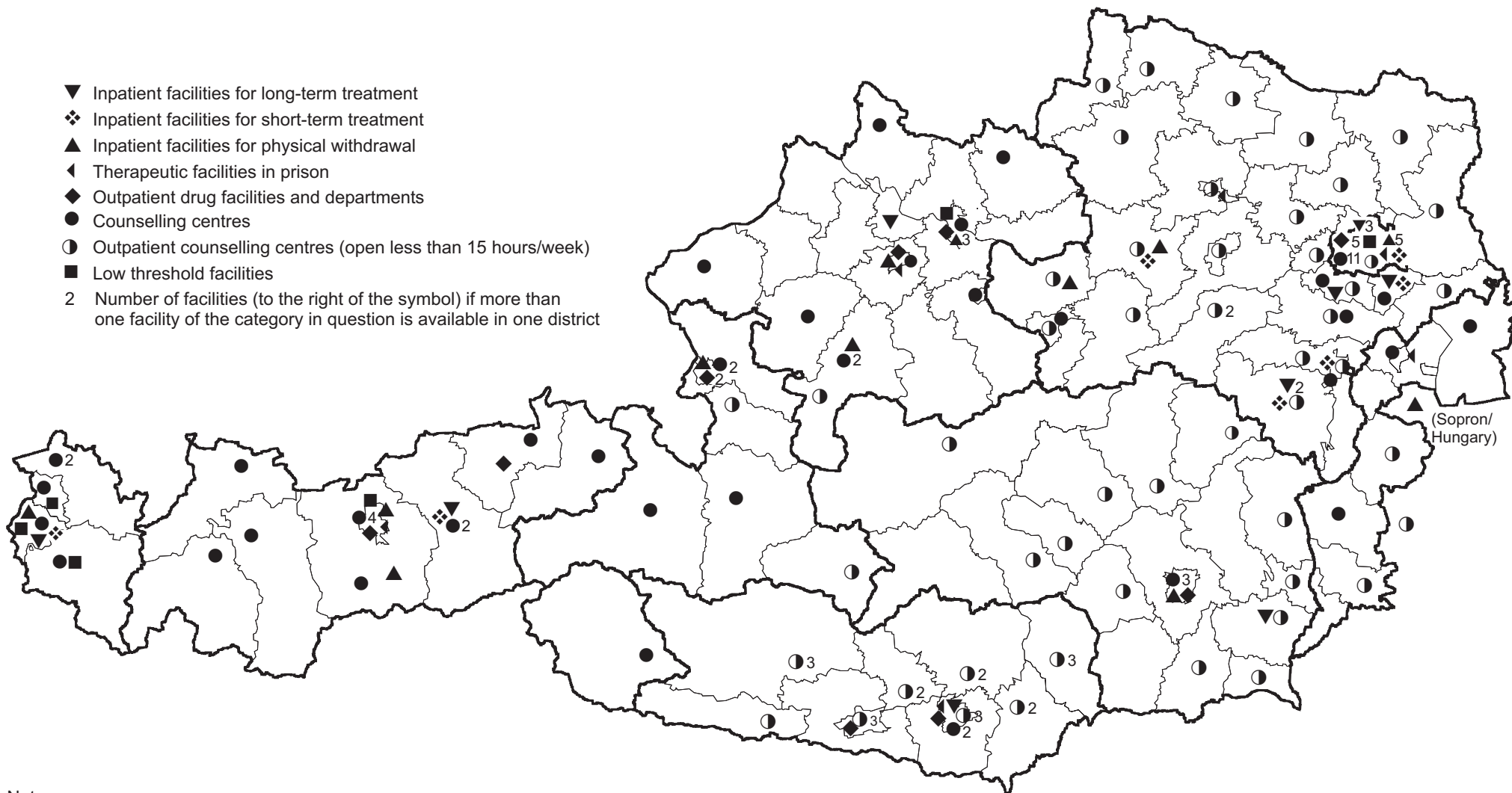


Note:

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

Quelle: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2003

Map 10.2: Specific facilities for treatment and counselling of, and assistance to, drug users and drug patients



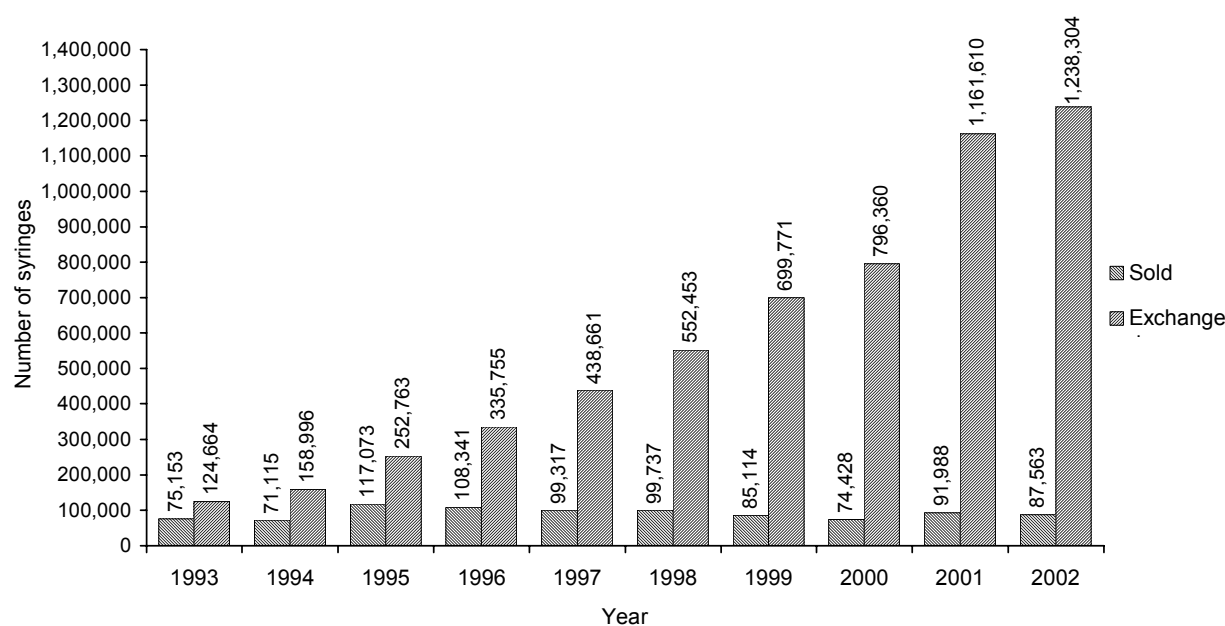
Note:

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

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2003

Measures for the **prevention of infectious diseases** continue to be a major component of harm reduction. Relevant activities in this field include the distribution of information material, syringe exchange and vaccination programmes, as well as counselling on safer use and safer sex, which is mostly provided by low-threshold drug help centres. Syringe exchange programmes have been successfully established in Austria (cf. figure 10.1). Rises in the percentage of distributed sets of up to 360% (Zeder, personal information) and a return quota of over 90% are clear indications of this success (Komfűdro 2003, Verein Substanz 2003, VWS 2003).

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 2002



Source: Verein Wiener Sozialprojekte/Vienna Social Projects Association

In autumn 2002 a syringe vending machine was installed by the local health office in the centre of Graz; by February 2003, 1 200 syringe sets were sold (Zeder, personal information). In the city of Salzburg, however, the installation of a syringe vending machine was prevented by public resistance (Der Standard, 12 July 2003). The fact that the demand for safer-use equipment (distilled water, clean spoons etc.) has been rising indicates that intravenous drug users are increasingly aware of the risks related to their mode of consumption (Verein Substanz 2003). Moskito, a syringe collection service jointly operated by the Vienna Social Fund and the Municipal Department for Parks and Gardens, reports that 8 131 syringes were collected and disposed of, which is an increase of almost 30% compared to the previous year (FSW 2003d).

In the context of infectious diseases, demand for specific care units for chronic drug patients has been voiced (cf. ÖBIG 2002a). There is an increasing number of addiction patients suffering from multiple disorders such as hepatitis, HIV and addiction-related dementia (cf. Chapters 3.2 and 3.4). Experience has shown that traditional care centres cannot cope with this group of patients (Der Standard, 31 March 2003).

Regarding overdose prevention, safer use training courses for consumers and seminars for drug-related emergencies targeting the relevant groups working in the field of drugs continue to be held. Following the concept of peer support, drug consumers with specific training are increasingly involved in training the participants (Komfűdro 2003). Information on syringe exchange services and first aid in the event of overdosing has also been made available on the Internet (www.exundhopp.at, www.doit.at/notfall; cf. chapter 8).

10.2 Standards and evaluation

Together with other organisations in twelve EU member countries, ÖBIG and the Vienna Social Projects Association participate in the EU project *Living with the Daily Dose*. The main objective of this project is to describe the situation of HIV-positive drug addicts and the development of strategies to improve access to care programmes for this target group (www.oebig.at).

In Vienna an analysis of used syringes was carried out for the second time, with the aim of collecting data on substances used by the Vienna drug scene and any impurities of these substances. On the one hand, the results provide a basis for drug help centres to make their counselling more specific, on the other hand they will be reported back to the clients anonymously. (VWS 2003).

The current evaluation of the counselling centre HIOB has shown that the range of services have been favourably received. Remarkably, services involving more intensive counselling had a higher share of women clients than the open-access facility (cf. EDDRA).

11 Treatment and Care

By now almost nationwide coverage regarding drug-specific treatment, counselling and health care centres has been reached in Austria (cf. maps 10.1 and 10.2). The corresponding services are provided both by specialised facilities and within the framework of general health care (e.g. by psychiatric hospitals, psychosocial service centres etc.). Among other factors, the wide range and diversity of services provided result from a policy which promptly reacts to new trends in the drug scene and finds strategical and structural answers.

Most Austrian drug help centres provide a comprehensive range of services which includes measures that are directed at drug-free life as well as substitution measures; this especially applies to outpatient services, but to a growing extent also inpatient departments. One example is the addiction counselling centres in Lower Austria, run as pilot projects since autumn 2002, where substitution treatment is provided in addition to social, psychological and psychotherapeutical assistance (API 2003). The categories presented below can only reflect this situation to a limited extent.

On the whole, counselling centres in the field of addiction have been expanded at the regional level. In the Tyrol alone, following the opening of five new centres, at present there are twelve such establishments (B.I.T. 2003a). In Lower Austria, a telephone hotline for all questions regarding addiction is scheduled to start operating by the end of 2003 (Brunner, personal information).

In Styria and Upper Austria complaints about insufficient personnel capacities leading to several weeks of delay in responding to requests at district level have been uttered (b.a.s. 2003, Suchtkoordination OÖ 2003; cf. also chapter 1.5).

11.1 Drug-free treatment and health care at national level

Relevant changes have taken place at the therapy department of Lukasfeld (Vorarlberg), where the treatment plan was adapted and the focus of therapeutical support was shifted and more strongly oriented towards on the resources and the responsibility of the clients (Stiftung Maria Ebene 2003c). At Johnsdorf, Styria a new inpatient treatment centre (providing long-term and short-term therapy) focusing on alcohol addiction and treatment of psychogenic multimorbidity was opened, which also admits clients with illegal drug problems (Grüner Kreis 2003d). Also in Styria, in March 2003 the foundation stone for the drug-help centre "Walk about", which is scheduled to start operating in 2004, was laid (cf. ÖBIG 2001).

The long-term therapy unit at Mödling/API (Anton-Proksch-Institute near Vienna) has expanded its women-oriented services. For the first time a pregnant patient was admitted and gave birth while staying at the centre (API 2003). As to education methods, the medium of theatre play is increasingly employed (Forum Theatre, impro and playback acting etc.) e.g. at Anton Proksch Institute and Schweizerhaus Hadersdorf (Lower Austria).

Drug outpatient services have been opened in Klagenfurt (Carinthia) and at Wörgl (Tyrol). Should the need arise, the opening of a third drug-specific outpatient service is considered in the Tyrol. According to reports from the drug outpatient department at Innsbruck the pro

gramme for assisting designer drug users has been established with great success after completing its test phase (Giacomuzzi und Riemer 2002b, Univ. Klinik für Psychiatrie Innsbruck 2003).

Several drug-help centres have reported a growing number of young consumers of hard drugs, some of them underaged; the centres state that there is urgent need for giving them assistance to quit using drugs. Special treatment settings for this target group should be developed and established, taking into account the specific problems of adolescents (cf. also X-Sample 2002b).

The rise of cocaine use in the street scene is also reflected in the respective treatment settings. Parallel to the theoretical discourse on adequate modes of treatment and therapy models, e. g. during the expert presentation on cocaine addiction that took place in Vienna, the corresponding adaptation of existing treatment settings has started (Grüner Kreis 2003c, Stiftung Maria Ebene 2003b). As to treatment, a lack of problem awareness on the part of the clients has been registered. In many cases they do not undergo treatment of their own accord, but as part of a compulsory measure in the context of therapy instead of punishment.

A publication on opiate addiction has been presented which gives a practice-oriented survey on the pharmacological, medical, psychotherapeutical and legal background on the theme. The publication highlights the interdisciplinary approaches reflected in the existing approaches to addiction diseases and treatment (Beubler et al. 2003).

11.2 Substitution and maintenance programmes

The general conditions of substitution treatment have not changed. The relevant actors in Vorarlberg discuss an adaptation of substitution treatment in order to respond to the growing supply of morphines in street trafficking (cf. chapter 2.3). In Vienna, due to the increasing numbers of young people under 20 in substitution treatment, the Drug Advisory Board has formed a working group on this issue.

In Salzburg a substitution centre for opiate addicts (SUST) was founded, which, for the time being, concentrates on the target group of patients without social insurance coverage (Schabus-Eder, personal information). In Vienna a special outpatient unit for substitution patients was established (API 2003). Substitution treatment is also provided by the new drug outpatient facility in Carinthia and the drug counselling centres in Lower Austria, which are at present operating as pilot projects (see above).

As to substitution substances used for the therapy of clients undergoing treatment for the first time, the trend to use prolonged-action morphines (Substitol, Compensan, Mundidol) and also buprenorphine (Subutex) rather than methadone has been confirmed. At the national level, the share of methadone fell to 29.5% in 2002 (compared to 53.4 percent in 2000). The conditions for an effective replacement of high doses of methadone with buprenorphine were investigated in a case study (Giacomuzzi und Riemer 2002a). Another study reveals new findings in the treatment of addiction patients. On the basis of its results the authors conclude that for each drug a specific substitution substance is required, which should also have those effects of the drug that are experienced as pleasurable (Zerning et al. 2003).

11.3 Aftercare and reintegration

As interventions aimed at aftercare and reintegration of (former) drug addicts address both clients who have undergone drug-free treatment and persons who are currently suffering from addictions, they are not specifically registered as treatment in Austria. For details on interventions in this field and the underlying approaches see chapter 16 of last year's report (ÖBIG 2002a). Many drug help centres provide general aftercare measures (e.g. psychotherapy or assistance by social workers). In addition there are specific social (re)integration services in the fields of education, housing and occupation.

Measures in the field of **training and occupation** have been intensified within the framework of participation in the EU EQUAL Programme. As part of the EQUAL Development Partnership "integration through work" (ida) a project entitled "My job - my way" has been organised by Caritas Innsbruck, in which a fixed employment position of up to 20 hours per week is provided for long-term unemployed persons using drugs. In addition, for the first time a focus is placed on the employment situation of young people using drugs: also for this group, specific per-day jobs with intensive assistance were created (www.ida-equal.at). The regional Development Partnership drugaddicts@work has applied for EU support for the next project stages (Regionale Entwicklungspartnerschaft 2003). At present the institutions involved are implementing their projects. A call centre for active telephone marketing („Fix & Fertig“/VWS 2003) and the combined sales and exhibition room "pool7" (Grüner Kreis 2003b) are already operating. Having opened recently, the upcycling workshop "gabarage" (API 2003) has a special policy of promoting the involvement of women.

In Vienna, the reintegration project Needles or Pins was evaluated in 2002, and the final report is forthcoming (FSW 2003b). The current evaluation of the employment project WALD in Vorarlberg has shown that nine out of 58 clients changed over to a higher-threshold work project, twelve found a job in the first labour market and three were transferred to a training programme organised by the Public Employment Service (cf. EDDRA).

As to **housing** many services in Vienna report that the existing facilities are overcrowded (VWS 2003). An expansion of services especially for young drug users is being discussed in Austria. According to a demand analysis carried out in Graz (cf. also chapter 2.3) services providing emergency accomodation and assisted housing facilities are urgently needed. One item on the list of demands is housing projects in which substitution clients can learn and train household skills and social competence (X-Sample 2002b). In the Tyrol a demand analysis focusing on homeless young drug abusers is being carried out.

The trans-institutional leisure time project LOG IN has adopted a new approach: it provides support in building a social network and finding leisure time activities, which has been a rather neglected sphere of social reintegration so far (API 2003, SiÖ 2003b, LOG IN 2003).

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 prisons has not changed in the reporting period and was described in detail in chapter 13 of the report of 2001 (ÖBIG 2001a). Recent data show that imprisonment because of NSA offences has played an increasingly important role in the context of criminal justice (cf. chapter 1.3).

As a rule a wide range of drug-related services are provided in prisons (cf. table 12.1). Four out of 28 prisons have drug-free units and six have treatment departments. The prison of Favoriten, Vienna, specialises in addiction treatment: for instance, in its affiliated institution at Münchendorf a total number of 55 persons were treated in 2002 in the form of group or individual therapy (FSW 2003b).

Table 12.1: Demand reduction interventions in prisons in 2002

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

¹ Total number of prisons in Austria: 28

Source: Kahl, personal information

In context of the study on epidemiology and prevention in Austrian prisons (cf. chapter 12.3) 26 prisons reported explicitly that they are adopting prevention measures such as distributing take-care sets and information material to new prisoners in the context of the reception interview. All prisons stated that, for the purpose of preventing infections, they are providing condoms and disinfectants for safer use, which prisoners may obtain anonymously in some cases (cf. also table 12.1). According to the study, programmes for used syringe disposal tend to be refused at the decision-making level. 531 prisoners are prescribed opioids for oral

substitution, with more than two thirds getting methadone as a substitution substance (Pont 2002).

Syringe exchange programmes are not yet run in Austrian prisons, however, in the prison of Josefstadt/Vienna a pilot project is being prepared.

Apart from these drug-related interventions there are numerous other forms of cooperation between the prisons and various drug-help institutions. In Innsbruck students of the Social Work College of Higher Education, in the context of a practice-oriented education programme, are carrying out a creative work project in cooperation with prisoners in Innsbruck who are in custody due to measures other than punishment (Justizanstalt Innsbruck 2003). Since April 2002, in cooperation with the association Dialog, social workers have provided care services to female prisoners in the police prison of Rossauer Lände/Vienna. These services link addiction-related assistance, health care and women-oriented measures so as to provide assistance to women with regard to addiction problems, illegal prostitution and other fields of problems, in some cases even after release from prison (FSW 2003b; cf. chapter 8.2).

12.2 Alternatives to prison for drug-dependent offenders

The principle of therapy instead of punishment continues to form a central part of all drug and addiction plans and strategies in Austria (ÖBIG 2002a). The relevant measures are not implemented in the context of specialised facilities in Austria but the whole range of drug help services may be used for their implementation.

12.3 Evaluation and training

The tenth anniversary of the department for measures other than punishment of the prison of Innsbruck was an occasion to evaluate drug treatment in view of relapses relevant with regard to penal measures. The results showed that drug-addicted prisoners having undergone treatment in most cases suffer relapses (relevant with regard to penal measures) within 18 to 24 months after release. In this period measures aimed at preventing relapses are of particular importance. Furthermore voluntary drug treatment in prison turned out to be more successful than treatment of prisoners convicted in the context of measures other than punishment (Justizanstalt Innsbruck 2003).

The analysis of data on HIV/AIDS/hepatitis B and C in Austrian prisons, which were collected already in 2001/2 have now been completed (cf. chapter 12.1): a relevant outcome is for instance that the number of persons tested for HIV antibodies range from 0% to 100% in the individual prisons. These differences are problematic on the one hand as each prisoner, upon request, should have access to HIV antibody testing, and on the other because the tests shall only be carried out on a voluntary basis and after preparatory and follow-up talks (Pont 2002).

13 Quality Assurance

Quality assurance measures are becoming state of the art also in the field of drug-related demand reduction. As a result of this professionalisation projects and activities are evaluated, education and (further) training schemes are organised, quality standards are prepared and documentation is improved (cf. chapter 1.1).

Regarding the documentation system of Vienna, which aims at facilitating a comparison of documentation and thus of data within Vienna's drug help system, an interim report is now available. In addition the e-mail newsletter *Dokumentation aktuell* has been published every two months for one year now (FSW 2003a, 2003c, 2003d; cf. annex A). B.I.T. in the Tyrol also plans to draw up and implement a uniform documentation system for all its centres (B.I.T. 2003a). The low-threshold centre Ganslwirt in Vienna has introduced social medicine counselling management in order to improve interdisciplinary cooperation and to coordinate the interventions of social workers and medical experts (FSW 2003b, VWS 2003), and the website of the Vorarlberg-based Ex & Hopp contact centre presents standards for low-threshold activities (www.exundhopp.at).

The Vienna Social Projects Association has completed the definition of its philosophy. The mobile youth work/street work organisation of Lower Austria, after a one year of work, finished its handbook on quality assurance, which will facilitate continuous professional quality development (Fellöcker et al. 2003). The Maria Ebene Foundation of Vorarlberg has also drawn up a quality handbook (Stiftung Maria Ebene 2003a). In Salzburg the objectives, target groups and other aspects of drug help measures and facilities are being defined to form a basis for quality assurance measures. The Ministry of Education will also place a focus on quality assurance.

With regard to drug-using young people, the City of Graz commissioned an analysis of the demand for accompanying psycho-social measures for young problem drug users in Graz (X-Sample 2002b; cf. chapter 2.3). The Tyrol, due to massive problems with homeless young people, also commissioned a demand analysis investigating homeless young drug abusers (cf. chapter 11.3).

In the field of prevention the Styrian interdisciplinary decision-making group on addiction prevention as a community task has drawn up quality standards for primary and secondary prevention. The youth department of the competent federal ministry is planning the definition of quality criteria for education and support of peer leaders. This is based on the results of an expert meeting of young peer leaders in prevention projects (Lender, personal information; cf. chapter 9.2). ChEck iT!, in cooperation with the Dialog association, prepared directions for replies to e-mail enquiries, which will be published as a guide book (FSW 2003b, VWS 2003; cf. chapter. 8.2).

The rising number of evaluations has been presented in the individual chapters (cf. chapters 9, 10, 11 and 12). In Upper Austria a second comprehensive demand survey will be conducted in the context of a Rapid Situation Assessment (RSA). The aim of the RSA is to collect relevant data on addiction and drug problems as a basis for efficient planning of drug policy interventions. Publication of the results is planned for April 2004 (Seyer 2003, ISP 2003a;

cf. chapter 2.2). The quality circle on evaluation coordinated by ÖBIG and including evaluation experts of various drug help centres in Vienna drew up the paper *Evaluation: Forderungen & Anleitungen* (Evaluation: demands and instructions; ÖBIG 2002c).

Demand for specific education and further training programmes in the field of drugs continues to be high. The plans and curricula for drug-related further training of five selected occupational groups as commissioned by the Federal Ministry for Health and Women (FMHW) have been completed (ÖBIG 2002a). A strong focus is placed on trans-occupational competence and requirements, as it turned out that the specific core education programmes of the individual groups of occupations already covered a large part of the relevant core competences. The new programme consists of six framework curricula: one trans-occupational curriculum and, based on it, a mono-professional curriculum for each group (ÖBIG 2003). In Carinthia in the course of the transfer to district health authorities of medical examinations a four-semester training programme for physicians of the public health care sector was started in autumn 2003, which already draws from the project results (cf. chapter 1.1).

Specific courses dealing with addiction and prevention are planned or run by the Western training centre for health-care occupations in the Tyrol, the Addiction Prevention Unit of Lower Austria, and the Anton Proksch Institute and OAGG in Vienna. Styria saw an intensification of the cooperation between VIVID/Addiction Prevention Unit and the two teacher training academies, each of which runs courses on addiction and prevention. As of autumn additional further training courses on prevention in infancy for the target group of kindergarten teachers are planned to be run in four regions of Styria. An international course on the method of art-based empowerment, which is often applied in the field of addiction prevention (cf. chapter 9.2), has already been established. In January 2003 a further training course on substitution treatment was held for general practitioners in Vorarlberg.

The Tyrol plans a two-day further training programme on peer support, for the staff of various drug help facilities, and in April 2003 a course on brief motivational intervention for drug-using young people was held in Vorarlberg (Komfűdro 2003). Styria, too, organises a further training scheme on addiction prevention for youths (VIVID 2003a), and also in Styria, in autumn 2003 a training course on addiction competence coaching for young people will be started, with the aim to find professional ways of communicating with young people who use drugs, who are at risk or already addicted.

PART 4

Selected Issues

14 Evaluation of National Drug Strategies

The central framework of Austria's federal drug policy is defined by the Narcotic Substances Act as well as any implementing regulations and decrees adopted in this context (for more details see ÖBIG 2000), which also form a basis and guideline for the national drug strategy under preparation (cf. chapter 1.1). This process will also include reflections with regard to necessary evaluation measures.

Due to the federalist structure of the field of health and social affairs the provinces play a major role in planning and implementing drug policy measures. All nine provinces have drawn up drug or addiction plans or strategies specifying the objectives and fields of intervention of drug and addiction policies at the provincial level (cf. also chapter 1.1). Evaluation does not form part of any of these plans or strategies. However, Vorarlberg reports that first steps towards evaluating its provincial drug strategy have been taken (cf. ÖBIG 2002a). As this still is at its initial stage, more detailed information on evaluation, focuses and methodology cannot yet be given.

Thus no experience of evaluation of (national) drug strategies has so far been gathered in Austria. However, at both the federal and the provincial levels monitoring systems - differing in scope and detail - have been established (cf. annex A), which provide information on the development of the drug situation. In recent years many endeavours have been made to advance and improve drug-related monitoring. Relevant activities at the federal level include the implementation of a uniform reporting system of drug help facilities, in line with European requirements, which will complement the existing monitoring system (drug-related deaths, substitution treatment, narcotic drugs database according to Art. 24 of the NSA). In Upper Austria a Rapid Situation Assessment pilot project was carried out in 2000/1 in order to create a basis for regular investigation of the drug situation in the province. The Rapid Situation Assessment is now being repeated for the first time. In Vienna a documentation and research unit was created at the Vienna Social Fund and a comprehensive monitoring system (including regular surveys, data on clients and services of the drug help facilities, substitution treatment, ambulance services etc.) was established. When the Vorarlberg drug report of 2000 was drawn up all available data were analysed and in addition specific surveys were conducted in Vorarlberg. The rest of the provinces also gather and analyse drug-relevant data at the provincial level at regular intervals. However, neither at the federal nor at the provincial level have drug plans, drug strategies or drug-policy guidelines been directly compared to results and data of monitoring, in the sense of an evaluation.

15 Cannabis Problems in Context: Understanding Increased Treatment Demand

In the last few years a number of EU countries have registered rising numbers of drug users undergoing treatment because of cannabis consumption. The reasons for this cannot yet be specified, and at the EU level various hypotheses are discussed (cf. EMCDDA 2002). Therefore the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) proposed to consider this theme in the context of a selected issues chapter. In this way it will be possible to compile available data and information and analyse them in more detail for a better understanding of the problem at the European level.

As the available data are limited it is very difficult to give a comprehensive description of the situation and in particular trends for Austria. So far no uniform treatment reporting system has existed (cf. also chapter 3.1 and annex A) that would make it possible to provide a nation-wide analysis of the development of treatments following cannabis use. The organisations funded by the Federal Ministry for Health and Women (FMHW) submit standardised form sheets providing aggregate data on clients who receive treatment and care. In these form sheets cannabis is not considered separately but included in the general group of hallucinants. Furthermore the data do not permit an analysis of underlying problems and the kind of treatment or care. Thus the only data available at a nation-wide level are hospital discharge diagnoses according to the International Code of Diseases (ICD), which do not cover the full range of the drug-relevant treatment and care sector, however.

Therefore, the annual reports of drug help centres and all studies relevant for this field were also considered for this chapter. Furthermore research¹ among experts and organisations in the field of drugs was conducted (by phone, e-mail and personal talks) in order to gather complementing data and qualitative information on the experience and estimates by experts. Eventually the drug and addiction coordinators of the provinces also provided information on this subject.

15.1 Demand for treatment for cannabis use

The available data of Austrian counselling, care and treatment facilities for users of illicit drugs give the impression that cannabis plays a central role with regard to drug problems. However, one main reason for this is that many drug-dependent clients use cannabis as one drug among several others in the context of poly-drug patterns of use. This group will not be considered in this chapter as it is not relevant with regard to demand for treatment because of cannabis use. What is more interesting in this context is data on exclusive use of cannabis or cannabis taken as a primary drug or main drug.

¹ We would like to thank the experts and institutions that have provided data and information for this selected issues chapter. We are especially indebted to those who have carried out special analyses and interpretations for this purpose and communicated the results.

According to the available statistics (cf. also chapter 3.1) of outpatient care facilities, the annual share of clients exclusively taking cannabis or hallucinants was between 20% and 25% in 1999 and 2001 (cf. ÖBIG 2001a, ÖBIG 2002a). An analysis only considering cannabis cannot be made (cf. above). A number of annual reports of counselling centres also mention large shares of cannabis-using clients. For instance, in 2002 about half of all clients of the B.I.T. counselling centres in the Tyrol required care or counselling because of use of cannabis as their primary drug (B.I.T. 2003a). The Psychosocial Service of Burgenland registered a share of 59% of clients using cannabis or hallucinants as main drugs in 1998, and in 1999 a percentage of 38% of their clients had exclusively taken cannabis (PSD 1999 and 2000).

However, closer examination of the annual reports reveals a more diversified picture. For instance B.I.T. (2003a) points to the fact that occasional users account for a dominant share of cannabis clients. A detailed analysis of patterns of use in the first half of 2003 shows that 24% of the clients were experimental users and another 34%, occasional users of cannabis (B.I.T. 2003c). The annual reports of the Vienna-based association Dialog distinguish between counselling and care services provided, with a considerably lower share of cannabis use among the clients needing care (6% both in 1997 and 1998) compared to clients for whom counselling services were provided (approx. 10% both in 1997 and 1998; Dialog 1998 and 1999). Among young people cannabis use was markedly more frequent (2000: 40%; Dialog 2001), which was confirmed by other facilities as well. The outpatient clinic for addicted patients run by the Psychosocial Services of Vienna, which focuses on medical treatment of addicted patients, reports that from 1998 to 2002 only between 2% and 4% of their clients had exclusively taken cannabis or hallucinants (FSW 2003b).

In inpatient drug help facilities almost no exclusive cannabis users are found. According to the statistics the share of clients only using cannabis or hallucinants was 2% in 1999 and 0% in 2001, which is corroborated by reports of the respective facilities. There are a few cannabis users treated in inpatient drug help facilities, however, almost all of them are referred in the context of the therapy instead of punishment programme (suspension of sentence under Art. 39 of the NSA).

Thus, for assessing the actual demand for treatment due to cannabis use, a number of additional factors have to be taken into account. According to experts many cannabis users registered as clients of drug help facilities do not need medical treatment or psychosocial care directly related to their cannabis consumption. The drug and addiction coordinators of the provinces have pointed out for several years already that the large, and even further growing, number of clients using cannabis as their primary drug is a result of the rising number of reports to the police because of cannabis offences (cf. also chapters 1.3 and 4.2). The drug help centres confirm that many cannabis clients turn to them for counselling or care because of health-related measures they have to submit to as a prerequisite for a provisional withdrawal of reports to the police under Art. 35 of the NSA (cf. ÖBIG 2002a). The B.I.T. counselling centres in the Tyrol investigated the reasons why clients turned to the centres and found that in the first half of 2003 about three quarters of all cannabis clients were referred by authorities or in connection with NSA measures (B.I.T. 2003c). In Carinthia, 70% of all persons examined in 2002 in the context of the NSA (n = 694) were found to use cannabis as their main drug (Prehslauer, personal information). In Salzburg exclusive use of cannabis was diagnosed for 65% of the 476 persons examined according to Art. 12 of the NSA in 2002, and

obligatory health-related measures were demanded for two thirds of the cannabis users (Schabus-Eder, personal information). What is regarded as particularly problematic in this context is that the health authorities require health-related measures also for many persons who in the opinion of drug facilities do not need them. In addition to legal reasons (which include relevant referrals by schools according to Art. 13 of the NSA), parents also frequently play a central role when clients turn to drug help facilities, especially in the case of young people, who are the most important group of clients with regard to cannabis (cf. e.g. Dialog 2001). A third large group are clients who turn to drug help centres of their own accord. In the latter two cases many clients do not need treatment either, as they primarily ask for information or counselling (e.g. on possible legal consequences or health-related risks of use).

For assessing the demand for treatment because of exclusive consumption of cannabis, only the hospital discharge diagnoses and the results of the aforementioned research (see above) can be used. The hospital discharge diagnoses provide information on cannabis-related treatment in hospital, which, however, covers only a small part of the specialised drug help facilities.

Table 15.1: Development of cannabis-related ICD-9 hospital discharge diagnoses in Austria by primary and secondary diagnoses and dependence v. abuse from 1993 to 2002

Diagnosis	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dependence (primary diagnosis)	9	13	17	16	12	13	17	20	19	18
Abuse (primary diagnosis)	24	27	31	28	36	28	27	36	51	45
Dependence (secondary diagnosis)	32	39	33	40	73	60	67	113	133	151
Abuse (secondary diagnosis)	104	76	92	84	218	186	272	364	470	525

Key: Dependence = diagnosis 304.3 - cannabis dependence (hashish, marihuana)

Abuse = diagnosis 305.2 - cannabis abuse (nondependent abuse of drugs)

Note: To facilitate comparability of data, for the years 2001 and 2002 (i.e. starting from the use of ICD-10 instead of ICD-9) the IDC-10 data have been recoded under the ICD-9 system.

Source: Calculations by ÖBIG

Hospital treatments with cannabis-related discharge diagnoses are very rare. In the last few years a maximum annual number of 20 treatments with primary diagnoses of cannabis dependence (304.3) and 51 with primary diagnoses of cannabis abuse (305.2) have been registered in Austria (cf. table 15.1). The figures vary from year to year, however, a slight rise may be noticed. A more pronounced trend shows with regard to cannabis-related secondary diagnoses: in the last 10 years a marked increase has been registered, although the absolute figures are still small. In the case of cannabis-related primary diagnoses, the corresponding secondary diagnoses frequently include abuse of or dependence on other, legal substances (alcohol, medicinal products) or illicit drugs (opiates, hallucinants, cocaine, amphetamines etc.) as well as mental disorders (personality disorders, psychoses etc.), while cannabis-related secondary diagnoses are often found in connection with the corresponding primary diagnoses. This permits the conclusion that cannabis-specific treatments in hospitals primarily relate to poly-drug patterns of use or mental disorders.

The qualitative information provided by the institutions and experts in the field of drugs supports this general picture. An actual need for treatment because of cannabis use is almost always linked with mental disorders and in particular psychoses. Social problems found as a consequence of problem use of cannabis (cf. chapter 15.2) are decisive for treatment or care in a narrower sense only in rare instances. The cannabis clients who need treatment generally show intensive high-dose patterns of use over a prolonged time (cannabis abuse, pathological use). Experts also assume that these patients have already had an elevated vulnerability to psychoses before (cf. chapter 15.2). An analysis of the hospital discharge diagnoses for 2002 based on ICD-10 codes, by which cannabis-related diagnoses can be specified better and in more detail, confirms the important role psychoses play with regard to cannabis-specific treatment. According to ICD-10, in 2002 a total number of 235 persons with cannabis-related primary diagnoses were treated. Two thirds (156 patients) suffered from psychotic disorders due to use of cannabinoids¹ (F12.5). Diagnoses of harmful use (F12.1: 26 cases) and dependence syndrome (F12.2: 18 cases) are rather infrequent. Due to differences in the classification of psychotic disorders the number of cannabis-related primary diagnoses is higher under ICD-10 than under ICD-9 (cf. table 15.1), but they still only account for a very small share in the total number of 2 265 829 treatments included in the statistics on hospital discharge diagnoses in 2002.

In the experience of specialised institutions and experts, demand for treatment because of cannabis use primarily concerns men, most of whom are socially integrated and inconspicuous and often have high levels of education. They are rather young, typically between their early and mid-20s or even younger but rarely older. Part of the cannabis clients also use LSD and/or ecstasy and in some cases benzodiazepines as well (see also chapter 15.2). The ICD diagnoses confirm these age and gender characteristics. Marked differences in individual years have been found regarding the share of women as well as the average age of persons with cannabis-related diagnoses according to ICD-9 in the last 10 years; however, on an average women account for a share between 20% and 25% of the primary diagnoses, and the average age is approximately 25 years. The situation is even more pronounced with regard to treatments because of psychotic disorders due to use of cannabinoids (F12.5 according to ICD-10) in 2002: 88% of the patients were men, and their average age was 22 years.

To sum up, in Austria the situation regarding demand for treatment because of cannabis use is as follows: cannabis users are frequent clients of outpatient drug help facilities, but the majority of them do not require treatment or care in a narrower sense. However, there is a group of persons who need treatment either exclusively or primarily in connection with cannabis consumption. Most of them are rather young, socially integrated men in whom psychotic disorders become manifest after intensive use of high cannabis doses over a longer period of time. According to experts this is likely to be related to an already existing vulnerability to psychoses (cf. chapter 15.2).

An assessment of trends is difficult: there are experts pointing to a rising demand for treatment because of cannabis use, while others say that the situation is stable or that no clear

¹ Under ICD-9 these psychotic disorders are not classified as a subgroup of the drug-related diagnoses (304 and 305) but under other groups of psychiatric conditions.

assessment can be given due to lack of data. On the whole, the share of persons who need treatment or care because of cannabis consumption is very small compared to the total number of cannabis users (cf. chapter 2.2 and table A1 of annex B). However, there is a group, if small, for whom cannabis use is risky and may have adverse consequences due to an existing vulnerability to psychoses.

15.2 Prevalence of problematic cannabis use and patterns of problems

What is generally understood by problem use of cannabis in Austria is regular, very frequent consumption of large quantities of cannabis. In their counselling programmes (cf. chapter 15.3), the addiction counselling centres of B.I.T. in the Tyrol distinguish between four groups of cannabis users: experimental users, occasional users, habitual users and intensive users (B.I.T. 2003b). The latter group is described as excessive consumers abusing cannabis to solve problems, with negative psychosocial effects already showing and a tendency towards risky behaviour - which corresponds to the definition of problem use.

No data on the prevalence of problem use of cannabis are available for Austria. The majority of consumption surveys (cf. table A1 of annex B) only investigate prevalence in a certain period but not intensity and patterns of use. In a representative survey of the overall population over 15 in Linz, 4.6% of the respondents indicated regular use of cannabis (Institut für Soziologie der Johannes-Kepler-Universität-Linz o. J.). In a survey among young people between 12 and 25 conducted in Graz, 14.7% of the male and 7.1% of the female respondents said that they had used cannabis at least once a week in the past year (lifetime prevalence: 58.2%; X-Sample 2002a). The prevalence of problematic use is likely to be significantly smaller however. Furthermore only a certain group among the problem cannabis users are likely to show signs of psychological dependence¹. However, data on this aspect are also lacking in Austria, therefore the German cannabis study is frequently referred to (Kleiber und Söllner 1998). This study states that approximately 2% of all current users who have exclusively taken cannabis so far may be regarded as dependent on cannabis according to DSM-IV. There are considerable differences depending on type of use however: 1% of the occasional users as compared to 28% of habitual users showed signs of psychological dependence. The latter group, i.e. the one with the most problematic patterns of use, primarily included young men, so the demographic characteristics correspond to those given in Austrian reports on cannabis users undergoing treatment (cf. chapter 15.1).

With regard to problem users of cannabis in Austria no exact figures can be given. The available data from drug facilities are conclusive only to a limited extent as many cannabis clients do not show patterns of problematic consumption (see also chapter 15.1). For instance, the Z6 drug counselling centre of Innsbruck (Tyrol) has found problem use in approximately 20% of the clients receiving counselling services (Göbl et al. 2003). No definite statements on trends can be made either. The Diagnoses Institute of the Vienna Social Fund, which carries

¹ Physical cannabis dependence has not been scientifically proved so far and based on the current state of research it is ruled out by the majority of experts (Kleiber und Söllner 1998, Dittrich und Haller 2002).

out examinations with regard to health-related measures in the case of substance abuse (Art. 122 of the NSA), has registered rising numbers of referrals of pupils in the last few years. While the number of persons taking cannabis daily turned out to remain stable, a rise in quantities taken by daily consumers was found (FSW 2003b). The centres run by B.I.T. (2003c) in the Tyrol did not notice relevant changes in trends regarding cannabis clients in the observation period from October 2001 to June 2003. The Vorarlberg-based counselling centre Clean Bregenz reports subjective impressions of increased problem use but concedes that this could be the result of raised problem awareness in the centres (Mader, personal information). Regarding the number of cannabis clients, after rises a few years ago recently a small decline has been registered, which may be due to more accuracy on the part of examining public health officers and thus smaller numbers of referrals. Most of the young people referred to the centres now have additional social and psychological problems, with the fact of cannabis use often playing a minor role compared to the other problems they are facing.

Clean Bregenz also reports a rise in additional use of other substances by many cannabis clients. While in the past ecstasy predominated, for which stagnating trends are found now, recently benzodiazepines have played an increasingly important role. An analysis by B.I.T. (Tyrol) gives a more detailed picture with regard to additional use of other (illicit) substances among persons consuming cannabis as their primary drug. In the first half of 2003 ecstasy was the most relevant illegal additional drug (27.3%), followed by hallucinants (21.8%) and cocaine (17.3%). Additional use of amphetamines (7.2%), opiates (5.5%) and benzodiazepines (4.6%) was found by far less frequently (B.I.T. 2003c).

Drug experts also point to the general fact that in the case of cannabis - as well as other illegal substances or forms of addiction (cf. also chapter 16) - the relations between problem use and accompanying problems are rather complex and cannot be clearly delimited. Social and psychological problems may be both the cause of problem use of cannabis and its consequence, for instance in the form of negative reinforcement. There are users who, having taken large quantities for cannabis over a prolonged time, show lack of initiative, demotivation, performance problems and tendencies towards isolation, which may lead to problems at school or at work and also to social isolation (cf. e.g. Göbl et al. 2003). However, many problem users of cannabis also have histories of psychological or social problems in infancy or adolescence.

What is of special relevance in the context of pathological consumption (i.e. massive abuse) is psychiatric problems. A number of experts confirm that in the context of their professional activity they have seen cannabis users suffering from psychoses. However, they also admit that this almost only applies to use of high quantities over a longer period. In addition psychoses seem to occur primarily in persons with an already existing vulnerability (cf. chapter 15.1). According to the adolescent psychiatry department in Vienna patients suffering from psychoses and showing heavy cannabis abuse tend to reveal manifest symptoms several years earlier than other psychotic patients. A number of experts assume that in this at-risk group cannabis use is intensified when first symptoms of psychosis are felt, for the purpose of compensation and also self-medication. This may have the desired effect at first, but in the long run the problem is negatively reinforced, including the risk of a premature outbreak of the psychosis.

These observations in the context of practical experience are corroborated by international studies. Dittrich and Haller (2002), on analysing international studies, conclude that chronic use of large quantities of cannabis may lead to acute psychoses, while there is no evidence that occasional use of small quantities of cannabis could result in sustained psychotic disorders. Psychopathological symptoms become more frequent as higher doses of THC are taken. Still, massive psychotic reactions are rare even in cases of heavy cannabis use. There are very few indications that cannabis may also cause chronic organic psychoses. The available studies permit the conclusion that in the case of vulnerable persons cannabis may accelerate the outbreak of schizophrenia and intensify symptoms. In addition, in the case of patients already suffering from manifest schizophrenia, use of cannabis may have adverse effects on the progress of the disease.

Regarding other possible problems accompanying or following cannabis use (e.g. physical crises such as circulatory distress or elevated intra-ocular pressure or road traffic accidents), which are sometimes mentioned in international publications, no data and information for Austria are available.

15.3 Specific interventions for problematic cannabis use

The Austrian drug help system generally does not distinguish between different illicit substances. Counselling, care and treatment services are provided for clients taking a great variety of (illicit) substances and among them also problem users of cannabis. Services specifically aimed at consumers of cannabis are found in rare instances only. However, attempts are made to adapt the kind of counselling and the relevant setting to the needs and requirements of the target group.

Many experts underline that in their opinion it is very problematic to have problem cannabis users mixing with opiate-addicts or poly-drug clients in the treatment setting, as this may aggravate their addiction problems in view of an already existing risk or vulnerability. Therefore it is regarded as contraindicated to treat cannabis clients in the existing inpatient drug therapy centres, and they are actually very rarely found in such settings (cf. chapter 15.1). If inpatient treatment is necessary the patients should preferably be referred to (adolescent) psychiatry departments.

A number of drug help centres have drawn up specific strategies and programmes regarding outpatient services for cannabis clients. For instance Clean Bregenz, a counselling centre in Vorarlberg, schedules meetings with exclusive cannabis users before or after the opening hours for substitution patients so as to prevent contacts to opiate addicts. The majority of the cannabis-using clients are young people, for whom case management involving family assistance institutions, youth welfare departments etc. is often applied. Experience has also shown that the participation of relatives and friends is important and that counselling and care often takes the form of group work, as clients frequently also bring their friends. In 2003 the counselling centres of B.I.T. in the Tyrol drew up a specific programme for counselling settings in the case of cannabis use as a primary problem (cf. also chapter 15.2), aiming also at the prevention of problem use and pathological consequences, criminalisation and subsequent psychosocial complications. The standard programme has five stages (contact, motivation, intervention, aftercare and evaluation) and may be modified according to individual

requirements. Normally intervention is limited to four contacts to the client in question. If it does not yield results (i.e. no more use of cannabis or at least responsible use) another setting is recommended or organised (B.I.T. 2003b).

According to some centres and projects many, in particular young, cannabis users are insufficiently informed about possible risks related to consumption and are inadequately addressed by the existing counselling centres. With regard to getting into contact with the target group, outreach work in the youth scene and mobile youth social work (cf. chapter 9) are essential. Endeavours are made to meet the corresponding information demand by means of prevention measures. For instance 2000 saw the implementation in Vorarlberg of the project *Haschisch g'schnallt* ("Got it?"), which is based on the peer education approach and aims at a reflection on risk competence regarding cannabis among young people in Vorarlberg. The project consists of a demand analysis, a CD ROM on cannabis specifically prepared for young people as well as a two-day event on adventure-based approaches (SUPRO 2001). In spring 2002 drug experts meeting in the working group on communicative drug work discussed forms of youth-oriented information activities with regard to cannabis use and concluded that creative methods for imparting transparent, objective information were needed. A concrete idea in this respect is the preparation of a multimedia touring exhibition on the myth of cannabis, which will be shown in the whole country, paralleled by cultural events and media activities (Göbl et al. 2003).

16 Psychiatric Comorbidity

So far, few studies in Austria have directly addressed the issue of psychiatric comorbidity, and there are hardly any routine data available in this field. However, the issue is increasingly taken into account in annual reports, publications and events. Accordingly, in addition to currently available publications, annual reports, drafts and data, the opinions and experience of experts¹ in various spheres were researched and used for this chapter. Here our focus is placed on comorbidity in connection with problem drug use, the diagnosis usually being multiple drug use or use of opiates; in many cases there is even more than one diagnosis referring to drugs. Psychiatric comorbidity in connection with problematic cannabis use has been outlined in the preceding chapter.

In general, comorbidity refers to the simultaneous occurrence of two or more diseases without exact specification. In the case of addiction medicine this means that in addition to the addiction disease² another somatic or psychiatric condition exists. Other terms used in this context are "double or multiple diagnoses" and "chronic addicts with multiple problems". For this chapter, however, only psychiatric conditions as additional diagnoses are considered (for somatic conditions see chapters 3.3 and 3.4).

According to the opinion of a number of experts, there is as yet little research on the causal relations between addiction disease and psychiatric disorders. On the one hand a psychiatric condition may exist as an underlying disease preceding drug consumption and thus cause the development of addiction disease. On the other hand it may occur as a consequence of a dependence on narcotic substances or parallel to an addiction disease. For detailed explanatory models see Berthel (2003) and Kemmerling et al. (1997).

For practical purposes, a distinction is made between underlying psychiatric diseases which have existed already before drug consumption, and drug-induced psychosis. Often the term psychiatric comorbidity is only used in connection with underlying psychiatric diseases. In accordance with the bio-psychosocial approach to addiction, in these cases drug consumption is perceived as a component or symptom of the specific individual disease pattern and as an attempt of self-treatment. However, the use of narcotic substances will alleviate the symptoms experienced as distressing but for a short time, and so an addiction may develop. The symptoms reappear only after drug use has been discontinued (i.e. in the course of withdrawal or substitution treatment).

¹ We would like to thank all persons and institutions who have contributed data and/or their experience to this chapter, for their valuable support.

² In this chapter addiction disease is used as a synonym for abuse (pathological consumption) of and/or dependence on illegal substances, while all other psychiatric conditions are regarded under the aspect of psychiatric comorbidity.

16.1 Main diagnoses and prevalence

In line with this approach, which prevails in Austria, great importance is attributed to clarifying whether a psychiatric disease is drug-induced or has existed already before use of drugs. To give an example, the drug strategy of Vorarlberg 2002 (Amt der Vorarlberger Landesregierung 2002) distinguishes between primary disorders such as neurotic conditions, personality deviations, depression, psychosomatic disorders and anxiety conditions on the one hand and consecutive symptoms or secondary disorders such as reactive depression, mood changes or drug-induced psychoses on the other. Drug-induced psychoses occur especially in users of cocaine, amphetamines and hallucinogens. They are not easily distinguishable from schizophrenic psychoses, but the psychotic symptoms subside faster (Grüner Kreis 2003a).

Psychiatric comorbidity in drug-dependent patients has been a topic of discussion for some time already, but it has increased in importance over the last few years. Many drug help centres have registered a rising number of drug patients with psychiatric comorbidity. The increase refers to underlying psychiatric diseases rather than to drug-induced psychoses. However, psychiatric research in this field has only just emerged over the last few years.

According to Berthel (2003) **life-time prevalence** of psychiatric comorbidity is between two and three times as high in drug patients as in the general population. For Austria no corresponding comparisons are available, but according to an estimate included in the drug strategy of Vorarlberg (see above) the group of chronic addicts with multiple problems, who have developed a great number of different physical and psychological symptoms over several years of drug abuse and dependence, represents 0.5% of the total population.

With increasing frequency, persons whose acute or chronically paranoid conditions have been induced by drug use turn to **drug counselling services**, but cases of emotionally unstable personality disorder, anxiety conditions and depression are also reported (Dialog 2001).

Most of the research and data available in this field refer to **inpatient treatment**. However, these data are comparable only to a limited extent, as they relate to samples of different size and patient groups (regarding age, consumption patterns and duration of the addiction disease). By and large, however, it has turned out that the number of drug patients affected by psychiatric comorbidity is relatively high (between 40% and 96%) and in many cases, multiple (two or more) disorders have been diagnosed (cf. table 16.1).

Table 16.1: Prevalence rates and diagnoses regarding psychiatric comorbidity according to various surveys/facilities

Institution	Period of investigation	Number of patients examined/	Number of clients with psychiatric comorbidity	Psychiatric diagnoses	Source
Anton Proksch Institute	1993/1994	100	69% (24% multiple personality disorders, 45% one personality disorder)	23% non-specified personality disorders, 23% borderline disorders, 21% antisocial personality disorders, 8% histrionic, narcissistic and passive aggressive disorders, respectively, 6% paranoid, 3% sadistic, 1% unstable self-image and 1% compulsive personality disorders	1
Anton Proksch Institute	1996 - 1999	199	89% (32% multiple personality disorders and 57% one kind of personality disorder)	78% antisocial personality disorders, 51% antisocial personality disorders before age 15, 31% borderline disorders, 18% personality disorders, 14% non-specified personality disorders, 7% avoidant personality disorders	2
Anton Proksch Institute	2000	59	Not indicated	90% personality disorders, 17% severe depression	3
Anton Proksch Institute	2001	85	Not indicated	75% personality disorder, 6% dysthymia and depression, other diagnoses included paranoid schizophrenia, social behaviour disorder in adolescence, and eating disorders	4
Anton Proksch Institute	2002	57	96% (34% multiple personality disorders and 62% one kind of personality disorder)	44% antisocial personality disorders before age 13, 30% borderline disorders, 26% narcissistic, 18% non-specified, 4% compulsive, 4% dependent and 4% histrionic, 2% paranoid and 2% avoidant personality disorders	5
Rosenhügel hospital	2002	29	62% with secondary diagnosis	28% personality disorders, 33% affective disorders, 22% reactive disorders, 17% behavioural disorders and 11% eating disorders	6
Lukasfeld therapy department	2000 - 2002	171	40.9% (36% one, 3.6 % two and 1.8 % three kinds of personality disorder)	Especially personality disorders e.g. emotionally unstable, but also other personality disorders specified as narcissistic, histrionic or dissocial, furthermore affective disorders, eating disorders, anxiety disorders and lowered intelligence	7
Drug withdrawal department at Hall (Tyrol) ¹	2002	Not indicated	53.7 % with one or several psychiatric diagnoses	14.2 % affective disorders, 16.3 % personality disorders, 10.5 % organic brain disorders	8
University hospital Innsbruck (Tyrol) ²	2003	Not indicated	Approx. 75% with one or several psychiatric diagnoses	45% personality disorder, 25% depressive disturbances, 14 % schizophrenic disorders	9

¹ According to Dr. Madlung-Kratzer accurate diagnosing during withdrawal is very complex, therefore diagnoses for psychiatric comorbidity were only indicated in unambiguous cases.

² At present only estimates are available.

Sources: 1 Wirth 2001, 2 Smole S. o. J., 3 API 2001, 4 API 2002, 5 API 2003; personal information: 6 Elstner T./Neuropsychiatric department for children and adolescents at the Neurological Hospital Rosenhügel, 7 Duspara V./Lukasfeld therapy department, 8 Madlung-Kratzer E./Drug withdrawal department B3 at the psychiatric hospital of Hall (Tyrol), 9 Giacomuzzi S. and Riemer I./outpatient department for dependence conditions at the university hospital of psychiatry, Innsbruck.

For example, the catamnestic study carried out by the Anton Proksch Institute (Wirth 2001) showed a prevalence rate of 69% (cf. table 16.1). For this study a total of 100 multiple drug users were interviewed as test persons in 1993 and 1994. Their average age was 27.7 years, and they had been addicted for 7.3 years on average. Follow-up catamnestic investigations were carried out after one, three and six years following the initial examination. Of all the test persons, 64 had left inpatient treatment prematurely and 36 had completed treatment as planned. The psychiatric symptoms or conditions of the clients upon first examination were: depression, severe states of anxiety and tension, problems regarding concentration and memory, hallucinations, lack of control over violent behaviour, suicide plans and attempted suicide. Regarding borderline disorders, the study demonstrates that women have a prevalence rate of 44%, which is much higher than that of men (16%), while men are more frequently diagnosed with anti-social personality disorder (21% vs. 13%).

On the basis of this catamnestic study the integration of intensive psychological diagnostics into the routine inpatient programme was started in 1996, which permits more detailed diagnoses and thus better therapy planning (Smole o. J.). These investigations showed an even higher prevalence rate of psychiatric comorbidity (cf. table 16.1). Similar to the catamnestic study, a significantly higher prevalence rate of multiple personality disorders was found in persons who had left treatment prematurely (cf. chapter 16.3).

According to the experience at the therapy service Grüner Kreis (2003a) the main diagnoses of psychiatric comorbidity in addicted patients are affective disorders, schizophrenic psychoses, anxiety and personality disorders, among which borderline disorders rank second. In many cases there is a cluster of indications and multiple substance use.

Data on patients newly admitted to the therapy department Lukasfeld between 2000 and 2002 also indicate a high, if not quite as high, prevalence rate of psychiatric comorbidity in cases where multiple substance use prevails (cf. table 16.1). At the therapy department Carina, where treatment for addiction patients with personality disorders is provided, among persons abusing cocaine narcissistic and histrionic personality disorders were especially frequent (Stiftung Maria Ebene 2003b). The therapy department Erlenhof reported mostly psychotic disorders (especially schizophrenic psychoses), followed by eating disorders (especially bulimia) and personality disorders.

Approximately one third of the 166 clients of the drug therapy department interviewed at Otto Wagner Hospital between November 1999 and June 2000 indicated that they had undergone psychiatric treatment before (Essl und Hlavin 2000). The psychiatric diagnoses that were named included depression and suicide attempts (9% each), thoughts of suicide, borderline syndrome, nervous breakdowns and states of anxiety (4% each) as well as panic attacks, narcissistic personality disorders, bulimia and manic-depressive states.

According to Steinberger (2003) psychological disorders increase the probability of substance abuse and addiction among **adolescents**. In this context psychological disorders may include depressive episodes, states of anxiety, prepsychotic and psychotic disorders, narcissistic and borderline personality development, hyperkinetic disorders and disturbances of social behaviour. On the other hand increased craving for drugs, intensified withdrawal symptoms, the fact that acquiring drugs is illegal, the problem of having enough money and the "socio-toxic" scene in which drugs are traded put excessive strain on young people and lead

to a standstill, deformation or acceleration of the various psychosocial development phases. Therefore, young people with drug addiction problems counselled at the neurological hospital Rosenhügel were found to have psychological problems which cover the whole range of child and adolescent psychiatry (Berger, personal information). Said problems include all kinds of adolescence crises, severe psychiatric diseases and severe depressive or schizophrenic disorders.

A comparative study (Giacomuzzi et al. 2003) which examined 67 **substitution patients** undergoing buprenorphine or methadone treatment showed that between 35% and 47% of the patients had consulted a doctor because of psychological problems prior to substitution treatment and between 30% and 43% had been prescribed corresponding medication. In the course of substitution treatment their psychological symptoms were diminished and life quality was substantially improved. A prior investigation of substitution patients with opiate addiction (Uhl et al. 1992) had similar results. Out of all the substitution patients examined, 44% suffered from massive states of anxiety, 65% from severe depressive moods and 71% from massive mood changes. Fuchs (2003) states that also in substitution patients consulting general practitioners, psychiatric conditions have been noticed on a regular basis. The most frequent among these conditions is the post-traumatic stress syndrome with symptoms that are also diagnosed as depression, presuicidal syndrome, panic attacks, general anxiety disorder, borderline disorder or chronic psychosis.

In the field of **reintegration** data are available from the Vienna Job Exchange (FSW 2003b). Between 1997 and 2002 the share of clients with psychiatric diagnoses varied between 5% and 7% percent, only in 1996 it was significantly higher (13%). The share of clients with psychological problems was markedly higher (between 10% and 51%).

Another group of drug users with continually growing psychiatric comorbidity is **prisoners** at the detention centre of the Vienna police. Conditions like anxiety, stress, depression and insomnia often result from the stressful social situation of the patients, whose problems are aggravated while they are in prison. In 1999, 23% of the addiction patients evidently had psychiatric problems (Dialog 2000). These patients receive medication therapy within the framework of medical care for drug-addicted prisoners carried out by the association Dialog in the Vienna police prison (Dialog 2002).

The situation is even more dramatic in long-term **prisons**, especially in high security prisons. In such institutions, prisoners are often exposed to situations triggering e.g. anxiety conditions. Drug users are especially concerned, as they are frequently referred to high security prisons following an accumulation of addiction-related crimes and the corresponding term of imprisonment. In this group depressive disorders, anxiety conditions and schizophrenic personality disorders prevail (Spitzer, personal information).

The various investigations, studies, data and observations have shown high prevalence rates for psychiatric comorbidity throughout the inpatient sector and have confirmed the strong correlation between drug addiction and psychiatric conditions. The highest prevalence rates are found in long-term inpatient therapy departments, which may be due to the fact that in a state of relative psychological stability and social integration, patients will prefer outpatient or short-term therapy programmes (Legl 1997). In the view of some experts nearly all addiction patients show psychiatric comorbidity, and during inpatient treatment there is just more time

for observing this. However, on the basis of the available data it is not possible to tell whether there actually has been an increase, whether this observation is a consequence of greater sensitivity to this issue or, as Berthel (2003) suggests, of the changes regarding the classification of psychological diseases. Furthermore it can be stated that personality disorders (especially emotional instability), psychotic disorders and depressive episodes are the most frequently diagnosed psychiatric diseases.

16.2 Impact of comorbidity on services and staff

Working with addiction patients who also suffer from psychiatric conditions is a source of ever-changing challenges for the staff of drug help services. Especially in establishments where psychiatric competence is available only to a limited extent, if at all, e.g. in low-threshold centres, staff members often have to face their limitations in this respect. The recurring psychosocial and psychiatric crises of the clients pose a particular problem (VWS 2003). Kemmerling et al. (1997) also emphasise the high demands on the services providing treatment and the necessary qualifications of the therapy team.

There are several options and approaches for drug help services to manage these difficulties. In the sphere of low-threshold services it has turned out to be favourable and relieving to staff members to hold regular interdisciplinary case discussions and initiate intensive cooperation with psychiatric institutions to assist patients in crisis. In the field of therapy feelings of dissatisfaction and frustration among staff members are counterbalanced by reviewing and adapting the demands to clients on the one hand and the criteria for success on the other. The Erlenhof therapy department may serve as an example (Olbrich, personal information). In this facility, work therapy used to be targeted at achieving high turnover in order to create jobs for stable ex-clients. However, in many cases clients with psychiatric comorbidity are not capable of achieving a full work performance and more assistance than usual is needed, which will decrease turnover. With this in mind the aim was defined to plan an optimal therapy which meets the needs of the clients and will be designed and implied regardless of turnover.

As to professional qualifications, competence in the field of addiction diseases and psychiatric conditions is usually regarded as a requirement. It follows that additional psychiatric competence is needed in drug help services, especially low-threshold centres, while more competence regarding addiction diseases is demanded in psychiatric institutions. In Carinthia, for example, the implementation of province-wide availability of staff with psychiatric competence in all centres announced according to Art. 15 of the Narcotic Substances Act paralleled by further training of all staff members of drug help services has been initiated. At present a psychiatrist is available in four centres according to Art. 15 in Carinthia. In Vienna psychiatrists and neurologists are already working in several centres. Efforts in the therapy centres are mainly directed towards improving first point of entry diagnostics. But also in this sphere proposals as to the professional qualification have been made. One example is Legl (1997), who suggests that staff working with addiction patients showing psychiatric comorbidity be recruited from a psychotherapy branch imparting a knowledge of structured work approaches.

16.3 Service provision

An ÖBIG survey (2001b) of nearly all outpatient services and one third of all inpatient treatment and care facilities has shown that among a total of 35 outpatient services, one third has drug clients with additional severe psychiatric problems as its special target group. In the inpatient sector, this target group was named by seven out of eight facilities. Nevertheless some experts still state a lack of care options for this specific target group.

After having registered an increase in addiction patients with psychiatric comorbidity some facilities have adapted their treatment plans to the needs of these clients. An example is the therapy facility Grüner Kreis, where a special programme on psychogenic multimorbidity has been provided since 1997. At present 35 therapy places are available. Examples of services integrating patients with psychiatric comorbidity into their general therapy programme and trying to meet their individual needs are Anton Proksch Institute, and the therapy departments Erlenhof and Carina. While most inpatient treatment facilities are oriented towards drug-free therapy, in recent years inpatient substitution therapy has been increasingly provided as well.

At the therapy department Carina 18 places are available for long-term treatment of patients with personality disorders which have led to the development of addictions. The therapy programmes have been made more flexible over the past few years with regard to the duration of therapy on the one hand and admission diagnoses on the other. At the same time case-specific teamwork has been intensified.

The therapy department Erlenhof has organised a therapy market with different segments of therapy. Clients participate in the decision whether to complete the segments chronologically (traditional long-term therapy), one by one or in individual combinations within thirty months (interval therapy). The number of clients with psychiatric conditions admitted and treated depends on the degree of disorders and the effects on the other participants in the respective therapy programme.

Treatment problems regarding drug users with psychiatric conditions already start at symptom detection. For instance it is not easy to distinguish between drug-induced and schizophrenic psychoses (cf. chapter 16.1). Anxiety and depression are also hard to detect in drug addicted patients, as they are often unable to realise, and talk about, their feelings (Dialog 2001). Moreover states of anxiety and depression are often perceived as withdrawal effects, because the symptoms that used to be compensated by taking opiates only become manifest in the course of abstinence. In many cases a psychiatric condition only becomes apparent during withdrawal or substitution treatment. According to FSW (2003b) the multidimensional model presented by Haltmayer et al. in the context of chronic hepatitis C among drug users may be helpful for diagnosing. The third axis of this 5-axes model describes various diagnostic groups of psychiatric disorders.

Psychiatric comorbidity leads to problems in treatment because of disorders in social relationships and the corresponding relationship patterns and behaviours that are concomitant to personality disorders (cf. chapter 16.1). According to Berthel (2003) the most problematic factors are emotional instability, the manner of acting and the psychological mechanism of a split personality.

Moreover it has been observed that addiction patients suffering from psychiatric conditions can put up with less stress, have less stamina and therefore require specific arrangements, which in turn may negatively affect other therapy group members. Another factor that may have a negative effect is the necessity of a simultaneous therapy with antidepressants or neuroleptics. Some patients are stable from a pharmacotherapeutic point of view, but there are others who are continually referred from the psychiatric clinic to the therapy department and vice versa. Another problem is the low compliance of patients with psychiatric comorbidity, which makes pharmacotherapeutic treatment of the psychological condition more difficult (Kemmerling et al. 1997). It has also been pointed out that the combined use of narcotic substances and medicines may lead to interactions or to a neutralisation of the prescribed pharmaceuticals. Other potential problems that are named include problems with discipline, problems in cooperating and communicating, and a negative attitude towards treatment. One of the results of a study investigating the satisfaction of patients at Otto Wagner Hospital (Essl und Hlavin 2000) was that patients with a psychiatric history tended to get the impression that staff were less willing to give them information, they felt that they were met with less respect, and they found it harder to observe the house rules.

Working with young drug users who have an additional psychiatric condition seems to be especially challenging. The therapy facility Grüner Kreis reports that it is impossible to admit these young patients to the youth house for treatment; rather, they have to be included in the special psychogenic multimorbidity programme (Muhr 2002). According to reports from the field of adolescent psychiatry only a small percentage of the patients come to appointments for treatment of their own accord, which makes it pivotal to establish a relationship at the beginning of treatment to achieve sustainable and durable compliance (Berger, personal information).

Both the catamnestic study of the API and the experience reported from various facilities have shown that clients with psychiatric conditions tend to quit therapy prematurely more often than other clients. For instance, in a comparison of a group of clients who quit therapy with a group that completed therapy as planned, in the first group more occurrences regarding personality disorders were found than in the second. However, this difference only becomes statistically significant in the case of multiple personality disorders (Wirth 2001). Clients with psychiatric comorbidity also tend to relapse to their former habits of using drugs or alcohol with greater frequency, which may be due to disruptions in their state of well-being and to mood changes. Especially borderline disorders have a negative effect in this context.

Moreover it should be taken into account that addiction patients with psychiatric conditions may have specific needs. Other typical factors are high hospitalisation rates, increased danger of suicide and highly challenging work with relatives and friends (Grüner Kreis 2003a). In addition, many drug patients with psychiatric comorbidity have histories of severe and chronic addiction.

In Austria there are no specific **legal regulations** applying to the care, treatment etc. of addiction patients with psychiatric diseases. In practice such clients are mostly assisted by drug help services. In the field of prisons there are no specific regulations for addiction patients with psychiatric comorbidity, either. There are some arrangements with psychiatric hospitals, however. In principle it is up to the individual doctor to decide whether a client can stay in the respective prison for adequate treatment or is referred to another prison (better equipped for

the medical services needed), to a drug help facility or a psychiatric hospital. At the prison of Stein, for instance, at the beginning of a prison term there is a screening for any conspicuous behaviour that might be of psychiatric relevance. The patients in question are referred to the care of a psychologist and receive corresponding treatment in prison. Only in case of massive deterioration are the patients referred to the forensic department at the psychiatric hospital in Mauer.

The involuntary commitment to a psychiatric institution of persons suffering from psychological conditions is regulated under the Civil Commitment Act. This regulation may only be applied if there is serious and substantial danger to the patients themselves or others and if the psychologically affected person cannot receive adequate medical treatment and care outside an institution. Under certain circumstances drug users with psychiatric conditions may also be subjected to involuntary commitment under this Act. However, the Drug Advisory Board of Vienna has stated that in the case of persons with severe psychiatric and social disorders as well as massive drug use involuntary treatment is not feasible.

Referral to specialised psychiatric facilities of clients of drug help services is mainly effected in situations of acute crisis and in cases where the impression prevails that drug addiction is not the main factor guiding actions, or - in the case of young people - on account of age. In some cases clients are referred to psychiatric facilities upon intervention of the school, parents, social services or the police on account of conspicuous social behaviour.

Cooperation between psychiatric facilities and drug help services has been intensified over the last few years. However, there are still reports of coordination problems. According to a study from 1992 (Uhl et al.) some psychosocial services and psychiatric outpatient clinics no longer feel responsible when they learn that a patient has used drugs or is undergoing substitution treatment. Similarly, a more recent investigation among psychotherapists has shown that only some of them are willing to admit drug-addicted patients as clients (Springer 2003). Nevertheless, in the course of research for this chapter also positive experience regarding cooperation between drug help services and psychiatric facilities was reported. One example is the excellent cooperation of the Erlenhof therapy department with the psychiatric hospital in Linz. The fact that some of the hospital psychologists also work at the Erlenhof therapy department makes it possible for clients with psychiatric comorbidity to stay with their therapy group. In cases where the symptoms become too massive, patients are referred to the hospital, where their pharmacological therapy is adapted. Other institutions are considered only in cases where this procedure fails to yield positive results over a prolonged period of time.

Other examples for cooperation were reported e. g. from Burgenland, where the Addiction Coordinators are participating in an information campaign on the theme of depression among children and adolescents. In cooperation with the Ombud for Children and Youths of this province, the interrelations between depression/anxiety conditions and addiction are also investigated. In Upper Austria addiction patients and double diagnosis patients are included in the existing further development plan for psychiatry. Also in the addiction plan of Lower Austria close cooperation between provincial neurological clinics and therapy facilities of the drug help services has been defined as an aim.

16.4 Examples of best practice and recommendations for future policy

Examples for best practice therapy models are the special programme on psychogenic multimorbidity of the therapy facility Grüner Kreis, the API's long-term therapy department Mödling and the therapy department Erlenhof (cf. also chapter 16.3). Experience at these facilities has shown that therapy services for addiction patients with psychiatric comorbidity can only be successful if they are flexible and oriented towards the individual needs of the clients, which means that the therapy elements have to be adapted individually, that the daily time structure must not be too stressful for them, and that they have sufficient opportunities to relax and keep to themselves. A daily time structure is also very important in outpatient settings. But what is vital for the success of treatment is detailed diagnosing before therapy planning and interdisciplinary intervention strategies. A combination of specific services for this group of clients and joint activities with other clients has also turned out to be positive with regard to the clients' development of personality and necessary behavioural changes and also for the work with relatives and friends. However, these clients should not be exposed to stressful events, and psychiatrist should call on them more often. The disorders related to comorbidity are treated by means of pharmacotherapy as well as psychotherapy. An important factor is learning how to handle high risk situations in which the probability of relapse is high.

In the field of adolescent psychotherapy, a model of treatment for young psychiatric patients of a duration of several months is being discussed. Undisputedly the corresponding therapy places should provide treatment and accommodation and should have the perspectives of adolescent psychiatry as its central concept. Opinions differ on whether drug-specific housing communities or general housing communities with a drug-specific place of treatment or a long-term drug therapy are the preferable setting. However, in most cases drug therapy departments are less beneficial to adolescents. Steinberger (2003) states that individual therapy is necessary to create stable ties and that inpatient treatment should take place in adolescent psychiatry units adapted to the needs of young people that allow for a transition to an outpatient or partly inpatient facility. For choosing the care setting it is decisive whether drug use is guiding the actions of the clients or not. However, little attention is paid to this issue in practice. However, with young people there are relatively good chances to work on the causes, and so psychiatric or social education services should be selected.

In Austria there are currently no surveys or evaluations comparing various treatment settings for patients with psychiatric comorbidity or examining the success of the corresponding therapies. The final evaluation report of the special programme on psychogenic multimorbidity is scheduled to be presented on occasion of the 20-year anniversary of Grüner Kreis in autumn 2003. Examining various international studies and available data on comorbidity, Kemmerling et al. (1997) found that the results of the studies were influenced by the population examined, the design of the study, the preferences and bias of the authors, the period of study and the treatment strategies. Springer (2003) critically remarks that studies on therapy methods are often used to demonstrate the authors' ideas and world view and to present their own interpretation of what it means to lead a "human life in dignity". In principle all methods of individual and group therapy could be used, what counts is not the school of therapy that therapists adhere to, but rather their qualifications and attitudes. In the past year

different methods of psychotherapy and diagnosis were the subject of several events (e. g. the expert meeting *Wirkungskreise* organised by Dialog association), in the course of which the importance of testing and evaluating new approaches to this group of patients was stressed (FSW 2003b).

On the one hand demands for more information and further training of staff working at drug help services have been voiced, which for instance is documented in a paper on the strategies of the city of Graz for an effective addiction policy (Zeder 2002). On the other hand better information on the various facilities is needed in order to avoid coordination problems. Furthermore screening and diagnostics should be strengthened, which has already been implemented by some facilities. In general more resources for pre- and aftercare as well as treatment of clients with psychiatric comorbidity should be made available. The drug strategy of Vorarlberg of 2002 has already responded to this demand, not only by including special training for the staff of the existing care system, but also by making therapy plans more flexible and providing outpatient psychotherapy for the group of addiction patients.

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DATABASE

EDDRA = Exchange on Drug Demand Reduction Action

Internet-Database of the EMCDDA: <http://www.reitox.emcdda.eu.int: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)

drugaddicts@work - EQUAL-project for labor reintegration for (former) drug addicts*

(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)

* will be available by the beginning of the year 2004

Drug Institute - Outpatient Clinic, Detoxification and In-patient Therapy*
(Otto Wagner-Hospital, Vienna)

Eigenständig werden - Addiction Prevention in elementary school*
(SUPRO - Werkstatt für Suchtprophylaxe, Vorarlberg)

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)

European Networking in addiction prevention
(Institute for Addiction Prevention, Upper Austria)

Fantasy instead of Ecstasy – addiction prevention through peer group 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)

Generation E - Addiction Prevention focussing on families*
(Institut für Suchtprävention, Fonds Soziales Wien)

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)

MDA basecamp - Mobile Drug Work in recreational setting*
(Jugendzentrum Z6, Tirol)

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)

* will be available by the beginning of the year 2004

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

Rumtrieb - Mobile Youth Work in Lower Austria*
(Verein für Jugend und Kultur Wiener Neustadt, Niederösterreich)

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)

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)

Treatment of pregnant addicts*
Sub-Programme of the Viennese Pilot Project "Pregnancy and Addiction" - Comprehensive care project for substance abusing mothers and their children
(Psychiatric Outpatient Clinic, General Hospital, Vienna)

* will be available by the beginning of the year 2004

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)

Viktoria hat Geburtstag - Addiction Prevention in elementary school* (Fachstelle für Suchtprävention, Niederösterreich)

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)

WEBSITES

The following pages provide WebSites of relevant institutions and facilities working in the addiction and drug field in Austria

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

AIDS-Hilfe (Aids Assistance Service)
<http://www.aidshilfe.at>

AKZENTE Salzburg (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 Gesundheit und Frauen (Federal Ministry for Health and Women)
<http://www.bmgf.gv.at/cms/site>

Bundesministerium für Inneres (Federal Ministry of the Interior)
<http://www.bmi.gv.at>

* will be available by the beginning of the year 2004

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>

Checki T! - 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>

Do it yourself - Kontakt- u. Anlaufstelle für Drogenkonsumenten/innen (Contact- and counselling facility for Drug Users)
<http://www.doit.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>

Ex und Hopp – Drogenberatung (Drug Counselling)
<http://www.exundhopp.at>

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, 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/>

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

kontakt&co - Suchtpräventionsstelle Tirol (Addiction Prevention Unit, 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>

MDA basecamp - mobile Drogenprävention in Tirol (mobile drug prevention, Tyrol)
<http://www.mdabasecamp.com>

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 at the Otto Wagner-Hospital, Vienna)
<http://www.drogenhilfe.at/rathilfe/skh/r-s-ows.htm>

Österreichische Caritaszentrale - Integration durch Arbeit (Integration through employment)
<http://www.ida-equal.at>

Österreichischer Verein für Drogenfachleute (Austrian Association for Drug Experts)
www.oevdf.at

Pädagogische Akademie des Bundes in Oberösterreich KEG (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/Beruffoord/default.htm>

ANNEX

A. Drug Monitoring Systems and Sources of Information

B. Tables, Map

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 Health and Women (FMHW)	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. It was decided that the statistics should use more groups of deaths for better differentiation, based on the EMCDDA's requirements for special registers (cf. ÖBIG 2002a). 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 are not included in the statistics. The groups defined for the statistics of 2000 (cf. ÖBIG 2001) were also used for the year 2002.</p> <p>Another issue under discussion is the implementation of a form sheet to be used for registering drug-related deaths, which was prepared by the Austrian working group on the epidemiological key indicator of drug-related deaths (ÖBIG 2002a). Plans for the future include the creation of an online database for data collection by forensic institutes, on the basis of this form sheet. This would assure data quality at the national level and also make current information available within short time.</p>
Drug-related deaths - General Mortality Registries Statistics Austria	Deaths with drug-related ICD codes for cause of death	<p>As of 2002 deaths have been classified in the General Mortality Registries 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. Important information for this purpose will be obtained after the update, planned for autumn 2003, of the case coverage study (cf. ÖBIG 2000) on drug-related deaths according to the drug fatalities statistics of the FMHW and the General Mortality Registries.</p>
Substitution treatment FMHW	Reports on the beginning and end of substitution treatment by physicians in charge of treatment	<p>In April 2003 the Drug Forum discussed the detailed analysis of the data on substitution treatment collected in the context of FMHW monitoring, and searched for ways to improve the completeness and quality of data. In the next few months concrete steps towards discussing and coordinating an adapted system will be taken.</p>
Drug-specific treatment and care FMHW	Aggregate statistics on clients of drug centres announced according to Art. 15 of the Narcotic Substances Act (NSA)	<p>At present the relevant organisations receiving financial support provide annual client statistics communicated to the FMHW in the form of aggregate data, which permits epidemiological analyses only to a very limited extent.</p> <p>Spring 2003 saw the completion of the work concerning the themes to be covered by the uniform nation-wide treatment reporting system in line with European requirements, and so the working group the FMHW had convoked for this purpose was dissolved. In addition a feasibility study on the technical implementation of the treatment reporting system was conducted, the results of which were made available in summer 2003. As a next step the FMHW sent the relevant documents to the provinces, asking them to participate in implementation. The political decisions regarding concrete implementation will be taken within the next few months.</p>
Register of drug offences according to Art. 24 of the Narcotic Substances Act (NSA) FMHW	Personal and episode-related 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 analysis by the Focal Point, acting on behalf of the FMHW, of the epidemiological conclusiveness of available data has been delayed and will be completed in autumn 2003. The recommendations for quality improvements, easier collection and more intensive use of data in the context of epidemiological monitoring have been discussed this summer and autumn. In the context of this project, based on the data available in the register and data on substitution treatments collected by the FMWH (see above), an updated prevalence estimate of problem use of opiates in the period from 1998 to 2002 was also made.</p>
Hospital discharge diagnoses FMHW, ÖBIG	Number of drug-related hospital discharge diagnoses according to ICD 10	<p>As of 2001 the codes for hospital discharge diagnoses have been based on ICD 10 instead of ICD 9.</p> <p>In the context of a project to further develop drug-related monitoring carried out by the Focal Point on behalf of the FMHW, the hospital discharge codes were analysed with regard to their epidemiological relevance and recommendations for future routine interpretations were drawn up, which will be taken into account in future.</p>

Data source Responsible institution	Type of data	New developments and activities
Relevant monitoring and information systems at the federal level		
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: activities to prepare a basis for documenting the performance of addiction help facilities in Vienna was completed in January 2003. In spring 2003 data on the first year of the client-oriented basic documentation was processed and analysed, with results expected in autumn (cf. FSW 2003c). A population survey on the prevalence of drug use as a basis for estimates of the drug situation and drug-policy positions is also due in autumn 2003 (these surveys have been conducted every two years since 1995, with comparable settings).
Other provinces Drug/Addiction Coordinators	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	In the other provinces the scope of the monitoring and information systems varies. 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 FMHW to discuss the establishment of a nation-wide uniform treatment reporting system that will meet EU requirements (see above). A few months ago a monitoring system for substitution treatment was established in Vorarlberg, with data analysis on a quarterly basis. In 2003 a report on substitution treatment in Vorarlberg was also drawn up. Upper Austria is repeating the Rapid Situation Assessment first conducted in 2000/1 as a pilot project to document the drug situation in this province.

ANNEX B

Tables, Map

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

Study (author(s), year of publication)	Area covered, year of data collection (period covered)	Target group (sample)	Drug types surveyed	Percentage of respondents with drug experience	
				Age group	%
Schulstudie Kärnten / school survey, Carinthia (Bohrn/Bohrn 1996)	Carinthia 1996 (lifetime)	Students in their 7th to 12th/13th school years (n = 1234)	Hashish	13 – 19	7.7
			Ecstasy	13 – 19	3.2
			LSD	13 – 19	1.0
			Cocaine	13 – 19	0.3
			Heroin	13 – 19	0.3
NÖ Jugendstudie / youth survey, Lower Austria (Brunmayr 1997)	Lower Austria 1996/97 (lifetime)	Students in their 9th to 12th/13th school years (n = 1300)	Hashish	15 – 19	20
			Ecstasy	15 – 19	4
			Hallucinogens	15 – 19	> 1
			Cocaine	15 – 19	> 1
			Heroin	15 – 19	> 1
Schulstudie NÖ / school survey, Lower Austria (Institut für Sozial- und Gesundheitspsychologie 1999)	Lower Austria 1997 (lifetime)	Students in their 7th to 12th school years (n = 1899)	Cannabis	13 – 18	13.6
			Ecstasy	13 – 18	3.8
			LSD	13 – 18	1.7
			Cocaine	13 – 18	1.3
			Heroin	13 – 18	0.6
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	15 – 19	28
			Cannabis	20 – 29	37
			Cannabis	30 – 39	19
			Cannabis	40 – 49	7
			Cannabis	50 +	5
Jugendstudie Tirol / youth survey, the Tyrol (Schüßler u. a. 2000)	Innsbruck 1999 (lifetime)	Young people aged 14 to 19 (n = 493)	Hashish	14 – 19	22
			Other illegal drugs	14 – 19	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	16 +	11
			Ecstasy	16 +	1
			Amphetamines	16 +	1
			Cocaine	16 +	1 – 2
			Opiates	16 +	1
			Other illegal drugs (e. g. LSD)	16 +	1 – 2
Bevölkerungsbefragung OÖ / general population survey Upper Austria (market 2000)	Upper Austria 2000 (lifetime)	General population aged 15 and older (n = 1011)	Cannabis	15 +	21
			Ecstasy	15 +	4
			Amphetamines	15 +	1
			Cocaine	15 +	4
			Morphine	15 +	1
			LSD	15 +	3
			Smart drugs	15 +	1
			Schulstudie Burgenland / school survey, Burgenland (Schönfeldinger 2002)	Burgenland 2001 (lifetime)	Students in their 7th to 13th school years (n = 1899)
Ecstasy	12 – 19	4			
Cocaine	12 – 19	2			
Heroin	12 – 19	1			
Speed	12 – 19	3			
Hallucinogens	12 – 19	3			
Solvents	12 – 19	20			
Biogenic drugs	12 – 19	8			
HBSC-Studie / HBSC study (Dür und Mraviag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1292)	Cannabis	15	14
Wiener Suchtmittelstudie / general population drug survey, Vienna (FSW/IFES 2002)	Vienna 2001 (lifetime)	General population aged 15 and older (n = 650)	Cannabis	15 +	14
			Ecstasy	15 +	1
			Amphetamines	15 +	1
			Cocaine	15 +	1
			Opiates	15 +	1
			Other illegal drugs (e.g. LSD)	15 +	2
Grazer Jugendstudie / youth survey, Graz (X-Sample 2002a)	Graz 2002 (lifetime)	Adolescents and young adults aged 12 to 25 (n = 515)	Cannabis	12 – 25	58.2
			Party drugs	12 – 25	15.4
			Cocaine	12 – 25	7.3
			Heroin	12 – 25	4.9
			Speed	12 – 25	6.0
			Hallucinogens	12 – 25	7.2
			Solvents	12 – 25	9.2
			Biogenic drugs	12 – 25	21.1

Summarised by ÖBIG

Table A2: Number of drug-related deaths in Austria by cause of death from 1993 to 2002

Cause of death	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Intoxication by opiate(s)	37	63	49	69	39	27	25	18	17	17
Poly-drug intoxication including opiate(s)	109	105	115	115	92	81	101	147	119	119
Poly-drug intoxication by narcotic drug(s) excl. opiates	5	4	4	6	5	1	2	2	3	3
Psychoactive medicines	6	4	8	4	5	8	8	*	*	*
Intoxication of unknown type	5	1	2	1	0	0	0	0	0	0
Total directly drug-related deaths	162	177	178	195	141	117	136	167	139	139
AIDS	47	41	28	23	9	20	11	13	12	4
Other diseases	12	13	21	5	5	11	9	22	17	21
Suicide (no intoxication)	4	13	9	2	8	8	12	16	9	15
Accidents, homicides	1	6	5	5	9	4	3	8	6	0
Unknown cause of death	0	0	0	0	0	2	3	1	1	0
Total indirectly drug-related deaths	64	73	63	35	31	45	38	60	45	40

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

Source: FMHW

Table A3: Number of directly drug-related deaths in Austria by province from 1993 to 2002

Province	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	1993 - 2002
Burgenland	1	0	3	2	2	2	0	0	0	0	10
Carinthia	1	3	1	3	3	3	7	2	5	7	35
Lower Austria	9	7	9	18	12	9	8	11	14	12	109
Upper Austria	4	9	9	6	6	6	2	11	8	6	67
Salzburg	3	4	6	6	11	11	7	6	7	7	68
Styria	4	4	6	9	13	5	6	11	9	13	80
Tyrol	21	18	12	12	8	12	14	11	16	13	137
Vorarlberg	13	6	11	14	5	6	5	5	11	6	82
Vienna	106	126	121	125	81	63	87	110	69	75	963
Total	162	177	178	195	141	117	136	167	139	139	1 551

Source: FMHW

Table A4: Number of indirectly drug-related deaths in Austria by province from 1993 to 2002

Province	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	1993 - 2002
Burgenland	0	4	0	0	1	0	0	0	0	1	6
Carinthia	2	3	3	0	5	2	0	1	3	2	21
Lower Austria	1	3	2	0	1	2	4	4	6	5	28
Upper Austria	11	18	15	11	4	8	3	7	12	7	96
Salzburg	0	1	1	0	1	2	2	1	0	0	8
Styria	1	1	2	1	0	1	0	1	2	2	11
Tyrol	7	8	11	6	7	6	7	7	0	2	61
Vorarlberg	5	14	13	6	2	7	5	5	6	4	67
Vienna	37	21	16	11	10	17	17	34	16	17	196
Total	64	73	63	35	31	45	38	60	45	40	494

Source: FMHW

Table A5: Number of directly drug-related deaths in Austria by age group and total by gender from 1993 to 2002

Age group	1993		1994		1995		1996		1997		1998		1999		2000		2001		2002	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	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	18	12.9
20 – 24	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	20	14.4
25 – 29	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	24	17.3
30 – 34	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	23	16.5
35 – 39	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	24	17.3
40 and older	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	30	21.6
Total	162	100	177	100	178	100	195	100	141	100	117	100	136	100	167	100	139	100	139	100
Women	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	25	18.0
Men	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	114	82.0

abs. = absolute figures

Source: FMHW

Table A6: Number of indirectly drug-related deaths in Austria by age group and total by gender from 1993 to 2002

Age group	1993		1994		1995		1996		1997		1998		1999		2000		2001		2002	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	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	2	5.0
20 – 24	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	4	10.0
25 – 29	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	8	20.0
30 – 34	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	7	17.5
35 – 39	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	7	17.5
40 and older	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	12	30.0
Total	64	100	73	100	63	100	35	100	31	100	45	100	38	100	60	100	45	100	40	100
Women	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	9	22.5
Men	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	31	77.5

abs. = absolute figures

Source: FMHW

Table A7: Distribution of drug-related deaths in Austria by cause of death and age in 2002

Cause of death			Age group								Total		
			< 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49		> 49	
Intoxications	Opiates	One opiate	0	3	1	2	1	0	1	2	1	11	
		Several opiates	0	1	2	0	1	1	0	1	0	6	
		+ alcohol	0	0	0	3	1	3	3	0	0	10	
		+ psychoactive medicines	0	2	4	5	7	7	1	2	3	31	
		+ alcohol & psychoactive medicines	0	1	1	1	4	5	1	2	1	16	
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	5	4	5	2	3	3	0	0	22	
		ND + alcohol	0	1	2	1	3	0	2	0	0	9	
		ND + psychoactive medicines	0	3	6	4	2	2	1	1	0	19	
		ND + alcohol & psychoactive medicines	0	1	0	2	1	3	3	2	0	12	
	Narcotic drugs excl. opiates	Narcotic drug(s) only	0	1	0	1	1	0	0	0	0	3	
		ND + alcohol	0	0	0	0	0	0	0	0	0	0	
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
		ND + Alcohol & psychoactive medicines	0	0	0	0	0	0	0	0	0	0	
	Total/directly drug-related deaths			0	18	20	24	23	24	15	10	5	139
	of these: men			0	10	17	22	20	20	12	9	4	114
Indirectly drug related deaths	AIDS		0	0	0	0	0	2	2	0	0	4	
	Other diseases		0	0	2	4	4	4	6	1	0	21	
	Suicides (no intoxication)		0	2	2	4	3	1	2	0	0	15	
	Accidents, homicides		0	0	0	0	0	0	1	0	0	0	
	Unknown cause of death		0	0	0	0	0	0	0	0	0	0	
	Total/indirectly drug-related deaths			0	2	4	8	7	7	11	1	0	40
of these: men			0	2	4	5	5	6	8	1	0	31	

ND = narcotic drug(s)

Source: FMHW

Table A8: Distribution of drug-related deaths in Austria by cause of death and province in 2002

Cause of death			Province									
			B	C	LA	UA	S	St	T	VB	V	A
Intoxications	Opiates	One opiate	0	0	3	0	0	2	0	0	6	11
		Several opiates	0	0	0	0	0	0	2	0	4	6
		+ alcohol	0	0	0	1	0	1	0	0	8	10
		+ psychoactive medicines	0	1	4	1	3	3	4	1	14	31
		+ alcohol & psychoactive medicines	0	0	2	1	2	1	2	1	7	16
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	2	1	1	1	0	0	0	17	22
		ND + alcohol	0	1	0	0	0	3	0	0	5	9
		ND + psychoactive medicines	0	2	1	1	1	2	2	1	9	19
		ND + alcohol & psychoactive medicines	0	1	0	1	0	0	3	2	5	12
	Narcotic drugs excl. opiates	Narcotic drug(s) only	0	0	1	0	0	1	0	1	0	3
		ND + alcohol	0	0	0	0	0	0	0	0	0	0
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
		ND + alcohol & psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Total/directly drug-related deaths			0	7	12	6	7	13	13	6	75
Indirectly drug related deaths	AIDS		0	0	0	2	0	0	0	2	0	4
	Other diseases		1	1	2	2	0	2	1	1	11	21
	Suicide (no intoxication)		0	1	3	3	0	0	1	1	5	15
	Accidents, homicides		0	0	0	0	0	0	0	0	1	0
	Unknown cause of death		0	0	0	0	0	0	0	0	0	0
	Total/indirectly drug-related deaths			1	2	5	7	0	2	2	4	17

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

Source: FMHW

Table A9: Development of AIDS cases in Austria by risk situation from 1993 to 2002

Risk situation	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Homo-/bisexual contact	91	72	72	59	25	28	27	12	12	9
Intravenous drug use	60	42	39	25	23	25	27	19	15	13
Heterosexual contact	31	27	35	21	17	25	31	28	13	30
Other cause / unknown	54	27	61	34	35	21	16	23	10	11
Total	236	168	207	139	100	99	101	82	50	63

Source: FMHW

Table A10: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by first offenders and repeat offenders, development from 1993 to 2002

Reports	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total number of reports	10 915	12 623	13 093	16 196	17 868	17 141	17 597	18 125	21 862	22 422
First offenders	4 788	5 281	5 521	8 322	9 278	8 672	9 868	9 343	11 033	11 269
Repeat offenders	5 882	7 117	7 313	7 511	8 325	8 228	7 463	8 296	10 052	10 380

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 – Federal Criminal Agency

Table A11: Distribution of reports to the police for violation of the Narcotic Drugs Act/ Narcotic Substances Act in Austria by province from 1993 to 2002

Province	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Burgenland	332	343	669	694	759	707	603	843	712	805
Carinthia	334	524	534	1 280	961	1 076	1 208	1 088	1 758	1 676
Lower Austria	1 216	1 772	1 655	1 550	2 686	2 519	2 389	2 624	2 975	3 319
Upper Austria	992	1 133	1 405	1 941	2 256	2 334	1 946	1 887	2 677	3 054
Salzburg	504	436	355	962	855	1 053	840	718	1 471	1 384
Styria	458	739	851	1 093	1 125	973	1 367	1 305	1 601	1 910
Tyrol	1 483	1 798	1 382	2 268	2 204	2 212	2 152	2 687	2 449	2 229
Vorarlberg	973	888	1 082	1 040	933	1 144	1 848	1 183	1 447	1 265
Vienna	4 623	4 990	5 160	5 368	6 089	4 606	4 858	5 233	6 212	6 210
Total	10 915	12 623	13 093	16 196	17 868	16 624	17 211	17 568	21 302	21 852

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

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

Source: FMI – Federal Criminal Agency

Table A12: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1993 to 2002

Drug type	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Cannabis	7 913	9 552	9 845	14 456	16 124	16 376	17 236	17 001	19 760	19 939
Heroin and opiates	4 340	4 394	4 386	3 727	3 434	2 850	2 524	2 413	3 802	3 954
Cocaine + crack	1 267	1 404	1 603	1 912	2 764	2 103	2 608	2 494	3 416	3 762
LSD	296	234	315	640	893	736	532	477	506	327
Ecstasy	-	116	496	1 375	1 942	1 411	1 517	2 337	2 940	2 998
Amphetamines	-	103	81	342	1 068	-	-	1 041	1 215	1 357
Psychotropic substances	-	-	-	-	-	802	750	780	822	736
Other drugs	226	306	302	430	850	-	-	-	1 288	1 524

- = not evaluated separately or not specified

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

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

Source: FMI – Federal Criminal Agency

Table A13: Distribution of reports to the police for violation of the Narcotic Substances Act in Austria by drug type and province in 2002

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	876	2 188	3 363	3 387	1 538	1 931	2 391	1 344	2 921	19 939
Heroin and opiates	46	98	479	195	147	645	114	90	2 140	3 954
Cocaine + crack	41	174	459	355	191	278	131	205	1 928	3 762
LSD	13	11	90	75	39	50	13	20	16	327
Ecstasy	64	259	561	722	394	261	330	166	241	2 998
Amphetamines	39	39	397	425	118	146	22	44	127	1 357
Psychotropic substances	3	48	44	6	6	8	41	2	578	736

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

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

Source: FMI – Federal Criminal Agency

Table A14: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1993 to 2002

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)
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
2002	4 394	1 108	3 243	41 078	10.7

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

On 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 basis of conviction in 2002

Basis of conviction		14 – 19 years	20 – 24 years	25 – 29 years	30 – 34 years	> 35 years	Total
NDA/NSA total	men	1 008	1 380	618	376	504	3 886
	women	137	183	70	53	65	508
Art. 12 NDA / Art. 28 NSA	men	194	333	164	118	182	991
	women	18	53	12	12	22	117
Art. 16 NDA / Art. 27 NSA	men	814	1 045	453	251	296	2 859
	women	118	130	57	41	38	384

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

On 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 young people and adults, basis of conviction and type of punishment in 2002

Basis of conviction		Fine	Prison sentence			Other punishment ¹	Total
			Probation	No probation	Partial probation		
NDA/NSA total	young people	212	227	46	53	99	637
	adults	1 307	1 140	844	343	123	3 757
Art. 12 NDA / Art. 28 NSA (felonies)	young people	12	38	22	28	6	106
	adults	36	216	495	209	46	1 002
Art. 16 NDSA / Art. 27 NSA (misdemeanours)	young people	200	188	24	25	93	530
	adults	1 261	906	335	134	77	2 713

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

NDA = Narcotic Drugs Act

NSA = Narcotic Substances Act

On 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, 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 alternatives to punishment applied in Austria from 1994 to 2002

Withdrawal of report/ dismissal of proceedings	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total	3 446	4 395	5 248	5 817	7 468	7 030	8 098	12 088	8 950
Art. 35 NSA (withdrawal of report)	-	-	-	-	6 699	6 360	7 088	11 190	7 809
of these: Art. 35(4) NSA (cannabis)	-	-	-	-	1 432	1 355	1 411	2 248	1 882
Art. 37 NSA (dismissal of proceedings)	-	-	-	-	769	670	1 010	898	1 141

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 only for the period since 1998. Data on Art. 39 of the NSA (suspension of prison sentence - therapy instead of punishment) is not available at present.

Source: FMHW

Table A18: Number of seizures of narcotic drugs/substances in Austria from 1993 to 2002

Narcotic drug/substance	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Cannabis	2 953	3 510	3 757	4 838	4 957	4 683	5 079	4 833	5 249	5 294
Heroin	1 289	1 225	1 298	1 110	861	654	452	478	895	836
Cocaine	332	376	421	525	651	531	519	554	768	863
Amphetamines	26	103	43	136	221	-	-	141	161	202
LSD	58	50	80	102	113	61	56	42	32	20
Ecstasy	-	51	153	254	253	135	215	330	352	308
Psychotropic substances	-	-	-	-	-	14	74	65	1	0
Psychotropic medicines	-	-	-	-	-	521	517	501	566	515

- = not evaluated separately or not specified

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

Source: FMI – Federal Criminal Agency

Table A19: Seizures of narcotic drugs/substances in Austria by quantity from 1993 to 2002

Narcotic drug/substance	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Cannabis (kg)	546	394	697	517	912	1 336	451	1 806	456	743.1
Heroin (kg)	104.8	80.2	47.0	81.3	102	118	78	230	288	59.5
Cocaine (kg)	83.9	52.6	55.3	72.7	87	99	63	20	108	36.9
Amphetamines (kg)	0.3	0.7	1.6	3.7	7.9	-	-	1	3	9.4
LSD (trips)	28 201	1 543	2 602	4 166	5 243	2 494	2 811	865	572	851
Ecstasy (pills)	-	3 003	31 338	25 118	23 522	114 677	31 129	162 093	256 299	383 451
Psychotropic substances (kg)	-	-	-	-	-	0.128	4.004	1.294	0.002	0
Psychotropic medicines (units)	-	-	-	-	-	82 018	36 437	38 507	31 377	20 081

- = not evaluated separately or not specified

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

Source: FMI – Federal Criminal Agency

Table A20: Ingredients of samples bought as ecstasy and analysed by the ChEck iT! Project at rave parties, from 1997 to 2002

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

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

Source: Vienna Social Projects Association

Table A21: Ingredients of samples bought as speed and analysed by the ChEck iT! project at rave parties from 1997 to 2002

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

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

Source: Vienna Social Projects Association

Table A22: Number of persons currently registered for substitution treatment in Austria by first treatment/continued treatment and province in 2002

Treatment	B	C	LA	UA	S	ST	T	VB	V	A*
Continued treatment	27	92	503	342	307	264	213	398	3 013	5 168
First treatment	9	12	96	53	49	154	11	40	264	689
Total	36	104	599	395	356	418	224	438	3 277	5 857

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

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

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

Source: FMHW, calculations by ÖBIG

Table A23: Outreach work, 2002

Name (province)	Setting	No. of regular paid project staff	No. of temporary project staff	Budget/year	Target groups	No. of total contacts/year	No. of events covered/year	No. of pills tested	No. of condoms distributed	Evaluation
ChEck iT! (Vienna)	Clubs/discotheques/bars	4	20	Approx. € 200 000	Sparetime drug users	Pill-testing: 390 On site: 1 817 Online: 335 Telephone: 97	6	390	Approx. 6 000	Process and outcome
H.I.O.B. low-threshold counselling facility for drug addicts (Vorarlberg)	Others	2	6	Approx. € 5 000	Others	Approx. 100 regular clients, approx. 250 one-time contacts	20	0	Approx. 9 000	Monitoring and documentation
Streetwork/mobile youth work rumtrieb (Lower Austria)	Mobile unit (bus)	4	3	€ 225 000	Young people (under 18)	1 500	30	0	-	Process and outcome
Die Faehre (Vorarlberg)	Outdoor events (e. g. festivals)	2	2	-	Sparetime drug users	120	1	0	-	-
EGO Streetwork (Upper Austria)	Outdoor events	2	-	-	Sparetime drug users	approx. 170	11	0	50 - 100	-

- = not available

Note: The survey of outreach programmes has been carried out for the second 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 2003

Table A24: Austrian population statistics by age group and gender, 2002 (preliminary data)

Age group	Men	Women	Total
0 to under 5 years	204.246	195.035	399.281
5 to under 10 years	235.478	224.566	460.044
10 to under 15 years	246.600	233.977	480.577
15 to under 20 years	245.592	234.261	479.853
20 to under 25 years	246.658	239.535	486.193
25 to under 30 years	257.835	258.985	516.820
30 to under 35 years	323.550	320.972	644.522
35 to under 40 years	358.174	347.628	705.802
40 to under 45 years	327.294	318.653	645.947
45 to under 50 years	271.737	273.433	545.170
50 to under 55 years	251.599	255.225	506.824
55 to under 60 years	219.464	229.578	449.042
60 to under 65 years	233.642	251.461	485.103
65 to under 70 years	151.060	176.177	327.237
70 to under 75 years	141.282	183.236	324.518
75 to under 80 years	100.102	186.038	286.140
80 to under 85 years	53.476	123.537	177.013
85 and older	33.218	99.802	133.020
Total	3.901.007	4.152.099	8.053.106
0 to under 15 years	686.324	653.578	1.339.902
15 to under 30 years	750.085	732.781	1.482.866
30 to under 45 years	1.009.018	987.253	1.996.271
45 to under 60 years	742.800	758.236	1.501.036
60 to under 75 years	525.984	610.874	1.136.858
75 and older	186.796	409.377	596.173
Total	3.901.007	4.152.099	8.053.106

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

Map A1: Overview of the Austrian provinces, provincial capitals and districts



Scale 1:2 500 000

ANNEX C

List of Abbreviations

AIDS	acquired immune deficiency syndrome
AMS	Public Employment Service
API	Anton Proksch Institute
CC	Criminal Code
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
FMAEW	Federal Ministry of Agriculture, Forestry, Environment and Water Management (BMLFUW)
FMESC	Federal Ministry for Education, Science and Culture (BMBWK)
FMD	Federal Ministry of Defence (BMLV)
FMF	Federal Ministry of Finance (BMF)
FMFA	Federal Ministry for Foreign Affairs
FMI	Federal Ministry of the Interior (BMI)
FMJ	Federal Ministry of Justice (BMJ)
FMHW	Federal Ministry for Health and Women (BMGF)
FMSSG	Federal Ministry for Social Security and Generations and consumer protection (BMSG)
FMTIT	Federal Ministry for Transport, Innovation and Technology (BMVIT)
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – 4th edition
FSF	Vienna Social Fund (FSW)
GHB	gamma-hydroxybutyric acid
HBSC	Health Behaviour in School-aged Children
HB	hepatitis B virus
HC	hepatitis C virus
HIV	human immunodeficiency virus
ICD 9	International Code of Disease – 9th edition
ICD 10	International Code of Disease – 10th edition
IFES	Institute for Empirical Research
ISP	Addiction Prevention Institute
JCA	Juvenile Court Act
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine

MDMA	methylenedioxyamphetamine
OAGG	Austrian Association for Group Psychotherapy and Group Dynamics
ÖBIG	Austrian Health Institute
ÖVDF	Austrian Drug Experts Association
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
RSA	Rapid Situation Assessment
NSA	Narcotic Substances Act
NDA	Narcotic Drugs Act
TBC	tuberculosis
THC	tetrahydrocannabinol (chemical name of the psychoactive ingredient of cannabis)
VWS	Vienna Social Projects Association