REPORT TO THE EMCDDA

by the Reitox national focal point of Austria,

Österreichisches Bundesinstitut für Gesundheitswesen

AUSTRIA

DRUG SITUATION 2000

REITOX REF/ 2000

ÖSTERREICHISCHES BUNDESINSTITUT FÜR GESUNDHEITSWESEN

Report on the Drug Situation 2000

COMMISSIONED BY THE EUROPEAN MONITORING CENTRE

FOR DRUGS AND DRUG ADDICTION AND THE AUSTRIAN FEDERAL MINISTRY OF SOCIAL SECURITY AND GENERATIONS

Österreichisches Bundesinstitut für Gesundheitswesen

ÖBIG

Report on the Drug Situation 2000

Sabine Haas
Martin Busch
Elisabeth Türscherl

Assisted by
Klarissa Guzei

Vienna, November 2000

Commissioned by the
European Monitoring Centre for Drugs and Drug Addiction, Lisboa
and the Austrian Federal Ministry of Social Security and Generations, Vienna

Owner, editor and publisher: Österreichisches Bundesinstitut für Gesundheitswesen - editorial management: J. M. Treytl - graphic design, text production: M. Löbau - Cover, technical production: F. Schmauder - responsible editor: S. Kux - translation: D. Beuren, S. Ofner - address:
A-1010 Vienna, Stubenring 6, Tel. (+43-1)51561

Summary

The “Report on the drug situation in Austria” commissioned by the European Monitoring Centre for Drugs and Drug Addiction and the Federal Ministry for Social Security and Generations appears annually and addresses the subject of illegal drugs. The report gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction measures. In addition, key issues are presented; this year “Drug strategies”, “Cocaine and base/crack cocaine“ and “Infectious diseases” were selected for detailed presentation.

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

In the reporting period 1999/2000 new drug plans or addiction plans which define drug policy guidelines for the years to come and partly contain concrete sets of implementation strategies were adopted in the provinces of Lower Austria, Salzburg and Styria. All three plans emphasise a balanced, comprehensive and integrative approach, which is in line with the drup policy principles that have been established in Austria over the past decades. The Lower Austrian Addiction Plan includes legal as well as illegal substances and underlines the comprehensive nature of drug work, which should operate at the societal as well as on the individual level. The Salzburg drug plan defines the reduction of health and social harm resulting from drug consumption as a priority aim and is based on a systemic approach and on the principle of orientation towards concrete needs. The Styrian drug plan underlines the need for a network of various therapy modules ranging from survival assistance to help in regaining social integration and self-determination.

At the federal level drug policy objectives were included in the government programme of February 2000. In the section on health, plans to intensify prevention measures and reduce the decreed “limit quantities” should be mentioned. A draft on reducing the limit quantities, which would be relevant both for the severity of punishment and the possibility of applying alternatives to punishment, was sent out for examination in summer 2000. The direction of drug policy also came up very frequently in the media over the past months. Experts have criticised what they perceive as a turn towards a more repressive drug policy, while individual representatives of the government coalition have questioned the success of the drug policy line taken so far.

What are the characteristics of the drug situation in Austria?

The present data and information on the epidemiological situation in Austria confirm the trends of previous years. By and large, the extent of problem use of illegal drugs is considered to be stable. For the first time results of a nationwide scientific prevalence estimate are available, according to which there are approximately 15,000 to 20,000 problem opiate users, half of which were registered in Vienna. As to consumption patterns, polydrug use (i. e. the consumption of various substances), mixed consumption and intravenous administration continue to be of special relevance. In Vienna there is evidence that cocaine and morphine tablets, primarily used intravenously, are gaining in importance within polydrug use.

The development of drug-related deaths was also found to have stabilised in long-term comparison. In 1999 there were 174 drug fatalities, which is slightly above the 1998 figure, but clearly below the high figures of the mid-nineties (1994: 250 cases). The number of drug fatalities resulting from mixed intoxication have risen, while the number of intoxications exclusively caused by a psychotropic substance have continued their downward trend. In Vienna, where corresponding data is available, the decline of non-lethal overdoses that has been observed for some years has continued. The HIV prevalence in IDUs has remained constant at a low level of below five percent, while the hepatitis prevalence rates continue to be high (see below). Unemployment and homelessness still constitute major social problems of drug addicts.

Cannabis is the illegal substance for which consumption experience is indicated most frequently. In new surveys approximately one third of adolescents or young adults report to have experience of cannabis consumption, which is a somewhat higher figure than registered before. Other than that, however, there are no indications of increasing drug experience according to recent representative surveys, as the figures for all other substances have remained at the level of the preceding years. Accordingly, approximately four percent of the young people have experience of ecstasy and between one and a maximum of two percent have experience of heroin or cocaine. A recent youth survey, which however does not claim to be representative, confirms interrelations between specific youth cultures and (experimental) use of drugs, especially in the rave culture, which is known for its high drug affinity.

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

Regarding health policy measures, first of all the existing approaches have been continued or developed further. In line with the principles of need and demand orientation, new services are often planned and designed on the basis of requirements defined in the course of practical work. As in previous years a few new focal issues have emerged in the reporting period. In the field of prevention the workplace has become a more important setting for implementing drug-related activities: in almost all provinces projects of addiction prevention in the workplace are being run. In addition new media, and especially the Internet, have played an increasingly important role for providing information. The endeavours of last year in particular to expand secondary prevention and early intervention services (aimed at specific target groups) have been continued. Many regions also plan to establish new or complementary outreach and low-threshold drug help services.

The trend towards a regionalisation of relevant facilities still continues and is becoming more and more obvious not only in the field of prevention but in the whole area of drug help. European cooperation projects also continue to play a central role. In the whole field of demand reduction measures the aspect of quality assurance is rapidly gaining in importance. As a result, an increasing number of projects are evaluated, and the planning, implementation and evaluation stages are accompanied by research activities. Another aspect of quality assurance is that minimum requirements and quality standards for drug help activities are defined and implemented and that education and (further) training schemes for drug experts and other groups concerned with the problem of drugs are intensified.

Key issue “drug strategies”

Drug strategies are defined in the drug plans or addiction plans that have been drawn up in seven out of nine provinces so far. 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. At present no complementing national strategy has been defined at the federal level, although the central objectives and principles of the national drug policy as it is practised provide the foundations for the relevant laws. Therefore the national drug policy of Austria aims at a “comprehensive and balanced approach” and follows a strategy that emphasises the distinction between drug dependence and drug trafficking. As drug addiction is defined as a disease in a psychosocial context help for addicted patients, by means of social and health policy measures, shall have priority over repressive methods. This principle is also found in the legal provisions that define alternatives to punishment and the model “therapy instead of punishment” for addicted offenders. The measures taken by the police and the judicial authorities are primarily aimed at drug control and especially the prevention of illegal drug trafficking.

The main objective of the Austrian drug policy is a society as free of addiction as possible. In addition to approaches aimed at complete abstinence, in the last few years the importance of measures of accepting assistance have been underlined, with the objective of limiting drug-related risks and damage wherever possible. In this regard the health policy aim is to provide a set of integrated measures of prevention, treatment, reintegration and accepting assistance aimed at risk minimisation in a diversified, multiprofessional help network.

Key issue “cocaine and base/crack cocaine”

Only few information and data concerning cocaine are available in Austria, which, among other reasons, is due to the fact that the group of persons who exclusively use cocaine tend to be socially inconspicuous. As shown by a number of representative studies a maximum of one or two percent of the population have experience of cocaine. It is estimated that there are approximately between 10,000 and 15,000 cocaine problem users in Austria, comprising three relevant groups: young drug users experimenting with many different substances, persons consuming no other illegal substance than cocaine and persons who use cocaine among other drugs in the context of polydrug use. Use of crack has not played an important role in Austria so far.

Regarding health and social problems caused by cocaine use there is hardly any information available. There are only few drug-related fatalities annually that were primarily caused by cocaine. On the other hand the combined use of heroin and cocaine (“speedballs”) found in the open drug scene poses a serious health risk. So one may assume that cocaine is also involved in polydrug use, combined with opiates. With regard to the need for treatment caused by cocaine there is no data concerning persons who only take cocaine. However, it has been observed that this group of persons do not tend to turn to typical drug facilities, which would be open to them as well. To our knowledge there are no specialised facilities or programmes for cocaine users. In addition, the actual demand for programmes specifically aimed at cocaine users can hardly be estimated as it is assumed that most persons of the “upper cocaine scene” would not turn to “traditional” drug help facilities in case of problems.

Key issue “infectious diseases”

The problems of infectious diseases among intravenous drug users have been a central health policy issue for many years. Until the late 1980s the main focus was placed on HIV, as it was estimated that up to 20 percent of the injecting drug users were infected at that time. In the meantime the infection rate has been considerably reduced and at present it is not higher than five percent but rather even lower, so in the last few years the prevention of hepatitis has played a major role as the corresponding prevalence rates are very high. According to various drug help facilities the current hepatitis C prevalence rates range from 35 to more than 80 percent, depending on the sample, and in the case of hepatitis B they are between approximately 10 and more than 60 percent. No definite reason for the marked differences reported can be given. They may be due to regional differences or differences regarding the group of clients receiving counselling or treatment. The results of a Viennese survey on risk factors with regard to hepatitis B do not indicate a significant relation between infection rates and typical features of the persons concerned (e.g. age, duration of drug use, prostitution). On the other hand, imprisonment turned out to be a central risk factor, and in a complementary study very high prevalence rates were found among clients who shared injecting equipment in prison.

Preventing infectious diseases has also been a focus of health policy interventions. In this context it is especially important that syringes are available to drug users as intravenous drug use is very common in Austria. This is ensured by a number of specific services (syringe exchange programmes, syringe vending machines). In addition information on safe use and safe sex is provided, and condoms and anonymous cost-free tests are offered. By now many drug facilities have also offered vaccination against hepatitis A and B. Measures aimed at preventing infection are also taken in prisons. At the beginning of imprisonment every prisoner is given a so-called care pack containing information folders on HIV, condoms etc., moreover condoms and disinfectants are available in almost every prison. Recently a number of working groups were established to draw up an overall strategy for the prevention of hepatitis. A Viennese working group has already prepared corresponding recommendations, which are being dealt with by a working group of the National Health Board, which is responsible for drawing up a set of measures for the whole country.

Contents

PART 4: Key Issues

Tables, Figures and Maps

Tables:

Figures:

Maps:

Introduction

For the fifth time the Austrian REITOX Focal Point established at the Austrian Health Institute (ÖBIG) presents its annual Report on the Drug Situation commissioned by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Austrian Federal Ministry for Social Security and Generations (FMSSG).

The present report serves both as an overview of the situation in the field of illicit drugs in Austria and as one of the national contributions describing the drug situation in the European Union. Reports of its kind are submitted by the REITOX Focal Points in all EU member states according to a structure fixed by the EMCDDA. These reports form the central basis of the EMCDDA‘s Annual Report on the State of the Drugs Problem in the European Union (EMCDDA 1999).

In this year’s report, some changes as to structure have been made. The first three parts deal with current developments and trends concerning the drug policy framework, the epidemiological situation and the health policy measures aiming at demand reduction. These parts refer to the reporting period from summer 1999 to summer 2000 and to the routine statistics of the year 1999. As they are based on the previous reports (ÖBIG 1996, 1997, 1998, 1999a), they have been kept concise deliberately. Part 4 contains a detailed presentation of selected key issues. The key issues of the present report are "Drug strategies in Austria", "Cocaine and base/crack cocaine" and "Infectious diseases". The Annex includes tables, figures and maps with detailed information and data as well as an overview of the major sources of information and drug monitoring systems in Austria.

The report is based on many different data transmitted to ÖBIG by various experts in the field of drugs during the reporting year. In this respect, the reports and information on the individual Austrian provinces provided by the Drug Coordinators were especially significant. We would like to express our gratitude for their cooperation.

We are especially indebted to Mr. Peter Hacker (Drug Policy Co-ordinator of the City of Vienna), Ms. Elfriede Fritz (FMSSG), Mr. Alexander Jentzsch (FMSSG), Ms. Brigitte Magistris (FMSSG), Ms. Helga Oberarzbacher (Drug Coordinator of the Province of the Tyrol), Mr. Robert Scharinger (FMSSG), Ms. Johanna Schopper (FMSSG) and Mr. Wolfgang Werdenich (FMJ), whose comments on and complements to the present report were most helpful.

PART 1

National strategies: Institutional and legal frameworks

1 Developments in drug policy and responses

1.1 Political framework in the drug field

In the reporting year, again several activities to lay down the drug policy framework in written form were registered at the **province level**. In three provinces new drug plans (cf. also Chapter 11.1.2) were adopted, which are based on the traditional Austrian drug policy principles (for a detailed presentation of the drug policy principles see Chapter 11) and underline a balanced, comprehensive, differentiating and systemic approach. In the Salzburg drug plan of 1999, reducing the health and social harms caused by drug consumption – by means of preventing first consumption and taking health and social policy measures in favour of consumers, those in danger of becoming addicted, and addicts – is defined as the priority aim of drug policy measures. Based on the principle of orientation towards concrete needs and an integrated (systemic) as well as integrative approach, the drug plan comprises all fields of measures ranging from prevention and low-threshold services to treatment and social reintegration (cf. also Chapter 8.1). The Styrian drug plan was adopted by the provincial parliament in June 2000. It has been conceived as a framework strategy for tackling drug issues with the aim of creating a dense network consisting of various therapy modules with objectives ranging from survival assistance to persons endangered by drugs to recovering and strengthening their individual abilities and competence to lead drug-free lives. The Lower Austrian drug plan was adopted by the provincial parliament in July 2000. Also designed as a framework plan for tackling drug issues, it comprises legal as well as illegal substances. Based on the WHO concept of health promotion, a comprehensive view of drug issues is taken, which relates to the individual as well as to the broad context of societal tasks such as economic, social, family and health policy.

Also in other provinces, the development and adaptation of drug policy guidelines is under way. In the Tyrol, the 1993 drug plan is up for evaluation in the coming months and will consequently be revised in the form of a comprehensive addiction plan (cf. also Chapter 11.2.3). Similarly, in Carinthia the 1995 drug plan is currently under review. Moreover, drug-specific aspects will be included in the Carinthian psychiatry plan, which is being prepared at present.

At the **federal level** there is still no fixed drug strategy (cf. also Chapter 11.1.1). In the reporting period Austria has confirmed the adherence to a balanced drug policy by adopting the EU Drugs Strategy 2000 – 2004 (endorsed at the meeting of the European Council in December 1999) and the corresponding Action Plan (endorsed at the meeting of the European Council in June 2000).

In the programme of the Austrian government issued on 9 February 2000, drug-specific measures are included primarily in the fields of health and interior safety. In the chapter referring to health policy goals ("Programm für mehr Gesundheit in Österreich") the section relating to addictive substances lists the following positions (p. 39):

- *primary prevention among persons suffering from drug addiction shall be intensified*
- *"therapy instead of punishment": all prescribed therapies shall be continued until they have been completed*

- *no legalisation of "soft drugs", "reduction of the permitted limit quantities"*

In addition the chapter on safety, security and integration ("Innere Sicherheit und Integration") includes the following drug-specific intentions (p. 46):

- *information campaigns for young people in order to prevent drug consumption and drug-related crimes, in co-operation with the Ministry of Education, courts, the Ministry of Health and the ministerial family department*
- *uncompromising fight against drug trafficking, using all legal means and employing the staff that is needed for such operations as well as providing the necessary infrastructure for the police (special state-of-the-art task forces).*

During the past few months the government underlined its adherence to a balanced drug strategy and to the principle of "therapy instead of punishment", but at the same time has shown its intention to interpret these principles more repressively, which would constitute, at the least, a gradual departure from the drug policy applied up to now. This development has been criticised by many experts in the field of drugs (cf. also Chapter 1.3), who oppose a turn towards a more repressive drug policy. The nationwide Drug Forum, a coordinating body with representatives from the federal ministries, the provinces and drug experts (cf. Chapter 11.2.1), which in May 2000 discussed the measures outlined in the government programme, voiced its opposition to some of the plans included there.

It was pointed out that most of the goals listed in the government programme in the chapter on health refer to legal rather than health measures, which appears to counteract the priority of health and social policy measures over repressive action. The Drug Forum also criticised that the government programme stresses the competence of the Ministry of the Interior regarding information campaigns for young people, as this puts addiction prevention into the context of crime prevention, which runs counter to the traditional principles. The plans regarding a general intensification of prevention measures, on the other hand, were applauded.

Concerning the reduction of the limit quantities as included in the government programme, a draft revised version of the decree regulating the limit quantities of narcotic substances was sent out for examination, according to which a reduction of the heroin quantity defined as "large" is planned (cf. Chapter 1.2). The main argument put forward by the Drug Forum against this move was that alternatives to punishment would be applied less frequently, which contradicts the health policy aims of the Narcotic Substances Act (cf. Chapter 1.2) with regard to the principle of "help instead of punishment".

Some of the planned measures also question the disease-like nature of drug addiction. According to a decree issued by the Ministry of Justice, not only all prisoners convicted of crimes under the NSA, which were already excluded from the traditional Christmas pardon by the Austrian President in previous years, but also all those convicted for an offence connected to addictives substances are ineligible for the Christmas pardon. This means that contrary to traditional practice, no distinction is made between drug users, addicts and drug dealers.

As to the **organisational framework** (cf. Figure A1 of Annex B) further expansion can be observed at the federal level. In Lower Austria, a new Drug Coordinator in charge of implementing the Addiction Plan was appointed on 1 July 2000. In the province of Burgenland the position of Drug Coordinator that was vacant for some time has now been filled, and the

newly appointed Drug Coordinator will enter into office on 1 October 2000. Also in the province of Styria, there are plans to appoint a Drug Coordinator. At the federal level, however, the structural framework has remained largely unchanged.

1.2 Policy implementation, legal framework and prosecution

In the reporting period there were no changes regarding the legal framework regulating the field of drugs (cf. ÖBIG 1999), however, the government has plans in this direction. In September 2000 a proposal for revising the Narcotic Substances Act (NSA) was sent out for examination. The main provision included in the proposal for an amendment of the NSA was an increased penalty for (organised) drug trafficking.

As mentioned above, the government has also voiced plans to reduce the legally defined limit quantities. The quantities determined in the "decree on limit quantities of narcotic substances" are destined to draw the line between misdemeanours (acquisition, possession, production, import, export etc. of a narcotic substance, as regulated under Art. 27 of the NSA) and felonies (acquisition, possession, production, import, export etc. of a narcotic substance in large quantities, as regulated under Art. 28 of the NSA). This distinction is relevant in two ways: first, the penalty for felonies is much higher, and second, only in the case of misdemeanours there is the possibility of preliminary withdrawal of reports by the public prosecutors (as regulated under Art. 35) and preliminary dismissal of proceedings by the court (as regulated under Art. 37).

Furthermore, the definition of a "large quantity" has immediate effects on the application of Arts. 35 and 37 of the NSA. Preliminary (provisional) withdrawal of reports or dismissal of proceedings may be applied if someone has been reported to the police for acquiring or possessing a small quantity of a narcotic substance for their own use. While the level of a "large quantity" is precisely fixed in the decree on limit quantities, there is no such definition for "small quantities". According to judicial decisions, there shall be a marked difference between a "small quantity" and the "limit quantity". For each individual case, the issue of whether a specific quantity of drugs may be considered small shall be resolved by the public prosecutors and the competent court, based on the limit quantity on the one hand and on individual doses and daily doses for unaddicted persons and addicts on the other.

In the decree on limit quantities of narcotic substances (BGBl II 1997/377) the following quantities in terms of the pure substance of the active substance in question are listed: cannabis: 20 g THC, heroin: 5 g, cocaine: 15 g, amphetamines: 10 g, MDMA: 30 g. In the draft for a revision of the decree on limit quantities of narcotic substances sent out for examination in July 2000, a reduction of the limit quantity for heroin from five to three grammes is proposed. This would have the effect that in the future a greater number of delinquents would be convicted for violation of Art. 28 of the NSA and that the alternatives to punishment would be applicable in fewer cases. Subject to the approval of the Main Committee of the Austrian Parliament, the decision on reducing the limit quantities will be taken in autumn 2000.

Another issue that was discussed in the reporting period was the legal framework for using cannabis for medical purposes. Already at the end of 1998, the Vienna City Council adopted

a resolution on admitting cannabis for medical purposes by majority rule. In legal examination it was found that the NSA prohibits all forms of consumption of the flowers and fruit of the plants belonging to the genus cannabis where the resin has not been extracted. The medical use of other cannabis products, however, is permitted. The decree on narcotic substances explicitly mentions delta-9-tetrahydrocannabinol, which is in pharmaceutical use, as a substance for which prescriptions may be issued (decree on narcotic substances, BGBl II 1997/374). However, no pharmaceutical of this type has yet been admitted to the Austrian market, so it would be difficult to acquire. The FMSSG has commissioned the Austrian Health Institute, within its field of activities under the heading "Evidence Based Medicine“, to conduct an expert study on the state of knowledge concerning the fields of application, therapeutical effects and possible side-effects. The results of this study will be presented in autumn 2000.

1.3 Developments in public attitudes and debates

In Vienna another public opinion poll on the theme of addictive substances was carried out at the end of 1999. In general its results confirmed the clear acceptance of drug policy principles such as therapy instead of punishment, diversified problem-solving strategies, etc. (cf. Chapter 11.1), which had already been registered in the polls of the years 1995, 1996 and 1997. Comparing the results over the years, a trend towards a more liberal attitude may be noted, which shows for instance in the increasing approval of "legalising hashish" (from 13% in 1995 to 24% in 1999) and of "distributing sterile injection equipment to addicts" (from 45% in 1995 to 64% in 1999) paralleled by a decreasing approval of "imprisonment for drug use“ (from 27% in 1995 to 19% in 1999; cf. Figure A2 of Annex B). Another measure, "setting up rooms for IDUs“, was considered (very) appropriate by 25% of the respondents. On the other hand, complete liberalisation of drug consumption and trafficking is opposed by 80% as not (at all) appropriate. Indirectly, the results also serve as an indication of the attitude towards drug addicts: approximately 80% of the respondents would accept a drug counselling centre established near where they live, and almost 90% would not mind at all (60%) or would not mind very much (22%) if their general practitioner also engaged in the treatment of drug addicts (Feistritzer 2000).

In Vorarlberg a TED poll on cannabis especially addressing young people was carried out in spring 2000. Of the 12,000 votes that were registered, 67% were in favour of legalising cannabis "unconditionally", another 5% were in favour "under certain conditions", and 28% were against legalising cannabis. This confirms the results of a new study among youths (Springer et al. 1999), according to which cannabis has increasingly gained the status of an "illegal routine drug" (cf. Chapter 2.2). The second question of the TED poll referred to the appropriateness of addiction prevention, which 91% approved of ("yes, to prevent drug incidents is better than reacting to them"), while 9% disapproved ("no, the money should be spent on police measures instead"; see http://treffpunkt.vol.at/ tools/ted/ted-stand-chart.asp, 28 April 2000).

The drugs issue repeatedly came up as a subject of public debate during the past few months, with a broad range both of opinions that were stated and forms of media coverage. On the one hand, part of the media showed an increasing readiness to differentiate in their discussion of the problem of drugs, which resulted in factual information and balanced

reports that were presented. On the other hand, a lot of media continued to issue rather one-sided, "dramatising" contributions on the subject.

As a result of the demand voiced by individual politicians that specific population groups (such as pupils, teachers, police) should be tested for drugs, in spring and summer 2000 the drugs issue repeatedly appeared in the media, albeit for a short time in each instance. A few politicians supported the demand via media, but there were strong doubts as to whether such a measure would be appropriate or could be financed. Another focus of attention in spring and summer 2000 was the debate on the measures planned by the government. Several competent province authorities and drug experts criticised the announced financial cuts in the field of drugs (cf. Chapter 1.4) as well as the planned reduction of limit quantities (cf. Chapter 1.1 and 1.2). During the summer of 2000, the issue of drug policy received strong media coverage. Some representatives of the governing parties questioned the success of the policy that has been followed up to now. On the other hand, experts voiced their criticism of the apparent turn in the direction of more repressive measures.

Another matter that frequently came up in public debate was cannabis. One example was the controversy between police representatives criticising what they saw as an increasing tendency to understate the importance of cannabis and asking for more repressive measures on the one hand and prevention experts opposing the view of cannabis as a first drug with great health hazards, which invariably leads to the use of other drugs (cf. e.g. the Austrian daily "Der Standard", 28 May 2000). The "myths" and problems surrounding cannabis were also discussed in the Upper Austrian addiction advisory board and became the subject of several mailings (e. g. an information sheet on cannabis entitled "Infoblatt Cannabis: hoch-gelobt und verteufelt“ on the alleged merits and dangers of cannabis).

1.4 Budget and funding arrangements

For the first time a study on the comparison and analysis of economic aspects of the problem of illegal drugs in Austria (Bruckner and Zederbauer 2000) was drawn up, commissioned by the Healthy Austria Fund and carried out by the Institute of Social and Societal Policy at the University of Linz and the Institute for Addiction Prevention also based in Linz. It gives an overview of financial means spent on measures to combat illegal drugs in Austria. Based on available data for the year 1997, the study gives a total estimate of more than 2,000,000,000 Austrian Schillings (ATS; approximately EUR 50 million) of expenses in the various fields, of which almost two thirds are spent in the field of law enforcement (police, legal measures). The remaining third goes into drug help (ATS 690 million, i. e. approximately EUR 50 million) and into prevention (slightly less than ATS 40 million, or approximately EUR 3 million; cf. Table A1 of Annex B). Because of shortcomings in the data base (one example is the fact that due to insufficient information, expenses in connection with combatting offences committed in connection with the acquisition or consumption of drugs or expenses for substitution treatment and aftercare were not included), the figures given in this study can only be regarded as very rough estimates, but still they indicate the order of magnitude of expenses in this field.

As to the current budget and funding arrangements, the so-called budgetary economies embarked upon by the federal government have also resulted in cuts of the federal means

for health policy measures in the field of drugs. To give an example, the budget of the health department of the FMGSS for promoting drug help services and the Addiction Prevention Units has been cut down from ATS 23 million (approximately EUR 1.7 million) to less than ATS 20 million (approximately EUR 1.4 million). Moreover, the drug help facilities are hit by the drastic reduction in the number of posts for persons performing alternative military service, many of whom used to be employed in drug service. For the most part these cuts cannot be compensated for by the Provinces, as the increasing shortage of available means also affects the provincial level. Consequently, many drug help facilities face the problem of having to make do with reduced resources in the future.

PART 2

Epidemiological Situation

2 Prevalence, patterns and developments in drug use

2.1 Main developments and emerging trends

Recent studies on drug consumption have shown hardly any changes as to the number of illegal drug users in relation to the total population. However, some studies carried out in the past few years indicate that experimental use of drugs is rising among young people. There is a relatively clear link to specific youth cultures or "scenes"; a significant example is the rave culture, which is known for its high drug affinity. In this scene synthetic drugs (especially ecstasy and amphetamines) play a major role, while in other subcultures (e. g. fun sports) cannabis is of importance.

However, the registered increase in experimental use has not resulted in a rising number of "problem drug users" or drug addicts so far. Here the overall situation and that of young people in particular is viewed as stable. According to a recent prevalence study, the number of problem opiate consumers all over Austria is estimated to lie between 15,000 and 20,000 persons. Polydrug use and intravenous use continue to be the prevalent consumption patterns. In Vienna, there is evidence that both cocaine and morphine tablets have gained importance in multiple and mixed drug use, with injecting use as the favoured mode of consumption for both substances. This development has been attributed to market developments such as falling cocaine price and a rise in morphine tablets available on the illegal drug market.

2.2 Drug use in the population

In the course of the reporting period several new studies on the use of illegal drugs among the general population and specific target groups were published. Apart from a study among the Vienna population the focus is again on young people.

In Vienna, the IFES Institute for Empirical Research was commissioned by the Drug Co-ordination Office of the City of Vienna to draw up a representative enquiry among the population over 16 years of age on the issue of drugs and drug policy (cf. also Chapter 1.3). The design of the study, which is carried out every two years, has remained constant since 1993, which allows for time series comparisons. The results regarding lifetime consumption experience have remained virtually unchanged over the past few years. The only drug that yields statistically relevant results for consumption is cannabis (11%), which is also the only drug where figures have risen compared to the years 1993 (5%) and 1995 (7%), but remained fairly equal compared to the preceding enquiry in 1997 (12%). For all other substances consumption experience results are between one and two percent, i. e. at a level that is too low for statistical comparisons over time (cf. Table A3 of Annex B).

Lifetime use of cannabis has been found more frequently in men (13%) than in women (9%). Here, a clear difference as to age groups/clear age differential is registered. The figures for reported lifetime use are 33 percent among the 16 to 24 year-olds, but only 22 percent among the age group between 25 and 34 years, 9 percent among the 35 to 44 year-olds and

approximately two percent among the respondents over 45. In the enquiry the respondents were also asked to indicate whether they had used drugs within the past three years and the past 30 days. The corresponding figures for cannabis are 8 percent and 2 percent, respectively, for other substances one percent and at a low per mille level, respectively (IFES 2000).

In the Tyrol a youth study with a focus on analysing risk and protection factors regarding drug use was carried out in 1999. A representative sample of youths from all schools of the province capital Innsbruck aged between 14 and 19 were selected. Regarding illegal substances, a distinction was made only between cannabis and other drugs. A total of 22 percent of the respondents reported to have had experience of hashish – nine percent had tried it, 13 percent were regular users – while three percent indicated use of other illegal drugs (Schüßler et al. 2000). Compared to earlier studies among youths and in schools the figures regarding cannabis use are relatively high, but they confirm the results of both a study carried out in Linz/Upper Austria (cf. Table 2 of Annex B) last year and the above-mentioned study among youths and adults in Vienna (see above).

The Federal Ministry for Social Security and Generations (FMSSG) commissioned a study on the significance and consumption of psychoactive substances among Austrian youths (Springer et al. 1999) with the aim of analysing the interrelations between the participation in specific youth cultures and use of drugs. For this purpose 50 youths for each culture – "rave", "fun sports", "youth associations" and a control group – were interviewed by youths from the respective scene who were especially trained for the task. The study was directed at gaining qualitative insights that may be applied in prevention work rather than quantitative data, therefore it does not claim to be representative. As to consumption, the figures were high for lifetime use of cannabis (67%), ecstasy (20%), amphetamines (22%), cocaine (19%) and LSD (19%), while heroin was indicated relatively rarely. Regarding the distinction by groups it became apparent that "ravers" have the strongest tendency to experiment with illegal drugs, followed by youths in the "fun sports" scene. The greatest difference was found in the case of ecstasy, which almost two thirds of the "raver" group reports to have used, compared to only ten percent of the "fun sports" group, two percent of the young people organised in associations and four percent of the control group. On the other hand, the figures for cannabis are more or less equally high among "ravers" (82%) and "fun sports" group (76%) and also high among the "association members" (46%) and in the control group (64%). However, the reports for use are markedly less frequent for all substances and most groups if the respondents are asked to indicate consumption within the past three months. The only high figures for this period of investigation concerned cannabis (between 72% among "ravers" und 32% among "association members") and, exclusively in the raver group, ecstasy and amphetamines, with 42% each. As to legal substances, the figures for alcohol consumption were high in all four groups, also when asked to indicate consumption within the past three months (ravers 86%, fun sports activists 90%, association members and control group 92% each).

As underlined above, the study is not representative, so its results must be read with due care and should not be used for generalising statements about drug use among youths. Still, the study leads to some relevant conclusions: one is that it confirms that the consumption of illegal drugs has strong correlations to lifestile variables, which is most evident in the drug affinity of the raver scene. This is in line with the results of two scene-specific studies

presented last year (cf. ÖBIG 1999a). Members of the fun sports group also used illegal drugs to a relevant extent, but they did not tend to use drugs other than cannabis frequently or extensively. Another aspect revealed by the study is the special significance of cannabis throughout the groups, as all of them reported frequent consumption experience, so that there is no correlation with specific youth culture influences. Thus hemp drugs have a special position as the "illegal routine drug" for young people (Springer et al. 1999). The view of drugs by young people also concurs with earlier scene-specific studies: youths who have not come into contact with drugs usually have no realistic concept of the effects and the potential hazards brought about by drugs, while youths who have used drugs have a clear-cut view of drugs which is characterised by their positive or negative experience. Therefore the authors of the study consider it necessary to take into account the (varying) state of information and experience of youths in prevention work.

2.3 Problem drug use

In the past estimates for assessing the prevalence of problem drug use, i.e. frequent consumption of "hard" drugs (especially opiates and cocaine) which often brings about addiction, health problems and adverse social and legal consequences (cf. Chapters 3 and 4), were mostly based on consistency checks in Austria. In the year 1999 the Federal Ministry of Science and Transport financed the first nationwide scientific study to estimate the number of problem opiate users (Uhl and Seidler 2000), which at the same time was conceived as a pilot study regarding its methodology. A 3-sample-capture-recapture method was used for the estimate, with a result of 17,276 problem drug users registered over the surveyed period between October 1994 and November 1995. Gender-specific estimates show a distribution of 70% men versus 30% women and an age distribution of approximately 25% (age 15 to 24) versus 50% (age 25 to 34) and 25% (age 35 to 54), with slightly lower total figures obtained by this procedure (cf. Table A4 of Annex B). To complement the capture-recapture estimate, the truncated Poisson and multiplier methods were used. The result of the truncated Poisson method is a nationwide estimate of 10,702 (according to the Zeltermann procedure) or 10,378 (according to the Chao procedure). Using the multiplier method with regard to drug-related deaths, the estimate is between 12,200 and 24,400 cases. It should be taken into account however that in the surveyed period the number of drug-related deaths was very high in long-term comparison (cf. Table A5 of Annex B). Combining all the estimates, the authors conclude that a prevalence rate between 15,000 and 20,000 problem opiate users in Austria, approximately half of them in Vienna, is consistent. An update of the prevalence estimate for the years 1996 to 1999 is planned for spring 2001.

The situation concerning problem drug use may be regarded as stable in almost all regions. In Vienna social street workers have registered a decline in the number of young "newcomers" entering the drug street scene, while the number of clients over 30 is rising (Verein Wiener Sozialprojekte 2000b). However, currently there are no studies investigating consumption patterns or consumer characteristics. According to experts, polydrug use and intravenous use continue to be the prevalent modes of consumption. It should be noted, however, that certain ways of addictive behaviour and certain consumer groups are socially more "conspicuous" than others (cf. also Chapter 12). For this reason, the information mainly

refers to problem drug users who are part of the "drug scene" and/or turn to drug help services. There is some evidence that at least in Vienna, cocaine (cf. Chapter 12) is gaining in importance within polydrug use, and that opiates are no longer solely consumed as heroin but increasingly as morphine tablets (cf. e. g. Drogenkoordination Wien 2000). One example is a study of the Vienna hospital connection service CONTACT (cf. also Chapter 9.2) on the circumstances of overdosing, with in-depth interviews of 90 clients (Seidler 2000). Approximately half of the respondents indicated several substances as "main drug" (52% morphines, 42% heroin, 22% cocaine, 22% benzodiazepine, 13% substitution medicine, 27% other substances). Morphine tablets were also named most frequently as the "hard drug" consumed within the past 24 hours (42%) and they were consumed intravenously without exception. 34% reported to have consumed heroin (74% intravenous use) and 24% said they had taken cocaine (61% intravenous use, 50% intravenous use mixed with heroin). An interesting result was that 32 percent of the youths surveyed (versus 13% of the adults) stated they did not use drugs every day. As to the setting of drug consumption, more young people report that they have company when they use drugs (63% versus 42% adults) and that they use drugs in the public sphere (58% versus 38% adults). Furthermore, the study revealed gender differences: women were found to have an earlier and greater awareness of the problem of addiction than men. This is consistent with experience from other fields of drug help according to which women show a greater readiness to turn to help offers (cf. Drogenkoordination Wien 2000 and also Chapter 9.6).

3 Health consequences

3.1 Drug treatment demand

As there is no uniform client documentation system, only few data of limited interpretative value is available in the field of treatment. Since spring 1999 a working group convoked by the FMSSG for establishing a uniform documentation and reporting system has been active in setting up and implementing documentation standards. The first step was to commission the Austrian Health Institute with the organisation of a pilot project with the priority aim of recording the organisational structure of drug help in Austria (cf. Chapter 9.3).

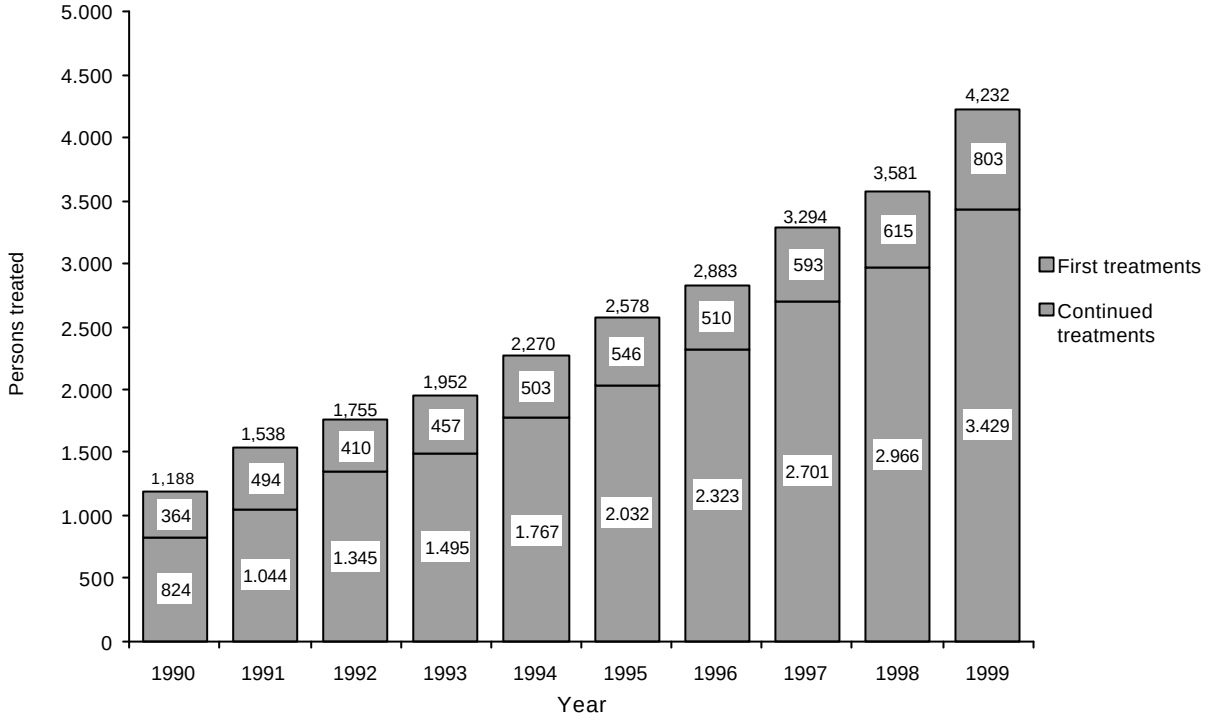
In the course of this pilot project for establishing a documentation and reporting system of the Austrian drug help services, aggregated data on the clients was also collected. First results have been obtained in the field of outpatient treatment. Out of a total of 128 outpatient services for drug addicts known to and contacted by ÖBIG, 51 services supplied interprêtable data to ÖBIG by the time of drawing up the present report. As to data quality, it should be noted however that due to the aggregate nature of the data no distinction was made between examinations according to the Narcotic Substances Act, counselling sessions and long-term care/treatment, or between alcoholics and persons addicted to illegal substances (since many services are open to both groups). Nor can double counts be excluded either per service (if a client was readmitted within the same year) or between services (if a client turned to several services within the same year).

The total data available refers to approximately 3,400 clients, of whom 21% only used alcohol, 29% used opiates (exclusively or in combination with other drugs), 20% consumed cannabis exclusively. 37% of the clients were women, 63% were men. The proportion of clients with opiate use problems was approximately the same for women and men.

However, it should be pointed out that for the above reasons no conclusion as to treatment demand because of (illegal) drug problems may be drawn on the basis of this data. Therefore, no further analysis according to sociodemographic variables was made. This is yet another evidence of the urgent necessity for implementing a uniform client documentation system of epidemiological data from the field of treatment in Austria.

National monitoring of **substitution treatment** is effected by the FMSSG and based on the reports of doctors. Despite the fact that not all cases are reported or reports often come in late (cf. ÖBIG 1999a), some broad insights may be gained as to the quantitative development and the 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 as well as the rising number of clients going in for substitution treatment for the first time (cf. Figure 3.1).

Figure 3.1: Development of annual registrations of persons currently undergoing substitution treatment in Austria from 1990 to 1999, by first treatments and continued treatments

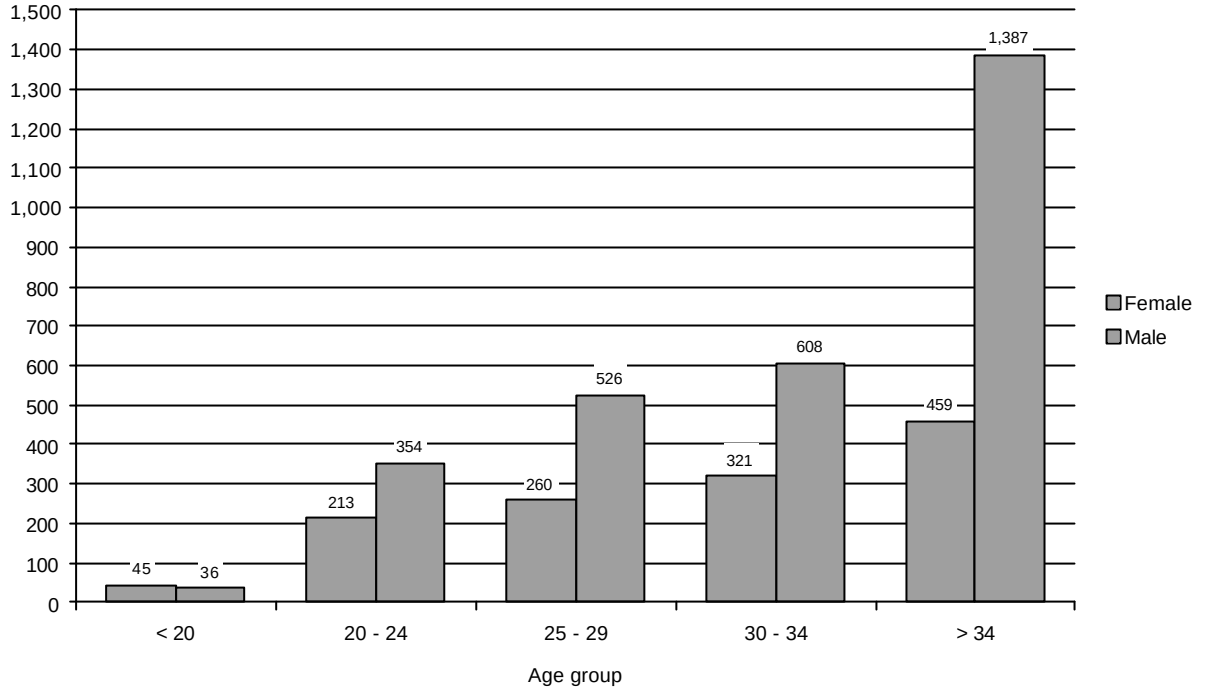


Note: **Continued treatments** are treatments started before the respective year or repeated treatments of persons who have been undergoing substitution treatment befoe. **First treatments** are treatments of persons who have never been undergoing substitution treatment before.

Source: FMSSG/Dep. VIII/B/12, calculation by ÖBIG

The majority of persons registered as currently undergoing substitution treatment in 1999 were long-term drug addicts, as is shown by the high number of over 30 year-olds in the age distribution. The gender distribution of the registered persons is approximately even in the age group below 20, while in the older age groups the number of men is higher (age 25 to 29: ratio 1:2, over 34: 1: 3; cf. Figure 3.2).

Figure 3.2: Distribution of persons currently registered for substitution treatment in Austria by age and gender in 1999



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

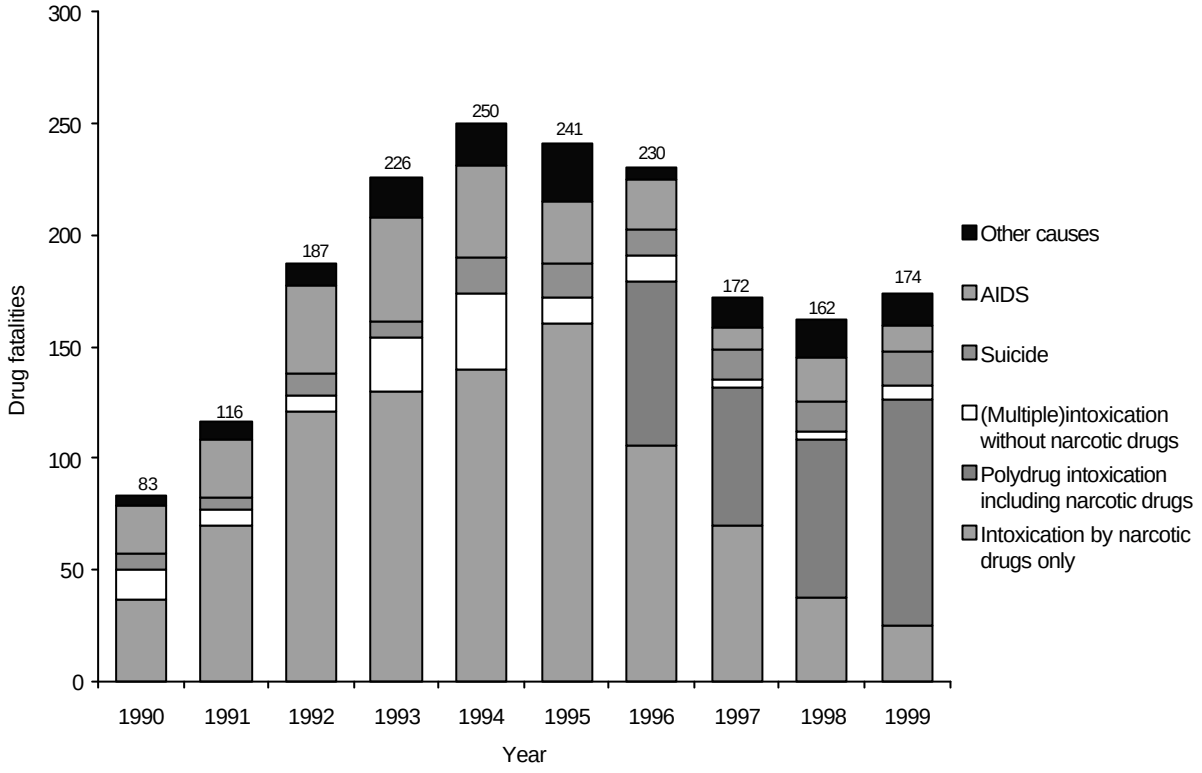
Source: FMSSG/Dep. VIII/B/12, calculations by ÖBIG

3.2 Drug-related mortality

Until 1994 the number of drug deaths rose sharply, followed by a decline until 1997. Over the past three years the number of persons who died as a direct or indirect consequence of drug consumption was found to have stabilised. In 1999 a total of 174 drug-related deaths was registered (cf. Figure 3.3 and Table A5 of Annex B).

According to the analysis according to kind of overdoses which was introduced in 1995 to better account for polydrug use (cf. ÖBIG 1996), polydrug intoxication cases with narcotic substances are rising (increase by 42% from 1998 to 1999). In contrast, the number of intoxication cases with only one narcotic substance involved continues to decline. The number of drug-related deaths caused by AIDS, which had risen from nine to 20 cases from 1997 to 1998, fell again, to eleven cases (cf Figure 3.3 and Table A5 of Annex B).

Figure 3.1: Number of drug fatalities in Austria by cause of death from 1990 to 1999



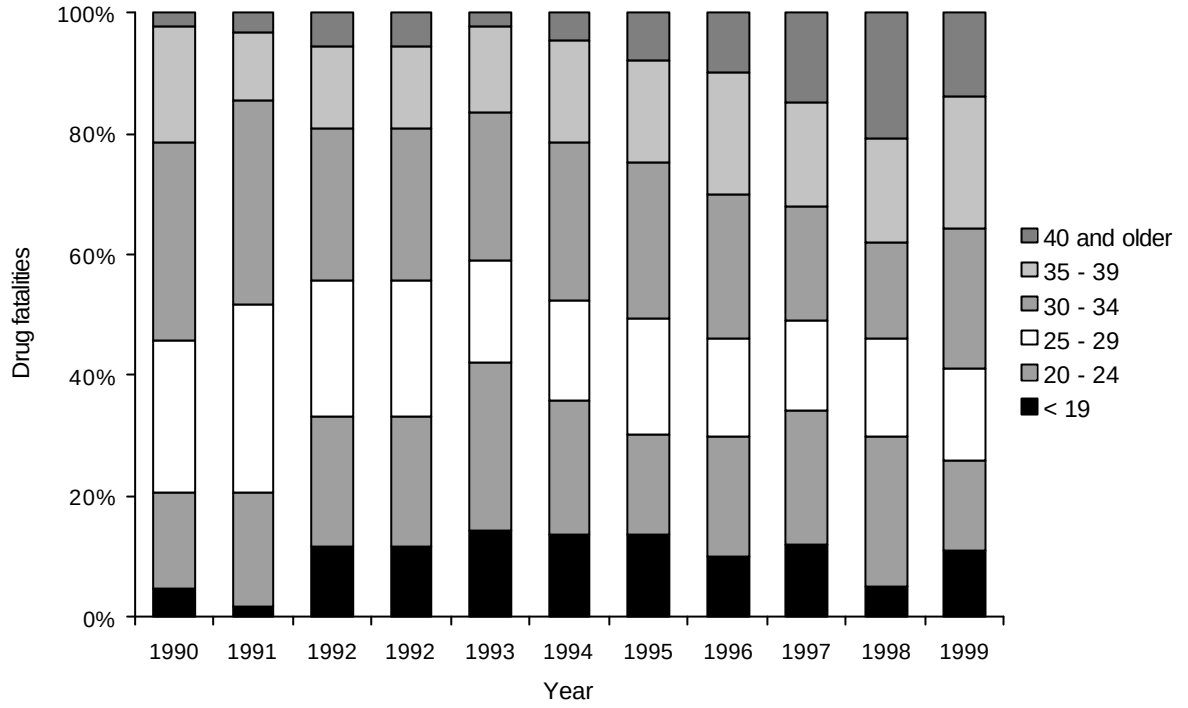
Note: The distinction between narcotic drugs only and polydrug intoxication was first used in 1995.

Source: FMSSG/Dep. VIII/B/12

In 1999 the share of women among drug fatalities was 28 percent, which means that compared to the preceding year (15%) the percentage has almost doubled. Another striking result concerns the age group under 20, where women are strongly overrepresented (68%). The number of men among drug fatalities, on the other hand, declined even in absolute terms (1998: 138, 1999: 126). Looking at the gender distribution over the years, we find that between 1990 and 1998 the percentage of women ranged from 15 to 21 percent (cf. Table A7 of Annex B). Whether the increase in the share of women among drug fatalities in 1999 represents a trend or was just a one-time statistical outlier will remain to be seen in the future.

More than half of the drug fatalities of 1999 concerned persons over 29 years (59%), 30 percent were aged between 20 and 29, eleven percent were under 20. The annual trend of the past few years shows a slight increase in the age group over 29 (1993: 41%, 1995: 51%, 1998: 54%), which continued in 1999. In the age group under 20 the 1999 percentage (11%) was above that of 1998 (5%) and approximately equal to that of 1997 (12%: cf. Figure 3.4 and Tables A7 and A8 of Annex B).

Figure 3.2: Age distribution of drug fatalities in Austria from 1990 to 1999



Source: FMSSG/Dep. VIII/B/12

The development in the number of drug deaths varies noticeably between the provinces. While in Vienna a rise of 30 percent compared to the preceding year was observed, the only other provinces with an increase in drug fatalities were the Tyrol and Lower Austria. In all the other provinces the number is constant or decreasing, and in Upper Austria even strongly decreasing (cf. Tables A6 and A9 of Annex B).

In spring 2000 a study was published with the aim of examining the repeatedly encountered hypothesis that the rising number of drug fatalities during the first half of the 1990s was causally connected to the opening of the borders to the East and the (allegedly) resulting dramatic changes of the heroin market (easy access to cheap, highly concentrated heroin, cf. ÖBIG 1996). Laboratory tests of the heroin seized by the police in Vienna between 1987 and 1995 and an analysis of lethal overdoses in the same period yielded the following results: within the surveyed period, there were no significant changes in the diacetylmorphine concentration in the seized heroin, which had been intended for retail trade. Also, there was no significant correlation between the diacetylmorphine concentration in the seized heroin and the number of heroin overdoses. These results contradict the hypothesis mentioned above. The authors attribute the increase in the number of drug fatalities during the first half of the nineties to a significant rise in polydrug heroin use (i. e. heroin consumed in combination with alcohol and other drugs; Risser et al. 2000).

A cohort study coordinated by the EMCDDA determining the mortality rate of all opiate addicts in Vienna undergoing substitution treatment has yielded preliminary results. Since the early nineties this rate has varied between 0.5 and 2.8 percent, and in the years 1997 and 1998 it was approximately one percent (Vicente et al. 2000).

3.3 Drug-related morbidity

Especially for injecting drug users, infectious diseases represent a great threat to physical health. While up to the first half of the nineties the risk of HIV infection was a central topic, in the second half of the nineties the risk of hepatitis B and hepatitis C infection received growing attention. On the whole the available data show a stable HIV prevalence rate at a low level (between 0% and 3%). In contrast, the prevalence rates for hepatitis have been at a very high level, with great variation of prevalence rates registered in the individual services submitting data (hepatitis C: between 35% and 85%, hepatitis B: between 12% and 64%). The topic of infectious diseases among drug users is treated at length in Key Issue Chapter 13.

Apart from infectious diseases, general medical care for drug users often poses problems because of their lacking social integration. For this reason, the low-threshold services also offer general medical care. The Vienna low-threshold facility Ganslwirt issued 6,319 medical diagnoses in 1999, of which 35 percent concerned the diagnose "withdrawal symptom", 21 percent were diagnoses in the field of dermatology (e. g. abscesses), 16 percent belonged to the field of psychiatry/neurology, 14 percent concerned general symptoms, twelve percent were diagnoses in the field of internal medicine, and two percent were intoxications. An increasing problem is posed by intravenous injection in the inguinal region, which tends to lead to infections and serious complications (thromboses, embolism, sepsis; Verein Wiener Sozialprojekte 2000a).

In Vienna the decline in the number of **overdose cases** that has been observed for many years has continued. This also becomes apparent in the continuous decrease in the number of ambulance services needed because of drug emergencies, from 705 cases in 1993 to 315 cases in 1999 (1998: 360).

4 Social and legal correlates and consequences

4.1 Social problems

According to the drug help facilities, unemployment, lack of a secure housing situation and high debts continue to be the main social problems of drug addicts. This becomes apparent in some examples provided by the Vienna Social Projects Association: an evaluation of the sleeping facility of the outpatient service Ganslwirt (cf. Chapter 9.4) showed that part of the clients turn to this service because of prolonged homelessness rather than in acute situations of crisis (Verein Wiener Sozialprojekte 2000a). Most of the clients of Streetwork were unemployed (59% out of 771 persons; another 29% were in irregular employment situations) and due to their lack of qualifications and the tense situation on the job market, they found it difficult to be integrated into working life. The situation is especially dramatic in the case of women working as prostitutes for the purpose of drug acquisition, because their social and health problems are worsened by their "double stigma" and "double dependence" (on the drug and on their drug-addicted partner; Verein Wiener Sozialprojekte 2000b).

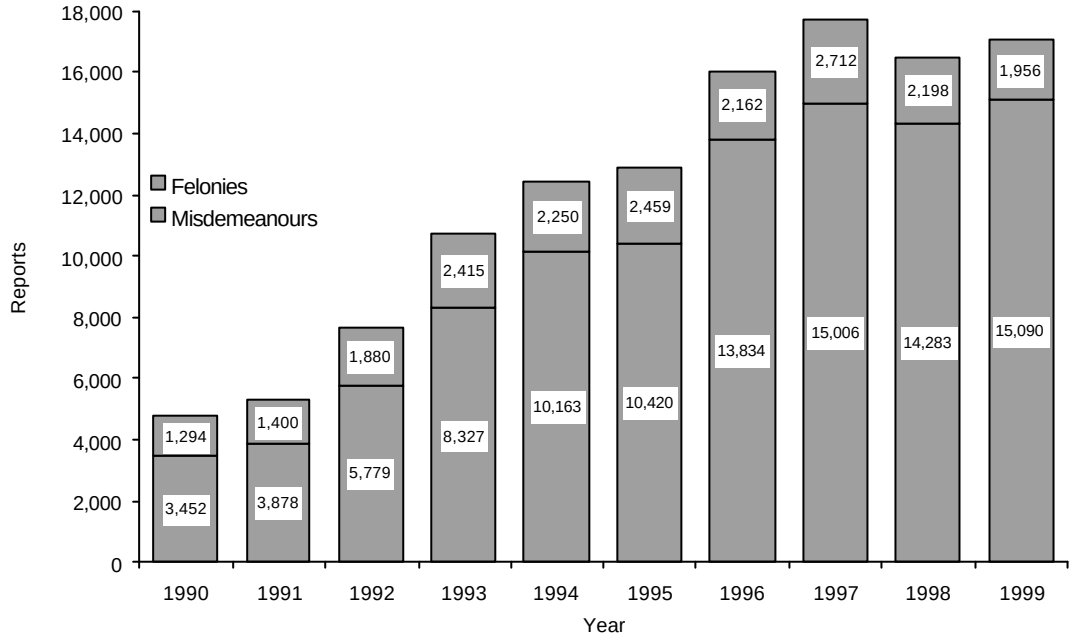
In the course of cooperating with youth-specific services, Streetwork participated in a study of a specific group of socially disadvantaged youths at a Vienna "scene location", where the youth scene and drug scene mingle (AG SCHOP 1999). Drugs such as cannabis, heroin and cocaine play a central role there, but injecting drug use is still rare. All of the youths come from immigrant families and for the most part they are in a very instable social position. More than half of the 40 respondents said they were unemployed or had only occasional jobs. In addition, some of the youths have an insecure immigration status, which represents an additional difficulty when trying to enter the job market. Almost all of the youths had some form of experience with criminal prosecution. At the same time, they long for a "normal" life with a secure income, a regular job, a family, daily routines and less drug problems. This calls for intensive outreach work above all to assist the youths in tackling their social problems (cf. Chapter 9.6).

A diploma thesis on the role of drug addicts as victims (Waidner 1999) had interesting results. By means of problem-centred interviews with a sample of 24 long-term opiate addicts (17 men, 7 women, all of them imprisoned at the prison of Favoriten, Vienna), the experience of drug addicts as targets of criminal acts and their behaviour as victims was analysed. All the respondents said they had been targets of a criminal act at least once; men primarily report to have been physically injured (58%) and threatened (12%), and women to have suffered sexual abuse, rape and sexual coercion (100%) as well as theft (43%). It also turned out that the persons concerned for the most part did not seek help and support from the official prosecution authorities, which makes the offences against drug addicts imperceivable by the public, and that criminal acts occurring in the subcultural sphere are often regarded as "the price you pay" or as everyday incidents. The study reveals that drug addicts, who are often perceived primarily as "offenders", in fact quite frequently become targets of criminal offences.

4.2 Drug offences and drug-related crime

The number of reports for violation of the Narcotic Substances Act (NSA) remained stable compared to the preceding years and was 17,597 in 1999 (1998: 17,141; cf. also Table A11 of Annex B). A total of 17,211 reports referred to narcotic substances, the rest to psychotropic substances. With regard to types of report (cf. Figure 4.1), a rise in reports for misdemeanours (possession and small-scale trafficking of drugs as regulated under Art. 27 of the NSA) and a decline in reports for felonies (large-scale trafficking and commercial trafficking as regulated under Art. 28 of the NSA) was registered, with the latter remaining below 2,000 cases for the first time since 1992.

Figure 4.1: Development of reports to the police for violations of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1990 to 1999

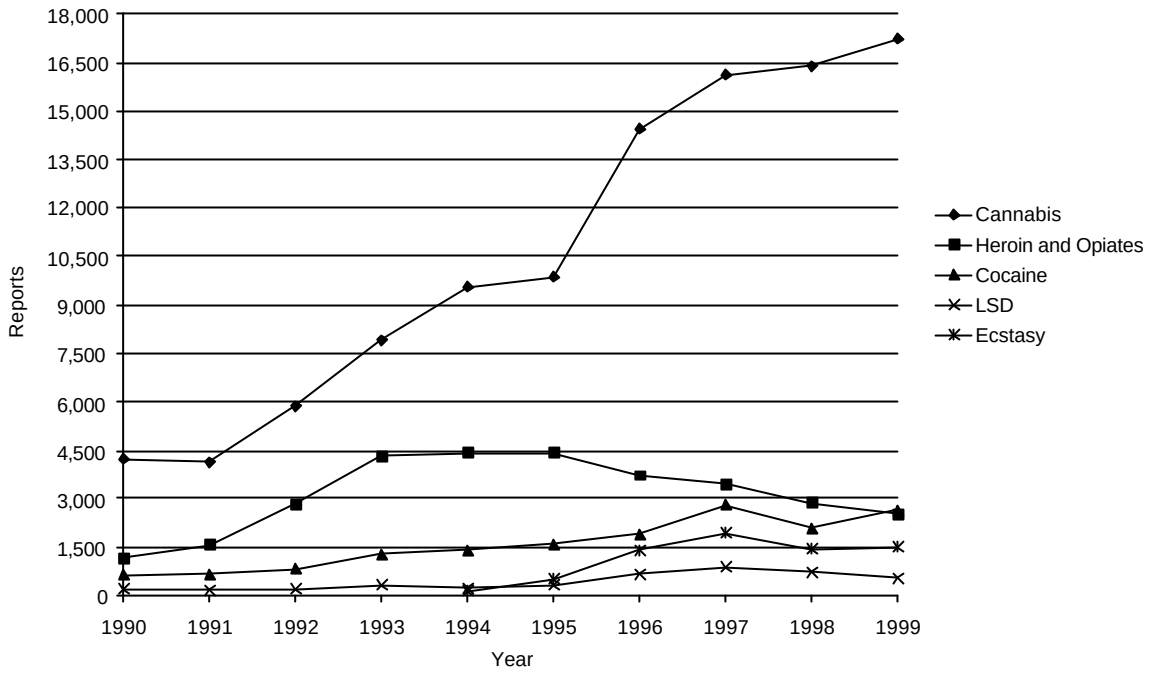


Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. For better comparison, the 1998 and 1999 data in this figure indicate reports on account of narcotic drugs only. The difference to the total number of reports results from reports that cannot be allocated.

Source: BMI (FMI) - Jahresberichte über die Suchtgiftkriminalität in Österreich

Regarding the substances involved, in 1999 again a marked rise of reports in connection with cannabis was registered. Compared to the preceding year, the number of reports for cocaine (cf. Chapter 12.3) and ecstasy rose, while there was a decline concerning opiates and LSD (cf. Figure 4.2 and Table A13 of Annex B). A separate indication of amphetamines will only be possible as of the year 2000. There are great regional differences regarding the substances involved (cf. Table A14 of Annex B). In Vienna the proportion of reports in connection with opiates is comparatively high, while the majority of reports in all other provinces concern cannabis.

Figure 4.2: Development of reports to the police for violations of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1990 to 1999



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

Source: BMI (FMI) - Jahresberichte über die Suchtgiftkriminalität in Österreich

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

Compared to over 17,000 reports to the police in 1999, 1,864 arrests in connection with narcotic drugs investigations were registered, but there are no details (type of offence, substance involved, etc.) available for the latter.

In 1999 there were 3,359 convictions under the Narcotic Substances Act (leading offence; cf. Note to Table A15 of Annex B), which is nearly the same level as the year before (3,327 in 1998). Again, there were dinstinctly more misdemeanours (Art. 27 of the NSA – possession and small-scale trafficking), namely 2,230, compared to 1,022 felonies (Art. 28 of the NSA - trafficking; cf. Table A15 of Annex B). Approximately 57 percent of all the persons convicted were punished with imprisonment, 24 percent of the sentences were suspended and 33 percent were not suspended. There are clear distinctions made between youths and adults, and between misdemeanours and felonies. Persons convicted for misdemeanours are often sentenced to pay fines and rarely punished with unsuspended prison sentences, while felonies often lead to unsuspended prison sentences. In general, youths are rarely ever punished with imprisonment (cf. Table A17 of Annex B).

Complementary to the data on convictions, information concerning the preliminary (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 pro-

secution (cf. also Chapter 9.6) were made use of in 7,030 cases in 1999, which is a decline for the first time in many years (1998: 7,468). The possibility of withdrawing reports in connection with first offences for cannabis, which is facilitated under the NSA (Art. 35 par. 4), was applied in 1,355 cases (1998: 1,432), which are included in the total number indicated above. Currently there are no reliable data on the application of suspension of sentence (under Art. 39 of the NSA –"Therapy instead of punishment").

For the reporting period no data or studies on crimes committed for the purpose of drug acquisition or other drug-related crimes or on the prevalence of drug users in prisons are available.

4.3 Social and economic costs of drug consumption

So far there hardly any studies on the social and economic costs or drug consumption in Austria are available. In 1999 the first comprehensive study on economic aspects of drugs was carried out, which focused on an estimate of the expenses in various spheres (cf. Chapter 1.4 and Table A1 of Annex B). It also includes an estimate of drug-related costs incurred in the sphere of hospitals in connection with drugs. In 1997 3,574 patients received inpatient treatment for a total of 63,341 days, which represents a total expenditure for the treatment of drug addicts of ATS 213.2 million (approximately EUR 15.5 million). For this estimate only diagnoses that were directly drug-related were taken into account. Approximately ATS 480 million (approximately EUR 35 million) go into care and treatment by the drug help facilities.

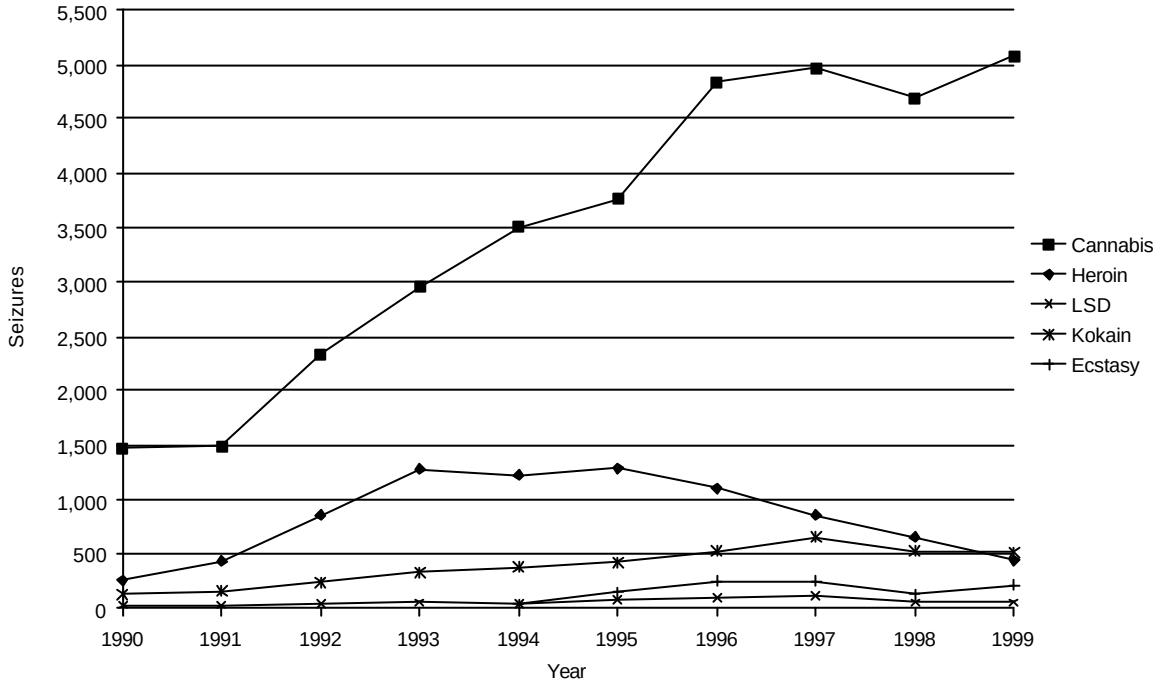
Another study (Mazegger 1999) had the aim to give an estimate of the economic influence of drug consumption and trafficking on the gross national product. Based on the available information on the amount of substances seized, the market and street prices, the prevalence of drug consumption and consumption patterns, a calculation of the economic value of supply (varying between ATS 539 and 2,559 million, or between EUR 39 and 186 million, according to the basic assumptions) and demand (ATS 4,377 million, or EUR 318 million) regarding illegal drugs was attempted. On this basis the resulting added value relating to the traffic with illegal drugs would be ATS 3,160 million (230 million EURO) or 0.13 percent of the gross national product in 1997. However, the author points out that the calculation is based on many assumptions, so the results should be regarded with caution.

5 Availability and supply of drugs

According to the Federal Ministry of the Interior (FMI) the trends concerning the situation of organised narcotic drug trafficking remained basically unchanged in 1999 (Bundesministerium für Inneres 2000). As in the preceding year FMI data suggests an increase of ecstasy trafficking and consumption and a further spreading of this problem to small-scale events and discos. Furthermore, an increase in smuggling, trafficking and use of amphetamines was registered, which, however, could not be indicated separately in the 1999 statistics.

Regarding the development of **seizures** over the past four years there was a decline in heroin and LSD seizures; cocaine and ecstasy seizures remained stable, and cannabis seizures rose slightly (cf. Table A18 of Annex B and Figure 5.1).

Figure 5.1: Number of seizures of narcotic drugs in Austria from 1990 to 1999



Source: BMI (FMI) - Jahresberichte über die Suchtgiftkriminalität in Österreich

The amount of substances seized reflects these trends only to a limited extent, as they are strongly influenced by individual seizures of exceptionally large quantities (cf. Table A19 of Annex B). To give an example, the number of cannabis seizures rose from 4,683 (1998) to 5,079 (1999) while the total amount of substances seized declined from 1,336 kg (1998) to 451 kg (1999).

The ChEck iT! project in Vienna, which offers on-the-spot testing of the **purity and contents** of tablets bought at rave parties under the name of ecstasy, continues to be the most relevant source of data and information on synthetic drugs (cf. also Chapters 9.1 and 9.2).

The results of analyses carried out in autumn 1999 at five events demonstrate that the proportion of "ecstasy tablets" which actually contained MDMA was significantly higher than in the previous years (cf. Kriener et al. 1999). This development was confirmed by the analysis of 86 tablets bought under the name of ecstasy carried out by ChEck iT! at a rave event in Vienna on 1 July 2000. The share of actual ecstasy (MDMA) was 87 percent, which is comparatively high. Less than 20 percent of all tablets (also) contained ingredients other than MDMA (MDE: 4 tablets, MBDB: 3 tablets, amphetamine or metamphetamine: 4 tablets, caffeine: 1 tablet, unidentified substance: 1 tablet and pain killers: 3 tablets). The MDMA content of the analysed ecstasy tablets varied between 30 mg and 110 mg. However, the data only refers to individual events, so it should not be taken as a basis for assumptions of a general trend. One result that should be pointed out is the fact that the design of the tablets permits no conclusions as to its contents, as tablets with identical logos frequently have differing chemical components.

Capsules and powder bought as speed, metamphetamine or amphetamine (17 samples) and analysed at the same event in July 2000 all contained the corresponding substances. Three samples additionally contained caffeine, and in one sample, an additional unidentified substance was found.

In July 2000 the substance PMA was found in tablets offered under the name of ecstasy for the first time in Austria. An amphetamine derivative like MDMA, PMA is much more dangerous because of its higher toxicity and delayed effect (which tempts consumers to take more and more tablets). The consumption of PMA mistaken for "ecstasy" led to a death case in Lower Austria in July 2000. In a police raid on this occasion, 4,500 tablets containing PMA were seized. The tablets displayed the so-called "Mitsubishi“ logo, which is frequently found on ecstasy tablets.

No results of the project "Spritzencheck“ (syringe check), which has analysed the residues in used syringes in order to obtain evidence on the purity of the injected substances, are available yet, but they are expected for the second half of 2000.

As no new studies regarding the **prices** of drugs were drawn up in the reporting period, reference is made to last year's data in this context (cf. ÖBIG 1999a; regarding cocaine see also Chapter 12.3 of the present report).

6 Trends per drug

Cannabis is the illegal substance which is by far most frequently used. Studies in this field have shown that up to one third of the young adult population have experience of cannabis. In specific youth scenes characterised by high drug affinity, the proportion is even higher. However, regular use of cannabis is much less frequent than experimental consumption. As before, reports on social or health problems in connection with cannabis use are rare. Cannabis is also the substance to which the majority of reports to the police and seizures refer, in accordance with a rising trend that has been going on for years in this respect.

Synthetic drugs, above all ecstasy (MDMA), are the second-most consumed illegal drugs after cannabis, and are especially popular among youths. According to various studies, approximately four percent of the youths state to have consumed synthetic drugs. During the past few years the figures for ecstasy have stabilised, while use of amphetamines seems to be rising, for which there are no reliable data sources at present, however. Especially in the rave scene, high figures of ecstasy and amphetamine use are registered. Tests of the substances have shown that the tablets sold as "ecstasy" quite frequently fail to contain pure MDMA. In summer 2000 tablets containing PMA appeared on the Austrian market for the first time which led to a death case. In contrast, so far hardly any social or health problems have been observed in connection with ecstasy (MDMA).

In representative studies **opiates** have been found to be used by no more than one percent of the respondents. However, opiates are the most relevant group of substances when it comes to problem drug use. Nationwide, the number of problem opiate users is estimated to lie approximately between 15,000 and 20,000, with a majority following polydrug use patterns (cf. below). All over Austria the opiate problem is considered to be stable or even decreasing. As data for Vienna has shown, beside heroin, addicts are increasingly consuming morphine tablets, which is attributed to an increased supply in the illegal market. In almost all cases of drug intoxication opiates are found, but drug fatalities are increasingly caused by mixed intoxications rather than by opiates alone. The number of reports to the police and seizures have been declining for some years.

Similarly, use of **cocaine** (cf. Chapter 12) has been registered in between one and two percent of the population at the most, with a slightly rising trend. Due to falling prices and easy availabilty, cocaine has become more relevant in the open drug scene, where injecting use as a component of polydrug consumption (cf. above) is frequent. However, hardly any fatalities have been registered where cocaine was (also) found to have played a relevant role. In the last few years a rising trend regarding the number of reports to the police and seizures in connection with cocaine has been observed. Crack has not been relevant in Austria so far.

As discussed above, **polydrug use** is the predominant mode of drug consumption among drug addicts in Austria. Recently, cocaine and – at least in Vienna – morphine tablets (see above) have gained importance in multiple and mixed drug use involving various substances (such as heroin, benzodiazepines, alcohol). Most of the substances are injected, sometimes also in combinations. This is also reflected in the health consequences: the number of drug

fatalities caused by mixed intoxication has sharply risen in recent years, with the total number of drug-related deaths remaining stable. Furthermore, social problems such as unemployment, homelessness and high debts are encountered frequently in this group of drug users.

7 Discussion

The data available on the epidemiological situation in Austria are in line with the trends of previous years. Regarding problematic consumption of illegal drugs, especially opiates, a stable situation is observed on a nationwide scale. The fact that the number of opiate users undergoing substitution treatment has risen is due to the rising acceptance of this form of treatment rather than to a rising number of problem opiate users. Apart from these data there is hardly any conclusive evidence regarding the field of treatment. Despite ongoing police activities in this field, the number of reports to the police and seizures of opiates have continued their downward trend. The number of drug-related deaths rose slightly, but has remained on the level of the last three years, which is clearly below the figures for the mid-nineties.

Data for all other substances stems mainly from consumption studies or police information. The consumption studies indicate stable figures regarding lifetime experience in the total population. Representative youth studies show rising figures for cannabis use, but hardly any increments of the use of any other drug. A recent study on various "youth scenes" confirms the results of earlier "scene studies" indicating that specific youth cultures, especially the rave culture, have a high drug affinity. As to reports to the police and seizures, the development has been contradictory. Only in the case of cannabis have the corresponding figures risen over the past few years. Reports to the police in connection with cocaine and ecstasy increased slightly compared to the preceding years, but the figures remained below the 1997 level.

The high drug affinity of specific youth cultures represents a great challenge for drug policy, which has already led to the development of new strategies especially in the field of secondary prevention. How to reach and counsel youths endangered by drugs through creating target group oriented services remains an important issue. Regarding "traditional" forms of problem drug use, especially opiate use and polydrug consumption patterns, the existing measures appear to serve their purpose; what is necessary in this field is the further expansion of the services offered, especially by closing regional gaps.

Because of the deficits in the Austrian monitoring system, a comprehensive analysis of the epidemiological situation and the trends is possible only to a limited extent. In particular, the field of drug-specific treatment and care and consumption studies carried out at regular intervals for long-term comparison is lacking conclusive data comparable at the national level. Therefore these are two priority fields for the further development of the monitoring system. Complementary to routine data, studies on a smaller scale that examine specific problems often yield important information. Although they are not representative in many cases, still they permit profound insights into the drug situation. Data from police sources, on the other hand, only permits very limited conclusions on the epidemiological situation, as it primarily reflects the police activities in the respective field.

PART 3

Demand Reduction Interventions

8 Strategies in demand reduction at national level

8.1. Major strategies and activities

In the reporting period three provinces adopted drug plans, all of which focus on health and social policy measures and thus on the field of demand reduction (cf. also Chapter 1.1). The drug plan of the province of Salzburg, drawn up in 1999, places special emphasis on creating a drug help system based on systemic and integrative principles and oriented towards concrete needs. The Styrian drug plan of 1999 also stresses the aim of creating a dense network of various therapy modules that include outreach work as well as low and high threshold services. In this way changing motivations in the course of year-long addiction processes may be taken into account. The drug plan of Lower Austria has the basic aim to provide a framework for the whole range of addiction-related activities and thus includes both legal and illegal substances. In the drug plans of the other provinces (cf. Chapter 11.1.2) the importance of comprehensive approaches is also emphasised, although they focus on illegal drugs only, which is explained by the need for specific solution strategies. However, this does not apply to the field of primary prevention, which continues to be based on a broad concept of addiction and for which comprehensive strategies based on health promotion are developed.

The drug plans of the individual provinces are in line with the prevailing drug policy principles described in greater detail in Chapter 11. Regarding demand reduction special emphasis has been placed on the central prerequisite that drug help activities should be oriented towards concrete needs and that multidisciplinary, coordinated strategies should be adopted (cf. Chapter 11.1.2). In addition the subject of quality standards for drug work is raised more and more often. For instance, when the Federal Ministry for Social Security and Generations (FMSSG) drew up guidelines for the announcement of drug facilities according to Art. 15 of the NSA special importance was attached to the aspects of quality assurance and minimum standards for recognition. A number of other provinces also plan to define and implement guidelines for the quality assurance of drug work (cf. also Chapter 10).

It is still the provinces that provide most of the funding for social and health policy measures in the field of drugs. While budgetary economies embarked upon at the federal level have led to a reduction of resources also for drug-related activities (cf. Chapter 1.4) a number of provinces plan to expand this field further. For instance, the Province of Lower Austria has increased the resources of the year 2000 (ATS 23.3 mill. or EUR 1.7 mill.) by 13 percent compared to the year before. Still, the available funds for demand reduction interventions generally seem to decrease also at the provincial level. Additional resources, especially for the field of prevention, may be obtained from the Healthy Austria Fund (HAF). In the reporting period a number of projects and activities – including quality assurance measures – were cofinanced by the HAF (cf. also Chapter 10).

8.2 Approaches and new developments

Regarding concrete measures of demand reduction (cf. Chapter 9) above all the existing approaches have been further developed, with some new focuses. In the field of prevention the workplace has become a more important setting – in almost all provinces projects of addiction prevention at the workplace are being run (cf. Chapter 9.6). The expansion of secondary prevention structures (cf. ÖBIG 1999a) continues to play a prominent role, and many regions plan to establish or further develop outreach structures and low-threshold services (cf. Chapter 9.2).

The trend towards a regionalisation of relevant facilities emerging in the past few years still continues, and its effects are becoming more and more obvious not only in the field of prevention but in the whole area of drug help. European cooperation projects also continue to play a central role. For example the Viennese drug facility DIALOG cooperates with partners in Germany and the Netherlands in the context of the project "Addiction as a chance of survival for women with experience of violence" planned to be carried out within the framework of the Daphne Programme of the EU (cf. Chapter 9.6). In the Tyrol the prevention centre kontakt&co coordinates a European project on early detection of problem situations and crisis intervention, for which an instruction CD-ROM with links the Internet are also used.

New media are generally used more and more often to provide information and carry out prevention work. An increasing number of drug facilities have their own web sites for the purpose of an exchange of information among experts and also for "persons concerned" (cf. also Chapter 9.1). In the reporting period a number of new booklets were also published: e.g. the Addiction Prevention Units, cofunded by the FMSSG, edited the booklet "sucht & drogen. nüchtern betrachtet" [addiction & drugs considered soberly], aimed at presenting hard facts on drugs to contrast them with existing prejudices and stereotypes.

In the whole field of demand reduction the aspect of quality assurance is rapidly gaining in importance. An increasing number of projects are evaluated, quality guidelines are defined, and education and training measures for drug experts and other groups concerned with the problem of drugs are intensified, and research activities are carried out for planning, accompanying and evaluating projects (cf. Chapter 10).

9 Intervention areas

In the following chapter examples of different measures taken in the field of demand reduction in Austria are presented. The list does not claim to be exhaustive. The central focus was placed on new activities as well as projects and measures for which evaluation results are available. More detailed descriptions of individual projects and measures of demand reduction are found both in the reports of the last few years (ÖBIG 1997, 1998, 1999a) and in the EDDRA database of the EMCDDA (cf. list of Austrian EDDRA projects in the reference section). In addition the maps presented in the Annex (cf. Maps 2 and 3 of Annex B) provide an overview of the regional distribution of drug facilities and drug help services.

9.1 Primary prevention

In Austria special importance has been attached to prevention measures for many years already. In the beginning the central focus was placed on primary prevention, but recently secondary prevention measures have also been intensified (cf. ÖBIG 1999a). Primary prevention (addiction prevention) is aimed at precluding addiction already at its roots. Its target group is persons who do not belong to a specific at-risk group and who have not had addiction problems so far. Interventions in this field often follow the principle of health promotion and primarily address children and young persons. Secondary prevention (drug prevention), on the other hand, is oriented towards defined at-risk groups and persons who do have addiction problems although they have not become manifest to their full extent (cf. also ÖBIG 1999b). The target group of secondary prevention measures mainly comprises young persons.

Most of the preventive measures are implemented at the local and/or regional levels. In this context the Addiction Prevention Units at provincial level play an important role (cf. Figure A1 of Annex B). The Units are responsible for initiating preventive measures and providing professional approaches as well as quality assurance. In Austria a broad range of preventive measures are found in many different fields, so in the following only a few projects will be presented as examples (cf. also Chapter 9.6).

Primary prevention already starts in early childhood, based on activities in the **infancy and family** area. In this context kindergartens play a prominent role. In the past few years several provinces carried out the project “toy-free kindergarten”. The evaluation of the Viennese project has shown that the objectives of the project could be met (cf. ÖBIG 1999a and EDDRA). In Burgenland the project was carried out in a total number of nine kindergartens in 2000, and in some kindergartens it has formed an integral part of their programmes. The project “Parents as Peers”, which has been started in Upper Austria, is directly aimed at parents. It is an international cooperation project with the target group of parents who cannot be reached by means of traditional education.

In order to ensure the sustainability of the measures aimed at preventing addiction, further training schemes have also been organised in this field. In Styria the Addiction Prevention Unit VIVID ran the further training programme “Addiction Prevention during Childhood”, addressing kindergarten teachers. As was shown by the evaluation the participants were able to integrate the knowledge obtained about primary prevention in their practical work (cf. also EDDRA). In Burgenland further training schemes specifically oriented towards teachers at the Federal Kindergarten Education Institute at Oberwart as well as students in their final year were started.

School programmes continue to be the most important setting for interventions aimed at preventing addiction. In the context of the educational principle “health education” primary prevention has to be integrated in all subjects. In the last few years such activities have more and more often been started already at the primary school level. For instance, in Lower Austria the project “It’s Victoria’s Birthday” was carried out, where children could present their own experience in the context of an animation theatre play. In this way the children are taught to identify the opportunities and risks of this stage in life so that they may develop adequate responses.

Further training plays a prominent role in this field as well. As of autumn 2000 the Federal Teacher Training Academy of Upper Austria will start a study course on addiction prevention for teachers, with the aim of training addiction prevention coordinators at schools. In Vienna the Information Centre on Addiction Prevention organised a further training programme for lower secondary school teachers of the 10th district of Vienna, under the motto “regional addiction prevention at lower secondary schools”. Prevention experts, in cooperation with the teachers, defined possible aims of structural and individual interventions at the schools of the district.

The interactive computer programme “Step by Step”, an up-to-date training tool for teachers, focuses more strongly on secondary prevention. It was developed by prevention experts in the context of a European project (cf. Chapter 8.2) coordinated by the Tyrolean Prevention Unit kontakt&co. The programme is oriented towards early detection and intervention at schools and may be used for identifying, and competently responding to, possible signs of addiction among pupils at an early stage (cf. also EDDRA). The use of this CD-ROM is also supported by the Federal Ministry of Education, Science and Culture (FMESC).

Regarding **youth programmes outside schools** it has been planned to intensify the cooperation between the youth department, which has become part of the FMSSG now, and the Addiction Prevention Units. In addition the Austrian Education Forum for Promotional and Preventive Youth Work (cf. ÖBIG 1999a), which is funded by the Youth Department and the Provinces, plays a central role, especially in the field of quality development and lobbying in all fields of prevention relevant for youth work (addiction, AIDS, violence, etc.), and it also organises a broad range of further training events.

There are many different services for young people in the fields both of primary and secondary prevention. For instance in Mödling, Lower Austria, a low-threshold meeting place for young people has been run for several years now. Its aim is to strengthen life skills, self-confidence, creative expression, the ability to establish relationships etc. of the young people through projects in the context of primary and secondary prevention, organised in the

meeting place itself and at schools. The WAGGON centre was established when problems concerning misuse of alcohol, pharmaceutical drugs and cannabis arose around the railway station at Mödling, where thousands of pupils leave for school and return to their homes (cf. also EDDRA).

In addition the existing activities explicitly aimed at secondary prevention for youths were continued (cf. also Chapter 9.2). At present a study course for social workers at official youth welfare departments and independent youth welfare organisations is being run in Carinthia in order to provide a network for young persons in danger of addiction, run by qualified experts and covering the whole province. In spring the Youth and Family Offices of Vienna established the Competence Centre Drug Work, which provides expert information on drugs for employees (especially of crisis intervention centres) as well as the necessary communication structures between facilities for young persons in general and specific drug facilities.

Compared to other intervention fields, there is only a limited number of **community programmes** for addiction prevention. One example is a community-oriented, systemic project that has been run for more than four years in the town of Trofaiach, Styria, and its surroundings. When a few heroin-related fatalities occurred, a contact point was established. Its main activities are providing behavioural and structural intervention strategies in the fields of primary and secondary prevention. The office also supports the work of a large group of key persons and inhabitants of Trofaiach dealing with the problem of preventing addiction and also intensively cooperating in the development of the project. Another key group in the implementation of the project is young residents of Trofaiach who work as peer educators both in and outside schools.

The **telephone help lines** that have been run for quite some time in the provinces of Vorarlberg and Vienna have now been complemented by a service of the Provincial Neurology Hospital at Gugging, Lower Austria, where telephone support as well as emergency and crisis intervention are provided around the clock.

Mass media campaigns for the purpose of prevention continue to play only a minor role in Austria. No such activities took place in the reporting year.

As has already been mentioned, new media and especially the **Internet** have played an increasingly important role in the field of prevention. By now the majority of the regional Addiction Prevention Units have created their own web sites. The Province of Lower Austria plans to establish an Internet counselling service before the end of this year. The ChEck iT! activities (cf. also Chapter 9.2) have also been complemented by an information service on the Internet. The homepage www.CheckYourDrugs.at provides detailed information on psychoactive substances, their chemical activity, negative and possible long-term effects, advice with regard to multiple drug use and ways of risk minimisation. This information is updated at regular intervals so that new results of scientific research may be incorporated. In this way warnings, e.g. about PMA (cf. Chapter 5), may also be communicated quickly.

9.2 Reduction of drug-related harm

There is a broad range of interventions aimed at reducing drug-related harm that address drug users or drug addicts. Most of these measures are not primarily oriented towards

abstinence; but rather their aim is to provide low-threshold assistance for drug addicts in their actual life situation and reduce the risks and problematic consequences of drug consumption as far as possible. Therefore the corresponding measures are often referred to as “accepting drug assistance”, “survival assistance” or “harm reduction”. Today they form an integral part of the system of drug help in Austria (cf. Maps 2 and 3 of Annex B). For instance, on preparing the guidelines for the recognition of facilities according to Art. 15 of the NSA it was unanimously agreed that low-threshold services also meet the requirement of “orientation towards abstinence”, as they stabilise their clients and thus increase the probability of abstinence at a later point in time.

Outreach work is another important service provided in this field. In Austria the activities of street workers have firmly been established in the drug scene for quite some time. There is a great variety of forms of outreach work to assist drug addicts (outreach activities, mobile units for first contacts etc.) and services focussing on specific target groups (e.g. prostitutes working for the purpose of drug acquisition, prison inmates). In May 2000 the Viennese hospital connection service for drug addicts (CONTACT), organised a symposium to celebrate its fifth anniversary. From 1995 to 1999 CONTACT provided assistance to almost 1,300 persons – nearly half of them women (43%), and more than 5,000 clients contacted this facility. About half of the total number of approximately 1,500 persons turning to CONTACT for the first time had acute symptoms (emergency admission to hospital), and the rest of the clients came from inpatient departments (internal medicine or gynaecological departments etc.). At the initial stage CONTACT mostly dealt with overdoses, but as the number of overdose patients was declining in the course of time care of drug addicts admitted to hospital for other reasons has become more and more important (cf. also Chapter 2.3).

In the last few years outreach social work has increasingly covered secondary prevention as well. The relevant services frequently focus on social work for young persons in general, and any drug problems that occur are dealt with in this context. This corresponds to the experience that problematic patterns of drug use among young people are often accompanied by acute social problems or crises (cf. also Chapter 4.1). Outreach services were also provided as a response to the high affinity to drugs among ravers (cf. Chapter 2.2). The Viennese project ChEck iT! (cf. also Chapter 9.1) offers social work during rave events, combined with testing of synthetic drugs. In the Tyrol employees of the project MDI...B are also present at raves, with the aim of reducing harm and providing secondary prevention. In autumn 1999 the two projects cooperated when ChEck iT! offered drug tests during an event in the Tyrol.

Almost all Provinces plan to establish or expand **low threshold services**. In Linz, Upper Austria, a contact point for drug addicts will be organised, where medical care, practical survival assistance, services providing daily structures as well as counselling and care will be available. This will be combined with streetwork services for young persons in danger of becoming addicted. The new provincial drug plans (of Lower Austria, Salzburg and Styria) also include the establishment of low-threshold services, although some of them will be implemented in the long run only. In the Tyrol the realisation of the project NIKA (cf. ÖBIG 1999a), which should also provide “health rooms” for injecting drug use, has been delayed. A final political decision regarding its implementation is due in autumn 2000. Vienna plans to

establish a temporary sleeping facility for children and adolescents offering individual assistance to persons in crisis situations.

A large number of clients have turned to the low-threshold facilities that have existed for some time now, which shows that such services are very well accepted. In 1999 the Ganslwirt facility in Vienna registered a daily average of 45 clients in the day centre and 25 contacts to patients in the outpatient clinic, which results in an annual total of 16,000 clients, or more than 9,000 contacts to patients per year. The outpatient clinic was very well frequented – by up to 50 clients – especially during weekends, when no alternative services were available. Altogether more than 1,200 different persons received outpatient care (Verein Wiener Sozialprojekte 2000a). In 1999 the H.I.O.B. facility of Vorarlberg registered a total number of 11,219 calls of approximately 350 clients, 531 medical consultations for 126 clients, and 83 clients receiving psychosocial counselling (cf. also EDDRA). Regarding the gender of the clients of both facilities, women are "overrepresented" in the services offering intensive counselling and care, compared to the percentage of women among the visitors of the facility in general (cf. also Chapter 2.3).

The **prevention of infectious diseases** continues to be a relevant focus of services aimed at harm reduction. In all provinces the corresponding services are being expanded. In spring 2000 the National Health Board, where guidelines for public health are discussed and drawn up, dealt with the issue of "hepatitis and drug use". In the next few months a working group specifically nominated for this purpose will draw up a comprehensive plan for measures in this field. Chapter 13.3 gives a more detailed overview of the range of services and measures in the context of infectious diseases among drug users.

9.3 Treatment

By now Austria has reached almost nation-wide coverage regarding facilities for drug-related counselling, care and treatment (cf. Map 2 of Annex B), although they are very different as to size and specific focuses. The necessary services are provided both by specialised facilities and in the framework of general health care (e.g. by psychiatric hospitals, psychosocial service centres etc.). At present further information on the structure of drug help with regard to target groups, availability and staff are being gathered in the context of a pilot project carried out by ÖBIG on behalf of the FMSSG (cf. also Chapter 3.1). The first results will be available by the end of this year.

In the reporting period no new facilities were established in this field, but a number of Provinces have plans for relevant expansions. Regarding inpatient services the trend towards short-term therapy has continued (cf. ÖBIG 1999a). The most important projects planned in the field of therapy are the establishment of outpatient services for addicted patients at seven Lower Austrian hospitals with psychiatric departments and the creation of at least one central "crisis intervention facility" for addicted patients. In the long run "satellite" low-threshold special services will be affiliated to existing outpatient departments. Carinthia plans to establish a drug or substitution outpatient department at the drug counselling centre of the Klagenfurt Municipal Corporation. This, as well as the creation of an inpatient drug department for ten patients, is recommended in the psychiatry plan of Carinthia, which will be presented in autumn 2000. In the Tyrol further steps towards the establishment of a second

drug outpatient department were planned in the context of the regionalisation of drug policies. The drug plan of Salzburg includes the organisation of compact therapies. In Styria the preparatory activities for the three-month compact therapy model “Walk About” (cf. ÖBIG 1998) have begun, and implementation is planned as soon as possible.

The general conditions for **substitution and maintenance programmes**, which have been described as a focal theme in the report of last year (ÖBIG 1999a), have not changed significantly. The working group dealing with the reform of the Substitution Decree (cf. ÖBIG 1999a) finished its work in summer 2000. The results obtained will form the basis of an adapted draft.

Since 1996 the substitution substance buprenorphine has been used in the context of controlled studies and application observations at the outpatient drug department of the General Hospital of Vienna (Drogenambulanz 2000) and has been administered primarily to pregnant addicts (cf. also Chapter 9.6). In June 1999 buprenorphine was registered as a pharmaceutical for the treatment of opiate addiction in Austria and has already been prescribed frequently: in the Tyrol 20 percent of the substitution patients were treated with buprenorphine in 1999.

In November 1999 a survey on substitution treatment was conducted among doctors in Carinthia. Almost half of the participating doctors were in favour of transferring substitution patients to specialised facilities for treatment, which is very time-consuming. So in the medium run it would be advisable to establish a drug outpatient department to cover at least the central area of Carinthia (cf. also above).

9.4 Aftercare and reintegration

Interventions aimed at aftercare and reintegration of (former) drug addicts address both clients after abstinence therapy and persons who are currently addicted, in order to achieve social stabilisation and reintegration. General aftercare measures (e.g. psychotherapy or counselling by social workers) are provided by many drug help facilities (cf. also Chapter 9.3). In addition there are specific social reintegration services in the fields of education, occupation and housing (see also ÖBIG 1998, ÖBIG 1999a).

Education and training schemes are frequently implemented in the context of inpatient therapy. They often include activities aimed at reintegration into the labour market, as in the case of the low-threshold occupation project WALD in the province of Vorarlberg and the Vienna Job Exchange. The goals of WALD are to develop the ability to work of the participants and to motivate them to cooperate in a work process. So far a total number of 83 persons have taken part in the project. 19 of them found jobs afterwards, 11 decided in favour of a health-related measure and two changed to a higher-threshold work project (cf. also EDDRA).

The Vienna Job Exchange, a facility of the Public Employment Service of Vienna, provides labour market counselling services aimed at the occupational rehabilitation and integration of persons with addiction experience. It is a link between the institutions responsible for the care of addicted patients and the offices of the Public Employment Service (cf. ÖBIG 1998). Every year approx. 1,000 clients turn to the Exchange, with the relation between men and

women remaining almost constant over the years (roughly 70:30). The majority of the clients had been unemployed between three and nine years before they received counselling by the Vienna Job Exchange. In 1999 about one third of the clients could be referred to a job or a training course to obtain further qualifications (cf. also EDDRA).

The socioeconomic project "fix & fertig" of the Vienna Social Projects Association (cf. ÖBIG 1999a), existing since 1995, offers **employment** on a daily basis or transition jobs for persons who still take drugs, former drug addicts and clients of substitution programmes. The project activities include counselling by social workers to assist reintegration in the general labour market. In 1999 175 persons were employed on a daily basis. 20 transition workers participated in the whole programme, and for 20% of them jobs in the general labour market were found. Another 20% were assessed as *job-ready* or participated in additional education and training schemes. More than one third changed to a therapy schemes. As the demand for jobs on a daily basis by far exceeds the available jobs a further expansion of the project would be possible, and also necessary (cf. also EDDRA).

The "Assisted **Housing**" project in Vienna provides temporary accommodation accompanied by outpatient psychosocial counselling to help the clients "learn how to settle in". The available interim results confirm the success of this strategy: the majority of the clients mastered this way of living and could be referred to a long-term flat. However intensive counselling is needed to achieve this. Most of the total of 12 clients who have finished the counselling stage so far have also improved their situation with regard to wage-earning, debts and drug use (cf. also EDDRA).

The facility Ganslwirt, also situated in Vienna, evaluated its sleeping facility as it seemed to be difficult to refer clients to long-term flats. The sleeping facility may be used for spending the night in an emergency situation, and in 1999 it was used by 321 different persons (cf. Chapter 4.1). One result of the analysis was that in most of the cases the clients had not spent the night at Ganslwirt because of acute physical or psychological crises. In most cases the reasons were long-term homelessness or that the clients could not get in a regular habitation because of their drug use. So it would be important to increase the number of assisted housing flats for persons with drug problems in order to provide medium-term accommodation for homeless addicts. It has also been suggested to establish a competence centre dealing with drug use and assistance for homeless persons within the Ganslwirt facility.

In the drug plan of Lower Austria the expansion of accommodation facilities is also planned. On the one hand assisted housing communities will be established for young persons, where small flats will also be available for youths who have to fulfil court orders under the NSA, and on the other hand housing communities with part-time counselling for adults will be provided.

9.5 Interventions in the criminal justice system

The drug-related prevention and treatment interventions in the criminal justice system were further expanded (cf. also Map 2 of Annex B). A drug-free zone has been established in the Dornbirn branch of the prison of Feldkirch, Vorarlberg, as well. At present similar approaches may be found in almost all regions. In the reporting period an external evaluation of the pilot

project of the prison of Hirtenberg, Lower Austria, which has been going on since 1995 already, was carried out, and the results will be available in autumn 2000. The running documentation shows that between 1995 and 1999 a total number of 791 prisoners lived in the drug-free zone. 18 percent left the programme prematurely: 7.7 percent because of positive urinalyses, 6.7 for disciplinary reasons and 3.7 percent because they had abused privileges (cf. also EDDRA). In the prison of Stein a ward with 42 beds for substitution treatment was established. The Federal Ministry of Justice (FMJ) is preparing a booklet describing the manifold activities in the field of drug-related demand reduction in the criminal justice system. It will be published at the end of the year 2000.

Since 1999 the drug counselling facility “Dialog” has medically treated drug-addicts detained in the police prison of Vienna. This approach has been very successful. Both the clients and the public health officers, first-aid attendants and officers of the police prison gave a positive feedback. In 1999 a total number of 463 patients were treated, with the focus placed on substitution therapy. In addition withdrawal symptoms and psychiatric problems were also treated medically. At the beginning of 2000 the service was expanded: as of this time doctors may be contacted in the facility five days a week instead of three (Dialog 2000).

The police continue their activities in the field of prevention, and endeavours to assure the quality of their interventions are made. The criminal police information service of Vienna prepared guidelines for addiction prevention by police officers based on the established principles of prevention policy in Austria (cf. ÖBIG 1999b). These guidelines will be discussed with prevention experts from various fields on the occasion of a “networking conference”, which will be held in autumn 2000. Among other provisions the guidelines stipulate that only specially trained officers shall work in the field of prevention, that their activities shall be coordinated with other prevention experts and that only approved materials shall be used for this purpose.

To improve the cooperation between the police force and drug experts (cf. also Chapter 10) two projects are being implemented in Vienna and Upper Austria, both of which are co-financed by the Healthy Austria Fund: in Vienna a joint further training programme dealing with quality assurance of work with drug addicts and in the field of primary prevention was prepared, addressing drug facilities and the police force, so as to promote mutual understanding of the work of the either group and to improve cooperation. The initial results of the evaluation indicate that all participants are highly motivated (cf. Drogenkoordination Wien 2000). The Upper Austrian project “PräGend”, in addition to joint further education schemes, also includes an ongoing exchange of information by means of a newsletter, coordinative and reflective discussions and concrete on-the-spot cooperation (cf. Institut für Suchtprävention 2000).

9.6 Specific targets and settings

Regarding demand reduction more and more measures are aimed at specific target groups or areas. A number of these interventions will be described for illustration.

Gender-specific interventions form an integral part of the Austrian drug help activities, with special emphasis placed on creating specific services for women (cf. ÖBIG 1999). For instance, since 1999 the low-threshold facility KOMFÜDRO in the Tyrol, which is open

exclusively to women at certain hours, has also provided pregnancy tests and homoeopathic remedies for menstruation discomfort. In Vorarlberg services for women working as prostitutes for the purpose of drug acquisition have been created in the context of the EU project "Umbrella". Investigations of the need for such services confirmed that facilities aimed at specific target groups and situations in life were necessary and that the programme should also include activities targeting the customers of prostitutes (cf. also EDDRA). In the context of its outreach activities Streetwork Vienna contacts both male and female prostitutes working for the purpose of drug acquisition. The Viennese drug facility DIALOG (cf. also Chapter 8.2) takes part in a planned EU project aimed at creating services meeting specific needs of women to help them to leave the cycle of violence and addiction. This project addresses both women's shelters and drug facilities.

In the last few years the **children of addicts** have become an increasingly important target group of drug-related interventions (cf. ÖBIG 1999a). In the context of the Viennese project „Pregnancy and Drugs" the children concerned receive aftercare until the age of six. Now the first results of a longitudinal survey of a total number of 106 of these children are available (Elstner et al. 2000). It has been shown that early intervention already during pregnancy, combined with comprehensive counselling and care, may considerably reduce the specific problems and risks of these children. Substitution treatment with slow release morphines helped to reduce neonatal withdrawal syndrome, with buprenorphine administration even to a considerable extent. Long-term observations showed that the number of children with clinically significant psychopathological symptoms was surprisingly small, although the cognitive development of most of the children was affected.

As has already been mentioned (cf. Chapter 8.2) the **workplace** has become a more important setting for prevention. In the Tyrol the relevant need was surveyed in 1,000 enterprises already in spring 1999. The survey formed the basis for specific measures prepared in the context of the programme "Prevention in Enterprises". This programme aims both at establishing addiction prevention in enterprises and at supporting personnel managers so as to facilitate early detection and intervention in the case of addiction problems. Both the Tyrolean prevention centre "kontakt & co" and the Addiction Prevention Unit SUPRO of Vorarlberg are involved in a European project in the context of which an interactive CD-ROM for the training of multipliers was prepared. SUPRO also carries out the project "Health Passport" addressing trainees. Among other measures a peer coaching system will be introduced in this context. The Information Centre on Addiction Prevention of the City of Vienna coordinates the model project "Addiction Prevention among Trainees of the Austrian Federal Railways", which includes drawing up definite guidelines for dealing with drug problems in the enterprise as well as communicating health-promoting and addiction-preventing aspects in the enterprise and residence hall for trainees in a process-oriented way that takes into account concrete needs. Similar activities have also been planned in other provinces.

The results of a survey at a "scene" location in Vienna, which are presented in Chapter 4.1, show that **youths of immigrant families** very often have serious social problems. Therefore the report (AG SCHOP 1999) also points out that confidence-building measures aimed at specific target groups should be taken, and suggests a combination of outreach work and a "clearing" place where the need for counselling is assessed and contacts to existing services are provided. However, so far hardly any specific services have been established in Austria.

In Salzburg a working group was appointed to deal with the development of specific (secondary) prevention measures for young persons and juvenile adults from families of foreign origin.

The number of **self-help groups** for addicts continues to be small in Austria, and pertinent initiatives are primarily taken by relatives of addicts. A few drug help projects have adopted the peer approach, which has been used in the field of primary prevention for a long time already. For instance, the “Umbrella” project of Vorarlberg (see above) employs women working in the sex industry for training activities, and Streetwork Vienna also bases its activities for the prevention of infectious diseases on the multiplier effect of peers (cf. Chapter 13.3).

Alternatives to punishment are a specific field of demand reduction. According to the Narcotic Substances Act (NSA) reports to the police of a person possessing a small quantity of narcotic drugs for the purpose of personal use may be temporarily withdrawn (on probation; Art. 35 of the NSA) or proceedings may be dismissed (Art. 37 of the NSA; cf. Chapter 1.2) if the person concerned is willing to undergo a necessary health-related measure (cf. also ÖBIG 1999). The district authorities (i.e. public health officers) are responsible for deciding if a health-related measure is necessary and appropriate. In addition the courts, in the case of a conviction and if the prison sentence imposed does not exceed three years, may suspend the sentence so that the offender may undergo a health-related measure (Art. 39 of the NSA). The courts must not specify where this measure shall be carried out, as this is always up to the person concerned. So in the context of alternatives to punishment addicts may choose among a broad range of drug help facilities and many different services, including substitution treatment, psychosocial counselling etc. Schweizer Haus Hadersdorf (SHH) is a facility specifically created in the framework of “therapy instead of punishment”. Established in Vienna in 1998 with the explicit purpose of implementing the NSA, it is primarily aimed at convicted addicts (cf. also EDDRA).

10 Quality assurance

As has been described in Chapter 8 quality assurance procedures are becoming increasingly important in the field of drug-related demand reduction, and many concrete measures have been taken to this end. The guidelines for the announcement of drug facilities under Art. 15 of the NSA (cf. Chapters 8.1 and 9.2) and the guidelines for addiction prevention by police officers (cf. Chapter 9.5) have already been discussed. In addition similar plans and activities have been carried out in many provinces. The drug plan of Lower Austria includes guidelines for quality work and minimum standards for all fields of addiction activities. In Carinthia guidelines for the case management of substitution clients were drawn up (cf. ÖBIG 1999a). In the Tyrol minimum standards were defined as quality prerequisites for drug and alcohol counselling and will be implemented in a stage-by-stage plan. In addition the project StaffDevelopment is being carried out, which includes all Tyrolean drug facilities. Getting to know the individual facilities in a structured way as well as their modes of cooperation will form the basis for improving the network of drug facilities and for reducing competition and obstructive factors. In Vienna special competence centres were established, which play an important role in the field of quality assurance. They are responsible for ensuring the transfer of information and networking also with fields of activity that do not explicitly deal with drug issues (e.g. youth work, health care etc.) and thus for observing the quality of interventions.

Evaluation also plays an increasingly important role for assuring the quality of projects and activities (cf. also Chapter 9). It is becoming a standard instrument in the field of drug help, although the funds earmarked for evaluation are still limited. Therefore many projects and facilities have to evaluate their own work, as no external evaluation is possible. In Austria, apart from EU programmes, only the Healthy Austria Fund (HAF) requires evaluation as an obligatory prerequisite for project support. Funds of the HAF, which supported a number of evaluations last year, have increasingly been used for evaluation purposes. In addition evaluation is more and more often carried out in cooperation with universities or affiliated science centres, so evaluation surveys may be conducted in the context of graduate papers and theses. The evaluation results are included in the practical work with clients and often lead to an adaptation of the services offered or the start of new activities (cf. e.g. Chapter 9.4). Evaluation is an important subject in further training programmes for drug experts. In autumn 1999 ÖBIG organised its first training scheme on project presentation and evaluation for the target group of drug experts. As it was very successful it will be repeated in the year 2000. Based on the feedback to the training scheme a “quality circle evaluation” was established for the region of Vienna. In monthly meetings of drug experts dealing with evaluation both the theory and methods of evaluation as well as practical experience and problems are discussed. In this context a paper on the general conditions and principles of evaluation in the field of drugs will also be prepared.

Apart from evaluation surveys a number of other **research projects** are carried out in the context of demand reduction. In Part 2 some studies have been presented (cf. Chapters 2.2, 2.3 and 4.1), whose results regarding risk and protection factors or specific social problems of drug users will be integrated in the practical drug help activities. In addition research has

also played a more important role already at the planning stage of projects, i.e. for assessing the actual demand as well as specific needs and requirements (cf. e.g. Chapter 9.6). So far no drug or addiction-specific research programmes have been drawn up in Austria, so projects and studies do not follow an overall structure but they often arise from practical work or reflect the specific research interests of the authors. However, in future drug-related research could be given a fresh impulse by the establishment of the "Interdisciplinary Addiction Research Unit" (IARU) at the University of Vienna. The IARU will be responsible for initiating and coordinating research activities concerning drugs and addiction and will thus complement the two existing research institutions in the field of addiction (Ludwig Boltzmann Institute for Addiction Research, Addiction Research Institute of the University of Innsbruck).

Education and training measures constitute another relevant aspect of quality assurance. Recently the corresponding services have been considerably expanded (cf. also Chapter 9). In autumn 2001 a new cycle of the three-semester university course "Professional work in the field of counselling and care of addicted patients" will be started in the Tyrol. In Vienna the Forum Addiction Prevention Vienna – Workshop for Interdisciplinary Training and Expert Consulting was founded, which also organises further training courses for drug experts and experts in other fields dealing with this issue (schools, youth work, health care etc.). The HAF offers further training programmes on quality management, evaluation and public relations, among other subjects, for the target group of health promotion experts. There are a large number of other further training courses, seminars and conferences complementing the activities and services mentioned, which cannot be described in detail here. One example for the broad range of activities is the "Moving Conference: Intoxication. A journey to the limits of consciousness", held in October 2000. It addresses experts in the fields of youth, drug and social work and addiction prevention, who will deal with the subjects of "intoxication and ecstasy" during a train ride.

PART 4

Key issues

11 Drug strategies in Austria

11.1 National policies and strategies

11.1.1 Principles of national drug policy

At the federal level Austria has not defined a national drug strategy, although the central objectives and principles of the national drug policy as it is practised provide the foundations for the relevant laws, and in the last few decades they have also formed the basis for statements and activities both by political representatives working in this field (e.g. press information) and by experts responsible for implementation (e.g. Federal Drug Coordination). Unlike in the fields of the courts and the police the federal competences regarding health care only cover legislation but not the execution of laws. So in this context the Federal Government is responsible for providing a uniform framework for the actual design and implementation of measures at the provincial level. The last time this framework was redefined was in 1998 when the Narcotic Substances Act (NSA) and the pertinent implementing regulations were adopted.

Accordingly the national drug policy of Austria follows a "comprehensive and balanced approach" and is based on a few central principles that have been further developed continually since the early 1970s and are also reflected in the relevant legal provisions. The Narcotic Drugs Act of 1971 already pointed out that drug dependence was a disease, and the principle of "therapy instead of punishment" was introduced. Consequently the drug policy aimed at a strategy that distinguished between drug dependence and drug trafficking. In this connection drug addiction has been defined as a disease in a psychosocial context. This points to the principle that help for addicted patients by means of social and health policy measures shall have priority over repressive methods. This principle was also observed in the legal provisions regulating alternatives to punishment and the model "therapy instead of punishment" for addicted offenders. The health and social policy interventions are complemented by police and penal measures aimed at drug control, especially the prevention of illegal drug trafficking.

The main objective of the Austrian drug policy is a society as free of addiction as possible. In addition to approaches aimed at complete abstinence, in the last few years the importance of measures of accepting assistance has been emphasised more strongly, with the objective of limiting drug-related risks and harm. Here the health policy aim is to provide a set of integrated measures of prevention, treatment, rehabilitation and accepting assistance aimed at risk-minimisation in a diversified, multiprofessional help network. The increasing diversity of therapeutic options in the field of drugs in Austria is regarded as an important step towards the aim of viewing and treating dependence diseases at the same level as other organic and psychological diseases. Based on the principle that it is better to prevent than to cure and better to cure than to punish prophylactic measures are given special priority. It cannot be assessed yet if this drug policy approach will be continued or restructured as a consequence of the change of government in February 2000. However some measures that have been planned rather indicate that the Austrian drug policy may become more repressive at least to some extent. In Chapter 1 these developments have been described in more detail.

11.1.2 Provincial drug plans

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, and the majority of the provinces have drawn up explicit drug plans. At present seven provinces have drug plans: Lower Austria (Amt der Niederösterreichischen Landesregierung 2000), Carinthia (Amt der Kärntner Landesregierung 1995), Salzburg (Amt der Salzburger Landesregierung 1999), Styria (Berthold 2000), the Tyrol (Amt der Tiroler Landesregierung 1993), Vorarlberg (Amt der Vorarlberger Landesregierung 1991) and Vienna (Drogenkoordination der Stadt Wien 1999). The years of publication show that considerable efforts in this field have been made especially in recent years (cf. also Chapter 1.1). It should also be mentioned that the drug plans both of the Tyrol and of Carinthia are being reviewed and brought up to date. Upper Austria has prepared a number of papers defining the general framework of the drug policy of the province, and it has been planned to draw up a drug plan. Most of the strategies adopted in this context were defined in cooperation with a large number of actors in the field of drugs (from political representatives to experts involved in practical work).

A comparative analysis of the provincial drug plans available so far shows that the basic principles, aims and kinds of measures are very similar. In some cases different aspects are stressed or the wording may not be identical, but the basic positions are the same in all cases. Another common aspect of the provincial drug plans is that, based on the existing allocation of competences of the Federal and the Provincial Governments, the provincial plans focus on health care and social policy measures while police and court measures only play a minor role as they are part of the federal competences.

The provincial drug plans are based on a few common **principles**, which are found in each plan and correspond with the principles of Austrian drug policy defined by the responsible actors in the field of drug policy at the federal level in the last few years (cf. Chapter 11.1.1).

Balanced approach: The drug plans of the provinces underline the conviction that an effective drug policy requires the balanced use of health policy measures aimed at reducing the demand for drugs on the one hand and penal measures aimed at reducing the supply of drugs on the other. To solve the pertinent problems diversified strategies and procedures have to be adopted so it is of central importance to distinguish between drug use and drug trafficking.

Decriminalisation of drug users: The drug plans of the provinces agree about the importance of decriminalising drug users and addicted patients. Although decriminalisation of drug users to the highest possible degree is demanded the majority of the plans do not demand a legalisation of drugs. Only the drug plan of the Tyrol, in addition to stressing decriminailsation, explicitly indicates that legal access to drugs or substitute drugs would be necessary to prevent negative social effects of illegal drug acquisition.

Addiction is a disease: Another central principle of the provincial drug plans is that addiction is defined as a disease, and thus addicts are primarily regarded as patients and not as offenders. Correspondingly it is emphasised that health policy interventions for drug users and addicts based on the principle of “help instead of punishment” should be given clear priority to repressive actions. The provincial drug plans also point out that an integrative drug

policy is necessary to counteract the marginalisation, discrimination and stigmatisation of drug addicts.

Comprehensive view of addiction: The drug plans of the provinces are based on a comprehensive view of addiction. However, only the "Addiction Plan" of Lower Austria comprises both legal and illegal substances. The drug plans of the rest of the provinces mention that addiction to legal drugs is a relevant health policy issue, but – with the exception of the field of prevention – they focus on illegal substances, which is explained by the need to adopt diversified, specifically tailored strategies to solve this problem. Still, taking a comprehensive view means that the entire complex of addiction (physical, mental, psychological, social and legal aspects) has to be considered, which requires comprehensive, all-embracing measures especially in the field of social and health policies (cf. also "intervention areas" below).

Principles of drug help: The general drug policy principles described above are complemented by specific principles for practical drug help activities. The provincial drug plans stress the aspect of an orientation towards concrete needs as a central requirement for drug help activities. From these principles further requirements ensue, such as orientation towards specific target groups, diversity, flexibility and a sensitive approach of counselling services. It is also pointed out in general that drug help shall be multidisciplinary and provided in a coordinated way. This applies both to the activities of individual facilities and projects and to networking structures between the individual services, institutions and areas.

Moreover the provincial drug plans include a **hierarchy of goals**, which are set in accordance with their actual practicability. The most important goal is to reduce injury to health as well as social harm resulting from drug use. First of all this shall be achieved by preventing persons from beginning to take drugs. However, the aim of a drug-free society is considered unrealistic in the drug plans. Even regarding the goal of a society as free of drugs as possible it is admitted that this cannot be achieved in all cases. To meet the aim of reducing injury to health and social harm due to drug use, in addition to preventive and therapeutical interventions, accepting drug assistance measures also play an important role (cf. also "intervention areas" below).

The activities aimed at persons already addicted to drugs follow a similar hierarchy of goals. The corresponding interventions range from preserving the life of clients and improving their health and psychosocial situation to abstinence and eventually regaining individual abilities and competences as well as social reintegration of drug patients.

Another drug policy aim is to de-emotionalise the public and political drug discourse. To this end intensive, objective public relations work is necessary, which may also contribute to decrease criminalisation and stigmatisation of drug users and addicts.

All provincial drug plans refer to various **intervention areas**. The drug plans of Vienna and Styria define four pillars of drug policy: prevention, health-related measures, social measures and public safety. Some of the other plans, as a consequence of the competence structure, do not include safety, and only health and social policy interventions are taken into account.

As a result of the comprehensive approach to addiction and considering the social complexity of the problem of addiction, all drug plans demand that a drug help system based on a network of many different, but integrated care services be established. The corresponding intervention areas range from primary prevention and secondary prevention to

accepting drug assistance, risk minimisation and substitution measures as well as abstinence-oriented treatment and rehabilitation. According to the hierarchy of needs, i.e. that priorities have to be derived from the demands and needs of the specific target group, low-threshold services (cf. Chapter 9.2) are regarded as equal to high-threshold measures. The drug plans are aimed towards implementation and therefore they include a number of concrete measures in individual intervention areas depending on the province in question.

The drug plans also stress the central importance of **quality assurance**. In this context they point to the prerequisite of qualified education and (further) training, ongoing monitoring, definition of quality standards, evaluation and research. The drug plan of Vienna also includes plans to establish competence centres in many areas providing expert knowledge and serving as interfaces between general and specialised facilities (cf. also Chapter 9.1).

11.2 Application of national strategies and policies

1.2.1 Organisational framework of drug policy

There are fixed organisational structures at the **federal level** to ensure the coordination of all drug policy areas (cf. also Figure A1 of Annex B). In July 1997, based on a decision of the Council of Ministers, the Federal Drug Coordination (FDC) was established. In this context it was stressed that the drug problem was a cross-cutting issue, for which efficient coordination both at the national and international levels played a central role. So the FDC is to serve as a forum and focal point of coordination at the federal level.

The FDC has three members: according to the existing allocation of competences they represent the Federal Ministry for Social Security and Generations (FMSSG), the Federal Ministry of the Interior (FMI) and the Federal Ministry of Justice (FMJ). The main responsibility rests with the health department of the FMSSG. To guarantee practical cooperation and coordination, representatives of other ministries involved in this matter are also included in specific cases. In addition to coordinative functions the FDC is also responsible for preparing and consulting ministerial activities, i.e. preparing decisions. Moreover the FDC also assists in coordinating the representation of Austrian at the international level. Representatives of Federal Ministries sitting on international agencies and specifically in the EU, have to coordinate their activities with, and report to, the FDC. The FDC is also responsible for coordinating provincial and federal drug policies so as to ensure a coherent representation of the Austrian drug policy in international bodies.

The coordination tasks mentioned are performed by the Drug Forum (DF), among other bodies. The DF is a cooperation forum consisting of the Drug Coordinators or Drug Representatives of the Provinces, representatives of the Federal Ministries, the Local Government Federation and the REITOX Focal Point Austria as well as a few selected scientists. It meets approximately every three months for the purpose of a general exchange of information and for discussing specific questions. The DF is an advisory committee of the FDC dealing with fundamental questions of drug policy. Therefore the meetings serve the purpose of drawing up basic positions concerning drug issues as well as pertinent recommendations. For discussing specific subjects the DF may also establish working groups that include external

experts. The results provided by the working groups are then integrated in the work of the DF.

However, the central disadvantage of these organisational structures at federal level is lack of personnel resources to perform the coordinative functions to a sufficient extent. There are no funds earmarked available either for the Federal Drug Coordination or for the management of the Drug Forum.

At the **provincial level** drug policy functions are taken over by the Drug Coordinators (DCs) and Drug Representatives nominated for this purpose (cf. also Figure A1 of Annex B). Their actual competences markedly differ according to province, especially with regard to available resources and competences. In most cases the DCs are responsible for the planning and practical implementation of drug policy measures, while the Drug Representatives primarily perform advisory functions. So implementing the drug plan of the province is one focus of activities to be performed by the DCs. This function is becoming more and more important, which is also reflected by the fact that an increasing number of Provinces have appointed DCs (cf. also Chapter 1.1) and provided clearly defined resources to enable them to perform their work.

In all provinces there are regional addiction or drug advisory boards comprising representatives of the most important local institutions in the field of drugs and performing advisory functions. In addition to drug help facilities the boards often also include representatives of other relevant sectors (e.g. health and social care, schools, young people, the labour market, the police force) and political parties so as to ensure harmonisation on a broad basis as well as a comprehensive and integrative approach (cf. Chapter 11.1.2).

Inter-regional coordination of the provincial drug policies is performed by the Provincial Conference of Drug Coordinators established in 1995. Its members regularly meet to discuss current drug policy issues and draw up joint positions and statements.

11.2.2 Implementation of drug policy principles

Austria has no defined national drug strategy and no action plan that could be used as a reference document, so obviously it is difficult to assess the actual implementation of drug policy principles. In this chapter, based on the data and information available, we will nevertheless attempt to provide such an assessment of the practical implementation of the drug policy principles defined above.

The central principles of the Austrian drug policy are that addiction should primarily be regarded as a disease and, consequently, that comprehensive, balanced strategies based on a distinction between drug use and drug trafficking should be adopted. So in the case of drug use and addiction, health and social policy interventions should definitely be given priority to repressive measures.

The fact that these principles are actually implemented is shown in the legal framework, where it is laid down that alternatives to prosecution and the model “therapy instead of punishment” be made available to drug users and addicted offenders. This trend has become more pronounced when the Narcotic Substances Act (NSA) was adopted in 1998. Under the NSA a balanced use of criminal and health policy instruments is also possible in the case of

minor offences committed in connection with drug acquisition and not only for drug offences as such (cf. ÖBIG 1999a). The relevant figures show that the legal options provided by the NSA are also applied in practice: in the last few years the number of convictions for drug offences have been rather stable: around 3,500 cases annually (cf. Table A15 of Annex B). In the same period the number of reports to the police that have been withdrawn temporarily and the number of proceedings dismissed have doubled from approximately 3,500 in 1994 to more than 7,000 in 1998 and 1999 (cf. also Chapter 4.2).

However, this rise is primarily due to a strong increase of reports to the police, which many experts regard as contradictory to the drug policy goals defined. The aspect mostly criticised is not that the total number of reports have been rising in the last few years (1990: 4,829; 1994: 12,623; 1999: 17,211; cf. also Table A12 of Annex B), but rather the fact that this increase is mostly due to a strong rise in the number of reports to the police concerning drug use. While reports because of felonies (serious offences, especially drug trafficking) have remained more or less constant and have even decreased recently, the reports because of misdemeanours (minor offences, especially drug use) have increased very strongly (cf. also Chapter 4.2 and Figure 4.1). In 1999 1,956 felonies were reported to the police, but as many as 15,090 reports concerned misdemeanours. In addition a high percentage of the reports were made because of cannabis offences (1999: 17,236), while reports in connection with of opiates (1999: 2,524) have shown a declining trend for the last few years (cf. Table A13 of Annex B). This problem has repeatedly been discussed by the Drug Forum, which also criticises the trend concerning police reports, as this is not in line with the drug policy principle regarding repression, i. that the focus should be placed on fighting drug trafficking rather than on punishing consumption. The Drug Coordinators of the Provinces also point to the critical consequences for secondary prevention of such a development: even if alternatives to punishment are applied, a prior report to the police often involves at least some extent of criminalisation with undesirable negative effects (e.g. job problems), which is contradictory to health policy aims (cf. also Hacker 1997). In the context of the present legal framework this problem cannot easily be solved as the police are obliged prosecute and report offences under the “principle of legality”. However, the Ministry of the Interior attempts to promote a stronger focus on fighting drug trafficking and especially organised crime by means of corresponding instruction courses for the police force (cf. Chapter 9.5).

Among drug experts the model “therapy instead of punishment” – which is another consequence of the principle that addiction be considered a disease and that health policy measures be given priority – is generally regarded as an example that the drug policy principles have been implemented successfully. However, the implementation of this model is limited by the scarcity of funds. As necessary health-related measures should not be rendered impossible for lack of funds on the part of the offender the NSA provides that the Federal Government shall be subsidiarily liable for taking over the relevant cost if no claims can be made with the legal social security institutions or on the basis of the welfare assistance laws of the Provinces. But as the provincial welfare assistance laws also include subsidiarity provisions there is a “negative conflict of competences”. As a result of the rising number of cases paralleled by stagnating, and recently even declining, funds (cf. Chapter 1.4) the question which authority shall take over the relevant cost (which has not been defined unequivocally) has led to growing conflicts between the Federal and Provincial Governments. So many political actors demand that a long-term solution to the question of

cost coverage be found soon in order to ensure the implementation of the model "therapy instead of punishment", in line with the corresponding health policy aims.

Another drug policy issue closely related with the prevalence of health policy measures for drug users is the need to create a diversified, multiprofessional help network providing a range of integrated drug help measures from prevention to social reintegration. If one looks at the development of the drug help system in Austria this aim seems to be implemented satisfactorily. The drug help sector was considerably expanded regarding both the number of facilities and the quality of the services rendered, in particular over the past ten years. In addition a high degree of diversification has been reached as many specific projects oriented towards concrete needs and demands were initiated. As this expansion was primarily supported by the individual provinces the extent of this expansion considerably differs according to province, but generally speaking this trend applies to the whole of Austria (cf. Chapter 9).

Naturally this development of the drug help sector also leads to markedly higher expenses (especially on the part of the Provinces) for demand reduction interventions. But still, a comparison of the estimated expenses (Bruckner/Zederbauer 2000) for the individual areas shows that the approach of a "balanced drug policy" has not been adequately reflected in the allocation of funds: while an estimated amount of ATS 1,330.5 million (EUR 96.7 mill.) is spent for criminal prosecution measures, only ATS 741 million (EUR 41.3 mill.) is used for measures aimed at demand reduction (cf. Chapter 1.4 and Table A1 of Annex B).

11.2.3 Evaluation

Although the regional drug plans emphasise that evaluation is very important for quality assurance, none of the plans explicitly includes an evaluation of the implementation of the drug strategies as such or of the drug policy approach. Still, an evaluation of the drug plan of the Tyrol, drawn up in 1993, has been scheduled for the next few months. The results of the evaluation will serve as the basis for revising the drug plan and bringing it up to date.

There are no scientific studies dealing with an evaluation of the Austrian drug policy, but a few special areas or aspects were surveyed. Eisenbach-Stangl (2000), analysing the relation between "prosecution and treatment", shows that the expansion of drug help services was speeded up most noticeably in the provinces of the Tyrol, Vorarlberg and Vienna, where intensive police activities (in terms of reports to the police per 100,000 inhabitants) were observed as well. Eisenbach-Stangl concludes that repression and demand reduction cannot just be regarded as opposites in the Austrian drug policy, but that there is an interrelation and interaction of the two approaches. For instance, an increase in the number of reports to the police may call attention to the drug problem, which in turn triggers the expansion of treatment facilities. According to Eisenbach-Stangl in practice the two "supervision systems" (criminal prosecution and treatment) compete for "their" clients on the one hand, but on the other new forms of cooperation may emerge as well (cf. Chapter 9.5).

In her legal science thesis Beishammer (1999) dealt with the implementation of the principle "therapy instead of punishment", among other aspects. First of all she points out that the Austrian drug policy includes elements of the "legal approach" (criminal prosecution), of the "social approach" (therapy instead of punishment) and of the "liberal approach" (withdrawal

of reports to the police, etc.). Taking this into account the model “therapy instead of punishment” may be regarded as a “forced relationship” between the court system and the drug therapy sector, which may easily lead to problems especially when it comes to assessing structures, results and goals of treatment. The potential for conflicts becomes most apparent in the case of “abstinence” as a direct goal of therapy, as the views of the importance of abstinence markedly differ. However, this problem became less pressing when the scope of “health-related measures” defined in the Narcotic Substances Act was expanded to its present form, which explicitly includes substitution treatment. So one may conclude that the principle of “therapy instead of punishment” has been implemented to a high degree.

12 Cocaine and base/crack cocaine

Information and data concerning cocaine are very limited in Austria. On the one hand this is due to the fact that one the one hand the group of persons who exclusively use cocaine tend to be socially inconspicuous so they cannot easily be covered epidemiologically, and on the other hand the majority of the available research studies on drugs and addiction have focused on opiates so far. As a consequence statistical data on cocaine use and the number of consumers is rare in Austria. The existing information primarily comes from surveys on the general drug situation (drug scene, youth studies etc.) that do not specifically focus on cocaine.

12.1 Different patterns and user groups

Cocaine is primarily used as a recreational and party drug. It is taken in particular in the leisure time and during the weekend, and usually it is snorted. A rather new development of the last few years is that cocaine has entered the drug street scene, at least in Vienna. Here it is also used intravenously to some degree, often combined with heroin ("speedballs"). Injecting cocaine mixed with heroin is becoming an increasingly popular pattern of use. According to estimates for Vienna approx. 300 to 400 persons use speedballs (Strobel und Silbermayr 1999).

As is shown by a number of representative studies (cf. Chapter 2.2 and Table A3 of Annex B) a maximum of one to two percent of the population indicate experience of cocaine. These figures are confirmed by estimates based on the practical experience of drug help facilities, where a lifetime prevalence between 0.3 and 2.2 percent among the adult group of the population is assumed. In addition it is estimated that there are between approximately 10,000 and 15,000 problematic cocaine users in Austria, and that their number is on the rise rather than declining (Strobel und Silbermayr 1999).

In Austria three relevant groups of cocaine problem users may be distinguished. The first group consists of young drug users experimenting with many different substances. The second group comprises persons consuming no other illegal substance than cocaine. The third group includes persons of the drug scene who use cocaine among other drugs in the context of polydrug use.

Data about the first group is found in a number of youth studies. As has been mentioned above, in the context of representative surveys only between one and two percent of the youths reported experience of cocaine, although these figures are markedly higher among specific youth subcultures, especially in the rave scene, which is characterised by a high affinity to drugs. For instance, when the guests at raves were interviewed about their drug experience in the context of the Viennese project ChEck iT!, 30 percent indicated that they had already used cocaine. On the other hand the figures for very many other substances were also high (e.g. 53% for ecstasy, 60% for speed and 30% for smart drugs – legal psychoactive substances obtained from plants). The drugs – including cocaine – are preferably taken among friends at raves and in clubs. In addition polydrug use is very common, although the majority of the respondents indicate that they never combine ecstasy and

cocaine, and ecstasy and speed only in rare cases. These substances are most often consumed among a group of friends, and in the case of cocaine 64% indicate this pattern of use. The substances are bought from friends or dealers known to the users (Kriener et al. 1999).

In the context of the EU project "Drug affinity of young persons in the techno party scenes of European cities" (Tossmann et al. 1999) Austrian techno events were also investigated, both in Vienna and in Vorarlberg, in order to obtain complementing data for more rural areas. The results for Vienna are similar to and comparable with those of ChEck iT! in many respects, while a markedly lower percentage of the persons interviewed in Vorarlberg indicated experience of illegal drugs (cannabis: 59%, ecstasy: 32%, speed: 26%, hallucinants: 23%, cocaine: 16%). This group also indicated a smaller degree of polydrug use and showed more caution concerning simultaneous use of different substances.

A recent, although not representative, study entitled "The importance and consumption of psychoactive substances among Austrian youths" (cf. Chapter 2.2) also provides information on the experience of cocaine among specific youth scenes. The drug use indicated by the four groups studied (ravers, youths practicing fun sports, young association members, control group) shows that the tendency towards experimenting with illegal drugs is strongest among ravers (cannabis: 82%, ecstasy: 64%, cocaine: 42%), followed by the fun sports group (cannabis: 76%, ecstasy: 10%, cocaine: 22%). The other two groups show a smaller tendency towards illegal drug use. However, the figures concerning illegal substances are considerably lower in all groups if drug use in the past three months is considered: cocaine is indicated by only 12 percent of the ravers, four percent of the fun sports group and the other two groups do not indicate any cocaine use (Springer et al. 1999).

However, one should bear in mind that these studies are investigations of a very specific youth subculture characterised by a high affinity to drugs and that the results do not claim to be representative by any means. As has been mentioned above experience of illegal drugs is by far less frequent among the total population of young people.

The second group, as mentioned, comprises persons using cocaine as the only illegal substance. This scene is the least conspicuous one, so there is hardly any information available. According to Uhl and Springer (1997) this group may be described as the "upper cocaine scene" mostly comprising closed circles in private and semi-private areas. The members of the upper cocaine scene are socially well-integrated, they have discreet, reliable sources supplying them with drugs of good quality, and they avoid contact to the open drug scene (Uhl und Springer 1997).

Regarding the third group – persons of the drug scene taking cocaine in the context of polydrug use – data is provided by a number of interview surveys of drug addicts or among the street scene. A few years ago the Ludwig Boltzmann Institute for Addiction Research carried out an interview survey of the street scene of Vienna (Uhl und Springer 1997), at the first stage of which 52 "experts" (counsellors, (former) opiate addicts, police officers) were interviewed, and at the second stage, 150 drug users of the street scene. The majority of the respondents showed strong polydrug consumption patterns, i.e. they used many different psychotropic substances (opiates, cocaine, cannabis, hypnotics, tranquillisers, amphetamines, designer drugs, alcohol). Regarding different stages of the drug career the survey

showed that cocaine was important for 10% of the respondents at the early stage, while 52% indicated that it played a central role during their entire drug careers. 29% had used cocaine in the past six weeks, compared to 53% using heroin during this period. According to this study cocaine still played a minor role in the drug scene of a few years ago. It was regarded as an expensive drug of the "chic set". It was only in the past few years that cocaine has become more relevant for the drug scene, where it is mainly used for the following three effects:

- as a substitute for heroin because of the immediate effect ("flash") after injection
- combined with heroin to increase the drug effect ("speedballs")
- as a high-level substitute for amphetamines which were legal in the past

The different drug effects "flash" and "activation" lead to conflicts for persons who are interested only in one component of the combined effect. Most of the persons who do not want to feel the stimulation caused by cocaine but seek its euphoric effect (flash) tend to change over to heroin use. Although the prices for cocaine have dramatically fallen in the last few years it is still more expensive than heroin because of its shorter period of action (cf. also Chapter 12.3).

Other studies also confirm the fact that cocaine is part of polytoxicomaniac patterns of use. For instance, in a study carried out by CONTACT, the Vienna hospital connection service (cf. also Chapter 2.3) 22 percent of 90 respondents indicated that cocaine was a main drug for them, although more than half of them indicated several substances, with opiates as the drugs mentioned most frequently (Seidler 2000). Regarding use of "hard drugs" in the past 24 hours 24 percent indicated cocaine, which had been administered intravenously by 61 percent, and 50 percent injected cocaine combined with heroin ("speedballs").

As shown in a survey among opiate users carried out in 1996 in the low-threshold facility Ganslwirt in Vienna as well as among the street scene, all of the total number of 59 persons interviewed consumed several different drugs. 15 percent indicated daily use of cocaine (44%: heroin, 31%: methadone, 20%: cannabis). Only about one third of the respondents said that they never used cocaine (Seidler 1997).

In addition to cocaine, crack cocaine is also found many provinces. Although it is a processed form of cocaine, crack has to be regarded as a separate drug because of its characteristic chemical composition and kind of action, with addiction and other serious health problems usually resulting more quickly. Use of crack has never been found among larger groups in Austria, and obviously the number of crack users have remained small.

In order to obtain additional information on cocaine use in Austria the data available at the FMSSG, which concerns registration of known drug consumers, was also considered. Based on this data it was attempted to compare persons registered solely for use of cocaine and persons registered because of opiate use. From 1996 to 1999 the number of first registrations of cocaine users was between approx. 650 and approx. 1,200 cases, while between approx. 850 and approx. 1,750 opiate users were registered for the first time. There are no relevant differences between opiate and cocaine users regarding the majority of the factors recorded (age, gender etc.) with the exception of the factor occupation: more than 60 percent of the persons registered because of opiate use were out of work, which is considerably higher than the relevant percentage for consumers of cocaine: 35%.

12.2 Problems and needs for services

According to Uhl and Springer (1997) problems first of all arise from the specific actions of the substances used. Persons who take stimulants or cocaine on a regular basis often need hypnotics/tranquillisers, opiates or alcohol in order to calm down again. On the other hand, many persons who primarily seek the effects of opiates or hypnotics/tranquillisers at first need stimulants later in order to be able to perform the necessary everyday activities. In either case antagonistic drug effects are compensated, which leads to a rapidly escalating cycle of chemical activation and deactivation, which is hard to break after a short time.

Polydrug use, which prevails in Austria, involves serious health and social problems, which are not specifically related to cocaine although they are very grave if speedballs (see above) are consumed, in which heroin and cocaine are combined. Another aspect is that the quality of "street cocaine" is very poor, which entails additional health risks (Strobel und Silbermayr 1999).

There are only few cases among the drug-related fatalities (cf. Chapter 3.2) that have been caused by intoxications in which cocaine (combined with other substances) but no opiates were present. The relevant figures are between two out of 174 deaths in 1999 and five out of 226 deaths in 1993, although one may assume that cocaine is also involved in polydrug use combined with opiates.

With regard to the need for treatment caused by cocaine use there is no data concerning persons who only take this substance. However, it has been observed that this group of persons does not tend to turn to drug help facilities (cf. Chapter 12.4). According to what little information is available from practical work cocaine consumers do not usually consult outpatient treatment facilities over a lengthy period (Strobel und Silbermayr 1999).

12.3 Market

Data on the cocaine market mostly refers to reports to the police and to seizures of cocaine. In the past five years the number of reports to the police has risen from approximately 1,600 (1995) to approximately 2,600 (1999), but this upward trend has become weaker recently (cf. Table A13 of Annex B). In the last three years the number of cocaine seizures have slightly declined and the quantities of cocaine seized have also decreased (cf. Tables A18 and A19 of Annex B).

Apart from these figures no further indicators for sources of supply and patterns of drug trafficking have been collected or published routinely, so the corresponding development can only be estimated, based on experience gathered in the context of the Federal Ministry of the Interior (FMI). According to these sources illegal imports to Austria of cocaine primarily come by air, organised by South American dealer groups. Arrested drug couriers indicated that part of the cocaine was sold in Austria, but most of it was designated for shipment to Italy or Germany (BMI 2000).

In the street scene cocaine is usually sold in the form of sealed balls, so the customers cannot check the quality of the cocaine they buy. Another difference between sales of cocaine and heroin is that it is common practice to bargain for a price with a cocaine dealer, while heroin is sold for a fixed price.

In 1997 the prices for one gramme of cocaine of good quality still were between ATS 1,400 (EUR 102) and ATS 1,800 (EUR 131) (David 1997). Currently the prices for one gramme range from ATS 1,000 (EUR 73) to ATS 1,200 (EUR 87). Regarding highly diluted (impure) cocaine sold in the street, where the actual quantity of the original substance can hardly be assessed, a big ball (rather less than one gramme) costs approx. ATS 500 (EUR 36), and a small ball (rather less than 0.5 grammes) approx. ATS 300 (EUR 22). Heavy users need daily doses between two and three grammes (Strobel und Silbermayr 1999).

12.4 Intervention projects

The majority of the Austrian drug help facilities are open to persons with any kind of drug problem, and thus to cocaine users as well. However, practical experience shows that the relevant services are hardly used by clients who consume only cocaine, but the treatment facilities do have clients taking cocaine in the context of polydrug use patterns. For instance, the 1998 report of activities of Grüner Kreis indicates that 40 percent of the clients admitted for inpatient treatment had regularly used cocaine before therapy, while the share of regular heroin users was 57 percent.

To our knowledge there are no drug help facilities or programmes focusing on exclusive cocaine users, either in the fields of prevention or crisis intervention or treatment, and very few counselling and treatment facilities have dealt with the physical and psychological effects typical of cocaine in order to be able to meet the special demands of this group of drug users. Therefore cocaine consumers are often confronted with the institutional and personnel limits of the staff of drug facilities. As a rule cocaine addicts are given the necessary space, time and kind of counselling only in rare instances. The needs of cocaine problem users can hardly be met in the context of the services provided by the specialised drug facilities (Strobel und Silbermayr 1999).

On the other hand it is difficult to assess the actual demand for special programmes aimed at cocaine users. One may assume that most persons of the “upper cocaine scene” would not turn to “traditional” drug help facilities in case of problems but rather call upon general medical or psychosocial services and also private treatment. Still, the way of action and the addiction potential of cocaine are a special challenge for the drug help system. During the “cocaine stage” cocaine addicts or opiate/cocaine addicts tend to be always “on the move” and can thus hardly be reached by the existing counselling and treatment services. So in the opinion of many experts the question of how to deal with cocaine addicts should be a central issue of the future (Neubauer und Strobel 1998).

13 Infectious diseases

Persons using drugs (intravenously) run an elevated risk of being infected with a number of typical diseases. Therefore the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) introduced the epidemiological key indicator “Infectious Diseases in Injecting Drug Users”, and since the beginning of 2000 strong efforts have been made both at the European and at the Austrian level to implement this indicator. Its main goal is to register prevalence on the one hand and changes of incidence on the other. The focus of activities has been placed on the three infectious diseases HIV, hepatitis B (HBV) and hepatitis C (HCV). It is also considered to include additional infectious diseases such as tuberculosis (TB) in the key indicator. In spring 2000 ÖBIG initiated a working group at the Austrian level comprising experts in the fields of epidemiology of infectious diseases, treatment of drug addicts, low-threshold counselling in the court system, sexually transmitted diseases and drug policy, where the cooperation for implementing the key indicator at the national and EU levels is coordinated.

13.1 Prevalence and incidence of HCV, HBV and HIV among drug users

At present statements concerning the prevalence of HCV and HBV in Austria can only be based on a number of small samples from the fields of treatment and low-threshold services. In the case of HIV additional prevalence data of the drug fatalities statistics and of the AIDS monitoring system are also available. The incidence of HCV, HBV and HIV cannot be estimated at the moment. In future it is planned to gather data on HCV, HBV and HIV in the context of the unified client documentation system.

Since the mid 1990s the infection rates of **hepatitis C** have been registered on the basis of small samples (individual treatment facilities or low-threshold counselling centres). The data gathered generally shows high HCV prevalence rates of more than 70 percent in most cases (e.g. David 2000, ÖBIG 1998, 1999a).

The picture obtained from available recent data confirms this fact and still shows a very high HCV prevalence. The short-term therapy department of the Anton Proksch Institute in Vienna reported that 72 percent out of the total number of 68 IV drug patients treated in 1999 had an HCV infection. The short-term therapy department Lukasfeld in Vorarlberg registered 58 HCV+ cases out of 173 IV drug patients from 1995 to August 2000, while only 35 percent out of the total number of 34 injecting drug patients treated in the Tyrolean short-term therapy department Maurach between July 1999 and July 2000 were infected with HCV. All institutions routinely test their patients for HCV. From April 1996 to March 1999 the hepatitis serology tests of 117 patients carried out in Pavilion 1 of the Hospital of Psychiatry Baumgartner Höhe, Vienna, were analysed, which showed a HCV prevalence rate of 85 percent. The low-threshold facilities also report high prevalence rates. Among the total number of 92 persons (mostly injecting drug users) tested in 1999 in the context of the HCV testing service of the outpatient clinic at the low-threshold Viennese facility Ganslwirt 63 percent had HCV infections.

Unfortunately the available data does not cover changes of the prevalence rates over time, and the actual reasons why the prevalence rates differ so strongly can only be guessed as well. This may be due to regional differences, but differences in the target groups receiving treatment or counselling are as likely a reason. In June 1998 the data of the low-threshold facility H.I.O.B., Vorarlberg (HCV prevalence: 77% out of 94 persons tested) was compared with the data of the short-term therapy department Lukasfeld (HCV prevalence: 60% out of 110 IV drug users). The higher prevalence found in the H.I.O.B. facility might be explained by the fact that the clients had used drugs for a longer period already, i.e. for an average of five years, compared to only 3.2 years in the Lukasfeld department. The staff of the short-term therapy department of Maurach also attribute the lower prevalence rate to the younger age of their clients.

When the prevalence rates were analysed according to age and gender, which was possible only for the Ganslwirt facility and the short-term therapy department Lukasfeld as no further data was available, inconsistent results showed (see Tables 13.1 and 13.2).

Table 13.1: Hepatitis C prevalence results of the testing service of the low-threshold facility Ganslwirt according to age and gender from October 1998 to July 2000

	< 25 years	25 –34 years	> 34 years	TOTAL
Male	70% (40)	79% (28)	67% (21)*	72% (89)
Female	46% (48)	61% (18)	75% (4)	51% (70)
TOTAL	57% (88)	72% (46)	68% (25)	**63% (159)**

The figures in brackets give the total number of persons tested, to which the percentages refer.

* Two patients among the group of men over 34 are included in the HCV+ statistics because of borderline diagnoses.

Source: H. Haltmayer, personal information, calculation by ÖBIG

Table 13.2: Hepatitis C prevalence among IV drug patients of the short-term therapy department Lukasfeld from January 1995 to August 2000

	< 25 years	25–34 years	> 34 years	TOTAL
Male	36% (39)	61% (69)	64% (14)	53% (122)
Female	59% (32)	82% (17)	100% (2)	69% (51)
TOTAL	46% (71)	65% (86)	69% (16)	**58% (173)**

The figures in brackets give the total number of IV drug patients treated.

Source: V. Duspara, personal information, calculation by ÖBIG

It can only be speculated why the prevalence rates show considerable differences as to gender and age. In any case this is a sign that the prevalence rates of IDUs are not uniform by any means. It is essential to carry out additional research and to improve the data base for assessing the situation regarding HCV infections as well as risk and protection factors. In this connection it should also be mentioned that the EMCDDA has planned a research project with the provisional title “The prevalence and incidence of hepatitis C virus infection (HCV) and associated risk behaviours among recent-onset (post 1994) drug injectors in the EU” and that Austria intends to participate in the project.

Since the mid 1990s the infection rates regarding **hepatitis B** are registered as well, but as in the case of HCV the data is based on small samples. Generally speaking the HBV prevalence is high, with rates of more than 35% in most cases (e.g. David 2000, ÖBIG 1998, 1999a).

The recent prevalence rates reported by the treatment sector also range from 12 percent out of 34 IDU patients treated (short-term therapy department of Maurach, the Tyrol) and 64 percent out of 68 injecting drug users treated (short-term therapy department of the Anton Proksch Institute in Vienna). The short-term therapy department of Lukasfeld, Vorarlberg, registered a prevalence rate of 29 percent out of a total number of 157 intravenous drug patients tested for HBV in the period from 1995 to August 2000. An analysis of the hepatitis serology tests carried out at Pavilion 1 of the Hospital of Psychiatry Baumgartner Höhe, Vienna, between April 1996 and March 1999 resulted in a HBV prevalence rate of 35 percent (out of a total number of 117 patients).

The figures concerning the low-threshold sector were provided by the outpatient clinic of Ganslwirt: 48 percent out of a total number of 307 persons tested in 1999 in the context of the hepatitis B vaccination project had HBV infections.

Unfortunately possible changes of the hepatitis B prevalence rates cannot be assessed either. In addition no reason can be given why the prevalence rates reported by the individual institutions noticeably differ from each other. As one might expect, the facilities where the HCV prevalence rates are rather low also report lower HBV infection rates. As in the case of HCV prevalence the differences could be due to regional differences or different target groups.

As is shown by an analysis of prevalence rates according to age and gender, which could be made for the short-term therapy department Lukasfeld only because no other data was available, the HBV prevalence rates tend to rise with the age of the patients (see Table 13.3).

Table 13.3: Hepatitis B prevalence among IV drug patients of the short-term therapy department Lukasfeld from January 1996 to August 2000

	< 25 years	25 - 34 years	> 34 years	TOTAL
Male	19% (37)	33% (64)	50% (10)	30% (111)
Female	28% (29)	27% (15)	50% (2)	28% (46)
TOTAL	23% (66)	32% (79)	50% (12)	28% (130)

The figures in brackets give the total number of IV drug patients treated who tested positive for HBV.

Source: V. Duspara, personal information, calculation by ÖBIG

However, results of the hepatitis B vaccination project organised by Ganslwirt do not confirm this: no significant relation between age or duration of IV drug use and the risk of HBV infection was found (Zach et al. 1999, cf. also Chapter 13.2).

Regarding **HIV** the prevalence rate among Austrian IDUs was between 10 and 20 percent at the beginning of the 1990s, but afterwards it declined sharply, and by the end of the 1990s it was not higher than five percent in any of the sources of data.

In 1999 22 out of a total number of 90 new AIDS patients indicated that they had been infected by intravenous drug use. While new cases of the disease in connection with injecting drug use as the source of infection continually rose until 1993 (1987: 28 cases, 1990: 45

cases, 1993: 59 cases), the figures for 1997 (21 cases) show a strong decline, and now they seem to be stabilised at a level between 20 and 30 cases (1998: 24 cases, 1999: 22 cases). This decline is also reflected in the total number of new outbreaks of AIDS. With the exception of 1995 and 1996, more than 20 percent of the patients with new AIDS outbreaks had been infected because of intravenous drug use (1999: 24 %). This shows that the risk to develop AIDS is still considerably higher for IDUs than for the rest of the population (cf. Table A10 of Annex B).

Data on HIV prevalence is also found in the drug fatalities statistics, but these figures only cover lethal overdoses of opiates or combinations with opiates. The corresponding prevalence rate was between one and five percent in the last few years, with an average rate of 3.2 percent from 1991 to 1999. If the cases of the last three years are analysed as to gender, it shows that eight out of the total of nine HIV+ cases were male (drug fatalities statistics of the FMSSG). On interpreting these figures one has to take into account however that the total number of cases is very low. In addition the prevalence rate of HIV based on lethal opiate overdoses may be taken as an indicator of the HIV prevalence among the total group of intravenous drug users to a very limited extent only, as one may assume that persons with a pronounced “risk behaviour” and/or possibly also persons with very strong addictions are overrepresented among the overdose cases.

The Tyrolean short-term therapy department Maurach and the long-term therapy department of the Anton Proksch Institute of Vienna also provided recent data on HIV infections diagnosed in treatment facilities in 1999. In the same year no case of HIV infection was registered in either institution. The short-term therapy department Lukasfeld, Vorarlberg, did not register any HIV+ patients infected because of injecting drug use in 1999 either.

In 1999 three percent out of a total number of 96 persons tested in the context of the HIV testing service of the outpatient clinic of the low-threshold facility Ganslwirt had HIV infections. The percentage of HIV+ results has been between 1.4 and 5.5 percent since 1992, but as no routine screening is carried out, these figures may probably be biased. In 1999, as in previous years, the low-threshold facility H.I.O.B. in Vorarlberg did not report any HIV+ patients (cf. also EDDRA).

On the whole the existing data indicates a stable HIV prevalence rate at a low level, while the hepatitis prevalence rates are still very high.

13.2 Determinants and consequences

Regarding determinants and consequences only few recent figures about risk behaviour and risk minimisation are available so far. However, relevant information is provided by a study on risk factors regarding hepatitis B infections carried out in the context of the hepatitis B vaccination project of the low-threshold facility Ganslwirt, where detailed data on a total number of 307 persons was gathered between November 1995 and May 1999. The results indicate that there is no significant relation between infection with hepatitis B and the parameters age, duration of drug use and prostitution. According to the authors the absence of age effects results from the fact that injecting drug users get infected with hepatitis B at an early stage already so that age or duration of drug use are no additional risk factors. As far as prostitution is concerned, they assume that the risk of having already been infected

because of IV drug use overlays the risk involved in prostitution. The indications about risk behaviour (unsafe sex, sharing of injection equipment) led to the rather inconsistent result that the prevalence of hepatitis B was lower among the group of persons indicating risk behaviour than among the risk-avoiding group (the prevalence of hepatitis B for persons sharing injecting equipment was 47%, but it was 64% among the group indicating never to share equipment). The authors give the explanation that a number of respondents might have answered untruthfully because they "feel guilty" or they might have forgotten instances of risk behaviour in the past (the age group over 30 was significantly overrepresented among the persons indicating no risk behaviour). Prison experience turned out to be another significant risk factor. The prevalence rate of hepatitis B was 41% among the group of 130 persons who had never been imprisoned, but as many as 63% out of the total number of 137 persons with prison experience had HBV infections. The possible reasons for the higher prevalence rate of hepatitis B among persons with prison experience could be that injecting equipment is rather often shared in prisons (Zach et al. 1999).

In order to study these results in more detail the Vienna Social Projects Associations carried out the survey "Imprisonment and intravenous drug use", for which 160 clients of five Viennese drug facilities who had been imprisoned at least once were interviewed between May and September 1998. 63 percent out of a total of 83 persons indicating that they had injected drugs during imprisonment had shared injecting equipment with other inmates. The prevalence rate of hepatitis was higher for persons indicating "sharing in prison" (HBV 62 %, HCV 79 %) than for persons indicating "no sharing" (HBV 48 %, HCV 69 %) (Neubauer 1999, cf. also ÖBIG 1999a).

According to a survey covering all Austrian prisons the hepatitis B prevalence rate was five percent, and the HCV infection rate was 20% among persons taken to prison in 1999 (results based on figures from all prisons, with a test frequency of more than 70%). One has to bear in mind however that these figures refer to all inmates, as intravenous drug users cannot be singled out for reasons of data protection (PONT 2000).

There is no doubt that intravenous drug use by several persons who share injecting equipment is the most important risk factor regarding HCV and HBV infections. This is confirmed by the results mentioned above as well as, for instance, by data provided by the short-term therapy department Lukasfeld, where only very few persons who indicated not to inject drugs had hepatitis B or C infections. Therefore strategies of risk minimisation should first of all aim at factors that increase the probability of needle-sharing. Measures to this end (exchanging/selling of syringes) are well-accepted among the persons concerned, which is shown by the fact that such services are used more and more often (see next chapter). As it is generally estimated that between 10 and 20 percent of the Austrian prisoners inject drugs, drug experts attach special importance to measures preventing infections in this area.

Generally speaking, one may safely assume that the awareness of infection risks has grown among the Austrian intravenous drug users, not least because of relevant focuses of a number of drug facilities (Neubauer 1999). This is also confirmed by the low HIV prevalence rate. However, the need for information, and lack of basic knowledge, about safe use (e.g. high-risk behaviour such as injections in the inguinal region) and safe sex continues to be strong, which becomes apparent especially in the practical work of Streetwork at Karlsplatz, Vienna (Verein Wiener Sozialprojekte 2000b).

13.3 New developments and uptake of prevention/harm reduction, care

Since the late 1980s preventing and treating infectious diseases – in particular HIV and other sexually transmitted diseases (STDs) as well as hepatitis – has been a central focus of health policy interventions and especially harm-reducing measures (cf. Chapter 9.2) addressing drug addicts. In the first few years, because of the current AIDS problem special importance was attached to the prevention of HIV infections among drug users. As a consequence syringe exchange programmes were started, syringe vending machines were provided, and AIDS information campaigns were implemented, paralleled by a distribution of free condoms, testing for HIV infections of at-risk groups and the provision of substitution treatment. As of the mid 1990s the focus has been shifted to hepatitis, because the HIV prevalence rate declined while the hepatitis prevalence rate was very high (cf. Chapter 13.1). The corresponding activities were then complemented by specific testing and vaccination services, among other measures.

As intravenous use is very common among Austrian drug addicts (cf. Chapter 2.3), providing **syringes** is an important measure to prevent infections. Syringes are sold by each of more than 1,000 pharmacies located all over the country, for a price between three and four Austrian schillings (2-ml one-way syringe including needle, EUR 0.25). In addition a number of specific services are provided. Syringe exchange programmes and/or syringe vending machines are found in almost every province, mostly in the capitals, and these services are called upon by a large group of drug addicts. The development of the syringe exchange programmes, which are usually run in the low-threshold sector (cf. Chapter 9.2), shows that the number of syringes exchanged are constantly rising while syringe sales are declining. In 1999 almost 700,000 syringes were exchanged in the open drug scene of Vienna and 85,000 syringes were sold (cf. Figure A3 of Annex B). The drug facility H.I.O.B. in the province of Vorarlberg also registered a continual increase of the number of syringes exchanged, from less than 30,000 (1995) to almost 80,000 (1999), with the number of syringes sold remaining more or less the same (1999: approx. 2,800) (cf. also EDDRA). The Tyrolean facility KOMFÜDRO reported a high 90% return rate of the total of approximately 43,000 sets (consisting of a syringe, needle, ascorbic acid, alcohol swab and dry swab) handed out in 1999. In the Tyrol the temporary sleeping facility Mentl-Villa handed out an additional number of 3,210 syringes in 1999, and 12,352 safe sets were sold in the syringe vending machines of the AIDS Assistance Service of the Tyrol, for a price of ATS 10 each (EUR 0.70). In the province of Salzburg two towns have syringe vending machines, with monthly sales between approximately 150 and 250 packs, depending on the season. Similar services are provided in other Austrian towns and cities as well (e.g. Linz and Klagenfurt), and they are further expanded: for instance, the planned Upper Austrian contact point (cf. Chapter 9.2) will also run a syringe exchange system, and Vienna considers to establish a syringe exchange programme for the outskirts of the city. The planned low-threshold project NIKA in the Tyrol (cf. ÖBIG 1999 and Chapter 9.2) would be the first facility in Austria to include a “health room” for intravenous drug use. However, the political decision whether to implement this has not yet been taken.

The prevention measures also include **information on safe use and safe sex**, handing out condoms, testing and vaccination services as well as substitution treatment. Activities in this

field are found both in the low-threshold sector and in treatment facilities. Information and testing services are also rendered in particular by the regional offices of the AIDS Assistance Service, among other organisations. By now providing information on infection prophylaxis has been included in the standard services of the drug help facilities. In Vienna and the Tyrol special hepatitis folders for drug addicts were prepared, which are also used in other provinces. In addition a pilot project based on a peer support approach was started in the open drug scene of Vienna in spring 2000, as practical experience had shown that in spite of the large number of prevention measures taken so far many patients still had insufficient basic knowledge and that false information prevailed in the scene. Therefore open information events were organised on the spot, where safe use and safe sex messages were communicated among the scene, following a low-threshold approach and aiming at the multiplier effect (cf. also Chapter 9.6) of imparting knowledge in the scene (cf. Verein Wiener Sozialprojekte 2000b). After the pilot stage the project will be continued and accompanied by an evaluation.

Anonymous, cost-free HIV **tests** have been offered in all provinces of Austria for quite some time already. Parallel to this, hepatitis testing and vaccination services have been substantially expanded in recent years. Many treatment facilities routinely test their clients for HIV and hepatitis, and hepatitis tests are often carried out in the context of substitution treatment as well. For instance, since summer 2000 all substitution clients of Styria have received cost-free testing for hepatitis at the outpatient liver clinic of the University of Graz. In Upper Austria the patients admitted to substitution treatment are also tested for HIV and hepatitis. In addition more and more facilities provide cost-free **vaccinations** against hepatitis A and B. Vorarlberg was the first province to start a large-scale hepatitis vaccination programme for drug patients. As addicts cannot easily be reached the programme is not run in medical practices but carried out in cooperation with first-contact drug centres, counselling and treatment facilities and the prison of Feldkirch so as to increase acceptance of the programme and to facilitate systematic vaccination. In 1999 324 drug addicts were examined in the context of this programme, and 174 were vaccinated. The hepatitis B vaccination project of the low-threshold facility Ganslwirt in Vienna is described in a detailed report (Zach et al. 1999); in 1999 a total number of 93 patients were vaccinated in the context of this programme. However hepatitis vaccination programmes are not run on a nation-wide scale so far due to lack of funding (see below).

Measures aimed at preventing infection are also taken in **prisons**. In the prison of Favoriten, Vienna, a central office for the distribution of information material on HIV and hepatitis C was established. At the beginning of imprisonment every prisoner is given a so-called care pack consisting of information folders on HIV/AIDS and hepatitis C, condoms and a leaflet indicating specific risks during imprisonment. In addition many prisons cooperate with local institutions (drug help facilities, the AIDS Assistance Service etc.) to organise information events on infection prophylaxis. Condoms are available in all, and disinfectants in almost all, prisons. Between March 1999 and February 2000 a total of 14 percent (2,441) of all newly imprisoned persons were tested for HIV and 13 percent (2,265) were tested for hepatitis B and C (cf. Pont 2000). As the infection risk is particularly high during imprisonment (cf. Chapter 13.2), in 1999 an outline for a scientific project examining the preventive effects of

syringe exchange services in prisons was drawn up, but the project has not yet been implemented.

Treatment and counselling with regard to HIV/AIDS and hepatitis of drug addicts are usually provided by specialised services (AIDS Assistance Services, outpatient and inpatient departments of hospitals). In 1998 a project dealing with interferon treatment of clients suffering from chronic hepatitis C was carried out at the low-threshold facility Ganslwirt in Vienna, however it has turned out that such a service is not practicable in a low-threshold setting (Verein Wiener Sozialprojekte 2000a).

Because of the high prevalence rates the problem of hepatitis among drug users was also discussed in a number of **working groups** in the last few years. In the course of the meetings of the Vienna Drug Commission in September 1998 the working group "Hepatitis and drug use" was established to draw up recommendations for health policy measures. What is primarily demanded in this context is more information and training schemes both for the clients and the staff of drug facilities, an expansion of the syringe exchange programmes and substitution treatment, nation-wide testing and vaccination of the high-risk group of IV drug users as well as extended expert diagnosing and treatment whenever necessary. In addition the general health care system should be involved more intensively for the purpose of early detection and treatment so that former addicts may also be included (David 2000). At the end of 1999, initiated by the Vienna Social Projects Association, the working group "Consensus for treatment of chronic hepatitis C among drug addicts" was established to define criteria for the treatment of hepatitis C that are specifically tailored to addiction medicine. At the end of 1999 the Drug Forum, a national coordination body (cf. Chapters 1.1 and 11.2.1), discussed this subject in a meeting and proposed to turn to the National Health Board as the national advisory and decision-making body for public health issues. Consequently, in June 2000 the National Health Board started to discuss the subject of hepatitis and drug addiction. A working group was established and prepared recommendations for a set of measures based on the results reached so far in the other working groups dealing with this subject. These recommendations will be discussed in a regular meeting of the National Health Board in November 2000.

References

BIBLIOGRAPHY

AG SCHOP (1999). Erhebung Schottenring. Die soziale, gesundheitliche und rechtliche Lage der Jugendlichen vor Ort. AG SCHOP. Vienna

Amt der Kärntner Landesregierung (1995). Kärntner Drogenkonzept 1995. Klagenfurt

Amt der Niederösterreichischen Landesregierung (2000). Niederösterreichischer Suchtplan - Rahmenplan für die Suchtarbeit in Niederösterreich. St. Pölten

Amt der Salzburger Landesregierung (1999). Salzburger Drogenkonzept 1999. Salzburg

Amt der Tiroler Landesregierung (1993). Tiroler Drogenkonzept 1993. Innsbruck

Amt der Vorarlberger Landesregierung (1991). Vorarlberger Drogenkonzept 1999. Bregenz

Beishammer, J. (1999). Ausgewählte Probleme des Drogenstrafrechts in Österreich. Thesis presented at the Faculty of Law of the University of Salzburg. Wissenschaftsagentur. Salzburg

Berthold, J. (1999). Steirisches Drogenkonzept. Graz, October 1999

Bohrn, A. und Bohrn, K. (1996). Drogenmissbrauch im Kindes- und Jugendalter: Risikofaktoren, Probier- und Einstiegsverhalten, Suchtverläufe und Ausstieg. Interim report to the Provincial Government of Carinthia. Institut für Sozial- und Gesundheitspsychologie: Vienna

Bruckner, J. und Zederbauer, S. (2000): Vergleich und Analyse des Problems illegaler Drogen in Österreich unter ökonomischen Gesichtspunkten. Fonds Gesundes Österreich. Vienna (to be published)

Brunmayr, E. (1997). Gefährdungen Jugendlicher - Auszug aus der NÖ Jugendstudie 1997. Report to the Department of Youth of the Provincial Government of Lower Austria. St. Pölten

Bundesministerium für soziale Sicherheit und Generationen (BMSG) - Abteilung VIII/B/12. Analyse der Drogenopfer. Annual statistics 1989 - 1999

Bundesministerium für soziale Sicherheit und Generationen (BMSG) - Abteilung VIII/D/2. Österreichische AIDS-Statistik. Periodical reports

Bundesministerium für Inneres (BMI) - Abt. II/8 Zentralstelle für die Bekämpfung der Suchtgiftkriminalität. Jahresberichte über die Suchtgiftkriminalität in Österreich 1990 - 1999

Bundesministerium für Inneres (BMI 2000) - Abt. II/8 Zentralstelle für die Bekämpfung der Suchtgiftkriminalität. Jahresbericht 1999 über die Suchtgiftkriminalität in Österreich. Vienna

David, A. (1997). Quantifizierung des Drogenproblems in Wien und die in Wien vorherrschenden Konsummuster. Unpublished manuscript presented at the Vienna Drug Commission meeting held on 25 September 1997. Vienna

David, A. (2000). Arbeitskreis Hepatitis und Drogenkonsum. Unpublished report about the results of the Working Group Hepatitis and Drug Use. Vienna

DIALOG (2000). Jahresbericht 1999 des Beratungs- u. Betreuungszentrums DIALOG. Vienna

Drogenambulanz (2000). Tätigkeitsprofil 1998/1999 der Drogenambulanz der Universitätsklinik für Psychiatrie am AKH Wien. Vienna

Drogenkoordination Wien (2000). Wiener Drogenbericht 2000. Vienna (to be published)

Drogenkoordination Wien (1999). Vienna Drug Policy Programme 1999. Vienna

Eisenbach-Stangl, I. (2000): Zwischen Verfolgung und Behandlung. Neue Kriminalpolitik, 2/2000, 16-20.

Elstner, T., Fiala-Preinsperger, S., Olsson, B., Schuch, B., Fischer, G., Langer, M., Weninger, M., and Berger, E. (2000). Follow-up of children born to substance abusing mothers. Preliminary results of a longitudinal study. Paper presented at a Symposium organised by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). Council of Europe Publishing. Strasbourg (to be published)

EMCDDA (1999): European Monitoring Centre for Drugs and Drug Addiction. Annual Report on the State of the Drugs Problem in the European Union - 1999. EMCDDA: Lisbon

Feistritzer, G. (2000). Suchtmittel-Studie. Bevölkerungsbefragung Wien. November/December 1999. IFES. Vienna

Foregger, E., Litzka, G. und Matzka, M. (Hg.) (1998). Suchtmittelgesetz samt einschlägigen Bestimmungen in EG-Recht, internationalen Verträgen, Verordnungen und Erlässen. 3., completely revised and expanded edition. Manzsche Verlags- und Universitätsbuchhandlung. Vienna

Grüner Kreis (1999). Tätigkeitsbericht 1998. Grüner Kreis. Mönichkirchen

Hacker, P. (1997). Drogenkoordination. Forum Sicheres Österreich 1997. Die Drogenproblematik in Österreich, Repression - Prävention – Therapie, Tagungsbericht über eine Veranstaltung des Kuratoriums Sicheres Österreich. Hg. Bundesministerium für Inneres - Sicherheitsakademie. Windischgarsten

IFES (2000) - Institut für empirische Sozialforschung (IFES 2000). Suchtmittelstudie Monitoring 1999, Bevölkerungsbefragung Wien. Report on a study commissioned by the Drug Policy Coordination Office of Vienna.

Institut für Sozial- und Gesundheitspsychologie (1999). Substanzkonsum und -missbrauch bei Kindern und Jugendlichen in Niederösterreich. Risiko- und Schutzfaktoren, Probier- und Einstiegsverhalten, Verläufe und Ausstieg. Final report to the Provincial Government of Lower Austria. Vienna

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

Institut für Suchtprävention (2000). Jahresbericht 1999. Institut für Suchtprävention. Linz

Kriener, H., Schmid, R. und Smekal, G. (1999). ChEck iT! Bericht zum wissenschaftlichen Pilot-Projekt ChEck iT! Mit Daten und Erfahrungen aus den Jahren 1997 und 1998. Verein Wiener Sozialprojekte, Klinisches Institut für medizinische und chemische Labordiagnostik, AKH Wien, Drogenkoordination der Stadt Wien. Vienna

Mazegger, B. (1999). An Estimation of Drug Consumption in Austria. Unpublished Paper presented at the Seminar on Illegal Activities, Voorburg, 13-14 September 1999. Vienna

Melnitzky, J. (1998). Länderbericht Österreich. European Network on HIV/AIDS and Hepatitis Prevention in Prisons. 2nd annual report. May 1998

Neubauer, P. (1999). Haft und intravenöser Drogenkonsum. Verein Wiener Sozialprojekte. Vienna

Neubauer, P. und Strobel, S. (1998). Drogen-Straßenszene und Substitutionsbehandlung in Wien. Eine KlientInnen-Befragung. Unpublished report of the Vienna Social Projects Association. Vienna

ÖBIG (1996). Report on the Drug Situation in Austria 1996. Austrian Health Institute. Vienna

ÖBIG (1997). Report on the Drug Situation in Austria 1997. Austrian Health Institute. Vienna

ÖBIG (1998). Report on the Drug Situation in Austria 1998. Austrian Health Institute. Vienna

ÖBIG (1999a). Report on the Drug Situation in Austria 1999. Austrian Health Institute. Vienna

ÖBIG (1999b). European Drug Prevention Week 1998. Activities and Experiences in Austria. Austrian Health Institute. Vienna

ÖIJ (1999). 3. Bericht zur Lage der Jugend in Österreich. Themenauszug: Ausmaß und Entwicklung jugendlichen Drogenkonsums unter besonderer Berücksichtigung von Ecstasy. Study commisssioned by the Federal Ministry of Environment, Youth and Family Affairs. Österreichisches Institut für Jugendforschung (ÖIJ). Vienna

Pont, J. (2000). Auswertung der Fragebögen zu GZ 52201/13-V.5/2000. Unpublished report on a survey in Austrian prisons. Vienna.

Risser, D. et al. (2000). Quality of heroin and heroin-related deaths from 1987 to 1995 in Vienna, Austria. Addiction, 95, (3), 375-382.

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

Seidler, D. (1997). History of Opiate Users. Unpublished report. Vienna.

Seidler, D. (2000). Akutstudie des Spitalsverbindungsdiensts CONTACT. Unpublished report. Vienna

Springer, A., Uhl, A., Kopf, N., Kobrna, U., Hahn, M., Tebbich, H., Zentner, M. (1999). Bedeutung und Konsum von psychoaktiven Substanzen bei österreichischen Jugendlichen. Ludwig Boltzmann-Institut für Suchtforschung und Österreichisches Jugendforschungsinstitut. Unpublished study commissioned by the Federal Ministry of Social Security and Generations. Vienna

Strobel, S., Silbermayr, E. (1999). Material used for the EATI training course “Cocaine and other (new) stimulants“. Unpublished paper for the EATI Training “Cocaine and other (new) stimulants” 6 to 8 December 1999 at Porto, Portugal

Tossmann, P., Boldt, S. und Tensil M. (1999). Drogenaffinität in den Techno-Party-Szenen europäischer Metropolen. SPI-Forschung. Berlin

Uhl, A. und Springer, A. (1997). Die Wiener Drogenszene. Ludwig Boltzmann-Institut für Suchtforschung. WUV-Universitätsverlag. Vienna

Uhl, A. and Seidler, D. (2000). Prevalence Estimate of Problematic Opiate Consumption in Austria. Unpublished study. Ludwig Boltzmann Institut für Suchtforschung, Vienna

Verein Wiener Sozialprojekte (2000a). Jahresbericht 1999 der Sozialmedizinischen Drogenberatungsstelle „Ganslwirt“. Verein Wiener Sozialprojekte. Vienna

Verein Wiener Sozialprojekte (2000b). Jahresbericht 1999 der Straßensozialarbeit „Streetwork“. Verein Wiener Sozialprojekte. Vienna

Verein Wiener Sozialprojekte (2000c). Jahresbericht 1999 des sozialökonomischen Beschäftigungsprojekts „Fix und Fertig“. Verein Wiener Sozialprojekte. Vienna

Verein Wiener Sozialprojekte (2000d). Jahresbericht 1999 des Wohnprojekts „Betreutes Wohnen“. Verein Wiener Sozialprojekte. Vienna

Vicente, J., Bargagli, A., Davoli, M., Sperati, A., and Perucci, C. (2000). EMCDDA cohort project reveals high and changing mortality rates among problem drug users. DrugNet Europe, 24, 4.

Waidner, G. (1999). Die Viktimisierungserfahrungen drogenabhängiger Personen. Eine Untersuchung mit qualitativen Verfahren. Unveröffentlichte Diplomarbeit an der Grund- und Integrativwissenschaftlichen Fakultät der Universität Wien. Vienna (unpublished)

Zach, M., Haltmayer, J. und Neubauer, P. (1999). Hepatitis B - ein Impfprojekt für Drogenkonsument(inn)en. Verein Wiener Sozialprojekte. Vienna

Database

EDDRA = Exchange on Drug Demand Reduction Action
Internet-Database of the EBDD: http://www.emcdda.org/databases

Austrian Projects in the EDDRA-Database:

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

Justizanstalt Wien-Favoriten (prison of Favoriten, Vienna) – Treatment and care of addicted offenders at the prison of Favoriten, Vienna
(prison of Favoriten, Vienna)

Assisted Housing
(Vienna Social Projects Association VWS, Vienna)

Drug-free zone at the prison of Hirtenberg
(prison of Hirtenberg, Lower Austria)

Drug-free zones at the prison of Innsbruck
(prison of Innsbruck, the Tyrol)

Drug Out – therapy unit at the prison of Innsbruck
(prison of Innsbruck, the Tyrol)

Probation assistance for inmates at the prison of Favoriten, Vienna, provided by voluntary staff
(Vienna Association of Probation Assistance and Social Help)

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

Fantasy instead of Ecstasy – addiction prevention through peergroup education in a vocational high school at Neumarkt, Salzburg
(AKZENTE Salzburg – Addiction Prevention Unit, Salzburg)

Training course on addiction prevention in the kindergarten, for kindergarten teachers (will be available on-line by the beginning of 2001)

(VIVID – Addiction Prevention Unit, Styria)

Promote health - prevent addiction – Action programme of the Federal Ministry of Education and Cultural Affairs (since 1 April 2000: Federal Ministry of Education, Science and Culture)

H.I.O.B. Help – Information – Orientation – Counselling for Drug Addicts
(H.I.O.B. – contacting and counselling centre for drug addicts, Vorarlberg)

Youth counselling service WAGGON (will be available on-line by the beginning of 2001)
(TENDER – Association for youths work, Lower Austria)

Campaign „Empower our children"
(SUPRO – Addiction Prevention Unit of Vorarlberg, Vorarlberg)
Lukasfeld – short-term therapy department for persons addicted to illegal drugs
(Stiftung Maria Ebene, Vorarlberg)
Needles or Pins – European project to develop innovative projects for social and labour integration of people with drug related problems – Viennese sub-project
(Support and counselling centre for drug addicts and their relatives - DIALOG, Vienna)

Needles or Pins – European project to develop innovative projects for the social and profesional rehabilitation of people with drug problems - sub-project of Vorarlberg
(Die Fähre, Vorarlberg)

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., Wien)

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

Umbrella–Network–Project 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 (will be available on-line by the beginning of 2001)
(Institut für Sozialdienste, Vorarlberg)

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

ANNEX

A. Drug Monitoring systems and sources of information

B. Tables, Figures, Maps

C. List of Abbreviations

ANNEX A

Drug monitoring systems and sources of information

Data source Responsible institution	Type of data	New developments and activities
Relevant monitoring and information systems at the federal level		
Drug-related deaths - special register Federal Ministry for Social Security and Generations (FMSSG)	Fatalities directly (overdoses) or indirectly (suicide, AIDS, accidents, premature natural death etc.) related to drugs	In order to secure continual up-dating, the FMSSG requires the forensic medicine institutes to regularly pass on their autopsy and toxicology records In the course of implementing the key indicator "Drug-related deaths", a comparative survey on the cases included in the special register and in the general mortality register is carried out, which aims at procuring information on the necessary quality assurance measures.
Drug related deaths - general mortality register Statistics Austria	Death cases with a drug-related ICD-code for cause of death	In the course of implementing the key indicator "Drug-related deaths", a comparative survey on the cases included in the special register and in the general mortality register is carried out, which aims at procuring information on the necessary quality assurance measures.
Substitution treatment FMSSG	Reports on the beginning and end of substitution treatment by physician in charge of treatment	Because of incomplete reporting on the part of physicians, there are considerations to change the data collection method.
Drug-specific treatment and care FMSSG	Aggregate statistics on clients of drug services announced according to Art. 15 Narcotic Substances Act (NSA)	As the annual client statistics submitted in the form of aggregate data only permit a limited epidemiological analysis, the FMSSG has convoked a working group to discuss the establishment of a nationwide uniform treatment reporting system that will meet EU requirements.
Register of drug users reported according to the Narcotic Substances Act (NSA) FMSSG	Person as well as episode-specific data of all persons reported to the FMSSG according to Art. 24 NSA (esp. in the context of reports to the police, prosecution, convictions and alternatives to punishment)	The technical and structural basis of the register was improved in 1999. As a next step in making data processing more efficient, a simplified method of electronic data transmission is currently developed by the FMI (see below under Reports) .
Reports to the police for violation of the NSA Federal Ministry of the Interior (FMI)	Episode-specific data on all reports for violation of the NSA registered by federal and province police or customs authorities (double counting can not be excluded)	As of the beginning of 2000 an on-line network of all the units involved was installed. Now the units can transmit the reports on-line to the head office. Amphetamines, which had not been indicated separately in 1998 and 1999, have been reintroduced as a separate category as of 1 January 2000.
Seizures of narcotic Drugs FMI	Number and quantity of seizures registered by federal and province police or customs authorities	As of the beginning of 2000, an on-line network of all the units involved was installed. Now, the units can transmit the reports on-line to the head office Amphetamines, which had not been indicated separately in 1998 and 1999, have been reintroduced as a separate category as of 1 January 2000.
Convictions under the NSA Statistics Austria	Number of convictions under the NSA and type of punishment	No new developments
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 rendered by the drug help facilities; drug-related deaths; substitution treatment; overdoses; ambulance services required; population surveys	The Vienna monitoring system collects a variety of data (see Type of data) and is continually developed further: a working group has been established to develop a uniform documentation system, which will comprise data on the clients, services and structure of the drug help facilities on a long-term basis. Furthermore, in 1999 another population survey on consumption experience and attitudes was organised (with the same design as the 1993, 1995 and 1997 surveys).

Data source Responsible institution	Type of data	New developments and activities
Upper Austria Drug Coordination of Upper Austria	Data on the number of clients and services rendered by the drug help facilities; drug-related deaths; substitution treatment;	In Upper Austria the monitoring system already collects a variety of data (see Type of data). The current additional "Rapid Assessment" pilot project has been initiated with the aim to provide a pool of regularly collected data in order to facilitate rapid analyses of drug situation developments.
Other provinces Drug Coordination	Data on the number of clients and services rendered by the drug help facilities; drug-related deaths; substitution treatment; examinations according to the NSA	In all other provinces, the monitoring and information systems vary. Almost all of them collect data from the regional drug help facilities, substitution treatment and drug-related deaths. In many provinces the monitoring system will yet be further expanded.

ANNEX B

Tables, Figures, Maps

Table A1: Estimated expenses related to illegal drugs in Austria in 1997

Area	Expenses in million ATS	Expenses in million EURO
Law enforcement - total	**1330.5**	**96.7**
– federal and province police	651.0	47.3
– courts (criminal procedure)	111.0	8.1
– courts (prison sentences)	568.5	41.3
Health and social services - total	**690.9**	**50.2**
– inpatient treatment (hospitals)	213.2	15.5
– specialised residential treatment	263.0	19.1
– specialised outpatient treatment	184.0	13.4
– low-threshold services (VWS)	30.7	2.2
Prevention	**39.2**	**2.9**

Note: No estimates are available for expenditures related to offences in connection with drug acquisition and other drug-related offences, substitution treatment and after care/reintegration. The figure for low-threshold services refers exclusively to the services provided by the Vienna Social Projects Association (VWS).

Source: Bruckner and Zederbauer 2000

Table A2: Overview of selected studies on drug experience among the Austrian population, published between 1996 and 2000

Study (year of publication)	**Area covered year of data-collection** (period covered)	**Target group** (sample)	**Drug types surveyed**	**Percentage of respondents with drug experience** Age group	%
Schulstudie Kärnten / school survey Carinthia (Bohrn/Bohrn 1996)	Carinthia 1996 (lifetime)	students in their 7th to 12th/13th school year (n = 1,234)	hashish ecstasy LSD cocaine heroin	13 - 19 13 - 19 13 - 19 13 - 19 13 - 19	7.7 3.2 1.0 0.3 0.3
NÖ Jugendstudie / youth survey Lower Austria (Brunmayr 1997)	Lower Austria 1996/97 (lifetime)	students in their 9th to 12th/13th school year (n = 1,300)	hashish ecstasy hallucinants cocaine heroin	15 - 19 15 - 19 15 - 19 15 - 19 15 - 19	20 4 > 1 > 1 >1
Schulstudie NÖ / school survey Lower Austria (Institut für Sozial- und Gesundheitspsychologie 1999)	Lower Austria 1997 (lifetime)	students in their 7th to 12th school year (n = 1,899)	cannabis ecstasy LSD cocaine heroin	13 - 18 13 - 18 13 - 18 13 - 18 13 - 18	13.6 3.8 1.7 1.3 0.6
Linzer Suchmittelstudie / drug survey Linz (Institut für Soziologie der Universität Linz, undated)	Linz 1998 (lifetime)	general population aged 15 and older (n = 394)	cannabis cannabis cannabis cannabis cannabis	15 – 19 20 – 29 30 – 39 40 – 49 50 +	28 37 19 7 5
Jugendstudie Tirol / youth survey, the Tyrol (Schüßler et al. 2000)	Innsbruck 1999 (lifetime)	Youths aged 14 to 19 (n = 493)	hashish other illegal drugs	14 - 19 14 - 19	22 3
Wiener Suchtmittelstudie / Vienna drug survey (IFES 2000)	Vienna 1999 (lifetime)	general population aged 16 and older (n = 600)	cannabis ecstasy amphetamines cocaine opiates other illegal drugs	16 + 16 + 16 + 16 + 16 + 16 +	11 1 1 1 - 2 1 1 - 2

Summarised by ÖBIG

Table A3: Lifetime prevalence of illegal drugs among the Viennese population in Vienna aged 16 years and older 1993 - 1999

	1993	1995	1997	1999
Hemp products such as hashish, marijuana	5	7	12	11
Ecstasy	-	-	2	1
Amphetamines, speed	-	-	2	1
Opiates such as opium, morphine, heroin, methadone	1	1	1-2	1
Cocaine	1	1	1	1-2
Other illegal drugs, e. g. LSD	1	1	1-2	1-2

- = not included

Source: IFES 2000

Table A4: Overview of the results of a prevalence estimate of problem opiate consumption in Austria 1995

Group	Estimate	95 % confidence interval
Austria, men and women, 15 to 54 years old	17,276	15,984 - 18,731
Austria, men, 15 to 54 years old	10,001	8,318 - 12,289
Austria, women, 15 to 54 years old	3,874	3,371 - 4,499
Austria, men and women, 15 to 24 years old	3,971	3,574 - 4,444
Austria, men and women, 25 to 34 years old	8,242	7,383 - 9,258
Austria, men and women, 35 to 54 years old	3,505	2,899 - 4,316
Vienna, men and women, 15 to 54 years old	10,953	9,865 - 12,232

General information and method: prevalence estimate of the number of „problem opiate users“ in Austria; age range: 15 to 54 years; period covered: October 1994 to November 1995; method: 3-sample-capture-recapture: substitution treatments (all substitution treatments reported to the Federal Ministry for Social Security and Generations); drug related deaths (all fatalities directly (overdoses) or indirectly (AIDS, accidents, suicides etc.) related to drugs); reports to the police (all reports for violation of the Narcotic Drugs Act registered at the police in the context of opiates).

The study served as a methodological pilot project and, thus, made use of additional methods (multiplier; truncated Poisson) in order to verify the results of the capture-recapture estimate. The results presented above were discussed with a “reference group” of Austrian experts and were judged as consistent/reliable.

Source: Uhl and Seidler 2000

Table A5: Number of drug fatalities in Austria by cause of death from 1990 to 1999

Cause of death	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Intoxication by narcotic drugs only			121			124	106	70	37	25
Polydrug intoxication including narcotic drugs						42	73	62	71	101
(Multiple) intoxication without narcotic drugs	14	7	7	24	34	6	12	3	4	7
Suicide	7	5	10	7	16	15	11	14	13	15
AIDS	22	26	39	47	41	28	23	9	20	11
Other causes	4	8	10	18	19	26	5	14	17	15
Total	83	116	187	226	250	241	230	172	162	174

Note: The distinction between narcotic drugs only and polydrug intoxication was first used in 1995.

Source: FMSSG, Dep. VIII/B/12

Table A6: Number of drug fatalities in Austria by province from 1990 to 1999

Province	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	1990 - 1999
Burgenland	2	0	1	1	4	3	2	3	2	0	18
Carinthia	3	3	4	3	6	4	3	8	5	7	46
Lower Austria	1	4	6	10	10	11	18	13	11	12	96
Upper Austria	8	16	20	15	27	24	17	10	14	5	156
Salzburg	4	1	3	3	5	7	6	12	13	9	63
Styria	5	1	7	5	5	8	10	13	6	6	66
Tyrol	4	10	12	28	26	23	18	15	18	21	175
Vorarlberg	12	19	19	18	20	24	20	7	13	10	162
Vienna	44	62	115	143	147	137	136	91	80	104	1,059
Total	83	116	187	226	250	241	230	172	162	174	1,841

Source: FMSSG, Dep. VIII/B/12

Table A7: Number of drug fatalities in Austria by age group and total by gender from 1990 to 1999

Age group	1990		1991		1992		1993		1994		1995		1996		1997		1998		1999	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
< 19	4	5	2	2	22	12	32	14	34	13	33	14	24	10	20	12	8	5	19	11
20 - 24	13	16	22	19	40	21	63	28	55	22	40	16	47	20	38	22	41	25	27	15
25 - 29	21	25	36	31	42	23	38	17	42	17	46	19	36	16	26	15	26	16	27	15
30 - 34	27	33	39	34	47	25	56	25	65	26	62	26	54	24	33	19	26	16	39	23
35 - 39	16	19	13	11	25	13	32	14	42	17	41	17	45	20	30	17	27	17	38	22
40 and older	2	2	4	3	11	6	5	2	12	5	19	8	24	10	25	15	34	21	24	14
Total	83	100	116	100	187	100	226	100	250	100	241	100	230	100	172	100	162	100	174	100
Women	14	17	24	21	33	18	39	17	40	16	45	19	36	16	29	17	24	15	48	28
Men	69	83	92	79	154	82	187	83	210	84	196	81	194	84	143	83	138	85	126	72

abs. = in absolute figures

Source: FMSSG, Dep. VIII/B/12

Table A8: Distribution of drug fatalities in Austria by cause of death and age in 1999

Age group	Overdose			Premature natural death (disease)		Unnatural death	Total
	Narcotic drugs only	Polydrug intoxication including narcotic drugs	(Multiple) intoxication without narcotic drugs	AIDS	Other cause	Traumatic cause, accident, unknown	
< 17	7	1	0	0	0	1	9
18 - 19	2	6	0	0	0	2	10
20 - 24	3	19	1	0	0	4	27
25 - 29	4	17	2	0	0	4	27
30 - 34	3	23	1	3	6	3	39
35 - 39	6	19	3	5	2	3	38
40 and older	1	17	1	3	1	1	24
Total	26	102	8	11	9	18	174
Percentage	15	59	5	6	5	10	100
Men	17	77	4	8	7	13	126
Percentage	65	75	50	73	78	72	72

Note: The table is based on the new distinction by cause of death first used in 1995. Therefore the results are different to those in Table A5.

Source: FMSSG, Dep. VIII/B/12

Table A9: Distribution of drug fatalities in Austria by cause of death and province in 1999

Province	Overdose			Premature natural death (disease)		Unnatural death	Total	%
	Narcotic drugs only	Polydrug intoxication including narcotic drugs	(Multiple) intoxication without narcotic drugs	AIDS	Other cause	Traumatic cause, accident, unknown		
Burgenland	0	0	0	0	0	0	0	0.0
Carinthia	1	6	0	0	0	0	7	4.0
Lower Austria	2	5	1	0	1	3	12	7.0
Upper Austria	0	2	0	2	0	1	5	2.9
Salzburg	0	5	2	0	0	2	9	5.2
Styria	0	5	1	0	0	0	6	3.5
Tyrol	1	11	2	6	0	1	21	12.1
Vorarlberg	0	5	0	1	0	4	10	5.8
Vienna	22	63	2	2	8	7	104	59.8
Total	26	102	8	11	9	18	174	100

Source: FMSSG, Dep. VIII/B/12

Table A10: Development of AIDS cases in Austria by risk situation from 1990 to 1999

Risk situation	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Homosexual-bisexual contact	68	74	77	90	71	69	58	23	28	23
Intravenous drug use	45	56	57	59	41	39	25	21	24	22
Heterosexual contact	25	27	30	30	27	34	21	15	23	29
Other cause / unknown	26	42	27	54	26	62	34	35	19	16
Total	164	199	191	233	165	204	138	94	94	90

Source: FMSSG, Dep. VIII/D/2

Table A11: Distribution of reports to the police for violations of the Narcotic Drugs Act/Narcotic Substances Act in Austria by first offenders and repeat offenders and development from 1990 to 1999

Reports	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total number of reports	4,829	5,392	7,805	10,915	12,623	13,093	16,196	17,868	17,141	17,597
First offenders	2,077	2,185	3,616	4,788	5,281	5,521	8,322	9,278	8,672	9,868
Repeat offenders	2,586	2,918	3,893	5,882	7,117	7,313	7,511	8,325	8,228	7,463

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

1998/1999: 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 – Annual Reports on Drug Delinquency in Austria

Table A12: Distribution of reports to the police for violations of the Narcotic Drugs Act/ Narcotic Substances Act in Austria by province from 1990 to 1999

Province	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Burgenland	227	309	368	332	343	669	694	759	707	603
Carinthia	221	260	355	334	524	534	1,280	961	1,076	1,208
Lower Austria	619	767	1,055	1,216	1,772	1,655	1,550	2,686	2,519	2,389
Upper Austria	545	564	936	992	1,133	1,405	1,941	2,256	2,334	1,946
Salzburg	218	250	268	504	436	355	962	855	1,053	840
Styria	436	419	340	458	739	851	1,093	1,125	973	1,367
Tyrol	484	468	842	1,483	1,798	1,382	2,268	2,204	2,212	2,152
Vorarlberg	467	405	748	973	888	1,082	1,040	933	1,114	1,848
Vienna	1,612	1,950	2,893	4,623	4,990	5,160	5,368	6,089	4,606	4,858
Total	4,829	5,392	7,805	10,915	12,623	13,093	16,196	17,868	16,624	17,211

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

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

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

Source: FMI - Annual Reports on Drug Delinquency in Austria

Table A13: Distribution of reports to the police for violations of the Narcotic Drugs Act/ Narcotic Substances Act in Austria by drug type from 1990 to 1999

Drug type	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis	4,201	4,132	5,889	7,913	9,552	9,845	14,456	16,124	16,376	17,236
Heroin and opiates	1,176	1,527	2,803	4,340	4,394	4,386	3,727	3,434	2,850	2,524
Cocaine	637	643	819	1,267	1,404	1,603	1,912	2,764	2,103	2,608
LSD	186	149	200	296	234	315	640	893	736	532
Ecstasy	-	-	-	-	116	496	1,375	1,942	1,411	1,517
Amphetamines	-	-	-		103	81	342	1,068	-	-
Other drugs	211	182	222	226	306	302	430	850	-	-

- = 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 may have been listed under several headings, therefore the figures differ from the total number of reports.

Source: FMI – Annual Reports on Drug Delinquency in Austria

Table A14: Distribution of reports to the police for violations of the Narcotic Substance Act in Austria by drug type and province in 1999

Drug type	B	K	NÖ	OÖ	S	ST	T	V	W	Total
Cannabis	711	1,457	2,796	2,260	805	1,805	2,509	2,140	2,753	17,236
Heroin and opiates	18	56	210	108	226	135	219	198	1,354	2,524
Cocaine	27	92	301	219	116	201	205	236	1,211	2,608
LSD	18	33	173	75	27	72	24	62	48	532
Ecstasy	55	140	335	289	55	194	93	248	108	1,517

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

Source: FMI – Annual Reports on Drug Delinquency in Austria

Table A15: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1990 to 1999

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 (percentage)
1990	1,131	369	747	71,722	1.6
1991	1,469	503	947	75,155	2.0
1992	1,720	617	1,074	74,419	2.3
1993	2,683	952	1,700	74,937	3.6
1994	3,275	1,230	2,010	69,458	4.7
1995	3,261	1,124	2,102	69,779	4.7
1996	3,454	1,027	2,382	66,980	5.2
1997	3,797	1,036	2,717	65,040	5.8
1998	3,327	1,041	2,207	63,864	5.2
1999	3,359	1,022	2,230	61,954	5.4

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

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

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

Source: Statistics Austria - Criminal Court Statistics

Table A16: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act in Austria by age, gender and reason for conviction in 1999

Reason for conviction		14 - 19 years	20 - 24 years	25 - 30 years	31 - 35 years	> 35 years	Total
NDA/NSA total	men	456	1,010	542	403	545	2,956
	women	56	141	80	60	82	403
Art. 12 NDA / Art. 28 NSA	men	105	245	196	136	245	906
	women	16	35	28	15	33	116
Art. 16 NDA / Art. 27 NSA	men	350	752	398	241	265	1,961
	women	40	103	50	43	41	269

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

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

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

Source: Statistics Austria – Criminal Court Statistics

Table A17: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act, according to youths and adults, reason for conviction and form of punishment in 1999

Reason for conviction		Fine	Prison sentence			Other punishment[1]	Total
			Probation	No probation	Partial probation		
NDA/NSA total	youths	130	104	33	37	114	418
	adults	1,148	707	770	281	35	2,941
Art. 12 NDA / Art. 28 NSA (felonies)	youths	11	41	14	30	0	96
	adults	23	181	534	181	7	926
Art. 16 NDA / Art. 27 NSA (misdemeanours)	youths	119	63	19	7	113	321
	adults	1,088	499	203	92	27	1,909

youths = persons younger than 19 at the time of the offence

NDA = Narcotic Drugs Act
NSA = 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 (Art. 21 (1) CC) or Art. 21 (2), Art. 22, Art. 23 CC), no additional punishment (Art. 40 CC) and, though only in the case of youths, conviction with punishment reserved (Art. 13 JCA), 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 A18: Number of seizures of narcotic drugs in Austria from 1990 to 1999

Drug type	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis	1,480	1,485	2,334	2,953	3,510	3,757	4,838	4,957	4,683	5,079
Heroin	268	435	859	1,289	1,225	1,298	1,110	861	654	452
Cocaine	135	158	235	332	376	421	525	651	531	519
Amphetamines	2	4	14	26	103	43	136	221	-	-
LSD	31	30	51	58	50	80	102	113	61	56
Ecstasy	-	-	-	-	51	153	254	253	135	215

- = not evaluated separately or not specified

Source: FMI - Annual Reports on Drug Delinquency in Austria

Table A19: Seizures of drugs in Austria by quantity from 1990 to 1999

Drug type	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis (kg)	320	12,166	248	546	394	697	517	912	1.336	451
Heroin (kg)	72.3	102.8	78.2	104.8	80.2	47.0	81.3	102	118	78
Cocaine (kg)	41.2	84.4	58.1	83.9	52.6	55.3	72.7	87	99	63
Amphetamines (kg)	0.2	0.3	0.4	0.3	0.7	1.6	3.7	7.9	-	-
LSD (Dosis)	418	906	3.847	28,201	1,543	2,602	4,166	5,243	2,494	2,811
Ecstasy (Dosis)	-	-	-	-	3,003	31,338	25,118	23,522	114,677	31,129

- = not evaluated separately or not specified

Source: FMI - Annual Reports on Drug Delinquency in Austria

Table A20: Austrian population statistics by age group and gender 1999

Age group	Men	Women	Total
0 to 4 years	219,851	209,469	429,320
5 to 9 years	242,616	230,930	473,546
10 to 14 years	239,631	227,913	467,544
15 to 19 years	247,792	236,357	484,149
20 to 24 years	240,251	235,555	475,806
25 to 29 years	300,248	300,228	600,476
30 to 34 years	364,841	350,203	715,044
35 to 39 years	358,919	341,202	700,121
40 to 44 years	301,854	291,622	593,476
45 to 49 years	260,856	256,218	517,074
50 to 54 years	242,623	241,608	484,231
55 to 59 years	257,445	266,782	524,227
60 to 64 years	180,656	195,512	376,168
65 to 69 years	162,064	191,035	353,099
70 to 74 years	135,738	198,378	334,116
75 to 79 years	95,174	190,475	285,649
80 to 84 years	39,932	90,462	130,394
85 and older	38,511	109,303	147,814
Total	**3,929,002**	**4,163,252**	**8,092,254**
0 to 14 years	702,098	668,312	1,370,410
15 to 29 years	788,291	772,140	1,560,431
30 to 44 years	1,025,614	983,027	2,008,641
45 to 59 years	760,924	764,608	1,525,532
60 to 74 years	478,458	584,925	1,063,383
75 and older	173,617	390,240	563,857
Total	**3,929,002**	**4,163,252**	**8,092,254**

Source: Statistics Austria, calculation by ÖBIG

Figure A1: Organisational structure of the drug sector in Austria (overview)

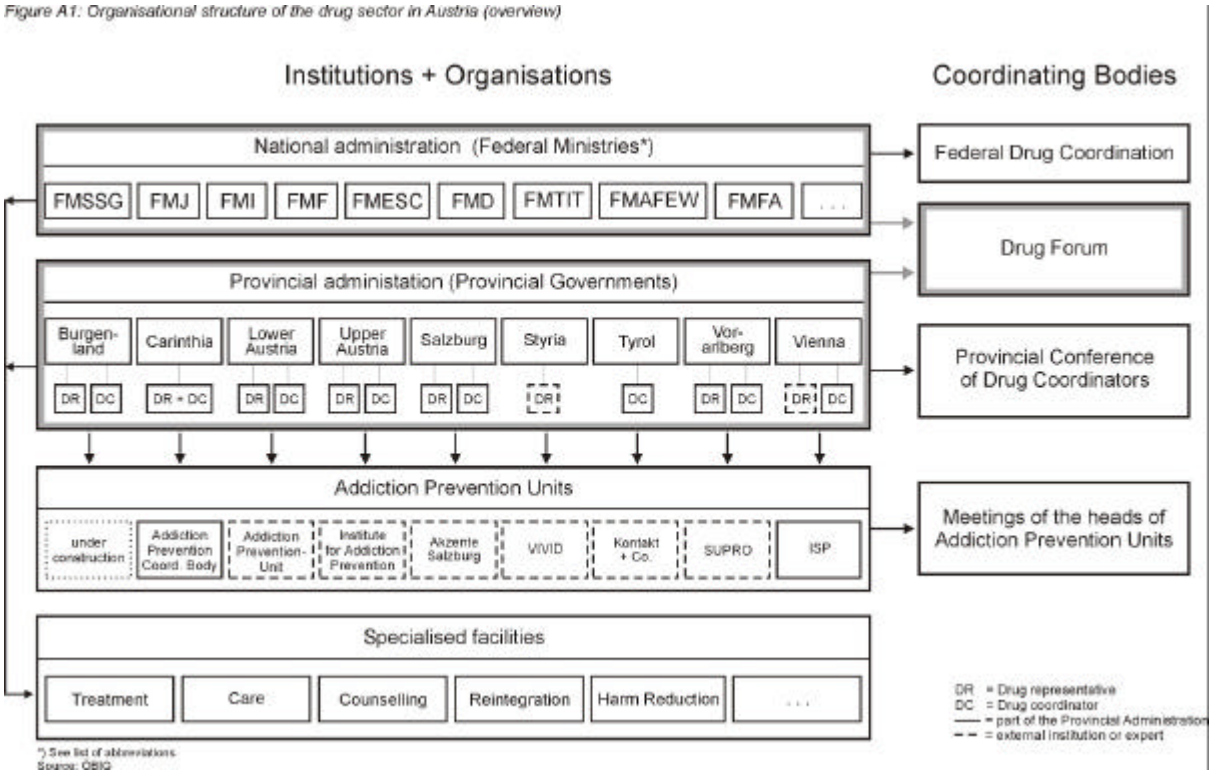
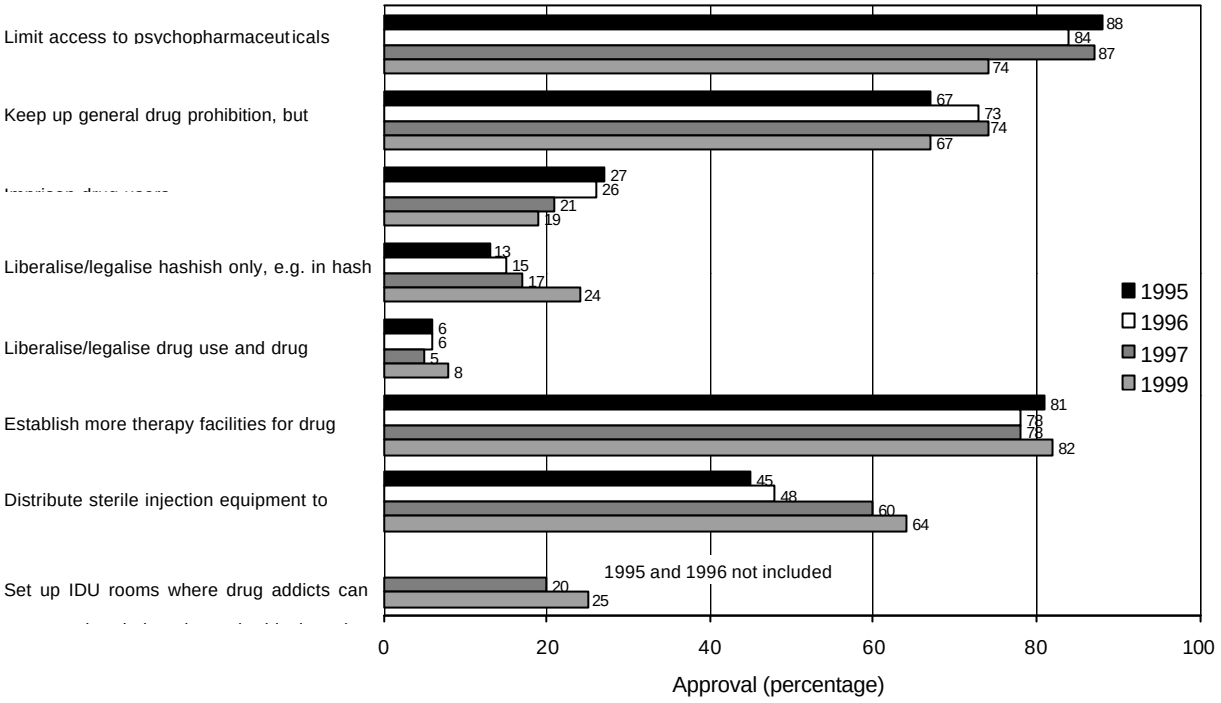
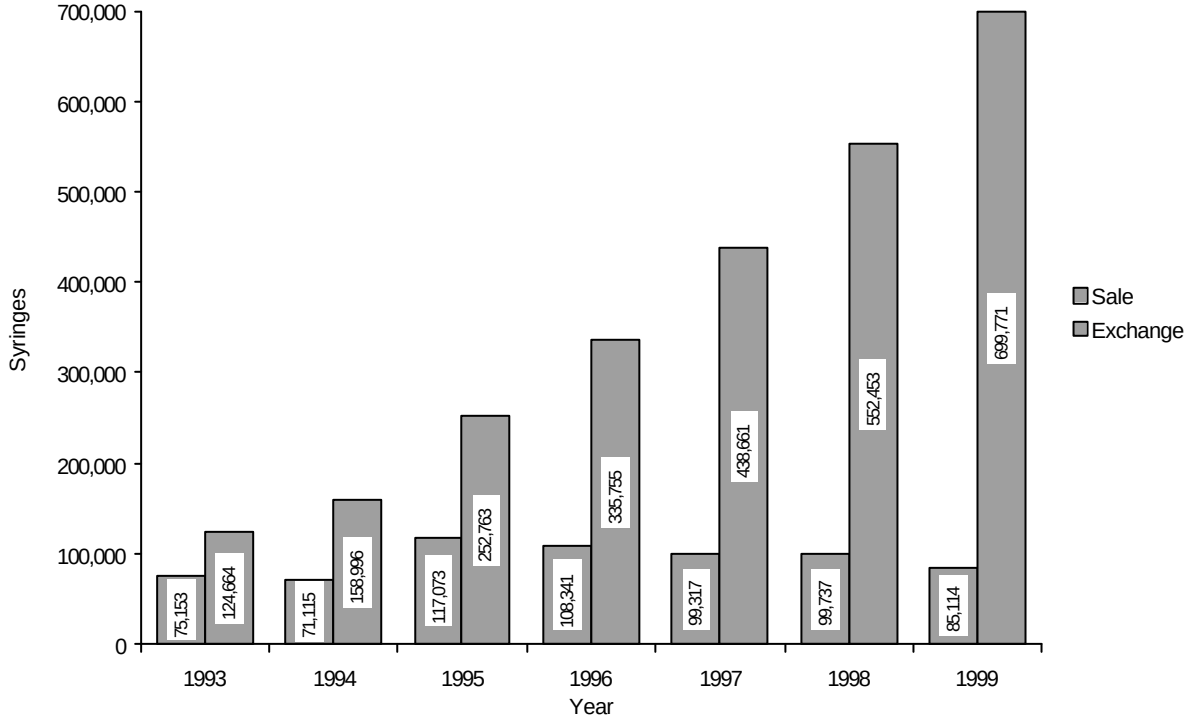


Figure A2: Attitude of the population in Vienna on drug policy measures over time, 1995 - 1999



Source: Feistritzer 2000

Figure A3: Number of syringes sold or exchanged in the context of the syringe programme in the open drug scene in Vienna from 1993 - 1999



Source: Drug Co-ordination Office of the City of Vienna

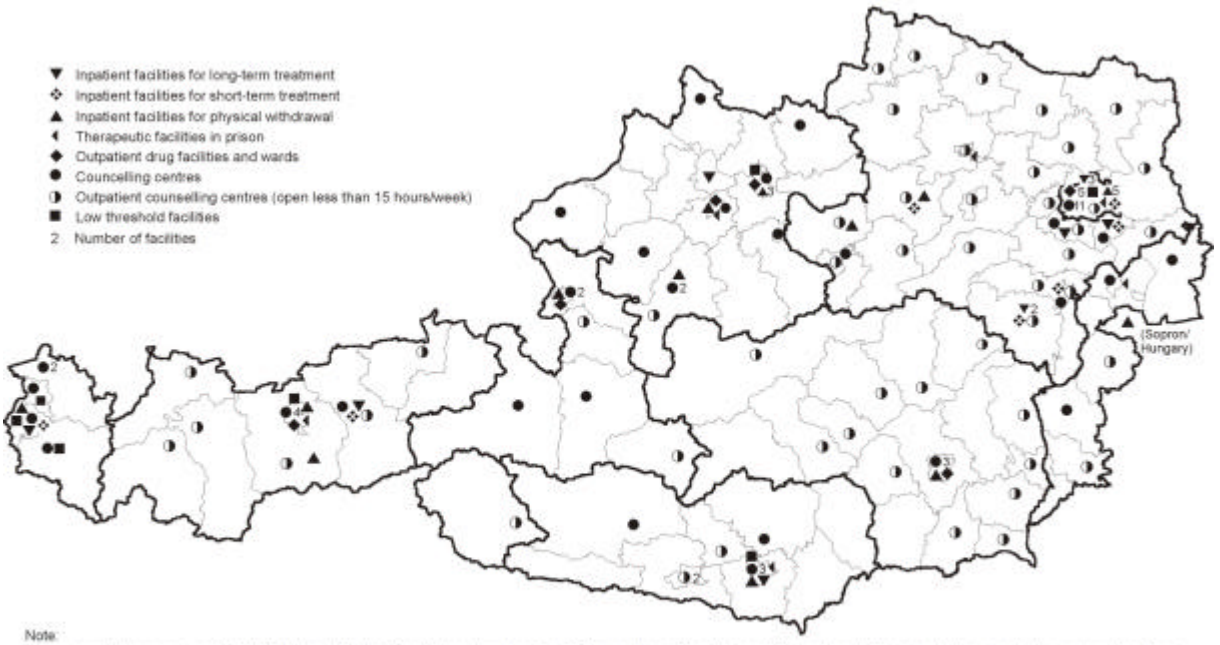
Map 1

Map 1: Overview of the Austrian provinces, provincial capitals and districts

Scale 1:2 500 000

Map 2

Map 2: Specialised facilities for treatment, counselling of and assistance to drug patients



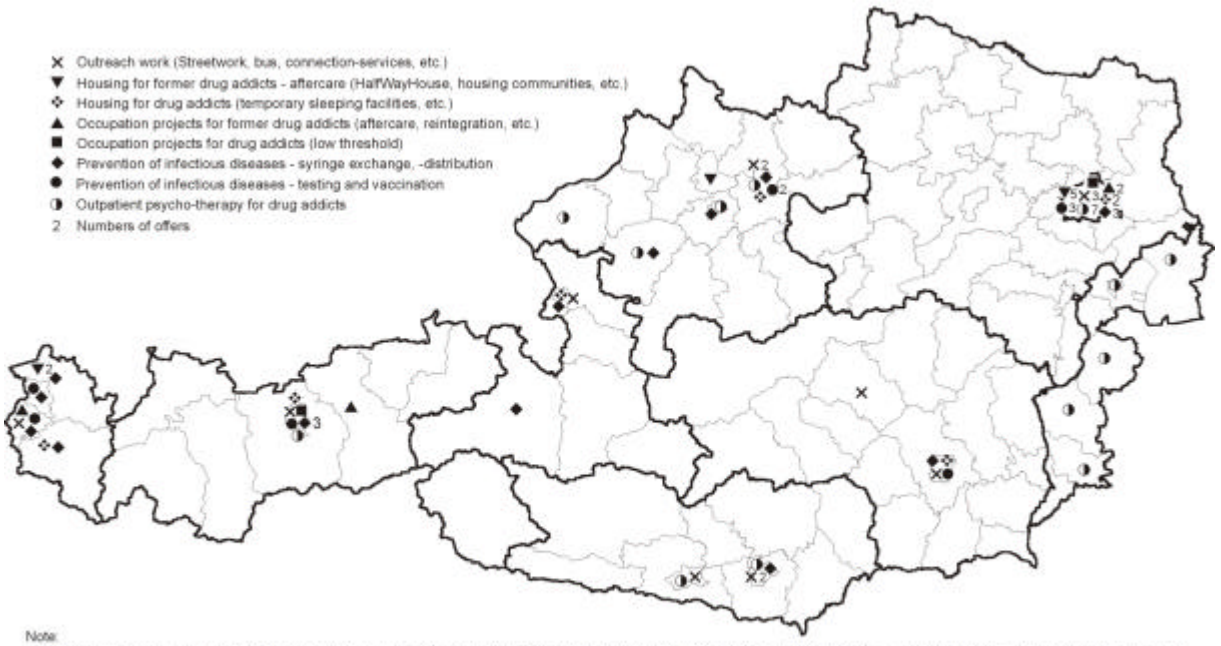
Note:

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

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2000.

Map 3

Map 3: Specialised offers for treatment, counselling of and assistance to drug patients



Note:
The map provides an overview of selected drug-related offers, broken down by distict. 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 2), therefore a single facility can appear in several categories.
Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2000

ANNEX C

List of Abbreviations

AMS	Public Employment Service
ATS	Austrian Schillings
CC	Criminal Code
DF	Drug Forum
EDDRA	Exchange on Drug Demand Reduction Action
EDPW	European Drug Prevention Week
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
FMAFEW	Federal Ministry of Agriculture, Forestry, Environment and Water Management
FMD	Federal Ministry of Defence
FMESC	Federal Ministry of Education, Science and Culture
FMF	Federal Ministry of Finance
FMFA	Federal Ministry for Foreign Affairs
FMI	Federal Ministry of the Interior
FMJ	Federal Ministry of Justice
FMSSG	Federal Ministry for Social Security and Generations
FMTIT	Federal Ministry for Transport, Innovation and Technology
HAF	Healthy Austria Fund
IFES	Institute for Empirical Research
JCA	Juvenile Court Act
MDMA	methylenedioxymethamphetamine
NDA	Narcotic Drugs Act
NSA	Narcotic Substances Act
ÖBIG	Austrian Health Institute
PMA	paramethoxyamphetamine
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
UNDCP	United Nations International Drug Control Programme
VWS	Vienna Social Projects Association