REPORT TO THE EMCDDA
by the Reitox National Focal Point

AUSTRIA
DRUG SITUATION 2006

REITOX

Gesundheit Österreich GmbH
Geschäftsbereich ÖBIG

Report on the Drug Situation 2006

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

In cooperation with
Judith Austaller

Translated by
Daniela Beuren
Susanne Ofner

Vienna, October 2006

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

ISBN 3-85159-086-4

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

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

Summary

National reports on the drug situation in Austria are drawn up annually for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the federal ministry responsible for health affairs, and deal with the subject of illicit drugs. This report gives an overview of current developments regarding the political and legal framework, the epidemiological situation and demand reduction interventions in the reporting period 2005/6. Every year specific issues are also highlighted; in this report, the themes of drug use among very young people, cocaine and crack as well as drugs and driving have been selected for detailed presentation.

Summary and discussion of the most important trends

As in the previous year, substitution treatment was a central issue of drug-related discussions and measures. In the context of the plans to modify the legal framework, after extensive consideration and discussion, two Decrees were prepared in the reporting period but their implementation had not yet started when this report was drawn up (summer2006). The central objective here was to define specific legally binding provisions for attending physicians, which have been absent so far. The central pillars of the new regulations under preparation include obligatory further training for doctors practising substitution treatment, stricter regulations for dispensing substitution substances to patients to take away, a stronger role of the health authorities and the establishment of commissions and committees at federal and provincial levels for the purpose of continuing quality assurance. In future, buprenorphine, apart from methadone, will have to be primarily prescribed. Slow-release morphines will not be generally prohibited for the time being so as not to restrict the range of treatment options, however, this issue will be reviewed when further scientific studies are available. Parallel to this, a number of provinces have also taken steps to improve the quality of substitution treatment and to further expand the existing services.

Another important focus of drug-related activities at federal level resulted from Austria's Presidency of the EU Council in the first half of 2006. In addition to a number of current issues, Austria brought up in particular the focal themes of cocaine, addiction treatment in prisons, social reintegration, cannabis and heroin trafficking via the Balkan route. In addition, Austria played a leading role in adopting the amendment to the EMCDDA founding regulation.

The present drug situation may be assessed on the basis of a number of recent data. The available surveys confirm the rates of drug use that have also shown in past years. The prevalence rates of experience of illicit psychoactive substances among both adults and young people have slightly risen in the past decade, but have now stabilised at a higher level. Approximately one out of five persons have already used cannabis, with peak shares of up to 35% among young adults. For all other substances, the corresponding shares are considerably lower and range between a maximum of 1% (heroin) and 3% (ecstasy, amphetamines, cocaine) among the general public, and current consumption rates (past 12 months) are again lower to a significant degree. This confirms the assumption that use of illicit substances is mostly limited to experimental consumption or use during a specific stage in life.

The extent of problem drug use may be estimated on the basis of updated prevalence estimates, the development of drug-related deaths as well as reports and data from the drug help sector. The first data from DOKLI, the nationwide documentation system of clients of Austrian drug help centres, will not be available before 2007. However, the implementation of DOKLI was complete by the end of 2005 and as of January 2006, routine data have been gathered. Thus, a central gap in Austria's drug-related monitoring has been closed, therefore a more reliable assessment of the drug situation will be possible in future.

On the basis of an analysis of available data and information on problem drug use in Austria over several years, it may be concluded that this problem has worsened in recent years. According to updated prevalence estimates of problem drug use – primarily poly-drug use with opiates, in 2004, approximately 25 000 to 32 000 persons in Austria were problem drug consumers. Compared to an estimate for 2001 undertaken according to a similar methodological procedure, this is a rise by around 10 000 persons. In this regard, a particular increase has been noticed among the age group from 15 to 24. In addition, the number of directly drug-related deaths has risen for the third time in a row since 2002, to 191 cases in 2005. Although the corresponding data have to be interpreted with caution because of the small number of cases involved, the fact that the average age of persons who died because of drug intoxication has gone down also points to changes in the drug situation to some degree.

This is also reflected in recent reports from various provinces, according to which several regional drug help centres and experts have registered rising numbers of young people showing patterns of massive, and often very risky, drug use. This development has been observed for several years already (see reports of past years) and appears to be further corroborated by the new data available.

Regarding health-care measures, a great variety of new services have been provided or existing ones have been modified in almost all provinces. After, or parallel to, the establishment and expansion of diversified basic services, a number of highly specialised interventions have been planned and implemented, in order to meet the goal to build a tight network of care measures that are oriented towards the individual needs and requirements of the relevant groups of clients. These developments have often been triggered by deficits and gaps or need for modifications that showed in the context of practical work or were identified in analyses of demand as well as evaluations. Apart from a great variety of activities in the fields of primary and secondary prevention as well as harm reduction and treatment, numerous new or expanded services that focus on social integration deserve mention. Occupational reintegration of (former) drug addicts continues to play a central role. In addition, increasing attention is also paid to demand for housing (temporary sleeping facilities as well as long-term housing) and sparetime activities or social networks.

Selected issue: Drug Use and Related Problems among Very Young People

In Austria, drug use among very young people is not a massive problem with regard to quantity. Only a few young people has first (experimental) experience of illicit drugs before the age of 15. The average age at the time of first use is clearly above 15 years for all psychoactive substances but not for alcohol and nicotine (around 14 years), inhalants and cannabis (around 15 years).

The group of young people who show massive use or misuse of illicit substances or high-risk patterns of use at this age is very small. Furthermore, for most of the children and young people concerned severe psychosocial problems are the main issue. Drug misuse is one aspect and sometimes a consequence of the accumulation of problems and stress, which, however, usually aggravates the situation. The life situation of the young people concerned is often characterised by cutting social ties such as family and school, lack of social security, psychological and psychiatric problems and, in some cases, sex work or committing petty crimes.

Children and very young people are hardly found as clients of drug or addiction related services, but rather of youth welfare agencies and child or youth psychiatry services. The response to this situation over the past few years has been to intensify cooperation between the drug help services and youth (welfare) agencies in order to ensure the necessary networking and the exchange of competence and expertise. As a complementary measure, in the field of drug help specific services for young people (beginning) with problem or high-risk patterns of use were created which are also available for people younger than 15..

Selected issue: Cocaine and Crack – Situation and Responses

Over the past few years, cocaine as a fashion drug has been a recurring issue in the media. While it is true that in a long-term comparison, figures for use of stimulating substances such as cocaine have slightly risen, they have remained stable for some years at low levels of a maximum of 3%. Crack continues to play an insignificant role in Austria.

Regarding regular use, a distinction must be drawn between recreational users in defined scenes and problem poly-drug use patterns. While the first group of users has been noticed for a longer period, especially over the past few years cocaine has been established as a relevant substance in poly-drug use patterns in the street drug scene, sometimes with cocaine, but frequently with opiates as the main drug. Low-threshold services have reported that the use of cocaine in the street scene is often connected with high-risk behaviour and the neglect of safer-use rules. In recent years, cocaine also has played a major role with regard to drug-related deaths. Cases of intoxication with cocaine as the sole drug involved are rare, but cocaine has often been found in connection with poly-drug intoxication with opiates.

In drug help centres clients whose main drug problem is cocaine are still a small group, which indicates that the persons concerned have not yet been reached to a satisfactory degree. Drug help services in Austria are not diversified to primarily focus on individual substances, but in recent years specific interventions such as inpatient therapy, cocaine consultation hours, a low-threshold restroom for cocaine users and a cocaine telephone hotline were established in order to better accommodate the specific needs and requirements.

Selected issue: drugs and driving

In Austria, problems and required measures in the context of drugs used in road traffic have been discussed controversially for many years, which shows in related surveys, hearings, working groups and symposiums, among other initiatives. In 2002 an amendment to the Road Traffic Regulations (StVO) was passed by parliament, containing the introduction of mandatory blood tests if an impairment of the ability to drive due to drugs is suspected. In the

amendment, substances are not further specified, but the regulations are similar to the existing legislation for alcohol.

For assessing impairment due to drug use, a model in several steps has been devised: in a first steps, traffic officers determine that there is a suspected impairment of the ability to drive. The next step is a clinical examination by a public health officer to confirm the suspicion and determine the degree of impairment. If suspected impairment is confirmed, there is a blood test by an authorised physician. According to another amendment in 2005, a saliva test is provided between the first and the second step, but as yet no suitable testing devices are available.

If the test result is positive, the driving licence is (provisionally) revoked, the driver punished with and administrative fine and potentially, accompanying measures such as after-training are prescribed. A positive blood test according to the StVO does not lead to a report to the police under the Narcotic Substances Act (SMG), but to notification of the health authority in charge. In 2005, 913 persons were registered on account impairment of the ability to drive due to clinically detected narcotic substances which were confirmed in blood tests, which is a small fraction compared to the reports for impairment of the driving ability because of alcohol (40 000).

Contents

PART B: Selected Issues

Tables and Figures

Tables*:*

Figures:

Maps:

Introduction

This is the 11th time the REITOX Focal Point at the Austrian Health Institute (ÖBIG) presents its annual Report to the EMCDDA (European Monitoring Agency for Drugs and Drug Addiction) and the Austrian Federal Ministry that is responsible for health affairs. The REITOX Focal Point is a central link in Austria's data and information network of drug-related matters and closely cooperates with the relevant federal and provincial agencies in this field as well as addiction and drug help centres.

This report deals with illicit drugs and serves both as a national report on the situation in Austria and as Austria's contribution to describing the drug situation in the European Union (EU). Similar reports are submitted by the REITOX Focal Points in all EU member states and by the EU candidates, according to guidelines issued by the EMCDDA. These reports are essential as a basis of the EMCDDA's Annual report on the state of the drugs problem in the European Union (latest publication: EMCDDA 2005).

Part A of this report deals with new developments and trends with regard to the drug policy framework, the epidemiological situation and health-policy interventions aiming at demand reduction. It is based on previous reports (latest report: ÖBIG 2005a) and refers to the reporting period from summer 2005 to summer 2006, while routine statistics refer to the year 2005. In Part B of the report selected issues are presented in more detail. In the present report the corresponding chapters are: Drug use and related problems among very young people (<15 years); Cocaine and crack; and Drugs and driving. The Annex includes a number of additional tables with detailed information and data.

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

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

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

PART A

New Developments and Trends

1 National Policies and Context

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

1.1 Legal framework

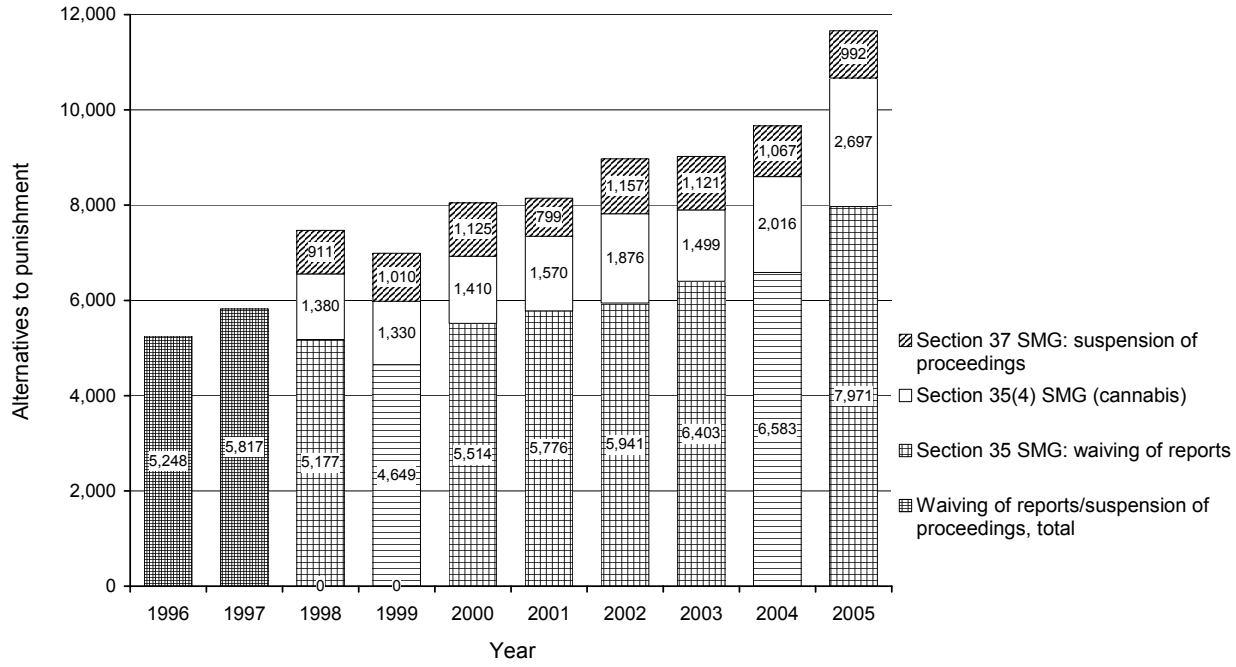
The reporting period did not see any amendments to the National Substances Act (SMG). However, the synthetic substances 2C-B, 2C-I, 2C-T-2, 2C-T-7 and TMA-2 were incorporated in the provisions of the SMG in accordance with the corresponding decisions at international level. In addition, preparations were started for implementing the European Framework Decision laying down minimum provisions on the constituents of criminal acts and penalties in the field of illicit drug trafficking (Council of the European Union 2003), which will require an amendment to the SMG.

In the context of the plans described last year to modify the legal framework of substitution treatment (see ÖBIG 2005a), after extensive consideration and discussion by experts, two Decrees were prepared in the reporting period. The central objective here was to define specific legally binding provisions for attending physicians, which have been absent so far. The central pillars of the new regulations under preparation (see also Chapter 5.3) include obligatory further training for doctors practising substitution treatment, a stronger role of the health authorities and the establishment of expert commissions for the regional coordination of substitution treatment at provincial level, as well as a federal committee responsible for the quality and safety of substitution treatment. Slow-release morphines will not be generally prohibited for the time being so as not to restrict the range of treatment options, however, this issue will be reviewed when further scientific studies are available.

With regard to the implementation of the relevant provisions, information is available on statutory alternatives to punishment (for more detail see ÖBIG 2004 and Structured Questionnaire 31). 2005 saw a rise in the corresponding measures from 9 666 to 11 660 cases.

This increase, as in the previous year, exclusively results from waiving of reports to the police, while the number of suspended proceedings has slightly declined (see also Table A 16 in Annex A). Simultaneously, the number of reports to the police went up (from 25 215 to 25 892), as did the number of convictions under the SMG – to an even more pronounced degree, i.e., from 5 706 to 6 128 (see Chapter 8.2).

Figure 1.1: Development of the implementation of statutory alternatives to punishment in Austria, from 1996 to 2005



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

Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998. A specification as to which alternative to punishment was applied is possible for the period since 1998 only. Regarding Section 39 of the SMG (stay of execution of prison sentences based on the principle of therapy instead of punishment) no reliable data are currently available.

Source: BMGF; calculations by ÖBIG

Salzburg again provided complementing analyses of the results of examinations according to Section 12 of the SMG, which give insight into the implementation practice of the health authorities. In 2005, one health-related measure was recommended for 26% of the patients examined, and in 60% of the cases, two or more measures were regarded as necessary. For 14% no health-related measure was recommended. Thus, the situation has been reverted compared to the year 2004, when one measures was deemed necessary for 58% of the patients and two or more measures for 28%. In addition, medical supervision of the patients' state of health was recommended significantly more often (75% in 2005 v. 33% in 2004), while psychosocial counselling and care were deemed necessary in fewer cases (62% v. 71%). The drastic changes in this regard cannot easily be explained and require further observation. However, the results provided indicate that considerable differences in the examination practices of the individual district health authorities still exist (Drogenkoordination des Landes Salzburg 2005). Thus it would be necessary to define and implement uniform stan-

dards and quality assurance measures, preferably at federal level, because this problem has occurred not only in the province of Salzburg (see ÖBIG 2005a).

1.2 Institutional framework, strategies and policies

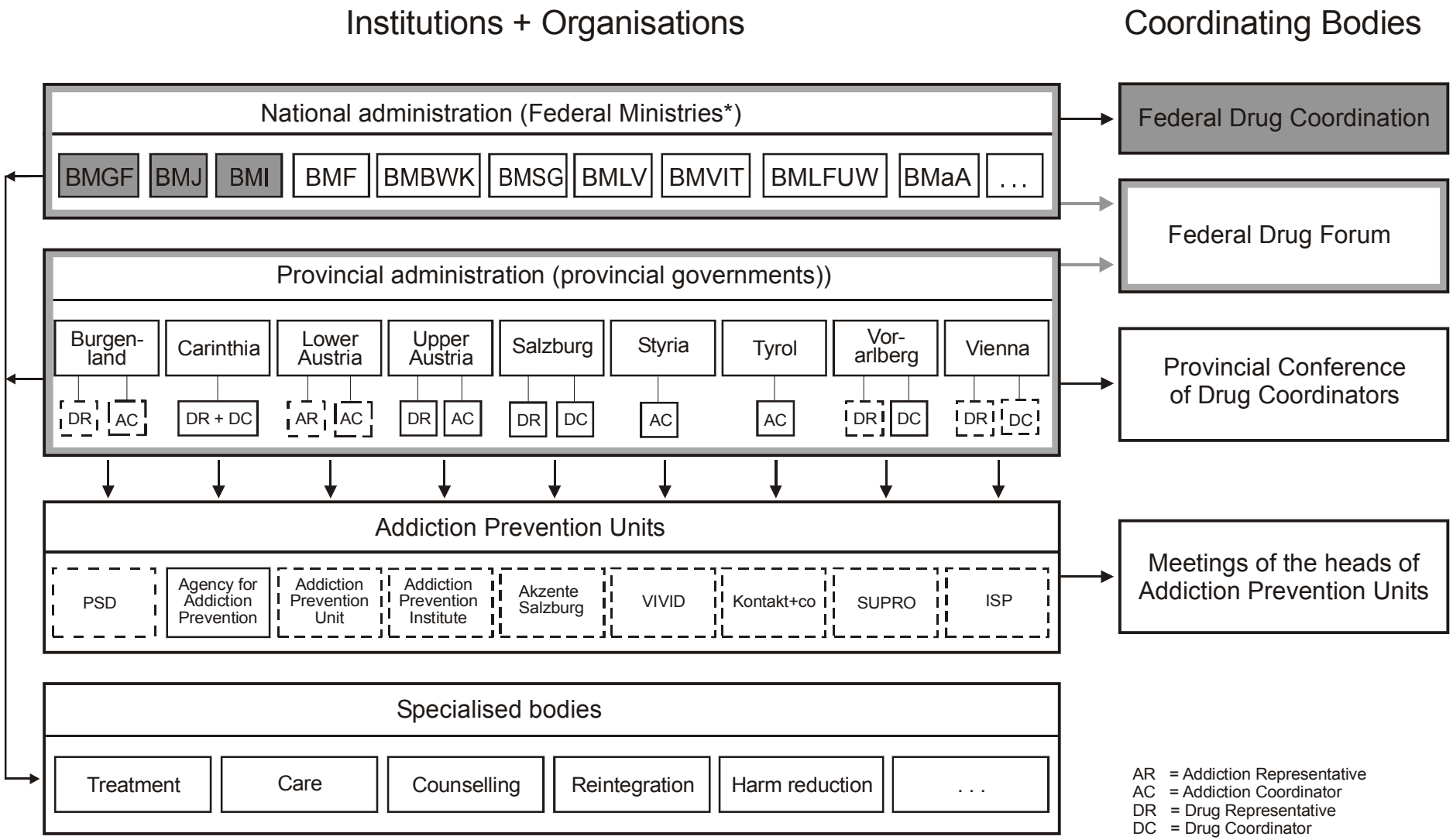
No major changes in the political and administrative framework took place in the reporting period (see also Structured Questionnaire 32). The Federal Drug Forum (see Figure 1.2 on the following page) met twice, in November 2005 and in April 2006, to discuss, among other issues, a modification of the regulations for substitution treatment (see Chapters 1.1 and 5.3), drug-related legal questions (including the implementation of the European Framework Decision; see Chapter 1.1), the further advancement of drug monitoring, the Austrian Presidency of the Council of the European Union and future international cooperation.

An important focus of drug-related activities at the federal level resulted from Austria's Presidency in the first half of 2006. In the context of chairing the Horizontal Drugs Group (HDG), in addition to discussing a number of current issues (such as international cooperation and amended EMCDDA regulation), Austria brought up the themes of cocaine, addiction treatment in prisons as well as social integration. Furthermore, Austria was in charge of the preparation for, coordination of and follow-up activities after Europe's participation in the Commission on Narcotic Drugs (CND) at UN level, and a number of other international meetings took place as well. On 16 and 17 February, the national Drug Coordinators met in Innsbruck for a more detailed discussion of the subjects of cannabis problems, heroin trafficking via the Balkan route as well as cocaine.

Furthermore, based on a compromise proposed by Austria, the amendment to EMCDDA founding regulation was adopted. What is particularly relevant in this context is that in future, the EMCDDA will explicitly take over the task to analyse new trends regarding the combined use of legal and illicit psychoactive substances.

A number of other activities and trends at national level worth mentioning include the implementation at the end of 2005 of DOKLI, the uniform documentation and reporting system of clients of Austrian drug help centres (see ÖBIG 2005a and ÖBIG 2005b). Since January 2006 DOKLI has been used as a standard instrument, which is a milestone for the expansion and improvement of drug-related monitoring in Austria. In the context of the gender mainstreaming initiative of the Federal Ministry of Health and Women (BMGF), the study on gender budgeting already mentioned last year (see ÖBIG 2005a) was concluded and a gender budgeting programme for the field of drugs and addiction was drawn up, which is now being implemented.

Figure 1.2: Overview of the organisational structure of the drug sector in Austria



* see List of Abbreviations

Source: ÖBIG

Also at provincial level, only a small number of relevant changes are worth mentioning. In Lower Austria, the Addiction Coordination, which had been part of the Federal Government, was outsourced and is now run by a private association: the Addiction Prevention Coordination and Counselling Unit. Apart from addiction coordination and the implementation of Lower Austria's Addiction Plan, the Association's activities also include prevention and treatment (Hörhan, personal communication). In Vienna, drug issues no longer fall within the remit of the Vienna Social Fund (FSW) but were moved to the newly established non-profit company Sucht- und Drogenkoordination Wien [Addiction and Drug Coordination Vienna]. Styria expanded the Provincial Addiction Advisory Board; its members now also include representatives of the judicial system, the Medical Association and pharmacies. Thus the trend of Provincial Governments to outsource coordination tasks and to integrate the theme of drug affairs in a more general context of addiction has continued. Central drug policy measures undertaken in all provinces include the implementation of regional drug or addiction strategies as well as responses to new developments and problems.

1.3 Budget and public expenditure

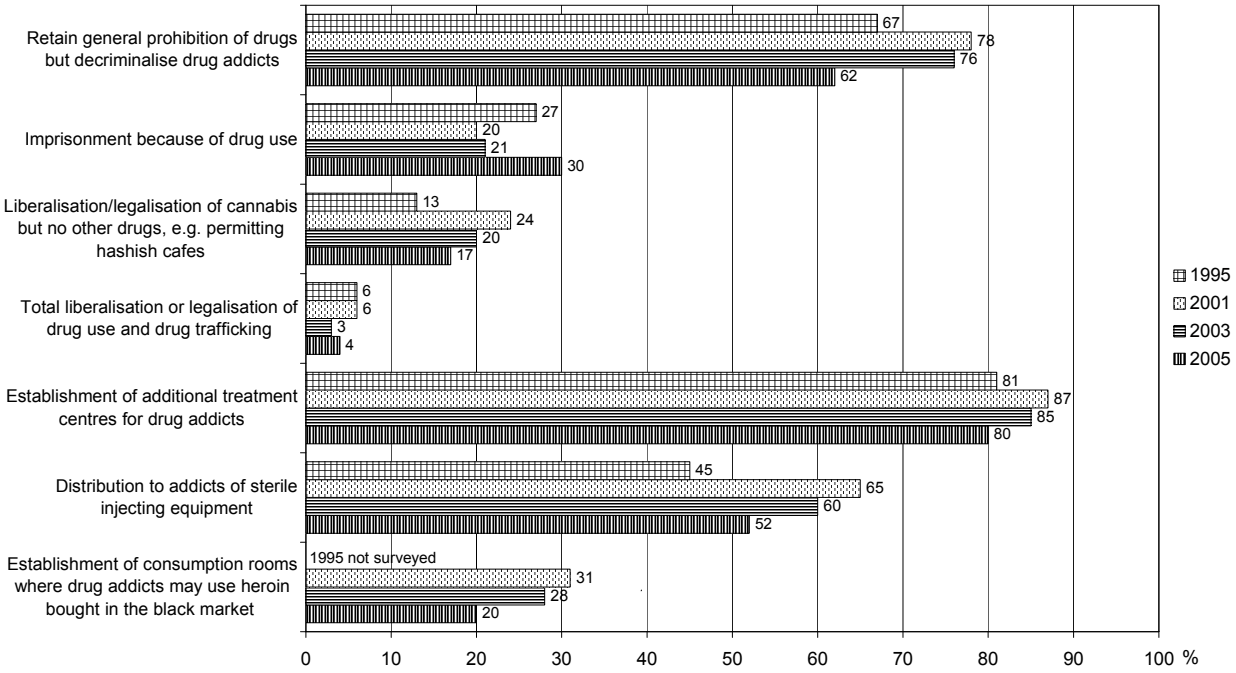
The financial regulations in the field of drugs did not undergo relevant changes in the reporting period. With regard to budget, the available information is limited and no general overview can thus be given.

1.4 Social and cultural context

There are a number of new studies that provide data on opinions with regard to drug issues among the general public. The drug surveys of Vienna permit an analysis of long-term trends as they have been conducted every two years since 1993. For the most recent survey carried out in autumn 2005, 600 persons aged 15 or older were interviewed (IFES 2005a, see also Chapters 2.1 and 12.1). The results again reflect a strong acceptance of the approach to give priority to health-policy interventions (treatment) and decriminalisation over repressive measures (imprisonment) for drug users and addicts, paralleled by massive opposition to a far-reaching liberalisation of drugs. Substitution treatment is regarded as sensible by a majority of respondents (approval: 63%), while medical prescriptions of heroin tend to be rejected (approval: 9%).

A long-term comparison shows a trend away from more liberal attitudes. While between 1995 and 2001, approval, for instance, of a liberalisation or legalisation of cannabis but no other illicit drug was growing, the relevant percentages went down again in the years to follow. This was accompanied by stronger acceptance of more repressive positions such as prison sentences for drug use (see Figure 1.3 on the following page).

Figure 1.3: Attitudes towards drug policy measures among the population of Vienna from 1995 to 2005 (percentages show approval of the measure in question)



Source: IFES 2005a

A representative study on prevalence and patterns of use of legal and illicit narcotic substances (see also Chapters 2.1, 10.1 and 12.1 as well as ÖBIG 2005a) that was drawn up for the Federal Ministry of Health and Women (BMGF) surveyed attitudes towards drug policy issues largely following the model of the drug survey of Vienna so as to permit comparisons. For this purpose, all over Austria approximately 4 500 persons aged 14 or older were interviewed (Uhl et al. 2005a). The resulting nationwide attitudes to drug issues are comparable to the results obtained for Vienna (see Figure 1.3): 60% are in favour of retaining the general prohibition of drugs, paralleled by a decriminalisation of drug addicts. 80% support the establishment of additional treatment centres for drug addicts, 58% advocate the distribution of sterile injection equipment to addicts, and 20% would welcome the establishment of consumption rooms. At national level, prison sentences because of drug use are slightly better accepted (by 37% of respondents) than in Vienna. On the other hand, the nationwide approval of positions favouring a liberalisation/legalisation for hashish but no other illicit drug (20%) and general liberalisation (6%) is also slightly higher compared to the survey of Vienna.

The nationwide study also surveyed what respondents thought of the risk potential of individual substances. Here the opinions regarding the danger of heroin [94% said that it was (very) dangerous to try it once or twice and 100% regarded regular use as (very) dangerous)], cocaine (87% and 99%) and ecstasy (80% and 98%) were similar in all age groups. Alcohol (15% and 84%) and nicotine (18% and 78%) are regarded as more dangerous with rising age. The danger of cannabis (60% and 87%) is regarded as comparable to the rest of illicit drugs among the youngest respondents, but assessed to be less risky with rising age up to approx. 23 years. After 23, it is again judged to be more risky by constantly rising shares, up to the oldest age groups (Uhl et al. 2005a).

Styria provided information on the views trainees have of the risk of drugs and drug policy positions, obtained in the context of interviews of a total of 3 919 trainees attending vocational school aged between approx. 15 and 20 (Hutsteiner et al. 2005; see also Chapters 2.2, 3.1 and 12.1). On a scale from 1 (very dangerous/very high risk of addiction) to 4 (not dangerous at all/no risk of addiction) tobacco (2.09) and alcohol (2.40) as well as natural drugs (2.22) and poppers (2.00) were regarded as the substances with the lowest addiction potentials, while illegal substances such as cannabis (1.76), party drugs (1.31), amphetamines (1.28), opiates (1.18), cocaine (1.17) and crack (1.27) were thought to be significantly more dangerous. Regarding attitudes towards drug policy measures, rather rigid opinions predominated. For instance, approx. 70% of respondents were against a legalisation of cannabis for users over 18 – which is a high percentage compared to other surveys among young people. It also showed that a rather large share of the trainees held views that have scientifically proven to be wrong (e.g., cannabis as a gateway/starter drug or fatal overdoses of hashish).

The political and media discussions of the theme of substitution treatment (see ÖBIG 2005a) were continued in the reporting period, but with the focus shifting towards the controversial issue of slow-release morphine prescriptions on the one hand and the pros and cons of the planned changes in the relevant legal framework on the other (see Chapters 1.1 and 5.3).

As briefly mentioned in the report of last year (see ÖBIG 2005a), a project to reduce public disturbance was started in Vienna. Initiated by the City of Vienna and implemented in cooperation with the public transport system of Vienna, the Help U pilot project in Karlsplatz square, a major public transport junction and traditional meeting place of the drug scene, aims to promote peaceful coexistence and further enhance safety in sensitive urban areas. The Help U team is present on the spot for contacts with passers-by, public transport users, tourists, shop owners, etc., in order to prevent conflicts and to be able to intervene quickly in cases of crisis and emergency. The project was started in September 2005 and will be continued until December 2006. It may be extended and possibly also established in other areas (see *www.wien.gv.at).*

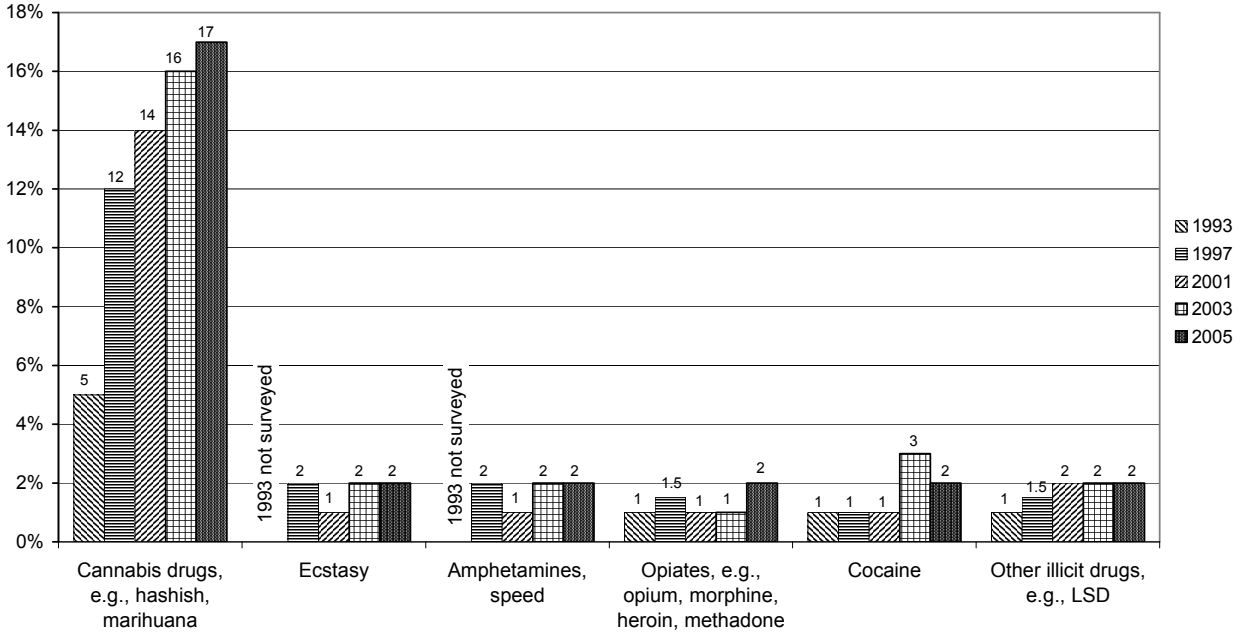
2 Drug Use in the Population

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

2.1 Drug use in the general population

Since 1993 Vienna has conducted drug surveys in comparable settings every two years, which permits an analysis of long-term trends. The latest survey took place in autumn 2005 and included interviews with 600 persons aged 15 or older (IFES 2005a; see also Chapters 1.4 and 12.1 as well as Table A1 in Annex A).

Figure 2.1: Lifetime experience of illicit drugs among the population of Vienna, comparison from 1993 to 2005 (percentages)



Source: IFES 2005a

Regarding experience of use, the levels found are similar to those of recent years (see Figure 2.1). Use of cannabis strongly correlates with age and goes down from 34% in the age group under 30 to 7% among people aged between 50 and 60. In addition, lifetime

prevalence rates are significantly higher for men than for women in all age groups. The study does not confirm reports stating an increased use of cocaine (see also Chapter 12). It also surveyed drug use during the past three years and in the past 30 days. Here, relevant levels of use were only found for cannabis (7% and 3%, respectively), while the prevalence rates for the rest of substances were never above 1% and often lower. Approximately one out of four persons who reported lifetime experience of cannabis had taken this substance more often than only once or twice in the past three years. The average age of first use of cannabis is 18 years (IFES 2005a).

Now the final report on the nationwide representative study mentioned in the report of last year (ÖBIG 2005a; see also Chapters 1.4 and 12.1 as well as Table A1 in Annex A) has been concluded (Uhl et al. 2005a). This study again shows that a majority of drug users tend to try illicit drugs a few times but soon stop using these substances (experimental use). Depending on the substance in question, differences according to gender show to varying degrees (e.g., share of women of 27% in LSD users, 33% regarding cocaine and 42% for cannabis). A closer description of the group of drug users can safely be given for cannabis only, because in the case of the other illicit drugs studied, the prevalence rates are too low to permit more detailed statements. Typically, today's cannabis users are between 20 and 49 years old, they have rather high educational levels and are psychologically imbalanced to some extent, they live in urban areas and tend to be unmarried, single persons without children. However, the socio-demographic differences to non-users are becoming less pronounced than in the past, as cannabis use has turned into a more common occurrence.

In Salzburg, based on a long-term comparison of the results of examinations by the district health authorities (see Chapter 1.1) it was concluded that there has been a slight, continuous upwards trend regarding shares accounted for by party drugs (ecstasy, speed, cocaine), while the shares of cannabis and hallucinogens have remained stable and opiate use has gone down (Drogenkoordination des Landes Salzburg 2005).

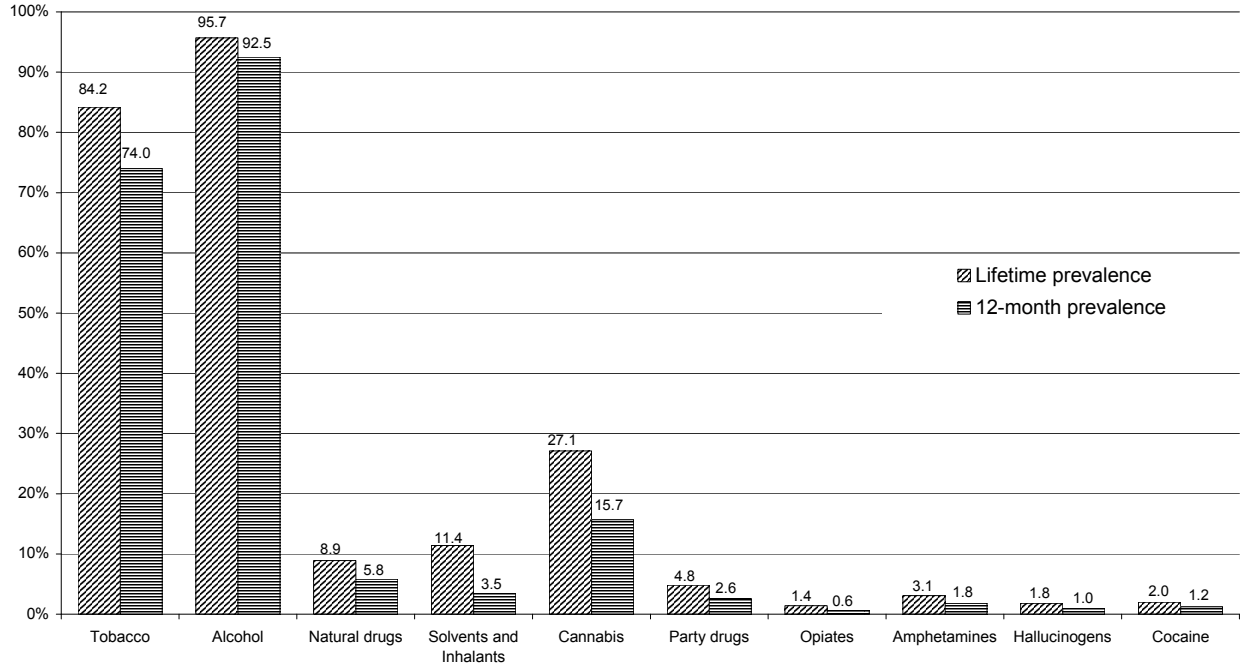
2.2 Drug use in the school and youth population

In Styria, a total of 3 919 trainees at vocational school aged between approx. 15 and 20 were interviewed in 2005 in the context of the aforementioned vocational school survey (see Chapter 1.4), which also included questions concerning experience of drug use (Hutsteiner et al. 2005; see also Chapters 3.1 and 12.1). Obviously, this survey also shows significantly lower prevalence rates of use during the past 12 months compared to lifetime experience (see Chapter 2.2). The general results regarding prevalence are in accordance with similar surveys and analyses carried out in recent years (see Klopf and Weinlich 2004, Uhl et al. 2005b as well as Table A2 in Annex A) that also refer to vocational schools.

The lifetime prevalence rates for illicit substances indicated by the trainees at vocational school surveyed tend to rise with age (e.g., cannabis: from 15.5% among 15-year old trainees to 35.4% for trainees over 18; party drugs: from 3.4% to 6.2%) and they are higher in urban areas compared to rural areas (e.g., cannabis: 42.7% in the provincial capital of Graz and 20.6% in peripheral districts). The same pattern also shows for drug use in the past 12 months, and here the prevalence rates found are considerably higher among male trainees (Hutsteiner et al. 2005). The young people interviewed mostly indicated that they used can-

nabis at their friends' homes (71%) and used party drugs and amphetamines primarily when going out (85.7% and 80.5%).

Figure 2.2: Experience of use of psychoactive substances among trainees at vocational schools in Styria with regard to lifetime and 12-month prevalence, in 2005 (percentages)



Source: Hutsteiner et al. 2005

The vocational school survey of Styria also studied the trainees' motives for drug use. The majority of respondents rejected the statement that drugs were used as a way to escape from everyday life (rating of 2.94 on a scale from 1=fully agree to 4=don't agree at all) as well as the statement that they felt excluded to some extent if they did not smoke hashish in a group of spliff smokers (rating of 3.36). The relevant results are even lower for cannabis-using groups: only 18.8% (v. 25.6% in general) said they felt excluded if they did not join the spliff smokers. As far as views of the drug situation at vocational school are concerned (statement: extent of use is much too high), the respondents said that alcohol use (2.32 on a scale of 1=fully agree to 4=don't agree at all) and tobacco use (1.85) was much more problematic compared to illicit drug consumption (2.99).

In addition to these studies, information by drug centres and experts from a number of provinces are available, so that the data obtained may be qualitatively complemented. Burgenland reports rising numbers of young at-risk drug users among the clients of care centres, for whom assistance cannot easily be provided (Dantendorfer 2005). According to drug help centres of Lower Austria, excessive use of cannabis by young people is rising (Hörhan, personal communication; see also Chapter 11.1).

2.3 Drug use among specific groups

So far, all data on drug use among specific groups in Austria (e.g., conscripts, ethnic minorities, immigrants etc.) come from projects that focus on specific youth scenes. Some of the results from these sources have been included in Chapter 12 on cocaine and crack. More recent data are not available.

3 Prevention

In Austria prevention measures are primarily taken at local and regional levels, in accordance with expert consensus. The Addiction Prevention Units at provincial level are central in this field. Generally, the distinction between primary[1] and secondary[2] prevention is regarded as fundamental. Since the early 1990s, when the Addiction Prevention Units were established, primary prevention has been pursued at a professional level. In recent years the focus has been placed on intensified primary prevention and an expansion of secondary prevention. Furthermore, prevention measures were initiated and coordinated increasingly often at regional levels as well.

Generally, the prevention measures taken in Austria are aimed at long-term effectiveness and sustainability. Therefore, a number of standard programmes, such as *Eigenständig werden* (Becoming Independent) and Step by Step, are routinely carried out at a nationwide level (Tables A23 and A24 in Annex A). In addition, several regional projects have also been implemented for longer periods and shown good results (e.g., the Peer Education programme of Upper Austria). The following chapter will primarily present innovative measures and new developments. The wide range of prevention measures taken in Austria, including the activities mentioned in this report, are described in more detail on the individual websites and in the annual reports and newsletters of the Addiction Prevention Units and other relevant actors, as well as in previous reports by ÖBIG (see Bibliography).

3.1 Universal prevention

Universal prevention plays a central role in Austria, with **schools** as important settings in this context. Apart from proven forms of cooperation and activities, a number of new developments deserve mention. For instance, Salzburg plans to build district-based networks of liaison teachers in order to facilitate their integration in regional coordination bodies (Drogenkoordination des Landes Salzburg 2006). In Burgenland, a course in prevention strategies in schools was held in 2005 for the target group of school medical officers. An evaluation of the Tyrol's project on expert-aided addiction information in schools, a uniform model for well-founded information work in the field of addiction (see EDDRA), showed positive responses to the pertinent events, however, a more intensive participation by teachers as well as more flexibility on the part of the schools with regard to organising events within the normal curriculum would be desirable. Upper Austria's successful Peer Education project was further developed and is now continued under the name Peers for Peers. Its objective is to consolidate the peer approach in schools in the long run as experienced peers assist newly-

[1] Primary prevention (universal prevention) aims at avoiding the development of addiction among persons who do not belong to a specific at-risk group and who have not had addiction problems so far. The corresponding measures are often based on the principle of health promotion or life skills approaches and use a variety of methods (e.g. educational theatre play and peer education).

[2] Secondary prevention (selective prevention) addresses defined at-risk groups and persons with problems which have not yet become manifest to their full extent. The measures taken are oriented towards the specific needs of the respective groups. The main target group is young people.

trained young peers.The possibilities and limits of peer education in the field of prevention were on the agenda of a conference of the Addiction Prevention Institute of Upper Austria held in June 2006. In Vienna the teaching material *Zeitung in der Schule* (Newspaper at School) provides information on addiction and media competence in this respect. The measures taken for vocational schools focus on improving the ways of dealing with drug cases. For instance, the Step by Step programme of Salzburg was modified for this specific purpose (Drogenkoordination des Landes Salzburg 2006), and in Vorarlberg several initiatives have drawn up their own prevention regulations.

In Lower Austria the new join-in theatre play *Traust du dich?* (Do You Dare?), which is the first of its kind to include gender aspects, has been available for booking, combined with a parent meeting or an educational conference, since the school year 2005/6. The Station Model (see EDDRA), which aims to integrate in the school system modern educational methods and prevention aspects, was evaluated and expanded in the reporting period. It focuses on further training for teachers, who, in cooperation with experts, organise a modular action day at their schools. Experience has shown that this model is very helpful as an introduction to prevention and may easily be adapted to specific situations. What is central for good results is a teacher who manages the project, as well as support on the part of the head of the school. In order to promote the long-term integration in school routines of the themes and methods of prevention, an enhanced version of the station model was developed. The project is often implemented as a response to concrete drug incidents, therefore a specific brief intervention programme was also prepared, which focuses on help instead of punishment. It makes it possible to provide appropriate assistance quickly in cases of suspected drug abuse at school and serves as a link between the Station Model and Step by Step programmes.

In the field of **kindergartens**, no relevant developments have taken place. Vienna is analysing demand in this field in order to get an overview of the current situation regarding prevention in the kindergartens of Vienna as a basis for measures to be taken (Kolar, personal communication). It has been planned to establish a system for training multipliers all over Vienna.

The prevention measures for the target group of **parents** primarily focus on information on addiction and prevention. For instance, *Drogen – Angst ist ein schlechter Ratgeber* (Drugs: Fear is no Good Guidance) is an information and discussion event for parents of youths in rural Salzburg, which aims to reduce feelings of insecurity with regard to drug use among young people (Schabus-Eder, personal communication). In the district of Dornbirn, Vorarlberg, the booklet *Kindersorgen – Sorgenkinder* (Children's Problems – Problem Children) has been prepared as a low-threshold approach to the relevant programmes and services for parents in the district. The campaign *Leichter Leben* (Easy Living) of the drugstore chain dm also deserves mention: its booklet includes advice for parents on how to promote responsible attitudes by children towards addictive substances. VIVID, the Addiction Prevention Unit of Styria, prepared a special supplement to the Kleine Zeitung daily under the title *Wissen schützt!* (Knowledge Will Protect You), 205 700 copies of which were distributed in September 2005. It aimed at informing the public on addiction and prevention as well the services provided by the Addiction Prevention Unit. Because of the resulting great demand shown by parents, the project will be repeated in 2006.

Prevention in the **workplace** is another focal theme in Austria. In this field, trainees are an important target group. Again, further training schemes for teachers and instructors of trainees form an essential part, but courses for managerial staff are also organised. The corresponding courses, for instance, Sunplus of Upper Austria, aim to raise the awareness of and understanding for prevention activities and to provide basic know-how. The services include communication training for talks in the case of drug incidents. The Addiction Prevention Institute of Vienna is building a prevention network with the aim to establish quality standards for prevention in the workplace and to coordinate the corresponding projects (FSW 2006a). In addition, a conference on addiction in the workplace will be organised. In Styria, theatre education approaches will now also be used for health promotion and prevention in the workplace. The objective of the project *blauPAUSE* (Habit Break) is to develop interactive theatre plays in order to raise awareness and to introduce this theme in enterprises and also non-profit organisations.

A survey at vocational schools and residence halls for trainees in Styria (Hutsteiner et al. 2005, see Chapters 1.4, 2.2 and 12.1) has shown that many forms of cooperation exist in the field of prevention. Section 13 of the SMG is mostly regarded as helpful, but as the trainees stay at vocational school for short periods only, it is difficult to detect substance abuse at an early stage (see Structured Questionnaire 22). What is recommended is measures that raise the trainees' self-esteem and help them to resist peer group pressure, as well as a wider range of attractive spare time activities at the residence halls, objective, well-founded information on substances and their effects and risks, and eventually counselling services at schools provided by external experts. Regarding Section 13 of the SMG, modifications so as to take into account problem alcohol use would be desirable, as would be a stronger participation of parents with regard to decisions about psychosocial interventions. In addition, better communication between the residence halls and the vocational schools would be advisable and a formal structure for pertinent actions should be created. Eventually, demand has been identified for further training schemes for vocational school teachers and residence hall tutors as well as measures for burnout prevention among advisory teachers, who play key roles and face great stress.

The prevention measures in **recreational settings** addressing young people (both students and trainees) often combine primary and secondary approaches (see Chapter 3.2), because at that age, young people are likely to experiment with drugs (ÖBIG 2001b). In the reporting period, the existing further training schemes for multipliers were expanded. For instance, in Vienna a module on prevention was integrated in the youth social work training programme (FSW 2006a). VIVID, the Addiction Prevention Unit of Styria, offers further training programmes complementing the *High genug?* (High Enough?) methodological prevention set (ÖBIG 2005a), which had been revised and evaluated. By spring 2006, around 200 sets had been distributed, in particular to organisations specialising in youth social work, and their feedback with regard to subjects covered and practical use has been very positive (see EDDRA). However, the reference booklets tend to be consulted more often than the materials that require more intensive study.

In recent years Austria has seen a significant increase in **community-located** prevention activities, which, apart from awareness-raising among the public, have also triggered the demand for training courses, workshops and outpatient services of drug care centres (Ederer,

personal communication). VIVID of Styria issued guidelines for community-based prevention, which aim to provide assistance to decision-makers and private persons in communities who want to plan and carry out prevention projects. The guidelines include information on and suggestions for possible interventions, practical examples as well as check-lists for implementation. In addition, information lectures for communities are offered. In the city of Salzburg, three working groups for the fields of infancy, schools and youth social work outside school will be established in order to ensure an effective implementation of a set of prevention measures that have already been adopted (Drogenkoordination des Landes Salzburg 2006).

Styria's project *Jugend ohne Grenzen?! Mladi brez meja?!* (Youth Unlimited?!; see ÖBIG 2005a) has meanwhile been evaluated (see EDDRA). In addition to further training courses and events on the issue of addiction, a public relations initiative for financing small projects was carried out, and the soft drinks bar soft:bar was offered to these projects free of cost. The initiative got high publicity in the towns where it was implemented, and it was generally regarded as important. However, the respondents from the Slovenian towns turned out to know significantly more about available assistance services in the case of addiction problems than the respondents from the Styrian towns participating in the project.

The *Guat beinand* (Feeling Good) Interreg project of Salzburg was concluded in 2005 (see EDDRA). In most towns, well-functioning local project groups were established, and a wide range of health promotion and prevention measures were carried out. The evaluation has shown that the communities' motivation as well as the makeup of the local project groups were essential for the implementation and sustainable results of the project. In particular at the initial stage of the project, assistance by prevention experts is essential so that a common understanding of what addiction is may be achieved. Based on the experience made, a follow-up project was started: *FeierFest!* (Party Proof!) focuses on protection of young people and the promotion of a new awareness of and approach to party culture (Rögl, personal communication). Young party peers will take part in the project order to ensure its attractiveness for young people.

Further activities in the field of prevention include the newly established network for graduates of the academic course in addiction prevention in Upper Austria and federal initiatives to improve the coordination of prevention activities in Austria so as to create synergy. For this purpose, a coordination meeting with relevant institutions was held early in 2006.

3.2 Selective/indicated prevention

In Austria, addiction prevention activities addressing specific target groups are primarily found in **recreational settings** and aim at communicating a critical attitude to psychoactive substances (risk competence). What plays a central role in this context is youth social work outside school, a field where primary and secondary prevention overlap (see Chapter 3.1). In Vorarlberg, the third round of district conferences was started in the second half of 2005 (ÖBIG 2004, ÖBIG 2005a). In 2005 more than 200 system partners from the fields of drug social work, youth social work, care and treatment, schools, sports associations, administration and politics took part in the district conferences. In summer 2006 Supromobil started the new Interreg project *Reflect and Act – Jugendkultur in bewegenden Bildern* (Youth Culture in

Moving Pictures). In this project, young people between 14 and 26 are encouraged to tell their own digital stories and reflect on their personal environment and their own youth-cultural background. Since 2005 MDA basecamp, under the heading of mobile drug work in everyday life, has organised several activities, which take place in traditional meeting spots of young people such as large cinemas, shopping centres, pedestrian areas and also youth centres. Experience has shown that although this approach does not typically lead to a great number of confidential talks with at-risk youths, it helps to expand the target group of prevention workers.

The members of the **club and party scene** have been identified as a specific at-risk group. In Vorarlberg, the working group on event actions drew up a programme of activities for the year 2006 which, in addition to positive experience of recent years, also integrates other measures such as consulting for organisers of events, qualified further training of staff as well as innovative products aimed at harm reduction. The presence of ChEck iT! at a large techno event in Lower Austria underlined the importance of public relations work and information on the work of this service and it has shown that activities also at other large techno events were important so as to approach new techno fans and to find access to and acceptance of this scene. In summer 2005, MDA basecamp organised a networking meeting for organisations that provide event-related services. The common trends identified in this field are regionalisation and integration in larger networks as well as a stronger focus on the subjects of alcohol and cannabis.

Another important task of secondary prevention work of outpatient centres includes counselling for **at-risk families**. MDA basecamp and the drug counselling unit of Tyrol's youth centre Z6 opened a cannabis phone hotline for parents. In Lower Austria, a hotline for relatives of drug addicts was established where anonymous, cost-free initial counselling may be obtained (Hörhan, personal communication). In cooperation with Grüner Kreis, a booklet was published to support parents, families and young people with regard to early detection (Grüner Kreis 2006a).

Socially disadvantaged persons as a specific target group are addressed by projects such as aXXept of Streetwork Vienna: this is a counselling and care project for members of the punk scene and other "socially deviant" groups that was established in the middle of 2005 (FSW 2006a). Its objective is to reduce conflicts in public areas on the one hand and to improve the social situation of the young people on the other. In Lower Austria, Streetwork Rumtrieb, in the context of its outreach work in socially disadvantaged neighbourhoods of Wiener Neustadt, particularly focused on girls in 2005. In the Streetwork centre, a regular girls' afternoon was established, which serves as a basis for confidence-building and provides opportunities for intensive counselling talks and support in the case of specific problems.

As far as prevention activities addressing **immigrants** are concerned, Supromobil of Vorarlberg cooperated with *okay.zusammen leben* (okay. living together) to prepare an information leaflet in Turkish and German about counselling services. The existing German language and orientation courses for immigrants, in the context of treating child-related questions, also offer counselling with regard to education problems and addiction behaviour.

Children in families with addiction problems are becoming more and more important as a focus of activity; however, many measures, e.g., the European network ENCARE, concentrate on children of alcohol-abusing parents. In June 2006 an expert meeting on this subject took place in Salzburg, which included information on and discussions of the theory and practice of prevention, also with regard to illicit drugs. In 2005 Supromobil, in cooperation with the outpatient family services, drew up the Kasulino programme for children in families with addiction problems. The children are supported in a closed group, where they may experience alternatives to the influence coming from their families and develop new perspectives. Because of its good results the programme will be expanded.

4 Problem Drug Use

Problem drug use here means the frequent use of hard drugs (in particular opiates and cocaine), which is often accompanied by dependence and consequences for the health, social and legal situation of the consumers (see also Chapters 6 and 8). One has to bear in mind, however, that it is primarily patterns of use and not substances as such that are risky or safe. In addition, it is difficult to distinguish between experimental use and problem drug use (ÖBIG 2004). This problem is further aggravated by the fact that hardly any scientific analyses of this aspect are available.

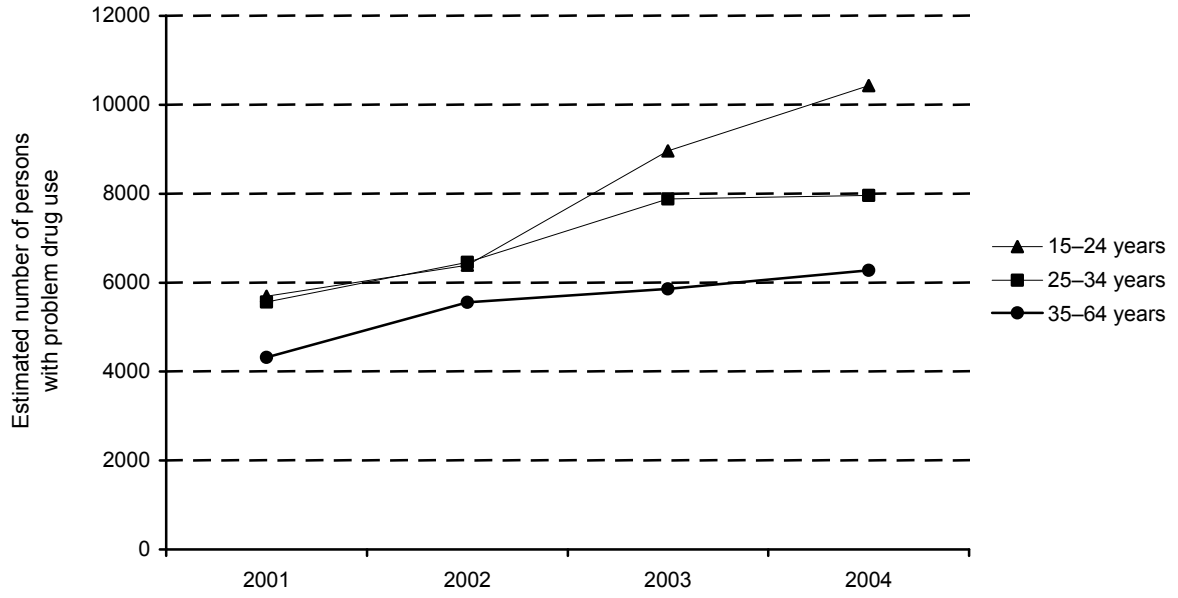
In Austria, poly-drug use with opiates, often administered intravenously, has traditionally played a central role. In the past decade the range of substances consumed in the context of poly-drug use has widened. Intravenous use of cocaine has also become more relevant in the street scene (Chapter 12, ÖBIG 2001a).

According to recent estimates, a prevalence rate of 25 000 up to a maximum of 32 000 problem opiate users, probably in the context of multiple drug use in the majority of cases, seems realistic for Austria. However, prevalence estimates of poly-drug use are difficult to give as methodological problems arise due to the complexity of the subject. Therefore the figures obtained are conclusive to a limited extent only (ÖBIG 2003). Thus any results given are rough approximations and have to be interpreted with caution.

4.1 Prevalence and incidence estimates

In Austria scientific estimates regarding the prevalence of problem drug use are only available for opiates or poly-drug use with opiates. In the context of Austria's monitoring project, the estimates that had so far been available until the year 2002 (ÖBIG 2003) were updated to include the years 2003 and 2004 (ÖBIG, under preparation). For the capture-recapture method, on which the prevalence estimate is based, data on substitution treatment and reports to the police relating to opiates were used. The results of a complementing survey among physicians providing medically assisted treatment (see Chapter 4.2) were used to include a correction factor in the estimates in order to account for the share of ghost cases in the total of substitution patients registered. For the year 2004, a total number of 29 597 persons is thus estimated (95% confidence interval: 27 763, 31 431), while, for instance, the corrected estimate for 2001 is 17 750 (95% confidence interval: 16 620, 18 880). Figure 4.1 gives the relevant age stratified estimates. An increase in prevalence rates of problem drug use with opiates is found especially in the age group between 15 and 24 years.

Figure 4.1: Results of prevalence estimates of problem drug use with opiates by means of 2-sample CRC method, age-stratified, from 2001 to 2004



Source: ÖBIG, under preparation

The results of the 2-sample CRC estimates could mostly be verified for the years 2001 and 2002 by means of 3-sample CRC estimates, which also included drug-related deaths (for 2004 and 2005, the data on drug-related deaths, which are needed for the 3-sample CRC estimates of 2003 and 2004, have not yet been available).

Because of methodological restrictions, all results based on the CRC method give approximate figures only. For instance, the estimated number of problem drug users may be biased as, for instance, not all persons reported to the police because of opiate offences are likely to be problem drug users, or because substitution treatment has become available to new groups of clients. Another uncertainty is accounted for by interactions between data sources (e.g., the fact that a person has been reported to the police may have an influence on the probability of substitution treatment). However, this bias cannot fully be taken into account in the context of 3-sample CRC estimates. According to Uhl and Seidler (2001), in the case of CRC estimates it is realistic to assume that the true figures lie somewhere between 50% and 200% of the estimate.

In addition, trends that have been observed with regard to the number of persons estimated may also be influenced by systematic changes in the sources of error. Assuming that the sources of error have not strongly changed in the period from 2001 to 2004, one may conclude that the number of problem drug users has risen. This conclusion is corroborated by the fact that the corresponding increase in the age group between 15 and 24 is significantly greater than in the other age groups, as Figure 4.1 shows. Another indication of a rise in problem drug use is that in recent years the number of drug-related deaths has been found to go up while the average age has fallen (see Chapter 6.1). At present, data from the treatment sector, which are important for an assessment of the overall situation, are still lacking. The single fact that the number of persons undergoing substitution treatment has risen (see Chapter 4.2) does not tell whether this rise is due to growing numbers of problem users of

opiates or better availability of this type of treatment. Apart from the routine data sources mentioned, qualitative estimates at local level have repeatedly been made and also indicate a rise in problem drug use. For 2005, such estimates have been communicated by Upper Austria (Pro mente Oberösterreich 2006) and Burgenland (Dantendorfer 2005).

Taking into account the data sources mentioned and based on the available data, it is fairly safe to assume a quantitative rise in persons showing problem patterns of drug use with opiates. This trend should also be regarded in connection with the fact that a distinction between experimental use and problem drug use is becoming increasingly difficult. Further analyses (e.g., studies of the relevant scenes) are imperative for identifying causes and backgrounds on the one hand and for confirming the current trend estimates on the other.

4.2 Main characteristics and patterns of use

By the end of 2005 DOKLI, Austria's nationwide treatment documentation system, was fully established. In the context of this documentation system, which has been established on behalf of and financed by the BMGF, nationwide data on clients of drug help centres are centrally collected in accordance with the documentation standards of the EMCDDA and analysed at the ÖBIG Institute. For further details see http://tdi.oebig.at. At present (August 2006) a total of 179 drug help centres have contributed data to the DOKLI system. In 2007 the first annual analysis of the data for 2006 will be made. As Austria has no uniform data collection system for the field of treatment, so far only few data of limited interpretative value are available.

Recent data for Vienna coming from the BADO Basic Documentation compiled by the Viennese working group on documentation are available for the year 2004 (IFES 2005b). The data that could be evaluated relate to a total of 3 614 clients who received counselling in one of the 27 drug help centres in Vienna in 2004. In this context, counselling is defined as a minimum of three contacts at intervals of no more than three months, or as inpatient treatment. Regarding data quality, it should be mentioned that 2 892 sets of data had to be excluded as they were incomplete to an extent that made analysis impossible. Furthermore, the data sets that were actually used for analysis were also incomplete to varying degrees, therefore the total numbers to which the individual percentages relate are given in brackets in each case. The figures below only refer to clients of drug help centres, therefore they are valid only with regard to those persons with drug problems who have actually turned to the drug help system.

28% of the clients receiving counselling were women (n = 3 477). 48% were between 21 and 30 years old, 18% were under 21, 24% were between 31 and 40, and 10% were over 40 (n = 3 488). While 24% of the female clients were under 21, the share of men in this age group was only 14%. 26% of the clients had one or more children (n = 1 682).

The data on patterns of use confirm the indication that multi-drug use with opiates dominates among those persons with drug problems that have been registered in the treatment system of Vienna. The analyses on the current form of application have yielded interesting results: according to the data from 2003, surprisingly, the most frequent application route of heroin was indicated to be nasal, which was found again in the data from 2004. 53% out of 625 her-

oin users indicated nasal use in the past 30 days before the start of counselling. 42% said they had injected heroin and 5% had smoked heroin, while indications of oral use were not found. In this regard, further analyses would be necessary in order to find out whether snorting is typical of the initial stage of heroin use and if the respective persons will turn to i.v. use later, or whether there are exclusive heroin snorters. Other opiates and substitution substances were injected by 33% of users, snorted by 1%, and used orally by 65% (n = 551). In the case of cocaine, the share of i.v. users was 47% (nasal use: 51%; smoking: 2%; n = 509). Amphetamines were used intravenously by 7%, nasally by 53%, and 40% indicated oral use (n = 58).

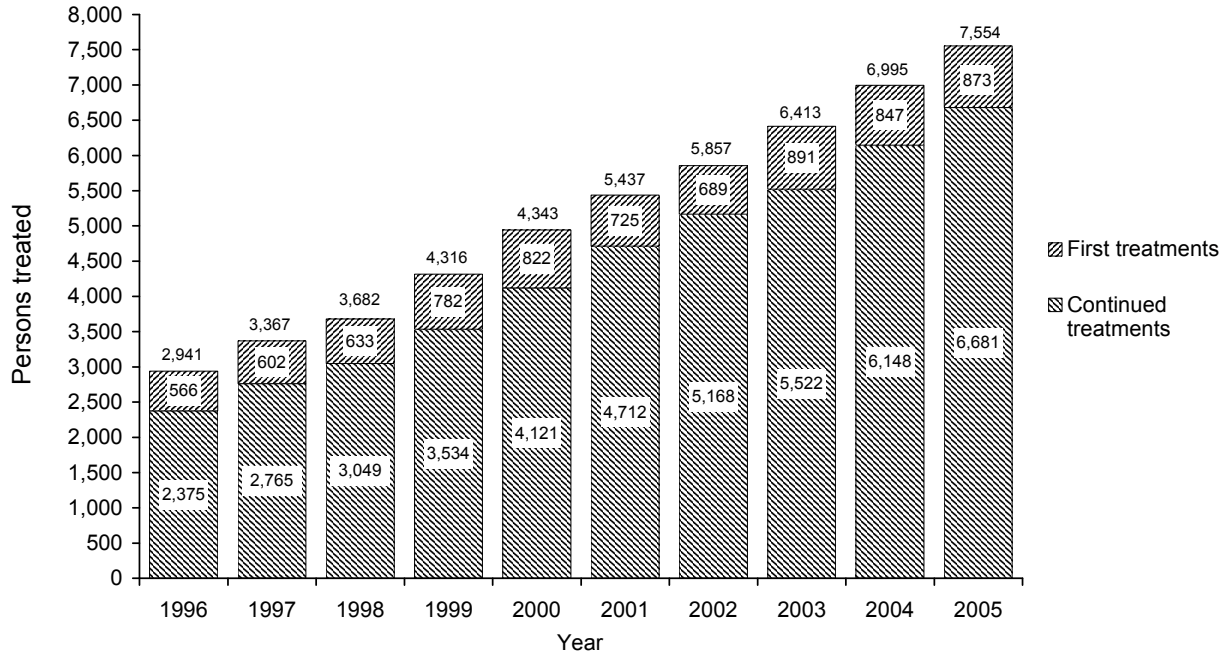
44% of the clients had turned to a drug help centre for the first time, and 56% of them had already received drug treatment and care at such a centre at least once in the past (n = 1 826). 40% were undergoing substitution treatment (n = 2 264). The figures given approximately correspond to the results of the BADO evaluations of 2002 and 2003 (IFES 2003, IFES 2004b).

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

A central problem of the current monitoring of substitution treatment is that physicians often do not report the end of treatment. As a consequence the corresponding clients are still registered in the statistics as persons undergoing substitution treatment several years after the actual end of treatment (ghost cases). This error, which accumulates over the years, constitutes a massive problem in particular for estimates of prevalence rates. In order to assess the magnitude of this error (and to permit a statistical correction of the prevalence estimates), in 2005 the physicians registered as currently providing substitution treatment to a random sample of 600 clients were interviewed with regard to the actual treatment status of those clients. The share of ghost cases identified in this way amounted to approximately 35%, and a strong correlation between duration of treatment and share of ghost cases was found. For instance, the share of ghost patients in persons registered as undergoing treatment for no longer than two years was only 3%, compared to 55% in the case of persons for whom substitution treatment for 6 to 10 years was reported, and 70% for persons registered as under treatment for over 10 years (ÖBIG, under preparation).

The increasing acceptance of, and resort to, substitution treatment is reflected in the annually rising number of persons reported as currently undergoing substitution treatment. The number of first treatments (number of clients reported as undergoing substitution treatment for the first time in life) slightly rose in 2005 compared to the year before (see Figure 4.2).

Figure 4.2: Development of annual registrations of persons currently undergoing substitution treatment in Austria by first treatment and continued treatment, from 1996 to 2005



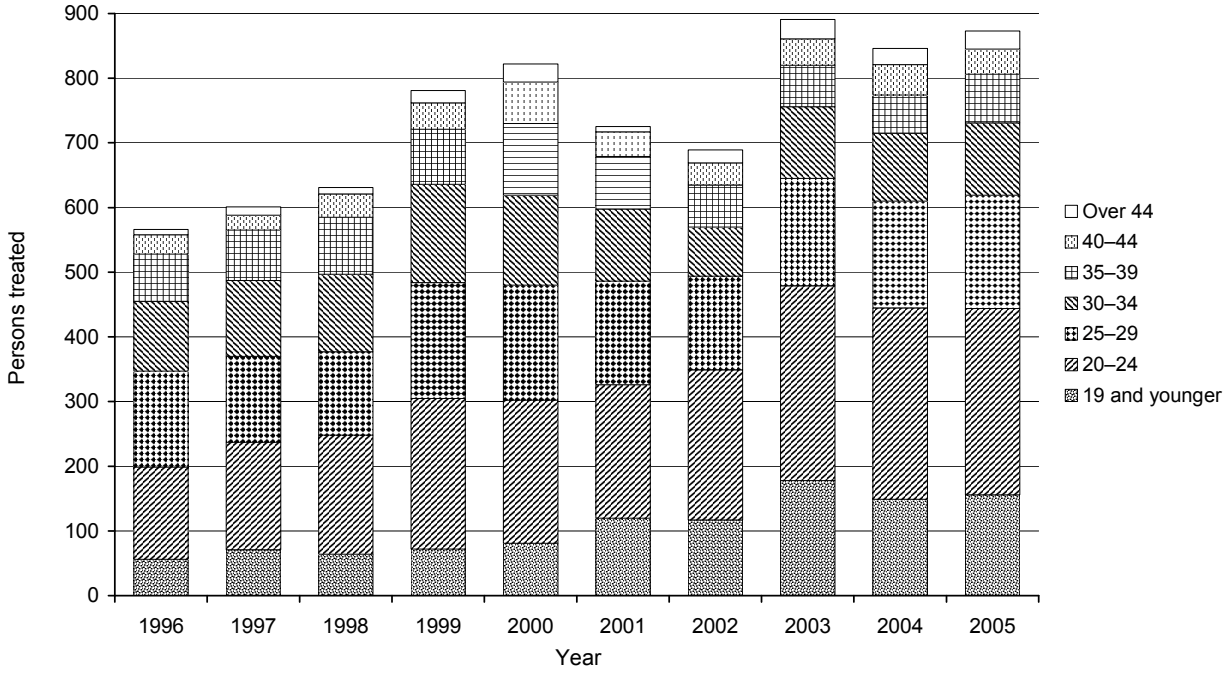
Note: **Continued treatment** means treatment started before the respective year or repeated treatment of persons having undergone substitution treatment in the past. **First treatment** means treatment of persons who have never been in substitution treatment before.

Sources: BMGF, calculations by ÖBIG

Figure 4.3 (see following page) shows that the rise in first treatments in recent years has primarily been accounted for by the age group up to 19 and the group between 20 and 24. From 1995 to 2000 the share of these two groups was between 35% and 40%, continuously rising since then to 54% in 2003. In 2005 it was 51%.

On the one hand this rise may indicate easier access to substitution treatment for young opiate users. On the other, it may also point to an increase in prevalence rates of (poly-)drug use with opiates (see Chapter 4.2). What is also interesting in this connection is that the rise in first treatments considerably differs according to region. For instance, in recent years increases have been registered in Carinthia and Vorarlberg, while Styria and the Tyrol report declines (BMGF, calculations by ÖBIG, see Table A21 in Annex A).

Figure 4.3: First substitution treatment in life by age, from 1996 to 2005



Sources: BMGF, calculations by ÖBIG

Gender-related analyses show that the share of women in persons undergoing substitution treatment for the first time has been between 25% and 35% over several years (2005: 26%). In 2005, as in previous years, the share of women in the group under 20 undergoing treatment for the first time (40%) was markedly higher than in any other age group. In the older age groups men clearly predominate. The fact that the share of women undergoing substitution treatment has been found to be higher among young age groups is in line with similar observations reported by BADO (Vienna) and also with regard to drug-related deaths. It is the subject of further studies currently undertaken in the context of an EMCDDA project by Austria, the Czech Republic, Greece, the Netherlands and Switzerland.

In recent years qualitative reports from a few provinces have indicated a possible abuse of slow-release morphines in the context of opiate use (e.g., Zeder, personal communication; Neubacher, personal communication). The available data do not permit a quantitative assessment of this problem at present. According to reports from Graz there is a certain scene using Ritalin intravenously, however, this has turned out to be a local phenomenon (Zeder, personal communication).

5 Drug-Related Treatment

Austria attributes great importance to a diversification of the available treatment options. As a result, in the past decade the inpatient sector saw a development from long-term to short-term treatment and generally, to more flexibility with regard to possible kinds of therapy, for instance in the form of modular systems. This more flexible approach aims at taking individual needs into account to a greater extent. The trend towards diversification also shows in the field of substitution treatment, where a number of different substitution substances may be prescribed. In quantitative terms, substitution treatment has become the most important form of therapy in Austria, and efforts to improve it have continuously been made (see Chapter 4.2).

Drug-specific counselling, care and treatment services are provided both by specialised centres and in the context of the general health care system (e.g., psychiatric hospitals, psychosocial services, established physicians). Established primarily in the outpatient sector but increasingly often also for inpatients, they include measures oriented towards drug-free treatment as well as substitution treatment, therefore they can be classified to a limited extent only. As the general aim is to build a comprehensive care network, most centres also provide a variety of preparatory and aftercare measures as well as recreational and reintegration services (see Chapter 9.1) and also measures for specific target groups (e.g. young people or persons with psychiatric comorbidity). The services mentioned in this report are described in more detail on the web sites as well as in the annual reports and newsletters of the individual centres (see Bibliography).

5.1 Treatment system

By now Austria's network of drug-related assistance, care and treatment centres is almost nationwide (see Maps 5.1 and 5.2). As already mentioned in previous reports, there are still waiting lists, and waiting times have to be accepted before assistance services or treatment can be started (ÖBIG 2004, ÖBIG 2005a). There are provinces where the waiting time for the first counselling talk is even up to five weeks. One reason for this seems to be the current examination practice to refer persons to counselling without necessity, which is reflected in rather high shares of persons receiving counselling for a short time. For instance, Salzburg reports that the number of concluded counselling cases is continually rising compared to the overall number of person receiving counselling in drug help centres. In 2005, six to seven out of ten cases were concluded v. only between four and five out of ten cases in 2000 (Drogenkoordination des Landes Salzburg 2006). Another reason is that rising numbers of substitution patients contact counselling centres in the context of accompanying psycho-social measures. This has been reported from Styria, among other provinces. In addition, the rising trends in drug use (see Chapter 4.1) will also show effect in this regard.

In the reporting period, the existing services were both expanded and more specifically oriented towards the respective target groups. For instance, in 2005 the association Dialog (Vienna) opened the Dialog 10 counselling centre, whose services include a focus on young

drug users (see Chapter 11.5). On the one hand, appointments for counselling may be made, and on the other, open services are offered, in particular for opiate addicts whose situation in life makes it difficult for them to stick to fixed dates. Another new service of Dialog's is acupuncture, which is especially useful for clients who want to undergo withdrawal. Lower Austria meanwhile has completed the expansion of seven centres as planned, i.e., in each district or for every 50 000 inhabitants, respectively, one full-time staff (30 hours social work, 5 hours medical treatment, 5 hours psychotherapy) has been employed (Hörhan, personal communication). Since July 2005, Grüner Kreis offers cost-free addiction counselling at the offices of Lower Austria's Public Employment Service (Grüner Kreis 2006b). The question to what extent young people and children may find support on a peer basis was discussed in an expert meeting initiated by Supromobil and Club Antenne, a peer support services and contact centre in the province of Vorarlberg, and held at the therapy department Carina (Vorarlberg) in December 2005. Based on the results of this meeting, special services will be developed. Burgenland is expanding its services of home visits by medical specialists (Dantendorfer 2005).

Activities to integrate gender mainstreaming in drug-related work have also been continued (see Chapter 12). February 2006 saw the start of the preparation of guidelines for gender-specific drug help work, based on a survey of existing gender-sensitive and gender-related services and interventions in Vienna's drug help centres. Dialog introduced a men's group under the title 4men, which addresses individual male substitution patients aged 20 or older. Its aim is that the participants join forces to find coping strategies and ways of establishing daily structures. The Drug Counselling Centre of the Province of Styria organised a new women's group (see Chapter 9.1). As the group members said they preferred better continuity, since the beginning of 2006 regular group meetings have been held once a month.

In order to assure the quality of addiction help services, corresponding guidelines were drawn up and further training courses were organised in the reporting period. For instance, a guide to the medical treatment of patients with substance-related addictions was issued as a reference book for established doctors in Styria, covering the relevant theories, substances and treatment options (Ederer, personal communication). Early in 2006 ChEck iT!, in cooperation with other drug service providers, drew up standards for online counselling that are available on the Internet (*www.e-beratungsjournal.net*) and as a booklet. They include both basic know-how of online counselling and motivational interviewing as a useful approach for this purpose as well as concrete guidelines for actions in the context of practical implementation. Lower Austria is preparing a quality assurance programme for drug help centres (Hörhan, personal communication). In November 2005, the Austrian Association of Experts in the Field of Drugs (ÖVDF) organised an event under the heading Drug-using young people between adjustment, downfall and exclusion, which aimed to communicate approaches to action as well competences so as to facilitate dealing with this theme. A symposium of the Maria Ebene foundation of Vorarlberg, also held in November 2005, focused on addiction and immigration, i.e., the specific situation of young immigrants and the resulting opportunities and problems of inpatient drug treatment. An additional workshop provided an opportunity for an exchange of experience regarding treatment of and care for drug-addicts from immigrant families. It has shown that these services have to take into account the clients' special situation as immigrants. The Lukasfeld therapy department reports good results re-

garding the integration of addicted patients whose families come from Turkey or former Yugoslavia.

ASBO, a new transboundary Interreg III A project of the European Union that focuses on acute treatment of addiction patients in the Bodensee region (bordering Austria, Germany and Switzerland) is aimed at linking and comparing the treatment services in the Alpenrhein-Bodensee-Hochrhein region in order to derive best practice models. In this context two addiction dialogue events were held in the first half of 2006, in which the participating service providers from the Bodensee region exchanged their experience of withdrawal treatment on the one hand and comorbidity of addiction and other psychological diseases on the other. The first Austrian addiction aid fair held in autumn 2005 also focused on networking. Here, mostly inpatient treatment centres presented their services.

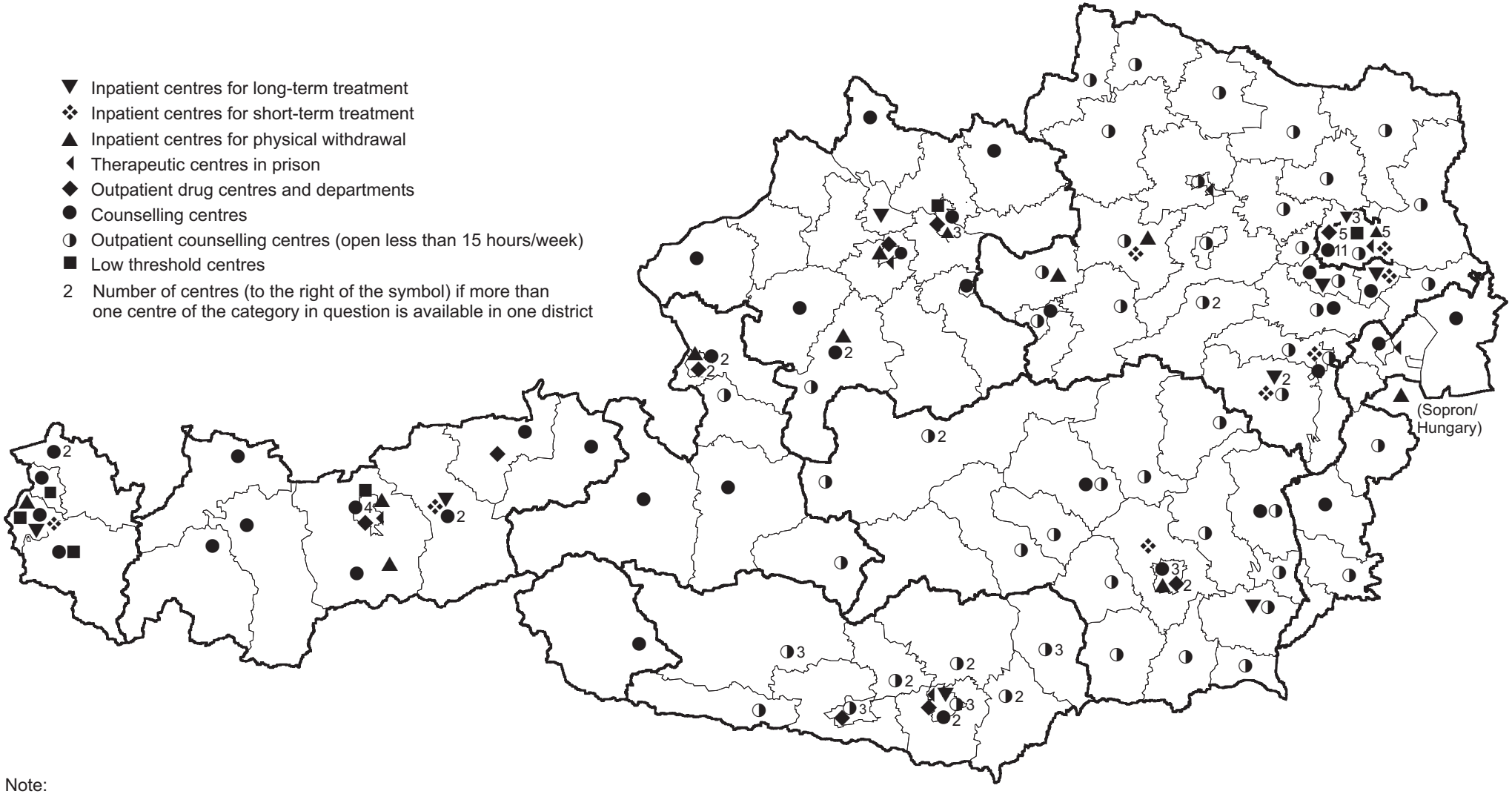
5.2 Drug-free treatment

No relevant changes took place in the field of drug-free treatment. In Austria withdrawal treatment is mostly carried out in inpatient departments, but more and more often also in outpatient settings. Generally, the trend towards more flexible programmes of differing duration has continued in Austria. The waiting times for admission to inpatient therapy are between 10 and 100 days (Suchthilfekompass/Austrian Addiction Help Compass).

The Erlenhof treatment centre, in cooperation with the local and district governments, developed a programme for addicted mothers with children. However, it turned out that many mothers were only ready to start treatment after their children had been placed in care by the youth welfare departments, or did not turn to drug help centres because they feared that their children might be taken away from them (pro mente Oberösterreich 2006). In the context of the 2005 Quality Assurance Initiative, the therapy department Carina (Vorarlberg) started to implement a standardised clinical and psychological admission diagnosing system (see Chapter 7.3), which systematically records the quality of the results of treatments that are concluded as planned and which collects discharge diagnoses and catamnestic data on treatments concluded as planned in a standardised way. The stage of developing and testing the admission diagnosing system has been finished, and it has been integrated in the treatment process as of the beginning of 2006. Analyses made so far show that 85% of the patients interviewed said that the treatment had been successful or very successful and that they were satisfied or highly satisfied with the treatment they had just concluded (Stiftung Maria Ebene 2006).

A study on quasi-compulsory treatment carried out in Vienna showed that the corresponding treatment was successful both among volunteer patients and persons who had undergone treatment in the context of the therapy instead of punishment approach (Trinkl and Werdenich 2006; see Chapter 12.1).

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

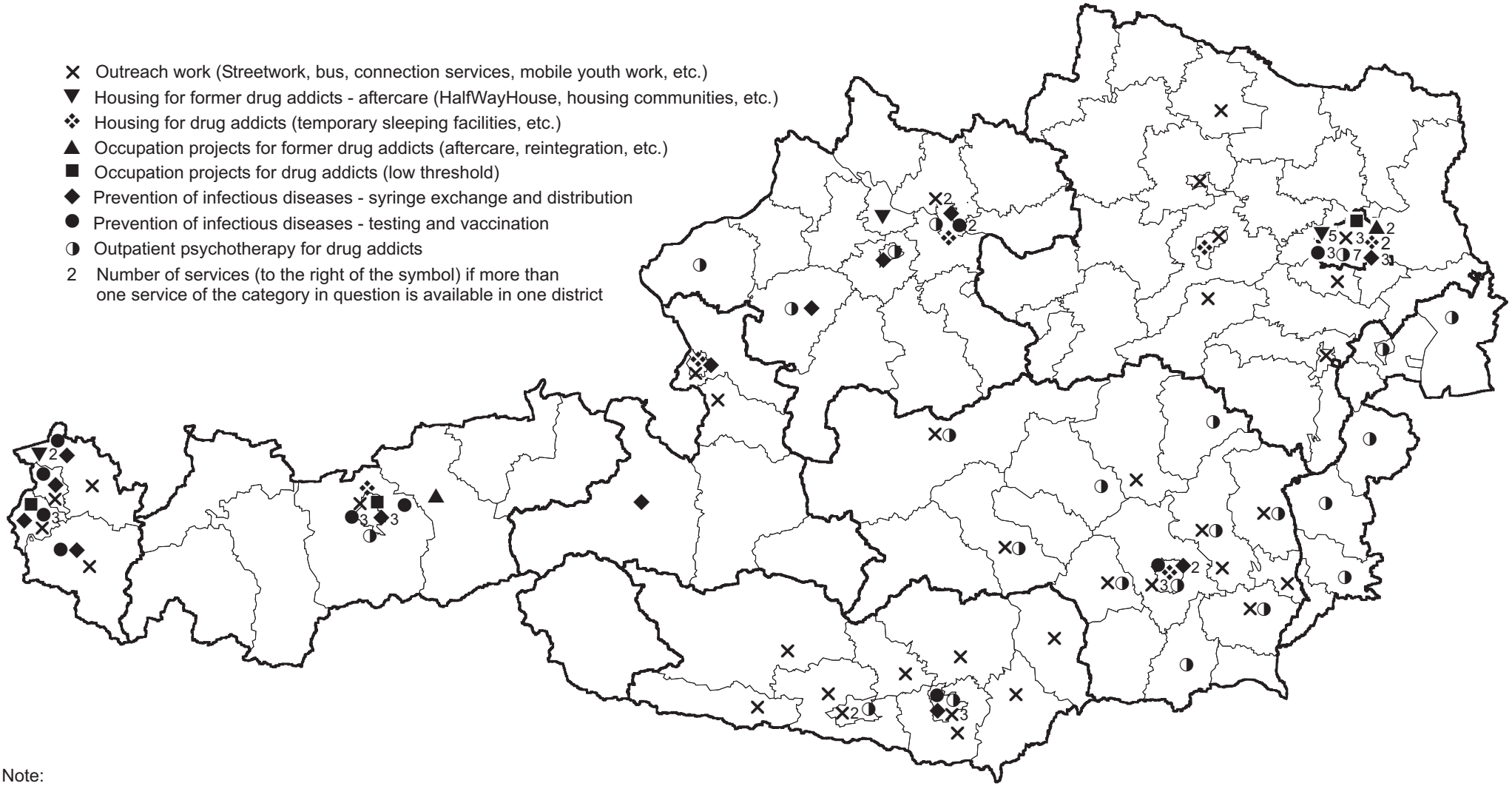


Note:

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

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2006

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



Note:

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

Source: ÖBIG - based on information by the Drug Coordinators and Drug Representatives as of August 2006

5.3 Medically assisted treatment

Based on the results of the working groups that have met in recent years, two decrees laying down the future framework of medically assisted treatment were drafted in the reporting period (ÖBIG 2004, ÖBIG 2005a; see Chapter 1.1). Their objective is to optimise substitution treatment, however, several of the amendments proposed have given rise to controversial debates among experts. What they primarily demand is that adequate transitional provisions be adopted and, in part, also that slow-release morphines continue to be available for substitution treatment.

The amendments to and new provisions of the Decree on Narcotic Drugs that have been planned include especially careful diagnosing before substitution substances are prescribed to young people and to patients addicted to opiates for a short time only, and in addition, methadone and buprenorphine are to be prescribed primarily, while other substances such as slow-release morphines should only be administered if the former two substances are contraindicated. As a rule, patients will have to take their daily doses of substitution medicine under supervision, and exceptions will be granted only to a very limited extent, and particular restrictions apply if slow-released morphines are used. In future, all prescriptions will have to be authorised by public health officers, who will also be in charge of checking the qualification of attending doctors and the conformity with the Decree of indications and treatment decisions.

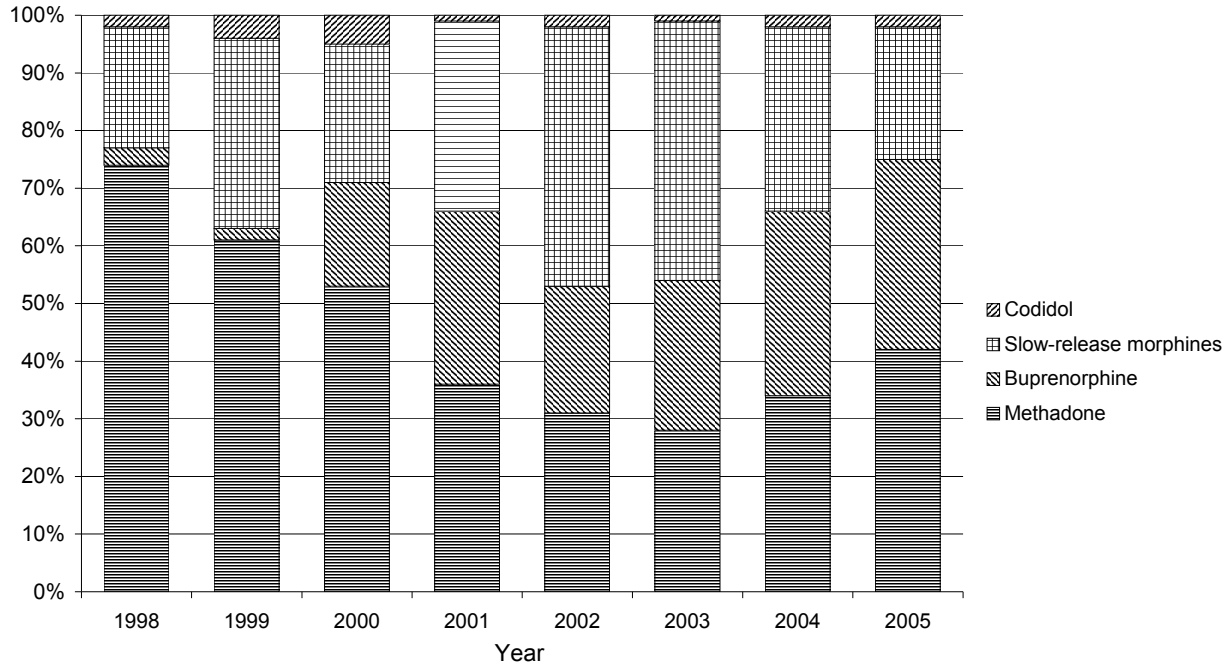
The draft of the Oral Substitution Further Training Decree (ÖBIG 2005a, Chapter 1.1) provides that in future only physicians with special qualifications be authorised to practice in substitution treatment programmes. The required further training is to be ensured by the Austrian Medical Association, in cooperation with medical universities and other organisations. The training scheme envisaged would consist of a basic training module (40 lessons) plus additional further training (6 lessons per year on an average within a period of three years). 20 lessons of the basic module may be studied via e-learning. The qualification licence would have to be submitted to the district authorities, which will have to maintain a list of doctors qualified to practise in substitution programmes. Entries in the list would be valid for three years, and 3 months before the end of this period, an extension would have to be applied for. Transitional provisions are planned for persons who have been working in the field of medically assisted treatment for a long time already.

Styria reports insecurity among both attending doctors and addiction patients due to the delays and the unclear situation regarding the planned modification of the legal framework. In Salzburg, the system of branch offices of established physicians in drug counselling centres was further developed in the reporting period (Drogenkoordination des Landes Salzburg 2006, ÖBIG 2005a), and the Working Group on Substitution decided to retain the three-stage model of substitution treatment (ÖBIG 2005a). Lower Austria's substitution model for the district of Sankt Pölten Land is successfully being implemented and will also be introduced in the district of Bruck an der Leitha (Hörhan, personal communication; ÖBIG 2005a). In Burgenland the substitution programme was expanded in the reporting period, and regional quality circles were established for this field (Dantendorfer 2005). In Vorarlberg's H.I.O.B. low threshold centre the Intensive Care Substitution programme was introduced in late 2005, which provides a wide range of enhanced assistance services (Neubacher 2006). In the cen-

tre, substitution substances may be obtained, and care and medical treatment are also provided there so that addiction patients with above-average treatment needs (e.g., persons showing risky patterns of use also of other substances) may be stabilised to a degree necessary for standard substitution treatment. In the majority of cases, methadone and buprenorphine are administered, while slow-release morphines are prescribed in justified exceptional cases only. The substitution substances are dispensed on a daily basis and taken under supervision, which also permits interventions if acute problems show. Additional use of other problem substances is tolerated but this issue is regularly addressed. The treatment goal and the current situation of the patients are discussed in weekly team meetings, and in part also with the patients concerned. The services offered include controlled outpatient withdrawal from benzodiazepines over a period of several months. The good results of this programme are also reflected in the fact that around half of the patients treated have applied for further treatment measures or withdrawal. In a number of drug help centres such as Clean Feldkirch (Vorarlberg), substitution substances may be dispensed to patients to take away only after a written application and if authorisation by a public health officer has been obtained (Stiftung Maria Ebene 2006). Since this time, the pertinent requests by patients have significantly gone down.

In 2005, as in the previous year, the discussion of amendments to the Substitution Decree (ÖBIG 2005a) have had considerable effects all over Austria on the number of new substitution patients (see Chapters 4.2 and 5.1). The share of first treatment patients who are prescribed methadone has gone up to 42%, while prescriptions of slow-release morphines have declined to 23%. The number of patients treated with buprenorphine and codeine has hardly changed, or remained the same (33% and 2%, respectively).

Figure 5.1: Development of kinds of substitution substance used for first treatment, from 1998 to 2005



Sources: BMGF, calculations by ÖBIG

Data from Salzburg on the age-related distribution of substitution substances show that slow-release morphines are primarily prescribed to older addiction patients, while buprenorphine and codeine are more often administered to young drug patients (Drogenkoordination des Landes Salzburg 2006).

6 Health Correlates and Consequences

The Ministry of Health has collected data on drug-related deaths in Austria since 1989. After the mid-1990s (see Table 6.1 on the following page) the overall number of directly drug-related deaths went down temporarily. In recent years, however, a rise has again been registered (see ÖBIG 2006b).

Infectious diseases are relevant in particular with regard to the risk of transmission due to intravenous drug use. The available data in this context are based on a few small samples from treatment institutions or low-threshold centres (see ÖBIG 2000). While the HIV prevalence rate still was around 20% at the beginning of the 1990s, it has remained at a low level since then (3 to 6%). However, the prevalence rate of hepatitis C is very high: the shares reported have remained between 50% and 80% in the case of hepatitis C and around 30% for hepatitis B.

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

6.1 Drug-related deaths and mortality of drug users

Regarding drug-related deaths, a distinction is made between deaths directly caused by drug use and indirectly related deaths[1]. In a number of countries, also Austria, the sum of directly and indirectly drug-related deaths was reported as the number of drug-related deaths for a long time. However, after intensive discussions of this issue at international level, for instance, in the context of EMCDDA projects, now all countries of the European Union only report directly related deaths with regard to the indicator of drug-related deaths. The reasons for this include that it is highly problematic to add direct and indirect deaths because this mixes up different indicators. In the case of indirectly related deaths, drug use has taken place a long time ago (for instance, in the case of persons who died of AIDS and had contracted HIV because of drug use). Often, these deaths are not necessarily related to current drug consumption. Another reason is that in most cases, these fatalities are assumed to be indirectly drug-related on the basis of conclusions that cannot be corroborated by direct data,

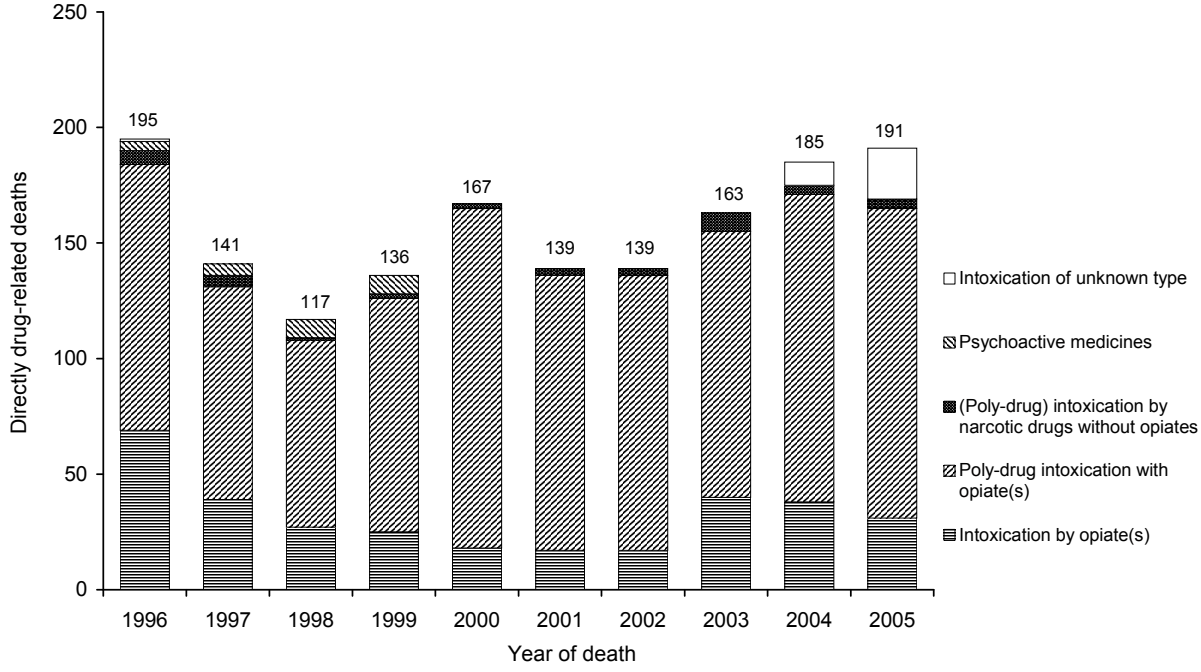
[1] In the case of directly drug-related deaths, a direct causal relationship between death and the consumption of drugs of abuse may be assumed. Different to indirectly drug-related deaths, an acute intoxication with a drug of abuse is the cause of death. This definition corresponds to the definition of drug-related deaths by the European Monitoring Centre of Drugs and Drug Addiction (EMCDDA)

In the case of indirectly related deaths, death has not been caused by an acute intoxication with a drug of abuse. However, because of the patient's history of drug use, her/his death may be related to drug consumption. According to the definition by the EMCDDA, indirectly drug-related deaths include death caused by diseases that may be related to drug use such as AIDS if the HIV infection has been brought about by intravenous drug use, accidents under the influence of drugs or suicides of drug addicts (excluding overdoses), among other causes. The causal relationship between drug use and death is indirect only and assumed on the basis of conclusions (ÖBIG 2006b)

and not even indirect causal relations between drug use and death can safely be established. In addition, the pertinent data are incomplete to large degrees because, for instance, if death has been caused by a secondary disease (e.g., hepatitis) that results from intravenous drug consumption, this fact may be overlooked so that the case in question is not reported as a possible indirectly drug-related fatality. The subject of indirectly related deaths is treated in more detail in Chapter 6.4.

In 2005 the number of directly drug-related deaths rose to 191 (2004: 185 cases, see Tables A3 and A4 in Annex A; ÖBIG 2006a, ÖBIG 2006b). In 25% of these cases, the toxicological analyses revealed only illicit substances (one drug or a combination of several drugs). In addition, psychoactive substances were found in 39% of the cases, 15% had also used alcohol, and 20%, both substances, i.e., alcohol and psychoactive drugs (see Tables A6 and A7 in Annex A). As in the past, poly-drug intoxications with opiates predominate (79% of all intoxications with known substances; see Figure 6.1). The share of persons who had exclusively taken opiates (18%) has slightly gone down compared to the previous two years (2001 and 2002: 12%; 2003: 25%; 2004: 22%). Patterns of multiple drug use, where the effects of different substances may be potentiating and thus can hardly be controlled, continue to be wide-spread and constitute serious health hazards.

Figure 6.1: Number of directly drug-related deaths in Austria by cause of death, from 1996 to 2005



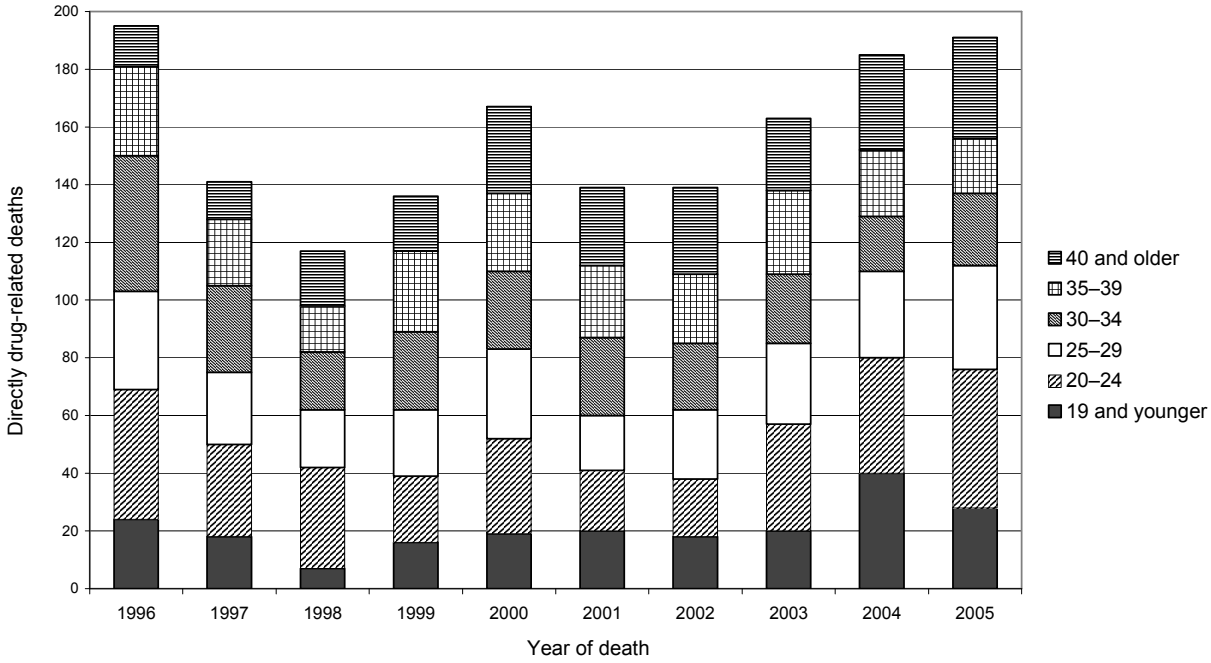
Source: ÖBIG 2006b

Until 2002 the average age of persons who died as a direct consequence of drug use was rising. Since 2003, the grouped median has become smaller[1], and was 25.9 years in 2005. The share of persons under 20 slightly rose in 2004, but in 2005 (15%) it was at a level simi-

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

lar to the preceding years (2002: 13%; 2003: 12%; 2004: 22%; see Figure 6.2). The share of persons between 20 and 24 years was 25%, which corresponds to the average shares in the past few years (2002: 14%; 2003: 23%; 2004: 22%). The share of women in directly drug-related deaths, i.e., 23%, is in line with the long-term average.

Figure 6.2: Age distribution of directly drug-related deaths in Austria, from 1996 to 2005



Source: ÖBIG 2006b

In 2005, the greatest number of acute drug-related deaths was registered in the province of Vienna, which is not surprising as drug problems tend to be more acute in and around larger cities. In Vienna, 8.2 cases of directly drug-related deaths per 100 000 inhabitants aged between 15 and 64 were counted in 2005 (see Tables A4 and A7 in Annex A). The Tyrol ranked second, with 3.6 deaths per 100 000 inhabitants (ÖBIG 2006b).

In the reporting year the places where the persons concerned had died were systematically recorded for the first time. This provides important information on locations where fatal overdoses typically occur. It has shown that the majority of directly drug-related deaths (i.e., 81%) occur in private apartments. An explanation for this is that a large part of high-risk drug use takes place in seemingly safe, private contexts, which, however, may mean that in the case of intoxication help is not available quickly enough so that the risk of fatal overdoses is elevated. In addition, analyses were made of diseases other than addiction that were diagnosed in persons who had died as a direct consequence of drug use (see Chapter 6.4).

Any changes in the number of directly drug-related deaths have to be interpreted with caution because their numbers are small in a statistical sense, and they must not be regarded as indicators of the development of the drug situation as such. However, as the number of directly related deaths has risen three years in a row, and taking into account that the average age has gone down, it is plausible to assume that the situation regarding directly drug-related

deaths has worsened. For this reason, specific health policy measures for risk minimisation should be considered.

6.2 Drug-related infectious diseases

Recent data from a number of low-threshold centres and inpatient departments (see Table 6.1) point to hepatitis B (HBV) infection rates ranging from 0% to 28%. The prevalence rate of hepatitis C (HCV) infections seem to have balanced out at a level between 50 and 60%, as this year's data hardly differ from the figures of the past few years.

Table 6.1: Data on hepatitis B, hepatitis C and HIV infection rates in 2005

Data source	HBV rate	HCV Ab rate[1]	HIV rate
Lukasfeld therapy department	16% (5/31)[2]	55% (17/31)	0% (0/31)
API long-term therapy department	0% (0/58)[3]	59% (34/58)	0% (0/58)
Low-threshold centre Ganslwirt	28% (22/80)[4]	49% (45/92)	3% (5/163)
Caritas Marienambulanz outpatient department	22% (21/94)[5]	49% (47/96)	0% (0/89)
Drug outpatient department of General Hospital Vienna	n.a.	49% (48/97)	2% (2/97)
Drug-related deaths (intoxications) in 2004	4% (7/185)	23% (42/185)	5% (10/185)
Drug-related deaths (intoxications) in 2005	n.a.	32% (61/191)[6] 48% (61/127)[6]	7% (14/191)[6] 12% (14/118)[6]

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

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

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

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

[5] Positive test results only refer to HBV sAb positive and not to anti-HBs positive results.

[6] Only 127 and 118, respectively, out of a total number of 191 expert opinions on directly drug-related deaths explicitly mentioned the presence or absence of HCV and HIV infections. In the case of the remaining 64 cases it is not clear whether no tests for the relevant infections were carried out or whether the results were negative and thus not mentioned. The two percentages given thus indicate maximum and minimum levels of HCV and HIV infection prevalence rates.

Sources: Duspara, Stolz-Gombocz, Haltmayer, Anderwald, Fischer: personal communication; ÖBIG 2006a, ÖBIG 2006b, see also Standard Table 9

A comparison of these prevalence data over several years shows that the figures reported by the individual centres tend to show smaller differences than in previous years. The centres continue to register low HIV prevalence rates between 0% and 5%, but the expert opinions on drug-related deaths have again revealed prevalence rates of more than 10% after many years. This is especially relevant as those findings relate to an independent sample, so one can be sure that incidence and prevalence rates have been kept apart. This trend confirms assumptions held in previous years that new HIV infections among intravenous drug users were rising (see ÖBIG 2004, ÖBIG 2005a). The forensic expert opinions on directly drug-related deaths also indicate that 4 out of 14 persons with HIV infections had already had AIDS symptoms.

Again, reliable statements on developments and trends cannot be given due to the small number of data sources. Since January 2006, data on drug-related infectious diseases have been collected in the uniform documentation and reporting system of clients of Austrian drug help centres (DOKLI), therefore, as of 2007 additional information from the treatment sector will be available (see Chapter 4.2).

In the reporting year, prevalence rates based on HCV-PCR tests were available for the first time, which provide better information on chronic developments than HCV antibody tests (HCV Ab). The corresponding data from the low-threshold settings of the Caritas Marienambulanz outpatient department and the drug outpatient department of the General Hospital Vienna show that more than half of HCV-Ab positive patients also had positive PCR results (47 out of 96 and 48 out of 97, respectively), while the corresponding percentages are lower in the treatment sector (Lukasfeld: 7 out of 31; Anton Proksch Institute: 10 out of 58). Regarding HCV genotype tests, hardly any data are available as yet. Innsbruck reports that in 54% of HCV positive patients genotype 1 was found, and in 38%, genotype 3 (Vogel 2005).

The data from Vienna's BADO basic documentation system show an age-related trend regarding HIV and HCV infections: in the group between 16 and 20 years, 14% of patients indicated HCV infections, with this share rising to 23% already in the age group between 21 and 25, and eventually, 37% of persons aged between 26 and 35 indicated diagnoses of hepatitis C. Regarding HIV infections, a marked rise shows especially in patients of 30 years or older, namely from between 2% and 3% to between 7% and 9% (IFES 2005b, see Chapter 4.2).

According to experts, TB infections still hardly constitute a problem in Austria, as only a few isolated cases have been registered. The data of BADO (Vienna) give prevalence rates for sexually transmitted diseases among drug-using clients of less than 1% (see Table 6.2, IFES 2005b).

6.3 Psychiatric comorbidity

As already described in the reports of past years (see ÖBIG 2004, ÖBIG 2005a), high prevalence rates of psychiatric comorbidity (dual diagnoses) show among problem drug users. Although no nationwide routine data are available, the individual institutions direct more and more attention to this problem in the context of clinical psychology diagnosing.

52 out of 58 persons newly admitted to the Anton Proksch Institute (API) took part in clinical psychology examinations. 6 of these patients were under 19 years old. In 30% of the patients over 19, at least one personality disorder according to DSM IV was diagnosed, and in 43%, two or three disorders were found. The most frequent diagnosis is antisocial personality disorder (34%), starting before the age of 15, followed by borderline personality disorder (24%). Furthermore, narcissistic, dependent, avoidant and histrionic personality disorders were diagnosed, while obsessive-compulsive or paranoid personality disorders play insignificant roles (API 2006). According to Carina (Vorarlberg), almost 54% of patients, besides addiction, also suffered from an additional psychiatric disease, in particular personality disorders and drug-induced psychoses, and in more than 35% of patients, two or more psychiatric diseases were diagnosed (Stiftung Maria Ebene 2006). These observations correspond with reports from the BBZ counselling and care centre in Vienna (Dialog 2006).

As in past years, around 20% of clients of drug help centres in Vienna (see Chapter 4.2) indicated that they had undergone psychiatric treatment within the last 12 months before the start of drug counselling. 56% of these clients said they had received outpatient treatment, and 53%, inpatient psychiatric treatment. In this regard, no gender-related or age-related differences can be identified, with the exception that in the age group over 40, the share of psychiatric patients is significantly elevated (IFES 2005b).

6.4 Other drug-related health correlates and consequences

In addition to psychiatric comorbidity and the health consequences of the aforementioned infectious diseases, there are also other somatic diseases and problems resulting from chronic effects of toxicosis or from the precarious living conditions which particularly i.v. drug users often face.

For the first time, the forensic expert opinions on drug-related deaths have systematically been analysed with regard to other health correlates and consequences. The relevant findings range from mild, reversible organic diseases to acute life-threatening conditions. For 120 out of a total of 191 directly related deaths, expert opinions that include diseases other than addiction are available. In 38% of the cases one organ was found to be affected; diseases of two or three organs were found in 68 persons; and 14 persons had diseases of more than four organs.

In the majority of expert opinions, i.e., 100 opinions, liver diseases were diagnosed. 10 persons had already developed cirrhosis. In 69 cases heart problems were found, with diagnoses ranging from fatty or fibrous degeneration, cardiac scars, infarction scars due to coronary sclerosis to myocarditis and cardiovalvulitis. In 32 persons, lung diseases were found, with the most frequent diagnoses including pulmonary emphysema and anthracosis. 17 opinions mention renal problems, and 12 autopsies showed pancreas diseases. 17 persons had suffered from atherosclerosis, i.e. plaque in the inner artery linings, possibly caused by chronic effects of toxins. Cerebral neurological problems are described in 7 expert opinions. 18 opinions, in addition to organic diseases, mention life-threatening conditions such as septicaemia, severe pneumonia or cachexia. In the case of these diseases, the patients' tolerance to narcotic drugs is significantly reduced so that doses they would normally tolerate may already have fatal effects (see ÖBIG 2006b).

In 2005 a total of 36 fatalities were identified as indirectly related to drugs. The majority of these cases (18 persons) died of diseases such as myocarditis or cirrhosis. Seven persons died in accidents, and seven committed suicide. Two indirectly drug-related deaths were attributed to HIV infections resulting from intravenous drug use, and two cases were accounted for by other causes.

According to the statistics of BADO (Vienna) 59% of the patients registered said that they were suffering from health problems. Compared to the previous two reporting years, a downwards trend shows. In particular, indications of current diagnoses of hepatitis C in the case histories have fallen from 42% in 2002 to 30% at present (IFES 2005b). Table 6.2 gives a more detailed list of the relevant diseases according to age and gender.

Table 6.2: Current health problems by age group and gender (percentages) (n = 1 700), clients of the year 2004

	Total	Men	Women	Age groups						
				< 15	16–20	21–25	26–30	31–35	36–40	> 49
Current health problems	**59**	**58**	**60**	**14**	**47**	**57**	**61**	**65**	**74**	**77**
Chronic hepatitis C	**30**	30	29	3	14	23	37	41	51	45
Dental problems	**19**	20	16	–	13	19	21	23	23	27
Gastrointestinal problems	**11**	11	11	–	9	12	11	10	12	17
Psychiatric diseases	**9**	8	12	3	7	10	9	9	11	12
Dermatological and venous problems	**7**	6	8	–	4	6	8	8	11	13
AIDS, HIV infection	**4**	3	5	–	1	3	2	7	9	7
Spasms, epileptic seizures	**5**	5	6	–	6	5	7	3	4	4
Chronic hepatitis B	**4**	4	3	3	2	2	4	4	6	10
Chronic ill health	**1**	1	1	–	–	1	*	2	4	2
Gynaecological problems	**2**	*	8	–	4	4	2	2	3	1
STD (sexually transmitted diseases)	*****	*	1	–	*	*	1	*	1	1
Other health problems	**9**	8	12	7	9	9	8	9	7	16
No current health problems	**41**	42	40	86	53	43	39	35	26	23

* = share of less than 1%

– = share of 0%

Source: IFES 2005b

In Vienna, ambulance services because of suspected overdoses were called 663 times in 2005, thus the upwards trend of the last few years has not continued (FSW 2006b, see ÖBIG 2005a). The low-threshold centres of Vienna report that a total number of 72 life-saving interventions, i.e., either calling ambulance services or adopting artificial respiration measures, were needed in the reporting year (VWS 2006b, VWS 2006c).

7 Responses to Health Correlates and Consequences

In Austria the responses to health correlates and consequences include a wide range of interventions. The relevant measures focus on drug-related infectious diseases, thus low-threshold assistance aimed at harm reduction prevails. For instance, syringe exchange, hepatitis vaccinations and information on safer use/safer sex are typical services performed by low-threshold centres and outreach services (street social work). Treatment of health consequences is primarily provided by the general health-care system (e.g. emergency physicians, psychiatrists).

In recent years the prevention of overdoses and the issue of comorbidity have played increasingly important roles in this context.

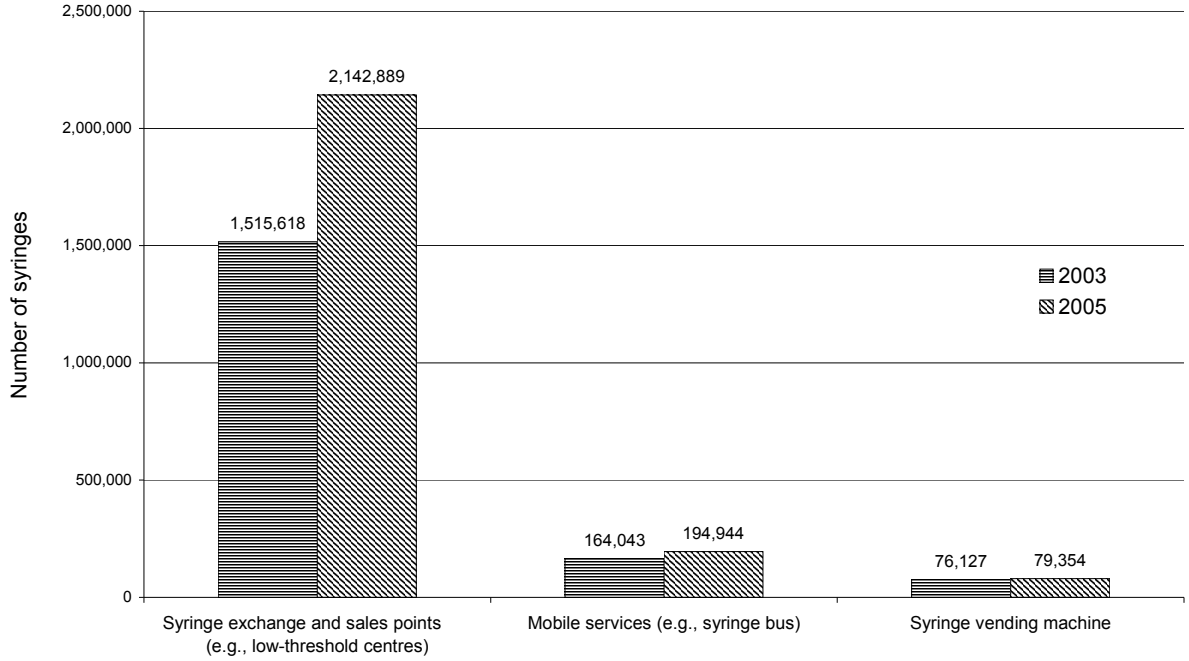
7.1 Prevention of drug-related deaths

Measures to prevent overdoses continue to be of key importance in the field of low-threshold services (see ÖBIG 2004, ÖBIG 2005a). Experience has shown that drug users in a situation of crisis often find it very difficult even to contact a low-threshold centre. Therefore, emergency services such as crisis intervention and observation as well as life-saving measures primarily take place in settings linked to the everyday life of clients, e.g., street social work. In the reporting year, the low-threshold centres of Vienna managed 284 crisis interventions, 1 041 observations and 72 life-saving measures (see VWS 2006b, VWS 2006c). CONTACT, the hospital connection service for drug addicts in Vienna, was called by various hospitals 423 times in 2005. In the context of its work in hospitals, CONTACT had 1 007 contacts to drug-using patients and 990 contacts to drug users after their hospital stays (FSW 2006b).

7.2 Prevention and treatment of drug-related infectious diseases

Preventing infections continues to play a central role in low-threshold centres and outreach work. In this context, exchanging and selling syringes is of particular relevance. In this field, no nationwide programmes exist in Austria, but the corresponding measures are taken at provincial level. Six out of Austria's nine provinces run syringe programmes, and four of these provinces provide syringe exchange services in addition to operating syringe vending machines (see ÖBIG 2004). Since 2003, an additional syringe exchange and sales point has been established, and the number of mobile services has increased from one to three. The overall number of syringes distributed has also risen considerably in this period: from more than 1.7 million to over 2.4 million. Figure 7.1 gives an overview of the development regarding syringe availability in 2003 and 2005, and Table 22 of Annex A lists the relevant figures by province. On average, the return rate is between 93% and 97%. This share has hardly changed in the last few years.

Figure 7.1: Exchange and sales of injection equipment in 2003 and 2005



Sources: Standard Table 10, investigations by ÖBIG

In 2005 the Vienna Social Projects Association (VWS) registered an enormous increase in contacts to clients because of the syringe exchange service provided. The number of contacts rose from 161 117 in 2004 to 227 457, and the number of syringes exchanged went up by around 20 000 compared to the previous year (see ÖBIG 2005a). This rise is almost exclusively due to increases in the Streetwork contact points of Karlsplatz square (VWS 2006a). The above figures only relate to syringe exchange, however. The drug scene of Karlsplatz has not grown in numbers. New syringe exchange services have been provided by AIDS Hilfe of Salzburg since autumn 2005, and as of early in 2005 also at Braunau, Upper Austria. Data from these new services will not be available before 2006.

In Graz, Styria, both the exchange and the sales of syringes continue to show good results. Compared to the previous year, the number of exchanged syringes has risen by one third (see ÖBIG 2005a). In addition to the syringes, also stericups and plastic storage containers for the injection equipment were distributed, which further raised the awareness of infection risks (Kontaktladen 2006). From the Tyrol, the Komfüdro low-threshold centre reports around 6 000 syringe sales and 150 000 syringes returned in the context of the exchange programme, and the Mentlvilla centre registered a rise in syringes exchanged in 2005 because of the greater number of persons living in the centre (Kern, personal communication).

In Vienna, the Municipal Department responsible for street cleaning collected and disposed of 10 422 syringes in the context of its Mistmobile programme. Graz, Styria, reports that syringe disposal boxes were installed in public toilets, and the syringes found in public toilets are now systematically counted (Zeder, personal communication).

Hepatitis vaccination projects at regional level or run by individual centres are another important measure for the prevention and treatment of drug-related infectious diseases. From 1995 to 2004, a total of 799 persons were tested for HBV markers at the outpatient clinic of

Vienna's Ganslwirt low-threshold centre. For 80% of these clients hepatitis A/B vaccinations were recommended. 70% of them obtained basic immunisation, and almost half of these clients concluded the regular vaccination series. In order to test their immunisation status, anti-HBs titre was determined for more than half of the person receiving vaccinations. The immunological response was not as good among drug users than among the general population: the non-responder rate was 34% in this group. Here, the adverse effects of an unhealthy diet, smoking, multiple bacterial infections and HCV coinfections are likely to play a significant role (Haltmayer 2006). The Kontaktladen centre of Graz, as a focus of its medical services, offers cost-free vaccinations for hepatitis A and B, which are organised in cooperation with other organisations. In 2005, 17 clients obtained vaccinations. In the context of the vaccination programme it showed that as a result of this service, clients also began to think about the risk of infection to a greater extent. This had positive effects on safer use, and on the other hand, the clients' interest in hepatitis and HIV tests increased, which is also regarded as a result of the vaccination programme started in 2005 (Kontaktladen 2006, see ÖBIG 2005a).

According to API, only 19% of patients treated at the Institute had received HBV vaccinations in the past, which is a lower share compared to 2004. The clients immunised against hepatitis had been vaccinated either during a previous stay at API, at the Ganslwirt centre or at a general practitioner's office (API 2006).

Regarding treatment of HCV infections, API registered four successful treatments undertaken outside the Institute; the corresponding patients had PCR negative results after three months or earlier (API 2006). Graz also reports that HCV infections in patients who were taking part in substitution programmes could successfully be treated at the same time (Kontaktladen 2006). The treatment of HCV infections was the subject of several expert papers and of a workshop at the second international hepatitis C conference that was held in Vienna in October 2005. Here it was pointed out that several aspects of the cooperation with hepatological specialist outpatient departments were not optimal with regard to drug-using patients. What has shown good results is the treatment of HCV in settings where the physician who is in charge of substitution treatment also administers the required hepatitis medicine (Tanzmeister 2006, see ÖBIG 2005a).

Safer use and safer sex are central subjects of talks that are addressed by outreach workers, usually in the context of syringe exchange. In the reporting period, Vienna's low threshold service providers were involved in around 3 800 talks, which focused on harm reduction with regard to drug use. The centre Clean Feldkirch (Vorarlberg), after noticing knowledge deficits among clients, addressed central aspects of HCV infections in a project that took place in 2005. General know-how both on the different types of hepatitis and risks associated with drug use as well as general infection risks was communicated in personal safer use talks and by means of an information booklet (Stiftung Maria Ebene 2006).

In particular the low threshold centres of the Tyrol, Vorarlberg and Vienna regularly organise staff training courses focusing on syringe exchange and syringe sale as well as the themes of infection risks, safe handling of contaminated material and treatment of stab wounds with needles. In addition, the workers in the centres are increasingly often asked to give lectures on first aid and drug use as well as HIV and HCV prevention (VWS 2006c).

In October 2005 the second international hepatitis C conference was held in Vienna, with more than 100 participants primarily from the German-speaking world. It gave an overview of the state of the art with regard to central aspects of comorbidity of drug use and hepatitis C and also highlighted the subjects of epidemiology, prevention, treatment and psychosocial care (VWS 2006d).

7.3 Interventions related to psychiatric comorbidity

The fact that comorbidity in addiction contexts has played an increasingly important role has also had effects on the corresponding interventions. A rising number of drug help centres provide specific services for patients with multimorbid personality disorders or thorough clinical psychology examinations are made upon admission and integrated in the treatment process (see API 2006, Stiftung Maria Ebene 2006). Dialog (Vienna) when giving recommendations for treatment, to increasing degrees distinguishes between general medical treatment and psychiatric treatment, and the quality of the treatment recommendations has significantly improved since several professional fields are taken into account for the examinations and diagnoses after the first contact to a client (Dialog 2006).

The long-term treatment department at Mödling, Lower Austria, has capacities for treating 40 drug inpatients suffering from severe personality disorders (see ÖBIG 2005a). Its structured psychotherapy services include individual therapy, group therapy and large group sessions, combined with ergotherapy and a community-oriented structure. A total of 106 clients were treated in 2005, 58 of whom had newly been admitted. The average age of the female clients was 28, and in the case of the men, 29 years. Around half of these persons concluded the regular treatment process as planned (API 2006).

In order to be able to meet to a greater extent the demands of withdrawal persons with severe addiction problems and other psychiatric diseases, the Lukasfeld treatment centre has started to offer more flexible treatment schedules: in the context of the 8 weeks plus programme (see ÖBIG 2005a), patients undergo trial treatment for four weeks and then decide whether to continue therapy for another four weeks. The perspective of long-term treatment is also maintained as under the 8 weeks plus programme it is easy for patients to be readmitted (Stiftung Maria Ebene 2006).

The BBZ centre of Vienna introduced weekly psychiatric outpatient services to facilitate access to specialist examinations of and treatment recommendations for the rising number of addiction clients with comorbidities (Dialog 2006).

7.4 Interventions related to other health correlates and consequences

The outpatient clinic at the Ganslwirt low-threshold centre in Vienna provided medical services for 1 315 persons in 2005. What was most often needed in this field was administration of medicines, followed by treatment of acute withdrawal symptoms, temporary substitution treatment and medical counselling talks. In Styria, the Kontaktladen centre of Graz registered

a rise to 820 of drug users requiring medical treatment in 2005 (2004: 686 treatments; Kontaktladen 2006).

In 2005 the work of Clean Bregenz (Vorarlberg) focused on accepting care for drug-using women who had formerly been sex workers, often for many years. The situation of these clients is characterised by existential crises, suicidality, trauma and problems of subsistence. In this context, pregnancy and childbirth are frequent motivations for stopping sex work, but they present new problems as well (Stiftung Maria Ebene 2006).

8 Social Correlates and Consequences

Homelessness, unemployment and debts continue to be the most pressing social problems of drug users, in particular addicted users in the street scene. This development has been aggravated by the tight labour market situation. For example in Vienna, according to statistical data from the Public Employment Service, in July 2005, 76 543 people were unemployed, which is an unemployment rate of 9.2% (diepartner.at 2005).

The overall number of reports to the police on the basis of the Narcotic Substances Act (SMG) has risen only slightly. As to the situation in prisons, an estimated 25% to 50% of prisoners use illegal drugs.

8.1 Social problems

Among the clients of BADO in Vienna (see Chapter 4.2) in 2004, more than 78% of those in treatment were not gainfully employed or did not hold a regular occupation (n = 1 512), which is 10 percentage points more than inthe previous year (2003: 68%). The share of full-time employed clients was very low (12%), and even lower for women (8%, men: 14%). One third of the clients indicated that they lived alone or with their parents, while 10% were homeless or had a place in an institution (n = 1.792). Their incomes were primarily composed of unemployment assistance, unemployment benefits or welfare assistance; in the middle and older age groups, the share of recipients of unemployment benefit declined and that of unemployment assistance rose steadily. The share of these persons among the age group between 36 and 40 was 48% (n = 1.663). More women than men said they were recipients of welfare assistance, whereas significantly more men said they received unemployment assistance or unemployment benefit. With regard to educational level, the clients of the drug help services in Vienna continued to be markedly below the general average. For slightly more than half of the people receiving assistance, their highest degree was a lower secondary school or polytechnic school leaving certificate (IFES 2004b, IFES 2005b).

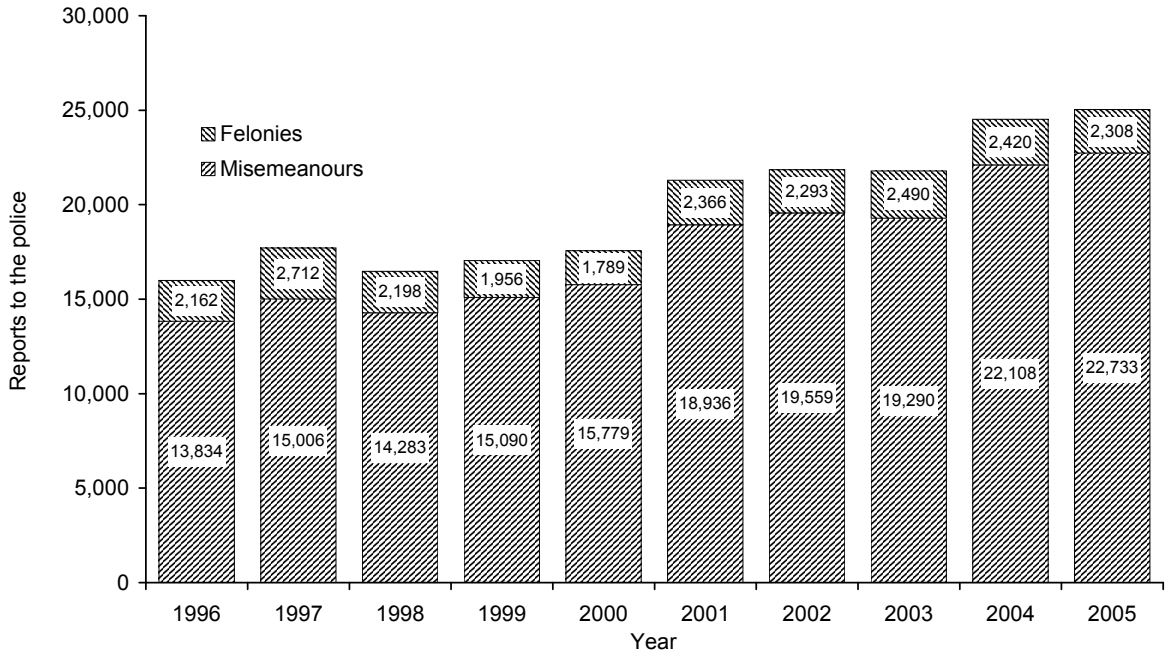
This shows that the social situation of the clients of drug help services in Vienna is worse compared to the general population (as to their housing, education, employment, income and health situations). However, it should by no means be concluded that drug problems arise mainly in the group of socially disadvantaged persons. What this does signify is that this group will more readily turn to the drug help service system in Vienna than people who (still) have their own social and financial resources (see Chapter 4.2, IFES 2005b).

8.2 Drug-related crimes

In 2005, the number of reports to the police on the basis of the Narcotic Substances Act (SMG) was 25 892 (2004: 25 215; see also Table A11 in Annex A and Standard Table 11), which means that there was only a slight rise compared to the previous year.

A total of 25 041 were reports related to narcotic substances, the rest concerned psychotropic substances. Regarding type of report (see Figure 8.1), the development observed since 2003 was continued, according to which the number of reports for misdemeanours (possession and small-scale trafficking – Section 27 of the SMG) was rising and that of felonies (large-scale trafficking, professional trafficking – Section 28 of the SMG) was declining (see Chapter 1.1).

Figure 8.1:Development of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act by misdemeanours and felonies in Austria from 1996 to 2005



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

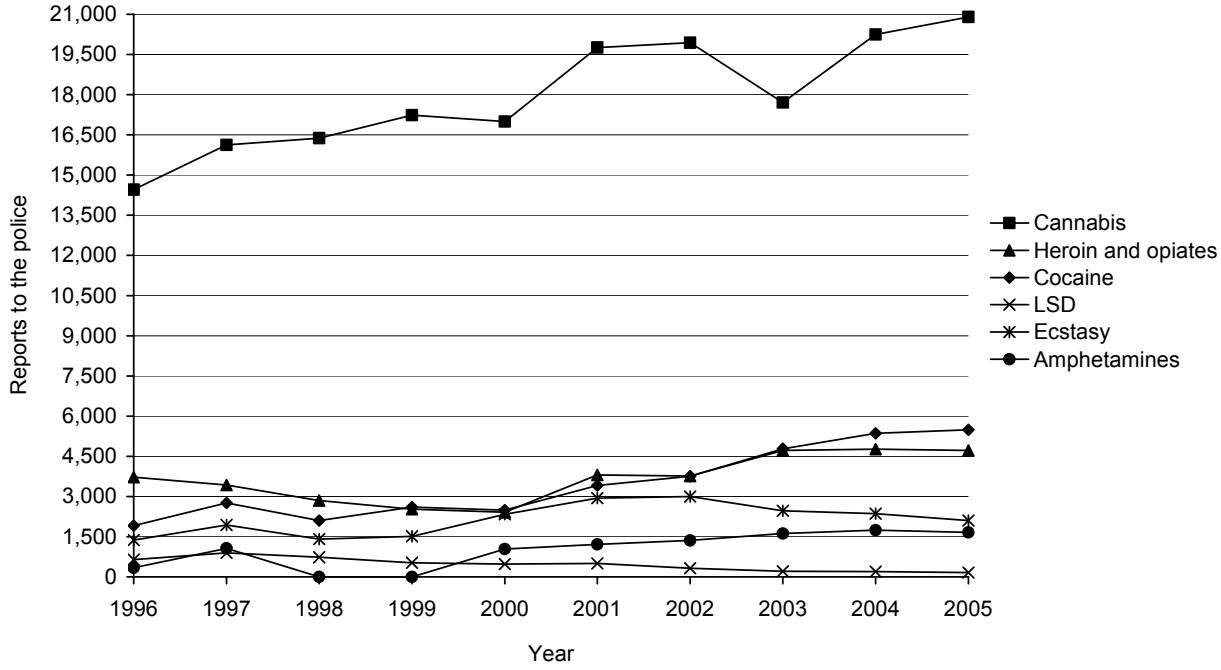
Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

In terms of substances involved (see Table A11 in Annex A and Standard Table 11), compared to the previous year there were slight increases regarding reports related to cannabis, cocaine and crack as well as psychotropic substances, and also other addictive substances (see Figure 8.2). For the first time since 2001, reports for heroin and opiates were observed to decline, if only slightly. As in the previous year, the number of reports concerning ecstasy and LSD decreased further in 2005, as did reports for amphetamines.

In 2005, 25 892 reports led to a total of 3 929 arrests (2004: 3 667) in connection with narcotic drug investigations; no detailed indication of the type of offences, substances involved, etc. can be given.

As explained in previous years and also stressed by the responsible Ministry of the Interior (BMI 2006), the data concerning reports to the police permit only limited conclusions as to the development of drug use and misuse, because they primarily reflect the intensity and focus of police measures in this field.

Figure 8.2: Development of reports to the police for violation of the Narcotic Drugs Act/ Narcotic Substances Act by type of substance, from 1996 to 2005



Note: The Narcotic Drugs Act was replaced by the Narcotic Substances Act on 1 January 1998.
Source:BMI/Bundeskriminalamt (Federal Criminal Agency)

Although the number of convictions for violation of the SMG rose only slightly in 2005, namely by 7% (6 128 cases, compared to 5 706 in 2004, or 26% from 2003 to 2004), the number of unsuspended prison sentences (2005: 1 624) increased by 21% compared to the previous year. This resulted in a new peak in the total number of convictions according to the SMG and its share in the total number of convictions (1996: 5.2%; 2005: 13.4%), although they were only slightly higher than the figures of the previous year (see Table A13 in Annex A).

Again, there were significantly more misdemeanours (Section 27 of the SMG – possession and small-scale trafficking), namely 4 702 cases (2004: 4 229) compared to 1 357 cases of felonies (Section 28 of the SMG – trafficking; 2004: 1 441 cases; see Table A13 in Annex A). The number of young people among the cases of felonies and misdemeanours decreased in the previous year, whereas the number of adults declined only in the case of felonies, but rose by 17% in the case of misdemeanours (2004: 3 511, 2005: 4 115). Approximately 70% of all persons convicted (2004: 71%) were punished with imprisonment (see Table A15 in Annex A). The share of sentences that were suspended on probation in all convictions was 41% (2003: 47%, 2004: 42%).

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

As before, there are no general data on offences committed to finance drugs and drug-related crimes. The few data that exist regarding cocaine are included in Chapter 12.4.

8.3 Drug use in prison

The existing information on drug use in prison was presented in detail in the Key Issue chapter on drug use in prison in 2001 (ÖBIG 2001a). At the Second European Conference on Health Promotion in Prisons, which took place in Vienna in spring 2006, it was indicated that in March 2006 there were approximately 9 000 prisoners, 2 000 of whom were drug users. In the prison at Josefstadt in Vienna, there were 990 places, but 1 300 inmates, 40% of whom had addiction diseases (multiple drug users: 30%, alcoholics: 10%; Gesundheitsförderung in Haft 2006)..

8.4 Social costs

There are still no recent studies or data on the social and economic costs of drug use available. Information on expenditure for drug-related demand reduction was presented in detail in the corresponding Key Issue Chapter for 2001 (ÖBIG 2002a).

9 Responses to Social Correlates and Consequences

Measures for the social (re)integration of (former) drug addicts address both clients who have undergone drug-free treatment and people who are currently using drugs. In Austria, this type of measures has traditionally played an important role, especially with regard to housing, work, education and training (see Structured Questionnaire 28). Some of the pertinent measures are part of the chain of treatment and integrated in the corresponding care modules, while others are services provided by low-threshold centres in the context of accepting drug assistance (see Chapter 5). Recently, activities in this regard have also been promoted for recreational settings. Austria's prisons and police detention centres have taken a wide range of drug-related measures for prisoners, from prevention of addiction, substitution treatment and prevention of infectious diseases to drug-free treatment.

9.1 Social reintegration

In previous national reports to the EMCDDA (ÖBIG 2004, ÖBIG 2005a) the Development Partnership drugaddicts@work was described in detail. This DP and its subprojects were completed in September 2005 with good results, as an evaluation carried out in mid-2005 showed (diepartner.at 2005). The objective of *drugaddicts@work* had been to (re)integrate people (formerly) suffering from addiction into, and to reduce their exclusion from, the regular labour market. Within the framework of measures taken in the context of **training and employment**, the Development Partnership assisted over 700 clients (formerly) suffering from addiction and was able to double their labour market counselling activities and job offers for the target group. Approximately 90% (86) of the participants concluded the courses organised by @work, and another 30 people working in the socioeconomic enterprises of the Development Partnership took part in specific trainings and qualified in the field of personal empowerment and communication. In total, 17 people working in socioeconomic enterprises found a job in the regular labour market, depending on the respective occupation module in which they participated, the placement quota on the formal labour market was between 25 and 50% (see EDDRA). As the actual revenues were markedly lower than expected, the modules did not succeed in reaching a self-financing quota of 20%. However, taking into account the indirect economic benefit, on balance the project may be regarded as successful from an economic point of view.

In 2004 the Vienna Job Exchange (WBB), one of the organisations active in drugaddicts@work, was evaluated (Gruber et al. undated). The WBB serves as a link between addiction help services and the Public Employment Service (AMS); the necessity for such an organisation is reflected in the annually rising number of personal counselling talks (1998: 521, 2003: 3.500). Between 2001 and 2003, approximately two thirds of the clients were referred to the WBB by the Public Employment Service and one third by addiction help services and the City of Vienna. According to a comparison of the WBB data with those of the social insurance organisations, the employment situation improved considerably in the

first year after counselling or assistance by the WBB. Averaged over all clients and over the first and second year after turning to the WBB, the employment rate was stable at 40% (see EDDRA).

In cases where occupational reintegration is not possible. appropriate measures, such as applying for (early) retirement, enquiries etc. can be initiated for the people concerned with the help of WBB, on the basis of a detailed social and biographical case history. In this context WBB organises information and education seminars for AMS counsellors, which has led to a greater awareness of this theme and a better understanding for people with addiction experiences. In addition, WBB counsellors offer diagnostic assistance during the counselling days in the regional offices of AMS, which further reduces the stress of AMS counsellors. It has turned out that many people with addiction problems can in fact be integrated into the labour market, and that even some of the clients with acute addiction problems are able to work under conditions that are adapted to their needs.

The association Dialog completed its work for the EQUAL courses (Development Partnership drugaddicts@work) and presented the results at various national and international events (Dialog 2006). The coaching group was terminated and substituted by *Landebahn* (landing runway), which makes it possible for interested clients to stay in touch with the organisation while waiting for a place in assistance or a course, to obtain a form of basic support in spite of limited counselling capacities. The group for women who want to reenter the job market, another new service organised by EQUAL, was transferred to WAFF (the Vienna Employees Promotion Fund) and is now a regular group which is developed further continually. On the basis of its experience, the Needles or Pins project, together with close partners, applied for a second EQUAL round. However, this committed project which was presented in last year's Report to the EMCDDA (ÖBIG 2005a) and designed to include case management on the one hand and specific activities for young people and older persons on the other, was not considered eligible for funding within the framework of the EQUAL programme.

After a longer intermission the low-threshold project *Training der Schlüsselqualifikationen* (training of key qualifications) was organised again, which provides job orientation for people with good chances to reenter the job market and structural training for persons who will probably take longer to stabilise. All the Dialog courses were full, which is probably due to the scarcity of assistance and care for this target group and the difficulty of getting a place in a help service institution. Remarkably, almost all the participants of the job orientation courses obtained a hands-on training position where they could test their working abilities in practice (Dialog 2006).

The socioeconomic enterprise *fix und fertig* registered that the revoking of the quota regulation in autumn 2005 resulted in a noticeably better quality of applicants referred to this enterprise by the AMS (VWS 2006e). In order to further improve the opportunities of transitional workers, in 2005 *fix und fertig* adopted a new programme that focuses on job-specific and social work goals, qualification and job application plan in outplacement, internal and external qualification and adaptation of all instruments of personnel development. In order to facilitate the external qualification of transitional workers, in 2005 the framework conditions, such as taking over employment costs, working hours etc., were regulated in a directive. Transitional workers who do not immediately have another job position after their employment has ended can receive single coaching for a period of three months as aftercare.

Grüner Kreis organised a socioeconomic employment project called Pool 7 in the field of catering and party services, event management as well as art and culture projects for people with addiction experience (Grüner Kreis 2006b). Here, on the one hand articles carrying the fair-trade label are used, and on the other, products of *Grüner Kreis,* some of which are grown in the plant nursery of the therapy unit Meierhof. As the demand for horticulture products has grown considerably over the past few years, bigger greenhouses were added to the plant nursery. In the meantime, the patients of *Grüner Kreis* are not only in charge of tending to existing gardens, but primarily with establishing new gardens, and there are always some clients who want to continue working as landscape gardeners after having completed therapy.

Housing is among the issues that the Streetwork Tyrol Working Group STARK is committed to; STARK is an umbrella organisation for all streetwork organisations in the Tyrol (Z6-Streetwork 2006). In addition to aims like a regular trans-organisation exchange and influence on social policies, the issue of emergency housing for young people in crisis situations, especially girls and young women, was discussed. In all the organisations, clients occasionally need a place to stay for several days, and the relevant services have no free beds, or young people, for various reasons, cannot or do not wish to stay there.

In Vienna, the emergency shelter for young people a_way opened in December 2005; here homeless youths between 14 and 18 years find a low-threshold place to stay in an emergency (Caritas der Erzdiözese Wien undated). Clients are primarily runaways from families or public institutions, or members of the punk scene; they are also welcome if they are addicted to alcohol and/or drugs. However, consumption and/or trafficking in and near the shelter is strictly prohibited. The only prerequisite for staying there anonymously and free of charge is a talk with a social worker before sleeping at a_way for the first time. After that the young clients may stay at the shelter for up to five nights a month, and they are also referred to other accomodations if they wish (see Chapter 11.5).

The major role that homelessness plays for drug users is also reflected in the demand for places to sleep. In this respect, the integration of homeless drug users into the system of general services for the homeless, which was established in April 2004, also had positive effects in 2005. The Ganslwirt centre now has the possibility to offer accomodation for several nights, which opens up new perspectives for assistance. Correspondingly, the number of users of the emergency housing facility increased compared to the previous year (overnight stays: +25%, reservations: +11%), but the service was never so overbooked as in the period between 2001 and 2003. In 2005, 359 persons came to sleep at Ganslwirt; 6 362 reservations and 4 460 overnight stays were registered (VWS 2006c).

In Styria, the project *Wohnen* (housing) was initiated in cooperation with the Styrian housing platform. The project is designed to meet the needs of clients with regard to acquiring and maintaining living space (Drogenberatung des Landes Steiermark 2006). The aim is to provide adequate and assisted housing for adult clients with addictions for a transitional period and to promote the social integration of this group by giving them the support they need. For a two-year stay, two forms of accomodation will be available: either shared housing for three to four clients, or single flats with mobile housing assistance.

Also regarding **recreational activities** the Drug Counselling Centre of the Province of Styria presented new initiatives (Drogenberatung des Landes Steiermark 2006). In June 2005 mountain climbing tours were organised by the Drug Counselling Centre and have since been established as regular groups. A total of 14 clients had their first climbing experience at such an occasion. In 2005, a dance and movement workshop enhancing body awareness in four lessons was organised for women who had already had individual contact to a drug counselling service. In addition, also in 2005 three drum workshops with professional drummers and thirteen participants took place.

9.2 Prevention of drug-related crime

The legal and organisational framework conditions of drug-related interventions in prisons, which were described in great detail in the Report on the Drug Situation 2001 (ÖBIG 2001a), were not changed in the reporting period. As recent data and information have shown, imprisonment on account of felonies in violation of the SMG still play a relevant role and are strongly growing in importance (see Chapter 8.2).

As mentioned in Chapter 8.3, in spring 2006 the Second European Conference on Health Promotion in Prisons took place in Vienna. The prison population is a vulnerable group with HIV and hepatitis-C prevalence rates five to ten times higher than in the general population. The risk of new infections during the prison term is increased due to shared use of injecting equipment, tatoos and unsafe sex (see also Chapter 6.2; Grüner Kreis 2006b). Whereas syringe exchange is not (yet) possible in Austrian prisons, substitution treatment can be continued or started in prison. At the time of release from prison it is essential to provide help. Therefore, at the prison (JA) of Simmering counselling is available before the end of the prison term, in the course of which a lower substitution dosage may be selected in order to avoid overdosing. The highest principle is that of equivalence, which guarantees that the same range of medical care services are available inside prisons as well as outside (Gesundheitsförderung in Haft 2006).

In order to support doctors who attend to persons in prison, the Federal Ministry of Justice issued guidelines for prison physicians (Pont und Wool 2006). They are an important source for physicians who lack further education or training in this field, leading practitioners step by step from general principles to a great number of recommendations regarding the various areas of work of a prison physician. A special chapter is dedicated to drug misuse and addiction as a disease, describing drug strategies, therapy programmes, harm reduction measures etc. It is also pointed out that a prison term may be a good opportunity to undergo an anti-addiction therapy, as the strict daily structure of life in prison may bring about physical and psychological stability. The outcome in cases of successful treatment may be ensured with the support of physicians by planning further assistance after the prison term has ended.

The association Dialog expanded its police detention centre (PAZ). As a consequence, the focus of medical work there was shifted from providing mainly medical care for addicted prisoners to comprehensive psychiatric care and treatment of all psychiatric diseases. In 2005 there was a significant increase in the number of persons who received counselling and care by Dialog at the PAZ, namely 415, so the total number rose to 1 104. Compared to 2004, this

is an increase by 60%. As yet, no psychosocial counselling is provided to the group of male administrative law offenders in the police detention centre.

The after-care services established by Dialog in previous years, e. g., *Frauensache* (Women's Business) offering psychosocial and medical support exclusively to women, yielded positive effects in the reporting year also within the PAZ. The number of clients in care rose considerably, not least because of the fact that the Dialog services were presented to all prisoners by the prison guards. Dialog succeeded in making their services an integral part of the PAZ, thus providing a possibility to start preparations for social integration after release already during a prison term on account of an administrative offence.

For 2006 a major expansion of psychiatric care is planned. Also, after the reopening of the PAZ Rossauer Lände, the medical service of the association Dialog will be based there as well as at the PAZ Hernalser Gürtel (both in Vienna). Psychosocial care for women shall be continued. Funding options for the social work with men prisoners shall be worked out (Dialog 2006).

Since the end of 2005 Dialog has expanded its services for a broader public by offering special office hours for matters concerning the waiving of reports, as well as multiprofessional clearing for specific target groups (Dialog 2006).

The principle of therapy instead of punishment continues to be an important component of all drug strategies and plans in Austria (ÖBIG 2002a). The related measures are implemented by the entire range of the drug help system rather than by specialised services (see Chapter 1.1)

10 Drug Markets

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

10.1 Availability and supply

No new data on the availability and supply of illicit drugs in a narrower sense are available. Indirect information has been provided by a nationwide representative survey of substance use conducted in 2004 (Uhl et al. 2005a; see Chapters 1.4, 2.1 and 12.1). The survey included questions about a number of different psychoactive substances (see Table 10.1), for instance: Do you have a personal acquaintance or friend of who takes (specified type of drug)? It showed that, with the exception of cannabis and ecstasy, the shares of respondents who personally knew a user of the drug in question was below 10%.

Table 10.1: Indications of availability and supply of psychoactive substances in 2004 (percentages)

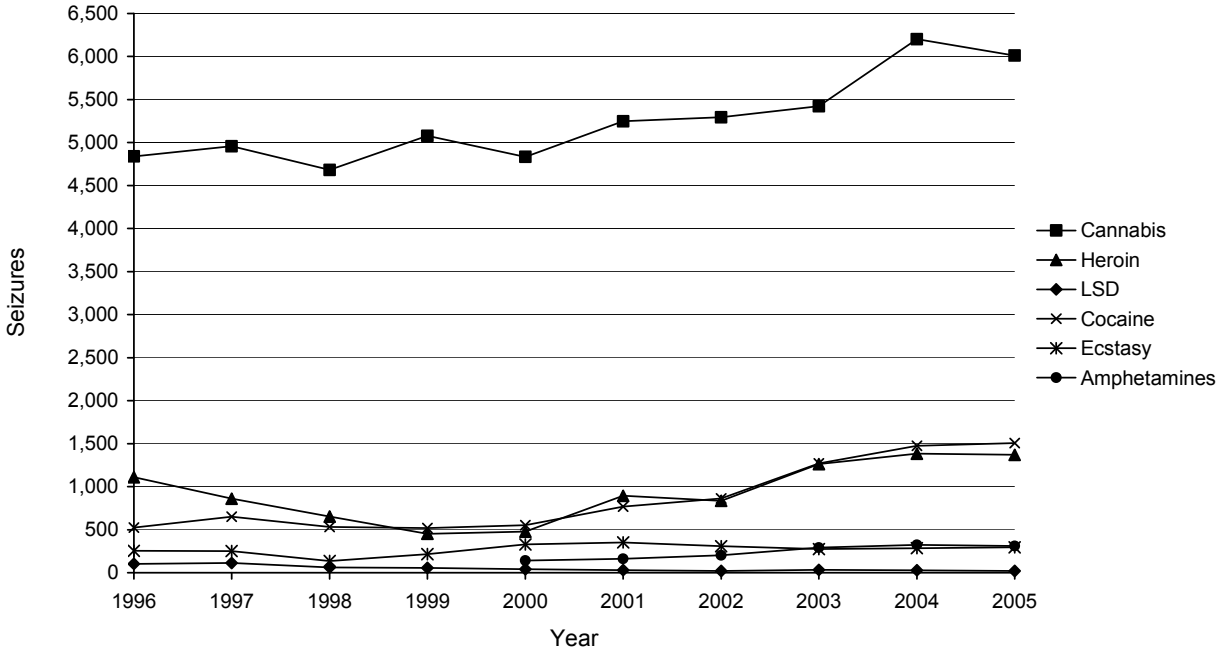
Do you have a personal acquaintance or friend who takes (specified type of drug)?	Substance							
	Cannabis	Ecstasy	Amphetamines	Cocaine	Heroin	LSD	Biogenic drugs	Solvents and Inhalents
Yes	33%	12%	9%	8%	5%	6%	10%	6%
No	67%	88%	91%	92%	95%	94%	90%	94%

Source: Uhl et al. 2005a

10.2 Seizures

According to the Federal Ministry of the Interior (BMI) of Austria, seizures of cannabis slightly declined in 2005, while seizures of the rest of illicit drugs remained at a high level similar to the year before (see Figure 10.1 on the following page and Table A17 in Annex A).

Figure 10.1: Number of seizures of narcotic drugs in Austria from 1996 to 2005



Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

The amount of substances seized reflect these trends only to a limited extent, as individual seizures of exceptionally large quantities strongly influence the general picture (BMI 2006, see Table A18 in Annex A and Chapter 12.4).

10.3 Price/purity

In 2005 the project ChEckiT!, which tests the purity and ingredients of substances bought as ecstasy or speed during events of the party and clubbing scene (see Chapter 3.2) was present at six music events (goa, techno, electronic), where 57 pills bought as ecstasy and 33 samples purchased under the name of speed were handed in for testing (VWS 2006f). The percentage of pills bought as ecstasy that did not contain psychotropic substances other than MDMA, MDE or MDA was lower than in previous years (70%). In addition, the purity of the individual pills was found to be inconsistent to extreme degrees compared to the past, and in a number of tablets, the concentrations of MDMA, MDE or MDA were very high and constituted relevant health hazards.

Only 33% of the substances bought as speed and analysed by ChEckiT! had amphetamines as their only ingredients, while 6% combined amphetamines and caffeine, and 24% contained amphetamines with additions of other psychotropic substances (see Tables A19 and A20 in Annex A). Unknown amphetamine derivatives continue to be a problem in this regard. These substances may either result from inappropriate production procedures of amphetamines from cheap base substances, or they may be newly developed designer drugs. The effects and risks of these substances are unknown and cannot be assessed (VWS 2006f).

In 2005 both seizures and use of ecstasy pills containing the ingredient mCPP were reported. Compared to MDMA, the psychoactive effect of mCPP is weaker, but very frequently,

it leads to unpleasant side-effects such as headache, kidney pain, nervousness, heavy breathing, tiredness and hangover lasting for several days. Furthermore, simultaneous use of MDMA may lead to convulsions.

Information by the Ministry of the Interior on the potency and prices of various drugs sold at street level are given in Table 10.2. These data are based on information and fictitious purchases by undercover police agents. For the individual drugs, between 60 and 218 purity analyses were carried out.

Table 10.2: Purity and price (EUR per gram/pill**) of various drugs sold on the street in 2005*

		Herbal cannabis*	Cannabis resin*	Brown heroin*	White heroin*	Cocaine*	Amphetamines*	Ecstasy**	LSD**
Purity	Minimum	0.03%	0.1%	0.2%	–	0.2%	0.6%	2%	–
	Maximum	20%	26%	48%	–	94%	92%	100%	–
	Typical	6%	8%	8%	–	38%	25%	33%	–
Price	Minimum	3	7	45	80	65	15	10	30
	Maximum	4	8	70	90	90	25	15	35
	Typical	3	7	55	85	80	20	11	30

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

What is striking is the variations in potency, which are considerable in the drugs sold on the street. However, a further interpretation and an analysis of trends are only feasible for data gathered over several years.

PART B

Selected Issues

11 Drug Use and Related Problems among Very Young People

In general there are few data on drug use among people younger than 15 years in Austria, as most representative surveys and studies only collect data for people older than 15. The presented results are based on data from previous population surveys (e. g., ESPAD), on specific separate evaluations and on interviews in youth-specific services[1]. Furthermore, there are a number of surveys which permit conclusions on first-time use.

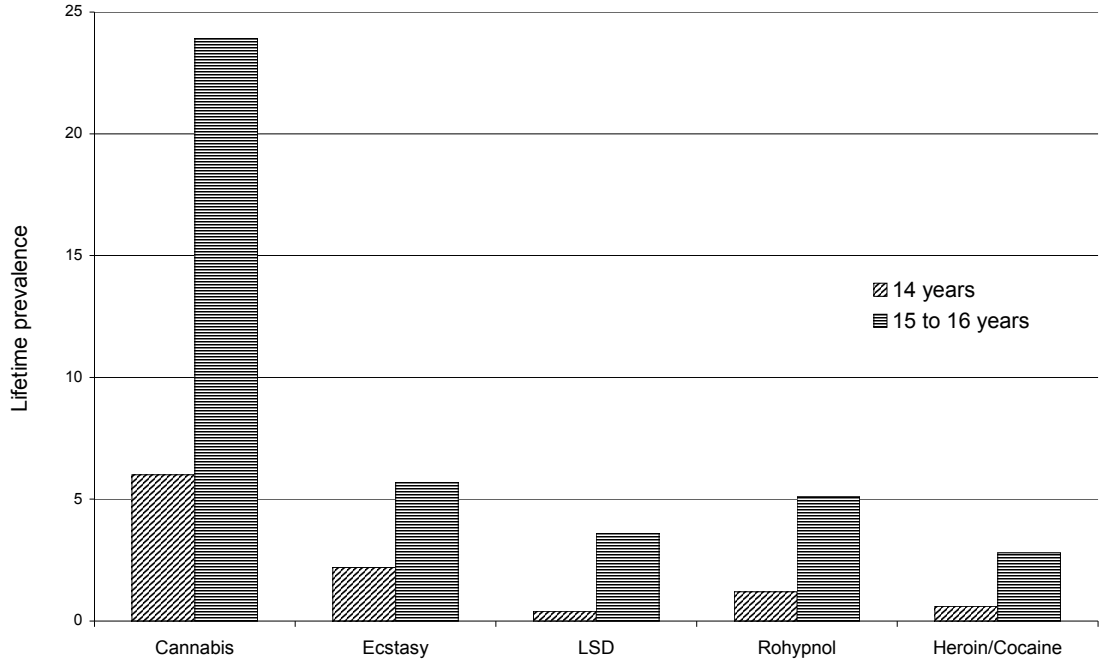
11.1 Drug use and problematic drug use among very young people (<15 years old)

In Austria, drug use among young people under 15 years of age is not a massive problem with regard to quantity, as only few young people in this age group use psychoactive substances. As in the case of young people in general (see ÖBIG 2001b, ÖBIG 2002a, ÖBIG 2002b, ÖBIG 2005a) experts report experimental use on the one hand and massive high-risk poly-drug use on the other also for this age group. According to nationwide representative studies and local surveys illicit substances used once or repeatedly range far behind cigarettes and alcohol among people younger than 15. Among the psychoactive substances used, cannabis and poppers predominate. According to the data, the use of poppers appears to be more common among this age group, and between 9% and 14% among those aged 14 or 15 indicate to have used poppers several times, with a tendency of young men to use drugs more frequently than young women. Few young people aged 12 or 13 have come into contact with cannabis, and for those aged 14 and 15 there is a lifetime prevalence varying between 4% and 6% from survey to survey. It has been reported that while men and women tend to have their first experience of cannabis use earlier in life than before, lifetime prevalence in the age group under 15 has not risen noticeably (Uhl et al. 2005a, Uhl et al. 2005b). For all other illicit substances, a lifetime prevalence of 1% to a maximum of 2% is reported in the selected age group (see Gartner-Schiller et al. 2006, MA-L 2001, ÖBIG 2002b, X-Sample 2002). In general, 11% of the young people aged between 12 and 14 have experience of at least one psychoactive substance, apart from alcohol and tobacco (Schönfeldinger 2002).

The lifetime prevalence for repeated use of illicit substances discernibly rises from the age of approximately 15 years on (see Figure 11.1 on the next page). Among 14-year olds, cannabis has a maximum prevalence of 6%, which rises to a maximum of 24% in the age group between 15 and 16 (see ÖBIG 2002a, ÖBIG 2003).

[1] We are especially grateful to the following experts and services for collecting additional data: B.I.T. (Tyrol), Z6 (Tyrol), DOWAS Chill Out (Tyrol), Dialog (Vienna), VWS (Vienna) and Ms Andrea Gartner-Schiller (Auftrieb, Lower Austria), as well as Mr Wolfgang Bäcker (Drug Prevention Competence Centre), Mr Martin Haiderer, Ms Lena Hodlinka (a_way) and Mr Uwe Hincicza (VWS Streetwork) for extensive interviews

Figure 11.1: Lifetime prevalence among 14- and 15- to 16-year-olds in Vienna in percent, 2000



Source: MA-L 2001

An indirect indication of lifetime prevalence is provided by data on first use by older youths in the ESPAD-survey. Approximately 12% of the responding school students report to have used cannabis for the first time when they were younger than 15, with a share of boys that is by almost 13% higher than that of girls (approximately 10%). First use of poppers under 15 is reported by 9% (men: 8.4%, women: 9.8%) (Uhl et al. 2005b, see ÖBIG 2005a).

The average age of the general population at first use of cannabis and poppers is approximately 15 years. All other psychoactive substances, with the exception of alcohol and tobacco, on average are used some years later (vgl. Haller 2005). These results are in line with the data from the treatment sector (see Grüner Kreis 2005, VWS 2005a; IFES 2005b, see also Chapter 4.2). On the whole the average age at first use among women is markedly below that of men for nearly all substances (see Table A25 in Annex A). The average timespan between first use and regular use is relatively short. Only for alcohol is it approximately 2.5 years, compared to a maximum of one year for most of the other substances. This means that when beginning regular use, young people on average are older than 15.

As to the frequency of contacts to young people under 15, drug help services report little or no contacts with this age group, and if any, they occur in the context of syringe exchange programmes (*Substanz* and Neubauer, personal communications). This age group is more visible in the youth-specific services and counselling centres, where they constitute between 2% and 5% of the clients. Z6-Streetwork Innsbruck reports a share of 18%, which includes young people aged 15 (see Table 11.1); here, drug use is frequent, but not all clients use drugs. As in the case of lifetime prevalence, the number of contacts is higher among young people over 15 (see B.I.T. 2006). Chill Out, a low-threshold centre of Youth Welfare Service in the Tyrol, points out that in the years from 2002 to 2005 between 20% and 30% of all

young clients showed harmful patterns of substance use. For the reporting years, between 10% and 19% are younger than 15 (DOWAS Chill Out, personal communication).

Table 11.1: Number of contacts at Z6-Streetwork, by age and gender, in 2005

Age group	Number of contacts	Men	Women	Share of total contacts
Younger than 12	37	9	28	1.3%
12–13	50	26	24	1.9%
14–15	359	178	211	14.9%
16–17	1 101	519	582	41.3%
18–19	686	453	233	25.7%
Older than 19	401	275	126	15%

Source: Z6-Streetwork 2006

Youth-specific drug help services report that regarding substances, modes of administration and related problems there are two groups of young people under 15, which are fairly equal in size.

One group of young people who contact drug help services are those starting to have regular, but unproblematic use of cannabis, partly also infrequent use of opiates (smoking or snorting heroin) as well as intermittent use of cocaine, party drugs or benzodiazepines, in some cases. These young people seem to come into contact with counselling centres in a phase when they are trying to find their place in the world. Many of them are still integrated into the school or education systems, and few psychological or social problems show. In many cases the motivation of these clients is limited to fulfilling obligations imposed by authorities, e. g. because they were referred to the centre by a school, as regulated in Section 13 (1) of the SMG. In this context, family and friends play an important role for making contact to the respective service. In the course of assistance, quitting the use of drugs often turns out to be rather unproblematic, and it has been observed that although they have not turned to the drug help service of their own accord, the young people concerned develop new goals with regard to their use of substances in the course of the assisted process (see B.I.T. 2006, Dialog 10 and BBZ, personal communications).

The other group of young people is described as showing high-risk poly-drug patterns of use combined with a great curiosity for experimenting with all kinds of substances. They are young people under 15 who have used opiates nasally and/or intravenously on a regular basis for at least one year. Many of them also indicate that they have regularly used benzodiazepines for a longer period of time (between six months and two years). In this group use of alcohol and cannabis is not significant. There are great deficits of knowledge about the effect of substances, dosages and safer use, which increases the risk of grave health consequences and also the risk of overdosing. The services report that the members of this group come voluntarily, but they are hard to keep as clients and in need of very intensive treatment (Gartner-Schiller and Neumayr 2006, Dialog, VWS Streetwok, Z6-Streetwork, a_way, personal communications).

11.2 Profile of main groups of young people at risk of drug use and of problematic drug use

In Austria there are no representative surveys available which focus on the relation between specific at-risk groups of society as well as specific psychological diagnoses and drug consumers younger than 15. The general view is that it is not just the fact of being a member of an at-risk group that implies greater vulnerability regarding drug problems and the development of an addiction, but that rather an accumulation of problems and interactions of individual difficulties and resources in the sense of risk and protection factors are relevant (see ÖBIG 2001b).

However, youth-specific services have found that in general, young people who appear in the street drug scene in most cases already have psychosocial problems and contact to youth welfare agencies. Here a direct connection to difficulties in life, such as a family history characterised by special problems, e. g., neglect, massive abuse of substances by parents and/or physical or psychological absence of parents becomes visible. Socioeconomic disadvantages are a factor which aggravates these problems. Additionally, in many cases the young people concerned have experienced physical or psychological abuse, physical violence within the family and consequently, referral to the care system of youth welfare or child and youth psychiatry.

For young people, the contact to the drug scene has strong connotations of being autonomous and living one's own life and implies breaking loose from old social ties. In the scene, contacts and friendships are made and personal support is found quickly, so that for many, trying to do without all this in the context of care and treatment is an obstacle that turns out to be too hard to overcome.

The current life situation of those concerned is characterised by issues like refusing to go to school inspite of being legally obliged to do so, running away from home or from institutions of youth welfare, and (in some cases) the lack of a daily structure. For girls daytime sex work may also play a relevant role. From a psychiatric view, the frequency of suicide attempts at a very young age, in some cases from 12 years onwards, and what is called a lack of orientation and perspectives are significant (a_way, Dialog, Z6-Streetwork, VWS-Streetwork, Wolfgang Bäcker, personal communications).

11.3 Correlates and consequences of substance use among very young people

In Austria, young people under 15 who use drugs are usually not regarded as drug addicts. Among other factors, this is due to the fact that the importance of psychosocial problems is particularly evident in this age group. Substance use is seen as one aspect of the entire problem situation or as a consequence of accumulated difficulties and stress. But in many cases substance use aggravates the situation. The intensity of use which may be excessive in some cases is also related to the consumption patterns of the social peer group and is less manifest than in older drug users. Another observation of experts is that in this age group, hardly any physical or psychological syndromes of dependence are noticeable, except in alcohol and nicotine users.

Those young people who practise experimental use of drugs, which can become massive in some cases, are trying to cope with adolescence crises; some of them show psychiatric symptoms that require treatment, above all psychotic symptoms and a tendency towards destitution. In the Vienna drug help services, 4% of the clients under 15 indicate that they have been in psychiatric treatment within the past twelve months (IFES 2005b). With regard to behaviour, aggressive acts against others and autoaggressive acts have been registered, with girls tending more towards autoaggressive acts such as burning or cutting themselves, while boys rather become aggressive against members of their social environment. Girls in particular are confronted with sex work in their lives in the street scene. They enter sex work gradually, by "doing favours" for the older members of the street scene, which leads to experience of sexual abuse, sex work to finance drugs, and also early pregnancies. Prostitution is certainly also an issue among boys, although it is a strong taboo which is hardly ever talked about (a_way, personal communication).

In young people who regularly use cocaine and mushrooms in addition to massive cannabis use, problems such as sleep disorders, a heightened level of aggressiveness, and psychotic symptoms are registered, which are partly due to use of the substances mentioned above (Dialog, personal communication). Among those younger than 15 who engage in high-risk multiple drug use there is the danger of overdosing. In Vienna, the hospital connection service CONTACT (see Chapter 7.1) registered seven young people under 15 among those admitted to a hospital. According to statistics on drug-related deaths, in 2004 there were three casualties of young persons under 15 as a direct consequence of drug use, and in 2005, one casualty (ÖBIG 2006a, ÖBIG 2006b; see Chapter 6.1). The lack of knowledge about safer use increases the probability of drug-related infectious diseases. Youth-specific services have also reported lack of hygiene in young people regarding teeth and general body hygiene, scabies and sexually transmitted diseases (Z6-Streetwork, personal communication).

The psychosocial consequences of early drug use are mainly due to the failure to cope with puberty-related development. In this context young people may find it difficult to complete school or traineeship. Data from Vienna care and treatment services (IFES 2005b, ÖBIG 2005a; see Chapter 4.2) reveal that only four out of ten young people under 15 are still integrated in the school system, the others live outside the world of education or work. In the process of disengagement from their homes many of the young people concerned cut their emotional ties to their parents, get thrown out or run away. In these dynamics, the transition from living with the family to finding one's own job and a place to live by oneself is disrupted and confronts the young people concerned with long-term problematic consequences.

The great importance of social ties and relationships in this age group has often been stressed. Counselling services report that especially in the case of occasional users of cannabis it is essential to promote the communication with the family and with education and training institutions, and to maintain relations with these areas of life.

As in all age groups, massive drug use leads to a tendency towards committing petty crimes. Among these are theft, burglary and small-scale trafficking. In Austria, the age of criminal responsibility is 14 years, so those concerned are confronted with the justice system, and prison sentences are pronounced. Precisely in this setting young people are in danger of

meeting older drug users and obtaining substances under problematic conditions, which may constitute the beginning of a manifest drug career (Bäcker, personal communication).

11.4 Policy and legal development

According to the allocation of jurisdiction in the federal constitution, the issue of substance use by children and young people in Austria is regulated by youth legislation at province level. The consumption and purchase of tobacco and alcoholic drinks by young people under 16 years of age is prohibited in all provinces. In addition, according to the youth protection laws of all provinces except the Tyrol, the use of drugs or similar substances which are not regulated by the Narcotic Substances Act (SMG) but may lead to narcotisation, excitement or stimulation if taken either by themselves or in combination with other substances is prohibited for young people under 18 (see *www.api.or.at/akis*).

The use of and trafficking in illicit substances is regulated in the SMG. Under Section 13 of the SMG, schools are obliged to offer special help to young students who are noticed in the context of substance abuse. In such cases the school management has to ensure that the young people concerned are examined by the school medical officer and school psychologist. Depending on the result, a health-related measure under Section 11 (2) may be required. If young people undergo the requested medical tests, the school is not obliged to inform the authorities in any way (BMBWK 2001, see ÖBIG 2004).

11.5 Prevention and treatment

In general, the youth-specific services in the field of prevention and treatment also apply to the age group of people younger than 15 (see Chapters 3 and 5, ÖBIG 2001b), as apart from a few specifications no differences to older youths are made.

Young people under 15 who do not live with their (foster) family are placed in youth welfare institutions. Such institutions distinguish between children up to the age of 14 and young people over 14. Drug use is an issue in both areas, although care staff usually do not expect it to occur among children, so it sometimes goes unnoticed there. In cases of massive drug use, youth welfare institutions have made the experience that it is hard to keep the young drug users in the institution, so the cooperation with child and youth psychiatry services has been increased. In order to establish the necessary network between youth welfare agencies, drug help services and psychiatrists, the City of Vienna created the Drug Prevention Competence Centre (see ÖBIG 2002b). The objective of this centre is to provide an early intervention strategy and help the young clients to get assistance where they are, without being torn from their social environments, if possible. In addition to specific training for the youth welfare workers in substance use by young people, the competence centre has focused on the cooperation with drug help services and psychiatrists in order to be able to draw on their resources and support if necessary. Furthermore, guidelines were drawn up which should make it easier to assist young drug-users.

In Vienna it has been considered to establish a youth-psychiatry emergency service for youth welfare institutions, which would go to the place where an emergency occurs and give further

instructions, as the care staff in these institutions increasingly often reach a point where they no longer know how to handle young people who use drugs. Also, the institutions have been equipped with respirators, as cases of overdosing have repeatedly occurred. For girls for whom assistance cannot easily be provided, a house-sharing project with twelve places was established as a contact point. This is a low-threshold accomodation without a daily structure (Bäcker, personal communication).

The drug help services have also responsed to the growing drug use prevalence among young people (see ÖBIG 2001b, ÖBIG 2002a, ÖBIG 2002b). In Vienna the low-threshold service Dialog 10 for young people was opened in 2005 (see Chapter 5.1), which provides practically oriented assistance and a daily structure. In order to elucidate all the factors that are relevant for the work with young people, there are several cooperation structures as well as individual case conferences.The open service mainly focuses on meeting basic needs such as food, drinking and hygiene, rather than on development in the sense of social education. Drug help services have designed special strategies for young people and children, with the aim of giving young clients the opportunity to perceive and accept the service as help. The services do not distinguish by age. It has been noticed that especially among young people, various issues and problems are mixed up and addressed in a spontaneous manner; accordingly, professional responses cannot be divided according to the usual counselling schemes.

The importance of integrating relevant persons or institutions that are part of the social environment, activating other support services in the field of child and youth work, as well as child and youth psychiatry treatments, also becomes evident in this setting.

Outreach services are also faced with drug-users younger than 15, especially on the occasion of syringe exchange in drug street social work. In December 2005, an emergency shelter for young people between 14 and 18, which also admits alcohol users and drug users, was opened in Vienna (see Chapter 9.1).

In general, the primary aim of assistance services is to stabilise young people with problematic substance use and to free them from the dynamics of drug use and the related psychological patterns, at least for a certain period of time.

The importance of specific training for professionals who work with young people using substances has been realised to some extent at the level of services and training schemes are implemented there. In addition to trainings for staff of the youth welfare office in Vienna, also the drug outpatient service at Innsbruck (Tyrol) organises further training for its care staff, because the care setting for children and young people with drug problems has some special aspects that need to be considered (Bäcker, Giacomuzzi, personal communications).

12 Cocaine and Crack – Situation and Responses

As already in 2000, information and data on cocaine in Austria are relatively scarce (ÖBIG 2000). This is partly due to the fact that the group of persons exclusively using cocaine are socially inconspicuous, therefore it is difficult to obtain epidemiological data for this group. Also, the majority of available research studies on drugs and addiction focus on opiates. Therefore, there is little statistical material on the extent of cocaine consumption and the number of cocaine users. The information used for this chapter mainly originates from surveys of the drug situation in general and not of cocaine in particular. According to the few cocaine-specific studies, crack in Austria still is insignificant, as it was six years ago.

12.1 Prevalence, patterns and trends of cocaine and crack use

For a comparison of drug experience see Tables A1 and A2 in Annex A, which combines lifetime prevalence from various surveys since 1998. For adults and school students, the prevalence of cocaine is in the range of 2% to 4%, which roughly corresponds to the prevalence of amphetamines and is markedly below cannabis prevalence, which is between 7% and 37% (see also Chapter 11.1).

The representative population survey carried out in 2004 in Austria included questions on the use of legal and illicit substances (Uhl et al. 2005a). The results showed a lifetime prevalence rate of cocaine of 2.3%, and a 30-day prevalence of 0.3%. In comparison, the corresponding prevalence rates for amphetamines were 2.4% and 0.3%, respectively, and for heroin, 0.7% and 0.2%, respectively (see Chapters 1.4, 2.1, 11.1).

The results of a survey by IFES (IFES 2005a) did not confirm reports of a strong increase in the availability of cocaine (see Chapters 1.4, 2.1 and Figure 2.1, S. 12). As two years before, a total of 2% of the respondents indicated to have used this substance before, and they were almost exclusively men (4%). For the years from 1993 to 2001 the share of respondents stating they had tried cocaine before was 1%. The share of cocaine users in the total population within the past three years and the past 30 days was below 1%. IFES did not register any relevant changes as to the lifetime prevalence of cocaine over the past few years, either.

In Upper Austria, every three years a representative population survey is carried out, which also addresses the subject of illicit drugs. In addition, 420 young people aged between 15 and 24 were included, so that this age group was over-represented, which permitted a detailed evaluation of the corresponding data. Regarding substances in the year 2003, the group between 15 and 59 showed lifetime prevalence rates of 3.7% in total and 5.2% for men (see Table A1 in Annex A). For the group between 15 and 24, the corresponding figure was 6.2% (see Table A2 in Annex A). In a survey carried out in 2000 (market 2000) among the general population, a lifetime prevalence of cocaine of 2% was registered. A comparison shows that the figures for lifetime prevalence of cannabis were much higher: 23.7% in 2003 (young people aged 15 to 24: 34.3%) and approximately 15% in 2000. Also in Upper Austria, the figure referring to cocaine prevalence within the past 30 days was below 1% in the group

aged 15 to 59, while the corresponding share among young people between 15 and 24 was 1.3% (see Tables A1, A2 in Annex A).

In the course of the ESPAD survey in 2003, Austrian school students of the ninth and tenth grade were interviewed about alcohol and other drugs (Uhl et al. 2005b). Among these respondents, the lifetime prevalence was 2% for cocaine, 5% for amphetamines, 3% for ecstasy and 1% for heroin. Regarding the age in which specific illicit substances were tried for the first time, for cocaine, as well as heroin, figures below 1% were registered in all responding age groups (ranging from younger than 11 up to 16 years).

In Lower Austria, in late 2005 the counselling service Auftrieb carried out a survey at Wiener Neustadt and surroundings, in which 1 404 young people aged between 12 and 19 were interviewed on the subject of substance use (Gartner-Schiller and Neumayr 2006). Here the lifetime prevalence of cocaine, as well as of speed and of LSD, was approximately 2.5%. The corresponding figure for cannabis was 12%. According to the authors, opiates, cocaine and other hard drugs hardly play a role among their target group, and also experimental use is found only to a minor degree. Only few young people, whose lives are influenced by several problematic and addiction-promoting factors at once, seem to try, and may consequently become addicted to, such drugs.

In Styria, a survey of the drug situation at vocational schools and residence halls for trainees based on surveys among 43 educators and 3 919 school students provided recent data (Hutsteiner et al. 2005). In the case of cocaine, this survey registered a lifetime prevalence of 2% and a twelve-month prevalence of 1.2%, which is significantly below the figures previously reported for this group (see Chapters 1.4, 2.2, 3.1).

Within the framework of the EU project Support Needs for Cocaine and Crack Users in Europe (COCINEU), at the Institute of Psychology of the University of Vienna a diploma thesis was presented which surveyed Austria's cocaine and crack users and explored the extent of the problem (Primus 2005); this is one of the few cocaine-specific studies available. By means of interviews, this diploma theses collected data on three different groups of consumers and compared them. In addition test results of urine samples from seven years were compared in order to check the development of cocaine consumption from 1996 to 2002.

Between 2002 and 2003, a total of 211 persons were interviewed and split up in three groups: client group, scene group and party group. At the time of the interviews, members of the first group had to be clients of drug treatment services, while members of the scene group were not admitted to interviews if they currently were in drug treatment, and they had to be members of the open scene, whereas the party group consisted of socially integrated persons who were not in drug treatment and used cocaine only nasally. The criterion for inclusion in this survey was the use of cocaine at least once a month prior to the interviews.

The average age of the respondents was approximately 28 years, the share of women was approximately one third in the client group and the scene group, and almost 50% in the party group. The average age at first-time experience of cocaine was 21 years, the average duration of use was 4.5 years. Only nine of the respondents said they had used crack, therefore no corresponding data could be presented.

Within the past month, cocaine had been used by members of the scene group on 22 days, by members of the client group on 9.5 days and on 8 days in the party group. In addition to other illicit substances, heroin was used in the scene group on 19 days (client group and party group: seven days), and cannabis on eight days (client group and party group: ten days). The scene group indicated to have used more than one substance on 23 days in the month prior to the interviews. The corresponding figures were 14 days for the client group and 12 days for the party group. The longest uninterrupted phase of use was 31 hours in the client group, twelve hours in the party group and nine hours in the scene group. The party group indicated nasal administration (97%) or smoking (3%) of cocaine, while the client group reported nasal (21%) and i.v. application (79%). The scene group used cocaine only intravenously.

In addition, urine samples that patients handed in at the drug outpatient service of the General Hospital of Vienna (AKH) between 1996 and 2002 in the course of methadone maintenance therapy were tested for cocaine. On the one hand, always two successive years were compared for significant changes, on the other, the entire period was investigated. It showed that in 2002 significantly more persons had handed in cocaine-positive urine samples than in 1996. On the basis of the results the author of the diploma thesis comes to the conclusion that in Austria, as in the majority of European countries, there has been a rise in cocaine use over recent years.

A 2003 survey focuses on cocaine-related problems in the street drug scene of Vienna (VWS 2003b). Since the mid-1990s, cocaine use has played an important role in the street drug scene, and a special problem is its almost exclusive i.v. use. The number of persons concerned was cautiously estimated at several hundred, consisting of three distinct group with different drug use patterns. The first group uses mainly cocaine; opiates are only used in connection with cocaine (mixed in “cocktails”), the main desired effect being that of cocaine. The second group consists of persons who follow a poly-drug use pattern and consume cocaine in the same measure as opiates and benzodiazepines (see ÖBIG 2000, ÖBIG 2001a). The third group is persons who primarily use opiate and benzodiazepines, with cocaine use on the side.

Silbermayr stated that in Vienna, 2 000 persons showed a daily, problem pattern of cocaine use(Silbermayr 2003); to the above-mentioned groups he added students who use cocaine for better concentration as well as representatives of the new economy who, according to Silbermayr, regularly use amphetamines and cocaine in small doses. The latter group did not perceive themselves as having drug problems, therefore they did not turn to drug help services.

Another group with very different characteristics from the street drug scene was the target group of ChEck iT!, which hardly injected cocaine, hardly showed comparable peaks of use and as a rule was (still) socially integrated. The prevalence of use for the ChEck iT! clients was 29% within the past month and 55% regarding lifetime prevalence. 23% reported combined use of cocaine and ecstasy. Although these prevalence figures are relatively high, cocaine, usually administered nasally in this group, was not the primary drug in most cases. Cocaine was used on special occasions or when users could afford it. Often, speed was preferred over cocaine on account of its longer effect and lower price (see Chapters 3.2, 10.3; VWS 2003b).

In the Tyrol, the drug and addiction counselling service provided a very helpful analysis of data from 160 persons indicating to have used cocaine at the time of admission, which led to the following results (B.I.T. 2006): the average age of users was 25.4 years, the share of women was approximately one fifth. The average age at first-time use was 18.8 years for cocaine and 19.9 years for crack, which was used in addition to cocaine by eight persons (5%). Around 40% of the cocaine users indicated to have used cocaine at least once a week in the month before counselling started, while 3% said they used cocaine every day. Cocaine was administered nasally by 79% and intravenously by 14%. Additional substances used were cannabis, alcohol, MDMA and amphetamines.

Within the framework of a survey drawn up in 2005 for the project QCT-Europe, differences between compulsory clients (persons under obligation to receive therapy) and voluntary clients of drug services were examined (Trinkl and Werdenich 2005). For 22% of the persons who were obliged to receive therapy, cocaine was the main problem substance, whereas the corresponding share was 10.4% among the voluntary group; the predominant use pattern was poly-drug use and no significant differences as to use were registered between the two groups (see Chapter 5.2).

For more information on this issue see Chapter 13 (Developments in drug use within recreational settings) of the previous report (ÖBIG 2005a).

12.2 Problems related to cocaine and crack use

With regard to treatment requirements in the context of cocaine, only treatment data relating to all substances are available. Data from the nationwide documentation system of clients of drug help services (DOKLI) will not be available before 2007 (see Chapter 4.2).

According to the Vienna BADO documentation, four out of ten clients assisted between 2002 and 2004 indicated to have used cocaine in the previous month (see Chapter 4.2). Slightly more than half of the clients used cannabis and/or heroin at that time. In 2004 approximately half of the respondents used cocaine nasally, the other half administered it intravenously. More than half of the clients in 2004 had been assisted by a drug help service in Vienna before they came to BADO. There were no cocaine-specific data available in this respect (IFES 2005b).

Similar figures were reported by Grüner Kreis (Grüner Kreis 2005). In 2004, prior to therapy 46% of the persons in inpatient treatment had used cocaine and 49% heroin several times per week. Remarkably, 63% of the persons who had to undergo therapy upon court order used cocaine, which is a much higher figure than that registered by Trinkl and Werdenich in their survey (see above), whereas only 42% of the other clients indicated use of cocaine. In 2004, a total of 54 patients were treated in short-term therapy, one fifth of whom were women. The substances used most frequently by patients undergoing this type of therapy, apart from alcohol (70%) were cannabis (46%), cocaine (43%) and ecstasy (28%). In the case of cocaine there were no significant differences between patients in long-term or short-term treatment (46% and 43%, respectively. Clients in outpatient treatment and care had used mainly cannabis (65%) and cocaine (57%). Outpatients used cocaine more frequently, while inpatients consumed alcohol, heroin, substitution substances, benzodiazepines and other tranquillisers to a greater extent.

In its annual report of 2005, the Maria Ebene foundation reported that drug use trends among their clients had largely remained the same. Stimulating substances such as cocaine, but also amphetamines and ecstasy continued to be used at a generally high level. However, the leading cause of treatment demand still was poly-drug use of opiates (58%). While the share of cannabis as main drug increased from 13% to 23%, that of cocaine as primary drug declined from 23% to 12% (Stiftung Maria Ebene 2006).

At the Tyrolean outpatient drug help service B.I.T. the percentage of cocaine users in the total number of clients was approximately 8.5% in 2005 (B.I.T. 2006). Contrary to the patients at Grüner Kreis, this group came to the service because they were recommended to do so by a physician or by family member, or upon their own initiative, rather than because they were obliged to do so upon court order. This difference is due to the modes of operation: B.I.T. is an outpatient service, while Grüner Kreis essentially provides inpatient treatment.

In Styria the outpatient service b.a.s. indicated that cocaine as a main drug played a very marginal role (b.a.s. 2006). In 2005, cocaine had been the primary drug for six men and three women; the total number of persons registered that year was 1 312. Also from this service it was reported that crack continued to be insignificant.

The statistics on drug-related deaths show that cocaine plays an important role in this context. Over the years, cocaine was found in 30% of drug related deaths (ÖBIG 2006a, ÖBIG 2006b, BMGF 2004). As can be seen in Table 12.1, in 37 out of 169 toxicological analyses of drug-related deaths carried out in 2005, cocaine was found, which made cocaine the second-most frequent illicit substance after morphine, as in the years before. In 34 cases cocaine had been combined with opiates, which accounted for 83% of poly-drug intoxication with opiates and another illicit substance. In three cases cocaine was the only illicit substance, in one of these cases it had been used in combination with a psychoactive pharmaceutical. Two persons had consumed cocaine with alcohol (see also Chapter 6.1).

Table 12.1 Number of drug-related deaths with toxicological analysis in which cocaine was found, from 2003 to 2005

		2003	2004	2005
Total number of drug-related deaths which were toxicologically analysed		163	175	169
Cocaine	found	49	52	37
Cocaine	in combination with opiates (and alcohol and psychoactive pharmaceuticals)	43	49	34
Cocaine	as the only illicit substance	6	3	3
	of which: cocaine and alcohol	1	1	2
	of which: cocaine and a psychoactive pharmaceutical	1	–	1

Sources: ÖBIG 2006a, ÖBIG 2006b, BMGF 2004

Between 2003 and 2005 the majority of deaths in which cocaine was found to play a role was registered in the group of men between 20 and 24 years (2003: 11; 2004: 15; 2005: 14). In 2004 there were also 11 cases in the age group between 15 and 19 years. In all surveyed years, the gender ratio of cocaine-related deaths corresponded to the total number of drug-related deaths, with a share of men of approximately 80%. By far the highest percentage of cocaine-related deaths was registered in Vienna (between 60% and 70%). In the course of

collecting data on drug-related deaths, infectious diseases are recorded, but there is no specification of the substances that were used (see Chapter 6.2).

The diploma thesis mentioned in Chapter 12.1 (Primus 2005) also examined the infection status of the respondents. Regarding hepatitis B, the majority of the respondents said they ere not infected. The results for hepatitis C were different. 57% of the client group indicated a hepatitis C infection, in the scene group the percentage was 59. With only 3%, the party group differed significantly here. Regarding HIV, the majority in all three groups indicated no infection. Regarding sexual contacts of persons in all three groups, it was registered that they did not differ either in the frequency of sex without a condom or in the number of partners with whom they had unprotected sex. Only the scene group members indicated they had sexual contacts with intravenous drug users more frequently than the other two groups.

As mentioned above, the problem of intravenous cocaine use in the street scene has become more dramatic over the past few years. One has to bear in mind that using cocaine up to 20 times per day results in enormous pressure to acquire cocaine, and in the neglect of safer-use rules (VWS 2003b). The use of speedballs, a mixture of heroin and cocaine, which is injected and was already reported in 2000, was continued. As effects of the two substances used interact their effect, this mixture should be considered particularly dangerous (ÖBIG 2000).

12.3 Responses and interventions to cocaine and crack use

As yet there are no cocaine-specific treatment approaches in Austria, which may partly be due to the fact that poly-drug use is the predominant pattern of use among the clients of the drug help system. Therefore cocaine users are usually treated together with users of other substances. As mentioned before, there are very different groups of cocaine users, so it would be necessary to offer a specific form of treatment for each group.

It is especially hard to motivate users of cocaine in the street scene to undergo treatment. Excessive cocaine use has the effect that pain is hardly felt at all. If medical help is sought, compliance with regard to appointments for check-ups and prescribed pharmaceuticals is very low. As a consequence, lesions may become so grave that inpatient treatment would be indicated. However, this type of intervention is bound to fail either because the patients either refuse inpatient treatment altogether or they discontinue it prematurely. In order to provide some sort of remedy for this situation, at Ganslwirt outpatient service treatment is provided to cocaine users also during the night (VWS 2003a).

At Maria Ebene hospital in Vorarlberg, cocaine-addicts may undergo inpatient treatment in the existing departments. The target group are especially persons consuming alcohol in combination with cocaine. In addition, cocaine users receive treatment in the context of the principle of therapy instead of punishment (Neubacher, personal communication).

The drug outpatient service at Innsbruck in the Tyrol reports that cocaine consultation hours have been offered for three years and are well accepted by the clients. In addition to counselling talks, a medical therapy programme is offered, in the course of which patients may receive treatment and care for a maximum of six months and regular urine samples are

taken. In exceptional cases of severe cocaine dependence, additional sleep therapy is possible to complement treatment (Kern, personal communication).

Cocaine users in the street scene suffer from restlessness, extreme tension, even paranoia, but they have no possibility of being by themselves or relaxing. However, what is most alarming is that rules of safer use in the sense of harm reduction, e. g., greatest possible hygiene and slow use, are no longer considered relevant. In 2002, Ganslwirt responded by further reducing possible thresholds and opening a rest room for this group of users. Other harm reduction measures include information and safer use talks, which also serve as a starting point for further interventions. Water, tea and soft drinks are available 24 hours a day at Ganslwirt; another measure is unlimited sale of syringes and needles (see also Chapter 7.2; VWS 2003a). Other harm reduction measures are not limited to cocaine users (see Chapter 7.2 and Structured Questionnaire 23).

In order to create adequate care options also for the party group of users, the Vienna University Hospital of Psychiatry introduced a cocaine telephone hotline. Patients from the party group who use cocaine (not heroin) have the possibility to call once a week and are guaranteed the greatest anonymity possible (Thau 2004).

Volume Six of the publication series issued by the Maria Ebene foundation is an information brochure on cocaine, with the aim of drawing more attention to this so-called fashion drug and provide factual information. In addition the brochure includes a section on counselling and therapy as well as addresses and contacts (Stiftung Maria Ebene, web site).

In addition to the establishment of user rooms and more syringe dispensing machines, experts consider it essential that an intervention model for cocaine users be drawn up (VWS 2003b). This idea corresponds to proposals voiced by Silbermayr, who also believes that a network of diversified approaches and services should be developed and offered. According to Silbermayr, cocaine-specific programmes should also accommodate the needs of different ethnic groups and provide counselling in their native languages (Silbermayr 2003).

12.4 Cocaine-related crime and cocaine and crack markets

As outlined in Chapter 8.2, the total number of reports in connection with cocaine rose only slightly compared to the previous year, but more than doubled in comparison to the year 2000 (see Table A11 in Annex A and Standard Table 11). The number of seizures of cocaine increased only slightly compared to 2004, whereas the amounts seized were three times as high as in 2004, reaching an all-time peak on account of three large seizures (see Tables A17, A18 in Annex A and Standard Table 13).

Regarding offences committed to finance drugs, the survey presented in Chapter 12.1 (Primus 2005) states that among the user groups examined, members of the scene group most frequently indicated to have pursued sex work (21.4%) in the month prior to the interviews. The corresponding share in the party group was a mere 1.4%. Another significant difference between these two groups regards selling drugs, obtaining drugs for others or producing

drugs. The scene group indicated to have engaged in these activities on 13 days in the month prior to the interview, compared to five days indicated by the party group.

Data from the BMI indicate that the purity of cocaine sold on the street in 2005 was 45% on average, which represents a slight rise compared to the previous years (see Table 10.2 and Standard Table 14). In 2002 a survey on the basis of 526 used syringes and 496 questionnaires was conducted (Haltmayer and Schmid 2004). The drugs found when analysing the syringes were cocaine (35%), cocaine and opiates (12.5%), morphine (24%) and opiates (17%). It was also found that only 17% of the samples believed to be cocaine (as indicated by users) actually contained pure cocaine. In the majority of the samples the cocaine was diluted (31%) or mixed with other substances (31%). An examination of purchasing patterns showed that the surveyed group mostly bought cocaine off the street rather than from private sources.

According to the BMI (2006) (see Table 10.2 and Standard Table 16), the retail price for cocaine in 2005 was EUR 80 per gram on average, which is a slight decline in comparison to 2002 (EUR 95). Per month, the scene group interviewed by Primus (2005) spent almost EUR 2 000 on drugs, while the party group named an amount of almost EUR 600.

Young people who indicated that they had been offered drugs said they had been confronted mainly with cannabis, ecstasy and amphetamines, cocaine ranked fourth in this respect (BMSG 2003a). In the ESPAD survey of 2003, 8.7% of the school students who were asked to indicate how difficult it was to get cocaine, responded that it was “rather easy” (Vienna: 11.9%). The corresponding figure for cannabis was 20.8% (Vienna: 23.6%), which is markedly above the percentage indicated for cocaine (see Chapter 12.1 and Uhl et al. 2005b).

13 Drugs and Driving

In Austria, the theme of drugs used in road traffic is a recurring issue, which has been controversial at the political, expert and scientific levels. In the corresponding discussions, on the one hand the priority of traffic safety was stressed, and on the other, concerns about the constitutionality of drug tests were expressed. In the past few years, there have been some legislative changes in this context. In general, a distinction is made between alcohol and drugs, but not between individual substances (e.g., cannabis) or pharmaceuticals (e.g., benzodiazepines).

13.1 Policy

Already in 1997/98 a survey by the Ministry of Transport was presented to the Vienna Drug Commission, which had the aim of assessing the driving ability by means of urinalysis and medical examinations. It was found that drug use can be detected through urinalysis and examining the pupils' position and reaction, but not through saliva tests or other clinical examinations. In 2001 the subject of drugs in road traffic was discussed on the basis of a resolution by the government coalition; in this context, an expert hearing was organised by the Federal Drug Coordination, a symposium was held by the Vienna Social Fund and ARBÖ, the Automobile, Motorcycle and Bicycle Club of Austria, and expert interviews took place as well (ÖBIG 2001a, ÖBIG 2002a). In essence, the discussion centred on mandatory drug tests for drivers; strong doubts were expressed as to their usefulness because the existing tests on the current driving ability have little informative value. It was found that further information and the identification methods are necessary, and that there is demand for research especially in the fields of substance-specific diagnosing and testing procedures.

In June 2002 the Tyrolean Chamber of Pharmacists organised a symposium on the topic of the use of pharmaceuticals and drugs in road traffic (Heinrich 2002). In the course of this event relevant questions were discussed from scientific, legal, forensic and political perspectives. One of the demands raised was that the Decree on Labelling Pharmaceuticals be amended in the sense that all possible side effects on the driving ability should be specified; another demand was to create a scientific basis through research assignments, and clarification and information rather than surveillance and potential punishment. As a consequence, both the Ministry of Health and the Vienna Drug Advisory Board formed a working group on the issue of the use of drugs and pharmaceuticals in road traffic.

In July 2002 an amendment to the Road Traffic Regulations (StVO) was passed by parliament, containing the introduction of mandatory blood tests if an impairment of the ability to drive due to drugs is suspected (Chapter 13.3). The aim was to adapt the drug regulations executed by the street police to the regulations regarding alcohol (Vergeiner et al. 2004). On 1 July 2005 the 21st amendment to the StVO entered into force, according to which saliva tests were introduced to assess suspected impairment of the driving ability by narcotic substances (Chapter 13.3). However, the interministerial decree necessary for implementation, which is to regulate the exact procedure to be followed by the police, public prosecutors and public health officers, is still missing because there is no suitable testing equipment.

Apart from amendments to the StVO, possible amendments to the Driving Licence Act Health Decree (FSG-GV) were also repeatedly discussed. According to the FSG-GV (Federal Collection of Statutes BGBl. II No. 322/1997, as amended by BGBl. II No. 427/2002), persons who are dependent on alcohol or narcotic substances or are unable to limit their use of addictive substances in a way that their driving ability is not impaired, are not healthy enough to be entitled to drive. Therefore, if dependence is suspected, a psychiatric expert opinion must be presented to the public health officer. To (re)issue the driving licence on the basis of a positive opinion by a medical specialist and obligatory medical check-ups is only possible in the case of group 1 driving licences (motorcycles and passenger cars). Especially with regard to occupational re-integration of former drug addicts, it has been demanded to include group 2 driving licences (busses and lorries) as well (ÖBIG 1999, ÖBIG 2002a, ÖBIG 2003). However, these plans still have not been implemented.

In this context also Section 39 of the Driving Licence Act (BGBl. I No. 129/1997, last amended by BGBl. I No. 152/2005), is relevant, as it rules that in the case of an impairment due to alcohol or substance use the driving licence must provisionally be revoked if a car-holder drives, operates or attempts to operate their vehicle.

Alcohol and drugs are among the focuses of the Austrian Road Safety Programme 2002–2010 (BMVIT 2003). The measures under this heading include special training of police officers to identify conspicuous drivers in the course of traffic controls, but also of physicians who are in charge of examining such drivers. Furthermore, surveillance shall be intensified.

13.2 Prevalence and epidemiological methodology

There are no prevalence estimates on drug use and driving available, neither for illicit drugs in general nor for cannabis or pharmaceuticals such as benzodiazepines. No regular data collections or surveys are conducted in this field. Therefore, hardly any data are available on the extent of drug use in road traffic, a deficit which has been deplored by experts in Austria. In order to ameliorate this situation it has been suggested, among other measures, that in cases of accidents that result in damage to persons, it should be investigated whether drugs were acquired by the drivers involved (e.g., Vergeiner et al. 2004). Because of the data situation no statements on trends, age groups concerned, gender differences etc., are possible. Still, it has shown that drugs at present play a much less significant role than alcohol. For example, in 2003, 688 driving licenses were provisionally revoked because of impairment following drug use, compared to 21 188 cases of impairment after consuming alcohol (ÖBIG 2004). In 2005, 913 persons were reported to the police on account of impairment of the ability to drive caused by clinically detected drugs confirmed by blood tests (Germ, personal communication). In the same year 32 708 persons were reported on account of impairment of the driving ability by alcohol, and another 7 000 persons on account of minor impairment (0.5‰).

The annual statistics on road traffic accidents in Austria (Statistik Austria 2006) only include evaluations on accidents involving drivers under the influence of alcohol (a total of 2 746 accidents in 2005). Some experts assume that a high risk of accidents results especially from combined use of drugs and alcohol and that this is a rising trend, contrary to the exclusive

use of alcohol when driving. Others have expressed doubts whether this observation is correct, considering the use of pharmaceuticals which negatively influence the driving ability to be a much greater problem than the use of drugs (Heinrich 2002).

As to age, according to an estimate by the Austrian Road Safety Board (2004), approximately 90% of all persons driving under the influence of drugs are between 18 and 33 years old. According to the Diagnoses Institute (ISD, Vienna) based on expert opinions in the context of Section 5 StVO (FSW 2006a), in 2005 53 persons were referred to the Institute, whereas in the two previous years, the corresponding figures were 89 (2004) and 54 (2003). What the ISD regards as problematic in this connection is the lack of adequate measuring techniques that directly indicate an impairment relevant in road traffic.

Regarding the prevalence ratio of benzodiazepines and alcohol in road traffic an interesting survey has been carried out by the University Clinic for Accident Surgery at Innsbruck. In the course of one year, blood samples for assessing plasma levels of alcohol and benzodiazepines were taken of 269 persons who had been admitted after a road traffic accident. 27.5% tested positive for alcohol, 5.2% for benzodiazepines, and 1.9% for both (Heinrich 2002). All plasma concentrations of benzodiazepines found were within a subtherapeutic or therapeutic range. The evaluation of the degree of severity of injuries showed a significantly higher share of polytrauma injuries in persons with positive benzodiazepine plasma level.

At the drug outpatient department of the Vienna University Hospital for Psychiatry, a controlled survey was carried out to examine the influence of the substitution substances methadone and buprenorphine as to potential cognitive and psycho-motor impairments that play an important role in road traffic (Schindler et al. 2004). 30 persons stabilised on methadone or buprenorphine were examined in a psycho-diagnostic test series 22 hours after taking their medication and were compared to a control group. For the majority of parameters examined, there were no significant differences. Under monotonous conditions, the number of reactions with a greater share of mistakes was significantly higher in the group using substitution substances. Under dynamic conditions, patients using methadone as a substitution substance on average took longer to decide and react. The additional use of illicit substances led to relatively worse results compared to the persons without additional drug use.

13.3 Detection, measurement and law enforcement

The procedure for drug tests in road traffic is regulated in Section 5 of the StVO 1960 (BGBl. I No. 159/1960, last amended in BGBl. I No. 52/2005). A distinction is made only between alcohol and narcotic substances (as defined in Section 2 of the SMG), and there are no specific regulations regarding pharmaceuticals like benzodiazepines. Unlike in the case of alcohol, for narcotic substances used in road traffic there are no threshold values, but driving is prohibited altogether. The decisive factor is a state of impairment which is described in Section § 58 (1) of the StVO as follows: a vehicle may only be operated if the driving person is in a physical and mental state which permits them to have control over the vehicle and to observe the legal regulations that apply to driving. If the police has reason to suspect that a driver is physically unfit to drive on account of their behaviour, an accident or unusual physical state, and if the possibility of alcoholic intoxication has been excluded, the police have the right to test the driver for drugs. This also applies to pedestrians if there are grounds for sus-

pecting that they have caused a traffic accident under the influence of narcotic substances. The procedure for assessing impairment by drugs follows a model in several steps:

- First, the officers in charge of traffic control investigate the suspicion of impairment following the use of narcotic substances and simultaneously exclude alcoholic intoxication by means of a drug-checking form. This form includes questions about driving behaviour, the accident situation or situation when the person was stopped, responses, disposition, manner of speaking and walking as well as the results of the alcohol test (Öffentliche Sicherheit 2006).
- The second step in this model is a saliva test for narcotic substances by means of a saliva pre-testing device operated by specially trained road surveillance officers or a public health officer; however, no adequate devices are available yet (see below).
- If the suspicion of impairment by narcotic substances has been corroborated, the degree of impairment is assessed through clinical examination by a health officer (e.g., measuring blood pressure and heart rate) according to a standardised examination sheet.
- If the clinical examination has confirmed the impairment, the last step is a blood test for a narcotic substance by an authorised physician. Although the blood test cannot be performed by force, Section 5 (10) provides that a blood sample must be taken and the person in question shall to undergo the blood test.

According to Section 5 (8) of the StVO the blood sample must be brought to the nearest police station without undue delay; the blood sample must not be delivered by the examined person themselves. The blood test is to be performed by a forensic medicine institution or a similar agency. The costs for the blood test (approx. EUR 500) have to be paid by the person in whom impairment by a narcotic substance has been detected.

If the blood test shows a misuse of narcotic substances, the competent health authority is notified (Sections 12–14 of the SMG), but no police report according to Section 27 of the SMG is filed. Furthermore, impairment by drugs is punished with an administrative fine of between EUR 581 and EUR 3 633, which is the equivalent of a fine for alcoholic intoxication between 0.8‰ and 1.9‰ (Vergeiner et al. 2004). In addition to provisionally revoking the driving licence (see Chapter 13.1) accompanying measures such as after-training or obtaining a certificate on physical fitness for driving issued by a public health officer may be required. However, there are no regulations as to the duration of the measures and who is in charge of monitoring that these measures are observed; also, no reporting procedure has been defined (FSW 2006a). Refusal to be summoned by the police and undergo clinical examination as well as illegal refusal to have a blood sample taken is punished with an administrative fine (Vergeiner et al. 2004). In case of a refusal to be summoned, the fine is between EUR 1 162 and EUR 5 813, which corresponds to the highest level of alcoholic intoxication (more than 1.6‰).

The evaluation of existing saliva pre-testing devices on behalf of the BMI has not yielded reliable results so far. In a research project three different saliva pre-testing devices were assessed in comparison to blood analyses (serum) in 100 addiction patients (Öffentliche Sicherheit 2006). For cannabis, the results corresponded to those of the blood analysis in only approx. 75% of the cases, for opiates, in 80%, and for cocaine, in 95% of the cases. How-

ever, these results are not sufficient for a practical application of the devices, as false-positive results are problematic and should be avoided because of the legal consequences. False-negative results, on the other hand, are problematic with regard to road safety, as they counteract the aim of barring impaired drivers from the roads. Because of the lack of adequate devices, the decree on assessing these devices as provided in Section 5 (11) of the StVO has not been drawn up yet, either (see Chapter 13.1). Consequently, saliva tests are currently performed only for experimental purposes and on a voluntary basis (Germ, personal communication). The Vienna Social Fund (FSW 2006a) views such cases as problematic in which impairment is found on the basis of a urinalysis in connection with an examination by a public health officer and the driving licence is revoked immediately, whereas the blood test result, which is only available approximately two weeks afterwards, does not confirm impairment.

With the introduction of mandatory blood tests and also in the context of the saliva tests as planned, adequate training of the officers involved has been demanded. Traffic control officers receive training on how to recognise driving impairment in the context of traffic law education lessons within the framework of their basic training (Germ, personal communication). In 2002/2003 an additional training initiative in the form of a halfday course for traffic control officers took place. These training lessons have since been organised by the province police headquarters within the framework of personnel development. According to some experts the courses held for physicians on the subject of recognising potential impairment following substance use are insufficient. What is deemed necessary is the intensification of further training (FSW 2006a) and/or that only physicians who have had special in-depth training and relevant practical experience may work in this field (Dantendorfer 2005).

13.4 Prevention

The majority of prevention activities focus on alcohol. However, some of these measures are aimed at making young people consider their own consumption behaviour and the issues of risk and responsibility, so in general effects with regard to their use of psychoactive substances in road traffic may be expected. Typical examples include *Mehr Spaß mit Maß* (More Moderate Fun, in Vorarlberg), an initiative in the course of which 72 training units at driving schools were organised (Neubacher, personal communication), and the pilot project *Respo-Drive* (Styria), which consists of a workshop and special driving safety training (bluemonday.at, 9 June 2006).

Measures aimed directly at young people and also addressing the issue of drugs in road traffic are few in number. One example is project *mobil & sicher* (Safe Mobility) of Raiffeisen Club Styria which directs public attention to traffic risks at four stages (bluemonday.at, 9 June 2006). The stage *Be clean* includes practical information and discussion on the issue of alcohol and drugs. In all vocational schools nationwide, traffic safety counselling is carried out by means of a lecture and a film in which the subject of alcohol and drugs is also addressed (Germ, personal communication). A similar programme is planned for upper secondary school levels, the target group being young people aged between 16 and 18. In the Tyrol, a pilot project is being carried out. The folder by the Austrian Association of Experts in the field of Drugs (ÖVDF) *A Clear View from the Steering Wheel* which has a special focus on legal

information, e.g. on traffic surveillance and suspected use of narcotic substances and potential effects on holders of a driving licence, is directed at multipliers. The meeting under the heading *Rausch und Recht* (intoxication and the law) which was organised for youth social workers in April 2005, also concentrated on legal aspects of the issues of drugs, youth protection and road traffic (ISP OÖ 2006). Complaints have been voiced because there is no adequate after-training for persons who were found to be impaired because of drug use, although subsequent training measures have been scientifically proven effective (FSW 2006a).

Even less activities which directly refer to pharmaceuticals are undertaken. One example is the information campaign on pharmaceuticals and drugs in road traffic carried out by the Tyrolean Chamber of Pharmacists in 2001. As a consequence of the campaign, greater awareness of the side-effects of pharmaceuticals and a higher frequency of related enquiries to pharmacies were registered (Heinrich 2002). Regarding the prevention of impairment by pharmaceuticals, labelling is relevant, among other factors. This has been regulated in the Austrian Medicines Act, which was amended in BGBl. I No. 152/2005 to conform to current EU directives. Section 17 (3) of the AMG provides that medicines which may impair the ability to react or driving ability shall have corresponding information on the outer packaging and on the primary packaging. Effects on the ability to drive passenger vehicles must also be included on the enclosed information sheet (Section 15 (2) of the AMG), whereas the rules for use do not specifically list these effects (Section 16 (2) AMG). In Austria no relevant activities with regard to the classification of pharmaceuticals according to their effects have been registered.

In the media, the issue of drugs and driving comes up again and again, but mainly in connection with alcohol use and accidents. To a much lesser extent, and also in the context of relevant accidents, the use of drugs in road traffic has been addressed. Impairment of the ability to drive caused by pharmaceuticals such as benzodiazepines is not discussed at all.

BIBLIOGRAPHY

BIBLIOGRAPHY

API (2006). Jahresbericht 2005 der Abteilung V – Drogenabteilung. Anton-Proksch-Institut Klinikum. Vienna

b.a.s. (2006). Jahresbericht 2005. Graz

B.I.T. (2006). Jahresbericht 2005 der Drogen und Suchtberatung B.I.T. Tirol. Verein B.I.T. – Suchtberatung. Volders

BMBWK (2001). Gemeinsamer Dialog – § 13 Suchtmittelgesetz. Fachtagung. Bundes-ministerium für Bildung, Wissenschaft und Kultur. Vienna

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

BMI (2006). Jahresbericht über die Suchtmittelkriminalität in Österreich 2005. Bundes-ministerium für Inneres/Bundeskriminalamt. Vienna

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

BMVIT (2003). Österreichisches Verkehrssicherheitsprogramm 2002–2010. Strategien für mehr Verkehrssicherheit auf der Straße. Stand 2004. Bundesministerium für Verkehr, Inno-vation und Technologie. Vienna

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

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

Caritas der Erzdiözese Wien (undated). Folder zu a_way – Notschlafstelle für Jugendliche. Vienna

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

Dantendorfer, K. (Hg.) (2005). Die PsychoSoziale Versorgung des Burgenlandes – Psychiatriebericht Burgenland 2004/2005. Burgenländische Landesregierung. Eisenstadt

Dialog (2006). Jahresbericht 2005. Verein Dialog – Hilfs- und Beratungsstelle für Suchtgiftge-fährdete und deren Angehörige. Vienna

diepartner.at (2005). Evaluation der Entwicklungspartnerschaft drugaddicts@work – Kurz-fassung des Abschlussberichts. Die partner.at Sozial- & Gesundheitsmanagement GmbH. Vienna

Drogenberatung des Landes Steiermark (2006). Jahresbericht 2005. Graz

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

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

EMCDDA (2005). Annual Report 2005. The state of the drugs problem in Europe. European Monitoring Centre for Drugs and Drug Addiction. Lisbon

FSW (2006a). Input für den Bericht zur Drogensituation 2006. Fonds Soziales Wien. Vienna

FSW (2006b). Dokumentation Aktuell No. 23, February 2006. Fonds Soziales Wien. Vienna

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

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

Gesundheitsförderung in Haft (2006). Second European Conference on Health Promotion in Prisons on 6 and 7 April 2006 in Vienna.

Gruber, C., Uhl, A., Kobrna, U., Bachmayer, S. (undated) Evaluation der Wiener BerufsBörse – Eine Beratungs- und Betreuungseinrichtung im Spannungsfeld zwischen Arbeitsvermittlung und Suchtkrankenhilfe. Forschungsbericht des Ludwig-Boltzmann-Instituts für Suchtforschung – Kurzfassung. Vienna 2004

Grüner Kreis (2005). Tätigkeitsbericht 2004. Verein Grüner Kreis. Vienna

Grüner Kreis (2006a). Magazin. Spring 2006, No. 57. Verein Grüner Kreis. Vienna

Grüner Kreis (2006b). Magazin. Summer 2006, No. 58. Verein Grüner Kreis. Vienna

Haller, R. (2005). Epidemiologischer Suchtsurvey 2005. Universität Innsbruck, Institut für Suchtforschung. Innsbruck

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

Haltmayer, H. (2006). Stellenwert der Hepatitis-Impfung bei DrogengebraucherInnen. 2. Internationaler Fachtag Hepatitis C. Verein Wiener Sozialprojekte. Vienna

Heinrich, M. (2002). Arzneimittel & Drogen im Straßenverkehr. Österreichische Apothekerzeitung Aktuell, Issue 14/2002.

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

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

IFES (2003). BADO – Basisdokumentation KlientInnenjahrgang 2002. Im Auftrag des Fonds Soziales Wien. Vienna

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

IFES (2004b). BADO – Basisdokumentation KlientInnenjahrgang 2003. Im Auftrag des Fonds Soziales Wien. Vienna

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

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

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

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

ISP OÖ (2006). Jahresbericht 2005. Institut für Suchtprävention Oberösterreich. Linz

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

Kontaktladen (2006). Jahresbericht 2005 Kontaktladen/ Streetwork. Caritas. Graz

MA-L (2001). Wiener Kindergesundheitsbericht 2000. Magistrat für Angelegenheiten der Landessanitätsdirektion/Dezernat II für Gesundheitsplanung. Vienna

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

Neubacher, T. (2006). Erfahrungen nach einem Jahr Intensive Care Substitution – H.I.O.B., Feldkirch. Bregenz

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

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

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

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

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

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

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

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

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

ÖBIG (2005b). Einheitliche Dokumentation der Klientinnen und Klienten der Drogeneinrichtungen. Endbericht. Österreichisches Bundesinstitut für Gesundheitswesen. Vienna

ÖBIG (2006a). Suchtgiftbezogene Todesfälle 2004. Österreichisches Bundesinstitut für Gesundheitswesen. Vienna

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

ÖBIG (in Vorbereitung). Ergebnisse des Monitoringprojekts 2004 und 2005. Österreichisches Bundesinstitut für Gesundheitswesen. Vienna

Öffentliche Sicherheit (2006). Drogen im Straßenverkehr. Öffentliche Sicherheit 1–2/2006.

Pont, J. and Wool, R. (2006). Ein Leitfaden für den Gefängnisarzt – Richtlinien für Ärzte, die Gefangene betreuen. Herausgegeben vom Österreichischen Bundesministerium für Justiz. Vienna 2006

Primus, N. (2005). Österreichs Kokain- und CrackkonsumentInnen – Eine Untersuchung zum Ausmaß des Problems. Diplomarbeit, entstanden im Rahmen des EU-Projekts COCINEU und eingereicht im Jahr 2005 an der Fakultät für Psychologie der Universität Wien

Pro mente Oberösterreich (2006). Immer mehr junge Menschen suchen Hilfe bei Abhängigkeit von „harten Drogen“.

Schindler, S. D., Ortner, R., Peternell, A., Eder, H., Opgenoorth, E.:, Fischer, G. (2004). Maintenance therapy with synthetic opioids and driving aptitude. Journal of European Addiction Research, 2004, 10 (2).

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

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

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

Silbermayr, E. (2003). Concepts for outpatient Treatment of Cocaine Addiction. Final Report for European Fellowship for Studies and Research in Drug Abuse. 2003, Vienna

Statistik Austria (2006). Straßenverkehrsunfälle 2005. Statistik Austria. Vienna

Stiftung Maria Ebene (2006). Jahresbericht 2005. Stiftung Maria Ebene. Frastanz

Tanzmeister, E. (2006). Hepatitis C in der Praxis: Von der Diagnose zur Behandlung. 2. Internationaler Fachtag Hepatitis C. Verein Wiener Sozialprojekte. Vienna

Thau, K. (2004). Presseinformation zur EU-Studie: Hilfsbedarf von Kokain- und Crack-Konsumentinnen und -konsumenten in Europa. Präsentiert beim Bundesdrogenforum im Mai 2004. Vienna.

Trinkl, B. and Werdenich, W. (2005). Quasi-Compulsory Treatment – Ergebnisse des Projekts QCT-Europe (Österreich) in Form einer PowerPoint-Präsentation. Vienna

Uhl, A. and Seidler, D. (2000). Prevalence estimate of problematic opiate consumption in Austria

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

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

Vergeiner, M., Riccabona-Zecha, C., Mesecke, S. (2004). Die Teilnahme am Straßenverkehr unter Drogeneinfluss. Zeitschrift für Verkehrssicherheit, No. 3/2004.

Vogel, W. (2006). Aktueller Stand bei der Behandlung der Hepatitis C. 2. Internationaler Fachtag Hepatitis C. Verein Wiener Sozialprojekte. Vienna

VWS (2003a). Bericht 2002. Verein Wiener Sozialprojekte. Vienna

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

VWS (2005a). Daten zum Konsumverhalten von Freizeitdrogen-KonsumentInnen – Eine Sekundäranalyse der ChEck-iT!-Fragebogenstudien 1998 und 2001 bis 2003. Verein Wiener Sozialprojekte. Vienna

VWS (2006a). Infektionsprophylaxe. Tätigkeitsbericht 2005. Verein Wiener Sozialprojekte. Vienna

VWS (2006b). Streetwork. Tätigkeitsbericht 2005. Verein Wiener Sozialprojekte. Vienna

VWS (2006c). Ganslwirt. Tätigkeitsbericht 2005. Verein Wiener Sozialprojekte. Vienna

VWS (2006d). 2. Internationaler Fachtag Hepatitis C. Kongress-Publikation. Verein Wiener Sozialprojekte. Vienna

VWS (2006e). Tätigkeitsbericht fix und fertig 2005. Verein Wiener Sozialprojekte. Vienna

VWS (2006f). ChEck iT! Tätigkeitsbericht 2005. Verein Wiener Sozialprojekte. Vienna

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

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

Z6-Streetwork (2006). Jahresbericht von Z6-Streetwork. Verein zur Förderung des Jugendzentrums Z6. Innsbruck

Personal communications, alphabetical order

Name and page	Organisation or function
Christine Anderwald (p. 39)	Caritas Marienambulanz outpatient department, Graz
a_way (pp. 54, 66, 70)	Emergency shelter for young people, Vienna
Wolfgang Bäcker (p. 66)	MAG ELF – Department 6 – Social Education Services – Drug Counselling and Treatment Services, Vienna
BBZ (p. 65)	Counselling and Care Centre, association Dialog, Vienna
B.I.T. (p. 66)	Assistance, Integration, Tolerance; outpatient drug help service, Tyrol
Dialog (p. 66 f.)	Association Dialog, Vienna
Dialog 10 (p. 65)	Association Dialog, Vienna
DOWAS Chill Out (p. 65)	Chill Out emergency shelter for young people, Innsbruck
Vinko Duspara (p. 39)	Lukasfeld therapy department, Maria Ebene foundation, Vorarlberg
Klaus Peter Ederer (pp. 19, 29)	Drug coordinator, Styria
Dr. Gabriele Fischer(p. 39)	Clinical Department of General Psychiatry, drug outpatient department at the General Hospital Vienna
Colonel Martin Germ (pp. 82, 84 f)	Federal Ministry of the Interior
Dr. Salvatore M. Giacomuzzi MD (p. 70)	Outpatient department of dependence diseases/drug outpatient department of the Psychiatric University Hospital of Innsbruck
Dr. Hans Haltmayer (p. 39)	Vienna Social Projects Association (VWS)
Dr. Ursula Hörhan (pp. 9, 14, 29, 33)	Addiction coordinator, Lower Austria
Harald Kern (pp. 44, 78)	Addiction coordinator, Tyrol
Sabine Kolar (p. 17)	Institute of Addiction Prevention (ISP) / Social Vienna Fund (FSW)
Thomas Neubacher (pp. 27, 34, 77, 85)	Drug coordinator, Vorarlberg
Paul Neubauer (p. 64)	Vienna Social Projects Association (VWS)
Mag. Nicole Rögl (p. 19)	Akzente addiction prevention centre, Salzburg
Dr. Franz Schabus-Eder (p. 17)	Addiction coordinator, Salzburg
Dr. Ingrid Stolz-Gombocz (p. 39)	Anton Proksch Institute, long-term therapy of drug addicts with personality disorders, Mödling, Lower Austria
Dr. Ulf Zeder (pp. 27, 45)	Addiction coordinator, Graz
Z6-Streetwork (pp. 20, 54, 64 f., 66 f)	Z6-Streetwork association (counselling, assistance and crisis intervention for adolescents) Innsbruck

DATA BASES

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

Austrian projects in the EDDRA data base:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Early detection and intervention with regard to problematic drug use and addiction

(kontakt+co – Suchtpräventionsstelle, Tyrol)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Low threshold service Ganslwirt
(Verein Wiener Sozialprojekte, Vienna)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Supervised housing
(Verein Wiener Sozialprojekte, Vienna)

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

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

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

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

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

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

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

Vienna Job Exchange
(Wiener Berufsbörse, Vienna)

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

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

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

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

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

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

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

WEBSITES

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

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

Provincial Drug or Addiction Coordinators:

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

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

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

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

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

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

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

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

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

Provincial Addiction Prevention Units:

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

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

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

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

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

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

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

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

Federal Ministries:

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

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

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

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

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

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

Monitoring and research:

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

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

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

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

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

Other websites:

AIDS assistance
http://www.aidshilfen.at

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

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

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

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

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

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

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

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

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

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

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

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

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

drugaddicts@work
http://www.work.at

ENCARE Austria
http://www.api.or.at/akis/encare/encare.htm

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

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

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

Grüner Kreis
http://www.gruenerkreis.at

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sucht- und Drogenkoordination Wien gemeinnützige GmbH –SDW (Addiction and Drug Coordinators Vienna)
http://www.drogenhilfe.at

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

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

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

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

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

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

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

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

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

ANNEX

A. Tables, Map

B. List of Abbreviations

C. Standard Tables & Structured Questionnaires

ANNEX A

Tables, Map

Table A1: Overview of selected general population surveys on drug experience among the Austrian population from 1998 to 2005

Study (author(s), year of publication)	**Area covered Year of data collection** (period covered)	**Target group** (sample)	**Drug types surveyed**	**Percentage of respondents with drug experience**	
				Age group	%
Linzer Suchtmittelstudie / drug survey, Linz (Institut für Soziologie der Universität Linz, undated)	Linz 1998 (lifetime)	General population aged 15 and older (n = 394)	Cannabis	15–19	28
			Cannabis	20–29	37
			Cannabis	30–39	19
			Cannabis	40–49	7
			Cannabis	50 +	5
Wiener Suchtmittelstudie / drug survey, Vienna (Wiener Drogenkoordination and IFES 2000)	Vienna 1999 (lifetime)	General population aged 15 and older (n = 623)	Cannabis	16 +	11
			Ecstasy	16 +	1
			Amphetamines	16 +	1
			Cocaine	16 +	1–2
			Opiates	16 +	1
			Other illicit drugs (e. g., LSD)	16 +	1–2
Bevölkerungsbefragung OÖ / drug survey, Upper Austria (market 2000)	Upper Austria 2000 (lifetime)	General population aged 15 and older (n = 1 011)	Cannabis	15 +	21
			Ecstasy	15 +	4
			Amphetamines	15 +	1
			Cocaine	15 +	4
			Morphine	15 +	1
			LSD	15 +	3
			Smart drugs	15 +	1
Wiener Suchtmittelstudie / drug survey, Vienna (FSW and IFES 2002)	Vienna 2001 (lifetime)	General population aged 15 and older (n = 650)	Cannabis	15 +	14
			Ecstasy	15 +	1
			Amphetamines	15 +	1
			Cocaine	15 +	1
			Opiates	15 +	1
			Other illicit drugs (e. g., LSD)	15 +	2
Suchtmittelstudie Steiermark / drug survey, Styria (IFES 2002)	Styria 2002 (lifetime)	General population from 14 to 60 (n = 1 000)	Illicit drugs (total)	14–60	14
			Cannabis	14–60	13
			Other illicit drugs	14–60	2
Bevölkerungsbefragung OÖ / drug survey, Upper Austria (Seyer 2005)	Upper Austria 2003 (lifetime)	General population aged 15 and older (n = 1 018)	Cannabis	15–59	23.7
			Ecstasy	15–59	3.9
			Amphetamines	15–59	3.6
			Cocaine	15–59	3.7
			Heroin	15–59	2.0
			Morphine	15–59	2.1
			LSD	15–59	3.3
			Solvents and inhalants	15–59	5.8
			Biogenic drugs	15–59	3.9
Wiener Suchtmittelstudie / drug survey, Vienna (IFES 2004a)	Vienna 2003 (lifetime)	General population aged 15 and older (n = 750)	Cannabis	15 +	16
			Ecstasy	15 +	2
			Amphetamines	15 +	2
			Cocaine	15 +	3
			Opiates	15 +	1
			Biogenic drugs	15 +	3
			Other illicit drugs (e. g., LSD)	15 +	2
Bevölkerungsbefragung Österreich / drug survey Austria (Uhl et al. 2005a)	Austria 2004 (lifetime)	General population aged 14 and older (n = 4 547)	Cannabis	14 +	20.1
			Ecstasy	14 +	3.0
			Amphetamines	14 +	2.4
			Cocaine	14 +	2.3
			Opiates	14 +	0.7
			Biogenic drugs	14 +	2.7
			LSD	14 +	1.7
			Solvents and inhalants	14 +	2.4
Wiener Suchtmittelstudie / drug survey, Vienna (IFES 2005a)	Vienna 2005 (lifetime)	General population aged 15 and older (n = 600)	Cannabis	15 +	17
			Ecstasy	15 +	2
			Amphetamines	15 +	2
			Cocaine	15 +	2
			Opiates	15 +	2
			Biogenic drugs	15 +	3
			Other illicit drugs (e. g., LSD)	15 +	2

Summarised by ÖBIG

Table A2: Overview of selected school youth surveys on drug experience among young people in Austria from 1996 to 2005

Study (author(s), year of publication)	**Area covered Year of data collection** (period covered)	**Target group** (sample)	**Drug types surveyed**	**Percentage of respondents with drug experience** Age group	%
Schulstudie Kärnten / school survey, Carinthia (Bohrn and Bohrn 1996)	Carinthia 1996 (lifetime)	Students in their 7th to 12th/13th school years (n = 1 234)	Hashish Ecstasy LSD Cocaine Heroin	13–19 13–19 13–19 13–19 13–19	7.7 3.2 1.0 0.3 0.3
NÖ Jugendstudie / youth survey, Lower Austria (Brunmayr 1997)	Lower Austria 1996/97 (lifetime)	Students in their 9th to 12th/13th school years (n = 1 300)	Hashish Ecstasy Hallucinogens Cocaine Heroin	15–19 15–19 15–19 15–19 15–19	20 4 > 1 > 1 >1
Schulstudie NÖ / school survey, Lower Austria (Institut für Sozial- und Gesundheitspsychologie 1999)	Lower Austria 1997 (lifetime)	Students in their 7th to 12th school years (n = 1 899)	Cannabis Ecstasy LSD Cocaine Heroin	13–18 13–18 13–18 13–18 13–18	13.6 3.8 1.7 1.3 0.6
Jugendstudie Tirol / youth survey, Tyrol (Schüßler et al. 2000)	Innsbruck 1999 (lifetime)	Young people from 14 to 19 (n = 493)	Hashish Other illicit drugs	14–19 14–19	22 3
Schulstudie Burgenland / school survey, Burgenland (Schönfeldinger 2002)	Burgenland 2001 (lifetime)	Students in their 7th to 13th school years (n = 1 899)	Cannabis Ecstasy Cocaine Heroin Speed Hallucinogens Solvents and inhalants Biogenic drugs	12–19 12–19 12–19 12–19 12–19 12–19 12–19 12–19	20 4 2 1 3 3 20 8
HBSC-Studie / HBSC study (Dür and Mravlag 2002)	Austria 2001 (lifetime)	Students aged 15 (n = 1 292)	Cannabis	15	14
Berufsschulstudie Salzburg / vocational school survey, Salzburg (Klopf and Weinlich 2004)	Salzburg 2003 (lifetime)	Trainees at vocational school from 15 to 25 (n = 609)	Cannabis Ecstasy Cocaine LSD Hallucinogenic mush-rooms Solvents and inhalants	15–25 15–25 15–25 15–25 15–25 15–25	31 7 5 5 9 15
Bevölkerungsbefragung OÖ / general population survey, Upper Austria (Seyer 2005)	Upper Austria 2003 (lifetime)	Adolescents and young adults from 16 to 24 (n = 567)	Cannabis Ecstasy Heroin Amphetamines Cocaine LSD Solvents and inhalants Biogenic drugs	15–24 15–24 15–24 15–24 15–24 15–24 15–24 15–24	34.3 8.3 4.7 8.9 6.2 5.7 12.5 10.0
ESPAD Österreich / ESPAD Austria (Uhl et al. 2005b)	Austria 2003 (lifetime)	Students from 14 to 17 (n = 5 281)	Cannabis Ecstasy Cocaine Crack Heroin Amphetamines GHB LSD Solvents and inhalants Magic Mushrooms	14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17 14–17	22 3 2 2 1 5 1 2 15 4
Berufsschulstudie Steiermark / vocational school survey, Styria (Hutsteiner, Seebauer, Auferbauer 2005)	Styria 2005 (lifetime)	Trainees at vocational school from 15 to 19 (n = 3 919)	Cannabis Party drugs Cocaine Crack Opiates Amphetamines Hallucinogens Solvents and inhalants Magic Mushrooms	15–20 15–20 15–20 15–20 15–20 15–20 15–20 15–20 15–20	27.1 4.8 2.0 1.1 1.4 3.1 1.8 11.4 8.9

Summarised by ÖBIG

Table A3: Number of directly drug-related deaths in Austria by cause of death from 1996 to 2005

Cause of death	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Intoxication by opiate(s)	69	39	27	25	18	17	17	40	38	31
Poly-drug intoxication with opiate(s)	115	92	81	101	147	119	119	115	133	134
Poly-drug intoxication by narcotic drug(s) without opiates	6	5	1	2	2	3	3	8	4	4
Psychoactive medicines	4	5	8	8	*	*	*	*	*	*
Intoxication of unknown type	1	0	0	0	0	0	0	0	10	22
Directly drug-related deaths/total	195	141	117	136	167	139	139	163	185	191

* = as of 2000 no longer taken into account

Source: BMGF, calculations by ÖBIG

Table A4: Number of directly drug-related deaths in Austria by province from 1996 to 2005

Province	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	1996–2005
Burgenland	2	2	2	0	0	0	0	2	5	3	16
Carinthia	3	3	3	7	2	5	7	6	4	6	46
Lower Austria	18	12	9	8	11	14	12	13	31	29	157
Upper Austria	6	6	6	2	11	8	6	13	15	13	86
Salzburg	6	11	11	7	6	7	7	5	7	8	75
Styria	9	13	5	6	11	9	13	14	12	17	109
Tyrol	12	8	12	14	11	16	13	13	15	17	131
Vorarlberg	14	5	6	5	5	11	6	5	8	6	71
Vienna	125	81	63	87	110	69	75	92	88	92	882
Total	195	141	117	136	167	139	139	163	185	191	1573

Source: BMGF, calculations by ÖBIG

Table A5: Number of directly drug-related deaths in Austria by age group and total by gender from 1996 to 2005

Age group	1996		1997		1998		1999		2000		2001		2002		2003		2004		2005	
	abs.	%	abs.	%	abs.	%	abs.	%.	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
19 and younger	24	1.3	18	12.8	7	6.0	16	11.8	19	11.4	20	15.1	18	12.9	20	12.3	40	21.6	28	14.7
20–24	45	23.1	32	22.7	35	29.9	23	16.9	33	19.8	21	14.4	20	14.4	37	22.7	40	21.6	48	25.1
25–29	34	17.4	25	17.7	20	17.1	23	16.9	31	18.6	19	13.7	24	17.3	28	17.2	30	16.2	36	18.8
30–34	47	24.1	30	21.3	20	17.1	27	19.9	27	16.2	27	19.4	23	16.5	24	14.7	19	10.2	25	13.1
35–39	31	15.9	23	16.3	16	13.7	28	20.6	27	16.8	25	18.0	24	17.3	29	17.8	23	12.4	19	9.9
40 and older	14	7.2	13	9.2	19	16.2	19	14.0	30	17.4	27	19.4	30	21.6	25	15.3	33	17.8	35	18.3
Total	195	100	141	100	117	100	136	100	167	100	139	100	139	100	163	100	185	100	191	100
Women	27	13.8	23	16.3	16	13.7	38	27.9	35	21.0	22	15.8	25	18.0	30	18.4	38	20.5	43	22.5
Men	168	86.2	118	83.7	101	86.3	98	72.1	132	79.0	117	84.2	114	82.0	133	81.6	147	79.5	148	77.4

abs. = absolute figures

Source: BMGF, calculations by ÖBIG

Table A6: Distribution of directly drug-related deaths in Austria by cause of death and age in 2005

Cause of death			Age group									
			< 15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	> 49	**Total**
Intoxications	Opiates	One opiate	0	7	5	6	2	4	0	0	0	24
		Several opiates	0	1	0	1	1	2	0	0	2	7
		+ alcohol	0	2	2	4	3	1	0	2	0	14
		+ psychoactive medicines	1	8	13	11	6	5	4	1	2	51
		+ alcohol + psychoactive medicines	0	3	5	2	3	3	8	2	2	28
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	1	3	3	2	1	0	1	1	12
		ND + alcohol	0	0	6	1	1	0	1	0	0	9
		ND + psychoactive medicines	0	2	5	3	2	2	0	0	0	14
		ND + alcohol + psychoactive medicines	0	1	2	1	0	1	1	0	0	6
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	0	0	0	0	0	0
		ND + alcohol	0	1	0	0	2	0	0	0	0	3
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	1	1
		ND + alcohol + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Intoxication of unknown type		0	1	7	4	3	0	1	6	0	22
	Directly drug-related deaths/total		1	27	48	36	25	19	15	12	8	191
	of these: men		0	18	35	32	22	14	11	9	7	148

ND = narcotic drug(s)

Source: BMGF, calculations by ÖBIG

Table A7: Distribution of directly drug-related deaths in Austria by cause of death and province in 2005

Cause of death			Province									
			B	C	LA	UA	S	ST	T	VB	V	A
Intoxications	Opiates	One opiate	2	1	5	1	1	4	1	0	9	24
		Several opiates	0	0	1	2	0	0	0	0	4	7
		+ alcohol	0	1	0	0	0	3	1	2	7	14
		+ psychoactive medicines	1	2	9	5	1	6	3	0	24	51
		+ alcohol + psychoactive medicines	0	1	2	2	2	3	8	2	8	28
	Opiates and other narcotic drugs	Narcotic drug(s) only	0	0	2	0	0	0	2	1	7	12
		ND + alcohol	0	0	2	0	1	0	0	0	6	9
		ND + psychoactive medicines	0	1	3	1	1	1	0	1	6	14
		ND + alcohol + psychoactive medicines	0	0	1	1	1	0	1	0	2	6
	Narcotic drugs without opiates	Narcotic drug(s) only	0	0	0	0	0	0	0	0	0	0
		ND + alcohol	0	0	0	0	1	0	0	0	2	3
		ND + psychoactive medicines	0	0	0	0	0	0	0	0	1	1
		ND + alcohol + psychoactive medicines	0	0	0	0	0	0	0	0	0	0
	Intoxication of unknown type		0	0	4	1	0	0	1	0	16	22
	Directly drug-related deaths/total		3	6	29	13	8	17	17	6	92	191
Direct drug-related deaths **per 100 000 inhabitants** aged 15 to 64 years			1.6	1.6	2.7	1.4	2.2	2.1	3.6	2.4	8.2	3.4

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

ND = narcotic drug(s)

Source: BMGF, calculations by ÖBIG

Table A8: Development of AIDS cases in Austria by risk situation from 1996 to 2005

Risk situation	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Homo-/bisexual contact	60	26	28	27	12	21	19	7	14	13
Intravenous drug use	26	23	25	28	22	26	20	12	13	13
Heterosexual contact	21	18	25	31	28	33	39	21	28	15
Other cause/unknown	33	35	21	15	23	11	15	10	12	12
Total	140	102	99	101	85	91	93	50	67	53

Source: BMGF, calculations by ÖBIG

Table A9: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by first offenders and repeat offenders, development from 1996 to 2005

Reports	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Total number of reports	16 196	17 868	17 141	17 597	18 125	21 862	22 422	22 245	25 215	25 892
First offenders	8 322	9 278	8 672	9 868	9 343	11 033	11 269	12 117	14 346	15 569
Repeat offenders	7 511	8 325	8 228	7 463	8 296	10 052	10 380	9 288	9 990	9 520

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

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

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A10: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act (narcotic substances only) in Austria from 1996 to 2005

Province	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Burgenland	694	759	707	603	843	712	805	984	967	923
Carinthia	1 280	961	1 076	1 208	1 088	1 758	1 676	1 659	1 464	1 529
Lower Austria	1 550	2 686	2 519	2 389	2 624	2 975	3 319	3 017	3 531	3 632
Upper Austria	1 941	2 256	2 334	1 946	1 887	2 677	3 054	2 782	3 521	3 769
Salzburg	962	855	1 053	840	718	1 471	1 384	868	1 077	1 092
Styria	1 093	1 125	973	1 367	1 305	1 601	1 910	1 570	1 705	1 516
Tyrol	2 268	2 204	2 212	2 152	2 687	2 449	2 229	2 102	2 695	2 775
Vorarlberg	1 040	933	1 144	1 848	1 183	1 447	1 265	1 146	1 044	1 008
Vienna	5 368	6 089	4 606	4 858	5 233	6 212	6 210	7 652	8 524	8 797
Total	16 196	17 868	16 624	17 211	17 568	21 302	21 852	21 780	24 528	25 041

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

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A11: Distribution of reports to the police for violation of the Narcotic Drugs Act/Narcotic Substances Act in Austria by drug type from 1996 to 2005

Drug type	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Cannabis	14 456	16 124	16 376	17 236	17 001	19 760	19 939	17 706	20 252	20 900
Heroin and opiates	3 727	3 434	2 850	2 524	2 413	3 802	3 954	4 717	4 770	4 720
Cocaine + crack	1 912	2 764	2 103	2 608	2 494	3 416	3 762	4 785	5 365	5 491
LSD	640	893	736	532	477	506	327	214	196	160
Ecstasy	1 375	1 942	1 411	1 517	2 337	2 940	2 998	2 473	2 362	2 106
Amphetamines	342	1 068	–	–	1 041	1 215	1 357	1 619	1 741	1 664
Psychotropic substances	–-	–	802	750	780	822	736	603	903	1 085
Other drugs	430	850	–	–-	–	1 288	1 524	1 311	1 826	2 471

– = not evaluated separately or not specified

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A12: Distribution of reports to the police for violation of the Narcotic Substances Act in Austria by drug type and province in 2005

Drug type	B	C	LA	UA	S	ST	T	VB	V	Total
Cannabis	897	1 759	3 042	4 182	1 145	1 828	3 145	958	3 944	20 900
Heroin and opiates	99	31	742	417	48	173	150	194	2 866	4 720
Cocaine + crack	122	141	801	459	179	160	451	230	2 948	5 491
LSD	10	1	43	42	2	19	24	7	12	160
Ecstasy	89	140	527	531	193	105	242	103	176	2 106
Amphetamines	78	17	440	621	75	111	97	26	199	1 664
Psychotropic substances	7	14	65	21	9	12	38	1	918	1 085

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

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A13: Convictions under the Narcotic Drugs Act/Narcotic Substances Act and total number of convictions in Austria from 1996 to 2005

Year	Total number of convictions under the SGG/SMG	Convictions under Section 12 SGG/ Section 28 SMG	Convictions under Section 16 SGG/ Section 27 SMG	Convictions in Austria	
				Total number	Under the SGG/SMG (percentages)
1996	3 454	1 027	2 382	66 980	5.2
1997	3 797	1 036	2 717	65 040	5.8
1998	3 327	1 041	2 207	63 864	5.2
1999	3 359	1 022	2 230	61 954	5.4
2000	3 240	933	2 245	41 624	7.8
2001	3 862	1 141	2 671	38 763	10.0
2002	4 394	1 108	3 243	41 078	10.7
2003	4 532	1 161	3 318	41 749	10.9
2004	5 706	1 441	4 229	45 185	12.6
2005	6 128	1 357	4 702	45 691	13.4

SGG = Narcotic Drugs Act
SMG = Narcotic Substances Act

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

Section 12 SGG / Section 28 SMG = trafficking, possession etc. of large quantities of narcotic drugs (commercial trafficking)
Section 16 SGG / Section 27 SMG = trafficking, possession etc. of small quantities of narcotic drugs
Note: These figures only refer to the leading offence, i.e., the offence with the highest range of punishment, so not all convictions under the SGG, or the SMG, respectively, are covered.

Source: Statistics Austria (Criminal Court Statistics)

Table A14: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act in Austria by age, gender and basis of conviction in 2005

Basis of conviction		14–19 years	20–24 years	25–29 years	30–34 years	> 34 years	Total
SGG/SMG total	men	1 401	1 907	929	524	804	5.565
	women	130	192	89	55	97	563
Section 12 SGG / Section 28 SMG	men	186	352	226	160	304	1 228
	women	20	41	27	13	28	129
Section 16 SGG / Section 27 SMG	men	1 214	1 552	697	355	469	4 287
	women	110	148	60	38	59	415

SGG = Narcotic Drugs Act

SMG = Narcotic Substances Act

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

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A15: Final convictions under the Narcotic Drugs Act/Narcotic Substances Act, young people and adults, basis of conviction and type of punishment in 2005

Basis of conviction		Fine	Prison sentence			Other punishment[1]	Total
			Probation	No probation	Partial probation		
SGG/SMG total	young people	171	222	112	78	73	656
	adults	1 487	1 544	1 512	859	70	5 472
Section 12 SGG / Section 28 SMG (felonies)	young people	1	21	22	24	1	69
	adults	16	280	648	344	0	1 288
Section 16 SGG / Section 27 SMG (misdemeanours)	young people	170	201	90	54	72	587
	adults	1 451	1 234	849	512	69	4 115

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

SGG = Narcotic Drugs Act
SMG = Narcotic Substances Act

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

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

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

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

Source: Statistics Austria (Criminal Court Statistics)

Table A16: Development of alternatives to punishment applied in Austria from 1996 to 2005

Waiving of reports/ suspension of proceedings	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Total	5 248	5 817	7 468	6 989	8 049	8 145	8 974	9 023	9 666	11 660
Section 35 SMG (waiving of report)	–	–	6 557	5 979	6 924	7 346	7 817	7 902	8 599	10 668
Of these: Section 35(4) SMG (cannabis)	–	–	1 380	1 330	1 410	1 570	1 876	1 499	2 016	2 697
Section 37 SMG (suspension of proceedings)	–	–	911	1 010	1 125	799	1 157	1 121	1 067	992

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

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

Source: BMGF, calculations by ÖBIG

Table A17: Number of seizures of narcotic drugs/substances in Austria from 1996 to 2005

Narcotic drug/substance	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Cannabis	4 838	4 957	4 683	5 079	4 833	5 249	5 294	5 422	6 202	6 012
Heroin	1 110	861	654	452	478	895	836	1 263	1 383	1 371
Cocaine	525	651	531	519	554	768	863	1 271	1 475	1 507
Amphetamines	136	221	–	–	141	161	202	294	324	312
LSD	102	113	61	56	42	32	20	33	29	20
Ecstasy	254	253	135	215	330	352	308	276	286	295
Psychotropic substances	–	–	14	74	65	1	0	6	5	2
Psychotropic medicines	–	–	521	517	501	566	515	432	678	823

– = not evaluated separately or not specified

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A18: Seizures of narcotic drugs/substances in Austria by quantity from 1996 to 2005

Narcotic rugs/substance	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Cannabis (kg)	517	912	1 336	451	1 806	456	743.1	925.9	1 680.9	819.9
Heroin (kg)	81.3	102	118	78	230	288	59.5	42.8	235.0	282.2
Cocaine (kg)	72.7	87	99	63	20	108	36.9	58.3	75.5	244.9
Amphetamines (kg)	3.7	7.9	–	–	1	3	9.4	54.2	25.7	8.9
LSD (no. of trips)	4 166	5 243	2 494	2 811	865	572	851	298	2 227.5	2 108.5
Ecstasy (no. of pills)	25 118	23 522	114 677	31 129	162 093	256 299	383 451	422 103	122 663	114 103.5
Psychotropic substances (kg)	–	–	0.128	4.004	1.294	0.002	0	0.2	0.1	0.002
Psychotropic medicines (units)	–	–	82 018	36 437	38 507	31 377	20 081	15 649	21 119	27 104

– = not evaluated separately or not specified

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

Source: BMI/Bundeskriminalamt (Federal Criminal Agency)

Table A19: Ingredients of samples bought as ecstasy and analysed by the ChEckiT! Project at parties and clubbings from 1999 to 2005

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

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

Source: Vienna Social Projects Association (VWS)

Table A20: Ingredients of samples bought as speed and analysed by the ChEckiT! Project at parties and clubbings from 1999 to 2005

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

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

Source: Vienna Social Projects Association (VWS)

Table A21: Number of persons currently registered for substitution treatment in Austria in the BMGF monitoring system by treatment/continued treatment and province in 2005

Treatment	B	C	LA	UA	S	ST	T	VB	V
Continued treatment	67	177	751	499	382	767	268	420	3 343
First treatment	12	62	161	77	53	112	19	73	303
Total*	79	239	912	576	435	879	287	493	3 646

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

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

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

Source: BMGF, calculations by ÖBIG

Table A22: Exchange and sale of syringes by province in 2005

Province	Number of syringe provision points	Number of vending machines	Number of syringes provided (exchanged or sold)
Burgenland	0	0	0
Carinthia	3	0	142[1]
Lower Austria	0	0	0
Upper Austria	1	0	69 200
Salzburg	1	2	22 206[2]
Styria[3]	1	1	287 767
Tyrol	2	3	202 657
Vorarlberg	7	6	167 370
Vienna	8	0	1 667 845
Total	**23**	**12**	**2 417 187**

[1] Syringe exchange mainly in the context of personal contacts; data not complete

[2] Data not complete

[3] Syringes are only available in Graz, the capital of Styria

Source: ÖBIG - Standard Table 10: Syringe Availability 2006, calculations by ÖBIG

Table A23: Prevention projects in kindergartens, 2005/6

Name	Province	Target group	Implemented by	Connected to family intervention	No. of participating kindergartens + other childcare centres	No. of participating kindergarten staff	Hours of training for families	Evaluation
Elterncafé (parent cafe)	Styria	Children between 3 and 10	Parents	Yes	0		3	Process evaluation
KIGAFO	Styria	Children between 1and 6	Kindergarten teachers	No	28	59	0	
Weinen, Wüten, Lachen (Weeping, Raging, Laughing)	Lower Austria	Children between 3 and 6	Kindergarten teachers and assistants	No	25	25		No
Süchten Grenzen setzen – von Anfang an (Setting Bounds to Addiction – From the Very Start)	Lower Austria	Children between 3 and 6	Parents	Yes		72 parents	12	Process evaluation
Spielzeugfreier Kindergarten (Toy-Free Kindergarten)	Vienna	Children between 3 and 6	Kindergarten teachers	Yes				Outcome evaluation
Training course: Addiction Prevention in Kindergarten, for staff of the Viennese municipal kindergartens	Vienna	Children between 1 and 6	Kindergarten teachers	Yes	New course will start in autumn 2006			

Note: This table gives only a selection of early childhood prevention projects in Austria.

Source: investigations by ÖBIG, spring 2006

Table A24: Prevention projects in schools, 2005/6

Name	Province	Target group	Implemented by	Connected to school policies	No. of participating schools	No. of students reached	No. of participating teachers	Hours of training multipliers	Integration in school community	Evaluation
Step by Step	Styria	Students between 11 and 18	Teachers, tutors	Yes	Approx. 10 per year		11	16	School medical officers, head masters/ head mistresses, parents, school psychologists	Outcome and process evaluations
Eigenständig werden (Becoming Independent)	Styria	Students between 6 and 10	Teachers	Yes	Approx. 41 so far	Approx. 50 classes	50	24	Parents, head masters/ head mistresses	Implementation of a project already evaluated before
Study course at Teacher Training Academy	Styria	Students	Teachers	No			12	32	No	No
Workshops	Styria	Students between 13 and 18	Experts	Yes	10 per year	Approx. 230	3	6	Parents (recommended)	Outcome evaluation
Station Model	Lower Austria	Students between 10 and 16	Experts and teachers	Yes	35	2 809	160	8 hours + reflection hour	Parents, head masters/ head mistresses, in some cases also school medical officers	Outcome and process evaluation
Traust du dich? (Do You Dare?)	Lower Austria	Students between 6 and 10	Experts	No	25	2 823	91	2 hours parent meeting, 2 hours educational conference	Parents and head masters/head mistresses	Process evaluation
Eigenständig werden (Becoming Independent)	Lower Austria	Students between 6- and 10	Teachers	No	43		74	24 hours + 8 hours reflection	Parents and head-masters/head mistresses	Implementation of a project already evaluated before
Step by Step	Lower Austria	Students between 11 and 18	Teachers	Yes			78	27	School medical officers and head masters/ head mistresses	No evaluation planned
Amstettner Modell (Amstetten Model)	Lower Austria	Students	Experts and teachers	Yes	11	250	30	5	Head masters, head mistresses, parents	Outcome evaluation
Feel ok	Lower Austria	Students between 10 and 18	Teachers	No	5		78	2	No	Implementation of a project already evaluated before
Addiction preven-	Lower	Students	Teachers	Yes	12		20	98	Head masters/head	No

Name	Province	Target group	Implemented by	Connected to school policies	No. of participating schools	No. of students reached	No. of participating teachers	Hours of training multipliers	Integration in school community	Evaluation
tion training of Education Institute for Upper Secondary Schools	Austria								mistresses, school medical officers	
Peer Education	Lower Austria	Students between 14 and 18	Peers	Yes	5	72 peers	15	24 hours teachers, 44 hours peers	Head masters/head mistresses, school community	Outcome evaluation
Helfen statt Strafen (Help Instead of Punishment)	Lower Austria	Students	Teachers	Yes	2	128	36	2–8 hours	Parents, head masters/head mistresses	No
Eigenständig werden (Becoming Independent)	Vienna	Students between 6 and 10	Teachers	Partly	Approx. 103 so far	Approx. 14 000	517 teachers and afternoon education tutors	24 lessons	Parents	Outcome and process evaluation
Step by Step	Vienna	Students between 14 and 21	Teachers and school medical officers		None so far	None so far	None so far	8 lessons	School medical officers	
Move in der Schule (Move at School)	Vienna	Students between 14 and	Specialist teachers providing counselling services		Implementation starts in autumn 2006	None so far	None so far	24		
Feel ok	Vienna	Students between 12 and 18	Teachers		Implementation started in May 2006	None so far	None so far	3 lessons		

Note: This table gives only a selection of prevention projects implemented in schools in Austria

Source: investigations by ÖBIG, spring 2006

Table A25: Average age of first use and of start of regular use of psychoactive substances among clients drug help centres in Vienna, in 2004

	Total		Men		Women	
	First use	Regular use	First use	Regular use	First use	Regular use
Alcohol (n = 676)	14.1	16.7	14.1	16.7	14.0	16.7
Nicotine (n = 1 229)	13.9	14.9	14.1	15.1	13.4	14.4
Cannabis (n = 1 139)	15.3	16.2	15.4	16.4	14.9	15.9
Heroin (n = 1 282)	18.9	19.8	19.2	20.3	18.0	18.8
Other opiates and substitution drugs (n = 708)	22.0	22.7	22.4	23.0	21.1	21.9
Ecstasy (n = 424)	17.0	17.3	17.2	17.6	16.3	16.7
LSD / hallucinogens (n = 220)	16.8	17.0	17.0	17.3	16.2	16.4
Cocaine (n = 877)	19.8	20.9	20.3	21.5	18.7	19.6
Benzodiazepines (n = 817)	19.8	21.2	20.4	21.9	18.5	19.6
Other tranquilizers and sleeping pills (n = 172)	20.3	20.8	20.7	21.3	18.9	19.5
Stimulants, amphetamines, speed (n = 292)	17.5	18.0	17.8	18.3	16.7	17.0
Solvents and inhalants (n = 29)	15.1	15.5	15.2	15.6	15.0	15.3
Other substances (n = 104)	17.7	19.5	18.0	20.0	16.6	17.0

Basis: Regular users of the respective substance

Source: IFES 2005b

Table A26: Austrian population statistics by age group and gender in 2004

Age group	Men	Women	Total
0 to under 5 years	203 917	192 902	396 819
5 to under 10 years	225 702	215 320	441 022
10 to under 15 years	250 315	237 841	488 156
15 to under 20 years	248 797	236 364	485 161
20 to under 25 years	261 296	255 440	516 736
25 to under 30 years	255 860	253 033	508 893
30 to under 35 years	299 969	301 944	601 913
35 to under 40 years	357 340	347 619	704 959
40 to under 45 years	349 426	339 657	689 083
45 to under 50 years	293 317	293 045	586 362
50 to under 55 years	247 947	252 409	500 356
55 to under 60 years	228 773	237 484	466 257
60 to under 65 years	241 164	260 749	501 913
65 to under 70 years	163 541	186 608	350 149
70 to under 75 years	138 904	176 946	315 850
75 to under 80 years	106 971	173 796	280 767
80 to under 85 years	64 654	150 899	215 553
85 and older	31 297	93 487	124 784
Total	**15148**	**14738**	**17898**
0 to under 15 years	679 934	646 063	1 325 997
15 to under 30 years	765 953	744 837	1 510 790
30 to under 45 years	1 006 735	989 220	1 995 955
45 to under 60 years	770 037	782 938	1 552 975
60 to under 75 years	543 609	624 303	1 167 912
75 and older	202 922	418 182	621 104
Total	**3 969 190**	**4 205 543**	**8 174 733**

Source: Statistics Austria, calculations by ÖBIG

Map A1: Overview of provinces, provincial capitals and districts

Scale 1:2 500 000

ANNEX B

List of Abbreviations

AC	Addiction Coordinator
AIDS	acquired immune deficiency syndrome
AKH	Vienna General Hospital
AMG	Austrian Pharmaceuticals Act
AMS	Public Employment Service
API	Anton Proksch Institute
AR	Addiction Representative
ARBÖ	Automobile, Motorcycle and Bicycle Club of Austria
BADO	(Vienna) Basic Documentation
BBZ	treatment and care centre (association Dialog)
BGBl.	Federal Collection of Statutes
BMaA	Federal Ministry for Foreign Affairs
BMBWK	Federal Ministry for Education, Science and Culture
BMF	Federal Ministry of Finance
BMGF	Federal Ministry of Health and Women
BMI	Federal Ministry of the Interior
BMJ	Federal Ministry of Justice
BMLFUW	Federal Ministry of Agriculture, Forestry Environment and Water Management
BMLV	Federal Ministry of Defence
BMSG	Federal Ministry for Social Security, Generations and Consumer Protection
BMVIT	Federal Ministry for Transport, Innovation and Technology
CND	Commission on Narcotic Drugs
CRC	capture-recapture
DOKLI	nation-wide treatment documentation system of clients of drug help centres in Austria
DSM IV	Diagnostic and Statistical Manual of Mental Disorders
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENCARE	European Network for Children Affected by Risky Environments within the Family
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
FSG-GV	Driving Licence Act Health Decree
FSW	Vienna Social Fund
HAV	hepatitis A virus
HBV	hepatitis B virus
HCV	hepatitis C virus
HCV-Ab	HCV antibodies
HDG	Horizontal Drugs Group
HIV	human immunodeficiency virus

ICD-10	International Classification of Diseases and Related Health Problems
IFES	Institute for Empirical Research
ISD	Diagnoses Institute
ISP	Addiction Prevention Institute
i. v.	intravenous
JGG	Juvenile Court Act
LSD	d-lysergic acid diethylamide
MA-L	Municipal Department of Provincial Public Health Affairs
mCPP	meta-chlorophenyl piperazine
MDA	3,4-methylenedioxyamphetamine
MDE	3,4-methylenedioxy-N-ethylamphetamine
MDMA	3,4-methylenedioxy-methylamphetamine
ND	narcotic drug
ÖBIG	Austrian Health Institute
ÖVDF	Austrian Drug Experts Association
PAZ	police detention centre
PCR	polymerase chain reaction
PMA	paramethoxyamphetamine
PMMA	4-metoxy-paramethoxymethamphetamine
PSD	Psychosocial Services
QCT	quasi-compulsory treatment
REITOX	European Information Network on Drugs and Drug Addiction (Réseau Européen d'Information sur les Drogues et les Toxicomanies)
SGG	Narcotic Drugs Act
SMG	Narcotic Substances Act
STARK	Streetwork Tyrol Working Group
STD	Sexual transmitted diseases
StGB	Criminal Code
StVO	Road Traffic Regulations
TB	tuberculosis
TMA-2	2,4,5-trimethoxyamphetamine
UN	United Nations
VWS	Vienna Social Projects Association
WBB	Vienna Job Exchange Association
WAFF	Vienna Employees Promotion Fund
2C-B	4-bromo-2,5-dimethoxyphenetylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
2C-T-2	2,5-dimethoxy-4-ethyliophenethylamine
2C-T-7	2,5-dimethoxy-4-(n)-propylthiophenethylamine

ANNEX C

Standard Tables & Structured Questionnaires

List of Austrian Standard Tables and Structured Questionnaires of 2006

The following list gives an overview of all Standard Tables and Structured Questionnaires drawn up for Austria in 2006 and submitted to the EMCDDA. If you are interested in obtaining any table or questionnaire please contact Ms Monika Löbau loebau@oebig.at.

STANDARD TABLE 01: BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE (Drug survey, Vienna)

STANDARD TABLE 02: METHODOLOGY AND RESULTS OF SCHOOL SURVEYS ON DRUG USE (Vocational school survey, Styria)

STANDARD TABLE 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS

STANDARD TABLE 05: ACUTE/DIRECT DRUG-RELATED DEATHS

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

STANDARD TABLE 07: NATIONAL PREVALENCE ESTIMATES ON PROBLEM DRUG USE (2001, 2002, 2003, 2004)

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (Anton Proksch Institute: HBV, HCV, HIV)

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

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

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

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (drug outpatient department, General Hospital Vienna: HCV, HIV)

STANDARD TABLES 09: PREVALENCE OF HEPATITIS B/C AND HIV INFECTION AMONG INJECTING DRUG USERS (drug-related deaths: HCV, HIV)

STANDARD TABLES 10: SYRINGE AVAILABILITY

STANDARD TABLE 11: ARRESTS/REPORTS FOR DRUG LAW OFFENCES

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

STANDARD TABLE 14: PURITY AT STREET LEVEL OF ILLICIT DRUGS

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

STANDARD TABLE 24: DRUG RELATED TREATMENT AVAILABILITY

STRUCTURED QUESTIONNAIRE 22: UNIVERSAL SCHOOL-BASED PREVENTION

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

STRUCTURED QUESTIONNAIRE 28: SOCIAL REINTEGRATION

STRUCTURED QUESTIONNAIRE 31: TREATMENT AS AN ALTERNATIVE TO IMPRISONMENT APPLICABLE FOR DRUG USING OFFENDERS IN THE EUROPEAN UNION

STRUCTURED QUESTIONNAIRE 32: POLICY AND INSTITUTIONAL FRAMEWORK

SELECTED ISSUE 36: COCAINE_ORIENTATIVE_FREQUENCY