

Austria

Austria Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Austria, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

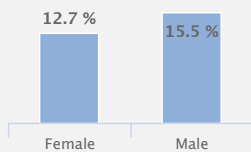
THE DRUG PROBLEM IN AUSTRIA AT A GLANCE

Drug use

"in young adults (15-34 years)
in the last year"

Cannabis

14.1 %



Other drugs

MDMA	1.1 %
Amphetamines	0.9 %
Cocaine	0.4 %

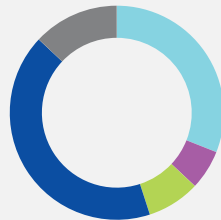
High-risk opioid users

31 473

(30 393 - 32 554)

Treatment entrants

by primary drug



Opioid substitution treatment clients

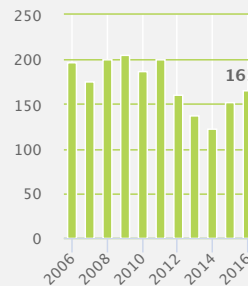
18 222

Syringes distributed

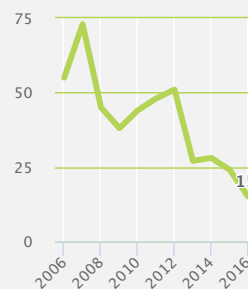
through specialised
programmes

6 205 356

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

36 235

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Amphetamines
4. Cocaine
5. Heroin

Population

(15-64 years)

5 848 657

Source: EUROSTAT Extracted on:
18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

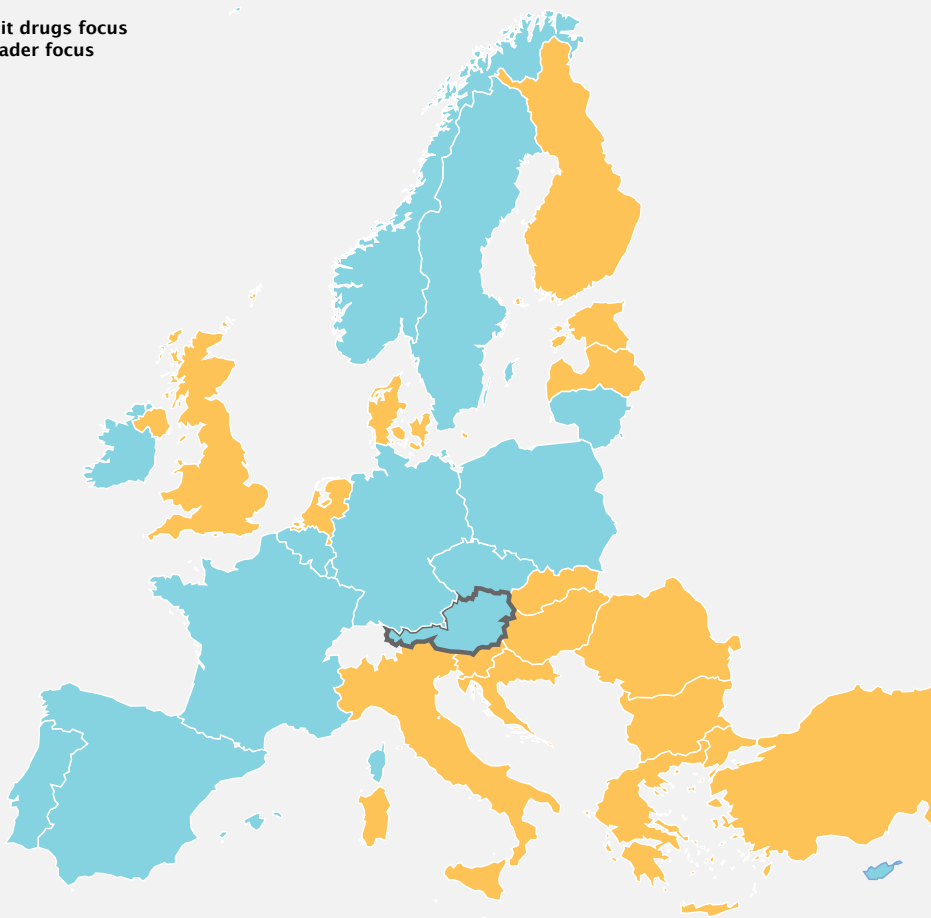
National drug strategy

In Austria, the Addiction Prevention Strategy was adopted in 2016 and, alongside the Narcotic Substances Act, sets out the goals, principles and framework for Austria's drug policy. It supports the principle of treatment instead of punishment, aims for a society as free of addiction as possible and views addiction as a disease. The strategy addresses illicit drugs and licit substances alongside non-substance-related addictive behaviour, provides an orientating framework at the federal level for work on drug use issues in Austria and complements the drug strategies of the nine provinces. It has three fields of intervention: (i) prevention of addiction; (ii) help with addiction (harm reduction, treatment, rehabilitation and reintegration); and (iii) security. The strategy does not have a defined time frame or a specific action plan.

While no systematic evaluation of the current drug strategy document is planned, Austria, like other European countries, evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. Addiction research, evaluation and quality assurance are identified as key support processes in the Austrian Addiction Prevention Strategy for the ongoing development of interventions and policy.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Federal Drug Coordination Office, attached to the Ministry of Health, coordinates drug policy at the federal level. It consists of representatives from all relevant ministries. The Coordination Office is tasked with managing the operational coordination of federal drug policies, preparing drug-related ministerial decisions and participating in European and international drug policy forums on Austria's behalf. The Federal Drug Forum is a coordinating and advisory body for Austria's nine provinces; the provinces work together through the Provincial Conference of Drug Coordinators and each has Drug or Addiction Coordination Offices and Addiction Prevention Units.

Public expenditure

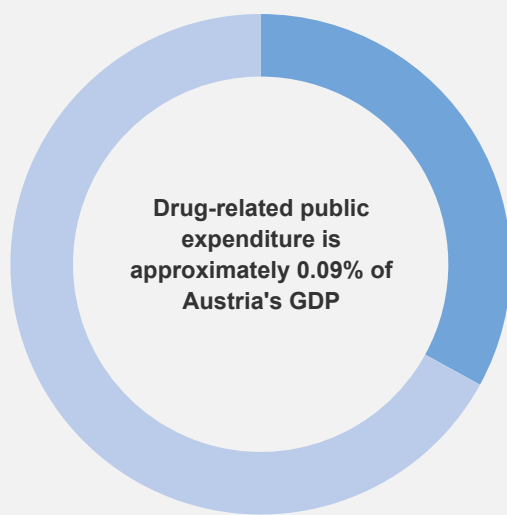
Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The available information does not allow reporting on the size of and trends in drug-related public expenditure in Austria. However, in 2013, a study on the cost of drug dependency estimated that the use of illicit drugs results in an annual cost totalling EUR 278 million. This comprised healthcare expenditure (EUR 135 million), social expenditure (EUR 51 million) and state expenditure (on police and court activities) (EUR 96 million).

Public expenditure related to illicit drugs in Austria

NB: Based on estimates of Austria's labelled and unlabelled public expenditure in 2013.

- Supply reduction, 33 %
- Demand reduction, 67 %



Drug laws and drug law offences

National drug laws

The Narcotic Substances Act came into force in 1998 and continued the Austrian drug policy approach of making a clear distinction between criminals trafficking drugs and people with drug-related health problems. The law distinguishes between these two categories using several criteria, with the quantity of drugs involved (above or below the threshold defined in a Ministry of Health decree) being the most relevant factor. Penalties may vary according to whether the drug is classed as a narcotic or a psychotropic drug. Special provisions exist for cannabis and hallucinogenic mushrooms.

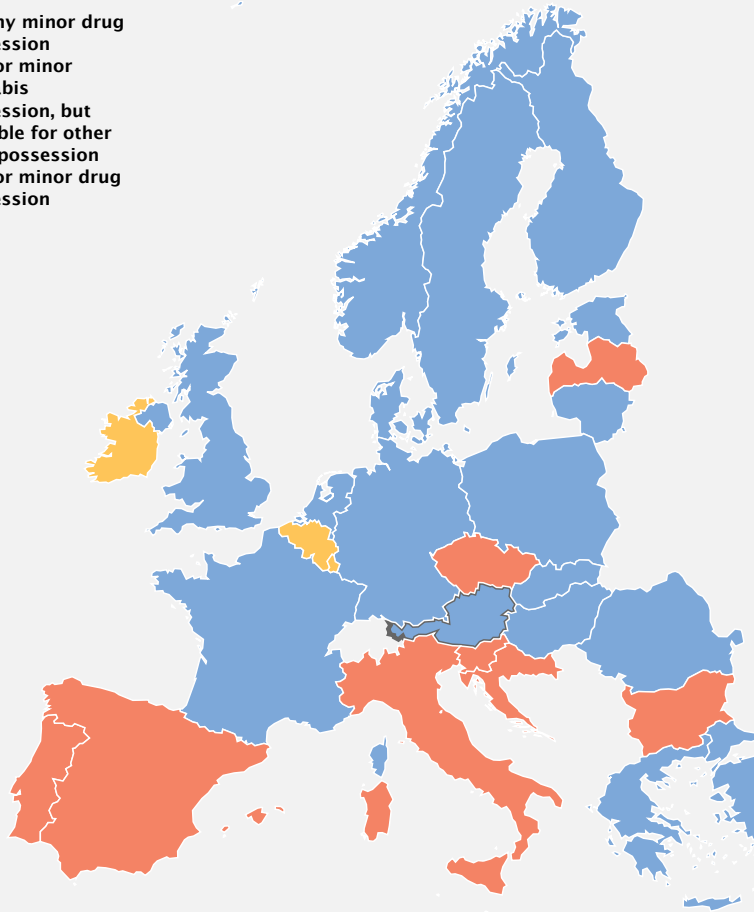
The use of drugs is not mentioned as an offence. The sentence for the possession of drugs for personal use is up to six months in prison or a fine, provided the quantity of drugs is not over the defined threshold. A range of alternatives to punishment are in place, including mandatory suspension of proceedings in certain defined cases involving possession or acquisition of small amounts of drugs for personal use; this procedure was streamlined in 2015, the police now sending offenders directly to health authorities. Therapy instead of imprisonment may also be offered to people who use drugs who have committed more serious crimes and are willing to undergo treatment. However, if aggravating circumstances apply, such as the involvement of minors or commercial intent, the penalty is up to three years' imprisonment.

The maximum penalty for possession not for personal use is one year in prison for a basic offence; however, where trafficking of large quantities (more than 15 times the threshold quantity) is involved, the penalties are as follows: two or three years' imprisonment for possession, depending on the type of drug (and, since 2016, dealing in public); five years' imprisonment for import or production; and imprisonment for 1-10 years, 10-20 years or life for other crimes, depending on the particular circumstances (i.e. commercial purposes, membership of a gang, previous convictions and amount of drugs involved).

To inhibit the trade in new psychoactive substances (NPS), the New Psychoactive Substances Act and New Psychoactive Substances Regulation came into force in 2012. The distribution or sale of substances listed in Annex I of the Regulation, which may be defined in groups using a generic approach, may be punished by imprisonment for up to two years for basic offences or 1-10 years when distribution of the substance has led to serious bodily harm or death. Possession of NPS for personal use is not punishable.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2016, the Austrian Federal Ministry of the Interior reported 36 235 DLOs, which is the highest number ever recorded. The statistical data indicate that 8 out of 10 DLOs were linked to cannabis, followed by cocaine, crack and amphetamines. The majority of DLOs were classified as misdemeanours related to handling drugs and the remaining offences were related to trafficking.

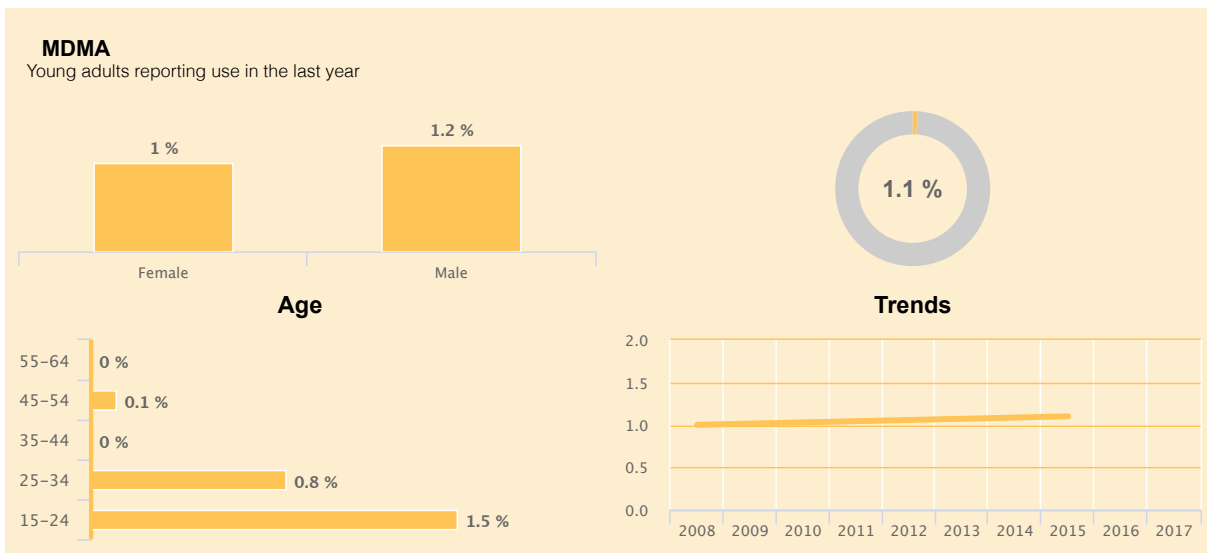
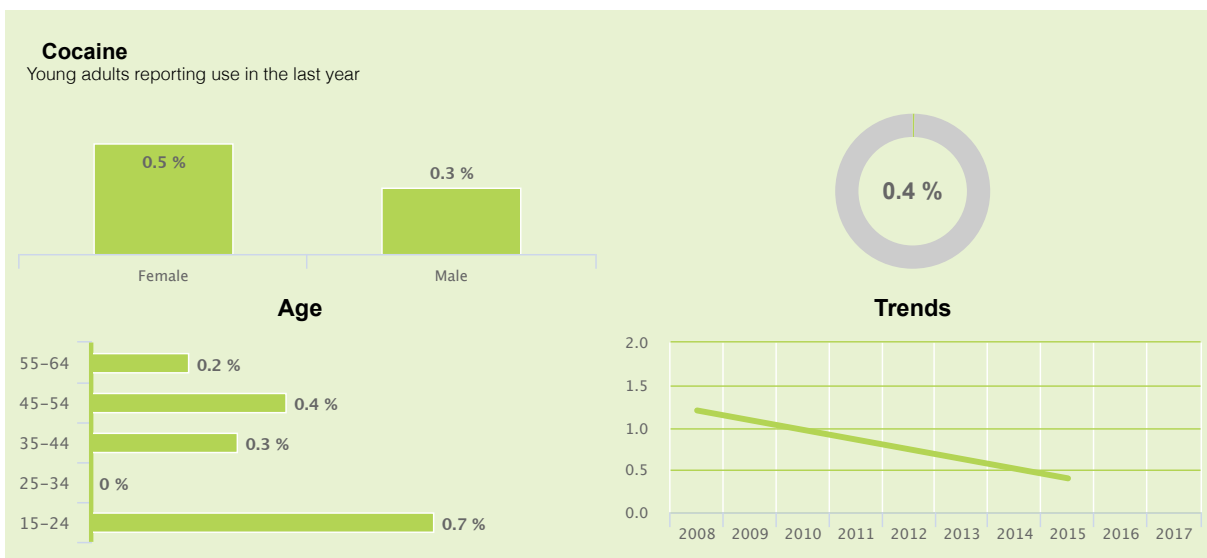
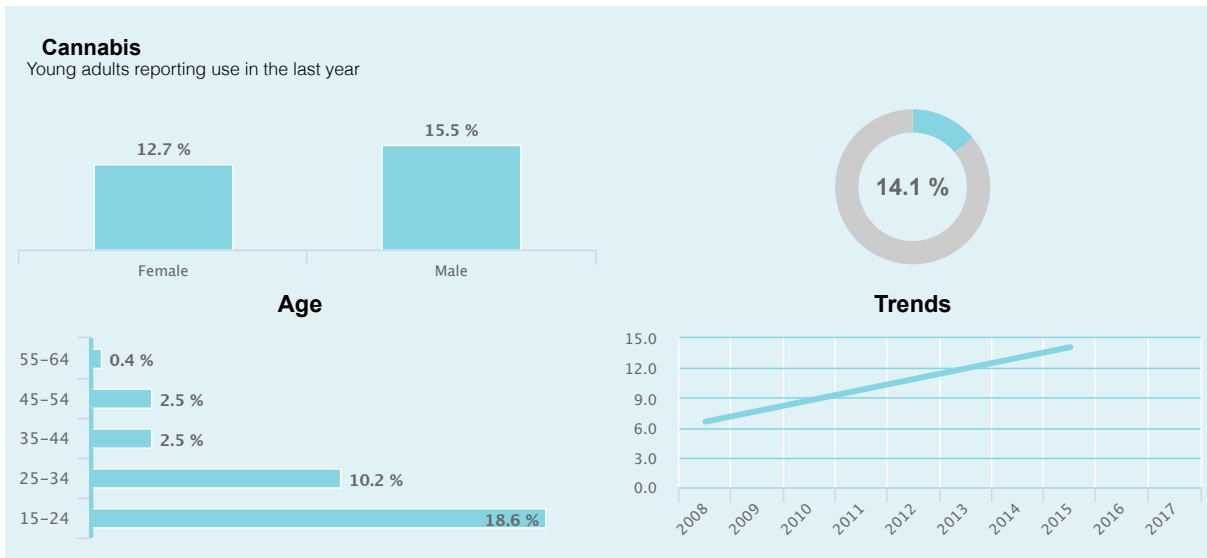
Prevalence and trends

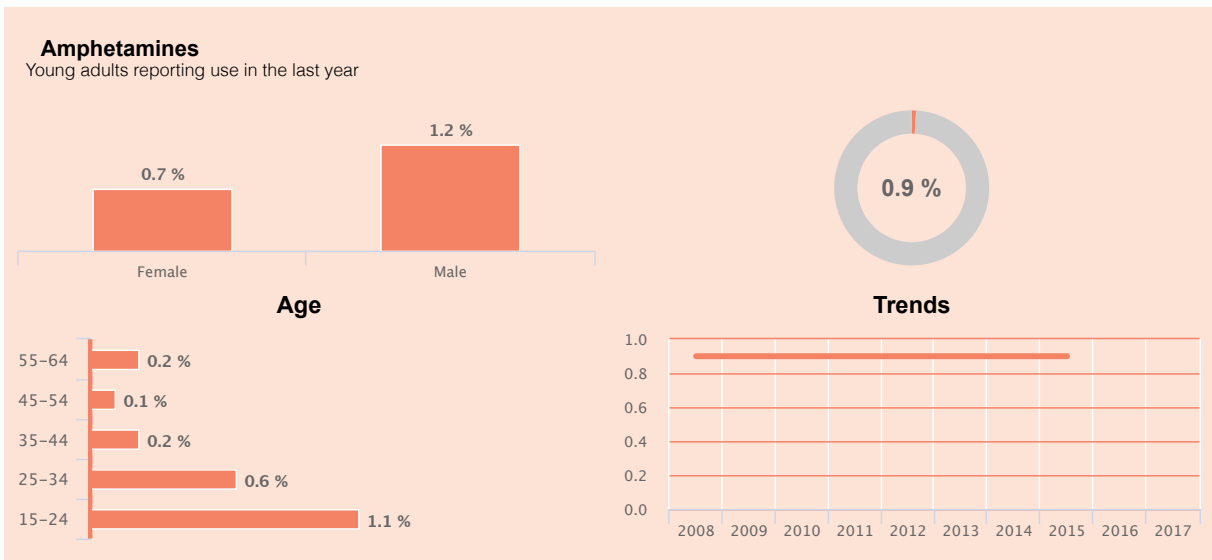
In Austria, cannabis remains the illicit substance that is most frequently used by 15- to 64-year-olds. The long-term analysis indicates a slightly increasing trend in cannabis use among young adults between 2008 and 2015; however, it is likely that the lower prevalence of use in 2008 relates to the data collection methodology. Among the general population the prevalence of use of stimulants, opioids and other illicit substances is significantly lower than that of cannabis. In general, the use of illicit substances in Austria is concentrated among young adults aged 15-34 years, and males generally report higher prevalence rates than females.

Lifetime prevalence of the use of new psychoactive substances (NPS) among the general population remains low. While some experimentation with these substances may occur in certain settings and among a subgroup of young people, the available data from party settings indicate that the popularity of NPS may have decreased in Austria.

Innsbruck participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit stimulants and their metabolites found in wastewater. Data are available for 2016 and 2017, and in both years the levels of cocaine and MDMA/ecstasy in the wastewater in Innsbruck were higher during weekends than on weekdays, as in most European cities participating in the project. In 2017, the levels of cocaine metabolites detected were higher than in 2016.

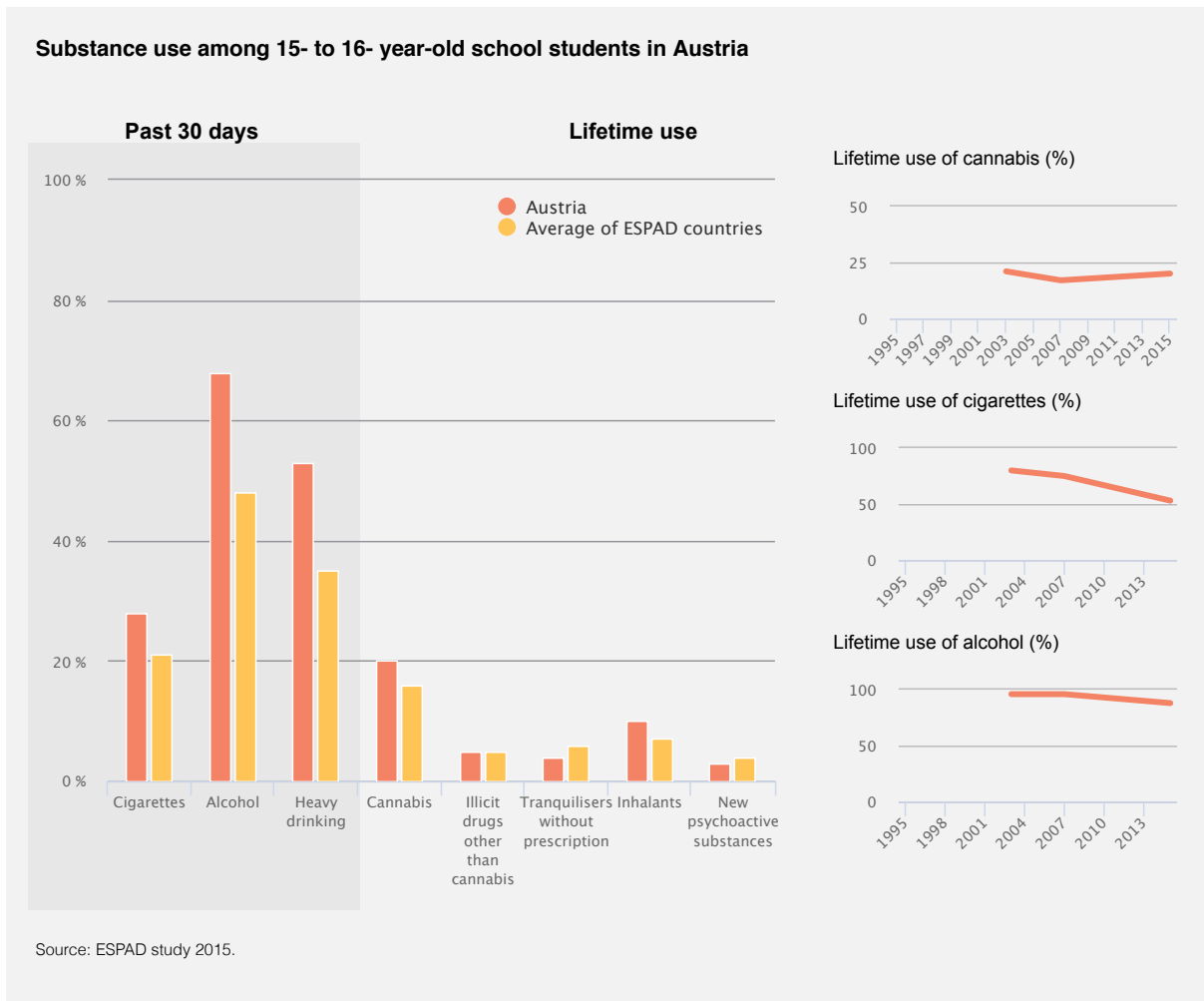
Estimates of last-year drug use among young adults (15-34 years) in Austria





NB: Estimated last-year prevalence of drug use in 2015.

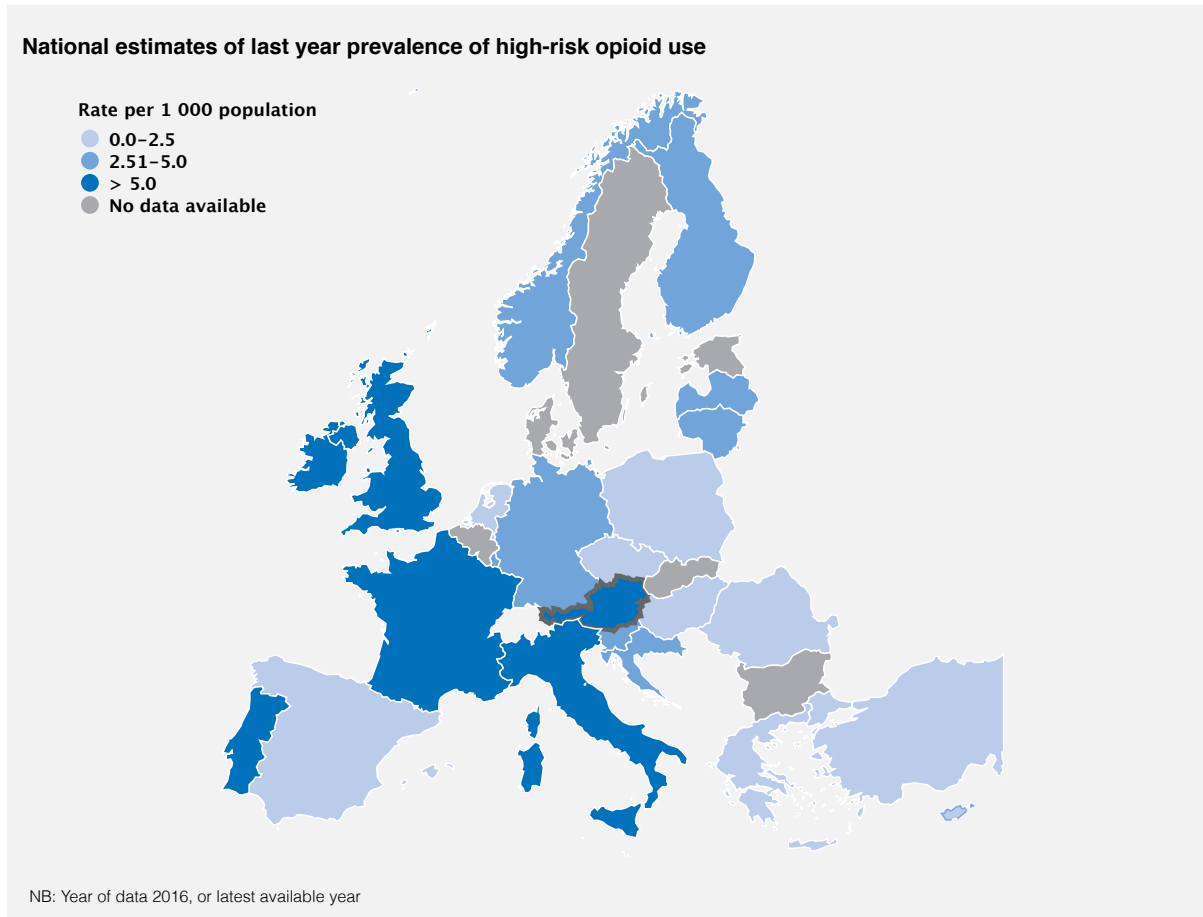
Drug use among 15- to 16-year-old students was reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). Compared with the ESPAD averages (35 countries), Austrian students reported a somewhat higher prevalence rate of lifetime use of cannabis, while lifetime use of illicit drugs other than cannabis and lifetime use of NPS were roughly the same as the averages for all countries. Austrian students tended to report higher rates than the ESPAD averages for the variables for licit psychoactive substances.



High-risk drug use and trends

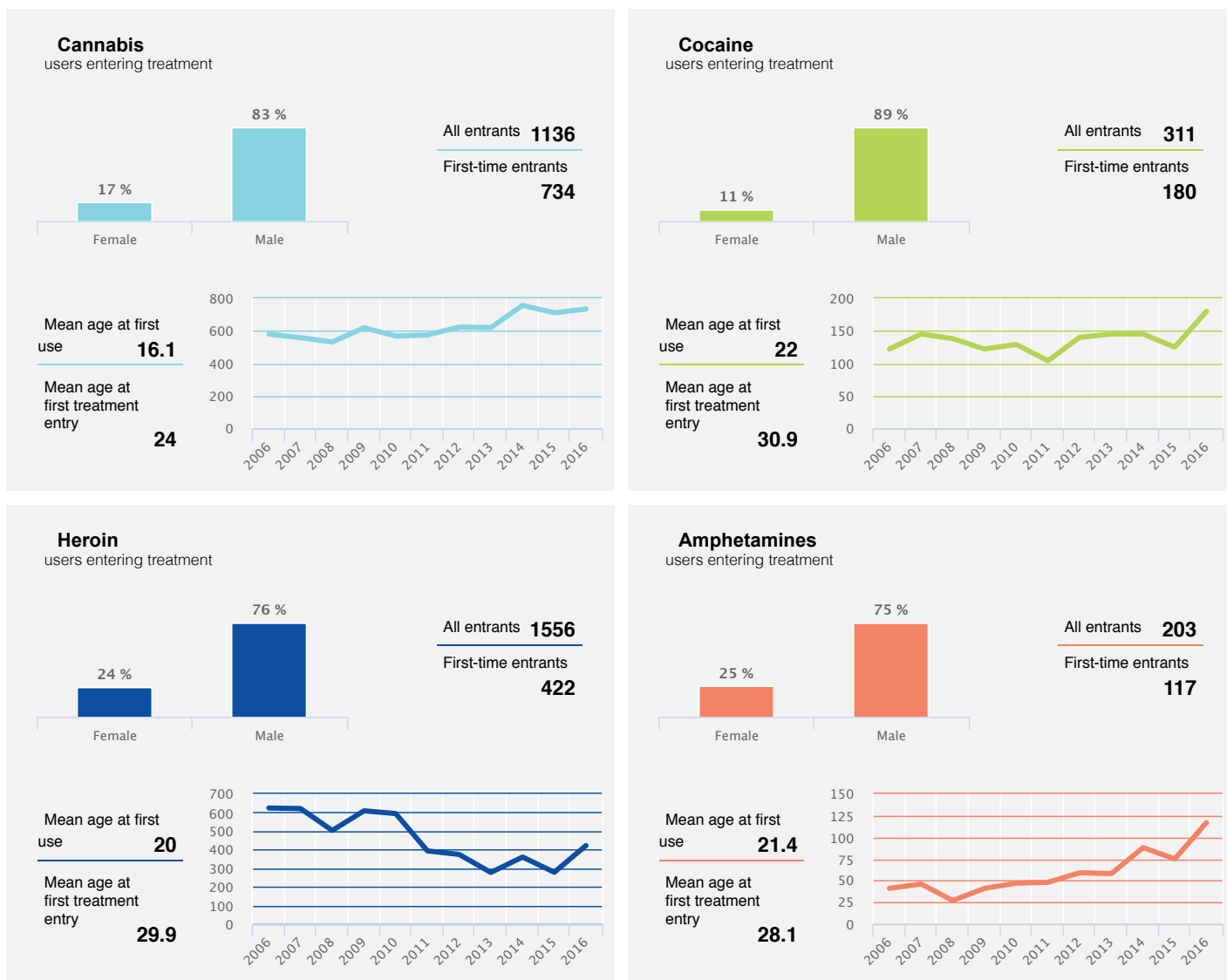
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

High-risk drug use in Austria remains mainly linked to the use of opioids (heroin or medication used in opioid substitution treatment, usually in combination with other illicit and licit substances). The most recent estimate indicates that there are between 30 000 and 33 000 high-risk opioid users in Austria. The proportion of high-risk opioid users aged less than 25 years has been declining in the last 10 years. It is estimated that, in 2016, half of opioid users predominantly injected the drug, with snorting and smoking being common routes of administration among younger users. Approximately half of the estimated number of high-risk opioid users reside in Vienna, and the majority are male. In recent years, localised areas of high-risk methamphetamine use have emerged in Upper Austria.



Since 2006, the proportion of first-time clients entering outpatient treatment and support services who specified cannabis or amphetamines as their primary drug has gradually increased, whereas the percentage of clients with opioids as their primary drug has gradually decreased and the percentage of clients specifying cocaine has remained largely stable, albeit with some annual variations. Around one out of five new clients entering treatment in 2016 was female; however, the proportion varies depending on main drug and type of treatment programme.

Characteristics and trends of drug users entering specialised drug treatment in Austria



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

In Austria, the prevalence of infectious diseases among people who inject drugs (PWID) is estimated on the basis of samples from treatment facilities and low-threshold centres. Information on the prevalence of human immunodeficiency virus (HIV) and hepatitis C virus (HCV) is gathered from drug-related death autopsy reports, and from the Austrian HIV cohort study.

Prevalence of HIV and HCV antibodies among people who inject drugs in Austria (%)

region	HCV	HIV
National	38	4
Sub-national	59.5 -83.2	0.0-0.0

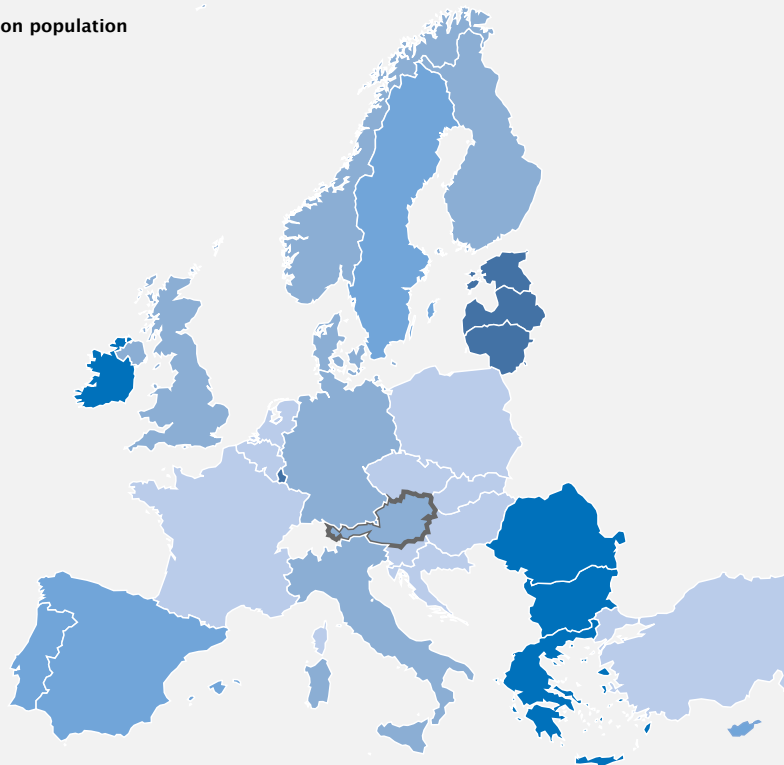
Year of data: 2016

Available data indicate that HCV infection is the most prevalent drug-related infectious disease in Austria, while HIV infection remains at low levels, and prevalence of hepatitis B virus (HBV) infection has remained stable for several years. However, the reported prevalence rates of drug-related infectious diseases vary depending on the source. Approximately one in four victims of drug-related deaths had positive HCV test results, while the prevalence rates among those tested in low-threshold facilities across the country are higher. The data from the Austrian HIV cohort indicate that numbers of newly registered HIV-positive individuals among PWID have decreased in recent years.

Newly diagnosed HIV cases attributed to injecting drug use

Cases per million population

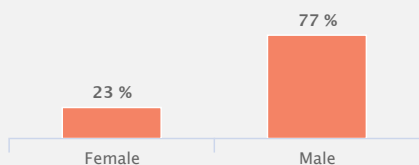
- <1.0
- 1.0–2.0
- 2.1–3.0
- 3.1–8.0
- >8.0



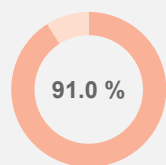
NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Austria

Gender distribution



Toxicology

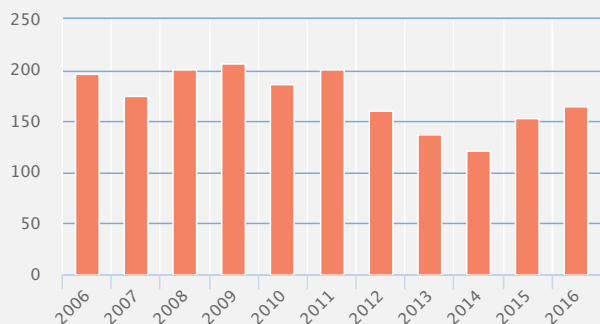


Deaths with opioids present among deaths with known toxicology

Age distribution of deaths in 2016



Trends in the number of drug-induced deaths

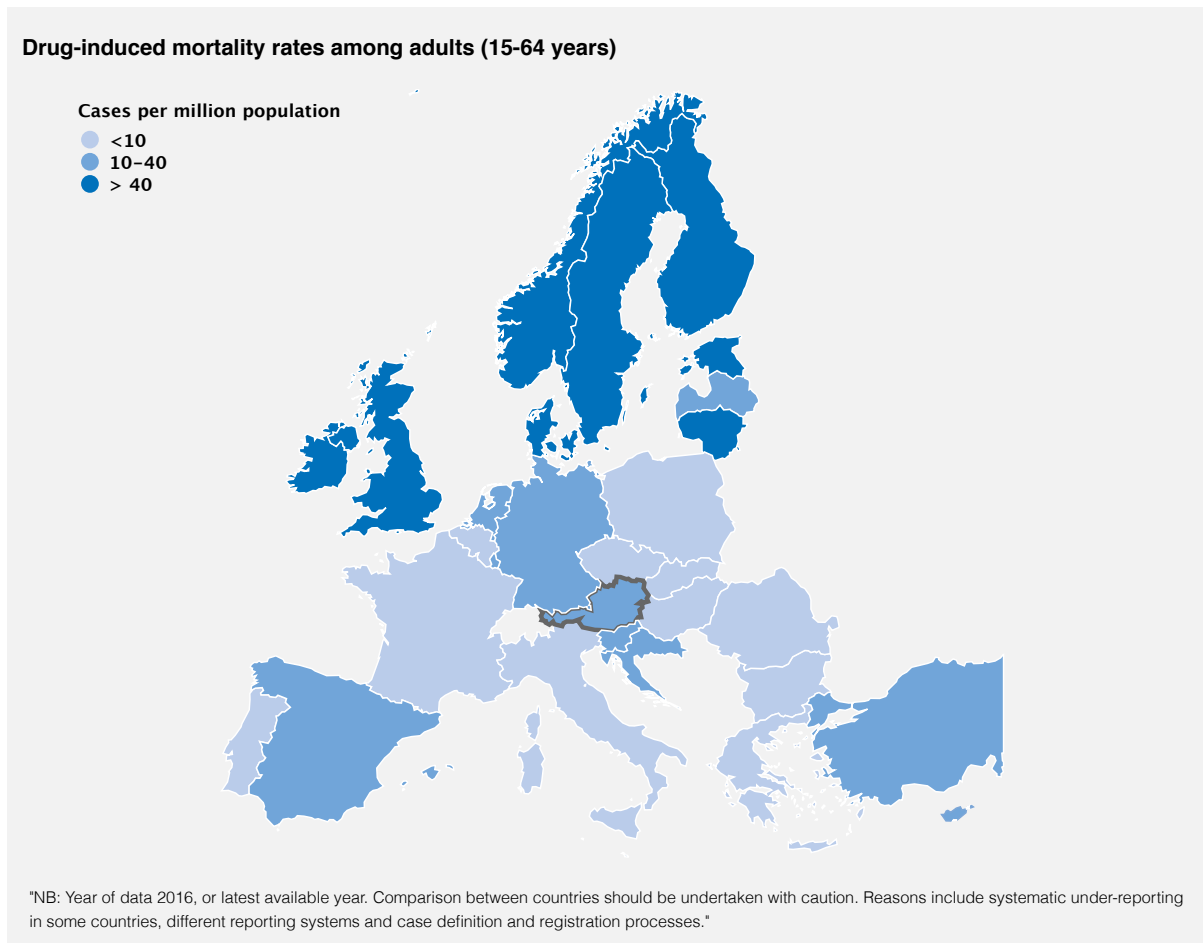


NB: Year of data 2016, or most recent year

Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2016, the special registry at the Austrian national focal point reported an increase in the number of drug-induced deaths compared with 2013-15, while the number continued to be below those reported for 2005-08. According to toxicological results, the presence of opioids was registered in the majority of deaths. However, similarly to in previous years, almost 9 out of 10 cases were attributed to polydrug use, involving alcohol, medicines or other illicit substances. In recent years, several deaths have been associated with the use of very potent MDMA/ecstasy pills, which are increasingly available on the market. With regard to gender, in three out of four of the registered deaths, the victim was male; the average age at death was 36 years. There has been an increase in the mean age of the deceased in cases of drug-related death in recent years.



The drug-induced mortality rate among adults (aged 15-64 years) was 27.9 deaths per million in 2015, which is higher than the most recent European average of 21.8 deaths per million.

Prevention

The Austrian Addiction Prevention Strategy and all the provincial addiction or drug strategies underline the need for a holistic and broad approach to prevention that integrates both licit and illicit substances. In recent years, prevention has often been combined with interventions to prevent or delay non-substance-related addictive behaviours and violence, and to promote health in general. Prevention is regarded as a long-term educational process with the aim of enhancing the personal development and life skills of children and young people. Activities are mainly organised and implemented at local and regional levels under the guidance of the provincial Addiction Prevention Units and are funded through provincial health promotion funds, as well as from the social care and education budgets. Federal funding sources are also available. Addiction support and treatment services, as well as police officers, are also involved in addiction prevention activities.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

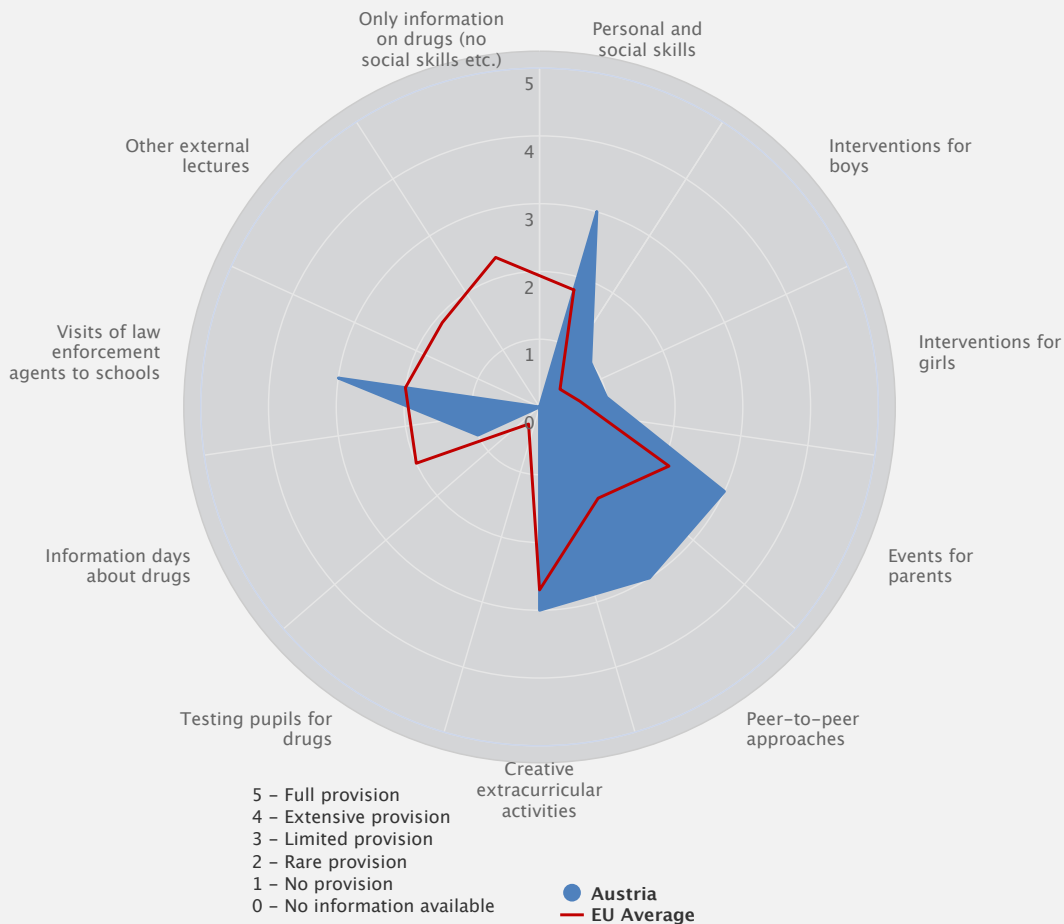
Environmental prevention measures in Austria are primarily aimed at ensuring safe educational and recreational settings for young people. Schools remain the main venue for universal prevention measures. The implementation of curricular school-based prevention programmes is an important focus, aimed at improving the school environment and strengthening students' resilience, psychosocial skills and life skills. For older age groups, another relevant objective is the promotion of critical approaches to (licit as well as illicit) psychoactive substances. For example, the programmes *Eigenständig werden*, targeting children aged 6-10, and *Plus*, targeting those aged 10-14, are offered in all provinces, as are the programmes *Move* and *Step by Step* (which are also implemented under different names). The 2013 evaluation of the four-year *Plus* programme showed a significantly lower increase in licit substance use among children who had completed the programme than in control groups. The participants also exhibited a smaller increase in behavioural problems and better behaviour in school, including improved learning outcomes in other subjects. In recent years, the geographical coverage of the *Choice Project* and the *Feel-OK.at* programme has also been expanded. A few provinces use education that incorporates elements of drama and theatre. In recent years, workplace-based prevention programmes and services, particularly for young employees and trainees, have been also played a greater role. Interventions aimed at the parents of pre-school children and adolescents primarily concentrate on information-providing events, but an increasing number of these programmes also aim to improve parenting skills and parents' communication and interaction with their children, particularly by helping parents to deal with child drug use. Media and new technologies are increasingly explored as means of disseminating information on well-being, health and drug use.

Selective prevention addresses party settings and other specific settings such as labour market policy programmes. Target groups for selective prevention activities are young people experimenting with drugs and children whose parents use drugs or suffer from mental disorders, as well as, more recently, those with an immigration background. Activities in recreational settings aim to build a critical approach to psychoactive substances (risk competence) and to explore alternatives to substance use. In this context, youth social work in recreational settings plays an important role. The programmes targeting clubs and party scenes are carried out by non-profit organisations or non-governmental organisations, and focus on counselling and information provision. Projects in Vienna and its surrounding area (*Check-it!*) and Tyrol (*Z6 mobile drug services*) provide on-site pill testing.

Indicated prevention activities in Austria focus on early identification and target adolescents with at-risk alcohol use. Initiatives have also been implemented to identify young people who have been admitted to hospital; are in public employment services or who have a higher risk of developing addictive behaviour.

Training is being expanded for multipliers, for example through Vorarlberg's life skills project *Gesundes Aufwachsen in Vorarlberg* (Growing up Healthy in Vorarlberg) and projects targeting children in families with dependencies (e.g. *Startklar* (Ready to Go) and *Kleiner Leuchtturm* (Small Lighthouse)).

Provision of interventions in schools in Austria



NB: Year of data 2015

Harm reduction

The 2016 Austrian Addiction Prevention Strategy, together with the nine provincial strategies, forms the basis for harm reduction interventions. The reduction of drug-related harm is a focus of all areas of drug-related service provision in the country. Implementation of harm reduction activities rests exclusively with the provinces, and comprises diverse measures oriented towards low-threshold assistance and reducing the risk of problematic consequences of drug use. Specific methodological approaches, such as peer support, are employed in the framework of harm reduction, and outreach work — delivering street-based assistance as well as referral to treatment — is of central importance in this context.

Harm reduction interventions

The majority of harm reduction interventions in Austria are provided in low-threshold settings. Exchange and sale of syringes and other clean injecting equipment constitute a key intervention, available in seven out of nine provinces, primarily in the provincial capitals. In addition, services include the provision of information on safer use/safer sex and condom distribution; basic medical care; vaccination programmes against hepatitis A and B; free testing for human immunodeficiency virus (HIV) infection and viral hepatitis; and counselling. Furthermore, harm reduction providers facilitate clients' access to treatment for chronic hepatitis C infection through hepatitis outpatient clinics in close collaboration with hospitals in Graz, Innsbruck and Vienna. At the main low-threshold facility in Vienna, directly observed treatment with new directly acting antivirals (DAA) is available for clients in opioid treatment, and results indicate that all 65 patients who had completed their treatment by December 2016 had been cured. Access to DAA treatment in Austria is increasing as health insurance providers broaden eligibility for reimbursement of treatment costs.

Between 2012 and 2016, the number of syringes distributed through harm reduction programmes and vending machines increased from 4.6 million to 6.2 million. Needle and syringe exchange is available at fixed sites through low-threshold services and outpatient drug services, as well as through outreach workers, and syringes are available from vending machines located in communities. Other injecting equipment (e.g. microfilters) is frequently distributed along with sterile syringes.

Initiatives aiming to prevent overdose include awareness raising through information and advice, as well as first aid courses for drug users and staff in low-threshold facilities. Service providers in the province of Styria are discussing the introduction of a take-home naloxone programme.

The promotion of safer use and risk reduction in recreational settings is considered important to reduce the number of emergencies occurring in party settings. Drug-checking initiatives in Vienna (Check-it!) and Tyrol (Z6) provide information and drug-checking services to users in these settings.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

All nine Austrian provinces have drawn up drug strategies and nominated drug coordinators who are responsible for coordinating drug treatment at regional level. A drug coordinator has been appointed to accredit and monitor treatment at national level under the Federal Ministry of Health. The Provincial Conference of Drug Coordinators performs inter-regional coordination of drug treatment policies. The provincial governments, the social insurance funds and the federal government fund most drug treatment.

Drug treatment services are provided both by specialised centres and as part of general healthcare services (e.g. psychiatric hospitals, psychosocial services and office-based medical doctors). Primary healthcare services are also involved in opioid substitution treatment (OST) provision. Drug treatment services provide a range of options and can be flexibly applied to respond to a client's treatment and social needs. The treatment programmes are offered in modular form, providing both short-term and long-term options. Treatment is mostly provided on an outpatient basis, and most outpatient facilities are also counselling centres. While counselling centres treat users of licit and illicit substances, several specialised treatment and reintegration facilities are available almost exclusively for illicit drug users. Outpatient psychosocial interventions cover a range of services, such as counselling, outreach work, psychotherapy, aftercare and reintegration programmes. Inpatient psychosocial interventions are provided in both specific and generic facilities, offering long-term and short-term treatment, often combined with inpatient detoxification. Detoxification treatment is primarily carried out in inpatient facilities, but is becoming increasingly available in outpatient settings. Many providers of inpatient or residential treatment are organised as non-profit limited companies or associations and provide mainly residential treatment programmes including pre- and aftercare. New target groups for treatment service providers are migrants, pregnant women, young people, older drug users and people with psychiatric comorbidity; special treatment programmes are also available for cocaine or cannabis users.

OST is widely available and is the treatment of choice for opioid dependence in Austria. It is mostly provided by general practitioners but psychiatrists can also prescribe OST medications. OST is also provided by public health authorities, hospitals, residential treatment providers and prisons. In recent years, actions have been taken at the provincial level to improve the quality of OST services and integrate them with complementary psychosocial support services.

Austria is one of the few countries in Europe where slow-release morphine is prescribed as an opioid substitution medication.

Drug treatment in Austria: settings and number treated

Outpatient

General Primary Health Care (12827)

Specialised Drug Treatment Centres (9295)

Inpatient

Other Inpatient (1298)

Prison

Prison (700)

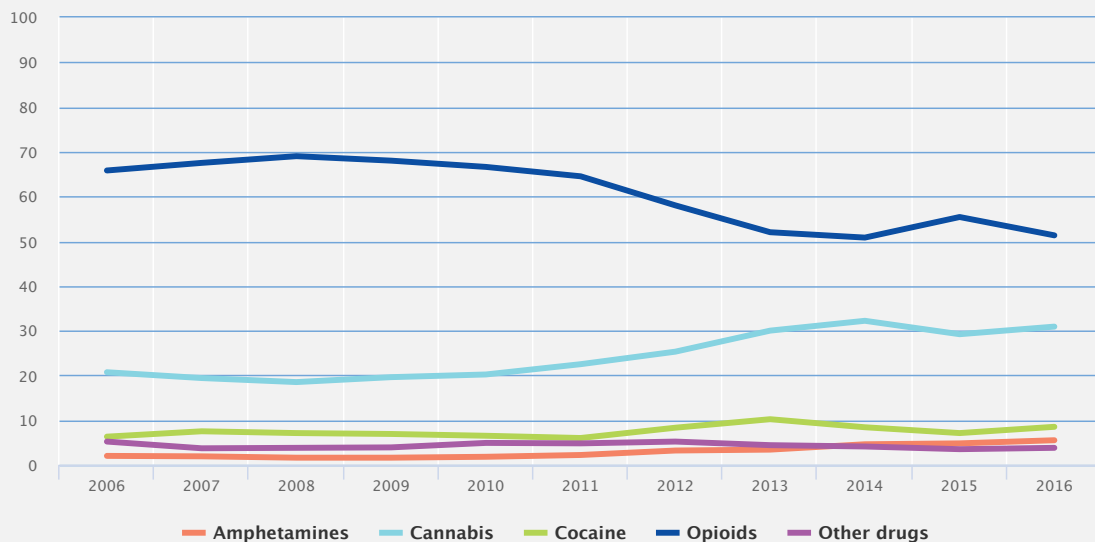
NB: Year of data 2016

Treatment provision

Out of a total of around 24 120 people treated in Austria in 2016, most were treated in outpatient settings, while only a small proportion received treatment in inpatient settings and in prisons.

Data on those who entered treatment in 2016 indicate that opioids remain the primary substance for which drug users seek treatment, while the importance of cannabis has increased in the last six years. Data on all treatment entrants include partial data on those receiving OST. In total, 18 222 patients were prescribed OST in 2016.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Austria



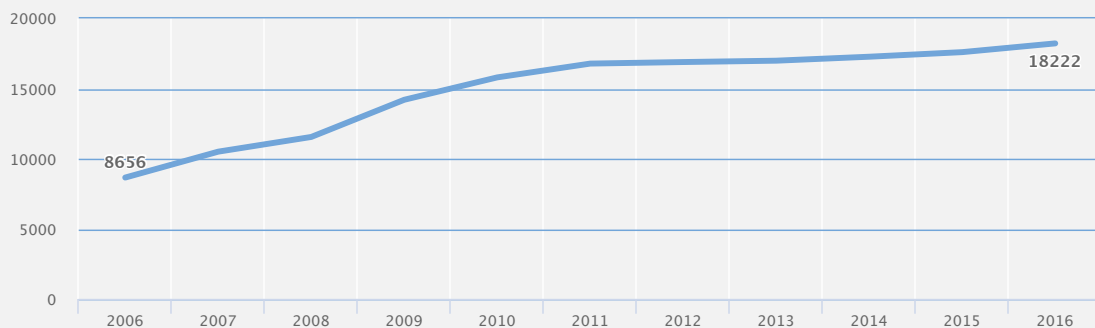
NB: Year of data 2016.

Opioid users accounted for by far the largest proportion of all treatment clients in Austria, with most receiving OST, mostly in the form of slow-release opioid medication.

Opioid substitution treatment in Austria: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

In Austria, the federal government oversees matters of imprisonment and detention, and a separate department of the Federal Ministry of Justice manages the prison system.

The most recent data from 2011 indicate that drug use and related problems are common among prisoners, some of whom regularly use illicit drugs, including by injecting.

General healthcare in prisons is subject to the principles of equivalence of care and the funding for it comes from public budgets, through the Federal Ministry of Justice. Healthcare for prisoners is provided through health and treatment services, which are often delivered in cooperation with external organisations. As a common practice, service providers apply general guidelines drafted for health-related services in prison or adopted from other areas.

A variety of treatment services are available in prisons, including opioid substitution treatment (OST), detoxification and assistance with abstinence-oriented goals, if desired, as well as the prevention, diagnosis and treatment of human immunodeficiency virus (HIV) infection, hepatitis C virus infection and other infectious diseases. OST can be either initiated or continued during imprisonment, but only a small proportion of prisoners receive treatment, although this varies by prison. A few prisons have special drug-free zones. In 2016, prisons started surveying the prevalence of infectious diseases among inmates, and the provision of hepatitis C virus infection treatment with the new direct-acting antivirals also began. Pre-release support programmes are also available to prisoners.

Quality assurance

In Austria, quality assurance is defined by the Austrian Addiction Prevention Strategy as a supporting process, consisting of research, evaluation, documentation, planning and coordination, as well as training and continuing education. The quality of demand reduction interventions is ensured through regular training for professionals, and the quality standards that are embedded in the funding applications for prevention and treatment programmes.

In the field of prevention, the nine provincial prevention units play an important role and an association representing those provincial prevention units (ARGE Suchtvorbeugung) contributes to quality assurance by providing a forum for the exchange of experiences with the implementation of programmes at the provincial level, through the development of common prevention programmes (e.g. Plus) and by organising an annual conference.

In the context of treatment, quality assurance tools include the establishment of expert committees concerning opioid substitution treatment (OST) and the accreditation of treatment facilities. The Ministry of Health (MoH) sets the accreditation criteria, which focus on the structural characteristics of treatment facilities. Only services that have received accreditation are eligible to receive funding from the MoH and the Ministry of Justice. The medical associations are responsible for organising and implementing specific additional OST training for medical doctors and for providing the MoH with information on certified doctors. At the provincial level, drug/addiction coordinators are responsible for the further development of drug treatment and prevention systems and the implementation of strategies (including quality assurance issues).

Most provincial strategies in Austria contain specific plans to support quality assurance, such as the publication of standards for demand reduction activities (from prevention to drug treatment and social reintegration), implementing evaluations of interventions, and establishing regional networks of different professionals and supporting medical doctors, as well as organising/continuing specific training activities. Quality assurance tools are being developed for specific aspects at either the federal or the provincial level, namely guidelines for advice, care and treatment of drug-addicted people in Austrian prisons, updated quality standards for OST, and quality standards to ensure adequate support for mothers and their children during the inpatient OST stage, as well as afterwards. There are specific curricula for preventing dependencies and a variety of continuing education courses/training are being implemented in the areas of both prevention and treatment.

Drug-related research

In Austria, a broad range of drug-related research is implemented at national and provincial levels, focusing on licit and illicit substances and covering medical, social, ethical and legal issues. This research examines responses to the drug situation, such as drug policy, including population-based and clinical epidemiology, as well as basic biological and neurobiological studies. In 2015, a literature search focusing on Austrian scientists and Austrian journals identified a broad spectrum of publications on topics ranging from neuroscience to social science and from prevention aspects to treatment, as well as on both licit and illicit substances. Studies often cover quantitative and qualitative aspects, but the majority can be classified as qualitative.

Drug-specific research is directly funded at the national level by the federal government, for instance by the Ministry of Health, as well as by the provinces, social insurance providers and foundations that promote research, and it is funded indirectly from the budgets of universities and from provincial budgets. Several research studies have been implemented within the framework of European Union-funded programmes. Ministries tend to fund drug dependency research projects based on demand, and funding is not provided on a regular basis. The results of research are disseminated in scientific journals and research reports and through dedicated websites.

Drug markets

Austria is not considered to be a drug-producing country, and drug transit through the country is determined by its geographical location on the Balkan route and the presence of Vienna International Airport, which serves as a hub for drug smuggling.

Cannabis products are the main drugs seized in Austria. Albania is an important source of herbal cannabis, while cannabis resin

mainly originates from Morocco. Cannabis is also locally cultivated, predominately indoors, albeit on a small scale for personal use; professional cultivation remains an exception.

Heroin enters Austria mainly via the Balkan route by road, and cocaine comes directly from South and Central America via Vienna International Airport and, to a lesser extent, by road from West European and West Balkan countries.

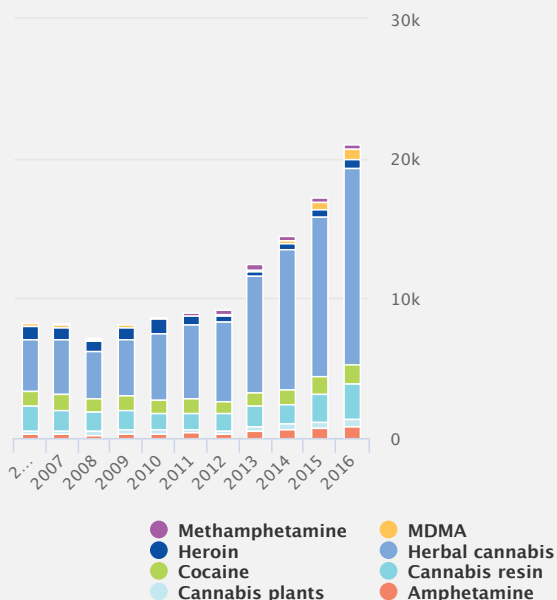
Synthetic stimulants seized in Austria are mostly produced in the Netherlands, while amphetamines also originate from Poland and methamphetamine comes from the Czech Republic and Slovakia. In 2016, nine clandestine laboratories were seized, mainly synthesizing amphetamines. New psychoactive substances are increasingly being ordered on the internet, mainly from China, and are sent by mail via other European countries or directly from Asia.

Overall, the numbers of seizures of all illicit drugs, except heroin, have increased in Austria since 2010; however, the most remarkable increases have been noted for cannabis products and MDMA/ecstasy. The long-term analysis of drug seizure data indicates that the quantities of cannabis products seized in Austria have remained stable in the past decade, while the quantities of other illicit substances seized in Austria indicate considerable annual variations.

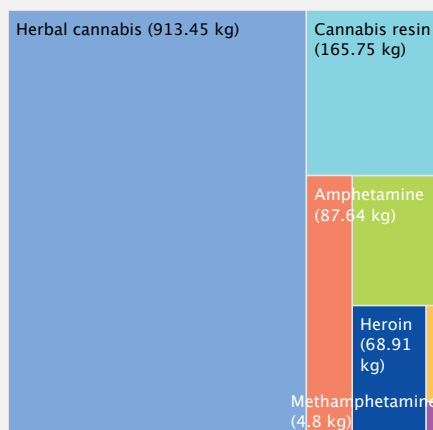
Surveillance of the illicit drug market, vigilance regarding the possible diversion of precursors to the illegal production of narcotic substances and active participation in cross-national projects aimed at limiting the international drug trade, including on darknet markets, are among the main priorities of the Austrian law enforcement agencies.

Drug seizures in Austria: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	20.2	6.5	36.8
Last year prevalence of use - young adults (%)	2015	14.1	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	6.4	0.3	11.1
All treatment entrants (%)	2016	30.9	1.0	69.6
First-time treatment entrants (%)	2016	45.8	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	913.4	12	110855
Number of herbal cannabis seizures	2016	14030	62	158810
Quantity of cannabis resin seized (kg)	2016	165.7	0	324379
Number of cannabis resin seizures	2016	2598	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.62 - 33.49	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.25 - 52.31	0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	6 - 15	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	6 - 20	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.9	0.9	4.9
Last year prevalence of use - young adults (%)	2015	0.4	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	0.4	0.1	2.3
All treatment entrants (%)	2016	8.5	0.0	36.6
First-time treatment entrants (%)	2016	11.2	0.0	35.5
Quantity of cocaine seized (kg)	2016	86.4	1	30295
Number of cocaine seizures	2016	1316	19	41531
Purity (%) (minimum and maximum values registered)	2016	0.11 - 87.69	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	50 - 150	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.6	0.8	6.5
Last year prevalence of use - young adults (%)	2015	0.9	0.0	3.6
Last year prevalence of drug use - all adults (%)	2015	0.4	0.0	1.7
All treatment entrants (%)	2016	5.5	0.2	69.7
First-time treatment entrants (%)	2016	7.3	0.3	75.1
Quantity of amphetamine seized (kg)	2016	87.6	0	3380
Number of amphetamine seizures	2016	828	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.06 - 82.05	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	10 - 60	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.1	0.5	5.2
Last year prevalence of use - young adults (%)	2015	1.1	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.4	0.1	3.6
All treatment entrants (%)	2016	0.9	0.0	1.8
First-time treatment entrants (%)	2016	1.4	0.0	1.8
Quantity of MDMA seized (tablets)	2016	29485	0	3783737
Number of MDMA seizures	2016	754	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016		1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	0.4 - 88.27	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	3 - 15	1	26.00
Opioids				
High-risk opioid use (rate/1 000)	2015	5.4	0.3	8.1
All treatment entrants (%)	2016	51.3	4.8	93.4
First-time treatment entrants (%)	2016	32.1	1.6	87.4
Quantity of heroin seized (kg)	2016	68.9	0	5585

Number of heroin seizures	2016	677	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	0.11 - 57.36	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	25 - 90	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	1.7	0	33.00
HIV prevalence among PWID* (%)	2016	4	0	31.50
HCV prevalence among PWID* (%)	2016	38	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)			0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	27.91	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	6205356	22	6469441
Clients in substitution treatment	2016	18222	229	169750
Treatment demand				
All entrants	2016	4462	265	119973
First-time entrants	2016	1911	47	39059
All clients in treatment	2016	24120	1286	243000
Drug law offences				
Number of reports of offences	2016	36235	775	405348
Offences for use/possession			354	392900

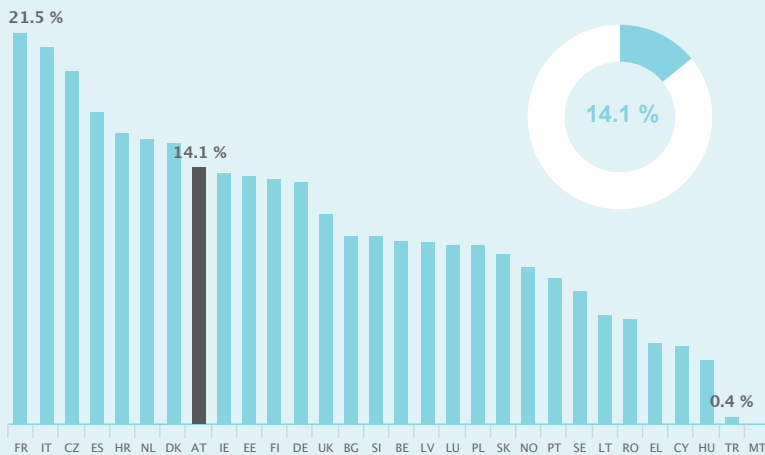
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

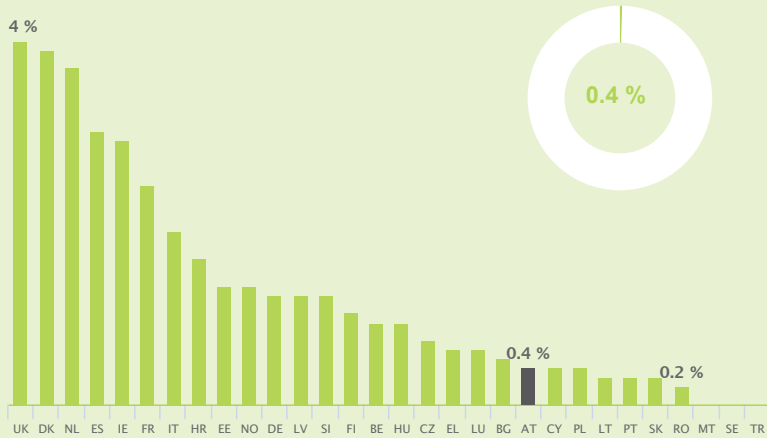
Cannabis

Last year prevalence among young adults (15-34 years)



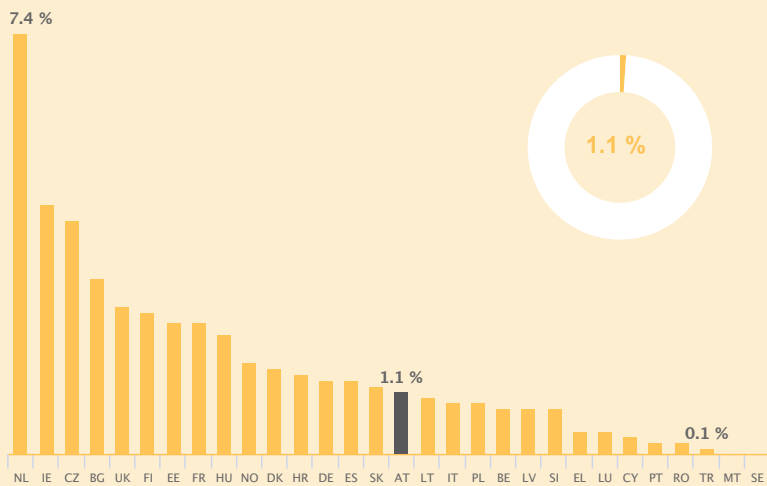
Cocaine

Last year prevalence among young adults (15-34 years)



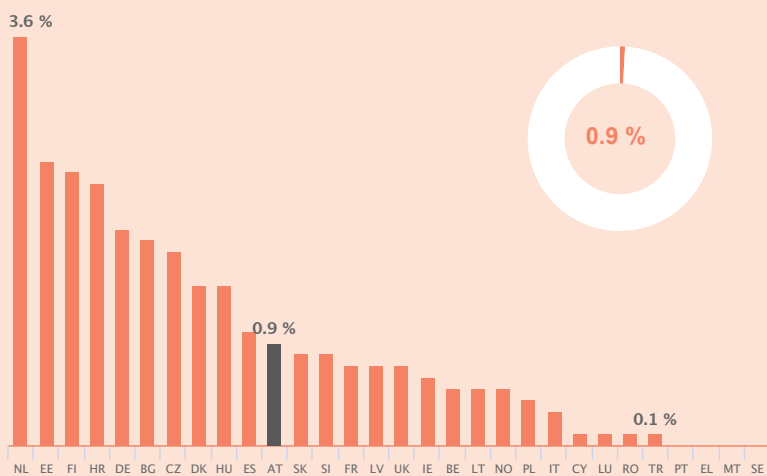
MDMA

Last year prevalence among young adults (15-34 years)



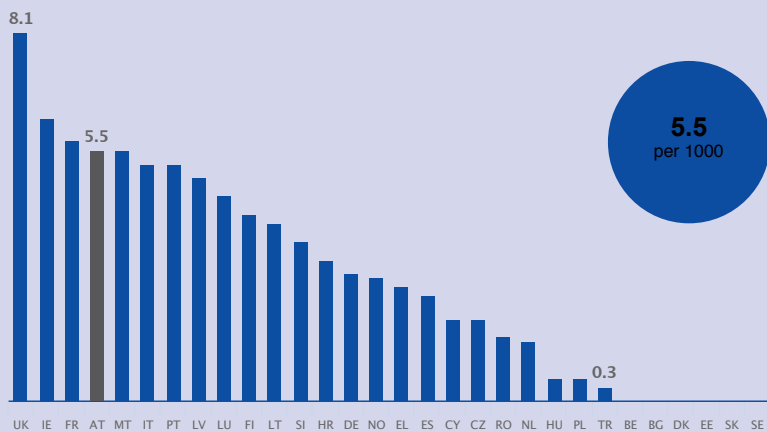
Amphetamines

Last year prevalence among young adults (15-34 years)



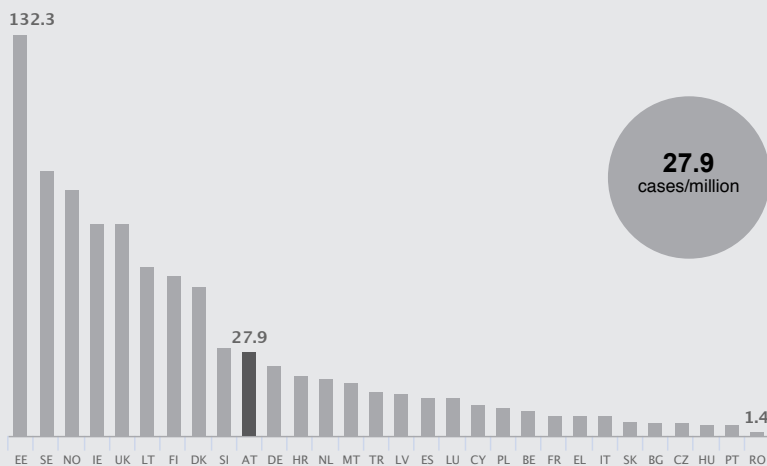
Opioids

High-risk opioid use (rate/1 000)



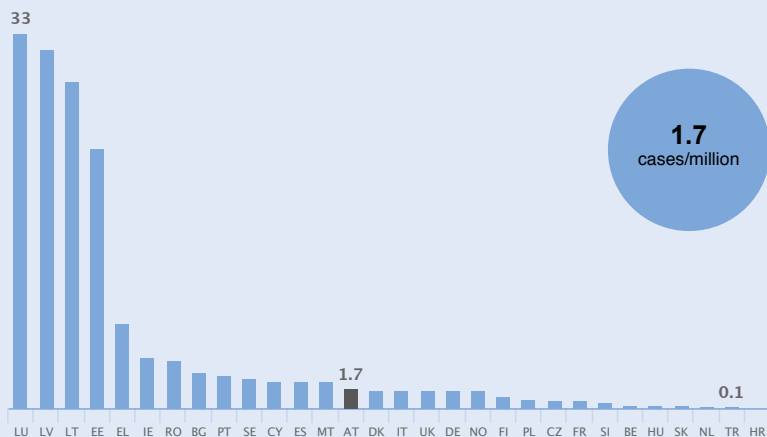
Drug-induced mortality rates

National estimates among adults (15-64 years)



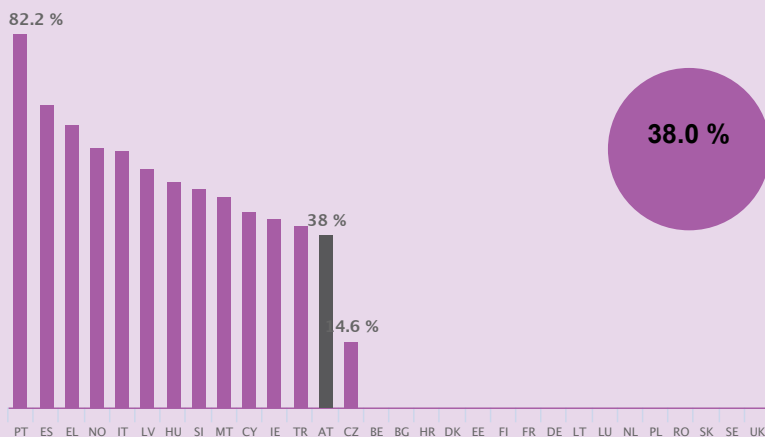
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Austria

The national focal point is located within the Austrian Public Health Institute (Gesundheit Österreich GmbH), a public body funded by the Federal Ministry of Health. The Austrian Public Health Institute has three business units, carrying out research, planning, monitoring and reporting activities (within the business unit ÖBIG), developing, implementing and evaluating a nationwide quality system for healthcare (within the business unit BIQG) and promoting and financing health promotion activities (within the business unit FGÖ). The national focal point is part of the Addiction Competence Center established at ÖBIG.

Austrian Public Health Institute (Gesundheit Österreich GmbH, GÖG)

Gesundheit Österreich
GmbH

Stubenring 6
(Biberstrasse 20 for parcels and normal mail)
A-1010 Wien
Tel. +43 151561131
Fax +43 5138472
Head of national focal point: Ms Ilonka Horvath