



BUNDESMINISTERIUM
FÜR GESUNDHEIT

The Austrian Addiction Prevention Strategy

A strategy towards a coherent prevention and addiction policy



Editorial information

Owner, publisher and producer:

Austrian Federal Ministry of Health (BMG)

Responsible editor:

Austrian Federal Ministry of Health

Layout and typesetting:

David Fließner, BMG

Graphic design of the expanded addiction cube model:

Martin Schiebel, CGI & graphic design

Cover photo:

© storm – fotolia.com

Translation:

Susanne Ofner (phoenix Übersetzungen)

Translation editor:

Catherine Danner-Jones

Printing:

BMG copy office

Radetzkystrasse 2, 1030 Vienna, Austria

This brochure is available free of charge from the Austrian Federal Ministry of Health,
Radetzkystrasse 2, 1030 Vienna, Austria

Order online at

www.bmg.gv.at

December 2015

Preface

The reasons why people start to abuse psychoactive substances and develop addiction are complex. Both personal factors and one's environment play a significant role here. The examples of drinking, smoking, use of medications, as well as gambling, illustrate that it is not only in the case of illicit drugs that addiction problems manifest. Whenever people develop patterns of addiction, it has massive consequences both for themselves and for those around them.

It must therefore be a goal of health policy and of society as a whole to reduce, as far as possible, the negative effects of addiction, both for individuals and for society.

To achieve this aim, all stakeholders involved need to take coordinated action. In addiction prevention, as in health policy in general, people's health can only be effectively and sustainably fostered if joint efforts are undertaken in all relevant policies. What we need is a common approach to addiction and to the input that actors in individual social fields – ranging from health care, education and training to work and business, as well as public security – can contribute to tackling addiction-related problems. It is the task of politics to define a general framework for this purpose.

Austria's first Addiction Prevention Strategy

I am therefore extremely pleased to present Austria's first national Addiction Prevention Strategy, as the final result of an intensive preparatory process. The goal and purpose of the Strategy is to provide a guideline for all stakeholders in this field, linking the socio-scientific state of the art in the disciplines concerned with medical and psychosocial practice, and with all relevant actors in the areas of politics and administration. Rather than laying down a list of detailed measures, the Strategy aims at defining a common social approach to the issue of addiction, with clearly set goals and a framework that provides orientation for the development and implementation of measures at various levels and in various areas of responsibility. It thus serves as an 'umbrella' under which all activities, measures and developments are united. It is based, in particular, on a preparatory Delphi survey published on the website of the Federal Ministry of Health, and can be used as a reference document.



© Jeff Mangione

Dr. Sabine Oberhauser, MAS
Austrian Federal Ministry of Health

The Austrian Addiction Prevention Strategy will provide a good starting point for taking appropriate steps at the federal, provincial and local levels to meet the challenges of the next few years, based on what has already been achieved.

Addiction is an extraordinarily complex issue. A modern strategy for the prevention of addiction thus needs to take numerous aspects into account. It must encompass both legal and illegal psychoactive substances, as well as behavioural addictions; it must be oriented towards a health perspective (as addiction is not a moral failure, but a disease); and it must provide a wide range of flexible measures so that adequate instruments are available for each case. In addition to prevention, treatment and social inclusion, harm reduction is an important cornerstone of addiction policy, in line with the state of the art and centred on the human beings concerned.

Austria's national Addiction Prevention Strategy, which encompasses all provinces, will provide a good starting point for taking appropriate steps at the federal, provincial and local levels to meet the challenges of the next few years, based on what has already been achieved. It is important to me to continue the discourse between all stakeholders at all levels, in order to arrive at sustainable solutions. The Addiction Prevention Strategy will set the course for this endeavour.

I should like to express my gratitude to all experts who have taken part in the Delphi survey, as well as to those who have helped me draw up this Strategy.



Dr. Sabine Oberhauser, MAS
Austrian Federal Minister of Health

Table of Contents

Preface.....	3
1 Introduction	6
2 Why do we need an Austrian Addiction Prevention Strategy?.....	7
3 The Austrian model of prevention and addiction policy	9
4 The goals and principles of Austria’s prevention and addiction policy	11
5 Goals regarding use of psychotropic substances and behavioural addictions.....	15
6 Fields of intervention	19
7 Support processes	22
8 Summary	24



1 Introduction

To suffer from addiction means to be socially stigmatised. Addiction is not just lack of willpower or a moral failure. Addiction is a disease, and must be treated as a disease.

Addiction is a multifactorial disease, which is often chronically recidivating, and constitutes a great challenge to all persons affected, at both individual and social levels. Help services in the area of addiction have to be continually adapted to take new substances and forms of addiction into account. Addiction policy can only be successful if the corresponding prevention measures and addiction help services are implemented in line with needs and demands, as well as the current state of the art and practical experience.

The treatment of addiction is a health and social care task. It is an issue that touches many other areas of life and politics as well, and therefore calls for intersectoral cooperation between those involved. With regard to social and health policy, this means that the negative effects and harm that result for individuals and society due to the use of legal and illegal narcotic substances must be minimised to the greatest possible extent. This applies to non-substance-related addictions and addictive behavioural disorders likewise. Information, prevention, treatment and rehabilitation play a key role in this respect. A wide range of measures are needed to address both those directly suffering from addiction and their social environment

(family, workplace), which is indirectly affected by the consequences of addiction.

Preservation of human health, harm reduction¹ and treatment are given priority over security interventions and law enforcement.

In line with modern, state-of-the-art preventive approaches, this Addiction Prevention Strategy encompasses both substance-related and non-substance-related addictions, as well as other risky or harmful patterns of use.

¹ In public health, the term 'harm reduction' (sometimes also referred to as 'harm minimisation') refers to an approach that aims primarily to prevent or reduce the adverse health consequences of certain patterns of use or behaviour, and thus to limit the resulting harm to individuals, communities and society. It is a cornerstone of addiction policy, and particularly important in the case of addicted persons who are not yet able to enter treatment. During that stage, the focus is on offering low-threshold access to help while making minimal demands on patients. The main goal is to ensure patients' survival and to provide basic medical and social care without necessarily aiming at a reduction of use.

2 Why do we need an Austrian Addiction Prevention Strategy?

People suffering from an addiction disease or displaying problematic patterns of use have a right to treatment, care and rehabilitation.



Addiction is a disease.

Psychotropic substances² are used in all cultures. For people who develop addictive patterns of psychotropic substance use or addictive patterns of behaviour (e.g. in gambling), this can have massive consequences. In medical terms, addiction is a disease which undergoes chronic development in most cases and has harmful consequences both for those suffering from the disease and those around them, as well as for society. Addiction is not just lack of willpower or a moral failure.

² The term 'psychotropic substance', or 'psychoactive substance', refers to active ingredients that influence people's minds (from Ancient Greek 'psyche': 'mind', 'soul' and 'tropos': 'turning towards', 'affecting'), or mixtures or blends containing such ingredients; they do not refer to the legal status of the substance or its use (legal v. illegal).

Addiction is not just lack of willpower or a moral failure.

The development of addiction is a complex process ...

In our society, a wide range of patterns of use is apparent with regard to alcohol, tobacco, medications, substances covered by the Narcotic and Psychotropic Substances Act, 'new psychoactive substances', as well as non-substance-related patterns of behaviour such as gambling: from low-risk to unhealthy and high-risk or dependent use. There are numerous reasons why some people develop harmful patterns of substance use or behavioural addictions. In the case of substance-related addiction, the chemical and pharmacological properties of the legal or illegal substances used represent just one part of the picture. Addiction results from a complex interaction of individual, genetic, family-related, social and macroeconomic influences. A considerable proportion of people with addictions suffer from other psychiatric disorders too. In many cases, substance abuse is the consequence of an underlying psychiatric disease.

... and there is no simple way out.

It is unlikely that the world will ever be completely free of psychotropic substances and addiction problems. Prevention and addiction policy is neither moralistic nor dogmatic, but oriented towards the needs of both the general public and those people who use psychotropic substances, or show other patterns of addiction-related behaviour. The goal is to reduce to a minimum the negative consequences and harm related to substance use or behavioural

addictions for the persons concerned, as well as for society. This includes endeavours to preserve or achieve the social integration of those who have displayed risky or harmful patterns of substance use or addiction-related behaviour.

Stigmatisation, discrimination and exclusion make people ill, and constitute a risk both to the success of individual treatment and to social cohesion.

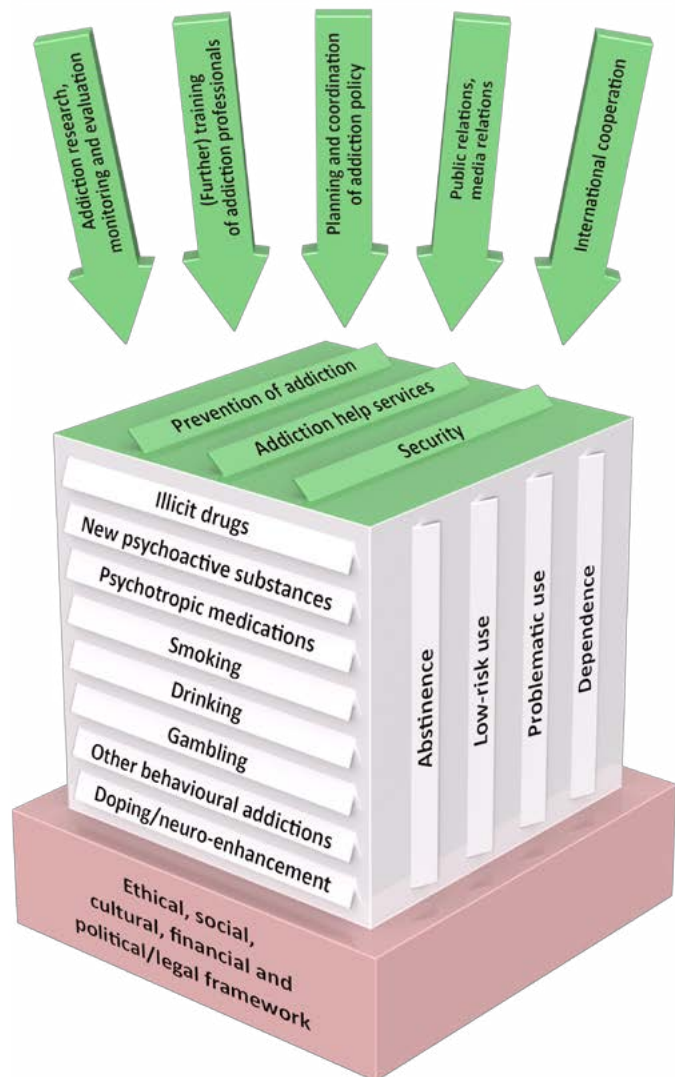
Addiction policy concerns all policies.

What applies to health policy in general also applies to addiction policy: namely, the principle of "health in all policies". People's health can only be effectively and sustainably fostered if all political actors involved join forces. Prevention and addiction policy can only be effective if measures taken in the health sector are appropriately aligned with measures in other policies, particularly those that touch on areas of life where factors that foster the development or prevention of addiction have been identified.

3 The Austrian model of prevention and addiction policy

The “expanded addiction cube model”

Models such as the ‘addiction cube’ developed in Switzerland enable a better understanding of the complexity of addiction policy, and thus the of resulting strategies and levels of action. For this Addiction Prevention Strategy, the addiction cube model has been expanded and advanced further by including additional dimensions. The expanded addiction cube model illustrates the complexity of the phenomenon of addiction



The expanded addiction cube

Graphic representation of the three dimensions (field-of intervention, patterns of use, types of psychoactive substance/behaviour), plus arrows (support processes and services), plus basis (general conditions).

The dimensions of the “expanded addiction cube” model

Types of psychotropic substance or potential addiction-related behaviour:

Alcohol, tobacco, controlled psychotropic medications, illicit drugs, new psychoactive substances, doping and neuro-enhancement, gambling and other behavioural addictions.

Patterns of use and behaviour:

Abstinence, low-risk use/behaviour, problematic patterns of use or behaviour, dependent patterns of use/behaviour.

³ Pharmacological neuro-enhancement is the use of psychoactive substances of any kind in order to enhance one’s cognitive performance.

⁴ Also referred to as ‘high-risk use’ or ‘high-risk patterns of behaviour’.



Fields of intervention:

Prevention, addiction help services (advice, emergency interventions/harm reduction, addiction treatment, rehabilitation, social and occupational (re)integration), security (criminal prosecution, market control, conveying a sense of security).

Support processes and services:

Addiction research, monitoring and evaluation; (further) training of professionals engaged in prevention and addiction help services; planning and coordination of addiction policy; public relations and media relations; international cooperation.

The central basis (general conditions):

Prevention and addiction policy is based on a set of fundamental views concerning human beings, society and the world, which includes propositions about when and how society may, or must, interfere with the freedom of action of its members. The resulting decisions are ethical in nature; they are closely related to, and interact with, the social, cultural, political, legal and financial conditions in society.

4

The goals and principles of Austria's prevention and addiction policy

Goals

The goals and principles of Austria's prevention and addiction policy are:

- to reduce to a minimum the harmful effects of psychotropic substance use and of behavioural addictions, i.e. to take preventive measures in order to minimise the development of addiction problems, or, if problems have become manifest, to control and resolve them through advisory interventions, treatment and rehabilitation, emergency interventions/harm reduction, as well as social and occupational (re)integration
- to provide services, in the context of the health and social care system, to support addicted persons, whose disease often takes a chronic course, in line with their needs;
- to take appropriate steps to help persons suffering from addiction problems get healthier, from both an objective and subjective viewpoint, and to reintegrate them into social life or prevent their marginalisation;
- to enable addicted persons to gain control over their lives and to find a meaning in life through (re)integration into the labour market and social (re)integration;
- to foster the socially acceptable coexistence of all people in public spaces and in society.

Addiction policy measures must address diverse target groups, and must be adapted to include potential new target groups too.

Subgoals: Orientation towards diverse target groups

The target group of abstinent people

The goal for this group is to keep, as far as possible, the use of psychotropic substances and developments towards other patterns of risky or addiction-related behaviour to a minimum. This means, for instance, the prevention or longest possible postponement of initial substance use by children and young people, and encouraging abstinent people to maintain their stance. The prevention measures taken in this area are aimed at building skills that make people less likely to develop risky patterns of behaviour or addiction.

The target group of low-risk users

In the case of psychotropic substance users and of persons who show patterns of behaviour with (high) addiction potential, it is important to prevent problems from developing. The focus is on early detection and appropriate prevention measures – particularly the provision of assistance and low-threshold services – in order to identify risks as early as possible and prevent the slide towards harmful use and dependence. Offering fact-based information to persons concerned, as well as confidence-building, are of key importance. The development of iatrogenic addiction – i.e. addiction resulting from the prescribing of medications – must be avoided, and awareness-raising among doctors is thus a relevant factor.

The target group of problem users

In the case of persons among whom problematic patterns of substance use and behaviour cannot be avoided, priority is given to the adoption of all measures necessary to prevent or reduce physical and psychological harm.

The target group of addicted patients

This group is addressed through low-threshold services and accepting assistance. The primary aim is, as far as possible, to stabilise and improve the health and quality of life of addicted patients and persons showing problematic patterns of substance use, by means of advice, treatment, care, rehabilitation and social as well as occupational (re)integration. Continuing abstinence can be defined as a long-term goal of the treatment – however, many patients are unable to achieve this. To enable emergency interventions and harm reduction, a wide range of services are needed in order to reduce the risks of mortality and morbidity for these patients.

The target group of third parties affected

Any harmful effects that problematic patterns of substance use and behaviour, as well as addiction disease, may have on third parties must be prevented or reduced to an absolute minimum. Comprehensive advisory and help services must be available for relatives and other members of the patient's social environment. In addition, appropriate measures need to be taken to minimise risks and negative consequences for third parties.

The ethical basis: One's view of human beings, society and the world

Addiction policy: Centred on the human being

A key role of addiction policy is to take ethically acceptable and appropriate measures in order to minimise the sum of all problems related to substance abuse and to addiction – i.e. the focus is on the overall situation. This goal requires an addiction policy that is neither moralistic nor populist: it must, rather, be based on medical facts and clearly defined goals. Any decisions on which measures to take must not be influenced by economic or political interests on the part of decision-makers. Addiction policy must be oriented towards those who are suffering from addiction or are in danger of becoming addicted.

Orientation towards diversity

The development of substance abuse and addiction is a complex process. Any interventions on the part of the addiction help services must therefore take into account the specific situation of the individual person. A wide range of treatment and rehabilitation services are required in order to respond to diverse needs. As the general situation is subject to continual change, the treatment system must be continually adapted to respond to changing requirements.

Gender sensitivity

Nowadays, the importance of gender-sensitive approaches in order to avoid gender-related disadvantages has become an acknowledged fact, and must play a key role in the context of addiction prevention and addiction help services as well. This requires a high level of awareness among practitioners in these fields of interventions, and continuous reflection on one's own patterns of behaviour towards clients or patients and towards cooperation partners and colleagues, to enable gender equality in patterns of thought,

Human beings with addiction problems should not be marginalised in society, but must instead be integrated into the medical and social care system.

language and action. Proactive measures need to be taken to promote gender mainstreaming. Gender differences in socialisation must be taken into account in all fields of intervention.

The right to the best possible health

In the context of health policy questions, one must bear in mind that being a member of a democratic society includes the right to the best possible health (see, e.g., the UN Covenant on Social Rights; European Social Charter; EU Charter of Fundamental Rights), whereas there is no 'obligation towards health'. Wherever people are unable, due to social inequality, to change their situation in life for the better, or whenever they fail to gain access to the health care system, it is the task of the community to provide support to those people and to include marginalised groups, as well as people with disabilities.

Political decisions and evidence-based practice

Current trends in political decision-making, with the focus on evidence-based results, seem to suggest that decisions should primarily be subject to specific targets that must be met, while essential ethical and sociopolitical aspects tend to be neglected. Scientific evidence can, and should, provide the basis for political decisions by contributing well-founded statements on the effects that certain measures could have in the

long run; however, research results alone are an insufficient basis for deciding which measures should be taken. Decisions on addiction policy goals and on what measures are legitimate and necessary in this context are always based on underlying political and ethical decisions and are thus directly related to certain views concerning human beings, society and the world.

Addiction is a disease, and must be treated as a disease

Addiction is a multifactorial disease, which is often chronically recidivating, and is associated with physical, psychological and social harm. Addiction is neither lack of willpower nor a moral failure. A large proportion of addicted patients suffer from other psychiatric and physical diseases

People suffering from addiction are often directly or indirectly discriminated against. Experiencing discrimination and exclusion constitutes a risk both to the success of individual treatment and to social cohesion.



as well. It is important to offer help services to persons who abuse substances or show problematic patterns of behaviour, even when they have not yet become dependent, in order to prevent addiction disease from becoming manifest.

The funding of prevention measures and addiction help services

The institutions of the health and social care system need to ensure that prevention, addiction services and security measures are implemented in an appropriate way. In order to enable long-term planning, funding must be guaranteed over a longer period.

5 Goals regarding use of psychotropic substances and behavioural addictions

The statutory, social and cultural status of legal and illegal narcotic substances, or patterns of use and behaviour, are no indication of their risk and harm potentials.

The Austrian Federal Government endorses the following goals:

Goals regarding alcohol

In Austria, drinking has strong social, cultural and traditional roots. However, alcohol has toxic effects and can damage organs and nerve cells. Abuse of alcohol involves negative health-related, psychosocial and economic consequences and costs. The predominant health policy goals in this context thus include non-risky drinking for pleasure, preventing the development of problematic use as well as promoting risk competence and reflecting on patterns of use. The prevention measures taken must focus on raising public awareness of the risks of excessive drinking and on consolidating the principle of “situational abstinence”. “Situational abstinence” means to not to drink while driving, while doing dangerous work, during pregnancy and in the case of diseases which call for abstinence from alcohol.

Social conditions that enable healthy lifestyles, paralleled by addiction prevention measures, are needed to keep the number of people who develop problematic patterns of alcohol use as low as possible. The regulations on youth

protection with regard to alcohol primarily apply to public spaces. Here, the trading and catering industries play a key role and carry key responsibility with regard to implementation and control. In the private sphere, young people should have the opportunity to learn an appropriate approach to drinking.

To enable setting-oriented prevention, specific measures need to be taken at locations where problems of excessive drinking tend to accumulate: to this end, networks need to be built across different fields of activity and professional cooperation structures. Furthermore, in (semi) public spaces that are repeatedly frequented by larger groups of people with multiple problems who are primarily consuming alcohol there, low-threshold contact points need to be established to offer these groups appropriate alternative locations where they can spend their time in greater dignity and can make contact with health and social care workers.

General practitioners as well as medical specialists, who are likely to become aware of alcohol problems in the context of their professional practice, need to be trained and motivated to respond to these problems in an adequate way (through providing advice, brief interventions, referral to specialists or addiction help services). Patients suffering from alcohol addiction must have access to sufficient

treatment and rehabilitation services, and support and assistance must be made available to their relatives, particularly children.

Goals regarding tobacco

It is important to raise public awareness of the fact that dependence on tobacco is the most widespread form of addiction, and that tobacco smoke is the cause of numerous diseases, both in smokers and in non-smokers who have been exposed to smoke.

Prevention measures that target children and young people are particularly important so that as few people as possible start smoking. Comprehensive measures are needed to protect people, particularly children, from exposure to second-hand smoke indoors. Efforts must be made to ensure adherence to all anti-smoking regulations, especially those enshrined in youth protection laws as well as smoking bans. In

catering establishments, a full smoking ban without exception must be the state of the art.

General practitioners as well as medical specialists who treat smoking patients need to address the effects of tobacco use, and encourage them to take part in specific smoke-free programmes. Targeted public relations activities are needed to motivate people to reflect on their own patterns of use and to develop risk competence.

Addicted smokers who want to give up smoking must be guaranteed access to sufficient treatment services, as well as to medications that alleviate withdrawal from nicotine. People who want to smoke without putting others at risk due to their smoking must not be marginalised or stigmatised.

Goals regarding illicit drugs

Prevention measures need to be taken to minimise the use of illicit drugs. Organised trafficking in illicit drugs must be combated and controlled. Those suffering from addiction but not (yet) ready for abstinence or able to live drug-free need to be stabilised by means of harm-reduction interventions in order to ensure their survival. People who are suffering from addiction and whose aim is abstinence must be given speedy access to abstinence-assisted treatment options in order to avoid long waiting times.

The administering of medications containing narcotic drugs based on a medical indication, e.g. for pain relief or for substitution-assisted treatment of opioid addiction, should be the state of the art.

Goals regarding new psychoactive substances

The available range of prevention measures must be applied to raise general awareness of the health hazards that are associated with these substances. In order to enable a risk assessment of new psychoactive substances, a variety of measures must be taken, ranging from the regular collection of information to market investigation and substance testing (particularly of substances seized, as well as in the context of drug-checking programmes). Any relevant information must be communicated through the Austrian information and early warning system on specific health hazards in the context of substance use (EU: Early Warning System) to improve the basis of information for subsequent prevention. Here, it is particularly important to contact the target group by means of proven addiction help services, and to communicate reliable information on the internet and through brochures (e.g. safe use information) in order to win the trust of users to such an extent that they will take warnings seriously and accept advice and support. They can thus be encouraged to reflect on their patterns of use and acquire risk competence. With regard to supply, it is essential to combat trafficking in new psychoactive substances.

Goals regarding psychotropic medications

Prevention measures that address potential users need to be taken to reduce the misuse of medications with and without addiction potential. One important prerequisite for preventing negative health consequences and the development of addiction is that medications be prescribed with due care. However, medications need to be prescribed whenever indicated from a medical point of view. In this

respect, it is necessary to provide information, further training for doctors, as well as to develop practical guidelines. The patients concerned must have access to adequate forms of treatment. In addition, the general public must be encouraged to acquire risk competence and engage in reflection on personal patterns of use.

Goals regarding doping and neuro-enhancement

Prevention and awareness-raising measures aimed at the general public are needed to communicate that both practices involve considerable health risks. Action must be taken against the large-scale illicit trafficking in these substances.

However, in spite of any activities started against unjustified neuro-enhancement, the use of neuro-enhancers that have been prescribed by a doctor to improve a patient's quality of life, or to compensate for severe impairments due to illness or old age, must not be condemned as problematic use, let alone as drug use to be prohibited.

Goals regarding gambling

Both prevention measures and statutory measures need to be taken to keep down the number of people who develop problems relating to games of chance or similar activities, such as sports betting. Gambling must be controlled in such a way as to be primarily a harmless entertainment, and so that heavy financial losses are unlikely. Efforts must be made to ensure that the regulations protecting young people and gamblers are complied with. The gambling officers at company level

must receive compulsory training in accordance with quantitative and qualitative regulations. There must be a guarantee that the gambling officers' activities are not influenced by the profit-oriented motives of gambling enterprises.

Measures must be taken at the national, European and international levels to keep illicit online gambling that is not subject to Austrian laws out of the Austrian market. A certain proportion of the income from gambling business should be made available to the Provinces to finance prevention and treatment activities.

Persons suffering from a gambling addiction need access to a sufficient range of advisory and treatment services, and support and assistance services for their relatives must be in place. Regulations that ban problem gamblers from gambling locations need to be adopted at a nationwide level, while taking into account fundamental constitutional rights and freedoms, to prevent problem gamblers from accumulating excessive debts. The situation of people who have become highly indebted for other reasons must also be given appropriate consideration. Such bans on problem gamblers must be organised across different provinces and states.

Goals regarding other non-substance-related addictions or behavioural disorders

Apart from gambling, there are also other addictions that are characterised by patterns of behaviour that considerably exceed average intensity. In order to avoid the indiscriminate use of the term 'addiction', it is important – particularly with regard to behavioural addictions, where clear-cut delimitation is often difficult – to bear in mind that the criterion of disease must be met. Addiction means that underlying problem patterns of behaviour turn into an

independent, progressive process of problem behaviour with its own dynamics. Prevention measures help keep down the number of those developing problems in this regard. The individual behavioural addictions need to be recognised as diseases, and it must be ensured that those suffering from these addictions have access to appropriate advice and treatment services. Information on behavioural addictions must be communicated to clearly defined target groups by means of public relations activities. It would be desirable to improve the existing data basis, and to advance (harmonise and standardise) the diagnosis and treatment instruments.

6 Fields of intervention

Field of intervention: Addiction prevention

Modern prevention measures are of assured quality, oriented towards socio-scientific theories, empirical research and practical experience, and focus on clearly defined target groups and settings. In Austria, addiction prevention is generally oriented towards a participatory and emancipatory view of human beings, in accordance with the WHO's 1986 Ottawa Charter for Health Promotion, but also includes encouragement and positive interventions in order to motivate the target group to pursue healthy ways of living. Professional addiction prevention needs to be carried out by well-trained, competent prevention experts (direct approach) or key persons and multipliers, instructed by qualified professional prevention experts (indirect approach).

The prevention activities conducted must be a balanced mix of structural and behavioural interventions, in order to achieve a noticeable alleviation of problems connected with substance abuse and addiction. Interventions at the behavioural level focus on patterns of behaviour of the person or group concerned. Interventions at the structural or social level focus on the creation of a general framework that fosters a healthy development in which addiction diseases are unlikely to develop.

Children and young people are the primary direct target group of prevention activities. Measures specifically designed for this group must be taken to encourage them to turn to help services whenever problems arise. Particular attention

Ideally, addiction diseases should never develop in the first place. Prevention measures are therefore an integral part of health promotion in the broadest sense. Having a satisfying situation in life and hope for the future can help prevent addiction from becoming manifest..

needs to be paid to those children and groups with a higher risk of developing addiction – for instance, children from families with addiction problems. Early detection, early intervention, as well as life skills and risk competence approaches, have in particular proven their worth as professional approaches to prevention. Life skills approaches are effective not only in preventing addiction, but also in preventing violence.

Appropriate prevention measures targeting adults are also needed. (Further) training programmes in prevention for key persons and multipliers as well as peers make it possible to reach a very large number of people (from the direct target group).

Providing the public with well-founded, appropriately prepared, objective information on problem substances and patterns of behaviour, as well as on help services, is of great importance. In order to achieve prevention goals in a sustainable way, systematic steps need to be taken, based on socio-scientific findings and coordinated with all stakeholders. At the provincial level, the addiction prevention units serve as competence centres, and any prevention activities in

Addiction is a multifactorial disease, which is often chronically recidivating.

individual areas – e.g. in school and recreational settings, or prevention in the workplace – as well as the involvement of experts from other fields (e.g. the police) should be coordinated with the units. The funding needed is to be provided by the federal and provincial governments and the social insurance funds, and/or through revenue from taxes on alcohol, tobacco and gambling.

Field of intervention: addiction help

The tasks of the addiction help services include advice, emergency services/harm reduction, treatment, health-related rehabilitation as well as social and occupational (re)integration. The services provided in this context are oriented towards the needs of clients and patients. They must range from low-threshold to high-threshold interventions, from accepting assistance to abstinence orientation, from outpatient to inpatient treatment. They must be available for working clients, and adequate regional service networks must be in place.

Providing information on avoiding risk behaviour (safer use information), as well as on advisory and treatment services, is particularly important. The low-threshold, free emergency services offered must comprise care programmes for addicted patients (including medical care provided by general practitioners and specialists, and also emergency care), crisis intervention by (clinical) psychologists, social workers and psychotherapists, as well as vaccination programmes offered as part of the addiction service system.

Low-threshold services such as outreach social work (street work) are used to contact people who would otherwise not turn to support services or have not yet contacted the service points.

Effective measures of harm reduction address both addicted persons and their environment. Diseases and harm resulting from substance use must be prevented wherever possible.

Harm reduction, combined with support, advice and motivational interviewing, can improve and change the clients' ways of life. The services for illicit drug users include syringe exchange and drug-checking programmes. Alcohol, as an 'everyday drug', requires specific attention in the addiction help services system and must be integrated into the range of harm reduction interventions. The basic care services for persons in prison must include the necessary health care and harm reduction measures (this particularly applies to the availability of sterile syringes for injecting drug users, as well as condoms and lubricants), addiction treatment opportunities, including substitution-assisted treatment, and adequate release management with regard to risks after imprisonment.

In order to reduce the use of legal and illegal substances, as well as non-substance-related forms of addiction, to less harmful levels in terms of health, a variety of well-founded programmes must be offered. The option of choice is to advise abstinence, or, as a step towards abstinence, to recommend moderate and controlled use. The social psychiatry institutions play a special role here, as they connect different services.

Care must be taken to ensure the social and occupational (re)integration of addicted persons. Persons who suffer, or have suffered, from addiction problems need to have access to occupational reintegration measures and to continue their treatment while holding a job.

Persons addicted to opioids need to be integrated

Treatment instead of punishment: Advice as well as medical treatment and therapy are given priority over the criminal prosecution of persons using, or addicted to, illicit drugs.

into substitution-assisted treatment under controlled and standardised conditions, wherever possible and whenever this type of treatment is indicated, in order to treat diseases concomitant with addiction. Steps must be taken to foster their social and occupational (re)integration, as well as to restore the health of addicted persons. Those for whom abstinence from opioids is a possible option must be offered access to detoxification, followed by drug-free treatment. Substitution-assisted treatment reduces delinquency due to drug-related offences, and thus reduces the profit margins of international drug crime organisations.

Field of intervention: Security

Harmonised provincial laws for the protection of youth with regard to drinking, smoking and gambling are an important aspect of addiction policy, and must be implemented effectively and in line with the state of the art. Further fields of action include alcohol-induced violence within and outside families, as well as driving under the influence of alcohol. Again, well-coordinated strategies across different departments are needed to resolve the problems.

In accordance with the principle of “treatment instead of punishment”, advice as well as medical, psychological and social interventions are given priority over criminal prosecution. This principle is based on the premise that persons who traffic in illicit drugs on a professional basis shall be prosecuted, while largely refraining from punishing illicit drug users. This tendency towards non-punishment, particularly of first-time users or experimental users, does not mean that the problem of illicit drugs is being

underestimated or played down. Repressive measures must be taken in a carefully considered way: if they lead to the marginalisation of users and their having to resort to illegal scenes, this can result in elevated health risks.

Adequate measures are needed to ensure public security and that people feel safe. In addition to traditional security interventions to control drug-related problems, measures are taken at the levels of social policy, health policy and infrastructure.

Activities conducted by outreach social workers and police officers play an important role in public spaces, as they can mediate between different groups in the case of conflicting interests, and their presence and appropriate interventions can help reduce irritation and fears among the general public.

7 Support processes

Support process: Addiction research, evaluation and documentation

Multi-disciplinary addiction research pursued on a long-term basis is a key prerequisite for specific interventions. The general conditions for addiction research must thus be improved, and possibly laid down in laws. A state-of-the-art approach to research focuses on qualitative research in order to understand relevant problems, rather than on quantitative findings concerning the extent of certain phenomena. It is necessary to establish feedback loops

between research and practical work, and to ensure the appropriate communication of results to the relevant target groups. The cooperation between national and international academic departments and organisations needs to be enhanced. Evaluation and quality assurance are key instruments of planning and control. The collection of routine data, as well as monitoring, serve as the background for research-led questions that are relevant for service provision, because observations or trends that become apparent in the context of routine data collection often give rise to scientific questions of practical relevance for addiction policy.

Support process: Planning and coordination

Consensus between the federal and provincial governments, as well as the social insurance institutions, must be reached in all key questions and communicated to the political decision-makers concerned, in order to arrive at better harmonised, more coherent and more efficient responses to substance abuse and addiction.



Pursuing an inclusive approach to security means paying particular attention to social aspects.

Support process: (Further) training

The training standards for the professions involved in prevention and addiction help services need to be advanced and established in line with the state of the art. The (further) training programmes in this field are not just focused on communicating knowledge on the subject: awareness-raising and destigmatisation are equally important.

Support process: International cooperation

The measures and strategies embarked upon can only be effective if they are coordinated and aligned at the international, European, national and regional levels.

Support process: Public relations and media

By means of specific public relations activities, well-founded facts and arguments are communicated as input to the public and media-based discourse. Responsible coverage is needed to respond to prejudiced views concerning substance abuse and addiction. It is important to convey that addiction is a multifactorial disease. The new media, which are used by younger target groups in particular, are especially relevant for communicating prevention measures. The existing

statutory restrictions on advertising legal psychoactive substances and patterns of behaviour that increase addiction risks must be expanded further.

Support process: Social inclusion and security

Pursuing an inclusive approach to security means paying particular attention to social aspects. The families of addicted persons must have low-threshold access to the necessary help services and to advisory institutions. Domestic violence, driving under the influence of alcohol and medications (situational abstinence), as well as workplace safety (risk of accidents) require manifold responses tailored to meet the needs of specific target groups, and aspects of security on the one hand and health risks on the other must be taken into account.

8 Summary

Addiction is a social phenomenon that must be met with an inclusive approach.

- Health promotion and the prevention of addiction: Ideally, addiction disease should never develop in the first place. Prevention measures therefore form an integral part of comprehensive health promotion. Having a satisfying situation in life and hope for the future can help prevent problems from developing.
- Treatment, care and rehabilitation: Addiction is a multifactorial disease, which is often chronically recidivating. People displaying problematic patterns of use have a right to treatment, care and rehabilitation.



- Harm reduction: Effective measures for harm reduction address both addicted persons and their environment. Diseases and harm resulting from substance use must be prevented wherever possible.
- Integrative approaches: People with addiction problems should not be marginalised in society but must be integrated into the medical and social care system.
- Destigmatisation: To suffer from addiction means to be socially stigmatised. People suffering from addiction are often directly or indirectly discriminated against. The experience of discrimination and exclusion constitutes a risk both to the success of individual treatment and to social cohesion.
- Treatment instead of punishment: Advice, as well as medical treatment and therapy, are given priority over the criminal prosecution of people using, or addicted to, narcotic substances.
- focusing on specific target groups: Addiction policy measures must address diverse target groups, and be adapted to potential new target groups.

www.bmg.gv.at

In the area of addiction, as in health policy in general, people's health can only be fostered effectively and sustainably if joint efforts are undertaken in all the relevant areas of society. This requires a common approach to addiction and a consensus of all decision-makers in this field, in order to agree on a well-coordinated course of action that is to be pursued in all areas of society and is aimed at preserving and promoting health, and at generally tackling any problems that may arise.

This Addiction Prevention Strategy defines goals and provides a framework for orientation, as a basis for developing and implementing measures in individual fields. It addresses politicians, administrative and managerial decision-makers, professionals in the area of prevention and addiction help services, the organisations, institutions and professional societies in this field, media professionals, and also serves to inform the general public.