

# Austria

## Austria Country Drug Report 2019



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 2017 (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 %**

Gender	Percentage
Female	12.7 %
Male	15.5 %

**Other drugs**

MDMA	1.1 %
Amphetamines	0.9 %
Cocaine	0.4 %

#### High-risk opioid users

**36 943**

(35 764 - 38 122)

#### All treatment entrants

by primary drug

Drug	Percentage
Cannabis	33 %
Amphetamines	6 %
Cocaine	9 %
Heroin	39 %
Other	13 %

#### Opioid substitution treatment clients

**18 632**

#### Syringes distributed

through specialised programmes

**6 293 593**

#### Overdose deaths

Year	Deaths
2006	200
2007	180
2008	200
2009	210
2010	190
2011	200
2012	160
2013	140
2014	130
2015	150
2016	160
2017	15

#### Drug law offences

**42 610**

#### Top 5 drugs seized

ranked according to quantities measured in kilograms

- Herbal cannabis
- Cannabis resin
- Cocaine
- Heroin
- Amphetamine

#### New HIV diagnoses attributed to injecting

Year	Diagnoses
2006	55
2007	75
2008	45
2009	40
2010	48
2011	50
2012	50
2013	30
2014	30
2015	28
2016	25
2017	12

Source: ECDC

#### Population

(15-64 years)

**5 883 608**

Source: Eurostat Extracted on: 18/03/2019

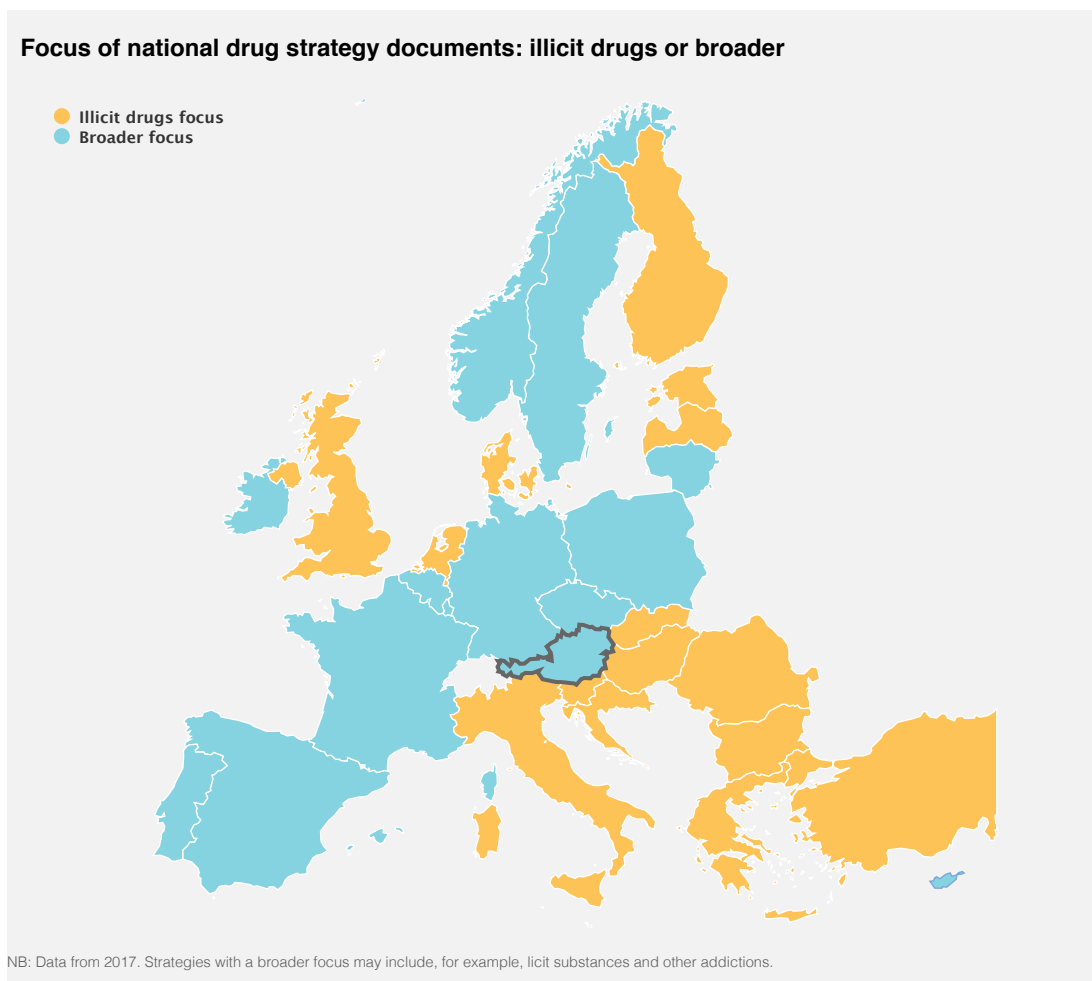
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations 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 views addiction as a disease, supports the principle of treatment over that of punishment and aims for a society as free from addiction as possible. The strategy addresses illicit drugs and licit substances alongside non-substance-related addictive behaviour. It provides a guiding framework at the federal level for work on drug use issues 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 include 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.



### National coordination mechanisms

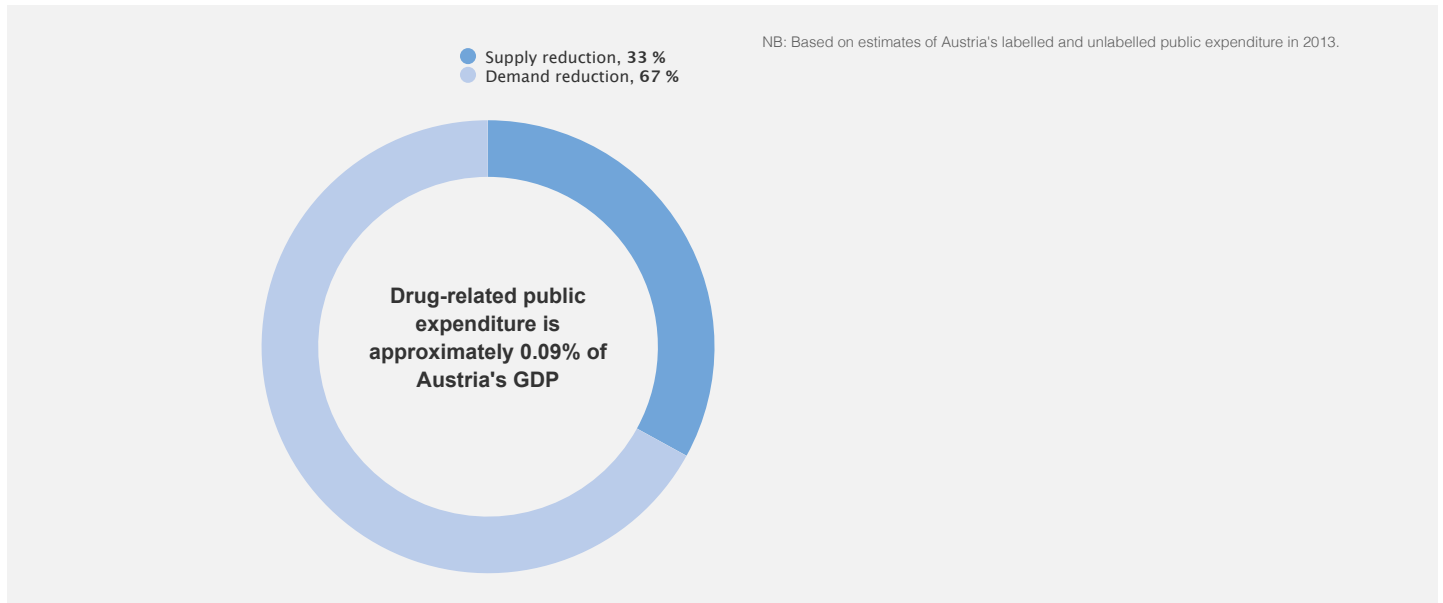
At the federal level, the central actors in the field of drug policy are the Federal Drug Coordination Office, the Federal Drug Forum and the Committee on Quality and Safety in Substitution Treatment. The main responsibility for coordinating the federal drug policy, that is cooperation at the federal level and with the provinces, rests with the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, which also chairs the Federal Drug Coordination Office as well as the Federal Drug Forum. The Federal Drug Forum comprises representatives of other relevant federal ministries and the provincial drug or addiction coordination offices, as well as the Local Governments Federation, the Reitox Focal Point and the coordinating body of the addiction prevention units. Other experts and academics can be invited to attend meetings. The provinces work together through the Provincial Conference of Drug Coordinators, and each has an Addiction Prevention Unit.

## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Generally, 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 costs attributable to the use of illicit drugs total EUR 278 million annually. This is made up of 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



### National drug laws

The Narcotic Substances Act came into force in 1998 and, in line with the Austrian drug policy approach, distinguishes between criminal offenders (such as those trafficking drugs) and people with drug-related health problems. The law sets out several criteria that differentiate the two categories, 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.

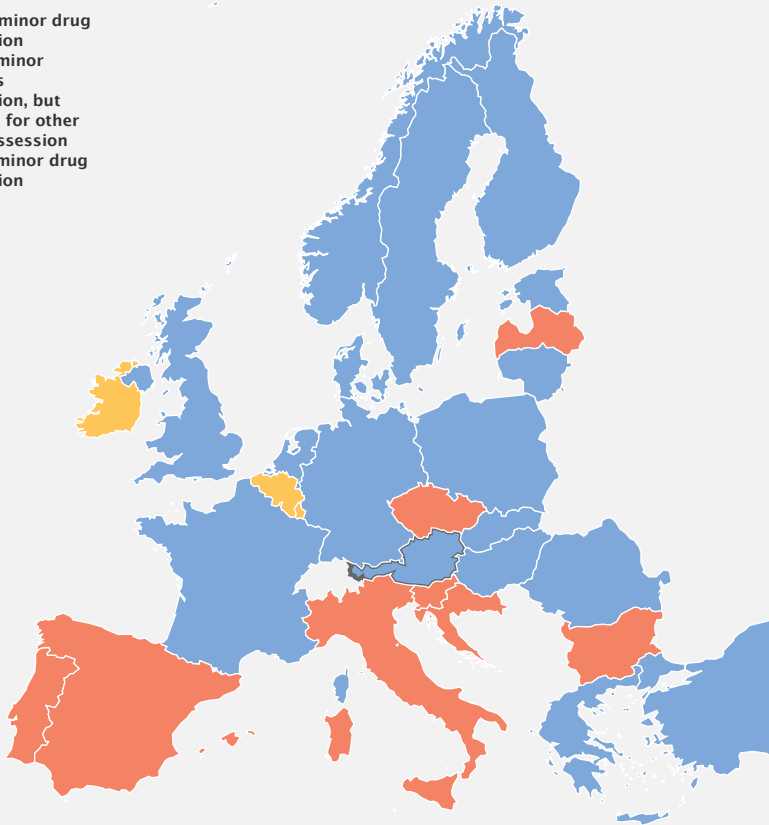
The use of drugs is not mentioned as an offence. The penalty for the possession of drugs for personal use consists of a fine or a prison sentence that does not exceed 6 months, provided the quantity of drugs is not above the defined threshold (the 'limit' quantity). A range of alternatives to punishment are in place, including mandatory suspension of proceedings in certain cases involving possession or acquisition of small amounts of drugs for personal use; this procedure was streamlined in 2016, with the police now sending offenders directly to health authorities. Therapy as an alternative to imprisonment may also be offered to drug users who have committed more serious offences and are willing to undergo treatment.

The maximum penalty for possession not for personal use is 1 year in prison for a basic offence; however, if aggravating circumstances apply, such as the involvement of minors or commercial intent, the penalty is up to 3 years' imprisonment. Where quantities above the 'limit' are involved, penalties range between 2 and 3 years' imprisonment for possession, depending on the type of drug and whether or not the offence was committed in a public space or constituted an obvious nuisance. In cases of trafficking of large quantities (more than 15 times the 'limit' quantity), the penalties can reach 5 years' imprisonment for import or production, and imprisonment for 1-10 years, 10-20 years or life for other crimes, depending on a variety of circumstances (i.e. commercial purposes, gang membership, previous convictions and the 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 2 years for basic offences or for 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: Data from 2017.

## 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 2017, the Austrian Federal Ministry of the Interior reported around 42 600 DLOs. Statistical data indicate that most DLOs were linked to cannabis, followed by amphetamines, cocaine and heroin. The majority of DLOs were classified as misdemeanours related to illicit handling of narcotic drugs and the remaining offences were related to trafficking.

# Drug use

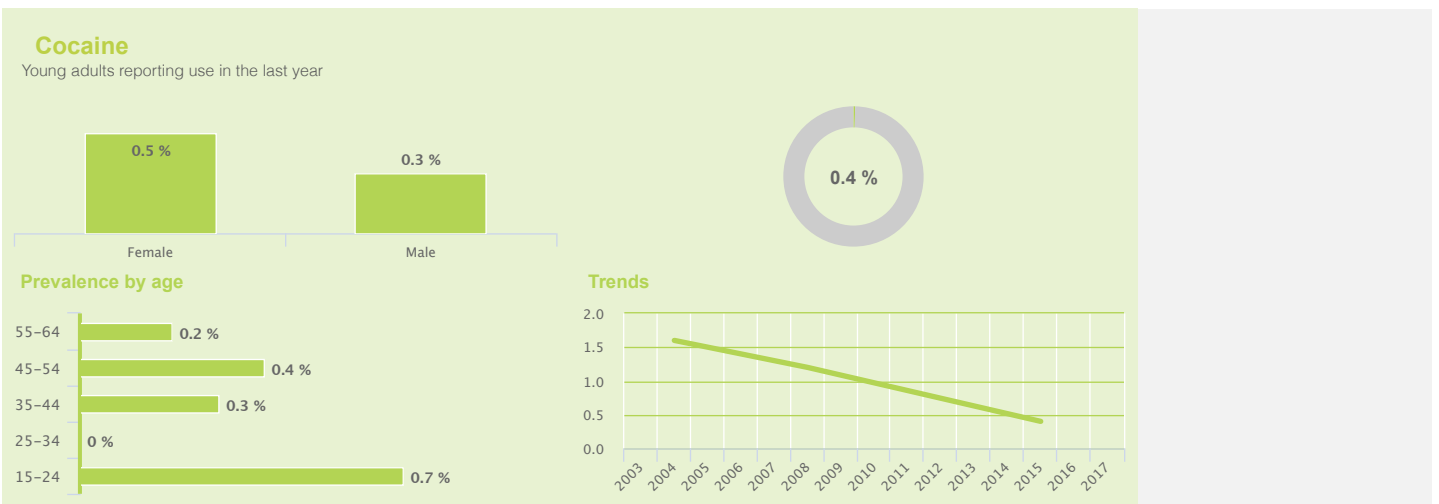
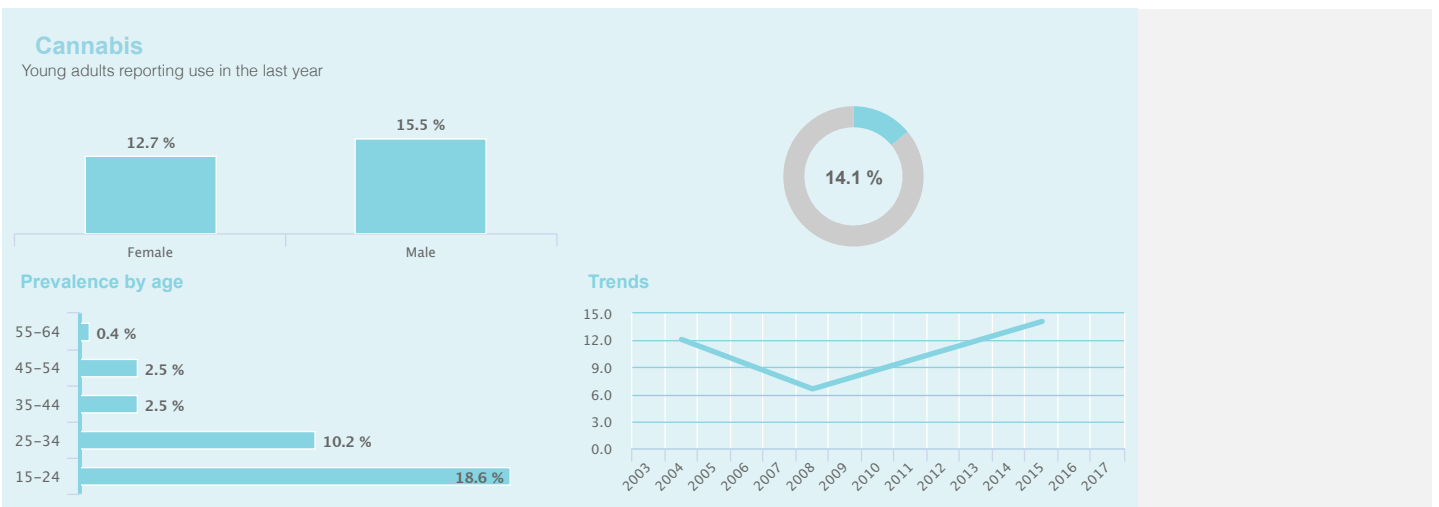
## Prevalence and trends

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 may be explained by methodological differences. The Viennese drug monitoring survey, which is conducted every 2 years, indicates a steady rise in cannabis use up to 2013. The figures from the latest survey in 2017 remain at the level of 2013, despite a slight decline in the prevalence rates in 2015. 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 younger adults, and reported prevalence rates are generally higher among males than among 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 specific settings or among subgroups of young people, data from party settings suggest that the popularity of NPS among the latter may have decreased in Austria.

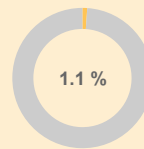
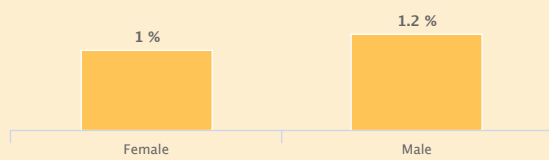
A number of Austrian cities participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit stimulants and their metabolites found in wastewater. Data have been available since 2016, and for this whole period the levels of cocaine and MDMA/ecstasy in the wastewater in Innsbruck have been higher at weekends than on weekdays, as in most European cities participating in the project. In 2018, the levels of cocaine metabolites detected in Innsbruck were higher than in 2017.

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

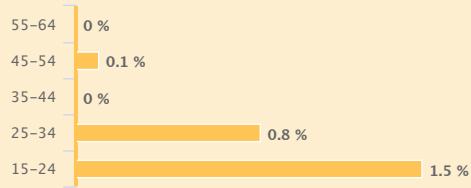


## MDMA

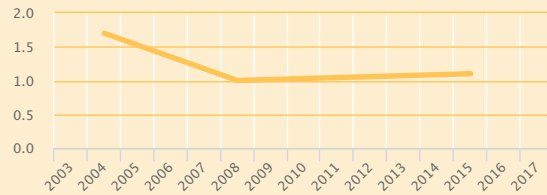
Young adults reporting use in the last year



### Prevalence by age

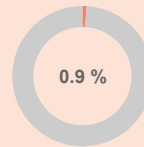
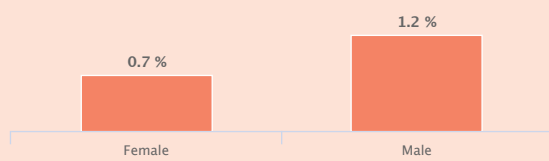


### Trends

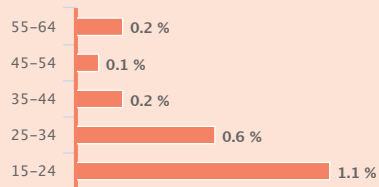


## Amphetamines

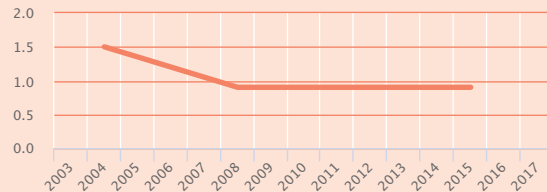
Young adults reporting use in the last year



### Prevalence by age



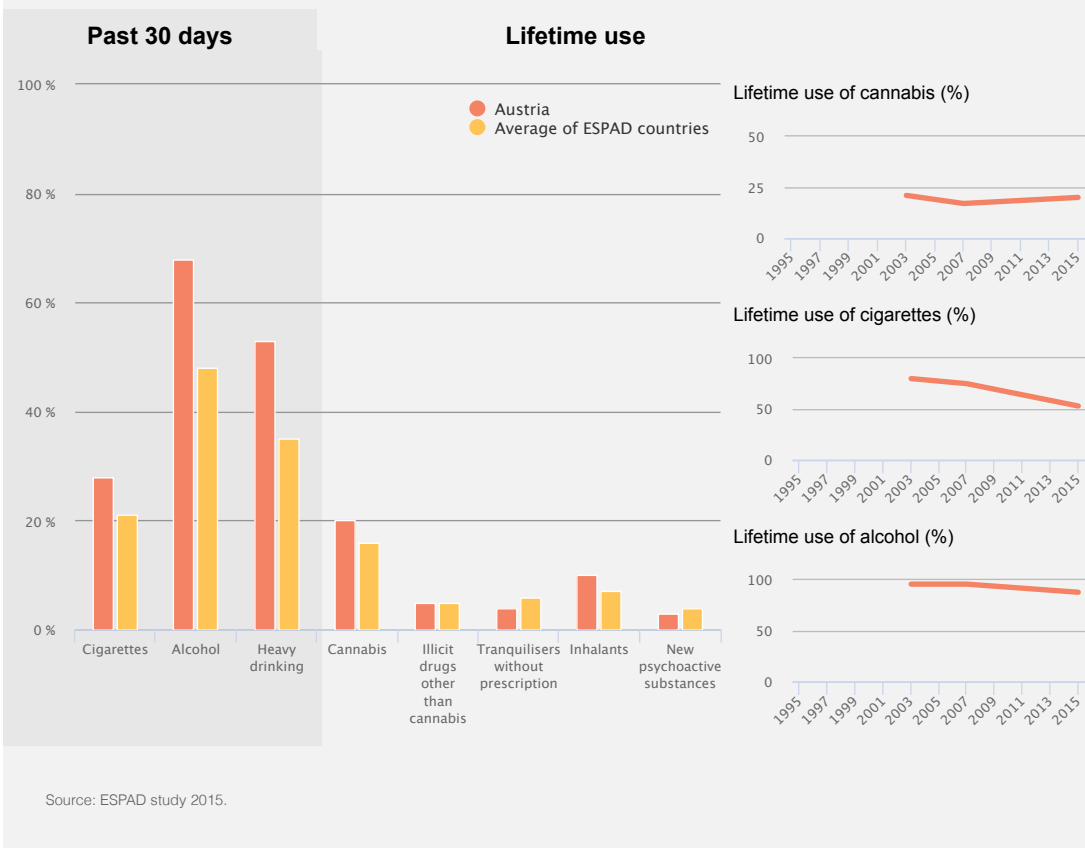
### Trends



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

Drug use among 15- to 16-year-old students was last reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). Compared with the ESPAD averages (based on data from 35 countries), the prevalence rate of lifetime use of cannabis among Austrian students was slightly higher while lifetime use of illicit drugs other than cannabis and lifetime use of NPS were roughly the same. Variables relating to the use of licit psychoactive substances, tended to be higher than the ESPAD averages among Austrian students.

## Substance use among 15- to 16- year-old school students in Austria



### 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.

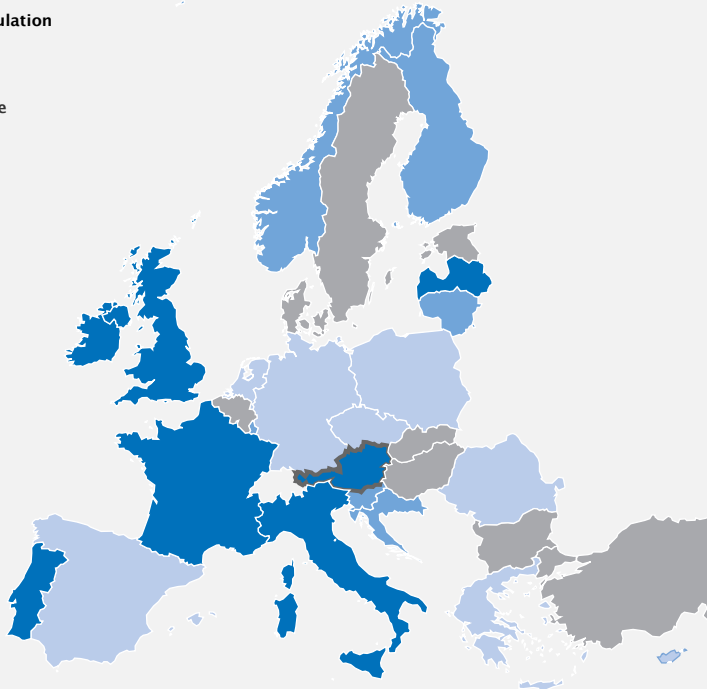
High-risk drug use in Austria remains mainly linked to the use of opioids — mostly heroin or medication used in opioid substitution treatment, usually in combination with other illicit and licit substances. The most recent estimate indicates that there are between 35 764 and 38 122 high-risk opioid users in Austria. The proportion of high-risk opioid users aged less than 25 years has been declining in the last 10 years. Approximately half of the estimated number of high-risk opioid users reside in Vienna, and the majority are male. There are no specific estimates for injecting drug use in Austria. Data from treatment facilities indicate that young heroin users predominantly snort or smoke the substance. In recent years, localised areas of high-risk methamphetamine use have emerged in Upper Austria.

Since 2006, the number of first-time clients entering outpatient treatment and support services who specified cannabis as their primary drug has gradually increased, and cannabis is now the predominant substance among this group. The number of first-time clients specifying cocaine has remained largely stable, although in recent years it has slightly increased. Around one in five new clients entering treatment in 2017 was female; however, the proportion varies depending on main drug and type of treatment programme.

## National estimates of last year prevalence of high-risk opioid use

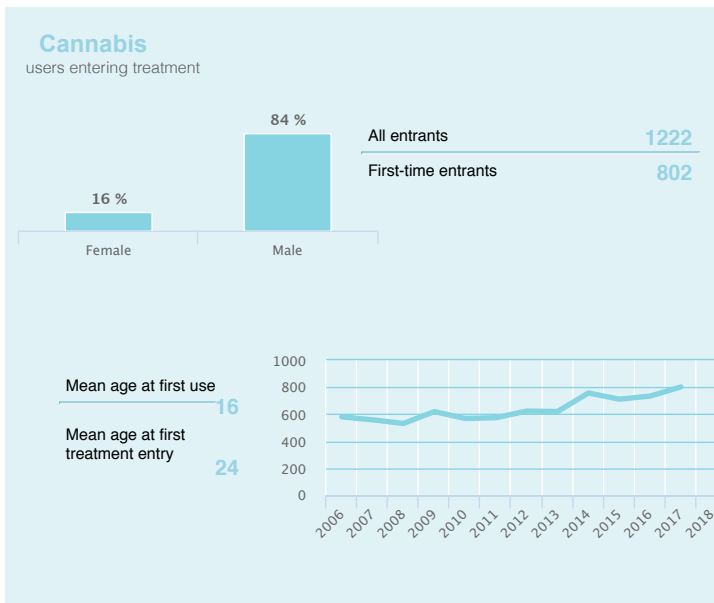
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



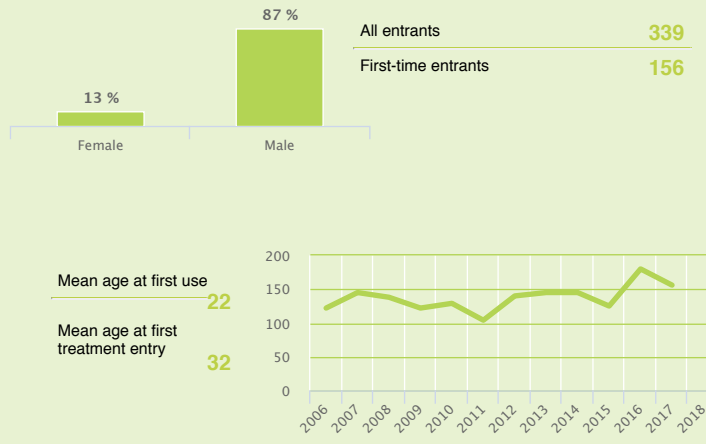
NB: Data from 2017, or the most recent year for which data are available.

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



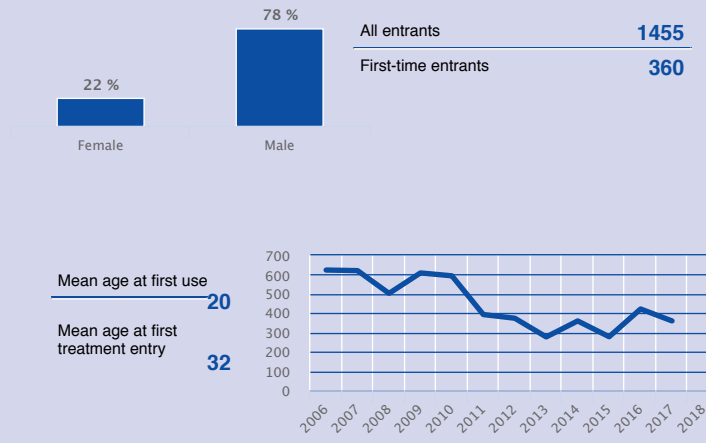
## Cocaine

users entering treatment



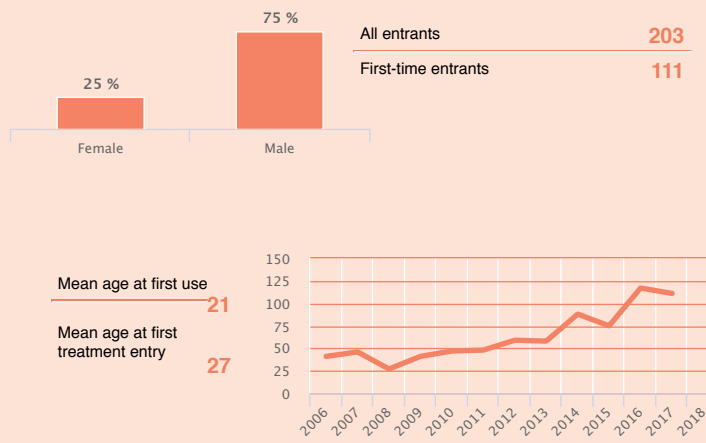
## Heroin

users entering treatment



## Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

## Drug-related infectious diseases

In Austria, the prevalence of infectious diseases among people who inject drugs (PWID) is based on results from diagnostic tests carried out in treatment facilities and low-threshold centres. Information on the prevalence of human immunodeficiency virus (HIV) and hepatitis C virus (HCV) among drug-related deaths is routinely collected, but is not provided in all autopsy reports.

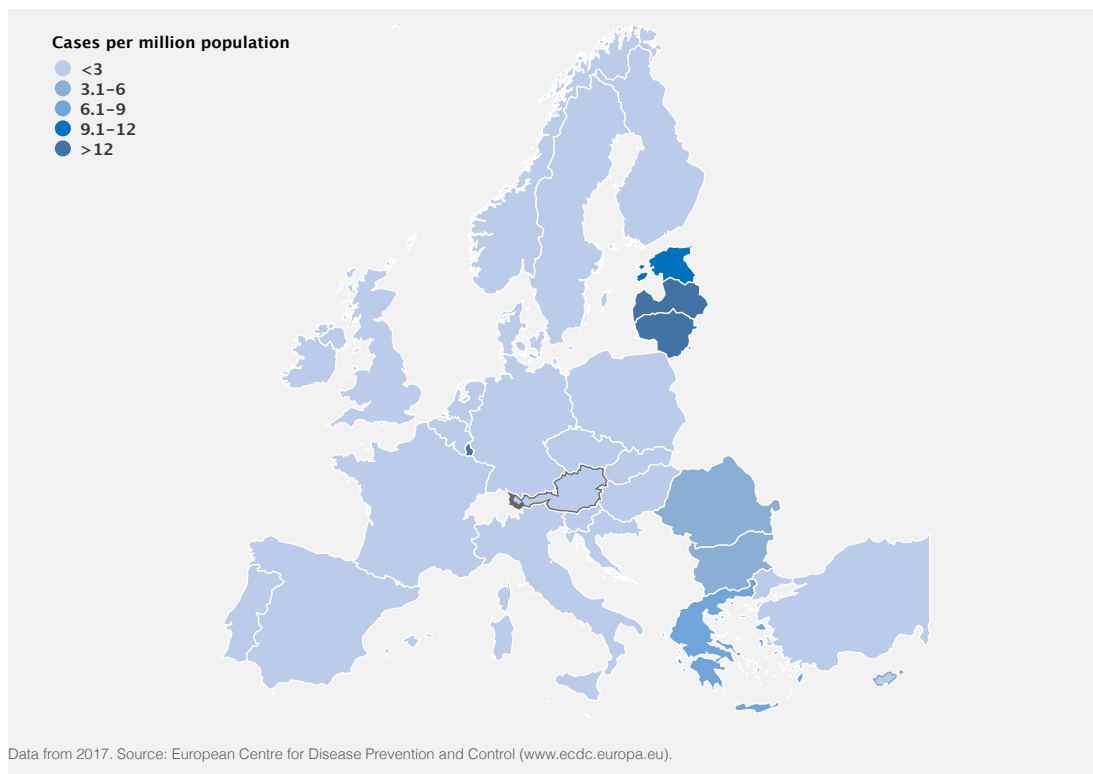
**Prevalence of HIV and HCV antibodies among people who inject drugs in Austria (%)**

Region	HCV	HIV
National	34	8.30
Sub-national	60.0 - 83.5	0.0 - 0.0

Data from 2017.

Although based on a small sample size and not representative of all PWID, sub-national data based on serological tests indicate that HCV infection is the most prevalent drug-related infectious disease among PWID in Austria, while HIV infection remains at low levels, and prevalence of hepatitis B virus infection has remained stable for several years. 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



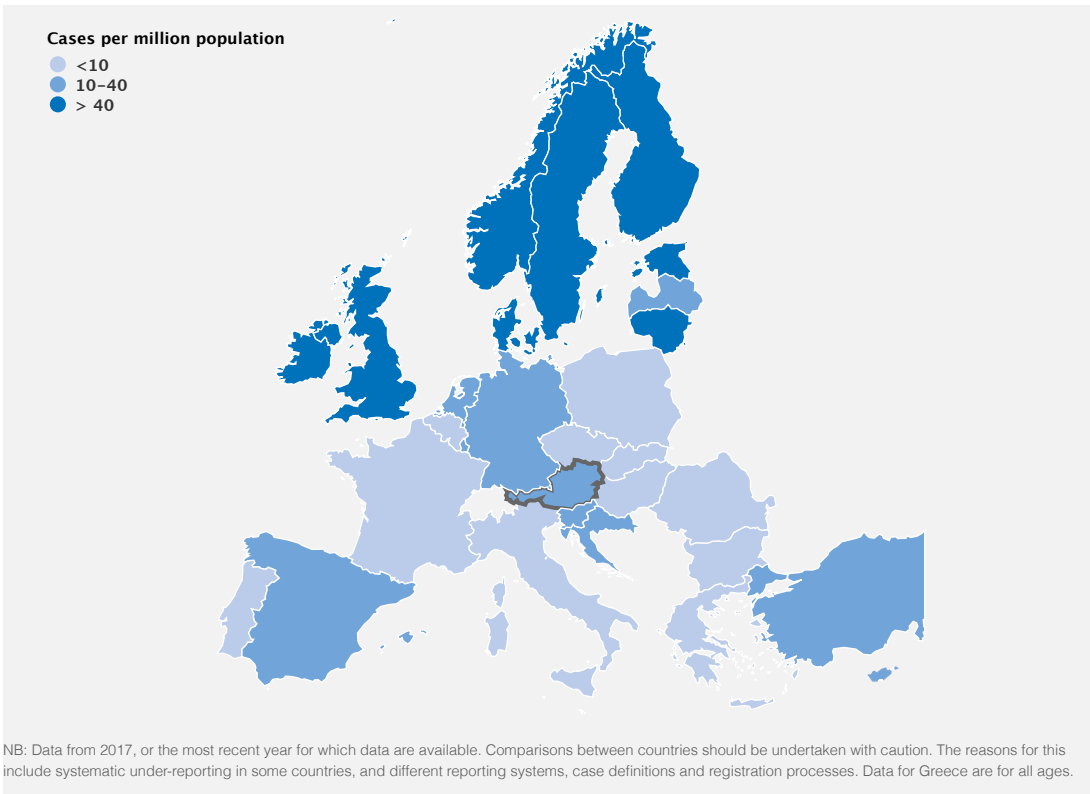
## Drug-induced deaths and mortality

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

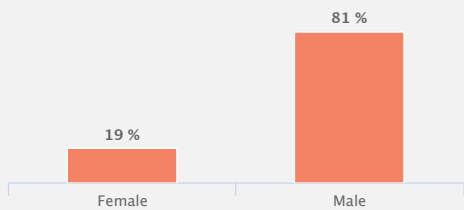
The special mortality registry at the Austrian national focal point is the main source of data on drug-related deaths. The most recent data indicate a continued increase in the reported number of drug-induced deaths compared with 2013-14; however, in 2017, this number decreased compared with the previous year. Based on toxicological results, opioids were present in the majority of deaths. Eight out of ten cases were attributed to polydrug use involving opioids combined with alcohol, medicines or other illicit substances. In four out of five registered deaths attributed to drugs the victim was male. The average age at death was 37 years and has been increasing in recent years.

The drug-induced mortality rate among adults (aged 15-64 years) was 26 deaths per million in 2017.

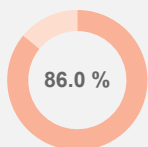
## Drug-induced mortality rates among adults (15-64 years)



Gender distribution

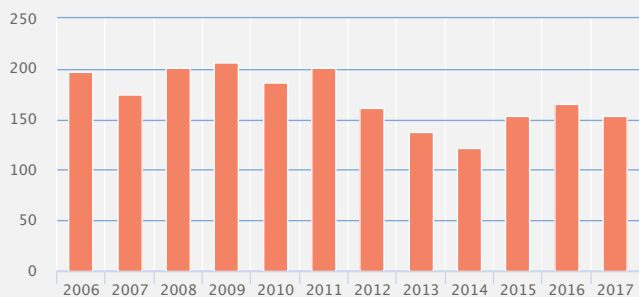


Toxicology

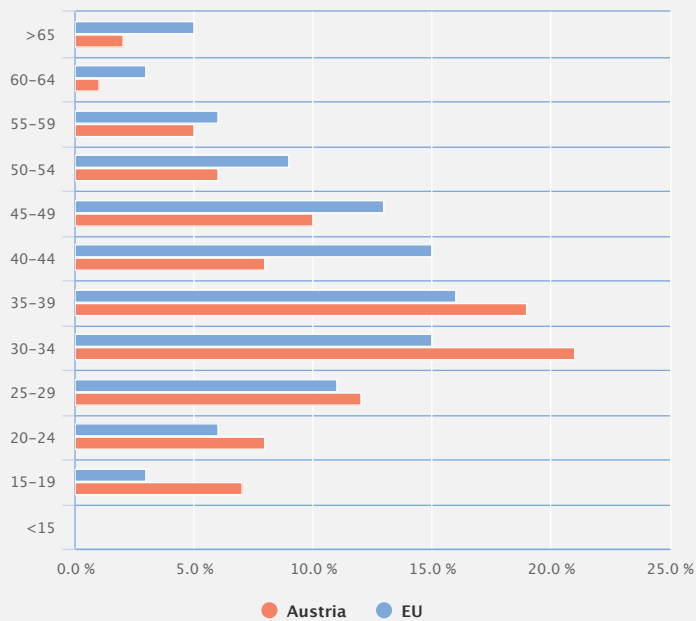


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

## Prevention

The 2016 Austrian Addiction Prevention Strategy, together with the nine provincial addiction strategies, underlines the need for a comprehensive approach to prevention that integrates licit and illicit substances. Recently, substance use prevention has often been combined with interventions to prevent non-substance-related addictive behaviours and violence and 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.

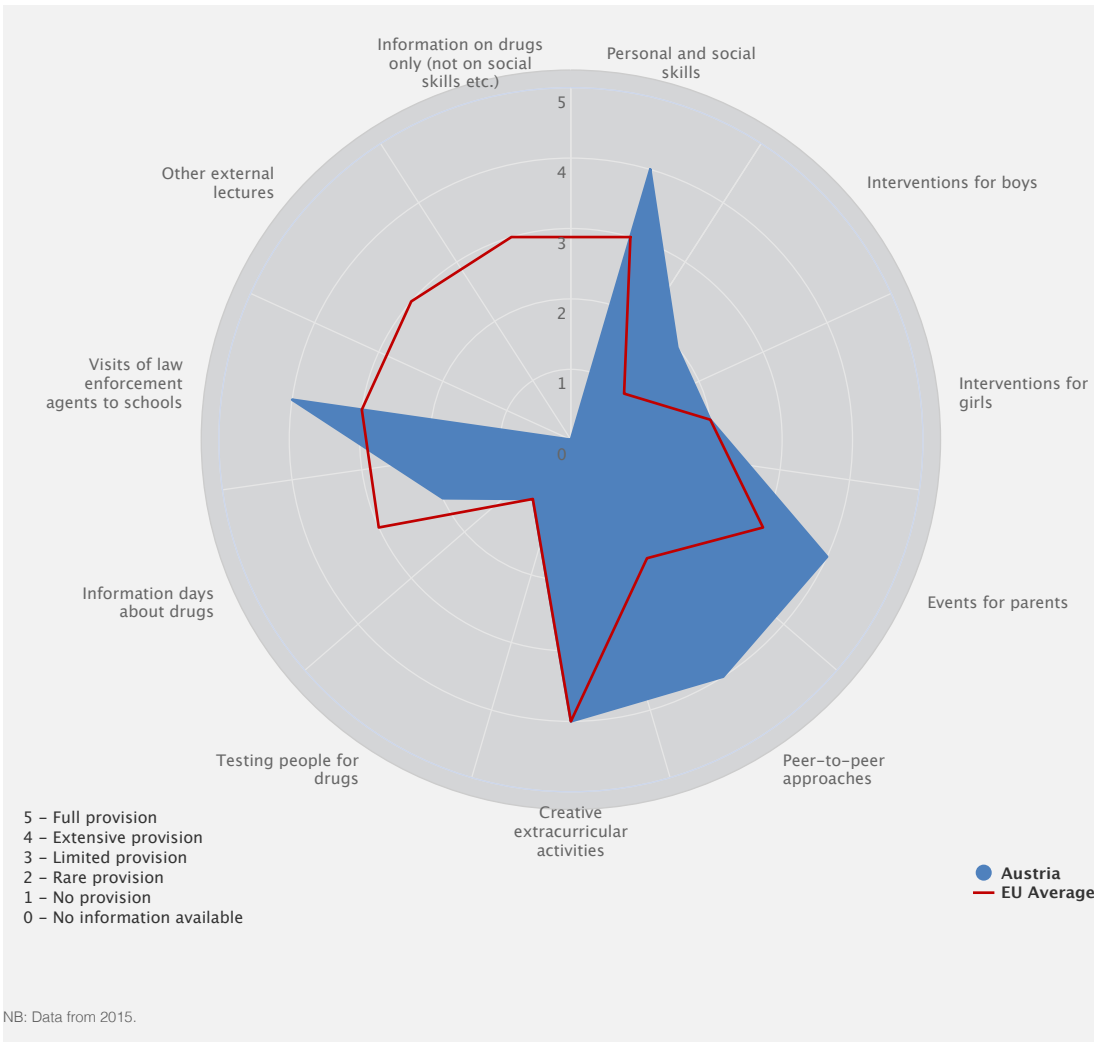
Environmental prevention measures in Austria are primarily aimed at ensuring safe educational and recreational settings for young people. Specific measures have been adopted to address alcohol use, such as limiting availability and advertising.

Schools remain the main venue for universal prevention measures. The implementation of manual-based prevention programmes in schools has gained importance. They aim to (i) improve the school environment, (ii) strengthen students' resilience, psychosocial skills and life skills and (iii) promote critical approaches to psychoactive substances among older age groups. The programmes *Eigenständig werden* (implemented in 2018 as *Gemeinsam stark werden*), *Plus, Move*, and *Step by Step* are offered in all provinces. In recent years, the geographical coverage of *Feel-OK.at* programme has also 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 also played a greater role. Interventions aimed at parents of pre-school children and adolescents concentrate on information-providing events; however, an increasing number also address parenting skills and parents' communication and interaction with their children. Vienna and Upper Austria run the programme *Familien stärken*, originally developed in the USA under the name *The Strengthening Families Program*. *Was geht ab? (What's happening?)*, run by VIVID, also addresses parents of children and young people. The themes covered include information on cerebral development, new parenting tasks and risk behaviour, as well as dealing with one's own fears, becoming aware of risks, and constructive forms of discussion.

Selective prevention addresses party settings and other specific settings such as labour market policy programmes. Target groups for selective prevention activities consist of young people experimenting with drugs and children whose parents use drugs or suffer from mental health 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. Projects in Vienna and the surrounding area (*Check-it!*) and in 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 also target young people who have been admitted to hospital, who are in public employment services or who have a higher risk of developing addictive behaviour. Regional early intervention networks were developed to provide appropriate structures to facilitate the provision of targeted early support to pregnant women and families with newborn babies and infants. These act as health promotion strategies in family settings and work to identify individual families in need of support.

## Provision of interventions in schools in Austria (expert ratings)



## 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 interventions include peer support, outreach work, street-based assistance and referral to treatment.

### Harm reduction interventions

The majority of harm reduction interventions in Austria are provided in low-threshold settings. The 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 HCV treatment with new direct-acting antivirals (DAAs) is available to all clients in opioid treatment and is reported to have been successful in all 117 patients who had completed their treatment by December 2017. Access to DAA treatment in Austria is increasing, as health insurance providers have abolished eligibility thresholds for reimbursement of treatment costs.

Between 2013 and 2017, the number of syringes distributed through harm reduction programmes and vending machines increased from 4.7 million to 6.3 million. Needle and syringe exchange is available at fixed sites through low-threshold services and outpatient drug services, as well as through outreach workers. Syringes are also available from vending machines located in 17 communities. Other injecting equipment (e.g. microfilters) is often provided along with sterile syringes.

Initiatives aiming to prevent overdose include awareness raising through the provision of 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 have drawn up a plan for the introduction of take-home naloxone.

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

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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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 the regional level. A drug coordinator has been appointed to accredit and monitor treatment at the national level under the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection. The Provincial Conference of Drug Coordinators ensures 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, such as psychiatric hospitals, psychosocial services and office-based medical doctors. Primary healthcare services are also involved in the provision of opioid substitution treatment (OST). Drug treatment services provide a range of options and can be flexibly applied to respond to a client's treatment and social needs. 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. Whereas counselling centres treat users of both 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 it 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. The areas of advice, support and treatment have been increasingly oriented towards integrated services, and regional networking has been a key feature of recent developments.

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 (9439)

### Inpatient

Other inpatient units (1172)

### Prison

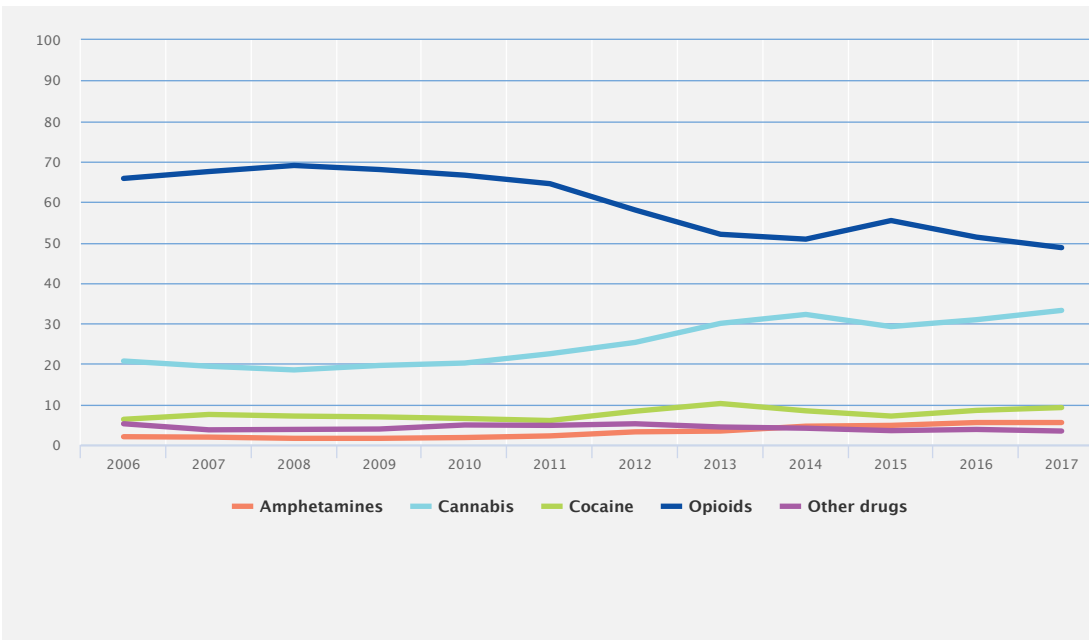
Prison (854)

NB: Data from 2017.

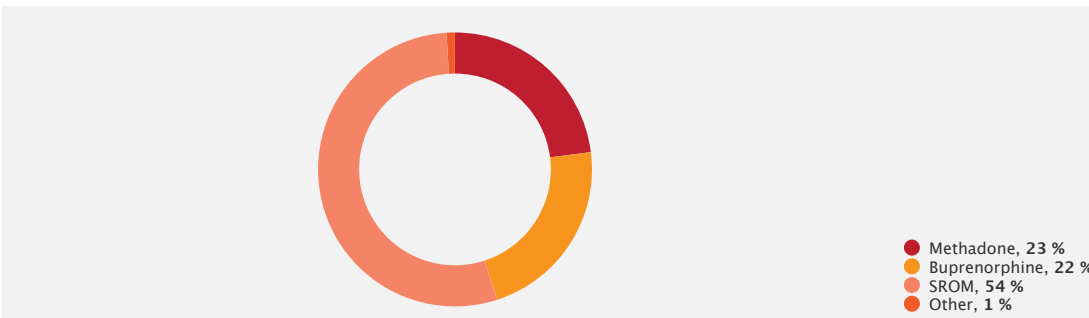
## Treatment provision

In 2017, over 24 000 people were treated in Austria, mostly in outpatient settings. Only a small proportion received treatment in inpatient settings and prisons. Data on those who entered treatment in 2017 indicate that opioids are the primary substance for which drug users seek treatment, followed by cannabis. In total, 18 632 patients were prescribed OST in 2017, mainly in the form of slow-release opioid treatment.

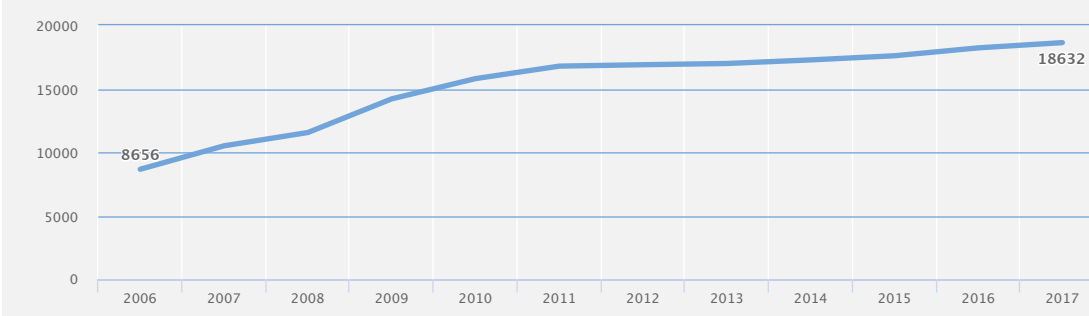
**Trends in percentage of clients entering specialised drug treatment, by primary drug, in Austria**



**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: Data from 2017. Data exclude a large proportion of clients in OST (for example, those receiving OST through their general practitioner).

## 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 Constitutional Affairs, Reforms, Deregulation and 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 Constitutional Affairs, Reforms, Deregulation and 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 (HCV) infection and other infectious diseases. OST can be either initiated or continued during imprisonment. Around 9 % of prisoners receive OST in prison, although this varies by prison. A few prisons have special drug-free zones. It is estimated that, overall, 16 % of all prisoners undergo some form of drug treatment in prison. Direct-acting antiviral treatment for HCV infections is provided in prison. Interferon treatment has not been provided since 2016. Pre-release support programmes are also available to prisoners, but they do not include pre-release emergency services such as naloxone programmes or overdose prevention training.

Since 2016, two national projects have been implemented: one to develop competences of staff working in detention centres and the other to prevent reoffending among clients of the probation office. Both projects include a component in the area of drug use and drug-related problems.

## 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 (i) accreditation of treatment facilities, (ii) expert committees, in particular for opioid substitution treatment (OST), (iii) guidelines and (iv) the publication, dissemination and monitoring through registries combined in one database (eSuchtmittel) to form a basis for regular analyses. In addition, regular training for professionals is provided. Quality standards are embedded in funding applications for prevention and treatment programmes.

The Federal Ministry of Labour, Social Affairs, Health and Consumer Protection is responsible for the accreditation of treatment. Only accredited services are eligible to receive funding from the Ministry of Labour, Social Affairs, Health and Consumer Protection and the Ministry of Constitutional Affairs, Reforms, Deregulation and Justice. Medical associations are responsible for both organising and implementing specific additional OST training for medical doctors and for providing 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).

In the field of prevention, the nine provincial prevention units play an important role. An association representing these units (ARGE Suchtvorbeugung) contributes to quality assurance by (i) providing a forum for the exchange of experiences related to the implementation of programmes at the provincial level; (ii) developing common prevention programmes (e.g. Plus); and (iii) organising an annual conference.

Most provincial strategies in Austria include specific plans to support quality assurance, such as publishing standards for demand reduction activities (from prevention to drug treatment and social reintegration), implementing the evaluation of interventions, establishing regional networks of different professionals, supporting medical doctors and organising/continuing specific training activities. Quality assurance tools are being developed at the federal and the provincial levels, namely guidelines for advice, care and treatment of drug-addicted people in Austrian prisons, updated quality standards for OST, and quality standards to ensure that adequate support is provided to mothers and their children both during and after the inpatient OST stage.

## Drug-related research

In Austria, a 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. Topics include responses to the drug situation, such as drug policy, including prevalence, incidence and patterns of drug use; mechanisms of drug use; and basic biological and neurobiological studies. Studies often cover quantitative and qualitative aspects, but the majority can be classified as qualitative. In 2016, literature reviews of Austrian scientific publications showed that Austrian researchers apply a broad range of approaches to this field, from neuroscience to social science, and cover different areas of interest, such as prevention, treatment and the interplay between licit and illicit substances.

Drug-specific research is directly funded at the national level by the federal government (the Ministry of Health, for instance), as well as by the different provinces, social insurance providers and foundations that promote research. It is also funded, although 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 considered a transit country for drug trafficking, determined by its geographical location on the Balkan route and the presence of Vienna International Airport. The importance of virtual drug markets has generally been found to be growing, which has increasingly influenced the behaviour of both traders and users. The production of illicit drugs tends to play a minor role in Austria.

Cannabis products are the main drugs seized in Austria. Albania is an important source of herbal cannabis, while cannabis resin mainly originates from Morocco. There is also some domestic cannabis production, which is predominantly found indoors and most often on small-scale cultivation sites; the detection of large-scale cultivation remains unusual.

Heroin enters Austria mainly via the Balkan route by road, and cocaine comes directly from Latin America via Vienna International Airport.

Synthetic drugs seized in Austria are mostly produced in the Netherlands, while amphetamine also originates from Poland or Germany. In 2017, six illicit drug laboratories used for the production of amphetamine and methamphetamine were dismantled. New psychoactive substances are increasingly being ordered on the internet, mainly from China, and are sent by post via other European countries or directly from Asia. Drug precursors used to produce synthetic drugs are also ordered in large quantities over the internet, usually from Asia.

Overall, the numbers of seizures of all illicit drugs, except heroin and mephedrone, have increased in Austria since 2010; however, the most notable increases have been recorded for cannabis products and MDMA/ecstasy. Seizures of medicines containing narcotic drugs (including substitution medicines) and medicines containing psychoactive substances has declined since 2010. The long-term analysis of cannabis seizure data indicates that, while the number of seizures has increased, the quantities seized in Austria have remained stable in the past decade. The quantities of other illicit substances that have been seized may vary over different years.

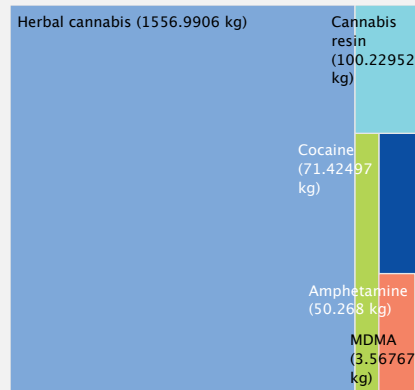
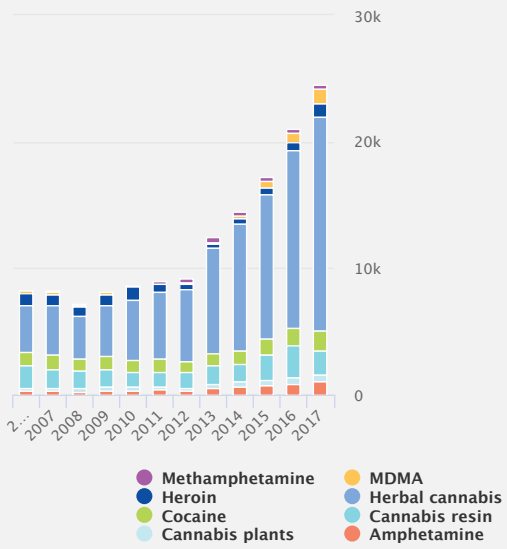
Current priorities for Austrian law enforcement agencies include surveillance of the illicit drug market, vigilance regarding the possible diversion of precursors for illicit synthetic drug production and active participation in cross-national projects aimed at limiting the international drug trade, including on darknet markets.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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

**Number of seizures**

**Quantities seized**



NB: Data from 2017.

## Key statistics

### Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	20.18	6.51	36.79
Last year prevalence of use — young adults (%)	2015	14.1	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	6.4	0.9	11
All treatment entrants (%)	2017	33.2	1.03	62.98
First-time treatment entrants (%)	2017	51.7	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	1 557	11.98	94 378.74
Number of herbal cannabis seizures	2017	16 969	57	151 968
Quantity of cannabis resin seized (kg)	2017	100.2	0.16	334 919
Number of cannabis resin seizures	2017	1 841	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.02 - 54.18	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.11 - 43.8	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	6 - 15	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	6 - 20	0.15	35
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.92	0.85	4.85
Last year prevalence of use — young adults (%)	2015	0.4	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.4	0.1	2.7
All treatment entrants (%)	2017	9.2	0.14	39.2
First-time treatment entrants (%)	2017	10.1	0	41.81
Quantity of cocaine seized (kg)	2017	71.4	0.32	44 751.85
Number of cocaine seizures	2017	1 571	9	42 206
Purity (%) (minimum and maximum values registered)	2017	0.11 - 86.15	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	60 - 150	2.11	350
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.66	0.84	6.46
Last year prevalence of use — young adults (%)	2015	0.9	0	3.9
Last year prevalence of drug use — all adults (%)	2015	0.4	0	1.8
All treatment entrants (%)	2017	5.5	0	49.61
First-time treatment entrants (%)	2017	7.2	0	52.83
Quantity of amphetamine seized (kg)	2017	50.3	0	1 669.42
Number of amphetamine seizures	2017	1 099	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	0.07 - 75.23	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	10 - 60	3	156.25
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.12	0.54	5.17
Last year prevalence of use — young adults (%)	2015	1.1	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.4	0.1	3.3
All treatment entrants (%)	2017	0.9	0	2.31
First-time treatment entrants (%)	2017	1.2	0	2.85
Quantity of MDMA seized (tablets)	2017	446 465	159	8 606 765
Number of MDMA seizures	2017	1 183	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	2017	2.76 - 57.5	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	6 - 25	1	40
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2017	6.28	0.48	8.42
All treatment entrants (%)	2017	48.7	3.99	93.45
First-time treatment entrants (%)	2017	27.8	1.8	87.36
Quantity of heroin seized (kg)	2017	69.9	0.01	17 385.18
Number of heroin seizures	2017	967	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	0.12 - 54.55	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	25 - 90	5	200
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1.4	0	47.8
HIV prevalence among PWID* (%)	2017	8.30	0	31.1
HCV prevalence among PWID* (%)	2017	34	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	25.66	2.44	129.79
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2017	6 293 593	245	11 907 416

Clients in substitution treatment	2017	18 632	209	178 665
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#### Treatment demand

All entrants	2017	4 414	179	118 342
First-time entrants	2017	1 835	48	37 577
All clients in treatment	2017	24 245	1 294	254 000

#### Drug law offences

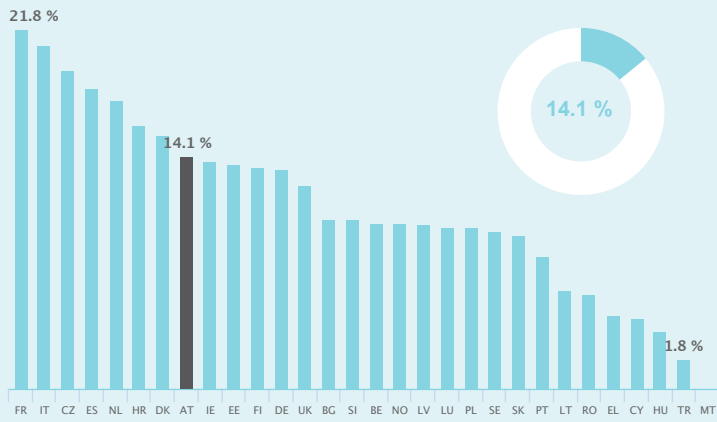
Number of reports of offences	2017	42 610	739	389 229
Offences for use/possession	n.a.	n.a.	130	376 282

Treatment data exclude a large proportion of clients in OST (for example, those receiving OST through their general practitioner).

EU Dashboard

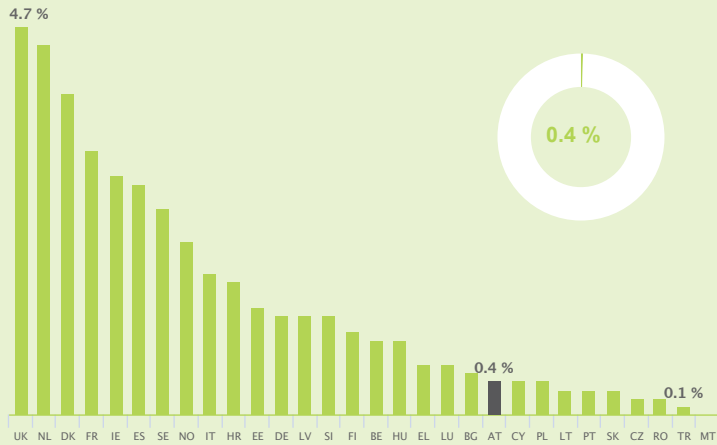
Cannabis

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



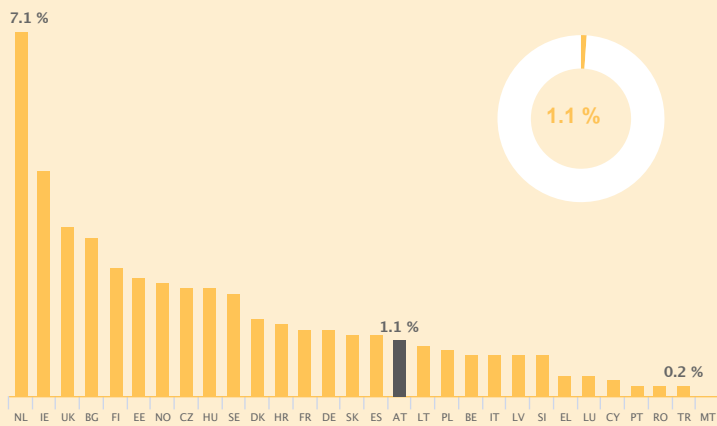
Cocaine

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



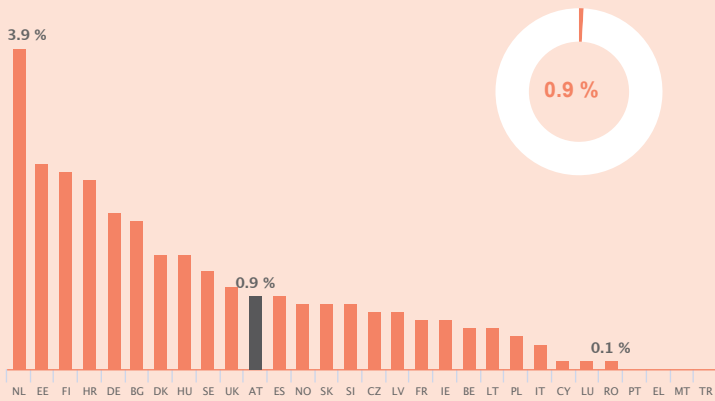
MDMA

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



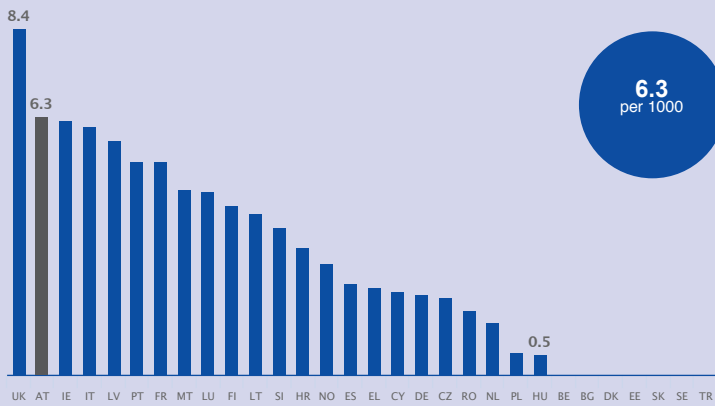
## Amphetamines

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



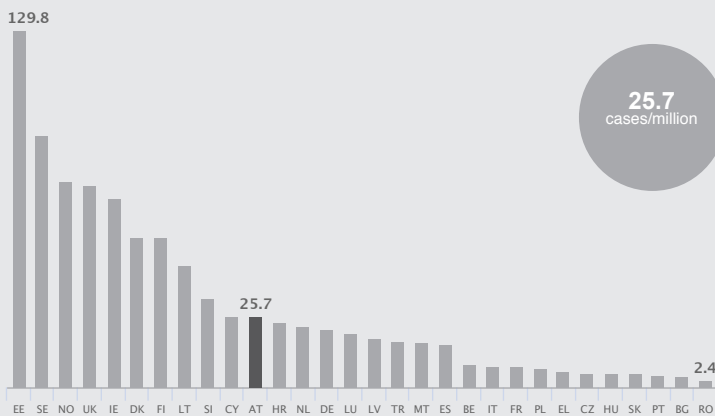
## Opioids

High-risk opioid use (rate/1 000)



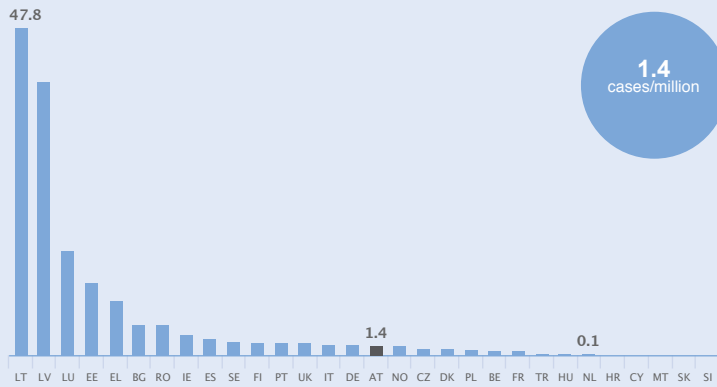
## Drug-induced mortality rates

National estimates among adults (15-64 years)



## HIV infections

Newly diagnosed cases attributed to injecting drug use



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. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

## About our partner in Austria

The Reitox 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.

[Click here to learn more about our partner in Austria .](#)

## **Austrian national focal point**

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GmbH 

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Head of national focal point: Ms [Ilonka Horvath](#)

**Methodological note:** Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).

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