

The Vienna Addiction and Drug Strategy 2013



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Preamble

The Viennese path in addiction and drug policy is an essential component of the City of Vienna's health and social policy. Over the years, it has been continually expanded and developed with numerous foresighted and demand-oriented assistance and support services. The basis for these measures is the Vienna Drug Policy Programme of 1999 adopted by the Vienna City Council.

To ensure that needs continue to be met in the future, services and policy measures are regularly monitored so that they can be adapted to changing requirements.

Recent years have seen new and important developments which need to be taken into consideration, for example, how to deal with non-substance-related forms of addiction and licit drugs. Scientific research on addiction has further developed and addiction is defined more broadly today.

The further development of the 1999 Vienna Drug Policy Programme to produce the Vienna Addiction and Drug Strategy of 2013 was thus indispensable. The 1999 policy programme has, however, been retained without change as a central document, as all of its recommendations remain fully valid today.



photo: Peter Rigaud

Vienna has opted for the principle of integrated addiction and drug policy. This principle is in accord with the city's longstanding policy of preventing through social measures the exclusion of marginalised groups, and of integrating these into the broad network of social and health services. Addiction is a chronic, recurrent disease; it is crucial to ensure that those afflicted receive the treatment they need.

The City of Vienna will continue to face the challenge of developing effective strategies to minimise health-related and social risks caused by the use of certain licit and illicit substances alike, as well as by behavioural patterns that may lead to drug dependence.

The experience and success of recent years underscore the importance of consistent policies on drugs and drug dependence. The 2013 Vienna Addiction and Drug Strategy will carry on the city's approach to dealing with addiction and drugs and serve as a basis for policy measures in the years to come.

A handwritten signature in black ink, appearing to read 'Sonja Wehsely'.

Sonja Wehsely
Executive City Councillor for Public Health and Social

Introduction

The 1999 Vienna Drug Policy Programme has proved effective. The expanded and comprehensive range of services provided by the Vienna addiction and drug work has successfully integrated addicted individuals into the Vienna Network of Addiction and Drug Services, the *Wiener Sucht- und Drogenhilfenetzwerk* (SDHN), and into the general health and social system.

Addiction and drug work is, however, subject to permanent change, in particular with regard to new substances and types of addiction. Successful and foresighted drug policies must widen their focus and respond to needs. In Vienna, key aspects are addicts' social integration and low-threshold services affording easy access to assistance and support facilities.

In 2012, the Office of Addiction and Drug Policy of Vienna, the *Sucht- und Drogenkoordination Wien GmbH* (SDW), a specialised institution in the field, initiated the enhancement and development of the 1999 Vienna Drug Policy Programme. While conditions and challenges have changed, the principles of the 1999 Drug Policy Programme retain their relevance.

Vienna's approach to dealing with drug dependence and drugs will continue to pursue the principle of an "integrated addiction and drug policy"; this means:

- ▶ Keeping the number of drug users as low as possible and minimising harm to those who cannot be stopped from taking drugs.
- ▶ Prosecuting and punishing organised drug trafficking while treating drug addicts as people afflicted by an illness who should not be prosecuted.
- ▶ Integrating drug users and addicts into the City of Vienna's social and health services and avoiding their exclusion from society.

The 2013 Vienna Addiction and Drug Strategy does not alter or supersede the Vienna Drug Policy Programme of 1999, however the concept of addiction has been broadened to take account of important new aspects and issues. Particular attention has been given to the definition of strategic targets for licit addictive substances such as alcohol, nicotine and pharmaceuticals.

The 2013 Vienna Addiction and Drug Strategy addresses the following aspects and defines the tasks of core and cross-sectional areas within the Office of Addiction and Drug Policy of Vienna:

- ▶ How to deal with addiction to psychoactive substances (alcohol, nicotine, pharmaceuticals).
- ▶ How to deal with synthetically manufactured substances (new psychoactive substances).
- ▶ Shifts in the field of non-substance-related or behaviour-related addictions.
- ▶ Quality, gender and diversity management as a prerequisite for successful addiction and drug work.
- ▶ Further developing the organisation of care and support processes for clients.
- ▶ Public relations to promote universal addiction prevention and counter the stigmatisation of addicts.

The strategic areas of operation within the Office of Addiction and Drug Policy of Vienna consist of core and cross-sectional areas. The cross-sectional areas, which support core areas and management, will be described in various degrees of detail in the 2013 Strategy.

The cross-sectional areas accounting and documentation are very fully examined in Chapter 13 of the 1999 Drug Policy Programme. Hence, these subjects will be dealt with only briefly in Chapters 20.3 and 20.4 of the 2013 Strategy.

The cross-sectional areas public relations, quality, gender and diversity management are treated at great length in Chapters 20.1 and 20.2.

The cross-sectional areas judiciary and administration are not addressed in separate chapters. As fundamental elements of the organisation they influence all areas of the work of the Office of Addiction and Drug Policy of Vienna.

The present Vienna Addiction and Drug Strategy 2013 comprises three documents: the *1999 Vienna Drug Policy Programme*, the guidelines recommended in *Gender Mainstreaming in Addiction and Drug Work*, and the *Strategy 2013* together form the City of Vienna's strategic guidelines for addressing the problems of addiction and drugs.

Part 1

The Vienna Drug Policy Programme 1999

Preamble¹

The Vienna Drugs Commission² drafted the Vienna Drug Policy Programme. The Commission held 13 meetings, in which 92 experts, together with policy makers from all political parties represented in the City Council, discussed the individual and social problems, which are created by the use of and addiction to psychotropic substances and narcotics.

Towards a more objective discussion

The work of the Drugs Commission has resulted in a more objective discussion of drug-related issues and has resulted in a broad consensus on the necessity of joint efforts if the problems are to be solved. One of the prerequisites of successful drug policy is cooperation and coordination of all actors involved. It is this coordinated approach that gives drug policy in Vienna its distinct quality.

The City of Vienna is pursuing consistent policies

The experience of recent years and the deliberations of the Drugs Commission are illustrative of the importance of consistent policies with regard to drugs and drug dependence. The present Drug Policy Programme will carry on Vienna's approach in dealing with addiction and drugs and will serve as a basis for policy measures in the years to come.

Different problems – differentiated strategies

The Vienna Drug Policy Programme focuses on problems in relation to those substances which are regulated in the Austrian Narcotics Act, such as opiates, cocaine, amphetamines and cannabis – irrespective of the fact that far more people are affected by abuse of alcohol and psychotropic substances than by abuse of illicit drugs. However, some considerations apply to addictive behaviour as such. But differentiated strategies need to be developed to cope with different problems.

The question of whether and to which extent the use of drugs may be tolerated or should be sanctioned was debated at considerable length by the Drugs Commission. The legal foundation of the Vienna Drug Policy Programme is the Narcotic Substances Act in its currently valid form, especially the principle of “therapy instead of punishment”. Addiction always means suffering – of addicts themselves, of their families and of society at large – and hence, help is required.

1 Note: The Vienna Drug Policy Programme of 1999 has been kept in its original version. Therefore, words of one gender still apply equally to both women and men.

2 The Vienna Drug Policy Programme of 1999 was adopted by the Vienna City Council on 2 June 1999.

Principle of integrated drug policy

The City of Vienna has opted for the principle of an “integrated drug policy”. The traditional social policy approach of Vienna has always been to use social policy measures to integrate marginalised groups and prevent their social exclusion. Another essential component of the Vienna Drug Policy Programme is the provision of counselling and care to drug addicts within the city’s extensive network of social and medical services.

New issues – new challenges

Drug policy efforts over the last few years have been successful, resulting in the solution or at least alleviation of many problems. At the same time, new issues have emerged and need to be tackled. There is, for example, a growing trend towards new pharmaceuticals with mood-altering, relaxing or performance-enhancing properties. These substances are taken by a growing number of people, in many cases without prescription by a physician. This trend towards uncritical consumption of pills poses an additional challenge for addiction prevention work. The same is true for the emergence of new forms of drug use in some segments of youth culture. New findings concerning drug-related diseases, such as AIDS and hepatitis, have made possible more effective methods of early diagnosis and improved treatment. The labour market situation has deteriorated, requiring new strategies to help drug-dependent persons find and retain jobs and to promote their overall social integration.

Participation in international exchange of experience

Drugs and drug dependence are global problems. Hence, it is necessary to coordinate the policy strategies and measures taken by individual countries, regions and cities. It is essential for the City of Vienna to participate actively in the international exchange of information and experiences. Cooperation at the level of experts and policymakers, both domestically and in an international context, will continue to play an important role in Vienna’s drug policy efforts in the years to come.

1 Policy Principles

Top priority – minimising individual and social damage

The foremost aim of Vienna’s drug policy is to keep the number of drug users as low as possible and to minimise the damage to all those who cannot be stopped from taking drugs. To cope with the complex problems posed by drug use and addiction, integrated, multi-pronged strategies have to be developed to keep the resulting damage to society at large as small as possible.

The use of all drugs must be rejected

Not all drugs have an addictive potential or lead to direct dependency – but all drugs and narcotics have an adverse effect on users’ physical and/or psychological health. Their use therefore carries specific risks. From a health policy perspective, the use of any type of narcotics or drugs, including abuse of pharmaceuticals, alcohol and nicotine, must be rejected.

Drug policy sets the framework for concrete action

The City of Vienna’s drug policy confronts the societal phenomenon of “addiction and drugs” in its many manifestations and sets the necessary framework for action to be taken. Up-to-date legislation and differentiated control mechanisms are just as important as a range of preventive, social and therapeutic services.

Punishing drug dealers – treating addicts counselling users

Vienna’s drug policy is committed to reducing drug supply and demand, prosecuting and punishing organised drug traffickers and dealers, and treating drug addicts as sick persons. In dealing with drug users, medical care and therapeutic treatment take priority over penal sanctions.

Decriminalisation – not legalisation

This principle – penal sanctions against drug dealers and decriminalisation of drug users – is not tantamount to a legalisation of drugs.

Effective prevention

Effective prevention of addiction is a central concern of Vienna’s drug policy. The City of Vienna gives particular attention to research into the root causes of addiction.

Addiction has many causes

Addiction is a serious physical, mental and social disorder, which is classified as a disease. Its occurrence has many causes. Scientific research has not yet fully clarified the question why one person gets addicted, while another stays free of addiction. Individual, family and social factors play a role in the development of addiction, as do the chemical and pharmaceutical properties of the drug involved. A substantial number of drug addicts suffer from additional psychological disorders. Drug addiction, social disintegration and destitution are closely related to each other, with addiction often being the perceivable symptom of a more profound disorder.

Different courses of addiction – different approaches

Addiction is a disease, which may progress in a variety of ways. This necessitates the use of different approaches to counselling, treatment and care for drug addicts. A type of treatment that is useful for one addicted person may not be appropriate in other cases. Drug therapy is successful only if it is accepted by drug users and other persons affected by addiction (e.g., relatives). It is one of the central tasks of Vienna's drug policy to ensure this acceptance.

The four pillars of drug policy in Vienna

Vienna's drug policy is designed as a cross-sectional policy, which is a common concern and integral component of all areas of communal action. It is based on four pillars:

1. Prevention

Preventing addiction is one component of comprehensive health promotion. Prevention policy has to address, on a basis of equal importance, questions relating to the abuse of drugs, alcohol, nicotine and pharmaceuticals. It requires a holistic view and has to be implemented through an educational process. Education and youth policy measures provide the necessary framework for preventive action. Addiction prevention must not be restricted to isolated measures or the use of deterrent methods. Rather, it has to improve public awareness and strive for long-term effects.

2. Health-related measures

To cope with the variety of causes and courses of addiction, a broad range of treatment and support measures is needed to address the problems of each individual case. The City of Vienna believes that it is useful to apply a variety of treatment and care methods for addicts. There is an extensive network of facilities for both outpatient and inpatient treatment, which offers different types of therapeutic measures: abstinence-oriented programmes, substitution treatment, medical care during addiction.

3. Social measures

Drug use, addiction and the social situation of drug users/addicts are linked by cause and effect. For this reason, social care is an integral component of treatment and care programmes. Particular importance is attributed to measures which prevent at-risk persons from drifting into destitution and ensure that their basic needs – such as housing – are met, as well as to measures aimed at completing vocational training and participating in the labour market.

4. Safety

The principles, which Vienna's drug policy adheres to, are: help, rather than punishment for drug users, and penal sanctions for drug dealers. Particular attention is given to the fight against organised crime and money laundering, with public

safety as the top priority. Public safety is understood as a broad concept, which refers not only to the objective absence of threats, but also includes measures to improve people's subjective sense of security, as well as to promote social compatibility and conflict resolution.

Adequate organisational structure – efficient management

To ensure the continued success of drug policy efforts in the years to come, adequate organisational structures are required to coordinate the implementation of all envisaged policy measures. To achieve this objective, a comprehensive basis for decision-making, adequate organisational structures and efficient management have to be ensured.

2 Objectives of the Vienna Drug Policy Programme

Objective No. 1: Promoting health – preventing addiction

The Vienna Drug Policy Programme aims at preventing addiction and other problems caused by drug use before they occur. Addiction prevention is an integral component of a comprehensive approach to promote health and personality development. Strengthening of social competence, self-confidence and conflict-resolution capability are important protective factors.

Objective No. 2: Early recognition of addiction risk – timely intervention

Drug use, increased risk of drug dependence or the beginning of addiction have to be recognised at the earliest possible stage, so that correct and timely intervention measures can be taken.

If assistance is to be accepted at an early stage, potential recipients of such assistance have to develop sufficient trust to make use of it. This trust needs to develop in order to minimise the damage and dangers caused by the use of drugs.

Objective No. 3: Treating addicts – minimising harm

The treatment of addiction has to make use of all currently available methods as a matter of course, just like the treatment of any other disease. In cases where recovery is not possible, not yet possible or possible only in part, treatment must aim at minimising additional diseases and injuries caused by drug use.

Objective No. 4: Support and counselling – creating an anxiety-free environment for drug users

Another objective is to create an environment in which drug users can accept offers of support and counselling without having to fear any adverse consequences for themselves.

Assistance is effective only if it reaches its target group and is accepted by it. As long as drug users are afraid of losing their jobs, their apprenticeships, or their place at school, or if they risk being prosecuted when they accept counselling and treatment services, assistance will not be fully effective.

Objective No. 5: Networking of counselling, treatment, and care facilities

The number and capacity of treatment and care services, as well as that of other facilities, which do not specialise in addiction and drugs, but also work in this field, has increased over the last few years.

It is important to create an effective network of support facilities. Improved cooperation should therefore have priority over expansion of capacities. Better liaison services are needed to coordinate the individual services more efficiently.

Objective No. 6: Promoting social integration and rehabilitation

One aim of assistance to drug users and addicts is to prevent them from dropping out of school or losing their ability to work, leaving the workplace and eventually being drawn into a vicious cycle of social exclusion.

Treatment and support services for addicts can be successful only if social integration and rehabilitation are ensured.

Objective No. 7: Ensuring public safety

The existing high level of public safety and order has to be maintained in the future as well.

The Vienna Drug Policy Programme consists of a comprehensive concept of public safety, which includes not only traditional law and order policies to curb drug-related problems, but also health and social policy measures.

3

Implementation and Areas of Action – The Vienna Policy Approach

The Vienna Drugs Commission has defined ten major areas of action:

- Action area 1: **New ways of preventing addiction**
- Action area 2: **Young drug users**
- Action area 3: **Counselling – treatment – care**
- Action area 4: **Employment – social integration and prevention**
- Action area 5: **Initial and advanced training in the areas of education, youth, social affairs and health**
- Action area 6: **Cooperation between drug treatment services and the judiciary**
- Action area 7: **Public safety**
- Action area 8: **New drugs – new trends**
- Action area 9: **Science and research**
- Action area 10: **Structural measures and coordination**

4

Action Area 1: New Ways of Preventing Addiction

Three areas of prevention

There are three areas of prevention, as defined by the World Health Organization (WHO):

► **Primary prevention**

The aim of primary prevention is to ensure that a disorder, a process or a problem does not develop.

► **Secondary prevention**

The aim of secondary prevention is to recognise, determine or change a disorder, a process or a problem at the earliest possible stage.

► **Tertiary prevention**

The aim of tertiary prevention is to stop or delay the progress of a disorder, a process or a problem and their consequences, even if the underlying condition continues to exist.

Preventing addiction – minimising harm

Addiction prevention aims at the sustainable promotion and maintenance of health in order to prevent the development of addiction and the emergence of problems caused by drug use. In addition, prevention also means to keep harm and suffering to a minimum in cases where problems have already developed.

Prevention is a long-term education process

Above all, prevention must be understood as a long-term education process that cannot be substituted by isolated measures. Drug use and the development of addiction are often closely linked to problems of puberty and adolescence. All sectors of the social environment of children and young people – parents, teachers, friends, other significant persons, as well as society at large – play a role in this context. It is essential to promote young people's personal development, including key factors such as self-esteem, communicative abilities and coping skills in conflict situations, as well as learning to take on responsibility for oneself and for others. "Learning to live" is an important part of addiction prevention and an integral component of overall health promotion.

Targeted measures for children and young people

The prevention of addiction is a task that involves society at large. Children and young people constitute the main target groups of prevention efforts. They must be encouraged to seek help and support whenever confronted with questions and problems – without any form of exclusion. To meet the needs of children and young people, preventive work has to take into account the diversity of factors which give rise to the development of addiction. Hence, addiction prevention is

► Action Area 1: New Ways of Preventing Addiction

a task to be pursued across the entire spectrum of youth and educational work, for which a wide variety of approaches, models and methods exists. But whatever approach is used, it always has to fit into the specific environment in which the targeted young people grow up, as well as gender-specific aspects.

Counselling and information for parents and guardians

In the future more attention has to be given to the function of adults as role models. This requires specific measures such as building up public awareness, counselling and providing parents and guardians with information so as to enhance their abilities as educators and strengthen trust and a sense of partnership in parent-child relationships. Another important issue which needs to be addressed is the widespread, uncritical use of new pharmaceutical substances with mood-altering, relaxing or performance-enhancing properties. Measures must be taken against careless administering of psychoactive drugs and performance-enhancing drugs to children and young people.

Improvement of methods through evaluation

Evaluation of each specific prevention strategy will assist in the development of effective methods.

Isolated information is not enough

The awareness and dissemination of information about the effects and potential risks of drugs, as well as provision of other information, are crucial elements of all preventive work – with young people, but also with adults. Young people in particular often have some prior knowledge concerning the risks of drug use, which can be used as a foundation for further education. However, information is not in and of itself a sufficient addiction prevention policy; rather, preventive work must go much further. Information alone is not enough, and deterrence strategies rarely have a preventive effect. The provision of information has to be regarded as an integral component within a comprehensive learning process aimed at addiction prevention.

Urban planning has to contribute to addiction prevention

The healthy development of children and young people depends, among other things, on the physical environment in which they live and their ability to shape this environment. Urban planning should therefore make use of the insights gathered in addiction prevention work. Urban planners should create an environment which meets the needs of children and youth by allocating space to them and create habitats which facilitate communication and personal experience for young people.

The “Focus” project – analysis of social problems in public areas

The “Focus” project was established some years ago with the aim of exploring and analysing the situation of public areas in Vienna. In this project, social workers and social educators work as observers in specific neighbourhoods and public parks for several weeks at a time. Observed problems are then discussed with representatives of all local institutions, and a comprehensive situation report with recommendations for action is produced.

*Regional networking
and district-level fora*

The “Focus” project contributes substantially to networking among schools, social and extramural educational institutions, as well as political representatives and police in the target neighbourhoods.

4.1

Addiction prevention in schools

*Addiction prevention
is part of health
education*

School is second only to the family home in importance as an environment in which children and young people live and develop. Addiction prevention in school focuses mainly on primary prevention. It is not dealt with as an isolated subject matter; rather, it is implemented as a cross-sectional education principle within the broader framework of health education. As a continuous, long-term process, it requires the support of all participants in school life, in particular of course of the teaching staff.

*Building trust –
creating an
anxiety-free
atmosphere*

The single most important prerequisite of effective addiction prevention is the creation of an atmosphere of trust in which conversations about addiction can be conducted free of fear and anxiety. Prevention will be effective in the long run only if all those involved in school life support it, and if its objective is to create a health-promoting school environment.

*Need for qualified
experts*

External experts may supply important, often necessary, impulses. It is, however, indispensable that such external experts who engage in prevention work in schools receive special training. In order to ensure that experts and multipliers who are active in addiction prevention meet qualification requirements, the establishment of a system of quality assurance is envisaged for the coming years. The implementation of a quality certificate will have to be considered.

4.2

Organisation of addiction prevention work

*Training of qualified
multipliers*

Vienna has a population of more than 300,000 children and young people under the age of 19. The Drug Policy Programme therefore envisages initial and advanced training of qualified multipliers who can take over key functions, as well as development of an appropriate organisational framework, as two focal points of community-level addiction prevention, in order to ensure sustainability of efforts and continuity of services.

The major multipliers are kindergarten and school educators, vocational training staff, social educators and social workers, all those involved in youth welfare work and extramural educational activities, as well as staff in the areas of medicine and health care, including psychology. The institutions which provide initial and advanced training for these professionals are therefore of key importance.

► Action Area 1: New Ways of Preventing Addiction

*The Vienna Addiction
Prevention Forum*

The *Forum Suchtprävention Wien* (Vienna Addiction Prevention Forum) has been established to ensure the exchange of experiences, cooperation and coordination among experts in preventive work. The Forum forms the basis for the network of addiction prevention experts.

*The ISP
Competence Centre*

The *Informationsstelle für Suchtprävention* (ISP, Information Office for Addiction Prevention) was created to act as a competence centre for the ongoing development and implementation of addiction prevention measures. The centre provides general information, expert knowledge and practical know-how for multipliers, as well as offering advanced training for them; in addition, it conducts pilot projects and develops best practices.

In view of the increasing importance of preventive action, it will be necessary to expand the scope of the ISP core activities. Considerations are being made to develop the centre into an institute for addiction prevention, to completely overhaul its information work, as well as to introduce a telephone help-line to provide counselling and information services.

5

Action Area 2: Young Drug Users

For most people who are exposed to psychotropic substances at any point in their lives, puberty and adolescence is the time when they first come into contact with alcohol, nicotine and abuse of pharmaceuticals. The same holds true for cannabis and other illicit drugs. The introduction to drug use is in most cases a clandestine matter and happens at an age when the use of licit drugs and addictive substances is still prohibited. Addiction prevention must be especially sensitive towards the issues created by the fact that different legal regulations and standards of prohibition exist for different substances in different ages.

Preventive strategies to avoid harm

Most young people who come into contact with illicit drugs do so only on a few occasions, and drug use is of no or very limited importance for their further lives.

Preventive strategies that focus on avoiding harm are particularly useful in dealing with these young drug users – one example of a successful strategy of this kind is the policy which Vienna has been pursuing for some years in connection with Ecstasy users.

Timely counselling and support

A far lesser number of young people who experience profound crises during puberty and adolescence may start to use drugs in a highly risky and self-damaging fashion. With timely counselling and support, however, their drug use can be limited to a transitory period, precluding the development of addiction.

Underlying psychological-social problems – drug abuse as a symptom

In the small group of young people with manifest addiction, the underlying causes tend to be psychosocial problems which in turn give rise to drug dependence – drug abuse is only one visible symptom. For this reason, therapeutic models are needed which go beyond the treatment of addiction as such.

Assistance is accepted only from trusted helpers

Whether young people accept assistance is largely dependent on their ability to develop a trust relationship with potential helpers. Support and assistance must be offered in a way which allows young people to take the initiative when using them.

Outreach services

Outreach work remains a necessity, however, for those young people who are unable to take up offers under their own steam. According to the principles of youth welfare today, no measures are required beyond those foreseen in the Youth Welfare Law, the provisions concerning psychiatric treatment, and penal provisions for juvenile delinquents.

Competence centres Vienna has developed an extensive network of institutions offering help and support for children and youth. Dealing with drug-related problems is but one of the many tasks fulfilled by these institutions. In addition to the necessary broad range of skills and qualifications of their staff, expert support is needed to deal with specific addiction and drug-related issues. Competence centres will be developed to make this expertise available and to assist communication between institutions that deal with young people in general and those with specifically drug-related tasks.

5.1 How to deal with drug-related incidents in schools

Anxiety-free atmosphere for addiction prevention

Drug use and the risk of potential addiction of students pose a special challenge for schools. Generally, schools are called upon to fulfil diverse functions. On the one hand, they have to facilitate the implementation of addiction prevention strategies in an open, anxiety-free atmosphere. On the other hand, they have to address the risk of addiction in individual cases, and they have to help students develop competence in dealing with persons who suffer from physical or psychological deficits.

Addiction prevention and crisis intervention as separate tasks

Preventive action must not begin when the situation has already turned critical. Rather, schools must make a clear distinction between crisis intervention and addiction prevention. These are two separate tasks, requiring different approaches and strategies.

Crisis management in case of drug abuse

Under the Narcotics Law, schools are given clearly defined crisis management tasks where students are suspected of drug abuse. In these cases schools have to play an active and constructive role.

Additional expert support

To enable schools to fulfill this task, appropriate training of all those involved and cooperation between school principals, school physicians and the school psychology service are required. In addition, competent support by external experts must be available, if required. All the necessary measures have to be taken in time.

Health-related measures ensure continuing school attendance

Students' welfare must take top priority under all circumstances. Health-related measures must be taken where needed to ensure students' continued school attendance and successful graduation.

5.2 Crisis intervention

The existing institutions are able to offer counselling and care to most young people with drug and addiction problems. These institutions are also responsible for adequate withdrawal treatment for young people.

For a small group: multiprofessional team for crisis situations

There is a small group of young people with acute problems linked to risky drug use. A new model of care for these young people has to be developed. In crisis situations, a multiprofessional team will provide assistance tailored to the specific requirements of each case and act as an interface between existing care and support services.

This is to ensure coordination of all the institutions involved, as well as continuity of care.

5.3 Support for juvenile offenders

Special services for young people in prison

Special care is required for young people with drug problems who are detained awaiting trial or serve penal sentences. Support and care services have to be extended during imprisonment and following release from prison, including transfer to longer-term care. The current situation of such services is not satisfactory. There is an urgent need for youths-specific health measures and qualified therapists within the justice administration system.

6

Action Area 3: Counselling – Treatment – Care

Different courses of addiction – differentiated measures

A broad and differentiated range of counselling, treatment and care measures is required to cope successfully with the different causes and courses of addiction.

The goal is to cure addicts

The fundamental goal of any counselling, treatment and care effort is to cure addicts. However, addiction is a chronic disease, and as with any chronic condition, complete and lasting cure is often impossible. In this case, treatment and care have to help the addicted person to live as normal as possible.

Recognising and treating root causes

Addiction is not seen as an isolated phenomenon. Its preceding causes and underlying disorders have to be recognised and treated accordingly.

Better odds through early treatment

The earlier the risk of addiction or an evolving addictive process are recognised, the better are the chances for complete cure and rehabilitation. Early recognition and early intervention are therefore essential.

Abstinence-oriented treatment – substitute prescribing – care during addiction

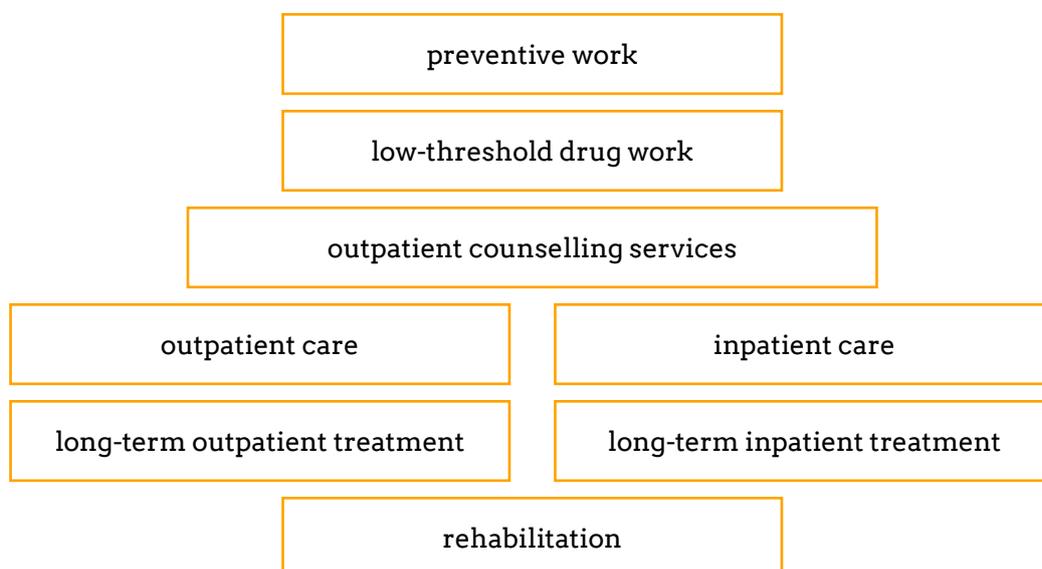
Options for treatment are abstinence-oriented treatment, substitution treatment, or medical care during addiction. In all cases, treatment and support offers have to fit the young people's age and meet gender-specific needs.

6.1

Vienna's network of assistance for drug users

Different types of care

A range of specialised services and institutions is required to provide counselling and treatment to drug-dependent persons. The treatment and therapy services form a network in which individual institutions with diverse approaches to care become active:



Defining standards of treatment and criteria for the decision of treatment

Many patients go through a series of different treatments before finding a therapy that works for them. This implies that standards for diagnostic as well as therapeutic work need to be defined, and criteria have to be developed as a basis for selection of an appropriate form of treatment. This will provide an improved professional basis to decide which treatment will be most suitable for which patient.

Normalising attitudes towards drug-dependent patients

Some of the problems which exist in connection with addiction and drugs do not require treatment by drug specialists. Therefore, general support and treatment services with a medical, therapeutic or social focus have to be available for drug users as well. In these facilities drug-dependent patients must be treated just like other patients; attitudes towards them need to be normalised even further.

Drug treatment services as competence centres

Institutions which engage in drug work have to function as competence centres which supply expert knowledge to assist other services and, more importantly, are also available to patients in need of special care.

6.2 Low-threshold drug work

Most at risk: clients from the open drug scene

The number of persons involved in the open drug scene is small, but they constitute the group most at risk, as they demonstrate a high degree of social disintegration and massive health problems and have a high public visibility.

Outreach work

Social work and medical care for this group has to be offered in an outreach effort, because addicts are often unable to seek assistance on their own, or to comply with demanding treatment rules. However, they can be reached through street work and services where they can remain anonymous, and which help them to

cover their basic needs for survival. Direct contact to clients in the open drug scene creates a basis of trust which can motivate them to make use of other types of services. In recent years, these efforts have successfully prevented an escalation of the street drug scene and destitution of addicts.

Low-threshold facilities as first contact points and safety net

Low-threshold facilities often constitute the first contact point. Many young people go from this starting point to higher-threshold treatment and care and/or job projects. For relapsing clients, low-threshold facilities provide a safety net which enables them to quickly take up a new treatment course.

Basic medical services

Low-threshold medical facilities offer basic medical services to clients from the street scene. In addition, major efforts are directed towards HIV and hepatitis prevention, which also benefits the population at large.

Expansion of low-threshold services

The Vienna Drugs Commission has recommended the expansion of existing low-threshold services and the introduction of supplementary services, especially with a view to improved protection against infectious diseases which often occur as a result of intravenous drug use in unsanitary conditions. In the short term, introduction of a needle/ syringe exchange scheme in Vienna's outer districts and establishment of additional overnight accommodation for emergencies should be considered.

6.3

Liaison services

Outpatient services are suitable for the largest target group

The majority of persons who are drug-dependent or at risk of becoming addicted, as well as their family members, are reached via outpatient facilities which provide counselling, treatment and care.

In addition to abstinence-oriented treatment, substitution therapy is offered. Some patients are initially treated for conditions which are consequences or sideeffects of addiction – at a time when it is not (yet) possible to do anything about the addiction as such. This is called supporting treatment during addiction.

Patients remain socially integrated

One major advantage of outpatient treatment is that patients are not cut off from their social environment and do not have to give up their jobs.

Easy access

The construction of a treatment and care facility in the north of Vienna is expressly welcomed. Expansion of outpatient facilities for counselling, treatment and further care is planned for the medium-term future to ensure easy access throughout the city.

6.4 Inpatient facilities

Various models

Inpatient treatment is primarily abstinence-oriented and consists of detoxification and withdrawal treatment. There are short-term and long-term treatment models, depending on the target group in question.

Further differentiation

It is planned to develop inpatient withdrawal treatment models with more flexible treatment periods. Completing abstinence therapy is considered the greatest success in addiction therapy.

6.5 Outpatient facilities

Liaison services have proved successful

Liaison services are highly useful, as the experience with the hospital liaison service "Contact" has shown.

Care model for drug dependent pregnant women

Interdisciplinary cooperation has helped to improve services for drug-dependent pregnant women and their children; drug therapy, obstetric services, support by the municipal Youth and Family Offices, and paediatric follow-up care are provided for this special high-risk group. The various services involved are coordinated by Contact in cooperation with the Youth and Family Offices.

Expansion to include other areas

As interdisciplinary cooperation has proved successful, this approach will be used in other areas as well. High priority is given to expanding and improving services for young people who are at high risk, as well as drug-dependent persons who are placed under police arrest or are serving prison sentences; assistance has to be extended to the latter group both during imprisonment and following their release.

6.6 Counselling and support for family members

Family members are often heavily affected

Counselling and support for family members of persons who are drug-dependent or at risk of developing addiction is an essential element of drug therapy. As the immediate family members of addicts are often the ones who are hardest hit by concomitant problems, they need specific counselling. Family members can cope better with these problems if they receive timely counselling and know how to respond during the early stages of addiction. The services for family members should therefore be expanded.

6.7 Substitution treatment

Concomitant care ensures treatment success

In some cases of chronic opiate addiction, prescription of a substitute drug is a useful measure. The success of this treatment, however, depends on the right framework of concomitant psychosocial and medical care. Substitution treatment must not be reduced to the mere administration of a pharmaceutical substance. On the contrary, the psychosocial care that is an integral component of substitution therapy must be expanded and improved over the coming years.

New substitutes – scientifically well-founded decisions

In addition to methadone, other suitable medicines are used for substitution treatment in Vienna. The development of other medicines to improve and expand treatment options is considered useful and desirable. The choice of substitute must always be wellfounded and base on the results of scientific research.

Better organisation ensures concomitant care

In the past few years, an efficient system of support and monitoring measures in connection with substitution treatment has been established, involving physicians in private practice, pharmacies and the health authority. Concomitant care has been improved in close cooperation with support facilities for drug addicts.

Specially trained physicians will be required in sufficient numbers to create more substitution treatment opportunities in the upcoming years; besides, more medical health officers will be needed. Consideration should be given to the establishment of additional services for patients undergoing substitution treatment who are confronted with acute supply problems over the weekend.

6.8 Follow-up care

Follow-up care ensures reintegration

After detoxification and withdrawal treatment, follow-up care constitutes an important stage of drug therapy which should receive more attention in the future. Its goal is to reintegrate patients into society, as a basis for a life as free from addiction as can be expected. Completing school education, re-entering the world of work, resolving debt problems and ensuring housing are all factors which are decisive for therapeutic success.

6.9 AIDS and hepatitis

AIDS – fewer infections and outbreaks of the disease

The number of new HIV infections and manifest AIDS cases among drug users has been substantially reduced in recent years. The policy of timely preventive action has proved to be successful and will be continued and expanded at the regional level.

Hepatitis B and hepatitis C pose new challenges

Prevention of hepatitis B and hepatitis C poses new challenges in the treatment of and care for drug users. While a vaccine is available for hepatitis B, hepatitis C requires preventive measures along the lines of those employed against HIV. In this context, low-threshold drug work is of special significance.

Working group on “hepatitis and drug use” – drafting of guidelines

Given the fact there is a high hepatitis infection rate among drug users, a “working group on hepatitis and drug use” has been established to define guidelines for prevention, vaccination, early diagnosis and treatment. The recommendations of the working group will also be made available for other institutions involved in the treatment of hepatitis.

7

Action Area 4: Employment – Social Integration and Prevention

Increasing pressure in the labour market

Gainful employment is a fundamental element of a person's social status. As the general economic situation becomes more fiercely competitive, so does the labour market. The resulting higher demands often create problems even for employees who do not suffer from health problems or social handicaps. Socially disadvantaged groups and persons with health problems find it increasingly difficult to retain their jobs. In this situation, finding a job is especially hard for drug-dependent persons, both during and after therapy.

Unemployed persons have a higher risk of addiction

Gainful employment is an important prevention factor. Unemployed persons have a significantly higher risk of becoming addicted. Thus, the fight against unemployment is a fundamental component in the prevention of addiction.

Preventing exclusion – promoting integration

The Vienna Drug Policy Programme attaches great importance to labour market measures. Action must be taken to counter the exclusion of drug addicts from the world of work. The continued satisfaction of basic needs, such as maintaining or recovering housing and patients' ability to work, are priority tasks in the provision of treatment and care to drug-dependent patients.

Particular care should be taken to avoid any additional barriers – such as restrictions under the Commercial Code or “preventive” withdrawal of driving licenses – which can jeopardise the success of rehabilitation and reintegration into the workplace.

7.1

Primary labour market

Cooperation between drug treatment services and employers

Employers are confronted with a difficult situation if they have to deal with employees who are addicted to drugs or who are in danger of becoming addicted. It is important that employees at risk who are able to work and function socially do not lose their jobs merely because they are drug users. To this end, cooperation schemes between employers and drug treatment services have to be set up along the lines of those already in place for employees with alcohol problems. This joint exercise should aim at developing strategies to prevent narcotics abuse in the workplace, as well as a supporting network for employees at risk. In this context, the experience and action potential provided by occupational medicine must be used.

Concrete measures have to be developed together with the Public Employment Service (*Arbeitsmarktservice, AMS*), the Vienna Employment Promotion Fund (*Wiener ArbeitnehmerInnen Förderungsfond, waff*), as well as representatives of employers' and employees' organisations.

Jobs ensure therapeutic success

To help clients retain or regain jobs is of vital importance in the context of addiction therapy; steady employment is an essential factor for long-term success of treatment. Counselling services with labour market functions, such as the *Wiener BerufsBörse* (Vienna Job Exchange) and the "Needles or pins" project, have been able to place a number of their able-bodied clients in jobs in the primary labour market. Projects of this type will have to be expanded, and appropriate funding should be ensured.

7.2 Secondary labour market

Another chance – the secondary labour market

Specific labour market projects are required to give addicts with limited working ability access to training and/or meaningful work. Secondary labour market projects provide training and working environment in which clients can rebuild their ability to work under special care.

Catching up on missed education – learning new skills

The projects place clients in working situations which resemble those of the primary labour market to build up qualifications and skills and remedy performance deficits.

Expansion of occupational projects – promotion of skillbuilding measures

Existing model projects in Vienna must be expanded and further developed. In particular, additional day labour jobs, which provide low-threshold access, are required. As drug-dependent persons often do not complete school education or vocational training, specific programmes are needed for initial and further education and training to build up clients' skills and qualifications.

7.3 Cooperation and networking

Existing models of cooperation between drug treatment services, AMS and waff have proved effective and should be further expanded. The placement of patients who have successfully concluded a course of treatment and participated in labour market measures must be improved.

Working group on "Labour market and social rehabilitation"

These measures can be implemented only through close cooperation of everyone involved – continuous communication and adjustment of the framework conditions are indispensable. To ensure this cooperation, members of the drug

treatment services, AMS and waff, as well as representatives of the Federal Ministry of Labour, Health and Social Affairs are to form a working group to work out an operative action plan.

In addition to labour market projects, there are also some occupational projects which are run by inpatient treatment facilities. The latter will have to be included in any structural considerations to improve product selection and marketing.

Changes in the implementation of the Vienna Social Assistance Law

Under the Vienna Social Assistance Law, recipients of social assistance benefits have only limited access to subsidised jobs and occupational projects. Changes must be made to the law and the regulations governing its execution, so that social assistance benefits are not cut back too harshly for people with low incomes or recipients of therapeutic pocket money as provided by drug treatment measures.

8

Action Area 5: Initial and Advanced Training in the Areas of Education, Youth, Social Affairs and Health

Interdisciplinary cooperation

Addiction prevention and counselling, treatment and care services for drug users, drug addicts and persons at risk of becoming addicted are interdisciplinary working areas which involve kindergarten and school educators, vocational training staff, social educators and social workers, all those involved in youth welfare work and extramural educational work, as well as staff in the areas of medicine and health care, including psychology

Common understanding – definition of training standards

Professional training in these areas, therefore, has to impart some basic knowledge about addiction prevention and treatment. For this purpose, training standards have to be defined and included in the training curricula. Drug dependence should also be awarded greater attention in the training of physicians, both at university and in the hospitals. A common understanding of prevention, early diagnosis and cooperation with drug treatment services all facilitate the networking of support services.

Intensified advanced training

Advanced professional training in drug-related problems serves to enhance and deepen understanding of the phenomena of drug use and addiction. In this context, significant progress has been achieved in recent years through regular advanced training courses which have been offered by several institutions, among them the Institute of Education of the City of Vienna, the Social Work Academy of the City of Vienna, the Federal Institute of Kindergarten Education, the Vienna Association of Youth Centres, and the School Psychology Service for the Nursing Schools and Academies of Medical Technology of the City of Vienna. Additional advanced professional training opportunities of this kind will have to be offered in the future.

General practitioners – model scheme

As regards general practitioners, a scheme for advanced professional training has been developed together with the Vienna Medical Association, the Vienna Health Insurance Fund and the health authorities. This scheme may also be used as a best practice model in other areas.

Furthermore, the “working group on professional substitution” provides information and advanced training for physicians in private practice who administer substitution therapy.

Initial and advanced training: improving qualification, preventing burnout

One objective of continuing training for all those who deal professionally with drug-dependent persons is their ability to avoid burnout symptoms and to protect also themselves against addiction. This objective must be taken into account in drafting curricula for initial and advanced training courses.

9

Action Area 6: Cooperation between Drug Treatment Services and the Judiciary

*Principle:
'therapy instead of
punishment*

The Vienna Drug Policy Programme is based on the principle of “therapy instead of punishment”. The implementation of this guiding principle has to be further developed and broadened through appropriate measures.

*Expansion of health
care measures*

The Austrian Narcotic Substances Act, which came into force on January 1, 1998, has introduced additional possibilities for the use of health-related measures in connection with provisional dropping of police charges, discontinuation of criminal prosecution, or deferment of penal sentences. Under Article 11 (2) of the Act, these health-related measures include medical monitoring of the offender’s state of health, medical treatment including withdrawal and substitution treatment, clinical-psychological counselling and care, psychotherapy, and psychosocial counselling and care.

*Assessment of the
need for treatment
and recommendation
of a suitable therapy*

Under current regulations, the health authority assesses the need for treatment in an expert report which is submitted to the public prosecutor and the court – without, however, recommending a specific type of treatment. Such a recommendation within the scope of the expert report would be extremely useful for the public prosecutor’s office and the courts and would also contribute to successful treatment.

*Improving reporting
procedures – solving
conflicts of interest*

Likewise, it is important to improve the procedures for reports on the progress of health-related measures, which are submitted to the public prosecutor and the court by the institutions engaged in therapy work. At present, therapists often experience conflicts of interests or difficulties in decision-making processes because they are called upon to assess the success of their own therapeutic work. Obviously, therapists cannot be expected to act as independent judges of their own therapeutic interventions. Urgent action should therefore be taken to establish an institution which is not directly involved in the therapeutic process, but is able to provide a professional evaluation of the progress of health-related measures.

*Developing quality
control – evaluating
treatment progress*

Criteria for the selection of health-related measures, as well as appropriate methods to assess the progress and control the quality of these measures, will have to be developed in a joint effort of the judiciary, the health authority and the drug treatment services.

New schemes must be introduced for continuous assistance to drug-dependent offenders – especially first offenders and young people – before, during and after imprisonment. To this end, cooperation between the support facilities for drug addicts and probation officers has to be improved.

10

Action Area 7: Public Safety

During the past few years, police work, social work and treatment and care measures have been coordinated successfully, preventing an escalation of problems, especially within the open drug scene.

Strategic cooperation between police and social workers

Intensive communication has been the backbone of this cooperation. It is because police and social workers have different operative functions, that strategic cooperation among them is so important.

Objective problems of public safety must be tackled by specific police measures, as well as well-targeted social work efforts. A concentration of the open drug scene in certain locations has to be prevented to avoid a disproportionate rise of problems in the surrounding areas. Generally, violations of universally valid legal provisions for the maintenance of public order and safety cannot be tolerated.

Reducing feelings of unsafeness – achieving social compatibility

One priority of Vienna's drug policy efforts is to reduce public nuisance and feelings of being unsafe among the population at large. A reasonably high degree of mutual tolerance must be achieved in public spaces which are frequented by socially maladjusted persons. In many cases, criminal behaviour and social maladjustment are side-effects of drug dependence. For this reason, both police measures and social interventions play an important role.

Investigating the safety situation – developing new action plans

Continuous attention must be given to cooperation between police and social work institutions. Specific action plans have to be developed on the basis of joint analyses of the safety situation in problem zones. In addition to vigorous exchange of information, mutual training is of special importance and has to be stepped up in the future.

Broad safety concept

The overriding objective is to set up action plans based on a broad understanding of public safety. Equal importance must be attributed to objective safety, social tolerance and conflict resolution.

The Vienna police force acting in accordance with the drug policy programme

In the context of this definition, public safety is one of the four pillars of drug policy in Vienna. In adherence to its duties of law enforcement, the Vienna police force follows the guidelines laid down in the Vienna Drug Policy Programme.

Continuation of the needle/syringe exchange scheme and the "Moskito" project

The public regards discarded needles and syringes as a particular safety threat. The problem has been largely defused through establishment of a round-the-clock needle/ syringe exchange scheme and the "Moskito" project, a special needle/syringe collection service which can be called by anyone who sees a need for it. These services will be continued and expanded to cover all of Vienna, if need be. In this context, cooperation should also be sought with pharmacies.

11 Action Area 8: New Drugs – New Trends

*Trend towards
designer drugs*

New forms of drug use have been emerging in recent years, in particular the trend towards designer drugs with lower addictive potential. Most users of these substances are socially well adjusted and do not perceive themselves as being at risk from drugs. Their drug use is part of their recreational activities and mostly happens on weekends.

*Precursor substances
easily available*

The new drugs – which are mostly amphetamines and amphetamine-like substances, such as Ecstasy – have spread globally in just a few years. The precursor chemicals required for their production are easily available, either legally or on the black market, and are cheaper than the natural raw materials for traditional illicit drugs.

*Use at raves and
techno parties*

Designer drugs are used at many dance events, especially raves and techno parties. Apart from the danger of acute overdosing, repeat use of Ecstasy bears the risk of neurological damage. The use of amphetamines may also lead to massive dependency. Special problems are the many impurities and adulterated substances that are sold under the name of Ecstasy.

*New tasks in preven-
tion, counselling and
care*

This situation creates new tasks in prevention, counselling and care work. New strategies and measures are needed to reach this target group and respond adequately to the new developments.

11.1 New strategies with regard to Ecstasy use

*Rising trend towards
recreational drugs*

The global increase of the use of designer drugs signals the beginnings of a new development. In the future, we have to expect a more widespread use of so-called recreational drugs by socially well-adjusted users who are within the social mainstream.

*Social work –
outreach approach*

As a rule, these drug users will not come to counselling and care facilities on their initiative. For this reason, outreach social work is considered the best way of establishing contact with them.

*ChEck-iT! – Project
for prevention and
scientific research on
Ecstasy*

A pilot project was launched in Vienna some years ago with the twofold objectives of prevention and analysis of the chemical composition of pills which were

offered in the scene as Ecstasy pills. The project, which was conducted under the name ChEck-iT!, provided a preliminary overview of the substances available on the black market. This is a prerequisite for an accurate assessment of the situation.

Counselling and laboratory analysis

ChEck-iT! project work consists of chemical-toxicological analyses of designer drugs which are carried out on the spot for participants in rave parties and other major events, as well as information and counselling provided by social workers. The project directly reaches youth at risk, and it is often their first chance to receive information about existing support services. Given the encouraging project results, ChEck-iT! will be continued on a regular basis. The possibility of establishing a counselling facility dedicated especially to designer drug users will have to be considered in detail.

European early warning system on synthetic drugs

Participation in international programmes, such as the establishment of a European Union early warning system on new synthetic drugs, will provide an opportunity to gather further insights through the exchange of experiences.

12

Action Area 9: Science and Research

Results of scientific research form the basis of policy measures

The findings of scientific research form the basis for the development of measures aimed at preventing addiction and providing counselling, treatment and care to drug users and addicts. Only the use of scientifically well-founded methods can ensure the desired success of these measures.

Hence, the results of scientific research contribute significantly to ensuring the quality of existing measures, developing new methods, as well as drug policy planning and organisational decision-making.

Compared to other research areas, addiction research is still in its infancy. In the coming years, the main focus should be on basic research to gain clarity on fundamental questions. Furthermore, there is a need for new research results and innovative methods for the evaluation of practical experiences in counselling, treatment and care of drug users and addicts.

An interdisciplinary approach is required in research, study and practical work

In recent years, experts with a medical background have conducted most addiction research. It is becoming clear, however, that an interdisciplinary approach in research, study and practical work is needed to tackle the complex issues involved in drug use and addiction. Existing research efforts should therefore be complemented and expanded to include multidisciplinary approaches to and confront issues on a broader basis.

Research into risk factors and protective factors in connection with addictive behaviour

Major importance is attributed to research regarding factors that increase the risk of addiction or, conversely, protect against that risk, because findings in this area form the basis for further development of prevention strategies. Some of the questions that require more in-depth research relate to the causes and progress of addiction, the interaction between social framework conditions and addictive behaviour, the role of law enforcement in counselling and treatment, the effect of drugs and their influence on users' social behaviour and on their ability to drive motor vehicles, the value of drug testing, as well as economic aspects of the trade in illicit drugs.

Scientific research of medical use of cannabis

The possibility to use cannabis in medical treatment has to be investigated. Concrete research projects are to be conducted as soon as the legal and organisational framework for such projects has been clearly defined.

Improvement of framework conditions for research

Given the dynamic development of the drug scene, expansion of research efforts and the deepening of scientific insights are imperative for continued successful

drug policies. The organisational framework conditions in which researchers operate must be improved to allow for specifically targeted projects.

International cooperation

Close cooperation with national and international institutes and organisations is indispensable, especially in the area of scientific research. Existing participation in international projects, such as the European Monitoring Centre for Drugs and Drugs Addiction, the United Nations Drug Control Programme, the Pompidou Group of the Council of Europe and others is to be broadened.

13 Action Area 10: Structural Measures and Coordination

Network of public and private sector institutions

The network of drug policy facilities in Vienna comprises public and private sector institutions. Sources of funding are the federal government, the social insurance funds and the City of Vienna, the latter contributing the lion's share of resources.

Networking is indispensable

The services and policy measures provided make up an integrated package. Networking and efficient cooperation are indispensable to meet the complex tasks of drug policy efforts.

Flexible responses to new problems

In the years to come, structures will have to allow flexible and swift responses to new and emerging problems. Networking among the counselling, treatment and care facilities, as well as cooperation with non-specialised services, has to be improved at the organisational level as well.

A new organisational structure is needed

Drug treatment services are increasingly used and confronted with growing tasks and demands. To ensure efficient use of public funds, best possible coordination of all areas is required. This necessitates an organisational structure which is in line with the changing framework conditions.

Improvement of central management

The deliberations of the Vienna Drugs Commission have highlighted some problems of a structural nature. These problems must be resolved in the years to come through improvement of the organisational structure and of central management.

13.1 Documentation and evaluation

Developing objective criteria for documentation and evaluation

Currently, there is no uniform documentation and evaluation of the work done in Vienna's drug policy facilities. As this makes it difficult to assess the outcomes of measures, criteria need to be developed for objective evaluation on the basis of well-structured and comparable data.

Common documentation system

A common documentation system will have to be developed to present and evaluate the work done, both as regards quantity and quality.

13.2 Quality assurance

A functioning documentation and evaluation system is also a prerequisite for quality improvement and ongoing quality control. All facilities and services funded by the City of Vienna shall be included in such a system in the future.

Developing quality criteria and quality standards

The use of public funds is justifiable only if these resources are used to provide high-quality services. In counselling, treatment and support services for drug users and addicts, quality must not be narrowly defined and equated with placement rates or patient numbers. Rather, new quality criteria and standards of quality are required as part and parcel of future quality management. Not only drug-related considerations and expertise, but also micro and macroeconomic thinking will have to play a role in defining these criteria and standards.

Competence centre for documentation and evaluation

A competence centre is to be established for documentation and evaluation and the resulting quality assurance process.

13.3 Demand-oriented planning

Improve demand analysis and demand-oriented planning

The last few years have seen the launch of many new projects and expansion of existing measures in the areas of prevention, counselling, treatment and care. Systematic, demand-oriented planning is required to ensure that the needs for preventive work and services are covered throughout Vienna.

In some areas, services are currently not in line with demand, or it is unclear what the actual needs are.

The development of appropriate instruments to identify demand and plan accordingly, leading to a well-structured organisational scheme, will be an integral task in efforts to improve the central management of drug-related work in Vienna.

13.4 Funding

Best possible use of resources

The City of Vienna has substantially increased its funding of drug policy measures in recent years. However, it is unlikely that municipal funding will continue to grow at the same rate as in the past. Making the best possible use of available

resources will therefore have priority over further disproportionate funding increases.

Service-linked funding

The current variety of funding and subsidising schemes is to be replaced by a new, streamlined system which will facilitate the administration of funds spent on the various facilities and services. Allocation of funds is to be linked to the services rendered – e.g., by way of service contracts – to improve the municipal administration's position as a purchaser of services and enable project organisers to plan on a reliable basis. In this context, the problem of advance and interim financing must be taken into account; this problem affects mostly smaller institutions with little capital because they are not allowed to build up reserves. Regardless of the exact mode, however, clearer relations must be established between the providers, recipients and funders of services.

Tapping new sources of funding

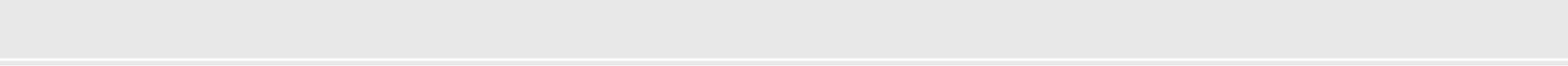
It is planned to tap new sources of funding, e.g. through making better use of EU grants.

13.5 Networking and coordination

The establishment of a central drug policy coordination unit has proved a successful step. Network and cooperation among all involved services, institutions and authorities in Vienna has progressed significantly over the past few years.

New forms of coordination and management

Continuation of these efforts is therefore desirable and should include the development of new forms of coordination and management. In this context, the successful work of the Drug Commissioner and the Drug Policy Coordinator will continue to play a central role. The Drugs Advisory Council will support them in their efforts.



Part 2

Gender Mainstreaming in Addiction and Drug Work

**As defined by the Vienna
Drug Policy Programme 1999**

Preamble

These guidelines¹ were developed in 2005-06 on the basis of the Vienna Drug Policy Programme (1999) to assure the gender awareness of the policy in future.

The guidelines apply both to the staff and clients of the Office of Addiction and Drug Policy of Vienna (*Sucht- und Drogenkoordination Wien GmbH, SDW*), and to its funding recipients.

Gender mainstreaming is not only a tool for achieving equality, but also contributes to higher motivation among staff, and better use of their potential while enhancing organisational performance. Participating in this process is indispensable for modern organisations in the 21st century.

We would like to thank the authors, especially Professor Beate Wimmer-Puchinger, Officer for Women's Health of the city of Vienna, who with great dedication has helped create these guidelines.

¹ Presented to the *Vienna Addiction and Drug Advisory Council* on November 6, 2006.

14 Gender Mainstreaming in Addiction and Drug Work – Vienna Guidelines for a Gender-Sensitive Approach to Addiction and Drug Work

14.1 Mission statement

Clear commitment to equal opportunities

The institutions and facilities of the Vienna Network of Addiction and Drug Services (SDHN) are committed to the objective of equal opportunity and gender equality.

As a quality development strategy, gender mainstreaming promotes equality of women and men, raises awareness about gender-specific needs, and contributes thereby to continual improvement in quality of treatment and care.

14.2 Definition

Gender mainstreaming at all levels

The generally accepted definition of gender mainstreaming in the European Union is that of the Council of Europe (Strasbourg 1998):

“Gender mainstreaming is the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies, at all levels and at all stages, by the actors normally involved in policymaking.”

14.3 Basis – guidelines

Gender-sensitive services

1. All policy measures described in the Vienna Drug Policy Programme also aim to promote gender equality. Hence Vienna’s institutions for drug users should commit to including gender-sensitive approaches based on the Gender Mainstreaming Guidelines as integral components of their programmes.

2. This requires raising awareness of different gender perspectives. The necessary conditions have to be created both in the organisational structures of support facilities for drug users as well as in respect to funding guidelines or SDW procurement directives. In implementing, executing and evaluating gender mainstreaming measures, Vienna's facilities and services for drug users need to adopt a top-down approach starting from the managerial level.

14.4 Guidelines applied to the structures of drug support facilities

Taking advantage of existing networks

3. To cross-link facilities in the field of gender mainstreaming, a broad range of cross-sectional bodies should be used to develop, ensure and evaluate standards and measures for gender-sensitive drug work. These should include the various action areas in drug work, i.e. prevention, counselling, treatment, care, social integration, integration into the labour market, and safety.

Gender-sensitivity in all areas

4. The facilities' gender-sensitive orientation must conform to the respective guidelines.
5. The entire range of existing and future services is to be monitored for gender sensitivity and adapted, if necessary, to eliminate such access barriers as may exist.
6. Equality of women and men is to become an integral component of all measures for organisational and human resources development.
7. The use of gender-neutral language (in languages with grammatical gender) to address and make visible both genders, must become standard practise in facilities' internal and external communications.

14.5 Guideline in human resources management

Gender competence through human resources management

8. A prerequisite for gender-sensitive drug work is initial and advanced training for staff members in gender mainstreaming strategies in order to build gender competence.

Targets for initial and advanced training in gender awareness:

- The complexity of the issue of gender is understood. Information on gender aspects in the relevant field and area of action, as well as data on the gender ratio are available or will be developed.

- ▶ Initial and advanced training measures impart knowledge about the specific realities of women and men undergoing counselling and care and provide information on their gender-specific needs and (potential) discriminatory structures. This includes information on gender-sensitive care approaches and interventions, as well as about gender-analysis tools and methods.
- ▶ Supervision, peer consulting and issue-specific working groups promote staff members' gender-specific perceptions and expectations. The goal is to achieve critical questioning of potential gender stereotypes, also when dealing with clients.

Objectives for gender-sensitive human resources management:

- ▶ Part-time employment is not an obstacle to management-level positions.
- ▶ Women and men are promoted in taking parental leave and on returning to work thereafter.
- ▶ Equal pay for women and men with comparable qualifications and positions.
- ▶ Gender parity in management and decision-making positions if qualifications are comparable.

14.6

Guideline in gender-sensitive research

*Support
through scientific
research*

9. Gender-sensitive research should contribute to ascertaining clients' needs according to their individual circumstances, to identifying access barriers, and to providing information on gender-sensitive services.

Objectives for gender-sensitive scientific research:

- ▶ Gender-disaggregated collection and analysis of data (applied to institutions and clients).
- ▶ Gender-disaggregated interpretation and presentation of results from diverse surveys, assessments of clients' satisfaction, evaluations, research projects, etc.

15 Review

Gender mainstreaming in work with drug users

The “Women’s Health Programme” adopted by the Vienna City Council in 1998 includes gender mainstreaming in policy measures for drug dependence prevention, as well as in counselling, treatment and care for drug users. Subsequently, the Vienna Addiction and Drug Advisory Council in 2003 deemed a gender-sensitive approach to be of importance in the strategic orientation of drug work. Gender mainstreaming is accordingly to be implemented in work with drug users.

As a consequence, Prof. Dr. Beate Wimmer-Puchinger, Officer for Women’s Health of the city of Vienna, and Michael Dressel, MA, Addiction and Drug Coordinator of the city of Vienna, initiated in December 2004 a start-up workshop to analyse gender mainstreaming in addiction and drug work.

Professional development

To produce an overview of gender-sensitive services and measures in Vienna’s drug work, a survey was carried out in the city’s drug-support institutions in December 2005. The study collected information on facilities’ existing or planned implementation of gender mainstreaming strategies and on perceptions of client needs. The study was carried out by Felice Drott as part of a diploma thesis in cooperation with the Health Management programme of *Fachhochschule Krems*.

16 Summary of Study Results

Great interest in gender-sensitive measures

In brief, the study's findings from surveyed facilities showed that there is a high awareness of gender-specific needs. However, steps for the implementation of a comprehensive GM strategy to promote equality of women and men and counteract the attribution of gender roles exist only to a limited extent.

It became obvious, for example, that existing data collection and analysis methods neglect specific variables (such as child care responsibilities) when describing life situations, or maintain gender-blind evaluation of collected data (samples combine men and women in age groups). As gender mainstreaming (GM) is a young and innovative concept, the lack of attention to life situations is also to be found in many other institutions.

It should be emphasised, however, that all those participating in the survey were very interested and eager to take part in the implementation of gender-sensitive policy measures.

16.1 Staff level

More men than women in management positions

In examining human resources structures it became clear that the number of men in management-level positions ("glass ceiling"²) and full-time jobs is strikingly high. In contrast, women often have low-level and part-time jobs. They are also more frequently in direct contact with drug users than their male colleagues (55% women in operational activities compared to 45% men). Male clients (approx. 70%) are attended to more frequently by female staff members.

2 "... an invisible barrier that keeps women (and other under-represented groups) from rising to the upper rungs of the corporate ladder, and the existence of limited career opportunities within organisations." (Schmidt, 2004, p. 147)

16.2 Distribution of female and male clients in drug support facilities

Research on the numerical distribution of female and male clients in the facilities revealed the following:

The share of drug-dependent women who come into contact with drug-support facilities averages 30 per cent, that of drug-addicted men 70 per cent.

Assistance for drug users: the older women are, the less frequently they seek support

Distribution analysis with regard to age, however, yields more differentiated results. In the age group of young clients (under 18 years of age) an equal share of females and males seek support in the surveyed facilities. However, from the 19-year-old age group upwards the share of women seeking support is regressive when compared to men. The older drug-dependent women are, the less frequently they seek support from services offered by Vienna's institutions of assistance for drug users.

The absence of female clients is also discussed at European level. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) assumes that the number of drug-dependent women is most likely underestimated.

As shown by research, women are under-represented in drug-support facilities. This is largely because services do not adequately consider their particular needs and circumstances such as child care responsibilities, daily routines determined by (clandestine) prostitution, life in a violent relationship, and other factors that women have to face much more frequently than men.

Maternity is an obvious example: Between 18 and 75 per cent of all female drug users (in the European Union) have at least one child. They are either too occupied with child care responsibilities to undergo treatment, or fear loss of custody of their children (see: European Monitoring Centre for Drugs and Drug Addiction, Annual Report 2000, p. 44).

Services have a gender-specific effect

Analysis of client-structure factors revealed no direct correlation between the type of facility (for instance, inpatient facility) and the percentage of female and male clients in the institutions. Whether the percentage of women is below or above average depends instead on the individual support services offered by each facility. A larger percentage of women was observed in facilities with measures and services especially for women (for instance women groups, services for pregnant women, child care, quotas for women), in outreach centres (for instance hospital care, street work), and in facilities that target primarily younger age groups.

The percentage of female and male clients may also depend on how they are placed in, or come into contact with facilities (for instance by court order, through the AMS Public Employment Service or municipal Youth and Family Office.

16.3

Drug-dependent women less frequently gainfully employed than men

Re-integration into the labour market is key

As shown in the basic documentation produced by addiction and drug department (*Fonds Soziales Wien, FSW*) for Client Year 2004, drug-dependent women derive their income largely from social welfare benefits, whereas the source of income for men is more frequently emergency and unemployment benefits. This is significant as individuals who receive either unemployment or emergency benefits are – albeit to a limited degree – integrated into the labour market. An individual who depends on social welfare benefits however, is considerably less likely to be integrated into the labour market. Access to information and specific support measures for reentering the labour market (for instance through training measures offered by the AMS Public Employment Service) is significantly more difficult for this group of individuals.

Drug-dependent women are therefore less frequently gainfully employed than drug-dependent men, and thus face a higher risk of poverty.

17 Guidelines Development

Drawing on international expertise

A further workshop drew on the expertise of internationally recognised Swiss gender expert Zita Küng and of Doris Heinzen-Voß, an official of the Nordrhein-Westfalen Centre for Women and Addiction (*Landesfachstelle Frauen & Sucht Nordrhein Westfalen*), BELLA DONNA. Together with participating facilities suggestions for gender-sensitive drug work guidelines were compiled. The guidelines address gender-sensitive development of facility structures, planning of processes, and evaluation of results.

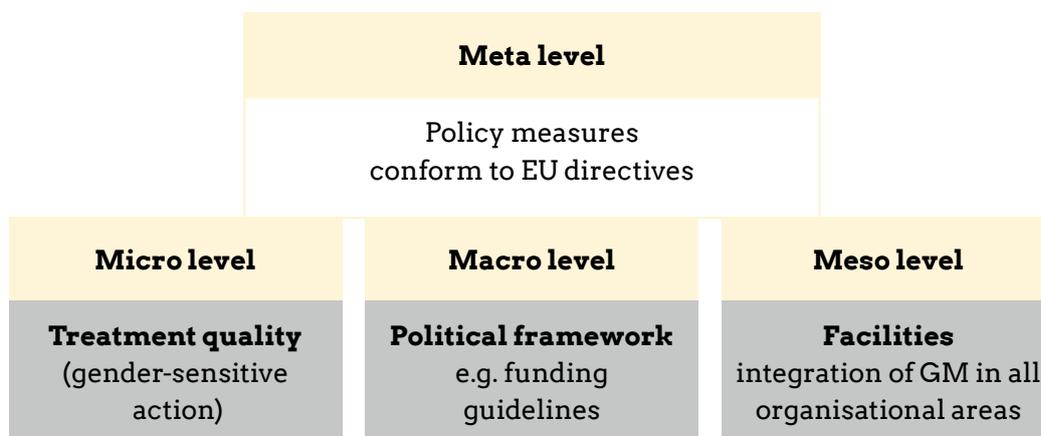
Integrated concept for all levels

Drug work that promotes gender equality requires creating the necessary conditions on macro, meso, and micro levels. The Vienna addiction and drug policy represents the macro level and supports gender-sensitive action (gender mainstreaming in funding or procurement criterion).

The meso level comprehends counselling and support facilities which systematically implement gender mainstreaming strategies, for instance in the planning and evaluation of measures, in human resources management, in staff training programmes, etc.

As a result, gender-sensitive action is ensured at the micro level, in direct contact between staff members and clients.

In addition, the entire range of policy measures must conform to European Union directives (meta level).



(Illustration by Felice Drott)

Annex

Terminology

Gender

'Gender' refers to social gender; a set of social role ascriptions (personal characteristics, attitudes and behaviour, values, power and influence, etc.) based on the biological gender (psychological, social and cultural dimension of belonging to a certain gender).

Example: "Women cannot park a car, men don't listen."

Gender-sensitiveness

The process of raising awareness of gender disparity in society in connection with access to resources, participation and decision-making power as well as biological and social gender differences that must be taken into consideration (for example in health promotion). This also requires verifying and differentiating real and supposed differences (social construction of gender). Among the methods available in connection with gender mainstreaming are "gender trainings".

Gender analysis

Gender analysis is the detailed examination of an issue with regard to its gender relevance. Several tools are available, or are being developed (e.g. gender-based analysis, gender budgeting, gender impact assessment, 3-R method).

Gender competence

Gender competence is the prerequisite for taking into account the issue of gender. At the same time, consideration given to the question of gender deepens gender competence ("practice makes perfect"). Gender competence is based on three pillars: 1. Sensitivity to gender issues and (potential) discriminatory structures, and motivation to reduce gender disparity. 2. Knowledge about strategies and methods, i.e. there is knowledge of gender-analysis tools and methods that can be applied in individual fields. 3. Gender know-how, i.e. the complexity of the category "gender" is understood; information on gender aspects in the relevant field of activity and area of action is available; data on gender issues is available or being developed.

Gender relevance

Gender relevance is the extent and significance of an issue from the perspective of gender equality. As a rule of thumb it can be assumed that an issue is gender-relevant as soon as human beings come into play.

Gender training

Gender training is an event dedicated to information, advanced training and structured self-awareness of the issue of gender. In implementing gender mainstreaming, gender training is a preliminary measure for getting acquainted with the method.

GM Gender Mainstreaming

(For definition, see page 1)

Gender-specific needs

These are needs based on biological gender.

Gender-adequate language

Language is our principal means of communication. Language-related gender stereotypes form the cognitive basis for interactive generation of gender (“doing gender”). Gender-adequate policies, research and practice also require gender-adequate language. Relevant test criteria are: Does language correspond to content? Are both genders mentioned if both genders are meant? Is the gender meant that which is mentioned?

Glass ceiling

Describes “... an invisible barrier that keeps women (and other under-represented groups) from rising to the upper rungs of the corporate ladder, and the existence of limited career opportunities within organisations.” (Schmidt, 2004, p. 147)

Source: www.genderhealth.ch

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Part 3

Strategy 2013

18 Basic Facts

18.1 What is addiction?

Dependence syndrome

The WHO defines addiction as a *dependence syndrome* characterised by a cluster of physiological, behavioural, and cognitive symptoms developing after repeated use or repeated consumption of psychoactive substances (also pharmaceuticals), alcohol, or tobacco.¹ A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) to take the substance or to show specific behaviour patterns. Further characteristics are constant or periodical use of the substance; difficulty in controlling consumption and the progressive neglect of interests, obligations, or activities. The tolerance level increases and withdrawal symptoms often occur.

Addiction is a chronic disease

Addiction is the non-standard term for a range of different medical and psychological symptoms; it is a disease that may have many causes and progresses differently. The medical community has established the term *dependence syndrome* for substance-related dependencies. The terms *personality and behavioural disorder* as well as *impulse control disorder* refer to non-substance-related dependencies.

Addiction describes behaviour patterns that individuals can generally not control. As they cause harm to individuals and society, they demand therapeutic and social action.

18.1.1 Causes

Factors determining the development of a dependency

The development and progression of a dependency is determined by three factors described below. Particular attention needs to be given to the gender aspect of all three factors, especially in connection with addiction risk, addiction prevention, and recovery:

¹ World Health Organization (WHO), Management of substance abuse, URL: http://www.who.int/substance_abuse/terminology/definition1/en/

1. **The individual concerned**

An individual's history, personality development, biological constitution and accordingly his or her own resources for coping with a crisis or change, internal and external circumstances, as well as the personal capacities on which an individual can draw at a particular moment – which relate, for example, to his or her age – are fundamental risk and protection factors.

2. **Social environment and social circumstances**

Risk of addiction and the chances of overcoming an existing addiction are closely correlated to an individual's social circumstances. Risk factors include lack of future prospects, exclusion, poverty, and especially unemployment and homelessness. Social integration, participation – especially in education and training – and employment opportunities are major factors that protect from, or help overcome addiction.

3. **Substances or behaviour patterns**

Different addictive substances or addiction-promoting behaviour patterns have different addiction potential. Gambling at slot machines, for example, is more problematic than other types of gambling in addiction-promoting behaviour patterns.

As is the case with licit and illicit substances, decisive are opportunities that promote addictive behaviour, for example, the availability of slot machines, or societal acceptance or disapproval of specific behaviour.

18.1.2 **Gradual transition**

The development of an addictive disorder is a dynamic, non-linear process. The transitions between abstinence, enjoyment and addiction are gradual and context-related.

Distinction between enjoyment and problematic use

It is important to distinguish risky or problematic consumption from use. The consequences of drug use in an addictive disorder are a continuous strain for the individual and society. Drug use results in loss of control and impairment of an individual's psychological and physiological health, and also endangers his or her social situation.

Enjoyment is determined by cultural, societal, traditional and social norms.

Different types and gradual transitions

These norms may be important protective factors against excessive use and the development of an addictive disorder. Within the spectrum of abstinence, enjoyment and addiction there are different types and gradual transitions:

- ▶ Trial use (one-time or sporadic testing).
- ▶ Experimental use (curiosity, sensation seeking, non-regular use with higher frequency at certain times, for instance at weekends).
- ▶ Regular use (habituation without inevitable dependency).
- ▶ Risky use (consumption that increases the risk of harmful consequences, for instance problems at work).
- ▶ Harmful and problematic use – a pattern that results in physical or mental health problems. Although aware of the danger and harm involved, those concerned are unable to refrain from consumption or addiction-promoting behaviour.

18.1.3 **Diagnosis**

Research on drug dependence is a relatively young scientific discipline. Definitions and terms are subject to continuous development.

Classification systems

As a rule, diagnosis is based on the WHO diagnosis classification system, the “International Statistical Classification of Diseases and Related Health Problems” (ICD-10).² The “Diagnostic and Statistical Manual for Mental Disorders” (DSM), a classification system of the American Psychiatric Association, is also commonly used.

ICD-10 refers to addictive disorder (dependence syndrome) if at least three of a group of different symptoms have occurred at least over the period of one month within the previous year:

1. A strong craving, a sort of compulsion, to use a substance or pursue a specific behaviour.
2. Reduced control over use of the substance (begin, end, amount).
3. Withdrawal symptoms with cessation of substance use or behaviour.

² This is the case in Vienna and Austria.

4. Occurrence of tolerance against the substance's effects. This means that an ever increasing amount of the substance is needed to achieve the same effect subjectively (dose increase).
5. Neglect of other interests by concentration on the use of one or several substances; persistent use despite obvious harmful consequences.³

The classification systems mentioned above are based on the scientific findings of addiction research but do not represent a definitive classification, and are being continuously developed.

Multidimensional diagnosis

Medical, psychological and social aspects

For comprehensive diagnosis not only medical but also psychological and social aspects are of importance. These are consequently taken into account in SDHN's multidimensional diagnosis.

Presently, the following categories are used in diagnosing a client's situation: use, somatic, psychological and social health (resources and networks, job and education, income, housing).

18.1.4 Non-substance-related or behavioural addictions

Addictive disorder related to substances is called "substance-related addiction" whereas behaviour associated with deviance from societal norms, for instance pathological gambling, is called "non-substance-related addiction".

ICD-10 currently defines addiction only in relation to substance use.

Impulse control disorders

DSM (DSM-IV) (the American Psychiatric Association's diagnostic criteria) at present classifies pathological gambling as an *impulse control disorder*.

Pathological gambling (DSM-IV, 312.31)

- A. A persistent and recurrent maladaptive pattern of gambling showing five or more of the following characteristics; the patient:

³ See Dilling, H./Mambour, W./Schmidt, M.H./Schulte-Markwort, E.: "Internationale Klassifikation psychischer Störungen, ICD-10 Kapitel V(F) – Diagnostische Kriterien für Forschung und Praxis", Verlag Hans Huber, 4th revised edition, 2006, p. 79f.

1. Is extremely preoccupied with gambling (e.g. reliving past gambling experiences, planning the next gambling venture, or thinking of ways to get money with which to gamble).
 2. Needs to wager increasing amounts of money in play to get the desired excitement.
 3. Has repeatedly tried (and failed) to control or stop gambling.
 4. Feels restless or irritable when trying to control or stop gambling.
 5. Uses gambling to escape from problems or to alleviate dysphoric feelings (e.g. sense of helplessness, guilt, anxiety, depression).
 6. Often tries to recoup losses.
 7. Lies to family members, therapists and other persons to cover up the extent of gambling.
 8. Has engaged in illegal activities such as forgery, fraud, theft, or embezzlement to finance gambling.
 9. Has jeopardized or lost an important relationship, job, training or advancement opportunities because of gambling.
 10. Has had to rely on others for money to relieve the dire financial consequences of gambling.
- B.** The gambling behaviour cannot be adequately defined as a manic episode.⁴

In revising the diagnosis criteria according to DSM-V, experts proposed classifying *pathological gambling* as a *dependence syndrome* rather than as an *impulse control disorder* as hitherto.

Need for treatment

Some individuals are unable of their own accord to cease consumption or addictive behaviour whether substance-related or non-substance-related, and therefore cannot change the ensuing harmful effects on themselves and society at large. This is an important indicator for the necessity of treatment.

⁴ See Saß, H./Wittchen, H./Zaudig, M./Houben, I.: "Diagnostische Kriterien des Diagnostischen und Statistischen Manuals Psychischer Störungen DSM-IV-TR", Hogrefe-Verlag, 2003. p. 250f.

18.2 Substances and addictive drugs

Licit drugs

Both licit and illicit drugs are subject to numerous legal regulations. The most common licit drugs in Austria are alcohol, tobacco (nicotine), and pharmaceuticals (psychotropic drugs, sedatives, etc.).

While the use of these substances is not generally prohibited or restricted, there are context-related restrictions.

These apply for instance to alcohol and driving, or to protection of non-smokers in the workplace, restaurants and bars. Legislation on pharmaceuticals also includes comprehensive regulations.

Illicit drugs

Illicit drugs are substances whose production, possession, trafficking, import, export and transit, processing or use is either generally prohibited or at least strictly restricted by law (Narcotic Substances Act and implementing provisions).

New Psychoactive Substances Act

The production, import and export, supply or provision of new psychoactive substances has been regulated under the New Psychoactive Substances Act (NPSG) since January 2012.

Previously only individual chemical substances were prohibited so that minor modifications of chemical structure sufficed to bypass the law. The NPSG now covers entire groups of substances as well as their derivatives. It is thus more difficult for this dynamic market to circumvent the law by producing an ever increasing number of new substances with only minor modifications of chemical structure.

Legal status not an indicator of addiction potential

The legal status of individual drugs does not provide an indicator for gauging their addiction potential and hazards.

18.2.1 Licit drugs

The following overview of the most common licit drugs in Austria makes clear the need for action.

18.2.1.1

Most frequent diagnosis: alcohol addiction

Alcohol

Alcohol addiction is the most frequently diagnosed addictive disorder in Austria. It affects all social classes.

The use of alcohol is determined by gradual transitions over the spectrum of abstinence, consumption and addiction. As with all other (illicit and licit) substances, the graduations of addiction already referred to as well as the diagnosis of addiction are used.⁵

Frequency of drinking

According to the Vienna Substance Use Monitoring⁶ 2011 regular alcohol consumption is still male-dominated. Whereas 36% of men consume alcoholic drinks several times a week, the share of women amounts to 22%.⁷

Consumed amount of alcohol

Nine per cent of the Viennese population consumes at least twice or three times weekly an amount of alcohol corresponding to at least three glasses of beer of 0.5 litres each, three glasses of wine of 0.25 litres each, or nine small glasses of spirits. Twelve per cent of the population consumes this amount at least once a week.

Correlation to gender, level of education, and smoking

The amount of alcohol consumed correlates to gender and level of education. Men drink the above-mentioned amount more frequently than women. Individuals with a higher level of education (secondary school graduates and higher) in general drink less alcohol.

Smoking patterns also influence alcohol consumption. Of daily smokers, nine per cent said that they consume large amounts of alcohol almost every day, whereas only one per cent of occasional and non-smokers consumed large quantities of alcohol daily.⁸

⁵ See Chapters 18.1.2 and 18.1.3

⁶ Vienna Substance Use Monitoring is carried out biannually for the Office of Addiction and Drug Policy of Vienna. The survey for the present study was conducted from March to April 2011 in the form of interviews among a representative random sample of 600 individuals aged 15 and older.

⁷ Suchtmittel-Monitoring 2011. Bevölkerungsbefragung Wien, Studienbericht IFES, produced for Sucht- und Drogenkoordination Wien, Archivnummer: 25323 010; p. 12–27.

⁸ Suchtmittel-Monitoring 2011. Ibid.

<i>Wine and beer</i>	<p>Most popular alcoholic drinks</p> <p>Wine and beer remain the most popular alcoholic drinks in Vienna. More than one third of those who consume alcohol at least occasionally say that these are his or her favourite drinks. While men tend to prefer beer, women choose wine. Men also tend to prefer spirits. Cocktails and alcoholic soft drinks are above all consumed by women below 30 years of age.</p>
<i>Alcohol – a cytotoxin</i>	<p>Alcohol consumption during pregnancy</p> <p>While it is obvious that alcohol is a cytotoxin, there is no clearly defined safe drinking level with regard to harmful effects on the unborn child. Adverse effects range from a negative impact on children’s cognitive abilities and behavioural functions to Fetal Alcohol Syndrome (FAS).</p> <p>Children from (addiction-afflicted) alcohol-dependent families</p> <p>In addition to health problems, parents’ addictive disorders may also have severe negative consequences for children’s psychological and social development.</p>
<i>Mental retardation and violence</i>	<p>Apart from mental retardation and (severe) behavioural disorders, children from addiction-afflicted families are also more likely on average to suffer from injury due to neglect. Moreover, domestic psychological and physical violence frequently occurs in such families.</p>
<i>Increasing risk awareness and responsible action</i>	<p>Juveniles</p> <p>Often young people become interested in alcohol during puberty – a phase of testing and experimenting – and develop a wide range of distinctive substance-related risk behaviour. They seek to test their limits and, as a result, develop tools for individual risk awareness and responsible action.⁹</p> <p>Developing risk awareness and tools for responsible action is necessary in the developmental-psychological context. It permits young people to recognize and analyse risk situations and to become aware of their own risk behaviour. As a result they are able to act in a manner that is individually and socially compatible.</p>

⁹ See Scheithauer, H./Hayer, T./Niebank, K. (eds.): “Problemverhalten und Gewalt im Jugendalter. Erscheinungsformen, Entstehungsbedingungen, Prävention und Intervention”. Kohlhammer, Stuttgart, 2008, p. 15.

It is therefore important to determine whether young people use a substance to test their own and others' limits, or because underlying problems exist. If the latter is true, young people need qualified support.

18.2.1.2

Nicotine

From a health-care policy point of view tobacco consumption is an issue of high significance. Regular use of tobacco can lead to physical and psychological nicotine dependence.

A range of severe diseases caused by nicotine consumption burden the health care system with high annual costs. Appropriate preventive measures could reduce these costs.

Nicotine is the most commonly used drug worldwide

Nicotine, the most commonly used drug worldwide, causes more deaths than any other drug. The Association of the European Cancer Leagues (ECL) ranks Austria lowest¹⁰ on the European Tobacco Scale (TCS 2010) compared to 31 countries.

Similar to alcohol, there is a significant difference between Viennese women and men in nicotine consumption. While almost four in ten men smoke regularly (38%), just over one quarter (27%) of women do so.

The share of smokers in the age group of 40 to 60 year-olds is above average (40%). Men however account for a larger share of smokers than women in all age groups.

Of those who have completed only compulsory schooling 38% smoke. In contrast, only 16 %¹¹ of women and men with a university degree smoke.

Smoking during pregnancy

The effects of smoking during pregnancy should not be underestimated. Increased carbon-monoxide levels in the maternal circulatory system may cause fetal growth retardation in the womb.¹²

Growth retardation in the womb

10 See Association of European Cancer Leagues (ECL), Tobacco Control Scale (TCS) 2010: TCS evaluates implementation of tobacco control programmes in 31 countries.

11 See Association of European Cancer Leagues (ECL), Tobacco Control Scale (TCS) 2010: TCS evaluates implementation of tobacco control programmes in 31 countries.

12 See Sucht- und Drogenkoordination Wien; Fachstelle für Suchtprävention NÖ: "Schwangerschaft und Drogen – Professionell", 2012.

Smoking reduces the oxygen supply to the unborn child's organs, and cigarette components have harmful effects on its nervous and circulatory system.¹³

Children and juveniles

*First use
in young age*

Statistics show that a majority of male and female smokers start smoking at a young age. Among juvenile smokers, the share of females is higher than that of males in the same age group. Girls also start smoking at an earlier age.

*Avoidable health
risk*

According to the OECD study "Health at a Glance, 2009" girls smoke more frequently than boys in the group of 15 year-olds, whereas boys tend to get drunk more often than girls.¹⁴ Among adults in OECD countries more men than women smoke.

According to the OECD nicotine remains the largest avoidable health risk.¹⁵

18.2.1.3

Pharmaceuticals

Today, time-series data for many substance groups are available that shed light on use of psychoactive drugs and illicit substances over a period of almost 20 years.¹⁶

*Lack of awareness
about risks posed by
pharmaceutical use*

Generally it has been observed that users of prescribed psychoactive drugs lack awareness about the risks involved.

In general, women still tend to use more psychoactive (or psychotropic) drugs than men. But men's and women's habits of consumption of some substances are now converging. While women account for an above-average use of tranquilisers (17%) and sleeping pills (21%), the percentage of men is only a few points lower.

The life-time prevalence¹⁷ of consumption of appetite suppressants for women at 9% is almost twice that of men.

13 See Wiener Programm für Frauengesundheit: „Rauchen in der Schwangerschaft“, 2009.

14 See Health at a Glance – Gesundheit auf einen Blick, OECD, 2009.

15 See Health at a Glance – Gesundheit auf einen Blick, OECD, 2011.

16 Suchtmittel-Monitoring 2011, Bevölkerungsbefragung Wien, Studienbericht IFES, produced for Sucht- und Drogenkoordination Wien, p. 30.

17 Question: "Have you used one of the following substances at any time?"

An almost equal share of men and women take antidepressants. The same applies to medication to counter fatigue, as well as stimulants and concentration-enhancing drugs.¹⁸

Age of first use

First-time users of sedatives are on average in their mid-thirties. Users of appetite suppressants and stimulants usually start taking the drugs between 25 and 30 years of age.

18.2.2 Implementation guidelines for licit drugs

Alcohol

The first step in a long-term strategy on alcohol consumption is to collect data on the current situation in order to plan appropriate policy measures.

A wide range of differentiated and comprehensive support options for the treatment of addiction to illicit substances has been established over the years. For alcohol-dependent individuals, or those at risk of becoming alcohol dependent, however, it is necessary to further develop the treatment concept so that the various providers of services – similar to SDHN – form a network in which they complement one another and coordinate their services to respond to need.

Therapeutic services with clearly defined targets and quality standards as well as networking activities and interface management will play an ever more important role in the years to come. Both in-patient and, in increasing measure, outpatient options are to contribute to rehabilitation.

Strategies that facilitate social (re)integration and re-entry into the labour market are important complementary measures in the context of differentiated treatment options.

Diversified treatment strategies and options also need to be developed for alcohol dependency.

The range of therapy facilities in Vienna needs to include both abstinence-oriented therapeutic options, as well as programmes for alcohol-dependent individuals who are unable to achieve or maintain abstinence.

Planning and coordination of measures

Development of target-oriented services

Diversified treatment strategies

¹⁸ Suchtmittel-Monitoring 2011, Bevölkerungsbefragung Wien, Studienbericht IFES, produced for Sucht- und Drogenkoordination Wien, p. 32.

Alcohol consumption during pregnancy is a crucial issue, and requires appropriate strategies to avert harmful effects on children.

Support for family members

Not only addicted individuals but also their social environment, including relatives, family members, colleagues and acquaintances, need to be integrated into the system of treatment options. Children from alcohol-dependent (addiction-afflicted) families in particular need special consideration and care.

Increasing risk awareness

Protection from smoking

In the area of prevention of tobacco use and the treatment of nicotine-dependence a combination of educational and normative approaches is deemed to be effective.

Priority should be given to educational policy measures and legal provisions for the protection of children and juveniles, as well as to the enforcement of current legal regulations on tobacco consumption.

Special emphasis should be placed on the development of risk awareness and on advanced training opportunities for multipliers and key stakeholders.

Behavioural and structural prevention

Effective prevention of tobacco use includes both behavioural and structural tools. The latter includes legislation protecting children and juveniles and regulations for the protection of non-smokers. The tobacco law has been tightened markedly in recent years and protection of non-smokers enhanced. This has affected many restaurants and bars. However, separate smoking areas in these establishments are still permitted.

The enactment of regulations on tobacco use and provisions for the protection of non-smokers (tobacco law, employee protection provisions) falls under the responsibility of the federal government. The City of Vienna is responsible for ensuring compliance with both federal laws and the Vienna Youth Protection Law, and for imposing sanctions for infringements.

Irrespective of the substance, networking of local authorities, social insurance funds, specialised facilities, general practitioners, hospitals and clinics, youth welfare services, industry and representatives of the civil society (associations, organisations, etc.) are of major importance.

18.2.3 New psychoactive substances and research chemicals

Recent years have seen the emergence of new substances (legal highs, research chemicals) that have not yet or not sufficiently been investigated, and therefore pose particular challenges to health policy.

*Sales channel
Internet*

These substances are often easy to acquire through direct order and sales channels (Internet, mail-order businesses) because of weak regulations on substances that are falsely declared (e.g. as bath salts, incense), even when an intentional false declaration is manifest.

In some countries the legal status of many of these new substances has yet to be defined, or has been subject to different definitions.

*Unpredictable
effects and
increased risks*

Research chemicals (RCs) are various chemical substances usually acquired for research purposes and used in the chemical and pharmaceutical industries. Some of this vast number of substances may have a psychic impact. However, little is known about specific psychoactive effects and the addiction potential and toxicology of research chemicals, as adequate scientific research has yet to be carried out.

Research chemicals may be psychoactive substances belonging to diverse active agent classes (stimulants, hallucinogens, empathogens, entactogens, etc.). The substances' effects vary greatly, depending on the active agent class. Research chemicals are particularly dangerous because their effects can hardly be predicted.

The risks involved in the use of research chemicals may therefore be much higher than those from the use of other psychoactive substances, which have been known longer and about which more information is available. Currently, information on effects, dosage, and risk reduction is almost exclusively based on reports by female and male users.

Research chemicals' toxicology, exact mechanisms of action, side effects, interaction with other substances, acute and long-term toxicity, possible long-term effects and lethal doses, as well as the effect of overdose are mostly unknown or inadequately researched.

New Psychoactive Substances Act

Breaking new ground, Austrian legislation has attempted to regulate the entirely uncontrolled, and so far uncontrollable, phenomenon of new psychoactive substances. The New Psychoactive Substances Act (NPSG) entered into force at the beginning of 2012. With this law Austria has adopted regulations that go beyond internationally binding obligations established by the United Nations.

Prevention without criminalisation

A key issue in preventing addiction to research chemicals is enabling affected individuals to assess risks and to handle these risks and their health in a responsible manner. This includes both structural prevention measures and (new) legal regulations. It is crucial that female and male consumers not be criminalised.

The NPSG fully conforms to the Vienna approach in addiction and drug policy, which is committed to protecting individuals from health risks without prosecuting them.

checkit!

With regard to new psychoactive substances and research chemicals the checkit! project of *Suchthilfe Wien GmbH* is an essential part of Vienna's addiction prevention measures. checkit! is a scientific project on prevention with a number of objectives: avoidance of problematic consumption patterns, prevention of short, medium and long-term health hazards, collection of scientific data (substance analysis, questionnaires) on new trends and information, and counselling of target groups at events.

18.3 Implementing Vienna's policy on addiction and drugs

A cross-sectional policy, Vienna's addiction and drug policy will continue to be both a common concern and integral component of all areas of communal action in the future.¹⁹

SDW, SHW and SDHN

Sucht- und Drogenkoordination Wien, SDW (Office of Addiction and Drug Policy of Vienna) was formed in 2006 to implement the strategic and operative targets of Vienna's addiction and drug policy. The task of SDW is to ensure that all services and policy measures associated with this policy are implemented throughout the SDHN (the Vienna Network of Addiction and Drug Services), which consists of SDW, its subsidiary *Suchthilfe Wien gemeinnützige GmbH*, as well as grant recipients and partners in the in- and outpatient areas.

¹⁹ See Part 1 "Basic Facts", The Vienna Drug Policy Programme, 1999, p. 11.

Contract management

The principle of contract management is applied. This term denotes management and control through performance and target agreements. Target agreements are based on the overriding objectives described below:

18.3.1 Current strategic objectives and areas of operation

Overriding objective and targets

The Vienna Network of Addiction and Drug Services, is part of the social and health system with a range of policy measures designed to achieve an overriding objective, the World Health Organization's declaration of principles (WHO, "Health for All"):

The goal is comprehensive physical, psychological and social well-being for all people in Vienna.

Based on this goal, the Office of Addiction and Drug Policy of Vienna, pursues the following strategic objective:

The implementation of Vienna's addiction and drug policy based on both qualitative and quantitative requirements is to be ensured on a permanent basis and continuously improved.

This definition is also the overriding objective of services performed under the Office of Addiction and Drug Policy of Vienna contract management.

Based on the overriding objective and strategic goal, the following strategic areas of operation are divided into core areas (operational) and cross-sectional areas (support-oriented).

SDW strategic areas of operation – core areas

Based on the overriding objectives mentioned above, a strategic goal has been defined for each core area.

Addiction prevention

The objective is to ensure that with due consideration of personal circumstances and abilities, individuals are included in society, able to exercise self-determination, and respond positively to criticism and enjoyment.

Individuals' social and economic circumstances are key factors in this respect.

Counselling, treatment, and care

The objective is that drug-afflicted individuals enjoy an objectively and subjectively healthier life and are integrated into society.

Managing a chronic illness

This target must be measured objectively and conform to subjective reality. Not only complete abstinence is to be considered a success (target achievement), but also sustainable management of a chronic disease.

Labour market policy measures and social integration

The objective is to help drug-dependent individuals live an independent and fulfilling life by (re)integrating them in the labour market and society.

Mutual tolerance and social compatibility

Public space and safety

The objective is socially responsible coexistence between all users of public space and within the community. According to their needs, drug-dependent individuals are integrated into SDHN or the social and health system at large.

The task of the Office of Addiction and Drug Policy of Vienna is to improve the subjective perception of safety among all individuals in Vienna, to promote sustainable coexistence and tolerance among all groups of the population. This is to be achieved through communication, counselling and mediation.

Strategic areas of operation of SDW – cross-sectional areas

The cross-sectional areas of public relations, quality, gender and diversity management, documentation, legislation, evaluation, and general administration support the core areas by ensuring comprehensive decision-making parameters, adequate organisational structure and efficient management.

18.3.2

Fulfilment of demand

Monitoring and adaptation

To fulfil demand on a continuous basis, defined targets, measures, structures and processes need to be regularly monitored and, if necessary, adapted to respond to modified demand.

To this end both existing research and the findings of groups of experts will be drawn on and adequate consideration paid to the needs of diverse target groups (clients, family members, population, etc.).

*Differentiation
between demand
and need*

Demand in this context is defined as the objectively measurable quantity required to eliminate an existing deficiency. A ***need***, however, expresses the wish to compensate a perceived deficiency.

19 Strategic Areas of Operation – Core Areas

19.1 Addiction prevention

As a task that involves society at large, addiction prevention needs to raise awareness in the population and focus on the onset and development of addictive behaviour. Addiction-preventive services need to address both licit and illicit drugs as well as non-substance-related addiction.

Institute for Drug Prevention (ISP)

The Institute for Drug Prevention (ISP) of the Office of Addiction and Drug Policy of Vienna is responsible for implementing Vienna's addiction prevention measures. The institute's tasks include the development of pilot and model projects, networking with institutions and experts, and development and quality assurance of existing addiction prevention services in Vienna.

19.1.1 Overriding objective: addiction prevention

The objective is to ensure that with due consideration of personal circumstances and abilities, individuals are included in society, able to exercise self-determination, and respond positively to criticism and enjoyment.

Individuals' social and economic circumstances are key factors in this respect.

19.1.2 Principles of addiction prevention

Respect, participation, emancipation, (personal) responsibility

Vienna's addiction prevention measures are based on the principles of respect, participation and emancipation, building on a human being's personal responsibility. They are guided by scientific theory, empirical research and practical experience.

Quality assurance and scientific evaluation

Vienna's addiction prevention measures are subject to quality control, and take into consideration comprehensive concepts and scientific evaluations of model projects. Implementation of innovative concepts and projects is also intended to promote groundbreaking approaches.

Addiction prevention is cause-oriented. Beyond substance consumption itself, important aspects are the biological, psychological and social factors in addiction and its development.

Addiction as dynamic process

Health, as a condition that needs to be actively established, is considered a process subject to the positive or negative effects of a diverse range of factors. Hence the onset and progression of an addiction is a dynamic, non-linear process in which a number of developments is possible. Up-to-date addiction prevention concepts thus focus on conditions, competences and factors that promote and protect health.

19.1.3 Approaches and target groups

Behavioural and structural prevention

Addiction prevention accounts for both the behavioural and structural level of prevention. While behavioural prevention addresses the behaviour of each individual or group, structural prevention targets structure-oriented measures such as legal regulations, restricted access, pricing, standards, environmental circumstances and, indirectly, also training of multipliers.

In addition to preventing drug dependence, addiction-preventive approaches, such as the life-skills approach and interventions in the case of alcohol problems, may also result in short or long-term violence prevention.

Involving multipliers

In particular a greater number of people can be reached through the multiplier approach.

Multipliers include teachers, (school) social workers, youth workers or young people themselves who act as peers (peer-to-peer approach).

Measures of addiction-prevention need to be tailored to the needs of target groups and their environment, such as schools, outreach youth work, children and families, workplaces, etc. They also need to be adapted according to need and current requirements.

Addiction prevention includes a range of functional and strategic approaches:

Functional approaches

In the context of addiction prevention functional approaches include in particular early diagnosis or early intervention and the promotion of life and risk skills.

Life skills

Life skills are all those capabilities that enable appropriate conduct with other persons and with regard to problems and stress situations in everyday life.

The promotion of life skills aims to achieve broad-based strengthening of social skills and personal resources. In order to counteract the development of an addiction one needs to promote the development of a wide range of coping strategies customised to the particular situation.

Risk skills

The risk-skills approach assumes that experimental and risk behaviour, especially by young people, is a normal and necessary step on the way to adulthood from the perspective of developmental psychology. Risk behaviour is often caused by the need for social acceptance, pleasure and adventure. By handling risks young people become aware of their abilities and limits. Risks, after all, may also involve negative effects both for the young people themselves and for others.

The aim of risk skill promotion is to stress the positive aspects of risk behaviour and to reduce as far as possible potential dangers. Individuals are to be enabled to identify and analyse risk situations, become aware of their own risk behaviour, act in an individually and socially compatible manner, and draw a line when harmful effects appear.

Strategic approaches

Target-group orientation

Strategic approaches take target groups' diverse circumstances and requirements into account. Hence it makes a difference whether prevention is aimed at the population at large, a specific target group with specific risk symptoms for problematic drug use, or individuals whose risk behaviour is already apparent. Here, it is essential to focus on the social environment as well as the local, social and cultural situation.

19.2 Counselling, treatment, and care

Addiction is a chronic disease: coordination of measures

Addiction is a chronic disease. Good counselling, treatment and care services are not only abstinence-oriented, but also aim at lasting management of this chronic disease. In order to offer female and male clients the right option at the right time, measures need to be carefully coordinated and planned. A balanced mix of inpatient and outpatient services has to be tailored to clients' needs.

19.2.1 Overriding objective: counselling, treatment, and care

The objective is to offer drug-afflicted individuals an objectively and subjectively healthier life and social integration.

19.2.2 Interdisciplinary cooperation

Developed continuously since 1976, the Vienna Network of Addiction and Drug Services has proved successful. Linking specialised facilities with the general system of health care and social services is essential to offering a wide spectrum of services.

Treatment of drug-dependent individuals today is not only an integral component in specialised drug-support facilities but also in other areas of the health and social system.

Cross-institutional cooperation

It is therefore essential that these areas cooperate and exchange information and be integrated into the system of health and social services. A central concern in drug and addiction work is providing information to diverse professional settings so that they can provide drug-addicted patients/clients with adequate treatment, counselling and care.

In order to work out joint solutions, long-term and cross-institutional cooperation is needed depending on each target group's requirements and problems.

In this connection care for older drug addicts, treatment and care for drug-dependent pregnant women and the high-risk group of juvenile drug consumers may be mentioned as examples.

Medical care for drug-dependent individuals must incorporate therapeutic approaches based on new scientific findings and international experience.

Focus on general practitioners

General practitioners are of particular importance in connection with different types of addiction (illicit substances or licit substances such as alcohol, tobacco or pharmaceuticals) as they often serve as the first contact point for drug-dependent individuals. A drug dependence also frequently surfaces for the first time at a general practitioner's office. Identifying and addressing addiction, prescription practices and the treatment chosen by general practitioners have far-reaching effects on female and male patients/clients.

Efforts in drug and addiction work hence also need to enhance training for general practitioners in order to adequately anchor the complex issue of addiction both in medical schools and subsequent stages of professional training.

19.2.3 Organisation of client-care processes

Scientifically well-founded and demand-oriented measures

According to SDHN quality standards all counselling, treatment and care policy programmes must have a firm scientific basis. Concrete policy for female and male clients must always be chosen and implemented with due consideration of the given circumstances²⁰ and the desired effect. Depending on requirements, care measures must ensure that services are multiprofessional and involve a diversity of methods.

Client groups are defined proceeding from the "addiction-afflicted individuals" target group. A specific objective is defined for each client group, as well as the social and therapeutic measures required to achieve this objective. The definitions are being developed in line with observations contained in Chapter 18.3.2 "Fulfilment of demand".

²⁰ Illustrated by the multi-dimensional diagnosis approach, see Chapter 18.1.3.

19.3 Labour market policy measures and social (re)integration

Unemployment implies higher risk

Employment and housing are basic social needs. While drug-dependent individuals run a higher risk of losing their jobs, the probability for unemployed individuals of developing a substance-related addiction within a period of 12 months is twice as high as for employed individuals. An addiction also poses an additional obstacle for re-entering the labour market.

A coordinated system of measures taken by the Public Employment Service Vienna (*Arbeitsmarktservice Wien, AMS*), the Vienna Employment Promotion Fund (*Wiener ArbeitnehmerInnen Förderungsfond, waff*) and facilities within the Vienna Network of Addiction and Drug Services (SDHN) enable drug-dependent individuals to find a job or training position and retain it in the medium and long term.

Prevention of marginalisation

The SDHN's priority task is to break the circle of unemployment, addiction and social disintegration and protect drug-dependent individuals from unemployment. Reintegrative labour market policy measures that prevent marginalisation and promote social (re)integration are essential components of Vienna's drug and addiction policy.

19.3.1 Overriding objective: labour market policy measures and social (re) integration

The objective is to provide labour market and social (re)integration to drug-dependent individuals and enable them to live an independent and fulfilling life.

In principle, labour market policy is the responsibility of the federal government. The task of the Office of Addiction and Drug Policy of Vienna is to ensure that the target group of drug-dependent individuals are supplied as part of active labour market policy measures with sufficient capacities and services to assist them to re-enter the labour market.

19.3.2 Early recognition and labour market (re)integration

Basis of early recognition: knowledge about addiction

Early recognition and addiction prevention in the context of labour market policies means enabling educational institutions to offer addiction-prevention training. It is essential that trainers in the area of active labour market policy measures are sufficiently knowledgeable about early recognition of drug dependence, so that they can better support inclusion of addicted, unemployed individuals in existing measures and services specifically for the drug-dependent.

Through counselling and support services related to the labour market²¹ drug-dependent individuals can be successfully employed and their addiction stabilised.

Attention to individual needs and requirements

In (re)integrating drug-dependent individuals into the labour market special attention must be given to their individual needs and requirements to positively influence the illness' progression.

Individuals whose integration into the primary labour market is not, or not yet possible, should have the opportunity for temporary employment in a protected environment.

Socio-economic companies

Socio-economic companies have proven appropriate for (re)integrating drug-dependent individuals into the labour market. In such firms addicts can be trained continuously and consistently to meet the requirements of the workplace.

Beyond medical and psychological care, drug-dependent individuals need to be sufficiently supported and guided in (re)integrating into the labour market. Especially in connection with alcohol-dependence measures to achieve reintegration into the labour market subsequent to therapy or withdrawal are required.²²

Keeping a job – ensuring treatment success

Maintaining employment and reintegration into the labour market are top priorities for unemployed clients in outpatient or inpatient addiction therapy in order to ensure the long-term success of their treatment.

21 For instance the *Wiener BerufsBörse* (Vienna Job Exchange) and the *Standfest* project, or socio-economic companies such as *fix & fertig* and *garbage upcycling design*.

22 Here it is important to note once more that therapy options also have to be provided for alcohol-addicted individuals who do not achieve or maintain abstinence. Not only complete abstinence but also reduction of alcohol consumption should be considered a successful treatment outcome and can be the goal of therapy; see Chapters 18.2.2 and 18.3.1.

19.4 Public space and safety

Social compatibility

A characteristic of public space is free and unrestricted access for all citizens. As a result, a wide range of social groups and milieus come in contact with one other. General accessibility and use, as well as the exchange of norms and values and settling of conflicts, which take place in public space, are basic requirements for social compatibility.

Policy of tolerance and integration

With regard to social aspects of community use, the City of Vienna traditionally pursues a policy of tolerance, integration and inclusion. This also applies to social problem zones in public space.

19.4.1 Overriding objective: public space and safety

The overriding objective is mutual tolerance and social compatibility among all users of public and communal space. According to their needs, drug-dependent individuals have access to the services provided by SDHN and the social and health system at large.

Under the auspices of SDW, an overall strategy is implemented that is the product of cooperation between police, Vienna public transport, Austrian railways, participating departments of the Viennese municipal authorities and relevant social facilities.

19.4.2 Coordinated overall strategy

The following targets defined for public space are pursued through social work, medical, educational and police measures:

- Drug-dependent individuals should be reached and integrated into the SDHN and the general system of social services.
- The establishment of an open drug (dealing) scene in Vienna must be prevented.
- Citizens' objective and subjective perceptions of safety must be enhanced.
- Necessary cooperation between local authorities, institutions and organisations, as well as coordinated public relations work on their part, must be ensured.

Alternatives to loitering in public space

In order to achieve these targets, drug-dependent individuals must be provided with suitable alternatives for spending time or loitering in (semi)public²³ space.

The banning or expulsion of individuals or groups of individuals from public space – if no legal violation has been committed – is illegal, stigmatising, and does not represent a sustainable solution. Stigmatisation of drug-dependent individuals restricts their ability to take part in the health, housing and education systems or to work.

Promoting destigmatisation

Destigmatisation of marginalised individuals in public space is a central concern that can be achieved through low-threshold²⁴ services provided to the target group, as well as through public relations and participative processes.

Balanced services tailored to clients' needs are of great importance.

It is essential that services are easily accessible. Another important aspect is whether services are offered in a centralised or decentralised way.

Social work in public space

A wide range of methods and approaches of social work facilitates the integration of drug-dependent individuals into the SDHN and the existing health and social system.

23 Public and semi-public spaces can be distinguished by the criteria of authority to determine access. Public spaces are open to all individuals and managed by the public authorities. Semi-public spaces are an intermediate form. While they are open to the public due to their specific purpose, they are subject to restrictions under civil law (particularly owners' and tenants' property rights). For various reasons (legal, social or health-related) not all individuals can use semi-public spaces. Often, the economic use of semi-public space, for instance by businesses, is considered a priority. Individuals often do not know whether a particular space is public, semi-public or private, and what rules or restrictions may apply to their use.

24 The term low-threshold is closely tied to social environment orientation in social work. Accordingly, facilities and services are provided in a way guaranteeing that access is as easy as possible for the most varied target groups and individuals. Both services appropriate to everyday life situations and the reduction of access barriers are important in this connection.

Depending on method and approach, social work has a wide range of tasks. Among these are mediation between the interests of drug-dependent individuals and those of other groups using public space, de-escalation of conflicts, action to counter stigmatisation of marginalised²⁵ individuals, information about existing norms and rules, and addressing socio-political parameters and social inequality. Social work must support solutions on the structural level and promote diversity.

In this context the complex interaction of social parameters – including those determined by education, social inequality, ethnic affiliation, gender or age – has to be taken into account.

Mobile social work in public space taking into consideration the needs of those affected promotes professional arrangements for public space and the management of diversity.

19.4.3 **Holistic approaches and coordinated action to improve safety perceptions**

*Subjective safety:
many factors*

The subjective perception of safety or the absence thereof depends only in part on the objective safety and security situation. Not only can physical factors such as visibility, darkness, insufficient lighting, pollution, inadequate toilet facilities, etc. promote feelings of being unsafe, but also visible destitution and marginalised individuals in public space.

Personal factors in handling situations in public space are individually acquired attitudes, skills and scopes of action.

The commitment of social work is to increase citizens' skills to cope with the diverse range of phenomena encountered in a big city.

The task of social work ends where violations of the law have been committed.

Monitoring adherence to laws and prosecution of violations are among the duties of administrative authorities, police and judiciary. A demand-oriented and adequate presence of uniformed police contributes to preventing the development of drug dealing scenes.

²⁵ The term marginalised groups describes individuals that are for various reasons not or no longer able to maintain their social and economic life without support. These individuals can often be found in public space.

Inter-organisational cooperation plays a crucial role

Cooperation both on the strategic and operative level between the various organisations in Vienna – administrative authorities, district authorities, public transport services, police and social workers – is indispensable. The use of public space must be possible for all target groups, whilst developing coordinated measures to promote the objective and subjective safety perceptions of all Viennese citizens.

This applies especially to cooperation with municipal planning departments so that measures can be taken in the planning and design stage to avoid safety impairments in the first place.

20 Strategic Areas of Operation – Cross-Sectional Areas

20.1 Public relations

*Central concern:
comprehensive
information*

Public communication processes consider a wide range of target groups such as population, police, political and social decision-makers, experts, etc. whose level of information, however, varies substantially. These different target groups need to be provided with comprehensive, expert information on addiction and drug dependence according to their level of knowledge.

20.1.1 Strategic objective public relations

The objective is to improve and expand public dialogue on issues involving addiction and drugs.

Destigmatisation

Sustainable destigmatisation of drug-dependent individuals is not possible without public relations. A central task of public relations in the the Vienna Network of Addiction and Drug Services is to counteract stigmatisation, discrimination, emotionalisation, and dramatisation.

20.1.2 Sustainable destigmatisation through professional public relations

*Objective
communications*

Disseminating information through different media plays a central role in public relations. Modern addiction-prevention communications avoid deterrence, dramatisation, lecturing and appeals to fear. Such measures are either inefficient or fail to produce the desired result. Up-to-date addiction-prevention communications are based on sober and objective information that addresses the target audience as equals and employs gender-sensitive language and images.

The public generally perceives addiction as an individual problem that is the result of a person's own fault. Dependence on illicit substances is to a great extent equated with criminal activities. Often there is a lack of understanding in recognising addiction as a phenomenon that concerns society as a whole, and whose causes are, related to social factors among others.

Core messages

There is still considerable prejudice and fear in connection with the term addiction. The core messages that public relations work must communicate are:

1. Addiction is – irrespective of type of substance or addiction behaviour – a disease and not a weakness of will or moral fault.
2. Society as a whole is responsible for drug prevention and care.
3. All people enjoy free and unrestricted access to public space, where a diversity of social groups and settings encounter each other.

Countering prejudice

Targeted and active public relations and media work can help overcome prejudices related to addiction, and provide objective information on Vienna Addiction and Drug Work. Public relations help to build awareness about all types of drugs, irrespective of their legal status.

It is thus crucial to use information channels that are up-to-date and appropriate to the target group to supply the public with accurate information. Among these channels are classical media such as print, radio and TV, background talks, academic conferences, as well as the electronic and new media.

20.2 Quality, gender and diversity management

20.2.1 Quality management

Establishing a

continuous improvement process

The entire Vienna Network of Addiction and Drug Services (SDHN) must establish a comprehensive quality concept which implies a continuous process of improvement. In this process not only the quality of services and measures need to be taken into account, but also the requirements of stakeholders and staff so that responsibilities to society can be met.

The central principles of quality management – stakeholder orientation, definition of quality standards and staff participation – have to be examined regularly and adequately in the context of contract management.²⁶

Gender and diversity management are indispensable components of quality management especially in relation to stakeholders.

²⁶ See Chapter “18.3 Implementing Vienna’s policy on addiction and drugs”.

20.2.2 Gender mainstreaming

The generally accepted definition of Gender Mainstreaming²⁷ in the European Union, which is that formulated by the Council of Europe (Strasbourg 1998), is to be adopted by the Vienna Network of Addiction and Drug Services (SDHN):

“Gender mainstreaming is the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies, at all levels and at all stages, by the actors normally involved in policymaking.”

Gender-sensitive design of measures

As addiction cannot be explained monocausally, but is instead the result of the interaction of individual biological, psychological, social and societal factors²⁸, the development and progression of the illness must be seen in a gender-related context. As a consequence, drug prevention and treatment services and measures must be conceived and designed in a gender-sensitive manner.

To assure the gender-sensitive orientation of addiction and drug work in future, gender mainstreaming – in line with the gender mainstreaming guidelines of the Office of Addiction and Drug Policy of Vienna – must be an integral component of addiction and drug work.

20.2.3 Diversity management

Diversity management is a strategic management approach that helps promote awareness of social diversity in order to create structural and social conditions that benefit all.

Social diversity

The core dimensions of diversity are age, psychological, physical and cognitive abilities, ethnicity (or language), gender, religion, sexual orientation, and ideology.

In the planning, implementation and evaluation of all measures provided by the SDHN, the defined core dimensions of diversity must be regularly and adequately considered. This also applies to SDHN staff and clients.

Prevention of stigmatisation

In this respect, it is necessary in particular to ensure that measures for a specific group of clients, for instance individuals with a migrant background, contribute to social integration and do not lead to stigmatisation or exclusion.

27 See Chapter “14 Gender Mainstreaming in Addiction and Drug Work – Vienna Guidelines for a Gender-Sensitive Approach to Addiction and Drug Work”.

28 See Chapter “18.1.1 Causes”.

Especially in addiction and drug work respect for individuals' diversity demands a high degree of sensitivity.

20.3 Documentation

The planning, implementation and operation of a uniform documentation system in Vienna's Network of Addiction and Drug Services was recommended by the 1999 Drug Policy Programme and has since been put in place.

Uniform documentation system

This common SDHN documentation system is an important basis for efficient reporting and accounting, more profound evaluation, and comprehensive quality management. Moreover, cooperation among all institutions is to be facilitated and transparency enhanced.

A uniform documentation system also serves general administrative goals, including maintaining and expanding modern project and quality standards, ensuring optimal cost and organisational structures, high-quality extension of e-government services, especially the City of Vienna's e-health activities, and reinforcing client orientation.

20.4 Accounting

Result-oriented control system

Accounting supports the core areas and aims to safeguard and optimize demand-oriented spending in an on-going manner as defined by contract management. It also establishes a result-oriented control system to further develop management of funding and finance.²⁹ A result-oriented control system focuses on planned effects achieved through the services that are delivered.

²⁹ See Chapter "18.3 Implementing Vienna's policy on addiction and drugs".

21

Closing Remarks

The 2013 Strategy is based on fundamental human rights, the cornerstone of our legal and social system. These are also the framework within which the Strategy operates. Respect for human dignity, individuals' right to self-determination, freedom and equality, social solidarity and the rule of law are the indispensable basis for all addiction-specific activities.

Neither is it the "fault" of an individual to become addicted – irrespective of the substance or behaviour to which he or she is addicted – nor do addicted individuals lack the necessary will to resist a craving.

Sporadically calls are made for applying coercion or subjecting drug-dependent individuals to "compulsory treatment". This would represent a severe infringement of individuals' fundamental rights, and hence must be firmly rejected.

Addiction as a mental disorder is burdened with social stigma. Drug-dependent individuals are frequently victims of direct or indirect discrimination. Discriminating behaviour and exclusion do not only endanger the successful outcome of an individual therapy but also social solidarity.

The overriding principle of Vienna's drug policy is therefore to safeguard clients' rights and through a climate of trust and mutual respect create the basic conditions to enable an individual to cope with addiction.

Confidentiality is an absolute must in addiction and drug work. It is safeguarded by confidentiality obligations of varying strictness. In implementing all addiction-specific activities the rights of all clients must be fully respected. In addition, an adequate legal framework must be established and adhered to in all areas of addiction and drug work.

Annex

References

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List of abbreviations

WHO	World Health Organisation
ICD	International Statistical Classification of Diseases and Related Health Problems
DSM	Diagnostic and Statistical Manual of Mental Disorders
SDHN	The Vienna Network of Addiction and Drug Services
NPSG	New Psychoactive Substances Act
FAS	Fetal Alcohol Syndrome
ECL	Association of European Cancer Leagues
TCS	Tobacco Control Scale
OECD	Organisation for Economic Cooperation and Development
RCs	Research Chemicals
SDW	Office of Addiction and Drug Policy of Vienna
ISP	Institute for Drug Prevention
AMS	Public Employment Service
waff	Vienna Employment Promotion Fund
ÖBB	Austrian Railways

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