



Austria

Country Drug Report 2017

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THE DRUG PROBLEM IN AUSTRIA AT A GLANCE

Drug use

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

Cannabis

14.1 %



12.7 % 15.5 %

Other drugs

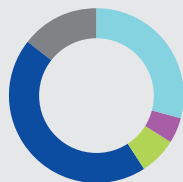
MDMA	1.1 %
Amphetamines	0.9 %
Cocaine	0.4 %

High-risk opioid users

31 473
(30 393 - 32 554)

Treatment entrants

by primary drug



● Cannabis, **29 %**
● Amphetamines, **5 %**
● Cocaine, **7 %**
● Heroin, **45 %**
● Other, **14 %**

Opioid substitution treatment clients

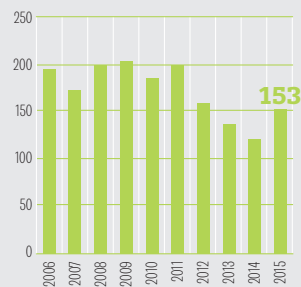
17 599

Syringes distributed

through specialised
programmes

5 953 919

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

32 907

Top 5 drugs seized

ranked according to quantities
measured in kilograms

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

Population

(15-64 years)

5 767 133

Source: EUROSTAT
Extracted on: 26/03/2017

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

About this report

This report presents the top-level overview of the drug phenomenon in Austria, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

National drug strategy

In Austria, the Addiction Prevention Strategy was adopted in 2016 and, alongside the Narcotic Substances Act, sets out the goals, principles and framework for Austria's drug policy. It supports the principle of treatment instead of punishment, aims for a society as free of addiction as possible and views addiction as a disease. The strategy addresses illicit drugs and licit substances alongside non-substance-related addictive behaviour and provides an orientating framework at the federal level for work on drug use issues in Austria and complements the drug strategies of the nine provinces (Figure 1). It has three fields of intervention: (i) prevention of addiction; (ii) help with addiction (harm reduction, treatment, rehabilitation and reintegration); and (iii) security. The strategy does not have a defined timeframe or a specific action plan.

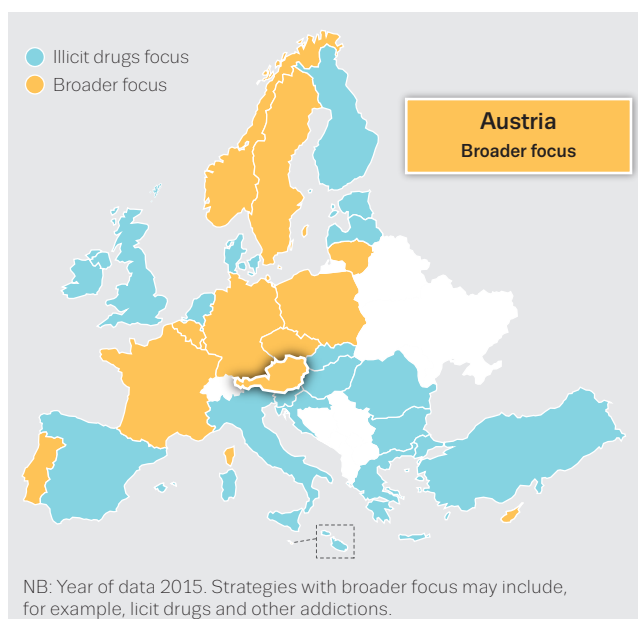
While no systematic evaluation of the current drug strategy document is planned, Austria, like other European countries, evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. Addiction research, evaluation and quality assurance are identified as key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

National coordination mechanisms

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

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



The Addiction Prevention Strategy was adopted in 2016 and addresses illicit drugs and licit substances alongside non-substance-related addictive behaviour

Public expenditure

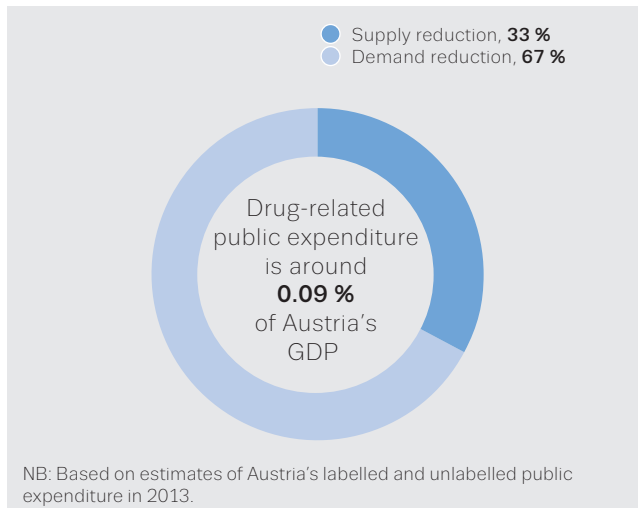
Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled')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

The available information does not allow reporting on the size and trends of drug-related public expenditures in Austria.

However, in 2013, a study on the cost of drug dependency estimated that the use of illicit drugs results in an annual cost totalling EUR 278 million. This cost comprised healthcare expenditure (EUR 135 million), social expenditure (EUR 51 million) and state expenditure (for police and court activities) (EUR 96 million) (Figure 2).

FIGURE 2

Public expenditure related to illicit drugs in Austria



Drug laws and drug law offences

National drug laws

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

The use of drugs is not mentioned as an offence. The sentence for the possession of drugs for personal use is up to six months in prison or a fine, provided the quantity of drugs is not over the defined threshold (Figure 3). A range of alternatives to punishment are in place, including mandatory suspension of proceedings in certain defined cases involving possession or acquisition of small amounts of drugs for personal use; this procedure was streamlined in 2015, with the police now sending offenders directly to health authorities. Therapy instead of imprisonment may also be offered to drug addicts who have committed more serious crimes and are willing to undergo treatment. However, if aggravating circumstances apply, such as the involvement of minors or commercial intent, the penalty is up to three years' imprisonment.

The maximum penalties for trafficking large quantities (more than 15 times the threshold quantity) were increased in 2008 to two or three years' imprisonment for possession, depending on the type of drug, five years' imprisonment for import or production and imprisonment for 1-10 years, 10-20 years or life for other crimes, depending on the particular circumstances (i.e. commercial purposes, membership of a gang, previous convictions and amount of drugs involved).

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

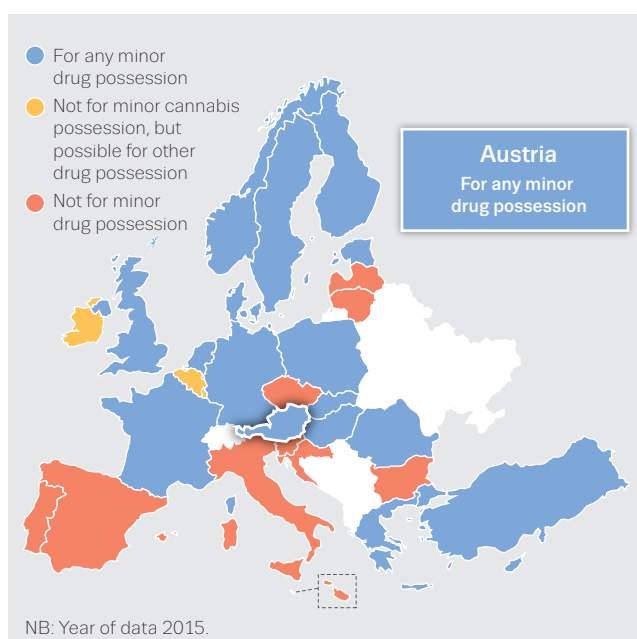
Drug law offences

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

In 2015, the Austrian Federal Ministry of the Interior reported 32 907 DLOs, which is the highest number ever recorded. The statistical data indicate that 8 out of 10 DLOs were linked to cannabis, followed by cocaine, crack and amphetamines. The majority of all DLOs were classified as misdemeanours related to handling drugs and the remaining offences were related to trafficking.

FIGURE 3

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



In 2015, a total 32 907 drug law offences were reported in Austria

Drug use

Prevalence and trends

In Austria, cannabis remains the illicit substance that is most frequently used by 15- to 64-year-olds. The long-term analysis indicates a slightly increasing trend in cannabis use among young adults between 2008 and 2015; however, it is likely that the lower prevalence of use in 2008 relates to data collection methodology. Among the general population the prevalence of use of stimulants, opioids and other illicit substances is significantly lower than that of cannabis. In general, the use of illicit substances in Austria is concentrated among young adults aged 15-34 years, and males generally report higher prevalence rates than females (Figure 4).

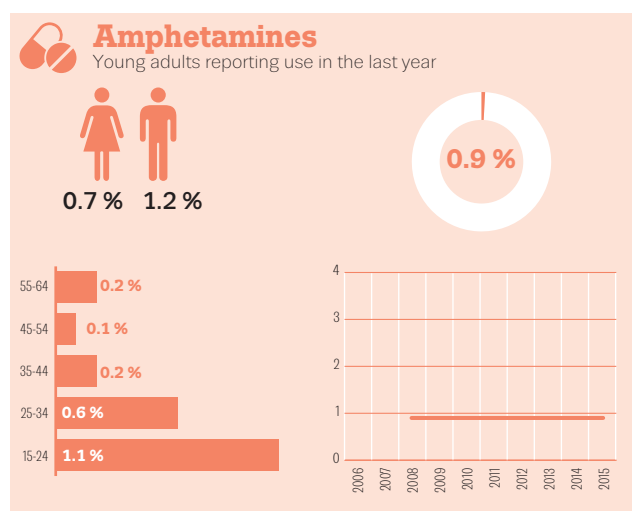
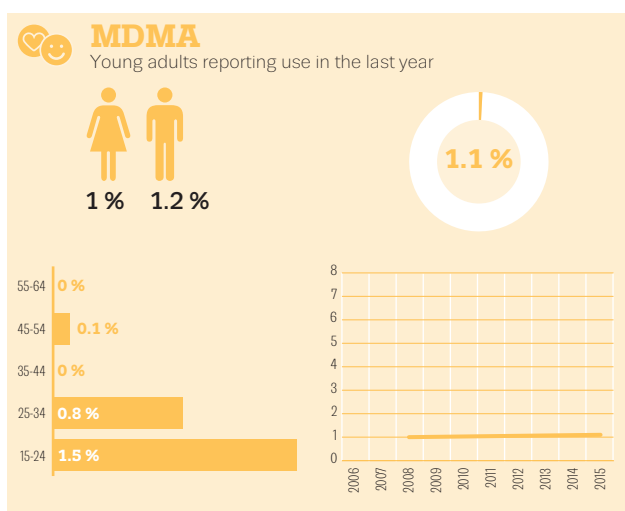
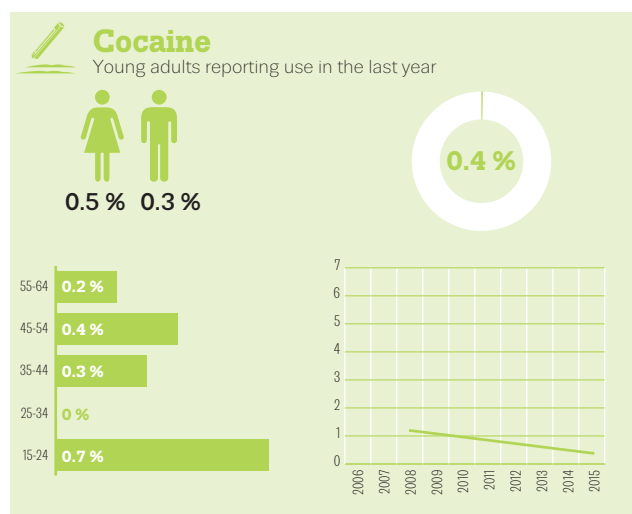
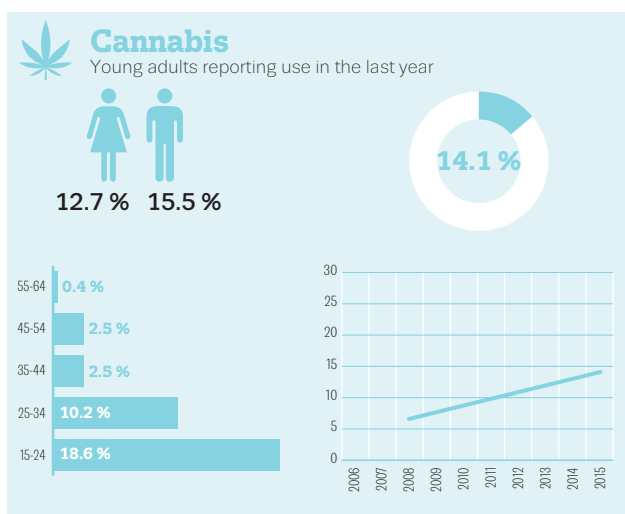
Lifetime prevalence of the use of NPS among the general population remains low.

While some experimentation with these substances may occur in certain settings and by a sub-group of young people, the available data from party settings indicate that the popularity of NPS may have decreased in Austria.

Innsbruck city participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of stimulant drugs and their metabolites found in wastewater. As in most European cities, the levels of cocaine and MDMA/ecstasy levels in the wastewater in Innsbruck were higher during weekends than on weekdays.

FIGURE 4

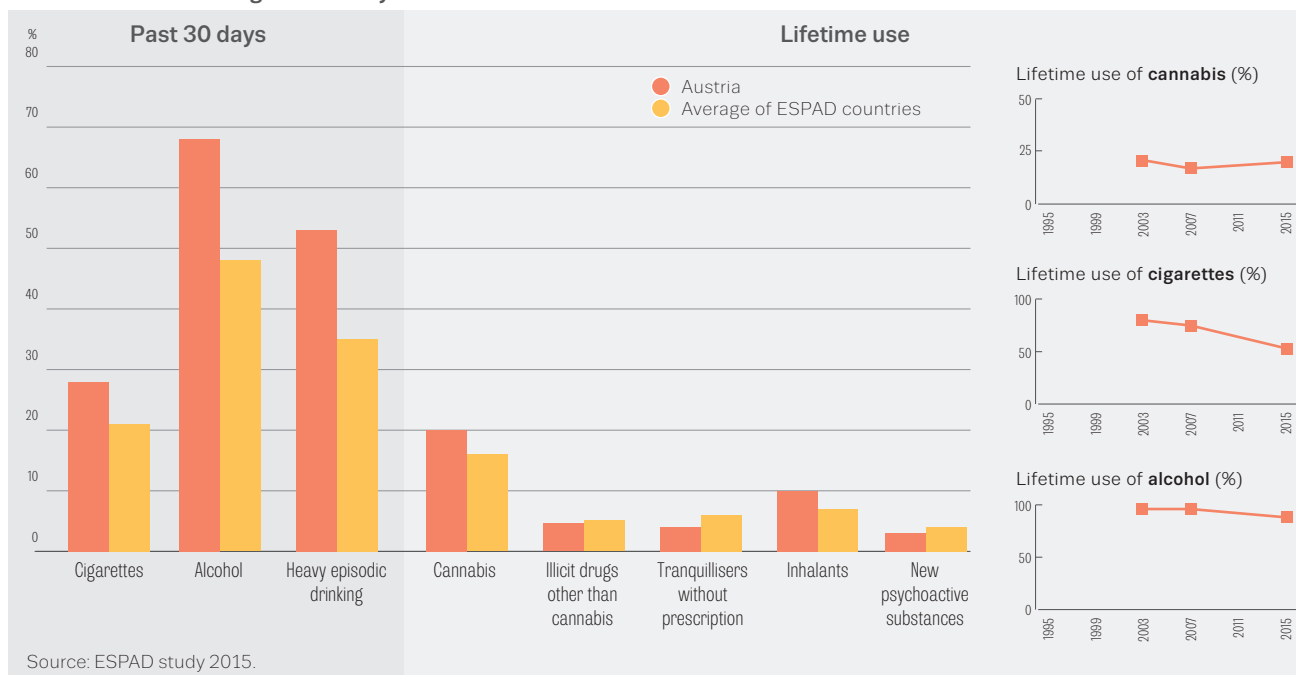
Estimates of last-year drug use among young adults (15-34 years) in Austria



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

FIGURE 5

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



Drug use among 15- to 16-year-old students was reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). Compared with the ESPAD averages (35 countries), Austrian students reported somewhat higher prevalence rates of lifetime use of cannabis, while lifetime use of illicit drugs other than cannabis and lifetime use of NPS were roughly the same as the averages for all countries. Austrian students tended to report higher rates than the ESPAD averages for the variables for licit psychoactive substances (Figure 5).

High-risk drug use in Austria remains mainly linked to the use of opioids (heroin or medication used in opioid substitution treatment, usually in combination with other illicit and licit substances) (Figure 6). It is estimated that, in 2015, approximately half of opioid users predominantly injected the drug, with snorting and smoking being the other routes of administration. Approximately half of the estimated number of high-risk opioid users reside in Vienna, and the majority are male. In recent years, localised areas of high-risk methamphetamine use have emerged in Upper Austria.

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 7).

**High-risk drug use
in Austria is linked
to the use of heroin
and other opioids**

Data from specialised treatment centres in Austria also indicate that heroin was the most commonly reported primary substance among all clients entering treatment during 2015, followed by cannabis. Among first-time treatment clients, cannabis was the most commonly reported substance.

The long-term trend indicates a steady increase in the age of heroin users seeking treatment in Austria. Approximately one fifth of clients entering treatment are female, but the proportion of females in treatment varies by primary drug and by type of programme (Figure 7).

FIGURE 6

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

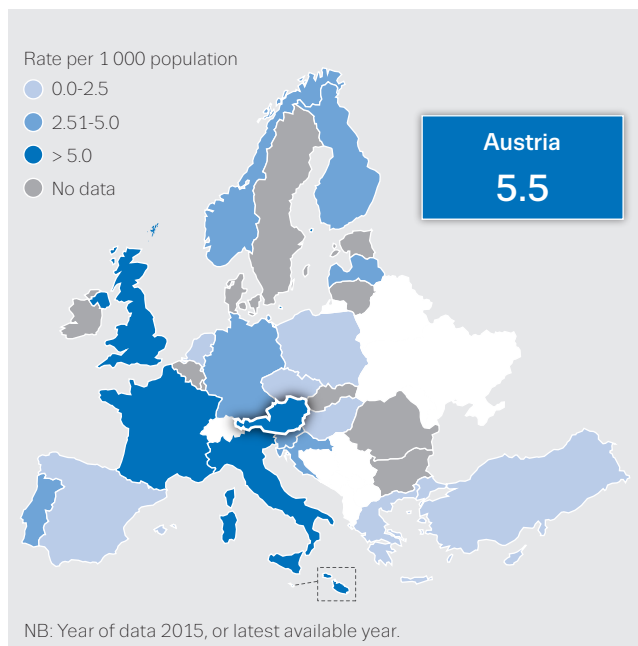
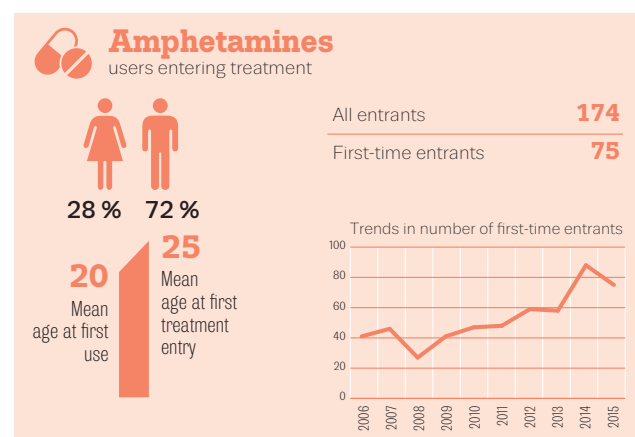
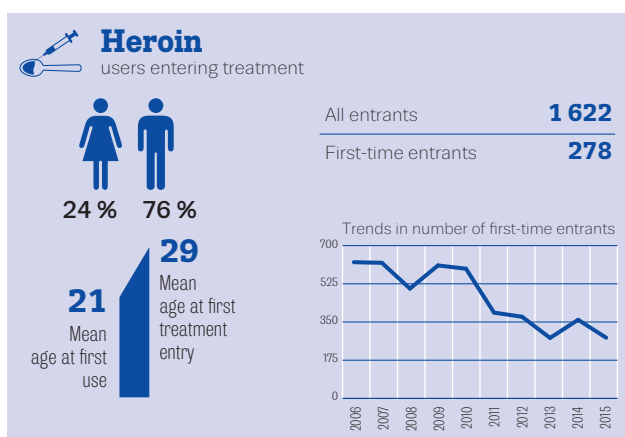
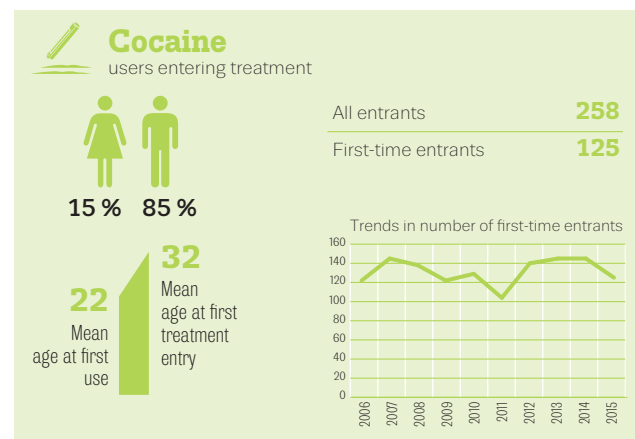
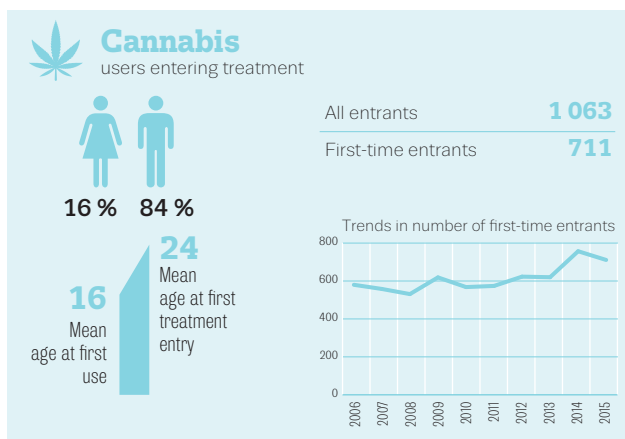


FIGURE 7

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



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

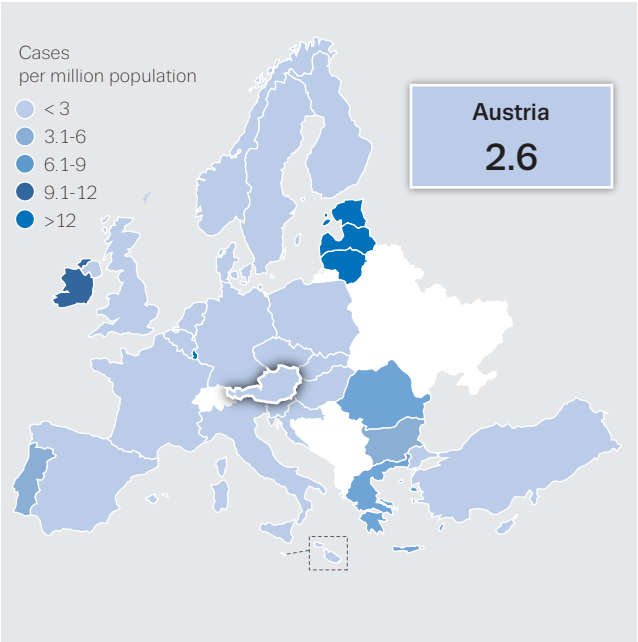
Drug-related infectious diseases

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

Available data indicate that HCV infection is the most prevalent drug-related infectious disease in Austria, while HIV infection remains at low levels (Figure 8), and prevalence of hepatitis B virus (HBV) infection has remained stable for several years. However, the reported prevalence rates of drug-related infectious diseases vary depending on the source. Approximately one in four victims of drug-related deaths had positive HCV test results, while the prevalence rates among those tested in low-threshold facilities across the country are higher.

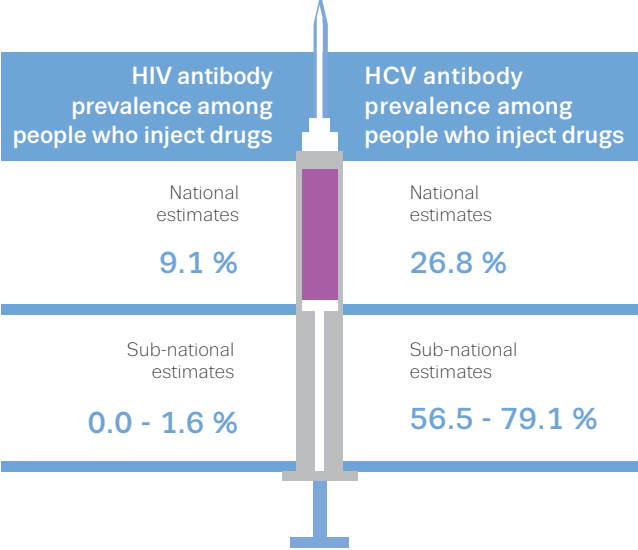
The data from the Austrian HIV cohort indicate that the number of newly registered HIV-positive individuals among PWID has decreased in recent years (Figure 9).

FIGURE 8
Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2015, or latest available year.
Source: ECDC.

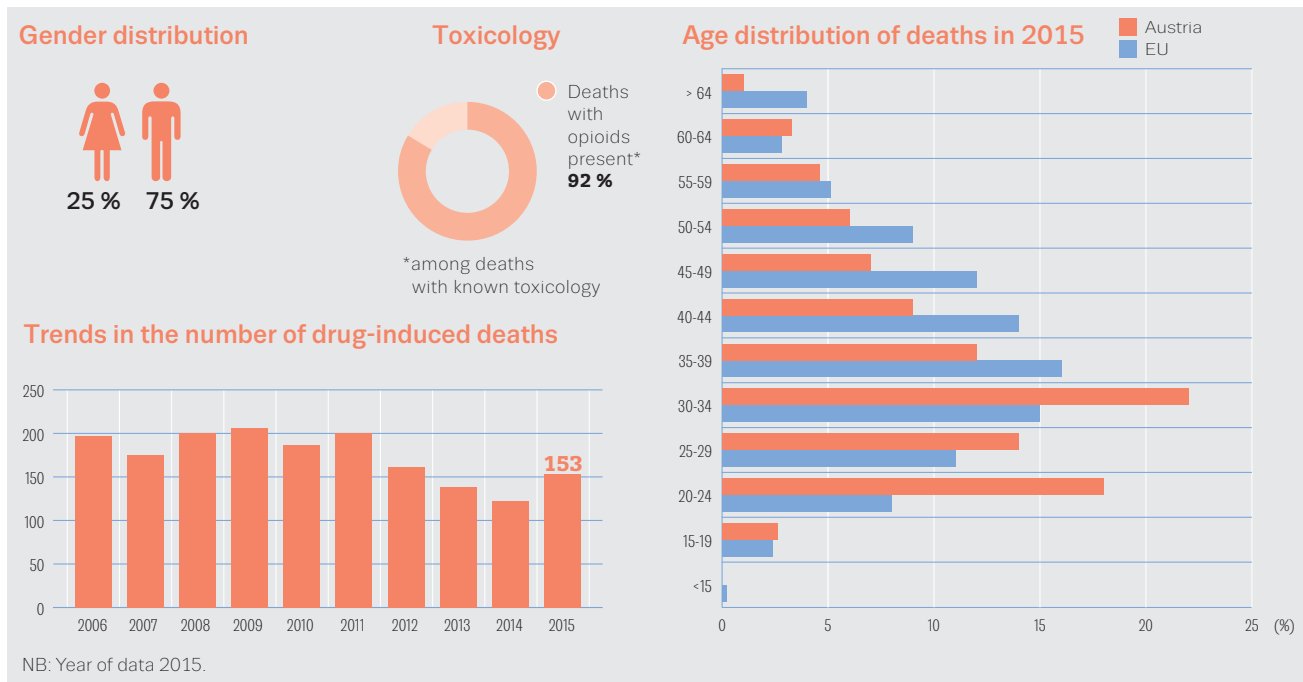
FIGURE 9
Prevalence of HIV and HCV antibodies among people who inject drugs in Austria



NB: Year of data 2015.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Austria



Drug-induced deaths and mortality

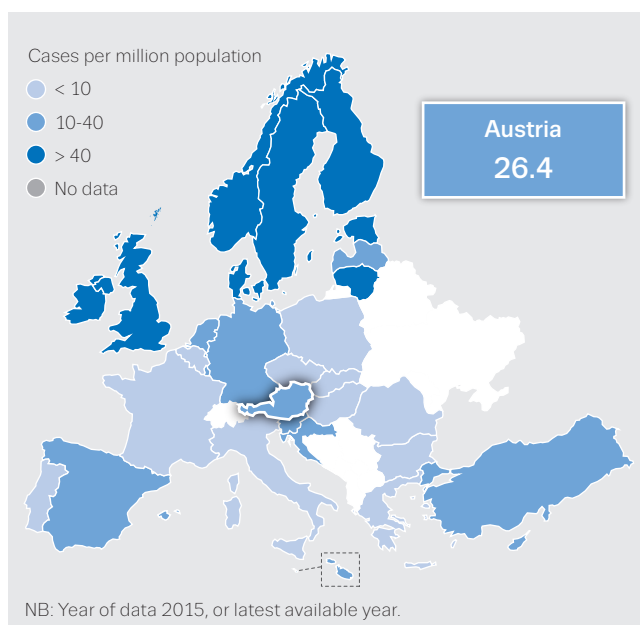
Drug-induced deaths refer to deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2015, the special registry at the Austrian national focal point reported an increase in the number of drug-induced deaths compared with 2013-14, while the number continued to be below that reported for the period 2005-08. According to the toxicological results, the presence of opioids was registered in the majority of deaths. However, similarly to previous years, almost 9 out of 10 cases were attributed to polydrug use. In 2015, several deaths were associated with the use of very potent MDMA pills, which are increasingly available. With regard to gender, in three in four of the registered deaths, the victim was male and the average age at death was 32.9 years (Figure 10).

The drug-induced mortality rate among adults (aged 15-64 years) was 26.4 deaths per million in 2015 (Figure 11), which is higher than the most recent European average of 20.3 deaths per million.

FIGURE 11

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



Prevention

The Austrian Addiction Prevention Strategy and all provincial addiction or drug strategies define the main principles of activities aimed at prevention, which underline the need for a holistic and broad approach that integrates both licit and illicit substances. In recent years, prevention has often been combined with intervention to prevent non-substance-related addictive behaviours and violence, and to promote health in general. The main objectives and features of Austria's prevention policy are to expand prevention measures to broader areas of social life, especially those that are relevant to young people. Prevention activities are mainly organised and implemented at local and regional levels under the guidance of the provincial Addiction Prevention Units and are funded mainly through provincial health promotion funds, as well as from the social care and education budgets, while several other funding sources are available at federal level.

Prevention interventions

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

Environmental prevention measures in Austria are primarily aimed at ensuring safe educational and recreational settings for young people that promote overall wellbeing and health. Schools remain the main venue for universal prevention measures. The implementation of curricular school-based prevention programmes is an important focus, aimed at improvements in the school environment, and strengthening students' resilience, psychosocial skills and life skills. For older age groups, another relevant objective is the promotion of critical approaches to (licit as well as illicit) psychoactive substances (Figure 12). For example, the programmes 'Eigenständig werden', targeting children aged 6-10, and 'Plus', targeting those aged 10-14, are offered in school settings in all provinces. The 2013 evaluation of the four-year 'Plus' programme showed a significantly lower increase in licit substance use among children who had completed the programme than in control groups. The participants also exhibited a smaller increase in behavioural problems and better behaviour in school, including learning outcomes in other subjects. The Choice project and Feel-OK.at programme both began at a regional level and their geographical coverage has been expanded in recent years.

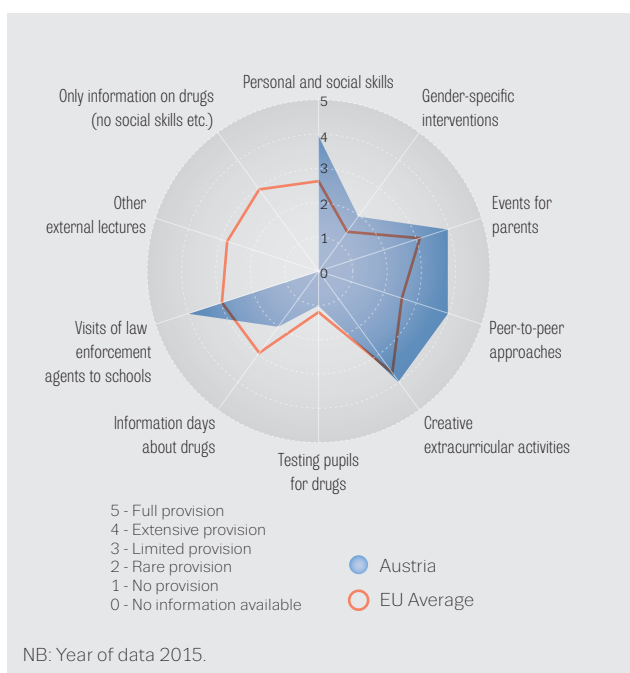
Education that uses drama and theatre to convey learning plays a role in prevention in a few provinces, with the objectives of raising awareness about difficult situations

and encouraging students to seek help from relevant services. In recent years, targeting of vocational school students and young employees through workplace-based prevention programmes and services has been also enhanced. Interventions aimed at the parents of pre-school children and adolescents primarily concentrate on information-providing events, but an increasing number of these programmes also aim to improve parenting skills and parents' communication and interaction with their children, particularly by helping parents to deal with child drug use. Media and new technologies are increasingly explored as a means of disseminating among young people information on well-being, health and drug use, for example by using digital story-telling.

Target groups for selective prevention activities are young people experimenting with drugs and children whose parents use drugs or suffer from mental disorders. Activities in recreational settings aim to build a critical approach to psychoactive substances (risk competence) among participants and to explore alternatives to substance use. In this context, youth social work in recreational settings plays an important role. The programmes targeting clubs and party scenes are carried out by non-profit organisations or non-governmental organisations (NGOs), and focus on counselling and information provision. Projects in Vienna and its surrounding area (Check-it!) and Tyrol (Z6 mobile drug services) provide on-site pill testing. New approaches often focus on young people who are taking part in programmes run by public employment services.

FIGURE 12

Provision of interventions in schools in Austria (expert ratings)

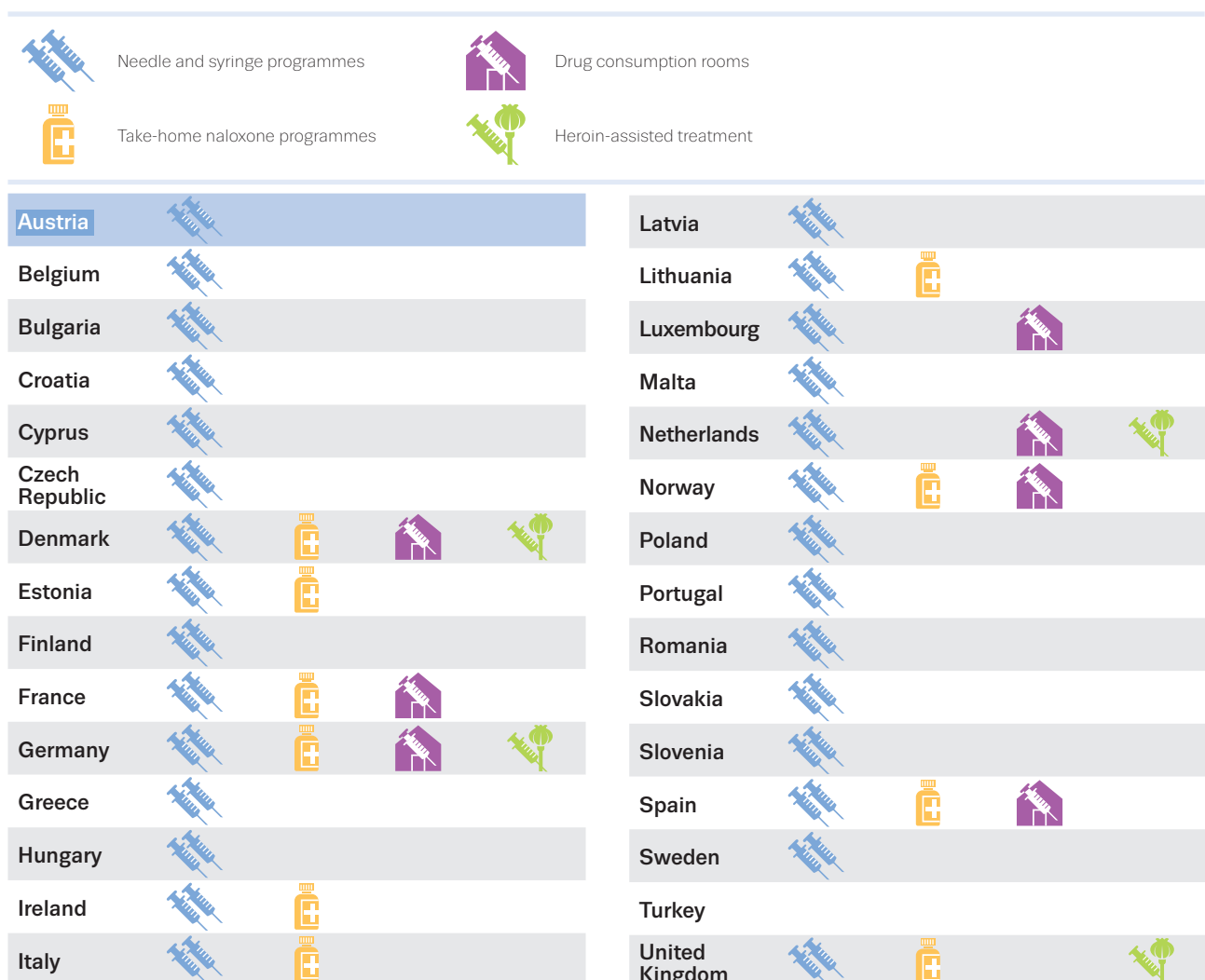


Indicated prevention activities in Austria focus on early identification and targets adolescents with at-risk alcohol use. Initiatives have also been implemented to identify young people who are admitted to hospitals and in public employment services and who have a higher risk of developing addictive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

Harm reduction

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

FIGURE 13
Availability of selected harm reduction responses



NB: Year of data 2016.

Harm reduction interventions

The key harm reduction interventions in Austria are syringe exchange and syringe sale, which are available in seven out of nine provinces. In addition to clean injecting equipment, interventions to prevent the spread of drug-related infectious diseases include the provision of information on safer use/safer sex and condom distribution; syringe exchange and vaccination programmes against hepatitis A and B; free testing for HIV and viral hepatitis; access to low-threshold HCV treatment services; and counselling. In terms of the general health of drug users, women’s services also focus on gynaecological healthcare and pregnancy (Figure 13).

Between 2003 and 2015, the number of syringes distributed through these programmes more than tripled, from 1.7 million to 6 million (excluding syringes sold in pharmacies). This increase can also be attributed to the continuous expansion of the low-threshold network, with new facilities being opened during this time. Needle and syringe exchange is available at fixed sites through low-threshold services and outpatient drug services, through outreach workers and via syringe vending machines located in the community and serviced by outreach workers. Other injecting equipment (e.g. microfilters) is frequently distributed along with sterile syringes; however, this distribution is not systematically recorded.

The promotion of safer use and risk reduction in recreational settings is also considered to be important in reducing drug-related harm. For example, the organisations Check-it! in Vienna and MDA basecamp in Tyrol provide information and drug-checking services to users in these settings.

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Treatment

The treatment system

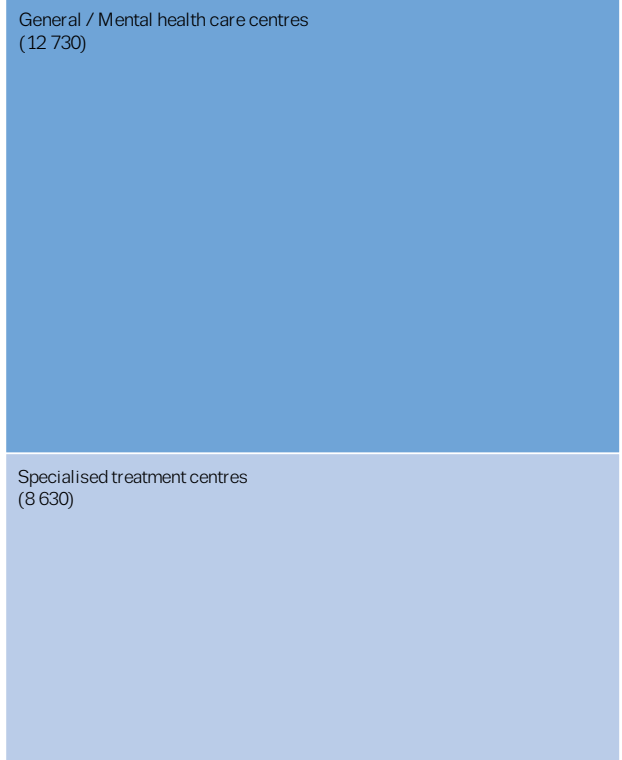
All nine Austrian provinces have drawn up drug strategies and nominated drug coordinators who are responsible for coordinating drug treatment at regional level. A drug coordinator has been appointed to accredit and monitor treatment at national level under the Federal Ministry of Health. The Provincial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

Drug treatment services are provided both by specialised centres and as part of general healthcare services (e.g. psychiatric hospitals, psychosocial services and office-based medical doctors). Primary healthcare services are also involved in opioid substitution treatment (OST) provision. Drug treatment services provide a range of options and can be flexibly applied to respond to a client’s treatment and social needs. The treatment programmes are offered in modular form, providing both short-term

FIGURE 14

Drug treatment in Austria: settings and number treated

Outpatient



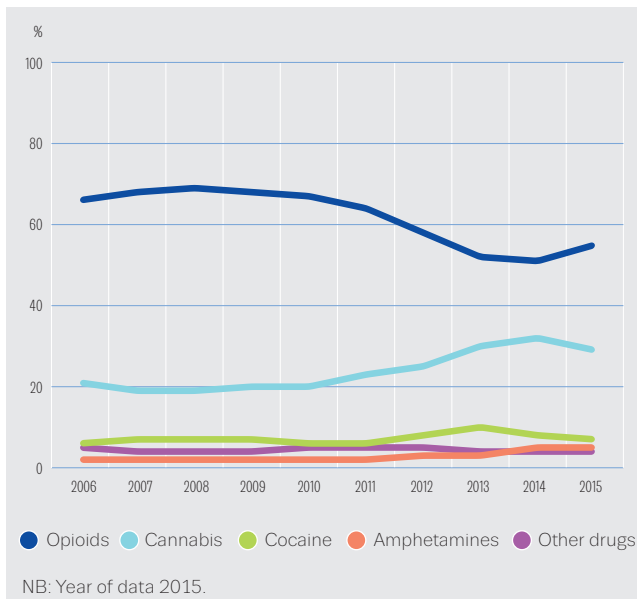
Inpatient



NB: Year of data 2015.

FIGURE 15

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

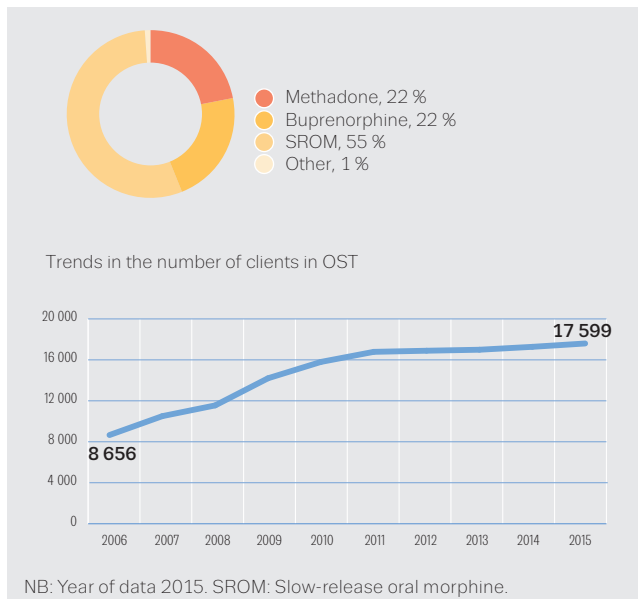


and long-term options. Treatment is mostly provided on an outpatient basis, and most outpatient facilities are also counselling centres. While counselling centres treat users of licit and illicit substances, several specialised treatment and reintegration facilities are available almost exclusively for illicit drug users. Outpatient psychosocial interventions cover a range of services, such as counselling, outreach work, psychotherapy, aftercare and reintegration programmes. Inpatient psychosocial interventions are provided in both specific and generic facilities, offering long-term and short-term treatment, often combined with inpatient detoxification. Detoxification treatment is primarily carried out in inpatient facilities, but is becoming increasingly available in outpatient settings. Many providers of inpatient or residential treatment are organised as non-profit limited companies or associations and provide mainly residential treatment programmes including pre- and aftercare. New target groups for treatment service providers are migrants, pregnant females, young people, older drug users and people with psychiatric comorbidity; special treatment programmes are also available for cocaine or cannabis users.

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

FIGURE 16

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



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

Treatment provision

Out of a total of around 23 250 people treated in Austria in 2015, most were treated in outpatient settings, while only a small proportion received treatment in inpatient settings and in prisons (Figure 14).

Data on those who entered treatment in 2015 indicate that opioids remain the primary substance for which drug users seek treatment, while the importance of cannabis has increased in the last five years (Figure 15). Data on all treatment entrants include partial data on those receiving OST.

Opioid users accounted for by far the largest proportion of all treatment clients in Austria, with most receiving OST, mostly in the form of slow-release opioid medication (Figure 16).

Drug use and responses in prison

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

General healthcare in prisons is a subject to the principles of equivalence of care and the funding for it comes from public budgets, through the Federal Ministry of Justice. Healthcare for prisoners is provided through health and treatment services, which are often delivered in cooperation with external organisations. Written strategies for drug-related health policies in prisons do not exist, but service providers apply general guidelines drafted for health-related services in prison or adopted from other areas.

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

A variety of treatment services are available in prisons, including OST, detoxification, assistance with abstinence-oriented goals, if desired, as well as the prevention, diagnosis and treatment of HIV, hepatitis C and other infectious diseases. OST can be either initiated or continued during imprisonment, but only a small proportion of prisoners receive treatment, although this varies by prison. When entering a prison, inmates receive care packages that include condoms and leaflets on HIV, AIDS and hepatitis, although a recent European survey on prevention of infectious diseases in prison (PRIDE) shows that this practice is implemented only in approximately half of Austrian prisons. A few prisons have special drug-free zones. Pre-release support programmes are also available to prisoners.

A variety of treatment services, including opioid substitution treatment, is available in prisons in Austria

Quality assurance

In Austria, quality assurance is defined by the Austrian Addiction Prevention Strategy as a supporting process, consisting of research, evaluation, documentation, planning and coordination, as well as training and continuing education. The quality of demand reduction interventions is ensured through regular training for professionals, and the quality standards that are embedded into the funding applications for prevention and treatment programmes. In the context of treatment, quality assurance tools include the establishment of expert committees concerning OST and the accreditation of treatment facilities. The Ministry of Health sets the accreditation criteria, which focus on the structural characteristics of treatment facilities. Only services that had received accreditation are eligible to receive funding from the Ministry of Health and the Ministry of Justice.

Most provincial strategies in Austria contain specific plans to support quality assurance, such as the publication of standards for demand reduction activities (from prevention to drug treatment and social reintegration), implementing evaluations of interventions, establishing regional networks of different professionals and supporting medical doctors, as well as organising/continuing specific training activities. There are specific curricula for preventing addiction and a variety of continuing education courses/training are being implemented in the area of prevention and treatment.

Most provincial strategies in Austria contain specific plans to support quality assurance

Drug-related research

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

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

Austrian research covers a broad spectrum of topics ranging from neuroscience to social science and from prevention aspects to treatment, as and including both licit and illicit substances

Drug markets

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

Cannabis products are the main drugs seized in Austria. Albania is an important source of herbal cannabis, while Morocco remains an important source of cannabis resin. Cannabis is also locally cultivated, mainly indoors, albeit on a small scale for personal use, and professional cultivation remains an exception.

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

Synthetic drugs seized in Austria are mostly produced in the Netherlands, while amphetamines also originate from Poland and methamphetamine comes from the Czech Republic and Slovakia. In 2015, 10 clandestine laboratories producing amphetamines, mainly methamphetamine, were seized in Austria. NPS are increasingly being ordered on the internet, mainly from China, and are sent by mail via other European countries or directly from Asia.

The long-term analysis of drug seizure data indicates that the quantities of cannabis products seized in Austria have remained stable in last decade; however, the number of cannabis product seizures almost doubled between 2010 and 2015. The quantities of other illicit substances seized in Austria indicate considerable annual variations (Figure 17).

The retail price and purity of the main illicit substances reported in Austria are shown in Figure 18.

FIGURE 17

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

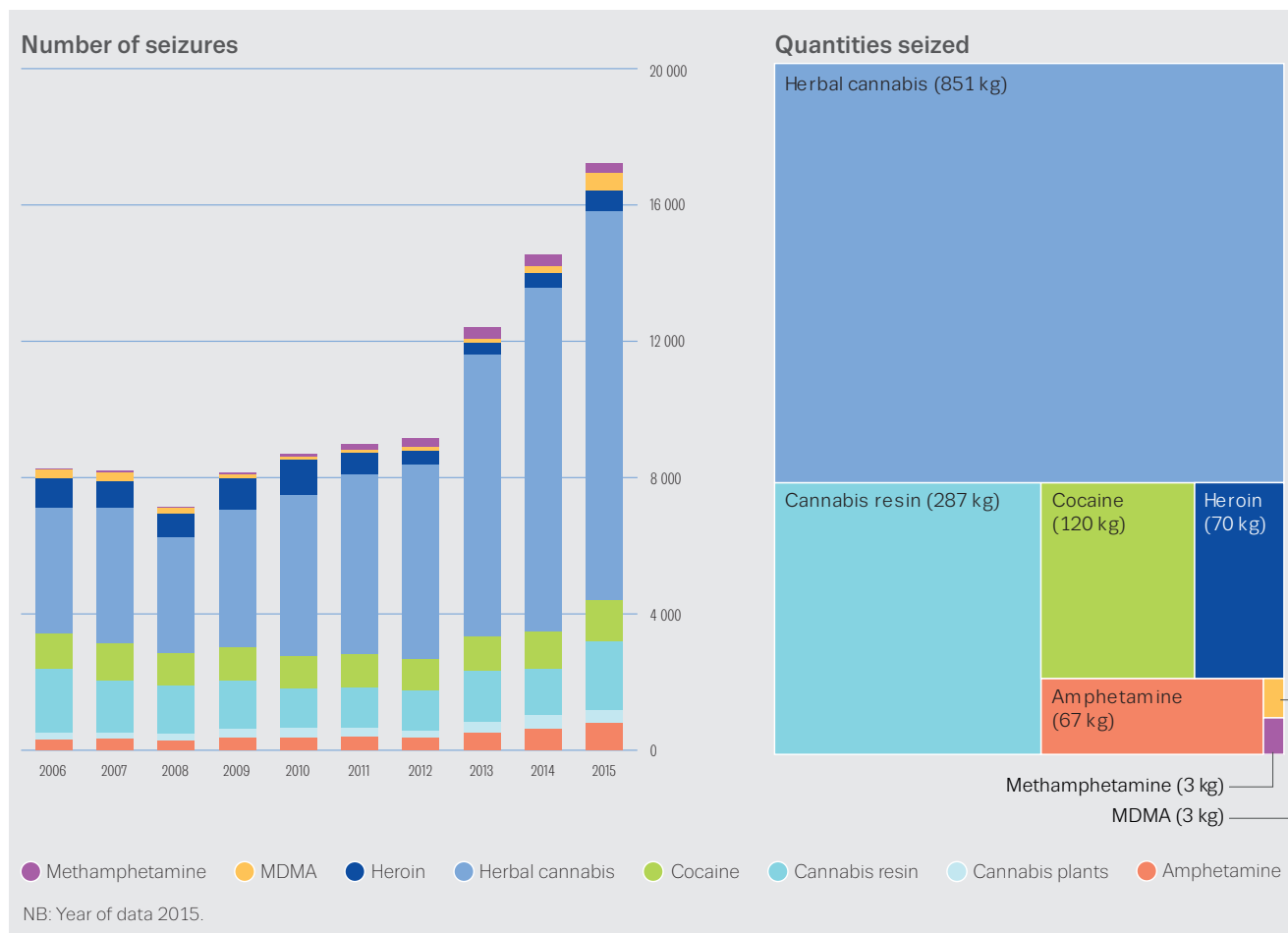


FIGURE 18

Price and potency/purity ranges of illicit drugs reported in Austria



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR AUSTRIA

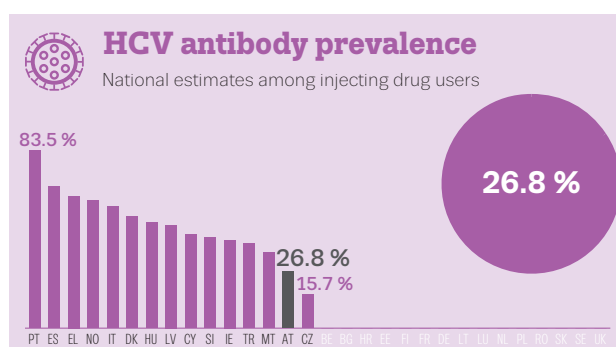
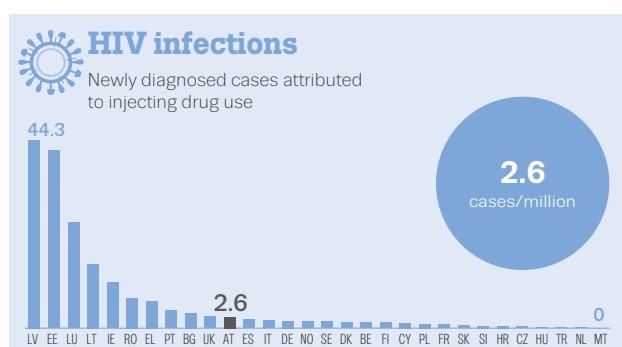
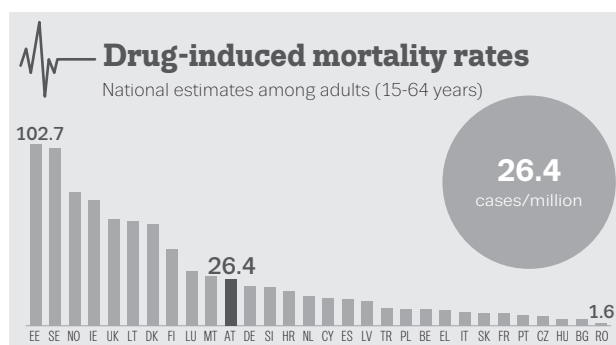
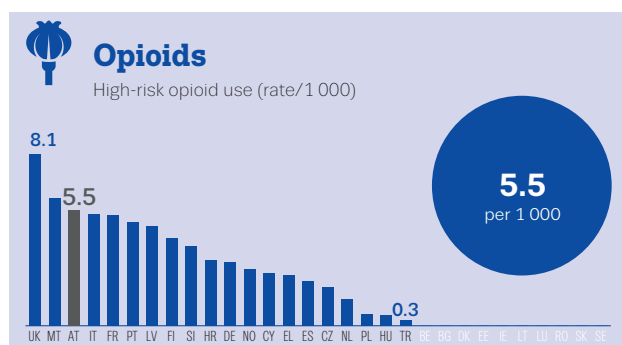
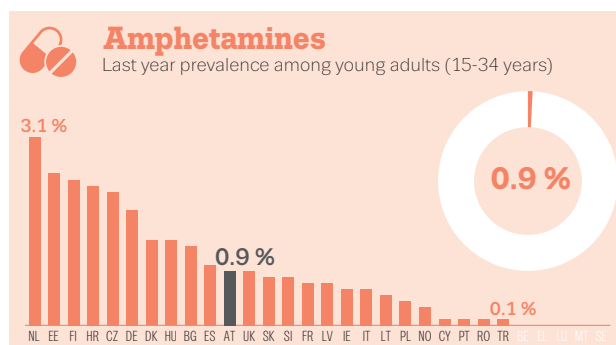
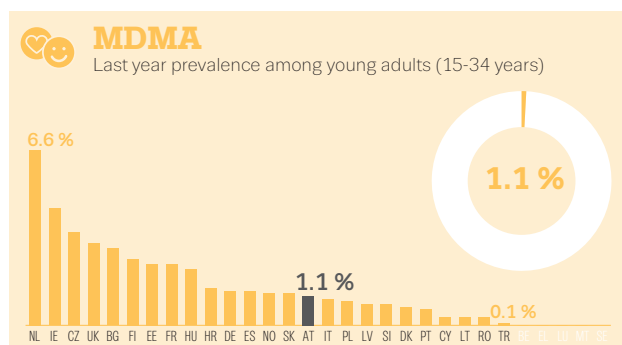
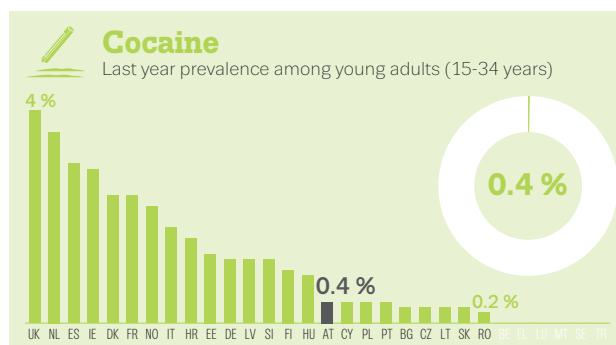
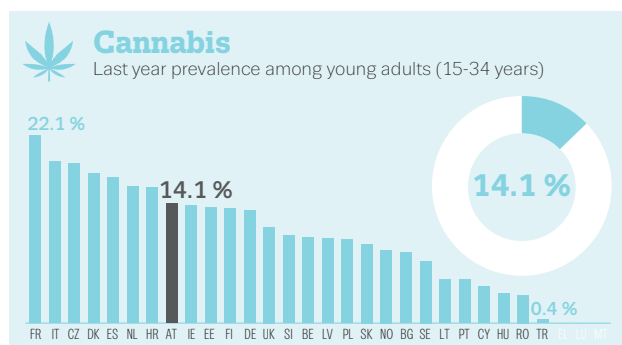
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	20.2	6.5	36.8
Last year prevalence of use — young adults (%)	2015	14.1	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	6.4	0.3	11.1
All treatment entrants (%)	2015	29	3	71
First-time treatment entrants (%)	2015	54	8	79
Quantity of herbal cannabis seized (kg)	2015	851.2	4	45 816
Number of herbal cannabis seizures	2015	11 426	106	156 984
Quantity of cannabis resin seized (kg)	2015	286.93	1	380 361
Number of cannabis resin seizures	2015	2 038	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.2-42.7	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	< 1-47.4	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	5-12	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	6-15	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.9	0.9	4.9
Last year prevalence of use — young adults (%)	2015	0.4	0.2	4
Last year prevalence of drug use — all adults (%)	2015	0.4	0.1	2.3
All treatment entrants (%)	2015	7	0	37
First-time treatment entrants (%)	2015	10	0	40
Quantity of cocaine seized (kg)	2015	119.7	2	21 621
Number of cocaine seizures	2015	1 190	16	38 273
Purity (%) (minimum and maximum values registered)	2015	0.4-83.1	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	50-150	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.7	0.8	6.5
Last year prevalence of use — young adults (%)	2015	0.9	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	0.4	0	1.6
All treatment entrants (%)	2015	5	0	70
First-time treatment entrants (%)	2015	6	0	75
Quantity of amphetamine seized (kg)	2015	67	0	3 796
Number of amphetamine seizures	2015	784	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	< 1-73.8	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	10-60	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.1	0.5	5.2
Last year prevalence of use — young adults (%)	2015	1.1	0.1	6.6
Last year prevalence of drug use — all adults (%)	2015	0.4	0.1	3.4
All treatment entrants (%)	2015	1	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	2015	10 148	54	5 673 901
Number of MDMA seizures	2015	512	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	0.2-87.3	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	6-30	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2015	5.5	0.3	8.1
All treatment entrants (%)	2015	55	4	93
First-time treatment entrants (%)	2015	27	2	87
Quantity of heroin seized (kg)	2015	70	0	8 294
Number of heroin seizures	2015	605	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	< 1-58.5	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	25-100	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	2.6	0	44
HIV prevalence among PWID* (%)	2015	9.1	0	30.9
HCV prevalence among PWID* (%)	2015	26.8	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	26.4	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	5 953 919	164	12 314 781
Clients in substitution treatment	2015	17 599	252	168 840
Treatment demand				
All clients	2015	4 400	282	124 234
First-time clients	2015	1 536	24	40 390
Drug law offences				
Number of reports of offences	2015	32 907	472	411 157
Offences for use/possession	No data	No data	359	390 843

* PWID — People who inject drugs.

EU Dashboard



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

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

Gesundheit Österreich

GmbH ● ● ●

About our partner in Austria

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

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