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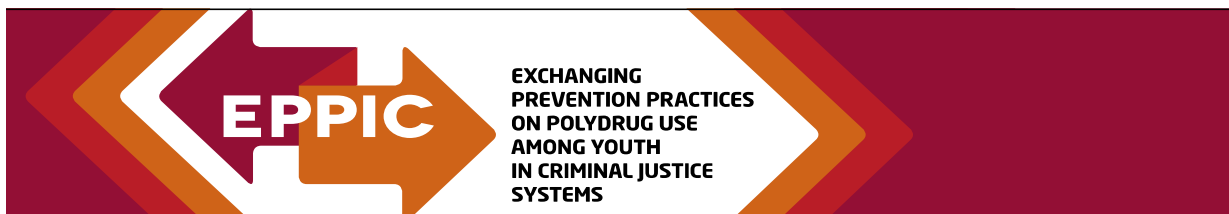
**Exchanging Prevention practices on Polydrug use among youth In Criminal
justice systems**

WP4

NATIONAL REPORT – AUSTRIA

June 2017

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INTRODUCTION

The national report for Austria covers the policy and legal context, prevalence data on drug use of young people, as well as initiatives to address drug use among youth in the criminal justice system. These latter initiatives are based on documents collected during scoping visits and on staff interviews. Preliminary findings are that most initiatives are not specialized on drug-using youth in the CJS. Instead, the initiatives focus on the individual's situation that exceeds the person's drug problem, which is regarded more as a symptom than as the root cause.

1. THE POLICY CONTEXT

In 1998 a new Narcotic Substances Act (Suchtmittelgesetz - SMG) entered into force fortifying the guiding principle of "treatment instead of punishment."

The Austria Country Drug Report 2017 provides an overview of the recent drug policy developments: 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. This includes further corroboration of the principle of treatment instead of punishment.

The Austrian law (SMG) defines 4 groups of "drugs":

- a. Suchtgifte - narcotics
- b. Psychotrope Substanzen - Psychotropic substances
- c. Drogenausgangsstoffe – Basic substances for the production of drugs
- d. Neue Psychoaktive Substanzen – New Psychoactive Substances (NPS) - chemicals

Offences:

- a. Possession
- b. Production
- c. Transport
- d. Import and export
- e. Supply
- f. Surrender
- g. Make available (e.g. via medical doctors)

Penalties: § 27/1 SMG: max. 1 year prison sentence or 360 daily rates fine.

Circumstances of privilege:

- a. Offending for personal use only: max. 6 months prison sentence or 360 daily rates fine.
- b. Addiction: max. 1 year prison sentence

Circumstances of aggravation:

- a. Professional offending (repetition for profit): max 3 years prison sentence
- b. Facilitation for minors: max. 3 years prison sentence
- c. Offending as a member of a criminal association: max. 3 years prison sentence

2. THE LEGAL CONTEXT

Juvenile justice has a long tradition in Austria (Bruckmüller et al. 2011); the first Act on reactions to juvenile delinquency was created in 1928, and took its cue from the idea of education. In this spirit conventional sanctions – fines and imprisonment – were to be used only as measures of last resort in juvenile criminal cases. In fact the law for juveniles has had the function of a precursor for legal innovations that were realised later in the general penal law in Austria. The Juvenile Act also has had a pioneering role with regard to diversion.

In juvenile cases the reactions provided for under Austrian criminal law are covered by a separate Act, the Juvenile Court Act from 1988 extended by many amendments over time (Jugendgerichtsgesetz – JGG). The JGG is a federal Act, which contains substantive and procedural regulations, as well as regulations on the enforcement of imprisonment. The main goals of the Act is seen in the special deterrence and (re)socialisation of young offenders.

In Austria the general age of criminal liability is 14 years. For 14 and 15 year olds at the time of the offence the law provides grounds for immunity. According to the JGG ‘juveniles’ are persons between 14 and 18 years of age. For ‘young adults’ between 19 and 21 years of age only the Criminal Code of Procedure (Strafprozessordnung – StPO) outlined in the JGG applies. However, in exceptional cases certain prison law provisions in the JGG can be applied up to the age of 27 years. For ‘minors’ below the age of criminal responsibility (14 years of age), certain welfare measures listed under the Federal Child- and Youth Services Act (Bundes-Kinder- und Jugendhilfegesetz – BKJHG¹) can be applied.

The following overview is a result from an analysis of several Court Acts with particular focus on youth and drugs. The most relevant passages and paragraphs that concern our clientele in the project will be presented.

The Juvenile Court Act (Jugendgerichtsgesetz – JGG)

In Austria juvenile cases are covered by the Juvenile Court Act. This specific law was established in 1988 and has been amended several times until today. The JGG defines youth as people from 14 to 18 years of age. People between 19 and 21 years are defined as “young adults”. The law contains substantive and procedural regulations as well as regulations on the enforcement of imprisonment. The main goal of the Act is seen in special deterrence and (re)socialisation of young offenders. Broadly speaking, the sanctions for imprisonment and fines for juveniles are reduced by 50% compared to the General Criminal Code (Strafgesetzbuch - StGB). In addition to that general rule the JGG offers more flexibility and a wide range of reactions in juvenile cases. The crucial legal paragraphs are abridged and condensed below:

¹ In 2013 the BKJHG superseded the former Youth Welfare Act (Jugendwohlfahrtsgesetz – JWG)

- *Grounds for immunity* (§4 JGG): In cases of delayed maturity and of moderate misdemeanour committed by juveniles without severe guilt under the age of 16.
- *Dismissal of prosecution and diversion without intervention* (§§6-7 JGG): The prosecutor and the judge may drop cases of petty delinquency by first-time juvenile offenders, if the offence is punishable by a fine or not more than five years of imprisonment (which corresponds to a 10-year sentence in adult penal law).
- *Diversion with intervention*: The public prosecutor or the judge can decide on several forms of diversion. Options include (1) the suspension of prosecution for a probation period with duties (Bewährungszeit mit Weisungen §203 StPO), (2) out-of-court settlement such as victim-offender mediation (Tatausgleich §204 StPO), (3) community services (Gemeinnützige Leistung §§201-202 StPO) and (4) fines without conviction (Geldbuße §200 StPO). Whenever possible, compensation or a settlement should bear a direct relation to the diversion measure, although it must be appropriate to the economic and social capabilities of the juvenile. The diversion is recorded in the court register for a period of five years. No entry in police records is made.
- *Conviction without sentence* (§12 JGG): The next step up on the ladder of sanctions forces the juvenile offender to go through a trial. The court may convict the juvenile offender but abstain from passing a short sentence (up to three months of imprisonment).
- *Conviction with suspended sentence* (§13 JGG): The court may retain the right to pass a sentence with a probation period of one to three years.
- *Fines* (§5/5 JGG): The maximum possible fine for juveniles is halved compared to the provisions in the Criminal Code for adults. Fines can substitute short prison terms (of up to six months) if the maximum prison sentence for the criminal offence does not exceed ten years in the Criminal Code (five years for adults).
- *Imprisonment* (§5/1-4 JGG): Maximum prison sentences are also halved for juveniles and there are no minimum sentences. There are however two exceptions. Life sentences are replaced by 1-15 years imprisonment if the juvenile committed the offence when he or she was 16 or older, and 1-10 years if the offence was committed before the age of 16. A possible sentence of 6 months up to 10 years replaces a possible prison sentence of 10-20 years.

These last two sanctions may only be implemented as measures of last resort. Both fines and imprisonment can be suspended in whole or in part. The probation period after a suspension lasts one to three years, and may be terminated after one year if new facts support a good prognosis of the young person to abstain from crime in the future.

Next to these options for legal decisions for prosecutors and judges, there are several provisions which are relevant for legal procedures:

Release on temporary license (Bedingte Entlassung aus einer Freiheitsstrafe; §17 and §17a JGG): During preparations for release on temporary license (parole) a probationary service can be entrusted with the organisation and conduct of a so-called social-network conference (Sozialnetzkonferenz; §29e BewHG – Bewährungshilfegesetz). This legal instrument is dedicated to investigate and include the social environment of the convict with the prospect to help him or her

overcome a crisis, manage particular conflicts and to support him or her to abstain from further offences. Social-network conferences can also be employed during pre-trial detention.

Also, the judge can decide on an early termination of the probation period (§18 JGG).

Young adults (below 22 years of age) may be sentenced to prison only for a maximum of 15 years (§19 JGG). The minimum for prison sentences follows the regulations of the Juvenile Court Act (JGG).

The Juvenile Court Act (JGG) does not provide any particular regulations on the prevention or treatment of drug addiction. Regulations about health and care in the correctional services in Austria apply according to the Narcotic Substances Act (Suchtmittelgesetz – SMG).

Narcotic Substances Act (Suchtmittelgesetz – SMG)

Several references to juveniles can be found in the Narcotic Substances Act (SMG).

§13 SMG prescribes the reaction of school headmasters of public and private schools (§13/1) and military organisations (§13/2) in cases of suspicion of drug abuse against juveniles or young adults. In the first case, the headmaster must send the pupil to a medical examination in the school. If the examination is positive, the pupil must undergo medical treatment (clinical or psychological) provided by a professional expert. Should the student refuse this examination and/or the treatment, the headmaster must refrain from a criminal charge (report to the police) and instead report the case to the responsible health institution of the regional government. The same applies to the commander of the military services.

New Psychoactive Substances Act (Neue-Psychoaktive-Substanzen-Gesetz – NPSG)

This Act entered into force on 1. Jan. 2012. This law not only gives definitions for the substances, effects and preparation, but also explains the scope of the law with regard to threats for consumers. It is prohibited by law to create, import, export, offer and surrender substances defined in that category.

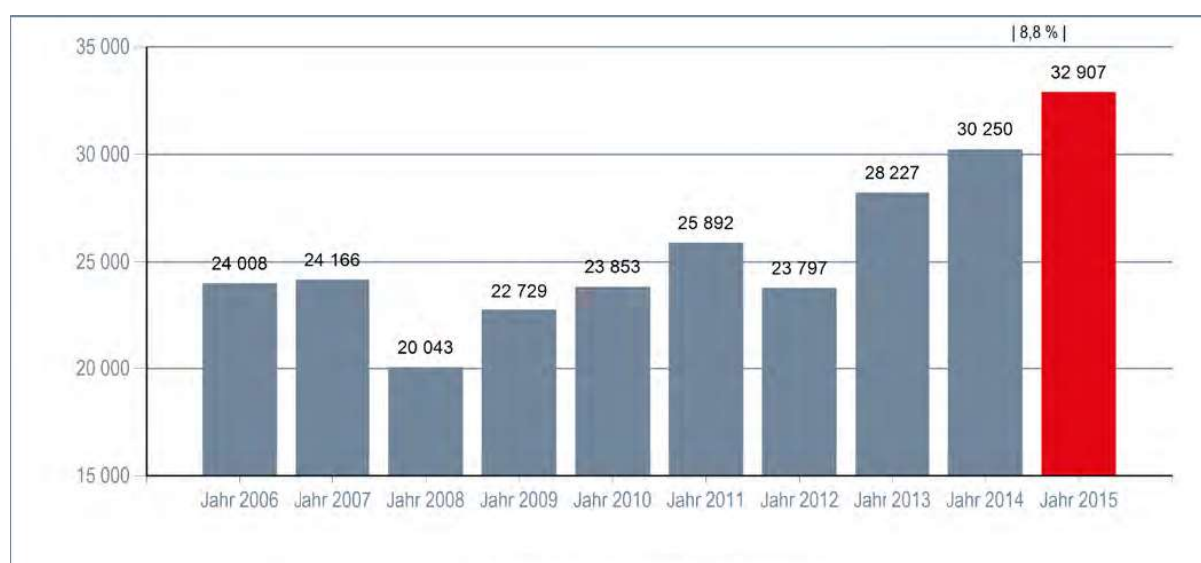
Moreover, the Ministry of Justice is responsible for monitoring the market and valuation of risks on the basis of scientific state-of-the-art knowledge. The Ministry shall inform relevant health institutions about latest findings. This task can be delegated to the National Contact Point of the information network EMCDDA.

There are no references in this Act to regulations in the Juvenile Court Act (JGG).

3. PREVALENCE DATA ON DRUG USE AND YOUNG PEOPLE

Crime data – registrations by the police

The federal police in Austria presents the registration of drug offences in a separate annual drug report (Suchtmittelbericht). This report provides national and regional (county) information on *offenders* (age, country of origin), *substances* and *illegal transport routes*, *international cooperation of national enforcement agencies*, and *prevention projects*.



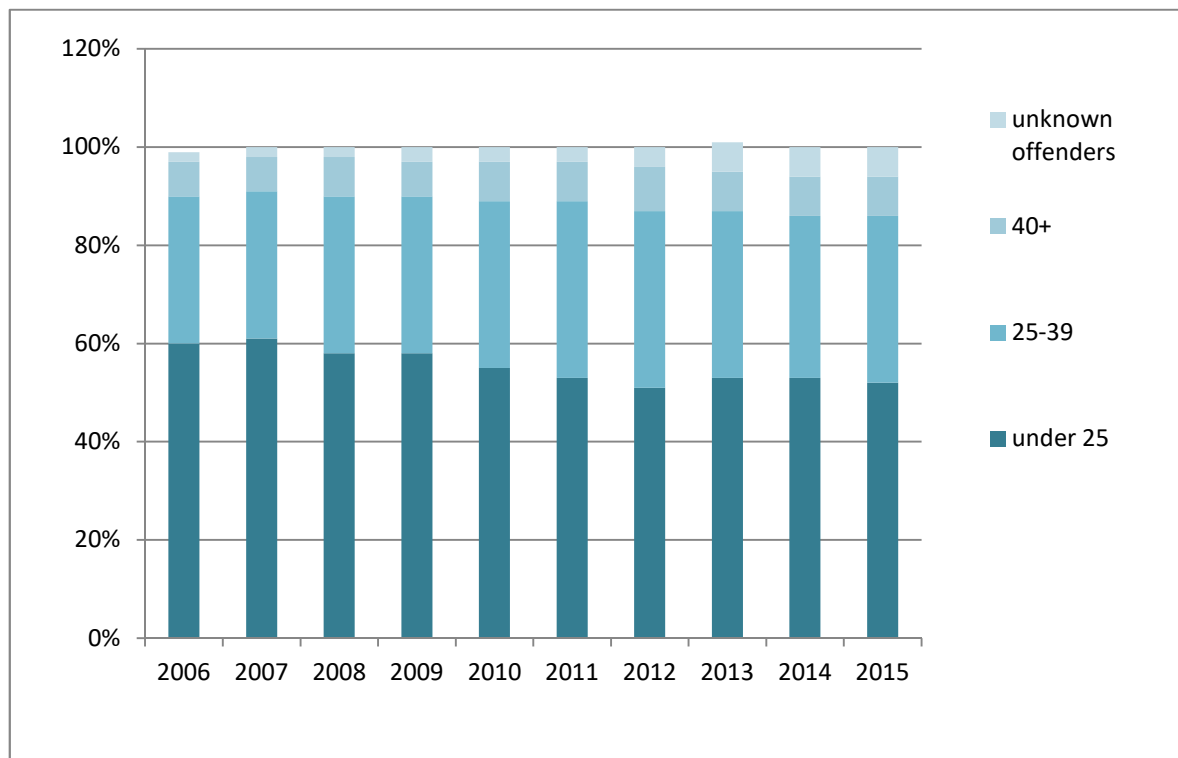
Graph 1: Number of drug-offences by year

Graph 1 shows a linear increase of registrations of drug offences in Austria from 2008 until today, with a peak of 32.907 cases in 2015. Also the number of registered offenders has increased in the same period from 20.043 in 2008 to 32.907 in 2015. The percentage of foreign drug offenders increased from 21,3% in 2006 to 34,1% in 2015.

With regard to given age groups in table 1, we find most offenders in the age group 25–39 years (11.167 in the year 2015). However, if we add up the age groups of youth and young adults under 25 years of age (graph 2), we see that this group of young people amounts to approximately 50%-60% of all drug offenders (with a slight decrease from 60% in 2008 to 52% in 2015).

Altersgruppe	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Veränderung zum Vorjahr
unter 18 Jahre	2 957	3 005	2 577	2 876	2 724	2 706	2 444	3 290	4 325	4 270	-1,3%
18 bis 20 Jahre	5 755	5 742	4 228	4 897	4 836	5 240	4 563	5 559	5 978	6 610	+10,6%
21 bis 24 Jahre	5 728	5 901	4 843	5 438	5 563	5 874	5 108	5 977	5 740	6 253	+8,9%
25 bis 39 Jahre	7 224	7 297	6 388	7 302	8 148	9 238	8 606	9 649	9 950	11 167	+12,2%
40 Jahre und älter	1 780	1 677	1 588	1 638	1 819	2 017	2 069	2 192	2 384	2 506	+5,1%
unbekannte Täter	564	544	419	578	763	817	1 007	1 560	1 873	2 101	+12,2%

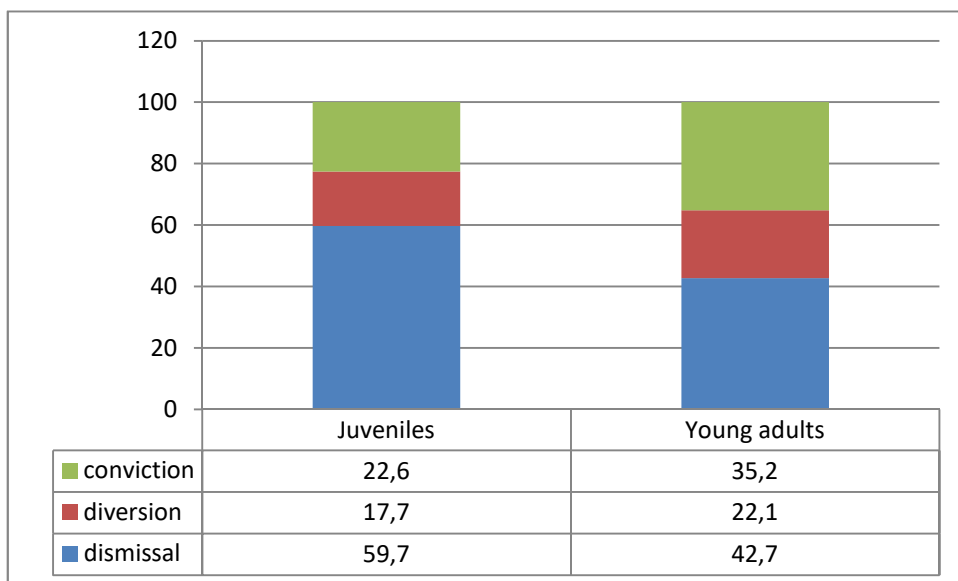
Table 1: Age groups of offenders by year



Graph 2: Age group of offenders

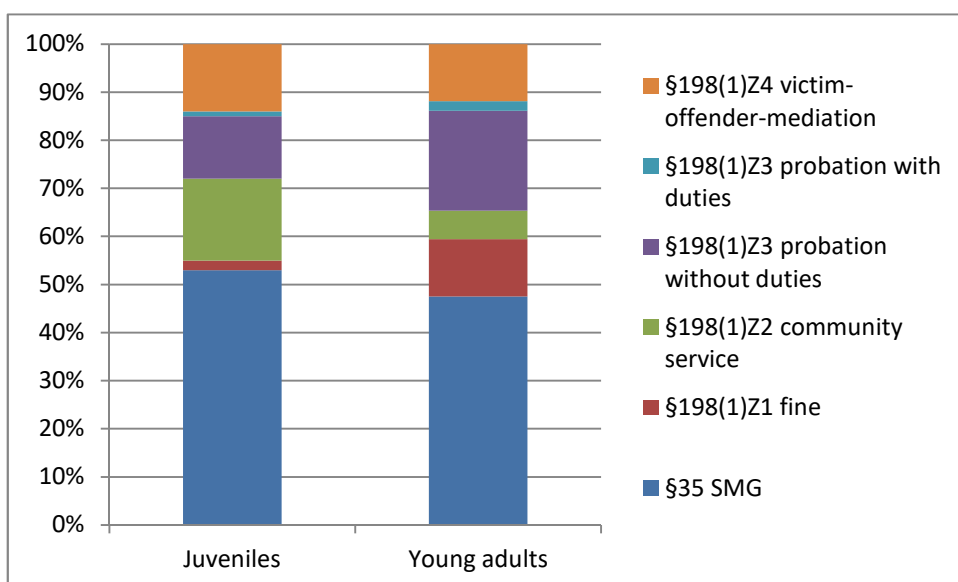
Sentencing patterns by the prosecution

Graph 3 shows the distribution of interventions for youth and young adults with regard to the three major categories dismissal of the case, diversion, and conviction. Almost 23% of juvenile delinquents get convicted, 18% are offered a form of diversion, 60% of juvenile delinquents are acquitted of a charge (dismissal).



Graph 3: Interventions: Dismissal, diversion, conviction

Comparing the distribution of various forms of *diversion* by the prosecution, it becomes clear that diversion according to the *drug law §35 SMG* is most prevalent for Juveniles, young adults and adults (53%; 48%; 31% of all forms of diversion). The second frequent decision for juveniles is dismissal after some kind of community service (17% of all forms of diversion). In the case of young adults the second measure is a probation period without duties (21% of all forms of diversion).



Graph 4: Forms of diversion

Convictions of juveniles and young adults

In total, 2.149 juveniles were convicted in the year 2015. These juveniles had committed 3.948 offences. It is important to note for comparative reasons, whether we count the sentences per juvenile offender, or the sentences per offence. For example, if a person has committed 5 burglaries, he/she will be sentenced for one offence (burglary). Another way is to count the number of juvenile offences. In the following, we have decided to present the number of persons convicted (juveniles and young adults) for particular offences. These offences can be split into the following offence groups: Violence, property crimes, sexual integrity, drug offences, and other.

Offences	Juveniles	Young adults
Violence	17%	23%
Property crimes	49%	34%
Sexual integrity	2%	1%
Drug offences	13%	21%
Other	19%	21%
Total	100%	100%

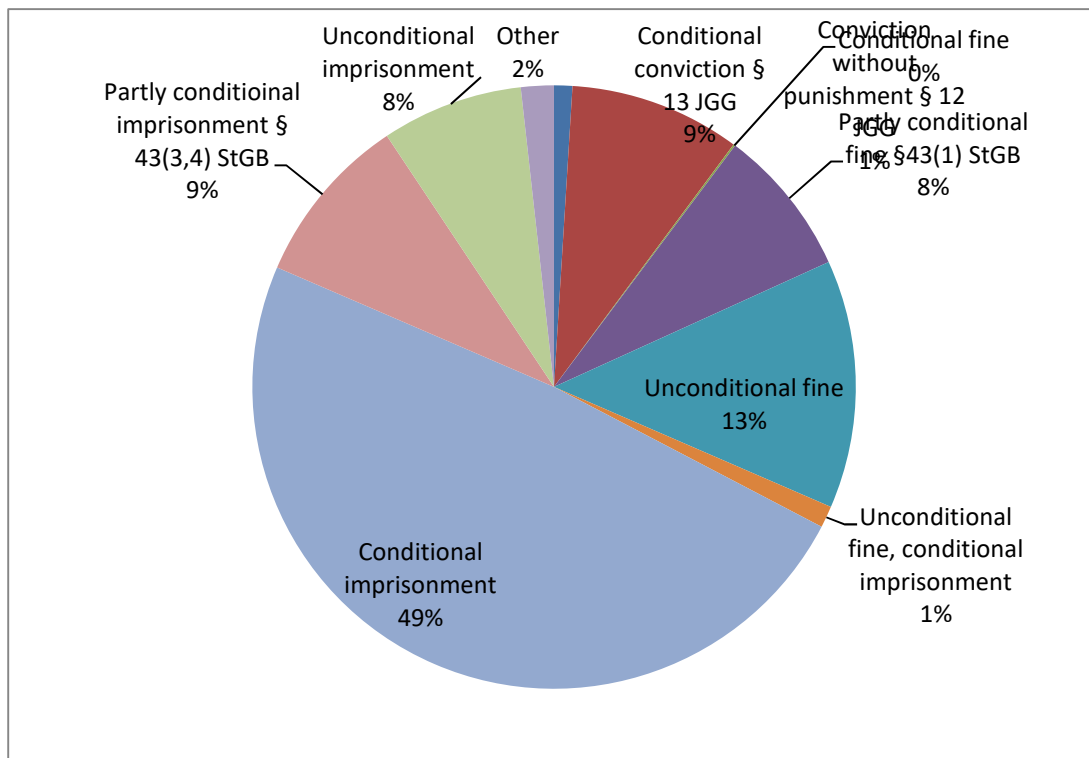
An analysis shows that 13% of convicted juveniles and 21% of convicted young adults were convicted for drug offences in 2015.

The following table compares the distribution of convictions for juveniles, young adults and adults. It shows that if juveniles get convicted at all (23% see graph 3 above), they mostly receive a conditional prison sentence (49% of all convictions). Only 8% are sentenced to unconditional imprisonment. Fines, on the other hand, are mostly unconditional (13%) or partly conditional (8%). 9% of juvenile delinquents get convicted without any further consequences.

	Total	Juveniles	Young adults	Adults
Conviction without punishment § 12 JGG	21	21		
Conditional conviction § 13 JGG	197	197		
Fine	8.855	459	1.212	7.184
conditional fine	23	2	1	20
partly conditional fine §43(1) StGB	1.608	171	250	1.187
unconditional fine	7.224	286	961	5.977
Unconditional fine, conditional imprisonment	1.008	25	110	873
Imprisonment	21.562	1.409	2.391	17.762
conditional imprisonment	12.201	1.049	1.576	9.576
partly conditional imprisonment § 43(3,4)	3.261	197	372	2.692

StGB				
unconditional imprisonment	6.100	163	443	5.494
other	475	38	78	359
Total	32.118	2.149	3.791	26.178

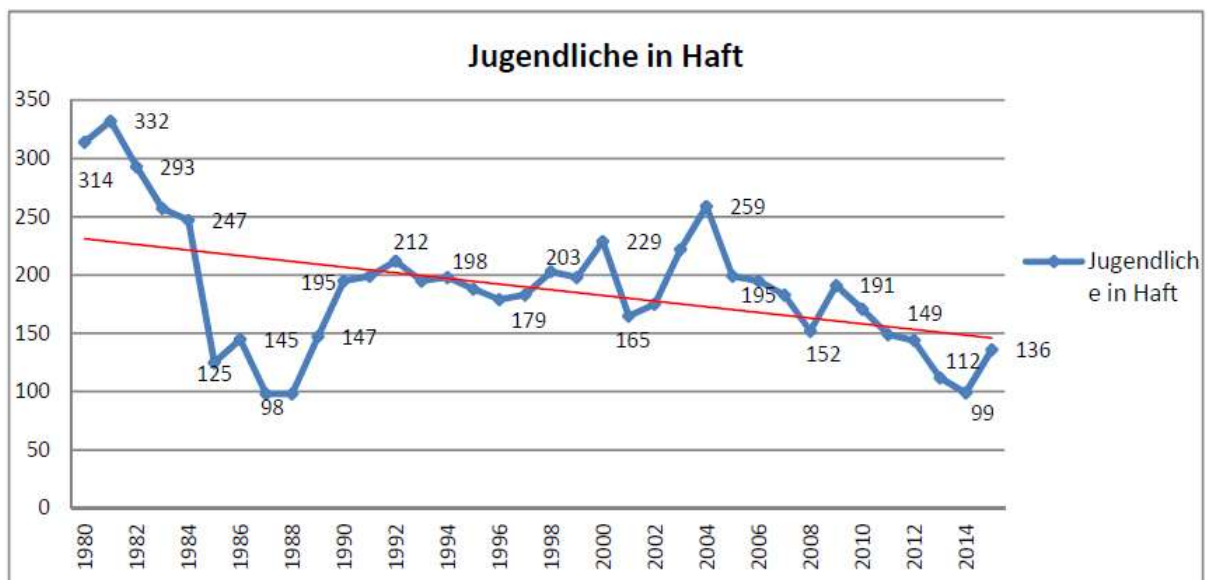
	Total	Juveniles	Young adults	Adults
Conviction without punishment § 12 JGG	0%	1%	0%	0%
Conditional conviction § 13 JGG	1%	9%	0%	0%
Fine				
conditional fine	0%	0%	0%	0%
partly conditional fine §43(1) StGB	5%	8%	7%	5%
unconditional fine	22%	13%	25%	23%
Unconditional fine, conditional imprisonment	3%	1%	3%	3%
Imprisonment				
conditional imprisonment	38%	49%	42%	37%
partly conditional imprisonment § 43(3,4) StGB	10%	9%	10%	10%
unconditional imprisonment	19%	8%	12%	21%
other	1%	2%	2%	1%
Total	100%	100%	100%	100%



Juveniles in Austrian Prisons

The Austrian "Report on Criminal Justice Activities 2015", published by the Ministry of Justice (Sicherheitsbericht 2015), gives information about juveniles in prison (p.111 ff.):

"The number of juveniles in Austrian prisons significantly decreased before 1988, but increased sharply at the end of the 1980s. An increase before 1990 cannot be explained merely by the change of law and the extension of the upper age limit to under 19 year-olds. A subsequent decrease, caused by the return to the original age limit to under 18 year-olds (in 2001), was "compensated" by a strong increase of juvenile offenders. A peak of 259 juveniles in prison was reached in 2004. In 2015, in total 136 juveniles were counted in prison (16 females). ... The ratio of juveniles in prison amounts to 1,5%. The ration of foreigners among juvenile prisoners amounts to 62%.



Juveniles in Prison: Record-date: 30. Nov. (since 2001: 1. Sept.)

The following table shows the very low number of juvenile prisoners together with other prisoners in Austria. The Prison Gerasdorf, which is the only prison in Austria especially equipped and prepared for juveniles, has the most (39) prisoners. The Prison Josefstadt has a special youth department and holds 26 juveniles. The Prison Innsbruck has 11 inmates. All other prisons have less than 10 juveniles.

Prison	Number of juveniles at record-date 1. Sept. 2015
Gerasdorf	39
Wien Josefstadt	26

Innsbruck	11
Wiener Neustadt	10
Klagenfurt	8
Graz Jakomini	8
Feldkirch	6
Linz	6
Salzburg	5

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



Opioid substitution treatment clients

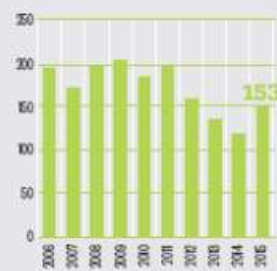
17 599

Syringes distributed

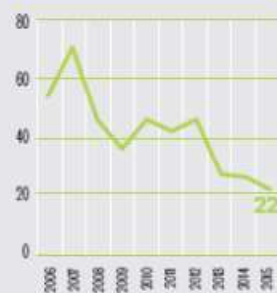
through specialised
programmes

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.

Source: Austria Country Drug Report 2017

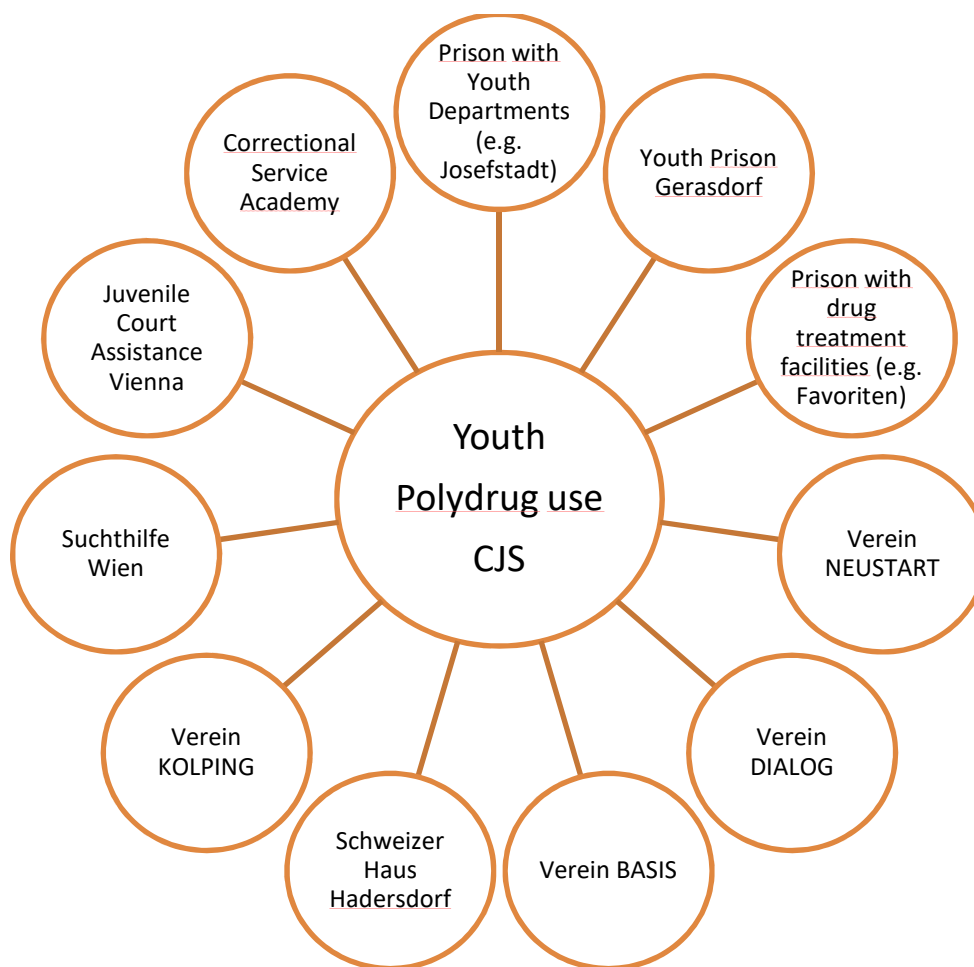
4. INITIATIVES TO ADDRESS USE/ POLYDRUG USE/ NPS USE AND ESCALATING PATTERNS OF USE AMONG YOUNG PEOPLE IN THE CJS

In this section of the report we shall sketch out a mosaic of organisations in Austria that together shape the landscape of services for our particular target group in the EPPIC-project: “Young people with drug problems who have come in contact with the criminal justice system”. However, this report cannot present an exhaustive list of all organisations at work in Austria. This has two reasons: First, we have to accept that the sector of social work is fragmented and scattered in a myriad of different smaller service providers. Hence we will concentrate on a selection of companies that offer their services to the criminal justice system. On the other hand, no specific prevention programme could be identified that perfectly suits the target group. Hence, in our search for particular services we have to be satisfied with a convergence of only two of our three criteria (youth, drug addiction, criminal record):

- 1.) We can focus on psycho-medical treatment of drug-addicted lawbreakers in prison settings and in the Forensic Placement (“Maßnahmenvollzug”), which means to neglect the particular focus on youth.
- 2.) We can focus on rehabilitation programmes for youth in prisons. This, however, means to neglect the particular focus of drug addiction, as these services also look at employment, housing issues and family (social) relations of young people.
- 3.) We can identify rehabilitation programmes for young people with drug-addiction problems, and ignore the particular criterion of the criminal record.
- 4.) Alternatively, we could study initiatives for prevention by the Police Advisory Service in terms of information campaigns on drug-addiction for young people in schools. However, these activities must be categorised under the banner of “general prevention” (primary prevention) as this particular clientele has not (yet) been in contact with the criminal justice system.

In this way we will orbit the central topic of our research project.

With our special clientele in mind, we will start from a short presentation of the Correctional Institutions (custodial sanctions) for young people in Austria, before we describe particular service providers in connection with the criminal justice system.



Correctional Institutions in Austria

The administration of custodial sanctions and measures of involuntary forensic placement in Austria falls within the scope of responsibility of the State. The Federal Ministry of Justice, as supreme correctional service authority, is responsible for strategic planning and for top management of custodial sanctions and measures of involuntary forensic placement.

For this purpose, and for assisting and counselling the Federal Minister of Justice, a separate Directorate General for the Administration of Custodial Sanctions and Measures involving Deprivation of Liberty has been established within the Federal Ministry of Justice. Moreover, the Directorate General also covers medical superintendence and the assessment and evaluation office for violent and sex offenders (Begutachtungs- und Evaluationsstelle für Gewalt- und Sexualstraftäter/innen – BEST).

1. Example: Prison Vienna-Josefstadt

Several prisons have separate departments for juvenile prisoners. Correctional service staff must complete special training to work in youth departments.

The **Prison Vienna-Josefstadt**, Austria's largest prison, is a regional court prison accommodating 921 female, male and juvenile remand prisoners, and convicted prisoners serving prison terms up to 18 months. For about the last 12 years, the share of remand prisoners has been very high. For this reason, prisoners with prison terms of up to 18 months, who would normally serve their terms in this prison, are mostly transferred to other prisons. Also the share of foreign prisoners is above average in this prison, resulting in additional challenges, such as difficulties in communication, etc.

Juvenile remand prisoners are detained in specific wards – separated from adults – but are transferred as quickly as possible to the Prison for Juveniles Gerasdorf or in the case of female juveniles to the Prison Schwarzaau.

2. Example: Prison Vienna-Favoriten

Today there are 27 prisons in Austria. Three prisons have special provisions for treatment of drug addiction (Innsbruck, Stein, Vienna-Favoriten). However, these prisons are dedicated to adults, including young adults (19-21 y.o.).

The **Prison Vienna-Favoriten is a special institution for addicted lawbreakers** and is dedicated to the treatment of male and female drug addicts and alcoholics. Together with its outstation Münchendorf it can accommodate 113 prisoners.

Following a strictly controlled admission and diagnosing phase, detention takes place in living units run according to a special therapeutic concept. A special feature is the cooperation of all organisational units of the prison (team structures). The prison not only stands out for its modern and variable treatment concept, but also for its highly qualified support team and the adequately trained prison guards serving there. Furthermore, the concept is partly characterised by a relatively high share of relaxed regime detentions aimed at testing in practice and consolidating the stability acquired during therapy, and the number of departments established for this purpose. In addition to work options in the workshops (e.g. wage work, laundry service and kitchen), numerous leisure-time and sports activities are offered.

Special correctional conditions for prisoners are offered by the outstation Münchendorf, which combines prisoner-specific detention conditions with a gardening workshop, small animal breeding and an outsourcing unit. The therapeutic aspect is emphasised in the outstation Münchendorf. In addition to group therapy, day release, work opportunities in the prison and meaningful leisure-time activities are fixed elements of the treatment.

However, there are no juvenile offenders (14-18 y.o.) in this prison.

3. Youth prison in Gerasdorf

There is only one **youth prison in Austria (Gerasdorf)** with a special emphasis on psychiatric, psychological and social treatment of prisoners at the age of 14 – 27 years.

The **Prison for Juveniles Gerasdorf** is the only correctional institution in Austria specialising in administering custodial sanction and measures involving deprivation of liberty for male juveniles and young adults. The prison can accommodate 122 prisoners in total.

Work with young delinquents poses special challenges which are coped with in close cooperation of all available professional services (prison guards, psychologists, psychiatry, social workers, social pedagogues, occupational therapists, psychotherapists, school and apprenticeship workshops) and focus on three areas:

Education:

- Schooling: completion of secondary modern and special schooling, attending external schools
- Vocational training: apprenticeships in 15 vocations
- Courses: data processing, languages, job application and communication training
- forklift driving, First Aid

Therapy and Training in Groups and Individually:

Psycho- and addiction therapies, anti-violence and social trainings, animal-based therapy, group outings, therapeutic climbing, group counselling

Leisure-time Activities:

Guided and / or independent leisure-time, sports and entertainment activities in outdoor sports and leisure-time facilities, in the culture hall, in the gym, in the fitness studio and in the community rooms in living units.

4. Correctional Services Academy

The **Correctional Services Academy** is the central educational institution of Austrian correctional services. The high demands of correctional services are reflected in the establishment of this educational facility. Under the “roof of the Academy”, the two departments “Prison Guard School” (basic education) and the “Centre for Further Education” (further education) have been joined together in 2006. Since 2015, the Academy has also taken over the function of “IT service centre”.

Course on Juvenile Correctional Service

Further education and training for prison staff working in prison youth departments is provided on a regular basis. This training is composed of 3 coherent parts (2 seminars of 3 days, 1 seminar of 4 days).

Overall content and goals:

- Professionalization of the contact with juveniles and young adults
- Communication of theory and practice
- Presentation of new pedagogic perspectives for the daily work of prison staff
- Rise of personal satisfaction in that particular work environment
- Sensitizing for current youth cultures
- Personality training to cope with the challenges of correctional service tasks in prison youth departments

- Compliance with ethical and moral principles

Part 1: Introduction from a legal and personal perspective and the 6th National Juvenile Report

Part 2: Youth psychology and youth psychiatry and the particular needs and interests of young people. Part 2 contains (among other topics) teaching about the recent drug report and effects of drugs.

Part 3: Communication and basics in pedagogy, reflection on practice, release management and methods of experiential education

For the time between the seminars specific tasks and exercises need to be completed to finally receive a full certificate for the completion of the course.

5. Juvenile Court Assistance Vienna

The **Juvenile Court Assistance Vienna** also directly reports to the Federal Ministry of Justice.

The Juvenile Court Assistance Vienna was founded in 1911, and since 1947 has been an agency of the judiciary. It supports courts and public prosecutors in the area of juvenile jurisdiction and is responsible for monitoring the detention of juveniles and young adults in Vienna.

Investigating juveniles: On behalf of courts and public prosecutors all circumstances of accused persons essential for an assessment of their personalities and their living conditions are investigated. Contacts are established with support institutions, on the basis of investigation results most precise and reliable profiles of the accused persons' personalities and all relevant circumstances are communicated and measures are proposed to remedy any deficits.

Assistance in deciding about further detention: The staff members make contributions for the prevention and reductions of remand detention for juveniles and young adults, by establishing comprehensive personality profiles, clarifying their social reception room, networking with support institutions, and if needed, providing alternative accommodation replacing remand detention.

Providing community work: Juvenile delinquents are instructed on behalf of public prosecutors and of courts that they might avoid being prosecuted should they perform community work, suitable community jobs are arranged and communication to principals is carried out.

Support during detention: Juveniles and young adults detained in the Prison Vienna-Josefstadt are counselled and supported by psychologists and social workers, and prepared for their release. Juvenile Court Assistance Vienna promotes re-integration into society.

Non-judicial institutions

1. Verein NEUSTART

Verein Neustart is the national probation agency. It was established in 1957 to provide for social welfare assistance to detainees, persons released from prison, to victims of crime and to do prevention work. It is a private agency which in the 1990s took over all the functions (and personnel) from the state agency for probation.

The agency has 26 regional units covering the whole country. Each unit has an addiction specialist who will be involved once it has been established that there is an addiction problem in the client concerned.

Depending on the nature and the severity of the problem the addiction specialist may then decide to provide the required treatment or alternatively refer to an addiction clinic in the community.

While under treatment in the addiction clinic the probation officer will keep track of the client's progress and will, as part of his regular probation task, report to the judicial authority concerned.

In practically all cases of young people appearing in court, probation measures will be part of the conclusion by the judge. Among this group of clients of the agency, addiction or substance abuse problems are very prevalent. It is estimated that around 60% of all young people on probation have an addiction problem. As a result there is intensive co-operation between the specialized addiction clinics and the probation services.

Another group of services which are thought to be very relevant for this group of persons are the so-called youth centres, providing for leisure time activities, low threshold social care, integration into the community, street work, etc.

Over the last decade the agency has made great investments in ascertaining the quality of their work: Quality standards were developed and laid down in handbooks.

A current concern for the agency is the growing number of refugees in the judicial system. In spite of many efforts, to date the agency is unable to recruit appropriate personnel for this group.

There is regular co-operation at the international level through the CEP (Confederation of European Probation). This international agency organized in 2016 in Lillestrom, Norway, the CEP Conference on Young Adult Offenders, and intends to continue its attention to this particular group in the future.

2. Suchthilfe Wien – Support for drug addicts Vienna

Suchthilfe Wien is a daughter company of the Sucht und Drogenkoordination Wien GmbH (the drugs coordination agency of the city of Vienna) and is responsible for the greater part of the operations of the Vienna drugs policy. It provides a broad range of services including prevention, education, training, counselling, treatment, re-integration and harm reduction.

There is an intensive and good cooperation with the judicial system. Quality standards were developed and are being implemented for the various activities carried out by the agency. These

standards are also strongly supported by the various professional associations concerned. These standards address also addiction work carried out in prisons and detention centres.

One of the issues in this connection that still has not been resolved yet is the provision of sterile needles and injection equipment in prisons and detention centres. The management of these institutions is principally against this measure. This remains a worrisome issue as around 2/3 of the prison population is estimated to be drug dependent.

Otherwise, the cooperation with the judicial system is satisfactory. As a matter of fact the networking of all institutions involved in the drug addiction issue in the city is well organized and has helped also in obtaining good legislation and other measures in place. For example: According to the new drug abuse legislation (adopted last year) it is no longer acceptable if a school management would inform the police of drug taking offences in the school. The officially endorsed policy is indeed therapy instead of punishment.

Room for improvement exists in the area of child and youth psychiatry, although good initiatives for sharing experiences and improving services do exist at an informal level. The so-called "Psycho-soziale Kommission" meets regularly to discuss issues at a collegial and informal level. This entity has raised special interest in the EPPIC project.

Very practical small scale efforts for our target group are being offered by more or less individual persons and institutions such as Dr Ralf Gössler of the Rosenhügel clinic. Other initiatives which are worthwhile to be taken into consideration include the research and theoretical work by Soy c s.

3. Schweizer Haus Hadersdorf (SHH)

Founded in 1997, Schweizer Haus Hadersdorf is a non-profit institution for residential and outpatient drug therapy. Services include an outpatient clinic, a home for shared living with medical support and technical training facilities (workshops). Moreover, SHH offers social work and therapy in cooperation with prison institutions in Vienna (regular services in Prison Josefstadt).

SHH has an agreement with Prison Josefstadt for a regular provision of in drug therapy (once a week). Psychological treatment and social work is offered for groups of inmates with regard to treatment for drug addiction.

In Austria the application of alternatives to punishment, especially **suspension of sentence** in the context of the principle of **Therapy Instead of Punishment**, is regulated by law. Convicts can be allocated to SHH with a sentence according to §39 SMG. The prison sentence will be delayed for a maximum of 2 years if that person takes part in the therapy programme offered by SHH and other providers. At the end of a successful therapy, the prison sentence will be turned into a suspended sentence. Approximately 80% of residents come to SHH in this way. Often, people contact SHH and ask for admission before the trial in order to influence the judgment.

Other clients are allocated by the Vienna City Council. Those have not been officially in touch with the criminal justice system, but experience shows that they have been in contact with crime at some point.

The therapeutic concept of SHH starts with 2 – 6 months residency in the house in the periphery of Vienna, where people live in small communities in shared apartments. On the property there are opportunities to work in mechanic shops, follow leisure activities and practice sports. On weekends

excursions are organised, otherwise clients are not permitted to leave the property. Medical treatment, therapy, social work and professional education are offered all the time.

The period of residency is followed by a 6 months period of “decentralised living” with an offer to use the medical facilities on a daily basis (Tagesklinik). Patients either continue to live in the house or move to an own apartment.

Treatment for outpatient therapy can be continued for further 12 months.

The crucial point in this programme is to support people in daily life, starting with medical support and training of competences for daily life, creativity, education and leisure activities. This also includes training in democratic processes of decision making in a community, conflict management, and basic knowledge about the legal system and the social system in Austria.

Abstinence and social rehabilitation can only be reached in stages. Substitution is offered also in stationary settings. After one year clients are expected to live responsibly on their own, however it is possible to remain for some time in the house or return for psychotherapy on a regular basis.

The average age in SHH is 30, no young people below 18 years of age live in SHH.

4. Verein Grüner Kreis

Founded in 1983, the association “Grüner Kreis” (Green Circle) is one of the leading institutions in Austria that offers rehabilitation and integration of people with substance use disorders (SUD). The primary aim of this association is to assist people with substance use disorders (SUD) to find a way to an independent, socially integrated and for the most part addiction-free life. Their clients are young people, adults, parents with children, and couples.

A multi-professional team from the fields of medicine, psychotherapy, clinical health psychology, social work, teaching, social pedagogy, sports, arts & creativity and handicrafts, provides advice and care for people with multiple addictions and high risk of addiction from all over Austria. Therapy and rehabilitation is offered to voluntary clients as well as to clients with a judicial order for therapy:

- Clients with substance-related addictive behaviour (such as drugs, alcohol, medication etc.)
- Clients with non-substance-related addictive behaviour (such as pathological gambling, internet addiction etc.)
- Clients with a judicial order (§ 35 and § 39 SMG, § 50 StGB, § 173 StPO)

There are 5 outpatient care centres (in the cities Vienna, Wiener Neustadt, Graz, Linz, Klagenfurt) and 9 inpatient institutions (mostly in remote places in the countryside). Young men are accommodated in the institute “Waldheimat”, young women are cared for in the institute “Binder” together with young mothers and their children.

Special programmes have been developed for particular target groups: Addicted parents with children; multi-morbid patients², elderly addicts, and young addicts.

² Multi-morbidity or co-morbidity means the simultaneous existence of one or more psychiatric diagnoses (according to ICD 10, DSM 5) and a dependency disorder in one and the same person. This may be personality disorders, psychoses, affective disorders or anxiety disorders etc. Scientific research shows that a high percentage of people with dependency disorders also display symptoms of further psychiatric disorder.

The therapeutic programme for young addicts includes juvenile delinquents allocated by the legal system (§35 SMG), but is not limited to this group of clients. Young people with SUD are regarded a particularly vulnerable group. Hence, attention to the specific situation in life and the needs of young people is considered very important and necessary.

The main target in therapy is to help people to lead an orderly and abstinent work-life. Along this encouragement, schooling and education mentored by social workers and social pedagogues is crucial for their healthy development. This includes repeating secondary-school or apprenticeship, starting further education and training during the inpatient therapy, or taking examinations at schools as external students.

The principle of “Therapeutic Community” is based upon 4 pillars; therapy and rehabilitation follow the “4-pillar therapy model”:

1. Medical treatment, counselling, rehabilitation
2. Psychotherapy, clinical health psychology
3. Social work, vocational training and occupational therapy
4. Active leisure time, sports, and creativity in arts & craft



The Therapeutic Community

The therapeutic community is more than the co-habitation of experts and clients. The therapeutic community shall provide support to all clients as a “self-help collective” in which people share responsibilities. A good balance of individual freedom and limitation through control is considered vital for a successful rehabilitation.

Medical treatment, counselling, rehabilitation

SUD treatment (withdrawal and substitution), SUD-related areas (infectious diseases), psychiatry, as well as general medical care, are covered by specialist doctors and general practitioners. Dependencies and addiction are usually severe obstacles within the treatment. The therapeutic community shall support and encourage clients in their efforts to surmount their dependencies.

Psychotherapy, clinical health psychology

This pillar is to give clients support to reflect upon their experiences and actions and to develop their personality. Individual- and group therapy, self-help groups and life in the therapeutic community shall facilitate the development of a relationship between clients, clinical-health psychologists and psychotherapists. A variety of approaches in clinical health-psychology and psychotherapy are applied.

Social work, vocational training and occupational therapy

This pillar covers the field of basic needs in life. Social workers, social pedagogues, SUD counsellors and psychotherapists are there to examine individual resources and compensate deficits in working life, (further) education, but also in housing and lifestyle. Inpatient homes offer internal education (education in addition to therapy, occupational orientation, job application training) as well as opportunities to take external education (schooling and courses, work placements etc.). These activities determine the daily structure for clients.

Active leisure time, sports, and creativity in arts & craft

Vital energy is also dedicated to and gain from activities besides work such as cultural activities, arts and sports. The daily structure in the community shall give some extra time in the afternoon to experience in a group physical exercises, education and culture.

Everyday life in inpatient institutions is rigorously structured: After the wakeup-call at 7:00 a.m. clients go for a walk together (or for a light run); they have breakfast together, and between 8:00 a.m. and 5 p.m. there are several activities, including schooling, creative activities, occupational training, sports and collective leisure time. It is important to give patients a clear daily structure and the feeling of meaningful activities. In clear contrast to former times, when those kinds of homes had a reputation of “closed institutions” with physical punishment and irresponsible sanctions for relapses, the institutions of “Grüner Kreis” emphasises the high level of inter-disciplinary treatment together with medical practitioners, psychiatrists, psychologists, social workers and pedagogues.

Concerning juveniles, we were told that there are very few clients below 16 years of age in residential care institutions. It is argued that this is not the right place for their rehabilitation, and they preferred living with their peers and relatives rather than together with other patients in long term care facilities.

Interestingly, experience shows that there is very little difference in motivation for therapy between clients with an order for therapy by the court (or prosecution) and other clients who come on a voluntary basis. After two to three months differences between the two groups equalize and on occasion allocated patients are more ambitious in their rehabilitation than the so-called voluntary patients. It should be acknowledged that for most clients “Grüner Kreis” is not the first place where they ask for help with their drug problem. Usually, they have spent several weeks in therapy in a

hospital; some have already taken withdrawal therapy for 8 weeks in specialist institutions (Mauer or Tulln); then they have taken therapy in the specialist clinic “Anton Proksch Institut”. Hence, the association “Grüner Kreis” is not a low-level information service, but a highly specialised place for seriously addicted persons.

Clients are recruited, if we may use this term in this sense, either from medical institutions or from the criminal justice system (§35 and §39 SMG). In cases of conditional release (“Bedingte Entlassung”) and particularly in cases of interruption of imprisonment (“Unterbrechung der Unterbringung”) psychiatrists of the “Grüner Kreis” must cooperate closely with the medical department in the respective prison. Despite the medical expertise and a high level of trust among professionals, in exceptional cases the bureaucratic system provides an obstacle for practitioners: In line with administrative regulations, a psychiatrist at the “Grüner Kreis” must consult the responsible counterpart in the respective prison, before he or she may alter the (level of) medication for a patient. If, however, a problem occurs on Friday afternoon, and a prison-psychiatrist is not available, the patient theoretically must be transferred from the inpatient institution to the prison and wait for examination on the following Monday. This is certainly not in the interest of the best service for a patient, as a personal crisis may be aggravated instead of alleviated.

Secondly, with regard to the relationship between “Grüner Kreis” and the legal system, experts also prepare official expert opinions in the course of prosecution. Here, psychiatrists at the “Grüner Kreis” have a clear position: A 15 year old person is never only a dealer without having a drug problem himself. Many young people have been manipulated and mistreated by others for a long time. This entitles them to receive help rather than punishment. This is not to deny that many adults use the argument of addiction as an excuse for their criminality.

5. Verein DIALOG

Dialog is a non-governmental and non-profit organisation founded in 1981. The organisation is the largest outpatient institution for addicts in Austria with more than 100 employees in 5 locations in Vienna. Three locations are equipped as ambulatory clinics and offer “integrative addiction counselling” for people with drug problems and their relatives. A fourth location specializes in counselling in the field of “addiction and employment”, the fifth location focuses on “prevention and early detection”.

Another field of activity of Dialog lies in the work with prisoners in police detention centres. Medical, therapeutic and social support is provided. This includes treatment for substitution, crisis intervention, family support, but also providing help in administrative matters.

The school is another major field of work for Dialog. Young people are confronted with drugs in one way or another, and the school is a place where issues around substance abuse and addiction can be discussed in a controlled way. Dialog offers counselling and support for school principals, teachers, school physicians and other school-internal personnel in terms of prevention and early detection of drug addiction. In cases of suspicion the procedure is clearly in favour of a non-judicial solution: The school is not allowed to report the case to the police. Instead the school physician must report to social and health-care institutions, and Dialog is one institution to be consulted.

Dialog is dedicated to support people with various forms of drug addiction and help them to cope with their illness. Support is offered in physical, psychological and social ways tailored to the individual. It is important to note that great varieties of motifs and reasons for consumption are recognised, including self-treatment (depression, phobias, traumata), lack of impulsive control, seeking pleasure and excitement, coping with demands in life. Most important for the project EPPIC, the Verein dialog welcomes young people inclined to seek risk-taking in situations of peer group pressure. Diversity of clients is recognised in terms of age, gender and cultural background.

Counselling is offered in single appointments or group settings, in regular pre-arranged meetings and as ad-hoc service.

6. Verein B.A.S.I.S.

BASIS was founded in 2004 as a non-governmental and non-profit organisation based in Vienna. BASIS is accepted by law (§15 SMG) as an outpatient institution that offers drug-therapy for offenders in the programme “Therapy instead of Punishment” (§39 SMG). BASIS offers the following services:

1. Treatment, counselling, care and support in cases of drug addiction
2. Work with relatives of drug addicts
3. Prevention projects
4. Basic and continuous training for professionals in the field of psycho-social support
5. Online-counselling (“Beratungsafe”).

More specifically, BASIS offers services according to all health-related measures in cases of drug abuse as it is defined in §11(2) SMG:

1. Medical control of health
2. Medical treatment including substitution and withdrawal treatment
3. Medical-psychological treatment and support
4. Psychotherapy
5. Psycho-social counselling and support

BASIS cooperates closely with prison services: Experts visit prisoners during pre-trial custody and examine the preconditions for later outpatient treatment. They inform prisoners about their services and respective rights and duties in cases of suspension.

The clients of BASIS are mainly adults with occasional cases of young adults (in the juridical sense – 19-21 y.o.). There are no juveniles (14-18 y.o.) at BASIS. The experts at BASIS favour a systemic approach and reject the idea of specialization on particular youth programmes (or gender-focused programmes). They argue that age does not necessarily correspond with the mental and physical development of the client. Sometimes 18 year olds are more responsible and independent than 35 year olds. Hence, they do not apply age-specific therapeutic methods.

Also, counselling for employment is done independent of age. According to the director of the youth prison, many 30 year olds have quit school, then made good money with drug dealing, and now refuse to work for 1.400,- € salary per month. Hence, they argue, motivation work is the same for all age groups.

Incarceration for young people is seen as strictly negative. In cases of severe addiction the intervention comes too late, whereas in other cases, when young people have little experience with drugs, contact with other inmates seems to have negative effects on their rehabilitation.

BASIS offers counselling and support also in the prison “Mittersteig” in Vienna – a special institution for the placement of mentally disturbed lawbreakers who are *compos mentis pursuant* to § 21(2) Criminal Code. Services are offered by BASIS because it is assumed that prisoners develop a higher degree of trust towards external therapists outside the criminal justice system.

7. KOLPING Sucht- und Drogenberatung für Jugendliche u. Angehörige

This advisory service for drug addiction is part of the larger KOLPING Group. The team consists of only 5 part-time workers who offer group counselling particularly for young people between 12 and 22 years of age. This organisation was established in 1998 as an outpatient institution and works according to § 15 SMG (“Therapy instead of Punishment”). However, clients from the criminal justice system are rather rare in this institution. In 2016 the organisation had 348 clients in total (166 youth and 182 relatives), another 370 advisory talks were conducted over the phone, and 64 contacts per email were registered. Only two clients were directly sent by legal adjudication, 4 clients were sent through official school adjudication. The majority of clients contacted the organisation alone or together with friends or parents (44%). 30% were redirected or transferred from other social service institutions (e.g. Neustart).

In general, the target group of KOLPING Sucht- und Drogenberatung are

- Children and youth up to the age of 22 who are addicted to alcohol and other drugs, or tend to experiment with illegal substances

- Relatives, i.e. parents of “experimentalists”
- Others (friends, teachers, pedagogic personnel)

The aims of the organisation with regard to drug consumption are defined as

- Prevention of drifting further into consumption of (more severe) drugs
- Developing and support for motivation for abstinence
- Reaching and maintaining abstinence

Other goals refer to prevention of social isolation (loss of work place or school place; family disruption; breaking up relationships), professional or social reintegration, and psychological stabilisation.

Services include:

1. “Clearing talks” where juveniles try to articulate their needs and plans for further support are elaborated.
2. Psychotherapy: In most cases of drug addiction psychological problems are diagnosed (problems of communication with peers, lack of interest and joy, low self-esteem). Drug consumption is considered only a symptom of other fundamental psychological and social phenomena, which become the main focus of the intervention.
3. Psycho-social mentoring means support to help oneself and stabilizing the personality of young people.
4. Job coaching is important as a factor for orientation in life. This includes the preparation of curricula vitae for job applications and training for personal job interviews.
5. A medical doctor may examine clients and transfer them to other medical institutions such as psychiatric or neurological practitioners. Treatment for substitution is not offered at KOLPING.
6. Counselling and support for relatives is provided relating to effects of substances. Parents of clients may be supported individually or in family settings together with their children. Relatives are considered important figures when it comes to motivation for self-control.
7. Family talks provide a controlled and safe setting for children to discuss fundamental conflicts with their parents that normally lead to crisis situations.
8. Finally, KOLPING offers leisure activities in groups with other juveniles. Group experiences are important to develop a positive attitude and self-esteem.

5. ISSUES IN ADDRESSING PREVENTION INTERVENTION AIMED AT YOUNG PEOPLE IN THE CJS

- Significance of the problem, any differences between national and practical perspective
- Description of policy statements, guidelines, are these known to national and practical stakeholders

The Department for Correctional Services at the Austrian Ministry of Justice has published a a decree and guidelines for the treatment of drug addicts in the correctional services (“Leitlinien für die Beratung, Betreuung und Behandlung von suchtkranken Menschen in der österreichischen U-Haft, im Straf- und Maßnahmenvollzug”). It will be interesting to discuss these documents with practitioners and learn about the applicability and usability of these guidelines.

- Authorities in the field
- Needs of intervention with stress on uniformity versus diversity, including different approaches: demand versus supply reduction, harm reduction et cetera
- Characteristics, features of good intervention
- Challenges and barriers for effective interventions
- Examples of concrete interventions/programmes and their description following order in questions 4/6 in the interviews’ schedule
- Interventions recommended for wider application, outside national context

Answers to these points will have to be found in more detailed work throughout the project. It is too early to make judgments from our first contacts with respective institutions. Some of these questions may be used as input-topics for meetings with members of the Austrian Advisory Board.

APPENDICES:

Appendix 1. Report Methods

A. Literature review (most countries can only comment on the literature in their own language – all they collected):

- Quality of data (limitations of studies, among others methodological quality, possibility to generalize results)

The Austrian literature review was conducted in a snowball-system with recommendations from interview partners. Former colleagues of the Austrian project leader at the Institute for the Sociology of Law and Criminology and at the Johannes Kepler University Linz were contacted and asked for updated research reports.

Most useful (maybe also for other partner countries) was the academic literature by Frieder Dünkel, Joanna Grzywa, Philip Horsfield, Ineke Pruin (eds.): Juvenile Justice Systems in Europe: Current Situation and Reform Developments, vol. 1-4 (Schriften zum Strafvollzug, Jugendstrafrecht und zur Kriminologie). This literature is an output from the AGIS-EU-project “Juvenile justice systems in Europe – current situation, reform developments and good practices” (JLS/2006/AGIS/168).

Secondly, several Austrian legal codes were studied:

- SMG - Narcotic Substance Act
- NPSG - New Psychoactive Substances Act
- JGG - Juvenile Act
- BKJHG - National Code for the Help of Children- and Youth (Bundes- Kinder- und Jugendhilfe Gesetz)
- BewHG - Probationary Services Act (Bewährungshilfegesetz)
- StPO Criminal Code of Procedure (Strafprozessordnung)
- StGB - General Criminal Code (Strafgesetzbuch)
- StVG - The Correctional Services Act (Strafvollzugsgesetz)

Thirdly, several national statistics were studied taken from official reports from the Austrian Ministry of Interior, the Austrian Ministry of Justice, and the Austrian Ministry of Health.

- BMJ – Sicherheitsbericht 2015
- BMI – Kriminalitätsbericht 2015
- BMI-Bundeskriminalamt – Suchtmittelbericht 2015
- BMG – Bericht zur Drogensituation 2014
- BMG – Bericht zur Drogensituation 2015

B. Scoping survey and key interviews

- Initial sample (how many institutions/persons, sectors they come from, other characteristics, a table with grouping institutions by sector)

In our project we used the Scoping Survey questionnaire as a basis for personal talks with representatives from a wide range of organisations. We sent out the questionnaire together with the leaflet (project information) in advance to our personal meetings to give our interview partners an idea of what we are going to talk with them. Sometimes the questionnaire was used in the interview, in other cases the questionnaire was completed by the interview partner with a reference to their webpage. In those cases the questionnaires were completed by the researchers.

The following institutions and organisations were included in the survey:

Ministry of Justice	Prisons	Vienna City Council	Private companies
Department of Correctional Services	Youth Prison Gerasdorf	Wiener Sucht- und Drogenkoordination	Kolping
	Youth Department in Prison Vienna - Josefstadt	Suchthilfe Wien	DIALOG
	Prison Vienna - Favoriten		BASIS
	Juvenile Court Assistance Vienna (Jugendgerichtshilfe)		Schweizer Haus Hadersdorf
			Neustart
			Grüner Kreis

Organisation, Contact person and position in the organisation:

Organisation	Contact person	Position
Department of Correctional Services	Mag. Claudia Mika	Co-worker in the Department
Youth Prison Gerasdorf	Hofrätin Dr. Margitta Neuberger-Essenther; Ursula Terler, MSc	Director Social worker
Youth Department in Prison Vienna - Josefstadt	Dr. Petra Tröster-Stögerer	Director
Prison Vienna - Favoriten	Hofrätin Mag. Krista Schipper	Director
Juvenile Court Assistance Vienna (Jugendgerichtshilfe)	Hofrätin Mag. Christa Wagner-Hütter	Director
Wiener Sucht- und Drogenkoordination	Michael Dressel	Director
Suchthilfe Wien	Dr. Hans Haltmayer	Coordinator for drug addiction in the city council of Vienna
Kolping	Mag. Andrea Kronsteiner	Director
DIALOG	Dr. Walter North, Mag. Lisa Wessely	Medical Director Social worker
BASIS	Mag. Peter Wally	Psychotherapist
Schweizer Haus Hadersdorf	Mag. Dr. Barbara Gegenhuber, MA	Director
Neustart	Dr. Christoph Koss; Jürgen Kaiser	Director Head of Department of Social Work
Grüner Kreis	Dr. Leonidas Lemonis	Medical Director

Description of organisations

1. Ministry of Justice – Correctional Services

One of the principles of the Austrian Criminal Justice System is that juvenile prisoners are to be employed and, as far as possible, to be educated. Male juvenile prisoners in the Prison for Juveniles (Gerasdorf) may acquire their mandatory school-leaving qualification during detention, the same is true for the Prison Schwarzbach (for female juvenile prisoners); if needed, mandatory school-leaving qualifications can also be acquired in the wards for juveniles at court prisons.

The following quotes are extracted from the official brochure **“Correctional Services in Austria” (“Strafvollzug in Österreich”)**, published by the Ministry of Justice. This brochure explains the regulations and guidelines for the detention of prisoners with regard to issues of health and care in prisons (Bundesministerium für Justiz, 2016). **These regulations apply to youth, young adults and adult prisoners.**

2.2.2 SOCIAL SECURITY SITUATION OF PRISONERS

Regardless of when they (prisoners) perform any work, medical care (financed directly by the Federal State – and not by the social security agencies) is provided by medical doctors or by own prison infirmaries. If needed, specialist doctors are consulted, or hospitals are used. As any difference in the treatment of prisoners for illnesses would not be justified vis à vis the general population, healthcare services are provided in keeping with similar services provided by the social security agencies.

2.2.3 MEDICAL, PSYCHOLOGICAL, AND PASTORAL CARE, SUPPORT BY SOCIAL WORKERS

Medical Care

Medical care is ensured by the judicial administration which has to bear the cost thereof. In all prisons, general practitioners hold consulting hours at least once a week. In larger prisons there are infirmaries for sick prisoners, which are partly run as hospitals in the legal sense. In smaller prisons there are solitary cells to accommodate sick prisoners. For prisoners requiring hospital treatment so-called “closed hospital wards” have been established in some public hospitals – at least one larger hospital room with an anteroom for guard personnel. Public hospitals are under obligation, for that matter, to accept prisoners and allow them to be guarded.

When comparing medical care for prisoners to the situation in freedom, there are some peculiarities or issues, which originate directly from the logic of the correctional service system. Hence it is more difficult to establish a relationship of trust between doctor and patient, as the prisoners due to their detention de facto have no free choice of doctors. Prisoners show considerably poorer health than the general population, because they frequently belong to socially marginalised groups. This is for instance reflected in the frequency of diseases such as tuberculosis, hepatitis and HIV/AIDS. A large portion of prisoners suffer from distinct mental problems and disorders. In recent years, the share

of prisoners with mental disorders has considerably increased. Therefore, particular significance is attached to the work of consultant psychiatrists. Tasks of psychiatric services are mainly outpatient acute treatments, injection of depot medication, substitution therapy, crisis interventions, therapeutic interviews, as well as statements concerning the organisation of imprisonment and concerning relaxed regime decisions, and concerning the imposition of security measures, etc. In the prison environment, prisoners pay more attention to their own body and to personal sensitivities, than when they were in freedom. There are reasons to aggravate or simulate symptoms (to be allowed escorted outings for the purpose of medical examinations and treatments in public hospitals or to be granted privileges or relaxed regime detention). The functions of prison doctors are not only treatments, but also assessments (e.g. concerning fitness to work, solitary confinement, special security measures). These responsibilities make high demands upon prison doctors.

Psychological Care

As a rule, prisoners are examined by members of psychological services during admission, danger prognoses are prepared and the motivation to receive therapies is investigated and promoted. Statements and opinions of psychological services are frequently requested in connections with granting relaxed regime detention (relaxed regime prognoses) or with decisions on (early) release. In cooperation with other consultant services and the prison management, correctional and treatment schedules are established and suitability tests for relaxed regime detention or (vocational) training measures are performed. Psychological expert opinions are also gathered when assessing the risk posed by prisoners of self-harm or harm to others.

In special prisons and in large prisons psychologists have fixed consultation hours. Normally, they conduct individual or group therapy sessions and intervene in crisis situations. They provide help for personal problems and counsel relatives of prisoners. They participate in suicide prevention by providing preventive measures and interventions based on clinical psychology and in running the cell allocation programme VISCI. VISCI (Viennese Instrument for Suicidality in Correctional Institutions) is a screening tool for initial assessment of suicidality in newly admitted prisoners. Prisoners considered suicidal by this tool have to be examined by psychologists as soon as possible to assess their suicidal tendencies and to propose adequate preventive measures. Furthermore, psychologists establish special treatment programmes for violent offenders in prisons.

Therapy objectives are increasingly also substantiated in the form of courses, social training measures or special group programmes. The emphasis here is on learning social skills. This includes also relaxation exercises, training social competencies, and other programmes. The borderlines between psychological treatment and psycho-educational measures are blurred.

Psychologists are also involved in the selection of applicants for prison staff and other correctional services, as well as in the training and further education of the entire staff of correctional services as lecturers in the Correctional Services Academy.

For reasons of scarcity of resources, the area of research and development is still least developed. From time to time, theses and dissertations about correctional service topics are written and supervised by correctional psychologists. Accompanying research concerning forensic psychology in the meaning of scientific evaluation of forms of

psychological treatments and of prognosis tools is scheduled to be expanded in the years to come.

Support by Social Workers

Social work in correctional services is a form of professional assistance aimed at offering psychosocial counselling and supervisions to prisoners and their social environment during detention. Social Services constitute an organisational unit in a prison indispensable for modern correctional services.

During admission of prisoners, Social Services are involved in work allocation, cell allocation and in establishing the correctional implementation plan. Social Service members are helping to establish contact with relatives, to solve economic and financial issues and to settle legal claims under civil law.

Furthermore, they establish contacts during detention with various institutions, such as employment agencies, social services departments, youth welfare offices, probation officers, addiction advice centres, advisory services for debtors, etc. They provide support for personal problems and help to overcome crises.

Social Services play an important role in preparing for relaxed regime detention, such as leaves of absence and day release. Social workers provide escort for individual and group outings.

Social Services provide social prognoses for the purpose of conditional release, prior to release Social Services inform the prisoners about support options after release (financial legal claims, housing, and job search, if needed) and support prisoners facing special release problems.

Pastoral Care

Pastoral care for prisoners is the oldest care institution in correctional services. Pastoral care services have been in existence since prisons were established in modern times.

The legal basis for the work of prison ministries is the Correctional Services Act defining the right of prisoners to participate in worship services and church events in prison, and to talk with pastoral agents. In addition to full-time and part-time catholic and protestant prison ministers, pastoral agents from numerous other religious denominations are involved in providing pastoral care to prisoners. In practical work, pastoral care provides a wide variety of services, ranging from purely religious matters (such as administering holy sacraments, confessions, celebrating mass) to showing an interest in any possible needs voiced by prisoners. The borderline to social work is sometimes blurry.

2.2.4 TREATING ADDICTED LAWBREAKERS

The Correctional Services Act (StVG) obliges the judicial administration to preserve the physical and mental health of prisoners. Such obligation also includes measures of treating and caring for addicted prisoners. A relatively high percentage of prisoners have to be considered addicted. The Correctional Services Act offers addicted prisoners the option to undergo voluntary detoxification treatments.

The judicial administration endeavours to take over and maintain any treatment initiated before detention during remand detention or during custodial sanctions. The aim is to provide a possibly unbroken “continuous treatment” not excluding prisoners from public prevention and treatment programmes.

The measures against illegal consumption of drugs in Austrian prisons are essentially based on the objective to preserve the health of prisoners.

An interface function for this purpose is the mandatory admission examination when taken into custody. During such admission examination, every prisoner receives a so-called “Take Care Package”, containing information sheets about infection prevention, various hygiene articles and condoms. Condoms are also available in prisons to be taken anonymously. In cases of withdrawal problems, such withdrawal symptoms are “stabilised” through medication prescribed by the doctor, or a substitution treatment is initiated or continued.

Substitution Treatment

In addition to treatment programmes oriented towards abstinence run at special correctional institutions, there is a further focus on treatment by running substitution programmes. Such programmes are run either by prison doctors or by medical specialists. The decision to provide substitution treatment to prisoners solely falls within the competence of the medical doctor, and is not dependent upon the duration of the prison term. This applies mainly to HIV positive prisoners, and to prisoners with a pronounced medical history of opiate consumption. In individual cases, prisoners are even offered substitution programmes prior to release, if a high risk of addiction recidivism has to be expected, or such recidivism has actually occurred during day release or outings.

Therapy

In addition to therapies for maintaining health or substitution treatment, therapies oriented towards abstinence through individual or group treatment are also offered. Special facilities for such therapies are the Prison Vienna-Favoriten, as well as special wards in individual prisons. Therapies are administered on a voluntary basis. In addition to such therapies, also outpatient therapeutic measures in external drug addiction units are available.

All therapeutic measures in prisons are monitored by regular urine tests.

2.2.5 PREPARATION FOR RELEASE

Great importance in Austrian correctional services is attached to a thorough preparation of release from detention. Through such preparation, prisoners can cope well with their transition from detention to freedom.

For example, a continuous involvement of external drug addiction units in the care during detention is foreseen. Furthermore, there is the option of leaving the prison during the day for the purpose of work, leisure-time or therapeutic measures (as a rule within six to twelve months before release). Contacts with external social institutions are promoted, which provide housing accommodation and jobs after release from

detention, if needed. In some cases, prisoners may test “living and/or working experience” in transition projects or hostels by being granted multi-day leaves of absence during release procedures. The organisation NEUSTART [NEW BEGINNING] must receive special mention in this context, as it makes great contributions in helping newly released prisoners.

2.4.2 FORENSIC PLACEMENT OF DRUG-ADDICTED LAWBREAKERS

Persons who are addicted to misusing intoxicating or addicting substances and have been convicted for committing a crime in a state of intoxication or in connection with their addiction or for committing a crime in a state of full intoxication, shall be placed in an institution for addicted lawbreakers. Such placement shall be carried out under the condition that there is danger, due to their personalities and the nature of their crimes, that they otherwise would commit further criminal acts with serious consequences in connection with their addiction to intoxicating or addicting substances or else commit criminal acts with not only merely slight consequences.

In practice, this form of ordained addiction treatment no longer has any major significance. As of 1 January 2016, only 17 persons in Austria were subjected to this measure. Much more frequently, prisoners with addiction problems are treated on a voluntary basis or upon application by the respective prisoners.

The Prison Vienna-Favoriten, a specialised institution is available for the treatment of drug addicted prisoners, and prison wards for the treatment of addicted lawbreakers have been established in two other prisons (Innsbruck and Stein).

(Austrian Ministry of Justice, 2016, pp. 24-31)

6. Bibliography

- **Legal texts (laws and standards)**
 - SMG
 - NPSG
 - JGG
 - BKJHG
 - BewHG
 - StPO
 - StGB
 - StVG
 - BMJ – Leitlinien für Beratung, Betreuung und Behandlung von suchtkranken Menschen in der österreichischen U-Haft, sowie im Straf- und Maßnahmenvollzug
 - BMJ - Erlass
- **Statistical data:**
 - BMJ – Sicherheitsbericht 2015
 - BMI – Kriminalitätsbericht 2015
 - BMI-Bundeskriminalamt – Suchtmittelbericht 2015
 - BMG – Bericht zur Drogensituation 2014
 - BMG – Bericht zur Drogensituation 2015
- **Administrative Information – descriptions of service providers:**
 - BMJ – Geschäfts- und Personaleinteilung
 - BMJ – Strafvollzug in Österreich
 - BMJ – Correctional Services in Austria
 - Jugendgerichtshilfe – Jahresbericht, Leistungskatalog, , Tätigkeitsbericht
 - FGÖ – Arbeitsprogramm 2017
 - Kolping Jahresbericht 2015
 - BASIS – Jahresbericht 2015
 - DIALOG Behandlungskonzept
 - DIALOG – Jahresbericht 2016
 - Ausschreibung des Lehrgangs “Jugendvollzug”
- **Academic Literature:**
 - Heino Stöver: Healthy Prisons
 - Bruckmüller, Pilgram, Stummvoll (2011): Austria. In: Frieder Dünkel, Joanna Grzywa, Philip Horsfield, Ineke Pruin: Juvenile Justice Systems in Europe: Current Situation and Reform Developments, vol. 1-4 (Schriften zum Strafvollzug, Jugendstrafrecht und zur Kriminologie)
 - Bruckmüller et al: Medizinische und Juristische Beurteilung substanzabhängiger (mutmaßlicher) Täter
- **Other Material:**
 - World Drug Report
 - EMCDDA - European Drug Prevention Policy Standards

- GÖG/ÖBIG (2015): Epidemiologiebericht Drogen 2015. Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG. Im Auftrag des Bundesministeriums für Gesundheit. Vienna
- EU-study on alternatives to coercive sanctions as responses to drug law offences and drug related crimes
- EU Study “Flash Eurobarometer – Young People and Drugs” (2014)