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DESCRIPTIONS OF INNOVATIVE APPROACHES INCLUDING
PROFESSIONALS' AND YOUNG PEOPLES' PERCEPTIONS AND
NARRATIVES

Authors:

Günter Stummvoll, Rahel Kahlert, Cees Goos, Willem Stamatiou

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SUMMARY OF MAIN POINTS IN THE REPORT

- Description of the system of health promotion in the criminal justice context:

Health promotion in the context of the Austrian criminal justice system is provided in two forms. First, the drug law provides regulations with regard to the principle of “treatment instead of punishment” (§11 and §15 SMG). Under certain circumstances offenders are offered medical treatment, psychotherapy or some form of psycho-social counselling as clients of dedicated professional institutions.

There are several options for offenders to receive drug treatment instead of punishment.

1. Own initiative and individual application at institutions for drug treatment
2. Assignment by a public health authority (§12 SMG)
3. Assignment by the prosecutor or judge through *provisional suspension of the sentence* (§§35, 37 SMG)
4. Assignment by the judge through a *delay of sentence* (§39 SMG)

In cases of youth justice these options for *treatment instead of punishment* are given priority.

The second form of health promotion is provided within the law enforcement institutions, i.e. the prisons. We have selected the case of the youth prison in Gerasdorf (in the county of Lower Austria) to conduct interviews with young people. Here the emphasis is on vocational training and education. Therapeutic sessions (violence, drugs) are offered by a team of medical doctors, psychiatrists, psychologists and social workers.

- Selection and explanation of two private service providers for in-patient and out-patient treatment

At **Schweizer Haus Hadersdorf** approximately 80% of the patients are allocated by the court for drug treatment. Other clients are allocated by the Vienna City Council. Clients live in small communities in shared apartments in an old residential villa in the periphery of Vienna. The particular concept of intervention is based on four pillars:

1. Combination of milieu-therapy and psycho-therapy
2. Maintenance of connection with the social environment (family) (proximity to the city of Vienna)
3. Short residential care with an emphasis on self-responsibility
4. Possible opioid-substitution in all phases of treatment

This particular approach of milieu- and social therapy under medical supervision facilitates working and living independently.

The institution **BASIS** is also authorised to provide the full range of services according to §11 SMG and offers individual medical treatment, psychotherapy and social counselling for all problems of addiction. BASIS also works in prevention in children and youth work and in a business context. Also it works as a training institution for professional continuous education and for laypeople interested in substance abuse. Moreover, experts at BASIS provide counselling to prisoners in prospect of a treatment after release. The form of intervention is a combination of medical treatment, psychotherapy and social counselling.

- Critical points of discussion

From several practical problems reported in the project, three critical points were selected from the literature and from interviews with experts:

- Motivation for therapy in an enforcement context
- Missing language skills as an exclusive argument for rejection of therapy
- Deportation of foreigners during therapy

These issues should be further discussed in the remainder of the project.

INTRODUCTION

This report gives a short overview of services for health promotion in the criminal justice system in Austria. This project focuses on institutions in the Austrian capital city Vienna, although a large number of health promotion services are wide-spread in Austria.

At first, an overview is given about administrative and operative service providers inside the criminal justice system, in the Vienna City Council, and on the level of private organisations that work on a mandate by the Ministry of Law. After the presentation of two service providers that offer services in a non-custodial setting, some critical points are raised for future discussion: Language skills, motivation for therapy in an enforcement context, and the problem of deportation of foreigners after a negative decision for asylum.

In Austria we selected interventions in two institutions for a “thick description”. In our first visits during the early phase of the EPPIC project (WP4) we applied the “snowball-principle” for the selection of associations, starting from the Ministry of Justice as the most central institution and reaching out for respective service providers. Table 1 shows the selection of institutions that were contacted in WP4.

	Inside the Criminal Justice System	Vienna City Council	Private associations
Administrative	<ul style="list-style-type: none"> • Ministry of Justice: Department of Correctional Services • Correctional Service Academy 	<ul style="list-style-type: none"> • Wiener Sucht- und Drogenkoordination 	
Operative	<ul style="list-style-type: none"> • Juvenile Court Assistance (Jugendgerichtshilfe) • Youth Prison Gerasdorf • Youth Department in Prison Vienna - Josefstadt • Prison Vienna - Favoriten 	<ul style="list-style-type: none"> • Suchthilfe Wien 	<ul style="list-style-type: none"> • Kolping • DIALOG • BASIS • Schweizer Haus Hadersdorf • Neustart • Grüner Kreis

Table 1: Selection of institutions in the network for treatment of juvenile delinquents with polydrug problems.

Interventions for health promotion can be systematically arranged in sectors according to (1) the distance from the criminal justice system and (2) according to administrative or operative functions (table 1): We found health promotion activities on an administrative level in the Ministry of Justice, where activities are usually coordinated. Closely related, the Correctional Service Academy offers dedicated training courses for lawyers, judges and prison personnel with a special focus on juvenile delinquency and drug addiction. On an operational level inside the Criminal Justice System, there is the Juvenile Court Assistance (Jugendgerichtshilfe), an administrative service institution that collects information about social background and living conditions of juveniles and provides it for the decision makers in the criminal justice process – predominantly judges (legal experts) and prosecutors. This organization is also responsible for monitoring the detention of juveniles and young adults in Vienna (see our first Country Report on WP4). From the total number of 27 prisons and 13 outposts in Austria we took those prisons into consideration

that either have connections with juveniles and/or have facilities for drug treatment. We have selected the Youth Prison Gerasdorf for the conduction of a first round of interviews with youth. In a second phase we plan to make connections to the Female Prison Schwarzau.

Second, there are several health service institutions on a regional- or city level. In this project we are cooperating with both the Vienna Coordinator for Drugs and Drug-Addiction (“Wiener Sucht- und Drogenkoordination”) and the association “Suchthilfe”, which works on a lower threshold to provide direct help for drug addicts on the street.

Third, there are more than one hundred private social service organizations, which are officially authorized by the Ministry of Justice to offer their services according to §15 SMG (Soyer and Schumann 2012: 177ff). From this list we have selected the major institutions operating in Vienna (see Table 1).

In our work on initiatives for juvenile delinquents with polydrug problems we distinguish two forms of intervention:

1. Therapy in custody: All forms of health services and social support offered in prisons
2. Treatment instead of punishment: Suspension offered to clients as an alternative to custody

For this report we selected two institutions in the field “treatment instead of punishment”: (1) Schweizer Haus Hadersdorf (SHH) and (2) BASIS. Information is drawn from interviews with directors, leading officials and practitioners who work for these institutions. One of these institutions – SHH – focuses on in-patient treatment (with some alternative option for out-patient treatment). The second institution – BASIS – offers out-patient services, mainly psychotherapy, social counselling and drug counselling for prisoners.

These institutions were selected for the reason of close cooperation with justice institutions, both the Ministry of Justice and selected prisons in Vienna.

DATA

- Description of data used
 - Webpages
 - Prison for Juveniles Gerasdorf:
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https://www.justiz.gv.at/web2013/ja_wiener-jugendgerichtshilfe/wiener_jugendgerichtshilfe~2c94848542ec498101444f5ccf574477.de.html (last access: 12.02.2018)
 - Dialog: <http://www.dialog-on.at/> (last access: 12.02.2018)
 - BASIS: <http://www.vereinbasis.com/> (last access: 12.02.2018)
 - Schweizer Haus Hadersdorf: <https://shh.at/> (last access: 12.02.2018)
 - Literature:
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 - Jahresberichte (annual reports) of BASIS: Can be downloaded from:
<http://www.vereinbasis.com/jahresberichte/>
 - Interviews:
 - Director at Schweizer Haus Hadersdorf: Dr.Mag. Barbara Gegenhuber, MA
 - Psychotherapist at BASIS: Mag. Peter Wally

DESCRIPTION OF INTERVENTIONS

1. Intervention 1:

Schweizer Haus Hadersdorf



Source: <https://shh.at/ueber-uns/>

2. Main aim / objective:

Schweizer Haus Hadersdorf (SHH) is a non-profit organization for inpatient (residential) and outpatient (ambulant) therapy for addiction diseases. The aim is to help people who suffer from addiction on their way to be free from drugs and support them in re-socialization. SHH works through counselling, medical treatment and short- and medium-term therapy.

Schweizer Haus Hadersdorf offers four kinds of services:

1. In-patient care for max. 45 patients
2. All-day out-patient care
3. Out-patient individual counselling
4. Extended in-patient therapy in an autonomous residence

5. Target group description

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 (suspension of sentence). 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.

6. Where delivered? – Short description of the venue

This institution is located in an old residential villa in the 14th district in the periphery of the city of Vienna. People live in small communities in shared apartments. On the property there are opportunities to work in mechanic workshops and practice sports. On weekends excursions are organised, otherwise clients are only allowed to leave the property with a special permit from the management.

7. Who delivers the intervention?

All forms of intervention at Schweizer Haus Hadersdorf are offered by certified professionals.

8. Short history of the initiative

The history of the building, where Schweizer Haus Hadersdorf (SHH) is now located, goes back to the early years of the 19th century. The lordly Gerngross family, later the most famous warehouse-company in Austria, resided in the villa from the 1850s until their deportation or flight to Switzerland. During the Second World War the building was used by the German air force, before it was opened in 1947 as an orphanage by the “Hilfswerk der Evangelischen Kirchen der Schweiz” (social services of the Evangelic Churches in Switzerland). From 1971 the property was used as a convention centre by the Vienna Evangelic Church Community. In 1997 the place was turned into a residential care facility for therapy and re-integration of people with drug-addiction. Then, in 1998, the property known as “Schweizer Haus Hadersdorf” became an institution for residential and ambulant drug therapy. As a low-threshold institution SHH also accepted people in need of help from other institutions in the country, and for a long time served as the only place in Austria to offer substitution-therapy in stationary care.

9. Funding

Today, Schweizer Haus Hadersdorf is a non-profit organization. It is registered as a psychiatric hospital according to §5 (WrKAG) of the Vienna Hospital Code.

According to §16 SMG (drug law), funding for all institutions and organisations offering services for persons with drug addiction may receive a subsidy by the Austrian government. However, the subsidy has to be in coordination with subsidies by other public authorities. Subsidies may be used exclusively for the erecting and operation of organisations.

10. Theoretical basis of the intervention

Medical treatment, therapy, social work and professional education are offered all the time. The therapeutic concept of SHH starts with 2 – 6 months residency in the house, followed by a 6 months period of “decentralised living” with an offer to use the medical facilities on a daily basis (Tagesklinik).

The particular concept of intervention is based on four pillars:

5. Combination of milieu-therapy and psycho-therapy
6. Maintenance of connection with the social environment (family) (proximity to the city of Vienna)
7. Short residential care with an emphasis on self-responsibility
8. Possible opioid-substitution in all phases of treatment

Innovative concepts of care have been developed from the very beginning at this facility. For many years SHH was the only institution in Europe that offered substitution in a stationary setting beyond the system of correctional services. This form of therapy has become a standard form of drug treatment.

Today, the principle of abstinence from drugs is considered out of date and has been replaced by a systemic approach: The most recent concept of intervention integrates psychological and psycho-therapeutic drug-treatment and forms of social learning in terms of coping strategies for healthy living. In general, opioid-substitution is an important stabilizer for individuals and will be applied with care. Most importantly, individual capacities and competences obtained during the therapy shall be strengthened with all resources and expertise available in the house. Here it is important to find a good balance between excessive demand (overextension) and boredom (mental underload). In addition to regular therapy, either individually or in group sessions, the training of everyday competences, health promotion and general encouragement for better quality of life are crucial elements of treatment at SHH.

This particular approach of milieu- and social therapy facilitates working and living independently. Therefore, the objective is not only to achieve complete abstinence or stability of drug consumption, but also to give support in experiencing everyday life and to practice a daily routine with low-risk drug consumption. Treatment at SHH is aimed at both abstention from drugs and leading a self-responsible life without any massive conflict with societal norms. Next to the cognitive reflection of addiction as a disease, this approach fosters gradual implementation and realization of learned coping strategies in the life of clients. This social training together with therapeutic work is integrated into the overall framework at SHH.

11. Quality standards, principles of good practice, guidelines or standards

The quality of service is guaranteed through a permanent assessment by the Ministry of Justice. According to §15 SMG (drug law) SHH must report the performance and progress of clients to the Federal Ministry of Justice. All institutions and associations offering services in the programme “therapy instead of punishment” must subscribe to the following regulations:

- Institutions and associations must work towards abstinence from drug addiction and towards social re-integration of the client.
- Institutions and associations must provide a competent medical doctor sufficiently familiar with questions of substance abuse.
- Institutions and associations must provide other competent personnel according to the services offered under §11 (2) Z 3-5 SMG (medical-psychological counselling, psycho-therapy, psycho-social counselling).

- Institutions and associations must transmit documents to the Ministry of Health to confirm their expertise in the respective services and allow inspectors to examine the institution on-site at all times.
- All persons employed at these institutions must abide by the principle of confidentiality.
- Institutions and associations must constantly document their activities and deliver an annual report to the Ministry of Health.
- Institutions and associations must inform clients about existing provisions for AIDS.

1. Intervention 2:

B.A.S.I.S. Verein zur Vernetzung psychosozialer Berufsgruppen

2. Main aim / objective

BASIS is an out-patient institution for therapy of addiction, authorized for treatment according to the principle “therapy instead of punishment” (§15 SMG - drug law).

Services are:

1. Medical treatment, counselling, information and support with problems of addiction.
2. Prevention in the field of children and youth work and in economic context.
3. Supervision and continuous education for psycho-social professionals and all people interested in psycho-social matters.

3. Target group description

In addition to the general services mentioned above, BASIS has specialized on clients who have come in touch with the criminal justice system. The particular “enforcement context” involves a number of services:

- “Therapy instead of punishment” according to the drug law (§15 SMG) – ambulant setting
- Group therapy in prisons with an emphasis on gambling and drug addiction (currently in two prisons in Vienna)
- Therapy for prisoners on a temporary suspension – ambulant setting
- Counselling before release from prison (information, check, administrative preparation for therapy)
- Continuous therapy for clients on probation after release
- Private legal assessments according to §39(2) SMG (drug law) in prisons

4. Where delivered? - Short description of the locality

The venue varies with the service provided: Ambulant therapy is offered at the headquarters in a townhouse in Vienna (Radetzkystraße 31, 1030 Vienna). Here, the association BASIS has rented two apartments, where individual sessions and sessions with small groups up to 20 persons can take place in a private atmosphere. In other cases, especially in case-management for prisoners, clients are visited in prisons, where information about therapy is given and persons are assessed for feasibility and fitness for ambulant therapy. Currently three prisons in Vienna, five prisons in the county of Lower Austria, and one prison in the county Burgenland are visited on a regular basis. The prison “Mittersteig” in Vienna, is a special institution for the placement of mentally disturbed lawbreakers who are *compos mentis* pursuant to §21(2) Criminal Code (Federal Ministry of Justice, 2016; p. 69).

5. Who delivers the intervention?

The team of BASIS is composed of certified professionals in psycho-therapy, psychology, medicine, social work, pedagogics, and life and social counselling.

6. Short history of the initiative

BASIS was founded in June 2004, based on the “4-pillar Model” of the Austrian health policy: Prevention (Vorsorge), care (Betreuung), support (Begleitung), treatment (Behandlung) for needy people. This meant the collaboration of four professional groups in a network: medicine, psychology, psycho-therapy, and life-coaching / social counselling. The founders of this association have been cooperating with experts in these fields for many years, before they decided to put their collaboration on an institutional footing. They have been active in basic and continuous education and training for social counsellors and served as an institution for apprenticeship in psycho-social training. In the early days, BASIS worked towards public promotion of psycho-therapy and counselling on a low-threshold in a so-called “Beratungscafé” (counselling café), where people should get information about access to social care and shed their fears, prejudices and inhibitions about therapy.

Problems of “addiction and violence” have always been a major interest at BASIS, especially with regard to child and youth work and prevention in schools and occupational settings.

7. Funding

In 2006, BASIS made a contract with the Austrian Federal Ministry of Justice. Since then, the Ministry bears the costs for treatment and therapy in the course of the programme “therapy instead of punishment” (§15 SMG).

A study on the financial burden has found that the option of therapy instead of punishment is clearly cheaper than the option of imprisonment: It was found that one prisoner costs approx. 120,- € per day, whereas the services offered by BASIS (and similar associations) for one client come to 100,- € per week (in the case of one session per week).

8. Theoretical basis of the intervention

The theoretical basis has been constant throughout the years: Networking and cooperation between several professionals are at the core of the institution: Medical treatment, psycho-therapy, and social counselling are applied with each client individually according to a decision during the preparation in a test phase (case management), usually before release from prison.

The abbreviation “BASIS” stands for the following services:

B – Beratung, Behandlung (counselling and treatment): BASIS offers professional support and counselling for people with a variety of personal problems. A “counselling café” has been established for free of charge consultations for first-time clients.

A - Arbeit mit Angehörigen und Familien (work with relatives): Relatives and family members of potential clients can get support and information about forms of treatment, coping-strategies and co-addictions. Information is offered in single or group sessions.

S – Suchthilfe, Therapie (addiction care and therapy): The team is composed of experts in psychotherapy, psychology, medicine, social work, pedagogics, and life and social counselling.

I – Information (information): Meetings and events are organised to sensitize the general public about psycho-hygienic and preventive measures and on general matters about health promotion.

S – Sozialberatung und Sozialarbeit (social counselling and social work): Support in administrative matters when dealing with public agencies.

9. Quality standards, principles of good practice, guidelines or standards

The quality of service is guaranteed through a permanent assessment by the Ministry of Justice. According to §15 SMG (drug law) BASIS must report the performance and progress of clients to the Federal Ministry of Justice. All institutions and associations offering services in the programme “therapy instead of punishment” must subscribe to the following regulations:

- Institutions and associations must work towards abstinence from drug addiction and towards social re-integration of the client.
- Institutions and associations must provide a competent medical doctor sufficiently familiar with questions of substance abuse.
- Institutions and associations must provide other competent personnel according to the services offered under §11 (2) Z 3-5 SMG (medical-psychological counselling, psycho-therapy, psycho-social counselling).
- Institutions and associations must transmit documents to the Ministry of Health to confirm their expertise in the respective services and allow inspectors to examine the institution on-site at all times.
- All persons employed at these institutions must abide by the principle of confidentiality.
- Institutions and associations must constantly document their activities and deliver an annual report to the Ministry of Health.
- Institutions and associations must inform clients about existing provisions for AIDS.

DEFINING THE PROBLEM AND IDENTIFYING THE CHALLENGES AND OPPORTUNITIES

Problems and challenges:

- **Motivation for therapy in the context of enforcement**

“Therapy in an enforcement context” is one of the major themes in the professional work of BASIS and “Schweizer Haus Hadersdorf”. Both clients in custody and clients in the programme “therapy instead of punishment” are subject to a paradox kind of choice within an enforcement context, in the sense that a prosecutor or judge *offers* them the opportunity to choose between drug-treatment and imprisonment. This “choice” to take therapy, however, is not experienced as such by the client, because in most cases convicts will do all to avoid imprisonment. This has an effect on the context of psychological or psycho-social treatment. Normally in psychotherapy, treatment requires voluntariness (besides a certain level of psychological strain). How do therapists in an enforcement context react to this problem?

Therapists at BASIS (Fitzthum, 2015, p. 12-15) argue, first, that in the case of drug therapy clients are *in general* rarely free from a certain kind of external pressure. Instead, they are usually subject to some kind of “ultimatum” set by partners, parents, friends or employers. Sometimes, it is argued, these expectations are higher and stronger than the expectations set by the criminal justice system. Hence, motivation is in principle not so different from motivation of clients who are not subject to the criminal justice system. Fitzthum (2015) observed four different *processes in motivation* of her clients in the course of a therapy:

1. Motivation to fulfil the duties

Clients who are not motivated to take therapy *per se*, but want to fulfil the legal duties set by the judge. Those clients are often disciplined and efficient and often reach a positive outcome in their therapy.

2. Motivation build-up

Usually clients with little experience in therapy and little expectations – and little motivation - at the onset develop an interest during the therapy and often reach good results towards the end of the therapy.

3. Motivation drop

Some clients start with personal curiosity and a high level of motivation in terms of “this time it will be better”, but soon realise that therapy requires a certain amount of hard work.

4. Constant motivation

Clients with a constant (high or low) level of motivation are in fact rare.

This observation is of rather analytical character, as these types are often blurred, but it may give some insight to the problem of the particular enforcement context in the principle of “therapy instead of punishment”.

- **Language skills**

A second problem raised in our investigation concerned the matter of languages skills of offenders/clients as an element in the juridical decision process.

Attorney Wolm (2015, p. 23) explains that the decision by the judge about a suspension of a sentence (§39 SMG), supported by the appraisal of an official court expert (surveyor), is based upon two factors: a) Willingness of a convicted offender to take therapy, and b) eligibility of a convicted offender to receive treatment.

It should be clear that all convicted offenders should have equal opportunities and the same chance to receive treatment for drug addiction, independent of their ethnicity, origin or language. However, very often court experts claim in their statements that the convicted offender is lacking sufficient knowledge of German language to follow a therapy. Wolm maintains that court experts exceed their order, i.e. to judge the offender's willingness and eligibility, when they give their view on language skills. He points out that in many cases all formal conditions of eligibility apply but the opportunity for therapy is turned down purely due to "language problems" of the convict.

At the same time, it is stressed that most associations and organisations accredited to conduct some form of therapy according to §15 SMG in fact offer therapy in English, which would help in particular clients from African countries (where English is an official second language) who are proficient enough to follow and understand complex conversations during a therapy. It may be added that institutes also employ therapists with a foreign background who can easily practice in their mother tongue.

Wolm concludes that "... inequalities in the treatment of offenders with drug-related sentences that results exclusively from different language skills need to be eliminated with regard to the principle of fairness in the criminal justice process (Wolm 2015, p.23)".¹

- **Foreigners – deportation during therapy**

Attorney Leonhard Kregcjk (2016) has called attention to a curiosity in the Austrian legal system. Foreign offenders may have been granted "suspension of imprisonment" (§39 SMG) following the principle "therapy instead of punishment" and nevertheless can be taken in pre-deportation custody. Subsequent to a deportation into another country, the court must register this as a case of "therapy breakup", and the offender would have to serve the original punishment in Austria. Hence, an international arrest warrant will be issued to search for that person again. At the same time, that person is prohibited to re-enter the country.

Kregcjk concludes: "It is suggested to suspend *ex lege* a sentence for deportation at least for the time of order for measures in health promotion. Then, a therapy could be completed before the deportation. Alternatively, the conduction of a therapy in Austria could be abstained in favour of an equivalent treatment abroad. Then a therapy could be continued and concluded in another country (Kregcjk 2016, p. 21)".

This curiosity in the Austrian criminal justice system needs special attention in view of a more general discussion of health promotion for offenders with an ambiguous and uncertain status of residence.

¹ Translation by G.S.

CONCLUSION

In Austria, health promotion in the criminal justice context is clearly stated in the drug law (SMG). Practitioners have pointed out that the general objective of *abstinence from drugs* should be coupled with measures of *psychological treatment* and forms of social counselling in terms of comprehensive reconstruction of social competences. Support is given regarding family relations, vocational training, housing, and general assistance for a self-determined and independent life. Both targets – abstinence and social support – are combined under the concept of “comprehensive treatment” following a comprehensive understanding of health in general.

Nevertheless special attention has to be paid to structural conditions, regulations and practices in the cooperation between decision makers (prosecutors, judges, legal experts) and service providers (in-patient and out-patient institutions). With regard to the geographic distribution of services in Austria, Soyer and Schumann (2012, pp. 182-183) conclude: From a total number of 102 institutions in Austria (at the time of the study in 2012), 76 institutions offer out-patient services and 27 institutions offer in-patient services (some of them both services). In general there is a good distribution of services in Austria, however, in two of the 9 counties in Austria (Burgenland and Salzburg) in-patient institutions are missing. On the other hand, there are additional medical departments in clinics and youth centres in Carinthia and Tyrol that offer special drug counselling for youth.

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