

# Vienna DRUG Policy

The Vienna DRUG Policy Programme

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The Vienna **DRUG** Policy Programme 1999

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Adopted by the  
Vienna City Council  
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## PREAMBLE

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

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

*Towards a more  
objective discussion  
Co-ordinated approach*

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

*The City of Vienna is  
pursuing consistent policies*

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

*Different problems –  
differentiated strategies*

The question of whether and to which extent the use of drugs may be tolerated or should be sanctioned was debated at considerable length by the Drugs Commission. The legal foundation of the Vienna Drug Policy Programme is the Narcotic Substances Act in its currently valid form, especially the principle of "therapy instead of punishment". Addiction

always means suffering – of addicts themselves, of their families and of society at large – and hence, help is required.

***Principle  
of integrated drug policy***

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

***New issues–  
new challenges***

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

***Participation in  
international exchange  
of experience***

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

## POLICY PRINCIPLES

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

***Top priority –  
minimising individual  
and social damage***

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

***The use of all drugs must be  
rejected***

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

***Drug policy sets the  
framework for concrete  
action***

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

***Punishing drug dealers  
Treating addicts  
Counselling users***

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

***Decriminalisation –  
not legalisation***

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

***Effective prevention***

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

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

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

### **1. Prevention**

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

## **2. Health-related measures**

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

## **3. Social measures**

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

## **4. Public safety**

The principles, which Vienna's drug policy adheres to, are: help, rather than punishment for drug users, and penal sanctions for drug dealers. Particular attention is given to the fight against organised crime and money laundering, with public safety as the top priority. Public safety is understood as a broad concept, which refers not only to the objective absence of threats, but also includes measures to improve people's subjective sense of security, as well as to promote social compatibility and conflict resolution.

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

***Adequate organisational structure – efficient management***

## **OBJECTIVES OF THE VIENNA DRUG POLICY PROGRAMME**

### *Objective No. 1* **Promoting health – preventing addiction**

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

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

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

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

### *Objective No. 3* **Treating addicts - minimising harm**

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

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

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

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

**Networking of counselling, treatment, and care facilities**

*Objective No. 5*

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

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

**Promoting social integration and rehabilitation**

*Objective No. 6*

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

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

**Ensuring public safety**

*Objective No. 7*

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

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

## IMPLEMENTATION AND AREAS OF ACTION – THE VIENNESE POLICY APPROACH

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

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

## **ACTION AREA 1: NEW WAYS OF PREVENTING ADDICTION**

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

### ***Three areas of prevention***

- Primary prevention

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

- Secondary prevention

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

- Tertiary prevention

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

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

### ***Preventing addiction – minimising harm***

Above all, prevention must be understood as a long-term education process that cannot be substituted by isolated measures. Drug use and the development of addiction are often closely linked to problems of puberty and adolescence. All sectors of the social environment of children and young people – parents, teachers, friends, other significant persons, as well as society at large – play a role in this context.

### ***Prevention is a long-term education process***

It is essential to promote young people's personal development, including key factors such as self-esteem, communicative abilities and coping skills in conflict situations, as well as learning to take on responsibility for oneself and for others. "Learning to live" is an important part of addiction prevention and an integral component of overall health promotion.

***Targeted measures for children and young people***

The prevention of addiction is a task that involves society at large. Children and young people constitute the main target groups of prevention efforts. They must be encouraged to seek help and support whenever confronted with questions and problems – without any form of exclusion. To meet the needs of children and young people, preventive work has to take into account the diversity of factors which give rise to the development of addiction. Hence, addiction prevention is a task to be pursued across the entire spectrum of youth and educational work, for which a wide variety of approaches, models and methods exists. But whatever approach is used, it always has to fit into the specific environment in which the targeted youngsters grow up, and must also take into account gender-specific aspects.

***Counselling and information for parents and guardians***

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

***Improvement of methods through evaluation***

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

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

***Isolated information is not enough***

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

***Urban planning has to contribute to addiction prevention***

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

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

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

***Regional networking and district-level fora***

### **Addiction prevention in schools**

***Addiction prevention is part of health education***

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

***Building trust – creating an anxiety-free atmosphere***

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

***Need for qualified experts***

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

## **Organisation of addiction prevention work**

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

### ***Training of qualified multipliers***

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

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

### ***The Vienna Addiction Prevention Forum***

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

### ***The "ISP" Competence Centre***

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

## **ACTION AREA 2: YOUNG DRUG USERS**

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

### ***Preventive strategies to avoid harm***

Most young people who come into contact with illegal drugs do so only on a few occasions, and drug use is of no or very limited importance for their further lives. Preventive strategies that focus on avoiding harm are particularly useful in dealing with these young drug users – one example of a successful strategy of this kind is the policy which Vienna has been pursuing for some years in connection with Ecstasy users.

### ***Timely counselling and support***

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

### ***Underlying psychological-social problems – drug abuse as a symptom***

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

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

***Assistance is accepted only from trusted helpers***

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

***Outreach services***

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

***Competence centres***

### ***How to deal with drug-related incidents in schools***

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

***Anxiety-free atmosphere for addiction prevention***

***Addiction prevention and crisis intervention as separate tasks***

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

***Crisis management in case of drug abuse***

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

***Additional expert support***

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

***Health-related measures ensure continuing school attendance***

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

### ***Crisis intervention***

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

***For a small group: multiprofessional team for crisis situations***

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

This is to ensure co-ordination of all the institutions involved, as well as continuity of care.

Overnight accommodation has to be provided in sufficient quantity and with the necessary attached services.

### ***Support for juvenile offenders***

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

### ***Special services for young people in prison***

### **ACTION AREA 3: COUNSELLING - TREATMENT - CARE**

***Different courses of addiction – differentiated measures***

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

***The goal is to cure addicts***

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

***Recognising and treating root causes***

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

***Better odds through early treatment***

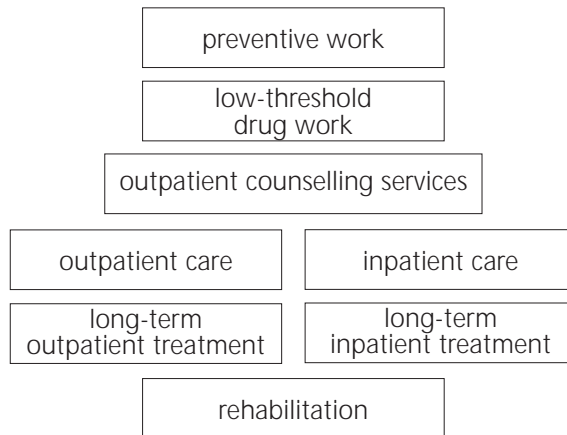
The earlier the risk of addiction or an evolving addictive process are recognised, the better are the chances for complete cure and rehabilitation. Early recognition and early intervention are therefore essential.

***Abstinence-oriented treatment – substitute prescribing – care during addiction***

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

## Vienna's network of assistance for drug users

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



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

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

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

### *Different types of care*

### *Defining standards of treatment and criteria for the decision of treatment*

### *Normalising attitudes towards drug-dependent patients*

### *Drug treatment services as competence centres*

### **Low-threshold drug work**

***Most at risk:  
clients from the  
open drug scene***

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

***Outreach work***

Social work and medical care for this group has to be offered in an outreach effort, because addicts are often unable to seek assistance on their own, or to comply with demanding treatment rules. However, they can be reached through street work and services where they can remain anonymous, and which help them to cover their basic needs for survival. Direct contact to clients in the open drug scene creates a basis of trust which can motivate them to make use of other types of services. In recent years, these efforts have successfully prevented an escalation of the street drug scene and destitution of addicts.

***Low-threshold facilities  
as first contact points  
and safety net***

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

***Basic medical services***

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

***Expansion of  
low-threshold services***

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

## ***Outpatient facilities***

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

***Outpatient services are suitable for the largest target group***

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

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

***Patients remain socially integrated***

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

***Easy access***

## ***Inpatient facilities***

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

***Various models***

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

***Further differentiation***

### ***Liaison services***

***Liaison services have proved successful***

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

***Care model for drug-dependent pregnant women***

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

***Expansion to include other areas***

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

### ***Counselling and support for family members***

***Family members are often heavily affected***

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

## **Substitution treatment**

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

***Concomitant care ensures treatment success***

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

***New substitutes – scientifically well-founded decisions***

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

***Better organisation ensures concomitant care***

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

### ***Follow-up care***

#### ***Follow-up care ensures reintegration***

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

### ***AIDS and hepatitis***

#### ***AIDS – fewer infections and outbreaks of the disease***

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

#### ***Hepatitis B and hepatitis C pose new challenges***

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

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

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

**ACTION AREA 4:  
EMPLOYMENT – SOCIAL INTEGRATION  
AND PREVENTION**

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

*Increasing pressure in the labour market*

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

*Unemployed persons have a higher risk of addiction*

The Vienna Drug Policy Programme attaches great importance to labour market measures. Action must be taken to counter the exclusion of drug addicts from the world of work. The continued satisfaction of basic needs, such as maintaining or recovering housing and patients' ability to work, are priority tasks in the provision of treatment and care to drug-dependent patients. Particular care should be taken to avoid any additional barriers – such as restrictions under the Commercial Code or “preventive” withdrawal of driving licenses – which can jeopardise the success of rehabilitation and reintegration into the workplace.

*Preventing exclusion – promoting integration*

### **Primary labour market**

#### **Cooperation between drug treatment services and employers**

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

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

#### **Jobs ensure therapeutical success**

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

## **Secondary labour market**

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

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

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

***Another chance –  
the secondary labour market***

***Catching up on missed  
education – learning  
new skills***

***Expansion of occupational  
projects – promotion of  
skillbuilding measures***

## **Co-operation and networking**

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

These measures can be implemented only through close co-operation of everyone involved – continuous communication and adjustment of the framework conditions are indispensable. To ensure this co-operation, members of the drug treatment services, AMS and WAFF, as well as representatives of the Federal Ministry of Labour, Health and Social Affairs are to form a working group to work out an operative action plan.

***Working group on  
“Labour market and  
social rehabilitation”***

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

***Changes in the  
implementation of the Vienna  
Social Assistance Law***

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

**ACTION AREA 5:  
INITIAL AND ADVANCED TRAINING IN THE AREAS OF  
EDUCATION, YOUTH, SOCIAL AFFAIRS AND HEALTH**

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

***Interdisciplinary cooperation***

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

***Common understanding –  
definition of training  
standards***

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

***Intensified advanced training***

**General practitioners –  
model scheme**

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

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

**Initial and advanced training:  
improving qualification,  
preventing burnout**

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

**ACTION AREA 6:  
COOPERATION BETWEEN DRUG TREATMENT  
SERVICES AND THE JUDICIARY**

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

***Principle:  
therapy instead of  
punishment***

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

***Expansion of health care  
measures***

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

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

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

***Improving reporting  
procedures – solving  
conflicts of interest***

involved in the therapeutic process, but is able to provide a professional evaluation of the progress of health-related measures.

***Developing quality control – evaluating treatment progress***

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

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

## **ACTION AREA 7: PUBLIC SAFETY**

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

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

***Strategic cooperation  
between police and  
social workers***

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

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

***Reducing feelings of  
unsafeness – achieving  
social compatibility***

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

***Investigating the safety  
situation – developing  
new action plans***

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

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

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

## **ACTION AREA 8: NEW DRUGS – NEW TRENDS**

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

*Trend towards designer drugs*

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

*Precursor substances easily available*

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

*Use at raves and techno parties*

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

*New tasks in prevention, counselling and care*

### ***New strategies with regard to Ecstasy use***

***Rising trend towards  
"recreational" drugs***

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

***Social work –  
outreach approach***

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

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

A pilot project was launched in Vienna some years ago with the twofold objectives of prevention and analysis of the chemical composition of pills which were offered in the scene as Ecstasy pills. The project, which was conducted under the name "ChEck-iT!", provided a preliminary overview of the substances available on the black market. This is a prerequisite for an accurate assessment of the situation.

***Counselling and  
laboratory analysis***

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

***European early warning sys-  
tem on synthetic drugs***

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

## **ACTION AREA 9: SCIENCE AND RESEARCH**

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

*Results of scientific research form the basis of policy measures*

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

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

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

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

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

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

***Scientific research  
of medical use of cannabis***

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

***Improvement of framework  
conditions for research***

Given the dynamic development of the drug scene, expansion of research efforts and the deepening of scientific insights are imperative for continued successful drug policies. The organisational framework conditions in which researchers operate must be improved to allow for specifically targeted projects.

***International cooperation***

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

**ACTION AREA 10:  
STRUCTURAL MEASURES AND  
COORDINATION**

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

***Network of public and private sector institutions***

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

***Networking is indispensable***

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

***Flexible responses to new problems***

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

***A new organisational structure is needed***

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

***Improvement of central management***

### **Documentation and evaluation**

***Developing objective criteria for documentation and evaluation***

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

***Common documentation system***

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

### **Quality assurance**

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

***Developing quality criteria and quality standards***

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

***Competence centre for documentation and evaluation***

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

### ***Demand-oriented planning***

The last few years have seen the launch of many new projects and expansion of existing measures in the areas of prevention, counselling, treatment and care. Systematic, demand-oriented planning is required to ensure that the needs for preventive work and services are covered throughout Vienna. In some areas, services are currently not in line with demand, or it is unclear what the actual needs are.

***Improve demand analysis and demand-oriented planning***

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

### ***Funding***

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

***Best possible use of resources***

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

***Service-linked funding***

***Tapping new sources of funding***

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

***Networking and co-ordination***

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

***New forms of co-ordination and management***

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

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