



Vienna's Policy on Drugs

Harm Reduction



sucht und drogen
koordination wien

Stadt  Wien
Wien ist anders.



Sonja Wehsely

Addiction and Drug Policy – The Viennese Way

Drug and addiction policy in Vienna has evolved over many years and is an integral part of the advancements in the city's health and social policies. The guidelines and objectives of Vienna's drug policy are more effective today than ever before. Strategies have been developed in various areas and have been expanded to provide tailor-made solutions for the complex problems of addiction.

The basic objective of Vienna's drug policy is to integrate drug users and drug dependent persons into the care of the social and medical systems of the city, thus preventing these individuals from being pushed to the edges of society where they are difficult to reach.

This also entails to minimize the negative consequences for drug dependent persons as well as other

persons involved and the society as a whole. Very diverse and broad services for harm reduction have been in place in Vienna for the past decades, as some of many important steps which have been taken to deal with the problem of addiction. One result of these efforts that we are proud of is an exceptionally low HIV and hepatitis rate among drug users when compared to other cities internationally.

We will continue on this path of our drug policy to integrate, include and provide non-judgmental, diverse and professional care to drug users, in order to address the negative consequences of addiction problems.

Yours, **Sonja Wehsely**
*City Council Member for
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realtime productions/Mathias Brandstetter



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Harm Reduction in Vienna's Drug Policy

For decades, Vienna has had provisions in place that have prevented and reduced the negative effects caused by drug addiction or high-risk sexual behavior with respect to AIDS. We'd like to use this brochure to illustrate the main features of Vienna's drug policy as well as to highlight the services offered to individuals that use drugs and are therefore at higher risk of HIV infection.

Preventive measures, provisions which reduce negative consequences of drug use, abstinence-oriented care and opioid substitution therapy are all equally im-

portant measures in Vienna's drug policy and are offered sufficiently in our city to those in need, with high accessibility and free of charge, within the context of national healthcare insurance.

One of the more noteworthy aspects of the harm reduction concept is the widespread needle exchange program that has been in place for over 20 years. In all Viennese pharmacies, clean needles and syringes are available. Drug users who cannot abstain from using intravenous drugs are thus able to obtain sterile needles and syringes and reduce the risk of



spreading HIV. More information on this needle exchange program is available in this brochure.

Another important service is the opioid substitution therapy practiced by qualified doctors throughout Vienna. It is the goal of Vienna's drug policy to ensure that all individuals requiring such treatment can receive the good professional therapy they need. Information on this program is available in this brochure.

It is our most basic and highest priority to socially and medically care for drug dependent persons.

Integrating them into society ensures that the measures can reach them and provides the opportunity for optimal care

These efforts have proven successful. For more than ten years, fewer than ten individuals per year have been diagnosed with an HIV infection due to intravenous drug use. This is the result of many professional efforts, all of which we are proud of.

Michael Dressel

Vienna Drug Coordinator

Dr. Alexander David

Drug Commissioner of Vienna



**Vienna's
Drug Policy**

Guidelines and Objectives of Vienna's Drug Policy

The Vienna Drug Policy

The "Vienna Drug Policy" was approved in 1999 as a strategic guideline by the city council with a wide margin of multi-partisan votes. This policy decision established the basic objectives which have since been put into effect step-by-step and implemented consistently.

The city council ruling was preceded by multiple hearings with experts who raised the debate to a factual level and reconciled needs and objectives from the various fields concerned.

The Vienna Drug Policy focuses on all problems in connection with substances listed in the Austrian law on addictive drugs, without

prejudice that significantly more people are affected by the abuse of alcohol and legal psychoactive substances rather than by the abuse of illegal drugs.

The objectives are as timely today as they were when the policy was first put in place. They also offer the necessary flexibility required to adjust to changes in the surrounding conditions.

The success of the provisions also rests on the subsequent political support over the last ten years. Stable systems have been conceived and implemented, and important achievements in our drug policy were maintained because almost all of the parties involved can identify with the guidelines.

Objectives of Vienna's Drug Policy

The objectives in Vienna's drug policy are based on the principles "therapy over punishment" and an "integrated drug policy" which prevent the exclusion of socially segregated groups.

The objectives can be outlined as follows:

- ▶ As few individuals as possible should consume drugs. Those who cannot abstain from drug usage should sustain as little harm as possible. The provisions should be carried out in such a way that the overall damage to society is kept to a minimum.
- ▶ From a health care policy standpoint, the consumption of all addictive substances and drugs should be opposed. This includes the abuse of medication, alcohol and nicotine.
- ▶ The organized trade of drugs must be fought and prosecuted. However, drug dependent persons must primarily be treated as sick individuals and given medical attention instead of being legally prosecuted.
- ▶ Drug users must be decriminalized, however drugs should not be legalized.
- ▶ Effective addiction prevention is a central goal. The debate should clearly emphasize on possible causes of addiction.
- ▶ Addiction is complex. It is caused by many factors and can have many different characteristics, and therefore requires various models of treatment tailored to the individual.

Objectives of Vienna's Drug Policy

The following goals can be derived from the objectives listed above.

The first goal is to prevent addiction from occurring by encouraging health promotion as well as the development of social skills. As far as early drug use is concerned, the goal is to recognize the potential danger of addiction early and to intervene promptly and with the right measures to prevent damaging and risky drug use. To this end, it is important that users take advantage of this help early on and thereby build confidence in the approach.

The goal of therapy is to ensure that persons dependent on drugs receive all methods of medical care and treatment available. If there is only a partial cure or no cure at all for their condition, all attempts to prevent harm and additional diseases and/or afflictions should be made. Furthermore, patients should be able to take advantage of these treatments in a stress-free climate.

Another goal is the establishment of an effective network of drug and addiction care services alongside other assistance programs as well as the prevention of segregation from society so that rehabilitation programs can function most effectively.

Vienna's drug policy takes into account public order and security concerns alongside public health and social measures in a comprehensive way. The goal is to ensure a high level of public safety and security.

The Four Pillars of Vienna's Drug Policy

Vienna's drug policy is an integrated, interdisciplinary and communal action built on four pillars:

1. Prevention

Preventing addiction is part of the city's comprehensive health promotion. A holistic view is required. Implementation is effective within a pedagogical framework (education, youth policy). The goal here is public education with long-term sustainability.

2. Counseling, Treatment, and Support

A wide spectrum of therapies and treatments are necessary to handle individual drug addictions. Treatments should be multifaceted and interconnected to ensure effective rehabilitation.

3. Job Market Policies and Social (Re)Integration

Since there is a causal relationship between drug addiction and the social situation of those affected, great emphasis is placed on satisfying basic needs (e.g. housing) and integrating the people affected into the job market as a part of the treatment and support concept.

4. Public Space and Security

A comprehensive definition of public order and security includes aspects of objective security and measures to increase the subjective feeling of security, social acceptability and conflict resolution.

Structure and Administration

The coordination of these measures must be ensured by an adequate organizational structure and an efficient management team. The Vienna Drug Coordinator and the Vienna Drug Commissioner play a central role in this effort, and the Vienna Drug Advisory Board supports this work as an advisory panel.


The Addiction and Drug Coordination Vienna was established to organize, cross-link and grant funds to achieve these goals. This public organization is also responsible for the basic framework of the drug and addiction support network and is a center of expertise for the following issues:

- ▶ development and control of a standardized documentation system
- ▶ establishment of criteria for quality control and compliance
- ▶ survey of demand and development of requirement plans

- ▶ transparency in the provision and use of funding
- ▶ integration and coordination

It is the overarching goal of Vienna's drug policy that as few individuals as possible consume drugs, and that those who cannot abstain from drug usage sustain as little damage as possible. Harm reduction plays an important part in the Vienna Drug Policy which states: "When a cure is not, not yet, or only partially available, it is the goal to reduce additional afflictions and/or damage which result from drug use as much as possible."





Harm Reduction Services of the Vienna Drug and Addiction Support Network

Harm Reduction in the Prevention of Addiction

With respect to harm reducing prevention strategies the Vienna Drug Policy states: “Especially for (these) young drug users, harm reducing prevention strategies should be employed. These strategies have been developed successfully in Vienna in the past years...”

The concept of harm reduction and risk minimization has been extended to also cover the context of new synthetic drugs with new consumption patterns.

In the context of HIV prevention, harm reduction has become part of the addiction prevention program. Measures include risk-minimizing consumption (“safer use”), measures based on the setting (“safer rave,” “chillout settings”), risk-reduction through substance identification (pill testing), and monitor-

ing of new substances for early recognition and early warning systems. An important approach is the development of risk expertise: when consumption cannot be prevented, it is necessary to prevent the development of long-term abusive behavior.

One prevention project that reduces the harm caused by recreational drug use through pill testing is called **ChEck iT!**. It features a center of expertise for youths and young adults who actually or potentially use psychoactive substances like cannabis, ecstasy, speed, alcohol or cocaine recreationally. **ChEck iT!** improves the knowledge of users by informing them of the effects and risks of substances, therefore helping to prevent high risk use and addiction. (www.checkyourdrugs.at)

Harm Reduction in Counseling, Treatment and Support

The target group for these services are individuals who have suffered adverse physical, psychological and/or social effects from drug consumption. Typically this refers to individuals who are part of the drug street scene.

The most important goals are:

- ▶ ensuring survival
- ▶ reducing or preventing negative social, psychological or physical consequences of drug use
- ▶ ensuring basic living needs and basic social safeguards
- ▶ providing basic medical assistance, and reducing or preventing drug-related diseases
- ▶ developing a problem awareness as a prerequisite for constructive solution strategies, development, preservation and support of personal resources


The **Ganslwirt** social medical center has been active as a daytime center and a walk-in clinic since 1990. **TaBeNo-Süd** opened

in 2010 and not only offers daytime services but also emergency over-night accommodation and a night-time emergency clinic.

Many different services and treatments are available: information services, psycho-social support, counseling, referrals to social and medical institutions, general medical assistance, target group specific preventative and diagnostic procedures, addiction treatments, emergency medical care, crisis intervention, life skills assistance as well as a needle exchange program.

Most services can also be utilized while remaining anonymous. This includes the needle exchange program, services at the daytime center (including a cafe with food and the facilities to shower or wash clothes), along with some of the counseling and information services. (www.vws.or.at)

The **needle exchange program** aims at preventing the spread of HIV, hepatitis and other diseases commonly transferred by intravenous drug use with shared needles. The program provides for the free exchange of used needles for new ones, and for the purchase of new needles if the drug



users do not bring used ones. This system ensures that used needles will not be used again by another drug user and also keeps needles from being recklessly discarded after use.

Due to the special needs of these clients, **emergency care** (like crisis intervention and observations) also plays an important role. The walk-in clinics primarily provide medication, medical treatment for acute drug withdrawal symptoms and bridging therapies.

Another service is **street work**. The target group are individuals who are involved in the drug street scene and who are suffering from social, psychological or physical problems, with a focus on those who use intravenous drugs. The most important goal of this program is to connect with these difficult-to-reach individuals involved in the drug street scene: to build relationships, create an environment of trust, reduce the negative consequences on a social, psychological and physical level by ensuring survival, providing infections prophylaxis, reducing risky behavior and referring individuals to the additional services that are available.

Services and measures include information and first-time counseling services, referral and accompaniment to help services, crisis intervention and emergency assistance for overdose victims, continued counseling and psycho-social support by appointment at the help center, networking with regional cooperation partners and scene monitoring. (www.vws.or.at)

A special service is the easily accessible emergency overnight accommodation center **a_way**. The target group is youths aged 14 to 21 who are in acute crisis situations and do not have an alternative place to sleep. This facility has been active since 2006 and works closely with the Youth and Family Welfare Office of the city of Vienna.

The most important goals are providing basic material and psycho-social services, stabilizing the living circumstances as well as referrals to advanced therapy and treatment services. (www.caritas-wien.at)

There is a wide variety of services offered which are focused on youths in crisis:

- ▶ providing protection and a recovery space
- ▶ non-bureaucratic overnight accommodations
- ▶ access to basic living necessities (food, clothing, hygiene articles, etc.)
- ▶ shower and bath facilities, washing machines
- ▶ internet and mail services, document and money deposit
- ▶ needle exchange program
- ▶ initial anamnesis by social workers and assessment of the psycho-social situation
- ▶ social work and care (counseling and advice, crisis intervention, assistance with age and gender-specific issues, etc.)
- ▶ individual case assistance with specific treatment / development of future perspectives
- ▶ information on specialized services
- ▶ referrals to advanced services (Youth and Family Welfare Office, drug and addiction support networks, job market services, health care facilities, therapy stations, psychiatry, etc.)
- ▶ accompaniment services



Substitution Therapy as a Measure of Harm Reduction

For a long time, drug addiction treatments were mainly characterized by abstinence-based therapy. This approach has been expanded since the 1980s to include replacement therapy or substitution therapy for individuals who are dependent on opioids. It can be assumed that there is a group of highly addicted individuals who will not be able to reach abstinence in their lives. The goal of substitution therapy is to replace intravenous use of illegal opioid drugs through therapy and stabilization of withdrawal symptoms using substitute medication. Through controlled medical treatments, not only do patients improve their health situation, but the daily stress of procuring illicit drugs is eliminated, thus also the risk of criminal behavior. Needle sharing has led to a spread of HIV among intravenous drug users. Alongside needle exchange programs and safer use services, substitution therapy also aims at reducing negative effects of drug use by reducing the risk of HIV transmission. Harm reduction, decriminalization, desigmatization, as well as the reduction of the spread of HIV and

hepatitis B/C are important goals of this substitution therapy.

Substitution therapy is included in the Austrian law on addictive drugs as one of several so-called “health-related measures”, and it is a treatment option available to individuals suffering from opioid drug addiction. The treatment is voluntary and the patient has to take the initiative for this therapy. Participation in substitution treatment is open to all patients for whom an opioid substitution is indicated.

The majority of patients in Vienna are treated by general doctors in their offices, while about a quarter of patients are treated in facilities of the drug and addiction support network or in hospitals. Doctors providing substitution therapy must have completed special certification and follow continued education. These qualifications are requirements for being listed in the substitution therapy directory. An exception to this rule are doctors treating in-patients in hospitals.

Only substances for oral use are admissible for substitution therapy. In Austria, the following substitute pharmaceuticals are avail-

able for substitution therapy: methadone (liquid), pharmaceuticals based on buprenorphine and slow-release morphine in tablet and capsule form.

Substitution therapy is covered for all patients who have national health insurance or receive social assistance. As a result, substitution therapy is also available for individuals who are unemployed, retired or on welfare.

Regulations for Substitution Therapy

The detailed procedures of substitution therapy are outlined in a public ordinance. A special prescription form has to be used for long-term prescriptions and the maximum amount of substitute pharmaceuticals is limited to one month's supply. As a general rule, on weekdays, the medication must be taken in the controlled environment of a pharmacy or drug treatment center under close supervision. On weekends and in special cases, it is possible for patients to take the medication with them.

Substitution patients must have their long-term prescription validated by their local health authority that verifies whether or not

the prescription's details conform to the legal provisions (e.g. bringing substitute pharmaceuticals home in special cases). Only prescriptions validated by the health authorities can be used to procure substitution medication.

There are special registration regulations in place for substitution therapy that are intended to prevent multiple prescriptions to the same individual. The patient's data is registered in the substitution therapy database maintained by the Ministry of Health. Doctors can place inquiries to ensure that their patients are not receiving substitution prescriptions from other doctors. Access to data from the registry is limited to those professional groups involved in the treatment. Employers or other third parties do not have access to any data.

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