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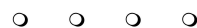
## SUMMARY OF AUSTRIA'S DRUG POLICY AND DETERMINING THE FUTURE VISION OF THE ASSOCIATION

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Our association - SalzUng is a Hungarian cultural association with a specific focus on youth education. We aim to build bridges between Hungarian migrant community in Austria and the local Austrian and other ethnic communities in Salzburg. We participated in the international project "We have your back!" The aim of this project was to promote early drug prevention, to support young people in the diaspora, to train youth workers, to establish contacts with other associations and NGOs as well as to promote and share best practices.

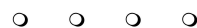
During the one and a half year project work, participants from six countries have mapped local good practices and legal frameworks, supported organizations and institutions and presented the results of their research at international conferences.

The project also included the organization and implementation of workshops for young people involving youth workers. This work is particularly exciting for our association SalzUng, as a large part of our projects aim to create a "safety net" for families, young people and children in the region. We want to prevent our youth from getting into serious problems and addictions that affect their peers.

Overall, we can conclude that a safety net, a sensible utilisation of the youths' free time and maintaining a "lively" communication between peers and generations are key to avoiding addictions.



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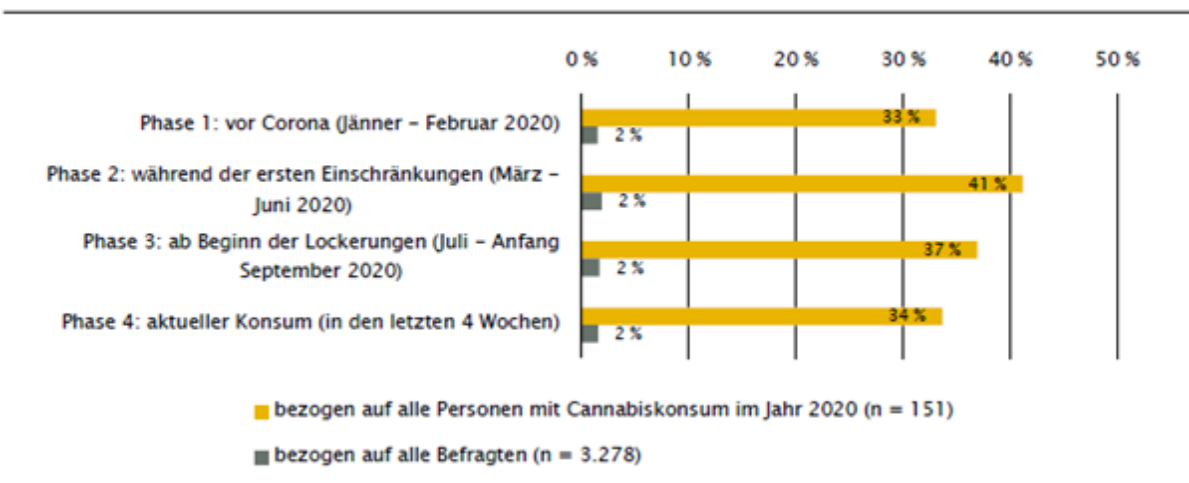
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*Situation Report And Analysis*

*Drug statistics of the EU and EU countries*

Looking at drug use in Austria, cannabis is the most commonly used drug. The available data shows that in 2015 19.5% (Strizek et al. 2016a) of people aged 15 and over have used cannabis at least once in their life, while in 2020 (Strizek et al. 2021) it was only 18.7% which shows us a slight decrease. For the year (2020), the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) found a figure of 22.7% for people aged 15-64, which is 4.6% below the EU average. However, it should be noted that the data for some EU countries are significantly older; for Greece, for example, data from 2015 are available. The figures for young people have also been examined in this study. The COVID-19 epidemic furthermore had an impact on cannabis use. The 2020 Austrian Representative Survey on Addiction Behavior report found that 14% said they were using cannabis more and 20% less than before the epidemic began. “The decline in cannabis use is due to the fact that some consumers only use it as a socializing tool in the company of other people and this was not possible or was even made difficult during the Corona crisis. Two-thirds of people with an increase in cannabis use cited more leisure time as a motive, and one-third cited stress and overwork.”

**Anteil der Personen, die mindestens wöchentlich Cannabis konsumieren, zu vier Phasen der Corona-Krise**



Quelle: GPS 2020 (Welle 2), Variablen canthc\_phase1 bis canthc\_phase4; Berechnung und Darstellung: GÖG/ÖBIG

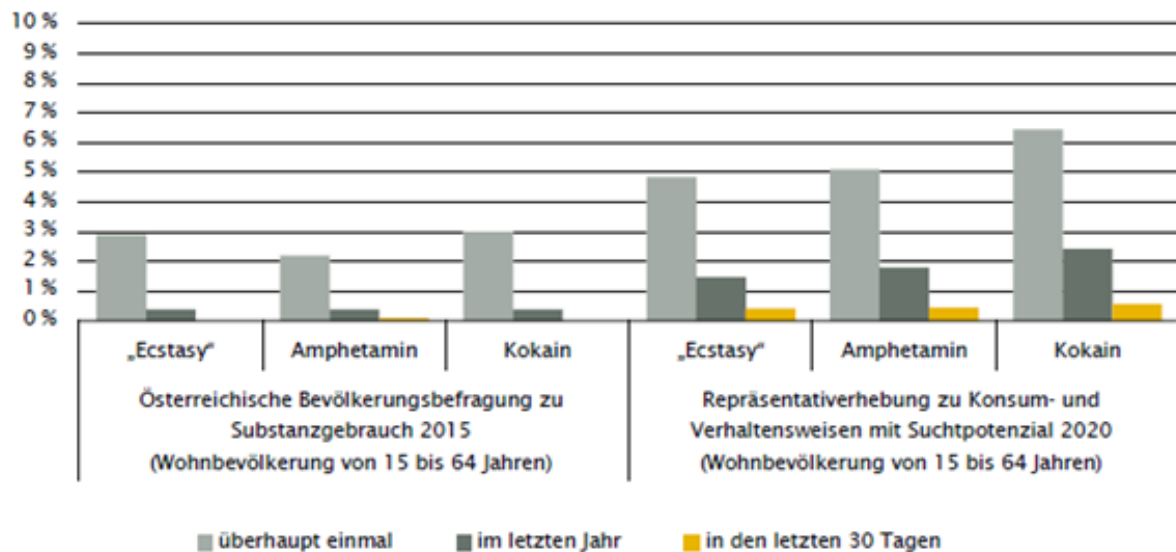
Percentage of people who use cannabis at least weekly in four phases of the corona crisis

The figure shows how consumption has changed among people who use cannabis at least once a week. It can be stated: “In relation to all survey participants, the proportion of at least weekly cannabis consumption in all four phases is around two percent of all survey participants.” According to

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EMCDDA data, 1198 people had been treated for cannabis consumption in Austria in 2020. Of these, 726 people had not previously required treatment and 472 people had already required treatment. This figure corresponds to the EU average in terms of rates.

### Stimulanzienkonsum (Lebenszeitprävalenz, Jahresprävalenz und Monatsprävalenz)



Anmerkung zur Repräsentativerhebung zu Konsum- und Verhaltensweisen mit Suchtpotenzial 2020: Die Werte in Tabelle A3.1 im Anhang beziehen sich auf die gesamte erwachsene Bevölkerung ab 15 Jahren, also inklusive Personen über 64 Jahre.

Quelle: Strizek et al. 2016a; Strizek et al. 2021; Darstellung: GÖG

Usage of stimulants  
(lifetime prevalence, annual prevalence and monthly prevalence)

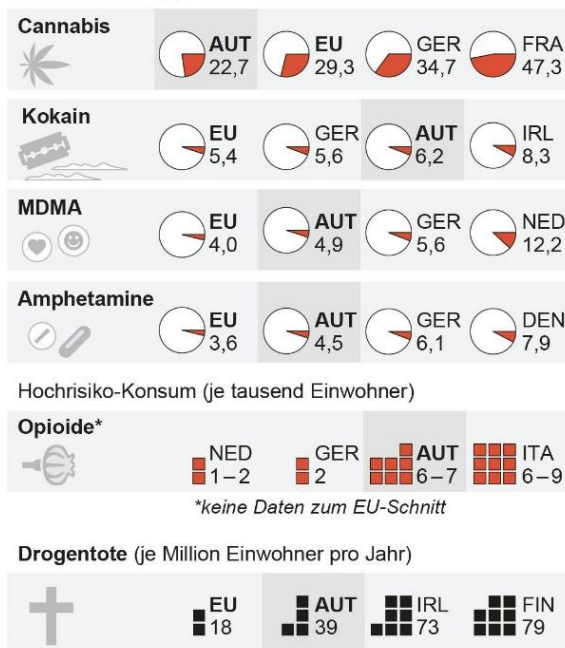
In Austria, cocaine use in the general population has already increased by 2.7%, based on the above-mentioned survey on cannabis in 2015 and 2020. As the chart shows, an increase can also be observed for ecstasy and amphetamines. If one looks at the number of reports under the Narcotics Act and differentiates them according to the underlying drug, it can be seen that the number of reports for cocaine increased until 2020, but then fell significantly until 2021. For the other stimulants studied (ecstasy, amphetamine) the decline has continued since 2019, albeit to a lesser extent. According to ESPAD statistics for 2019, 2.2% of young people in Austria said they had used cocaine at least once in their life, which is slightly above the average of 2.028% for the EU countries surveyed. The average of all countries surveyed by ESPAD was 1.9%. In the case of ecstasy, this value is even higher. The average of all countries examined was 2.3%, while the value for Austria was 2.6%. The "Epidemiological Addiction Report" published in 2021 examined 149 deaths in which a precisely specified substance assignment was likely based on a meaningful toxicological analysis. This study looked at data for the year 2020. The figures show that 19% of drug-related deaths involved cocaine, down 12% from the previous year, but also that another drug was involved in all cases. Finally,

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looking at the Austrian statistics on opioids, the number of people who have used heroin at least once in their life has increased from 0.4% in 2015 to 1.8% in 2020, which corresponds to an increase by the 4.5 times. According to the data from the "Epidemiological Addiction Report 2021", in 2020, 60% of people who were admitted to long-term inpatient treatment for drug-related reasons were admitted to inpatient treatment because of opioids. Between April and the beginning of June 2020, a representative population survey on consumption habits and motives was conducted online with around 6,000 respondents. Questions were asked about the consumption of alcohol, tobacco products, illegal drugs, sleeping pills and tranquilizers, as well as gambling and computer games. Initial analyzes of inpatient care data also indicate that people with alcohol dependency disorders were underutilized from April to May same year. Longer-term effects cannot be estimated at this time, as effects on addiction and mental health often occur with a time lag.

### Drogenkonsum in der EU

Geschätzte Verbreitung in Prozent  
der Bevölkerung (15–64 Jahre)



Grafik: © APA,  
Quelle: Europäischer Drogenbericht 2023



### Drug consumption in EU

When it comes to estimated drug consumption, Austria is above the EU average almost everywhere. This emerges from the European Drug Report 2023 presented in Brussels on Friday. In 2022, 41 new substances were notified to the EU's Early Warning System (EWS), bringing the total number of drugs monitored by the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) in Lisbon to 930. "Because these can be sold, e.g. in the form of similar-looking powders or pills, users may not know what they are taking," says a summary of the report, which also looks at new

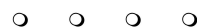


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psychoactive substances (NPS). In the statistics for drug-related deaths, Austria ranks eighth with 39 cases per million inhabitants (the figures are from the 2021 study). Sad leaders are Finland (79) and Ireland (73), ahead of Sweden (64) and Norway (63). The EU average is 18.3.



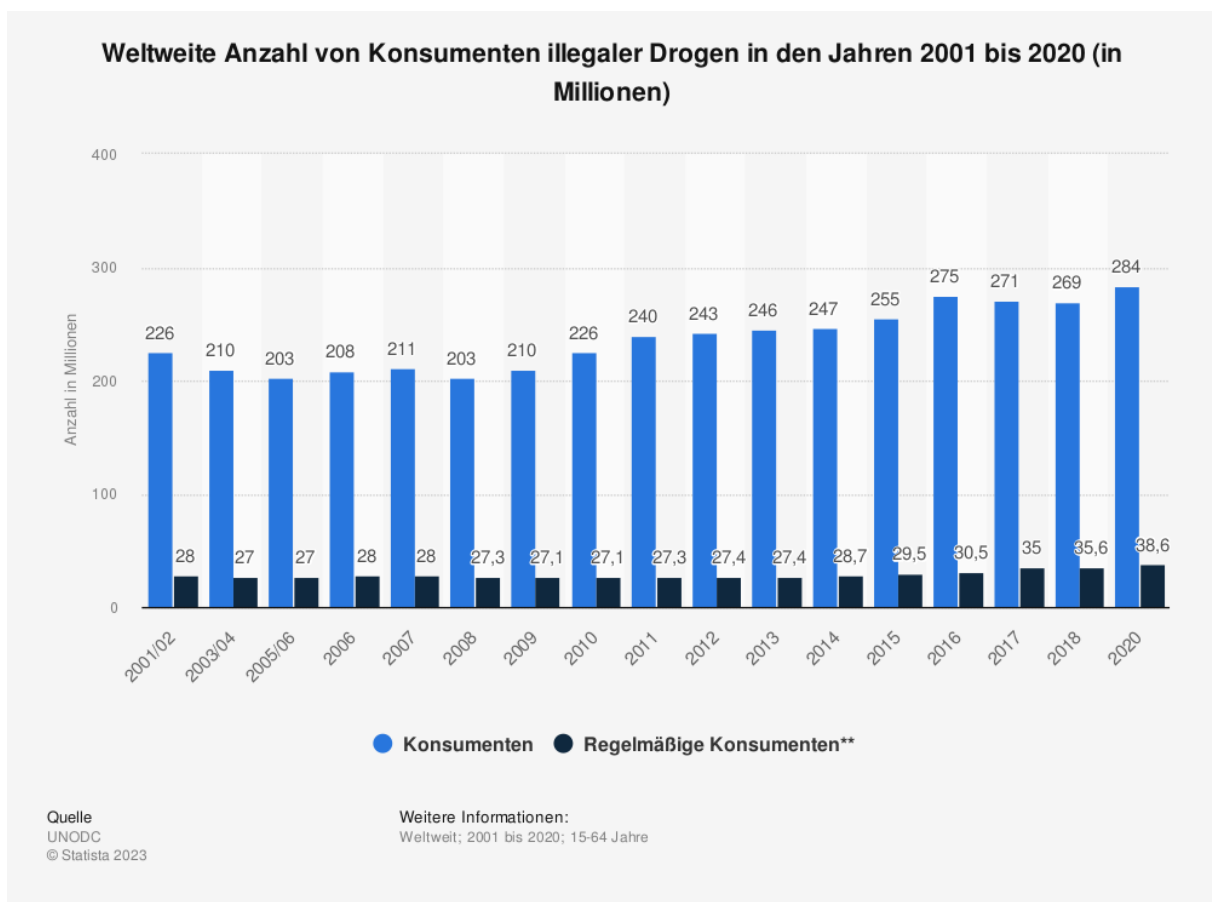
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### *Drug Statistics Worldwide*

Globalization is definitely fuelling innovation in the drug trade. 275 million people used drugs worldwide last year; 36 million of them suffer from addiction or other drug-related problems. Between 2010 and 2019, the number of drug users increased by 22%. The number of people who inject drugs worldwide was almost 11.2 million. Half of these users are infected with the hepatitis C virus and around 12.6 percent with the HIV virus. This emerges from the UNODC's annual world drug report, which was published in Vienna on June 24, 2021.



Worldwide number of illicit drug users from 2001 to 2020 (in millions)

The drug problem in Europe is driven by constant innovations in the pharmaceutical market, which usually lead to high availability of an increasing number of different substances, often with high potency or high purity. Large quantities continue to be discovered and delivered using methods that often draw on existing commercial infrastructure. The European Union has also become a major producer of certain medicines, both for domestic consumption and the world market. Some of the



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changes, particularly the increased interaction with international and European criminal groups, are worrying. A worrying example of this is the recent observation that Mexican criminal groups have started manufacturing synthetic drugs in the EU. Trafficking in illegal drugs via the dark web continues to increase significantly. According to the latest UNODC World Drug Report, the Covid-pandemic is having a long-term impact on drug markets.

Of course, the current political and geopolitical situation also has a major impact on the development of drug trafficking. These phenomena are also worrying at global level, but their impact on the EU is not negligible either.

Afghanistan remains the world's largest producer of illicit opium and heroin and the main source of heroin in Europe. As of July 2021, opium poppy cultivation was estimated at 177,000 hectares, accounting for 85% of the world's illicit opium production. Recently, the large-scale manufacture of ephedra-based methamphetamine has also been identified, accompanied by increasing seizures of the drug along some established heroin smuggling routes.

The Russian invasion of Ukraine in February 2022 and the country's destabilization triggered a serious humanitarian crisis. The attack has caused tragic loss of lives directly related to the fighting and indirectly caused by the undermining of Ukraine's health and welfare systems. As a result of this conflict, many Ukrainians have sought refuge in the European Union, necessitating a full-scale humanitarian response. The current situation is also likely to have lasting effects on the global economy, the European economy and the national economies. At the time of writing, it is too early to assess the impact of these developments on the drug market, drug use, or the provision of services to people with *drug problems, but they do exist*. The number of people seeking drug treatment in Ukraine will represent only a small part of the number of people seeking refuge in the European Union. Nonetheless, these customers require an immediate response to ensure ongoing support tailored to their specific needs, possibly including services in their own language. In general, it can be assumed that people fleeing conflict suffer from high levels of psychological stress and as a result are potentially more vulnerable to substance abuse problems, particularly in the absence of adequate health and support services.

### *Local drug strategies*

The statistics available for the province of Salzburg show that the number of violations of the Narcotics Act increased continuously from 2012 to 2019 with a total of 2,765 reports. In 2020, that number was just 2,613, while by 2021 it had dropped significantly to 2,186. According to the police report, the province is "within a transit country for narcotics and serves also as transit point for narcotics." According to the report, cannabis is the most commonly used drug in the province at just under 89.3 kg in 2021. In 2020, the number of drug-related deaths per 100,000 people aged 15 to 64 in the province of Salzburg was 1.3 compared to an Austrian average of 3.2 and the highest value of 5.6 in Vienna. This number is down 0.1 from last year. In 2021, 603 people were in substitution treatment in Salzburg, an increase of 23 people compared to 2020. Of these, 92% were in specialist



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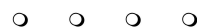


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treatment, the highest figure in this region, compared to only 29% in Austria as a whole. The shares remained unchanged compared to 2020.



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## *Legislation*

### *EU standards and national standards*

Looking at Austrian drug policy from a legal point of view, one finds that the central law is the Narcotic Drugs Act of 1997, which came into force in 1998. Since then, the law has undergone several changes. The Narcotic Drugs Act contains the framework laws on substances that are considered drugs and the behavior that the legislator has made punishable in connection with such substances. There are also other decrees such as the Narcotics Decree, the Psychotropics Regulation and other laws (e.g. the New Psychoactive Substances Act) that contain specific regulations on substances classified as narcotics. The Narcotics Decree contains, for example, regulations on substitution treatment, but also regulations on how much of a narcotic a veterinarian may prescribe per day. In addition to the Narcotics Decree, the Opioid Substitution Training Regulation also contains regulations on substitution treatment. A separate list of enlisting doctors authorized to carry out these treatments must be kept. This regulation also sets out the requirements and the procedure for obtaining this permit. From a criminal point of view, the legislature has eliminated drug use from the criminal record and allowed the judicial authorities to use alternative means of distraction instead of punishment in certain cases and within certain limits. If the authorities take action in a case with a drug-related aspect, they must inform the competent health authority. The health department will then decide whether medical intervention is required. If the person concerned does not accept the alternative measure offered, the criminal proceedings can be continued. The public prosecutor's office or the court can decide on such alternative solutions at different stages of the procedure. It is important to note that this does not mean full decriminalization. Since drug use is considered a disease in Austria, health measures are primarily promoted and not criminal measures.

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*Action Plan and Strategies*

*Austria and her Drug Strategy in the European Context*

For the analysis of the Austrian drug strategy in the EU context, we used the "EU Drug Strategy 2021-2025" as a basic document that is also relevant for Austria. The EU Drug Strategy was published by the General Secretariat of the Council in 2021. It also defines the aim of the strategy, which is to "protect the well-being of society and individuals and improve health condition of the society, protect and promote public health, ensure a high level of safety and well-being of populations and improve health literacy. "

It also describes how drug issues are addressed in an evidence-based, integrated, balanced and multidisciplinary manner at national, European and international levels. The strategy is primarily based on EU law and fundamental EU values. It relates to respect for human dignity, freedom, democracy, equality, solidarity, the rule of law and human rights, as well as international law, international organizations, particularly the United Nations and the Universal Declaration of Human Rights. It also points to the anti-drug measures in the 2016 UNGASS document, which she says is the "most comprehensive guideline", as well as the 2030 Agenda for Sustainable Development adopted under the umbrella of the same organisation. It underlines the importance of implementing the measures outlined in these documents. The Lisbon Treaty underpins the strategy and respects the competence of the EU and its Member States, as this aims to make a minor and proportionate contribution to the fight against drugs, while respecting national policies and legislation.

The introduction states that the new drugs strategy has been developed on the basis of the experiences of other EU institutions, the previous strategy and its implementation, as well as external assessments and progress in the field.

The strategy addresses existing and changing challenges and takes into account evolving evidence-based approaches. Given the dynamic and complex nature of the drugs phenomenon, which has been highlighted once again during the COVID-19 pandemic, the strategy takes a forward-looking approach to anticipate change. Strategic Foresight was built in with the intention of improving EU preparedness and ensuring an effective response to future challenges (General Secretariat of the Council of the European Union, 2021).

The document presents the drug strategy 2021-2025 in six chapters with a total of eleven priorities. We compare these priorities with the Austrian strategy.

The first priority of the European Union's Drugs Strategy is the fight against organized crime groups operating in or linked to the EU. By making funding for such organizations impossible, the EU wants to prevent the profits gained from such activities from being recycled. This prevents the money from being used for other crimes. The aim is also to prevent other drug-related crimes such as corruption or human trafficking. The European Multidisciplinary Platform to Combat Criminal Threats (EMPACT), which focuses on internal security in the European Union, aims to tackle specific criminal activities at European level by defining common policy objectives. One of the main priorities for the 2022-2025 period of the Europol-coordinated project is to reduce the production, trafficking

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and distribution of cannabis, cocaine, heroin and new psychoactive substances. In Austria, the Federal Ministry of the Interior is responsible for this international cooperation and, via the Federal Criminal Police Office, for combating organized drug-related crime. It coordinates and distributes tasks between the national and local police forces, which also have dedicated drug units. All police officers report drug-related observations and information to these groups. These forces work very closely with international organizations (e.g. Interpol).

In this context, the European Union Action Plan sets out the further development of the EMPACT cooperation, taking into account the impact of various reports and of COVID-19. In order to dismantle the financial background and assets of organized crime groups, the exchange of information between the actors involved (Member States, Europol, Frontex, etc.) is mentioned as a necessary measure. Examples of this are information about seizures of large quantities of drugs and information about more serious drug trafficking offences.

In addition, the development of investigations into "high-risk, high-level" drug-related organized crime groups is addressed in a separate section, with a focus on cooperation with Europol and Eurojust, economic investigations and confiscation of assets from related crimes, and reuse of these assets to reduce the demand and supply of medicines. To this end, the action plan provides for authorities to have quick and easy access to financial information. This will facilitate investigations, seizures and prosecutions. She also considers it necessary to take joint action against encrypted communication methods and technologies used by these groups, to exchange information and to provide mutual legal assistance. The action plan also addresses crime prevention and proposes support for the European Crime Prevention Network (EUCPN) and other projects and the exchange of good practice. The EUCPN was established by the Council in 2001 with the aim of "promoting contacts at local, national and European level and facilitating the exchange of knowledge and good practice on crime prevention between EU Member States". The Action Plan identifies as priority actions reducing reoffending rates among young offenders, promoting comprehensive, evidence-based strategies in neighborhoods with high drug availability and drug-related crime, and supporting measures that create a protective environment for communities affected by drug use and trafficking - related crime according to internationally recognized quality standards.

The Action Plan is implemented by the European Union through its agencies and services. Austria was involved in 355 new cases through Eurojus in 2021, compared to 456 in Hungary, 520 in Romania and 144 in Croatia. Compared to the previous year, this number represents an increase of 12%, however, the highest number of such cases in the available data occurred in 2018, specifically 411, which represents a decrease of almost 16%. As part of the EMPACT cooperation, 8,000 arrests were made in 2019 and criminal assets worth 77 million EUR were confiscated. In line with the EU strategy, the second priority is to prevent the illicit trafficking of drugs and drug precursors across EU borders.

The EU strategy focuses on air, sea and land. In Austria, this mainly affects airports, since Austria is not an external border of the EU. We did not find concrete statistics on the number of drugs seized at Austrian airports, however the Austrian Drugs Report 2021 highlights Vienna Airport as an important factor in drug trafficking. As already mentioned, illegal substances are smuggled from South American countries via the airport. Austria is also involved in protecting the EU borders via the border protection agency Frontex. In its 2022 Strategic Risk Analysis report, the organization points to the

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increasing volume of drugs flowing into the European Union, attributing this to globalization and new processes of smuggling, production and technology. The report lists cannabis as the most common drug and cocaine as the second most common drug, consistent with the Austrian report, which also lists the two drugs in that order. One of the most important drug trafficking routes, the so-called Balkan route, runs through Austria, via which heroin and opiates are smuggled from Afghanistan to Europe and drug precursors from Europe to Central Asia. Vienna Airport is also an important place through which cocaine is smuggled from South America to Austria. The UNDOC report states that the poppy production needed to manufacture opiates comes from three countries. Afghanistan is one of these countries, so the Balkan route plays a very important role in drug transport. The market value of drugs seized in Austria in 2020 was EUR 32,718,699. One of the priority actions of the EU Action Plan is the real-time exchange of information between countries on drug smuggling at EU entry and exit points. In this context, the SIENA (Secure Information Exchange Network Application) system set up in 2009, which allows Member States to access various crime-related information from other countries and Europol, is most important. The system also offers the authorities of a Member State the possibility to access similar data from a country outside the EU that cooperates with Europol. In Austria, the Federal Criminal Police Office is responsible for cooperation with Europol, which is in constant contact not only with Europol but also with other international or EU organisations. Another priority is to support Member States to improve the detection of drugs and their precursors at the EU's external borders. The EU wants to focus on the exchange of information, in particular on cooperation with third countries. Third on the list of priorities is reducing drug trafficking via the internet and rail. This is a part of the Internet that is only accessible with special means and methods. The goal is to minimize traceability through special encryption and anonymous communication across multiple servers. With this, it offers excellent conditions for cybercrime, including drug trafficking. The Austrian strategy does not mention payment with cryptocurrencies, while the EU strategy does. Another key feature of cryptocurrency payments is their untraceability, making them one of the best ways to pay for medication. Drug trafficking via the Internet and by post is also widespread in Austria. The Austrian summary highlights that the mail seized by German customs was destined for 90 countries, with Austria being the second most common destination after the United States. The investigation revealed that these mailings can be traced back exclusively to trading on the dark web. "Under COVID-19, no major shifts in drug trafficking to the internet/darknet could be observed, as the number of drug mailings was already high before the pandemic." To combat this new form of drug trafficking, the Austrian authorities launched in 2018. Or under Trojan Shield, the FBI, Europol and 16 other national police forces work together to crack down on organized crime groups. For example, in 2021, 11,132 grams of heroin were seized in one day.

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The EU action plan envisages 24-hour surveillance of the dark web and a strengthening of EMCAD and Europol in this area. In 2017, a publication by EMCAD and Europol entitled "Drugs and the Dark Web" will provide a comprehensive picture of illicit trafficking on the dark web in the European Union. It states that drug trafficking accounts for two-thirds of all activity. In addition, increased cooperation between parcel services, authorities and financial service providers is required to track down packages with drugs. This will also take place within the framework of the CSI-PP project already described, as well as the exchange of best practices, which is also one of the measures in the action plan.

The action plan also mentions the use of new technologies, such as the possibility of using artificial intelligence in this area. The federal government's "Artificial Intelligence Strategy", which Austria will publish in 2021, does not contain any plans in this regard. Priority four is the supply of raw materials for drug production and preventing the production of synthetic and alternative drugs. In this area, too, the two strategies are similar. Austria has set up a special unit, the Precursor Competence Center, to investigate such suspect substances. In 2020, this center received 10 reports that chemicals could be used to manufacture medicines and examined the sales data of 239 suspected substances. Sellers who legally deal in such substances are required to report suspicious activity. This is part of the EU strategy to combat and minimize the environmental damage caused by new psychoactive drugs. We did not find such an approach either in the Austrian strategy or in other drug-related reports. It is only mentioned in the already mentioned EMPACT policy project coordinated by Europol, but not in the context of drugs.

"Austria is a transit and consumer country. In principle, Austria does not play a significant role as a country where illegal drugs are being produced. The quantities of cannabis produced are small in

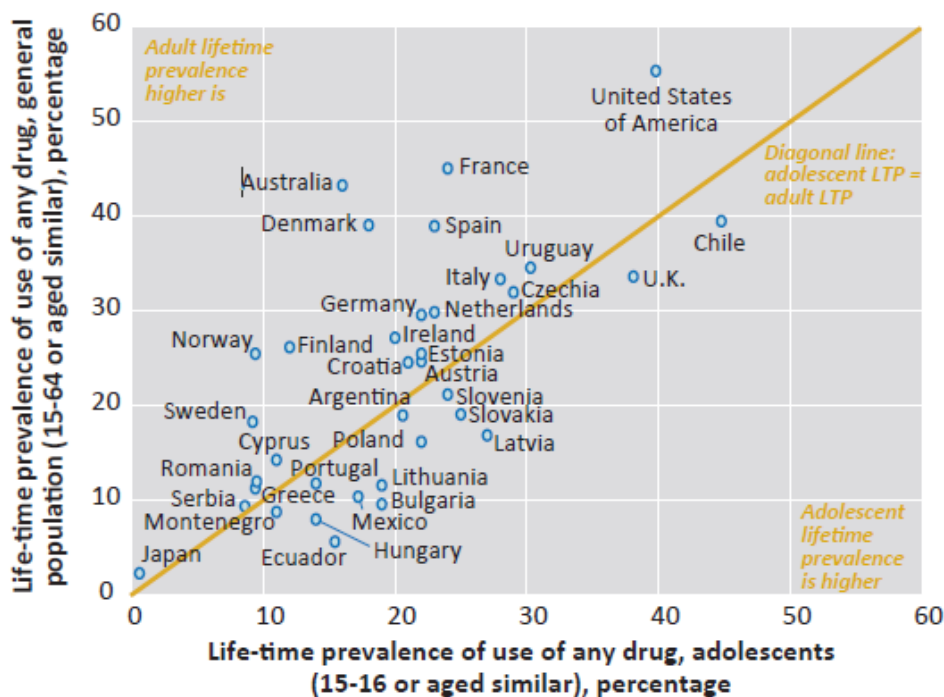
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international comparison. In Austria, a total of 994 locations for the production of cannabis products were found in 2020."

The EU Action Plan focuses on identifying, prosecuting and dismantling illicit drug manufacturing facilities in the EU, including by targeting precursors and designer precursors, improving and making better use of forensic investigations and intelligence, and developing and scaling up detection techniques, making better use of public Drugs – private partnerships and increased reporting of suspicious transactions.

It also mentions the preparation of a study to review drug legislation and outlines measures to reduce the environmental damage associated with drug production. This aspect is also highlighted in the 2022 OECD report, e.g. B. the energy consumption related to drug production, deforestation or air pollution.

Moving on to priority number five, which focuses on drug demand reduction and includes drug prevention, victim treatment and related services. This is the area that is most strongly represented in the Austrian drug strategy. Austria attaches more importance to prevention and information. First and foremost, it is about prevention and healthy life choices. Like the EU strategy, the Austrian system takes the view that prevention should be scientifically based and take into account the social situation of individuals, groups and life situations. These activities should be entrusted to trained professionals, but also involve the family, educators, youth workers, etc. The two strategies also agree on the need to guide people towards healthier lives to prevent substance abuse.



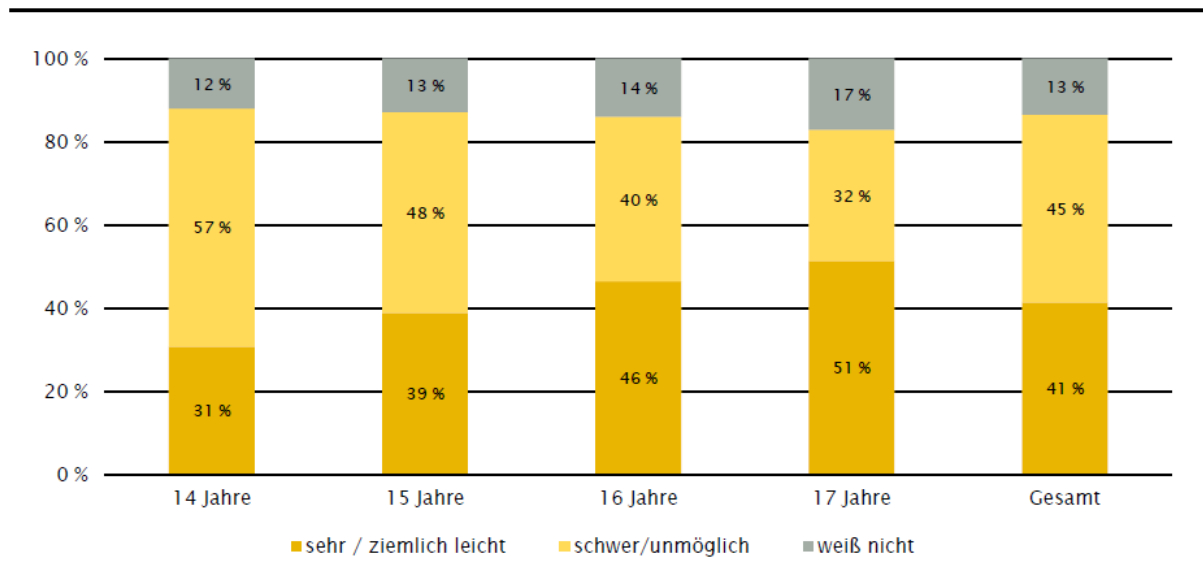
Another similarity is that one of the main target groups of prevention are young people and children. The graph above is from the UNDOC report 2022 and shows the percentage of people in this age group who have used a drug at least once in their life. The upper part of the graph shows this for 15-



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64 year olds, the right part for 15-16 year olds. According to the Drugs Report 2021, one fifth (20%) of the 15-17 year old students surveyed have used cannabis at least once in their life, in line with the EU average (19.2% of 15-24 year olds). According to UNDOC statistics for 2020, around 6.5% of the Austrian population will consume cannabis. It should be added that the results are also influenced by asking young people about unlawful behaviour, which may have influenced the truthfulness of the answers.

#### Subjektive Einschätzung der Verfügbarkeit von Cannabis nach Alter



Quelle: ESPAD; Berechnung und Darstellung: GÖG/ÖBIG (Variablen C24)

#### Subjective assessment of cannabis availability by age

In the case of cannabis, 41% of the same age group said they have or could have easy access to the drug. When it comes to psychoactive substances, 3% of those surveyed said they had tried these substances at least once in their lives. 20% of respondents said they had easy or very easy access to cocaine, amphetamines or ecstasy. The aim of the Austrian strategy is to create the necessary conditions so that young people can seek help or support if they have problems. The goal is to create an environment that reduces the likelihood of resorting to drugs. It also highlights certain risk groups where a child is more likely to become addicted to drugs, such as families with similar problems. It is important to prevent early exposure to tobacco products by enacting legislation to prevent active exposure of children and adolescents to the harmful effects of tobacco use and to minimize passive tobacco use. The Drug Situation Report 2021 also mentions extracurricular activities and the creation and maintenance of suitable common areas for young people. A particular feature of the strategy is its emphasis on reaching young people through digital and social media platforms.

The EU strategy also mentions the prevention of drug driving and the resulting accidents. It provides for the development of new control methods as a task. In Austria, driving under the influence of drugs



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is generally punished with a driving ban. No limit values are set, as is the case with alcohol. In 2020 there were 5,519 such reports, an increase of 1,155 compared to the previous year; in 2015 there were 1,068. Since then there has been a significant increase. Many of the measures included in the EU action plan are also included in the Austrian drug strategy. In both perspectives, the focus is on prevention, on improving people's lives. The aim is to support the addict themselves, risk groups (homeless people, migrants, etc.) and their environment such as family, workplace or school in the case of young people. The EMCDDA's "Best Practice Portal" helps to "find practical and reliable information on what works (and what doesn't) in the areas of prevention, treatment, harm reduction and social reintegration, quickly identify good practices, allocate resources for effective interventions and "improve them through tools, standards and policies". A common point is the continuous monitoring of the market for new psychoactive substances and the exchange of relevant information (EU early warning system) as well as the assessment of the dangerousness of different substances. The EU plan includes priority measures to reduce drug driving, perhaps the only aspect not included in the Austrian strategy.

The sixth priority is access to drug treatment and collaboration in the care system. First and foremost, the voluntary access to these systems is emphasized, whereby we consider it necessary to mention that Austria recognizes addiction as a disease and therefore tries to offer an adequate way out of addiction. "Addiction is not a weakness of will or a moral error, but a complex interaction of individual, genetic, familial, social and macro-ecological influences." One of the goals mentioned in the Austrian strategy is to ensure the care of chronically dependent people in a comprehensive health and social system. This includes professional help, information, psychosocial and drug treatment, individual treatment for opioid addiction, rehabilitation and reintegration. With both strategies, care should be as individualized as possible and specific methods for certain groups (children, young people, older people) should be used. Addiction is a disease that cannot be completely eliminated, but must be kept to a minimum. Stigma is also a problem as it can affect the condition of those affected and discourage them from seeking help. In both cases, the aim is to prevent this. The EU document mentioned this, but we did not see any measures in the Austrian strategy targeting women and recognizing their different situation from that of men. According to the EU strategy, there should be a special offer for women, including childcare for women.

Here, too, the strategy shows similarities, but is of course adapted to local conditions. Austria organizes the treatment of drug addicts at state level. In every province there is an organization for addicts. In Austria, these are bundled and coordinated at provincial level by an "organization".

If you look at the corresponding measures from the EU action plan, you can see that, as with the previous priorities, there are many overlaps with the Austrian strategy. The development of evidence-based treatments, the promotion of reintegration, the importance of substitution treatment, the importance of the social and health systems, as provided for in the Austrian principle "therapy instead of punishment", should be emphasized. It is also important to involve helpers in prevention, such as youth workers or people stigmatized by society in Austria, and a similar prioritization of risk and harm reduction. Like the strategy, the action plan also focuses on the situation of drug-using women. Women who use drugs must be given the care and information they need, and violence against them curbed. The action plan also underscores the need for specialized care and emphasizes the need for



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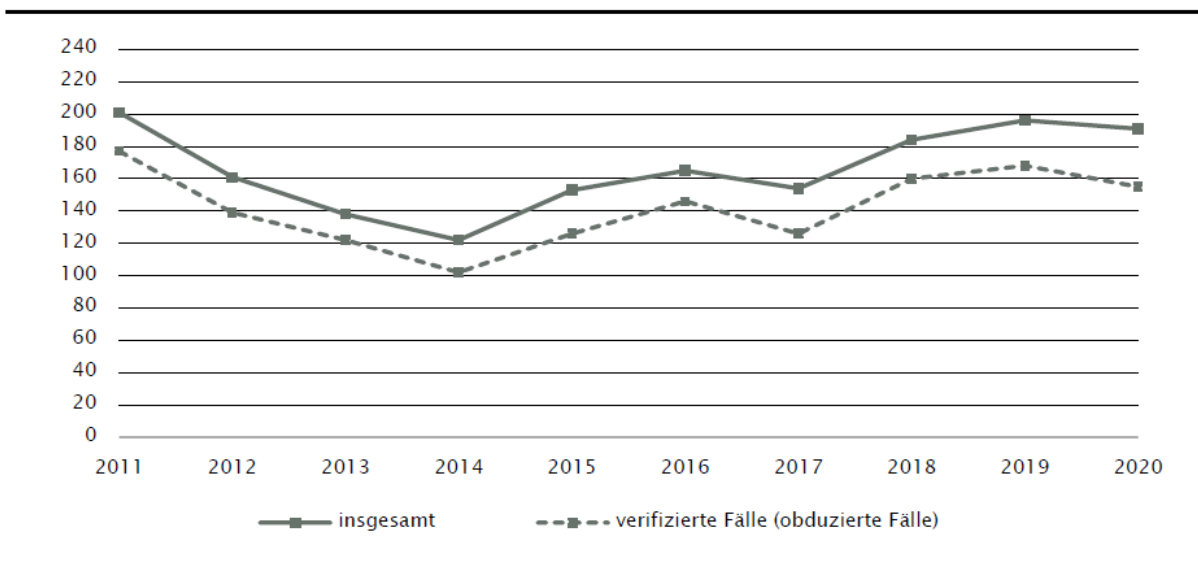


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collaboration between different service providers, stakeholders and other organizations involved in the care system.

Point 7 of the European Union strategy refers to harm reduction measures for drug addicts and those around them. In the above strategy, the focus is on containing the spread of various drug-related diseases, such as HIV and hepatitis C. The Action Plan measures emphasize early detection and (self-)testing as important tools. These diseases are not explicitly mentioned in the Austrian system, since the goal is more "safe consumption". However, there are many similarities between the two strategies, such as needle exchange projects, information, psychotherapy, the involvement of NGOs or the improvement of the living conditions (housing, education, employment) of those affected. However, what the EU highlights as a gap is the naloxone project for opiate addicts. These are in use in Austria and are used where consumption can be controlled and deaths prevented. Austria reformed the use of this project during the COVID-19 period so that sick people can be cared for much more effectively.

Anzahl direkt drogenbezogener Todesfälle in Österreich, insgesamt und verifiziert durch Obduktionsgutachten, 2011-2020



Quellen: GÖG - Statistik der drogenbezogenen Todesfälle, BMASGK - Statistikregister eSuchtmittel;  
Berechnung und Darstellung: GÖG

Number of directly drug-related deaths in Austria, total and verified by obduction reports

This is also reflected in the fact that by 2020 the number of drug-related deaths in Austria had fallen compared to previous years.

According to data from the 2020 UNDOC report, the number of drug-related deaths in Europe has remained stable in all but a few countries, while it has increased in Belarus, for example. The use of alternative methods is mentioned under this point in the European Union's strategy on the use of alternative methods in drug-related crime. If small amounts of drugs for personal use are found on a person, sanctions should not be imposed immediately, but should be allowed for diversion and these

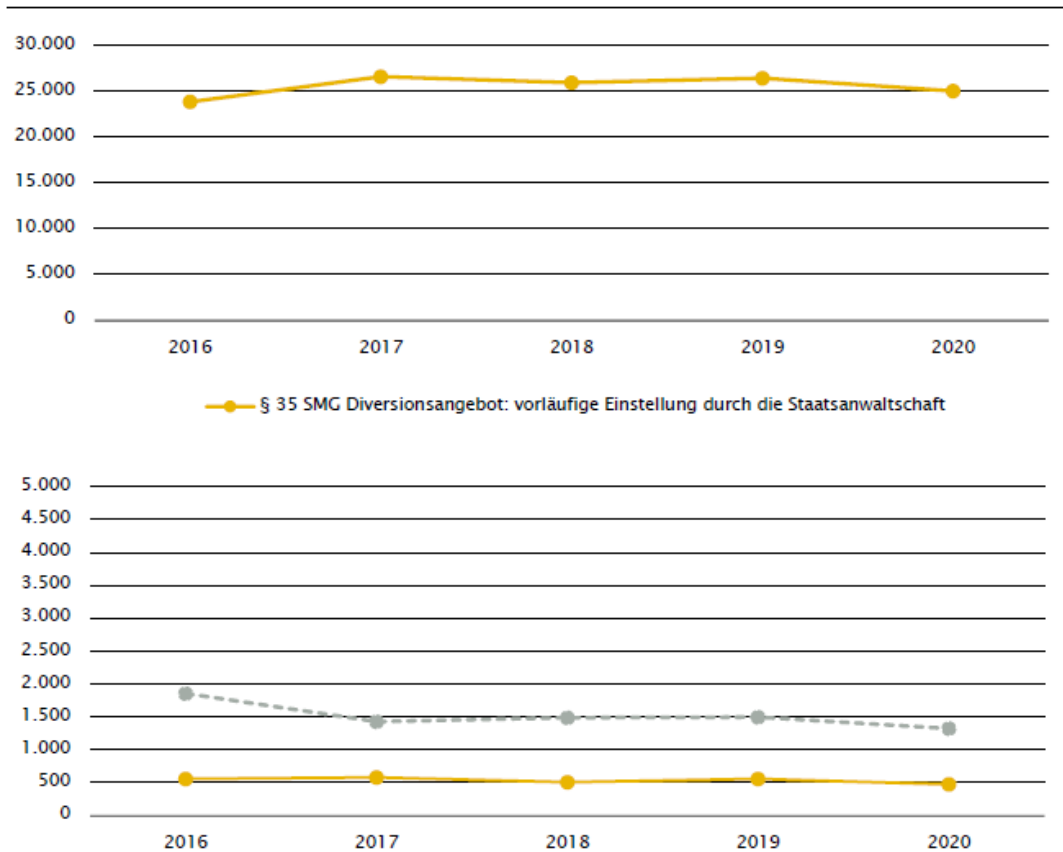
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acts should not be considered criminal offences. This method is used in all EU countries, including Austria. The consumption of drugs is also not punishable in Austria, but possession, acquisition and production are punishable under Austrian law. It provides for the possibility of undergoing treatment rather than punishment. This is voluntary and those who do not make use of this option must expect legal consequences for their behavior. The state bears the costs of treating a drug addict in a facility provided for this purpose.

The principle of "therapy instead of punishment" refers to criminal policy, health policy and social policy measures aimed at deterring drug abuse. In addition to diversionary measures, this also includes a special form of suspension of punishment, which can be granted in the case of convictions for criminal offenses under the SMG or related procurement offenses (Rast 2013).

Addiction is thus treated as a health problem and not as a criminal problem.

**Entwicklung der Anwendung der gesetzlich vorgesehenen Alternativen zur Bestrafung 2016-2020**



Development of the application of alternative penalties provided by law 2016-2020

In 2020, a total of 26,768 cases were decided by the judiciary (public prosecutor's office, court, prison) as an alternative to criminal investigation. As the table above shows, this has not changed



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significantly compared to recent years. The EU sees a need to exchange best practices in this area with other countries.

Point eight of the strategy addresses drug use by prisoners and ex-prisoners. It is about healthcare in prisons, preventing the spread of diseases and overdoses, and continuing treatment after release. Another focus is on reducing drug abuse in prisons. The social reintegration of released prisoners is one of the cornerstones of the project. Data on drug use and related problems in prisons are not available in Austria and the report refers to the number of people in prison and not to drug use. The federal government via the Federal Ministry of Justice is responsible for health care in prisons, since prisoners do not have health insurance. The summary mentions that 10% of prisoners are being treated for drugs. Here, too, it is primarily about harm reduction, which relates to the Austrian strategy. As mentioned in this document, the project does not foresee any concrete measures for this.

This could be due to insufficient data collection and provision. External service providers also offer therapeutic care for drug addicts in prisons. These external actors support people about to be released from prison, including through specialized counseling and health services to ensure their treatment after release. Substitution therapy (naloxone) is available in all prisons and screening for drug-related illnesses is also carried out in all prisons. This is also mentioned as a goal in the EU strategy. In addition, an individual prison plan is drawn up for each drug-dependent prisoner, which also includes an individual treatment plan. It is estimated that 16% of inmates in such treatment receive some form of therapy. As of October 1, 2020, 796 prisoners were in substitution treatment compared to only 511 at the first COVID-19 closure, which can be considered significant with a 50% increase.

The ninth priority of the European Union strategy is to strengthen international cooperation with other states and international and local organizations in order to achieve the strategy's objectives. Because drugs are also an international problem, the strategy states that the key to effective action is to pursue a collective action. A key goal is to implement the recommendations of the United Nations Global Alliance of Southeast Asian States (UNGASS) Outcome Document 2016, in which the United Nations formulated more than 100 recommendations in the areas of drug prevention, treatment and other related areas. Many of these measures and goals are also contained in the strategy of the European Union. Examples include supply and demand reduction, prevention, treatment and response to drug-related diseases (HIV/AIDS).

The 15-year plan, which was also adopted in 2015 within the framework of the international organization mentioned above, contains 17 goals jointly agreed by the Member States. The 17 goals include under point 3 "Health and well-being" and in particular under point 5 the eradication of extreme poverty and hunger and the promotion of drug and alcohol prevention and treatment. In 2020, Austria published a document entitled "Austria and the 2030 Agenda", summarizing the steps to be taken to achieve the goals. In this document I found only one cooperation between Austria and Ghana in the area of drug control, where Austria helps to reduce drug trafficking, human trafficking and smuggling by training dogs.

The EU strategy underlines the need to further develop cooperation with third countries and other international organisations. "Projects to address public health, development and safety challenges." She also believes it is very important to share the data collected to develop a future-proof approach. The Austrian strategy also mentions the importance of international cooperation in several areas such as prevention, fight against organized crime, drug trafficking, judicial cooperation, terrorism and



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protection of human rights. A good example of the cooperation is the award of the Styrian VIVID office with the World No Tobacco Day Award 2020 from the World Health Organization (WHO) for its many years of commitment to tobacco prevention.

Priority 11 of the EU strategy puts the emphasis on research and forward planning, recognizing that the health and public safety aspects of the drug problem are closely linked. The aim is to use resources more efficiently, identify drug-related trends more quickly and ensure evidence-based responses. "This requires the development of the technological capacities needed to better prepare the EU and its Member States to anticipate and respond to new challenges or future crises that could impact the drug situation."

The Austrian drug strategy places a similar value on science and research as well as evidence-based measures. "Current trends in policy-making, with reference to evidence-based scientific findings, suggest that decisions should be primarily driven by goal and its attainment...". However, it is also important to underline that while based on the above a political decision will ultimately have to be made as the research results themselves do not indicate what actions are required. "Decisions about addiction-political goals and about which measures are legitimate and necessary are always based on fundamental political-ethical decisions and are therefore directly dependent on the underlying view of man, society and the world."

The strategy in the field of addiction prevention is similar. Contemporary addiction prevention is quality assured, based on scientific theories, empirical studies and practical experience, and is aimed at defined target groups and environments.

In summary, it can be said that the strategies of the EU and Austria are very similar. The EU focuses on drug demand and supply reduction, drug use prevention and international cooperation. While the strategy also includes prevention projects and services to improve treatment and rehabilitation, it places a much greater focus on law enforcement efforts to curb drug trafficking and related crime. Austria, on the other hand, approaches the issue from a public health perspective, focusing on prevention, treatment and harm reduction. She believes it is important to take action for young people and provide information in schools to support drug users.

From our point of view, a major positive aspect of the Austrian Drug Strategy is that it focuses on prevention and on improving people's lives. We also think it is important to support the addicted person himself, risk groups and their environment, such as family, workplace or, in the case of young people, school. We think it is very good that the main target groups of the prevention are young people and children, that the Austrian strategy aims at creating the necessary conditions for young people to get help or support in case of a problem.

The Austrian system adapts its drug strategy in an appropriate way according to the complexity of the problem. Specialised outpatient facilities offer a wide range of care for people with addiction problems, such as counselling, psychosocial support, legal counselling. This also includes counselling for relatives. After treatment, the focus is on social reintegration. We also find the residential support programme to be very important. This aims to maintain and strengthen abstinence. After completing treatment, a protected environment is provided for a limited period of time to help the person reintegrate into social life and the labour market.

It reflects a holistic approach: health and social harms are considered equal, both for the consumer and for his/her environment.

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For children and adolescents who are confronted with an addiction disease in the family, there are separate offers, such as children's groups and youth counselling centres. Here, too, the focus is on support and accompaniment.

We consider it necessary to mention that Austria recognises addiction as a disease and therefore tries to offer an adequate way out of addiction.

In practice, if a person is found to have small amounts of drugs for personal use, sanctions should not be imposed immediately, but there should be the possibility to undergo treatment instead of punishment. This is voluntary, but if the option is not taken up, one must expect legal consequences. Another important positive aspect in the EU and Austrian strategy is the prevention of driving under the influence of drugs and the resulting accidents. In Austria, driving under the influence of drugs is always punished with a driving ban.

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*Harm reduction, best practices for dealing with and preventing addictions*

The Austrian drug strategy recognizes that people who use drugs face various risks, including infections, overdoses and other health problems. The strategy includes several harm reduction measures, such as needle and syringe exchange programs. These projects provide sterile needles and syringes to people who inject drugs to reduce the risk of infections such as HIV and hepatitis C. Austria has also set up drug testing services that allow people to have their medicines tested for purity and strength to reduce the risk of overdose and other harms. Low-threshold services are designed to be easily accessible to people who use drugs and provide basic medical care and other support services such as food, shelter and clothing. Numerous actors are involved in the Austrian drug strategy, including government agencies, civil society organizations and drug users. These stakeholders work together to develop and implement drug policy, helping to ensure that policies are relevant, effective and evidence-based.

The Austrian drug strategy recognizes that drug law enforcement is an important part of drug policy. However, the strategy also emphasizes the need for a balanced approach that takes into account the health and social consequences of drug use. For example, law enforcement is not the primary approach to drug-related crimes, but rather is used in conjunction with other interventions such as prevention, treatment and harm reduction. People who use drugs are often marginalized and stigmatized. The strategy provides for the involvement of drug users in the development and implementation of drug policy measures. This involvement helps ensure that policies are relevant and effective, and gives drug users the opportunity to advocate for their own needs and rights.

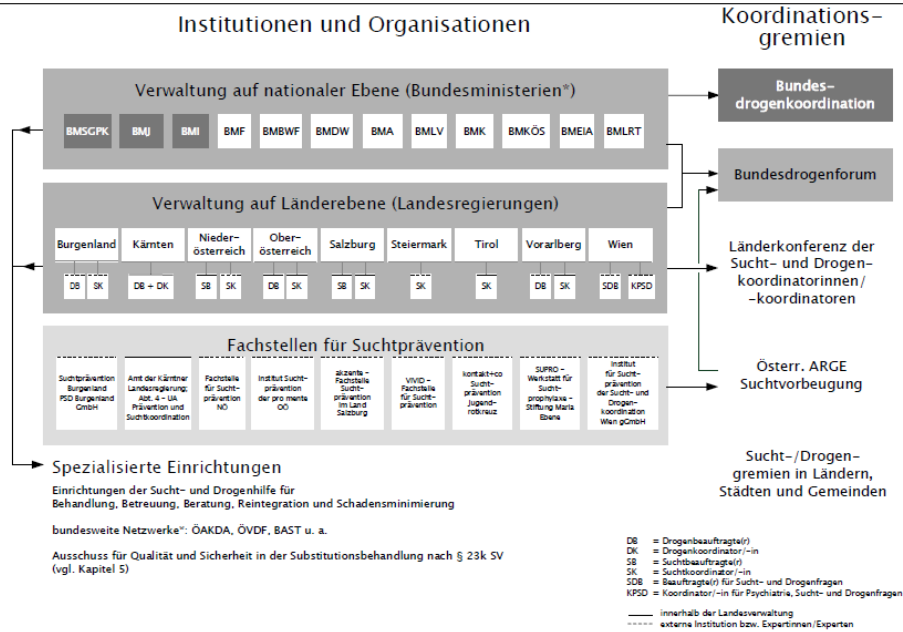
The Austrian drug strategy recognizes the importance of both preventing drug use and providing effective treatment for drug users. The strategy includes a number of prevention and treatment projects, such as the school prevention projects, which aim to reduce drug use by young people. The strategy includes drug education for health workers to help them better understand the needs of people who use drugs and provide appropriate care. Austria offers a range of drug treatment services, including outpatient and inpatient treatment, harm reduction treatment and aftercare.

The following graphic shows the institutions and bodies involved in drug policy in Austria. It can be seen that it is a multi-level system with a national and a provincial level. At central, i.e. state level, the federal drug coordination deals with the topic, the Federal Ministry of the Interior and the Federal Ministry of Justice are permanent members, but other ministries can also be represented in this forum. Another central body, the Federal Ministry for Social Affairs, Health, Care and Consumer Protection, is also a permanent member. In addition to the ministries, representatives of the Member States as well as the cities and municipalities also take part. In addition, Gesundheit Österreich GmbH was founded by the Austrian state to develop and plan the health system at national level and to produce information material.



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Organisatorische Struktur der Drogenpolitik in Österreich



\*siehe Abkürzungsverzeichnis

Hinweis: Mit der Novelle des Bundesministeriengesetzes, BGBl I Nr. 30/2021, wurden die Bereiche „Familie und Jugend“ des ehemaligen BMAJ (nunmehr BMA) dem Bundeskanzleramt zugeteilt.

Quelle und Darstellung: GÖG

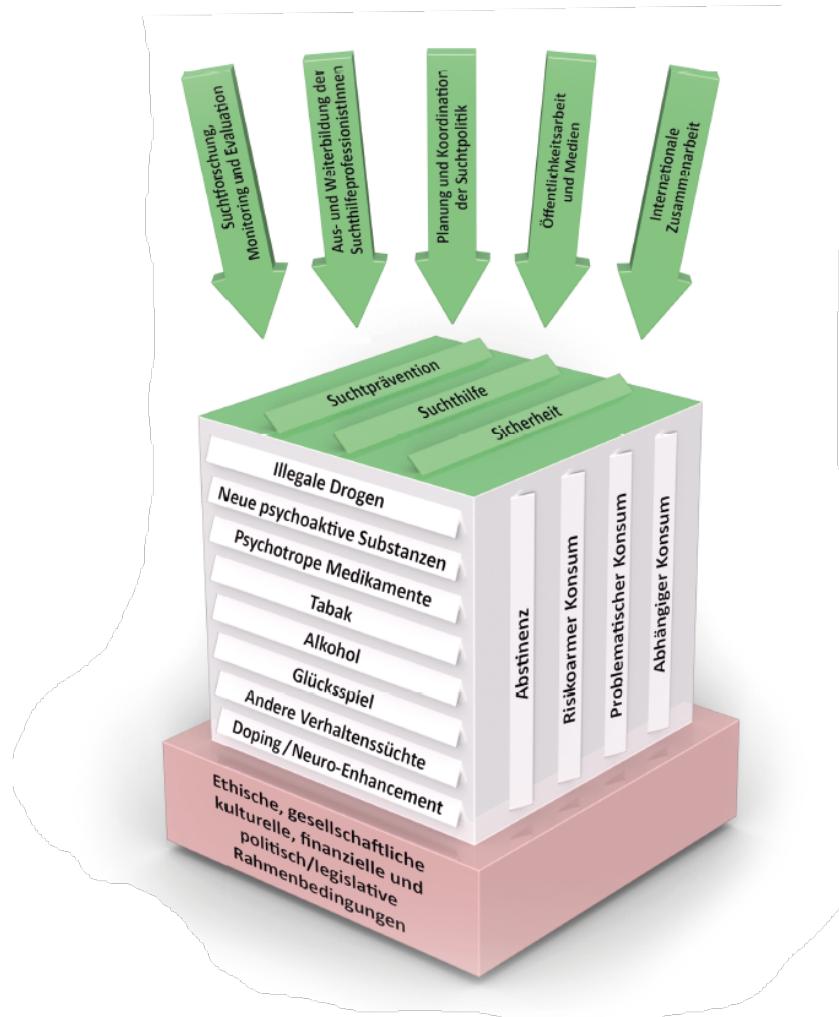
Organizational structure of drug policy in Austria

Another participant in the forum is the Austrian “ARGE Suchtvorbeugung”, an association of organizations from the provinces that is responsible for the development of uniform, high-quality standards, the financing of addiction prevention, the elaboration of projects and the development of professional standards. The provinces themselves appoint addiction/drug coordinators who deal with drug policy and thus support the administration of the province. They represent the province in the Federal Drug Forum. In addition, there is a country conference in which only the provinces take part and which is intended to ensure cooperation between them and to develop common positions. As a result, each province has an expert committee for the substitution treatment of opioid addicts. The drug policy is financed by the provinces, the state and the social insurance institutions. The amount the state spends on addiction treatment steadily increases between 2018 and 2020. However, the available data shows that in 2011 8.77 million EUR were still spent, while in 2020 the figure is only 8.18 million. In the area of prevention, a significant part of the expenditure was borne by the provinces themselves.

“A survey of public expenditure on health promotion and prevention was conducted for the data year 2016 (BMASGK 2019). Expenditure on addiction prevention was estimated at a total of EUR 7,250,562 for 2016 and was mainly borne by the federal states (EUR 6.2 million). This represented about 3.8 percent of countries’ total GFPR spending.”



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Ethical, social, cultural, financial and political/legislative frameworks

The Austrian Addiction Prevention Strategy defines the goals to be achieved in 5 points. The first item summarizes the minimization, prevention and treatment of negative effects of addiction, while the second item describes the provision of needs-based care. The third point is about the integration of people with addiction problems and maintaining their health, closely linked to the fourth point, which is about reintegration into society and the labor market. The fifth and final point is to “bring about a socially acceptable coexistence or coexistence of all people in public space and in the community”. The strategy then identifies several sub-goals. The first is to reduce behaviors that lead to addiction, thereby reducing the likelihood of them occurring. Next, the strategy addresses early prevention and screening, the importance of providing these services, and 'raising awareness' of prescription drug dependency.

The strategy also emphasizes the importance of harm reduction for people for whom "problematic substance use and behaviors cannot be avoided." The strategy considers it necessary to provide

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addicts with easy access to services and, through these services, to improve their quality of life. Mention should be made here of measures such as treatment, rehabilitation and reintegration measures. Abstinence is mentioned as the main goal, although it is recognized that this cannot be achieved for all people. Finally, it describes the impact of addiction on the third parties involved, who should be offered advice and support to reduce the impact.

In the following, the strategy focuses on the phenomenon of addiction and the principles and perspectives associated with it. It states that the task of addiction policy is "to minimize the sum of all problems in connection with substance abuse and addiction through ethically justifiable and factually appropriate measures, i.e. to optimize the overall situation" and that the focus is always on the problem person who is addicted or threatened by addiction. It is recognized that addiction is a complex and ever-evolving problem and that individual circumstances must always be considered. In order to cover the problem, various services must be made available so that the system can provide individual help. The strategy also highlights "gender sensitivity" as a goal. By this it is meant that gender equality should be taken into account not only when dealing with patients but also when dealing with other colleagues and partners and that active steps should be taken to promote gender equality.

It also states that "gender-specific different socializations must be taken into account in all fields of intervention". The strategy also touches on an important fundamental right, namely the "right to the best possible health". "When people are unable to change their living conditions for the better due to reasons of social inequality or cannot access the support system, it is the responsibility of the community to support them and to include marginalized groups of people as well as people with disabilities".

In the following paragraphs on the development of addiction policy, the strategy states that while it is necessary to consider evidence-based research, other aspects (political, ethical) must also be considered. Then the strategy establishes a very important principle, namely that addiction is a disease and should be treated as such. Addiction is not an expression of weakness of will or a moral transgression. We see this approach reflected in various places, e.g., in certain drug offences where the criminal justice system offers alternative solutions for ("therapy instead of punishment"). Finally, the strategy underlines that a long-term financial commitment is necessary to ensure the proper functioning of the system.

The Austrian Addiction Prevention Strategy sets targets for the various addictive substances. In the case of alcohol, education about the dangers of alcohol consumption is mentioned as a preventive tool. For young people, the role of alcohol outlets is highlighted in this regard as it has the potential to discourage young people from drinking. In addition, corresponding structures and cooperations are required at hotspots with high alcohol consumption. This includes, for example, setting up "low-threshold contact points" in places where young people can come into contact with care systems. There is also a brief mention of training and 'motivating' doctors to treat people with such problems appropriately and to provide them and those around them with adequate care and support. In the case of tobacco products, as with alcohol, raising awareness of the dangers is an important strategy tool. Particular attention should be paid to the health of children and young people, with the enforcement of legal bans and a ban on smoking in restaurants being mentioned as necessary measures. In this context, the role of doctors is also mentioned, who should encourage smokers to quit smoking and

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consider different ways to do so. Smokers should be provided with services to help them quit smoking. "People who want to smoke without endangering others through tobacco smoke should not be marginalized or stigmatized."

For users of illicit drugs, the issue is to keep consumption down and combat trafficking in these substances. "As many addicts as possible who are not (yet) able or willing to abstain should be stabilized through harm-reducing measures and thus ensure their survival." Those who are willing to stop using drugs should have access to the necessary services as quickly as possible. The strategy focuses on the monitoring and sharing of information on new psychoactive substances through the EU's early warning system.

"In this area, it is important to get in touch with the target group through tried-and-tested addiction support activities or to win the trust of consumers through credible information on the Internet and in brochures (e.g. "Safer Use Information"). as long as they take warnings seriously and are available for advice."

For psychiatric drugs, the focus is on physicians who are only allowed to prescribe drugs when justified, which requires training and the development of appropriate guidelines. The last of the addictive substances mentioned is "doping and neuro-enhancement", whereby the document also focuses on educating and reducing the illegal trade in these substances, but this should not mean that these substances are not used if this is necessary and justified.

In Austria, prevention measures should be carried out by professionals and other actors under their guidance and be based on science, research and practical experience. This is mainly done at provincial and local level, based on the priorities and methods established there. Each province has its own strategy that it implements. The provincial authorities play a central role in this. They collaborate with and support other organizations and individuals. Prevention measures include police, school doctors, etc., which can also vary from state to state. The specialist departments actively train prevention specialists who then work in schools and other institutions. In the Austrian strategy, prevention is divided into two areas.

The first is relationship prevention, which aims to influence the living conditions and health of young people through certain measures (protection of minors, health promotion) and thus reduce the likelihood of dependency.

The measures that are aimed directly at children and young people and are intended to have a positive influence on their living environment include extracurricular youth work in general (with the aim of creating adequate spaces for young people and lobbying for them), school social work (with the aim of to influence the concrete life situation of young people). (pupils) or youth coaching (with the aim of preventing school drop-out).

The aim of universal addiction prevention is to strengthen the skills of young people so that they learn to deal with problems that arise and to think critically.

Secondly, in addition to the previous general prevention strategy, there are measures aimed specifically at people and groups who have an increased risk of addiction (unemployed, immigrants). These risk groups often cannot be reached adequately within the framework of nationwide addiction prevention, or their needs can be better covered by tailor-made offers. These offers can vary from state to state and try to reach the target group in different ways, e.g. B. through employment-related services or through extracurricular youth (social) work or child and youth welfare.

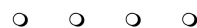


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For people who have not yet developed an addiction but are at high risk of becoming dependent, early detection and intervention are also part of the strategy. It requires the training of specialists who can recognize such situations, deal with them and help those affected if necessary. Such training is offered in almost all federal states, for example for teachers. In addition, there are master's courses and specialized further training courses that are specifically geared towards addiction prevention.



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*Key players in drug and addiction prevention work in Salzburg Land*

*AKZENTE Salzburg*

The most important and largest association for addiction prevention in the province of Salzburg is Akzente. It is a non-profit association that has been active on behalf of the province of Salzburg since 1986 and, in addition to coordinating preventive measures, also supports young people in a variety of ways. It organizes various cultural programs and activities where young people can get to know each other and exchange ideas, offers various training opportunities for teachers and supports youth workers.

The organization's prevention activities also aim to improve the problem-solving skills of children and young people, to develop awareness of various substances and to improve the situation of young people and those around them. The organization not only supports the children, but also their parents to do their utmost to prevent addiction. The association organizes several projects to support the various actors of prevention through information, exchange of expert opinions and training. One such project is "The Salzburg Prevention Breakfast", in which partners, teachers and other participants exchange information about prevention in general over breakfast. Akzente also offers parents many options. Some projects deal with specific topics, such as the dangers and opportunities of digital media and the development of a balanced approach to digital media. But there are also special lectures on children going through puberty and their substance use. Parents also have the opportunity to attend an informative online lecture on drugs, ask questions and discuss the topic. The project description states: "The better parents know about drugs and addiction, the more appropriately they can react and provide information." Another project of this type is called "Online Parent Talks". In this online project, parents receive advice on how to support their child's personality development and thus reduce the development of addictions, and can also familiarize themselves with the basics of addiction prevention. The same project also offers a special event on smoking, which focuses on the importance of parents' attitudes towards smoking and helps them to provide "clear rules of behavior and discussion for dealing with the issue of smoking". Worth mentioning, however, is the "8 Things Brochure" originally used in the city of Nuremberg. This material summarizes 8 points on how to educate most effectively, which is useful not only for families but also for other people working with young people.

In addition to parents, teachers and other actors (e.g. youth workers) are also trained, e.g. B. in the use of the "clarity case" for smoking and alcohol prevention. The aim of the training is to "deal with consumer behaviour, reflecting on one's own behavior and that of others and building a critical distance from consumption, raising awareness of emotions that play a role in consumption, dealing with legal aspects in a responsible and risk-conscious manner". In addition, there are various projects for social workers and youth workers. For example, "I want to get out of here!", where answers to questions like "How much safety or risk does it take to feel (mentally) healthy and alive, and what functions does intoxication serve in times of change?" Another example the MOVIN' 'Motivational Interviewing' projects, which help to 'create an atmosphere that makes it easier for the person to



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reconsider their behavior and think about possible changes.' There are also a number of other projects that are for schools to be offered. Training is offered here specifically for teachers on how to guide children in the right direction and the methods they use to achieve this. In addition, the online training "Knowing what works" shows the phases of personal development and what role addictions can play. Also worth mentioning is the "ONLIFE" training course, which deals specifically with online gaming and media addiction and aims to create a balance among young people. In a further training course, assistance is given in fulfilling the obligation to intervene under the Narcotics Act, so that those affected can effectively prevent drug consumption again. The website of the Salzburg association Akzente offers a wide range of prevention materials and information. Akzente is part of the "European Solidarity Corps", a project that enables young people to actively participate in projects for the benefit of the community. In addition to the ESK, the organization is also involved in the ERASMUS+ project "YOUTH", which supports young people, youth workers and other supporting organizations. Various projects give young people the opportunity to travel abroad to learn about socially relevant topics, to develop further and to network with other young people. These opportunities have been severely limited in recent years due to the COVID-19 epidemic. We find Akzente's professional prevention activities and flexible methods particularly useful and implementable in our own project. It is deserving of special mention that they besides the children, also support the parents to do their utmost to avoid addiction. Innovative is their "The Salzburg Prevention Breakfast" programme, where partners, teachers and other participants share their thoughts on prevention over a cosy breakfast.

### ARGE

ARGE is the organization that brings together the addiction prevention organizations of the provinces at state level. In addition to the Austrian organizations, the prevention organizations in South Tyrol and Lichtenstein are also members. Their goals are listed on the organization's website, including funding for prevention, development of prevention projects, and international collaboration. The organization is a member of the Federal Drug Forum and actively participates in the development of political strategies in cooperation with other political and scientific actors. The organization has produced position papers on various addictive drugs and substances that address the types of drugs, their mechanisms of action, patterns of use, users, risk factors and the legal regulation of these drugs and substances. It looks at alternative methods of regulation such as legalization, decriminalization of use and decriminalization in the case of cannabis. Such position papers have been drawn up on cannabis, tobacco, gambling/betting and alcohol. Every two years, the association organizes the "Austrian Alcohol Dialogue Week", during which information on this topic is exchanged and discussions about consumption and the associated risks are held. This project also took place during COVID-19, but online. Various podcasts have been produced on this subject and are available on online portals, including interviews with people who have consumed alcohol. In addition, the ARGE contributes to prevention through other activities and projects, such as the "Getting strong together" project, in which it trains primary school teachers to support children on their way to a healthy and



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responsible life. The knowledge gained is used for personality development and makes it easier for children to deal with problems and stressful situations. Other goals are to improve the "class atmosphere" and to prevent addiction, violence and suicide through songs, storybooks and other playful methods. There are not only projects for young students, but also materials for other age groups.

### *feelok.at*

Feelok.at is an internet-based, multi-thematic intervention project for young people that was developed on the basis of scientific knowledge. Feelok is coordinated by Styria vitalis in Austria. Feelok offers both information and services on the following topics: alcohol, work, smoking, stress, self-confidence, love & sexuality, suicidality, sports and exercise, nutrition, cannabis consumption. The goals of Feelok are to promote the health and well-being of young people and to prevent risky behavior and addictive substance use. Feelok is free to use, allowing teachers to use it with little effort.

### *Hallsteg Youth Club*

Hallsteg's educational projects are based on Christian faith and social teachings. In close cooperation with the parents, they offer a valuable supplement to raising children and schooling. The association offers meaningful leisure activities with the aim of supporting children and young people in developing their talents and personalities.

### *Juvavum Education Centre*

The Juvavum Education Center has been in existence for 40 years and offers general cultural and religious educational activities. The aim of the educational center is to enable pupils, students and employees to have further cultural education and encounters with the Christian faith and to promote their personal development.

We find the family activities offered by the Hallsteg Youth Club and the Juvavum Education Centre very positive and we find these to be easily adaptable and incorporable into the SALZUNG association's work in the long term.



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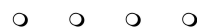
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*meinefamilie.at*

Meinefamilie.at is a collection of personal blogs about family and offers marriage preparation and counseling, as well as information on family counseling, surrogate mothers, parent centers, child support, etc. Their activities concern sense-fluencing instead of influencing - as described by many at the multiplication meeting in this project that we organised on the topic. The website *meinefamilie.at* emphasizes the importance of shaping communities and empowering families and parents. The need to use the tools of the times and the fact that it is often internet communities that can network with each other, be it on specific topics or in specific situations must be recognised. In case of parenting for example, compared to the education that is the focus in toddlerhood, with teenagers it becomes much more the Topic of the importance of building relationships. And this is of utmost importance with regard any addiction-prevention considerations as well.



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### *Guidelines*

In order to understand Austria's strategy, we had to refer to several documents. One of them is the Austrian Addiction Prevention Strategy, which was published in 2015. It is the first document of its kind in Austria, the aim of which is to formulate a comprehensive strategy to combat addiction. Drug addiction is just one of many addictions. In the introduction to the document, the reason and goal of the strategy are formulated, namely "to give the actors orientation at the interface between the scientific knowledge of the relevant disciplines, medical and psychosocial practice and all relevant political and administrative areas." (Federal Ministry for Health, 2015). The strategy includes several aspects such as prevention, legal and illegal substance abuse, harm reduction or treatment. It is very important to emphasize that the strategy views addiction as a disease. The document states: "Addiction is a medical condition, usually a chronic condition, that has a negative impact not only on the person affected, but also on their personal environment and society. Addiction is not a weakness of will or a moral failure."

In Austria, facilities and measures for the treatment of people suffering from addiction are regulated at both provincial and state level. Corresponding regulations are contained in laws and regulations, but the provinces draw up their own structural plans. It is up to the provinces to organize the care system, to finance certain forms of care at state level, to keep registers (of doctors and institutions) and to regulate the handling of substitution treatments. The healthcare system includes facilities specifically for the treatment of addicts, but also resident doctors and psychiatrists. The latter is primarily active in substitution treatment. "Outpatient treatment in hospitals is mainly provided by specialized addiction/drug outpatient clinics. These often offer a broader range of care and treatment (e.g. outpatient withdrawal and substitution treatments), but fewer counseling services." In addition, there are both general and addiction-specific facilities for inpatient care. Gesundheit Österreich GmbH summarizes the facilities involved in care on its website "Austrian Addiction Aid Compass". This includes a list of outpatient and inpatient care facilities for alcohol and drug addiction. Specialized outpatient facilities offer a wide range of care for people with addiction problems, such as advice, psychosocial care, legal advice. After treatment (outpatient or inpatient), the focus is on social reintegration, where the person is supported to reintegrate into society and the labor market after treatment. In the study, the care system in the province of Salzburg and how it works is analyzed in detail.

Based on the provincial strategy for Salzburg, the province has also developed a framework plan for dealing with addictions, including drug addiction. The aim of the document is to develop integrated care for people with addiction problems. Just as the state strategy focuses on treatment and not punishment, the Salzburg master plan sees addiction primarily as a disease. However, addiction is one of the most common psychiatric diagnoses. Addiction (dependence) is a chronic, relapsing psychiatric disease with complex symptoms of physical, psychological and social impairment. The document also reflects a holistic approach that considers health and social harm to be equally important, both for the consumer and for those around him. The master plan gives absolute priority to social reintegration and combats stigma. The focus of this framework is on addiction prevention and risk reduction. The measures taken by the province of Salzburg are primarily aimed at young

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people and young adults, since the intervention is most important at this age. This is in line with EU and national strategy. This framework highlights important goals such as supporting the reintegration of people with addiction problems, stigmatization and the prevention of discrimination. In addition, various challenges are highlighted, including the problem of legally available substances such as alcohol. Alcohol addiction is by far the greatest public health challenge.

A marginalized group of users is often prone to risky poly-use because they are exposed to various addiction risks. Non-substance-related addictions or behavioral addictions, especially gambling addiction, are also playing an increasingly important role in the support and treatment offers.

Salzburg plans to gradually implement a model for the integrated care of people with addiction problems. This model has three pillars:

- as a care model in which the relevant services of medical treatment and psychosocial care for people with addiction disorders are coordinated and work together in a common structure,
- as a cross-substance care model,
- as a care model that only provides services where necessary in specialized addiction facilities and where possible through the general health and social system.

The figure shows the overall supply structure of the province of Salzburg. It is a multi-stage system in which addicts are treated according to a "standardized treatment path". This system also includes addiction-related health and social care. Each level has its own area of activity and the person in need is treated at the level that is most appropriate for them ("best point of service"). The first level is occupied by general practitioners and specialists in internal medicine. They are the ones who have the opportunity to recognize the addiction and its endangerment at an early stage and to pass the affected person on if necessary.

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## Gesamtversorgungsstruktur



Overall supply structure

The second level of the structure is the area of specialist care, which is referred to as "core care" in the framework plan. Here people are treated who, due to the complexity of the problem, require increased specialist care or medical and psychosocial support. At this level, the different areas are divided into modules. Each module summarizes what kind of help is offered and who has access to it and how.

The low-threshold connection area is aimed at people who do not want to be treated. In this case, the goal is to reduce harm and integrate it into the care system. One of the modules in this area is the "Extended Emergency Shelter". There are rooms here where people who are under the influence of drugs or alcohol can sober up. You may even be under constant surveillance. They also provide basic hygiene facilities, advice on safer use and needle replacement. As a result, they can partially relieve the health care facilities. There are no special institutions of this kind in Salzburg. The necessary changes are contained in the framework plan and it is intended that a suitable supporting organization with experience in helping the homeless be entrusted with this task. The Caritas provides similar facilities for adults (Haus Franziskus) and especially for young people (emergency sleeping place Exit7), but these do not serve the purpose of sobering up, but generally serve as temporary accommodation. The "contact point" module is intended, among other things, to enable access to the care system and to social assistance and social counseling facilities. In addition, information is

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provided on the dangers of drug use and syringe exchange. The framework plan provides for these places to be set up near the emergency shelters so that the people accommodated there can also use the offer. According to statistics for 2020, one location in the state of Salzburg offers a syringe exchange and two machines are in operation for this.

The next area is counselling, which includes measures for people who are not yet in care. The aim is to integrate people with addiction into the therapeutic treatment. This also includes "addiction counseling", which, according to the framework plan, fulfills the function of "gate keeping", i.e. constant availability in the event that the patient needs immediate help or specialist medical care. General information on addiction and on the individual treatment of the person concerned is also determined and the necessary health or social measures are initiated. This also includes advising relatives. This service is available to those who are willing to undergo the necessary measures and cooperate with the service provider. Prior appointment is required for access. In the province of Salzburg there are various organizations for this, such as Akzente or Suchthilfe Salzburg, as well as the psychosocial service.

The next module is the so-called case support, in which the plan of measures created in the addiction counseling model is implemented in facilities for outpatient or inpatient therapy and rehabilitation or aftercare in the sense of long-term coordination and intermittent support. The entire course of treatment is created as part of the planning of measures.

Therapy and rehabilitation: This is the area of post-acute treatment of other addiction-related illnesses and relapse prevention within the framework of a specified objective (treatment contract) and situation. The difference to the "Inpatient Therapy and Rehabilitation" module is that it is about people with serious addictions and aims at abstinence. It is worth mentioning that patients can be transferred to facilities in other provinces of the State with appropriate justification. The duration of treatment varies and there is a special module for relapse prevention.

The country has a limited care system, so that in the context of long-term therapy, if necessary and with the consent of the payer, patients can be transferred to special addiction facilities throughout the country. Target groups for long-term therapy are essentially young people without school education and without significant family or other social support, people with many years of frustration in the treatment and patients with dual diagnoses, especially those with addiction and personality disorders or trauma.

Aftercare: These measures are aimed at treating the long-term effects of addiction and facilitating reintegration. The residential care module aims to maintain and strengthen abstinence. After completing treatment, the person has a protected environment that facilitates reintegration into society and the labor market. Accommodation is also provided for people who cannot be integrated into the labor market. In both cases, the service is available in limited numbers and for a limited time. This service is also offered in the province of Salzburg and operated by Suchthilfe Salzburg gGmbH. The social psychological community provides 10 rooms for up to 18 months for treated people. The costs are set by the Salzburg provincial government. The aftercare module is designed to help maintain the condition after treatment. The module provides participants with psychological support to avoid relapse and achieve lasting results. The module consists of group or individual sessions led by an expert with the aim of "relief to full independence". Prior treatment is a prerequisite for participation.



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The framework plan provides for decentralized supply and divides the federal state into three supply regions, including Salzburg-Nord. The center will be the Addiction Therapy Center in Salzburg, which will soon be built next to the Christian Doppler Clinic in Salzburg. The modules for addiction counselling, outpatient therapy and rehabilitation as well as inpatient therapy and rehabilitation are to be accommodated in this facility.

The clinical level comes into play when the problem is severe enough to require acute hospital treatment. Serious psychological problems associated with drug use, such as suicidal tendencies or psychoses, are treated here. According to the framework plan, a special department for addiction is to be set up in the institute. The system also includes 'non-addiction-specific support measures' (psychosocial support), which include social, housing and employment support. The master plan puts special emphasis on employment. A permanent steering group is responsible for the operation and further development of this system. It consists of the representation of the structural levels as well as financing, health planning and addiction coordination.

#### Cooperation with specialized agency

In the field of prevention, the province of Salzburg works closely with various organizations and initiatives, including the Salzburg Addiction and Drug Coordination (SDS). The aim is to create a broad awareness of the risks of addiction and a healthy lifestyle. This includes, for example, events in schools, youth work and companies, parents' evenings and the provision of information material. The counseling centers in the province offer those affected a wide range of services. These include, for example, individual and group counseling, outpatient and inpatient withdrawal facilities and therapy programs. The work of the counseling centers also includes arranging further offers of help. In acute crises and emergencies, those affected or their relatives can contact the crisis intervention center in Salzburg. Experienced specialists are available to you around the clock. Aftercare also plays an important role in addiction support. The aim is to continue to offer support to those affected even after therapy and withdrawal. These include, for example, aftercare projects, self-help groups and work projects.

For children and young people who are confronted with an addiction in the family, there are special offers such as children's groups and youth counseling centers. Here, too, the focus is on support and guidance.

Our association - SalzUng attaches particular importance to drug prevention. During the project, the youth workers who took part in the program deepened their knowledge about addiction and developed their supportive skills. They are able to work with the young people in groups and, if necessary, also individually. Through their activity - prevention work, the youth workers offer the member organizations continuity in the field of drug prevention. An important aspect is that the youth workers involved by the partner organizations are also young people, young adults who are in a similar situation and who can use their professional knowledge to support the young people in a way that is not alien to their language and culture. With their empathy and professional skills, youth workers can provide appropriate psychological and, if necessary, physical support to young people with addiction problems or a tendency towards deviant behavior. An important aspect of the project is that the youth workers have established regional and international professional networks so that they can find the right help and services when they get stuck in their work. The youth workers have also formed an



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international team among themselves, which provides an opportunity to share experiences and identify and solve common problems, engage more effectively and take political action.

The multiplication meeting with the local partner organizations was very helpful. On the one hand, the theoretical side of the question is interesting, what possibilities and what measures there are in Austria, also in the province of Salzburg, in the field of addiction prevention and addiction treatment, but many of us took part in the project as practicing parents, and with the open questions of managing the growing up of the children. The question arises as to how and to what we, the parents, and the young people should hold on so that they don't stray from the right path, so to speak, and can say no on the “cheap” easily accessible pleasure sources and fast paths to addiction.

We know that the human body and mind craves reward, happiness and contentment. We need dopamine, we need endorphins, but the big question is: how can we understand and accept that a good hobby, a viable medium for human relationships, or even being close to nature is a much more lasting and recharging source of long-term happiness than the current one intoxication from alcohol, drugs or gambling addiction.

This is the basis of our mother tongue parent groups, where we can discuss an important issue that is on our mind in a relaxed atmosphere and in a supportive environment with the help of a psychologist.

We share the basic idea that positive imprints in childhood play a very important role for a later self-determined and responsible life. The experiences of the first years of life are crucial for many aspects of later life, such as the quality of emotional-romantic relationships or the ability to regulate emotions.

In our conversations, we emphasize the importance of the mother's closeness, since the touch and sight of it releases endogenous opiates in the baby's body, which act like an internal, natural painkiller.

A neglected infant who does not receive the attention, touch and hugs he needs during his sensitive phase will have to live in deficit for the rest of his life. Emotional neglect also leads to verifiable changes in the brain, which can be present as predisposing factors before the onset of addiction. Parents who are stressed, anxious, or depressed have great difficulty maintaining an emotionally satisfying, endorphin-releasing relationship with their children. That is why we think it is important to create space in SalzUng for building family-like relationships in the diaspora.

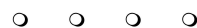
Loneliness, or feeling like you've never shared your deepest feelings with anyone, is common among drug addicts. We also know from theories that a person under external control tends to attribute bad things that happen to them to fate or chance, so this type of attitude can be linked to learned helplessness. In contrast, internal control focuses on action and personal responsibility. The key difference between the two types is best demonstrated in the search for a solution and the willingness to take action. Pikó and colleagues (2011) show that in adolescent substance use, external control is a risk factor and internal control is a protective factor. Those who feel vulnerable to external circumstances are more likely to use external substances, e.g. for emotion regulation mentioned above, than those who have confidence in their own abilities and can control their impulses and behavior (Pikó, Kovács, Kriston, 2011). In our association we organize a youth club where we offer an environment where young people feel accepted, where they can find programs and a community that takes their needs into account. The goal of our youth club is to help our youth develop their skills, encourage their personality development and other protective factors such as social skills, problem-solving skills, autonomy, self-efficacy, self-control.



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As part of the community mental health safety net, we provide information on support agencies and crisis interventions where appropriate.

The international dimension is an important part of the project to see and hear what is happening in other participating countries, what can be learned from them or what lessons can be learned from their experiences, but just as important is the question of the Here and Now, on which general conditions you can build in Salzburg.





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*Follow-up of the project*

As our children and young people live in the diaspora and are therefore a particularly vulnerable group, we want to focus on drug prevention and addiction prevention in general in the coming years. Both the theoretical and practical parts of the project work have confirmed to us that building a safety net in our communities - also broken down by age group - is particularly important.

As we focus on young people, we would like to make the workshops a regular part of extracurricular activities and possibly train more youth workers over time. We would like to offer quarterly workshops to improve the problem-solving skills of children and young people and to support their personal development.

We are planning events on the topic of prevention as well as the provision of information materials in schools – as part of mother-tongue teaching curricula.

In our "Lélekkuckó Project" we will offer the possibility of individual and group talks and parents' evenings also in presence and as online lectures. In this way, parents can learn about the basics of addiction prevention.

In the future, we plan to exchange experiences and maintain contact with international partners mainly online.

We would like to continue offering our drug prevention programmes free of charge and need to find additional funding for this.

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### *Summary and conclusions*

The Austrian drug prevention strategy goes beyond the current EU framework in many respects. This is to be expected, as an international legal framework is to provide direction and minimum standards, while the elaboration and harmonisation of the legal and operational framework in the Member States as well as the development of the specific national legal and operational framework must be a product of local political and social will.

In the course of the study, the broad definition of addiction, the fact that Austrian jurisprudence does not only and exclusively focus on substance abuse but also includes alcohol and tobacco addiction, that addiction is not defined as a misdemeanour or crime but as a disease, and that health, social and judicial institutions are treated accordingly, were seen as particularly positive.

We also see it as positive that there are credible and really competent NGOs and associations in the province of Salzburg that are active in this field and that are also willingly involved in the prevention work of the central school, health and crime prevention authorities. The Austrian strategy includes a number of harm reduction measures, such as needle and syringe exchange programmes. These programmes provide sterile needles and syringes to people who inject drugs in order to reduce the risk of infections such as HIV and hepatitis C. Austria has also established drug testing services that allow people to have their drugs tested for purity and strength to reduce the risk of overdose and other harm. Low-threshold services are designed to be easily accessible to people who use drugs and provide basic health care and other support services such as food, shelter and clothing. There are also serious goals to avoid stigmatisation.

However, the face-to-face meetings revealed capacity gaps and much more field work, sensitisation and education would be needed. Instead of reacting, the issue should be addressed proactively, because the right response is important, especially when the damage and consequences need to be mitigated, but of course the best thing would be for our young people to find alternatives in the world that meet their social needs, strengthen their sense of security and satisfy their needs in this regard.

The drug market, the addictive substances, is changing rapidly, and the synthetic drugs of today that we want to fight tomorrow will have been developed long before we can act. The same applies to technological advances: it would be pointless to limit young people's mobile phone addiction by technical means, time or content restrictions, when the younger generations' computer skills are often greater than those of their parents and they transgress access restrictions before we know it.

Here we see the role of social organisations, churches and clubs. In a well-functioning society, it is natural for people to organise themselves to meet their community needs. In this area, the role of the state is to enable the existence of civil organisations, to create an enabling environment and, if these organisations also have a social function, to support them. The civil world, forest clubs, choirs, sports clubs and organisations that offer spiritual programmes can provide young people with the very alternative that drug use might lead them to believe for a while. They find in these organisations a safe environment, an understanding environment, companionship, and the opportunity to develop healthy human relationships.

Of course, in the case of specific risk factors such as a pandemic or war or the proximity of war, the normally functioning structures may prove weak. Greater insecurity can easily lead to chaos, making

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it easier for criminal organisations and illegal activities to operate in the turmoil. The state must then step up its efforts to maintain the safety net.

Overall, we believe that social dialogue on this issue is extremely important. The fight against addiction is never a one-way street; virtually the whole spectrum of society - especially the health and education systems, the judicial system, but also the media, churches and NGOs - must take responsibility.

The Austrian policy is basically positive, the legislation is specific enough to provide good guidance on how to achieve the goals, while leaving enough room for actors to find and apply concrete means of implementation. A weakness of the system is that there are not enough resources, professionals and capacities to implement prevention work in a concrete and comprehensive way.

We propose a campaign by civil society organisations to raise awareness and open social dialogue on this issue. Here, too, there is a tendency towards taboo in society. International exchange of experience is also extremely important, as much can be learned from best practices, as social development and processes in one country often serve as a model for another, and often partners in the same countries face the same challenges after a certain period of time - we are thinking here of climate change, mobility, migration, technical and infrastructural developments. At the same time, it is crucial to find local partners.

SalzUNG has identified an opportunity and a challenge in this project work, and we will continue it with commitment.

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