

NPS in Austria

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Panel 1 – prevalence of NPS use in Austria

Suchtmittelmonitoring Vienna 2011 (IFES, 2011):

- » Lifetime-prevalence mephedrone: 2 of n=600 persons
- » Lifetime-prevalence Herbal mixtures: 16 persons (3 %)

Flash-Eurobarometer (European Commission 2011)

- » Lifetime-prevalence legal highs: 4 % (n=501)
- » Extensive media coverage concerning Spice in 2008 and mephedrone in 2010 leading to panic buying
- » Mostly recreational use
- » Injecting use of mephedrone seems to be only a local phenomenon (city of Graz and the province Vorarlberg)
- » 3 fatalities reported in 2011 involving 4-MEC (2 cases in combination with bezodiazepines/opioids)

consequences of the spread of NPS use for the treatment and care system

- » Viennese project “checkit!” which is active in drug checking, counseling and prevention since 1997 is a competence centre for NPS
- » Official mandate for the analysis of legal highs from head shops for the the Austrian Agency for Health and Food Safety (AGES)
- » Information to the drug care system by EWS_AT (Austrian information and early warning system for new psychoactive substances – active since 2006
- » recommendations for decision makers elaborated by the advisory board of EWS_AT
- » Ideas for guidelines for media

recent changes of the control system

- » New–Psychoactive Substances Act (NPSG) since 1.1.2012
- » Users of NPS will not face any penalties
- » Selling NPS could entail imprisonment from one to ten years, depending on whether the offence caused a hazard to life, endangered the health status of more than ten people, or resulted in more than ten people suffering from grievous bodily harm after having used the drug.
- » The legal use of such chemicals for commercial purposes or for research purposes is not affected by the law, but special authorization has to be sought from the Ministry of Health
- » No experiences of jurisdiction yet
- » Monitoring and risk assessment by advisory board of EWS_AT

Groups of substances covered by new act

- » Cannabinomimetic compounds
- » Phenethylamin- compounds
- » Amino-Phenyl-Ethanon- compounds
- » Alpha-Keto-Benzylamin- compounds
- » 2-Aminoindan- und 2-Aminotetralin- compounds
- » Tryptamin- compounds
- » (1-Phenyl und 1-Benzyl) Piperazin- compounds
- » Arylcyclohexylamin- compounds
- » Diphenylmethylpiperidin- compounds

Single substances:

- » Butyro-1,4-lacton, 1,4 Butandiol, Desmethyltramadol, Dimethocain, Fluortropacocain, Geranamin, Salvinorin A

Panel 2–Austria–Tools and challenges of monitoring

Problem for prevalence estimates:

- » hidden population (problem for GPS, TDI)
- » unknown substances (problem for DRD)

Problems for hazard/risk assessment:

- » high quality data from checkit! (users and substances) and AGES (substances)
- » not so high quality of data from seizures
- » lack of qualitative studies on NPS use/ monitoring the „scene“
- » monitoring the internet requires „scene knowledge“
- » lack of scientific data on substances (hazards)
- » lack of information from emergency rooms outside Vienna

Panel 3–Austria–New approaches in monitoring and data collection

Triangulation of information from:

- » EWS_AT (checkit!, AGES, BMI, hospitals)
- » EDND
- » ReDNet project
- » TEDI project
- » Mapping the geographic spread of certain substances? (more than 100 NPS but only a few are widely spread)
- » Qualitative studies / gaining „scene knowledge“
- » Observation of national TDI data

Panel 4 –Austria–New tasks and activities of Focal Points

- » Monitoring, risk/hazard assessments according to new act
- » Risk assessments by EMCDDA?
- » Role of EWS_AT (not only early warning but also information system for care system) as model of good practice?