

**YOUTH AND ALCOHOL IN VIENNA
AN EXPLORATIVE STUDY**

Univ. Doz. Dr. Irmgard Eisenbach-Stangl,
Mag. Isabella Hager und Mag. Christine Reidl,
Ludwig Boltzmann-Institut für Suchtforschung,
Vienna 2002/2003

On behalf of the
Bereichsleiter für Gesundheitsplanung und
Finanzmanagement
Magistrat der Stadt Wien
Dipl.-Ing. Dr. Hannes Schmidl

1. The aims of the study and the sources of information

The study aims at the assessment of **alcohol consumption and of alcohol related problems of Viennese youth** and as far as possible to that one of **the development during the last 10 years**. A further aim was the description of **problem groups**, their drinking patterns, their alcohol related risks and their social background. Finally it was intended to document societal reactions - that is **the measures taken and projects developed** against youthful alcohol related problems.

The study on the one hand is based on a **secondary analysis of quantitative data on alcohol consumption and on alcohol related problems of youth**. One precondition was that the data cover a longer period of time, that they indicate developments instead of being flashlight shots hardly to be classified. The other precondition was that the surveys or documentations were carried out for bigger units than the Viennese youth, that is that either the whole Viennese population was assessed – the youth then can be compared with adults living in the same city – and/or that also youth from other states of Austria were investigated – the youth living in the state of Vienna then can be compared with youth living in other states of Austria or in whole Austria. Two series of surveys and one annual statistic fulfilled these preconditions. The results of the secondary analysis are presented in section 1 and 2.

The study is also based on **qualitative data especially collected: 21 key persons were interviewed according to a manual**. They were expected to have experiences with youth, youthful drinking and alcohol related problems of adolescents. The key persons only in few cases were selected by the research team: in most cases organisations – as for instance the Viennese school administration or the Viennese municipal administration department for youth and family – were asked to nominate knowledgeable interviewees. Nobody refused the interview. The list of persons interviewed is by far not complete, but their personal experiences hopefully cover the most important topics related to "youth and alcohol". We would like to thank all of them very much for their cooperation. The results of the interviews are presented in section 3 and 4.

The third type of data used is **legal, documentary and scientific material**, as for instance laws and decrees, reports, scientific studies and homepages. The information they provided for was used in all sections, but especially in section 3 and 4. Only in cases of publications the material is mentioned in the references.

One important source of information was neglected: that is the youth themselves. Interviews with adolescents of different social background and group discussions of youth would have been an important addition to the other sources and pieces of information. But as often when it comes to important things: the time was against us.

2. Alcohol consumption of Viennese youth during the last decade

Two sources of information are available on the development of alcohol consumption of Viennese youth: The first one are the surveys ordered by the drug coordinator of Vienna since 1993. The studies are carried out every second year and they are representative for the Viennese population older than 15 years. The so-called "Suchtmittelstudien" focus on illegal drugs - the questions on the consumption on legal drugs are therefore few in number and not very detailed. And only rough age categories are used: youth and young adults are combined in the category

15 - 29 years old. The studies can be used to discuss the development of the alcohol consumption of the younger generation in comparison to the drinking of the older one.

The second source are the so-called "HBSC" studies (Studies on the Health Behaviour of School aged Children) carried out in an increasing number of European countries since 1986 every three to four years. Austria is a participant from the beginning. As the title tells: on the one hand the "HBSC" studies concentrate on health behaviour - the alcohol questions therefore again are few in number and not very detailed. And on the other hand they are restricted to school-children being about 11, 13 and 15 years old. The studies can be used for a comparison of the development of alcohol consumption of Viennese children - that is children living in the only metropolitan area of Austria - with those of Austrian children in general.

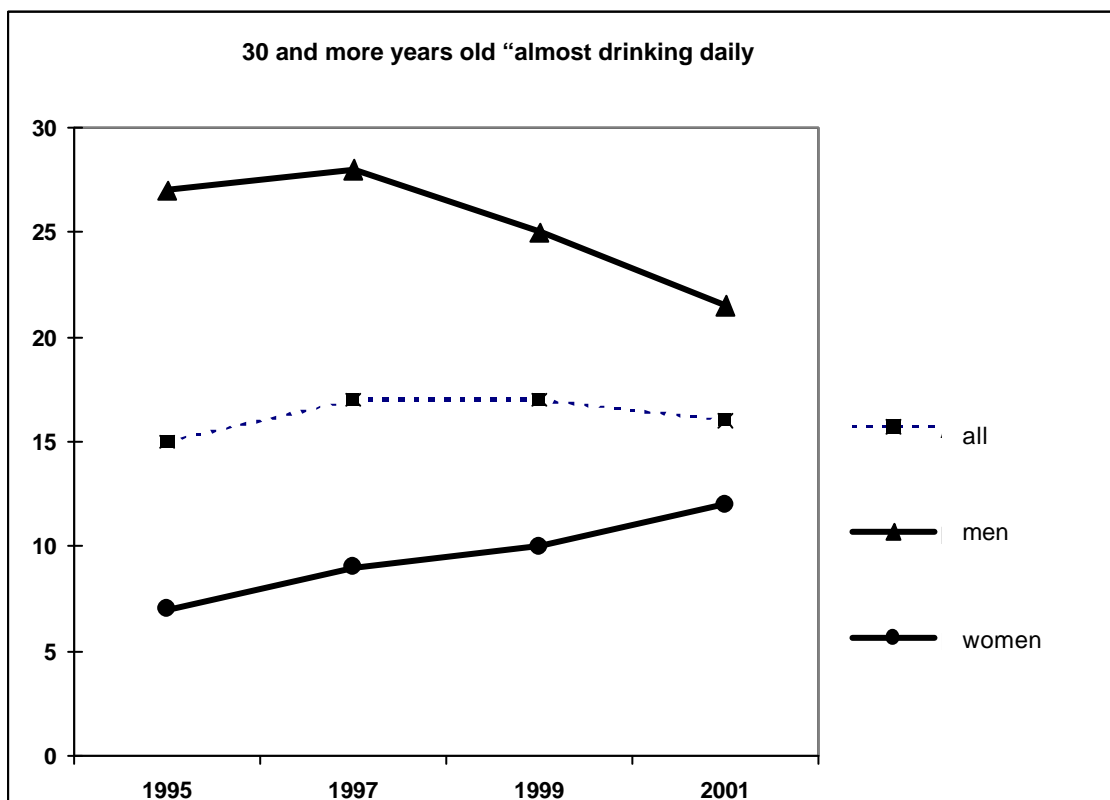
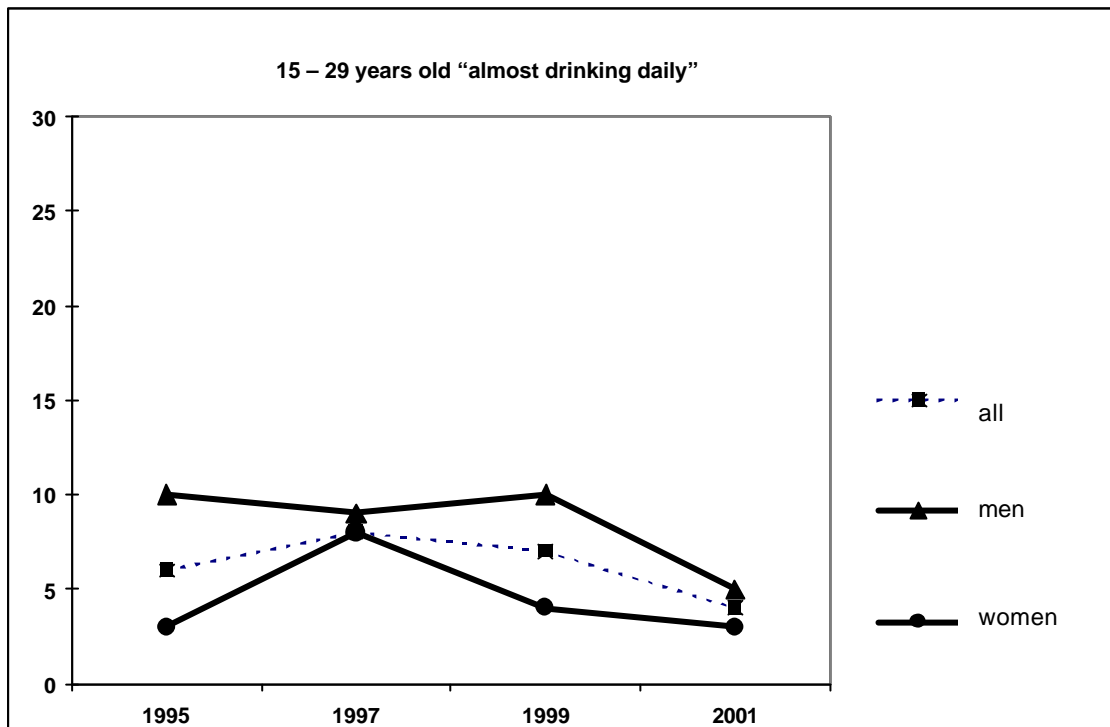
It remains to be mentioned that the per-capita-consumption of pure alcohol in Vienna presumably is above that one of Austria in general the latest since the end of WWII. Since the 1970s per-capita-consumption in Austria is stagnating and since the 1990s slightly decreasing. In Vienna the trend is more strongly pronounced and the Viennese per-capita-consumption therefore is approaching that one of Austria as a whole (Eisenbach-Stangl 1991 and 2000). The main alcoholic beverage in Vienna presumably is wine. Wine is grown in the Austrian states surrounding Vienna, but in minor quantities also in Vienna itself. Since centuries wine growers sell their own wine in popular outlets called "Heurigen" - not only typical for Vienna but for the whole wine growing area in the East of Austria. Viennese youth thus grow up in a "wet" environment, which just seems to be in a stage of transformation to a "drier" one.

2.1. Alcohol consumption of Viennese youth compared to alcohol consumption of Viennese adults

According to the "Suchtmittelstudien" carried out in 1993, 1995, 1997, 1999 and 2001 the alcohol consumption of the Viennese population did not change remarkably during the last decade: About on third drank several times a week, almost one half drank more seldom, one fifth did not drink at all. Men drank more often than women, those belonging to older generations more often than the younger ones.

More in detail: young men and young women (15 to 29 years old) were drinking less frequently than men and women older than 30 years, the differences between women of different age groups being less pronounced than those between the men. The gender related differences were the most pronounced in the youngest age group. And if the most intensive consumption category is considered, which was only introduced in 1995 ("drinking almost daily") it becomes obvious that the tendency is decreasing for younger and older men but not for younger and older women: it stagnates with the younger and slightly increases with those older than 30 years (see figure 1). **To summarize: Alcohol consumption measured by consumption frequency during the last decade was remarkably lower with youth and young adults (15 - 29 years old) than with adults (those older than 30) and it did neither increase with the youth nor with the older. Frequent consumption ("almost daily consumption") decreased with men of all age groups, but not with women, though the frequent drinking of women of all ages remained below that one of men of the same age. In other words: the only visible trend in the drinking habits of Viennese older than 15 is not an age specific but a gender specific one.**

Figure 1: Frequent alcohol consumption of Viennese women and men, according to age, 1995 – 2001



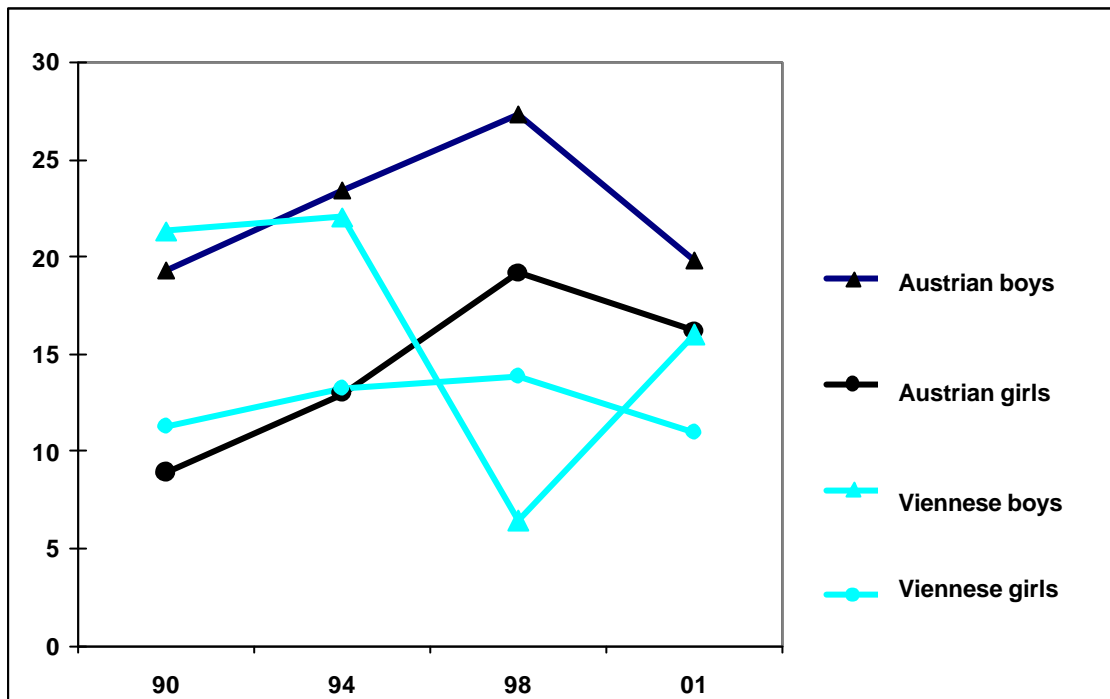
Source: Calculated from Fonds Soziales Wien, Suchtmittelstudien 1995, 1997, 1999, 2001

2.2. Alcohol consumption of Viennese youth compared to alcohol consumption of Austrian youth

By the questionnaire of the HBSC studies the frequency of the consumption of beer, cider, wine and spirits is assessed as well as the frequency of intoxication. The studies of 1990, 1994, 1998 and 2001 show that beer and cider are less popular with Viennese pupils than with Austrian ones. The differences are most pronounced in the oldest age group: that is the older the children get and the more they approach the age where they are considered to be mature for drinking alcoholic beverages (according to legal regulations at the age of 16 – see below) the more pronounced become the differences between Austrian and Viennese youth concerning the consumption of beer and cider. With wine and spirits Viennese youth are within the "Austrian trend". In numbers for the year 2001: 5% of the Viennese children about 15 years old reported weekly up to daily beer consumption (more than 17% of all Austrian children of the same age), less than 3 % reported to drink cider (6 % of all Austrian children of the same age), 6 % consumed wine (about 12% of all Austrian children) and 9% reported spirit consumption (all Austrian children of the same age also about 9%). In 1998 reported wine consumption of Viennese pupils about 15 years old had been above that one of Austrian pupils of the same age (19 % versus 15%) and spirit consumption remarkably above (14% versus 8%). The preferences of Viennese youth indicate a trend towards so-called "youth-beverages", that is beverages containing wine or spirits mixed with non-alcoholic drinks (see also Dür et. al. 2000) given fancy names as for instance "Rüscherl" (cognac with coca cola).

The results on the frequency of intoxication as the results on the frequency of consumption of the different types of alcoholic beverages indicate that Viennese children are not the "wetter": Figure 2 illustrates that Viennese boys about the age of 15 reported decreasingly about frequent intoxication contrary to Austrian boys of the same age during the last decade. Viennese girls about 15 years old reported about frequent intoxication to about the same percentage though more frequent intoxication seems to have increased with all Austrian girls of this age during the last 10 years. **To summarize: All Viennese children, but especially those approaching the "legal drinking age" of 16 years drink less often beer and cider than all Austrian children, but consume wine and spirits to about the same frequency. Viennese children by their beverage preferences seem to take over those of the older generations in the city on the one hand and to develop youth specific preferences on the other hand. Concerning frequent intoxication of those about 15 years old (life time experience of intoxication is four times and more) the Viennese boys and girls report less heavy drinking than all Austrian boys and girls. Frequent and heavy alcohol consumption therefore seems to be slightly on the decrease with the Viennese population inclusive children, youth and young adults.**

Figure 2: Percentage of girls and boys about 15 years old with experiences of intoxication four times and more often, Vienna and Austria, 1990 - 2001



Source: Calculated from WHO-HBSC Surveys 1990, 1994, 1998 and 2001

3. Alcohol related problems of Viennese youth on an aggregate level: Developments during the last decade

3. 1. Alcohol related problems of Viennese and Austrian youth and the reporting of alcohol related problems

The analysis of alcohol related problems of Viennese youth on an aggregate level has to be restricted to alcohol related traffic accidents for the following reasons: The drinking patterns of Austrian youth in general and of Viennese youth in special only in few areas are accompanied by problems to an extent showing at the level of official problem statistics. Alcohol consumption of Austrian and Viennese youth for instance very rarely leads to alcohol related deaths reported in mortality statistics. On the other hand possibly relevant problem statistics do not consider alcohol separately as the police reports, the criminal statistics and the statistics on accidents at the work place or at leisure activities. The only statistic containing relevant information on relevant alcohol related problems of youth is the statistic on alcohol related traffic accidents which will be discussed below. The age category of interest is that one of those 15 to 24 years old, that is of youth and young adults.

A traffic accident is defined as **”alcohol accident”** if it resulted in **”Personenschaden”** (injury) and if at least one person involved had a BAC level higher than 0.05 per cent (until 1998 higher than 0.08 per cent). Since the beginnings of the 1970s accidents with injuries were decreasing and alcohol accidents even more. These trends are stronger in Vienna than in Austria, where the

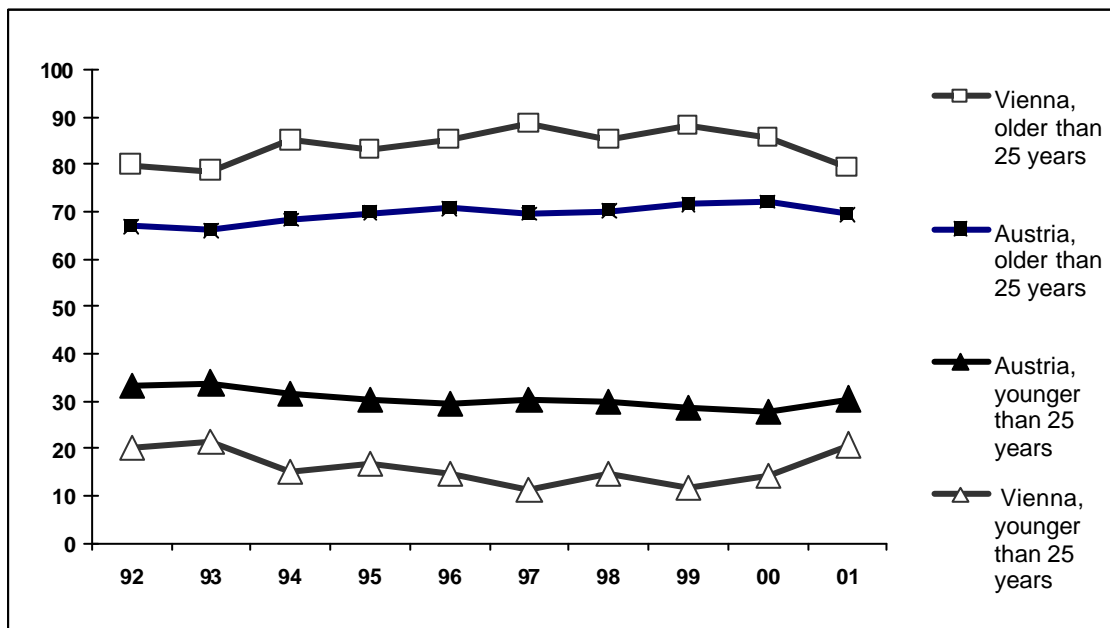
percentage of alcohol accidents of all accidents with injuries dropped from 7 % between 1970 and 1985 to 5% during the 1990s. The number of alcohol accidents calculated for 100.000 inhabitants amounted to 30,6 in Austria and to 16,8 in Vienna during the second half of the 1990s. In respect to alcohol accidents Vienna thus is safer than Austria and this remains the case if the number of persons injured and of deaths linked to them is calculated.

3.2. Alcohol related traffic accidents of Viennese youth

The Austrian statistics on alcohol accidents distinguishes between involved drivers, those riding with them and pedestrians. Since the last two categories are either too small (pedestrians) or too unreliable (the intoxication of those riding with and of dead drivers is not always measured) only drivers who survived alcohol accidents are considered.

Figure 3 illustrates that the percentage young intoxicated drivers of all intoxicated drivers involved in accidents with injuries was much lower in Vienna than in Austria during the last decade. In numbers: In Vienna the percentage oscillated between one ninth and one fifth of all intoxicated drivers, in Austria as a whole it oscillated between one third and percentages slightly below. As the overwhelming majority of all intoxicated drivers involved in accidents are men, most of the young intoxicated drivers are: But in Vienna the percentage of female intoxicated drivers is higher with older and with younger ages.

Figure 3: Percentage of intoxicated drivers younger and older than 25 years, Vienna and Austria, 1992 - 2001



Source: Calculated from Statistik Austria 1992 - 2001

To summarize: In Vienna fewer alcohol related accidents occur than in Austria as a whole, they are less dangerous (number of injured and death) and youth and young adults (15 - 24 years old) are involved to a remarkable lower percentage. The youth and young adults concerned are mainly male. The reason for the relatively high alcohol related traffic safety in Vienna for adults but especially for youth has to be looked for in the higher traffic

safety in general due to the high and steadily increasing availability of public transport and to the more intensive regulations of private traffic. The more diversified leisure time offers for youth are another important factor reducing alcohol related accidents of youth and young adults.

4. Alcohol consumption and alcohol related problems of Viennese youth: qualitative aspects

Alcohol consumption and alcohol related problems of Viennese youth are lower than those of all Austrian youth and have been on the decrease during the last decade. But (small) subgroups and individuals might take another development. On the contrary: it would be reasonable to assume that deviating groups and individuals develop more extensive problems, when the extent of their deviation increases. In other words: If alcohol consumption and alcohol related problems are decreasing groups and individuals not following this trend or behaving against it (and drinking more) become more striking. The term "polarisation" is used in the scientific discussion to describe respective developments (e.g. Müller 1987). There are of course also other, non-alcohol related factors contributing to a more striking alcohol related behaviour of subgroups and individuals.

The possible polarisation of youth in regard to drinking patterns and alcohol related problems can not systematically investigated on the basis of the data collected in this study. But it was at least intended to assess and map the existing alcohol related problems of Viennese youth, to describe their characteristics and their contexts and the background of those mainly concerned. For this purpose interviews according to manuals were carried out with two groups of key persons (see appendix 1 and 2). The first group of key persons work with youth in general, it mostly consisted of persons belonging to the Viennese school administration inclusive representatives of parents at schools, but it also included the head of the Viennese institute on drug prevention and that one of the Austrian institute of youth research located in Vienna. The interviewees were expected to provide with a rough estimate of problematic alcohol consumption and of alcohol related problems of Viennese youth and with a rough description of problem groups and -contexts. The second group consisted of persons mainly working with problematic youth and therefore being directly confronted with their alcohol related problems, and of persons working within areas where beside others alcohol related problems (only of youth of irrespective of age) are managed. Youth workers of municipal service departments inclusive youth centres and street work were subsumed to the second group, as well as for instance the staff of a medical emergency unit specialised on detoxification and the (private) organisation of probation officers. The second group was expected to provide with a more detailed description of severe alcohol related problems and their contexts, and of the groups and areas concerned.

4.1. Alcohol consumption and alcohol related problems: an overview

The information given by the 21 key persons share few more or less explicitly expressed and elaborated key messages, which can be summarized as follows: Youth today, is conceded, have developed youth specific drinking habits. Beside traditional beverages they drink (exotic) spirits and they invent special mixtures. They also drink more often in the public: Youthful alcohol consumption became more visible. Adolescents today are less afraid of negative reactions and punishments of adults inclusive their parents. The key persons themselves pay a lot of attention to stigmatisation by adults: They very carefully avoided to label youth or special subgroups of youth as "inebriates". Two extreme

examples may illustrate this attitude: One interviewee mentioned that abstaining youth develop more problems than drinking ones because they deviate from social rituals, another one more than by drinking youth felt annoyed by adults visiting the traditional Viennese drinking places ("Heurigen"). Both examples indicate that in Vienna frequent drinking is normal, that those deviating easily are stigmatised and that those professionally dealing with youth consequently are very cautious when asked about alcohol related problems of youth.

But alcohol consumption as well as alcohol related problems are not ranked among the "big", "main" or "everyday" problems of Viennese youth, they are considered to be problems of subgroups and of vulnerable adolescents. The subgroups and the vulnerable individuals do not drink more problematic than others, but suffer from deprived living situations impairing the management of risks (linked to alcohol consumption) and promoting the development of (alcohol related) problems of all kinds (see also Dür et. al. 2000a). Alcohol related problems consequently are linked to a multitude of other problems, beside others to consumption of other legal and illegal drugs.

More in detail: Problematic youth

The **most often mentioned vulnerable subgroup of youth** are male apprentices, that is adolescents mostly between 15 and 18 years old. The training of apprentices to the major part takes place at a work place in a subordinate position and to the minor part in special schools ("Berufsschulen"). Contrary to adolescents who after the first nine obligatory years continue with an education in school apprentices by their training are integrated in work settings mainly consisting of adults. They consequently have to grow up faster and beside other things are confronted with the "wetter" drinking patterns of grown ups. One example given was that apprentices are asked to fetch the beer for their colleagues and get one bottle for free for this service. Also contrary to most other adolescents apprentices earn money, they consequently are more exposed to consumption pressures inclusive drinking. Furthermore: apprentices much less than most other adolescents are integrated in groups of youth of the same age by the training in schools, and they beside other things also miss the physical exercises and the health education schools usually provide for (see also Busch et. al. 2001). Not at least: apprenticeship beside a few exceptions has a low prestige and is a diminishing type of vocational training.

Apprentices as single **vulnerable adolescents** are mostly to be found in the underprivileged parts of society. With vulnerable adolescents it is not so much their problematic training situation but their private social background contributing to the development of alcohol related problems: They often come from single parents families, from families suffering because of unemployment and of other financial problems, from families with alcohol problems or with addictions and health problems in general.

Further subgroups in risk of developing alcohol related problems were members of **youth organisations** ("verbandlich organisierte Jugendliche") and youth belonging to **special youthful subcultures**, as for instance the Skinheads and Hooligans, that is youth inclined to racist ideologies. Both examples indicate that also life style is a factor determining alcohol related problems, but it is not to be forgotten that the subcultures mentioned mostly recruit youth from the lower classes. The problems they develop only partly seem to be caused by drinking, though their drinking habits play an important role: Skinheads and Hooligans contrary to other subcultures explicitly prefer alcoholic beverages and drink very visibly. As the key persons mentioned: Other youthful subcultures condemn alcoholic beverages according to their "official" ideology, but actually drink excessively as for instance ravers. What remains to be mentioned is that foreign youth, inclusive the second generation of immigrants is less attracted by groups and subcultures preferring alcoholic beverages. **It is thus the "local", male and**

underprivileged youth in Vienna who in respect to alcohol related problems inclusive alcohol related stigmatisation are the most vulnerable ones.

More in detail: Drinking patterns and problems

As mentioned: The alcohol consumption of Viennese youth becomes **more visible and more showy**. They drink more often in the public and they develop beverage preferences different from those of Viennese adults. Observed were alcohol mixtures on the one hand (for instance mixtures with Red Bull) and foreign spirits on the other hand: At the time of the interviews vodka and tequila seem to have been the most fashionable drinks. The beverage preferences vary according to subgroups and subcultures. In other terms: Group preferences are expressed in beverage preferences and beverage preferences signify preferences for groups (Paglia, Room 1999). **Beverage preferences become diversified** accordingly.

Beside the trend to drink more visibly and to drink non-traditional and diversified beverages the trend to **drink up to intoxication** was observed. This observation obviously contradicts findings on the aggregate level, indicating that frequent consumption is on the decrease in Vienna. It therefore is possible that mostly (vulnerable) subgroups get more often intoxicated, and/ or that the higher visibility of youthful drinking is responsible for the observation of increasing youthful intoxication. Both assumptions are supported by the observation that privileged youth mostly are provided with "in-door-opportunities" for drinking as for instance party-cellars. Drinking up to intoxication seems to be an entertainment mainly taking place at weekends. And drinking up to intoxication seem to occur earlier in adolescence.

Youth, is also said, usually take a multitude of drugs inclusive tobacco and pharmaceutical substances: The **polydrug use seems to be expanding and increasing**. Those drinking nowadays also take Cannabis, those preferring Ecstasy also drink remarkable amounts of alcoholic beverages and most of them smoke heavily. It is not longer the special (legal or illegal) drugs but the drug combinations differentiating between the youthful subgroups and subcultures (see also Springer et. al. 2001).

The problems accordingly become visible and showy: Youth - especially apprentices - miss the lectures and they come to school drunk especially after lunch. They fall asleep during the lectures, they fail to do their homework, they become rebellious. One example was about an apprentice who threw a bottle of beer through the window of the class room. Apprentices also show up drunk at their work place. Youth attending school get drunk at school events as for instance ski training courses.

And repeatedly a special type of alcohol related problems is mentioned: **the reactions of responsible adults**. If an apprentice because of his drinking becomes known in school, his employer might be informed and give him notice. He also might loose his working place because after drinking he does not get up the next morning.

More in detail: the problem areas

"Every district has its drinking places", but some have more than the others. Those districts having more than the others seem to be those where the lower classes live. Especially the municipal settlements in the districts on the eastern side of the Danube ("Transdanubien") were mentioned: they have yards serving as meeting sites and consequently also as drinking spots for the youth living here. But drinking areas are also to be found in more neglected parts of other districts. Beside residential areas of the lower classes underground stations serve as

drinking places (inclusive the "Karlsplatz" in the centre of Vienna), further leisure time areas as for instance the "Donausinsel" and the "Prater" and finally some shopping centres (Einkaufszentrum Simmering, Zentrum Kagran, Mariahilferstraße, Lugner City) and few discos. The public areas the youth choose for their drinking are heated sites and places crowded by adults, they seem to be best suited to join others on the one hand and to demonstrate the youthful drinking to the public on the other hand.

4.2. Severe alcohol related problems and their background

The severe alcohol related problems described by the second group of key persons mostly were problems of deprived youth. The number of the adolescents concerned is small. The respective problems are extreme forms of those depicted above.

The youth with severe alcohol related problems **come from multi-problem families and often have experienced misuse and maltreatment.** Their families often suffer from alcohol related problems since generations. Low income and unemployment are frequent. The fathers often are missing or too often changing. Many grow up at the outskirts of the city (for instance in the already mentioned "Transdanubien"), most are locals and they often belong to the right wing scene. The majority are boys, though there is a small and increasing number of girls joining them.

A part of the youth are not able to fulfil the accomplishments expected in school, in trainings and at the workplace and to manage the growing frustrations and feelings of inferiority linked to their failures. Many suffer of **diffuse anxieties** and some also of more severe psychic problems. Another – possibly smaller - part starts to drink more excessively because of **boredom** and lacking alternatives, because of **feelings of senselessness** of their lives. This part mostly consists of youth who do not meet enough challenges and who do not have enough money to participate in (youth) events and in accepted (and costly) leisure time activities. As one key person put it: "Alcohol misuse of youth is an expression of their helplessness, also with drugs they are not able to get better quality".

The drinking habits developed by these highly vulnerable adolescents are extreme : An increasing number experiences their first intoxication already in childhood: 9-10 years old were observed. A frequent aim of intoxication is initiation or more often the demonstration of courage, which in very few cases is followed by treatment in an detoxification centre. Drinking is a social event, it takes place in cliques and it is an activity determining ones position within the group: the more the higher. Alcohol beverages are chosen according to their price and intensity: the cheapest and most effective ones are preferred and drinking is combined with the consumption of all kinds of other psychoactive substances, legal (especially tobacco) as well as illegal ones if possible. Drinking takes mostly place in the public – they can not meet in private premises nor do they have the money to buy drinks in pubs and restaurants - and is therefore highly visible for adults. The youth concerned are consequently an easy prey of all kinds of stigmatisation. Weekends, spring and summer, break-ups and few festivals are the preferred drinking times.

The alcohol related problems of these youth are often associated with **severe school and training problems and/or with vocational ones:** They either do not finish the obligatory school or do not get any further training and they consequently are frequently unemployed. The alcohol problems are also often associated with **family problems :** Sometimes the youth leave home because they are not able to cope with the familiar conflicts. **Criminal problems** are a third group of problems frequently linked to alcohol related ones: the youth are involved in molestation and violence (within their cliques as well as against others: youth belonging to other

cliques, foreign youth, strangers passing their meeting places or elderly persons) sometimes also in theft and burglary, very seldom vandalism. Recording by the police, convictions, sentences and probation are the consequences. A fourth group of problems associated with the alcohol related ones are **financial problems, neglect, promiscuity, sexual misuse and prostitution**. The presumable smallest group of problems are **serious physical ones**, including rare cases of alcohol delirium and epilepsy. The problems associated with drinking of course overlap. In most cases excessive alcohol consumption is not the cause, but an accompanying aggravating problem. "Alcohol is not such a massive problem in connection with youth" as one key person put it. "There are no alcohol-kid-problems...there are problems with skins who also drink alcohol...". In some cases the alcohol related problems pass by after one, two years and drinking becomes normal and socially integrated.

To summarize: Severe alcohol related problems of youth are closely related to other severe psycho-social problems and to deprivation. The youth developing severe alcohol problems are vulnerable because of reduced social and psychical resources. The less resources youth have the more probably they develop psycho-social problems of all kinds, inclusive alcohol related ones. But also: the less resources youth have, the more probably they are stigmatised and excluded because of their drinking. Beside the direct consequences of alcohol consumption these youth have to manage the negative social reactions towards their drinking. But youth themselves contribute to the formation of alcohol related problems inclusive stigmatisation and exclusion: Risky alcohol consumption serves to express and act out the conflicts with the older generations, though in a much more hidden way than drug consumption. Risky alcohol consumption and alcohol related problems of youth therefore more often take the form of implosion than of explosion also with deprived youth.

5. Measures and projects

With the exception of the legal measures the measures and projects thought to deal with alcohol related problems of youth mostly aim at addiction in general and not at alcohol in special. Primary prevention is continuously extended, but alcohol related problems are more intensively addressed by secondary prevention projects aiming at youth at risk.

5.1. Legal measures and their enforcement

The frame for legal alcohol measures in Vienna is set by two federal laws: By the "Gewerbeordnung" (trade regulations) and by the "Schulordnung" (order for schools). Regulations of the "**Gewerbeordnung**" forbid innkeepers and their employees to sell alcoholic drinks to youth, if according to state laws the consumption of alcohol is forbidden to them. The regulations, amended in 2002, exist since 1922 and in their essence have remained the same. They are accompanied by the order to post a visible notice informing about the prohibition. At present a discussion takes place about a prohibition to sell alcoholic beverages to youth also in cases they buy it for somebody else e.g. their parents. The innkeepers are against this regulations – they argue that their competitive strengths would suffer and those of shops be favoured.

The "**Schulordnung**", altered in 1996, contains a prohibition for pupils to consume alcoholic beverages within school, at other sites of teaching and at school and school related events. This regulation is valid irrespective of state laws. Because of increasing critique the Viennese School Administration ("Stadtschulrat") in 1999 formulated an decree demanding the headmasters to

care for a prohibition of alcoholic drinks (e.g. within the house rules) at school festivals and school related events with the participation of adults.

The Austrian states, and therefore also the city of Vienna formulate and enforce "**Jugendschutzgesetz**" (youth protection laws) beside other things providing regulations on the youthful consumption of addictive substances. According to the Viennese "**Jugendschutzgesetz**" the city has to care for information about the misuse of addictive substances, the youth are allowed to consume alcoholic beverages in the public only after their 16th birthday, and entrepreneurs and organisers have to comply with the regulations. Their violation is an administrative offence, it is sentenced by fines, by imprisonment in the case the fines are not paid and by additional means in the case of entrepreneurs and organisers. If the offender was an adolescent after his 14th birthday he or she has to submit to a counselling or - if he or she refuses - to pay a small fine.

The Viennese "**Jugendschutzgesetz**" was simplified in 2002 in regard to youthful alcohol consumption: the separate – more severe – regulations concerning spirits were abolished. As one member of the Viennese children and youth lawyer's office put it: "It does not matter if one gets intoxicated with a beer or a snaps...." The amended Viennese "**Jugendschutzgesetz**" in 2002 also was made uniform with those of the surrounding states.

The **enforcement** of the alcohol regulations is not consequent. And in few cases it seems to be handled in a problematic way as the following examples concerning the "**Schulordnung**" illustrate: According to reports of key persons drunken pupils were excluded from school; in the case of apprentices the employers were informed by the school, what can result in the loss of the working place; drunken apprentices were sent on sick leave by the employers what in the case of intoxication brought about by oneself means that insurance does not pay.

The **Viennese youth mostly agree with the regulations**, at least with the "**Jugendschutzgesetz**": 73% were in favour of the legal drinking age of 16th (Wiener Kinder- und Jugendanwaltschaft 2001). And one key person pointed to the involvement of the youth in the reduction of the BAC level from 0,08 % to 0,05 % in 1998. The reduction is, as she put it, to be considered as "youth project".

5.2. Primary prevention - addiction prevention

During the 1990s primary addiction prevention was established in all of the nine Austrian states, inclusive Vienna. The programmes carried out by the **Viennese institute for addiction prevention** in accordance with those of the other states aim at "addiction" in general. Illegal drugs nevertheless play a more prominent role than legal ones, and smoking at the present time is more prominent than drinking. This might change in the future: a street worker experienced with prevention projects focussing on alcohol will join the institute within the next months.

The Viennese institute of addiction prevention collaborates with the **health promotion program for gymnasia** ("Allgemeinbildende Höhere Schulen" - "AHS") of the Viennese School Administration ("Stadtschulrat"): The interdisciplinary program consists of trainings of teachers and of projects developed together with single schools belonging to the network of health promoting schools. The aim is to establish a good atmosphere within the schools, assuming that beside other things it prevents smoking and drinking. In some schools standardised addiction prevention projects are carried out in the 8th or 10th classes aiming at the improvement of knowledge, at empowerment and on the training of abilities to distinguish

between delightful consumption and misuse. The preventive activities are neither obligatory nor regulated, and they are also neither documented nor evaluated.

There are also **single school projects** organised by the schools on their own or by diverse associations: One example to be mentioned is that one of the association "Die Österreichischen Kinderfreunde" (the friends of children) who after having carried out a survey on the drinking habits of Austrian children published a brochure on "youth and alcohol" for parents and organised a public campaign round about a pilot project on alcohol and addictions in one Viennese School. The method used was "Art Based Empowerment" and the final act of the pilot project was the exposure of a monument created by the pupils together with an artist. It was erected in one of the main shopping areas of Vienna.

Addiction prevention activities were also established for the "lower" schools attended by apprentices ("Berufsschulen"). The psychological service of these schools offers respective lectures to parents, teachers, headmasters, trainers at the workplace and medical doctors working at the schools and interventions in classes beside other things concerning addiction issues.

The parents and the youth themselves are offered advice beside other things on addiction issues by the psychological service of the municipal administration department for youth and families ("Psychologischer Dienst des Amtes für Jugend und Familie - MA11"). Nowadays advice is also offered by the internet, it accordingly became a "low threshold offer" attracting an increasing number of adolescents as the respective key person put it.

Finally a variety of post-graduate training programmes for professionals active in schools and working with youth have to be mentioned as for instance for social workers, psychologists and medical doctors: They beside other things deal with addiction and sometimes especially alcohol issues.

5.3. Projects for youth with alcohol related problems

The municipal services mentioned above beside information and trainings also offer case work with problematic youth and their families, inclusive those with addiction problems. In more severe cases the adolescents are referred to experts, either working in one of the diverse Viennese out-patients centres specialised on addictions or for instance to (private) psychotherapists. Additionally few organisations have to be mentioned directly being active in the area of alcohol related problems depicted above and the youth concerned. The projects described below are important initiatives, but the list is not a complete one.

The so called **youth centres** ("Jugendzentren") were established decades ago in deprived areas of the city offering leisure time activities and care for youth with minor resources. The youth centres from the beginnings were confronted with a variety of alcohol related problems ("Drinking is a standing issue, not a weekly focus") and consequently very early developed alcohol related concepts. Drinking (as drug taking or smoking) and intoxication are strictly prohibited within the centres, the aim is **to maintain an alcohol free area**, intoxicated visitors are not admitted. Main problems are that not admitted youth besiege the centre or that admitted youth interrupt their visit for a drink. The prohibition and the youthful trials to violate the rules offer a lot of opportunities to discuss alcohol related issues and to demonstrate how much drinking impairs other activities and how much it promotes conflicts between the different groups of visitors.

Even more directly than the youth centres the (younger) **street worker** teams are confronted with alcohol related problems of deprived youth. Contrary to the youth centres the "mobile youth work" developed more tolerant alcohol related concepts in earlier times called the "pedagogical beer": The social worker demonstrated that **controlled consumption** was possible in restricting his consumption to one beer. Today street workers have meeting rooms, where in one team youth are allowed to consume two drinks sold to them without profit. The selling of the drinks offers opportunities to talk about alcohol consumption. Another team of street workers developed related projects with the aim of controlled drinking: in the first one they together with Skinheads produced fancy fruit cocktails, in the second one they served one drink of quality in a decent glass with the advice to drink slowly and to taste carefully, in the third one controlled consumption of beer and wine was allowed (but not of spirits) and non-alcoholic drinks were served for free.

The Viennese plain cloth police ("Kriminalpolizeilicher Beratungsdienst") established a special **service centre for advice on crime prevention including a department for "youth and addiction advice"** carrying out information projects in schools, trainings of peers and case work with youth with addiction problems inclusive alcohol problems. They care for basically deprived youth who mostly have developed polydrug consumption patterns and a lot of heavy social "troubles".

26 years ago a department for detoxification was established at one Viennese hospital ("Wilhelminenspital"), today called "**special intensive department intoxication**" with 6 beds, where most emergency cases are brought to in Vienna. Alcohol intoxications are rare - about 1 percent of all cases treated and drunken youth are even much more rare. They report about two types of youth: the first one is very young, he or she got intoxicated for the first time in his or her life and is possibly in danger of suicide; the second one is older and polydruguser, mostly without home, work and income.

The last and only "youth and alcohol" specific project to be mentioned is that one of the Anton-Proksch-Institute in Wien-Kalksburg, the biggest and oldest Austrian **treatment centre for alcoholics and drug addicts**. In 1995 a small **therapeutical unit with 8 beds for young males with alcohol problems** was established. The youth are sent by parents, schools, other hospitals, courts and probation officers, they suffer of severe alcohol related social, psychical and physical problems as for instance pancreatitis and alcohol delirium (Beiglböck, Mayr, Lentner 2001). The treatment lasts about 3 month (adults: about 8 weeks), the young patients fluctuate to a much higher degree than the older ones. There are plans to establish a respective unit for girls at the department for female alcoholics. Youth with alcohol related problems are also treated in psychiatric clinics for children and youth and in some drug treatment facilities not specialised on alcohol related problems. And Alcoholics Anonymous (AA) organises an Al-Ateen group for children of alcoholics.

5.4. Assessment of existing projects and desirable measures

Few of the key persons interviewed expressed satisfaction with their work concerning youth and alcohol. Only those working with problematic youth - in the youth centres and in the streets - had the feeling positively to influence the youth and to contribute to the prevention of social conflicts. In general pessimistic tunes prevailed. The pessimism partly has generic societal reasons, partly alcohol specific ones. Beside the increase of social problems (e.g. with work, with immigration, within generations and families) the position of alcohol within the Austrian society and the drinking patterns of adults were conceived to handicap the efforts to prevent risky alcohol consumption and alcohol related problems of youth. One key person expressed it as follows: "There is prohibition in school. But the manners of the teachers concerning alcohol

are partly problematic. In the room of the teachers one finds double litre bottles of wine on the table, at lunch time the pupils observe the teachers drinking beer in the restaurant..." The alcohol related statements can be summarised as follows: **How to teach youth to deal more cautiously with drinks when the advertisement around the next corner carries the opposite message, when drinking is an everyday habit of all adults and when the parents solve their problems with alcoholic beverages?**

Also the **desired projects** can be subsumed to the two categories mentioned: they are generic socio-political or health projects on the one hand and alcohol specific ones on the other hand. The projects belonging to the first category range from the extension of health promotion for youth (e.g. to earlier ages, including more disciplines), from projects for parents and families (e.g. educational advice, promotion of better relationships within families, social and financial support) to measures improving the work- and training situation of youth and to projects stabilising the social situation of youth, to a kind of low threshold facilities supporting their social orientation and integration.

The **desired alcohol specific projects** frequently dealt with the **reduction of the availability of alcoholic beverages** in the wider sense: higher prices for alcoholic beverages were requested as well as lower ones for non-alcoholic drinks, stricter attention to the regulations of the legal drinking age, the training of innkeepers and waiters and prohibition of alcohol consumption within schools and in the environment of schools. Measures to reduce the availability are seen to be more urgent because availability increased remarkably during the last years due to longer opening hours of shops and restaurants and due to a larger range of facilities selling alcoholic beverages (e.g. petrol stations). Another group of desired projects concerned **alcohol advertisements**: ethic codes preventing the linkage of drinking and young people was demanded as well as more general restrictions. A third group of desired measures can be called **raising the problem-consciousness not only of youth, but also of parents, teachers and adults in general**, for instance by alcohol prevention projects but also by campaigns. The proposal of a "non stop information" similar to drug testing programmes also belongs to this group of wishes. **Improved interventions for problem groups** as for instance special attention to high risk groups (e.g. sons of alcoholic parents), early detection by medical doctors working in schools and the integration of Alcoholics Anonymous in prevention projects is a fourth and rather small group of proposals. A similar small and last group of desired projects concerned the implementation of an **"alcohol policy"**: demands for knowledge based alcohol measures, for respective - especially qualitative - research and for integrated concepts were raised.

It remains to be mentioned that **prohibition and other repressive measures were not among the favourite means** of the key persons: Only one interviewee requested the introduction of a BAC level of 0,00 per cent. Many remarked that prohibition and other repressive measures were not suited to solve problems especially of youth. But the reserve only concerns additional repression: Already existing prohibitive measures are accepted and critiqued was only the missing or problematic enforcement.

To summarize: There is a lot of awareness about the contradictions and limits of existing alcohol prevention projects focussing on the consumption habits of youth and young adults. But there is also little interest for the development of an integrated alcohol policy. The reasons have to be looked for in the obvious and visible interrelations between alcohol related problems and all other kinds of social problems due to the integration of alcohol in everyday life. The feeling to be effective is mostly expressed by those working with risk groups, that is in secondary prevention.

6. Conclusions

Looking at the information presented the assumption of a polarisation of the youth in regard to “alcohol” is plausible: One - the major part - of the youth develops more “sober” attitudes and less risky consumption patterns, the other - the much smaller part - drinks more risky and develops more severe alcohol related problems. The societal background of the alcohol related polarisation is a global one. As the ethnoanalyst Mario Erdheim (2002) observed: “street kids” increasingly grow up in all parts of the world, that is children and youth who do not dispose of sufficient psycho-social resources, who have to care for themselves at an early age and who cling to groups of children and youth of the same age serving as their artificial limb in psycho-social respect. The deprived Viennese children and youth described above, developing a variety of severe psycho-social problems inclusive alcohol related ones are to be considered to be a part of the local “street kid scene” - a tiny and relatively softened version of street kids not at least because of the compensatory and integrative Viennese youth policy.

Frequent, heavy and visible alcohol consumption seems to be one - unhealthy as well as dangerous - mean used by these youth to express their opposition and to carry out their conflicts with a society increasingly concerned with health (and the prevention of addiction) but decreasingly providing with equal chances to realise it. Consequently the secondary prevention projects established in Vienna - e.g. the youth centres and street work - are adequate responses to the youthful problems depicted and suited to diminish and prevent more serious ones, though they do not change the social conditions causing the problems. On the basis of the data collected it cannot be decided if their service-offers match the respective needs. But obvious is that they need to be supplemented by secondary prevention projects for “lower” schools and for the work place and that health promotion programs should be extended to all types of schools.

Alcohol specific measures and projects are the still the exception also with youth: It is almost exclusively by legal measures that youthful alcohol consumption is directly addressed and regulated. But it is also to be assumed cautiously on the basis of the information collected: the more directly alcohol consumption is addressed the more hesitant but also the more excluding and stigmatising the enforcement of the regulations seems to be. That is: Alcohol consumption - also frequent and intensive one - is perceived to be normal, but if it is reacted to, the reactions often are excluding and stigmatising. The reactions to the drinking of youth seem to follow the same pattern.

The societal reactions towards youthful drinking and alcohol related problems nevertheless are much more intensive than towards those of adults. But this does not only mean that the problems of youth are taken more serious than those of adults: Youth as societal subgroup with minor resources also in this respect are also used for the rhetoric shifting of social problems: According to the data presented above it is always the adults whose alcohol consumption is the highest and who cause the majority of the alcohol related problems. The little effects attributed to alcohol related projects and measures for youth is to be understood in this context: It is hardly possible to change the drinking of youth, when their “models”, that is the adults the closest to them as their parents, their teachers and their working colleagues stick to their drinking customs, when alcohol consumption is part of every day life and propagated everywhere. More integrated alcohol concepts are needed. First steps in this direction are to be observed in Vienna: The unification of the youth protection law with those of the surrounding states is to be mentioned (beside other things responding to the increased mobility of youth), as well as the decree of the school administration prohibiting alcohol consumption at school events where adults participate.

REFERENCES

- Wolfgang Beiglböck, Maria Mayr, Susanne Lentner: Jugendliche Alkoholabhängige und deren Behandlung in einem stationären Setting, in: Wiener Zeitschrift für Suchtforschung, 3-4, 2001
- Martin Busch, Angelika Drabek, Tina Holzer, Brigitte Rollett, Karin Waldherr: Gesundheit von Lehrlingen in Wien, Statistische Mitteilungen zur Gesundheit in Wien 2001/1
- Wolfgang Dür, Günther Kernbeiß, Katharina Mravlag, Thomas Stidl, Isabella Schuß: Gesundheit und Gesundheitsverhalten bei Kindern und Jugendlichen. Ergebnisse des 5. HBSC-Surveys 1998 und Trends für die 90er Jahre. Reihe Originalarbeiten, Studien, Forschungsberichte, Bundesministerium für Soziale Sicherheit und Generationen, Wien 2000
- Wolfgang Dür, Günther Kernbeiß, Katharina Mravlag, Thomas Stidl, Isabella Schuß: Gesundheit und Gesundheitsverhalten bei Kindern und Jugendlichen. Ergebnisse des 5. HBSC-Surveys 1998 und Trends für die 90er Jahre. Reihe Originalarbeiten, Studien, Forschungsberichte, Bundesministerium für Soziale Sicherheit und Generationen, Wien 2000
- Wolfgang Dür et. al.: Schule und Ungleichheit in Österreich. Auswertung der Daten des WHO-HBSC-Surveys 1998 zum Verhältnis von sozialer Ungleichheit und Gesundheit bei Jugendlichen, Bericht des Ludwig Boltzmann-Institutes für Medizin- und Gesundheitssoziologie, Wien, August 2000 (a)
- Irmgard Eisenbach-Stangl: Eine Gesellschaftsgeschichte des Alkohols. Produktion, Konsum und soziale Kontrolle alkoholischer Rausch- und Genußmittel in Österreich 1918-1984, Campus, Frankfurt am Main 1991
- Irmgard Eisenbach-Stangl: Alkoholkonsum und alkoholbezogene Probleme in Wien, in: Gesundheitsbericht Wien 2000
- Irmgard Eisenbach-Stangl: Jugend und Alkohol in Österreich: Aus verschiedenen Perspektiven betrachtet, in: Wiener Zeitschrift für Suchtforschung, 3-4, 2001
- Mario Erdheim: Kulturelle Identität und Globalisierung, Vortrag gehalten am 3. Weltkongress für Psychotherapie, Wien, 14th to 18th July 2002
- Fonds Soziales Wien: Suchtmittelstudien 1993, 1995, 1997, 1999, 2001
- Richard Müller: Zeittrends der Trinkgewohnheiten 11- 16jähriger Schüler, in: Drogalkohol 11, 1987
- Angela Paglia, Robin Room: Preventing Substance Use Problems Among Youth: A Literature Review and Recommendations, in: The Journal of Primary Prevention, 2, 1999
- Alfred Springer, Alfred Uhl, Marina Hahn, Heide Tebbich, Nikolaus Kopf, Manfred Zentner, Ulrike Kobrna: Bedeutung und Konsum von psychoaktiven Substanzen bei österreichischen Jugendlichen, in: Wiener Zeitschrift für Suchtforschung, 3-4, 2001
- Statistik Austria: Annual reports on traffic accidents, 1992 – 2001
- Wiener Kinder- und Jugendanwaltschaft: Wiener Jugendliche fordern sinnvollen Jugendschutz – Umfrageergebnisse der Jugendanwaltschaft, Vienna 2001

ADDITIONAL REFERENCES WHO-HBSC:

Currie, Settertobulte, Hurrelmann, Smith, Todd (ed.): Health and health behaviour in young people: the HBSC 1997/1998 survey. International report. Copenhagen, WHO Regional Office for Europe, 1999 (Series name and number of item this is not yet available). WHO Policy Series, Health policy for children and adolescents Issue 1

Eder, Erlacher: Gesundheitsverhalten als Lebensstil. Vom Risikofaktorenmodell zur Analyse von Risikokonstellationen. UNtersuchungen vom ZUSammenhang zwischen ungünstigem Gesundheitsverhalten und der psychosozialen Situation von 11-, 13- und 15-jährigen österreichischen Schülerinnen und Schülern. Ein Forschungsprojekt im Rahmen des WHO-Surveys "Health Behaviour in Schoolaged Children"- Erhebung 1990. Reihe Originalarbeiten, Studien Forschungsberichte Bundesministerium für Gesundheit und Konsumentenschutz, unveränderte Auflage Wien 1995

Dür, Huter: Das Gesundheitsverhalten von 11-, 13- und 15-jährigen SchülerInnen und das Setting Schule. Reihe Originalarbeiten, Studien, Forschungsberichte. Wien 1997.

Dür, Mravlag: Gesundheit und Gesundheitsverhalten bei Kindern und Jugendlichen. Ergebnisse des 6.Hbsc-Surveys 2001 und Trends von 1990 bis 2001. Reihe Originalarbeiten, Studien, Forschungsberichte. Bundesministerium für soziale Sicherheit und Generationen. Wien 2002.

APPENDIX 1**Key persons interviewed: list 1**

- > HR Dr. Christine Petsch, Schulpsychologie Abteilungsleiterin, Stadtschulrat für Wien, Mollardgasse 87, 1060 Wien, phone: 52525 - 77541, christine.petsch@ssr-wien.gv.at
- > LSI Mag. Eva Mitterbauer, AHS Abt. II, Stadtschulrat für Wien, Wipplingerstraße 28, 1010 Wien, phone: 525 25 – 77222, eva.mitterbauer@ssr-wien.gv.at
- > Med.Rätin Dr. Andrea Kubec, Landesschulärztin, Stadtschulrat für Wien, Wipplingerstraße 28, 1010 Wien, phone: 52525 – 77034, andrea.kubec@ssr-wien.gv.at
- > Dr. Hermine Schönlaub, Elternverein AHS 16 Pacassistr. 17, 1130 Wien, phone: 804 10 81, hermine.schoenlaub@reflex.at
- > Dr. Susanne Hausleithner, Elternverein AHS 16, Psychotherapeutin für Kinder und Jugendliche Auhofstraße , 1130 Wien, phone: 876 16 40
- > Mag. Heide Tebbich, Österreichisches Institut für Jugendforschung Glockeng. 4/3, 1020 Wien, phone: 2 147881 – 23, ht@oeij.at
- > Harald Kriener, Leiter Institut für Suchtprävention FSW Alserstraße 20/6, 1090 Wien, phone: 4000 – 87341

Key persons interviewed: list 2

- > Amt für Jugend und Familie MA 11 Dezernat 2:
Fr. DSA Irene Sommer, Soziale Arbeit mit Familien - Bezirk 3
Johann Boromäus-Platz, 1030 Wien, phone: 711 34-03355, irene.sommer@chello.at
- > Amt für Jugend und Familie MA 11 Dezernat 4:
Fr. Dr. Belinda Mikosz, Leiterin Psychologischer Dienst
Rüdengasse 11, 1030 Wien, phone: 4000-90891
- > Amt für Jugend und Familie MA 11 Dezernat 6:
Fr. Maria Olivier - Regionalleiterin der Überregion weibliche Jugendliche,
Sozialpädagogische Einrichtungen, Hammerschmidgasse 22, 1190 Wien, phone: 318 57 58-20
- > Amt für Jugend und Familie MA 11 Dezernat 6:
Fr. Monika Niederle - Regionalleiter-Stellvertreterin der Überregion männliche Jugendliche,
Sozialpädagogische Einrichtungen, Wasnergasse 33, 1200 Wien, phone: 02984/3522-211
- > DSA E. Szesceny-Trefanec, DSA M. Meschik-Mayer, Jugendgerichtshof
Rüdengasse, 1030 Wien, phone: 71151-1491, e-mail: brigitte.karl@justiz.gv.at (Sekretariat)
- > Dr. Anton Schmid, Kinder- und Jugendanwaltschaft Wien
Sobieskigasse 31, 1090 Wien, phone: 1708, post@kja.magwien.gv.at
- > Prof. Sylvia Fitzal, ärztliche Leiterin Toxikologische Intensivstation WSP
Montleartstr. 37, 1160 Wien, phone: 49150 – 4001, sylvia.fitzal@ian.will.magwien.gv.at
- > DSA Manfred Bartunek, Jugendzentrum Simmering
Pantucekgasse 13, 1110 Wien, phone: 767 1388, JZPAN@jugendzentren.at
- > DSA Hermann Schopf, Leiter Jugendzentrum Floridsdorf, Marco Polo Siedlung
Marco Polo Platz 9, 1210 Wien, phone: 292 6551, h.schopf@jugendzentren.at
- > Engelbert Horwath, Kriminalpolizeiliche Beratung, Abteilung Jugend und Suchtgift
Mariahilferstr. 84, 1060 Wien, phone: 5244345 – 44911, engelberthorwath@aon.at
- > Mag. Ingrid Beimrohr, Verein Neustart, Psychologischer Dienst Bewährungshilfe
Castelligasse 17, 1050 Wien, phone: 5459560 – 0
- > Andreas Bayr, Geschäftsführer, Verein Rettet das Kind, Streetwork in Wien
Gumpendorferstr. 63 E, 1060 Wien, phone: 0676 3507023
- > Manuela Cohnen, Landesjugendreferat MA 13
Friedrich-Schmidt-Platz 5, 1010 Wien, Zimmer 72, phone: 4000 84339
- > Dr. Wolfgang Beiglböck, Anton-Proksch-Institut, Leiter der “Jugendabteilung Station N”,
Mackgasse 7 – 11, 1237 Wien, phone: 880 10 – 0

APPENDIX 2

Manual

1. **Der Interviewte (I):** Titel, Namen, Vornamen, Organisation, Position

2. Tag, Monat, Jahr des **Interviews**, Ort

3. Wie sieht der **“Arbeitsauftrag für Jugendliche”** aus?

Frage nur dann stellen, wenn es nötig ist, wenn, wie z.B. bei der Rettung oder bei Neustart nicht klar ist, was der Interviewte/ die Organisation mit Jugendlichen zu tun hat

3a. Wie kommt es zum **Kontakt mit Jugendlichen**?

4. **Charakteristika der betreuten Jugendlichen/** der Jugendlichen für die der I zuständig ist/ sich zuständig fühlt

Alter, Geschlecht, soziale Schicht, Ethnie, eventuelle Problemlagen (gesundheitliche, rechtliche, ökonomische, aus-bildungsmäßige, familiäre,)

5. **Konsum:** Einschätzung des Alkoholkonsum der betreuten Jugendlichen/ der Jugendliche für die der I zuständig ist/ sich zuständig fühlt, im Vergleich zu Wiener Jugendlichen:

- *Einstieg: früher - später*
- *Berausung: weniger - häufiger*
- *Konsummuster: Frequenz, Menge, Situationen (wo, mit wem, aus welchem Anlaß)*
- *Getränkearten und -mischungen: jugendspezifische Getränke*
- *Veränderung der Konsummuster*
- *Zusammenhang mit anderen legalen und illegalen Drogen*

6. **Ausmaß der alkoholbezogenen Probleme:** Einschätzung der Belastung der betreuten Jugendlichen durch alkoholbezogene Probleme im Vergleich zu Wiener Jugendlichen auf einer Skala von 1 – 10

7. **Art der alkoholbezogenen Probleme:** Durch welche alkoholbezogenen Probleme fallen die betreuten Jugendlichen auf: möglichst genaue Beschreibung

- *gesundheitliche: Unfall, Selbstmord-Versuch, andere psychische Probleme, Infektionen, Schwangerschaften, psychosomatische Beschwerden.....*
- *rechtliche: alkoholspezifische und alkoholunspezifische Straffälligkeit, Verstoß gegen Jugendschutzbestimmungen, Diebstahl und andere Delikte.....*
- *soziale Auffälligkeit: Vandalismus, Berausung in der Öffentlichkeit, Obdachlosigkeit.....*
- *soziale Konflikte: Lärmen, Belästigen, Streitigkeiten, Schlägereien, Gewalttätigkeit gegen Personen.....*
- *familiäre Konflikt: von zu Hause weglaufen, Streitigkeiten, Gewalttätigkeiten, Diebstahl...*
- *Schwierigkeiten in der Schule und am Arbeitsplatz: schlechte Ergebnisse, Ärger mit Lehrenden und Vorgesetzten, Ärger mit anderen Jugendlichen, Abbruch der Ausbildung...*

8. **Besondere Problemgruppen:** Soziale Charakteristika von betreuten Jugendlichen/ von Jugendlichen für die der I zuständig ist/ sich zuständig fühlt, die von den Problemen besonders betroffen sind
eigene Alkoholszene? Überlappung des Alkoholkonsums mit dem Konsum anderer Drogen? Wenn ja welchen? Überlappung der alkoholbezogenen Problemen mit anderen Problemen? Wenn ja welchen?

9. **Problemregionen** im eigenen Arbeitsbereich

Bezirke, Zählbezirke, Straßenzüge, Plätze, Lokale, öffentliche Verkehrsmittel, Siedlungen.....
Was passiert dort? Warum gerade dort? Wiederum: Überlappung mit anderen Drogen und anderen Problemen?

10. **Maßnahmen, Projekte:** alkoholunspezifische und alkoholspezifische

Sind die für alle oder nur für eine problematische Subgruppe, für eine Problemart oder für eine Subregion mit Problemen? Wenn für eine untergeordnete Einheit, bitte genau beschreiben.

- *Information und Aufklärung: mündlich, schriftlich, andere Medien*

- *Professionelle Präventionsprojekte zum Empowerment*
- *Betreuung und Behandlung von Problemfällen in und außerhalb der gewohnten Umgebung*
- *Ausschluss von Problemfällen: Verweis von Schule, Jugendzentrum*
- *Regelungen und Verbote: Verbot des Alkoholkonsums*
- *Schulung der erwachsenen Betreuer und von peers*
- *Arbeit mit Eltern*

10a. Schriftliche Unterlagen über Maßnahmen, Projekte: *Bitte einsammeln und mitnehmen, oder schicken lassen oder internet Adressen mitnehmen etc*

11. Einschätzung der bestehenden Maßnahmen und Projekte

12. Geplante Maßnahmen und Projekte

13. Wünschenswerte Maßnahmen und Projekte

14. Weitere Erkundungen: *Gibt es Jugendlichengruppen, Probleme, Problemregionen und einschlägige Projekte, die wir erkunden sollen?*

15. Anmerkungen des I

16. Dürfen wir den I bei Bedarf nochmals kontaktieren?

17. Ist der I am Bericht interessiert? Will er/sie ihn zugeschickt haben?

18. Eigene Anmerkungen nach dem Interview

- *über das Interview*
- *über den Leitfaden.*

