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INTRODUCTION

Current research and clinical experience with AIDS in the population of intravenous drug users demonstrates that members of this group have multiple opportunities for exposure to HIV (Friedland & Klein 1987). Following the introduction of HIV into a community of intravenous drug users (IVDUs), it may infect over 50% of individuals within three to four years (Des Jarlais et al. 1988), the potential for a major heterosexual epidemic remains a subject of speculation (Johnson, 1988). The time until AIDS diagnosis after infection is estimated with a mean of 9.8 years (Bacchetti & Moss 1990). The second wave of HIV epidemic in Europe has already formed the injecting drug users into the major component of this epidemic. There has been a dramatic increase in the incidence of AIDS among IVDUs in Europe (Ferroni et al. 1985; Fuchs et al. 1985; Ancelle-Park et al. 1987; Robertson et al. 1986, Harms et al. 1987; France et al. 1988; Loimer et al. 1990a) and in the United States (Chamberland et al. 1984; Des Jarlais et al. 1987; Drucker 1987; Allen et al. 1988; Hahn et al. 1989). In Europe higher though less than exponential rates of growth are observed among intravenous drug users. Projections of total cumulated cases to the end of 1991 lie in the range of 23,000 - 33,000 cases among this group (Downs et al. 1990).

It is a characteristic feature of the epidemiology of HIV-1 and AIDS among injecting drug users that there are very marked geographical variations in levels of infection. In Europe, there is a noticeable north to south division in the rates of seropositivity, with higher rates occurring in the south (Ancelle-Park et al. 1987; Robertson et al. 1986; France et al. 1988). Transmission of HIV-1 can occur when IVDUs share syringes and needles that contain blood from other IVDUs already HIV-1 infected (Marmor et al. 1987; Wodak et al. 1987; Schoenbaum et al. 1989) or other injection equipment (Loimer et al. 1991). Traditional efforts to clean syringes between uses showed only slight
evidence of being protective (Chaisson et al. 1987). Ghodse et al. (1986) described the marked changes in self-reported sharing of needles and syringes after the awareness of the risks became more widespread. Syringe exchange has been a cornerstone of HIV prevention strategies for people who inject drugs. They reach many of those taking risks, but they do not attract all those drug users who engage in the most risky activities (Stimson et al. 1988; Hart et al. 1989). These results suggested that educational information and dissemination of knowledge and facts concerning the high risk involved, prevented parts of the injecting population from further harm, but focussed mainly on the use of sterile needles and syringes (Robertson et al. 1988).

With the emergence of AIDS, effective treatment of IVDUs has become even more crucial. For opiate abuse, however, methadone treatment represents a widely offered and extensively accepted modality (Bschor, 1986; Ball et al. 1988; Cooper 1989; Dole 1989; Selwyn et al. 1989; Sorensen et al. 1989; Novick et al. 1990). In consideration of the spread of HIV-1 infection through the heterosexual population, it must be pointed out that sexual contact among drug injectors and others plays an all important role, because IVDUs represent a possible source of danger in being sexual partners of healthy people (Brown et al. 1987; Moss, 1987; Johnson 1988; France et al. 1988, Donoghoe et al. 1989; Battjes et al. 1990; Loimer et al. 1990c). Sexual partners of IVDUs who themselves do not inject, risk infection through sexual contact. This may be an important route of transmission or bridge between HIV-positive injecting drug users and the non injecting population (Donoghoe et al. 1989).

The current knowledge of the dynamics of transmission among drug injectors and their sexual partners is incomplete. The data collected and presented here however should help to increase the understanding of risks for HIV-1 infection and transmission in a European city. Statistics on current numbers of diagnosed AIDS cases reflect patterns of infection some 8 to 10 years earlier. At present, AIDS remains a disease for which there is neither a cure nor an effective treatment. Therefore, prevention measures are the only actions which offer real hope for at-risk populations (Peterson & Marin 1988). Today intravenous drug users comprise the largest at-risk group for AIDS and HIV-1 infection in Austria. The human immunodeficiency virus is forcing a fundamental re-examination of our models for understanding drug misuse and, in particular, a reappraisal of the aims and methods of responding to the drug taker.

**OPIATES AND THE AUSTRIAN LAW**

In Austria, the First Opium Act (1928) drew heavily from international conventions and proceedings. During the Nazi occupation their laws regulated drug affairs. After the liberation of Austria in 1945, a new opium act was passed in 1946, amended in 1948 and 1951. The most recent amendment was made in 1985. Austria signed the Single Convention on Narcotic Drugs of New York in the revised version. The advent of AIDS in Austria provided a spur to the development of new strategies for drug users.