

Parliament Resolution No. 80/2013 (X. 16.) on

the National Anti-Drug Strategy

2013-2020

Clear consciousness, sobriety and fight against drug crime

National Anti-Drug Strategy

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CONTENT

I. Introduction.....	5
I. 1. Policy strategy, policy programme, drug policy	5
I. 2. Reference area.....	6
I. 3. Novelty.....	7
I. 3. 1. Focus: clear consciousness and sobriety	7
I. 3. 2. Health development approach.....	8
I. 3. 3. Recovery-oriented approach	9
I. 3. 4. Community orientation – subsidiarity	9
I. 3. 5. Messages	9
I. 3. 6. Scope of the Carpathian-basin	10
I. 3. 7. Terminology.....	10
I. 4. The tasks of the National Anti-Drug Strategy	10
II. Situation and conclusions	12
II. 1. Drug use among young people and adults	12
II. 2. Changes in the problematic drug use	13
II. 3. Treatment data	15
II. 4. Infectious diseases related to drug use	16
II. 5. Drug-related deaths.....	17
II. 6. Prevention programmes.....	17
II. 7. Treatment and care system	18
II. 8. Public expenditure related to the management of the drug problem	20
II. 9. Drug-related crime and drug market	20
II. 10. New psychoactive substances – Early Warning System	22
II. 11. Social environment	23
II. 11. 1. Family	24
II. 11. 2. Public education institutions.....	24
II. 11. 3. Contemporary age groups.....	25
II. 11. 4. Media	25
II. 12. Conclusions	26
III. Basic values.....	29
III. 1. Right to life, human dignity and health.....	29
III. 2. Personal and community responsibility	29
III. 3. Community activity.....	30
III. 4. Co-operation.....	31
III. 5. Scientific basis.....	31
IV. Vision and objectives	33
IV.1. Vision	33
IV.2 Objectives.....	35
IV. 3. General aims	36
IV. 4. Specific aims	36
V. Health development and drug prevention	38
V. 1. Health development.....	38
V. 1. 1. Health development tasks.....	38
V. 2. Drug prevention.....	40
V. 2. 1. Tasks related to prevention.....	40
VI. Treatment, care, recovery.....	47
VI. 1. Foundation	47
VI. 2. Tasks in the fields of treatment, care, and recovery.....	49
VI. 2. 1. Early treatment	49

VI. 2. 2. Treatment and care system.....	50
VI. 2. 3. Special groups, specific problems.....	51
VI. 2. 4. Quality assurance, systematic management, managed care.....	52
VII. Supply reduction.....	54
VII. 1. Major processes	54
VII. 2. Organisational requirements	54
VII. 3. Aims, basic principles, area of activity.....	55
VII. 3. 1. Tasks in the field of supply reduction.....	57
VIII. Implementation criteria: human and social resources	61
VIII. 1. Overview and the monitoring of the implementation of the National Anti-Drug Strategy.....	61
VIII. 1.1. Monitoring and evaluation	61
VIII. 2. Training, advanced training.....	62
VIII. 3. National co-operation, institutional systems	63
VIII. 3. 1. Committee for Inter-ministerial Co-ordination for Drugs (KKB) and Council on Drug Affairs	64
VIII. 3. 2. Co-ordination of local forms of co-operation.....	64
VIII. 4. The financing of tasks related to the National Anti-Drug Strategy.....	65
VIII. 5. Research, data collection.....	66
VIII. 6. International relations.....	67
VIII. 7. Tasks related to the conditions needed to implement the National Anti-Drug Strategy.....	67
<i>Annex 5 of the National Anti-Drug Strategy</i>	<i>69</i>

I. Introduction

I. 1. Policy strategy, policy programme, drug policy

The policy *strategies* aimed at managing social phenomena in the medium-term primarily set principles, basic values, major lines of action providing a comprehensive long-term attitudinal and interpretation framework of the programmes established on this basis. The *policy programme* designed around the strategy is a line of activities and actions organised for achieving the specific objectives built on the identified needs. The planned process of the desired changes – which is limited, documented and monitored with regard to its duration, methods and resources – ends with a detailed evaluation. The *policy* concerning a particular social phenomenon (*drug policy* in the present case) serves for enforcing the strategy and realizing policy programmes by legislation, inter-ministerial co-operation, and by exploring and ensuring resources and maintaining international relations.

The European states, including the member states of the European Union, formulate their national strategies. The member states will endeavour to harmonize their own national strategies with the drug strategy of the European Union which establishes the attitudinal framework of drug policy of the European Union by covering the basic values of the EU. The document National Anti-Drug Strategy 2013-2020 – clear consciousness, sobriety and fight against drug crime is completely in line with the principles and approach of the new European Union drugs strategy for 2013-2020.

Strategic documents for the purpose of reducing and managing the drugs problem that included medium-term objectives were prepared in 2000 and 2009 in Hungary. Similarly to the previous strategic emphases, present document identifies the most important intervention scenes by primarily accepting the attitudinal framework of demand and supply reduction and taking the experiences of national and international practices as a basis.

I. 2. Reference area

The different chemical and behavioural addictions belong together from several aspects, and jointly constitute the broad range of addiction conditions. However, due to their distinct characteristics, the different types of addiction cannot be identified with each other.

The National Anti-Drug Strategy applies to the drugs problem; nevertheless, it intends to indicate that the drugs phenomenon is strongly related to other chemical and behavioural addiction problems, primarily to the general mental health state of the nation, with particular regard to the personal and community characteristics of value approach, relationship culture, and problem-solving skill. At the same time, due to its target system, it deals with the strategic tasks related to new psychoactive substances.

The drugs problems cannot be efficiently managed without other related policy strategies and programmes such as strategies and programme concerning alcohol, medicine and other behavioural addictions, and mental health as well as crime prevention strategy and programme. The reduction of drugs problem can only be expected from the co-ordinated joint implementation of all the above strategies and programmes.

For this reason, the National Anti-Drug Strategy is synchronous with the policy strategies and initiatives directly related to its reference areas – particularly in the policy areas concerning the maintenance of public health and mental health and the youth policy area – so with the public health and health development target system and set of instruments, and the measures for the performance of key tasks of the Semmelweis Plan – which is recorded by Government Decree No. 1208/2011 (VI. 28.) on the tasks accompanying healthcare restructuring under the Semmelweis Plan and on measures for the performance of the key tasks – governing healthcare in the medium term, and the objectives concerning the care system and mental health of the general public and the major lines of action of the National Programme of Mental Health (LEGOP), as well as the directions of the National Youth Strategy related to health-promoting environment and healthy lifestyle.

The available policy programme gives a concrete policy context to the National Anti-Drug Strategy in the field of public health, synchronized with the Semmelweis Plan. These policy programmes and their target and instrument system establish the required broader

intervention framework for the National Anti-Drug Strategy, and also create a possibility for achieving synergies and forms of co-operation that can be exploited with regard to these programmes.

The National Anti-Drug Strategy is in line with the National Security Strategy of Hungary, and focuses on the policy challenges in the field of supply reduction and the adequate answers that can be given to them.

Furthermore, the National Anti-Drug Strategy is in line with the strategy of the European Union, and the related action plans the aim of which is “to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated and evidence-based approach to the drugs phenomenon.” The basis of the National Anti-Drug Strategy is formed by the related UN Conventions, the Single Convention on Narcotic Drugs¹ (1961), Convention on Psychotropic Substances² (1971), and Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances³ (1988) that are important legislative instruments for the purpose of managing the drugs problem. The objectives of the document also consider the drugs policy guidelines of the Political Declaration adopted in the 2009 high-level segment of the UN Commission on Narcotic Drugs and laid down in the supporting Action Plan.

I. 3. Novelty

The principal novelty of the National Anti-Drug Strategy is not only certain content elements but also the arrangement of elements resulting in emphases different from the previous strategies, and the way of thinking reflecting the increased observance of the protection of the rising generation against drugs.

I. 3. 1. Focus: clear consciousness and sobriety

¹ Legislative Decree No. 4/1965 on the Promulgation of the Single Convention on Narcotic Drugs signed in New York on 30 March 1961

² Legislative Decree No. 25/1979 on the Promulgation of the Convention on Psychotropic Substances signed in Vienna on 21 February 1971

³ Act L of 1998 on the Promulgation of the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances signed under the aegis of the United Nations in Vienna on 20 December 1988

There is no difference between drugs, psychotropic substances, and new psychoactive substances with regard to the fact that any form of drug use poses a risk and a burden to a person and his/her communities and indirectly to the health and development of the whole society. Therefore clear consciousness and sobriety as basic values, life without substance abuse leading to personal and community prosperity, and the way of thinking mediating health as a basic value are in the focus of the National Anti-Drug Strategy as indicators of direction.

Bearing in mind the aim of reaching and retaining the drug-free state, the National Anti-Drug Strategy primarily promotes the launch and maintenance of such programmes that highlight the personal and community development, the strengthening of life without substance abuse and values, and the opportunities to acquire knowledge and skills in support of the above targets. In addition to such programmes, managing the individual and social risks and damages related to drug use naturally also remains an important task.

I. 3. 2. Health development approach

The main point of the approach is to strengthen health and processes in support of health and the personal, community, environmental conditions leading to these. The development of such a social environment where the possibility of developing various addiction problems or problems negatively influencing mental health or lifestyle can primarily be expected of the prevalence of a health-centred approach, the strengthening of persons not using drugs, the development of health culture, and the spreading of lifestyles representing clear consciousness and sobriety, together with the joint use of modern crime prevention instruments.

All of this can be effectively promoted if constructive individual and community visions and targets are set by the family or the wider community during the personality development for the purpose of harmonically developing the personality and community. Therefore the health development approach serves for developing a balance between drawing up objectives encouraging individuals, communities and contemporary communities and delivering the related messages, and applying instruments of direct drug prevention. Under this, such

approaches and activities are supported that emotionally and morally strengthen those persons who share the objectives for developing both individuals and communities.

At the same time, the healthier and more co-operative social environment also supports substance abusers in tackling the difficulties, and using the available support services.

I. 3. 3. Recovery-oriented approach

It is desirable that the recovery-oriented approach shall prevail in the most effective way in the fields of treatment and care. The aim of the system and process of various remedial and support interventions is to re-establish the state of health and community integration of the people concerned to the fullest possible extent.

I. 3. 4. Community orientation – subsidiarity

The drugs phenomenon appear in community spaces. Therefore the community's attitude, responsiveness, and ability to respond is of key importance with regard to eliminating and positively influencing the drugs phenomenon. The scope of institutional attempts cannot cover all the needs without an appropriate and unambiguous community response. The various social problems can efficiently be influenced mainly in those environments where they have been created. The containment of drug problems primarily requires the encouragement of local initiatives so as such a community–civilian–professional network can be established that enables equal access to different development, prevention and treatment programmes in every settlement. The local forms of co-operation can be encouraged by applying appropriate operational indicators, and methodological and financial support.

I. 3. 5. Messages

Messages directed to various groups can be – directly or indirectly – delivered by the National Anti-Drug Strategy:

- To individuals and local communities: that all people are responsible for the fate of those people who live with them or in their environment.
- To those people who refuse to use drugs: confirmation that they are doing it right; they know and represent something worth giving to other people.
- To those people who have tried drugs: a clear indication that they take a risk by abusing substances, and they can harm themselves and their environment.
- To the addicts: hope that their recovery is possible; there are such programmes, initiatives, and communities accepting and advocating the value of sobriety with the support of which they can radically change their lives.
- To the support services workers and professional communities: that they have an important role in implementing the National Anti-Drug Strategy.
- To the members of society: that the strategy is committed to efficiently manage the drugs problem, and possesses appropriate and efficient instruments in order both to contain substance abuse and to take action against drug-related crime.

I. 3. 6. Scope of the Carpathian-basin

The National Anti-Drug Strategy considers it important that the Hungarians living beyond the country's borders can participate in the activity aimed at preventing and managing the drugs problem. The first step of and condition for this participation is to elaborate the method and system of co-operation.

I. 3. 7. Terminology

The National Anti-Drug Strategy is aimed not only at professionals but to every citizen so it shall use plain language. The interpretation of terms, and the use of a common professional language is supported by the glossary in *Annex 3*.

I. 4. The tasks of the National Anti-Drug Strategy

The primary tasks of the National Anti-Drug Strategy:

- It shall define the Hungarian drug policy in the long term; however, an evaluation shall be possible during its period.
- It shall provide guidance to the government to the elaboration of action plans for the implementation of the National Anti-Drug Strategy; and it shall provide guidelines to the evaluation of the realization of action plans.
- It shall provide the main concept, attitudinal and interpretation framework on the basis of which sectors, institutions and systems of institutions, as well as local communities and organisations can draw up action plans, and specific action programmes.
- It shall promote the understanding of the drugs phenomenon, and the identification with the basic values of the necessary and practical actions among the communities, members and decision-makers of society.
- It shall promote the co-operation between the communities, professionals, and decision-makers, and the harmonisation of policy programmes of the ministries particularly involved in the complex management of the drugs problem.

II. Situation and conclusions

The most important available information, drug use and care system indicators shall be reviewed in order to plan the answers to be elaborated. (The figures and tables presenting the data and processes are shown in *Annex I.*)

II. 1. Drug use among young people and adults

Two surveys based on international standards have been carried out among people younger than 18 years in the last decade and a half (HBSC and ESPAD). According to the HBSC survey “Health and lifestyle of adolescent young people 2010”, the joint lifetime prevalence value with regard to trying illegal substances – abusive use of medicines – and inhalants showed an increase compared both to the previous 2002 and 2006 values. This ratio exceeded 30% among 9th- and 11th-grade students in 2010 (it was 24.3% in 2002 and 20.3% in 2006).

By separately analysing the individual types of substances, an increase in the use of illegal (i.e. forbidden) substances – in the case of cannabis and particularly amphetamines – can be observed among the respondents. For instance, the consumption of the latter substance has increased with fifty percent during the last four years. However, the abusive use of medicines has decreased among the respondents. The assumed decrease in the incidence of inhalant and ecstasy use cannot be clearly proven in the statistics. Broken down by age groups and genders, particularly the 11th grade boys' lifetime prevalence value of 38.4% with respect to illegal substances – abusive use of medicines – and inhalants gives cause for concern.

9.2% (almost every tenth) of the questioned young people have consumed marijuana or hashish in the 30 days prior to the survey in 2010. The joint ratio of 9th- and 11th-grade boys abusing substances every day can be estimated between 1.4% and 2.6% i.e. approximately every 50th questioned boy is a daily user. When compared with the relevant data in 2006, it can be concluded with significant certainty that the ratio of daily cannabis users shows an increasing trend in this group.

The consumption values are significantly lower in the schools awarding a secondary school-leaving certificate than among the students of vocational schools. The drug involvement of

people living in Budapest is definitely higher than that of people living in county seats, other towns, villages, and detached farms. However, the abusive use of medicines and abuse of inhalants is more widespread outside of Budapest.

According to the available data, it seems that people try drugs for the first time at every younger age (14-year old or younger).

The data of 2011 ESPAD survey has shown a significant increase as compared with the data of 2007; the decreasing trend between 2003 and 2007 has been reversed in the past years. Lifetime prevalence values of all illegal substances have significantly grown: with 3.2 percentage points in the case of boys, and with 6 percentage points in the case of girls. Included therein, the use of amphetamines has increased by the highest rate (2.1 percentage points). The lifetime prevalence value of inhalation of organic solvents has again significantly increased until 2011. The distribution by residence has changed in such a way that the rate of people who has ever tried drugs has increased outside of Budapest therefore the difference between the relevant indicators of Budapest and the other parts of the country has decreased.

The last population survey aimed at people more than 18 years old was in 2007 so, with respect to this age group, there is no direct data on the possible changes that have happened in the past years.

The results of the screening tests done by the Hungarian Defence Forces show that cannabis has been the most frequently consumed substance in the last 10 years; typically only cannabis positive cases have been found in recent years.

II. 2. Changes in the problematic drug use

The number of heroin users can be estimated between 2,800 and 3,400 persons in Hungary; this number has probably significantly lessened in recent years. The number of amphetamine users is between 25,000 and 30,000 persons. The estimation uncertainty is the highest among cocaine users, their nationwide number is between 5,000 and 6,000 persons. Even according to cautious estimation, the prevalence of cocaine use is twice as high as that of the heroin use, which proves the increase of cocaine use incidence in the recent years, in line with the growing number of seizures and arrests.

The intravenous substance users form a specific risk group within the above groups. Two estimates have been made for two-year periods assuming a total number of intravenous substance users between 5,000 and 5,200 in years 2007 and 2008, and between 4,500 and 5,000 in years 2008 and 2009. Within the group of intravenous substance users, opiates (mainly heroin) and amphetamines have been consumed in the same proportion but the rate of heroin users have decreased. The rate of intravenous stimulant users (amphetamine, mephedrone, and new psychoactive substances) has increased, currently it is more than the rate of opiate consumers, particularly among young people less than 25.

Researches carried out among young people show the increase of incidence of intensive, i.e. daily or several times a week, use of cannabis. According to the 2010 HBSC survey, approximately 2% of the 9th- and 11th-grade boys are intensive cannabis users. This rate can be even higher among students in higher grades. Available literature confirms that deterioration of learning abilities, troubles with integration, and family problems are probable in their case.

The new designer drugs significantly appeared in Hungary in 2010, of which the mephedrone has become the most widespread. The increase in mephedrone use has already been shown by the 2011 ESPAD survey, the incidence of mephedrone use among the 10th-grade students in Budapest has been 10.2%. Mephedrone has been prohibited since 1 January 2011 but several other, chemically similar substances have appeared that are legal and can be purchased through the internet or in specific shops, and the effect of which resembles that of the stimulants. The substances sold on the internet are placed on the market as substances not appropriate for human consumption but the only known use of these substances is consumption as a drug.

Based on researches regarding the substance abuse pattern of new substances, it can be said that the low price and easy accessibility have been the primary reasons for their incidence, in addition to the novelty effect and assumed lower risk due to their legality.

In relation to the increase in the number of users, the number and severity of the problems accompanying substance abuse (e.g. the intravenous use has appeared and spread) have also been increased. Currently the spread of use of cathinones and synthetic cannabinoids

(substances having a similar chemical structure as the active substance of marijuana) is the most typical.

In comparison to other countries of Europe, Hungary has lost its favourable position with respect to the incidence of prohibited and legal substances. Hungary is among the leading countries with respect to smoking, the rate of alcohol consumers is above average, and the rate of people who got drunk in the previous month is the fifth highest.

II. 3. Treatment data

1,330 people entering treatment were reported by the out-patient and in-patient and rehabilitation service providers in the health sector that were obliged to report in 2011; this is a perceptible increase. Almost half of the people who started their treatment (562 persons) have already received treatment due to illegal substance abuse. The most common drug justifying the treatment has been cannabis among those people who entered treatment on their own initiative (who are not diverted).

The treatment needs related to heroin use significantly decreased among people in the care system in 2011, at the same time consumers of other stimulants (most likely mainly cathinones) have entered treatment in an increasing number. This trend could primarily be observed among people volunteering for treatment. The treatment needs related to amphetamine use has also increased among those people who have previously received treatment.

Summarizing the pattern of substance abuse of those people who entered treatment not as a participant in a diversion programme, it can be concluded that the number and ratio of treatment initiatives due to the use of stimulants have significantly increased, while the number and ratio of treatment initiatives due to the use of opiates have significantly decreased. Increase of the treatment needs related to amphetamine use has also been observed among those people who have previously received treatment.

The pattern of substance abuse of those people who have entered treatment for the first time in their lives is similar to that of all the people entering treatment, i.e. the rates of heroin consumers and consumers of other stimulants have been moving in opposite directions.

The group of those people who enter a diversion programme⁴ – namely, those people who start their treatment as an alternative to criminal procedure – is significantly different from the group of people who does not start their treatment as participants in a diversion programme. The number of people starting their diversion programmes has been between 2,500 and 3,400 in recent years (it was 3,453 persons in 2011). The majority of them (appr. 80–85%) have been provided with so-called preventive-consulting services, while the smaller fraction with health-type services. The drugs primarily used by them were the following in 2011: cannabis (80%), stimulants (13%), and opiates (3%). Compared with the people not participating in a diversion programme, both the pattern of the consumed substances and the consumption intensity are different in this group. Around 60–65% of them can be considered occasional substance abuser so they have not used drugs in the previous 30 days⁵. However, almost one-fifth of them are intensive (daily or several times a week) substance users.

A total number of 1,031 persons participated in the substitute programmes for opiate addicts in 2010, and 715 persons in 2011. Among the latter, 70 persons were present for detoxification purposes, and 639 persons were present for substitution purposes. The applied substitution substance was methadone or buprenorphine-naloxone.

Approximately 700 clients have used the thirteen drug rehabilitation institutions providing a generally long-term treatment based on the basic values of the therapeutic community in the last couple of years.

II. 4. Infectious diseases related to drug use

The prevalence rate of hepatitis C infection has been around 25% among the intravenous substance users in recent years, which is less than the average of the European Union member

⁴ The framework of applying the alternatives of a criminal procedure is regulated by Section 283 of Act IV of 1978 on the Criminal Code, and its implementation is regulated by Joint Decree No. 42/2008. (XI. 14.) EüM-SZMM EüM-SzMM of the Ministry of Health and the Ministry of Social Affairs and Labour on the rules of the treatment for drug addiction and treatment of other conditions with drug use or preventive-consulting services.

⁵ The majority of people provided with a preventive-consulting service enter treatment more than 30 days after the start of the procedure.

states but the infection shows large territorial disparities. The prevalence rate in the capital was 34.2% in 2011, which reached 60–70% in some closed communities of certain districts of Budapest. Broken down by types of used substances, we can conclude that the rate of infection decreased among the people injecting opiate, while the same rate increased among the people injecting non-opiates (e.g. new types of psychoactive substances) in 2011. This is alarming data because people using the latter group of substances inject themselves several times a day, and syringe sharing is probably more frequent among these users.

Based on the available data, the incidence of HIV/AIDS is very low (under 1%) in the population. There is no reliable data on tuberculosis, sexually-transmitted diseases, and other infectious diseases among the drug users.

II. 5. Drug-related deaths

The number of deaths that can be directly connected to drug use was the highest at the end of the 90s and in the beginning of 2000s when an annual number of around 40 cases were reported. After some years of stagnation, the number of deaths again rose above 30 in 2009 then it significantly decreased afterwards (17 people died in 2010, and 14 in 2011). The probable reason for the reduction of case number is the significant decrease in heroin consumption, the partial disappearance of the heroin from the black market, and the coming into prominence of new types of psychoactive substances.

II. 6. Prevention programmes

A sustainable prevention system integrated into the school health development has not been established in Hungary in the last decade and a half. The prevention programmes has always been financed with the involvement of tender resources. The resource allocation done by tenders and the lack of normative funding have unfavourably influenced the planning security and sustainability of the realized programmes. The realized programmes have often appeared separately within the school activities. No quality management system has been developed with respect to the prevention programmes. There has been progress regarding the evaluation of prevention activities in recent years. Nevertheless, the evaluation has not become an integral part of the planning and practical evaluation of programmes.

The rate of schools where prevention activities have been organised in every year has grown from 30% to 80% between 2004 and 2009. It is typical that use of legal and illegal substances has been the main topics of the syllabus in previous years but now the issues of mental health and healthy nutrition also appear with equal prominence.

Programmes funded through grants have been realized in the framework of targeted prevention activities in previous years that targeted the vulnerable young people at the various places of leisure activities. Despite the fact that the coverage rate of these programmes is not close to the programmes realized in schools, their presence can be considered a clear progress.

The indicated prevention programmes have been operating in Hungary for a few years, and their presence can be primarily linked to the preventive-consulting form of diversion. This service covers the whole territory of Hungary.

The police have had drug prevention programmes for primary schools (DADA) and secondary schools (ELLEN-SZER) for almost two decades that have been lately improved by taking into account the requirements of competency-based education. These experiences give an opportunity to also develop a crime prevention programme for primary schools.

There has also been a progress with respect to the preventive interventions in penal institutions; the number of drug prevention units has increased. The professional activities are realized with the involvement of non-governmental organisations, primarily through funding from grants, in the drug prevention units. The educational activity provided by the Hungarian Defence Forces is a special scene of prevention, which is complemented and supported by the regularly performed screening tests.

II. 7. Treatment and care system

Every healthcare service provider with a license for psychiatric services and addiction science is entitled to treat patients using drugs, which means more than 500 treatment and care centres. However, in the framework of the national data collection programmes, approximately only 85 institutions indicate year by year that they really treat patients abusing

illegal substances. About 80% of the patients are treated by only 15–20 institutions, the treatment of illegal substance abusers is therefore concentrated at a few treatment centres, particularly at drug ambulances. In such areas where there are not any drug ambulances, drug patients are also treated in addiction care centres, which is nevertheless primarily limited to cannabis users and occasionally to stimulant abusers. The illegal substance abusers are treated on an emergency basis in active in-patient wards. Furthermore, some active psychiatric or addictology wards also perform programmed treatments, such as detoxication for opiate addicts, in certain counties and Budapest.

In addition to the responsibility and role of state, church and non-governmental organisations actively participate in operating so-called therapeutic communities and rehabilitation services. The drug rehabilitation institutions providing health services and specialized social care can host 353 clients at the same time.

There is a lack of health professionals in the field. It is typical that psychiatrists and addictologists work at more treatment centres, and there is not enough psychologist in the care services sector. The problem of remuneration of staff primarily without a health degree, who play an important role in the remedial work, has not been solved. The eventuality of the tender system can unfavourably influence the long-term planning and implementation.

In order to compensate the unfavourable changes regarding the funding of care centres, the systemic modification of funding and the fine-tuning of performance-based financing have been taken place in the health sector. It is another significant step forward that, in addition to the doctors and nurses working at psychiatric wards, the doctors and nurses working at psychiatric and addiction care centres are also entitled to psychiatric allowance from 1 July 2011.

The community addiction and low-threshold social services have been developed in the social field. According to data of the National Office for Rehabilitation and Social Affairs, 53 service providers provided low-threshold services, and 72 service providers provided community services for addicted people in the service areas in 2011.

24 organisation provided syringe exchange services in Hungary in 2011. The syringe exchange service was available in 16 towns, 12 counties and in all 7 regions. A total number

of 648,269 syringes were distributed by the service providers, the number of brought and collected syringes was 469,122. The programmes reached 3,373 persons,⁶ the clients used the syringe exchange service 38,407 times. With regard to the number of the Hungarian intravenous drug users (5,699 persons), an average number of 114 sterile syringes were used by one intravenous drug user in 2011. Only these service providers were in contact with the vulnerable, hiding groups of drug users in many cases.

II. 8. Public expenditure related to the management of the drug problem

The first comprehensive Hungarian research studying the public expenditure related to drugs was carried out in 2006, and a subsequent 2009 research measured the changes in public expenditure related to drugs in the last four years of the study. The annual expenditure was a total amount of about HUF 10 billion in the last year of the study.

The study measured the public expenditure related to drugs at four areas: criminal justice, treatment, harm reduction, and prevention and research. Based on the estimation procedure, it can be concluded that about three-fourth of the expenditure on the management of the problem was spent on the area of criminal justice. The overwhelming majority of this expenditure is mainly criminal justice, prosecution, and judicial costs related to the action against distribution of drugs, and costs of action against organised crime.

The total expenditure on treatment and harm reduction services amounted to about HUF 1.395 billions in 2007. The smallest amount of expenditure (about HUF 1.33 billion) was spent on prevention and research programmes. The ratio between particular expenses has not changed in the four years of the study.

II. 9. Drug-related crime and drug market

There is an annual number of 4,000–8,000 finished proceedings related to drug abuse in Hungary. This number was the highest in 2005 (more than 7,600 proceedings), and it was

⁶ The number of clients is filtered for duplicates at the level of service providers but it is not at a national level. It is possible that the same client has been registered by many organisations.

lowest in 2003 (3,378 proceedings). In 2011 5,989 counts of drug abuse and 5,594 perpetrators were registered, which indicates an increase compared to the numbers of previous years. Out of these felonies, 5,231 cases (87%) were felonies for consumption, while 721 cases (12%) were felonies for trafficking. 82% of the perpetrators were under the age of 30, among whom the rate of under-age perpetrators has grown (from 11.6% to 18.4%). Almost three-fourth of the drug abuse offenders were first offenders. The rate of proceedings resulting in an indictment further decreased in 2012 (compared to the 2011 data, from about 42% to 36.2%). Due to the application of diversion programmes, 57% of the investigations did not result in court proceedings. Among the cases that did not result in an indictment, the rate of terminations due to “other grounds for the termination of punishability” has been continuously growing since 2007.

According to the data on seizure of substances suspected as drugs, marijuana is the most prevalent substance on the Hungarian market, regarding both the number of seizures and the quantity. Based on the seizures of cannabis plants, it can be presumed that substantial part of the Hungarian cannabis market is supplied by Hungarian production. Based on the number of seizures, the shares of cocaine, amphetamine, methamphetamine and LSD on the black market can be considered to be similar. The number of heroin seizures and the quantity of seized substance fell back significantly in 2011 after a small decrease in 2010; heroin has essentially disappeared from the market. Simultaneously, the market penetration of the new psychoactive substances that started in the previous two years has continued; the place of the prohibited mephedrone has been taken over by various cathinone compounds (4-MEC, MDPV) – that have also been prohibited since then – and plant debris treated by synthetic cannabinoids.

Hungary is still both a transit and a destination country with regard to drug smuggling. Most types of drugs enter Hungary from abroad, the domestic production plays an increasingly influential role only in the case of marijuana. The prices of drugs have not essentially changed since 2009, the price of heroin has marginally decreased simultaneously with the decrease of its active substance. The most important development on the drug market was the transformation of the market of synthetic substances in the past two years, the disappearance of ecstasy pills, the appearance and unusually rapid spread of new powders and pills including legal psychoactive active substances in many cases. During the seizures of the police, the

Hungarian Institute for Forensic Sciences identified five new compounds in 2009, sixteen new compounds in 2010, and thirty-three new compounds in 2011.

The new Criminal Code entering into force from 1 July 2013 has introduced some changes in the regulation of drug-related crimes. In particular:

- The new regulation creates an opportunity for inverted burden of proof with regard to the wealth generated from drug trade, i.e. drug dealers are obliged to prove the legal origin of their wealth at the time they were engaged in drug trafficking.

- Diversion cannot be applied in the future if the indictment of the offender is postponed or the investigation is suspended in the two years before committing the offence due to the willingness of the perpetrator to participate in a diversion programme, or if the criminal liability of the perpetrator was established for drug trafficking or drug possession.

- The commitment of drug-related crimes by drug addicts will not be treated as a privileged case in the future. In the future, it is left to the discretion of the courts to decide whether drug addiction will be taken into account as a mitigating factor at the time of sentencing.

- Drug consumption is specified as a criminal conduct by the law.

II. 10. New psychoactive substances – Early Warning System

The Early Warning System, which is an expert network co-ordinated by the Hungarian National Focal Point, is intended to monitor the abusive use and appearance of new psychoactive substances on the domestic market, and forward the related information to the competent Hungarian institutions and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Based on the notifications to the EMCDDA by the member states, the number of new psychoactive substances appearing in Europe has significantly increased since 2009. Based on the data on seizures and notifications to the Hungarian National Focal Point, a similar process can be observed in Hungary. On the other hand, the 2012 Annual Report of EMCDDA ranked Hungary among the countries reporting a smaller number of seizures based on the data of the Europol related to new psychoactive substances.

The new psychoactive substances are regulated by Act XCV of 2005 on medicinal products for human use and on the amendment of other laws regulating the pharmaceutical market and Government Resolution No. 66/2012. (IV. 2.) on activities that may be conducted with drugs,

psychotropic substances and new psychoactive substances and on the scheduling of such substances and on the amendment of their schedules in Hungary. The process of risk assessment is determined by these two legislations.

II. 11. Social environment

The way how the drug problem is managed is essentially influenced by the broader social environment, and society's relationship towards health, behaviours endangering health, and the perspectives offered for young people. The spread of addiction problems can be interpreted as the lifestyle and value crisis of the consumer society, and as a personal, spiritual, and identity crisis of the members of society. Due to the inter-generational effects of behavioural patterns in the “culture of addiction”, the problems with addiction have grown to epidemic proportions, thus exerting a significant influence on the quality of life of individuals and families.

The psychoactive substances promise “immediate” satisfaction, improvement in condition, reduction of stress instead of joys requiring performance and persistence. As a result of the damaged protective shields of families, the weakened norms determining the lives of communities, the lack of coping abilities, decision-making skills, and positive vision is ever more frequent among the youth. Substance abuse may be interpreted as a value and lifestyle mapping of the social paradigm in the light of consumer society and culture so the presence of drugs has become natural for the next generations. The use of legal and illegal substances is neither a basic human need nor an instrument for the consummation of personal freedom but a self- and community-harming behaviour appearing at the most diverse scenes; its containment requires comprehensive, progressive and efficient social policy measures.

The drug problem is the problem of the whole society; nevertheless, young people are the most vulnerable since the trying, and occasional or regular use of psychoactive substance is the most typical for this age group. Substances are tried at an increasingly younger age, a relatively large proportion tried tobacco and alcohol before the age of 11, and drugs before the age of 13. Therefore the strategy and its related policy programmes shall primarily focus on young people, and greater attention shall be given to children.

II. 11. 1. Family

Many protective and risk factors are known that are related to drug use. Among the protective factors, social cohesion, the quality of social supports and relationships – equally in the family, in the local community, at school and in the contemporary age groups – are of outstanding importance at a young age. If the family and community cannot provide support, and the school is a scene of failures, then the influence of contemporaries experimenting with norm-violating behaviours grows and the risk of drug use is higher.

One reason for the loss of values and insecurity of the youth can be that the opinion according to which it is better that the adult society, in a quasi self-limiting way, does not get involved in the leisure activities of young people, because of the emotional detachment from the adult society starting in their teenage years, has become common. This assumed such proportions among certain social groups that it weakened the opportunity for exchanging experiences, transferring values, and providing positive examples, and maintaining co-operation and cohesion between generations. So most of the adult society let the influence of contemporary age groups, often not or hardly familiar with constructive goals and insecure in their values, take over. It is a great risk for every society and community if the transfer of knowledge of life, experiences, and the values adopted and confirmed by subsequent generations is not materialized. This process can lead to a situation where a good proportion of adults, in the absence of meaningful relationships, will lose knowledge of reality regarding the situation and thoughts of young people, and often also the interest in them, and the reasonably expected responsibility.

Those children in whose family there is an addicted person, or who grow up in a broken home, are also extremely vulnerable to drug use. It is more difficult for them to acquire the traditional values, behaviours, ways of life, and coping strategies that could help them to comply with challenges.

II. 11. 2. Public education institutions

The effect of social tensions and family frustrations is reflected in the school, in the school performance, and the relationship to school. The public education institutions facing an increasing number of often unresolved individual, family or social problems cannot be able to

manage these problems alone with their present system of instruments. By improving their system of instruments, it shall be made possible for them to make those behaviours and principles of values attractive that are necessary to fulfil their commitments during their studies and in their working life. In light of the results of researches carried out in past years, it can be concluded that, also in the opinion of the teachers, psychosocial and mental health support of students are needed, for the purpose of which the use of external service providers shall be allowed, in co-operation with teachers and other professionals working at the school. The school failures, lack of motivation, and growing influence of deviant examples in the contemporary age groups present themselves as further significant risk factors in many cases.

The relationships at the school, the quality of teacher-student relationship, the school health service available in the framework of the institutional system, and the other consulting, supporting networks have an important role in the strengthening of protective factors.

There are more psychoactive substance users among students struggling with integration problems and failures in their studies, and they try the substances also at a younger age. Apart from a dysfunctional family, the dissatisfaction with the school is important among the conditions indicating a future possible substance use, which intensifies between grades 7 and 9. A sharp increase in the prevalence of smoking, binge drinking, and getting drunk is also typical for certain groups over this period. The increase in drug consumption can be observed between grades 9 and 11.

II. 11. 3. Contemporary age groups

The trying of psychoactive substances is often encouraged by contemporary age groups, particularly in such cases when the relationship with the parents or society is not appropriate. However, their role in the development of the rejection of substance abuse, and in the support of school, sport or art progress can also be very important.

II. 11. 4. Media

Information and communication technology plays a key role in constructing the public talking points, opinions, judgments, values, and lifestyle. The media messages often overwrite the

values and examples that the family, the public education institutions, and the different natural communities intend to transfer. The one-sided internet use, which can cause addiction, makes the live, direct communication of young people harder, and may worsen their abilities to tolerate conflict. While the internet can be an efficient instrument for health development, prevention, and low-threshold services, today it has at least the same importance in propagating and trading psychoactive substances.

II. 12. Conclusions

Based on the available data, it is likely that substance abuse is present at an increasingly younger age, many people who try drugs come into contact with some prohibited substances before the age of 14. With regard to most substances, it can be stated with great certainty that the number of problematic drug users increases, while heroin use decreases. With regard to drug use, in addition to the classic substances, the synthetic substances, particularly the new psychoactive substances (so-called designer drugs) have gained ground. Divergent consumer patterns can be observed in the case of students studying at different types of schools, and the habits of consumption also differ by settlement types, although the differences between the individual types of settlements have decreased.

According to the 2011 ESPAD survey, the rate of those who have ever used prohibited substances exceeded the European average for the first time. For instance, the joint consumption of medicines with alcohol is excessively high in Hungary, it is almost double than the European average.

The appearance of new psychoactive substance users presents a new challenge to the care system. However, the majority of people in the care system are still cannabis and stimulant users.

Overall, it can be concluded that the drug problem has worsened in Hungary in the last four-five years. This trend change can also imply that the programmes and institutions of the legal, organisational and operational system for mitigating the drug problem have only been able to compensate the adverse effects of social-community processes behind the deterioration of the situation to a limited extent.

A long-term functional and also demonstrably efficient drug prevention system, which is embedded into school health development, has not been established in the field of general (universal) prevention. The national coverage and variety of the targeted prevention programmes do not reach the required level. The efficiency of the indicated prevention is hindered by the insufficient or totally lacking intellectual and material resources.

Hungary is both a transit and destination country with regard to drug smuggling. The market of synthetic substances has been totally restructured in Hungary in the last two years. While some previously popular substances (e.g. ecstasy) have retreated from the market, and new substances, new active substances have simultaneously appeared.

In order to increase the responsiveness of society to the drug problem, the improvement in family, community and social cohesion is required. With regard to the role of media, the particularities of info-communication technologies used by young people shall be especially taken into account, and they have to be addressed in line with these.

Most of the indicated difficulties are not only observed in Hungary. It seems so that the usual drug strategies and programmes applied in the actual set of conditions of modern consumer society until now can only partially live up to the expectations required from them, therefore new approaches are required in addition to keeping the previous values.

The phenomenon of drug problem is established, developed or regressed at the scenes of the system of social relations and community relations. Accordingly, health and the support of health are the focal point of the new strategic approach. The objective is that the attitude and capacity of the community towards drug problems can be simultaneously changed by focusing the resources on supporting the processes leading to health, and spreading the culture of sobriety. The decline in drug problems can primarily be expected from the strengthening of problem sensitivity and problem-managing abilities of the community, including both the national and local communities and the state instruments. The emphasis and enforcement of recovery-oriented approach means this paradigm in the professional fields of treatment and care.

In accordance with and in the interest of all these, the stakeholder group contributing to preventing and managing the drug problem shall be widened, and furthermore, the various

community, layman and professional support services shall be strengthened.⁷ This can be fruitful if this process is accompanied by a firmer action with respect to crime prevention and against drug-related crime.

⁷ The SWOT-analysis that was made for assessing the policy environment at the time of the strategy development can be read in *Annex 2*.

III. Basic values

III. 1. Right to life, human dignity and health

The National Anti-Drug Strategy recognizes and respects the rights to life, human dignity and health, including the rights to a drug-free life, the European Convention on Human Rights, and the Charter of Fundamental Rights of the European Union that shall be recognized and respected by everyone with respect to every other person and the surrounding community. The National Anti-Drug Strategy shall ensure the enforcement of these. These rights are not only enjoyed by those who would like to restore their dignity or health but also those who intend to protect and develop them, and impose obligations on individuals, communities, and institutions alike. The National Anti-Drug Strategy is committed to prevent drug use, treat and care drug users without any stigmatization, and recognizes the need to ensure equal access to health and social care.

However, only a situation where people who are able to make decisions and possess sufficient knowledge can decide over their fate is consistent with human dignity, and until this condition cannot be complied with by objective standards, the state is obliged to take action against the vulnerability of the individual. The unlimited “right to intoxication” is not a part of the right to ensure the highest level of physical and mental health because self-inflicted stupor does not belong to the free personality development of the individual secured by constitutional guarantees. In fact, it can be verified on the current level of scientific knowledge that the intoxicating substances harm the physical and mental integrity of individuals. There is a real danger of harming human dignity if individuals may endanger their own or other's health and safety under the influence of drugs. Therefore the limitations of the right to free development of personality also apply with regard to drugs.

III. 2. Personal and community responsibility

Every person is responsible for herself or himself, and for every community he or she is connected to; on the other hand, the community is also responsible for the persons belonging to it. Every actor of the social and institutional environment assumes responsibility for the

fact that the individual shall not start to use drugs at all, or if it has already started, then it shall not result in problematic use or addiction. It is the joint responsibility of the surrounding community and the individual institutions that the persons in need, their families, and communities shall get assistance. The assistance shall be in line with the given opportunities and motivations that can be developed with the support of professional instruments and self- and mutual assistance.

The requirement of responsibility also applies to the relevant people since, in addition to the given person, the environment is also burdened and harmed by substance abuse. As the environment is responsible for ensuring the appropriate conditions of life, the individual is responsible for the decisions influencing his or her own life.

It is important that the community shall treat those people who cannot live without substance abuse without prejudice and with a helping intention; however, it shall also clearly reject drug use since this attitude is a value in itself, and it can be a protective factor, advancing also with this attitude that the relevant people may request assistance and take advantage of it.

The ability to take responsibility can be developed. It can enhance the effectiveness of endeavours aimed at this development if the relevant people, including the recovered substance abusers, can join the planning and implementation of prevention and treatment programmes. The attribution of responsibility helps the local communities in preventing and managing the drug problems, it strengthens their sense of security and helpfulness.

With regard to preventing the development of the problem, it is an important objective that such constructive goals shall be formulated on an individual and community level that serve the harmonic development of the individual and the community.

III. 3. Community activity

Establishing the conditions of a healthy life, maintaining and restoring the state of health to the fullest possible extent are only possible with the active role of communities. The chances of developing substance abuse are essentially influenced by the values of communities to

reject drug use, their orientation to constructive goals, and their set of rules. More community initiatives are needed that build on and highlight these values and norms.

It is justified that, in addition to the already established and running programmes, more and more subsequent community-based, extramural (non-institutional) initiatives and methods shall be introduced among the provisions, in a non-governmental, church, and self-help framework, and by using the experiences of recovering addicts. The programmes aimed at families and other local communities, and the programmes with their participation (services and provisions that are “close to the public”) shall be a priority. It is recommended to support community, non-governmental and self-help initiatives and groups implementing “best practices”. After putting it on a community basis, the problem is likely to decrease, and the excessive medication associated with the interpretation and treatment of drug problems eventually may come to an end. The therapeutic communities, the various self-help and after-care programmes are also built on community resources. Therefore the community orientation is critical with regard to treating the already developed addiction and assisting in the recovery. This is also reflected by the “restorative” approach of law enforcement (aimed at restoring the harms), on the basis of which the community that suffered some harm receives some relief. The realization of which may have a self-strengthening effect on the perpetrator.

III. 4. Co-operation

The co-operation between the actors living and performing activities at different levels of problem management is an important condition to the enforcement of various rights and responsibility, and generally to the efficient tackling of the problem. The National Strategy calls for the development of such programmes that can strengthen and improve the co-operation within the family (parents–children–different generations), within the contemporary age group, and within the school (teachers–students–school healthcare service), and between the territorial institutions and various communities and institutions. It is furthermore necessary to develop and improve the conditions and interests of the co-ordinated operation of health and social care services, in order to disseminate the recovery-oriented programmes.

III. 5. Scientific basis

The National Anti-Drug Strategy is built on multidisciplinary approach, scientific evidence, (measurement, research), and international experiences, which complies with the relevant scientific knowledge and professional experience.

It is recommended that the various professional bodies and communities shall also develop their policies with regard to all of these.

IV. Vision and objectives

IV.1. Vision

It is difficult to predict even for a decade how the drug problem will develop in the future since the two defining processes, i.e. the supply and demand of substances vary significantly. For instance, new forms of designer drugs have spread in a few years, largely transforming the available forms of illegal substances in society. Ecstasy has previously penetrated the market equally quickly, and there are epidemic patterns of spread in some countries. The factors of supply and demand are roughly in balance in the majority of the developed industrial countries but the basic trend keeps worsening. This is also seen by the fact that the social expenditure against drugs increase in several countries.

Thus we shall also count with the deterioration and aggravation of the drug situation in Hungary, even if the level of supply does not increase, if decisive, targeted, and planned interventions at a social level are not made.

Demand can be boosted by several social processes. For instance, by the strengthening of “substance culture”, which is not only influenced by the use of substances considered as drugs but also by the use of legal psychoactive substances, especially alcohol consumption, smoking, and misuse of medicines for the purpose of causing an altered state of consciousness or mood, or even addictive behaviours (e.g. gambling).

From a sociological point of view, the spread of social stress and psychological tension, the more common personality development disorders in childhood and young adulthood, and the weakening of societal (social and psychological) support systems, especially the communities surrounding the individual also advance this. It has been long established that the consumption of legal and prohibited substances is also a redirection activity to relieve tensions.

The newly elaborated anti-drug strategy serves the purpose of improving the spontaneously deteriorating or, in the best case, stagnating drug situation by also adopting new methods going beyond the classic drug policy instruments. These methods may be effective to avoid or

balance the aforementioned demand-increasing effects, particularly if there is an appropriate financial framework and political will behind the action plan related to the strategy. The strategy sets as a long-term objective that Hungary shall be drug-free until 2020, in spite of the fact that this may seem unreal, based on the trends in the world and in Hungary. Nevertheless, the National Anti-Drug Strategy cannot give up on the endeavour that the next generations shall have a drug-free life.

The new aforementioned methodological basic principles and instruments:

- spread of the culture of sobriety and pro-social coping mechanisms, also by including the fields of social policy and mass communication,
- mobilization and strengthening of all community forms in order to help with human problems, including the fight against drug consumption and support of people in trouble,
- general strengthening of mental health, with particular regard to the scope extension of school health development and drug prevention,
- development of the full institutional system and therapeutic chain of recovery-oriented treatment and rehabilitation with respect to addiction conditions,
- the more efficient use of modern crime prevention and law enforcement interventions, with the help of which the exposure of young people to drug use can be significantly reduced and drug use of young people can be prevented.

The co-ordination of activities of various ministries, sectors, institutions, local communities and groups, as well as services and their activities can be particularly efficient in drug policy. Consequently, the new anti-drug strategy entails the opportunity to be an important factor in the mental strengthening of society.

In accordance with the above, the following are the indicators of the National Anti-Drug Strategy allocated to the objectives to be reached until 2020:

Indicator	Last available data	Undertaking
Consumption of prohibited substances in the adult population	Lifetime prevalence with regard to illegal substances in the age group of 18–64: 9.3%	The lifetime prevalence shall decrease

	(OLAAP 2008)	
Consumption of prohibited substances among under-age people	Cannabis: 19.4% Alcohol with medicine: 10.3% Inhalant abuse: 10% Tranquillizers/sedatives: 9.3% Amphetamines: 5.6% Ecstasy: 4.4% Cocaine: 2.5% (ESPAD 2011)	The joint consumption of alcohol and medicines shall decrease by 2%, and the consumption of other substances shall also decrease.
Drug-related deaths	Direct deaths in 2011: 14 deaths (National Centre for Addiction 2012)	The number of drug-related deaths shall decrease.
The general coverage rate of prevention in schools	90.4% of the primary and secondary schools performed prevention activities in the previous year, which appeared only in some sub-fields (Paksi 2009)	Prevention (health development) activities of appropriate quality – from a quality assurance perspective – are performed in schools.

IV.2 Objectives

The drug use does not satisfy a vital need; overall, it does not enrich human life but, quite to the contrary, it imposes various burdens and torment on humans. Therefore the expectation is justified that the professional and other stakeholder groups, relevant institutions, and, not least, the government shall do everything in their power to eliminate the drug problem by using the traditional and novel instruments of demand and supply reduction. The effectiveness of this endeavour is increased – rather it is a prerequisite for it – if the citizens and their communities grasp their own responsibility towards themselves, their human environment, their children, and the health and fullest possible life of the next generations, and they are ready to perform active actions in order to achieve this.

The National Anti-Drug Strategy establishes objectives and development directions at three intervention areas:

- Health development, drug prevention
- Treatment, care, recovery
- Supply reduction

IV. 3. General aims

- Within the values of society and its communities, the commitment to the own and others' health shall be enforced as a basic value in a more pronounced way than currently done.
- The scope of those community and professional initiatives shall be extended that serve the healthier lifestyle of the next generations.
- Community and professional responses required to coping with the new, never-before-seen forms of drug problems shall be given.

IV. 4. Specific aims

- The number of those programmes and initiatives shall increase that encourage and strengthen young adults who are not drug users, as well as popularize the drug-free lifestyles. The rate of students reached by the comprehensive school health development shall reach 50% until 2020.
- Special attention shall be given to the strengthening of the role of families and preparation to the parental role in the planning of prevention programmes. The prevention programmes using a family approach shall reach families with children at least once per every year.
- The rate of adolescents trying or occasionally using drugs shall be decreased within a specific age group. The current lifetime prevalence values shall be decreased by 10%.
- An institutional system for the addiction treatment of children and under-age people shall be established, which operates with a national coverage and general access, in line with the real needs.
- The access to and national coverage of the institutional system ensuring the health and social care of addicted people shall be improved. Efforts shall be made that an integrated, complex care system using common operational indicators and applying active outreach technologies, as well as technologies to involve patients in treatment, shall be available in every township by 2020.

- The rate of people entering treatment shall be increased among the problematic substance users and addicts, and efforts shall be made to keep them for an appropriate time. At least 20% of problematic substance users and addicts shall enter some treatment programme, including people with alcohol problems.
- Efforts shall be made to develop quality assurance criteria in order to evaluate the quality and effectiveness of care services. Only such health development programmes can be implemented in Hungary that have an appropriate professional recommendation and are monitored, including the activities of public education institutions. The healthcare and social service providers shall perform their activities according to the relevant professional guidelines, and a regular clinical and social institutional quality assurance audit shall be performed by every service provider.
- The effectiveness of the operation of police shall be increased within the available resources and institutional frameworks. In this context, an annual report on the criminal situation related to the distribution of drugs, the number of detected crimes, the apprehended perpetrators, and the amount of seized drugs and new psychoactive substances, as well as the results of the given year, shall be requested from the National Police Headquarters
- The local role and co-ordination activities of the co-ordination Fora on Drug Affairs (KEF) shall be strengthened. A local Co-ordination Forum on Drug Affairs, with the participation of the government offices, local governments, church and non-governmental actors, as well as public education institutions, relevant health and social service providers, shall operate in every township
- The National Programme of Mental Health shall be reviewed, and the policy programme aimed at containing the alcohol programme shall be adopted and co-ordinated with the anti-drug strategy.
- The intra-sectoral effectiveness, and the effectiveness between forms of co-operation at local and national levels shall be increased. The rate of health development programmes using a multi-sectoral approach shall reach at least 25% within the out-of-school drug prevention programmes. The interests of mental health shall be systematically taken into account during the decisions of the government and local state administration; to this end, impact assessment shall be made at every level.

V. Health development and drug prevention

V. 1. Health development

Since the drug use started to be interpreted as a social problem, and the strategic approach and practice started to be implemented, the prevention issues have been in the focus of tackling the problem in Hungary. The developments achieved in certain fields are not uniform, in spite of the results obtained. However, a new professionalism has been developed next to the decreasing resources, there are more service providers carrying out prevention activities.

Health is not for its own sake but serves as a resource for the every-day life in case the community and social responsibility really functions. Health and the physical, mental, and social well-being shall also strategically be in the focus in order for these values to get more pronounced in practice. On the one hand, the personal and community resources shall be improved, and the appropriate infrastructure shall be ensured, particularly in the families, in the school system (public education institutions), at the workplaces, on the Internet, in other mediums, at the various places of leisure and sporting activities, in organisations providing child care, in criminal justice institutions, and in groups of special needs.

V. 1. 1. Health development tasks

- Further encouragement of processes based on health development and systematic implementation of health development in public education institutions, on the basis of the inter-ministerial and inter-sectoral co-operation.
- Elaboration and support of programmes for improving relationship culture, strengthening mutual trust, deepening identity, and taking responsibility for the community.
- The Co-ordination Fora on Drug Affairs (KEF) have become important organisations of the local community in the past decade. They are suitable for initiating, planning, and evaluating local programmes and actions, as well as co-ordinating health development activities based on the real needs of the local community. The objective is to make the operation of KEFs more efficient, and to extend their scopes; to

strengthen the role and responsibility of local governments, and also strengthen and establish the legal framework of the co-operation with the government offices.

- To support age-specific training programmes in public education institutions, higher education institutions, and student hostels that support in preparing for the parental role, committing to and taking responsibility for family life. It is desirable that these initiatives shall be implemented out of school, at the various places of leisure and fun, particularly at places visited by young adults, and at occasions organised by them.
- Such leisure time programmes shall be supported that strengthen the positive participation of the adult society in the lives of young adults by common cultural, art, sport or other public benefit activities, thus advancing the opportunity to provide a positive example between generations, and to develop their values.
- Church communities have an important – from a spiritual perspective, irreplaceable – role in transferring values ensuing from their teachings and regarding life, health, responsibility, and human dignity. With respect to health development (and drug prevention at the same time), efforts shall be made that this orientation and these responsibilities shall be more prominently present in religious education, pastoral work, training and education in church schools, and in pastoral education, by respecting the autonomy of churches.
- Since the majority of socially and culturally disadvantaged parents can hardly or cannot be reached at the usual scenes, special programmes shall be ensured for the purpose of their involvement.
- It is also justified that the media should present the topic of family life more prominently, with particular regard to presenting everyday conflicts, and the background and methods for the management of relationship problems.
- Health, healthy lifestyle as a value and a resource shall become an example that can be and shall be followed by as many people as possible. For the purpose of the above:
 - a social policy in the support of health, the legislative environment in the service of this policy, and continuous sectoral co-operation are required;
 - the attitudes towards health and healthy lifestyle, and the comprehensive development of motivations and abilities shall be presented as priority values and identified tasks in the field of healthcare, public education, and mass media;

- mental health approach shall become an organic component of the health, professional, and general relationship culture by organising training and advanced training courses.

V. 2. Drug prevention

The prevention activity related to the drugs problem shall be formulated in the broader context of health development at every scene and in every age group. Attention shall be given to both the social-community conditions and effect and the person and his or her environment. There are already signs, in particular, in the training and education institutions that health development and the comprehensive physical, mental, intellectual and social well-being has become the focus of programmes.

The modern literature differentiates between general/universal, targeted and indicated preventions, efforts shall be made to simultaneously represent all three categories at every scene.

Carefully planned, continuous, evaluated and co-ordinated preventive work built on real needs and ongoing as part of health development shall also mainly be implemented within and by local communities. The effectiveness of programmes can primarily be judged in light of the improvement in personal resistance, coping and conflict-management abilities, self-efficacy, acquisition of certain knowledge and skills, as well as rejection of substance abuse. In spite of the available influences, the quality assurance of prevention programmes is currently unresolved. There is a need to develop such a quality assurance system which equally covers and co-ordinates the input (accreditation), follow-up (monitoring), and output (impact assessment, best practices) requirements.

V. 2. 1. Tasks related to prevention

V. 2. 1. 1. Local community scene

- Within an inter-sectoral co-operation, the system of preventive services shall be developed by fixing the key participants of responsibilities and implementation. Efforts shall be made to establish the financing background of preventive services

certified in the framework of the quality assurance system in public education institutions and at other scenes.

- The KEFs – non-governmental organisations, church and other local communities, as well as institutions – shall organise and co-ordinate preventive activities for strategic objectives.
- In social, child protection and certain other cases, the links of healthcare institutional system to the local strategy shall be strengthened by advanced training courses, professional consultations, and the ensuring of interoperability and delegation, particularly in the fields of targeted and indicated prevention.
- The self-help groups of recovering and recovered addicted patients shall still join the different prevention programmes since they can have a significant effect on the local community through their personal example and experiences.
- The local community shall provide the vulnerable persons and groups with a chance to resort to targeted preventive interventions.
- The local community shall provide persons who are not considered addicts but already show signs of problematic drug use with a chance to resort to indicated prevention, professional intervention and treatment, and to support their family members and relatives.

V. 2. 1. 2. Family scene

- The complex family care services and provisions promoting the detection and management of family problems (e.g. family care provided by health visitors, family consultation, family therapy, mediation, educational guidance) shall be made widely available.
- The cultural background, social situation, level of health literacy, and other characteristics of families shall be taken into account during the planning and implementation of local health development and prevention programmes.
- It is necessary to name those common aims for organising leisure within the framework of health development activities at the family scene, and, as far as possible, according to the known scientific evidences, incorporate and activate those forms of activities that strengthen the positive participation of older generations in the everyday life of young adults in the form of common activities.

- In addition to addicted people, the various forms of community care shall be made available to their relatives. The consultation opportunities between various support services shall be enhanced in the interest of supporting the families involved.

V. 2. 1. 3. Public education institutional scene

- An institution is healthy if it is characterized by the atmosphere of organisational trust, and it provides both the students and the teacher an opportunity to evolve. In this regard, the conflict-management ability and communication skill of a mentally healthy teacher using his or her competencies is of central significance.
- The institutions are the key scenes of health development and targeted prevention where the implementation and continuous development of activities, the formulation and consistent enforcement of quality assurance requirements are required. The processes for the more effective exercise of socializing functions of institutions shall be supported, and simultaneously the effectiveness of measures directly benefiting the prevention of drug use is also enhanced.

The main conditions for this are the following:

- increase the presence of support professions competent in managing social and socializing conflicts in public education institutions,
 - continuous development of methods and activities related to the responsibilities of school health provisions; improvement of the co-operation between basic services and school healthcare service,
 - close co-operation between social crime prevention and the public education field,
 - modernization of pedagogical methods; inclusion of curriculum reflecting age-specific capabilities in the local pedagogical programme in order to make learning more efficient and motivate the students,
 - the more meaningful and more varied organisation of extracurricular activities, given that these activities have a larger influence on the development of lives and value choices of students than the measures of direct influence.
- Although the key participants of this scene are the whole teaching staff, as well as the teachers, the professionals providing school healthcare services – apart from the contribution of the supporting professionals without an education degree – and, in

justified cases, the parents and students shall also be involved in the development and implementation of the local health development programme.

- Instead of the incidental – and mainly one-year – financial support of institutional programmes, it is a long-term aim to develop such a predictable financing system which enables the implementation of longer-term programmes and is adapted to the number of students.

V. 2. 1. 4. Child protection institutional system

- Next to the public education institutions, the child protection institutional system is the other key participant of prevention. The appropriate development of the infrastructure supporting health development, as well as the establishment of personal conditions are required for providing prevention tasks in the fields of child welfare basic services and professional child protection services, as well as education in reformatories.
- In order to compensate dysfunctions in families, the transfer of special professional knowledge and the development of competences are required within the child protection institutional system.
- The development and dissemination of targeted and indicated prevention programmes are required for the children and young adults living in child protection institutions.

V. 2. 1. 5. Higher education scene (including youth hostels)

- The more prominent representation of training components preparing for the practical challenges of a teacher's career in the training of teachers.
- The inclusion of fundamental knowledge on mental health, health psychology and addiction science, as well as the relevant material of social crime prevention in the basic training and advanced training system of teachers.
- The fundamental knowledge on health is part of the general literacy so information and skill development programmes related to this topic shall be supported in the various institutions of higher education.
- The students shall be given access to life-skills education.
- Particular attention shall be paid to the phenomenon of “campus climate” i.e. the specific mental health problems of students in higher education.

V. 2. 1. 6. Contemporary age groups, scene of youth communities

- As an equally important component of prevention, harm reduction, and supply reduction, places of amusement with music and dancing shall be involved and incentivized in the secure amusement of young adults; the conditions of secure amusement shall be established by training the staff of places of amusement, providing support services at places of amusement, as well as consistently monitoring the related requirements.
- The levels of responsibilities shall be clearly stated with regard to the health protection and prevention of drug use of the persons in various commercial establishments and places of amusement. The fulfilment of requirements shall be ensured.
- The organisation of alternative leisure time programmes, and the establishment of such places where these programmes can be organised (e.g. community and civic centres, youth centres) shall be supported.
- The development and follow-up of the methodology of prevention and harm reduction programmes at the places of amusement with music and dancing, and targeted prevention programmes operated in shopping centres, and in housing estates and their surroundings.

V. 2. 1. 7. Media scene

- The limitation and prohibition of advertising and popularization of psychoactive substances in any form or for any purpose, by amending the regulation on advertising and consumer protection. The regulation which prohibits an advertisement emphasizing the narcotic effects of a legally marketable product with the aim of increasing demand for the given product shall be enforced.
- Containment of the contents encouraging drug use on the Internet and at the other scenes of commercial communication; the strengthening of existing Internet monitoring services and enhancement of their activities.
- Control of shops selling the most diverse aids of drug cultivation and use, and the containment of the sale and advertising of these products.
- Support of using the possibilities provided by information and communication technology tools, primarily the Internet, for preventive, consulting and therapeutic purposes. Transfer of the expertise and abilities required for the services; and their development in trainings and advanced trainings.

- The number of media programmes reflecting responsibility, reducing prejudices, encouraging solidarity and action shall be increased; and the media content presenting the background factors of drug problems and their prevention and treatment opportunities shall be supported.
- Organisation of training and advanced training programmes for journalists, communication and media professionals that intensify their knowledge related to prevention and health development.
- In order to facilitate the orientation regarding the prevention and treatment opportunities, the collection, evaluation, and dissemination of data on the operation and availability of organisations dealing directly and indirectly with drug users.

V. 2. 1. 8. Occupational scene

- Reach the adult population (and their family members) by involving company resources in the prevention work, thus maintaining labour competitiveness.
- The workplace prevention programmes shall primarily focus on the health-conscious majority, and shall be connected to the already running company training and social programmes.
- The classification system of companies shall be modified in such a way that the prevention programmes, company culture, and health-consciousness of employees shall be taken into account.
- The government and local governments shall support the companies in taking responsibilities, and by setting an example for the private sector by initiating prevention programmes as employers.
- The organisations representing employees' interests shall initiate programmes aimed at health development and prevention in the framework of different agreements (e.g. collective agreement).
- The development of possible contents and the methodology of implementation conditions of drug prevention programmes that can be implemented at workplaces, and the establishment of the regulatory environment.

V. 2. 1. 9. Criminal justice institutions

- Encouragement of social inclusion of persons under the jurisdiction of criminal justice.

- The operation of drug prevention units of criminal justice institutions shall be ensured, their scope shall be extended.
- The persons in custody struggling with addiction problems shall have better access to appropriate care in criminal justice institutions.

V. 2. 1. 10. The institution of “treatment in place of punishment”

The “treatment in place of punishment” (in everyday language: diversion) is an important institution of prevention and treatment activities, which is mainly aimed at those substance abusers who have not yet become addicts, particularly at such a special age when consulting developing self-knowledge and problem-solving abilities has a great potential. The use of possibility of diversion can really succeed if diversion does not give a chance to new abuses, and its results can be monitored.

- If specific regulatory requirements are fulfilled, the drug users shall be still ensured the possibility in the future to participate in treatment and prevention programmes in place of punishment.
- In order to increase effectiveness, the service providers shall have the option to determine the number of hours of diversion within the minimum and maximum time frame laid down by legislation, based on the client's needs.
- Quality assurance system of the diversion shall be established, with particular regard to the following: introduction and dissemination of the recommendations of the related methodological letter, the advanced training of service providers involved in diversion, and, in order to avoid duplications, the establishment of a general and uniform inventory system on persons participating in diversion and the services used by them, in compliance with data-protection provisions.

Priorities:

- *The number of those programmes and initiatives shall increase that encourage and strengthen young adults who are not drug users, as well as popularize the drug-free lifestyles.*
- *The rate of students reached by the complete school health development shall reach 50% until 2020.*
- *Particular attention shall be given to the strengthening of the role of families and preparation to the parental role in the planning of prevention programmes. The*

prevention programmes using a family approach shall reach families with children at least once per every year.

- *The rate of adolescents, currently measured in life time prevalence value, who try or occasionally use drugs shall be decreased by 10% within a specific age group.*
- *Quality assurance system of the prevention and consulting programmes shall be established and then gradually introduced.*
- *Only such health development programmes can be implemented in Hungary that have a professional recommendation and a quality assurance system, including the activities of public education institutions.*
- *The national strategies and programmes, aimed at developing mental health and treating alcohol problems and other behavioural addictions, to be adopted shall be co-ordinated with the Anti-Drug Strategy.*
- *The local role and co-ordination activities of the co-ordination Fora on Drug Affairs (KEF) shall be strengthened. A local Co-ordination Forum on Drug Affairs, with the participation of the government offices, local governments, church and non-governmental actors, as well as public education institutions, relevant health and social service providers, shall operate in every township*

VI. Treatment, care, recovery

VI. 1. Foundation

The aims of the recovery-oriented care are to improve and restore the client's state of health (with the aim of reaching a permanently drug-free life), and advance his or her reintegration into society. The recovery-oriented approach is already present at the first meeting of the substance abuser and the supporting institutions, and accompanies the client through the care system; its important part is the prevention and appropriate treatment of relapses very typical of drug addiction.

Care systems are organised around the client's needs and the results of the treatment and care. The needs-based and results-oriented care services mean the optimal organisation of patient and client journeys. This implies the development of a complete spectrum of care services

within and between the treatment and care systems, and the progressive system of health services, in close co-operation with social care services. In this approach, the client's needs are fully represented so not only substance abuse and addiction but also its psychosocial relationships appear as a problem and need. The effectiveness of the treatment and care system depends also on the client's actual needs, motivation, preparedness to change, and the supporting or interfering effects of the client's environment; the attitude and interventions of the care system also have an impact on these conditions.

The most important result is the already sober client's recovery and reintegration into the community. However, it is also a progress if the further substance abuse of the less motivated clients who are less ready for changes imposes a smaller burden on themselves and on their close and broader environment. Therefore the various low-threshold and harm reduction programmes are also part – as something like a first stage – of the complete chain of care services, which is based on the recovery-oriented approach. It is particularly important to co-ordinate the actual motivations of clients and the encouragement to change in such a way that can improve the chances of a later recovery. A further aim of the services is to find the hidden drug users, which affords the opportunity that people struggling with drug problems can enter a treatment programme. The harm reduction programmes also contribute to preventing the spread of infectious diseases, the mitigation of the risks of crime, and the deaths caused by overdose. However, it is essential that the various harm reduction services shall be integrated into the recovery-oriented complex programmes, and shall closely co-operate with the medical and rehabilitation institutions.

The current institutional system meets the requirements of the recovery-based care model in only a limited way. The Hungarian care system has serious capacity constraints in several areas, particularly the unresolved situation of the care of children and under-age people using drugs, and the multiple recidivist, hidden and co-morbid substance abusers is evident. Efforts shall be made to use the psychosocial interventions as efficiently as possible, and to make people suffering from an infectious disease related to intravenous substance abuse enter a treatment programme. The co-ordination of health and social care services shall be facilitated, simultaneously with making the patient- and client journeys transparent.

A modern centre which pursues organisational, methodological, educational and scientific functions, follows patient journeys, and is able to provide care services in a special way in certain areas is one important component of a care system which is able to treat substance abuse, addiction, and its complex, psychosocial relationships. The new National Institute of Psychiatry and Addiction Science simultaneously provides the national institutional functions in the fields of addiction science and psychiatry; its establishment also creates an opportunity for establishing the missing care modalities.

To the above, the National Anti-Drug Strategy formulates basic principles with regard to the organisation of care services. A very important component of this is that the care services provided by different service providers shall be built upon each other, and the territorial coverage of services shall be co-ordinated. The co-ordination of the professional contents of services, and the elimination of duplication improve the systematic effectiveness. It is very important to extremely protect the client's right to treatment, prevent the client from taking the wrong journey, keep the client in treatment, and monitor the client's treatment in the inter-institutional patient journeys between certain types of care services.

VI. 2. Tasks in the fields of treatment, care, and recovery

VI. 2. 1. Early treatment

Early intervention is an effective instrument to prevent the development of addiction and the more serious complications in the early stages of drug use. The intervention methods are usually simple, their advantage is the extended applicability, as well as that the effect of problematic substance abuse occurs at an early stage of the problematic substance abuse. In order to achieve this:

- The application of targeted interventions and indicated prevention activities shall be facilitated in those institutions of the healthcare system that are entitled to do provide these services by complying with the professional requirements.
- Where possible, early intervention shall be done with the involvement and support of family since the work that covers the whole family is significantly more effective.

VI. 2. 2. Treatment and care system

- The institutions participating in addiction treatment shall co-operate more closely with each other in order for the related patients to have a more simple and faster access to the treatment most appropriate for their state of health. Efforts shall be made to establish and develop integrated addiction care services.
- The territorial inequalities of addiction treatment shall be reduced in order to ensure equal access; efforts shall be made to develop a complete spectrum of treatment services. Therefore, the usability of components reflecting a sufficient level of progression may improve in the health sector all over the country.
- The treatment and care systems shall preferably co-operate with the locally implemented family and community initiatives and the self-help programmes of recovering addicts.
- In addition to out-patient and in-patient care, the social basic services and the various forms of specialized care for addicted people shall be also improved. The development of the service sector, with particular regard to the close-to-public care services and mobile services, effectively helps in entering the treatment and the recovery process.
- The outreach work shall be developed; assistance shall be given to enable patients to join low-threshold programmes without stigmatization. These provisions shall be part of the recovery-oriented programmes as “stage one”. The development of low-threshold programmes is also justified because the hidden substance abusers shall be found and involved in treatment and care, and the infectious diseases shall be prevented, screened and treated.
- It is justified that the treatment centres, such as emergency departments, departments of toxicology, psychiatry, and traumatology shall be prepared and involved in the appropriate treatment and patient management since many substance abusers makes an appearance at these treatment centres for the first time. The people in need, including the co-morbid cases, can be filtered out in the most efficient way at these places.
- In the case of the otherwise not treatable opiate addicts, the maintenance treatment is justified, which has to be part of a comprehensive programme especially including personalized psychosocial interventions. The treatments methods and instruments

facilitating the fullest possible recovery shall be ensured to the persons participating in maintenance treatment and other harm reduction programmes.

- It is required to reduce the diversion of substances distributed through legal supply channels for medicines, and the abusive use of regularly bought medicines subject to medical prescription, also taking into account that the free access to opiate-based medicines shall be always ensured to all people in need.
- In order to reintegrate the recovering addicted patients into the community, the rehabilitation care systems providing long-term therapeutic services, as well as the resocialization and social care systems shall be developed according to needs.
- Such a financing environment shall be developed which ensures the sustainability of the appropriate professional standard of care.
- In order to reduce the skills shortage in the professional field, such a professional target system shall be developed which includes training/advanced training opportunities and establishment of new competences in the interest of creating a more effective work allocation and working conditions for healthcare, social and other professionals engaged in care of people struggling with drug problems.
- It is justified that professionals without a health degree, e.g. addiction consultants and other support service workers, shall be involved in out-patient care. The activities in this direction shall be financed.
- The treatment and harm reduction intervention shall be used in a co-ordinated way in order to prevent drug-related deaths and drug overdoses.

VI. 2. 3. Special groups, specific problems

- The care system currently cannot meet the special needs of children and under-age people who are problematic drug users or drug addicts. This is true for the out-patient, in-patient and rehabilitation care services. The problem can be solved by developing an institutional system with the required professional and infrastructural criteria, which provides children and under-age people with out-patient and in-patient services, and performs their rehabilitation and resocialization.

- In the criminal justice institutions, it is justified to introduce – in co-operation with the care system out of the criminal justice institutions – such therapeutic interventions to the persons convicted due to drug-related crimes that they need and that can be provided, considering the nature of the institutional system.
- The offer of treatment-care and after-care programmes for substance users with special needs shall be broadened, with particular regard to people belonging to minority groups, homeless people, people in custody, pregnant women, people suffering from infectious diseases, parents raising a drug addict child alone, people living with disadvantages, intravenous drug users who are virus carriers, and people suffering from related psychiatric disorders.
- The introduction and application of screening tests appropriate for vulnerable people is required.

VI. 2. 4. Quality assurance, systematic management, managed care

- It is required that the national and foreign evidence-based processes and best practices shall be prominently supported and adapted to the Hungarian conditions.
- The regular review of professional guidelines, methodological letters, and treatment schedules including best practices. Establishment of still missing schedules.
- Ensuring of the access to legal, therapeutic drugs, with particular regard to medicines containing opiates.
- Development of quality assurance criteria in order to follow-up the quality and effectiveness of care services. Development and introduction of professional schedules assisting in learning evidence-based psychosocial interventions.
- Strengthening of the co-operation between healthcare and social service providers, as well as the definition and application of such indicators in the various types of care services that describe the effectiveness of local service providers and facilitate their co-operation in order to improve systematic effectiveness.
- Development of the capacities of healthcare and social service providers according to needs; involvement of the recovering and recovered clients and patients in the organisation, evaluation, and, if possible, management of their treatment.

Priorities:

- *Such conditions shall be created that enable the improvement of the access to and national coverage of the institutional system ensuring the health and social care of addicted people.*
- *Efforts shall be made that a complex net of care services, which is operationally integrated and uses a common system of operational indicators shall be available in every township.*
- *Such an institutional system for the addiction treatment of children and under-age people shall be established, which operates with a national coverage and wide access, in line with the real needs.*
- *In order to reach addicted people and to involve them in treatment, every care unit shall apply active outreach technologies, as well as technologies to involve patients in treatment by 2020.*
- *The rate of people entering treatment shall be increased among the problematic substance users and addicts.*
- *Some components of the treatment and care system for the protection against infectious diseases related to intravenous substance abuse shall be strengthened.*
- *Minimum 80% of the healthcare and social service providers shall perform their activities according to the relevant professional guidelines, and a regular clinical and social institutional quality assurance audit shall be performed by every service provider.*

VII. Supply reduction

VII. 1. Major processes

In addition to the fact that every classic drug is available in Hungary, the distribution and use of new types of psychoactive substances (the so-called designer drugs) are rapidly spreading. The risk to national security regarding the appearance of these substances is significant due to the connection of distribution to organised crime. The criminal groups previously involved in drug trafficking of traditional drugs are recently engaged in the distribution of these substances.

Drug-related crime is a dynamic phenomenon: dramatically quickly new substances appear on the market, new criminal conducts become more frequent, and smuggling routes are changed.

The group of perpetrators dealing with various types of drugs bears all the characteristics of organised crime at the higher stages of the distribution pyramid, particularly groups of smugglers active in the routes of the Balkan, as well as the foreign criminal groups who have a decisive role in the distribution of cannabis. After cannabis, the illegal and legal synthetic drugs are the most wanted group of substances on the Hungarian market. Cocaine use also keeps continuously growing.

The number of crimes committed on the Internet increases day by day, Internet-based crime is one of the areas related to the supply of drugs and new psychoactive substances, which is the most difficult to control.

VII. 2. Organisational requirements

A law enforcement organisation established for the purpose of carrying out general police tasks faces the groups of drug smugglers, cultivators and distributors present in the whole country. It is required that the forces, instruments, and particularly the information shall be focused on improving the effectiveness of the fight against the criminal groups supplying the country with drugs. Due to the restructuring of the law enforcement authorities in recent

years, the requirements for this are primarily available; however, the constantly changing dynamics of drug-related crime will also require appropriate responses in the future.

VII. 3. Aims, basic principles, area of activity

The definite aim is to reduce the rate of drug consumption as much as possible until 2020 in Hungary by widely using the available instruments, while ensuring the balance of demand and supply reduction. This is particularly important at such scenes where the children and young adults are exposed to a high level of risk, namely at schools, at institutions of community culture, at places of amusement.

The National Security Strategy defines in detail the emerging national challenges in relation to drug trafficking, and the adequate responses. It states that the prerequisite for an urgent action to combat drug-related crime, which is more effective than the current one, is to improve the effectiveness of law enforcement work, to augment the technological endowment of the relevant authorities, and to advance the education of staff, as well as the effective information exchange and co-operation with the relevant international bodies. To this end, the effectiveness of counter-measures shall be increased, the authorities responsible for the actions against criminal organisations, and the personal, material and technical basis of forensic activities shall be strengthened. Furthermore, a national service against drug-related crime shall be established. The anti-drug fight is a comprehensive social responsibility so using the opportunities of social crime prevention is particularly important with regard to the successful action.

In view of this, the major strategic aim of supply reduction is to prevent any psychoactive substance suitable for abusive use from entering Hungary, to prevent people from having access to substances appearing in Hungary, and to enforce the approach of crime prevention in this context.

The work related to supply reduction is a statutory obligation, which protects the members of society and provides safety to various communities (family, public education institution, workplace). Its area of activity covers legislation, law enforcement, termination of illegal drug

production, and the strict control of the so-called drug precursors, precursors, drugs, psychotropic and new psychoactive substances.

It also applies to the joint anti-drug actions implemented in international co-operation, as well as the action against money laundering and corruption related to the illegal drug trafficking. Within its institutional framework, it primarily covers the activities of the police, the National Tax and Customs Administration of Hungary, and the capacity enhancement of the Special Service for National Security assisting in the implementation of more successful investigations, as well as the control tasks required in the field of criminal justice. Crime prevention and the reduction of organised crime by using public administration or administrative measures are also included in supply reduction, where local communities, local governments, and other local organisations (e.g. churches), as well as business enterprises (e.g. operators of places of amusement) can have a key role. In this field, the effectiveness of a social warning system requires the strengthening of civic responsibility, and the early management of problems requires the legislative establishment of the opportunity of a local government action against unwanted effects.

The reduction of drug supply, irrespective of the individual types of drugs, is based on the zero tolerance principle continuously required by law for decades, and this activity focuses on the drug dealers and producers. There is also no difference between drugs with regard to the fact that nobody can be exempt from criminal liability for drug production and trafficking due to addiction or any other reason.

The reduction of drug supply follows the zero tolerance principle continuously required by law for decades, and its activity focuses on the drug dealers and producers. Neither addiction, nor any other reason can exempt people from criminal liability for drug production and trafficking.

Police activity is aimed at reducing drug-related crime, which also meets the expectations of society. Society also expects of criminal policy that the system of interventions with regard to the individual and community consequences of crimes shall be available. In case of crimes committed by people producing, cultivating, distributing, and providing drugs on a professional basis, the legislative framework shall also ensure the confiscation of their wealth generated from drugs, in addition to the penalty of strict detention. The aim is that the wealth

liable to confiscation can be spent on prevention, treatment and care, and development of supply reduction.

An essential component of modern law enforcement is the obtainment, processing, use, and transfer of information. It is also necessary to collect, analyse, and evaluate information on the production, cultivation, distribution, and sale of drugs with regard to activity aimed at supply reduction. To this end, the information exchange between law enforcement organisations, and its effectiveness shall be increased, which can be of great help regarding both the new types of drugs and the new types of modus operandi. Another component of supply reduction is the effective action against Internet websites inviting people to commit various crimes regarding drugs, and informing them on the methods of distribution, production, and cultivation of drugs.

It is also important to reduce the number of road accidents related to drug consumption, to this end it is justified to increase the intensity of targeted roadside checks and to perform screening tests for drug consumption on car drivers causing accidents.

The action against illegal abuse shall be strengthened in order to reduce the chances for abusive use related to drug precursors, drugs, psychotropic and new psychoactive substances. On the one hand, this can be achieved by a modern authorisation and record system, on the other hand, by involving the organisations of chemical companies and vendors in the consulting and prevention work.

VII. 3. 1. Tasks in the field of supply reduction

- The staff and technical equipment of experts shall be further developed in order to accelerate the processes and support the work.
- The professional and scientific development, technical improvement, and optional capacity enhancement of laboratory network for drug analysis shall be facilitated in accordance with international and European Union processes.
- It is required to further enhance the abilities enabling multi-disciplinary (economy protection, implemented in an IT environment) actions during the development of the

anti-drug police unit, to develop the available technical instruments and equipment, and to strengthen the professional management of local and territorial police units.

- The effectiveness of information exchange between the Hungarian law enforcement organisation shall be improved.
- In favour of successful and adequately deterrent criminal proceedings having a sufficient dissuasive effect, the co-operation between law enforcement authorities and judicial authorities shall be improved, primarily by the appropriate information and training of prosecutors and judges on the new modus operandi and criminal conducts.
- The ex post impact assessment of regulation adopted for new psychoactive substances in 2012 shall be carried out, and the legislative framework and/or its practical application shall be developed on the basis of the conclusions. In this framework, it shall be examined whether there is a need for a stricter law, which is closer to the drug-related regulation, as well as for a separate law on illegal drug use, which is out of the scope of the Act on medicines.
- Since the drug-related crime is part of the international organised crime, in the framework of which cross-border components are typical, it is necessary to establish, maintain and continuously develop multilateral international relationships in the interest of active police actions. The anti-drug police units shall be provided with a chance for daily international communication. In this matter, the active police participation in the 2014-2017 European Union policy cycle for serious and organised crime is of determining significance. The EU priorities for this period require that the production of synthetic drugs shall be reduced in the European Union, the activities of organised criminal groups participating in the trafficking of synthetic drugs shall be prevented, the cocaine and heroin trade into the EU shall be reduced, and the activities of organised crime groups involved in the advancement of intra-EU distribution shall be prevented. Its implementation is also a high priority task for the Hungarian law enforcement authorities, which shall be replicated and implemented at a national level.
- The Hungarian participation in operative co-operation established on the basis of European Union initiatives, and cross-border information exchange shall be made more frequent. The provision of information to Europol shall be enhanced, and the available European analysing-evaluating capacities shall be actively used. The number of joint crime detection and investigation teams shall be increased. In order to further improve substantive co-operation, every available international information channel

(Interpol, SELEC, PCC SEE, bilateral relations), and forms of co-operation based on legislation shall be used to the fullest possible extent.

- At an international level, an active and proactive action is required to prevent the psychoactive substances and related products and technologies from flowing into Hungary. In order to achieve this, the Hungarian interior-law enforcement relationships shall be extended with the “Silk Road” countries presenting the highest level of risk. For this purpose, the extension of contractual relationships enabling effective, substantive, daily criminal co-operation, and the enhancement of regional intelligence-gathering capacities are required (e.g. establishment of a liaison position, use of liaisons of other EU member states who are stationed in the region).
- The action against criminal conducts of smuggling in connection with drug-related crime shall be intensified at the temporarily remaining Schengen external border sections (including air border) by such an integrated methodology, in the framework of which the criminal and border police services of the Hungarian Police and the National Tax and Customs Administration of Hungary properly co-operate. Furthermore, related in-depth checks shall be intensified, with regard to the existing and further growing Schengen internal border sections.
- The role of legal international trade in goods keeps increasing since the smugglers use the postal and mail order services more and more intensively. To this end, the co-operation between the law enforcement authorities and the participants of this sector shall be enhanced by exchange of experiences, training, co-operation agreements, and the establishment of a regular co-ordination forum.
- With regard to both demand and supply reduction, the instruments, present and future capacities of social crime prevention shall be relied on.
- The co-operation with the local governments shall be strengthened; the role of local governments shall be enhanced with regard to drug distribution on their areas. Principally, the administrative approach of action against organised crime shall be actively used towards commercial and service units opening the door to drug distribution, while making infringements impossible, preventing and detecting crime, and calling the perpetrators to account.
- The staff and technical equipment of official inspection shall be further developed in order to reduce the chances for abusive use, and to increase the efficiency of action against illegal abuse.

- It shall be specified that electronic data shall be made inaccessible (blocked) in the investigation stage of criminal proceedings, and also in the case of investigation proceedings initiated on the grounds of reasonable suspicion of crimes related to drug trafficking, incitement to the use of narcotics, assistance in drug production, and abusive use of new psychoactive substances.
- In order to decrease the number of drug-related traffic and occupational accidents, the intensity of targeted roadside checks shall be increased, an opportunity to screen car drivers causing accidents for drug use shall be created, and the activities to prevent influence of drugs in the workplace shall be extended.

Priorities:

- *The effectiveness of the operation of police shall be increased within the available institutional frameworks. The effectiveness of counter-measures shall be increased, and the personal, material, and technical basis of the authority responsible for the actions against criminal organisations, and the body performing forensic activities shall be strengthened.* In order to improve the effectiveness of law enforcement work, it is required to advance the education of staff of the relevant authorities.
- *The communication and information exchange between the related Hungarian law enforcement authorities, and individual professional fields, as well as the effectiveness of co-operation shall be improved.*
- *An opportunity for daily bi- and multilateral international communication, and participation in EU and international operational co-operation shall be created and continuously provided to anti-drug police units and other related authorities.*

VIII. Implementation criteria: human and social resources

VIII. 1. Overview and the monitoring of the implementation of the National Anti-Drug Strategy

The key component of the National Anti-Drug Strategy aimed at managing the drugs problem is to create society's responsiveness and ability to respond to the drug phenomenon, and to ensure the sustainability of these. The continuously updated knowledge provided during trainings and advanced trainings, which is based on national data collections and researches, the co-operation mechanisms at various levels, and the financing processes are together those human and social resources on which a successful strategy can rely. Accordingly, the National Anti-Drug Strategy intends to encourage the development of social resources on the following priority areas.

VIII. 1.1. Monitoring and evaluation

The short-term implementation roadmap of the National Anti-Drug Strategy is included in the policy programme to be elaborated after the adoption of strategy. The policy programme provides the possibility to specify the sectoral priorities, responsible persons, resources, and deadlines of individual sub-fields.

The implementation of the National Anti-Drug Strategy shall be monitored in detail, by acquiring the opinion of relevant public administration bodies and professionals, so as the effectiveness of interventions and measures, and the necessity of possible modifications can be correctly judged. The most important indicators showing the development of drug problem and the effectiveness of the National Anti-Drug Strategy shall be regularly collected in a pre-determined way and within pre-determined frameworks.

The data required for the monitoring and evaluation of the National Anti-Drug Strategy are provided by the public administration organisations and institutions collecting data under their jurisdiction. The primary data processing is done by the Hungarian National Focal Point, which compiles the annual drug reports, meets the reporting requirements of the European

Union, and is ex officio notified of the relevant Hungarian research programmes, and makes a proposal on such programmes.

The implementation of the objectives of the National Anti-Drug Strategy is ensured by the indicators related to Hungarian and international databases based on regular data collection in the fields of (1) health development, drug prevention, (2) treatment, care, and recovery, (3) supply reduction. The most important indicators required for the monitoring of the Anti-Drug Strategy, their short contents, and the institutions and organisations responsible for data collection are included in Annex 5.

The framework of the process is in line with the strategic documents of the European Union, particularly with the indicators showing the fulfilment of the undertakings of the European 2020 Strategy. The monitoring of the effectiveness of interventions defined along the priorities is particularly relied on the key indicators established by EMCDDA⁸. Information will be available to decision-makers with the co-operation of the existing systems of institutions.

With regard to the implementation of both general and specific objectives, the mid-term review of the National Anti-Drug Strategy shall be checked by a complex examination based on the presented indicators. The interpretation of data, and the inclusion of possible new intervention directions in policy programmes are done through the institutional system of government reconciliation. In addition to evaluating the implementation of objectives, the mid-term report shall also cover the effectiveness of use of resources. The report also analyses the possibilities for simplifying the strategy and policy programme, the suitability of objectives and measures, as well as the results of ex post evaluation of previous strategies and programmes.

VIII. 2. Training, advanced training

The local responses to drugs problem require specific knowledge and skills necessary for its application. The most important components of the novel allocation of tasks and the related knowledge shall be present in the basic training programmes of teachers, doctors, psychologists, lawyers, law enforcement and media communication professionals, pastors,

⁸ European Monitoring Centre for Drugs and Drug Addiction

health visitors, and social workers, as well as in the advanced training programmes of professionals highly engaged in mental health activities.

In addition to formal education and training programmes, the acquisition of knowledge can be ensured by creating the conditions of continuous learning. In addition to traditional training programmes, such targeted, short, and intensive programmes can also facilitate the training of professionals and the transfer of knowledge crucial for the efficient implementation of the National Anti-Drug Strategy that strengthen the preparedness of practising teachers, doctors, and other people working in fields affected by the drugs problem in any way. These trainings are of modular structure, their independently interpretable units are incorporated in the formal advanced training system of the individual professional fields. The knowledge and skills related to the work in community environment, and the specialities of the multi-disciplinary team work shall be present in the doctoral, health science, and social worker training and advanced training programmes in a more prominent way.

Further extra efforts with regard to the training of professionals are needed, considering the significant shortage in certain professional fields. Such fields are for example: child psychiatry concerning the mental health of children and under-age people, and, separately in this field, child addictology, which is the targeted prevention and treatment of addictions. In the case of people belonging to the Roma minority, the mental health protection and the prevention and treatment of problems caused by substance abuse is a specific problem. An opportunity shall be created by developing an incentive system assisting in the replacement of missing professionals so the services ensuring the conversation of mental health and the treatment of patients shall be available in the still disadvantaged regions without care services. Novel organisational solutions, e.g. the involvement of people working in the basic healthcare in the various nursing duties related to substance abusers, should be also considered, principally in the interest of people living in small settlements and vulnerable people.

VIII. 3. National co-operation, institutional systems

The national co-operation basically covers two important areas: on the one hand, the co-ordination of tasks and activities in the field of public administration, and, on the other hand,

the local co-ordination of tasks and activities of participants in the management of the drugs problem.

VIII. 3. 1. Committee for Inter-ministerial Co-ordination for Drugs (KKB) and Council on Drug Affairs

The Committee for Inter-ministerial Co-ordination for Drugs (hereinafter referred to as: KKB) is the advisory body of the government on drug-related issues, which provides an opportunity for actors in the field of public administration to carry out professional and inter-sectoral reconciliation. The provisions concerning KKB are included in Government Decree No. 1089/2013 (III. 4.). KKB continuously monitors the implementation of the National Anti-Drug Strategy, and the related policy programmes; it participates in their evaluation with its recommendations.

The Council on Drug Affairs as the forum for co-operation with non-governmental organisations provides a framework for non-governmental organisations, churches, and professional organisations so as they can consult, make a proposal, and give an opinion on the National Anti-Drug Strategy, and the preparation, implementation, monitoring, and evaluation of policy programmes. The liaison between the two fora is the government executive in the position of the President of the Council.

VIII. 3. 2. Co-ordination of local forms of co-operation

The activity of the co-ordination Fora on Drug Affairs co-ordinates the work of the community and the work of the organisations and institutions related to co-operation, prevention, treatment, rehabilitation, and supply reduction at a local level. By implementing the professional and methodological approach, it governs and rationalizes – by identifying the local needs and developing the ensuing strategies – the drug prevention and management activities to be implemented at a local level. Principally, these are not organisations implementing programmes but they can be interpreted as fora assisting in the professional co-operation.

The structural and organisational changes in the field of government responsibilities create a new situation and opportunities with regard to local forms of co-operation. The changes in the health and social care system and in the organisation, management, and supervisory system of

public education, the strengthening of the role of structures responsible for healthcare planning and the organisation of care services make the development of new, efficient forms of co-operation possible and also necessary. The change in the responsibilities of the local governments puts the local co-ordination for drugs into a new interpretation framework.

The local co-operation ensures that the service providers operating and available in a given settlement shall carry out their activities in line with each other, and that they shall be able to effectively manage the problems related to mental health, including drug-related problems, and to perform duties crossing over organisational borders regarding prevention, medical attendance, and diagnostics. Accordingly, the purpose is that those local co-operation fora shall be established and re-organised – with regard to the restructured system of public administration – in which public education, public healthcare and social care, as well as crime prevention and law enforcement organisations carrying out health development, prevention, and treatment activities, and responsible for and familiar with the management of the drugs problem shall participate.

The local government organisations, the local civil society organisations, and organisations supervised by government offices are equally important participants in the operation of the fora. The enforcement of the basic principle of partnership between public administration organisations, and non-governmental and church service providers contributing to the action against drug use shall be also guaranteed in the structure operating with an increased government responsibility.

VIII. 4. The financing of tasks related to the National Anti-Drug Strategy

On the one hand, ensuring the necessary financial conditions for implementing the tasks identified in the National Anti-Drug Strategy requires the involvement of additional resources for development, restructuring, and efficiency improvement, which primarily means the grant programmes of the 2014-2020 planning period, financed by Union and other international funds; on the other hand, it requires the restructuring of the current system of financing. Restructuring should be done in a way that moderates inequality, caused by operating and other performances, by optimizing the utilisation of resources. For this purpose, such financing techniques are needed that enable long-term planning and capacity development of

institutional systems. The tasks aimed at implementing the National Anti-Drug Strategy will be finalized at the planning level of policy programmes to be adopted in the future, by identifying resources and setting deadlines.

It is recommended to interpret the activities aimed at advancing and protecting mental health, handling aggression in public education institutions, and preventing substance abuse in the framework of comprehensive health development. The objective is that service providers and organisations carrying out prevention activities should be professionally compliant with quality assurance systems. It is crucial to assign reliable, sustainable financing techniques assisting in long-term planning to the implementation of these tasks.

At the level of basic healthcare, the early detection and treatment of illegal substance abusers and people with alcohol problems shall be present as an individual component in the data collection and financing system of activities of general practitioners. The funding of out-patient services shall be changed in a way that facilitates patients remaining in care, including the activities that are not performed by medical specialists. It is also needed that the process of keeping patients in treatment is recognized as a separate component of activities, and the operation, development of integrated care services, and the co-operation with other local organisations participating in the treatment of patients (e.g. social service providers) shall be supported with the help of financing initiatives.

VIII. 5. Research, data collection

The Hungarian National Focal Point is a dominant institution for publicly funded national research and data collection programmes. The national data collection is mainly performed in co-ordination with the specialised agencies of the European Union. The data and changing trends are published by the Centre as annual reports. This institution also performs the continuous monitoring of the best international evidence databases and the national dissemination of the most important results.

The regular data collection regarding substance abuse of the Hungarian population, and the support for targeted researchers aimed at the various relationships of the drugs problem shall be institutionalized. Similarly, the system of indicators best describing the mental health state

shall be defined, and its regular collection (in the form of data collection or population survey) shall be ensured. On the one hand, the specific needs for data collection shall satisfy Hungary's reporting obligation resulting from the country's membership to the European Union, on the other hand, the data shall provide a fair picture of the health condition of young adults in Hungary, the changes in and the distribution of risky behaviour. The reliable mapping of behaviours and phenomena presenting a risk from a public health aspect, and the systemic collection and systematic publication of data required for measuring the effectiveness of applied interventions present specific high-priority needs for data collection.

The Hungarian care system shall be regularly assessed, with particular regard to examining the effectiveness and efficiency of treatment and care. One condition for the success of the long-term health development work is to assess the activities of governmental and non-governmental (e.g. economic) actors with regard to their impacts on mental health. Therefore, these impacts shall be regularly assessed, the basic condition of which is the elaboration of an appropriate methodology.

VIII. 6. International relations

Hungary maintains an active professional relationship with the specialised drug agencies of the United Nations, the European Union, and the Council of Europe, In its bilateral relationships, Hungary aims at professional co-operation at an international and regional level, and the exchange of best practices. The active participation in international, primarily in European Union research programmes, professional forms of development co-operation, ensures the high quality of the national research activities, the rapid appearance of new initiatives in prevention, treatment, and law enforcement. (The list of the most important international organisations active in drug-related fields is included in *Annex 4*).

VIII. 7. Tasks related to the conditions needed to implement the National Anti-Drug Strategy

- The review of requirements regarding higher education training programmes from the point of view whether the knowledge and skills on substance abuse, drugs

problem, including knowledge on mental health and health policy, public health knowledge related to illegal substance abuse are sufficiently presented in them.

- Organisation and performance of short, intensive training programmes with the contribution of the relevant institutions.
- In order to prevent and more efficiently manage problems related to substance abuse, the implementation of training and advanced training programmes is required, with particular regard to the professionals working in the basic health care. The financing background shall be established in order to provide planning security for regular and targeted programmes.
- When compiling and organising the training programmes, the specific aspects of the Roma population shall be taken into consideration.
- A single national position shall be developed and represented in the specialised agencies of the United Nations, in the institutions of the European Union and the Council of Europe, and in the bilateral professional relationships.
- The making available of the Hungarian and international research and data collection results dealing with the drugs problem to the public and every stakeholder.
- It shall be contributed to the national application of best practices by the most effective use of international relations.
- The participation in international forms of co-operation, research programmes, and regional projects shall be supported.
- The tendering activities shall be improved in the interest of the more effective access to and use of the resources in the field of drug affairs.

*Annex 5 of the National Anti-Drug Strategy***The most important indicators required for monitoring the National Anti-Drug Strategy**

Indicator	Short description of indicator	Organisation performing the collection/primary collection of indicator
Consumption of prohibited substances in the adult population (GPS) *EMCDDA key indicator	The characteristics of consumption of the most important prohibited substances (e.g. lifetime, last year, and last month prevalence) in the adult population, particularly in the age group of young adults (18-34 years)	Hungarian National Focal Point / National Institute for Drug Prevention
Consumption of prohibited substances among young adults - ESPAD (GPS) *EMCDDA key indicator	The characteristics of under-age consumption of the most important prohibited substances (e.g. lifetime, last year, and last month prevalence) among under-age people	Professional consortium with the contribution of the working group implementing the task until now (Corvinus University) and the National Institute for Health Development
Health behaviour among school-age children - HBSC (GPS) *EMCDDA key indicator	The characteristics of under-age consumption of the most important prohibited substances (e.g. lifetime, last year, and last month prevalence) among under-age people	National Institute of Child Health
Problematic drug use in the adult population (PDU) *EMCDDA key indicator	Total population survey for estimating the number of problematic drug users (according to the prevailing EMCDDA methodology).	Hungarian National Focal Point / National Centre for Addiction / National Police Headquarters / National Centre for Epidemiology / Hungarian Institute for Forensic Sciences / Research Institutes for Forensic Service Providers / National Institute of Toxicology
Treatment Demand Indicator (TDI) *EMCDDA key indicator	The number and characteristics of people starting a treatment for their illegal drug use	National Centre for Addiction / Hungarian National Focal Point
Drug-related infectious diseases (DRID) *EMCDDA key indicator	The annual new cases and incidence of infectious diseases related to drug use (Hepatitis B and C, HIV, tuberculosis, certain sexually transmitted diseases).	National Centre for Epidemiology and Hungarian National Focal Point
Drug-related deaths (DRD)	The number of deaths directly or	National Centre for Addiction

*EMCDDA key indicator	indirectly related to illegal drug use.	/ Hungarian National Focal Point / Research Institutes for Forensic Service Providers, National Institute of Toxicology / university institutes of forensic medicine / Hungarian Institute for Forensic Sciences
Consumption of prohibited substances in some risk groups	Prevalence values of groups at the highest risk due to illegal drug use: lifetime, last year, last month etc. The most important groups and scenes: foster care / children receiving child protection care, people in criminal justice institutions, homeless people, prostitutes, refugees, night clubs.	Targeted researches co-ordinated by the Hungarian National Focal Point.
Data collection of people in care, performed by using case identifiers (TDI prevalence and substitution data collection)	The number and characteristics of people who participated in treatment programmes in connection with illegal drug use, including people participating in substitution treatment	National Centre for Addiction and Hungarian National Focal Point
Drug-related law enforcement data	The number of – drug-related – crimes became known and the characteristics of perpetrators	Unified System of Criminal Statistics of the Investigative Authorities and of Public Prosecution / Hungarian National Focal Point
Drug seizures	The number of drug seizures and the amount of seized drugs	National Police Headquarters / National Tax and Customs Administration of Hungary / Hungarian Institute for Forensic Sciences
Street price of drugs	The wholesale price and average street price of illegal substances distributed for consumers	National Police Headquarters and Hungarian National Focal Point
The content, concentration, and purity of seized drugs	The content, possible contamination, and active substance content of drugs distributed on the streets and seized drugs	National Police-Headquarters / Hungarian Institute for Forensic Sciences
The appearance of new psychoactive substances (designer drugs) in Hungary, early warning system	The appearance of so-called new synthetic substances not covered by international drug and psychotropic substances conventions in Hungary	National Centre for Addiction / Hungarian National Focal Point / Hungarian Institute for Forensic Sciences / National Police Headquarters / Research Institutes for Forensic Service Providers / National Tax and Customs Administration of Hungary
Traffic crimes, offences, and accidents that can be related to drugs	The indicator of the effects of drug use on traffic safety.	National Police Headquarters

The general coverage rate of prevention in schools	The number of schools implementing comprehensive school health development (including drug prevention programmes suitable for age and maturity) and the number of their students, the content of programmes, the characteristics of reached target groups.	National Institute for Health Development and National Institute for Drug Prevention
Participation rate in targeted and indicated prevention	The number of students participating in indicated prevention programmes and targeted services, and the number and content of programmes.	National Institute for Health Development / National Institute for Drug Prevention / Hungarian National Focal Point
Local forms of co-operation, initiatives	The number of co-ordination Fora on Drug Affairs (KEFs) reaching a specified level of activity. The number of Health Improvement Offices (EFIs) substantially participating in the professional support and organisation of drug prevention.	National Institute for Health Development and Hungarian National Focal Point
Workplace drug prevention activities	The number of workplaces introducing workplace drug policy, the number of employees concerned.	National Institute for Health Development
Data on the treatment and care system	The number of healthcare and social institutions (also) treating illegal drug users. The number of programmes; their turnover data, services, accessibility, financing data, number of co-workers, data regarding skills.	National Centre for Addiction / National Institute for Family and Social Policy / National Institute for Drug Prevention / National Office for Rehabilitation and Social Affairs / Hungarian National Focal Point
Harm reduction activity	The number of (harm reduction) institutions, organisations dealing with targeted risk reduction of illegal drug users The number of programmes, turnover data, characteristics of services, accessibility, annual financing data	National Centre for Addiction / National Institute for Family and Social Policy / National Institute for Drug Prevention / National Office for Rehabilitation and Social Affairs / Hungarian National Focal Point
The number of people entering treatment as an alternative to criminal procedure, and the number of people finishing these programmes	The number of people participating in some programme of the so-called diversion, and the number and methodological characteristics of such programmes	National Centre for Addiction / National Institute for Family and Social Policy / National Institute for Drug Prevention
Treatments, and prevention, harm reduction, re-integration programmes related to drug use	The number and content of treatment programmes in criminal justice institutions, and	Hungarian Prison Service Headquarter / Hungarian National Focal Point

in criminal justice institutions	the number of convicts participating in such programmes.	
Media contents	The display of the drugs phenomenon in a significant and fixed sample of the written and electronic media, thematic distribution of the messages, the display of attitudes, and the responsiveness / ability to respond in the messages.	National Institute for Drug Prevention

