NATIONAL STRATEGY TO COMBAT THE DRUG PROBLEM

WORK DOCUMENT!

CONCEPTUAL FRAMEWORK OF THE GOVERNMENT'S ANTI-DRUG STRATEGY

ADOPTED BY THE GOVERMENT OF THE HUNGARIAN REBUBLIC ON 4^{TH} JULY 2000

TABLE OF CONTENTS

1.		INTRODUCTION	1
2.		THE NEED FOR A NATIONAL STRATEGY	3
3.		WHERE ARE WE TODAY?	7
	3.1	Assessment of the general situation	
	3.2	Drug users appearing in health care institutions for treatment	
	3.3	Treatment as alternative to prison.	
	3.4.	Mortality	
	3.5	Drug-related crime	
	3.6	Drug consumption in various social groups	
	3.8	Summary	
	3.9	Summary characteristics	
	3.10	Forecast	
	3.11	The social factors of drug use	
	3.12	The legal environment	
	3.12	2.1 International agreements	
	3.12	<u> </u>	
	3.12		
4.		ANTECEDENTS	
	4.1	The birth of the National Strategy, its antecedents	
	4.2	The antecedents of the development of the National Strategy	
	4.3	The working methods of developing the National Strategy	
	4.4	The function of the National Strategy	
	4.5	Models of countering the drug problem	
5.		THE OBJECTIVES OF THE NATIONAL STRATEGY	
	5.1	Goal	.33
	5.2	Objectives	
	5.3	The principles of the strategy	
	5.4	The instruments of the strategy	
	5.5	The structure of the National Strategy	
	5.6	Implementation, monitoring and examination of the effectiveness of	
		National Strategy	
6.		THE DETAILS OF THE OBJECTIVES	
	6.1	Community - co-operation—Society should become sensitive to the effici	
		management of the drug issue and local communities should improve the	
		problem-solving capabilities in countering the drug problem	.38
	6.1.		
	6.1.2		
	6.1.		
	6.1.4	4 Medium-term objectives	.42
	6.1.	· ·	
	6.1.		
	6.2	Creation of opportunities to enable the young to develop a product	
		lifestyle and to reject drugs (prevention)	
	6.2.		
	6.	2.1.1 Preconditions	
		2.1.2 Factors facilitating and impeding the evolution of drug use	
		6.2.1.2.1 Risk factors:	
		6.2.1.2.2 Protective factors	

6.2.1.3 Methods of prevention	
6.2.2 The most important areas of prevention	54
6.2.2.1 The family	
6.2.2.2 The school	54
6.2.2.3 The workplace	55
6.2.2.4 Leisure-time	56
6.2.2.5 Churches	56
6.2.2.6 The media	56
6.2.2.7 Information society	57
6.2.2.8 The army	57
6.2.2.9 The institutions of child protection	58
6.2.2.10 Groups at risk, risk conditions	58
6.2.3 The objectives of prevention and its action plan	59
6.2.3.1 Long-term objectives	
6.2.3.2 Medium-term objectives	
6.2.3.3 Short-term objectives	61
6.2.3.4 The indicators and instruments of monitoring	
6.3 Helping individuals and families having come into contact wit	h drugs and
struggling with drug problems (social work, therapy, rehabilitatio	n)65
6.3.1 The philosophical framework of treatment:	65
6.3.2 Harm reduction	67
6.3.3 The success of therapy	68
6.3.4 The objectives and action plan of treatment	69
6.3.4.1 Long-term objectives	
6.3.4.2 Medium-term objectives	70
6.3.4.3 Short-term objectives	73
6.3.4.4 Indicators and instruments of monitoring	79
6.4 To reduce the possibility of access to drugs (supply reduction)	
6.4.1 The philosophical framework of supply reduction	80
6.4.2 The 1998 amendment of the Penal Code	82
6.4.3 The institutions of supply reductions	83
6.4.3.1 The Police	83
6.4.3.2 Customs and Finance Guard	84
6.4.3.3 Border Guard	84
6.4.3.4 Penitentiaries	
6.4.3.5 Civilian National Security Service	
6.4.3.6 Licensing and Administrative Office of the Ministry fo	r Economic
Affairs 85	
6.4.4 Objectives and action plans for reducing access	
6.4.4.1 Long-term objectives	
6.4.4.2 Medium-term objectives	
6.4.4.3 Short-term objectives	
6.4.4.4 The indicators and instruments of monitoring	
7. INTERNATIONAL CO-OPERATION	
8. MONITORING	
Instruments	
Instruments	
Instruments	
Instruments	100

1. INTRODUCTION

There can be no doubt that drug use and the related individual and social damage have become a serious and decisive problem for the nation. The number of those experimenting with and using drugs, the addicts, and those carrying infectious diseases related to drug use has been rising steadily, as have drug-related criminal acts, the magnitude of money laundering attributable to illicit drug trafficking and the activity of organised crime.

Drugs threaten health, communities and all of society. They imperil both the user and his/her relatives. The drug problem is never an isolated phenomenon. It is both cause and effect. It is related to individual and communal, spiritual and social problems.

Drugs erode the will of the individual, the unity of families, the cohesion of communities and security in society. Results against it can be achieved only through clear-cut, resolute and well-founded co-operation. This is what the Government is committed to and, based on its resolute intention, it will implement a long-term action plan to combat drugs.

In order that now, on the threshold of the third millennium, a free, confident and productive society could evolve, capable of coping with the health, social and criminal harm and threats related to the use and spreading of drugs, it is necessary that:

- society become sensitive to the effective handling of drug issues, and local communities enhance their problem-solving capabilities in fighting the drug problem (community, co-operation),
- opportunities be created so that the young become capable of developing positive lifestyles and of refusing drugs (prevention),
- individuals and families having come in contact with drugs and struggling with drug problems receive help (treatment, rehabilitation),
- the possibilities of access to drugs be reduced (supply reduction).

The National Strategy is a thoroughly considered and transparent government program against the threat of drugs. Its implementation and the achievement of its objectives require the support and collaboration of all of society.

Why the focus of the National Strategy on curbing the drug problem?

The question rightfully arises why the National Strategy addresses the issue of (narcotic) drugs, even though it is well known that the problems caused by alcohol consumption and smoking are concomitant with much graver health and public health consequences at societal level; moreover, the use of not prohibited substances (e.g. organic solvents) by the young is also highly disquieting in Hungary.

The answer to this question is that drug problems are much more of an international nature; (with respect to certain narcotics, producing and consumer countries are well separated; there is substantial international traffic in moneys and other assets originating from drug trafficking) and the connection of the phenomenon to organised crime raised the need for international action much earlier. That is why the specialised

agencies of the UN were set up to deal with narcotics control (not so in the case of alcohol or tobacco products.

The European Union also called a set of institutions into being to combat the drug problem (with respect to both supply and demand reduction). Hungary is also committed to control narcotics under high-level international agreements (while there are no similar ones in relation to the other substances referred to). The European Union expects its Member States as well as the candidate countries to have an action plan aimed at combating the drug problem. This is also recommended by UNDCP, the specialised UN agency. The speed of the appearance of the drug problems is also different from those of the accepted substances: in Hungary, their spreading has been a relatively new experience (in comparison with alcohol consumption and smoking, both of which have several or many hundred years of history); also, the types of the substances, the mode of use and the composition of the social groups concerned may change radically over only a few years.

The National Strategy focuses primarily on narcotic drugs but, in several areas, its tasks are inseparable from the problems related to alcohol consumption, smoking, the use of organic solvents, and even the consumption of medicaments without doctor's orders. These areas include the level of local communities, where these problems are frequently intertwined and appear together within a family or at a given person; such a one is prevention, where successful programs can only be envisaged when unambiguous messages are mediated in relation to the use of these substances; furthermore, such are therapy and assistance, where the various problems arising from the usage of substances are interrelated and the treatment network deals with both drug and alcohol consumers. Nevertheless, in the area dealing with supply reduction, we need to make a sharp distinction between legal and illegal use, in accordance with legal and international standards. The National Strategy takes over experiences from the action plans combating alcoholism and smoking and aims at co-operation with experts, public and professional institutions, voluntary and church organisations, as well as the local communities in the fields referred to.

2. THE NEED FOR A NATIONAL STRATEGY

The United Nations Organisation adopted the Vienna Convention of December 20, 1988 against illegal trafficking in drugs and psychotropic substances. In this Convention, confirmed by the Hungarian Parliament in its Resolution 14/1996 (III.1) OGY and promulgated in Act L of 1998 (XI.6), the Signatory Parties state that

"...the magnitude of and rising trend in the illicit production of, demand for and traffic in narcotic drugs and psychotropic substances (....) poses a serious threat to the health and welfare of human beings and adversely affects the economic, cultural and political foundations of society."

The Parties are also deeply concerned "by the steadily increasing inroads into various social groups made by illicit traffic in narcotic drugs and psychotropic substances, and particularly by the fact that children are used in many parts of the world as an illicit drug consumers market and for purposes of illicit production, distribution and trade in narcotic drugs and psychotropic substances, which entails a danger of incalculable gravity".

The Parties recognise "the links between illicit traffic and other related organised criminal activities which undermine the legitimate economies and threaten the stability, security and sovereignty of States"

The Parties further recognise that "illicit traffic is an international criminal activity, the suppression of which demands urgent attention and the highest priority."

The Parties are aware that "illicit traffic generates large financial profits and wealth enabling transnational criminal organisations to penetrate, contaminate and corrupt the structures of government, legitimate commercial and financial business, and society at all its levels."

The Political Declaration of the session of the General Assembly of the United Nations Organisation dealing with how to jointly overcome drug problems (New York, June 1998) states:

"Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs effect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world's most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families."

...We the States Members of the United Nations... "pledge a sustained political, social, health and educational commitment to investing in demand reduction programmes that will contribute towards reducing public health problems, improving individual health and well-being, promoting social and

economic integration, reinforcing family systems and making communities safer;" (II. 7.b)

"[the States Members] agree to promote, in a balanced way, interregional and international co-operation in order to control supply and reduce demand;" (II. 7.c)

Article 86 (1) of Act I of 1994 on the promulgation of the Europe Agreement concluded by and between the Republic of Hungary and the European Communities and their Member States concerning the establishment of an association signed in Brussels on December 16, 1991 states:

"The Parties agree on the necessity of making every effort and co-operating in order to prevent the use of their financial systems for laundering of proceeds from criminal activities in general and drug offences in particular."

Article 96 (1) declares:

"The co-operation is in particular aimed at increasing the efficiency of policies and measures to counter the supply and illicit traffic of narcotics and psychotropic substances and the reduction of abuse of these products."

In Hungary, the problem related to the use of and trafficking in illicit drugs¹ has been growing dramatically in all areas since the early 1990s thus, inter alia, with respect to

- those experimenting with drugs,
- drug users,
- drug addicts,
- drug consumption related mortality,
- those carrying infectious diseases (hepatitis B and C)
- the number of drug-related criminal acts and their share within total criminality,
- the magnitude of individual and social damage suffered in relation to drugs,
- money laundering and the activity of organised crime.

This problem, which is a cause for concern in itself, is aggravated by the fact that, over the past few years, a steadily increasing gap has evolved between the

1. The National Strategy aims at coping with the problem of the consumption, production, distribution, etc. of illicit psychoactive substances and those suitable for abuse. This group of psychoactive substances include the drugs and hazardous psychotropic substances included in the lists constituting annexes to Conventions. In the National Strategy, the terms narcotics and drugs are applied to this group of psychoactive substances with the same meaning (similar to the international, primarily legal use of the term). In some parts, however, the term drug is used in a wider sense (similarly to the medical interpretation of the term), in such cases, we however do refer to alcohol smoking, consumption, abuse medicaments (tranquillisers, sleeping pills, painkillers) and the use of organic solvents.

dimensions of the drug problem and the level of (under)development of the instruments and infrastructure required to cope with it. Every element of this set of institutions of the so-called drug management chain is far inferior to what would be needed in terms of capacity, degree of organisation, quality indicators and financing.

Only a development plan, which is of a uniform structure and approach, implementing comprehensive strategic elements, embracing all forms of organisation and institution participating in the management of the drug problem has a chance of successfully halting the unfavourably evolving tendencies.

The management of the drug problem in society requires

- the elaboration of scientifically grounded outcomes,
- a uniform and comprehensive management of prevention, therapy, risk reducing instruments and supply reduction through the instruments of criminal law,
- allocating the necessary funding,
- raising social awareness with respect to the drug problem and its management, and
- active participation on the part of citizens and their organisations.

In its post-election program, the Government attached special priority to suppressing drug consumption; its intention is, first and foremost, to facilitate

- calling a halt to the growth and, if possible, reduction in the number of drug users and addicts,
- calling a halt to the negative trends in drug consumption,
- increasing the number and ratio of those receiving treatment and those being cured,
- comprehensive development of prevention and the dissemination of information.
- reduction of the harm caused by drug consumption to the individual and society,
- curbing drug-related crime, and
- expanding international co-operation.

To this end, the Government intends to facilitate a consensus-based drug control and prevention activity conducted in the framework of extensive social co-operation, the exploitation of effective means of prevention, the development of a treatment structure, the application of tightened legal regulations, and the development of mechanisms in line with the principles of demand reduction, all reconciled with one another, with a view to curbing drug trafficking.

In order to implement its objectives, the Government recently regulated the framework of operation of the Co-ordination Committee on Drug Affairs, which thereby satisfies international and professional recommendations:

• it determined a high political level for the operation of the Co-ordination Committee on Drug Affairs (president: Minister for Youth and Sports Affairs, co-president: Minister of Health, secretary: Under-secretary to the Minister for Youth and Sports Affairs in charge of drug related co-ordination) enabling it thereby to directly enforce its decisions,

- to facilitate the activity of the Co-ordination Committee on Drug Affairs, it set up a sectoral infrastructure, which is guaranteed within the Ministry for Youth and Sports Affairs,
- it provides budgetary funds for the smooth operation of the Co-ordination Committee on Drug Affairs.

At the beginning of its term, the Government commenced and now implements the development of the already unpostponable National Drug Strategy. It involves the entire spectrum of the profession in this work and relies on the active co-operation of families, schools and other areas of socialisation, voluntary organisations and social institutions.

Combating drugs is a national cause. The threat posed by the drug problem is a challenge of the coming millennium, which requires the rallying of forces by all institutions, services and committed persons wishing to help. We must create and implement the possibility for joint action and problem management by government, the world of politics, local governments, professional and voluntary organisations, local communities, churches, families and individuals.

This requires all of us to join forces!

3. WHERE ARE WE TODAY?

Situation analysis

Since the change in regimes, drug consumption and the related problems have grown into a significant social problem. The figures do not reflect reality, as we lack a thorough assessment of the situation and surveys presenting the nature of the phenomenon: we do not have valid data for all of the quantitative and qualitative indicators of the problem. Drug consumption and trafficking are activities, which never appear in their totality in health care and criminal statistics, no matter how sophisticated the procedures that are applied. The changes, which can be observed in the available data series and the experiences of the experts, are nevertheless suitable for establishing certain tendencies.

First, we shall present a general overview then, based on the available data, assess the Hungarian situation as far as the drug problem is concerned.

3.1 ASSESSMENT OF THE GENERAL SITUATION

To provide a general assessment of the situation, we relied largely on the experiences of the police, as they monitor changes in the drug market "close at hand". Nevertheless, it must be born in mind that, in many cases, the assessment is subjective, not substantiated even by police statistics (as they only include the data of criminal procedures).

An inflow of classical drugs to Hungary and the evolution of various consumer strata could be observed since the early 1990s. Before that, drug patients in treatment on the one hand and the offenders committing the crime of drug abuse on the other, used narcotics containing drugs or the poppy plant illegally. The representatives of the drug profession had indicated the possible negative social consequences but the relatively low number of addicts, offenders and ancillary criminal acts (theft in hospital, pharmacy break-ins, forgeries of doctors' prescriptions) had not yet exercised a substantial influence on public health, public security or the criminal situation.

As a result of the borders being opened up, increasingly more marijuana, hashish and LSD reached Hungary from the early 1990s, imported by Hungarian "drug tourists" from West European countries, primarily from the Netherlands.

Heroin's characteristic appearance in the Hungarian illegal drug market and Budapest can be dated to the early 1990s. Cocaine appeared already in this initial period affecting a smaller stratum of consumers, but its high price has, to date, prevented its spreading to more significant numbers. The domestic production of marijuana, which had till then been regarded only as an "import product", began on a larger scale in 1994.

1994 constituted a turning point in Hungarian "drug history" from another aspect as well: this was the year when the police first took action in cases when the "subject of perpetration" was some kind of an amphetamine derivative. The next year showed an explosive growth in amphetamine consumption and the related illicit trafficking.

Health statistics also indicate the demand for treatment of amphetamine users from the middle of the decade with some time-lag relative to criminal statistics. The reason for this is that the appearance of health problems of those requiring treatment can generally be expected after use for some years.

Simultaneously with the evolution of domestic consumption and drug trafficking, the Hungarian authorities also had to cope with the phenomenon of continuously increasing **transit trafficking**. Following the outbreak of civil war in former Yugoslavia in 1990, the Turkish and Kosovo Albanian criminal organisations supplying Western Europe with heroin from the Middle East were forced to shift the middle branch of the "Balkan route" used for heroin transportation (Istanbul, Sofia, Belgrade, Zagreb and Ljubljana) northwards. Consequently Hungary has become one of the most significant transit countries of Europe. From the early 1990s, airborne tourist traffic has also set out on a vigorous growth path, one consequence of which was that Ferihegy International Airport had to be put on the list of the transit stations for cocaine smuggling from South America to Western Europe.

Between 1990 and 1994, the police also wiped out a few clandestine laboratories manufacturing amphetamines. The police have received no information on activities of this kind in recent years but attempts by foreigners at obtaining **precursors** needed for the manufacturing of synthetic drugs from Hungarian manufacturers or traders by misleading them or with their co-operation, have been a recurrent experience.

Discotheques offering techno music, which have sprung up in all parts of the country, are the primary venues of **amphetamine** consumption. Owing to their unique circumstances, these venues provide ideal conditions for pushers. In 1998, police seized nearly 12,000 Ecstasy pills, twice the quantity seized in 1997. According to information obtained by undercover and open investigations, Hungarian criminal groups specialised in domestic amphetamine trafficking have become increasingly better organised in pursuing their activities; some of them have substantial capital and are capable of keeping the members of criminal organisations under uniform control, from procurement to distribution.

In 1998, demand was outstanding particularly for the consumption of amphetamine derivatives and **marijuana**. Marijuana is the most widespread drug in Hungary. It has been seized frequently with other drugs as a kind of "accompanying" drug. Marijuana in the consumer market originates virtually in full from the production of domestic illegal plantations. Most frequently, substantial quantities of marijuana and Indian hemp plant seizures take place in the counties of Bács-Kiskun, Csongrád, Heves and Baranya.

Relative to the former two drugs, the ratio of **heroin** users is considerably lower, nevertheless, the number of those using this substance has grown perceptibly since 1997. The fact that the number of heroin overdoses—of which the police is aware—has doubled over a year and that the majority of those concerned were Budapest youngsters of between 18-23 years of age, gives cause for concern. Procedures initiated because of the domestic trafficking in heroin or its consumption were launched virtually exclusively in Budapest and Miskolc.

According to police experience, heroin trafficking is the most pervasive in the 4th, 6th, 7th, 8th and 13th districts of Budapest. An above average number of criminal acts to finance drug use was also registered in these districts: there was a remarkably large number of car break-ins, shop thefts, robberies in smaller shops and burglaries committed by heroin or steady amphetamine users.

Kosovo Albanians living in Hungary, in addition, certain Arabic criminal groups and, most recently, Nigerian offenders, are the main suppliers of the Hungarian heroin market. The goods procured in Turkey are transported to Hungary through the Balkan route, which is also used by transit traffickers.

Cocaine is a drug for a narrow stratum; the vast majority of users make a living out of committing criminal acts, which provides them with outstandingly high incomes. The groups dealing with trafficking also consist of Hungarian nationals, who obtain the drug from Germany and Austria.

In addition to the drugs mentioned above, **hashish** and **LSD**-containing "stamps" continue to be present in the Hungarian consumer market but in terms of share, fewer people use them than, for instance, in the period between 1990-1994 (when amphetamine had not yet appeared). This naturally does not mean that LSD users would be less in terms of number than in the first half of the decade, which is indicated also by the fact that in 1998, the quantity of LSD "stamps" seized increased more than twofold relative to the preceding year.

In addition to drug consumption and related trafficking, the police received several reports in 1998 concerning clandestine amphetamine laboratories but subsequent investigations revealed that the information concerned drugs smuggled in from abroad.

Relative to earlier years, interest on the part of certain international criminal organisations increased for precursors available in Hungary. These are needed for illicit drug manufacturing and hence are subject to international control.

The establishment of a drug market as characterised above was not followed by the development of **prevention** or **treatment** work related to drug users or of the institutions of **social reintegration**. Health statistics point to a growing number of treated drug users but this number is still very low. In everyday practice, there are problems with the treatment of drug users in hospitals: frequently they have to wait weeks or even months for a place in a hospital. The capacity of institutions offering long-term therapy and rehabilitation is even smaller; in their case the drug addict wishing to receive treatment may have to wait a year or even more.

The underdeveloped nature and, in some significant parts of the country, the absolute absence of **health care** and **social services** enabling the reaching of and quickly entering in contact with drug users, and early diagnosing the problem, constitute a serious problem. A substantial portion of drug users qualifies as a hidden population even for health care. The omission of early recognition and treatment increases the incidence of severe addiction and complications, which deteriorates the success of subsequent treatment while, at the same time, increases its costs. Even on the basis of sporadic data, the prevalence of liver infections (hepatitis C) is significant among the

high-risk group of intravenous drug users and it can be forecast that, in the absence of adequate intervention, the HIV/AIDS infection may also pose significant problems in Hungary, similarly to the majority of European, particularly East European, countries.

Information provided to the public is also deficient in terms of recognising drug use, expected consequences and the availability of help. This is so even if the media have a propensity to deal with drug issues. In these cases, "sensational" presentation fails to make up for targeted messages of prevention.

The set of institutions for **prevention** is underdeveloped. In terms of prevention at schools, this means that it is up to the initiative of the schools or the teachers themselves whether or not there is any preventive activity conducted in their institution and of what quality. Although school prevention is now beyond the phase of "testing", there is no organised comprehensive prevention built into the curricula or the operation of the schools. Nor do we have information on the exact range of the users of prevention programs in progress which, in some cases, can be regarded as countrywide (how many students they affect) or on the effectiveness of the programs.

The teaching of prevention and drug related knowledge can also not be regarded as being solved, beyond some attempts to be welcomed in the training and further training of experts in human resources.

Prevention activities based on the co-operation of communities, the public and municipal sectors, voluntary organisations and church programmes are also inadequate, even though a number of achievements could be demonstrated in this field in the 1990s. Local (city or countywide) drug co-ordination is of an ad hoc nature; its organisation has been put in place only in some places and they do not have established action plans.

In spite of the efforts taken by the Interdepartmental Drugs Committee functioning between 1991-1998, high-level co-ordination of the drug problem in public administration, the harmonisation of the related work of state, municipal, social, church and business organisations and institutions has not become a reality. An accurate assessment of the capacity shortages of the organisations concerned in the institutional management of the problem and the planning of the appropriate development projects and budgetary funding, has not taken place. The excellent international relations in the areas of international law and law-enforcement are not characteristic in other areas: international co-operation in situation assessment (epidemiology), prevention and therapy is inadequate. In particular, the adoption of protocols meeting international professional expectations, especially EU protocols, cannot be regarded as solved (part of the problem is that in a number of areas, the EU is also at the stage of unifying the protocols of the Member States, that is, uniform EU standards are currently being developed in these fields). In the period since the aggravation of the problem, a national strategy for the management of the drug problem by state and society has not been developed and adopted, hence we cannot speak of its implementation.

Below, we shall present the drug situation in Hungary on the basis of the available data.

3.2 DRUG USERS APPEARING IN HEALTH C ARE INSTITUTIONS FOR TREATMENT1

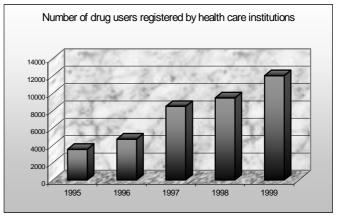
YEAR	NUMBER OF REGISTERED DRUG PATIENTS
1995	3553
1996	4718
1997	8494
1998	9458
1999	12.765

The number of those **treated in health care institutions** and those appearing for the first time for treatment has been increasing year after year. In 1995, health care institutions registered 3,553, in 1999, 12,028 drug users. The number of drug patients receiving treatment more than tripled between 1995 and 1999. The number of first contacts declined last year according to the evidence of records, but a substantial increase was registered between 1995 and 1998. The number of new patients rose more dynamically that those in the records, almost quadrupling over the period 1995-1998 (growing from 1,349 to 5,275). In 1999, 628 less new patients sought treatment than in the preceding year.

The share² of the **children and minors** in the total number of

drug users appearing at

health care institutions was 7.1% in 1995 rising to 17.3% in 1998 and to 18.3% in 1999. Since 1995, there was a more than eightfold increase in the number of children and minors using drugs and appearing for treatment³.



1 The National Statistical Data Collection Program (OSAP) includes the number of those abusing sleeping pills, tranquillisers and organic solvents under those abusing drugs. Because of this, the number of "drug abusers" gives rise to frequent misunderstanding as it includes those using not only illegal but also legal substances. The number of drug-related deaths has a similar meaning: the statistics include those dying of tranquilliser overdose (largely suicide cases) also as "drug-related death cases".

² Source of data: OPNI. The data are for the following age groups: under 15, 15-19, 20-24. 25-29, 30-34 and above 35 years of age. Thus we have no accurate data on the distribution of minors appearing for treatment. The data presented were generated by combining the age groups of below 15 and 15-19 years of age.

³ Health care statistics make a distinction between drug patients **registered** and **treated** in a given year. In general, the number of registered patients is higher that that of those receiving treatment. Hospitals are the exception to this rule, where the number of registered patients is the same as that of treated patients. A drug patient qualifies as "treated" when he or she has appeared for treatment in the given health care institution more than once in a given year.

Within the current statistical system, the distribution of drug patients by **sex**, **age** and **type of substance** used can be interpreted and compared in a breakdown by year only with respect to treated patients.

The prevalence of drug types among registered drug users

Currently, the most widespread drugs in Hungary are the cannabis derivatives (these include marijuana and hashish), amphetamine-type drugs (e.g. Ecstasy and other amphetamine derivatives) and opiates (first and foremost, heroin).

Year	Number of registered heroin users	Number of registered amphetamine users	
1995	286	108	
1996	502	301	
1997	1689	929	
1998	1576	1367	
1999	1846	1334	
(Source:OPNI)			

- In 1995, 22.9% of the **registered drug users** appeared for treatment of problems related to the consumption of opiates, 5.3% for cannabis derivatives and 3.3% for amphetamine-type drugs. These ratios have changed slightly since. **The share of opiate users has been increasing continuously:** in 1998, 34.6% of the drug users registered by health care institutions had themselves treated for problems related to opiate consumption.⁴
- The share of those appearing for treatment in relation to the consumption of **cannabis derivatives** nearly tripled between 1995 and 1998.
- In 1996, 6.8% of the total number of drug users registered by health care institutions appeared as a result of consuming **amphetamine**-type drugs; in 1998, this share was 15.2%.

In Hungary, every single element of the chain of treatment addressing the problems of drug users is underdeveloped and struggles with capacity problems. The extent of quantitative growth, therefore, indicates not only a change in the number of those appearing for treatment but also the saturation of the treatment system. The available data reflect the constraints on the operation of the treatment network much more than the factual demand for treatment.

3.3 TREATMENT AS ALTERNATIVE TO PRISON

• The growth in the number of registered drug users arises partly from the rise in the number of diversion cases under Chapter 282/A of the Civil Code; pursuant to this, the investigating authority terminated the procedure launched

Number of persons who commenced and completed treatment as an alternative to criminal Year procedure Those commencing treatment Those completing treatment 1995 186 85 1996 1997 545 176 1998 1120 590 1118 746 1999 (Source: OPNI)

⁴ One of the data providers failed to provide detailed data in 1999, because of this the 1527 patients treated there are not presented in breakdown by age, sex and substance use.

against perpetrators of the act "drug abuse" committed to an insignificant quantity, provided that the offenders participated in at least six months of continuous preventive or therapeutic treatment and had a medical certificate verifying this. In 1995, 69 persons requested treatment in health care institutions as an *alternative to the criminal procedure*, representing 5% of the total number of new patients. In 1999, this figure rose to 1118 representing 19.4% of those signing on for treatment as new patients.

• With the new amendment to the Criminal Code, the circle of those participating in diversion as an alternative to the penal procedure is expected to change significantly (this legal institution will be available to addict patients only). Neither health care institutions, nor the entire system of the treatment network are currently prepared for this.

3.4. MORTALITY

The number of death cases registered in relation to drug use was 204 in 1995, 339 in

1997 and 337 in 1999. Within this number, 72.5% of the cases in 1995 were overdoses of tranquilliser-type drugs (benzodiasepines and barbiturates); the corresponding figures for 1997, 1998 and 1999 were 75.2%,

Drug type	1995	1996	1997	1998	1999
Opiates	4	51	46	23	40
Amphetamine	2	1	1	4	1
Tranquillisers	148	215	255	210	281
Substances in	-	13	36	65	4
polytoxicomania					
Organic solvents	12	8	1	32	32
Other drugs	38	-	-	-	-
Total	204	288	339	338	337

OPNI – Based on disclosures of the Forensic Medical Institutes, Institutes of Forensic Medical Experts and Police Medical Offices

62.1% and 83.3%, respectively.

In contrast to this, the number of death cases related to drugs directly noted and inspected *by the police*, examined by forensic experts, was 22 in 1998, every one of which occurred owing to a heroin overdose.

The Hungarian data on drug mortality, although they do constitute one of the most important indicators, should be handled and can be used as measures of the

Hungarian drug problem only with a high degree of reservation. Making these figures more accurate, the adjustment of data to European standards, is an important element of the situation assessment of the drug problem and, at the same time, is an unpostponable task, which will have to be dealt with in the near future in accordance with the review of the reporting system.

3.5 DRUG-RELATED CRIME

There have been unfavourable changes in drugrelated crime over the past few years. Prior to

Number of criminal acts of "drug abuse" which have become			
kno			
1990	34		
1991	46		
1992	135		
1993	223		
1994	256		
1995	429		
1996	440		
1997	943		
1998	2068		
1999	2860		
Source: ERÜBS			

1992, only an extraordinarily meagre number of drug-related criminal acts became known. At that time drug-related criminality meant virtually exclusively demand-related crime, the majority of offenders (90%) were sentenced for criminal acts related to consumption violating the basic case of Section 282 of the Criminal Code. To be able to evaluate the realistic weight and threat potential of domestic drug related criminality, it should be added that until 1996 the share of criminal acts of "drug abuse" in the total number of criminal acts known has never exceeded 0.1%. This share rose to 0.3% in 1998.

• Section 282 of the Civil Code—Drug abuse

In terms of absolute figures: in 1992, the authorities learned of 135 cases of drug abuse, which figure rose to 2,068 in 1998. Practically, the number of *criminal acts* of "drug abuse" known to the authorities doubled every year since 1996. This dynamism in growth slowed down in 1999, at least according to statistics.

The same tendency can be seen with respect to the perpetrators of the criminal act of "drug abuse" known: in 1992, 111 persons committed this criminal act, in 1998, 1,727 and, in 1999, 1,727.

The distribution of minors committing the criminal act of "drug abuse" becoming known, evolved as follows: in 1993, 29 persons representing 0.2% of all the known offenders, in 1998, 223 persons (1.7%) and, in 1999, 354 persons (3.1%). Minors represented 3.1% of offenders under "drug abuse" in 1994, rising to 12.9% in 1998 and to 13.7% in 1999. The share of the child-age offenders is a reason for concern: until 1997, no child could be found among these offenders, but in the year their share was 0.3%, rising to 0.6% in 1998.

• "Indirect crime"

By this we mean the criminal acts committed by drug users in order to finance their drug use. Accurate data on indirect crime are not available; according to police estimates, the number of criminal acts committed by drug users whereby they can procure their daily dose of narcotics (primarily theft, burglary, break-in, breaking into cars, forgery of documents, blackmail and pushing). These are generally committed by addicts, who otherwise are not criminals. Indirect crime arises because the sale of narcotic drugs is illegal.

• Other forms of drug-related crime

There is an increasing threat that synthetic drugs will also appear. Organised crime endeavours always to create new substances, which are not yet known and hence are not included in the national list of narcotics and psychotropic substances.

A specific feature of persecuting drug-related crime is that this type of crime (the various levels of distribution, rather than consumption) is linked to organised crime.

⁵ Based on ERÜBS (Uniform Police and Prosecutors' Criminal Statistics)

Abuse of medicaments, which are not prohibited but which do contain psychotropic substances, and of other substances (which qualify as precursors) also constitute a cause for concern. This phenomenon effects different age groups and population segments, and appears primarily as an issue for drug policing.

• Practice in sentencing

The number of those eventually sentenced because of having committed the criminal act of "drug abuse" was 34 in 1992, 225 in 1997, and 500 in 1998. In 1992, 61.8% of the offenders were given a prison sentence (of this, 71.4% enforceable, 28.6% suspended); in 1997, 46.7% of perpetrators were given a prison sentence (of this, 63.8% enforceable, 36.2% suspended), which figure sank to 37.6% in 1998 (55.3% enforceable, 44.7% suspended).

These figures indicate that judges give enforceable prison sentences in a progressively diminishing number of cases, at the same time, the number of fines levied as primary punishment nearly tripled between 1992 and 1998; since 1996, sentences of work for the public benefit have also occurred. These data have only a restricted suitability for describing the tendencies in sentencing practice related to drug abuse because a large number of factors influence its development.

The data of those sentenced owing to drug abuse indicate that the perpetrators of these criminal acts differ from the traditional circle of criminals in a number of demographic and social characteristics. This can be interpreted so that the offenders do not come from traditional criminal circles. However, it deserves attention that violation of the rules of criminal law occurs also in population groups whose members normally do not break the law.⁷

• Criminal acts committed under the influence of drugs

In 1993, in 1998 and in 1999, respectively 249, 916 and 1,354 persons were under the effect of drugs or narcotic substances when committing a criminal act. This represents 0.2%, 0.7% and 1% of the total number of perpetrators, respectively. Between 1993 and 1999, the number of those under the effect of drugs or narcotic substances when committing a criminal act, nearly quintupled. 8

• Subject of the criminal act: drug

In the case of the criminal act "drug abuse", the subject of the criminal act is unambiguously some type or sort of drug. In 1993, hashish and LSD were the subjects of the act in most cases, in 1994 heroin and marijuana, in 1995 marijuana and heroin and in 1997 and 1998,

Year	Known criminal acts where the subject of the crime was		
	Heroin	Marijuana	
1993	24	28	
1994	65	59	
1995	135	138	
1996	90	143	
1997	177	261	
1998	249	779	
1999	411	1,373	
ERÜBS			

⁶ Source: National Council of Justice Administration

⁷ Dr. István Vavró (1999), manuscript

⁸ Source: ERÜBS (Uniform Police and Prosecutors' Criminal Statistics)

these same substances were the most popular. The prevalence of marijuana as subject of perpetration increased nearly tenfold, while that of heroin nearly quadrupled in the period between 1996 and 1999.

• Seizures

With respect to seizures, significant changes took place in relation to amphetamine derivatives (MDMA, Ecstasy) and LSD stamps. Their seizure ratios rose significantly.

In 1993, the authorities seized not a single Ecstasy pill; in contrast, in 1996, 5,818, in 1997, 6,107, in 1998,11,857. These figures indicate that Ecstasy consumption began to spread in Hungary practically from the mid-1990s. The number of LSD seizures was 64 in 1993 and 3,351 in 1998. According to data on significant drug seizures, the authorities seized 4,667 Ecstasy pills, 1,928 LSD stamps, 172,703 grams of heroin in 1999. 10

According to international estimates, law enforcement agencies are able to discover and seize approximately 10% of the drugs put on the market.

The seizure data are much better indicators of the efficiency of the investigations and operation of the law enforcement agencies than of the actual drug market situation. They do, however, serve as signals of the domestic drug market supply, as well as of the prevalence of the various types of substances.

3.6 Drug consumption in various social groups

• Drug consumption among secondary school students

According to the data on Hungary of the European project research entitled "European Survey of Alcohol and Other Drug and Tobacco Use of Secondary School Students" °99)¹¹ (ESPAD primarily the consumption of

Life prevalence value of various types of drug consumption in 1999 in comparison to the values measured in 1995 1995 1999 2nd Form 2nd Form Cumulative life prevalence of the abuse of 15.3 19.4 prescription drugs (%) Non-cumulative life prevalence value of 10.4 9.7 the abuse of prescription drugs (%) Combined life prevalence value of illicit 10.0 19.1 drugs and inhalants (%) Combined life prevalence value of illicit 20.4 28.8 and licit drugs (%) N (No. of elements) 17,085 2,628 (Source: ESPAD'99)

a

⁹ We indicated the quantities of substance seized in total by the National Police Headquarters and the Customs and Finance Guard.

The data indicate the total of significant seizures of the National Police Headquarters and the Customs and Finance Guard; they do not include the quantity of substance seized in relation to acts of "drug abuse" committed to an insignificant quantity. (Source: National Police Headquarters)

¹¹ Zyuzsanna Elekes - Borbála Paksi: Középiskolások droghasználata és alkoholfogyasztása Magyarországon (Drug Use and Alcohol Consumption among Secondary School Students in Hungary). Research Report, 1999.

illicit substances increased among 16-year-old secondary school students in the period 1992-1999. At the same time, use of legal substances has not declined. The combined life prevalence value of illicit substances and/or inhalants nearly doubled among 16-year-old secondary school students in the period 1995-1999 (life prevalence: the given person has used a substance at least once in his/her life).

If we take the figures for those experimenting with some kind of illicit or legal substance characterising the middle of the decade as 100%, prevalence increased by more than 40% by the end of the decade. According to the findings of a national survey based on a representative sample of first and second year secondary school students in Hungary (15 and 16 year old students), 28.8% of them have already used a prohibited and/or legal substance suitable for abuse at least once in their lives. Within this, 17.3% used some kind of illicit substance or inhalant. In the sample 7.8% abused some kind of medicament, but did not use any illicit substance or inhalant. (To enable comparison with 1995 data, the Table only shows the figures for second year students.)

The life prevalence value of marijuana was the highest of all of the illicit substances both in 1995 and at present. However, in 1995, there was not much difference between the life prevalence values for marijuana and the other substances, by 1999 figures point to an outstanding incidence of marijuana.

The use of illicit substances is characteristic first and foremost of students in vocational training institutions, followed by students of vocational schools, vocational secondary schools and finally, high schools. The children of fathers with lower school qualifications represent a somewhat higher share among users of illicit substances and inhalants in this range of secondary school students. The distinction between users and non-users of illicit substances cannot be made on the basis of family or school variables, but rather on lifestyle characteristics, primarily leisure-time habits.

• Drug use by special groups of the young

Youngsters visiting *dance clubs*, primarily the *techno-acid-house parties* constitute a particularly exposed group with respect to drug use, especially synthetic substances. According to the findings of a research project concerning visitors of discotheques in Hungary, more than half of the persons surveyed had used marijuana during the previous 30 days. The average age of those questioned was 20.6 years. The incidence of this substance is followed by amphetamine (26% of those questioned had used it in the previous 30 days), then LSD and Ecstasy (16 and 13%, respectively, had used the substance within the previous 30 days). The frequency of heroin use should also be underlined (4% of those questioned had used it over the previous 30 days). The data reflect the tendencies observed abroad (particularly in Western Europe) but also in the neighbouring countries: besides marijuana, the use of the so-called synthetic drugs is gaining ground. At the earliest, first use occurs at the age of 13-14 years. The largest number of youngsters encounter the most frequently used drug, marijuana, for the first time at the age of 16.

_

¹² Zsolt Demetrovics: Drog és disco Budapesten (Drugs and discos in Budapest). Research report. Budapesti Szociális Forrásközpont 1998.

• Drug use in penitentiaries

According to a survey carried out in penitentiaries¹³ the use of illicit substances by inmates was higher before they began to serve their prison sentences than in the general population. It was also revealed that most of the illicit substances are accessible in Hungarian prisons, albeit in different degrees. We know from foreign surveys that the prevention of drug use within penitentiaries is practically impossible, moreover, the prison population constitutes a high-risk group, for instance, with respect to intravenous drug use and the related infectious diseases (e.g. AIDS). Currently in Hungary there are no special programs to treat and rehabilitate drug users in penitentiaries penitentiary. Owing to the new amendment of the Civil Code, a larger number of drug users can be expected to be admitted to penitentiaries. The threat posed by drug use in penitentiaries is two-fold. On the one hand, persons who had earlier not been drug dependent may also become addicts. On the other hand, some of the inmates who were drug-dependent while serving prison sentences, become indebted to organised crime upon their release. At present, penal institutions and organisations are not prepared for handling these problems.

3.7. Drug prevention at schools

A survey carried out in 1994-1995 covering the primary schools of the country ¹⁴ established that there was some kind of systematic drug prevention taught as a subject in 33% of the schools—from which it follows that there was nothing of the kind in two thirds of the primary schools.

It is known from experience abroad that the effects of prevention (including communal, media and school prevention) appear in the form of reliable data only in the longer term, after many years.

According to the results of a public opinion poll carried out among secondary school teachers at the end of 1998, ¹⁵ 90% of the teachers believed that drug use increased among the secondary school aged population, but only a third of them acknowledged a growth of the drug problem in his/her own school. Only 47% received information on drug prevention and the recognition of the drug problem in an organised form. According to 72% of the teachers, drug prevention activity was somewhat effective, and according to 17% it was not effective at all. 84% stated that there was urgent need in Hungary to intensify drug prevention and information activities.

_

¹³ Zsuzsa Elekes –Borbála Paksi: Research report on the research project entitled "Exploration of the risk groups related to drug use of those serving their sentences" (Budapest 1997 manuscript)

¹⁴ K. Felvinczi (1999): "Egészségesebb Iskolákért Hálózat Magyarországi Egyesülete (Network for Healthier Schools Hungarian Association)". WHO Program in Hungary. In: Egészségnevelés és gyermekvédelem. (Presentations delivered at the conference Health Education and Mental Hygiene. 01.21.1999), pp. 28-40.

Secondary school teachers on the drug problem and drug use by the young Hungarian Gallup Institute Budapest, December 1998—January 1999

3.8 SUMMARY

The Hungarian drug situation and the drug scene have become significantly differentiated over the past few years by roles (users, traffickers, dealers), consumption habits and the social status of the users. The use of marijuana is characteristic and dangerous (largely intravenous) heroin use is increasing threateningly. The use of the so-called disco drugs (LSD, amphetamine derivatives and Ecstasy) and the combined use of various hazardous substances is also on the increase. It can be established that presumably only a fraction of drug users seek for some kind of assistance in handling their drug-related problems and also a fraction of them are reached by the criminal justice system. The relatively low number of those treated in health care and the relatively low growth tendencies can be explained also by capacity problems. With a set of prevention institutions and adequate management (early admission to treatment, effective aftercare) in place, the already substantial social damage could be greatly reduced as shown by American and West European experience. At the same time, this would have a positive impact on public security and people's mood.

3.9 SUMMARY CHARACTERISTICS

Two characteristic features of the drug problem in Hungary can be established in spite of deficient data:

- quantitative indicators of drug use in Hungary are significantly increasing,
- there is a significant discrepancy between the drug situation and the institutional care infrastructure organised to handle it.

At the same time, the drug problem in Hungary differs from that of the West European countries with respect to two characteristics:

- in the prevalence of the phenomena, and
- the drug problem has a lower influence on the criminal situation in Hungary than in the countries of Western Europe.

3.10 FORECAST

If

we fail to succeed in achieving rapid and fundamental changes in the system of prevention and care, and if there is no positive change in the structure of budgetary funds, and if we do not succeed in changing the unfavourable tendencies together with the institutional and voluntary agents of society,

then

the number of drug users in Hungary will presumably rise over the next few years. This growth may arise from the deficiencies of the institutions of prevention therapy and law enforcement. It is also expected that epidemiological surveys will outline a more realistic picture of the dimensions of drug use. This picture would presumably show less favourable tendencies than expected (and what can be estimated from the available data). Precisely owing to the deficiencies of the system of treatment, the number of drug users in a progressed phase struggling with severe physical, psychological and social problems, will increase. In this case, the social costs of drug use (damage caused by crime, the cost related to the

criminal justice system and health care treatment) will presumably rise dramatically in the future. In all likelihood, the use of synthetic amphetamine derivatives would rise and so would heroin use to a worrying extent. Intravenous use, which seems to be on the decline in Western Europe, would show an increasing tendency in Hungary, similar to other East European countries. This is expected to give rise to unfavourable phenomena in terms of infectious diseases (hepatitis, AIDS). The age of first use would be reduced further and the primary school population could also be hit in relatively large numbers by the drug problem.

Based on the picture outlined from the data and the experiences of experts, social intervention should be focused on comprehensive prevention functioning in local communities with particular regard to the family and the school; the development of the institutions reducing demand for drugs (with special regard to the institutions of treatment and rehabilitation); and the reduction of individual and social risks and of accessibility, that is, the supply of drugs.

3.11 THE SOCIAL FACTORS OF DRUG USE

The literature on research concerning the social causes of drug use could fill a library. Instead of giving a summary of these, we refer to the 1999 Report of the UN Commission on Narcotic Drugs. 16, which discusses the issue from the viewpoint of the international community. According to statements of the report, there are changes in the background to the spreading of illegal drug use experienced world-wide as a result of which the young are increasingly confronted with rapid social and technological changes and the challenges of a society based on competition. Here the need for success is expressed and the achievement of individual objectives is emphasised. In the meantime, traditional values and family ties are weakening. The young are more and more exposed to the effects of popular youth culture and mass communications, which also mediate messages which are tolerant towards the consumption of certain illicit substances. These messages create the false picture that recreational drug use is acceptable and even advantageous in the course of the selfcentred drive to consume material goods and satisfy individual needs. A significant minority of the young experiment with illegal drugs as part of their personal search for independence and identity. They, however, give up drug use once they mature. In this, their problem solving capacities have a decisive role to play. Individuals whose problem solving and stress releasing skills are underdeveloped are more vulnerable to take up and stick to, drug use.

Drug use appears in all strata of society but, in the case of youngsters, who are excluded from social integration, the probability of drug use with detrimental consequences is higher. For this reason, combating drug use can be envisaged only through a complex set of measures in economic, social, and educational policy and health care. Economic and social policy could prevent the exclusion of significant

_

¹⁶ United Nations: Economic and Social Council (11 January 1999), Commission on Narcotic Drugs, Forty-second session, Vienna, 16-25 March 1999: Reduction of illicit demand for drugs: world situation with regard to drug abuse, with particular emphasis on youth and drug abuse. Youth and drugs: a global overview. Report of the Secretariat.

strata from education, the labour market or social integration taken in a general sense. In itself, however, not even a substantial increase in the living standards of society can prevent the spread of drug use (in Western Europe, the substantial spread of drug use took place precisely in the 1950s, 1960s and 1970s, the period when welfare societies came into being). Because of this, particular attention should be paid to the values of society and the communities therein, the circumstances of upbringing in the family and institutions, and the possibilities for individual development.

Some of the problems related to illegal drugs—manufacturing, trafficking, distribution, money laundering, the illegal generation of wealth, etc.—are problems far from affecting the young (certainly not them in the first place) but constitute a matter for all of society, including the international community. Issues related to consumption and addiction can also not be limited to the young, even though they largely affect the younger age groups, particularly with regard to their social, health and criminological effects. As one of the most important social interventions, prevention can be effective only if every sector and stratum of society takes part in it.

3.12 THE LEGAL ENVIRONMENT

LEGAL STANDARDS IN FORCE

3.12.1 International agreements

Hungary is party to all conventions on narcotic substances. The former legislation entered into force the 1961 Single Convention on Drugs, the 1972 Protocol on its amendment and the 1971 Convention on Psychotropic Substances, while the Hungarian Parliament ratified the 1988 UN Convention in 1996. The practical implementation of this latter international norm has finally been implemented through the amendment of internal law, particularly the rules of criminal law over the last two years.

a) It is important to stress Law-Decree 17 of 1988, also containing the provisions of Law-Decree 4 of 1965, concerning the promulgation of The Single Convention on Drugs done in New York on March 30, 1961 and the Geneva Protocol of March 25, 1972 amending and supplementing it.

This can be regarded as one of the fundamental documents in the fight against drug consumption. Government Decree 8/1968 (II.9) regulates the performance of tasks related to the implementation of the Single Convention.

The Single Convention specifies uniform definitions related to the issue, the range of controlled substances and the nature, extent and grade of the rules of controls related to them. Through signing the Single Convention, we undertook the obligation to restrict the production, manufacturing, export, import, distribution, commercial trade, use and storage of narcotics exclusively to therapeutic and scientific purposes.

The Single Convention determines the quantitative restrictions on specific narcotic substances, manufactured and imported, in concrete terms; it also contains provisions

concerning the restrictions on the production of opium and controls on poppy straw, coca bush, coca leave and cannabis.

b) Law Decree No. 25 of 1971 promulgated the Vienna Convention on Psychotropic Substances concluded in February 1971 (hereinafter the Vienna Convention).

The Vienna Convention publishes a glossary to interpret individual terms. It gives an answer to what is to be done if a State Party believes to have discovered a substance, which could be regarded as one that should be put on the list of psychotropic substances. The article details the tasks of the World Health Organisation as well as of the Commission. In warranted cases, the Commission may supplement the list of psychotropic substances, or may decide on regrouping a substance under another chapter or delete a substance from the list.

There are detailed provisions concerning the control of products. The Vienna Convention deals with the order of notifications related to exemptions, the mechanism for publishing the Commission's decisions concerning partial or full exemption.

The joint decree of the Minister of Health and the Minister of the Interior No. 4/1980 (VI.24) EüM-BM on the manufacturing, processing, marketing, importation, exportation, warehousing and use of psychotropic substances. The Annex to the Decree contains a list of the psychotropic substances subject to different controls.

c) The 1988 UN Convention against the Illicit Trafficking in Narcotics and Psychotropic Substances concluded in Vienna is of major significance. This Convention deals basically with criminal matters; it is a special international norm supplementing earlier conventions.

According to the 1988 Vienna Convention, the Contracting Parties undertake the obligation to enact their internal laws and regulations in line with the Convention provided that such codification procedures are reconcilable with the fundamental provisions of their internal laws.

The 1988 Vienna Convention also sets forth a rule safeguarding the jurisdiction of the other State: accordingly, neither of the Parties is allowed to take measures in the territory of another Signatory State which would belong under the jurisdiction of the other State.

The 1988 Vienna Convention emphasises the need for the medical treatment, education, after-treatment and re-socialisation of offenders. It specifies aggravating circumstances as well (e.g. membership in a criminal organisation, assistance to such organisations, the international nature of the criminal act, use of violence or arms, a minor injured party, relapse).

Having recognised that organised crime can be successfully combated only by shaking their financial basis, the Convention also sets forth stringent rules on confiscation. The essence of this is that beyond the drugs and psychotropic substances, all that has been intended to assist such acts or whatever has originated as any kind of advantage from such acts, should be subject to confiscation, together with

anything else that can prove or serve the detection of such transactions or related money laundering transactions.

3.12.2 Legal regulations concerning drug policing

a) Act XXXIV of 1994 on the Police is the fundamental legal source of drug policing activity. This law takes the realities following the change in regimes into account and ultimately delegates policing functions (rights and obligations) to wherever these functions can at all be performed.

The Police Act stipulates that the police, within its policing functions, performs the administrative tasks related to the manufacturing, distribution and use of substances hazardous to public security, including drugs, etc.

In relation to the management of data in public administration, the Act provides that the police, with a view to performing its policing task, may handle the data of those having a license to manufacture, trade in, import to, export from or transit through the territory of the country; procure, use, warehouse and transport narcotics and psychotropic substances as presented in the license, the place of manufacturing and warehousing of the substance. The police may also handle the data of those having a manufacturing license and the data substantiating the conditions of issuing or withdrawing such license for ten years from the date of the termination of the rights as presented in the resolution.

b) Government Decree 65/1999 (V.5) Korm., amending Government Decree 100/1996 (VII. 12.) Korm. concerning the regulation of activities performed with certain chemical substances used for the illicit manufacturing of drugs, issued to implement the UN Convention held in Vienna on December 20, 1988 deals with the problem.

The subject matter of the government decree is not the policing administrative tasks related to the end products, that is, the activities related to drugs, the psychotropic substances, but the administrative tasks related to the use of the controlled substances listed in the annexes to the decree required for the manufacturing of these end products.

3.12.3 Regulation of drug-related activities in penal law

a) The Penal Code (Act IV of 1978)

Sections 282-282/A regulate the criminal act of "drug abuse".

The former regulation introduced with Act XVII of 1993 was based on the tenet of criminal policy that penal law should handle those who, at least in part, could themselves be regarded as victims and those perpetrators, who profiteer from the criminal act, differently.

This regulation was criticised from several aspects since its introduction. Criticism basically concerned the mode of specifying the content of the "insignificant" or

"significant" quantity and this led to the concern with respect to the definition of the criminal act, as, it was said, it did not provide adequate scope for the law enforcement agencies and those applying the law to unambiguously distinguish between the consumer and the trafficker.

The required adjustment was effected by Act LXXXVII of 1998 whose Section 83 gives an unambiguous, standardised answer concerning the content of the terms "insignificant" and "significant" quantity, which is an element of the definition of the criminal act. At the same time, it was also necessary to fine-tune the current regulatory structure of the criminal acts specified under Sections 282-282/a of the Penal Code.

The point of departure of the Act is that neither the criticism expressed nor the experiences of the past period lead to a conclusion according to which the legislator should alter the criminal policy considerations underpinning the regulation. The amendment of Section 282 of the Penal Code aimed at providing for *ab ovo* more severe sanctions against behaviours constituting "trafficking" in drugs than against behaviours constituting "manufacturing" and "transportation" activities.

Consumption was an illicit behaviour also under the former regulation of the criminal act of drug abuse. This was expressed by the definition of the term "acquire" under the perpetrating behaviours. At the same time, the amendment of the Act, by making a distinction between the various perpetrator behaviours, makes it unambiguous that, as far as the threat to society is concerned, the "trafficking"-type behaviours are of outstanding importance.

Under the criminal act of drug abuse, the Act also specifies new, qualified cases. Pursuant to the Vienna Convention of December 20, 1988 against illicit trafficking in narcotics and psychotropic substances, it calls to punish, as a qualified case, perpetration by a person who is performing an official or public duty; perpetration in the area of an institution of public education or organisation performing activities for the public benefit, within its vicinity or otherwise in the location of the activity of public culture or activity in the public interest, as well as perpetration in the facilities of the armed forces and penal institutions.

Act LXXXVII of 1998 radically modifies the earlier substance of the provision under Section 282/a of the Penal Code. The objective of the amendment was to base the possibility of differentiated treatment of the consumer on regulations more unambiguous than in force till then, as the possibility of taking stringent action against traffickers appears markedly in the substance of the case description according to Section 282 of the Penal Code. Also, the amendment according to Section 83 of the act unambiguously settles quantitative limits.

Within the limits of the original tenet of criminal policy, the point of departure of the Act is that only the drug user, who is already in a condition of addiction, should be given the opportunity of diversion. Addiction is the condition when the person can unambiguously be regarded as a victim. The user who only wishes to enjoy the drug should be distinguished from this. It is the responsibility of the forensic expert to establish whether the fact of drug addition obtains. This solution, however, should be

examined together with Act LXXXVIII of 1998 amending Act I of 1973 on penal procedures.

The possibilities of diversion have not become narrower for the non-addict drug user either because, instead of a solution under substantive law, the scope of possibilities under procedural law were expanded.

In relation to this, see Item (c) on penal procedures.

b) Petty offences

The new Act on Petty Offences (Act LXIX of 1999) entered into force on March 1, 2000. Also, a new government decree on individual petty offences (218/1999 XII.28) was promulgated. Section 11 of the government decree specifies the petty offence under drug policing, which sanctions breaching the rules of ordering, issuing, distributing, recording, warehousing and accounting with narcotics and psychotropic substances—provided that the breach did not amount to violating a rule of the Penal Code—with a fine of up to 100,000 forints.

c) The Act on Criminal Procedure

The amendment of the Act on Criminal Procedure extended the possibility to postpone the laying of charges also to adult-age perpetrators. This change affects ad hoc users of substances and those experimenting with them; the legislation gives discretionary powers to the prosecutor taking action in their case whether or not he would postpone the laying of charges.

The person whose act cannot be penalised owing to the insignificance of the act or the insignificance of the threat to society (Section 71 of the Penal Code) must be given a reprimand. By issuing a reprimand, the authorities express their disapproval and warn the offender to refrain from committing the offence in the future. This measure may be applied by the prosecutor or, when charges have been laid, in the form of an admonition by the court.

The prosecutor may also decide not to issue a reprimand but to postpone the laying of charges for at least one and maximum two years (Section 147/a of the Act on Criminal Procedure). In such cases, mandatory behavioural rules may also be specified (for instance, in the case of ad hoc consumers, participation in treatment preventing addiction). If, during the period specified, the offender does not commit another criminal act and abides by the rules of behaviour, the procedure is terminated. In the contrary case, charges are laid against him.

When the prosecutor lays charges, the court may postpone the sentence, that is, may put the offender on probation for at least one, at most three years, when it can be assumed on good grounds that this will suffice to get the offender to "mend his ways". Behavioural rules may be specified also for the period of probation. When the probation period is successfully completed, i.e., the offender abides by the rules of behaviour and does not commit another offence, the procedure is terminated.

Each of the above sanctions is a measure only and not a penalty. The person who is administered a reprimand or is on probation may receive a certificate of not having a criminal record.

Section 101 of Act I of 1973 on criminal procedures sets forth the rules concerning seizure. Accordingly, the authorities may seize the thing, which constitutes material evidence, which can be confiscated under law or the possession of which is in breach of legal regulation. As a psychotropic substance, the drug incidentally meets all three criteria. The seizure of drugs and psychotropic substances cannot be terminated in view of the fact that these things constitute subjects of confiscation unconditionally as already referred to.

Under Section 102 (4) of the Act on Criminal Procedures and Section 89 (2) of Law Decree 11 of 1979, the evidence whose annihilation has been ordered by the court, the prosecution or the investigating authority, whose confiscation has been ordered but concerning whose annihilation a decision has not been made, but its sale in its original condition would imperil public safety, public order, public health or public morals, must be or may be annihilated.

4. ANTECEDENTS

4.1 THE BIRTH OF THE NATIONAL STRATEGY, ITS ANTECEDENTS

In the course of the 1980s, international specialised organisations demanded with increasing vigour that states develop their drug policies in the framework of international co-operation, and on the basis of uniform and comprehensive national strategic criteria. The need for this was determined by the fact that the drug problem, owing to its very nature as a multidisciplinary and diverse subject matter, was a matter for several departments.

To improve its work on drugs, the Government set up the Interdepartmental Committee on Drugs with its Resolution No. 1013/1991 (II. 28) Korm. The function of this Committee was to co-ordinate the work of all the departments and agencies competent in drug affairs, to develop proposals for the allocation and use of the resources available for combating the drug problem, to co-ordinate the development of high-level international relations and. while continuously controlling the implementation of decisions, also to develop a national strategy against drugs. In its Resolution No. 111/1996 (XII.19) OGY, the Parliament made a decision to set up an ad hoc parliamentary committee to counter drug consumption. This committee qualified the operation of the Interdepartmental Committee on Drugs as contradictory and found that a national strategy to counter drugs had not been prepared. It made several proposals including one to terminate the Interdepartmental Committee on Drugs and to set up the Co-ordination Committee on Drug Affairs. The position of the ad hoc committee was that the fundamental function of the Co-ordination Committee on Drug Affairs to be set up was "to co-ordinate the actions taken against the spreading of drug consumption in Hungary and its tasks should include the development of a comprehensive, co-ordinated and multidisciplinary national drug strategy based on a balance between demand, supply and harm reduction and the activities of local communities and voluntary organisations besides the role assumed by the state."

Under Government Resolution 1039/1998. (III.31) Korm., "The Government, in view of developments in the domestic drug situation, the experiences of the operation of the Interdepartmental Committee on Drugs and the provisions of Parliament Resolution 125/1997 (XII.18) OGY, sets up a Co-ordination Committee on Drug Affairs." Pursuant to Section 2 (b) of the Government Resolution, the tasks of the Co-ordination Committee would include "the development of a national strategy against drugs and, following its adoption, the continuous control of its implementation." The task of developing a national strategy against drugs is included in the Government's program as well as in the Government's work schedule for this year.

4.2 THE ANTECEDENTS OF THE DEVELOPMENT OF THE NATIONAL STRATEGY

The thought of the need for developing the national strategy arose also in Hungary since the end of the 1980s, when recommendations of international organisations, such as Recommendation 1085 of the Council of Europe, and of the UN Commission on Drugs became known. Consequently, preliminary work for the development of a

comprehensive action plan began in the late 1980s. Unfortunately, the various ideas born in the period since then could not result in the development of the framework of a uniform and decisive drug policy, nevertheless, they did influence thinking in the profession and reinforced it. In that sense, we could rely on the following antecedents to be underlined:

- Outline for a comprehensive multidisciplinary plan for the program of the national handling of drug abuse (discussion paper) by Erika Bácskai

 – József Gerevich – Miklós Lévay, 1990.
- Draft program to solve drug problems in Budapest (Erika Bácskai József Gerevich Drug Program, April 1991)
- First draft outline of a multidisciplinary drug demand reduction strategy (Secretariat of the Interdepartmental Committee on Drugs, Budapest, June 17, 1996)
- Report of the Parliament's Ad Hoc Committee to Combat Drug Consumption and its Annexes
- National Drug Strategy (draft) 1998 Interdepartmental Committee on Drugs
- Action program to curb drug consumption in Budapest Budapest General Assembly, 1998

These strategic drafts, which differed significantly in terms of genre and other criteria constituted important preliminary work reflecting different approaches, philosophical and professional positions. It is unfortunate that they had one point in common: for various reasons, they could not become the foundation of a national strategy. Nevertheless, the information and proposals formulated in them provided a good basis for further thinking.

Similarly, the technical materials, expert opinions, scientific publications, research findings and results of data collection published partly as independent writings and partly in journals of the profession in Hungary in recent years were indispensable in the course of the development of the national strategy. They also provided evidence of the reinforcement of an independent and committed profession.

Naturally, one of the first steps in drafting the national strategy was to acquaint ourselves with the drug policies and strategic thinking of advanced countries in Europe and overseas. To that end, we studied in great detail the British, the American and the Dutch drug strategies but also learnt from the technical literature of Norway, Denmark, Finland, Germany and other countries. In addition, the consultants of the international specialised organisations and their statements on drug policy, research reports and assessments were of great assistance to us.

Over the past period, we consulted every one of the umbrella organisations of the profession, a large number of professional organisations and several hundred consultants and obtained the views of local governments in Budapest and outside Budapest, voluntary and municipal organisations. The draft structure, set of values and points of gravity of the national strategy were discussed in the working groups of the Co-ordination Committee on Drug Affairs.

4.3 THE WORKING METHODS OF DEVELOPING THE NATIONAL STRATEGY

The target-setting approach tested and proven in a number of countries provided the foundation for the comprehensive approach to the drug problem and the multidimensional subject-matter of the National Strategy, which again is based on the "Health To All" strategy of the World Health Organisation. One of the most important advantages of this approach is that it helps to define clear-cut strategic directions and relevant objectives, and to formulate the instruments required in achieving these objectives. This approach also identifies the success indicators used to measure the implementation of the strategic objectives, together with the relevant monitoring instruments. An important element of the method is that it facilitates monitoring, that is, the possibility to call participants to account for what they did through the regular implementation of assessment. This provides the opportunity for rectification and adjustment.

In order to achieve adequate improvement through the most efficient allocation of our scarce resources, we need a strategy in which all, who serve the suppression of the drug problem, can find their place and role.

4.4 THE FUNCTION OF THE NATIONAL STRATEGY

When developing a strategic plan, it is an important criterion to see very clearly what can be expected of it, what are the requirements in relation to it, on the basis of what needs it is formulated and what criteria it seeks to satisfy.

To that end, the function of the National Strategy is:

- to determine fundamental goals and values, the framework for interpreting the management of the problem and, at the same time, to calculate with the constraints and risks in the implementation of the strategy,
- to formulate the main directions and priority elements of strategic development,
- **to assist** institutions and agents to find their way and place in implementing the strategy,
- to be able to **develop a social consensus** with a view to achieving its objectives, to mobilise society and its groups, to involve municipalities, decision-making bodies, voluntary organisations as well as local communities,
- to serve in the performance of the requirements of accession to the European Union and of international co-operation in the efficient management of the drug problem.

4.5 MODELS OF COUNTERING THE DRUG PROBLEM

a) The framework of interpretation of the phenomenon

Different kinds of models can be found in literature to interpret and explain the phenomena. Not aiming at comprehensiveness, we present the most important approaches.

Moral model: drug consumption is a moral problem, it is a sign of the weakness of the morals and will of the individual. The protection of society requires state

intervention primarily through the stigmatisation of "immoral" individuals, their exclusion from society or even eventual "re-education". Modern development in social sciences diminished the significance of this model, nevertheless, we have to continue to reckon with its existence as a "naïve" explanation.

Criminalisation model: drug consumption is a crime (violation of norms and the law) which (i.e., any and all action implemented using drugs) must be persecuted and punished with the instruments of law enforcement and justice. The primary enemy is the dealer who cons "innocent" consumers to use drugs for his own financial interests. This approach examines drug consumption only as a special kind of criminal behaviour. The purpose of law enforcement is restraint and deterrence. This model has no sensitivity to the fields of prevention and treatment. The criminalisation approach is no longer thought to be adequate in itself for the complex social interpretation of the drug issue.

Infectious disease model: drug consumption is a phenomenon spreading like an epidemic; consumers infect one another; the drug as a bacterium or some kind of a virus is a dangerous foe. The goal is to prevent the spreading of the epidemic by isolating the distributors (in this case, users and drug dealers and the drug itself). It used to be a popular model primarily at the time of the sudden appearance of drugs but, inter alia because of the neglect of socio-cultural factors, it is not suitable for a more sophisticated description and explanation of the phenomenon.

Psychological illness model: drug consumption comes into being owing to some kind of a deficiency or distortion in personality development, perhaps it is a means of hiding psychiatric diseases and symptoms or to relieve the user from them. Thus drug consumption is a symptom of some kind of psychological illness or is a condition qualifying as a disease in itself. This approach overemphasises individual psychological problems and lacks a view, which would take all of society into account.

Sociological model: drug consumption is a disturbance in society's set of value; a condition of anomaly arising because of the inequalities established in the structure of society, in which the drug user is a deviant person who can achieve his/her objectives only by breach of social norms. This approach takes the social and cultural features of drug users into account as well as the socio-economic factors participating in the spreading of the phenomenon. The model also examines the manner in which a type of behaviour acquires new meaning as the history of societies progresses. The disadvantage of the model is that it fails to determine the direction of social action, which it does not regard as one of its tasks, nor is it sensitive to the psychological problems of the individual.

Multidisciplinary model: this is a sociological approach, building on the preceding models and using the appropriate empirical data. It examines the place of the phenomenon from the viewpoint of society's values and norms on the one hand, and the role of individuals, families and communities in socialisation, on the other hand. It uses the achievements of modern criminology and psychiatry as well as other sciences (e.g. pharmacology, genetics, social statistics, and public health). It calculates with the manifold nature of the problem and the manifold

nature of the professions called to manage it. This approach takes into account the fact that social action itself, aimed at influencing drug consumption contributes to a transformation of the phenomenon, making t more or, to the contrary, less manageable.

b) Models of influencing the phenomenon

What was said in the points above lead us through to the modalities called to manage the phenomenon. As to what modalities evolve in a society for the management of the problem beyond its interpretation, depends on a number of factors. The different kinds of professional and interest groups and the fragmentation of public opinion and politics themselves influence interpretation in diverse ways.

Prohibitionist approach: This is an approach based on a prohibition of drugs. This definition does little to understand the model, as international conventions prohibit the use of all substances, which qualify as narcotic drugs. Yet there is a difference in the extent of prohibition, in the magnitude of sanctions and the actions and forms of behaviour to be sanctioned (e.g. such is the evaluation of consumption). "Pure" prohibition prohibits all actions related to drugs and provides for severe sanctions; it enforces prohibition both on the demand and the supply side: preventing access to drugs, sanctioning trafficking and consumption would prevent the spreading of consumption and ultimately would result in the eradication of the phenomenon.

This approach regards the user as a victim of the dealer but regards the user's action as such a risk to the environment and society that it calls for punishment also for this act as well. The model fails to distinguish between drugs from the viewpoint of the harm they cause. Although it builds on a coherent logic, the model failed to live up to the hopes pinned on it as society's intervention frequently resulted in just the opposite effect, which could not be calculated in advance. Rather than help, the problem is aggravated and those concerned in the phenomenon tend to go more into hiding or other phenomena associated with the original one appear (e.g. AIDS associated with drug use), thus turning the interpretation framework of the model upside down. Owing to intensive sanctions, criminality and corruption linked to drugs, illegal revenues and money laundering also increase. In spite of the fact that the application of the model is exceedingly costly, the principle of zero tolerance cannot be implemented. At the same time, this approach does not regard the tasks of prevention and treatment as its own owing to its efforts focused on improving the efficiency of sanctioning.

"Normalising" approach: this separates a group of drugs, namely, cannabis derivatives. It does not apply prohibitions to its users (and to certain forms of trafficking). Its point of departure is that the "soft" drugs have little peril for society and with a "permissive" drug policy the consumption of more dangerous substances can be pre-empted. This is known primarily as the "Dutch model". Presumably, these law policy measures could not be implemented in another socio-cultural medium. One of the main arguments of the critics of this approach is the obvious relationship between "soft" and more dangerous substances; the other is that through this society fails to send an unambiguous message to its members since it includes certain forms of drug use among the actions accepted by society, thereby significantly extending the boundary

between deviant and non-deviant behaviour. International conventions disallow the extension of this approach.

Decriminalising and legalising approach: according to the former, certain acts related to drugs (namely, consumption or possession) do not constitute criminal acts; the latter refers to the objectives of the groups, which would prefer to withdraw certain drugs (or all of them) from the control of criminal law. Their argument goes that, as a result of this, a drug market would evolve which could be controlled either by the state or through the "hidden hand", causing illegal trafficking and related criminality to cease. The international community does not regard the legalisation of drugs as permissible and every UN and EU convention provides for their prohibition. Drug consumption is a threat which, if it became legal, would give rise to individual and social problems much graver than at present and there is no guarantee that its presumed advantages would actually materialise.

An approach building on a balance between demand and supply reduction: this is the approach which the international community (UN, EU) regards as advantageous, hence this is what it recommends in its documents, recognising that as long as there is demand, there will also be supply. In itself, therefore, supply side intervention is indispensable but not sufficient. In addition to the instruments of the criminal justice system, there is also a need for appropriate prevention, health and social care for drug users struggling with problems. The phenomenon of drug consumption cannot be segregated from social problems among others, the issues of inequality, poverty, unemployment, social exclusion and marginalisation. An increase in the role of demand reduction can be observed in international documents (in addition to the regulations concerning the supply side, which had earlier been preferred), moreover, certain recommendations set the objective of reducing the individual and social harm caused by drug use. Such an objective could not be envisaged in a "purely" prohibitionist model. There are differences among individual countries in the assessment of the gravity of the drug issue (or in relation to their quantity), in the penal evaluation of consumption (one-timer, ad hoc, recurrent user, consumer and addict) as well as with respect to the extensiveness of the use of the alternative to the penal procedure. There can also be differences with respect to the evaluation of harm reducing methods. There seems to be agreement, however, that only a policy of intervention based on a balance of demand and supply reduction, the combined and co-ordinated use of prevention, therapy and the practice of the criminal justice system together with a more differentiated evaluation of drug users can be successful.

The Government, in accordance with its own program and international recommendations, adopts the <u>multidisciplinary model</u> and the <u>approach based on</u> a balance of demand and supply reduction to influence the problem.

5. THE OBJECTIVES OF THE NATIONAL STRATEGY

The set of goals and objectives of the National Strategy is divided into one goal and four major objectives. These are the following:

5.1 GOAL

On the threshold of the third millennium, we are guided by the vision of developing a free, confident and productive society. This society regards human dignity, physical, spiritual and social wellbeing and creativity as of outstanding importance. In the interests of safeguarding and developing these factors, the society is capable of managing health care, social and criminal harms and disadvantages related to the use of and trafficking in drugs.

The drug problem affects us all and calls for joint action. The state and its institutions will have a significant role in this joint action.

5.2 OBJECTIVES

- 1. Society should become sensitive to the efficient management of the drug issues, and local communities should improve their problem solving capabilities in countering the drug problem (community, co-operation).
- 2. The young must be given the opportunity of developing a productive lifestyle and must be enabled to reject drugs (prevention).
- 3. Assistance is to be given to individuals and families in contact with drugs and struggling with drug problems (social work, therapy, and rehabilitation).
- 4. The opportunities of access to drugs must be reduced (supply reduction).

A social consensus concerning the goal and objectives of the National Strategy could be a solution to the challenge of drugs. A comprehensive program created by objectives based on one another and presupposing one another is called on to minimise, as far as possible, individual and social harm and to maximise the efficiency and effectiveness of interventions and joint actions of the treatment institutions and society.

5.3 THE PRINCIPLES OF THE STRATEGY

• The priority of facts

The National Strategy is based not on assumptions but on facts substantiated by scientific research. It stands for proven methods of interventions.

• Partnership, joint action

The National Strategy builds on society and the organisations of state institutions rallying their forces on the one hand and it counts on the collaboration of creative members of local communities on the other. It recognises that co-ordinated and joint actions multiply their effects and success. It takes into account the needs of families, schools and local communities. It requires and facilitates co-operation equally at local, regional, national and international levels.

• Comprehensive approach:

The management of the drug problem requires a multidimensional, balanced and well-segmented approach, in which the contributions of prevention, education, treatment, research, workplace programs, law enforcement and a number of other areas have an equally important role to play. The curbing of the drug problem requires the joint and co-ordinated action of various professions and fields. No profession may expropriate or take on the responsibility for the solution of the problem by itself.

• Accountability

The National Strategy presents the indicators of success for all cases, through which achievement of the objectives can be examined. Thus implementation of the strategy becomes transparent and expenditures controllable. The National Strategy will be reviewed at regular intervals.

• Long-term planning

Experience abroad shows that the drug problem can only be suppressed in the long term. Short-term solutions cannot lead to success when, in addition to the management of the current threats, we are also responsible for the development of a new generation and their relationship to drugs.

5.4 THE INSTRUMENTS OF THE STRATEGY

- The widest possible strata of citizens and their communities, voluntary organisations, state and municipal institutions confronted with the problem will have to be involved in developing drug policy. The *co-operation* of the experts and institutions of health care, education, youth policy, child and family protection is necessary.
- The National Strategy sets forth important *development tasks* for public and voluntary organisations and institutions involved in prevention and health promotion, the institutions participating in therapy and the public organisations called to reduce the accessibility of drugs and drug related crime.
- A broad social consensus must be developed in terms of the management of the drug problem, with respect to both the significance of the problem, and the most important milestones along the way towards a solution. As certain aspects of the drug problem affect wide strata of society, a solution also requires society to rally forces.

- The **Co-ordination Committee on Drug Affairs** shall implement political-level Co-ordination between the different departments and shall ensure that Hungary meet its obligations undertaken in international conventions. The experts will have to elaborate the professional methods of managing the drug problem and they will be responsible for expanding already operational programs so that they have a wider reach. The working groups of the Co-ordination Committee on Drug Affairs will encourage the achievement of this objective.
- Hungary shall meet its obligations arising from the Single Convention on Drugs of March 30, 1961 and its amendment of March 25, 1972; the Convention on Psychotropic Substances of February 21, 1971 and the UN Convention against Illicit Trafficking in Narcotics and Psychotropic Substances of December 20, 1988. Hungary also honours the Convention on the Rights of the Child (Article 33: protection of children from narcotics and psychotropic substances). Hungary respects the provisions of the Political Declaration of the special session of the UN General Assembly on drug problems (June 8-10, 1998), the recommendations designating the desirable direction of demand reduction (reinforcing similar earlier statements of the UN, such as the Comprehensive Multidisciplinary Plan [1987] and the Global Action Plan [1990] with respect to demand reduction).
- Hungary adopts the relevant conventions and recommendations of the Council of Europe and the European Union and guarantees the implementation of the provisions concerning the drug problem in the Europe Agreement concerning the establishment of an association between the Republic of Hungary and the European Communities and its Member States (Article 86: Money Laundering, Article 96: Drugs). The Government's National Strategy on the Drug Problem takes into account the provisions of the Amsterdam Treaty amending the Maastricht Treaty establishing the European Union, as well as the Schengen Agreements (Schengen Agreement and the Convention implementing the Schengen Agreement), the EU Action Plan against Organised Crime and the Action Plan against Drugs, developed for the period 2000-2004.

5.5 THE STRUCTURE OF THE NATIONAL STRATEGY

The National Strategy, taking the analysis of the drug situation in Hungary and the expected tendencies as its point of departure, formulated its goal and four objectives. It also determined "long-term", "mid-term" and "short-term" objectives.

- Long-term objectives: the totality of the actions required for the implementation of the objectives intended, is to be achieved by 2009. The coming ten years may be decisive with respect to the management of the drug issue in Hungary. Because of this, it is of vital importance to have a decisive set of objectives in order to achieve the general goal. From this there follow
- **the medium-term objectives,** which specify the task to undertake with respect to fiscal years 2000-2002.
- The short-term objectives list the tasks directly ahead of us as well as those called for to implement the medium-term objectives.

There is a natural connection between the individual groups of objectives: mediumterm objectives were subordinated to the long-term ones and short-term ones to the medium-term ones. Long-term objectives include some, which reckon with the indirect effects of the National Strategy, that is to say, take into account not only the implementation of the short-term objectives but also the indirect effects of societal action.

The relationship between the items included in the long, medium and short-term objectives cannot be matched one to one: one action in an action plan may contribute to a number of objectives, while a long-term objective in the given case can be achieved only through the implementation of a number of actions and several sub-objectives (medium-term objectives). Indicators were designed to measure achievement and methods through which the indicators become measurable or at least estimable.

Similar to the case of the achievement of short-term objectives, an indicator may monitor complex processes and achievements; in other cases, the achievement of any one objective may be examined through the simultaneous monitoring of a number of indicators. In many cases—in view of the fact that accurate and reliable basic data are not always available and therefore could not be used as a starting-point—achievement is not quantified. Rather, general terms are used such that the given indicator "improve" or the range of those using the given service "expand".

The annex to the National Strategy contains the cost requirement of short-term objectives and monitoring as well as the institutions of public administration with a role in implementation.

5.6 IMPLEMENTATION, MONITORING AND EXAMINATION OF THE EFFECTIVENESS OF THE NATIONAL STRATEGY

The National Strategy must be based on a broad social consensus.

The task of the Co-ordination Committee on Drug Affairs (hereinafter Co-ordination Committee) is to control the implementation of the National Strategy, to co-ordinate the operation of individual departments and public institutions and to assist in the approximation of sectoral approaches. The Co-ordination Committee has to report annually to the Government on developments in the Hungarian drug situation and on the assessment of the implementation of the National Strategy.

The local Co-ordination Forums on drug affairs have an important role to play in the instruments of implementation. Their annual reports will be aggregated by the Co-ordination Secretariat subordinated to the Committee. The Secretariat will initiate or itself conduct research and data collection as prescribed in relation to monitoring (indicators and instruments of monitoring). Based on these data and interviews with key personalities in the field, it will establish the experiences of the implementation and impact of the National Strategy as well as the difficulties arising in the course of implementation. It will forward these findings to the Co-ordination Committee, which will attempt to cope with the problems through departmental level co-ordination. The Secretariat of the Co-ordination Committee will draw up an annual report on the implementation of the National Strategy and the changes taking place in the drug situation in Hungary and in the operation of the institutions dealing with the management of the drug problem. The Co-ordination Committee will discuss these findings and use them for its own report to be drawn up for the Government.

The Co-ordination Committee will annually assess the progress of implementing the National Strategy and will carry out the screening and efficiency examination of the

strategy and the institutions implementing it every three years. It will draw up a report on its findings for the Government and Parliament.

To implement this objective, the Co-ordination Committee will make use of the findings of the National Drug Information Centre and Methodological Institute and other scientific and research institutes.

6. THE DETAILS OF THE OBJECTIVES

6.1 COMMUNITY, CO-OPERATION—SOCIETY SHOULD BECOME SENSITIVE TO THE EFFICIENT MANAGEMENT OF THE DRUG ISSUE AND LOCAL COMMUNITIES SHOULD IMPROVE THEIR PROBLEM-SOLVING CAPABILITIES IN COUNTERING THE DRUG PROBLEM.

Summary:

One of the most important depositories of the success of the National Strategy is the local community. Rallying forces at the local level and co-ordinated action could have a decisive impact on the management of the problem. Any successful prevention begins in the family. The existence—or lack of—the set of values professed to by parents and their role as examples have a fundamental effect on the evolution or prevention of the problem. It is necessary to reinforce all activity and co-operation related to the most basic forms of the human community, such as the family, the neighbourhood, the residential community, etc. For this reason, we count on the co-operation of families, relatives, teachers, local experts, helpers, pastors and congregations and those guiding the life of the municipality. No substantial shift in the management of the problem can be envisaged without developing the moral awareness of the young.

The engine of the drug policy of the local community is the Co-ordination Forum on Drug Affairs, which is called to co-ordinate local measures and initiatives and to create a forum for the institutions functioning in the territory of the local community in parallel with the national objectives. This Forum is an important part of the chain, which guarantees the translation of strategic ideas into reality.

Drug policy will be based on epidemiological research and the operation of the national reporting system (OSAP system): these data will enable conclusions to be drawn concerning the current drug situation and the changes therein as a result of the measures taken, as well as concerning the most important tasks at hand. The work of drug prevention in local communities can be assessed through the screening of the institutions dealing with the drug problem, primarily those in prevention. By means of this screening, it will be possible to explore the efficiency of these institutions, their strengths and weaknesses, their capacities, what the direction of local development should be, and what the cost efficiency indicators of operation are. It is also necessary to review the legal framework, for instance, to create the venues for drug-free leisure (licensing procedure for places of entertainment). Expansion of local drug prevention services and providing regular training to local drug experts relates to this. With regard to international obligations and recommendations, the

establishment of the National Drug Information Centre, the so-called focal point adjusted to EU standards is a task of first priority. This Centre will be the primary instrument of data collection, aggregation and dissemination primarily to decision-makers in public administration and politics.

6.1.1 The philosophical framework of the objective:

Local communities play an outstanding role in the management of the drug problem, as drug consumption is a problem fundamentally for individuals, families and local communities. That is where it arises and becomes recognisable for the first time. Its identification locally is decisive in subsequent management, as the success of intervention greatly depends on the awareness, commitment and preparedness of the local community. A local community may draw up numerous assumptions and may have significantly differing commitments. Thus, for instance, it is possible that the local community

- has no intention to be aware of the problem;
- transposes it into a sensational "media" event;
- handles it as a matter for the police or exclusively as a "youth problem",
- accepts that the problem is embedded in the age and life situation of the young, their leisure-time and other cultural habits;
- organises local services and possibilities for intervention in the interests of the individual and the community.

The local community is capable of dealing not only with illicit drug use on the part of the young but also with alcohol consumption and smoking on the part of both the young and adults, the excessive, medically unjustifiable consumption of medicaments or other risk behaviour. These are factors which, with some degree of probability, may give rise to or maintain drug use characteristic primarily of the younger age groups.

It is also the local community which is able to handle the drug problem at the most direct level, enabling the mobilisation of local resources: the mobilisation of families, communities, voluntary organisations, churches and the relevant supportive and other communal institutions. As the drug problems appear in a variety of forms with respect to their extension and quality, the local community has a decisive role to play in the recognition and management of the problem. The Government will need to give all the support it can to municipalities so that they can implement their activities as effectively as possible. Short of a national strategy and "authorization", local

communities and their institutions find it hard to define their tasks, partly because their efforts can be effective only in an all-societal framework and partly because there may be too keen a competition for local and central resources, and for drawing the boundaries of competence. The elaboration of the local versions of the National Strategy (and the related professional statements) will help to solve these problems, because the

Community settings:

- family
- local residential community
- the place of work
- local community, local government
- society as community
- international co-operation

National Strategy determines the national-level directives for answering the questions. It is important that action taken by the local communities be effected in the spirit of

international co-operation and on the basis of the recommendations drawn up primarily on the basis of European experience. Thus the local rallying of forces will become the realisation of international co-operation in the concrete given community.

The local Co-ordination Forums on Drug Affairs are key factors in the National Strategy. The local public, municipal, voluntary and church organisations will have themselves represented in these committees: the agents of world of prevention and therapy as well as the local offices of the State Public Health Service (ÁNTSZs), which combine them at an organisational level, the organisations of community development, the child welfare services as well as the justice system, the penitentiaries, the police and the specialised agencies of the municipality. These committees with 8-10 members will collect the information related to the local drug problem, monitor changes, determine the most important risk groups, define the targets of communal prevention, the possibilities of therapy and keep record of the capacities of prevention, community development and therapy. They are to ensure availability of information concerning local services to members of the local community. Annually, they will draw up a plan on local tasks in line with the objectives of the National Strategy and, at the end of the year, draw up a report on the work done. The report will be made known to the members of the local community and forwarded to the Co-ordination Committee on Drug Affairs, to enable them to draw up the country report.

6.1.2 The Co-ordination Forum on Drug Affairs in the local community will:

- explore data,
- assess the situation,
- map out the tasks to be done,
- ensure information flow.
- draw up recommendations for local public administration,
- assist in mobilising local resources,
- co-ordinate the activities of local agents,
- filter out overlaps,
- maximise the efficiency of service providers,
- join national programs,
- give feed-back to the local and national levels.

6.1.3 Long-term objectives

• The development of functioning communities sensitive to the management of the drug problem. The recognition and management of the drug problem cannot be separated from the presence of functioning communities. Drug problems appear not in an isolated manner affecting a small group; rather, they relate to the living conditions, opportunities, leisure-time habits of the young (even if in actual fact they affect only a small circle of drug users) and their mental health. The development of communities capable of effectively coping with the drug problem affects the operation of families in socialisation and their sets of values, the world of schools (to be discussed in Chapter II), workplaces, opportunities for spending leisure-time, the smaller local communities, church groups, etc. Unique issues

arise in connection with drug users returning from penal institutions to the community. In the interest of functioning communities, the following objectives should be implemented:

- Raising the awareness of families to enable them to recognise and manage **drug problems.** The family should mediate values and norms, which enable children to develop constructive lifestyles and reject drugs. Socialisation within the family is decisive in preventing drug use and should the drug problem appear, the way in which families relate to the drug problem and the work of assistance conducted with the families becomes important. At present, families do not have adequate information and methods with respect to organisations in the service of the prevention, recognition and management of drug use. Instruments to this end could include letting parents have publications with information, media programs discussing the issue, parents' meetings and advisory services. We attach great importance to the organisation of voluntary parent groups against drugs. These instruments can assist in raising awareness of the parental, family and assistant role, the acquisition of the necessary information and skills and the development or reinforcement of the family and community cohesion, which is indispensable for successful socialisation. Families exposed to a high risk of drug use should be assisted with the instruments of a family-friendly welfare policy.
- Development of workplace drug policies, and extension of the drug-free workplace program. In hazardous workplaces, drug use should be prevented also by introducing controls with a view to protecting the employee and the workplace community and safe performance of work; special workplace based preventive treatment programs should be launched for drug users and those psychologically or socially at risk. A screening makes sense only if it is part of a wider program of prevention and treatment. Workplace programs are cost efficient for both the employee and the employer, and function successfully abroad. Good experience has also been obtained in Hungary primarily in relation to workplace alcoholism prevention programs (even though these, too, are only in an experimental phase).
- Increasing drug-free entertainment opportunities including an increase in the number of safe places of entertainment. We have to acknowledge the phenomenon that presently the leisure-time habits of the young are linked to places of entertainment. This, however, does not exclude the need for the young to be able to make use of varied and value-oriented forms of leisure-time and sports in the local community. These objectives, however, go beyond the framework of the National Strategy. As far as issuing operating licenses for discotheques are concerned, the competent agencies should enforce legal regulations more effectively than at present. In addition, principles ensuring safe leisure-time spending should be fitted into the process of control: the operator must guarantee the avoidance of overcrowding, appropriate ventilation, drinking water, target-oriented training and control of the staff, information materials available on site, a first-aid room and co-operation with local support organisations and institutions.
- Reintegration of drug users released from penitentiaries into the community, avoiding their exclusion from society. This requires a wideranging network of institutions in co-operation with the organisations of health

- and welfare care (e.g. protected jobs and accommodation, retraining programs, rehabilitation programs, etc.).
- In the area of caring for the homeless, the problem of drug use is appearing to an increasing extent. The chance for reintegration into society should be established within a broader welfare policy context by providing supportive care, the management of harm appearing radically in this area, and by including the elements of re-socialisation.
- The different characteristics, opportunities and varying resources of local communities necessitate the development of local strategies. These should be understood as the local versions of the National Strategy, as the National Strategy deals also with issues (such as the competence of individual institutions, issues of financing) which reduce competition between local organisations and, at the same time, outline their functions. The most important organising elements of the drug strategies expressing local characteristics include
 - Building up a system of local Co-ordination Forums on Drug Affairs (at city, county and regional levels). It is expedient to set up these committees in cities with county rights.
 - Adaptation of European programs. There are a number of European programs concerning community development, the local management of drug problems or the operation of local Co-ordination Forums on Drug Affairs which, when adapted in Hungary, could facilitate the implementation of local co-operation.
- Reorganisation of data collection and research. A local community can take an adequate stand in relation to the drug problem if it has realistic information available. Such information may originate from local data collection, or the local data of the national data collection system could be used. The co-operating parties must have true and fair information originating from communal, epidemiological and institutional data collection concerning the actual size and components of the drug situation. True and fair information means adequate knowledge
 - of the drug scene and the changes therein: who use what kind of drugs under what conditions; which are the "fashionable" drugs; which groups are the most at risk;
 - the modalities of solution and the conditions of their employment and success: communal prevention, community helping services and the possibility and success of law enforcement;
 - indexes developed with the help of proven EU conform indicators, which aim at uniformity (these are of importance particularly in community epidemiological data collection);
 - use of the joint efforts and experiences of the European and the international community with respect to the management of the drug problem (taking into account that neither the drug problem, nor combating it knows boundaries).

6.1.4 Medium-term objectives

• Collection of domestic data useful for the community, making international databases accessible. Even if to a limited extent, local epidemiological surveys

and national surveys are readily available (county-relevant data can be obtained, for example, concerning the alcohol and drug use of secondary school students or from other national databases—from the data of health care and criminal statistics and the data of the criminal justice system). According to experience, however, these figures are not sufficiently known to the local public, local experts and decision-makers. Nor is there sufficient knowledge available concerning changes in the composition and dynamics of the drug problem, the foreign experiences and data characterising the 1990s. These should be made known to the local community (local public opinion: local media, experts: presentations, information materials, translations, summaries, Internet access).

- Supporting the establishment of drug-free programs and settings: with respect to the local community, the school, the workplace and places of entertainment. Under the co-ordination of the Ministry of Health, voluntary organisations should embrace the so-called health promoting scene movements referred to earlier (villages, towns, schools, workplaces, hospitals, communities, etc.). These were established according to the WHO principles with the aim of facilitating healthier lifestyles in accordance with local conditions and possibilities. In this, being drug-free, and curbing drug use have an obviously outstanding role. It is desirable that the number of participants in these movements increase and the programs become well known, having broad appeal.
- Reduction in the number of disco accidents deserves particular attention. Checks on public roads by the police should be intensified to safeguard the health and safety of the community; facilities should be organised so that the young be able to use public transportation or special services when going to and returning from, places of entertainment.
- The establishment and operation of local institutional functional units so as to implement the National Strategy in accordance with local requirements. As a first step, this means the setting up of county **Co-ordination Forums on Drug Affairs** with adequate powers; and then, their operation.
- International recommendations and methods developed or being developed by various professional organisations (both Hungarian and international) and national authorities in relation to the management of local drug problems, community prevention, intervention and development. The purpose is that these
 - become accessible and that
 - they be used in the implementation of successful community programs.
- Re-socialisation, aftercare programs in adequate quantity and at the appropriate standard should be made available to drug users being released from penitentiaries. The development of such programs requires co-operation between a number of institutions (the justice system, social affairs, employment affairs, health care). It is important that these persons should not be driven to the periphery of society, that they should not be excluded from the world of education and work so as to be able to reduce the probability of their eventual relapse.
- A welfare support system should be developed for drug patients who are cured, are released from penitentiaries or are participating in maintenance treatment. Under welfare targeted programs, accommodation should be created for them so that they are able to develop and maintain a drug-free and ordered way of life.

6.1.5 Short-term objectives

- Initiation of **communal epidemiological research projects**, publication of completed research projects, improving the efficiency of the reporting system (health care and criminal justice system reporting)—with the purpose that the data become known to the key persons and decision-makers of the local community (in a breakdown by county or even smaller units).
- Administrative measures: establishment of the local (city, county, regional) Coordination Forums on Drug Affairs, establishment of their legal and administrative conditions, co-ordination of the work of these committees and assistance to them through the collaboration of the organisational units of the Co-ordination Committee on Drug Affairs.
- Analysis of the legal environment and its amendment when needed (e.g. new regulation for the licensing procedure of music and dance places of entertainment, exercise of local administrative and controlling powers).
- Adjustment to the international environment, which primarily means making the documents of the European Union and the specialised international organisations (UNDCP, WHO) concerning the local community management of drug problems accessible and, when needed, providing training.
- Development in the quantity and quality of training projects (here we refer only to those key persons of the local community who are not referred to in other chapters). As a first step, training should be provided for the following experts (in a system of training the trainers):
 - local drug co-ordinators,
 - workplace drug experts.
- Survey and assessment of the institutions. Today, a very large number of state, municipal, voluntary and church organisations deal with drug users or youngsters endangered by drug use, with or without express reference to such activity. Express reference, however, frequently masks nominal activity only, while services performing highly valuable work remain unknown, thus making it impossible to adequately use their actual capacities. We do not know how many organisations deal with these youngsters in reality, how many organisations there are, which community development objectives dealing with drug problems are included, what is the size of the population covered by this, how many experts and voluntary agents this involves and what budgetary implications all this has. Although partial surveys have been made, they have never been aggregated. Presumably, it is not possible to survey the entire set of institutions, but the screening of at least a representative segment is necessary. A properly developed assessment system could also serve as a feedback to the organisations concerned, through which they would be able to improve the efficiency and effectiveness of their important work; also, organisations would be able to co-operate along more sound principles.
- Establishment of local prevention services: establishment of a wide spectrum of leisure-time facilities, which take precedence over (or replace) drug use: drug-free clubs and discotheques, institutions enabling both entertainment and assistance, sports events at night, coping with loafing and street kids. Child welfare services

have a statutory function of organising leisure-time programs, maintaining records on such programs and providing information on them. In the bigger cities, we can count on them also in street work carried out among loafers and dropouts. It is important to organise a safe departure from places of night entertainment (e.g. disco buses, take-home services, etc.). In some cases, these solutions lead us through to welfare policy and youth policy and manifest the multidimensional and multidisciplinary nature of the drug problem. Phone services have an important role in signalling community drug problems, prevention, providing information to those struggling with drug problems and directing them to experts. It is important to maintain these services free of charge.

- Facilitation of the operation of local community settings. Support to the
 institutions facilitating the education, training and general socialisation of the
 young, of the work of these communities is among the absolutely necessary
 investments, which are cost-efficient also from an economic point of view.
 Churches and their congregations and the activities of the propagation of scientific
 knowledge and of institutions offering useful forms of spending leisure time are of
 particular significance.
- Establishment and control of **local forms of checks** (e.g. checking driving under the influence of drugs, the licensing procedures of music and dance places of entertainment, that is to say, controlling these places of entertainment to see whether or not they meet the requirements).
- It is necessary to develop reintegration programs for drug users **released from penitentiaries.**
- Adjustment to the international environment, international relations. The establishment of the Focal Point, which is the institution for co-operation between Hungary and the European Union, has an outstanding role. It will collect and make accessible data on Hungary, transmit them to the centre in the European Union in the form of a so-called country report and make information on the European trends accessible to Hungarian experts, communities and the public.

6.1.6 Indicators and instruments of monitoring

	Success indicators	Instrument of monitoring
Achievement of long-term objectives	 are there local drug strategies and are they operational are there prevention programs in exposed workplaces has the number of varied leisure-time programs increased a positive trend in statistical figures municipal programs, resolutions reflecting local drug policy reports of the local (city, county, regional) Co-ordination Forums on Drug Affairs drug related databases how many people participate in information flow: experts receive more information lay people receive more information press and media analysis research projects and the use made of them 	 written reports and statistics (local) (reports of the city, county, regional Co-ordination Forums on Drug Affairs) submitted to the Co-ordination Committee on Drug Affairs local and nation-wide epidemiological research projects, special epidemiological research projects carried out among those at the highest risk analysis of those making use of the institutions
Achievement of medium-term objectives Achievement of short-term objectives	 are there databases (on health care, prevention, communal services and police databases) accessible to experts and the public are there local (city, county, regional) Co-ordination Forums on Drug Affairs the licensing procedure for music and dance places of entertainment evolves as envisaged, the prescribed requirements are guaranteed on site amount of allocated funds quality assurance, collection of protocols, international protocols, development of those that are not 	 written reports and statistics prorated use of funds available for the task enactment of laws and measures
	available by the appropriate professional organisations • process assessment indicators	

6.2 CREATION OF OPPORTUNITIES TO ENABLE THE YOUNG TO DEVELOP A PRODUCTIVE LIFESTYLE AND TO REJECT DRUGS (PREVENTION)

Summary:

The number of youth reached by prevention programs (school, community and mass communication prevention) must be increased. This requires support for school prevention programs (following the appropriate accreditation, their capacity and the number of training participants must be increased) and publications with information should be issued and media events supported, which can reach specific target groups. Prevention must be asserted wherever young people or those helping them are to be found.. The activities and actions of relatives, helpers, community organisers, moreover, of decision-makers and of those on the political level must be determined by the preventive approach. Accredited "train the trainers"-type programs must be given priority in the training of experts (teachers, health educators, other school experts). Prevention work in local communities has a significant role to play, among which leisure-time and sport programs are of special importance. The organisational framework for preventive activities will have to be developed (at local level, at the Coordination Forums on Drug Affairs, nation-wide in the working groups of the Co-ordination Committee and through the operation of quality assurance and accreditation). In the deployment of methods of prevention and the examination of their efficiency, the international, particularly EU recommendations must be taken into account as far as possible. A decision should be made on setting up a separate institution for the adaptation of methods of prevention in Hungary and the professional co-ordination of training projects. Epidemiological surveys among the young provide information on the success of the measures taken over the longer term.

6.2.1 The philosophical framework of prevention

6.2.1.1 Preconditions

A broader formulation of health promotion is reflected in the *Ottawa Charter* (World Health Organisation, 1988):

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health

promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being."

Health conditions can be improved only if certain health preconditions (peace, housing, education, food, stable ecological system, sustainable resources, social justice and equity) are in place. The tasks thereafter include the following:

- awareness raising: political, economic, social, cultural, environmental, behavioural and biological factors all could be for the benefit or to the detriment of health. The purpose of health promotion activities is to render these conditions favourable through raising awareness in the interest of health;
- *enabling* people to realise their full health potential. This includes the various foundations provided by an environment favourable to health, access to information and the development of skills and opportunities enabling healthy choice. People are unable to reach their full health potential unless they are able to control the things which determine their health;
- intermediation: the health sector in itself is unable to provide these preconditions and prospects for health. Therefore, health promotion requires co-ordinated action from all those concerned: governments, health and other welfare and economic sectors, non-governmental and voluntary organisations, local authorities, industry and the mass media. People participate in the activities of health promotion in all walks of life in their capacities as individuals, families and communities. Professional and social groupings, as well as those working in health care have a particular responsibility in intermediating between the different interests of society with a view to promoting health.

In relation to drug use, the objective of health promotion is to reduce the role of the *risk factors* leading to drug use and to reinforce the *protective factors*, which mitigate the prevalence of drug use; all in all, a reduction in the prevalence of drug use (whether legal or illegal).

Health evolves from the struggle between the protective and the risk factors, in which the protective factors gain the upper hand. The planned form of this is health promotion, which impacts the individual's *lifestyle*. The expression lifestyle combines the effects of various types of behaviour on one another and on health, which is the role of the social and the physical environment.

The goal is to improve the quality of life, which serves as a health resource. Influencing health cannot be achieved primarily in itself but through lifestyle (and behaviour) and the environment.

There are three factors influencing lifestyle (and behaviour):

- 1. *Direct determining factors*: the knowledge, attitudes, set of beliefs, values and culture of the person or the given population,
- 2. Factors creating opportunities: skills, accessibility of resources and services, rules, laws,

3. *Reinforcing factors*: rewards and reinforcing factors in relation to change in behaviour: the important others (parents, peers, etc.), their attitudes and behaviour vis-à-vis the individual.

These three factors can be influenced through health promotion.

6.2.1.2 Factors facilitating and impeding the evolution of drug use

When drafting the objectives of the National Strategy, the drug situation in Hungary, the existing institutional and social forms of problem management, international experiences and the reasons for the evolution, maintenance and termination of drug use must be taken into account.

Genetic-biological factors (e.g. sex differences), personality characteristics (primarily childhood aggression and other behavioural disturbances) and psychosocial factors play a role in the evolution of drug use.¹⁷. Some of the latter are risk factors making the person susceptible to drug use, while others are protective factors against its evolution.

6.2.1.2.1 Risk factors:

a) Psychological risk factors

- expectations and earlier experiences related to drug use: positive expectations concerning drugs (it will be "good", "exciting", "interesting") increase the probability of experimenting,
- stimulus and risk-seeking behaviour: drug use appears as a source of excitement (virtually without respect to the type of the drug to be experimented with), which is part of the risk-seeking behaviour in adolescence, when young people seek always new forms of acting out,
- absence of stress-coping abilities: covering up the inability to solve problems through drugs,
- anxiety, depression, anger ("self-cure model"): releasing unpleasant emotional states through drugs.

b) Being arrested in psycho-social development

The world of thoughts and sentiments of the early childhood is maintained also in adolescence. Its characteristics include:

Rutter M (1990): Psychosocial resilience and protective mechanisms. In: Rolf J, Masten AS, Cicchetti D, Nuechterlein KH és Weintraub S (Ed.): Risk and protective factors in the development of psychopathology. Cambridge University press, New York, 181-214.

¹⁷ Kaminer Y (1994): Adolescent substance abuse. A comprehensive guide to theory and practice. Plenum Medical Book Company, New York, and

- roles appropriate to the world of play and of work fail to become differentiated
- erroneous perception of reality,
- maintenance of a self-centred world-view even after childhood,
- avoidance of confrontation with external surroundings, consequently:
- isolation of the individual from the wider socio-cultural context.
- illusion of freedom (and of separation from parents) or search for this in an illusory way (e.g. by joining some kind of a youth subculture).

c) Family risk factors

- Alcohol use and related attitudes of parents. Alcoholism (or drug consumption) by parents but similarly their related lenient/neutral attitude facilitates the evolution and sustenance of drug use.
- Divorce, single-parent families: children easily become detached from the family's emotional and educational circle of influence. The same holds for emotional deficiencies and emotional poverty in the family.
- Habits of upbringing on the part of parents: primarily the inconsistent, at times extremely lenient, at other times extremely prohibitive upbringing style can lead to the evolution and subsequent sustenance of drug use.
- Violence in the family, physical and sexual abuse: such youngsters (particularly girls) are especially exposed to the threat of taking to and sticking with, drugs.
- Childhood psycho-trauma: unprocessed psychological traumas may facilitate the evolution or sustenance of drug taking.

d) Peer effects

Peers have a decisive role to play in the evolution of drug use in adolescence, particularly in the cases when relations to parents or norm-abiding society (e.g. school) had already weakened. Of the peer effects, the following play particularly important roles in the evolution and sustenance of drug use:

- alcohol and drug use and smoking in the peer group and their related attitudes,
- identity attributed by peers ("you are a somebody if you take drugs"),
- avoidance of stigmatisation, devaluation by the environment through appreciation of the peer group,
- peers help to avoid drug use *versus* the impact of peers, "peer pressure" in the evolution of drug use.

e) Cultural impacts

The values and norms of society at large, the open and hidden expectations mediated to the young play an important role in the evolution of drug use and, in the given case, in it becoming "fashionable":

- the relationship of society to alcohol and drug use and smoking,
- the impact of advertising and the mass media: direct alcohol and tobacco advertising on the one hand and the satisfaction of needs aroused by advertising, which can be satisfied through the use of drugs,
- legal regulation and the value system of society, "adult" society: whether it condemns, accepts or turns a blind eye to the fact of drug consumption,
- the perspective that society gives to the young and even within the group of the young to the unemployed youngsters in deprived conditions with low school qualifications. How society handles these social problems, how it prepares the young for social changes and inequalities.

6.2.1.2.2 Protective factors

The most important of the protective factors are *self-assessment* and the *conviction* that a teenager is able to realise his will, his desires. The following factors have a particularly important role to play in their development:

- a secure and supportive set of personal relationships;
- task performance: in the broadest sense of the term, from school success to responsible work at home or elsewhere;
- positive use of the turning points of personal life: it is important that the teenager successfully cope with novelties, turning points (e.g. change of school, new leisure-time activity) with the help of his/her parents and other supportive persons related to him;
- access to opportunity: for instance, a successful examination will assist in continuing education, which opens up a wider spectrum of opportunities to the youngster than what he would have, had he been unable to continue his studies or were to drop out of the school.
- The *other group* of protective factors weakens the negative effects of risk factors or breaks the negative chain arising from the aggregation of negative effects (e.g. the reactions which follow from drug use in adolescence: exclusion from school, sentence in prison in contrast to the improvement of fitting into the school through individual programs. The latter breaks the negative chain, while the former only exacerbates consequences in the case of the individual).

6.2.1.3 Methods of prevention

International research projects¹⁸ dwell in detail on the methods and effectiveness of prevention, in the latter case also on factors of cost efficiency.

Hastings G and Stead M (1999): Using the media in drugs prevention. Drugs

¹⁸ Künzel-Böhmer J, Bühringer G and Janik-Konecny T (1994): Szakértői vélemény az addikció elsődleges megelőzéséről (Expert opinion on the primary prevention of addiction). Alkohológiai Füzetek 29, OAI, Bp.

TRENDS IN PREVENTION:

- a) Dissemination of information: the emphasis is placed on disclosing factual information on drugs, which may mean the negative consequences of the effects of drugs or the characteristics of drug use. The methods based on deterrence, on the arousal of fear, on presenting the hazards of drugs in a dramatic manner can be grouped under this category. In schools, most of the time the teacher is the one who presents this method of prevention. The approach takes the assumption as its point of departure that people make their decisions rationally, in possession of adequate information: if they hear negative information in relation to drugs, they will not take them. Impact analysis, however, revealed that this method is not genuinely effective: even if youngsters gain more and more knowledge of the hazards of drugs, it will not necessarily deter them from using them. Exaggeration of the hazards questions the credibility and reliability of the speaker and, in view of the risk-seeking behaviour characterising some teenagers, may even enhance curiosity for drug use. To improve the credibility of the method, attempts are made to involve experts: people working in therapy, policemen and former drug users.
- b) Affective education: this approach starts out from the assumption that the development of personality and of social skills (or rather the deficiencies of this development) have a decisive role to play in giving rise to drug use. Emphasis is therefore placed not on increasing knowledge but on the emotional education of the personality, on the acquisition of the skills of decision-making, of the appropriate communication strategies, on learning the skills to actualise interests. The main platform for these is the group; hence the method is applied in the framework of group programs, where the group ensures emotional security. According to impact analysis, this is not an adequately effective method, moreover, since group sessions play an overriding role in it, specially trained experts and a long period of time are often required.
- **c.)** The social influence model: the limited success of the previously mentioned approaches brought this method into being. The assumption's background is that drug use is a learned behaviour, in which social influences such as following models has a significant role, therefore, these factors could also be used in prevention. Two forms of this approach broadly applied are the social education when the youngsters are inoculated, immunised with messages against drug use before they would meet with peers

Prevention Initiative. Home Office. Crown Copyright. United Kingdom.

Bukovski WJ and Evans RI (Ed.)(1998): Cost-benefit/cost-effectiveness research of drug abuse prevention: Implication for programming and policy. NIDA Research Monograph 176. US Department of Health and Human Services. National Institute of Health.

Bukovski WJ (Ed.)(1997): Meta-analysis of drug abuses prevention programs. NIDA Research Monograph. 170. US Department of Health and Human Services. National Institute of Health.

encouraging drug-taking or (even hidden) media messages. (The media messages refer primarily to the propagation of legal drugs, that is, cigarette and alcohol advertising.) Thus, when these effects reach them, they are able to protect themselves against them in an adequate manner. The other method is the development of skills against drug use; a typical example of the method is the "say no" in situations of temptation. "Saying no" is also a complex social communication, which can be established and developed by practising. These programs are relatively effective, shorter periods of time suffice for acquiring them but they have an impact only for a certain period (one, two, three years), then gradually peter out.

- **d.) Drug alternatives**: drugs satisfy real psychological needs, particularly in adolescence and in youth, in a manner that is unacceptable to society. The objective is to satisfy these needs in compliance with social norms. Satisfaction of risk-seeking behaviour so characteristic of youth can be served by sports, even extreme sports, tours, camping, while the need for psychological immersion can be satisfied through participation in artistic, value creating activities, the life of church communities, etc. These methods of prevention are successful only when they are individually tailored. Also for that reason, they can be rather costly.
- **e.)** Integrated approach: starting out from the theory of learning, it takes into account social effects as well as the factors with a role to play in personality development in the establishment of drug use. Hence it places emphasis on the influencing and development of these factors also in prevention. Similar to the social effects model, it attributes a dominant role to peer and media effects and resistance to them. This is then supplemented with the skills development required for personality development: decision-making, problem solving, communication skills, improvement of self-assessment, stress management, and development of interest asserting skills. This approach to prevention already shows an overlap with the complex model of health promotion; being free from drugs can be envisaged only as part of a healthy life and not as a goal in itself. According to literature in this field, the integrated approach is the most effective.

The effectiveness of prevention programs: Above we reviewed the approach-specific effectiveness of prevention programs. Literature also applies a different categorisation in addition to approach specificity: *interactive and non-interactive programs* are also distinguished. The latter are practically ineffective, while the former have significant impact and their cost-benefit ratio is also highly favourable. Being interactive in this case means that students take an active part in prevention and are not merely spectators. Instead of the usual "frontal" lecture, the trainer (most of the time a teacher) involves students in the exercises and role plays; he makes them practice the various skills; they discuss issues arising in groups, etc. According to literature, this is the genuine demarcation line between effective and ineffective programs: to what extent we are able to activate students, to what extent they will be partners, to what extent are peer opinion-makers involved in teaching the program. In the case of interactive programs, the teacher not only "teaches" but also "educates" and himself becomes a role model.

Based on international effectiveness surveys¹⁹ the transfer of information and the formation of attitudes (positive vis-à-vis health and negative vis-à-vis drugs) are less effective yet necessary methods. Of the procedures known, *skill development* is the most successful: problem-solving, decision-making, stress management, learning to say "no", communication, resistance to social and media effects, and development of a positive self-evaluation. Skills development in school requires an interactive, preferably co-ordinated, non-evaluating teacher-student relationship rather than the traditional frontal lecture, *a method of education* based on role plays and situation exercises, where the teacher not only "teaches" but also "educates".

6.2.2 The most important areas of prevention

6.2.2.1 The family

Among their educational tasks, it is an important goal that families learn to prepare their offspring for a drug-free life. They should convey values and norms, which underline the advantages of a drug-free life and enable their children to develop constructive lifestyles and to reject drugs. The family should be capable of preventing the development of drug problems, which, in many cases, implies the treatment of other addictions occurring in the family. The family should be capable, when needed. with the collaboration of external laypersons or experts, to cope with persons struggling with drug problems within the family. This means that the family, primarily the parents, must be equipped with appropriate information. They should participate in parent groups, voluntary and church organisations, which raise their awareness of family and parental tasks and opportunities. The instruments and institutions of a family-friendly welfare policy are drawn upon to reinforce this process. It is also necessary that family doctors provide greater support to families in both the prevention and the early treatment of drug problems than they do at present. The training of parents active in school boards in a preventive approach should also be supported.

6.2.2.2 The school

Drug prevention at school is *primary* prevention. Whenever drug problems arise in the school, the methods of primary prevention to handle those using drugs in the school environment *are not suitable or, if so, only with limitations*. On such occasions, *intervention* is needed, generally through the involvement of suitable (external) experts (school doctor, nurse, psychologist, guidance counsellor, drug outpatient clinic, etc.).

The objectives of drug prevention at school

¹⁹ Künzel-Böhmer J, Bühringer G and Janik-Konecny T (1994): Szakértői vélemény az addikció elsődleges megelőzéséről (Expert opinion on the primary prevention of addition). Alkohológiai Füzetek 29., OAI, Bp.

Hastings G and Stead M (1999): Using the media in drugs prevention. Drugs Prevention Initiative. Home Office. Crown Copyright. United Kingdom.

The modern approach positions drug prevention among the complex set of issues of *health promotion*. The objective relates to what the young should do (=should live healthily) while it is important to make them aware of what they should not do (=they should not take drugs).

Prevention of the use of illegal drugs can therefore not be separated from the prevention of the use of legal drugs (alcohol and nicotine, taking medicaments without the doctor's indication), nor can it be separated from the general promotion of health particularly in a mental-psychological sense.

The best drug prevention methods are the ones that are able to meet the following requirements:

- handle licit and illicit drugs jointly,
- employ the holistic model of health promotion,
- are capable of involving families and significant others,
- emphasise skill development, thus aim at influencing the behaviour that leads to drug use (not merely knowledge and attitudes),
- deal with peer (and media) effects, involve peers,
- are integrated into the curriculum,
- can be employed preferably in lower primary school but at the latest in upper primary school (although starting at secondary school is still better than nothing),
- take into account the organisational world of the school and the structure of the local community surrounding the school

Curriculum-type programs

The subject matter of health promotion and drug prevention are integrated into the school curriculum or the materials of the headmaster's classes.

Non-curriculum-type programs

Health Day, Anti-Drug Day, etc. type programs. They facilitate communication on drugs rather than aim at prevention taken *stricto sensu*.

6.2.2.3 The workplace

The workplace should have an important role primarily in the prevention of legal drugs (alcohol consumption, smoking) for the time being, although a need for workplace prevention of the use of illicit drugs has already surfaced. Here it is necessary to reckon with the phenomenon that adults also use drugs qualified as legal in substantial numbers (sleeping pills, tranquillisers) without doctor's orders, which is then manifested in the deterioration of their work performance and a deterioration in the quality of their lives. The transition between these substances and alcohol is also easy. Workplace prevention is not aimed at removing the substance user from the workplace but to exploit the incentives of the workplace, which turn him towards giving up drugs in search of positive alternatives.

6.2.2.4 Leisure-time

Prevention carried out in the course of leisure-time programs of youngsters going to school and the prevention programs created for youngsters at risk (e.g. loafers, dropouts) are in this category. Demand for screening and special prevention programs have also arisen in relation to youngsters at risk, with the involvement of other supportive experts in addition to teachers. Screening programs are effective when they constitute a part of the appropriate welfare and therapeutic programs. Of the leisure-time programs, we underline the role of sports because, beyond its health promoting effects, it also contributes to community building. Special sports events (e.g. night table-tennis or basket-ball matches) may become "drug alternatives". Drug-free forms of leisure-time activities should be supported.

6.2.2.5 Churches

The moral and community development activities of churches play an important role in the development of healthy lifestyles. Church groups have an important part to play also in the reintegration of former drug users.

Church groups and missions are natural partners of communities and of the network of treatment institutions. Schools managed by churches and the congregations can greatly contribute to the spreading of the broader moral, spiritual, philosophical framework of prevention.

6.2.2.6 The media

Media programs tend primarily to enhance awareness of the problem and may play a role in the social communication of the subject matter. In certain special subjects, in the case of well-delineated target groups, they may even have a preventive effect when the appropriate media instruments are used. Generally they are costly, therefore, they require thorough preparation and co-ordination. According to experience shown in literature, short, ill-prepared campaign-type programs are ineffective (and may be very expensive, moreover, they may even have an opposite effect by increasing curiosity for drugs). Messages arriving from several sources and through several channels at the same time are effective, provided that they do not have a purely deterrent content but also indicate alternatives to drug use and make reference to places of help.

Types of media programs:

- 1. *National mass media campaigns*, in which the main role is played by advertisements in the mass media.
- 2. Programs where *advertisements in the mass media are merged with other components*: e.g. communal initiatives, school programs.
- 3. Programs where the instruments of mass media are not used but the media themselves are, e.g. video films, handouts.
- 4. Intervention using *free* (public service) facilities or exploiting the *spontaneous interest of the media*.

Four objectives are set to media campaigns:

1. **enhanced awareness**—an objective which can be met,

- 2. **provision of information**—an objective that can be met but this may not (moreover, it is certain that it will not) lead to change in behaviour; it can be envisaged that enhanced knowledge will lead to increased experimentation,
- 3. **change in attitudes**—achievable objective but insufficient for change in behaviour,
- 4. **change in behaviour**—most of the time this is not an achievable objective; the media reaches those who do not use drugs and least of all those who do take them and even then, it does not lead to giving up use in their case.

At the same time, the media may communicate messages, which, directly or indirectly, invite the young to take drugs. It is necessary to pre-empt such effects, to restrict such media-messages, and to provide moral and community support to messages that mediate drug-free values.

6.2.2.7 Information society

Computers are increasingly gaining ground in the communication with the young. The challenge posed by the development of information opportunities must be taken very seriously and must be used by the world of prevention. The main areas of this are prevention programs, which can be transmitted through the Internet and computers. These instruments can be used with a high degree of effectiveness, at the same time, they require special skills and technology for their establishment. It is important to develop advisory and consulting services through the Internet, while preparations will have to be made for the risks posed by it. A great deal of uncontrollable, in many cases detrimental, effects reaches adolescents through the Internet. Primarily through voluntary initiatives, the propagation of contents inviting to drug use should be preempted or prevented. These contents can be particularly dangerous when they appear under the heading of providing information. The proposal of issuing some kind of an attestation to Hungarian websites with professionally controlled content should be considered.

It has become evident that free global electronic communications provide an opportunity also for mediating anti-social, immoral principles and information. They have reached the World Wide Web and, among other things, include the propagation of drug abuse. These phenomena are causes for concern and prompt the introduction of measures, which could effectively counteract the risks and threats of this development by providing correct (or corrective) information.

6.2.2.8 The army

The conscript staff of the army are in a special position with respect to drug prevention. The army functions as a "hazardous plant". Because of this, the safety of military service and thus also of the country requires freedom from drugs. The available data, however, point to a high degree of risk also among those performing their military service. At the same time, this is the last opportunity for reaching young adult aged groups in large numbers with prevention programs, in an organised manner and an institutional form. The Drug Prevention Committee of the Hungarian Army set

up on the basis of Minister of Defence Instruction No. 51/1998 HK 15 HM takes steps to co-ordinate this by having developed a complex prevention plan with a uniform approach, with the help of regional and local subcommittees. Its provisions in breakdown by prevention, supply and harm reduction are to be supported and implemented individually and in total. "Only a uniform and complex prevention program run by a network, consisting of highly trained experts embracing several disciplines, is able to maintain the mental, physical and mental health of the staff which is a necessary precondition also of NATO compatibility" (Drug Strategy of the Hungarian Army—1999).

6.2.2.9 The institutions of child protection

Child welfare services operate (or will do so in the near future) in every settlement of the country. The functions of these services include, *inter alia*: consulting with a view to preventing addictions or co-ordination of access to such services; the organisation of leisure-time programs; the running of a system to perceive and warn of children at risk to prevent endangering children; and facilitation of the participation of voluntary organisations. The child welfare services can be regarded as the preventive child protection centre of the given settlement. Special child protection services have a particularly significant role to play in street work and in organising special homes for children struggling with drug problems. Street work is indispensable particularly in the case of children using organic solvents. The network of foster parents makes a highly important contribution to the care of endangered children.

6.2.2.10 Crime and drug prevention by the Police

The Crime Prevention Department of the National Police Headquarters and the Crime Prevention Divisions of the county Police Headquarters subordinated to this unit pursue extensive prevention activities within the police. The police also have a national drug prevention program for schools; this is considered as the most widely used prevention program.

6.2.2.11 Groups at risk, risk conditions

When designing health promotion and prevention programs, the youth—and adult—groups particularly at risk from the viewpoint of drug use should be taken into account. It is necessary to explore the genuine extent of the risk to which they are exposed and to develop special prevention programs for them. These groups are the following:

- children in a position of multiple disadvantage,
- children of alcoholic parents,
- truants, loafers, street kids,
- psychologically endangered children, teenagers (psycho-pathological conditions in adolescence, problem behaviours, long-term hospital treatment in childhood or absence from home),
- children and youngsters receiving specialised care from child protection living with foster parents or in orphanages,

• youngsters and adults staying in or released from penitentiary institutions.

In these cases, primary prevention is frequently inadequate. At such times, special psychological and social programs are needed. Small groups and special, individually tailored interventions enjoy an advantage when the co-operation of several institutions (school, child protection, health and social institutions, naturally, whenever possible, with the involvement of the families) is needed.

6.2.2.12. Prevention programs for the Roma

The multiple disadvantages in the living conditions of some groups of the Roma population and their cultural characteristics call for the launching of special programs. Only voluntary organisations that include Romas as well and social workers, who are credible and accepted by the Roma communities, are able to effectively mediate such programs.

6.2.3 The objectives of prevention and its action plan

6.2.3.1 Long-term objectives

- Halting the spreading of drug use in the following areas:
 - reduction of the growth rate in the number of drug users and reversing the currently rising tendency,
 - reduction of the number of those experimenting with drugs,
 - it was observed also in Hungary that the average age of youngsters using drugs for the first time has been declining in recent years. It is exceedingly important to reverse this tendency. The later somebody meets drugs, the lower the risk of the development of recurrent use and, in case of regular drug use, the better the prospects of giving up.
- The use of drugs should not be a culturally accepted behaviour for the young. Today we frequently meet the phenomenon that in some groups among youth, drug use counts as "normative" rather than a drug-free life. Youngsters must be aware of the hazards caused by drugs and also of the fact that only a small portion of the young use drugs recurrently, that is, this is definitely not a "normative" behaviour. This picture of "everybody takes drugs" is frequently reinforced by the mass media, even though unintentionally. The way in which the young relate to drugs will have the greatest impact on the prevention of their use. It is necessary to make them aware that the vast majority of society never uses drugs.
- The healthy, drug-free lifestyle should become attractive. This is the positively formulated form of the previous statement. It is important that we take a stand not only against drug use but that we also send positive messages to the young: how they can live in a healthy, productive way. The issue cannot be narrowed down to the fields affected by the National Strategy: the wider viewpoints of culture, community development, sports, welfare policy and youth policy are required for discussing the subject matter.

• **Development of a school health strategy**, which gives priority to the school drug strategy. The development of the drug co-ordination teams in the schools will have a key role to play in its development and implementation. Drug problems are also handled as part of the general health culture in the school ,however, in view of the novelty and complexity of the problem, the issue must be referred to by name as part of health culture. The members of the school drug co-ordination team should include the school drug co-ordinator, the representatives of the peer help group(s), the students' self-governing body, the school health service, the institutions of care having a role in the local community and, if possible, a supervisor.

6.2.3.2 Medium-term objectives

- Operational **health promotion programs including drug prevention** in all the settings where the young grow up (family, public education, higher education, supplementary educational systems, leisure-time and other communal activities, sports, church life).
- The health promotion programs containing drug prevention modules should **cover** as wide a range of the Hungarian youth as possible. Here we name only the most important and, at the same time, largest groups, where drug prevention has a particularly important role to play:
 - those participating in public and higher education,
 - dropouts,
 - the unemployed young,
 - those at risk for other psycho-social reasons,
 - the knowledge of the young concerning drugs and the consequences of drug use and
 - their negative (rejecting) attitude to drugs should increase.
- Long-term school prevention and health promotion should be focused on **skills development.** This, however, is a longer process, for which the system of traditional lecture-type classes is ill-suited. Nevertheless, this does not mean that we are doomed to inaction until such time when the appropriate conditions are in place (trained teachers, adequate school milieu, etc.).
- School drug co-ordinator. A school expert (teacher, school psychologist, youth nurse, health educator) should be named who, owing to his/her sensitivity and qualifications in the field is assigned this task against remuneration for his/her activities. The task of the school drug co-ordinator is to co-ordinate the school anti-drug strategy, to provide adequate information to teachers, students and parents. He will maintain contact with assisting organisations outside the school. Wherever there is a possibility for this, the part-time member of the staff in charge of child and youth protection should be entrusted with the tasks of the school drug co-ordinator (who will then perform his/her tasks full-time). Teachers should handle drug problems at school in the spirit of pedagogic ethics.
- It is necessary to have **drug prevention integrated** into subjects related to health promotion and life management (focusing on skills development). An independent drug prevention curriculum does not necessarily live up to the hopes pinned on it:

Better results can be expected when youth learn about drugs and drug use within several subjects from several viewpoints.

- Prevention should be professionally and adequately represented in the local (city, county, regional) **Co-ordination Forums on Drug Affairs.**
- Based on the Drug Strategy of the Hungarian Army, it is necessary to recognise
 and realise the possibilities of preventive work within the framework of the army.
 It is necessary to reinforce the training of experts and to reduce the number of
 those affected by drugs performing their military service in the army through
 prevention programs, the checking, controlling functions of supply reduction and
 improving the efficiency of media work.
- Conditions should be improved for the preventive work of school doctors, nurses, non-teaching professionals working at the school (psychologist, social worker), local youth helpers, drug experts and more successful forms of co-operation should be found. The role of **peer supporters** is of particular importance in approaching the age group and in transmitting credible information.
- The opportunities provided by the information society should be used and exploited through such major systems as Sulinet, TeleCottage, MultiCenter, etc.. Programs and services offering information on prevention using special techniques (CD-ROM, DVD, chat clubs, etc.) will also need to be established and supported.
- Without a **youth, education and social policy** sensitive to the problems of the young, the above objectives cannot be achieved. They improve the social, educational and labour market position of the young and help those groups being driven towards marginalisation. Details of such measures, however, go beyond the framework of the National Strategy.

6.2.3.3 Short-term objectives

- Surveys concerning the prevalence of drug use among the young and its monitoring. As far as those participating in public education are concerned, the ESPAD research project carried out in several waves seems to be expedient, which could be supplemented by local (county, city) epidemiological surveys using ESPAD (or other EU) methods. Thus the data would be comparable in a European context. It is necessary to conduct surveys in higher education and among the high-risk youth detailed above and to repeat them from time to time in order to follow up changes. These research projects will be co-ordinated and supervised by the **Drug Research Council** to be set up within the framework of the Co-ordination Committee. In doing epidemiological research, co-operation will be implemented with ÁNTSZ, the Health Promotion Research Institute and its Health Database.
- Surveys on the prevalence and effectiveness of prevention programs. Today it is not known in how many places and with what degree of participation and success (school) prevention and health promotion programs are being carried out in Hungary. Mapping them will provide a basis also for future development. Process evaluation and effectiveness analysis of the methods of reviewing success seem to be tasks, which could be performed (and not the genuinely more

important long-term effectiveness: how the habits of drug use among the young change).

- The execution of research projects and **effectiveness analyses** and the adaptation and evaluation of the appropriate programs are priority tasks, to be performed involving methodological and research institutes and experts in public health.
- Uniform quality assurance and accreditation for prevention programs based on the criteria of the departments concerned (Ministry of Health, Ministry of Education, Ministry of Youth and Sports Affairs and the Ministry of Social and Family Affairs in child protection and the social field). Setting up the Health Promotion and Drug Prevention Accreditation Committee. Through this, red tape in relation to the introduction of these programs can be cut: it is not necessary to have the programs separately accredited based on the criteria of teachability, health expertise and drug prevention, but all this can be effected in a single procedure involving a properly experienced team of experts.
- Use and access to **international experiences.** The school health promotion programs used to date are already Hungarian adaptations of foreign curricula. When needed, the consideration of Hungarian characteristics should be reinforced and this method should be supplemented with monitoring and effectiveness surveys well proven abroad, along with a system of training and further training.
- Development of the framework of **organisation and co-ordination**:
 - Co-ordination Committee on Drug Affairs—Prevention Working Group,
 - representation of those working in prevention in the local (city, county, regional) Co-ordination Forums on Drug Affairs.
- The young do not live in isolation in a local community, nor is a school independent of its social environment. That is why we attach so much importance to the reinforcement of local community initiatives:
 - development of the principles of support and financing (use of municipal, state, commercial and voluntary funds),
 - support for parent groups' community programs, community work of churches,
 - development of special programs for the young at risk, collection of such existing programs and making experts acquainted with them,
 - support for (drug) alternative leisure-time and sports programs and for the institutions organising such programs (youth centres, clubs, art centres, child welfare services, etc.).
- Supporting **publications with information, media events,** helping phone line services for
 - various groups of the young,
 - parents,
 - teachers, helpers.

Here we regard what was already said about the media as authoritative: well-designed, properly prepared programs based on adequate selection of the target

group, the medium and the message are successful; "general" prevention programs, although spectacular, have an exceedingly unfavourable cost-benefit ratio. The involvement of the local media (newspapers, cable TV, students' papers, etc.) have outstanding significance.

- **Training.** We underline the drug prevention training courses dealing with health promotion, which address in particular the problems of adolescence and youth:
 - in the further training of teachers, training in prevention and health promotion should be stressed. These training courses relate to the mandatory accredited further training of teachers;
 - prevention, health promotion should appear in teacher training (as teachers obtain their degrees in teacher training colleges without obtaining the adequate specialised knowledge);
 - training and further training of experts in social care and child protection,
 - training of pastors and church workers,
 - training of school drug co-ordinators (who can be teachers in charge of child protection, school psychologists, health promoters);
 - peer training, training of peer supporters. Development of the professional and ethical basis of peer training together with the development of their scope of activity and competence of peer help, which should be done by the appropriate professional bodies. A uniform training can be designed only once the principles are in place.
 - training for the members of school boards, primarily for parents, in health promotion with a focus on drug prevention.

6.2.3.4 The indicators and instruments of monitoring

	success indicators	the instruments of monitoring
Achievement of	epidemiological indicators	epidemiological survey
long-term objectives	attitude, lifestyle indicators	research into attitudes and lifestyles
Achievement of medium-term objectives	 change in attitudes and knowledge at school and in the groups of the young at risk teachers being trained in prevention and health promotion school drug strategies in place increase in the number of school drug co-ordinators participation of experts in prevention in the local (city, county, regional) Co-ordination Forums on Drug Affairs written reports on local interinstitutional co-operation number of marginalised young (dropouts, jobless, at risk) 	 attitude and knowledge surveys monitoring teaching activity, assessment of prevention and health promotion under school quality assurance written reports on the operation and experiences of the local (city, county, regional) Co-ordination Forums on Drug Affairs (to be submitted to the Co-ordination Committee on Drug Affairs to prepare the annual country report) sociological and health surveys on the situation of the Hungarian young
Achievement of short-term objectives	 support for school (curricular) drug prevention programs increase in the amount spent on epidemiological surveys on the young making prevention databases accessible to experts number of accredited prevention and teacher further training programs and number of participants organisational framework in place increase in the number of publications with information and coverage of the country in this respect number of media events expansion in the curriculum of teacher training 	 increase in the number of informative publications and the coverage of the country in this respect increase in the amount spent on epidemiological surveys on the young prorated expenditure prevention database in place adoption of accredited programs media analysis curricula in teacher training and further training.

6.3 HELPING INDIVIDUALS AND FAMILIES HAVING COME INTO CONTACT WITH DRUGS AND STRUGGLING WITH DRUG PROBLEMS (SOCIAL WORK, TREATMENT, REHABILITATION)

Summary:

In Hungary, every single element of the chain of treatment (from taking up contact through detoxification to aftercare, rehabilitation and the reduction of the harm caused by drug use) is underdeveloped, struggling with severe capacity problems. Because of this, every element of the chain is in need of development; the most urgent task, however, is to develop the forms of organisation enabling the taking up of contact and admission to the institutional system. This requires the development of forms of institutions and professional methods little known in Hungary. Aftercare and rehabilitation following up on treatment also struggle with capacity and financing problems. The relationship between the special treatment of drug users to other medical professions and the system of welfare care is also in need of improvement. It is necessary to create the still missing professional protocols of care, the professional accreditation of the institutions providing care involving the appropriate professional bodies, taking international recommendations into account. This is particularly urgent in areas where special intervention has no (or hardly any) tradition in Hungary. Such fields include the addictological care of the child-aged population, the care of special patients (suffering also from other diseases), programs within penal institutions and the area of harm reduction.

The Co-ordination Forums on Drug Affairs and the working groups of the Co-ordination Committee will expand the organisational basis for the local and nation-wide co-ordination of treatment and their cooperation with other professions.

6.3.1 The philosophical framework of treatment:

The *psychiatric (disease) model* of illegal drug use is suitable first and foremost for the description of the conditions of addiction, particularly in the cases where it is necessary to deal with severe symptoms of withdrawal, particularly physical ones, long-term dependence, co-morbidity (other psychiatric disorders) or other medical complications. At such times, the collaboration of the psychiatrist (addictologist) is indispensable, moreover, inpatient treatment (treatments) has to be presupposed in the process of treatment. The objective arising from the model is to reach abstinence and to establish the additional—psycho-social—conditions of an abstinent lifestyle.

The *psycho-social* (*sociological*, *anthropological*) *model* of illegal drug use can be used primarily in prevention and in conditions of dependency in the cases which cannot be grouped under the preceding point (e.g. when there is no severe addiction, no "dual diagnosis") and after the achievement of stable abstinence. This approach is proven also in reducing the health and social harm caused by drugs. In the enhancing relationship based on the psycho-social model, several types of experts have a role to play: social

workers, addictologists, consultants, psychologists, psychiatrists, pastors, church social workers, recovered addicts, self-help groups and institutions, specialised not in the care of addicts but as co-operating organisations. Here too, the organised forms of co-operation with psychologists and psychiatrists (accessibility, supervision) should be taken into account.

From the aspect of therapy, the *community care* of addicts is well fitted to this model, which means the integrated co-operation of the experts and institutions listed (through the help of a case management system). Here other forms of institutions could also have a role, such as the day hospital and sanatorium, halfway institutions and transitory homes, rehabilitation homes. Achievement of abstinence takes place not in the first step, therefore, motivating programs or, to take another approach, programs reducing the health and social damage caused by drug use play a role. At the same time, the set of conditions of a substance-free lifestyle following upon the achievement of abstinence can be well constructed on the basis of this model.

The objective of therapy is to regain or obtain control over the "passion", the development of a productive lifestyle, promotion of changes leading to it, in the spirit of the holistic model of health. One way to this is to give up addictive behaviour and, when this is temporarily missing, the other way is to reduce the harm to the individual and society by controlling addictive behaviour.

The reinforcement of the positive attitude related to the recovery of addicts is a factor necessary for "initiating" change and the completion of therapy equally among addicts, clinical experts and the wider public, as a positive feedback.

Therapy means providing help to our clients, enabling them to reach their optimal functioning over as long a period as possible. At the same time, we live in a world where the financial and human resources available for therapy are limited; in principle at least, clients have more needs than what society could satisfy in this respect. Thus, in addition to the evident objective formulated above, we have continuously to make decisions as to which instrument of therapy to use; which is the client group that is the most suitable for the given treatment and which is the most effective form of therapy offering the greatest success and efficiency also from the viewpoint of expenditure.

Today we expect the modern therapeutic (bio-psycho-social) program not only to make a person abstinent or to reduce the physical, psychological and social costs of drug use at least in the short term, but also that the client become capable of exercising his abilities as best as possible in as many walks of life as possible and to enable him to maintain the achieved health condition without relapse.

On that basis, in relation to addicted patients (including drug users), three types of therapeutic objectives were formulated²⁰:

²⁰ Schuckit M A (1994): Goals of treatment. In: Galanter M and Kleber HD (Ed.): The American Psychiatric Press Textbook of

- 1. achievement of a life free of psychoactive substances:
 - a, arousing and intensifying motivation for abstinence,
 - b, development of a lifestyle free of psychoactive substances.
- 2. Assisting the implementation of various life activities with the greatest possible satisfaction:
 - a, achievement and maintenance of an optimal health condition,
 - b, diagnosis and treatment of psychiatric symptoms and disorders,
 - c, acquisition of skills and knowledge needed for everyday life,
 - d, solution to marital and family problems,
 - e, settlement of issues related to work, employment and livelihood,
 - f, settlement of issues related to homelessness,
 - g, satisfaction of spiritual needs and development of a set of values in conformity with society.
- 3. Prevention of relapse and reduction of the harm arising from drug use. Drug addition is a chronic disease, which is frequently concomitant with relapse. An absence of the issues expounded in the points above increases the probability of relapse. Relapse can, however, be prevented using the appropriate methods. This approach has recently become an independent goal of therapy, coupled with the appropriate methods.

6.3.2 Harm reduction

The heart of the methods of harm reduction is to reduce the harm caused by the use of psychoactive substances with respect to both the individual and society. Harm reducing methods take the fact that some groups of people are unable or unwilling to give up the use of psychoactive substances over a longer or shorter period of their lives as their point of departure. To some extent those who, in relapse, have not yet sought therapeutic help, should also be put in this group. The concept of harm reduction appeared at the time of the "explosion" of the HIV/AIDS epidemic. It treats drug use primarily as a public health problem, precisely because of its close relationship to the above- mentioned infectious disease. The methods of harm reduction constitute in actual fact the only effective and cost efficient method of prevention in the groups of intravenous drug users exposed to HIV (and hepatitis) infections: these include special interventions, which can save lives in the case of chronic drug users not motivated to give up, whereby lethal diseases can be prevented, while we do not give up the long-term goal of achieving full freedom from drugs. The most important methods of harm reduction (outreach work, methadone maintenance treatment and needle exchange programs) are used in every country of the European Union and the

Substance Abuse Treatment. American Psychiatric Press, Washington, DC. pp. 3-10

action plans of the Union underline their significance (Anti-Drug Action Plan of the European Union, 2000-2004).

6.3.3 The success of therapy

When designing health care, it is necessary to take the success analysis performed abroad into consideration. According to the representative surveys on drug users, ²¹ therapy is effective and the crime rate is also declining.

When designing health care, it is necessary to take into account the fact that, according to experience, drug addiction shows a chronic disease progress, which is frequently extended for a long time with a propensity to relapse. This is frequently supported by a series of multiple treatment episodes. Recovery, therefore, takes place most of the time through a series of treatment episodes in a cyclic manner, thus, in most cases it is not possible to expect an immediate therapeutic result realised "overnight". Research findings indicate that the treatments, unsuccessful in the short term, have a positive effect, which aggregate in the long term.

The treatment of those struggling with drug problems requires the cooperation of the supporting professions, as this problem affects every walk of life, including physical and mental health, the world of values, the system of personal, family and social relations. As causes, concomitant factors or consequences, problems tend to appear, which can rarely be influenced by a single profession only. Therefore, the treatment of drug problems requires an interdisciplinary and comprehensive approach.

When designing health care, *primary care* should be taken into account, as it is expected that some of the illegal drug users will appear here as well. The work of general practitioners should focus on early diagnosis, care fitted to the psycho-social/communal model and reference to the specialised institutions. Because of this, its significance is outstanding. The addictological professional reinforcement of the care provided by general practitioners has a fundamental and positive influence on the success and effectiveness of treatment.

It is absolutely necessary to develop other forms of health care and services used by drug consumers: they may enter into contact primarily with the ambulance service, oxyological work, traumatological, internal medicine and surgery and intensive medicine, etc. The recovery model of addicts presupposes various types of interventions by different kinds of experts in the individual stages of treatment, in which *relapse prevention* has a predominant role to play.

²¹ Hubbard RL, Marsden ME, Rachal JV, Harwood HJ, Cavanaugh ER and Ginzburg HM (1989): Drug abuse treatment: A national study of effectiveness. University of North Carolina Press, Chapel Hill

Hubbard RL, Craddock G, Flynn PM, Anderson J and Etheridge RM (1997): Overview of 1-year follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). Psychology of Addictive Behaviors, 11,4:261-278.

By region and by county, uniform facilities must be established to provide emergency care, treatment for physical withdrawal symptoms (whether in inpatient or outpatient forms), the diagnosis and therapy of occasionally associated psychiatric disorders and long-term treatment: assisting with psycho-social problems, relapse prevention and rehabilitation. These services require the existence of multidisciplinary teams, whose members include the medical doctor (psychiatrist, addictologist), the psychologist, the social worker, the nurse, the therapists in different professions, the addictology consultant, the lawyer, the pastor and, if possible, the recovered addict. The so-called high-threshold, abstinence-oriented programs and places of treatment should be supplemented by low-threshold services. The profile of the latter extends to outreach work, street work, motivation, consultation and the reduction of the health and social harm caused by drug use. Of these methods, the methadone maintenance treatment requires separate regulation.

6.3.4 The objectives and action plan of treatment

6.3.4.1 Long-term objectives

- To halt and reverse the rise in the number of those struggling with drug problems. Although most probably we have yet to count on an increase in drug use in the short term (in which a more accurate exploration of the situation will also have a role to play), in the longer term, we set the objective of halting the growth rate of drug use, and indeed, a reversal of the trend.
- Reduction of the social and health harms and damage caused by drug use.
 According to an estimate regarded as modest, the social damage caused by drug consumption can be measured in terms of tens of billions of forints (including costs of treatment, sick leave, sickness benefit and disability pensions, lost production, production loss arising from premature death, the direct and indirect (victim-side) damage caused by crime, the costs of law enforcement and penitentiaries).

We know from cost-benefit calculations carried out abroad that the amount spent on prevention, therapy and harm reduction significantly reduces the social harm caused by drug use (the costs of crime and law enforcement, the occurrence and henceforth treatment costs of the more severe conditions of drug addiction and its complications, particularly the prevalence of AIDS and welfare expenditure) with an at least ten-fold rate of return according to some surveys.

• Improvement in the availability, receptivity and effectiveness of health and social care in the treatment of drug problems (drug users and members of their families)—the building up of the full continuum of care with an adequate capacity. As established by the National Strategy in several places, every element of the therapeutic chain in Hungary is underdeveloped in quantitative and in some aspects also qualitative terms; several elements of the chain are missing. The continuum of care struggles with severe capacity problems, owing to which early admission to treatment, rehabilitation and aftercare are virtually completely unsolved. Elimination of the bottlenecks is an urgent task

already in the short term, but the disadvantages, including the non-availability of well-trained and properly remunerated experts, are so great that the full build-up of the continuum of care can only be envisaged in the longer term.

• The National Strategy regards the development of the **social care of addicts**, state subsidisation of more differentiated institutional care, as a top priority (primarily the expansion of regional and day social care).

6.3.4.2 Medium-term objectives

• An improvement must be achieved in the social and professional acceptance of the *medical treatment* of drug users. One can still frequently meet opinions on the part of both experts and the public, which question the justification of medical care either on medical or ethical or financial grounds. These views should be refuted with the appropriate arguments. Providing medical care for drug users will in the longer term reduce the social, health and criminal harm arising from drug use. Drug addicts are sick, whose treatment is an elementary humanitarian obligation. Drug addiction is an independent diagnostic group in the system of the International Classification of Diseases. Providing appropriate health care for drug patients is a constitutional right.

(Section 70/D of the Constitution: (1) Those living in the territory of the Republic of Hungary have a right to the highest possible level of physical and mental health.

(2) The Republic of Hungary shall implement this right through organising labour safety, health care institutions and medical care, ensuring regular physical exercise and the protection of the man-made and the natural environment.)

The possibility of access to the treatment system and the treatment, which honours their personal dignity, guaranteeing in full the protection of their personal data must be provided to persons struggling with drug problems, irrespective of their sex, ethnic or national identity, religion or social position.

- Increase in the number of drug users participating in a helping relationship (from taking up contact through treatment to re-socialisation).
- Development of the so-called "continuum of help" (that is, the various forms of taking up contact within and without institutions, inpatient and outpatient care, the institutions of rehabilitation and re-socialisation, advisory and consulting centres, day institutions, protected accommodation and workplaces) with respect to the following indicators:
 - capacity: number of places of reception and accommodation, facilities for taking up contact and treatment,
 - accessibility: places of treatment, which are easy to access, free of stigmatisation and, in a manner legally protected, capable of ensuring early admission to treatment. The experience that significant groups of drug users, particularly those taking synthetic drugs, do not or do not willingly seek traditionally structured health care institutions, should be taken into account,

- effectiveness: to achieve this, in addition to setting the target of achieving abstinence, the complex bio-psycho-social status of the client, the effectiveness of treatment enabling the realisation of a productive life, will have to be enhanced,
- differentiation (client/method matching): the forms of intervention, which best match the severity and type of the given condition, must be identified and applied. There is a great probability that for patients suffering from severe addiction and eventually other psychiatric diseases, inpatient treatment is more cost-efficient, while outpatient treatment is the more cost-efficient for other patient populations,
- complex bio-psycho-social approach: addiction affects all of life, therefore, the patient's condition cannot be influenced in the long term by medication or methods of psychotherapy alone. The approach advocating the exclusiveness of detoxification must be discarded. Detoxification is only the introductory phase of treatment which, in the case of more severe dependency, must be followed by long-term somatic, psychotherapeutic and social treatment and rehabilitation, with particular emphasis on after-care during which period the patient lives in the community.
- multidisciplinary treatment staff: in line with the previous point, this approach also means differentiation in the treatment staff: medical doctor, psychologist, social worker, nurse, therapist, addictology consultant, lawyer, pastor, recovered addict should all participate in the process of treatment and rehabilitation, presupposing co-ordinated teamwork or case management.
- Community approach: more recent therapeutic approaches underline, in addition to institutional treatment lasting for the shortest possible, yet still necessary period, treatment in or near the community and rehabilitation.
- Co-operation between health and social care. The mobilisation of community resources (voluntary sector) is indispensable for the design and implementation of successful interventions. It is necessary to harmonise the legal regulations affecting the two systems of care.
- The appearance of **HIV** (**AIDS**) and the spreading of hepatitis (primarily **hepatitis** C) must be prevented among intravenous drug users.
- Also by using various instruments of social policy (e.g. protected accommodation and jobs, day-care reintegration programs, etc.), the number of criminal acts committed by drug users will have to be reduced.
- The magnitude of drug use among the **homeless** will have to be reduced and care suitable for the treatment of damage to health will have to be guaranteed in all areas of the institutions dealing with the homeless. The characteristics of drug use by the homeless and the prevalence of the problem in this risk group will have to be surveyed.
- **Health harm and risk related to drug use** will have to be reduced.
- Quality assurance and evaluation for health care and social (state, municipal
 and voluntary) institutions dealing with drug users will have to be developed and
 applied.

- Development of quality control for voluntary organisations. Today a number of voluntary organisations deal with the rehabilitation of drug users or with certain elements of rehabilitation. There are, however, no reliable data about their work and its effectiveness or cost efficiency ratios. Well functioning organisations perform public tasks, which implies the use of public monies. Public funds can be allocated only to organisations, which are competent professionally as well as financially. The development of professional protocols is the responsibility of professional bodies; their control and supervision are under the competence of the profession and the authorities. The criteria for quality assurance in voluntary organisations are either not there or are insufficiently widespread, or are not based on broad professional consensus.
- The principles of financing should be reconsidered. In addition to the National Health Insurance Fund, other sources should be involved in financing the treatment and rehabilitation of drug users: institutional development should be financed out of the funds of the central budget and the municipalities. The current service and medication financing procedure and institution admission practice of the National Health Insurance Fund does not enable wide-ranging treatment for drug users or the expansion of the institutions. The financing of the social services used in the course of treating drug users must be ensured from the appropriate funds.

• Setting up the local Co-ordination Forums on Drug Affairs

Here we emphasise only the tasks related to treatment and rehabilitation:

- local co-ordination,
- monitoring access to local services and informing experts and the public thereof,
- monitoring the capacities of local services and their development as needed,
- work in the field will have to be made attractive for experts and their professional development should be facilitated. It is not possible to build only on the calling of professionals in the management of a nation-wide problem.
- A wide choice of professional further training courses (accredited courses when needed, for instance in the training of specialised physicians, creditgiving courses) must be put in place partly to serve the objective referred to under the previous point and partly to spread existing knowledge and experience in a wider range with a view to more efficient work.
- **Special blocs** should be introduced into undergraduate (regular) training (of physicians, psychologists, social workers, nurses, and higher-level nurses) in relation to learning and treatment of drug problems.
- Scientific research and the feedback of research findings are indispensable for successful work in the effective treatment of the continuously changing drug problem. Adequate funding, prioritised funding tender facilities are needed in order to make up for a decade of backlog experienced in this field. For the same purpose, greater attention should be paid to foreign co-operation, training and study trips. It is indispensable to develop research in the fields of medical biology,

pharmacology and laboratory diagnostics as well as treatment in the wide sense and social sciences.

6.3.4.3 Short-term objectives

Increase in the treatment capacity of institutions of therapy and rehabilitation operated by the state, municipalities, voluntary and church organisations. We put forward the following recommendation in relation to capacity development: in many cases, treatment capacities in a county are already available; there are, however, counties, where no specific care is available. In many areas, inpatient and outpatient addictological care is implemented together with the care for alcohol patients (the so-called TÁMASZ (SUPPORT)) outpatient clinics. The situation will have to be evaluated professionally and, depending on local conditions, independent outpatient or inpatient (unit, ward) care should be organised for drug patients.

The forms of care to be detailed below should enjoy priority:

- Outreach programs. Their purpose is to seek out drug users (primarily heroin and amphetamine users), to establish a helping relationship with them and to motivate them towards therapy or the use of harm reducing methods. Experts in outreach work (social workers, addictology consultants, staff members of child welfare services, activists of voluntary organisations, etc.) may work:
 - at the venues and scenes where these youngsters live or find entertainment, who otherwise do not seek for contact with therapy.
 Certain Roma groups should be mentioned here, among whom intravenous substance use and the consumption of organic solvents is widespread. (We do not have statistical data concerning this, only the warning signals of experts indicate this problem.)
 - taking up personal contact and personal visits to institutions, where drug addict persons appear in substantial numbers (e.g. prisons, youth homes, traumatological internal medicine wards).

A substantial development and support of outreach programs is called for.

• Low-threshold services, harm reduction programs (outreach services, phone services, needle exchange, consulting, legal aid, etc.). The term "low-threshold service" means that in the first phase of taking up contact, it is not expected of the drug users to immediately give up drug use and to adjust to the stringent contracts of therapy and house rules of places of treatment demanding abstinence. In the given phase of drug use, this special circle of drug users would not be prepared to undertake this. In relation to the spreading of the HIV virus, outreach work, needle exchange programs and substitutive (methadone, buprenorfin, LAAM) maintenance treatment have substantial significance among intravenous users as underlined in the recommendation of the European Office of WHO drafted for East European countries and a number of other international recommendations. It is expedient to subordinate these programs to the professional supervision of treatment places and in all cases, the protocol for application in Hungary must be prepared, while adopting the method.

(The Professional College of Psychiatry has already adopted the professional protocol of methadone maintenance treatment.) The organisation of the programs affects not only the supporting professions but also, for instance, the police, therefore, their involvement in developing the protocols is warranted.

The use of harm reduction methods is successful according to international research findings when it is organically linked to other forms of treatment and prevention. A substantial development of low-threshold services and the establishment of a model institution network are called for.

- Methadone treatment. The therapeutic use of methadone (Depridol) as a synthetic drug is internationally acknowledged in the case of opiate dependents. Its therapeutic use is called for after detoxification in the framework of a shorter-, longer-term maintenance treatment. Owing to the somatic complications and the spreading of infectious diseases through blood (primarily hepatitis C and, according to foreign experience, the expected HIV virus) and the reduction of other individual and social harms of drug taking (e.g. crime), the methadone maintenance treatment should be introduced also in Hungary. The profession has already developed its position concerning it. This contains the schedule for introduction: a specific group of heroin users would receive this treatment on the basis of specific indicators in a few national centres. It would be expedient to expand this protocol also to other substituting substances (e.g. buprenorfin, which is also a synthetic opiate derivative and the LAAM medicaments), as they are used successfully in more and more places. In the short term, the establishment and operation of at least one maintenance treatment centre per region is called for. In the medium term, these institutions should be put in place in each county if possible.
- Consultation centres. These are easily accessible programs for drug users and their relatives dealing with drug problems in the framework of a properly structured helping relationship. They provide assistance in social, legal, employment and family affairs. The establishment and operation of at least one consultation centre per county is called for.
- Drug outpatient clinics, TÁMASZ care centres. Their primary function is the detoxification of drug users (in the form of outpatient treatment or in co-operation with inpatient institutions) followed by the facilitation of the maintenance of a substance-free lifestyle, using medical, psychological, psycho-therapeutic methods supplemented by the alleviation of family and social problems. They have the important task of accurately determining the degree of drug dependency, of diagnosing eventual co-morbidity (associated psychiatric or other medical problems) and their treatment (when needed, consulting other physicians or in co-operation with another health care institution). The development of addictology units providing outpatient care along the lines of the TÁMASZ-model is necessary. The establishment and operation of at least one drug outpatient clinic per county is called for.

- Providing medication (naltrexon), which maintains substance-free life for **opiate users**, subsidised by the National Health Insurance Fund, supplemented with appropriate forms of psychological and social care. A solution must be found for the registration of other medicaments required for detoxification and therapy and for their priority subsidisation by the Health Insurance Fund.
- Emergency care. Emergency medical care can be said to be in place; the problem is much more with the recognition of emergency conditions by the expert or layman meeting an intoxicated drug user. At the same time, the laboratory backup, which could provide the basis for an accurate diagnosis, fails to meet growing demand. A not strictly medical problem in relation to emergency care is that some drug users lack confidence in the medical staff and the ambulance service providing care. Here the stringent adherence to the rules of data protection is called for. Another problem is that after emergency care, it is not possible in general to refer the drug user to a treatment institution or to motivate him in this direction. This would be another task for the staff members of outreach services, thereby exempting the workers of emergency wards from this work, as it requires special skills and knowledge.
- **Inpatient treatment.** Its primary function is detoxification in cases when it is not possible under the conditions of an outpatient clinic: severe addiction, associated other psychiatric or somatic problems, the need to remove the patient from his environment. Inpatient treatment is successful when it is followed by outpatient aftercare or rehabilitation;
 - establishment of a detoxification ward per region,
 - establishment of an addictology ward per region,
 - as a model experiment, the development of an addictology ward independent of traditional hospital structures.
- Day hospitals for persons struggling with severe drug problems. This form of care is a modern and effective mode of treatment, which is flexibly adjusted to the needs of the client and helps to avoid the harms of hospitalisation inevitably associated with forms of institutional care.

The significant development of these services and the establishment of a model institutional network are called for.

• Institutions of long-term therapy, therapeutic communities. They provide a unique opportunity for the development of drug-free lifestyles for severe drug addicts: these addicted patients must in actual fact relearn their entire life activity. For this, rehabilitation treatment programs of several months or years providing 24-hour care are suitable. In these institutions, recovered addicts have an important role to play as role models and as helpers. Therapeutic institutions currently have a capacity of about 200 beds, which should be increased by another 200 beds in the short term and, in the medium term, a capacity of a total of 500 beds should be aimed at.

- Rehabilitation and re-socialisation capacities. These programs follow treatment to rehabilitate and re-socialise former drug users living in the community in the framework of a health care or social institution. These forms include the protected accommodation (the so-called halfway homes: halfway between the hospital and the family), protected jobs, retraining programs, job finding training, rehabilitation and self-help groups, etc. The substantial development of these services and the establishment of a model institution network are called for.
- Community programs: Primarily the self-help or cultural groups of former drug patients and their relatives belong to this category. The operation of the self-help groups of addicts of narcotics (NA) will have to be reinforced. The role of civil society is indispensable here. It is necessary to launch support programs facilitating self-organisation.
- The function of re-socialisation to employment will have to be provided through creating **protected jobs** for drug patients excluded from the labour market and having limited ability to work.
- General practitioners. It is expected also in Hungary that some of the drug users and members of their families will seek the general practitioner with their problems partly owing to the deficiencies of specialised care and partly because the general practitioner is "near". The general practitioner can collaborate in the recognition of the problem, in providing general medical services and in referring the patient to specialised institutions. This, however, requires that training courses in adequate quantity and quality be available for general practitioners.
- Special nation-wide programs will have to be established or expanded for children. There is a striking bottleneck in Hungary in the capacities where drug users below the age of 14-16 could be detoxified and treated primarily in an inpatient environment. It is necessary to establish child addictology wards of a capacity matching needs in each region, to financially and professionally reinforce the child psychiatric system and, over the long-term, therapeutic institutions, the possibility for treating teenagers and adolescents will have to be guaranteed through amending legal regulations in force.

• Programs for high-risk or special populations:

- organisation of special programs enabling long-term care in various institutional forms (inpatient, outpatient, aftercare, community, psychiatric and rehabilitation) for those struggling with other psychiatric problems (dual diagnosis, co-morbidity),
- providing addictological, infectological and internal medical care for HIV+ and AIDS patients, hepatitis carrying drug users,
- creation and expansion of special programs for pregnant women and drug-dependent infants (maintenance treatment, special detoxification programs).
- Expansion of health care units within **penitentiaries** and establishment of special withdrawal, therapeutic and aftercare programs.

Specialised care for drug users under preliminary arrest, living in correctional institutions and under the supervision of probation officers, must also be ensured.

- Improvement of the principles of financing of the treatment of drug users and addicts. In case of outpatient care, the funds for those providing care should be preferred, while in the case of performance-based financing, it is necessary to introduce expanded special care activities with adequate credit points and point values. It is necessary to ensure the financing of social care as well (while avoiding dual financing). Ensuring calculable and adequate-level financing is a precondition of the effective and high professional level operation of the care indispensable in this field.
- **Data protection.** Application of the provisions of the Acts on Health Care and on Data Protection and of the recommendations of the Data Protection Commissioner concerning the registration of drug patients and the data protection of drug outpatient clinics. It is necessary to appoint and train **data protection officers** at places of treatment.
- Records, statistical system. It is necessary to record the minimum data on the individual clients in a uniform approach adjusted to EU standards, which will be the basis of the annual (or eventually several times a year) aggregation of health care statistics (OSAP, drug patients aggregation part). In this way, a more reliable picture can be gained on the number and composition of drug patients entering treatment and the changes therein. It is also necessary to make the registration of drug-related death cases more accurate. Changes in treatment turnover can be properly interpreted only as a function of treatment facilities.
- The therapy related working groups of the **Co-ordination Committee on Drug Affairs** (working groups of addictology, psychiatry, drug outpatient clinics, drug therapeutic institutions): their most important task is the political, administrative and professional ensuring of interdepartmental co-operation.
- Establishment of **Local Co-ordination Forums on Drug Affairs**, development of local therapeutic co-ordination criteria. This has already been mentioned in relation to the operation of the Local Co-ordination Forums on Drug Affairs.
- Continuation of the **development of statements by professional colleges** with respect to therapeutic protocols. In addition to the principles of drug outpatient clinics, rehabilitation institutions, methadone maintenance treatment, professional protocols are needed also in other areas of care, where principles of treatment, methods and institutional structures would be formulated in accordance with international practice and the Hungarian conditions and adopted by the authoritative circles of the given profession.
- Development and aggregation of **accreditation criteria**—commencement of accreditation: accreditation of places of treatment and treatment programs based on professional criteria with the collaboration of the State Public Health Service.
- Establishment of **educational programs** and ensuring their financing.
- Training and further training courses should be developed and put in place for psychiatrists, addictologists, child psychiatrists; addictological bloc training for

- other specialised physicians, addictology, clinical and prevention psychologists, addictological consultants and assistants, graduate nurses, social workers, etc.
- It is necessary to reinforce the **independent addictological profession** within psychiatry and to set up the independent **College of the Addictology Profession**.

6.3.4.4 Indicators and instruments of monitoring

	Success indicators	Instruments of monitoring	
Achievement of long-term objectives	 improvement in epidemiological indicators treatment reaches increasingly wide strata 	epidemiological surveystreatment databases	
Achievement of medium-term objectives	 increase in the number of those participating in treatment a helping reintegrating attitude on the part of society vis-à-vis drug users reduction of the time period from the first use of drugs to treatment effectiveness of treatment increase in the number of written reports and strategies of local (city, county, regional) Co-ordination Forums on Drug Affairs increase in the number of accredited places of treatment and programs increase in the number of those participating in further training projects increase in the number of those receiving education (undergraduate training, addictological bloc) increase in the number of scientific publications 	 treatment statistics social attitude surveys written material strategies of local (city, county, regional) Co-ordination Forums on Drug Affairs assessment of training programs accredited programs information received by the Co-ordination Committee on Drug Affairs assessment of scientific research 	
Achievement of short-term objectives	 increase in budget expenditure increase in the number of treatment places and programs (national distribution, coverage) expansion of financing protocols training programs organisational framework (Coordination Committee on Drug Affairs, local (city, county, regional) Co-ordination Forums on Drug Affairs) 	 prorated spending treatment place database enactment of decrees, protocols 	

6.4 TO REDUCE THE POSSIBILITY OF ACCESS TO DRUGS (SUPPLY REDUCTION)

Summary:

To reduce access to drugs (and precursors), the provisions of the package of anti-mafia laws concerning drugs will have to be implemented. The institutions of supply reduction (Police, Customs and Finance Guard, Border Guard) and the operation of forensic expert activity and supervision by probation officers will have to be developed. As a result of the amendment of the Penal Code, new tasks are in waiting for the latter, for which this organisation is not yet prepared. The development projects referred to mean organisational changes, increase in staff, training programs and the development of the technical backing together with the expansion of international relations, which had worked well to date as well. The effects of the Penal Code amendment should be studied over the long term. In relation to the renewal of ERÜBS, the special criteria related to drug-related crime should be enforced with a view to more accurately delineating the phenomenon so as to enable more accurate design of the necessary interventions. Subject level teaching of drug-related knowledge should be introduced in the training of the experts of the policing agencies. The Coordination Forums on Drug Affairs and the working groups of the Coordination Committee expand the local and nation-wide co-ordination of supply reduction and its co-operation with other professions. The provisions of the package of legislation concerning organised crime will be supplemented with new provisions in 2000.

6.4.1 The philosophical framework of supply reduction

Supply reduction guarantees the production, export and distribution import, consumption of narcotics, psychotropic substances and precursors as specified by decrees and in accordance with legal demand. "Supply" comes from free sources: illegal production, trafficking and the diversion of legal pharmaceuticals to illegal channels. This also holds for precursors.

Number and share of the crimi acts of Year "drug abuse" in relation to tot		acts of
	crime	
	number	%
1990	34	0.0
1991	46	0.0
1992	135	0.0
1993	223	0.1
1994	256	0.1
1995	429	0.1
1996	400	0.1
1997	943	0.2
1998	2068	0.3
1999	2860	0.56

There is a strong interrelation

between drugs and crime. By far the greater part of the social costs of the drug problem arise from criminal acts related to drug abuse. It is probable that the users of various drugs commit criminal acts at a rate much greater than those who do not use substances. Drug use and the closely related indirect (acquisition and income generating) and consequential crime and the dealer behaviours constitute an increasing threat to society and its communities, which undermine our security through the activities of organised criminal groups characterised by fear, violence and corruption.

Because of this, the legal system, the agencies of law administration and all of society are together responsible for reducing access to drugs.

According to current statistics, drug-related crime represents only an insignificant amount relative to total crime in Hungary. However,

- it is of a vigorously rising tendency (the criminal act of drug abuse is one of the most dynamically growing types of crime),
- based on research findings and international experience, it is highly likely that
 a much greater portion of those under arrest or serving their prison sentences
 are drug users than what is indicated by the number and ratio of the criminal
 act of drug abuse,
- a substantial portion of criminal acts can be attributed to a relatively small group of drug dependent offenders (crime aimed at the obtaining of drugs: acquisition and income generating crime).

Supply reduction refers to the strategies, which aim at reducing access to drugs by taking action against producers, importers and traffickers. It involves the prevention and detection of drug-related behaviours prohibited by penal law and the establishment of responsibility according to penal law.

Supply reduction affects legal regulation, the field of law enforcement, the eradication of illegal drug production, the stringent control of precursors, the detecting activity of the Police, the Customs and Finance Guard and the Border Guard, the operation of the necessary therapeutic and controlling functions in the field of penitentiaries. Additionally, supply reduction affects co-ordinated or undercover investigations, action against money laundering and corruption, and the bi- and multilateral regional and wider international implementation of co-operation between drug control authorities and investigating agencies in the international scene.

The work of the police and the penal institutions also has a number of aspects, which rightly belong under the chapter on demand reduction (prevention, and the treatment of drug use). Supply reduction, however, cannot in itself provide a solution to the challenge of the drug problem, even if there is an unambiguous social expectation advocating it. The fields of supply and demand reduction, therefore, presuppose one another. Only a regulated intensive co-operation between the two areas, built on one another can provide a chance for containing and cutting back the problem.

The tasks of supply reduction are indicated in the legal regulations in force, primarily the Penal Code, the Act on Penal Procedure, the Act on the Police, in accordance with international conventions.

The *Political Declaration* issued by the special session of the General Assembly of the *United Nations Organisations* (New York, June 1998) calls attention to the relationship which exists between the illegal manufacturing and trafficking in drugs and

- terrorist groups,
- criminals and
- international organised criminal groups.

The Political Declaration pays particular attention to the threats posed by the illegal manufacturing of and trafficking in, amphetamine-type synthetic drugs, precursors and again places emphasis on money laundering as one of the central elements in supply reduction related activities.

Owing to the advanced nature of the Hungarian chemical and pharmaceutical industries, several risk factors should be taken into account with respect to the misuse of precursors (e.g. the large number of chemical companies, the fact that some of the qualified labour in the chemical industry was made redundant, a substantial exportimport trade in the chemical industry, the possibility to use obsolete capacities for the illicit manufacturing of drugs). Because of this, it is important to approach action against possible illegal use and diversion primarily from the aspect of prevention. Its instruments include an up-to-date system of licensing and recording and the involvement of the organisations of chemical companies and traders in the work of prevention and information spreading. A joint computerised information system should be set up for precursors, preferably through drawing in external funds.

Pursuant to Section 13 (1) of Government Decree 100/1966. (VII.12.) Korm., the Office of Licensing and Administration of the Ministry of Economic Affairs and the Customs and Finance Guard deal with the administrative tasks in relation to controlled substances, including requests for data and on-site inspection.

6.4.2 The 1998 amendment of the Penal Code

Supply reduction is effected primarily by means of the law and law enforcement. By amending and tightening up the regulation in the Penal Code concerning abuse of drugs, the Government intended to take action against unfavourable processes. The above-mentioned amendment of the Penal Code was effected in accordance with international legal regulations.

The Penal Code amendment:

- makes as sharp distinction between . the behaviour of the consumer, and certain types of dealing behaviour conducted with respect to insignificant quantities not for the purposes of making a gain;
- provides for severe sanctions against dealer behaviour, at the same time, ensures the possibility of making use of therapeutic treatment rather than imposing a punishment in the case of drug addicts.
- It provides for particularly severe punishment for committing behaviour and endangering areas, which are particularly hazardous from the viewpoint of those under the age of 18.
- It specifies the long-standing unsettled issue of quantities in substantive law.
- It reduces the threshold values for insignificant and significant quantities, thereby also tightening up on the magnitude of penal sanctions related to

the perpetrator behaviour presented under Section 282 (1) and (2) of the Penal Code.

• Under supervision by a probation officer, it may as a rule of behaviour specify obligations concerning participation in preventive information providing health services (Civil Code, Section 82 (6)).

6.4.3 The institutions of supply reductions

6.4.3.1 The Police

The institutions and organisations of supply reduction serve the prevention of access to drugs. The Police are responsible for drug-related law-enforcement tasks.

The function of the Anti-Drug Crime and Regional Divisions of the Investigating Department of the Anti-Organised Crime Directorate of the Supreme Criminal Directorate of the National Police Headquarters include the detection and winding up of the major drug trafficking organisations in Hungary, the collection of covert and open information and dealing with other actions within the framework of international police co-operation.

The Anti-Drug Crime Subdivision of the Anti-Organised Crime Division of the Budapest Police Headquarters and the Anti-Drug Crime Subdivision of the Anti-Organised Crime Division of the Investigating Department are responsible for detecting and eliminating the drug trafficking organisations and persons functioning in the territory of Budapest.

The Central Drug Policing Division of the Administrative Department of the National Police Headquarters is responsible for the controlling activities related to the manufacturing, warehousing and trade in legal drugs, partly directly and partly through the drug policing staff members of the county police headquarters.

The Organic Chemistry Analytical Laboratory of the Forensic Expert and Research Institute of the National Police Headquarters deals with the chemical analysis of the seized drugs and prepares expert opinions in the course of penal procedures.

The *Detecting and Investigating Divisions of the County Police Headquarters* deal with the investigation and elimination of drug trafficking perceptible in the territory of the given county, they, however, have a very small capacity and few trained staff members to work with.

The Departments of Inquiry of the National Police Headquarters, the Budapest Police Headquarters, the County Police Headquarters and the City Police Wards perform open investigations in drug affairs taken over from their own investigating and detecting units or the drug-related cases discovered in the course of other procedures in their own areas of competence.

Quantity of illicit drugs seized in Hungary in 1998 and 1999 by types of drug

Types of drug	1998	1999
	(kg or unit)	(kg or unit)
77	634,613 kg	172,703 kg
Heroin		
Cocaine	<mark>26,385 kg</mark>	121,147 kg
Marijuana	42,930 kg	65,725 kg
Hashish	<mark>6,803 kg</mark>	5,242 kg
Amphetamine	7,605 kg	9,257 kg
MDMA-Extasy pills	11,857 units	11,143 units
Methadone	483 units	120 units
LSD	3,351 units	3,115 units
Total:	718,336	16,679

(Source: National Police Headquarters)

A rise in the range of magnitudes was noted only in the case of marijuana (54.7%) in seizures among drugs not affected by transit trafficking. No major rise was noted in the case of other drugs. The spectacular reduction and increase in the seizures of heroin and cocaine can be explained by reasons discussed when addressing transit trafficking.

Among the police agencies involved drug-related in cases. it necessary to mention the **EUROPOL Project** Office (with competence for Europe), Organic Chemistry Analytical Laboratory of the Forensic Expert and Research Institute of the **National** Police Headquarters. (This is the centre of the national laboratory drug

network of the Police; it functions as member of the European Network of Forensic Laboratories. Its functions include the chemical profiling of synthetic drugs and reporting to the European Early Warning System).

The network of police liaison officers for combating organised and drug-related crime is responsible for improving practical co-operation in bilateral relations.

The Anti-Money Laundering Department of the National Police Headquarters performs investigating and controlling tasks against drug-related money laundering and receives the reports of suspicious transactions from financial institutions.

The uniform Police Physician Service collects and supplies data on drug-related death cases that require action by the police.

6.4.3.2 Customs and Finance Guard

The basic function of the Customs and Finance Guard in relation to drug supply reduction is to prevent cross-border trafficking in drugs, to control the drug trafficking routes going through Hungary and to conduct detecting and investigating activities and, in relation to this, international co-operation with other customs authorities.

Similar to the Police, it has adequate international connections for performing its detecting and investigative work. Its activity has become highly professionalised and more effective over the past few years, as proven by the growing number of seizures.

6.4.3.3 Border Guard

It is responsible for controlling the borders of the country and cross-border passenger and vehicle traffic. It can contribute to supply reduction primarily through detecting and preventing illegal drug trafficking going through the borders and detecting drug manufacturing plantations, **clandestine laboratories** and reloading sites located near border areas.

The Border Guard is responsible for the prevention and detection of drug tourism in passenger traffic to and from Western Europe (this is a requirement of the European Union).

It should be noted that the EU does not make any distinction between these agencies (Police, Customs and Finance Guard, Border Guard) with respect to EUROPOL cooperation.

6.4.3.4 Penitentiaries

The staff of penitentiaries performs open checks in the course of their guarding activities aimed at preventing drugs from reaching penitentiaries. With the same purpose and to prevent drug use and trafficking within the territory of the institutions, the Prison and Jail Controlling Subdivisions of the Departments of Inquiry of the regionally competent Police Headquarters (in Budapest, the Prison and Jail Controlling Division of the Department of Inquiry of the Budapest Police Headquarters) perform covert and open information collecting activities. Penitentiaries are not yet prepared for handling the drug problem, which is expected to appear within their institutions.

6.4.3.5 Civilian National Security Service

The trafficking in drugs and the manufacturing of synthetic substances, international relations (primarily the intertwining with organised crime and terrorism) and transborder money laundering and other illegal financial transactions and corruption, lend particular importance to the role of the Civilian National Security Service. In illicit drug trafficking, large amounts of money keep flowing within individual countries and between countries and economic and political intertwining have evolved, which pose considerable risk also from a national security aspect. The secret services are responsible to make use of their law-given authorisation in taking action against the phenomena referred to.

6.4.3.6 Licensing and Administrative Office of the Ministry for Economic Affairs

The Licensing and Administrative Office of the Ministry for Economic Affairs takes action to meet international obligations undertaken to supervise the legal activities which may be performed with certain chemical substances (precursors), and which could be used for the illicit manufacturing of drugs. It also looks after the organisation of domestic and international co-operation required for this and performs the related administrative functions.

6.4.3.7 Neighbourhood Watch

The members of the Neighbourhood Watch, a voluntary organisation in local communities with an interest in supply reduction, call the attention of the police to the local drug market and drug-related crime phenomena and fights them by mobilising civil society.

6.4.4 Objectives and action plans for reducing access

6.4.4.1 Long-term objectives

- Access to illicit drugs and other substance abuse be reduced.
- Cross-border illegal trafficking in narcotics and psychotropic substances be reduced and control of legal substances and their precursors be intensified.
- Production and manufacturing of illicit substances within the country be reduced and domestic manufacturing of legal drugs and precursors be placed under even more intensive control.
- Domestic distribution of illegal substances be reduced and the places of drug trafficking be curbed.
- The number of places infected by drugs be reduced or eliminated if possible.
- Consideration should be given to the possibility of drafting a uniform antidrug law, which would handle current legal regulations within a uniform framework and would supplement them with the legal issues related to health and social care, along with an unambiguous settlement of data protection issues and reporting obligations.

6.4.4.2 Medium-term objectives

- It is necessary to **reinforce the protection of Hungary's borders** against incoming and transit drugs. A reduction in internal drug production and manufacturing and more intensive control of legal manufacturing should be achieved.
- The effectiveness of **detection by the Customs and Finance Guard** should be improved and the technical, professional and staff capacities of the organisation should be increased.
- The **investigating and detecting work of the Police** should be improved primarily in drug cases related to trafficking and in cases where drug use and other crimes are interrelated.
- By enforcing legal regulations, the illegal drug market should be successfully constrained.
- There should be a reduction in **money laundering** and associated possibilities; under Act XXIV of 1994 on Money Laundering, the effectiveness of the fight against the laundering of monies originating from drug trafficking through the money and capital markets should be improved.
- Combating **trafficking and dealers' networks** should be reinforced.
- **Public security should be improved** by reducing access to drugs and in parallel with calling a halt to the growth in drug use.

- The number of **violent and anti-property** criminal acts related to drugs should show a declining tendency.
- The organisational and operational conditions of institutions active in supply reduction should be rendered suitable for the effective performance of their functions.
- The security of **places of entertainment** and other areas infected by drugs should be improved.
- Legal drugs and precursors should be placed under more intensive control.
- **Co-operation** between policing, economic and health authorities should improve.
- It is necessary to improve **international** co-operation in the enforcement of drug laws (training courses, conferences in bilateral and subregional forms, development of modern investigating methods and instruments) and practical co-operation between law enforcement agencies against cross-border international drug crime.
- **Drug-related training** should be improved and made general for the internal organisations so that the staff be prepared for solving problems arising in the course of their practical work. The conditions for the EU-compliant operation of policing agencies will have to be established.

Under the medium-term objectives, it is worth referring to the EU Anti-Drug Action Plan for the years 2000-2004. This sets forth six objectives in relation to supply reduction:

- the control of precursor chemicals,
- prevention and suppression of money laundering
- effective co-operation between the police, the customs authorities and the judiciary,
- implementation of the EU Action Plan Against Organised Crime,
- preventing the use of new systems of communication (e.g. Internet) as an instrument in drug abuse, production and trafficking
- international co-ordination against trafficking in illicit drugs.

6.4.4.3 Short-term objectives

- After the amendment of the specifications of the criminal act of drug abuse in the **Penal Code**, it is necessary
 - to postpone laying charges, to monitor the practice of laying charges and of sentencing,
 - to make the necessary decisions on legislation policy,

- to monitor the success of the postponement of laying charges and therapeutic treatment,
- to reinforce supervision by the prosecution over the work of investigation in drug-related cases,
- with the lapse of the necessary time period and in possession of the experiences of applying the law, to analyse the regulation of the Penal Code and to introduce the appropriate changes.
- Performance of additional legislative tasks in the service of combating organised crime affecting primarily the area of the Penal Code: study of the definition of the penal criteria of the term criminal organisation, of the immunity or other preference due in part or in full to the offender assisting the administration of justice; amendment of the rules on confiscation and money laundering, establishment of the penal liability of the legal entity and review of the position of the client's rights due to the injured party.
- In the field of reinforcing the supervision of investigations by the prosecution, it is necessary to carefully examine in the cases of child offenders, who cannot be called to account for their deeds according to the penal law, whether or not the crime committed is related to the procurement or use of a drug or narcotic substance. In such cases, depending on the extent of the risk, the prosecutor must warn the child welfare service with a view to prevention under the Act on Children's Rights or will have to initiate placing the child under protection with the executive of the local government. Other official measures may also have to be initiated at the Guardian's Office.

Also, when applying the postponement of laying charges, to successfully implement supervision by the probation officer, the prosecutor must prescribe separate rules of behaviour, which may prevent the underage person from using drugs in the future.

• **Probation officers** exercising supervision must be rendered capable of coping with their new and increased functions.

One of the objectives of supervision by the probation officer is to avoid repetition of the crime. It is necessary to prepare for growing drug use among young offenders, the difficulties in the social reintegration of drug using offenders, the bottlenecks in staffing capacities and the shortage of funds.

To improve the work of probation officers:

- a nationally uniform recommendation is required for the professional and ethical regulation of the drug user related work of probation officers,
- developments are needed:
 - in increasing the number of probation officers,
 - in increasing the number of training courses (recognition of drug use, individual case management and the individual and group methods of assistance).

- It is necessary to improve the detecting, investigating, examining and seizure results of the Police. To that end, it is necessary:
 - to make the necessary organisational changes,
 - to increase the number of experts (primarily drug investigators) at all levels but particularly at first-level police wards,
 - to increase the number of training courses,
 - to improve participation in international co-operation,
 - to reinforce technical and material conditions and
 - to vigorously develop laboratories and the technical backing (laboratories will have to be decentralised and their number increased),
 - to identify and list the so-called designer drugs with the necessary speed and efficiency.
- Improvements should be made in the results of the detecting, investigating and seizure work of the Customs and Finance Guard. With a view to the effective performance of drug detection activities, separate co-operation agreements should be concluded by the Police and the Customs and Finance Guard. Similar agreements should be concluded between the Customs of and Finance Guard and the associations of manufacturers of narcotics, pharmaceuticals and chemicals. To improve the work of the Customs and Finance Guard, the development of the following areas is needed:
 - increase in the number of experts,
 - increase in the number of training courses.
 - intensification of participation in international co-operation,
 - development of laboratory backing
 - ensuring the required and special technical equipment.
- At the Border Guard, co-operation will have to be improved with the Customs and Finance Guard in the procurement and use of test kits, technical instruments detecting the presence of drugs and drug-searching dogs, so as effectively halt drug trafficking through border crossing points. It is also necessary to facilitate the professional training of duty officers.
- Uniform college training within the training system of the policing agencies using a comprehensive approach to the acquisition of knowledge related to drug-related crime, the recognition of drug use and drug prevention. Presentation of the newest techniques and procedures, and the adaptation of foreign experiences already during the period of training are indispensable.
- Facilitating the implementation of the tasks and development projects undertaken in the course of the **EU accession negotiations** and those arising anew under the National Program for Taking Over the Acquis as approved by the Government (ANP):
 - The establishment of the National Central Contact Point (NEBEK) for information exchange in law enforcement (organised and drug-related crime)

and the development of the network of liaison officers on organised crime and drugs must be stressed. Attention should be paid to the appointment of the liaison officer to EUROPOL. The above tasks follow from the recommendations of the EU Action Plan for the Fight against Organised Crime.

- The chemical profiling of new synthetic drugs, the development of an early warning system and the constant updating of the catalogue of Ecstasy-type drugs and the related mutual international information exchange constitute elements of the co-operation to be conducted with EUROPOL. The basic task will be performed by the drug laboratory of the Forensic Expert and Research Institute of the National Police Headquarters, while NEBEK will be responsible for information exchange.
- To ensure uniformity in the **activities of forensic experts nation-wide,** it is necessary first and foremost to develop the criteria for establishing drug dependency, by the appropriate professional bodies. The significance of the work of forensic experts will be enhanced when evaluating criminal acts related to drugs. To ensure work is performed at an adequate standard, and satisfies growing requirements, developments are needed in the following areas:
 - increase in the number of experts,
 - increase in the number of training courses.
 - intensification of participation in international co-operation,
 - development, decentralisation and quality control of the laboratory and technical backing.
- Treatment programs should be put in place for drug user convicts in **penitentiaries.** It is necessary to set up **therapeutic units** in the larger penitentiaries. The legal and financial possibilities for regular urine analysis will have to be put in place. It is also necessary to develop special programs for the young living in reformatories or released from there or those subject to supervision by probation officers due to postponed charges.
- With a view to training experts and to adopt special programs, participation in **international co-operation** must be reinforced.
- A modern system for uniform and valid data collection must be developed (reform of the Uniform Police and Prosecution Criminal Statistics/ERÜBS). ERÜBS today contains a great deal of detailed information not used by wider circles of the profession; such information does not even get to them. The reform of ERÜBS aims at an even more detailed and more accurate data collection. The data should be suitable for the timely monitoring of phenomena, exploration of social interrelations and the design of social interventions (that is, not only lawenforcement).
- The appropriate working groups of the **Co-ordination Committee on Drug Affairs** (working groups on supply reduction, laboratories, epidemiology, etc.) should represent the professional needs of the area, should discover deficiencies, put forward recommendations in relation to these and should evaluate development of the field.

- Organisations in charge of supply reduction tasks should be represented in the local **Co-ordination Forums on Drug Affairs.**
- Legally traded drugs and psychotropic substances should be more intensively controlled and there should be genuine co-operation at departmental and local levels between policing, health and economic authorities.
- As far as the more intensive control of **precursors** is concerned, the following areas should be developed:
 - standard of training courses,
 - technical backing,
 - participation in international co-operation,
 - co-operation with the representative associations of business organisations,
 - monitoring trade in chemicals which are not controlled but are internationally recommended to be observed.

6.4.4.4 The indicators and instruments of monitoring			
	Success indicators	The instruments of monitoring	
Achievement of long-term objectives	 reduction of access reduction in the number of trafficking networks increase in the number of procedures launched against traffickers and dealers reduction in internal manufacturing full-scale co-operation in international, regional, European and world-wide initiatives 	 monitoring the work of forensic experts questionnaire survey of access (epidemiological survey) analysis of the effectiveness of the law enforcement authorities, analysis of the practice of laying charges and sentencing, ERÜBS international surveys and monitoring 	
Achievement of medium- term objectives	 increase in the quantity seized (seizure by the Customs and Finance Guard and the Police) calling a halt to or reducing the growth of drug related crime (acquisition crime, trafficking, violent crime) registration of legal drugs and precursors, intensive control of their manufacturing and trade increase in the illegal monies and assets seized increase in the amount and effectiveness of international co-operation 	 ERÜBS criminal statistics pharmaceutical statistics, official licenses seized money, assets international contracts and monitoring 	
Achievement of short-term objectives	 the prosecution should make use of the opportunity to postpone the laying of charges ensured by law suspension of the procedure, comparison of the use of therapy and the success of the procedure implementation of law interpretation and law harmonisation (decisions, decrees) increase in the number of probation officers and reduction in the number of persons under the care of one probation officer increase in the knowledge of probation officers related to drug use treatment places at penitentiaries are put in place with growing opportunity to admit addicts to treatment monitoring changes in market prices monitoring changes in drug purity increase in the quantity of seizures increase in the number of training participants development of laboratory and technical backing in place increase in the number of participants in international co-operation increase in financial expenditure and 	 ERÜBS statistical reports monitoring therapeutic programs at penitentiaries and reformatories monitoring training and co-operation programs prorated expenditure prorated international fund expenditure 	

• international funds in proportion to need
• methodological recommendations (for
forensic experts, probation officers, etc.)
in place
ERÜBS modified in accordance with
new requirements
• more intensive bi- and multilateral,
subregional, European Union and UN
specialised agency co-operation

7. INTERNATIONAL CO-OPERATION

The success of combating drugs requires the development of wide-ranging international co-operation. The Republic of Hungary desires to be an active participant in the international endeavours aimed at preventing the illegal production, trafficking in, and consumption of drugs and takes an active part in reinforcing the international rallying of forces to overcome the drug problem. In the course of this, it is an active party to the bi- and multilateral international co-operation efforts in the field and develops its domestic practices in line with its obligations undertaken in international conventions.

- 1. Owing to its geopolitical position, Hungary is responsible for the intensive control and eradication of drug trafficking routes and smuggling networks going through it under international co-operation.
- 2. Solution to the tasks related to the drug issue under the coming accession to the European Union:
- continuation of government-level co-ordination on drug affairs, improvement of the co-operation between the national bodies responsible for co-ordination,
- Joining the international flow of data and information: the network made up of the national information collecting and reporting centres of the European Monitoring Centre for Drugs and Drug Dependence (EMCDDA-REITOX) and setting up the national centre, the REITOX Focal Point. The pre-accession strategy of the European Union holds out an opportunity for the candidate countries to become members of certain organisations, for instance, of EMCDDA even before becoming full members of the Union. In September 1998, an agreement was reached in the Commission stating that the maximum participation of the 11 candidate countries and Turkey in the organisations was desirable and that decisions should be made on a case-by-case basis. Through bilateral negotiations to be conducted with each of the countries officially applying for this, the Commission intends to provide the applicant countries with a draft authorisation for negotiations in view of their participation in EMCDDA.
- The information exchange (with Interpol) is to be continued; Hungary collects data for Europol as well as for the institutions of the Council of Europe (EMCDDA).

Annual country reports on the drug situation and anti-drug activities to Europol and EMCDDA. With the exception of data on health care, Europol is in charge of the entire drug related work in the field of co-operation in justice and home affairs.

- Hungary's work performed in the Pompidou Group of the Council of Europe is of utmost importance,
- Hungary shall continue with the drug-related projects under the PHARE program in the areas of both supply and demand reduction, and intends to expand the scope for co-operation in this area.

3. The opportunities offered by regional and European co-operation in both demand and supply reduction will have to be exploited. Priority treatment should be accorded to the Central European Initiative under the Prague Memorandum (1995). The Minister of the Interior of the Republic of Hungary together with four countries of the sub-region and the director of the UN International Drug Control Program (UNDCP) signed the Prague Memorandum of Understanding in 1995. The purpose of this programme is to support tactical and strategic transborder co-operation efforts by developing national drug control strategies with a view to joining a harmonised sub-regional strategy.

The governments of the Republic of Hungary, the Czech Republic, the Republic of Poland, the Republic of Slovakia and the Republic of Slovenia made a commitment to reduce the demand for and supply of drugs, to develop national strategies with interdepartmental and international co-ordination and co-operation. The Memorandum aims to implement sub-regional projects in these target fields equally in demand and supply reduction, primarily with the financial and professional backing of UNDCP.

It is also necessary to underline the significance of anti-drug co-operation under SECI (South East European Initiative).

- 4. Hungary participates in the work and programs of the UN specialised drug agencies, the UN Commission on Narcotic Drugs (CND), the controlling staff of the International Narcotic Control Board (INCB) and the UN Drug Control Program (UNDCP). Hungary established its National Opium Board; the relevant resolution is contained in the Single Drug Convention (New York, 1961).
- 5. As drugs know no borders, international co-operation in projects run under bilateral agreements to combat terrorism, organised and drug-related crime is of tremendous importance. In order to integrate the tasks arising from accession to the EU, it is necessary to review our bilateral agreements to combat organised crime by 2002. Designating and notification of the national focal points (NEBEK) is also of major importance. Provisions will have to be made for sending out and replacing liaison officers, also their powers and functions will have to be specified. Notification will have to be made of the investigating authorities. The Schengen-type rules of transborder law enforcement co-operation will have to be specified; the rules of the transborder use of special instruments of investigation technology and methods and the rules governing the protection of data and secrets will have to be jointly established.
- 6. The Hungarian Customs and Finance Guard is in co-operation with the Warsaw Regional Contact Office of the World Customs Organisation (WCO) in the field of supply reduction. Through this Office, the Customs and Finance Guard can have access to information concerning regional drug trafficking mutually provided by 18 countries to one another.

With a view to the development and improvement of co-operation efforts already in place and to facilitate additional co-operation planned:

- 1. Hungary attaches distinguished importance to meeting its international obligations undertaken in the UN conventions against drugs and to implementing the recommendations of the Political Declaration adopted at the extraordinary session of the UN General Assembly convened to combat the drug problem. To that end, Hungary aims at close co-operation with the UN Committee on Narcotic Drugs, the UN Drug Control Program (UNDCP) and the International Narcotics Control Board (INCB). Particular attention should be paid to meeting the Hungarian reporting obligations arising from the UN conventions on drugs to providing the reports of outstanding importance from the viewpoint of international cooperation.
- 2. With a view to the endeavours of the Republic of Hungary to accede to the European Union, intensive attention should be paid to:
 - taking over the acquis communautaire dealing with anti-drug activity and to issues of accession to community activities in place in combating drugs,
 - the development of government-level co-ordination in drug affairs,
 - the building up of the National Focal Point maintaining contact with centres in the European Union and the European Monitoring Centre for Drugs and Drug Dependence and to ensure their working conditions,
 - the development and implementation of projects in demand and supply reduction which can be implemented under the PHARE program, and
 - Hungary's participation in the international traffic of data and information—partly to continuing reporting to Interpol, Europol and the agencies of the Council of Europe and partly to joining REITOX.
- 3. The possibilities offered by the sub-regional co-operation under the UNDCP should be used to develop the forms of co-operation aimed at the more intensive control and eradication of transit routes and trafficker networks going through our country; we should urge the development of additional international and regional projects aimed at demand reduction.
- 4. In the fight against drugs, it is necessary to rely on the bilateral co-operation agreements of domestic agencies affected in the activity concluded with their counterparty institutions; we should gradually initiate the conclusion of comprehensive co-operation agreements with the most important agents of international co-operation.
- 5. The development of our relations with the Pompidou Group of the Council of Europe and its PC-SCO (anti-organised crime) and PC-R-REV (anti-money laundering) committees is of outstanding importance in harmonising domestic measures aimed at implementing the National Strategy with the European practice.
- 6. It is necessary to join in the system of international scientific co-operation. The international opportunities for scientific training and international information exchange between scientific institutions and professional workshops must be facilitated.

8. MONITORING

The instruments for the monitoring and control of the implementation of the medium-term objectives, which is also the system of measuring the implementation of the National Strategy:

I. Community, co-operation—society should become sensitive to the effective management of the drug issues, local communities should improve their problem-solving skills in countering the drug problem.

Objective	Instruments	
Achievement of medium- term objectives	 are there databases (health care, prevention, community services, police databases) available both to experts and the public are there local (city, county, regional) Co-ordination Forums on Drug Affairs the process of licensing music and dance places of entertainment evolves as envisaged, prescribed requirements are guaranteed on site 	
Achievement of short-term objectives	 amount of resource expenditure quality assurance (protocols, international protocols) being collected, missing ones developed by the appropriate professional bodies process evaluation indicators 	

II. Prevention—to create a chance for the young to become capable of developing a productive lifestyle and to reject drugs

Objective	
	Instruments
Achievement of medium-term objective Achievement of short-term objectives	 change in attitudes and knowledge at school and among groups of highrisk young people training of teachers in prevention and health promotion school drug strategies in place increase in the number of school drug co-ordinators participation of prevention experts in local (city, county, regional) Coordination Forums on Drug Affairs written reports on local inter-institutional co-operation number of marginalised youngsters (dropouts, jobless, at risk) increase in the amount spent on epidemiological research on the young prevention databases made available to experts (programs, users) number of accredited prevention and teacher further-training programs and the number of participants organisational framework in place increase in the number of informative publications and coverage of the country in this respect
	 number of media events expansion in the curriculum of teacher training

III. Treatment—to help individuals and families in contact with drugs and struggling with drug problems (social work, therapy, rehabilitation)

Objective	
	Instruments
Achievement of medium- term objectives	 increase in the number of participants in treatment a helping, reintegrating attitude on the part of society vis-à-vis drug users reduction in the time period from first drug use to treatment effectiveness of treatment written reports and strategies of the local (city, county, regional) Coordination Forums on Drug Affairs number of accredited treatment places and programs number of participants in further training number of those receiving education (undergraduate training, addictology bloc) scientific publications
Achievement of short-term objectives	 increase in budgetary expenditure number of treatment places and programs (national distribution, coverage) expansion of financing protocols programs of education organisational framework (Co-ordination Committee on Drug Affairs, local (city, county, regional) Co-ordination Forums on Drug Affairs

IV. Supply reduction—to reduce the possibility of access to drugs

Objective		
		Instruments
Achievement medium-term objectives	of	Police seizures)
objectives		• reduction in the growth of drug-related crime (acquisition crime, trafficking, violent crime)
		• registration of legal drugs and precursors, their control, quality of reporting
		• increase in the illegal money and assets seized
Achievement objectives	of	• in what way the prosecution makes use of the opportunity of postponing the laying of charges, success of the new legal institution
	•	• suspension of procedure, comparison of the use of treatment and success of the procedure
		• law interpretation (decisions, decrees)
		• data of dealing with drug users by probation officers (their number, their participation in special programs)
		• treatment of addicts
		 participation in prison (reformatory) programs
		• seized quantity
		 number of training participants
		 development of laboratory and technical backing
		• number of participants and programs in international co-operation
		 summary of financial expenditure
		 amount of international funds
		 methodological recommendations (forensic experts, probation officers, etc.)
		• new ERÜBS