



European Monitoring Centre  
for Drugs and Drug Addiction



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by the Reitox National Focal Point**

**“HUNGARY”**

New developments, trends and in-depth  
information on selected issues

**REITOX**

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## SUMMARY

The tasks determined by the new action plan relating to the National Strategy affect several areas, such as: providing care for drug users; setting up the Accreditation Committee for Drug Prevention and Health Promotion; extension of prevention programmes; elaboration and evaluation of prevention, health and social programmes; rehabilitation and resocialisation measures; training courses, etc. As a new element in the action plan an outcome indicator is allocated to each task, on the basis of which implementation can be evaluated.

When examining illicit drugs among the adult population, on the basis of both lifetime and last year prevalence, it can be stated that cannabis derivatives are (still) the most widely used drugs. They are followed by ecstasy, amphetamines and hallucinogens. While between 2001 and 2003 both the lifetime prevalence and the last year prevalence rate of illicit drug use increased among the population between the ages of 18-53, between 2003 and 2007 the lifetime prevalence rate did not change, and in respect of the last year prevalence rate a favourable change was observed. According to the school survey in Budapest, among the young people of Budapest no significant change can be observed in respect of the popularity of the drugs used.

According to a population survey carried out in 2007, the adult population in Hungary is characterised by a less differentiated perception of risk in connection with the different drugs. As compared to the results of earlier drug epidemiological surveys there are no significant changes either in the social perception of the drug problem or in the population's ideas about drug policy.

At the end of 2007 preparations were begun to set up the Accreditation Committee for Drug Prevention and Health Promotion. The tasks of the Committee involve preparing the professional proposal on determining the minimum content requirements of prevention interventions and providing accreditation.

As compared to the previous year, the number of people participating in state-financed health promotion training courses for teachers has increased significantly. Organisations performing harm-reduction activities in the recreational settings took part in more than 270 events in 2007 (mainly festivals, university and electronic music parties), where they came into contact with more than 38,000 young people.

According to the data of the National Statistical Data Collection Program in 2007 a total number of 13,457 drug users were given treatment at service providers, and a little more than 4,000 of these drug users were patients receiving treatment for the first time. This means a decrease in both categories as compared to the previous year, a 13% decrease in the former and a 29% decrease in the latter category.

Presumably, the significant fall in the number of all treated patients was due to the decrease in the number of patients receiving treatment for the first time. After a stable increase observed in the years so far, in 2007 the number of patients in diversion decreased by about 25%, which may be due to the restriction of capacity and access. In respect of drug types, cannabis users still represent the greatest proportion among patients in diversion.

Presently in Hungary the interpretation of the treatment demand indicator data (TDI) are hindered by two factors. On the one hand, 2007 was the first full year in which service providers were obliged to submit TDI reports, which means that they do not contain time-series data and no comparison is possible with earlier years. On the other hand, the changes that took place in the healthcare system in 2006-2007 and the difficulties of the financing environment represented such significant burdens on service providers that definitely had an influence on the completeness and reliability of the reports.

On the whole it can be concluded that an unfavourable change took place in the situation of addiction treatment during the previous year. The lack of specialists and the inequalities of the healthcare system created an unfavourable initial situation from the aspect of the reform measures, while the financing environment of the field changed to the disadvantage of outpatient treatment centres. The situation was made even more difficult by the uncertainty of the maintenance of the treatment centres or their termination.

In 2007 buprenorphine-naloxone compound appeared along methadone in substitution treatment.

No comprehensive change took place in the elements of the treatment supply chain in 2007. There are services or initiations of services at all levels, but despite these the social protective network cannot be regarded as complete. The earlier deficiencies have continued to exist in the field of employment, aftercare, training, education and housing.

On the basis of the data available it can be stated that as compared to the previous year no significant change took place in the number of deaths directly related to drug use, and the number of heroin overdoses decreased.

As compared to the survey performed in the previous year, in 2007 nearly double the amount of data was available for measuring the HIV, HCV, HBV prevalence among injecting drug users in Hungary. No HIV positive cases were revealed in 2007 either. In respect of HCV prevalence no significant change was observed when comparing the results of the last two years. According to the data of needle exchange programmes the number of injectors per capita has increased, an increase can also be observed in the number of clients and contacts. The geographical distribution of the organisations outside of Budapest has not changed for two years, and the north-west region of the country is still not adequately covered by needle exchange programmes.

The psychiatric co-morbidity of drug addiction is more than 50 % in the population of drug addicts.

In 2007, on the basis of the criminal statistical data significant changes took place both in respect of revealed offenders and drug-related offences. The number of revealed offences involving the misuse of narcotic drugs and the number of offenders against whom criminal proceedings were instituted for misuse of narcotic drugs decreased significantly. It deserves attention that one-tenth of the offenders committing misuse of narcotic drugs were juvenile offenders, and among revealed offences relating to the misuse of narcotic drug such low proportion of juvenile offenders has not been detected since 1997. The number of cases concluded by suspension of accusation significantly decreased as well as the frequency of applying this legal institution against offenders committing misuse of narcotic drugs.

On the basis of the tendencies observed in the field of supply and the seizure data, the most significant change taking place on the drug market is the continuous increase of cocaine use that has lasted for several years. According to the seizure data, by 2007 the frequency of occurrence of cocaine reached the level of heroin and ecstasy. In respect of "ecstasy" tablets new active substances (DOB and piperazine derivatives, which are presently not regarded as illicit drugs) appeared.

# 1. NATIONAL POLICIES AND CONTEXT

## 1.1. LEGAL FRAMEWORK

### Laws, regulations, directives or guidelines in the field of drug issues

#### a) Criminal Unity Resolution 1/2007 (V. 21.)

Criminal Unity Resolution 1/2007 on the criteria of the realisation of the crime of drug abuse. According to the determination of the criminal law unity resolution:

a. In the case of the realisation of drug abuse only instances of conduct contrary to identical statutory facts form a natural unit.

In respect of such crimes the following shall be regarded as not identical but separate statutory facts: Section 282, Section 282/A, Section 282/B (1), Section 282/B (2), Section 282/C (1) and Section 282/C (2) of the Criminal Code.

The pure active substance content of drugs may be calculated only within commissions according to these six facts.

When commissions according to the above six facts coincide and are judged in the course of the same procedure, a plurality of deeds is realised, therefore in such cases the pure active substance content of drugs is not calculated.

b. From the aspect of declaring the realisation and consummation of drug abuse involving acquisition, it bears no significance what happened to the acquired amounts of drugs later on.

Cases of drug abuse involving trafficking are regarded as commission conduct wider than distribution. They are realised via sale and purchase, they are aimed at gaining profit, and they involve all activities performed in the interest of forwarding drugs to dealers or users. They also involve the acquisition and storage of drugs for the purpose of trafficking, which conduct is regarded as a consummated separate act.

The position of the Unity Resolution regarding the national unit gives the opportunity to consider the users committing trafficking type offences more strictly.

#### b) Government Regulation 1094/2007 (XII. 5.)

Government Regulation 1094/2007 on governmental tasks relating to the realisation of the objectives of the National Strategy to Combat the Drug Problem has replaced Government Regulation 1129/2004 (XI. 24.) having the same title. (Also see chapter 1.2.)

#### c) Act CLXII of 2007 (XII. 10.)

Act CLXII of 2007 on the amendment of certain criminal laws amended the article 283/A of the Criminal Code. The Act changed the title of the article (after the amendment the term precursor is used instead of substance used for producing of drugs) and amended the legal acts referred in the article regarding the European Union legal regulations. In the explanatory provisions of the Criminal Code the legal sources for licences and the term precursor are the Regulation 273/2004/EC of the European Parliament and of the Council and Regulation 111/2005/EC of the Council.

#### d) Criminal Unity Resolution 1/2008.

Regarding the Criminal Unity Resolution 1/2008 on the forfeiture of property of the perpetrator misusing drugs the property of the perpetrator committing misuse of drugs related to selling of the drugs is to be confiscated.

The forfeiture cannot be limited to the profit from selling the drugs. The total property related to the offence has to be confiscated irrespectively of the amount spent for acquiring the drug and irrespectively of the fact whether the selling of the drug was profitable or loss-making. The extent of the forfeiture cannot be decreased by the expenditures related to the acquirement of the drugs.

e) 26/2008 Directive of the Minister of Defence

The directive of the Minister of Defence contains regulations on controlling the staff of the Hungarian Defence Forces from the aspect of being under the effect of drugs, consuming or possessing drugs.

### **Law enforcement**

Based on data from the Public Prosecutor's Office, 2,366 persons were sentenced for drug-related offences in 2007. These offenders committed 2,956 offences, which they were called to account for on the following legal grounds:

- 2,341 offenders were sentenced for use offences prohibited by Section 282 and Section 282/A of the Criminal Code;
- 188 offenders were sentenced for trafficking offences prohibited by Section 282 and Section 282/A of the Criminal Code;
- 127 persons were sentenced for offences prohibited by Section 282/B (using or trafficking offences to the injury of a person under the age of eighteen or involving such a person);
- 298 persons were sentenced for conducts as prohibited by Section 282/C (drug-addicted persons committing a using or trafficking offence);
- 2 persons were sentenced for an offence prohibited by Section 283/A (misuse of materials used for producing narcotic drugs) of the Criminal Code.

In 2007, the following punishments and measures were imposed upon the 2,366 persons against whom final judgements were issued:

- 820 were sentenced for imprisonment (of this 322 were enforceable and 498 were suspended)
- 183 were sentenced for work in the public interest
- 786 were fined
- individual measures were inflicted in 577 cases.

## **1.2. INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES**

### **Coordination arrangements, changes**

On the reorganisation of the structure of the Coordination Committee on Drug Affairs (CCDA) see sub-chapter 1.2 of the National Report 2007.

### **The national strategy and its implementation**

The new action plan relating to the National Strategy (Government Regulation 1094/2007) determines 19 tasks. The tasks affect several areas, such as, for example: providing care for drug users; setting up the Accreditation Committee for Drug Prevention and Health Promotion; extension of prevention programmes; elaboration and evaluation of prevention, health and social programmes; rehabilitation and resocialisation measures; training courses, etc.

Apart from defining the tasks the action plan also determines the person in charge of implementation and the deadline of implementation, and as a new element an outcome indicator is allocated to each task, on the basis of which implementation can be evaluated.

### **1.3. BUDGET AND PUBLIC EXPENDITURE**

No new information available.

### **1.4. SOCIAL AND CULTURAL CONTEXT**

#### **Public opinions of drug issues**

The Hungarian Association on Addictions (HAA; MAT)) organised the Beyond 2008 Regional Consultations event in Budapest, 24-25 January 2008 on the basis of the initiation of the Vienna NGO Committee on Narcotic Drugs based in Vienna. The aim of the event was to collect the experience of the European Union's non-governmental organisations concerning the drug policy trends of the last 10 years. The event was a part of an international evaluation process, in the course of which the efficiency of the implementation of the drug policy action plan adopted by the United Nations General Assembly Special Session on Illicit Drugs (UNGASS) in 1998 was to be determined.

At the conference three questions were to be answered:

- What have NGOs achieved since 1998, especially in the field of prevention, treatment, rehabilitation and social reintegration?
- What is regarded as favourable practice in respect of cooperation between non-governmental and governmental (or international) organisations?
- What guiding principles are recommended by NGOs to the United Nations Commission on Narcotic Drugs (CND) to develop drug policy in the future?

The participants discussed these issues in three work-teams. However, consensus was reached only in a relatively small number of issues.

#### **Attitudes to drugs and drug users**

##### *Attitudes to drugs and drug users, and to drug policy in the adult population*

According to a population survey<sup>1</sup> (Paksi and Arnold 2007) carried out in 2007, the adult population in Hungary is characterised by a less differentiated perception of risk<sup>2</sup> in connection with the different drugs. The perception of risk concerning different drugs is quite "merged". A slight distinction occurs consistently only in the assessment of the risk of drug use of different frequencies, as indicated by the position of the two graphs in relation to each other.

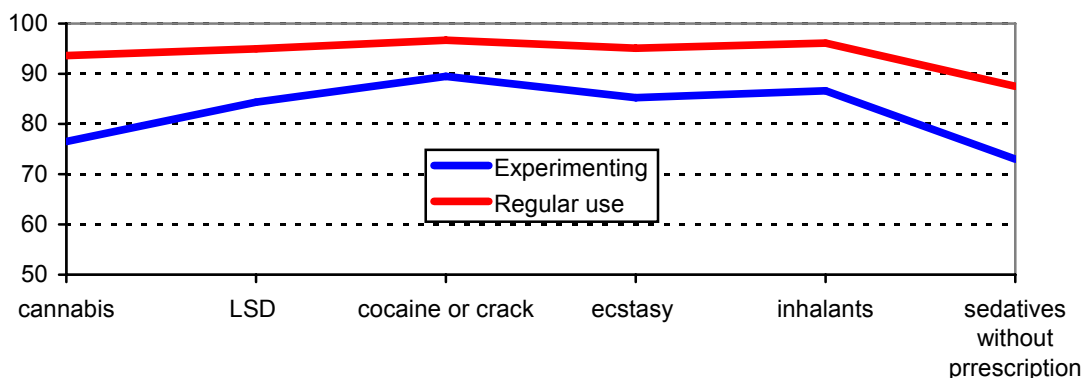
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<sup>1</sup> The survey (Paksi and Arnold 2007) was carried out by the Corvinus University of Budapest, Institute of Behavioural and Communication Theory, Centre for Behaviour Research, and it was financed by the National Institute for Drug Prevention and the National Focal Point. The target population of the survey was the population of Hungary between the ages of 18-64. Data collection was carried out on a stratified representative sample of the target population (stratified in Budapest according to age group, and outside the capital according to settlement size, region and age group, listed in a total of 186 layers), in the spring of 2007. The gross sample size was 3,183 people, the net sample size was 2,710 people. Data was recorded using a so-called mixed methodology, a face-to-face technique combined with self-reporting elements.

<sup>2</sup> The respondents – in compliance with the recommendations of the EMCDDA (2002) – could express their opinions on a 4-grade scale: 1 – no risk; 2 – slight risk; 3 – moderate risk; 4 – great risk.



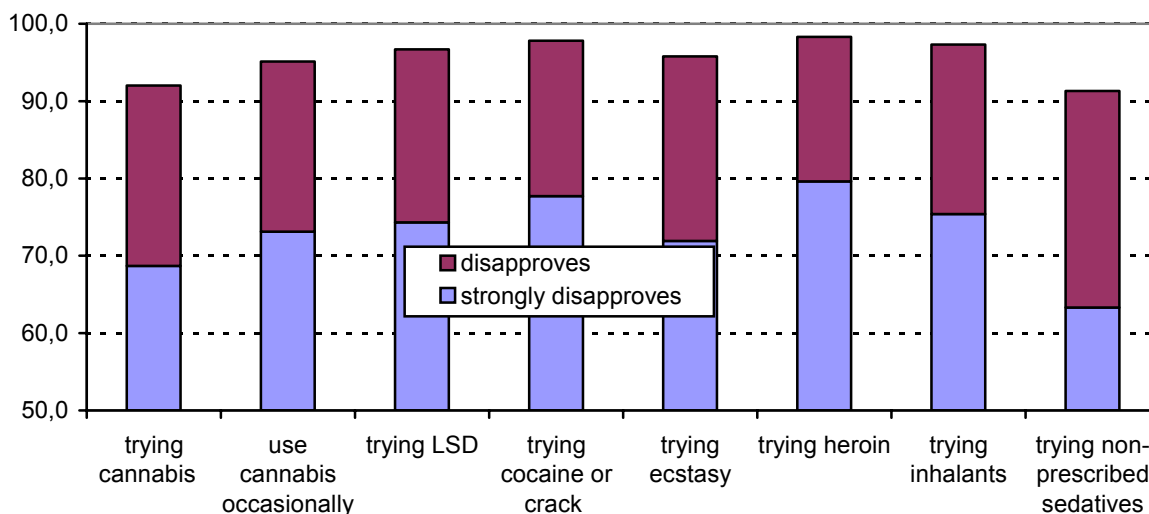
Figure 1. *Proportion of people who find different drug using attitudes "risky" (in percentage of respondents between the age of 18-64)*



Source: Paksi and Arnold 2007

Society's disapproval of drug use<sup>3</sup> in practice reflects the perceptions relating to the risks of use, in respect of this also, a very slight differentiation can be observed between the different behaviours concerning drug use. More than ninety percent of the population disapproves of the use of any illicit drug to some extent, and within this proportion 70-80% of the people "strongly disapprove" of the use of any illicit drug.

Figure 2. *The proportion of people "disapproving" and "strongly disapproving" of different behaviours concerning drug use (in percentage of respondents between the ages of 18-64)*



Source: Paksi and Arnold 2007

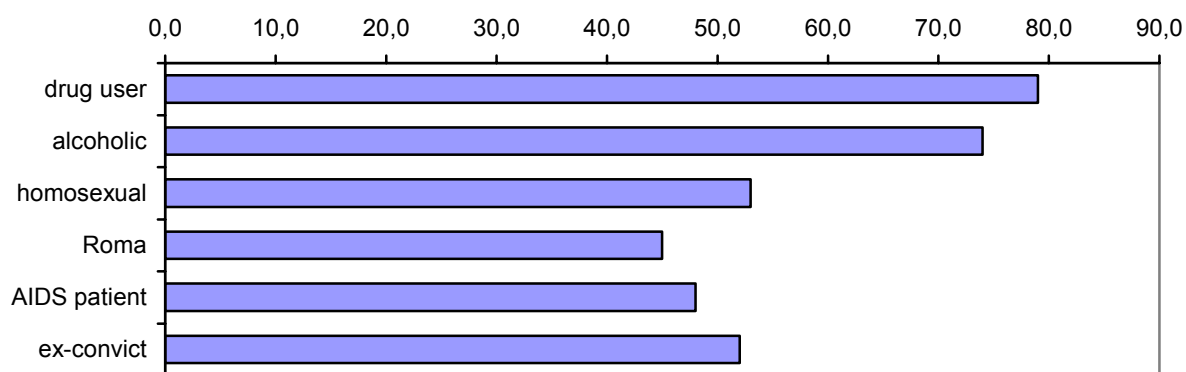
Similarly to the low level of differentiation concerning the perception of risk, the distinction between cannabis/hashish and heroin from the aspect of drug policy is formed in the population at a very low level. In respect of all drugs there is a high level of agreement with restrictive drug policy (in the case of the question "to what extent do you agree with allowing the use of the following drugs" the proportion of negative answers was 89.8% in the case of cannabis/hashish and 98% in the case of heroin), although there is a slightly more tolerant approach to cannabis use.

<sup>3</sup> The respondents expressed their opinions on a 3-grade scale, in accordance with the recommendations of the EMCDDA (2002): 1 – does not disapprove; 2 - disapproves; 3 – strongly disapproves.

59.7% of the population finds that drug addicts are patients, and 21.3% see them as criminals partly or completely (they find that they are "mostly criminals" or "criminals and patients" at the same time). The proportion of those who find that drug addicts are neither patients nor criminals is only 7.4% in the Hungarian population.

In the context of other social groups (Roma, ex-convicts, alcoholics, homosexuals, etc.) drug users form the least tolerated social group in Hungary. Four-fifths of the adult population have a negative approach to drug users in the case that the possibility of becoming neighbours occurs, and nearly half of the population (48.5%) would definitely be against this.

Figure 3. *Rejecting being neighbours with a number of groups mostly condemned by society ("rather not" and "I would disapprove it" answers altogether) (in percentage of respondents between the ages of 18-64)*



Source: Paksi and Arnold 2007

As compared to the results of earlier drug epidemiological surveys (Paksi 2003) there are no significant changes either in the social perception of the drug problem or in the population's ideas about drug policy. In recent years no shift took place beyond the margin of error in respect of social distance either.

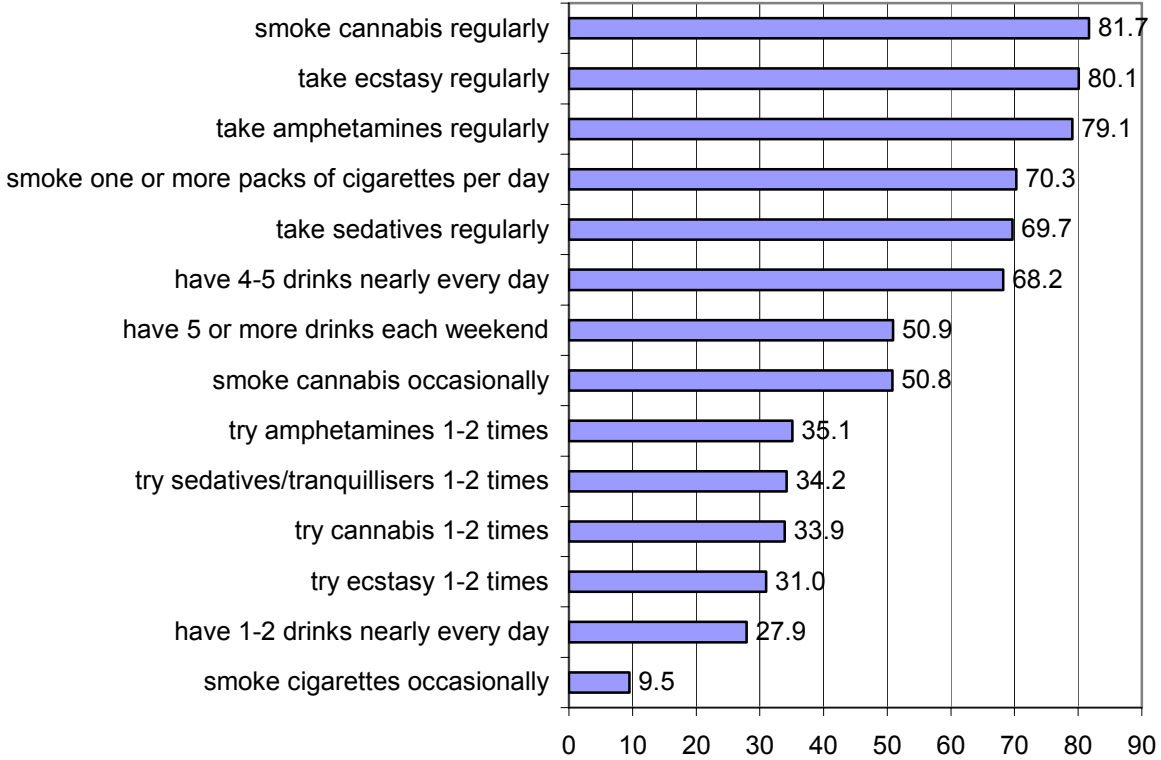
#### *Attitudes to drugs and drug users in the school-aged population – School survey in Budapest, 2007*

A survey was carried out in Budapest among schoolchildren in grades 8-10 (aged 14-17)<sup>4</sup> in 2007 within the framework of the ESPAD survey, using its questionnaire and in accordance with its methodological guidelines (Elekes 2007). During the survey schoolchildren's attitude to drugs was measured on the basis of the question "how dangerous do you think drug use is", but as compared to earlier surveys, in the questionnaire of 2007 the list of examined drugs was significantly shorter, and it only covered the most widely used drugs.

The danger ranking created on the basis of the answers given by schoolchildren in grades 8-10 indicates that today schoolchildren make a clear distinction between regular, occasional and experimental use.

<sup>4</sup> The survey was carried out by the Corvinus University of Budapest, Institute of Sociology and Social Policy, in cooperation with the ECHO Survey Sociological Research Institute. Data was collected by group-administered questionnaires with the participation of external research assistants, on the representative sample of schoolchildren in grades 8-10, using stratified group sampling method, with the overrepresentation of schoolchildren studying in grade 10. The gross sample size was 2,108, and the net sample size was 1,788.

Figure 4. Proportion of those who find certain forms of use very dangerous (%)



Source: Elekes 2007

At the top of the danger ranking there is the regular use of illicit drugs: cannabis, ecstasy and amphetamines. *The second largest group of the danger ranking is formed by legal drugs:* smoking one or more packets of cigarettes a day, regular use of sedatives, a large amount of alcohol consumed nearly every day. The next group in the ranking is represented by weekend binge drinking and occasional cannabis use. Both forms of use are regarded as very dangerous by half of the schoolchildren. More than one-third of the respondents find that trying amphetamines, sedatives/tranquillisers or cannabis is very dangerous. The proportion of those who find that trying ecstasy is very dangerous is slightly lower. Consequently, schoolchildren find that trying ecstasy is the least dangerous among the examined illicit drugs.

Changes in the attitudes show a similar tendency as the changes observed in the data relating to use. Between 1995 and 2003 the proportion of those who find the use of most of the examined drugs dangerous decreased. In 2003 the tendency was reversed, and the data of 2005-2007 indicate that in the case of most drugs the decrease in the perception of danger stopped, moreover, in the case of numerous drugs the proportion of those who find drug use dangerous increased.

## 2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC SUB-GROUPS

### *Overview*

After collecting data in 2001 and 2003, following the same methodology a representative survey was carried out in 2007 among the adult population, entitled National Survey on Addiction Problems (NSAP). An interesting feature of the survey is that besides licit and illicit drug use, the questionnaire also examined several behavioural addictions.

In 2007, within the framework of the ESPAD survey and using its methods, data collection took place in Budapest on a representative sample of schoolchildren in grades 8-10 of primary and secondary schools, which survey fits in the series of drug epidemiological surveys carried out since 1992 among the young people of Budapest.

In respect of specific groups, last year a survey was carried out among homeless people in Budapest provided with care, and in the course of the survey they examined how much the homeless were affected by drugs, what their drug use habits were like, and their social characteristics were also examined.

### 2.1. DRUG USE IN THE GENERAL POPULATION

On the basis of the survey (Paksi and Arnold 2007) (ST1\_2008\_HU\_01) carried out in 2007 on a representative sample of the national adult population<sup>5</sup> 9.3% of the respondents between the ages of 18-64 have already used an illicit drug in their lives. Last year prevalence rate is 2.6%, and the last month prevalence rate is 1.3%. Among ever-users the proportion of new users is 3.1%, the proportion of continuous users is 23.8%, and the proportion of discontinuation is 72.3%.

In respect of illicit drugs among the examined population cannabis derivatives are (still) the most widely used both on the basis of lifetime and last year prevalence (lifetime prevalence: 8.5%). Cannabis derivatives are followed by ecstasy (2.4%), amphetamines (1.8%) and hallucinogens (1.4%), while the lifetime prevalence rate of the other examined illicit drugs remains below 1%.

Among the population of young adults, drug use is similar to that observed among the population between the ages of 18-64, the only difference is in the frequency of drug use. 20.9% of the population between the ages of 18-34 have already used an illicit drug in their lives, last year 6.4% and last month 3% of them used an illicit drug. In this age group too, cannabis derivatives are the most frequently used drugs (19.1%), and are followed by ecstasy (5.1%), amphetamines (4%) and hallucinogens (3.2%).

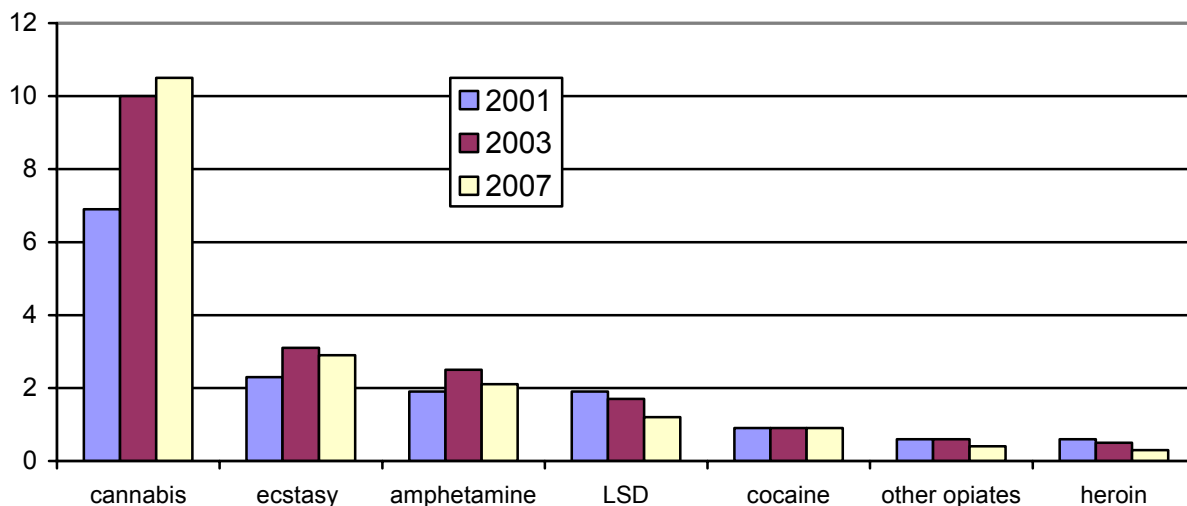
On the basis of the prevalence rates of the general population, surveys carried out in 2001, 2003 and 2007 calculated in respect of comparable ages (the population between the ages of 18-53) the following can be stated: while between 2001 and 2003 the lifetime prevalence rate of illicit drug use increased significantly (by 3.6 percentage points) (at 95% confidence) and the last year prevalence rate also increased (by 0.9 percentage points) at a two-thirds confidence rate, between 2003 and 2007 the lifetime prevalence rate did not change (in 2003 it was 11.1%, and in 2007 it was 11.2%), and the last year prevalence rate moved in a favourable direction at a two-third confidence rate (decreasing from 3.9% to 3.1%). A decrease can be observed in the rate of continuous use, also at a two-thirds confidence level, and there is a favourable shift (an increase from 61.9% to 72.3%) in the proportion of discontinuation. (Out of all illicit drugs the lifetime prevalence rate decreased only in the case

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<sup>5</sup> For the methodology see chapter 1

of LSD at a 68% confidence level, in the case of other drugs only shifts within the margin of error were observed.)

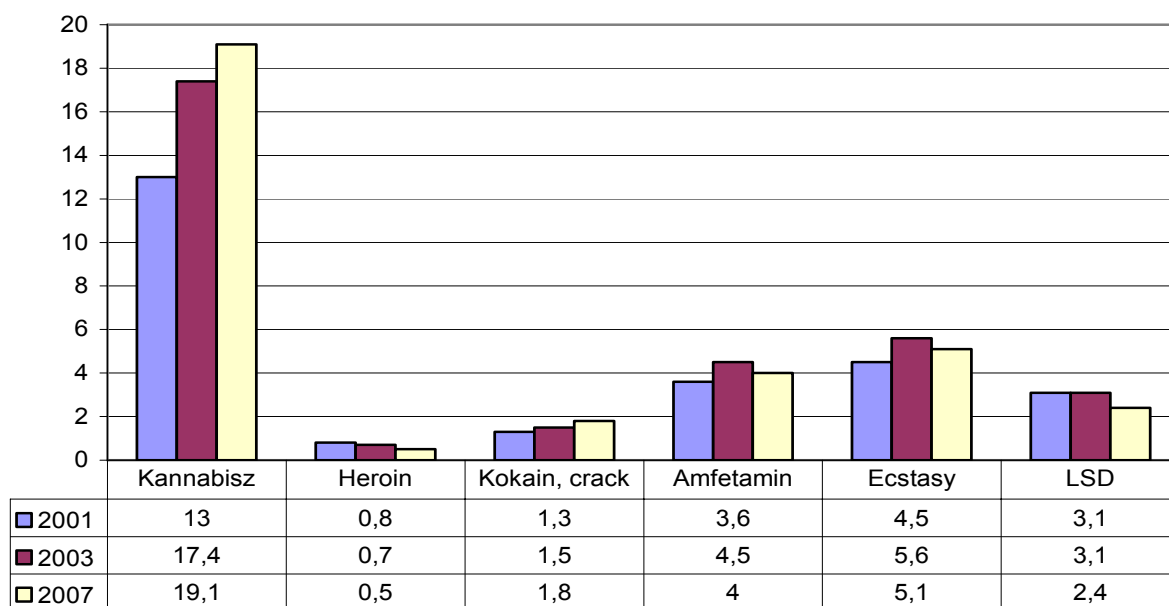
Figure 5. Trends in the lifetime prevalence of illicit drug use between 2001 and 2007, among the population between the ages of 18-53 (%)



Source: Paksi, Arnold (2007)

On comparing the results measured in the population of young adults with the results of earlier surveys<sup>6</sup> (Paksi and Elekes 2004), it can be stated again that in the last 4 years the increase of illicit drug use did not continue. While in 2001 among the population between the ages of 18-34 the lifetime prevalence rate of illicit drug use was 14.6%, by 2003 this proportion increased to 20.1%, but in 2007 no increase beyond the margin of error could be observed (20.9%).

Figure 6. Trends in lifetime prevalence of illicit drug use between 2001 and 2007, among young adults (aged 18-34) (%)



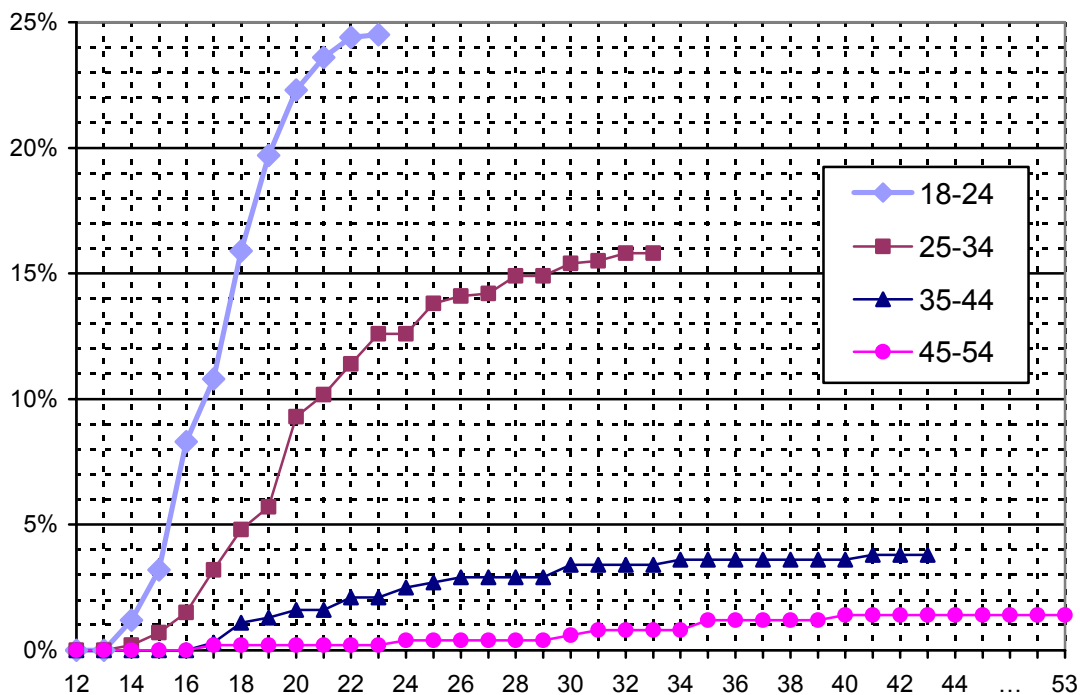
Source: (Paksi 2003; Paksi and Elekes 2004; Paksi and Arnold 2007)

<sup>6</sup> In 2001 the youngest age group was 19 years old.

Most often today's adult population (between the ages of 18-64) first encountered illicit drugs at the age of 20, at the age of 20.25 on average. However, more than half of ever-users (53.2%) were younger than this when they first tried an illicit drug, and every fifth-sixth user (18.4%) had already tried drugs by the time they were 16.

The cumulative prevalence curve drawn per age group on the basis of the age when people first use drugs – similarly to the earlier (2001, 2003) general population surveys (Paksi 2003; Paksi and Elekes 2004) – still indicates the varying exposure age between the different age groups. The members of the younger age groups of today's adult population (between the age of 18-34) started to "get to know" illicit drugs at the age of 14-15, and in the first years they experienced it intensively. It is especially true of the members of the youngest age group between the age of 18-24, an annual proportion of 3-5% of whom experienced first use between the age of 15-20, and then in their 20's the risk of these people getting in contact with drugs or becoming increasingly affected by drugs decreased to an annual proportion of about 1%. On the basis of the data relating to the age group between the ages of 25-34 it seems that after the age of 25 the risk of these people getting in contact with illicit drugs became minimal, but – unlike in the case of the earlier surveys, where the rate of exposure was practically approaching zero during these years – it did not cease, the degree of them being affected by drugs increased by an average of 1% every three years. During the life of generations that are above the age of 35 today – in an absolute sense and also as compared to the younger generations – the risk of trying out illicit drugs has always been very low. In the life of these generations, illicit drugs appeared as a low-risk attitude around the age of 18, and all through their lives the risk increased by a very moderate extent.

Figure 7. The cumulative prevalence curve of illicit drug use per age group (in percentage of the respondents)

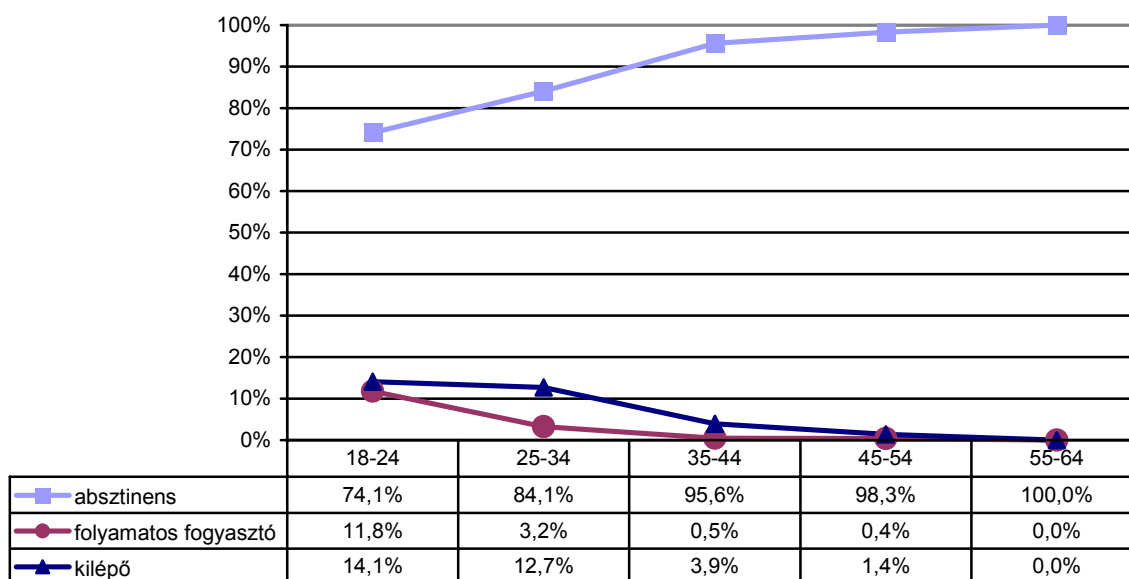


Source: Paksi and Arnold 2007

## Patterns of drug use

Similarly to earlier surveys carried out in Hungary (Paksi 2003, Paksi 2007) drug use – as indicated by the position of the cumulative prevalence curves – has a prominent age pattern ( $p < 0.001$ ). From the age group of young adults towards older age groups the proportion of people that have had an experience with drug use decreases gradually – in the age groups above the age of 44 it is minimal. As a result of the high proportion of discontinuation the proportion of recent (continuous) drug users<sup>7</sup> is minimal even among people between the ages of 35-44. Among 35-year-old people and in older age groups the proportion of those who used an illicit drug (even) during the previous year<sup>8</sup> is only a total of 0.4%<sup>9</sup>.

Figure 8. The proportion of continuous users, ex-users and abstinent people in the different age groups (in percentage of the respondents belonging to the individual age groups)



Source: Paksi et al. 2007

The urbanisation pattern of drug use – in compliance with earlier surveys (Paksi 2007) – also occurs significantly ( $p < 0.001$ ). The proportion of recent drug users is higher in settlements with a greater population. In the case of settlements with less than 10,000 inhabitants, a total of 1.5% of the population used an illicit drug during the previous year.<sup>10</sup>

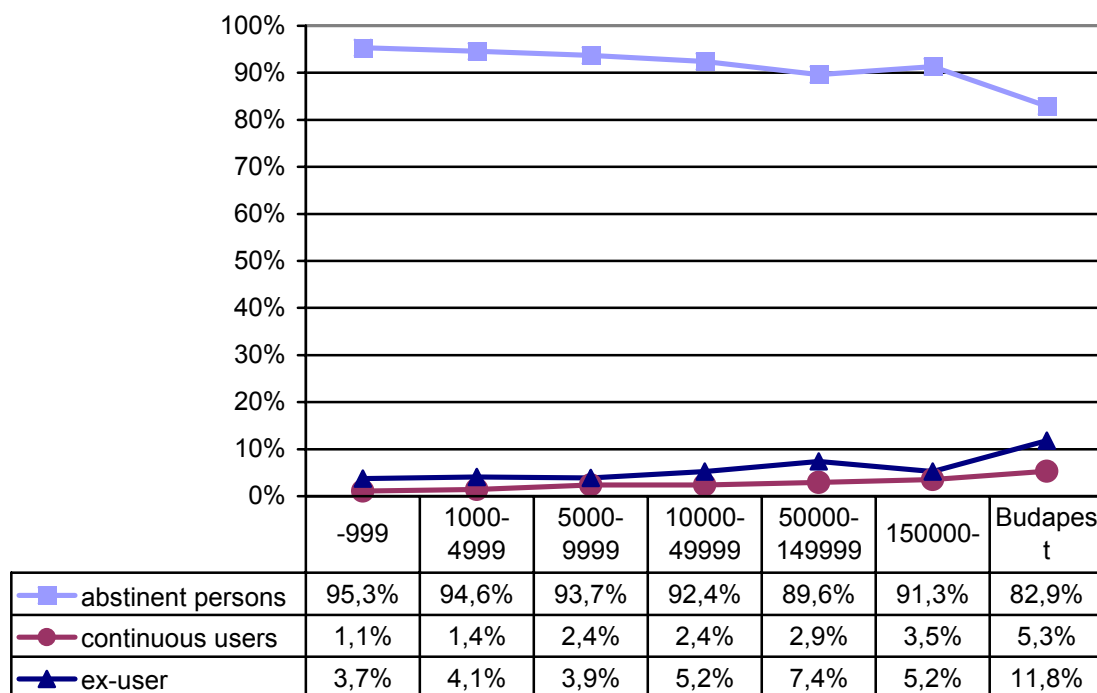
<sup>7</sup> The proportion of recent (continuous) drug users indicates the proportion (%) of those among ever-users who used a drug in the previous year too.

<sup>8</sup> In surveys relating to the general population the category of lifetime prevalence rate is difficult to construe when describing the social patterns of drug users, as a significant part of ever-users (in Hungary this proportion is 69.9%) is currently not using or recently has not used any illicit drugs, at the same time their social/demographic background variables indicate their current social position, therefore drug use and the other characteristics do not relate to the same periods in life. For this reason, in the course of examining the preventive and risk factors of illicit drug use, continuous users and ex-users are separated among ever-users, and abstinent persons are compared to them.

<sup>9</sup> In the sample this means a total of 6 persons.

<sup>10</sup> In the sample it means a total of 16 persons.

Figure 9. The proportion of continuous users, ex-users and abstinent persons in settlements of different sizes (in percentage of respondents between the ages of 18-64)



Source: Paksi et al. 2007

In summary, taking into consideration the age and urbanisation pattern of drug use, it can be stated that 90.2% of continuous drug users belong to the generation of young adults (between the ages of 18-34), and more than two-thirds of them (68.2%) belong to the population of young adults living in cities (with more than 10,000 inhabitants).

Drug use shows a permanently significant, linear relationship with the variables indicating the status of origin and describing parents' school qualifications (both in the case of the father's and the mother's school qualifications:  $p < 0.001$ ). This relationship – similarly to other research results following the turn of the millennium (Paksi 2007) – can be described in such a way that those having a family background with higher school qualifications are more vulnerable, which also appears in the context of coming in contact with illicit drugs and in the context of continuous use.

Table 1. The proportion of continuous users, ex-users and abstinent persons according to the parents' school qualifications (in percentage of respondents between the ages of (18-64)

Status of origin (indicating Pearson Chi-Square)	Abstinent persons	Continuous users	Ex-users	N	
Father/foster father	Less than 8 grades at elementary school	98.0	0.9	1.2	346
	8 grades at elementary school	97.7	0.8	1.5	612
	Vocational training school	90.1	1.6	8.3	819
	Completed secondary school	<b>85.2</b>	<b>4.5</b>	<b>10.2</b>	264
	Higher technical school	<b>84.3</b>	<b>5.2</b>	<b>10.5</b>	153
	Diploma	<b>79.6</b>	<b>9.4</b>	<b>11.1</b>	235
	<b>Total</b>	<b>91.2</b>	<b>2.6</b>	<b>6.2</b>	<b>2,429</b>
Mother/fo ster	Less than 8 grades at elementary school	98.5	0.5	1.0	396
	8 grades at elementary school	96.1	1.0	3.0	915
	Vocational training school	90.5	2.0	7.5	440



Completed secondary school	<b>85.1</b>	<b>4.0</b>	<b>11.0</b>	429
Higher technical school	<b>76.8</b>	<b>7.2</b>	<b>15.9</b>	69
Diploma	<b>74.6</b>	<b>10.8</b>	<b>14.6</b>	213
<i>Total</i>	<i>91.1</i>	<i>2.6</i>	<i>6.2</i>	<i>2,462</i>

*Source: Paksi et al. 2007*

According to experience, the drug users' own cultural/economic status is determined by the social position of the family of origin: the risk of drug use, especially continuous drug use is significantly higher in social groups with higher / or potentially higher school qualifications, living in better housing conditions than the average, living in households with a higher income than average, experiencing less serious financial difficulties. In this respect, as compared to earlier research results – where numerous indicators showed continuous users' relatively unfavourable own status and that they were not able to preserve their status of origin (Paksi 2007) – changes can be observed.

Similarly to the research data of earlier years, today drug use still shows a permanently significant relationship with indicators of social integration, such as family and workplace integration. Among the unmarried/single population the proportion of drug users is significantly higher. This relationship appears not only in the total adult population that carries the age pattern of marital status, but also in the generations of young adults. Similarly, the institution of marriage represents a protective factor in all age groups. Drug users have a lower chance of getting integrated in the world of work – similarly to the institution of families. Continuous users become integrated in the world of work at a lower proportion, the longest period they spend in the same place of work is shorter, they are less satisfied with their work or with their partner relationships, including relationships at work.

## **2.2. DRUG USE IN THE SCHOOL AND YOUTH POPULATION**

### **School survey in Budapest, 2007**

According to the results of the school survey of Budapest in 2007<sup>11</sup> (Elekes 2007) (ST2\_2008\_HU\_01), 22.7% of young people have used an illicit drug<sup>12</sup> in their lives. Among boys this proportion is 25.8%, while among girls it is 19.9%. The proportion of those who took a drug definitely for the purpose of drug use is higher than this: 28%<sup>13</sup>. Among boys the lifetime prevalence rate of drug use definitely for the purpose of drug use is 30.7%, while among girls it is 25.6%. The lifetime prevalence rate of medicine use without a doctor's prescription<sup>14</sup> is higher among girls: 21.4%, while among boys it is 14%. The prevalence rate relating to the entire sample is 17.9%.

The majority of schoolchildren are only experimenting or occasional users, and only 5.1% of the respondents have used an illicit drug on 20 or more occasions.

On the basis of the lifetime prevalence rates the structure of use is similar to that of earlier years. Cannabis is still the most widely used drug with a lifetime prevalence rate of 20.6%. Cannabis is followed by four legal drugs in the order of how widely used they are: combined use of alcohol and medicines (12.3%), taking sedatives/tranquilisers without a doctor's prescription (10.3%), the use of whippets/balloon (nitrous-oxide) (7.2%) and the use of inhalants (6.8%). Legal drugs are then followed traditionally by ecstasy (5.8%), amphetamines (5.2%) and LSD/hallucinogens (3.8%) in the order ranking. The use of the rest of the examined drugs is still hardly detectable in the life of the schoolchildren of Budapest in grades 8-10.

<sup>11</sup> For the methodology see chapter 1.

<sup>12</sup> Illicit drugs are: drugs stated among illicit drugs in the earlier ESPAD reports: cannabis or hashish, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin.

<sup>13</sup> Apart from the illicit drugs determined in "ESPAD": magic mushroom, GHB, other opiates (e.g.: poppy tea), other drugs, inhalants, whippets/balloons (nitrous oxide)

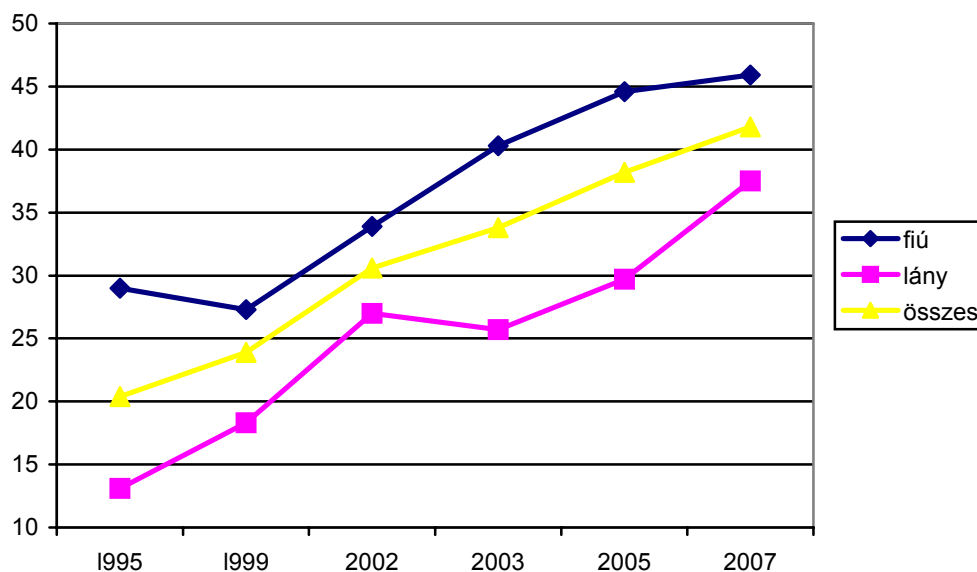
<sup>14</sup> Sedatives/tranquilisers and alcohol taken with medicine

The majority of those who have already tried an illicit drug (73.8%) first try to use a drug at the age of 14 or later, most often first use takes place at the age of 15.

During the survey the last month prevalence of only three drugs was examined: the proportion of people using cannabis in the previous month was 8.2%, the proportion of people using an inhalants was 1.6%, while the proportion of people using ecstasy was 1.4%.

The last month prevalence of binge-drinking is 45.9%, which indicates that as compared to 1995 the proportion of people consuming 5 or more drinks on one occasion in the previous month has doubled, and there is a more significant increase among girls.

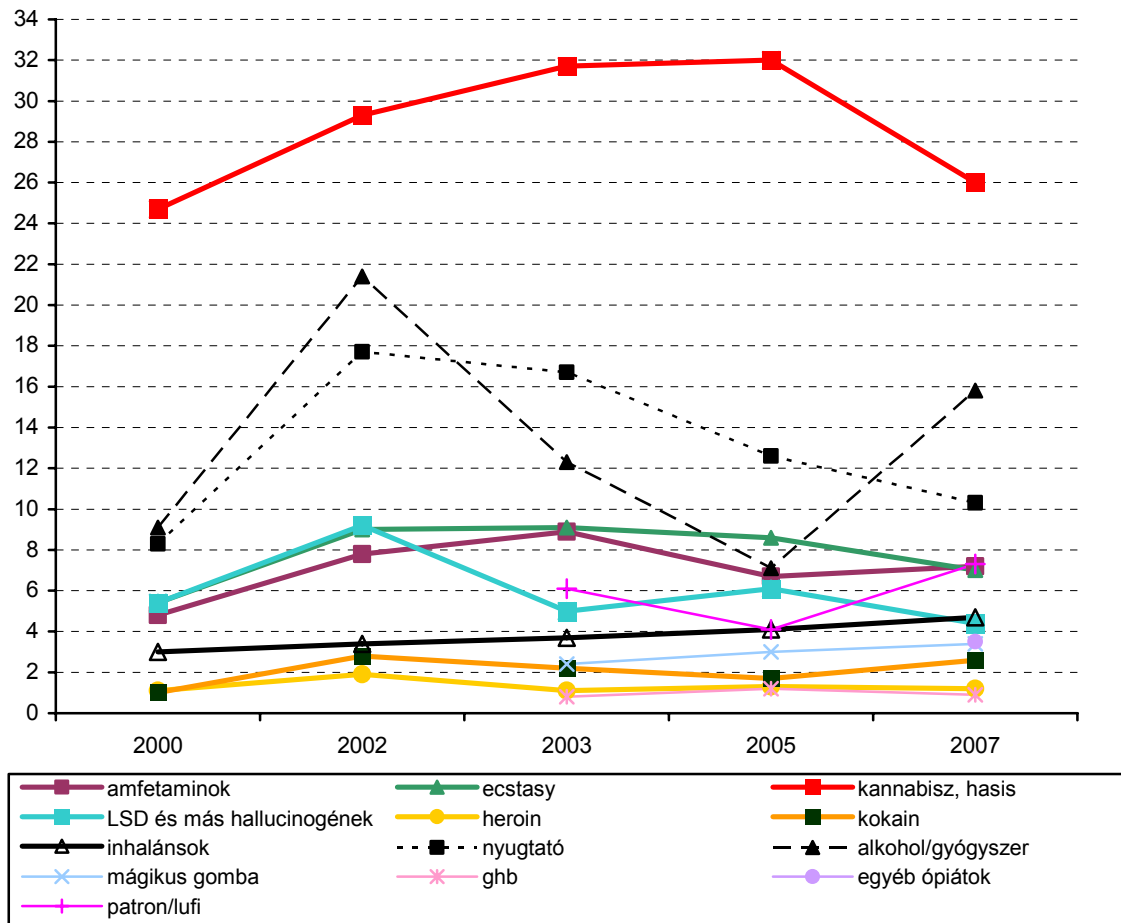
Figure 10. Last month prevalence of binge drinking in grade 10



Source: Elekes 2007

The data relating to Budapest make it possible to describe long-term trends too, as during the years of the ESPAD surveys, as well as in 2000, 2002 and 2005 additional data collection was performed using the ESPAD questionnaire and methodological guidelines. The data in 2007 indicate a decrease of the lifetime prevalence of illicit drug use from 32.7% to 27.8% and of other substances used as drugs from 35.1% to 31% compared to 2005. Both results are significant at 95% confidence. This decrease is obviously due to the decrease of the lifetime prevalence of cannabis use from 32% to 26%. This decrease is also significant at 95% confidence. After a significant increase between 1995 and 1999, during the last eight years the lifetime prevalence rate of illicit drug use not including cannabis has been the same, and in each examined year the prevalence rate is between 11.6-11.9%. During the last few years no significant re-structuring could be observed in the structure of illicit drug use among the schoolchildren of Budapest.

Figure 11. Lifetime prevalence of illicit and licit drug use between 2000 and 2007 among the schoolchildren of Budapest in grade 10



Source: Elekes and Paksi 2000; Paksi and Elekes 2003; Elekes 2004; Elekes 2005; Paksi and Elekes 2005; Elekes 2007

### 2.3. DRUG USE AMONG SPECIFIC GROUPS

#### Drug use among the homeless

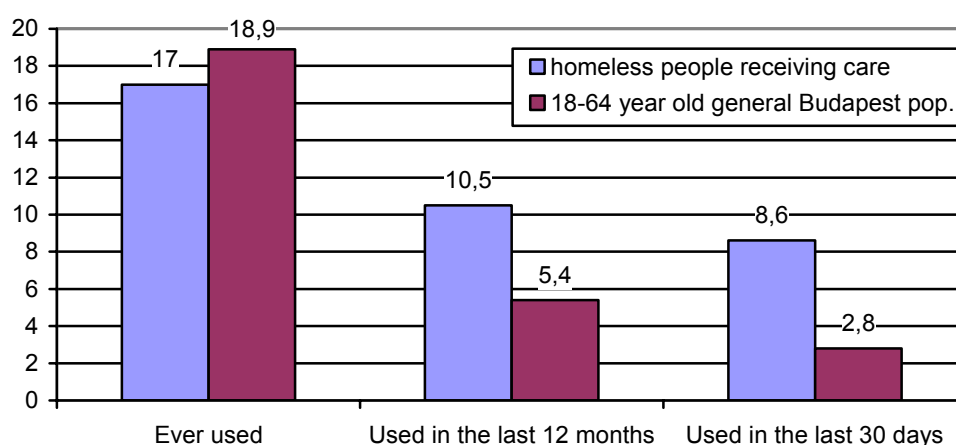
The first comprehensive survey in Hungary examining the drug use habits of the homeless, and especially the connections between being homeless and using drugs, among the homeless population of Budapest was carried out in February 2007<sup>15</sup> (Paksi et al. 2008).

<sup>15</sup> The methodology of the survey was elaborated and data collection was performed by the employees of Corvinus University of Budapest, Institute of Behavioural Sciences and Communication Theory, Centre for Behaviour Research (the head of research project was Paksi Borbála) in collaboration with the "February 3" work-team and the Street Front Division of the Hungarian Baptist Aid. The survey was ordered and financed by the National Institute for Drug Prevention. The data collection took place on a 25% representative sample of the homeless population appearing on 3 February within the care system – for example, at temporary places of accommodation or night shelters – on the one hand (the sample was selected by random sampling stratified by places of care provision; gross sample: 757 people, net sample: 583 people). In this case the target population of the survey was made up of people in Budapest provided with homeless care, and the sampling frame was formed by the homeless people identified by the "February 3" work-team during their census of the homeless population taken in 2007, that is the homeless people turning up at the temporary places of accommodation and night shelters on 3 February. On the other hand data collection took place among homeless people who are known drug users, in which case the target population was formed by the drug user population known by the Street Front Division of the Baptist Aid specialised in finding homeless people who are drug users and providing care for them, where the survey was aimed at complete data collection among all accessible clients during the period of data

According to the results of the survey the lifetime prevalence rate measured among the homeless people in Budapest provided with care is the same as the values measured among the population of Budapest between the ages of 18-64<sup>16</sup>, within the margin of error. On comparing this value with the lifetime prevalence data measured among other special populations – for example partygoers, prisoners – it is significantly lower than such data. Consequently the homeless population cannot be listed among those special populations being more affected than the average.

However, when examining the proportions of use in shorter intervals of time, this earlier favourable picture changes. Among the examined population the last year prevalence rate is approximately double, and the last 30 days prevalence rate is nearly three times the values measured among the general population.

Figure 12. Prevalence rates of drug use relating to different periods among the homeless people in Budapest provided with care, and among the general population of Budapest between the ages of 18-64 (in percentage of the respondents)



Source: Paksi et al.2008

The specific tendencies relating to different periods – as compared to the general population – appearing in the drug use rates of the homeless provided with care also mean that among those homeless people who have come into any contact with drugs the continuous use of drugs is more characteristic, and discontinuing drug use is less characteristic. Six out of ten homeless people who have ever tried out a drug used drugs in the previous year, and five of them were currently using an illicit drug or inhalant. In the general population less than half or a third of these values were measured. This means that while in the general population 85.2% of ever-users were currently not using drugs, and 71.4% of them had not used drugs in the previous year either, among the homeless only a half of ever-users were currently not using any drugs, and only 38% of them managed to give up drug use at least a year before.

Table 2. The indicators of continuous drug use among the homeless people of Budapest provided with care and among the general population of Budapest between the ages of 18-64 (in percentage of the ever-users)

	Homeless people of Budapest provided with care	General population of Budapest between the ages of 18-64
Rate of continuous (recent) use	61.8	28.6
Proportion of discontinuous use	38.2	71.4

collection (N=224, n=198). Data collection was carried out using the so-called mixed methodology, the face-to-face technique combined with self-reporting elements (with the participation of social workers).

<sup>16</sup> The source of the data relating to the general population of Hungary is the National Survey on Addiction Problems (NSAP) conducted in spring 2007 (Paksi, Arnold, 2007).

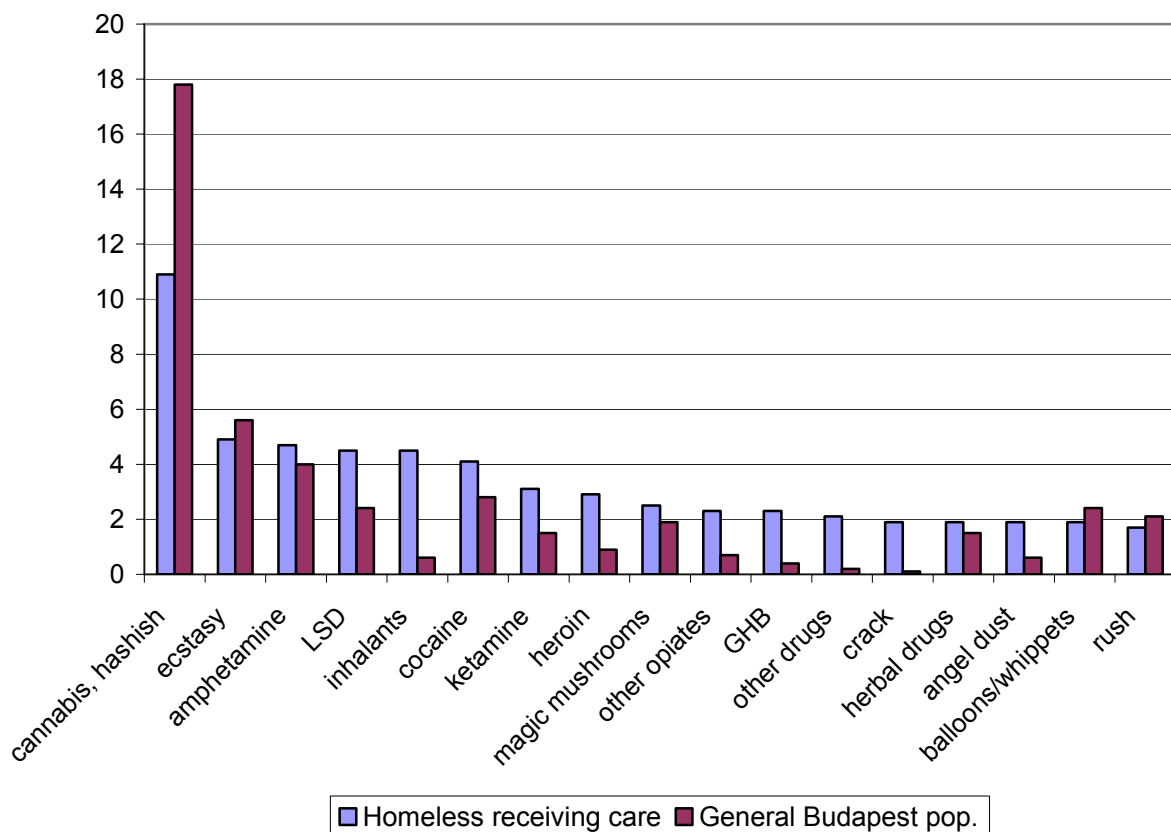
Rate of current use	50.6	14.8
Rate of people currently not using drugs	49.4	85.2

Source: Paksi et al. 2008

The main characteristics of the structure of drug use of homeless people provided with care are the same as the drug preferences characteristic in the general population: among them too the most widely used illicit drug is cannabis/hashish, which is followed by various party drugs (ecstasy, amphetamines, LSD) and by cocaine. As compared to the general population the most significant difference in the order of priority of drugs is that inhalants have a relatively significant role – more or less the same as party drugs – in the drug use of the homeless population, while in the general population they are among the least commonly used drugs.

However, beside the similarities detected in the structure of drug use, two significant differences can also be observed. The proportion of people ever used cannabis/hashish in the homeless population is much lower, the lifetime prevalence rate is not even two-thirds of the value characteristic in the general population. At the same time, in the case of nearly all the other drugs, a higher proportion of the members of the homeless population have experience in drug use.

Figure 13. The lifetime prevalence rates of different drugs among the homeless people of Budapest provided with care and among the general population of Budapest between the ages of 18-64 (in percentage of the respondents)



Source: Paksi et al. 2008

Among homeless people provided with care the proportion of those who (also) use illicit drugs other than cannabis was 11%, while among the population of Budapest between the ages of 18-64 the total lifetime prevalence rate of other drugs was 7.9%. On the basis of the recent and current use of other drugs, the differences between the patterns of drug use

appear even more prominently. Among homeless people, the proportion of those who used some other drug in the year preceding the survey is five times higher, and current use occurs more than ten times more frequently than in the general population.

Among the homeless people interviewed, injecting drug use also occurs more frequently, 2.7% of them have used some drug intravenously, while in the general population of Budapest this proportion is only 0.3%.

## The army

In 2007 again drug screening tests were conducted in the Hungarian Army in order to filter out actual users, reduce use, monitor the efficiency of drug prevention methods and set down the foundations of new action programmes (Gachályi 2008).

Table 3. *Drug screening tests conducted in 2007 in the Hungarian Army*

Screening test	Number of positive cases			Total
	Cannabis	Opiate	Amphetamines	
Aptitude (N=8266)	20	21	10	51*
Authority (N=777)	13	0	3	16**
Total (N=)	<b>33</b>	<b>21</b>	<b>13</b>	<b>67</b>

Remark: \* preliminary screening results, \*\* use demonstrated instrumentally

Source: Gachályi 2008

As compared to the previous year, although the number of – both aptitude and authority – screening tests has increased, a lower number of positive cases was recorded. A decrease in the number of cases can be observed in the case of all three types of drugs (in 2006 cannabis: 55, opiate: 52, amphetamines: 19).

## Conclusions

When examining illicit drugs among the adult population, on the basis of both lifetime and last year prevalence, it can be stated that cannabis derivatives are (still) the most widely used drugs. They are followed by ecstasy, amphetamines and hallucinogens. On making a comparison with the surveys carried out in earlier years (2001 and 2003), it can be seen that while between 2001 and 2003 both the lifetime prevalence and the last year prevalence rate of illicit drug use increased among the population between the ages of 18-53, between 2003 and 2007 the lifetime prevalence rate did not change, and in respect of the last year prevalence rate a favourable change was observed.

According to the school survey in Budapest, among the young people of Budapest no significant change can be observed in respect of the popularity of the drugs used. Cannabis is still the most widely used drug, followed by the combined use of alcohol and medicines, the consumption of sedatives/tranquilisers without a doctor's prescription, the use of whippets/balloons, the use of inhalants, and finally ecstasy, amphetamines and LSD/hallucinogens. As compared to previous years the data of 2007 indicate a decrease in both the use of illicit drugs and substances used as drugs, which decrease is obviously due to the decrease of the lifetime prevalence rate of cannabis use. Similarly to previous years, the proportion of young people consuming 5 or more drinks on one occasion in the previous month (45.9%) continued to increase, and there is a more significant increase among girls.

The lifetime prevalence rate measured among the homeless people of Budapest provided with care was not significantly different from the values measured among the population between the ages of 18-64, but the last year prevalence rate was approximately double and the last 30 days prevalence rate was nearly three times the value measured among the general population. This indicates that the continuous use of drugs is more characteristic, and discontinuing drug use is less characteristic of homeless people. The drug structure of

the homeless people interviewed – besides the greater proportion of inhalant use – was more or less the same as the characteristic drug preferences among the general population, although significant differences could also be observed. The proportion of people ever used cannabis/hashish in the homeless population is much lower, the lifetime prevalence rate is not even two-thirds of the value characteristic in the general population but a greater proportion of them have experience concerning almost all other drugs. Among homeless people, the proportion of those who used some drug other than cannabis in the year preceding the survey is five times higher, and current use occurs more than ten times more frequently than in the general population.

In the course of the screening tests conducted in the army in 2007, in respect of all three examined drugs (cannabis, opiates, amphetamines) a lower number of positive cases was detected than in 2006.

### 3. PREVENTION

#### Overview

Detailed information is available on school-based drug prevention programmes, and the database ([www.ndi-szip.hu](http://www.ndi-szip.hu)) that lists these programmes and can be searched based on various criteria is visited by an increasing number of people every year.

We know significantly less about universal and selective prevention programmes outside schools, and there has only been one attempt to survey these efforts (see National Report 2006).

At the end of 2007 preparations were begun to set up the Accreditation Committee for Drug Prevention and Health Promotion. The tasks of the Committee involve preparing the professional proposal on determining the minimum content requirements of prevention interventions and providing accreditation in the first period (2008-2009) in respect of the programmes to be implemented in public education institutes.

#### 3.1. UNIVERSAL PREVENTION

##### School-based prevention

In 2007 the Ministry of Social Affairs and Labour and the Ministry of Education and Culture (SzMM-OKM) jointly issued tenders invitations for supporting school-based health promotion and drug prevention programmes to the amount of HUF 160,000,000 (EUR 636,663.88)<sup>17</sup>.

230 schools out of 265 applicants were granted subsidies to a total amount of HUF 157,098,200 (EUR 625,117.2)<sup>18</sup>. In the scope of the programme 35,557 schoolchildren studying in grades 5-8 (aged 10-14) and 81,237 secondary school pupils (aged 14-18) participated in prevention activities<sup>19</sup>, which represents 8% of schoolchildren in elementary education and 17.2% of schoolchildren in secondary education.<sup>20</sup>

##### School-based drug prevention in the Southern Transdanubian region

A research<sup>21</sup> was carried out in school year 2007-2008 in the schools of the Southern Transdanubian region<sup>22</sup>, where schools were questioned about the frequency and quality of drug prevention and other health promotion programmes and about their health education and health promotion activities in general (Fábián and Posta 2008).

According to the results, 77% of respondent schools had drug prevention strategies; related action plans were present in 61% of schools. 73% of the schools reported some kind of drug prevention activity. In 62 schools (57%), interventions only aimed to drug prevention, while in

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<sup>17</sup> The values were calculated based on the official mid-rate of the EUR for 2007 (1 EUR = 251.31 HUF).

<sup>18</sup> Based on data from ESZA Kht.

<sup>19</sup> Based on the report by the Ministry of Education and Culture

<sup>20</sup> The data of academic year 2007/08 is from the website of the Central Statistics Office

<http://portal.ksh.hu/pls/ksh/docs/hun/xtabla/kozokt/tablkozokt04a.html>

<sup>21</sup> The research was carried out by the Coordination Forum on Drug Affairs of the Southern Transdanubian region with the involvement of 144 schools. The other main objective of the research was to estimate the vulnerability and protection of 14 and 16 year old students concerning substance use (with the involvement of 9568 students). The sample is not representative; data was collected only in settlements where a Coordination Forum on Drug Affairs operated. But based on the size of the sample and the types of settlements, it can be stated that the sample is very likely to reflect on the health promotion activities of the schools in the region.

<sup>22</sup> The region consists of three counties (Baranya, Somogy and Tolna), that cover 15% of the area of the country and 9.6% of the population of the country.



23 schools (16%) drug prevention components were parts of complex health promotion activities.

Table 4. *The ratio of different prevention activities in the 8<sup>th</sup> and 10<sup>th</sup> grades of the surveyed schools in the Southern Transdanubian region*

Programme, activity <sup>23</sup>	8th grade (14 year old)		10th grade (16 year old)	
	number of schools	% (N=85)	number of schools	% (N=70)
DADA <sup>24</sup>	22	26%	6	9%
In the frame of the SzMM-OKM joint tender	8	9%	5	7%
Other thematic programme	17	20%	8	11%
Peer-led activity	33	39%	23	33%
Head master's class including health education	75	88%	36	51%
In the frame of other classes	51	60%	19	27%
In the frame of „health day”	60	71%	27	39%
Drama pedagogy	23	27%	5	7%
Other	15	17%	7	10%

*Source: Fábíán and Posta 2008*

Headmaster's class including health education was the most popular in both grades of the examined schools; it was followed by the organisation of health days. One third of programmes targeting young people were carried out with the involvement of peers in both grades.

### **Training courses for teachers**

In 2007 the Ministry of Education and Culture supported two further training courses organised for teachers which are related to handling the drug problem. The 30-lesson training course entitled "Suppressing the use of addictive substances, school-based health promotion" (former drug coordinator training course) is aimed at passing on knowledge and improving skills – using the interactive method – that may be necessary and important in the course of school-based health promotion and drug prevention within the competence of teachers. With the help of practical tasks the participants in the training course also learn the methods of how to choose between the various prevention programmes. In 2007 160 teachers took part in the training course. The aim of another 30-lesson training course entitled "Basic Mental Health Further Training Course for Teachers" is to introduce the mental health approach, improve problem sensitivity, develop the sense of profession, extend the set of personal and professional tools, improve personal and professional skills (e.g.: interpersonal relations between teachers-children-parents, behavioural problems during puberty). In 2007 192 teachers took part in the training course.

### **School Social Worker Network**

The School Social Worker Network programme of the INDIT Public Foundation called "Pécs model" was launched in August 2006 by means of support provided by the tender of the related ministry (Gergál and Máté 2008). Several practical and theoretical factors played an important role in the development of the programme. One of these was the fact that due to its drug prevention team, called "Figs" and other projects, INDIT Public Foundation has been

<sup>23</sup> There is no information available on whether all students of the 8<sup>th</sup> and 10<sup>th</sup> grades participated in the programmes, or only a few classes. The rates are probably different by rows.

<sup>24</sup> Drug prevention programme of the police (based on DARE).

involved in health promotion activities provided for the students and teachers in several public schools in Baranya county since 2001. Based on their experience they realised that an effective, complex health promotion programme in schools cannot be carried out without a professional helper being present in the school community throughout the year. Above coordination tasks (e.g. in questions concerning drug affairs) this person should be able to perform child welfare and family support functions as well and become the facilitator of the whole school community.

In 2004, before the development of the Network, a research (Tihanyi 2004) was carried out to examine child protection activities in the schools of Pécs as well as the local opportunities of school social work. According to the results, 60% of the interviewed teachers felt the presence of a professional social worker necessary in the schools, and the majority (74%) would consult them weekly. The results also showed that persons responsible for child and youth protection at schools would be pleased if these positions were held by social workers with adequate professional competence. Moreover, 50% would even resign in favour of a professional social worker.

Before the start of the programme, a claim had already arose for the presence of a professional helper in public schools who possesses comprehensive legal (child protection and its institutions; social law, types of family allowances, social institutions, etc.) social (social risk factors; mobilisation of community resources) and psychological (personality development; difficulties of the stages of family development; consultation techniques; warning signs of neglect, maltreatment, endangering of children; etc.) knowledge and skills, enabling them to recognise problems risking the development of children; and intervene, with the help of other institutions or professionals, if necessary.

Concerning the start of the programme it was very important, that there is social work as a major at the University of Pécs, where specialization in school social work can be chosen, so an appropriate number of professionals was available.

The programme was launched in three different types of schools with the aim to observe the characteristics of the implementation of school social work in different school types (involving 2934 students, out of which 470 vulnerable): in one vocational training school, one vocational secondary school and one general secondary school. A key issue of the agreement with the schools was to provide separate premises for the school social worker. The cost of necessary renovation was covered by the INDIT Public Foundation.

Table 5. *List of services provided by the school social workers*

<p>Individual case management and counselling:</p> <ul style="list-style-type: none"> <li>• counselling for students on difficulties of school and other situations</li> <li>• counselling on teacher-student conflicts</li> <li>• career counselling when finishing school</li> <li>• administration, help in solving social problems, advice for tenders</li> <li>• counselling for parents on solving children's school problems, and on child rearing questions</li> <li>• redirecting students and parents to other specialised services (specialised counselling offices, youth offices, guardian authorities, labour office, specialised outpatient treatment centre)</li> <li>• counselling and mediating in parent-child relationship</li> </ul> <p>Social work with parents and families:</p> <ul style="list-style-type: none"> <li>• counselling for families on difficulties of school and other situations</li> <li>• participation in parent-teacher discussions</li> <li>• participation in parent and teacher meetings</li> <li>• Social group work: <ul style="list-style-type: none"> <li>• social group work in mixed and specific groups</li> <li>• support of class communities through group techniques</li> <li>• organising student seminars about various topics</li> <li>• career guidance groups</li> </ul> </li> </ul>
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Community social work:

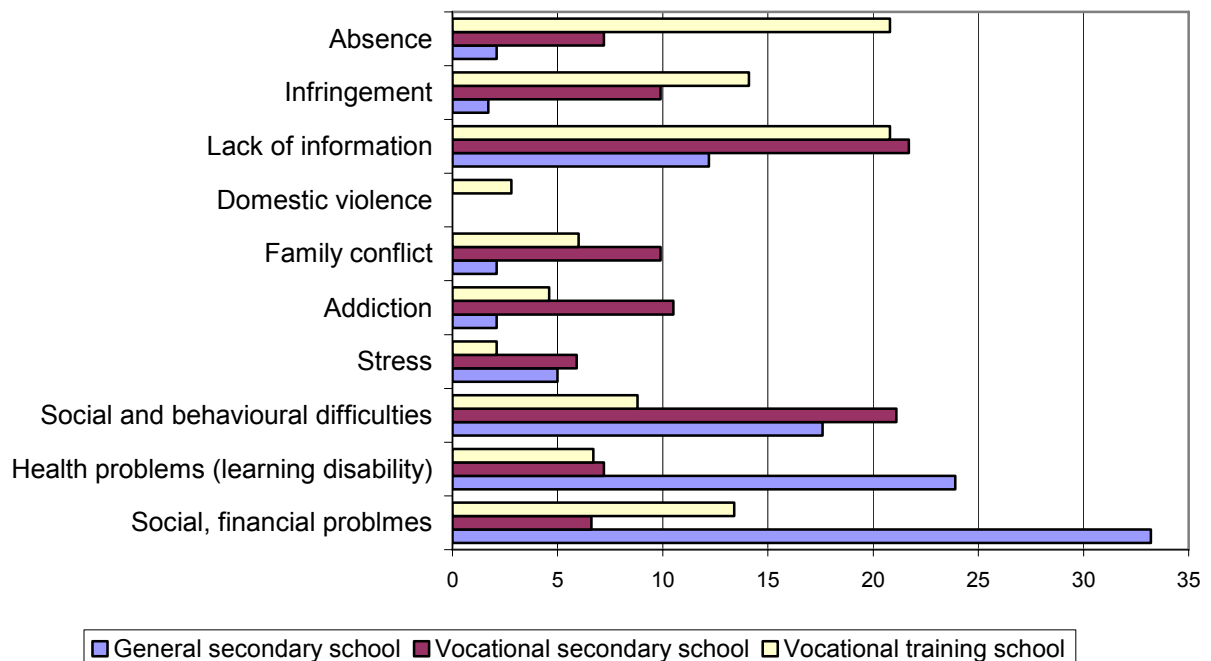
- cooperation with students' union
- cooperation with the youth support group of the given part of town
- cooperation with parent work parent associations
- establishment and organisation of different social, communicational opportunities for students (e.g. tea room, film club for students)
- planning and organising leisure time activities
- participation in school and class trips, projects and pedagogical days
- organising information events for teachers

Source: INDIT Public Foundation

The target groups of school social work are students, the families of students, and everyone in contact with the school and school-aged children in general. Using some of the above mentioned techniques, the school social worker develops a unique plan taking into consideration the characteristics of the school, plus the followings: special problem situations of the school and the environment, material and human resources, experiences in social pedagogy. It is very important in the model project, that on the one hand, the school social worker is part of the school team thus supports the institution with a different attitude as a member of the school community. On the other hand, his/her identity as a social professional as well as autonomy provides him/her with some kind of independence within the school, so he/she can be both a member and a helper of the school community at the same time.

The efficiency is measured by the follow-up of individual case management, the utilisation of services and the number of cases. Further indicators could be the numbers of clients redirected to family-care and child welfare services.

Figure 14. The proportion of problems defined by social workers (2007-2008 I. term)



Source: INDIT Public Foundation

## HealthSchool programme

Blue Point Drug Counselling Outpatient Centre launched its HealthSchool (e-school) programme in 2006. E-school<sup>25</sup> is a one day long out-of-school programme for secondary school students, that is not based on school prevention programmes and not part of school-based prevention. E-school is not a building but an installation that can be built up easily and quickly in almost all buildings, except for schools.

The developers of the programme applied holistic approach towards health issues; their objectives were to place the concepts of healthy communities and healthy life in an ordinary context, to understand the development of mankind in the modern age, and to explain the present situation by the understanding and constructive criticism of the current, non-sustainable development. They consider human health as the base upon what our future and a sustainable civilisation can be built.

In the course of the programme, secondary school students arrive to a place previously chosen by the organisers, where one larger and four smaller rooms await them. The four smaller rooms are the class rooms, the bigger one is the community space where the breaks, the start-of-term and the end-of-term ceremonies are organised. In setting up the rooms, special attention was paid to avoid frontal design and the stage like teachers position that are common in the Hungarian education system. The circle-shaped educational form is only broken by a laptop and a projector used to screen a short movie related to the given topic. Teachers of e-school do not play the traditional teacher roles, they do not discipline and do not punish anyone. E-school is built on the hypothesis that young people can easily be taken into the discussion of serious topics and tasks only if we are really able to treat them as adults, as people with serious decision-making responsibilities.

The real teachers cannot be present in e-school (however, they can participate in the HealthyTeacher (e-teacher) service, where beyond the presentation of e-school, the introduction to the basic values of the programmes gives basis for further discussion). Before the classes (modules) start, the differences of e-school and a regular school are presented as well as the basic grounds of functioning in the frame of a short start-of-term ceremony. Participation in the classes takes place in a revolving stage style, until the end-of-term ceremony. The total duration of the programme is approximately four hours, the start-of-term and end-of-term ceremonies are 20 minutes, the classes are 40 minutes and the breaks are 10 minutes long.

The modules are intended to present the concept of health with the help of temperance, usefulness or awareness. In the development of the topics, feedbacks from the students were primarily taken into consideration (what they have doubts about, what they are interested in). In the classes of the e-school, students discuss topics that are still rarely thought over in Hungary. E-school questions the present sustainability of modernity and the world of consumption. Out of the modules developed so far (Global Warm-up, Work Done for the Public, My Own Consciousness, Hordes of Consumers, Fabulous East) the module called "My Own Consciousness" deals with psychoactive substances. The module full of surprises presents the individual and social dimensions of drug use from different aspects and in different forms. They use the concept of temperance of the ancient Greeks, connecting the principle of the temperance of resources with the intemperance of today's consumption habits and the marketing promoting it.

Since 2006, the programme ran in 14 occasions. Four sessions were organised from the tender (KAB-PP-06-A), that was financing its development, nine occasions were supported by the tender of T-Com called "Hozzáad", and one occasion was due to an individual order. Vocational secondary schools and general secondary schools from Budapest participated in the programme, one event was organised outside Budapest (in Salgótarján). The number of students varied between 60 and 100. Usually the organisers of the e-school project contacts

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<sup>25</sup> Health is "egészség" in Hungarian. E-school is the short name of the project. The letter "e" refers to both education and health. The traditional frames and roles (classes, breaks, start-of-term, end-of-term ceremony, teacher, student, director) of school are preserved in e-school but these are filled up with different content.

schools but it is not rare that schools call for the project since the programme is presented in all relevant conferences and other professional occasions. Important aspects in selecting the schools are to be open for participating in out-of-school activities and to include schools from the direct operational area of the drug counselling centre (9<sup>th</sup> district of Budapest).

At the end-of-term ceremony, students evaluate the programme in a discussion and in writing with the help of a short evaluation sheet. Students, who use the grading scale applied in schools (1-5), evaluate the content of the modules, the presenter and the video materials so organisers receive feedback that can be expressed in numbers. With the help of the feedbacks they also receive information on what further modules would interest the youth. Another important, and frequently used, element of evaluation is the school diary, in which students can also post their comments and experiences. Feedbacks are used for improving and developing modules.

### Out-of-school universal prevention

In 2007 a survey was launched entitled "Mapping of out-of-school prevention programmes", which was aimed at collecting detailed information, similar to the description of school-based programmes, about universal and selective out-of-school prevention programmes. The results of the survey will be presented in the report of 2009.

## 3.2. SELECTIVE PREVENTION

### Recreational settings

All the six organisations presented in National Report 2006 performing harm reduction/prevention activities in the recreational settings provided information on their activities performed in 2007.

In 2007 these six organisations participated in a total of more than 270 events, in the course of which they came in contact with more than 38,000 young people.

Besides establishing relationships and holding conversations, the staff of the organisations gave out information materials, flyers, as well as drinks and food that reduce the harm caused by drug use to the young people attending the events. The organisations contributed to the safer entertainment of young people with the following goods/materials: mineral water (more than 6000 litres), condoms (5,722), flyers (49,700), glucose tablets, biscuits, vitamins and fruit.

Table 6. *The activity of organisations performing harm reduction activity in recreational settings in 2007*

Name of the programme	Geographical coverage of the programme	Year of launching program	Number of staff	Relevant scenes	Number of events	Number of contacts
Party Service (Budapest)	national	1999	1 full-time co-ordinator, 20 volunteers	Parties, festivals	9	28,000 people
Bulisegély – Party Help (Pécs)	Pécs, Baranya county, South Transdanubia region	2000	7 professional helpers	Rock, disco, alternative, university clubs, festivals	177	2,102 people
Mozgó-társ szolgálat – "Moving Partner" party service (Debrecen)	North Great Plain region, national	2000	3 full-time and 6 part-time specialists, 52 peer	Festivals, university parties	40-45 university parties, 8-10 festivals	2,494 people

		university students				
Agria party service (Eger)	Eger and surrounding area	2004	1 project coordinator, 8 voluntary peer helpers	Mainly electronic music parties, rock concerts, festivals	26	1,660 people
MI-ÉRTÜNK – FOR US (Békéscsaba)	Békéscsaba and surrounding area	2005	3 full-time employees, 2 volunteers, 2-5 peer helpers	Festivals	4 festivals (12 days)	3,300 people
Youth for the youth – Party service (Székesfehérvár)	Székesfehérvár	2005	1 full time social worker, 10 voluntary peer helpers	Pock, alternative, electronic, festivals	6	612 people

Source: Based on the information provided by the service providers

## Roma youth

The joint peer-counsellor training programme for the Roma and non-Roma youth organised by the Foundation for a Clear Future took place twice in 2007 again, just as in the year before. 37 secondary school pupils studying in grades 9-10 (aged 15-16) took part in the programme. The 35-lesson basic courses were followed by 4 events involving discussion and supervision meetings organised for the trained youngsters. The aim of the program is to prepare young people for the role of peer-helpers through improving social skills, extending knowledge and increasing social competence.

## Young people visiting shopping centres – "ALTERNATÍVA" programme

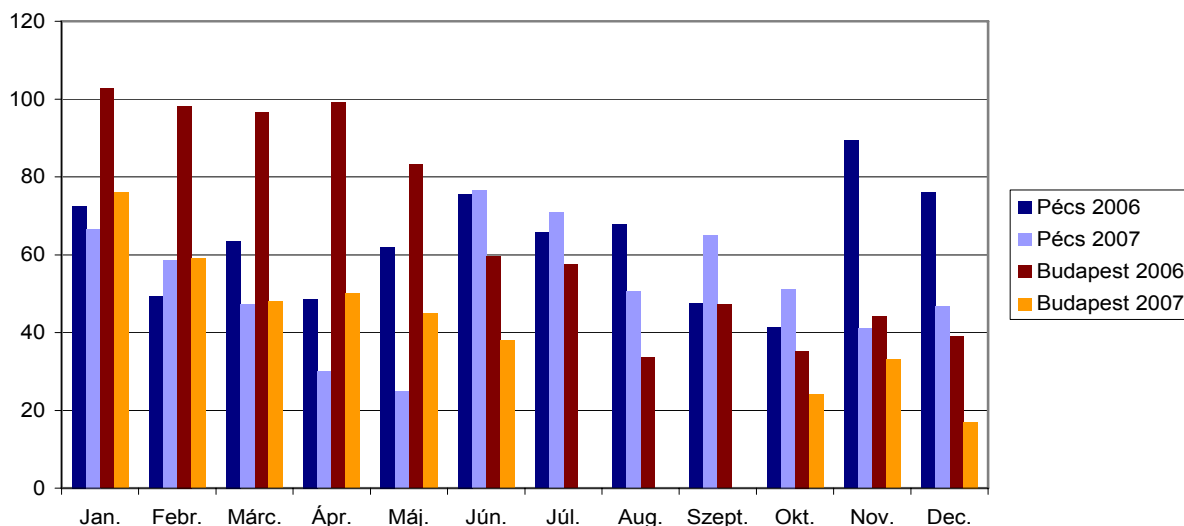
The "ALTERNATÍVA" offices in Pécs and Budapest continued their operation in 2007 (for their history see the National Report 2007).

In 2007 the "ALTERNATÍVA" office in Pécs was attended by an average of 219 visitors every month. As many of them are returning visitors, this value does not mean that an average of 219 different young people visited the office every month. The most frequent visitors are still from the 14-16-year-old age group but in the summer an even younger age group (aged 12-15) appeared also. During the previous year in the case of a larger group of schoolchildren coming from the same school, the staff of the offices contacted the teachers of these young people as well. In respect of recruiting young people and redirecting more serious cases, the staff of the office closely cooperate with the help-providing institutes and organisations operating in the town (e.g.: specialised outpatient treatment centre, child welfare service, etc.).

During nine months of its operation in 2007 the Budapest office registered an average of 175 visitors a month, similarly to the "ALTERNATÍVA" office in Pécs. Every month the rate of attendance of the Budapest office remained below the rates measured in the previous year, which is probably due to the much smaller available room, financing problems and problems of cooperating with the shopping centre. Because of these problems, the Budapest office was unable to receive visitors from the middle of summer until the beginning of autumn. Basically the last three months were aimed at ending the relationships with the young people, as on 31 December the Budapest office was finally closed after unsuccessful negotiations with the shopping centre. Generally the young people visiting the office had the same characteristics as the young people visiting the "ALTERNATÍVA" office in Pécs, according to the report submitted by the offices no significant changes took place in the

problems concerning/affecting young people discussed during the conversations. Although by the end of 2007 only one office – the office in Pécs – remained to represent the "ALTERNATÍVA" program, an agreement was concluded with another shopping centre in Budapest about opening a new office in spring 2008.

Figure 15. *The average weekly rate of attendance of the "ALTERNATÍVA" offices each month*



Source: Alternatíva Foundation

## Drug prevention in the Hungarian Army<sup>26</sup>

During the past year the Hungarian Army (HA) organised and held a 30-lesson accredited training course entitled "Drug prevention at the workplace and early recognition of drug problems" for the members of the contracted military staff within the age group of young adults.

The Hungarian Army's Dr. Radó György Health Centre launched its Health Maintenance programme in 2007. The programme is aimed at forming and developing the staff's health-conscious behaviour, and one of its outstanding issues is the prevention of addictions. The program was realised using interactive sessions in small groups (20-25 people), and 870 people from 13 units took part in it.

Besides the above, the health specialists of the HA took part in outstanding central and other military events, and also in various festivals and events in the scope of civil-military cooperation with their health promotion program.

### Prevention at the workplace

The entire material of the programme elaborated by the Employment Office entitled "Remain in the Green Zone! Mobilisation of companies and their employees to prevent harmful alcohol and drug consumption" is accessible and can be downloaded free of charge from the website of the Public Employment Service ([www.afsz.hu](http://www.afsz.hu)). Besides the project handbook, the website also contains an employee education package, leaflets, questionnaires, self-diagnosing tools and materials supporting recruitment advertising campaigns. No information is available about the number of workplaces that have adopted the programme.

In 2006 the programme ran as a pilot programme in the Hungarian Border Guard Service, but after the dissolution of the Service (its integration with the Police) in 2007, the

<sup>26</sup> Based on the report by the Hungarian Army

programme already in operation in the organisation needs to be developed and adapted to the new organisational set up.

In the Zalaegerszeg unit of Flextronics<sup>27</sup>, in the scope of the company's uniform Social and Environmental Responsibility Undertaking program, a survey was carried out<sup>28</sup> among the employees in 2007 under the professional control of the occupational-health service. First of all, the aim of the survey was to reveal the main problems deriving from working and organising work, as well as the psycho-social factors behind them. On the basis of their experience the problem of addictions can be derived first of all from labour market problems, the continuous deterioration of social and partner relationships and the lack of a supportive environment. On the basis of the results of the survey, the "Remain in the Green Zone!" programme is adapted to the demands of the company's employees.

The participants summarised the experience gained during the pilot programme in 2006 in a Methodological Booklet issued by the Institute for Social Policy and Labour. The Institute is continuously recruiting further companies to participate in the programme.

Between July 2006 and May 2007, the division of Linamar Hungary Ltd.<sup>29</sup> in Békéscsaba implemented a programme called "Collaboration=Linamar" in order to establish an alcohol and drug free work place. As a first step, employees were informed about the programme and its objectives<sup>30</sup>, and then the health policy of the company was introduced, namely:

1. The most important programme concerning drug and alcohol use is prevention.
2. Applying a "prevention strategy" does not mean, that the problem is not present within the company, but that we intend to prevent it.
3. Our aim is to inform our employees on the risks and traps of alcohol consumption and to explain the possible consequences.
4. For the sake of the physical safety of employees, the sell of alcoholic beverages is still prohibited in company premises, although we do care for people whose work performance decreased due to their alcohol or drug consumption.
5. The aim of work place prevention is not to remove substance users from their workplaces but to make those employees interested in quitting and looking for positive alternatives, using the incentives of the company.
6. We provide our employees with the contact details of local NGOs and other institutions providing help and treatment.

After providing comprehensive information, the employees' current health status (stress, smoking, alcohol, pharmaceuticals and drug use) and expectations concerning the programme were assessed using a questionnaire. 18% (74 people) of the employees completed the questionnaire. On the course of the programme two trainings were organised for managers. On the first training they were rather provided with information, while the second training was more interactive, using role-playing techniques. Four programmes (Sports day, End of the year event with Imre Csernus<sup>31</sup>, Group training for employees, Family day) were organised for the employees, family members could also participate in two of them. At the end of the programme, satisfaction of the employees was assessed with the help of a short questionnaire (answered by 250 people, 65%), and group training for employees seemed to be the most popular programme. Persons responsible for the programme were closely cooperating with the local services, NGOs and experts throughout the development and implementation of the programme.

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<sup>27</sup> Flextronics is a multinational company dealing with manufacturing and repairing electronic components and manufacturing computer technology products.

<sup>28</sup> Two factory units including nearly 1,500 people were involved in the survey.

<sup>29</sup> The company is machining automotive components and other precision-machined components.

<sup>30</sup> Saying: "This programme is anonymous and free of charge for everyone. It provides an opportunity for everyone to pay more attention to their health on a voluntary basis."

<sup>31</sup> Famous Hungarian psychiatrist, specialised in drug issues.



### **3.3. INDICATED PREVENTION**

No new information available.

#### *Conclusions*

As compared to the previous year, the number of people participating in state-financed health promotion training courses for teachers ("Suppressing the use of addictive substances, school-based health promotion"; "Basic Mental Health Further Training Course for Teachers") has increased significantly.

Organisations performing harm-reduction activities in the recreational settings took part in more than 270 events in 2007 (mainly festivals, university and electronic music parties), where they came into contact with more than 38,000 young people.

Because of cooperation problems with the shopping centre, the rate of attendance of the ALTERNATÍVA office in Budapest decreased significantly as compared to the previous year. From 2008 this office will continue to operate in another shopping centre. The ALTERNATÍVA office in Pécs operated without problems and especially during the summer it attracted a higher number of young people than last year.

The material of the workplace drug prevention programme elaborated by the Employment Office is accessible and downloadable free of charge from the website of the Public Employment Service ([www.afsz.hu](http://www.afsz.hu)), but no information is available on the number of workplaces where the program has been adopted and introduced.

## **4. PROBLEM DRUG USE AND THE TREATMENT DEMAND POPULATION**

### *Overview*

In 2007 Hungary had the opportunity to possess TDI (treatment demand indicator) data relating to a whole year for the first time. However, the changes and new requirements caused by the healthcare reform and the efforts made to comply with these requirements consumed more energy than expected on the part of service providers. As a result of this, in many cases the legal obligations were not fulfilled and the data of the clients were not reported. Some places providing treatment were closed down or were merged into larger institutes.

For the above reasons in chapter 4.2 data collected within the scope of two different types of data collection are analysed this year. First the characteristics and substance using habits of the treated persons are analysed on the basis of the data collected in the scope of the OSAP (National Statistical Data Collection Programme) used for the past years, and then the available TDI data of 2007 (90% collected) are analysed. We point out here that the group of data suppliers of the two databases and the methods of data collection, consequently the data itself, are not completely identical, therefore they are not completely comparable. The OSAP does not filter out potential duplications from the system, and it also collects prevalence data, while TDI is provided about new people requesting treatment in the given year.

### **4.1. PREVALENCE AND INCIDENCE ESTIMATE OF PROBLEM DRUG USERS**

To estimate the number of the hidden problem drug user population two datasets are needed: data on police arrests of problem drug users and data on appearance in the treatment system of those, whose primary drug is one of the problem drugs, both datasets referring to the same year.

Data collection on problem drug users arrested by the police in 2007 was complete by March, 2008. Software development aiming the collection of the necessary data from the treatment system has begun, expected finish of the project is the end of the year 2008. As a result of the software development treatment dataset can automatically be exported in the future.

### **4.2. TDI – TREATMENT DEMAND INDICATOR**

#### **The number of patients in treatment and new patients**

During the healthcare reform in 2007 changes took place, which on one hand restricted the range of services of health service providers and, on the other hand aimed to suppress over-use of these services.

- The obligatory regional service provision was changed, and the number of active (acute) beds was reduced significantly. In the course of this, the number of active beds in psychiatric and addiction-treatment wards were reduced from the earlier 4/10 thousand inhabitants to 3/10 thousand inhabitants.<sup>32</sup>

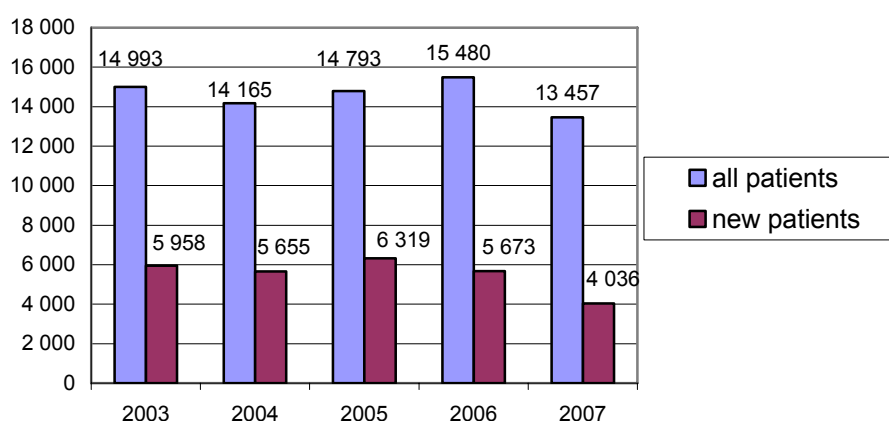
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<sup>32</sup> One of the reasons for this is that the closing down of the National Institute of Psychiatry and Neurology (OPNI) was started on 1 April 2007. During the rest of the year the institute operated with a gradually decreasing number of beds and staff, and on 31 December its patient treatment activity was terminated.

- The so-called output volume restriction determining the performance that can be accounted for by the National Health Insurance Fund (OEP) was reduced, which meant that the treatment of a lower number of patients was financed.
- The operating conditions of employees at psychiatric and addiction-treatment centres were significantly impaired by the fact that the so-called fixed nursing fee was reduced to half the amount of the fee in the previous year.
- From February 2007 the visit fee and the hospital daily fee was introduced to suppress excessive use.<sup>33</sup>

According to the data received, processed and checked before the deadline of statistical processing (31 March 2008), in 2007 the number of patients treated in specialised healthcare institutes dropped from the so far maximum number of 15,480 patients in the previous year to 13,457. Basically the reduction occurred in the number of patients receiving treatment for the first time. After the deadline a further 140 cases were reported from Fejér and Hajdú-Bihar county, these cases were not included in the statistical analyses. The OPNI, under closure, also submitted a summarised report about 442 patients after the deadline, containing only aggregated data of drug users. In accordance with this, the corrected number of treated patients is a total of 14,039. As the data received after the deadline were not processed in detail,<sup>34</sup> below the analysis takes into consideration the data of only 13,457 patients.

Figure 16. Number of drug users receiving treatment in Hungary between 2003-2007



Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

In 2007, as compared to the previous year, a drastic drop took place in the total number of treated patients, in the background of which there are probably the external factors described above. (On the basis of analysing the data it can be stated that probably it was not the demand for treatment that decreased, but rather the restricted possibilities of access (actual use) is in the background of this phenomenon.) In 2006 there was a 10% drop in the number of new patients treated for the first time, and even compared to this the number of patients treated for the first time dropped by 29% in 2007.

The annual fluctuation observed both among the total number of treated patients and among new patients may be due to the capacity and access restricting measures mentioned above.

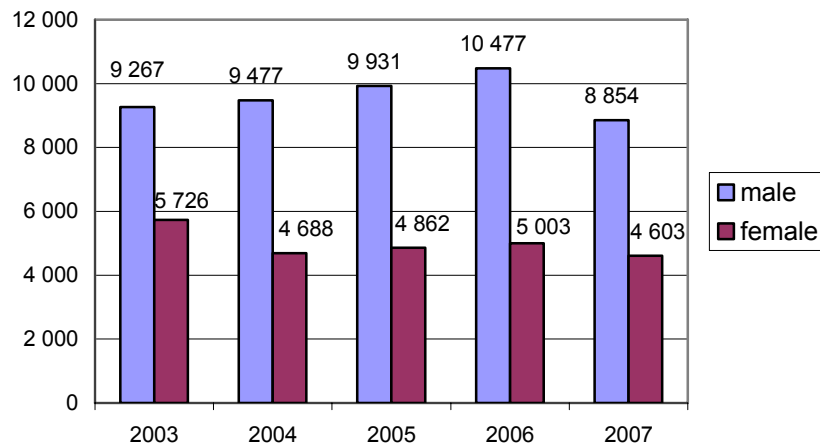
<sup>33</sup> From 15 July 2007 the visit fee payment obligation does not stand for diseases related to alcohol and drug addiction. The visit fee itself and the hospital daily fee was cancelled starting from the 1st April 2008, but its effect on patient turnover may only be observed in next year's statistics.

<sup>34</sup> In the meantime a decision was made on the termination of the National Institute of Addictions (which performed data collection and processing) from 1 May 2008, and on the integration of its special methodological task into the National Centre for Healthcare Audit and Inspection (OSZMK).

## Socio-demographic characteristics

It can be seen in the figure below that the significant drop of the number of patients in treatment did not affect the ratio of men and women observed in the previous years: in 2007 again the number of men receiving treatment was nearly double that of the number of women.

Figure 17. Breakdown of drug users in treatment by gender between 2003-2007



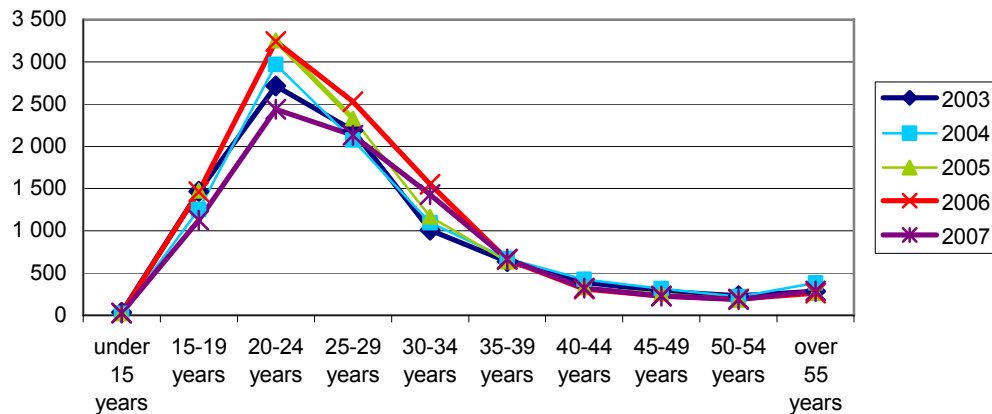
Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Except in the case of sedative-type drugs, between 2003-2007 it is still true that the number of men receiving treatment was higher in each of the individual drug categories. Among people misusing sedatives and hypnotics the proportion of women is significantly higher every year (in 2007 this proportion is 2:1 "in favour" of women).

Similarly to the tendency shown in respect of the total number of patients treated, there is a male predominance also among new patients, but the proportion of men is even higher as compared to women (3:1). In 2007 a 29% decrease took place both among male and female patients receiving treatment for the first time, consequently the decrease in the number of new patients probably also played a role in the significant decrease in the total number of patients in treatment.

The breakdown by age among men and women shows tendencies that are consistent from year to year but different by gender. The 20-24 age group of male patients represented the largest group among all patients during the last four years, and although in 2007 there was a decrease, this age group remained the largest. Among women the frequency of patients between the ages of 20-24 was also the highest in 2007, but frequency in further age groups was also high, similarly to previous years.

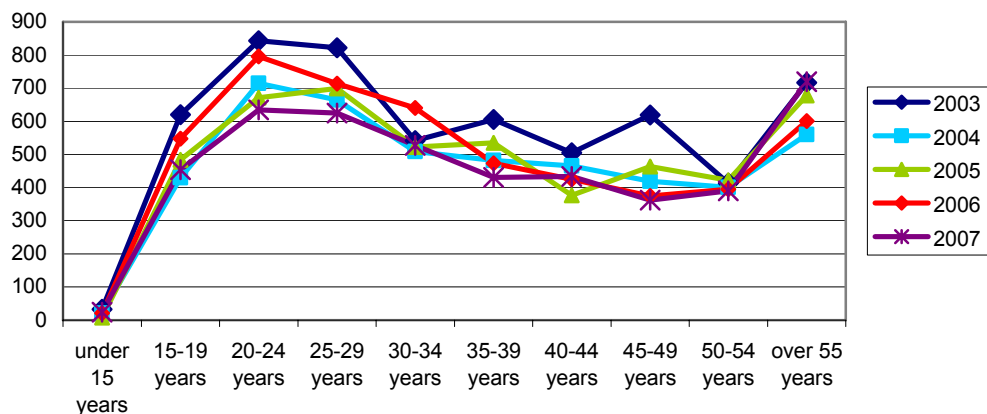
Figure 18. Breakdown of male patients receiving treatment by age between 2003-2007



Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

As compared to 2006, the number of male patients in treatment declined in all age groups below the age of 35 in 2007, while in older age groups it practically stagnated.

Figure 19. Breakdown of female patients receiving treatment by age between 2003-2007



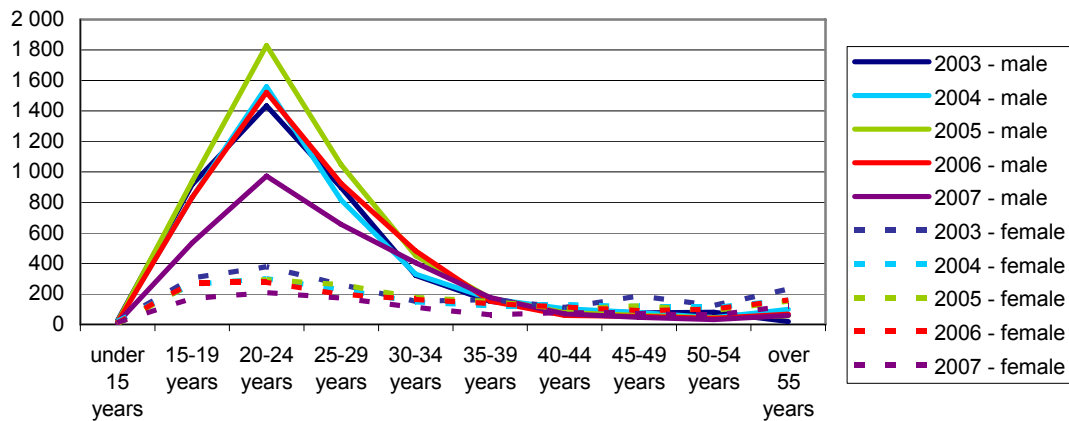
Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

In the case of women, among all patients receiving treatment there was a decrease in all age groups, although among women between the ages of 40-44 there was a slight increase in 2007.

The difference between the two genders observed in the breakdown by age may be due to the fact that, all in all and proportionally, poly-drug use<sup>35</sup>, which may result in a longer and "more balanced" career in drug use, is more characteristic of women. The number of women above the age of 40 treated for drug use is significantly higher than the number of men. Among new patients, a phenomenon that can still be observed is that the frequency curve of women becomes continuously "flatter", and the proportion of patients between the ages of 20-24 decreases.

<sup>35</sup> Poly-drug use: in our case it is the combined use of hypnotics/ sedatives with alcohol.

Figure 20. Breakdown by age among new patients between 2003-2007



Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

The highest rate of decrease in the number of cases can be observed in the age groups below 35 among new male patients, while among new female patients mainly between the ages of 15-24 and 35-39. This is in compliance with the above statements: the reduction in patient traffic in 2007 may be basically due to putting off the demand for first treatment, in the background of which there may be the restriction of capacity and the possibilities of access.

### Breakdown by substance

In 2007 the number of opiate users in treatment decreased by 7.4% as compared to the previous year and returned to the level observed in 2005. Among patients receiving treatment the number of heroin users, including injecting users, decreased. In the past years the number of patients treated for opiate use varied between 2,000-2,500, and this figure shows a decreasing tendency. Within all drugs, the proportion of opiates is presently 16%, which makes them the third most common drug among treated patients (after cannabis and sedatives/hypnotics).

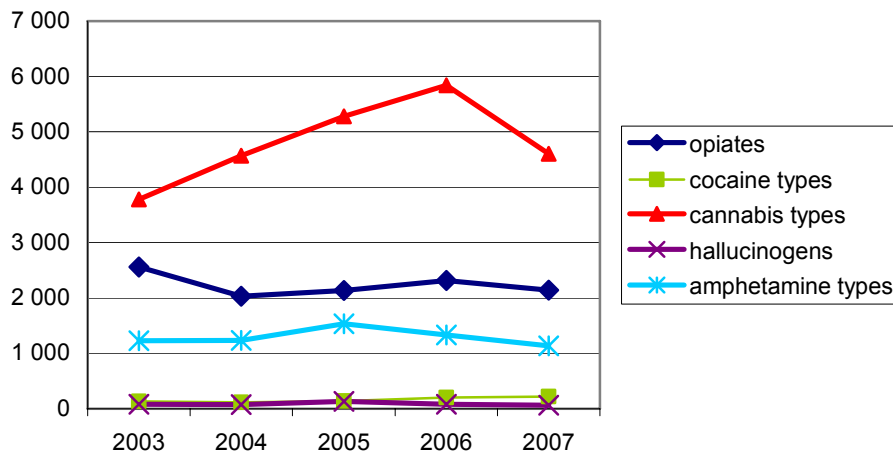
In 2007, the number of patients treated because of cannabis use decreased by 21%, at a more significant rate than the number of opiate users. Among new patients this decrease is even more significant, 31%, but despite this, cannabis users still constitute the largest group of treated patients (34%).

Between 2003 and 2007, the number of patients treated because of the use of amphetamines varied between 1,100-1,500, has a decreasing tendency, and to date it reached its lowest point in 2007. In the previous year about 8.4% of all treated patients were amphetamine users.

The proportion of treated cocaine users among all treated patients was 1.6%, but in the last 5 years the number of patients treated because of cocaine use nearly doubled (from 131 persons to 218 persons).

In 2007 the proportion of patients treated because of the use of hallucinogens decreased by a further 24% as compared to the previous year, the proportion of treated patients can be regarded as insignificant as compared to all treated patients, it is only 0.5%.

Figure 21. Number of patients receiving treatment for the use of illicit drugs between 2003-2007



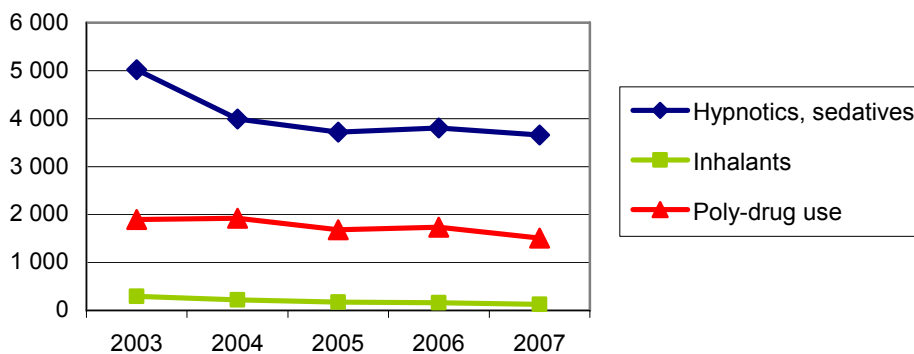
Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

In 2006 the proportion of persons misusing sedatives and hypnotics slightly increased by 2.4%, which was followed by a decrease by 3.9% in 2007. The proportion of this type of drug is 27% among all treated patients.

The number of patients treated for poly-drug use shows a decreasing tendency in the average of the last 5 years. Its proportion among all users is 11%, similarly to the previous year.

The number of patients using inhalants shows a continuous, hardly noticeable decrease. In 2007 their proportion among all treated patients was 0.9%.

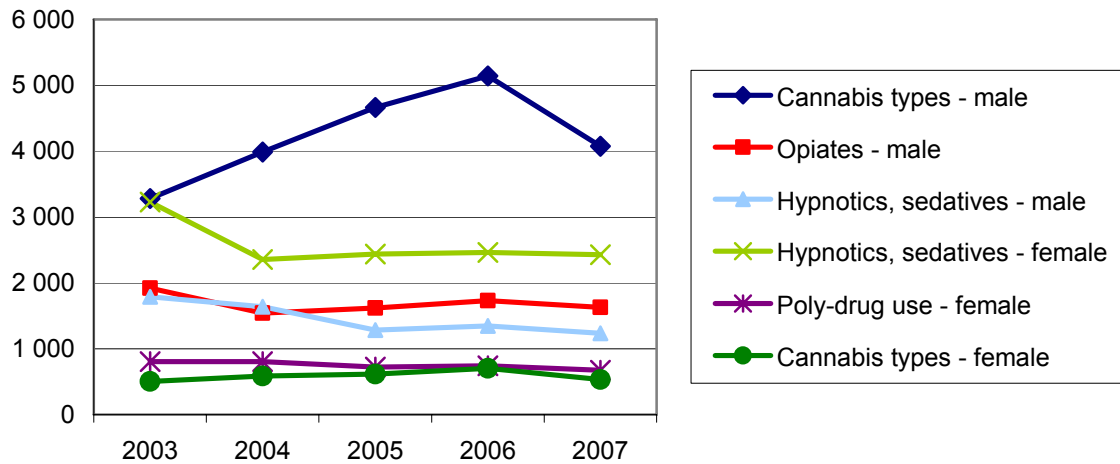
Figure 22. Number of patients receiving treatment for use of licit drugs between 2003-2007



Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

The figure below gives a summary of gender-based preferences in respect of the most frequently used substances.

Figure 23. *The most frequently used substances among male and female patients between 2003-2007*

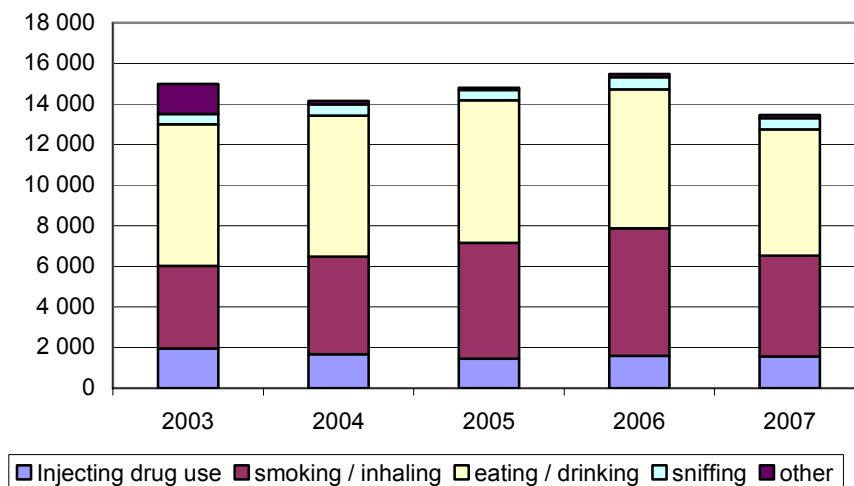


Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

### Breakdown by route of administration

In 2007 intravenous heroin use decreased among patients, but among all substances injecting drug use – in respect of its number – did not change. The frequency of smoking/inhalation also decreased in 2007. The frequency of oral administration of drugs (eating/drinking), after a period of stagnation in the recent years, decreased in 2007, but it is still the most common route of administration among patients, which is in compliance with the high proportion of sedatives/hypnotics and poly-drug use among the substances used. In 2007 the frequency of sniffing slightly decreased as compared to the previous year.

Figure 24. *Breakdown of patients by route of administration between 2003-2007*



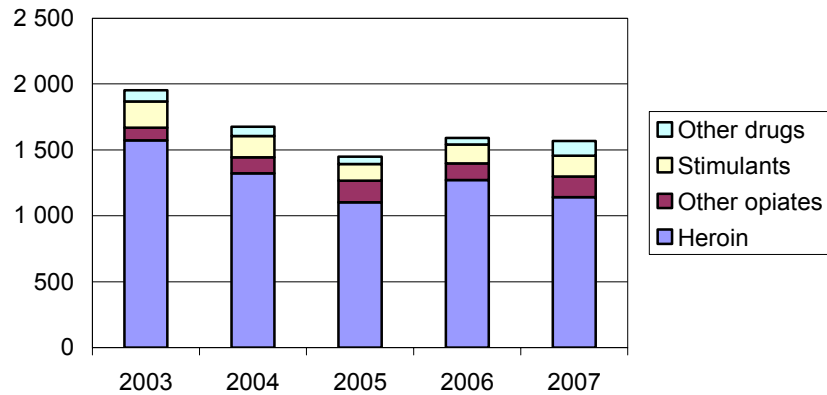
Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

As opposed to the decreasing tendency in the number of all injecting drug users in treatment, as shown in the figure below, the proportion of the treated users of intravenous stimulants increased as compared to the values measured in 2006 (from 8.9% to 10.1% among



injecting users). The category of other opiates shows a similar rate of increase (from 7.9% to 10%).

Figure 25. Breakdown of injecting drug users between 2003-2007

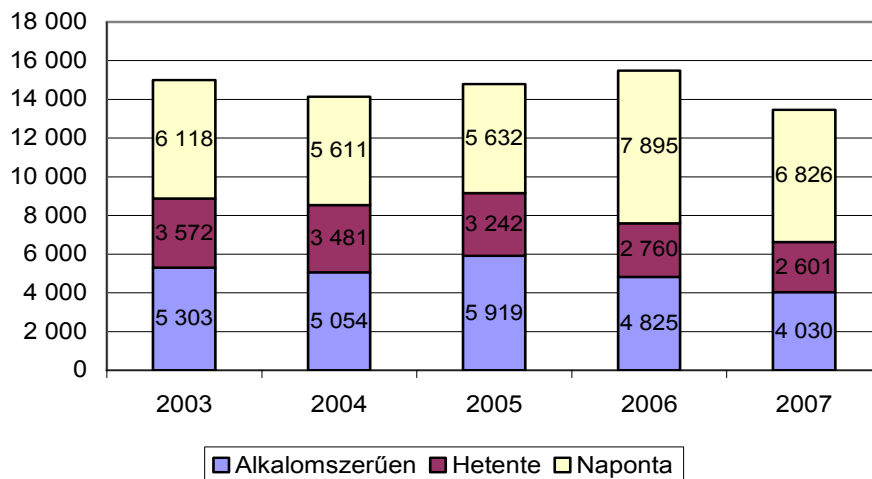


Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

### Breakdown by frequency of use

In 2006 and 2007 the number of all occasional user patients in treatment decreased, presently it is around the value measured in 2002. In recent years a continuous decrease can be observed in the number of patients using drugs on a weekly basis, so far their proportion was the lowest in 2007. At the same time, although last year the number of daily users decreased after a rapid increase in 2006, in respect of the last 5-6 years it is still the second highest number measured.

Figure 26. Breakdown of patients receiving treatment by frequency of drug use between 2003-2007



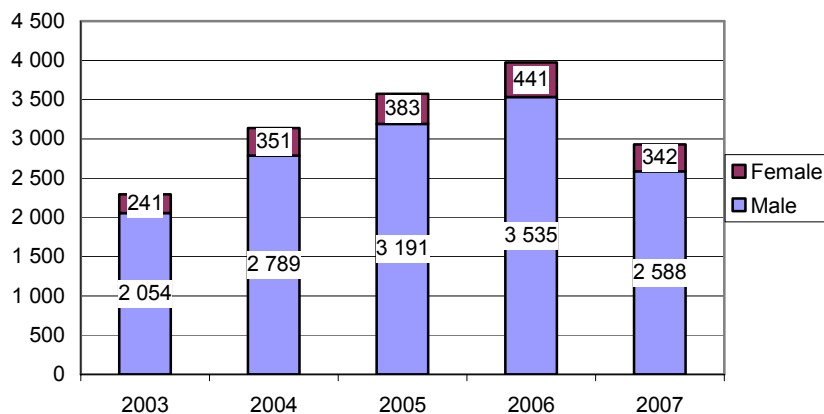
Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

## Development of the number of patients in diversion programmes<sup>36</sup>

After a stable increase, in 2007 the number of drug users participating in diversion programmes decreased by about 25%. According to the data reported to the Uniform Criminal Statistics System of the Police and the Public Prosecutor's Office (ERÜBS) (see chapter 8.2) in 2007 there was a drastic decrease (2,000 persons) in the number of people committing offences regarding the misuse of narcotic drugs, which may explain the decrease in the number of people participating in diversion programmes.

At the same time it can be seen that the number of patients treated for cannabis use also decreased drastically, as cannabis users constitute the majority of people participating in diversion programmes. In 2007 2,930 people joined diversion programmes.

Figure 27. Number of patients in diversion programmes between 2003-2007

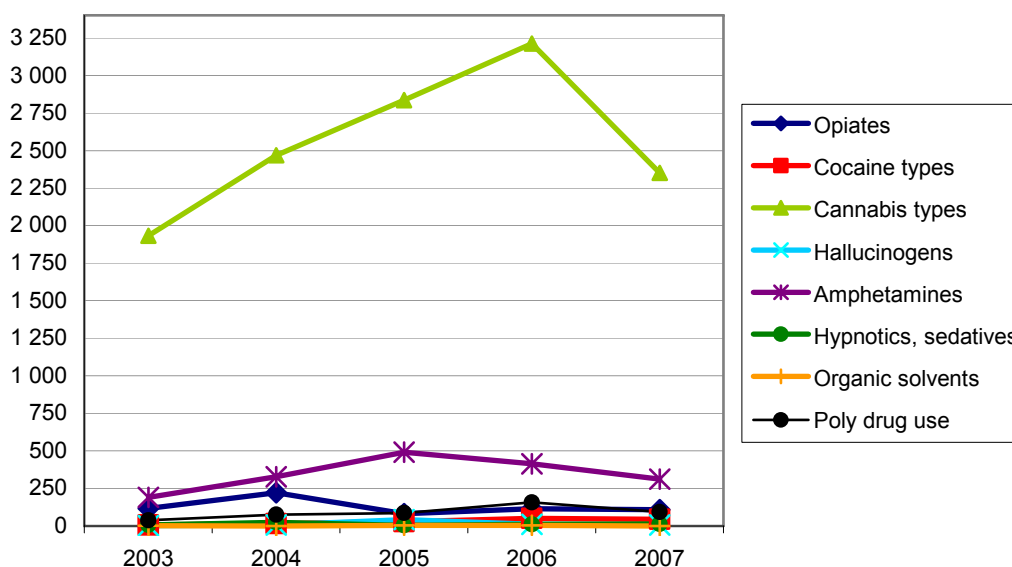


Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Among patients in diversion programmes, in respect of the proportion of the two genders there is an even more prominent difference than among all patients receiving treatment. In recent years the proportion of women was only 10-12% among patients participating in diversion programmes, while about 34% of all patients receiving treatment are women.

<sup>36</sup> Diversion programmes: alternatives to criminal procedures

Figure 28. Number of patients in diversion programmes, per drug type, between 2003-2007



Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

As opposed to the previous year, the number of patients participating in diversion programmes decreased in all illicit drug categories.

#### OVERVIEW OF AVAILABLE TDI DATA

##### *Treatment centres reporting to the TDI system, and the origin of the reported data*

Since June 2006 the amendment of Regulation 76/2004 (VIII. 19.) of the Ministry of Health, Family and Social Affairs on the detailed rules of determining, collecting and processing certain sectoral (health, professional) data unsuitable for personal identification prescribes the obligation of reporting data to the TDI data collection system by health service providers having a licence to perform psychiatric and addiction-treatment activities and providing outpatient and inpatient treatment, low-threshold service providers, so-called preventive-consulting service providers belonging to the system of diversion, detention facilities and general practitioners.

In this sense the group of parties bearing the obligation to report data to the TDI data collection system is significantly wider than the group of participating organisations determined by Regulation 76/2004 (VIII. 19.) "Report on drug users and their treatment" no. 1211 (OSAP – National Statistical Data Collection Program) which has been existing and operating for a longer period.

Since the amendment of Regulation 76/2004 of the Ministry of Health, Family and Social Affairs, 2007 was the first complete year in which the TDI data collection system operated. The National Institute of Addictions (OAI) operating the data collection system sent letters of notification and reminders several times during the year to the data supplying organisations concerned, first of all for the purpose of ensuring the most complete coverage possible during the collection of TDI data. The data collection system of the National Institute of Addictions is based on collecting unique TDI questionnaires based on given cases, that is the data supplying institutes enter TDI data sheets in the database, and the national statistics are based on this database. In this way filtering out duplications at a national level can be ensured in the course of making the statistical tables.

With respect to the first complete year of data collection, in the OSAP report in tables 2/a and 2/b (Number of male and female drug users requesting treatment for the first time<sup>37</sup>) fulfilment of data supply was compared to the number provided by the individual service providers. In practice it took place according to the following: in the case of each data supplier the number of patients requesting treatment for the first time because of illicit drug use determined in tables 2/a and 2/b was compared with the number of questionnaires entered in the TDI database. If the number determined in tables 2/a and 2/b was higher than the number of registered TDI questionnaires, the service provider was requested separately on the telephone to enter the TDI data sheet of the new patients indicated in tables 2/a and 2/b too<sup>38</sup>.

On the basis of the summaries the majority of the data suppliers fulfilled their reporting obligation, meaning that they registered themselves in the TDI data collection system and uploaded the TDI questionnaires. Another question is to what extent the number of TDI questionnaires uploaded by one service provider can be regarded as complete, that is whether a new questionnaire was filled in concerning each and every new patient<sup>39</sup>. In this respect we compared the number of "male drug users requesting treatment for the first time" stated in table 2/a of OSAP report no. 1211 with the answers given to the question "Primary substance used by patients requesting treatment for the first time in their lives", more precisely to the data relating to all cases including patients participating in diversion programmes.

The table below contains data relating to men. It can be seen that in the case of two substances there is significant difference between the data of table 2/a (male patients entering treatment for the first time in their lives) and the TDI data (TDI\_2008\_HU\_02, table 11.1.2) containing all cases of men treated for the first time in their lives. One of the two types of substances is sedatives/hypnotics, where there is a 12-fold difference. This could be explained by the fact that the cases occurring because of non-fatal overdoses do not need to be reported in the TDI, while these cases also appear in tables 2/a and 2/b of the no. 1211 OSAP report.

The other type of substance is opiates (and heroin among them), where the significant difference may be due to the relatively high number of the cases of overdose. The Clinical Toxicology Department of Péterfy Sándor Street Hospital of Budapest dealing with the majority of the cases of heroin overdose does not bear the TDI reporting obligation, because admission for overdose is not under the scope of the TDI report. According to the OSAP data, in 2007 154 male patients were treated here because of heroin overdose (See chapter 6.4).

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<sup>37</sup> Table 2/a contains the data of men, while table 2/b contains the data of women.

<sup>38</sup> It could happen, because the definition of "new cases" within the scope of the reporting obligation in TDI data collection is the same as the cases "requesting treatment for the first time" to be reported in tables 2/a and 2/b of data collection no. 1211 of Regulation 76/2004 of the Ministry of Health, Family and Social Affairs. In principle a TDI data sheet must be entered in the TDI database of the National Institute of Addictions about all patients reported among the aggregate data of tables 2/a and 2/b. The definition of treatment also proved to be problematic. According to the logic of the TDI system, the preliminary status survey forming a part of the diversion programme is not regarded as treatment by the service providers carrying out the status survey, as it is only one visit without any continuation. For this reason persons participating in diversion programmes should be reported to the TDI system and summarised in tables 2/a and 2/b at the service provider dealing with the patient during all 6 months of the diversion programme. The National Institute of Addictions made a proposal to the service providers relating to this in its information reports written during the year.

<sup>39</sup> In TDI data collection there are two basic types of patients. One of these is 'All treatment' (all patients treated or starting treatment), meaning all patients receiving treatment in the given year (also including patients who have received treatment earlier but are now restarting it, or patients who disappeared from the system for a longer period but are starting treatment again now). The other data group is called 'First treatment' which group contains patients receiving/joining treatment for the first time in their lives. 'All treatment' includes 'First treatment'.

Table 7. Differences between substances among male patients receiving treatment for the first time (comparison between OSAP and TDI)

	Opiates	Cocaine	Amphetamines	Sedatives	Cannabis	Hallucinogens altogether	Inhalants
OSAP	290	63	262	316	1,857	6	20
TDI	81	53	250	25	1,884	14	18
OSAP / TDI	3.6	1.2	1.0	12.6	1.0	0.4	1.1

Source: OSAP report no. 1211, table 2/a; OAI 2008

A further presumption is that the cases of the preliminary status survey forming a part of the diversion programmes also appear in the tables of OSAP report no. 1211. It can be regarded as a reporting anomaly, as it is one single intervention at the given service provider, and the people using the preventive – consulting service, who constitute the majority of the cases, cannot be regarded as patients, which means that they should not appear in the health reporting system.

When examining the differences between substances, among female patients receiving treatment for the first time it can be stated that in this case too the most prominent difference occurs in the case of sedatives (nearly 18-fold difference) and opiates (69 cases of heroin in OSAP table 2/b and 10 cases in TDI\_2008\_HU\_02, table 12.1.2). In the case of the latter there is a 6.3-fold difference, which is nearly double the difference experienced in the case of men.

Table 8. Differences between substances among female patients receiving treatment for the first time (comparison between OSAP and TDI)

	Opiates	Cocaine	Amphetamines	Sedatives	Cannabis	Hallucinogens altogether	Inhalants
OSAP	94	18	128	463	257	5	10
TDI	15	8	82	26	234	0	2
OSAP / TDI	6.3	2.3	1.6	17.8	1.1	-	5.0

Source: OSAP report no. 1211 table 2/b; OAI 2008

All outpatient and inpatient service providers in Hungary were contacted and requested to report data to the TDI system, and the coverage of the reporting system is more than 90%. In the lack of the uniform national register of low-threshold service providers, it is difficult to estimate the coverage of their data supply. All of the detention facilities where treatment activity can be performed fulfilled their reporting obligation. Among further service providers bearing the obligation of reporting, the reports made by general practitioners represent the next problem. Practically no TDI data sheet was received from general practitioners, although among cases of starting treatment there were 65 cases when treatment was initiated by a general practitioner. It may be due to the current Hungarian practice where the activity of general practitioners is rather restricted in the field of the treatment of illicit drug users, and treatment is started mostly by referring patients to the accessible specialised outpatient treatment centre or addiction treatment centre. In this respect the Hungarian TDI report is not any different from the report of most countries in the European Union, as generally the participation of general practitioners is not typical in the TDI reporting obligation<sup>40</sup>.

<sup>40</sup> This is also related to the basic treatment practice in most member states of the European Union.

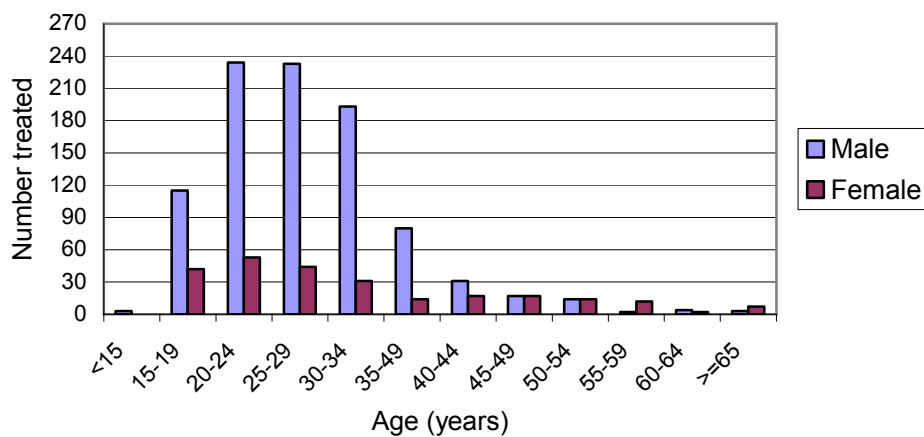
## Characteristics of patients reported in the TDI system – patients outside diversion<sup>41</sup>

In 2007 a total of 1185 cases (929 men and 253 women<sup>42</sup>) were reported by the service providers to the TDI system. 563 of them had already been treated earlier for illicit drug use, and 489 of them requested treatment for the first time in their lives. A relatively high proportion of the respondents, about 10%, answered the question "Have you ever been treated before?" by selecting the answer "not known" (133 persons out of 1185). This ratio can be reduced – like in all other similar cases – by training the service providers and through professional communication following the organisational consolidation of the unit performing data collection. About 58% of the persons starting treatment (55% of the persons treated for the first time) initiated treatment themselves, while the second most common cause of applying for treatment was the effect of the family or the direct environment.

### Socio-demographic data

50% of all men and 38% of all women starting treatment come from the age group between the ages of 20-29. In the case of women, the age group directly before and directly after the above age group is also represented by a relatively high proportion.

Figure 29. Breakdown by age among patients starting treatment in 2007 (N=1182)



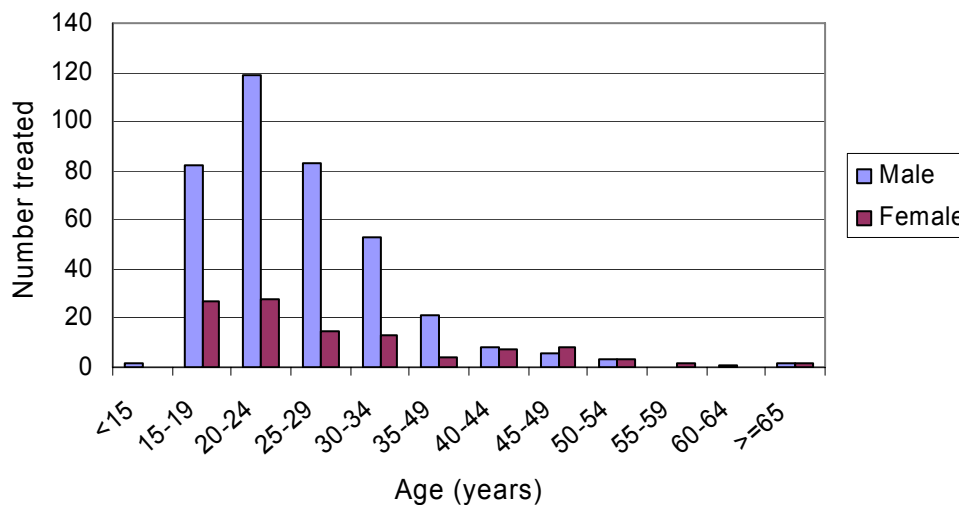
Source: OAI 2008

In the case of patients entering treatment for the first time in their lives, among the individual age groups the younger ones are represented in a greater proportion. In the case of both sexes people between the ages of 15-24 represent more than 50% of all patients entering treatment.

<sup>41</sup> In the course of describing the characteristics of patients, those participating in diversion programmes are described in a separate sub-chapter due to their special characteristics.

<sup>42</sup> The gender of the patient was not recorded in 3 cases.

Figure 30. Breakdown by age among clients entering treatment for the first time in their lives in 2007 (N=489)



Source: OAI 2008

About half of the patients starting treatment live with their parents, and in the case of patients requesting treatment for the first time in their lives this proportion is above 50%.

A significant proportion of patients requesting treatment have stable housing circumstances (86% among all patients starting treatment, and 89% among patients receiving treatment for the first time in their lives), which may also indicate that the members of groups in the most serious marginal situation do not enter treatment.

Although the majority of patients starting treatment (55%) work regularly or are students, more than one-quarter of them (26%) are unemployed. The same proportions can be observed among patients receiving treatment for the first time in their lives (67% and 20%)<sup>43</sup>. In this group the proportion of students is significantly higher.

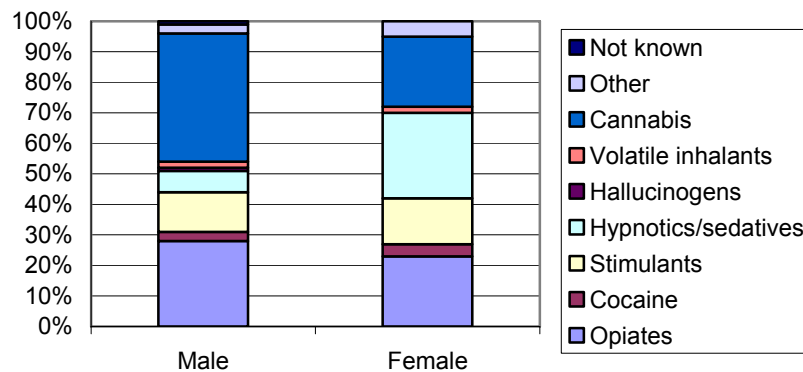
#### Breakdown by drug type

Among men starting treatment, the use of cannabis among primary substances is the most common cause of starting treatment. It means 389 persons or 42% of treated male patients, and most often they come from the age group between the ages of 20-24. The second most common primary substances are opiates, and heroin within this group, which was marked by 222 persons (24% of the patients treated) as a primary substance, mainly from the older age groups between the age of 24-29 and 30-34. The numerical proportion of stimulant users, and among them amphetamine users is relatively high (106 persons, 12% of the treated patients). A significant proportion of persons entering treatment because of the use of opiates had already been treated before, and nearly 50% of amphetamine users (62 cases out of 136) had also been in treatment before.

In the case of women, among all patients in treatment the most common substances are sedatives and hypnotics (72 persons, 28% of women starting treatment, the proportions are the highest in the age group of 40-59 years). They are followed by opiates and cannabis (59 and 58 persons, 23% percent of the treated patients in both cases, in the case of opiates the proportion is the highest in the age group between 20-29, and in the case of cannabis in the age group between 15-24) and by stimulants (39 persons, 14%).

<sup>43</sup> For further socio-demographic data of the population outside diversion see chapter 8.1.

Figure 31. *Distribution of male and female patients by primary substance used in 2007*

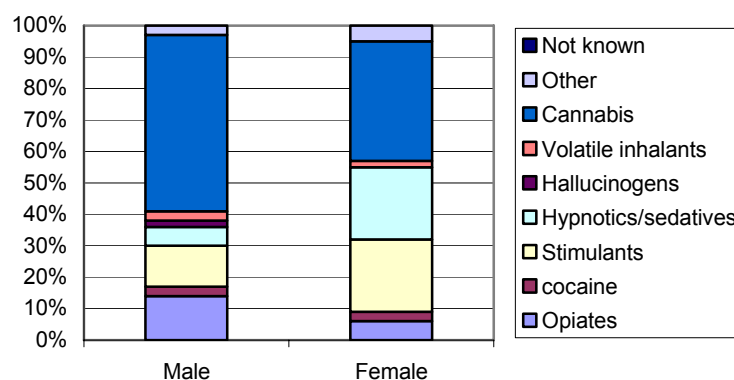


Source: OAI 2008

Among men receiving treatment for the first time in their lives, the most common substance is also cannabis (214 persons, 56% of male patients, first of all between the ages of 15-24), the second most common substances are opiates and stimulants. The number of amphetamine users (41 persons) nearly reaches the number of persons receiving treatment for the first time because of heroin use (48 persons). The relatively high proportion of amphetamine users among treated patients is worthy of mention.

Among women receiving treatment for the first time in their lives the most common substance is cannabis again (41 persons, 38% of female patients, dominantly coming from young age groups between 15-24), this is followed by hypnotics and sedatives, and then by stimulants. Consequently what we observed among men can also be observed among women: the proportion of amphetamine users is much higher among patients receiving treatment for the first time, the number of persons in this group is the same as the number of persons using hypnotics and sedatives (25 persons).

Figure 32. *Distribution of male and female patients receiving treatment for the first time in their lives by primary substance used in 2007*



Source: OAI 2008

Among the TDI data the relatively high proportion of amphetamine use among patients receiving treatment for the first time in their lives should be emphasised, amphetamine use is the second most common cause of entering treatment among patients starting treatment for the first time, when the data of both sexes is summarised. The most common cause remains cannabis. Further detailed examination is needed to clarify that the relatively high proportion

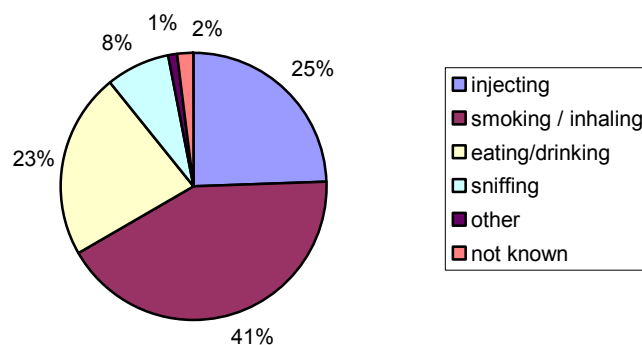


of amphetamine use is a consequence of the changing of drug use habits, or it is due to the special characteristics of the treatment system.

#### *Distribution by route of administration*

According to the TDI data last year 25% of all drug users in treatment (regarding primary substance) were injecting drug users. This derives mainly from the injecting use of opiates and amphetamines. Nearly the same proportion of drug users (23%) took drugs orally, via eating/drinking, mainly hypnotics/sedatives, stimulants and certain opiate derivatives. 41% of the patients smoked, 8% of them sniffed their drugs (the latter drugs mainly included the group of stimulants and cocaine). More than 80% of smoking involved cannabis use, which also means that nearly 40% of patients outside diversion enter treatment because of cannabis problems.

Figure 33. *Breakdown of patients by route of administration in 2007*



Source: OAI 2008

The TDI data also provide information separately on injecting drug use. 35% (410 persons) of all patients starting treatment (1,185 persons) had already injected drugs in their lives<sup>44</sup>, 16% (186 persons) injected drugs during the period of 30 days preceding enquiry. 19% of patients receiving treatment for the first time in their lives have already injected drugs before, and 10% of them are currently injecting drug users.

According to primary substance, among heroin users the occurrence of injecting use is the most common – in 235 cases out of 272, and 141 of them are currently injecting heroin. Nearly half of stimulant users (46%) have injected the substance, and 15% of them are currently injecting users. More than one-third of male amphetamine user patients starting treatment (36 persons) are injecting users, and this proportion is similar in the case of male amphetamine user patients receiving treatment for the first time in their lives (15 out of 41 persons). Similarly, among women the proportion of injecting amphetamine users is more than one-third of all treated patients in both categories.

#### *Breakdown by frequency of use*

In respect of the frequency of use, among all male patients the group of most intensive users is constituted by users of hypnotics and sedatives, where the proportion of intensive users (several times a week or daily) is 81%, the group of the second most intensive users is constituted by opiate users, where the proportion of intensive users is 78%. In the case of amphetamine users this proportion is 52%, and in the case of cannabis users it is 43%.

<sup>44</sup> In the case of 178 persons it is not known whether they have ever injected drugs.

Among male patients receiving treatment for the first time in their lives, the proportion of users using drugs several times a week or on a daily basis is the highest among opiate users (88%), the proportion of users using hypnotics and sedatives several times a week or on a daily basis is 64%, the proportion of intensive amphetamine users is slightly lower than this (51%), similarly to the proportion of intensive cannabis users (40%).

In the case of female patients starting treatment, intensive drug use is characteristic of the users of hypnotics and sedatives (83%) and opiate users (69%). In the case of the rest of the drugs, the proportion of intensive users is significantly lower.

Among female patients receiving treatment for the first time in their lives the numerical proportion of intensive users is the highest among users of hypnotics and sedatives and among opiate users. Occasional users or users on a weekly basis are the most common among patients starting treatment because of the use of other drugs.

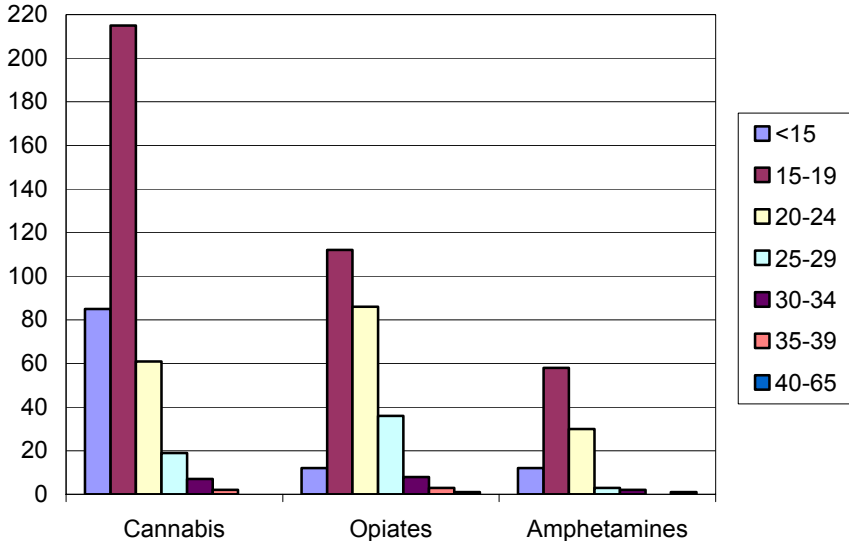
The most significant difference between male and female groups is that among men intensive use is more characteristic in the case of each substance, while among women this phenomenon is restricted to hypnotics and sedatives.

*Age at first drug use according to gender*

On the basis of the data relating to age at first drug use, it can be seen that among all patients entering treatment, cannabis use starts in the youngest age groups. More than three-quarters of all male and two-thirds of all female patients entering treatment whose primary substance is cannabis started to use the substance before the age of 19. Nearly one-fifth of both men and women started to use cannabis before the age of 15.

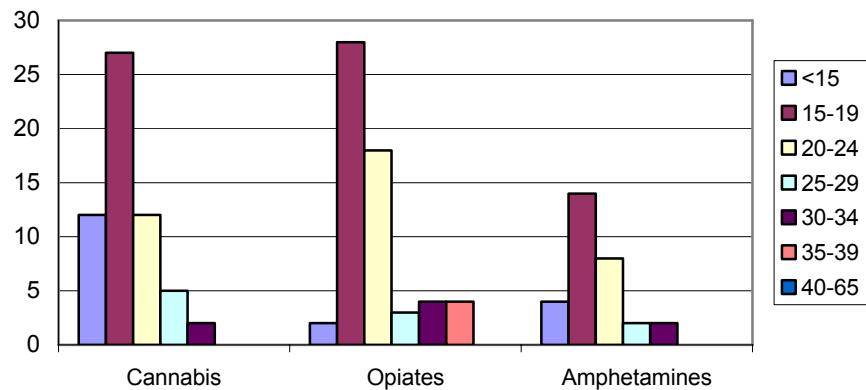
In the case of opiate as a primary substance, drug use starts later in the case of both genders. Starting drug use before the age of 15 was characteristic of 5% of all male patients entering treatment because of opiate use. It is true both in respect of men and women that nearly half of the patients entering treatment started to use an opiate, dominantly heroin, after the age of 20.

Figure 34. *Age at first use of a primary substance among all male patients starting treatment – cannabis, opiates, amphetamines in 2007*



Source: OAI 2008

Figure 35. Age at first use of a primary substance among all female patients starting treatment – cannabis, opiates, amphetamines in 2007



Source: OAI 2008

In respect of the age at first use of amphetamines, it can be seen that 66% of male and 60% of female patients starting treatment started to use amphetamines before the age of 19. This drug use pattern indicates the early occurrence of amphetamine use, and it may be related to the intensive appearance of amphetamines among all patients entering treatment.

Among patients receiving treatment for the first time in their lives, the proportions of men and women are similar in the case of starting the use of cannabis and opiates to the proportions observed among patients who have been treated before. In the case of amphetamines, the proportion of users starting use before the age of 19 is around 50% (56% among men and 45% among women), which is lower than the proportion observed among patients who have been treated before.

### Secondary drug use

Among heroin users, examining both genders together, in the category of all treated patients, the most frequently mentioned secondary substance (several drugs can be mentioned per case) was cannabis (73 mentions). It was followed by a stimulant (61 mentions, first of all amphetamine), and the third most common secondary substance was constituted by hypnotics and sedatives (38 mentions). Among patients starting treatment because of amphetamine use, the most frequently mentioned secondary substance was cannabis again, followed by cocaine and alcohol (24 and 25 mentions). The most commonly – nearly exclusively – used secondary drug of the users of hypnotics and sedatives was alcohol. The most common secondary substance used by cannabis users was a stimulant (138 mentions, 93 of which were mentions of amphetamine or its derivatives), which was followed by alcohol (62 mentions).

The use of cocaine as a secondary substance is significantly wider than the use of cocaine as a primary substance, which indicates that presently it is more used as a supplementary substance, or it may also indicate that users of cocaine as a primary drug do not appear in treatment statistics for example, because first of all, they attend private practices.

### Characteristics of patients reported to the TDI system – patients in diversion programmes

Patients answering the question on the TDI questionnaire relating to the "Source of referral" by marking the answer "court, probation, police" were selected. The reason for treating them

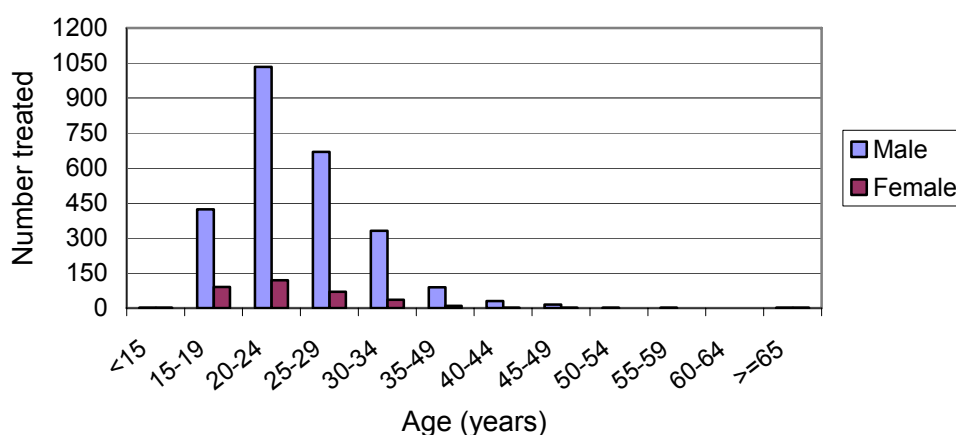
separately is that on the basis of the experience gained so far patients participating in diversion programmes are different from the patient population described earlier. The three services of diversion involve health services (treatment of drug addiction, other therapies treating drug use), and the service situated on the borderline between treatment and indicated prevention (preventive – consulting service)<sup>45</sup> according to the EMCDDA rating<sup>46</sup>. From this aspect especially, the situation of the preventive – consulting services is specific, as in this case we are clearly not talking about a healthcare service, since presently about two-thirds of the service providers operating within the system are not even healthcare service providers. However, as in each case the programmes of the preventive – consulting service providers contain a significant proportion of psychotherapeutic interventions and they are clearly aimed at stopping or reducing illicit drug use, according to an earlier consensus this population is also reported in the TDI system.

In 2007 2,958 cases were reported using the code "Source of referral: court, probation, police"; below these cases are referred to as *patients in diversion programmes*. 2,246 out of the 2,958 cases were patients receiving treatment for the first time in their lives<sup>47</sup>, representing a proportion of 76%, which means that 15.6% of patients in diversion programmes have been treated in their lives because of drug use<sup>48</sup>.

### Socio-demographic characteristics

The proportion of male-female patients both in the category of all patients and in the category of patients receiving treatment for the first time in their lives is 89-11% or 88-12%, so practically the same.

Figure 36. Distribution by age among drug users participating in a diversion service in 2007



Source: OAI 2008

According to the distribution of patients in diversion programmes by age, we are talking about a group slightly younger than patients outside diversion entering treatment and older than patients outside diversion receiving treatment for the first time in their lives<sup>49</sup>.

<sup>45</sup> We do not know the exact proportion of the participants in the three services, for further information about people participating in the preventive – consulting services see sub-chapter 5.1.

<sup>46</sup> The preventive – consulting service is a borderline service, which is in compliance with the TDI system's definition of treatment, but in Hungary in the service-providing sphere it is more or less the equivalent of the indicated prevention service provided for high-risk groups.

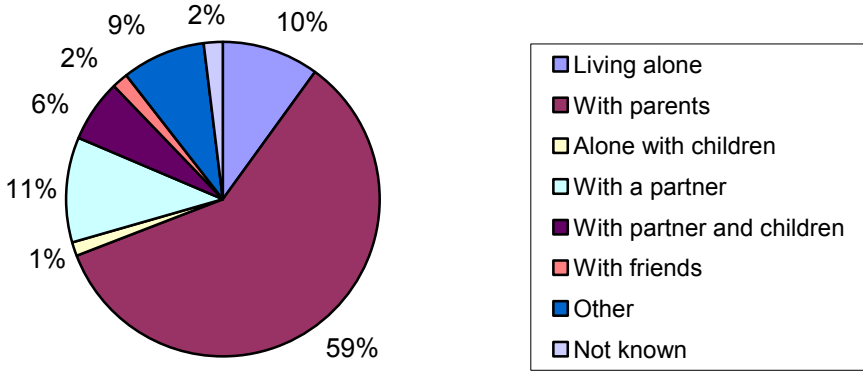
<sup>47</sup> In the case of 250 persons it is not known whether they have been treated before.

<sup>48</sup> In the case of patients outside diversion these proportions are: 41% are patients receiving treatment for the first time in their lives and 48% are patients who have been treated before.

<sup>49</sup> See: the part of the chapter on patients not participating in diversion programmes

In respect of other socio-demographic parameters, the group of patients in diversion programmes are different from patients entering treatment for reasons other than diversion in that among patients in diversion programmes the proportion of people living alone is lower, while the proportion of people living with their parents is higher. At the same time the occurrence of all other different possibilities of living status is practically the same in the two groups.

Figure 37. *Living status (with whom) among patients in diversion programmes – all treated patients in 2007*



Source: OAI 2008

When comparing housing conditions (Living status - where) it can be said that in both groups there are mostly patients with stable housing conditions, in the case of patients participating in diversion their proportion is 92%, while in the case of patients not participating in diversion their proportion is 86%. A significant difference is that 2% of patients participating in diversion and 10% of patients not participating in diversion have unstable housing conditions. At the same time 4% of patients in diversion and only 2% of patients not in diversion live in some kind of institution. Presumably the difference is due to that participants in diversion programmes for the imprisoned are in detention institutes because of committing other crimes, but in the case of drug-related crimes they have the opportunity to participate in diversion programmes.

18% of all patients in diversion are unemployed (this proportion is 17% among patients in diversion receiving treatment for the first time in their lives), and this proportion is 26% among patients starting treatment for other reasons.

*Breakdown by substance used and by route of administration*

80% of patients in diversion use cannabis as a primary substance. Among male patients in diversion the users of cannabis as a primary drug constitute 82% of all men, this proportion is nearly double the proportion observed among men outside diversion. Most men in this category come from the age group between 20-24 (43%). The following most common primary substance is amphetamine, represented by 9%. It deserves attention that in this population the proportion of the users of cocaine as a primary substance approaches the proportion of opiate users.

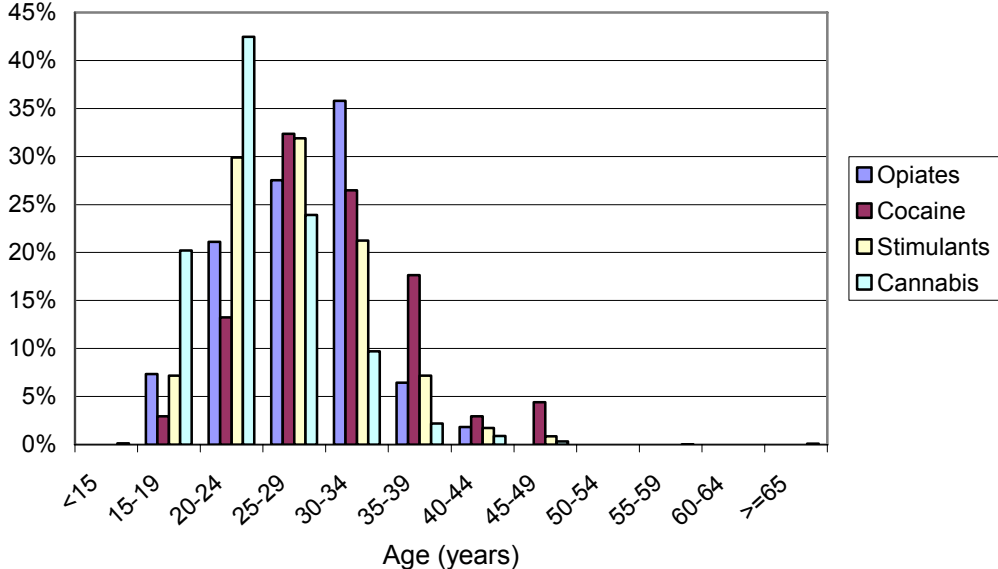
Among men receiving treatment for the first time in their lives and participating in diversion, the proportion of cannabis users is 85%, and the proportion of the users of amphetamines as a primary substance is 9% among them too. It is an interesting phenomenon that in this

group the number of the users of cocaine as a primary substance is higher than that of opiate users.

In the drug use pattern of women in diversion the proportion of cannabis is significantly lower (68%), but the proportion of stimulants is higher (22%), and among stimulants the proportion of amphetamines is also higher (18%). Among women receiving treatment for the first time in their lives and participating in diversion, the proportion of the users of cannabis as a primary substance is 72%, and the proportion of the users of stimulants as a primary substance is 21% (amphetamines: 18%).

When examining the connections between primary drugs and age, it can be said that the youngest population joins diversion programmes mainly because of cannabis use (62% of them are below the age of 24), and slightly older drug user groups join diversion programmes because of using other drugs (72% of patients joining diversion programmes because of opiates and 84% joining because of cocaine are above the age of 25). This may be related to the drug use pattern in the entire population, which means that cannabis use starts at the earliest stage, and the use of other drugs starts later.

Figure 38. Distribution by age among drug users participating in diversion, per drug type in 2007



Source: OAI 2008

The most common route of administration is determined by the dominance of cannabis (smoking/inhalation). Among patients in diversion the proportion of injecting drug users is about 9%, currently 2% of them are injecting users. When performing an analysis per drug, it can be said 7% of amphetamine users in diversion are currently injecting users and 23% of them have already injected drugs. About 20% of heroin users are currently injecting users, and 79% of them have ever injected drugs.

*Breakdown by frequency of use*

When examining all treated male patients participating in diversion, 24% of heroin users, 17% of amphetamine users and 18% of cannabis users are intensive drug users (several times a week or on a daily basis). Among patients outside diversion, these proportions are all higher, which means that patients in diversion are less characterised by intensive drug use than patients joining a treatment programme for other reasons.

Among men receiving treatment for the first time in their lives and participating in diversion, 21% of opiate users, 18% of amphetamine users and 16% of cannabis users are intensive users. When comparing them to men starting treatment for the first time in their lives for other reasons (outside diversion) it can be said that in their case higher values can be observed in respect of each drug.

Among women in diversion the intensity of the use of stimulants (amphetamines) is significantly lower, but the proportion of intensive cannabis users (17%) is the same as the proportion observed among male patients in diversion, the proportion of intensive opiate users (33% beside a very low number of cases) exceeds the proportion observed among men.

Among women receiving treatment for the first time in their lives and participating in diversion, the proportion of intensive cannabis users approaches the proportion observed among men (15% in the case of women), the proportion of intensive stimulant users is insignificant, and the proportion of opiate users cannot be evaluated because of the low number of cases.

#### *Age at first drug use according to gender*

In the case of amphetamines and cannabis it is true of both men and women in diversion that most of them were between the age of 15-19 when they first started to use the given drug. 41% of men and 47% of women tried amphetamines at this age. In respect of the same two drugs the second largest age group both in the cases of men and women is the age group of 20-24 year-olds. In the case of cannabis nearly 20% of both men and women in diversion started drug use before the age of 15.

At the same time men in diversion first tried opiates between the age of 15-19, while women in diversion first tried opiates between the age of 20-24.

57% of men in diversion used cocaine for the first time between the age of 20-29, while 71% of women in diversion tried this drug for the first time between the age of 15-24. 85% of men in diversion first used hallucinogens between the age of 15-24, while among women in diversion there were no patients treated with a problem related to the use of hallucinogens.

#### *Secondary drug use*

When examining the occurrence of secondary drugs it can be observed that among patients in diversion the most frequently mentioned secondary drug of opiate users is a stimulant, mainly amphetamine (32 mentions), the second most frequently mentioned secondary drug is cannabis (36 mentions), and this is followed by cocaine (10 mentions).

The most frequently mentioned secondary drug of stimulant users is cannabis (96 mentions), the second most common secondary substance is alcohol (42 mentions), which is followed by other stimulants (31 mentions) and cocaine (23 mentions).

Most frequently it is cannabis users who use stimulants as a secondary substance (576 mentions altogether, including 370 mentions of amphetamine), but alcohol consumption is also common (363 mentions) as well as the use of hallucinogens (78 mentions in both of the latter two cases).

Consequently, similarly to the population of patients outside diversion, the use of cocaine – as a secondary substance for the time being – can be observed here too, and it can be observed that the proportion of the mentions of hallucinogens is relatively high.

### **4.3. PROBLEM DRUG USERS FROM NON-TREATMENT SOURCES**

No information available.

### **4.4. INTENSIVE OR FREQUENT PATTERNS OF USE**

No information available.

#### *Conclusions*

According to the data of the National Statistical Data Collection Program in 2007 a total number of 13,457 drug users were given treatment at service providers, and a little more than 4,000 of these drug users were patients receiving treatment for the first time. This means a decrease in both categories as compared to the previous year, a 13% decrease in the former and a 29% decrease in the latter category.

Presumably, the significant fall in the number of all treated patients was due to the decrease in the number of patients receiving treatment for the first time. There was a decrease in the number of injecting drug users, and, among them, in the number of heroin users too, and there was also a decrease in the category of hallucinogen users. The most significant decline can be observed in the proportion of cannabis user patients: among all treated patients their proportion dropped by more than 20%, while among patients receiving treatment for the first time, their proportion decreased by more than 30%. Only the number of patients entering treatment because of cocaine use increased, but their proportion is still only 1.6% among all treated patients.

After a stable increase observed in the years so far, in 2007 the number of patients in diversion decreased by about 25%, which may be due to the restriction of capacity and access. In respect of drug types, cannabis users still represent the greatest proportion among patients in diversion.

Presently in Hungary the interpretation of the treatment demand indicator data (TDI) are hindered by two factors. On the one hand, 2007 was the first full year in which service providers were obliged to submit TDI reports, which means that they do not contain time-series data and no comparison is possible with earlier years. On the other hand, the changes that took place in the healthcare system in 2006-2007 and the difficulties of the financing environment represented such significant burdens on service providers that definitely had an influence on the completeness and reliability of the reports.

On the basis of the TDI data of patients not in diversion, 1,185 patients requesting treatment were registered in 2007, and 563 of them had already been treated because of illicit drug use. The conclusion drawn from the socio-demographic data is that the majority of drug users requesting treatment have stable housing conditions, they are either at school or have a job, and only a very small proportion of them were unable to complete their elementary school studies. All this may indicate that the current drug scenery in Hungary is different in many respects from what can be observed in most western European countries. Another possible explanation is that because of the special characteristics of the treatment system (referring to outreach and low-threshold services) the members of marginalised drug user groups are not so much within the scope of the healthcare system.

Further examinations are required on the basis of the following information:

- the proportion of injecting drug use is relatively high, and the use of amphetamines is prominent within this proportion,
- in the case of cannabis and amphetamines drug use starts at a relatively young age,
- combined use of drugs is becoming more characteristic,
- presence of cannabis as a secondary drug beside nearly all drug types,



- combining cannabis as a primary and secondary substance with stimulants.

When analysing the information on patients in diversion, similarities could be observed between them and patients not in diversion in respect of several socio-demographic variables, such as housing conditions or the proportion of unemployment. The vast majority of patients in diversion are cannabis users, which can obviously be related to the occurrence of cannabis use in the entire population. However, as the group of the users of hypnotics/sedatives cannot be observed among patients in diversion, only careful comparison should be made between the two treated groups. Injecting drug use among patients in diversion is not significant, the greatest difference can be observed between the two groups in respect of the intensity of opiate use.

## 5. DRUG-RELATED TREATMENT

### Overview

In the previous year serious changes took place in the structure and operation of the drug-related healthcare system, which is first of all due to the following legal act amendments:

- In connection with the healthcare reform on 19 December 2006, the Hungarian Parliament adopted Act CXXXII of 2006 on the development of the healthcare system (Eftv.), which entered into effect as of 1 January 2007. The act is aimed at the reorganisation and development of the healthcare system in order to establish a more equitably accessible, more efficient, more modern healthcare system of better quality and sustainable financing, also taking into consideration local decisions.
- As a result of the amendment of Act LXXXIII of 1997 on the compulsory health insurance services and Government Regulation 217/1997 (XII.1.), from 15 February 2007 the visit fee and the hospital daily to strengthen individual responsibility.

The visit fee had to be paid in the case of each meeting between a doctor and a patient for a therapeutic or diagnostic purpose, and in the case of diagnostic treatments performed on patients by healthcare workers. The amount of the visit fee was HUF 300. The hospital daily fee to be paid for treatment in inpatient healthcare institutes was also HUF 300. Patients below the age of 18 and certain healthcare services provided within the scope of emergencies were exempt from fee payment. (Fatal conditions and diseases were determined in Regulation 52/2006. (XII. 28.) of the Ministry of Health.) Fees other than the fee to be paid in basic cases were also determined in a legal act, as well as the provisions relating to reclaiming the fees.

- As of 1 April 2007 the fixed funding granted to healthcare institutes was reduced to 50% of the funding granted in the preceding year in compliance with the amendment of Government Regulation 43/1999. (III. 3.) on the financing of healthcare services from the Health Insurance Fund.
- Act LXXXIII of 1997 on compulsory health insurance treatments (article 18) and Government Regulation 217/1997 (XII.1.) (appendix 1) on the implementation of Act LXXXIII of 1997 on compulsory health insurance treatments were amended. As a result of the amendment, as of 15 July 2007 alcohol and drug-related diseases were listed among diseases justifying permanent medical treatment, therefore the treatment of these two groups of patients ceased to be under the scope of the visit fee payment obligation<sup>50</sup>.

Since 2003 data collection in connection with drug users and patients suffering from addiction problems has been performed by the National Institute of Addictions (OAI), which is in charge of the methodological coordination of the field of addictions. In 2007 data collection based on treatment demand (TDI) covering an entire year was realised for the first time due to the professional activity of the OAI.

After the decision made on closing down the National Institute of Psychiatry and Neurology (OPNI), during the period between 1 April 2007 and 31 December 2007 the tasks were gradually undertaken by the affected institutes in order to ensure undisturbed medical care

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<sup>50</sup> The visit fee and the hospital daily fee were cancelled as of 1 April 2008.

and provide the conditions needed in the receiving institutes. Medical services were terminated in the OPNI completely by the end of 2007. As a result of terminating the state-financed inpatient capacities of the Institute, seven institutes belonging to three capacity owners (Local Authority of Budapest, Semmelweis University and the Local Authority of Pest County) were involved in undertaking the performance of psychiatric tasks.

The task of the outpatient service organisational unit known as the Drug Prevention Methodological Centre and Special Outpatient Service operating in OPNI involved drug-related treatment in the form of healthcare institute services. OPNI had 316 specialist hours and 316 non-specialist hours per week to perform this task. Nyírő Gyula Hospital of Budapest undertook a drug-related treatment capacity of 90 specialist hours and 90 non-specialist hours per week in the scope of a contract on task assumption in December 2007. The Ministry of Health is planning to invite tenders in connection with the capacities still unused at the end of 2007 (that is performing the task of the remaining 226 specialist hours and 226 non-specialist hours per week) and will conclude a task assumption contract with the winner/winners of the tendering procedure. The preparatory work needed for making the related ministerial decision is already in process.

## 5.1. TREATMENT SYSTEM

### *Healthcare*

Appendix 1 of the Eftv. determined the group of special institutes and main hospitals with the national tasks that form the basis of healthcare, and in appendices 1 and 2 it determined the standards of specialist active and chronic inpatient treatment capacities that may be granted state funds after 1 April 2007. In the Eftv. the Regional Health Affairs Councils (RET) are identified as the local decision-making bodies in connection with the distribution of the capacities determined in appendix 2 in respect of the regions.

In drug-related treatment, the number of drug users receiving treatment was 13,457 in 2007<sup>51</sup>. Presumably the above number of cases remains below the actual treatment demand, which is due to the following:

1. because of restructuring data collection was not complete,
2. some health service providers terminated their therapeutic activity in 2007<sup>52</sup> (e.g.: OPNI-DMKA, "Támasz" Healthcare Institute of Gyöngyös),
3. the visit fee and hospital daily fee introduced had an unfavourable effect on patients' cooperation and motivation.

Drug-related treatment is still free of charge, but as of 1 April 2007, after presenting the document certifying the Social Security Number (TAJ number) the health service provider checks electronically (on-line) whether the patient is entitled to health services (for the details see chapter 1) (OEP 2007). Irrespective of the result of the check, everyone receives the necessary treatment. The majority of drug-related treatments are financed by the National Health Insurance Fund (OEP), but still not completely. In the case of treatments not financed by OEP, although patients receive treatment free of charge, the health service or the operation of the service provider is not financed by the Health Insurance Fund (E-Fund), but instead by the church, by NGOs or by local authorities.

The table below contains the data of 2007 and indicates the proportion of patients treated by the individual types of institutes. On the basis of the data it can be seen that specialised

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<sup>51</sup> For the related explanation see chapter 4.2.

<sup>52</sup> We have no precise information regarding their reasons.

outpatient treatment centres still treat twice as many patients as addiction treatment outpatient centres, more than 40% of all patients, and more than 50% of new patients.

Inpatient treatment also constitutes a large proportion of the treatment of patients, but in the categorisation below it has no other alternatives apart from psychiatric and addiction treatment departments, as opposed to addiction treatment outpatient centres and specialised outpatient treatment centres. The only exception is the Emergency Internal Medicine Ward and Clinical Toxicology Department of the Péterfy Sándor Street Hospital in Budapest, where detoxification is performed.

Table 9. *The distribution of drug users treated in healthcare based on institution type in 2007*

Type of institution - 2007	All patients		New patients out of all patients	
	number	%	number	%
Addiction treatment outpatient centres	2,807	20.9	728	18.0
Specialised outpatient treatment centres	5,641	41.9	2,115	52.4
Child and youth psychiatric care centres	9	0.1	8	0.2
Psychiatric care centres	288	2.1	146	3.6
Psychiatric and addiction-treatment inpatient departments	1,161	8.6	278	6.9
Other (toxicology)	3,551	26.4	761	18.9
<b>Total</b>	<b>13,457</b>	<b>100.0</b>	<b>4,036</b>	<b>100.0</b>

*Source: Report No. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)*

At the same time it needs to be pointed out that the methodology of the OSAP data collection does not make it possible to determine the exact number of patients receiving outpatient and inpatient treatment, because psychiatric and addiction-treatment wards report the number of patients including the data of the specialised outpatient treatment centre belonging to them, which may result in duplication.

#### Professional protocols

In 2006 the National Institute of Addictions, in cooperation with the Addiction-treatment Subcommittee of the Psychiatric Board started the preparation of the professional protocols listed below, but in 2007 they were revised in order to make them comply with the provisions of Regulation 23/2006. (V. 18.) of the Ministry of Health on the rules of procedure relating to the elaboration, structure and professional harmonisation of the examination and therapeutic procedure.

Finally, at the beginning of 2008 the following professional protocols were published in issue no. III of the Healthcare Gazette:

- Protocol of the Ministry of Health on Treatment of diseases related to opiate use
- Methodological letter of the Ministry of Health on Methadone treatment
- Protocol of the Ministry of Health on Treatment of diseases related to amphetamine use
- Protocol of the Ministry of Health on Disorders related to cannabis use

## Tenders

- In 2006 the Ministry of Social Affairs and Labour, with the professional participation of the Ministry of Health, announced a public tendering procedure relating to improving the health treatment of drug patients and to the supplementary funding of the operational costs of the healthcare system for the treatment of patients suffering from addiction. In the course of the tendering procedure they wished to receive tenders relating to the funding of the institutes and organisations dealing with the treatment of patients suffering from addiction; the extension of diagnostic possibilities, developments aimed at satisfying new treatment demands (e.g.: dual diagnosis patients) without making investments; creating health rehabilitation services of a higher standard (e.g.: psychotherapy, treatment of physical complications, etc.); and funding the human resource demands needed for creating comprehensive services. The amount available for the project was HUF 30 million. The tenders were evaluated and the winners were announced in 2007.
- In 2006-2007 the National Institute of Addictions (OAI) prepared a training document and program concerning the quality system of addiction treatment. By the realisation of the program the OAI contributed significantly to increasing the local professional standard of addiction-treatment and to propagating modern institute management and organisation practices.

### *Social care*

Besides specialist healthcare treatment, drug therapy rehabilitation centres operating within the scope of social services assist the rehabilitation of drug patients. The centres accept patients from all over the country. These centres are situated in the regions of Central and Southern Transdanubia, Central Hungary and the Southern Great Plain (NUTS 2 level). They are situated in 8 of the 19 counties + Budapest (NUTS 3 level). In accordance with the decision of the RET (see National Report 2007, chapter 5.1), as of 1 April 2007 the Kovácsszénája Drug Rehabilitation Home was admitted to the group of institutes financed by the National Health Insurance Fund (OEP), while the Paraklisz Anti-Drug Foundation was admitted, but it did not conclude a financing contract with the OEP. In 2007 another institute, the Segély Helyett Esély [Chance Rather Than Aid] Foundation, among the institutes providing treatment as well as permanent accommodation, was admitted to the Guided Regional Compensation System (ITKR).

In 2007 the rehabilitation homes operating in the country had a contract for 260 beds, which beds were distributed among 12 institutes. Besides these institutes, there are 5 other with a total of 90 beds but they do not have a contract with the OEP. According to the data from the OEP, the beds at drug therapy rehabilitation homes are utilised to an extent of 79.5%.

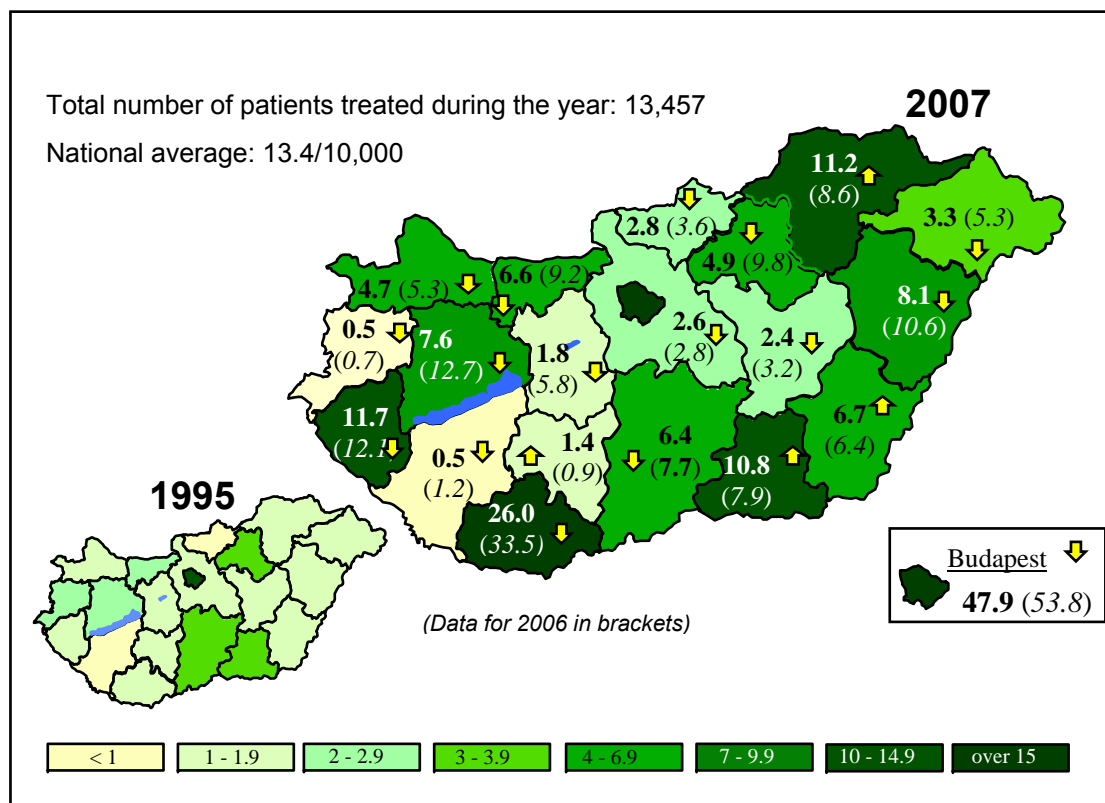
### *Geographical differences in treatment*

In 2007 two new healthcare service providers were established. One of them is the institute of the Hungarian Baptist Aid in Miskolc, which provides fixed needle and syringe programme (as well), and the other one is a specialised outpatient treatment centre in Kaposvár, which was operated by the INDIT Public Foundation during the year. Both of them are especially important from the aspect of improving territorial coverage.

Despite the fact that one of the declared aims of Act CXXXII of 2006 on the development of the healthcare system was to reduce regional differences, this intention was realised only partly in the field of addiction-treatment / psychiatry, and presently there are no regions in the country where the entire spectrum of the field of addiction-treatment / psychiatry operates. The data relating to territorial distribution in the current healthcare drug statistics are still

related to the location of the institutes providing treatment. The patient traffic of the given county is significantly influenced by the fact whether there is a specialised outpatient treatment centre operating on the territory of the given county. In 4 out of the 19 Hungarian counties (Vas, Fejér, Tolna and Jász-Nagykun-Szolnok counties) no such centres were established in 2007 either. The map shows the counties where there is no specialised outpatient treatment centre with an obligation to report data to OSAP (Vas, Fejér, Tolna county – cream and light green coloured counties), and the county where such centre started to operate only in the second half of 2007 (Somogy county).

Map 1. Geographical distribution of drug users receiving treatment in 2007



Source: report no. 1627 by OSAP, and report no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

In Budapest the tendency of the past years ended, and for the first time the number of patients per 10,000 inhabitants decreased in 2007 below the values observed in 2004. In Pest county the decreasing tendency lasting for years continued, and an increase in the number of patients can be observed only in 4 counties (Tolna, Csongrád, Békés and Borsod-Abaúj-Zemplén counties).

There are 7 specialised outpatient treatment centres operating in Budapest<sup>53</sup>, but there are no such centres at all in Pest county. On a smaller scale a similar phenomenon can be observed in respect of Baranya county (Pécs), where there is an efficiently operating specialised outpatient treatment centre with a high patient traffic, admitting patients from the counties in the region too. In 2006 the same could be observed in Csongrád county (Szeged), but here patient traffic dropped in 2006 to nearly one-third of the value measured in the previous year. In 2007 an increase could be observed here again, although the number of patients treated was still only half of the number of patients treated in 2005.

<sup>53</sup> Out of these outpatient treatment centres the Specialised Outpatient Treatment Centre of OPNI was closed down in 2007.

When examining the number of drug users in treatment projected to the population living in the region around the treatment provider it can be seen that in 2006 the traffic of treatment locations situated to the west of the Danube increased, while the traffic of treatment locations situated to the east of the Danube decreased. However, this process discontinued in 2007. An outstanding difference can be observed between Budapest and its surrounding area and the rest of the country.<sup>54</sup>

The two most problematic issues in the field of addiction treatment are still the treatment of children and adolescents struggling with addiction problems and the lack of specialists. At the national level in 2007 the psychiatric treatment of children and adolescents took place on 140 beds, consequently the active bed capacity actually used for the purposes of paediatric psychiatry increased as compared to the situation before restructuring (in 2006 116 beds were available for treatment). Active treatment in paediatric psychiatry was provided at 6 locations in the country. Paediatric and youth psychiatry is presently provided far below the treatment demands – despite the increase in the number of active beds available for treatment –, and extremely great regional differences can be observed in respect of availability.

### *Diversion Programmes*

In the course of 2007 the Supreme Court in its Criminal law unity resolution 1/2007 determined – among other issues – that the amount of drugs used by a drug user suspect is to be totalled, that is the amount of drugs consumed during a longer period must be added up, and the punishment must be imposed accordingly (see chapter 1). The effect of this resolution on patients joining diversions programmes cannot be assessed exactly for the time being, it is influenced by numerous other factors too.

According to the OSAP data last year 2,930 drug users took part in diversion programmes as an alternative to imprisonment, which means a 25% reduction as compared to the previous year. It may be due to the fact that because of the amendment of the act on criminal proceedings in 2006<sup>55</sup> numerous cases were simply brought forward. Persons were involved in the service who could have otherwise joined diversion programmes only in 2007.

In 2007 there were 47 preventive – consulting service providers operating in the country, and two-thirds of them are not health service providers, but social service providers, church organisations, social organisations specialised in prevention, or business organisations. Health service providers also providing preventive – consulting services may perform such services exclusively beyond their ordinary daily treatment activity, separated from it both in time and professionally. In 2007 a total number of 2,381 people<sup>56</sup> joined the 6-month preventive – consulting service, 1,488 of them completed treatment in the same year, 920 of them with a certificate (the remaining 568 people completed treatment with a partial certificate or their participation was discontinued). In the case of 893 people participation in the service continued in 2008.

## **5.2. DRUG-FREE TREATMENT**

The healthcare reform, which was started in 2006 and is still in process, generated much debate. The profession and politics evaluate the changes differently, so it is important to present the different opinions of the two sides.

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<sup>54</sup> The outstanding difference is also due to the fact that the decisive majority of patients in need of inpatient treatment are treated in Péterfy Sándor Street Hospital in Budapest in the scope of emergency treatment (in 2007 they treated 26% of all patients treated in the country and 19% of patients receiving treatment for the first time, and these proportions increased as compared to the previous year).

<sup>55</sup> See National Report 2007, chapter 5.1.

<sup>56</sup> The data is obtained from the financial reports that the service providers are obliged to send to the OAI.

## **Inpatient treatment (active and chronic)**

Appendices 1 and 2 of the Eftv. determine the funding of active and chronic type (including rehabilitation) capacities that can be granted state support as of 1 April 2007.

On the basis of the normative financing determined in specialised active inpatient psychiatric treatment, the capacity of active psychiatric treatment (also including the number of active beds in addiction treatment) dropped by 22.2%. (In the scope of the tendering procedure relating to the restructuring announced in the autumn of 2006, the institutes themselves gave up the operation of 207 active beds, which had to be taken into consideration in the course of determining statutory standard funding.) At the same time according to data of the Ministry of Health and OEP (Székely 2008), on the basis of the total capacity data of the second six months of the financing year of 2007 following restructuring, in active psychiatric treatment the use of bed capacities was at 79.4%, while in active addiction treatment the use of bed capacities was at 71.7% at a national level.

The profession finds that the National Institute of Psychiatry and Neurology (OPNI) was closed down after preparations that had not been appropriately considered from a professional point of view. The process of handing over the freed capacities of the drug-psychotherapeutic and other supplementary departments and the placement of patients was not smooth either. It can be clearly determined that the restructuring resulted in the significant reduction of active psychiatry/addiction beds (as mentioned in sub-chapter 4.2), but presently it is not yet known how many of these beds were used definitely for addiction treatment, especially for the treatment of drug patients. The issues of regional treatment obligation and ensuring national coverage have not been determined completely either. On top of the basic funding due to institutes, individual service providers are granted different amounts of funding according to the patients visiting them with problems resulting from the use of different types of drugs. Such funding is multiplied by a dependence multiplier (indicating the severity of the given case), and in this way they receive the final amount relating to the given patient (e.g.: the multiplier of cannabis dependence is 0.72406, while in the case of opiate dependence the multiplier is 0.68314<sup>57</sup>). The difference between the dependence multipliers should not be regarded as a mistake. Cannabis addicts occupying active beds may be in a psychotic condition (otherwise they would not be referred to an active bed), while in the case of opiate addicts it is withdrawal that represents the specific problem. In a given case psychosis as a problem should be compared to withdrawal (which may even take place at an intensive care department, according to separate financing). However, several experts find that the dependence multipliers are not determined appropriately, they do not reflect perfectly the severity of the given problem, which affects the planning of the healthcare system, as well as the comprehensibility and maintainability of its operation and efficiency.

In specialised chronic inpatient treatment, the number of chronic beds increased in psychiatric treatment (by 13.1%) and in addiction treatment (by 8.6%). In 2007 the use of bed capacities was 79% in psychiatry treatment, 78.1% in drug patient treatment, and 88.8% in addiction treatment at a national level.

As opposed to this, specialists working in daily practice find that rehabilitation inpatient capacity cannot be determined clearly either, because the beds are not allocated to the treatment locations specifically according to the given specialisations. According to law, the treatment provided using, for example, psychiatric rehabilitation beds must be determined taking into consideration local interests. It can be observed in the irretraceable nature of the

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<sup>57</sup> Annex 3 of Regulation 9/1993 of the Ministry of Social Welfare on specific questions of the financing of healthcare provision by social security contains the Diagnosis-related groups for the year 2007.



OPNI's rehabilitation capacity and in that at the end of 2007 the number of actually operating active and chronic beds was not determined clearly.

### **Outpatient treatment**

On the basis of the provisions of article 2 (1) c) of the Eftv., the extent of specialised outpatient treatment capacities are the same as the extent of capacities used on 31 December 2006. This is due to the fact that article 16 (10) of the Eftv. made it possible for Regional Health Affairs Councils to make a proposal relating to the transformation of 20% of the capacities freed as a result of the reduction of active inpatient capacities into specialised outpatient treatment capacities and also relating to the distribution of such capacities, but the Regional Health Affairs Councils did not exercise their statutory rights, and so the capacities remained the same as the capacities used on 31 December 2006 (see chapter 5.2). As a result of this no change of capacities took place in specialised addiction/psychiatric outpatient treatment or in paediatric psychiatry outpatient treatment in respect of the number of specialist and non-specialist hours.

The closing down of OPNI also had an influence on outpatient treatment, as the Buda Specialised Outpatient Treatment Centre was also closed down, as a result of which the number of specialised outpatient treatment centres in Budapest dropped from 7 to 6, leaving only 2 specialised outpatient clinics on the Buda side of the city (the Blue Point Drug Counselling Outpatient Centre in Békásmegyer and the Thalassa House Specialised Outpatient Treatment Centre in Budatétény).

#### *The effect of the amendment of the legal acts relating to financing in 2007 on outpatient addiction treatment*

In 2006 the total cost of outpatient addiction treatment amounted to HUF 1,250 million, while in 2007 this figure was HUF 750 million. At the same time it needs to be pointed out again that on the basis of this data it cannot be determined how the treatment of drug patients developed within the scope of addiction treatment, but the decreasing tendency is probably valid in their case too.

The outpatient treatment of drug users is financed on the basis of Regulation 9/1993. (IV. 2.) of the Ministry of Welfare (NM) on certain issues of the social insurance financing of specialised healthcare, and on the basis of the International Classification of Medical Treatments (OENO) listed in appendix 2 of the above legal act and on the basis of the number points determined therein, according to other professional and standard descriptions.

As of 1 April 2007, the fixed funding granted to institutes of care reduced to 50% as compared to the previous year. Although at the same time as reducing fixed funding the affected service providers were granted an output volume restriction (TVK) increment of the same amount as the lost fixed funding, transformation to performance-based financing affected individual outpatient service providers differently.

According to experts the expected increasing of the tasks of outpatient treatment systems (as a result of the decrease of the capacity of inpatient institutes) does not correlate to the new rules of financing. The fixed fee was reduced to 36% of the level in 2001 as a result of the following steps:

- Government Regulation 257/2001. (XII. 19.) which amended Government Regulation 43/1999 (III. 3.) on the detailed rule of financing of healthcare services from the Health Insurance Fund: reduction by 20%,

- last year's amendment of Government Regulation 43/1999. (III. 3.) on the detailed rule of financing of healthcare services from the Health Insurance Fund: reduction by a further 10% of the remaining amount,
- in respect of 2007, Article 15 of Government Regulation 318/2006. (XII. 23.), which amended Government Regulation 43/1999. (III. 3.) on the detailed rule of financing of healthcare services from the Health Insurance Fund reduced the fixed fees by 50% of the amount granted in 2006.

On the basis of the experience gained in the period that has passed it can be determined that the earlier reductions of the fixed fee by 20% and 10% could not be compensated on the side of performance – in the case of an appropriate number of patients –, especially after the introduction of the TVK, using the point system created with Regulation 45/2001. (XII. 22.) of the Ministry of Health and modified with Regulation 19/2002. (IV. 25.) of the Ministry of Health.

In order to compensate for the reduction in 2007 the Ministry of Health tried to improve the situation as described above, but the increasing of the TVK does not compensate for the loss of sources either in addiction treatment or in psychiatry. It may be due to the low number of points allocated to the activities, the time devoted to them, and the collaborating characteristics of the population to be treated.

With respect to the fact that addiction patients are more difficult to mobilise and to keep in treatment than patients provided with other types of treatment, and with respect to that in the case of the people belonging to this group of patients their readiness to cooperate is not always satisfactory due to the nature of their disease, very often it requires a significantly more intensive caring activity to keep them in treatment. Consequently, where it was relatively less difficult to keep the patients in treatment and maybe increase performance (e.g.: opiate addicts participating in substitution treatment), the effects of the reduction caused less problems than in the case of care providing institutes of a smaller turnover mainly dealing with alcohol addicts. Furthermore, patient readiness to collaborate was significantly impaired by the visit fee and hospital daily fee introduced temporarily. According to the data of the National Institute of Addictions, the number of cases treated during this period dropped by 20%.

The Ministry of Health was aware of the problem above, and in the interest of handling the resulting financing problem it initiated the amendment of Regulation 9/1993. (IV. 2.) of the Ministry of Welfare on certain issues of the social insurance financing of specialised healthcare. As a result of the amendment, as of 1 July 2007 the care institutes may report the same interventions as outpatient treatment centres. As a further measure, due to the modifications of the legal acts by the Ministry of Health mentioned before (see chapter 1), as of 15 July 2007 the group of patients suffering from diseases related to alcohol and drug addiction were freed from the visit fee payment obligation.

One of the greatest advantages of low-threshold service providers is that they ensure anonymity in the interest of being able to reach the population of drug users. However, since April 2007 it has been compulsory to check before providing treatment whether the given person has valid social insurance. If he/she does not, he/she must still be provided with treatment, but the case must be reported to OEP. This obligation makes anonymity impossible. About 1/3 of patients suffering from an addiction do not have valid social insurance, they are first of all the most problematic drug users, who have drifted to the peripheries of society.

### 5.3. PHARMACOLOGICALLY ASSISTED TREATMENT

#### Substitution treatment

In Hungary pharmacologically assisted treatment is provided both in the scope of hospital inpatient and outpatient treatment. First of all such treatment still means methadone treatment, both forms of which – withdrawal and maintenance treatment – are available to patients. In the symptomatic treatment of withdrawal symptoms anti-anxiety drugs and analgesics are widely used.

In 2007 methadone maintenance treatment was provided at nine locations in the country. In Budapest patients were admitted at four locations (at one of the locations – the OPNI – patients were admitted until the end of November, but a new location – Drogoplex outpatient treatment centre – was also opened in June, operated by the Drug Prevention Foundation), and outside of Budapest such locations can be found in Veszprém, Pécs, Gyula, Szeged and Miskolc. In 2007 the number of patients receiving methadone maintenance treatment was 778-783<sup>58</sup>, which means a drop of 70-75 persons as compared to the previous year.

Table 10. Number of participants in methadone treatment in 2007

Drogoplex	Nyíró	Budai - OPNI	Soroksár	Veszprém	Pécs	Gyula	Szeged	Miskolc
28	359	65-70	140	11	33	28	67	47

Source: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre

Table 11. Monthly distribution of participants in methadone treatment in 2007

Jan.	Feb.	March	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
439	447	458	455	459	492	496	480	469	462	453	466

Source: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre

The use of buprenorphine-naloxone in Hungary has started in the substitution treatment of opiate addicts. During the year 4 institutes: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre, Soroksár Addiction Treatment Centre, INDIT Public Foundation and Blue Point Foundation provided buprenorphine-naloxone treatment for a total number of 33 patients<sup>59</sup>. The preparation was not accepted by OEP before the end of 2007.

Table 12. Number of participants in buprenorphine-naloxone treatment in 2007

Nyíró	Soroksár	Blue Point	Pécs
26	1	2	4

Source: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre

Altogether 802-807<sup>60</sup> patients took part in the two different types of maintenance treatment during the year.

From 2009 the use of buprenorphine-naloxone is planned to begin in detention facilities too, as in the case of this preparation there is a smaller chance of misuse than in the case of methadone.

<sup>58</sup> 8 service providers reported an exact number of 713 people, apart from this the specialised outpatient treatment centre of OPNI registered 65-70 people, but it could not provide exact data because it was closed down.

<sup>59</sup> For a total number of 18 people in November and for a total number of 33 people in December.

<sup>60</sup> Out of the 33 patients taking part in the buprenorphine-naloxone treatment, 9 were in methadone treatment in the first half of the year.

## **Withdrawal treatment**

The detoxification of patients takes place primarily in psychiatry departments despite the fact that according to professional standpoints the treatment of patients would be ideal among cases requiring emergency treatment. The emergency internal medicine department of Péterfy Sándor Street Hospital still undertakes a significant role in the treatment of patients suffering from an overdose.

## *Conclusions*

On the whole it can be concluded that an unfavourable change took place in the situation of addiction treatment during the previous year. The lack of specialists and the inequalities of the healthcare system created an unfavourable initial situation from the aspect of the reform measures, while the financing environment of the field changed to the disadvantage of outpatient treatment centres. The situation was made even more difficult by the uncertainty of the maintenance of the treatment centres or their termination.

The changed financing conditions and the legislator's commitment to performance-based financing may require the addiction treatment system to facilitate new interventions and new services.

Methadone maintenance treatment was provided at 9 places in the country, the number of patients however decreased by more than 8% compared to last year. In 2007 buprenorphine-naloxone compound appeared along methadone in substitution treatment. Taking this into account, a total of 802-807 patients received substitution treatment during the year.

## 6. HEALTH CORRELATES AND CONSEQUENCES

### 6.1. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS

In 2007 data on drug-related deaths in Hungary were again collected on the basis of reports prepared within the framework of the National Statistical Data Collection Programme (OSAP)<sup>61</sup>. The data were corrected by experts of the National Institute of Forensic Medicine. In 2007 the County Police Headquarters supplied insufficient data<sup>62</sup>, which was partly due to the introduction of Government Decree no. 282/2007. (X.26), which excludes the participation of police doctors in official or forensic autopsies as of 1 January 2008.

We define drug-related death as death caused by direct intoxication, i.e. direct overdose, on the one part; and indirect drug-related death by nature or violence on the other part.

#### Direct overdoses

Table 13. Number of direct drug-related deaths in 2007

	Male	Female	Total
Heroin	16	1	17
Methadone	1	0	1
Morphine	1	0	1
Synthetic analgesics	1	0	1
Other opiates	2	0	2
Hallucinogens	0	0	0
Amphetamines	0	1	1
Ecstasy (MDA, MDMA, MDE, MBDB, 4-MTA)	0	0	0
Cocaine	0	0	0
Other drugs	1	0	1
Heroin+cocaine	1	0	1
<b>Illicit drugs total</b>	<b>23</b>	<b>2</b>	<b>25</b>
Solvents/inhalants	1	1	2
Sedatives/ tranquilisers	61	89	150
Poly-drug use	7	3	10
<b>Total</b>	<b>92</b>	<b>95</b>	<b>187</b>

Source: National Institute of Forensic Medicine

#### Deaths related to illicit drugs

As compared to the previous years, the number of deaths caused by illicit drugs did not change in 2007<sup>63</sup> (ST5\_2008\_HU\_03, ST6\_2008\_HU\_01).

During the examined year accidental overdoses related to illicit drugs were reported only from Budapest. The majority of overdoses related to illicit drugs were due to opiates, mainly heroin. Combined intoxication caused by heroin+cocaine took place in one case, and there was one case of amphetamine overdose. One case of heroin overdose was reported from

<sup>61</sup> The data was supplied by the Institutes of Forensic Medicine, the County Police Headquarters and the National Institute of Forensic Medicine.

<sup>62</sup> As a result of this the national report was composed using the data supplied by the Institute of Forensic Medicine of the four Universities of Medicine and by the Police Headquarters of Pest, Békés, Zala, Fejér, Bács-Kiskun, Hajdú-Bihar, Somogy, Vas, Tolna and Nógrád County.

<sup>63</sup> However, it also needs to be taken into consideration that because of insufficient data being supplied we do not have data with national coverage, so it cannot be excluded that in reality this number is higher.

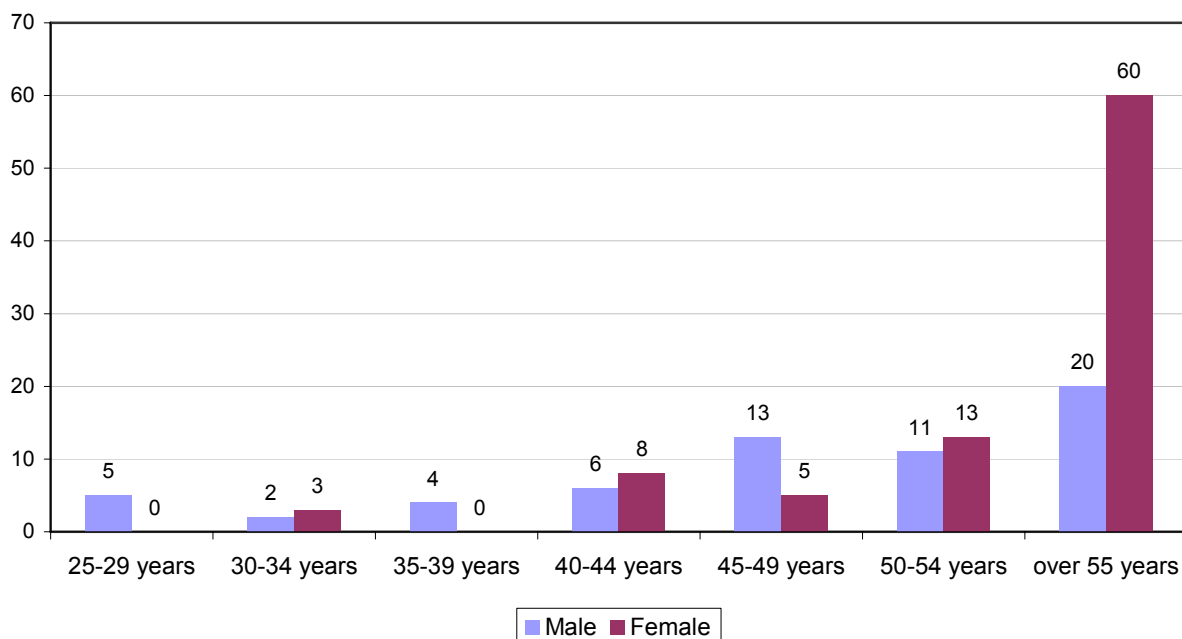
Budapest, which was a suicidal attempt and resulted in the death of a 31-year-old man. Morphine, synthetic narcotic analgesics and in one case other opiates were used by men above the age of 55 during overdose with the intention to commit suicide.

In the case of deaths occurring due to heroin overdose the average age was 30.7 years, the only female victim was 22 years old. A 37-year-old man died of heroin and cocaine overdose, while a 36-year-old woman died of amphetamine overdose. Three of the victims of heroin overdose were homeless people, and one of them was a foreign citizen. In nine cases there is rough information available about the length of previous drug use in this group, on average it was 11.5 years<sup>64</sup>. There is no information on the treatment status of the man who died of methadone overdose, he was a Georgian citizen.

#### Deaths related to licit drugs

The number of overdoses related to sedatives/tranquilisers decreased as compared to the previous year, which is very probably due to deficient data being supplied. Although intoxication caused by solvents/ inhalants also decreased as compared to the previous year, the accidental intoxication of one (16-year-old) young man caused by butane was reported from the territory of Budapest. The cases of intoxication caused by sedatives/tranquilisers and one of the cases of intoxication caused by solvents/ inhalants were determined as cases of overdose with the intention to commit suicide.

Figure 39. Age distribution of cases of intoxication caused by sedatives/tranquilisers



Source: National Institute of Forensic Medicine

In the case of lethal intoxications related to sedatives/tranquilisers 50% of the men and 96% of the women were above the age of 40. Intoxications related to licit drugs show an increasing tendency as people get older.

<sup>64</sup> Information relating to the length of previous drug use was collected by the National Institute of Forensic Medicine on the basis of medical records available at autopsies or on the basis of official data collection.

## Indirect drug-related deaths

Indirect drug-related deaths involve cases that are not caused by direct overdose. On the one part they involve cases of death by violence (accident, suicide, life-threatening crimes, etc.), when the cause of death is not accidental drug overdose, but the toxicological result is positive; on the other part they involve cases of death by nature resulting from diseases related to drug use. According to Act CLIV of 1997 on healthcare, in the case of unusual death official proceedings must be initiated and the official autopsy of the deceased person must be ordered. As a result of this, an official or forensic autopsy is carried out in most cases of death by violence, in the course of which a toxicological test can be performed. At the same time, in the case of death by nature a necropsy is usually performed, or in certain cases an autopsy is not performed at all, thus a significant number of such cases are not discovered at all. During the examined year indirect drug-related deaths were reported only from Budapest.

Table 14. *Indirect drug-related deaths among cases of death caused by violence*

	Male	Female	Total
opiate	2	0	2
heroin+cocaine	1	0	1
amphetamine	2	0	2
cocaine	1	0	1
<b>total</b>	<b>6</b>	<b>0</b>	<b>6</b>

*Source: National Institute of Forensic Medicine*

People under the influence of opiates, amphetamines, heroin+cocaine died in traffic accidents (collision with pedestrian by car, suburban railway, train).

In Budapest four cases of death by nature were examined, when the drug user status of the deceased person was known. In one case the cause of death was endocarditis – which is a complication caused by injecting drug use –, in another case the cause of death was dilatative cardiomyopathy, in one case the cause of death was coronary thrombosis, and in one case the cause of death was sudden cardiac death. All four victims were men, their average age was 34 years.

When examining all drug-related deaths, there is rough information available in 12 cases relating to the length of the period of previous drug use<sup>65</sup>, which was 9.7 years on average.

## Mortality and causes of deaths among drug users

No information available.

## 6.2. DRUG-RELATED INFECTIOUS DISEASES

In 2007 the data referring to the reported HIV/AIDS cases among injecting drug users (IDUs) and the incidence of acute HBV and HCV cases in Hungary – similarly to previous years – originate from the national registry of infectious patients operating in the National Centre for Epidemiology and from the special HIV/AIDS and hepatitis surveillance database.

Similarly to 2006, the National Centre for Epidemiology organised a sentinel screening programme based on the use of dried blood samples to measure the prevalence of infections (HIV, HBV, HCV) related to injecting drug use. Between 15 October and 31 December 2007, in the scope of a repeated multi-centric examination, blood samples from 567 injecting drug

<sup>65</sup> Information relating to the length of previous drug use was collected by the National Institute of Forensic Medicine on the basis of medical records available at autopsies or on the basis of official data collection.

users were taken. Resources were ensured by the Ministry of Health in the form of specialised project financing.

### HIV/AIDS

In 2007 in Hungary one and a half times more HIV positive cases (119) were reported than in the previous year (81). The incidence rate was 11.9 cases / 1 million inhabitants. The transmission route was known only in the case of two-thirds of the newly registered HIV positive persons. Within the identified risk groups of the HIV positive persons three foreign citizens (3.7%) were injecting drug users. In 2007 22 cases of AIDS were diagnosed, one of these 22 patients belonged to the risk group of injecting drug users.

Table 15. Breakdown of registered HIV positive persons by risk groups

	1985-2002	2003	2004	2005	2006	2007	Total
Homo/bisexual	518	34	45	55	38	<b>60</b>	750
Heterosexual	182	18	13	21	14	<b>14</b>	262
Haemophiliac	32	0	0	0	0	<b>0</b>	32
Transfusion recipient	22	0	0	0	0	<b>1*</b>	23
Injecting drug user	12*	1*	2*	2**	0	<b>3*</b>	20
Nosocomial	12*	0	0	3*	0	<b>1</b>	16
Maternal	3	0	0	2	0	<b>2</b>	7
Unknown	260	10	15	23	29	<b>38</b>	375
<b>Total</b>	<b>1,041</b>	<b>63</b>	<b>75</b>	<b>106</b>	<b>81</b>	<b>119</b>	<b>1,485</b>

\* Imported cases, \*\* Together with imported cases

Source: National Centre for Epidemiology (Csohán et al. 2008b)

### Acute Hepatitis B

In 2007, 81 acute infections were reported, the incidence rate was 0,8‰, it did not change as compared to the previous year.

Table 16. Number and proportion of IDUs among reported acute HBV-cases

Year	Reported acute HBV infections	
	number	IDUs
	number	%
2000	130	-
2001	159	6
2002	159	6
2003	143	7
2004	131	6
2005	119	1
2006	83	-
2007	81	2

Source: National Centre for Epidemiology (Csohán et al. 2008b)

The transmission route was known in 39.5% of all cases. Among patients within identified risk groups 2 men from Budapest were injecting drug users (ST9P4\_2008\_HU\_02). One of them was below the age of 25, the other one was within the age group 25-34. Due to the



effect of the compulsory vaccinations introduced in 1999, in 2007 people above the age of 14 and below the age of 23 were practically immune to this disease.

### *Acute Hepatitis C*

In 2007, 22 acute Hepatitis C cases were reported. The number of reported cases was lower than the average number of cases in the previous 5 years. 5 of the patients became infected through injecting drug use (ST9P4\_2008\_HU\_03). The proportion of patients in identified risk groups was 68.2%.

Among the patients there were 4 men and 1 woman. The woman was below the age of 25, while the men belonged to the age group 25-34. Three of the injecting drug users with acute Hepatitis C were from Budapest, one of them was from Pest county and one of them was from Tolna county.

Table 17. *Number and proportion of IDUs among reported acute HCV patients*

Year	Reported acute HCV infections		
	number	IDUs number	%
2000	59	5	8.5
2001	43	5	11.6
2002	42	3	7.1
2003	30	2	6.7
2004	40	11	27.5
2005	22	1	4.5
2006	29	4	13.8
2007	22	5	22.7

Source: *National Centre for Epidemiology (Csohán et al. 2008b)*

### **Prevalence of HIV, HBV and HCV infections among IDUs**

In the scope of the agreement concluded with the Ministry of Health in 2006, in 2007 the National Centre for Epidemiology repeatedly performed the successful screening started in the year before, the aim of which was to examine the annual prevalence of infectious diseases related to drug use (HIV, HBV, HCV). In the course of the screening programme dried blood samples drawn from the fingertip were used again. Using the experience gained in the previous year the aim was to increase the number of the samples and the geographical representation. In the interest of this a total of 15 organisations (three needle exchange programmes and two treatment centres in Budapest, seven treatment centres and three needle exchange programmes outside Budapest) took part in the screening programme between 15 October and 31 December 2007. In the course of the programme blood samples were taken from 567 injecting drug users.

Table 18. *Organisations participating in the survey of HIV, HBV, HCV prevalence*

	Name of organisation	Number of screening tests performed
Budapest	Drug Prevention Foundation	100
Budapest	Nyíró Gyula Hospital Specialised Outpatient Treatment and Prevention Centre of Budapest	70
Budapest	Blue Point Drug Counselling Outpatient Centre	80
Budapest	Hungarian Interchurch Aid Addiction Centre, Soroksár	40
Budapest	Hungarian Baptist Aid Street Front needle exchange service	30

Miskolc	Semmelweis Hospital, Specialised Outpatient Treatment Centre	30
Pécs	Specialised Outpatient Treatment Centre	60
Szeged	Youth Drug Centre	50
Kecskemét	RÉV Service Centre	20
Szekszárd	RÉV Service Centre for People Suffering from Addiction	15
Veszprém	Alcohol-Drug Specialised Outpatient Treatment Centre	15
Debrecen	Kenézy Hospital, Specialised Outpatient Treatment Centre	24
Debrecen	Hungarian Interchurch Aid Organisation	15
Nyíregyháza	Addiction Consultation, Specialised Outpatient Treatment Centre	2
Gyula	Independent Association	16

*Source: report by the National Centre for Epidemiology (Csohán et al. 2008a)*

Persons were screened who visited one of the above institutes during the period of screening and declared themselves IDUs or could recall ever injecting drugs, disregarding whether they had ever participated in HIV, HBV or HCV screening.

The selection of patients, the method of sampling, coding and the examination of the samples took place in the same way as in the year before.<sup>66</sup> (ST9\_2008\_HU\_03)

### *Results and conclusions*

In the examination period, between 15 October and 31 December 2007, at 15 specialised outpatient treatment centres and needle exchange programmes blood samples were taken from 567 injecting drug users and their data was registered.

In the laboratory tests, with the applied methods, reliable results could be released regarding HIV infection in the case of all 567 tested persons. On the other hand, in the case of antibody tests conducted in order to detect virus infection, the result was inconclusive in three cases in respect of the Hepatitis B virus and in 19 cases in respect of the Hepatitis C virus, therefore these cases were excluded from processing.

All 567 blood samples were negative for HIV, so similarly to the previous years no HIV positive person was found among the injecting drug users tested (ST9P2\_2008\_HU\_01). In the case of 141 persons (25.7%, at a 95% reliability rate, confidence interval: 22.1%-29.4%) HCV antibodies and in 2 cases (0.4%) HBV surface antigens were detected (ST9P2\_2008\_HU\_02; ST9P2\_2008\_HU\_03). One of the two HBV carriers was proven to be positive for HCV antibodies as well.

<sup>66</sup> See: 2007 National Report, chapter 6.2, page 58

Table 19. Breakdown of HIV, HCV, HBV infected IDUs by age group

Age group		People tested for the presence of HIV antibodies		People tested for the presence of HBsAg antigen			People tested for the presence of HCV antibodies		
		number	positive	number	positive number	%	number	positive	
<b>&lt; 25 years</b>	Male	74	0	74	0	0.0	74	15	20.3
	Female	37	0	37	0	0.0	35	10	28.6
<b>25-34 years</b>	Male	257	0	256	1	0.4	247	59	23.9
	Female	73	0	72	1	1.4	73	13	17.8
<b>&gt; 34 years</b>	Male	96	0	95	0	0.0	90	29	32.2
	Female	30	0	30	0	0.0	29	15	51.7
<b>Total</b>	Male	427	0	425	1	0.2	411	103	25
	Female	140	0	139	1	0.7	137	38	27.7
<b>Male + Female</b>		<b>567</b>	<b>0</b>	<b>564</b>	<b>2</b>	<b>0.4</b>	<b>548</b>	<b>141</b>	<b>25.7</b>

Source: report by the National Centre for Epidemiology (Csohán et al. 2008a)

Among the 567 persons participating in the survey there were 427 (75.3%) men and 140 (24.7%) women. More than half of the persons providing blood samples (330, 58.2%), were in the age group between 25-34, 22.2% (126) of the persons participating in the survey were above the age of 34, and the smallest group was formed by 111 persons below the age of 25 (19.6%).

On the whole, no significant difference could be observed between the infection ratio of men and women ( $p > 0.5$ ). However, the prevalence among women over 34 was outstandingly high, more than double (51.7%) of the average prevalence value. (The difference between the two ratios is significant at the level of  $p < 0.001$ .)

During the survey it was also examined whether there was a connection between the development of HCV infection and the period that had passed since the start of injecting drug use. Four intervals could be selected as the start of injecting drug use: (<2 years, 2-4 years, 5-9 years, >10 years). 16 out of the 567 persons could not remember when they had started to inject drugs. In respect of injecting drug use 40% (233) of the people providing samples said that they had been injecting drugs for more than 10 years. 27% (153) of the tested persons had been injecting drugs for 5-9, while the number of people injecting drugs for 2-4 years (14.3%, 81) and the number of people injecting drugs for less than two years (14.8%, 84) was approximately the same.

The proportion of HCV infection was the highest (32%) among people who started to inject drugs 2-4 years ago. In the group of injecting drug users who started to inject drugs more than 10 years ago the proportion of HCV infection was 31.3%. In the group where people started to inject drugs 5-9 years ago, the proportion of positivity was 26.4%, while only seven (8.4%) of the drug users who started to inject less than 2 years ago were infected. (ST9P2\_2008\_HU\_03)

Table 20. Breakdown of HCV, HBV positive IDUs by term of injecting drug use

Term of injecting drug use	People tested for the presence of HBsAg antigen			People tested for the presence of HCV antibodies		
	number	positive number	%	number	positive number	%
< 2 years	83	1	1.2	83	7	8.4
2 - 5 years	80	0	0.0	78	25	32
5 - 10 years	153	0	0.0	151	40	26.4
>10 years	232	1	0.4	220	69	31.3
<b>Total</b>	<b>564</b>	<b>2</b>	<b>0.4</b>	<b>532</b>	<b>141</b>	<b>26.5</b>

Source: National Centre for Epidemiology (Csohán et al. 2008a)

Out of 141 HCV positive people, 109 drug users declared themselves opiate users. The table below shows that 27.5% of opiate-using IDUs and 21.2% of people using drugs other than opiates were HCV positive. The difference between the two ratios is significant at the level of  $p < 0.05$ . (ST9P2\_2008\_HU\_03)

Presumably the result can be explained by the fact that the injecting use of opiates is accompanied by high-risk behaviours (sharing needles, promiscuity, providing sexual services in return of drugs), but the survey was not extended to this in 2007.

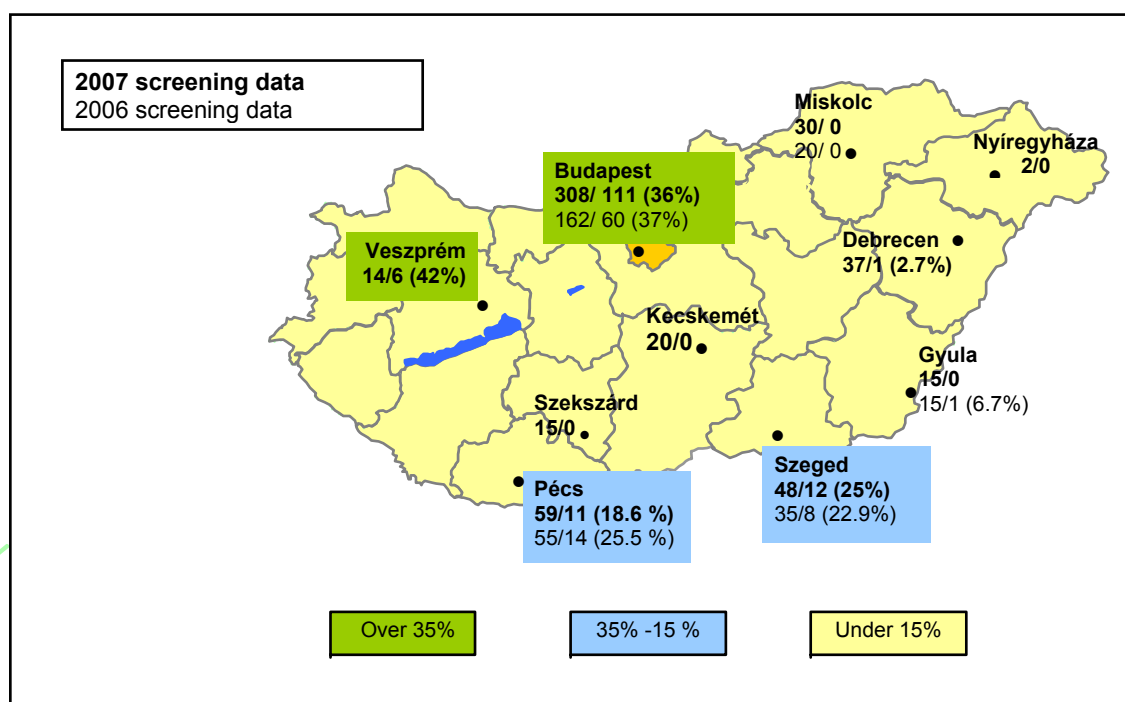
Table 21. Breakdown of HCV, HBV positive IDUs by the type of drug

Type of drug	People tested for the presence of HBsAg antigen			People tested for the presence of HCV antibodies		
	number	positive number	%	Number	positive number	%
opiates	412	1	0.2	397	109	27.5
drugs other than opiates	152	1	0.7	151	32	21.2
<b>Total</b>	<b>564</b>	<b>2</b>	<b>0.4</b>	<b>548</b>	<b>141</b>	<b>25.7</b>

Source: National Centre for Epidemiology (Csohán et al. 2008a)

In respect of Budapest and the rest of the country it can be said that 111 out of 308 injecting drug users living in Budapest proved to be HCV positive, which means a proportion of 36%. As compared to this, 12.5% of 240 people living outside Budapest proved to be HCV positive. Outside Budapest the data deriving from Veszprém is worth attention, as in this case 42.9% of the samples received were HCV positive, although the processed number of samples can be regarded as low from the aspect of statistics ( $n=14$ ), therefore in the course of the following screening programme the number of samples from Veszprém should be increased ( $n=20$ ). In respect of Szeged and Pécs a statistically sufficient number of samples were processed to be able to regard the 25% HCV prevalence rate of injecting drug users from Szeged and the 18.6% HCV prevalence rate of injecting drug users from Pécs valid. On the basis of the results it seems that in the populations of injecting drug users (Budapest, Szeged, Pécs, Veszprém), that somehow became affected by the Hepatitis C virus, 25-40% of drug users were quickly infected by the virus. However, it seems that fortunately the virus has not yet affected several populations of injecting drug users from the countryside (Miskolc, Kecskemét, Szekszárd, Gyula), therefore the infection has not continued to spread.

Map 2. Geographical breakdown of the number of HCV screenings and the ratio of positive cases in 2006 and 2007



Source: National Centre for Epidemiology (Csohán et al. 2008a)

One out of the two HBsAg positive persons was screened in Budapest, and the other one was screened in Nyíregyháza.

Table 22. Geographical breakdown of HBV and HCV screenings and the ratio of positive cases

Region/city	People tested for the presence of HBsAg antigen			People tested for the presence of HCV antibodies		
	number	positive number	%	number	positive number	%
Budapest	319	1	0.3	308	111	36.0
Szeged	50	0	0.0	48	12	25.0
Pécs	59	0	0.0	59	11	18.6
Miskolc	29	0	0.0	30	0	0.0
Gyula	16	0	0.0	15	0	0.0
Kecskemét	20	0	0.0	20	0	0.0
Szekszárd	15	0	0.0	15	0	0.0
Veszprém	15	0	0.0	14	6	42.9
Debrecen	39	0	0.0	37	1	2.7
Nyíregyháza	2	1	50	2	0	0.0
Total (exc. Budapest)	245	1	0.4	240	30	12.5
<b>Total</b>	<b>564</b>	<b>2</b>	<b>0.35</b>	<b>548</b>	<b>141</b>	<b>25.7</b>

Source: National Centre for Epidemiology (Csohán et al. 2008a)

## Tuberculosis and drug use

In the course of the screening tests in 2007 only 1 new patient was found with tuberculosis, who declared him/herself as a drug user. The most significant risk factors are still alcohol dependence, homelessness and living alone (Jónás et al. 2008).

Table 23. Risk factors identified among tuberculosis patients

Risk factor	Number of patients	% of patients
Alcohol addict	285	16.3
Homeless	154	8.8
Contact person	65	3.7
Immigrant	12	0.7
Healthcare worker	16	0.9
Lives alone	107	6.1
Diabetic	68	3.9
Steroid treated	17	1.0
Closed community <sup>67</sup>	48	2.7
Drug user	1	0.1
HIV positive	4	0.2
Prison	11	0.6
No risk factor	1,207	68.9
Incidence:	1,752	114%*
Total	1,995*	

\* Several risk factors could be selected, this is why the total is higher than the number of patients  
Source: Epidemiology and operation data of pulmonology institutes in 2007

### Screening for infectious diseases in prison<sup>68</sup>

In prisons 828 persons volunteered for HIV screening, and no infected persons were found among them. In 2007 pulmonary screening was performed in the case of 11,761 persons, and 10 new tuberculosis patients were found.

In April 2007 screening campaigns for hepatitis C were organised in prisons with the participation of a business organisation and an NGO to reveal HCV infections. Before the end of 2007 seven prisons took part in the programme (for further information see chapter 7), in the course of which blood samples were taken from 2,151 persons. The samples were tested in the National Centre for Epidemiology. The presence of HCV antibodies were found in the blood of 99 persons out of all screened imprisoned persons, and 61 of them were also HCV carriers. The HIV screening test was also performed on the samples, and 1 positive case was found.

### 6.3. PSYCHIATRIC CO-MORBIDITY

In Hungary the first survey concerning the psychiatric co-morbidity of drug addiction was carried out in the spring of 2007 (Gerevich 2007). During the survey the prevalence rates of psychiatric co-morbidity were surveyed on the sample of 200 patients suffering from drug addiction<sup>69</sup>. The 10 outpatient treatment centres<sup>70</sup> participating in the survey have a high

<sup>67</sup> Social welfare home, hospice, children's home.

<sup>68</sup> On the basis of the report of the Hungarian Prison Service Headquarters and the National Centre for Epidemiology.

<sup>69</sup> Patients suffering from drug addiction treated at busy specialised outpatient treatment centres in Hungary in March and April 2007, agreeing to take part in the survey anonymously, were included in the sample selected by two-stage sampling. The measuring tools used during the survey were the European Adolescent Assessment Dialogue (EuroADAD), the Buss-Perry Aggression Questionnaire (BPAQ), the Beck Depression Questionnaire (BDQ) and the ADHD Screening Test (ASRS-VI.1.). The planned number of units in the sample was 200 people,

patient turnover, they cover the territory of the country, so they could sufficiently represent the diversity of patient groups due to geographical characteristics.

76% of the interviewed patients were men and 24% of them were women. The breakdown by age group was the following: 18% of the sample were 19 years old or younger, 29% were between 20-24, 26% were between 25-29, 24% were between 30-34, and 12% of the sample were 35 years old or older. (For further socio-demographic data of the survey see chapter 8.1.)

46% of the sample were using heroin and 39% were using herbal cannabis as a primary substance. The third most common primary substance was amphetamine, which affected 5% of all respondents. Approximately two-thirds of the patients had already injected drugs.

In the course of the survey the psychological condition of the respondents was examined from two aspects. On the one part the patients' everyday psychological problems occurring in the last 30 days were analysed. Among these problems especially boredom, sadness or slight depression and anxiety or intensive worrying represented the greatest problems in the lives of the patients. In the last 30 days more than half of the patients (57%) experienced a psychological or emotional problem. On the basis of their statements in the case of about one-tenth of them the problems lasted for 1-2 days, in the case of one-third of them these symptoms persisted for a longer period, for 3-7 days. About one-third of the patients suffered from these problems on each day of the month.

Table 24. Frequency of the occurrence of everyday psychological problems in the last 30 days

Everyday psychological problems	% of patients affected by it
boredom	52.8
sadness or slight depression	74.1
anxiety or intensive worrying	49.2
shame	31
uncontrolled temper	40.1
feeling hurt, offended	40.6
fear of physical abuse	11.2
insane thoughts	39.6
paranoid thoughts	27.9
experiencing "mental disorder"	24.4
fear of losing control over one's behaviour	29.4
feelings of derealisation	15.7
thoughts about ending life	29.4
feeling of hopelessness about the future	42.6
feeling worthless	37.1
feeling extremely shy	17.8
feeling humiliated	12.7
feeling "easy to be upset"	44.7

Source: Gerevich 2007

which was divided between the individual treatment centres according to their turnover of patients suffering from addiction.

<sup>70</sup> Nyírő Gyula Hospital Specialised Outpatient Treatment Centre and Prevention Centre, Budapest; OPNI Drug Prevention Methodological Centre and Outpatient Treatment Centre, Budapest; Soroksár Addiction Centre, Budapest; Alcohol-Drug Aid Outpatient Treatment Centre, Veszprém; Békés County Body of Representatives Pándy Kálmán Hospital Specialised Outpatient Treatment Centre, Gyula; HBM Kenézy Gyula Hospital and Outpatient Clinic - Specialised Outpatient Treatment Centre, Debrecen; INDIT Public Foundation Specialised Outpatient Treatment Centre, Pécs; Miskolc MJV Local Authority Semmelweis Hospital Specialised Outpatient Treatment Centre, Miskolc; Szeged MJV Local Authority "Dr. Farkasinszky Terézia" Youth Drug Centre, Szeged; Zala County Hospital Specialised Outpatient Treatment Centre, Zalaegerszeg.

On the other hand, the lifetime prevalence of psychopathological symptoms and syndromes was surveyed. A prevalence rate of more than 50% was observed in cases of severe depression lasting for at least two weeks, severe states of anxiety and permanent cognitive function disorder. Among patients using heroin as primary drug, the prevalence of severe depression was 70%, while it was only 44% among patients using herbal cannabis as primary drug. A similar proportion can be observed in respect of severe anxiety. 30% of the patients proved to be moderately or severely depressed at the time of the survey. The proportion of depression increases as people get older. Furthermore, a significant difference can also be observed between the genders as women tend to be more depressed. 60% of the examined persons were characterised by aggressive personality trait ("trait aggression") (36% moderate, 25% severe). In the case of patients using heroin as primary drug, trait aggression was higher than in the case of patients using herbal cannabis as primary drug. The severity of depression increased significantly in line with the increasing of aggression. Nearly half, 49% of the patients had already taken medication prescribed by a doctor to treat their psychological, emotional problems.

Table 25. *Lifetime prevalence of psychopathological symptoms*

<b>Psychopathological symptoms</b>	<b>% of patients affected by it</b>
severe depression	58.9
severe anxiety or tension	56.9
cognitive function disorders	54.3
disorder in controlling aggressive behaviour	34
serious suicidal thoughts	29.9
suicidal attempt	21.8
hallucinations	24.4
post-traumatic stress disorder	39.6
deliberate self-harm, self-mutilation	20.3
taking medication prescribed for emotional problems	48.7

*Source: Gerevich 2007*

In the case of 25% of the respondents some sort of psychiatric disease had occurred in their families. In respect of the parents it can be said that 14% of the mothers and 7% of the fathers had had some sort of psychiatric disorder.

The sample was also examined from the aspect of health problems and risk behaviours. A little more than half of the patients (53%) rate their own present health condition as average (36%) or clearly bad (17%). 8% of them felt that their health condition was excellent. 28% of the patients mentioned that they had a long-lasting chronic physical problem that caused them continuous inconvenience or made their lives difficult, and about the same proportion of patients (29%) had recently had medication prescribed for them to treat a physical disease. The most common problem was eating disorder, which affected one-third of the respondents. On the basis of the respondents' self-reports, among a few serious health problems, one person was HIV-infected and one person had tuberculosis. 4% of the respondents were affected by hepatitis B infection and one-tenth of them were affected by hepatitis C. 12% of the patients had a sexually transmitted disease. More than 50% of the women have had an abortion / miscarriage.

46% of sexually active people never use contraception, and 48% of them never use condoms. 26% of the respondents sometimes use contraception, and 29% of them use contraception on every occasion; the proportion of respondents sometimes using condoms is higher (30%), and the proportion of respondents using condoms on every occasion is lower (22%). The proportion of people never using condoms is higher than the average among people below the age of 19 (56%), their proportion is much lower in the age group between 20-25 (34%), and in the case of the remaining age groups it can be observed that as people



get older, it is more likely that they never use condoms. 68% of people above the age of 35 do not use condoms.

#### 6.4. OTHER DRUG-RELATED HEALTH-CORRELATES AND CONSEQUENCES

##### Driving accidents

In 2007, in the case of 97 road accidents the Police sent urine samples to the National Institute for Toxicology for further testing, suspecting the presence of a drug in the body having an unfavourable influence on the ability to drive, while the preliminary screening test was positive. 4 out of the 97 road accidents were fatal.

Out of the 97 samples, the Institute for Toxicology determined positivity in the case of 61 samples, and in the case of 27 of these samples the presence of a drug could be detected in the blood as well.

Table 26. *The presence of drugs in urinary samples deriving from road accidents by active substance content*

Active substance	Number of cases
THC	24
Amphetamine	13
Cocaine	2
Morphine (Heroin)	2
Amphetamine + THC	8
Morphine (Heroin) + THC	3
MDMA + THC	2
Amphetamine + cocaine	1
Amphetamine + cocaine + THC	2
Morphine + cocaine + THC	1
Morphine + amphetamine + THC	1
Benzodiazepines	2
<b>Total</b>	<b>61</b>
Demonstrated in the blood too	27

*Source: National Institute for Toxicology*

##### Pregnancies and children born to drug users

On the basis of the data relating to 2006-2007 supplied by the Gynaecology and Obstetrics Clinics No.1 of the Semmelweis University, the following statements can be made in connection with drug use.

In 2006-2007, at the Genetic Counselling 31 patients reported that they were using or occasionally used drugs during their pregnancy. After counselling pregnant women are referred to the regionally competent hospitals for treatment, although in many cases they do not attend further examinations and do not take part in prenatal care, so post-monitoring is not possible. The data can be even more distorted by the factor that in many cases they try to have an abortion after the deadline prescribed in the statutory regulation relating to induced abortion, referring to drug use.

After counselling induced abortion took place in 10 cases.

On the clinics, in a further 13 cases drug use during pregnancy became known after childbirth, which was due to the high proportion of pregnant women not participating in prenatal care (only 3 persons took part in prenatal care). The average age of the mothers was 26 years (the youngest mother was 19, the oldest mother was 36).

In respect of drug use, in 2 cases heroin dependence, in 3 cases amphetamine dependence, in 2 cases Speed, LSD dependence, in 2 cases dependence on inhalants, in 2 cases alcohol dependence, in 1 case dependence on medicines (Andaxin, Convulex), and in 1 case dependence on heroin and medicine (Rivotril) was observed.

In 10 out of the 13 cases, the newborn infant was in need of intensive care and monitoring. On the basis of the period of pregnancy in 5 cases premature delivery took place, while in a further 5 cases the birth weight of the newborn infants was much lower than what could be expected in the given week of pregnancy due to intrauterine retardation. In 2 cases developmental abnormality was diagnosed (foot deformity, corpus callosum dysgenesis).

In these cases social problems related to drug use are also extremely emphatic. In 1 case the mother was admitted to hospital from prison, 6 mothers were homeless, 1 mother was under after-care following state care, and 2 mothers were under guardianship due to psychiatric disorder.

Only in 1 case was it possible to discharge the newborn without taking any official child protection measures, and in 2 cases the newborn infants were placed in a mothers' home. In 1 case the newborn infant died a few hours after birth, in 2 cases they initiated that the newborn infants would be taken into care, in 5 cases temporary placement of the newborn infants was initiated, in 1 case secret adoption and in 1 case open adoption took place.

## Drug intoxications

Similarly to the previous year, in 2007 again the data generated at the Clinical Toxicology Department of the Péterfy Sándor Street Hospital<sup>71</sup> is presented in connection with cases of drug intoxication.

As compared to the previous year the number of patients treated at the department did not change significantly (in 2006: 670 patients, in 2007: 672 patients), in 2007 the highest number of patients were admitted to the department because of the use of opiate type substances<sup>72</sup>, mainly heroin (154 men, 47 women). As compared to 2006 the number of patients in need of treatment because of heroin overdose increased both among men and women. After opiates the second most frequently overdosed substances are amphetamines, but in this case the exact type of the substance is not known in 64.6% of the cases. Typically these cases occurred because of medicines containing stimulants prescribed for diseases in old age<sup>73</sup>.

While amphetamine-type non-lethal overdoses were more frequent among men (32 men, 26 women), ecstasy overdose was more common among women (8 men, 25 women).

In respect of age distribution, among women a shift towards younger age groups can be observed. While among men most cases of non-lethal drug overdose occurred in the age group 25-29, among women such cases occurred mostly in the age group 20-24. In the case of men the second most affected age group is the age group 20-24, and in the case of women it is also the younger age group 15-19.

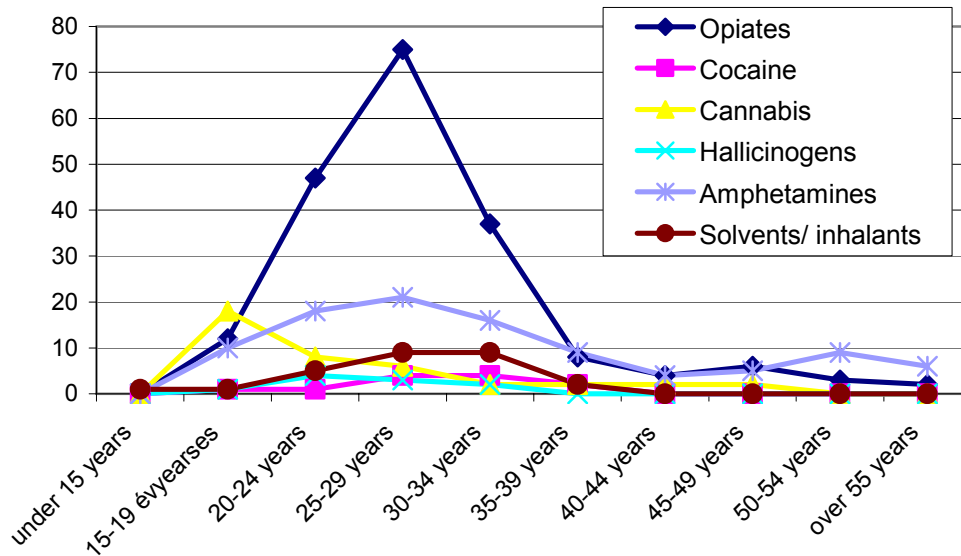
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<sup>71</sup> On the problems of data collection see: Report on the drug situation in Hungary 2007 <http://drogfokuszpont.hu/?pid=96>

<sup>72</sup> Opiate type substances are: opium, heroin, morphine, other opiates, synthetic narcotic hypnotics, methadone, opiate without any separate designation; cocaine type substances are: cocaine (hydrochloride), cocaine base (crack), cocaine without any separate designation; cannabis type substances are: marijuana, hashish, cannabis without any separate designation; hallucinogens are: LSD, hallucinogens without any separate designation; amphetamine type substances are: amphetamine, methamphetamine, other amphetamines (ecstasy, MDA, MDMA, MDE, MBDB, 4-MTA), amphetamine without any separate designation.

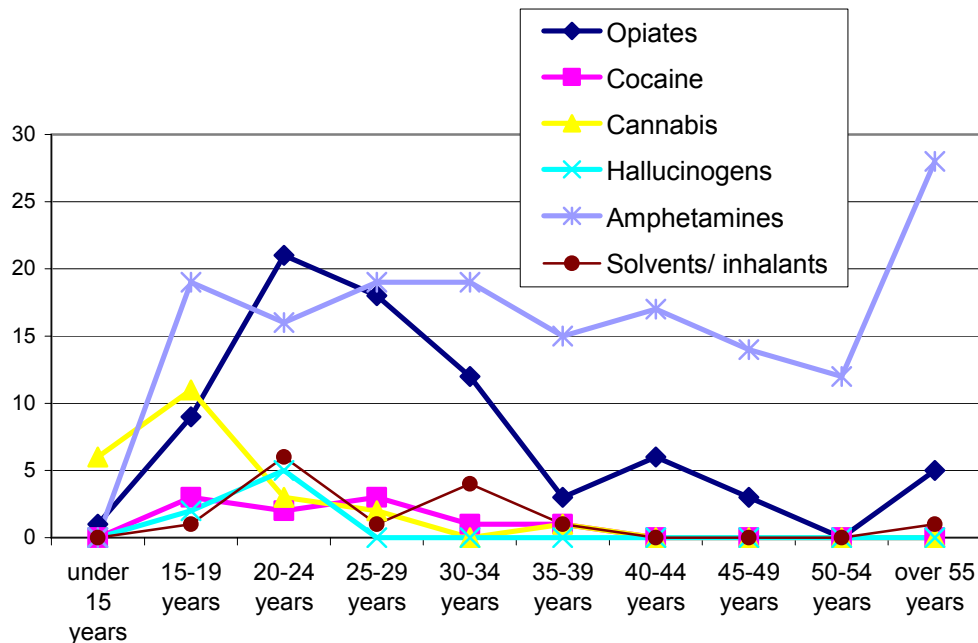
<sup>73</sup> E.g. substance containing selegiline (Jumex) used for the treatment of Parkinson's disease and Alzheimer's disease

Figure 40. Breakdown of men treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital for drug intoxication by age group (N=381)



Source: Report No. 1627 by OSAP and Report No. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

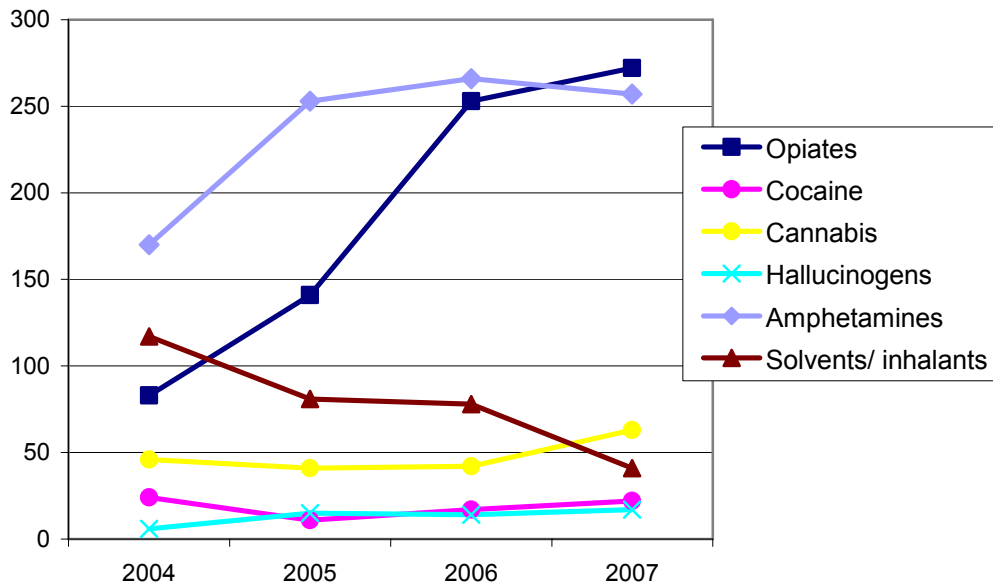
Figure 41. Breakdown of women treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital for drug intoxication by age group (N=291)



Source: Report No. 1627 by OSAP and Report No. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

In respect of the cases of intoxication occurring in the recent years, an increase can be observed that slows down by 2007. In the case of opiate, cocaine and cannabis type substances and in the case of hallucinogens there is a slight increase, while in the case of amphetamine type substances there is a slight decrease. The most significant decrease can be observed in the number of solvents/ inhalants overdoses.

Figure 42. The number of patients treated for drug intoxication at the Clinical Toxicology Department of Péterfy Sándor Street Hospital between 2004 and 2007



Source: Report No. 1627 by OSAP and Report No. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

## Conclusions

In 2007, due to insufficient data supply no comprehensive information is available on the number of deaths caused by drug use. On the basis of the data available it can be stated that as compared to the previous year no significant change took place in the number of deaths directly related to drug use, and the number of heroin overdoses decreased.

As compared to the survey performed in the previous year, in 2007 nearly double the amount of data was available for measuring the HIV, HCV, HBV prevalence among injecting drug users in Hungary. No HIV positive cases were revealed in 2007 either. In respect of HCV prevalence no significant change was observed when comparing the results of the last two years (2006: 28.9%; 2007: 25.7%). The annual prevalence rate measured in 2007 among injecting drug users in Budapest (36%) is practically the same as the prevalence rate measured in the previous year (37%), while among people living in the countryside the 12.5% HCV positivity measured is lower than the proportion of 18.4% determined in 2006. With respect to the fact the number of samples collected in the countryside was nearly doubled as compared to the previous year, the 12.5% prevalence rate may be closer to the actual situation than the rate determined in 2006. The survey needs to be continued in the following years. Depending on the available funds the aim in the future is to increase the number of people drawn in the sample, involve even more NGOs and specialised outpatient treatment centres in the work, and organise the continuous routine HIV and HCV screening of injecting drug users, at least once a year, at a number of outpatient treatment centres.

The psychiatric co-morbidity of drug addiction is more than 50 % in the population of drug addicts. The conclusions drawn from surveying and handling the pathophysiological and psychosocial background of co-morbidity may increase the quality of treatment results among psychiatric patients and patients suffering from drug-use disorders, decrease the number of hospital treatments and improve the cost-profit ratio of the treatment of patients with severe psychiatric disorders. In the case of unrecognised co-morbidity the outcome of the treatment of drug addicts becomes worse, patients may respond to medication and psychosocial treatment less favourably, the cost-efficiency of the treatment deteriorates.

Joint occurrence of uncontrolled mental and drug-use disorders may endanger the individual's life.

Standardised data collection concerning drug use during pregnancy and children born to drug users still has not been developed. In most cases drug use by pregnant women remains hidden, because no specialised health institute can be found on the healthcare map where drug user pregnant women could be provided with addiction treatment and gynaecological-obstetric care (with special respect to prenatal care) at the same place and at the same time.

In Budapest the number of patients in need of treatment because of drug intoxication did not change significantly as compared to the previous year. In 2007 most patients were admitted to hospital because of heroin overdose, and the number of heroin overdoses slightly increased both among men and women. After opiates, amphetamines are the second most frequently overdosed substances. As compared to the previous year, the most significant decrease could be observed in the number of solvents/ inhalants overdoses.

## 7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

### 7.1 PREVENTION OF DRUG-RELATED DEATHS

No new information available.

### 7.2 PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

#### Prevention

##### *Needle exchange programmes*

In 2007, 14 organisations operated needle exchange programmes (NSPs), and 4 of these organisations are still located in Budapest. The geographical distribution of the organisations outside of Budapest has not changed for two years either, and the north-west region of the country is still not adequately covered by needle exchange programmes.

Injecting drug users have the possibility to join fixed NSPs at two organisations in Budapest and six organisations outside of Budapest. Two new programmes have been launched in Miskolc and Békéscsaba within the framework of the Hungarian Baptist Aid and MI-ÉRTÜNK [For Us] Prevention and Aid Association. In the scope of the eight programmes the total number of injectors<sup>74</sup> distributed was 151,960, which indicates an increase of only 48% as compared to the previous year (in 2006 there was a 75% increase). More than 90% of the increase in 2007 was due to the syringes distributed by the Blue Point Drug Counselling Outpatient Centre. At the same time in the case of all other service providers too a significant increase can be observed in the number of syringes distributed as compared to their data in the previous year. In cities other than Budapest the number of distributed injectors ranged between 40-1,740. At national level the proportion of injectors returned by the clients slightly decreased, it was 50% in the case of fixed NSPs.

In 2007 the turnover at vending machines increased by a further 23%, in the scope of five programmes (one of them located in Budapest) 27,242 injectors were distributed. During the year 1,180 injectors were found in the special waste containers placed in the vicinity of some vending machines, which indicates an increase by nearly 18% as compared to the previous year. The number of syringes issued by the vending machine under the control of INDIT Public Foundation shows an increase of 67.6%, and the number of syringes purchased from the vending machine at Pándy Kálmán Hospital doubled.

Besides the two service providers located in Budapest, because of the EFOTT Festival held in Debrecen, a mobile needle exchange service was also provided at the Debrecen location of the Hungarian Interchurch Aid Organisation. As compared to the data of 2006 there was hardly any change in the number of injectors distributed (16,885), but the exchange rate was nearly 100%. The stagnation observed in the number of distributed syringes is probably due to the fact that one of the service provider's stopped using its mobile bus, as a result of which nearly all data in 2007 represent the Street Front Programme of the Hungarian Baptist Aid.

The number of street outreach programmes facilitating the discovery of hidden injecting drug users and making syringe exchange available to them continued to increase, presently there are 9 programmes (3 in Budapest, 6 outside of Budapest) due to the separation of the programmes of Pándy Kálmán Hospital in Gyula and the Independent Association. As of

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<sup>74</sup> Injector: needle + syringe

2007 the latter association continued the street outreach programme in Gyula. In the scope of these programmes 17,687 injectors were distributed in the previous year, which has been the lowest number since 2003. Although the exchange rate slightly increased as compared to 2006 (to 66.6%), since 2004 the number of syringes returned by clients in the scope of street outreach programmes has continuously been decreasing at a gradually slower rate. A possible explanation of this may be that drug users prefer to return used needles to fixed locations or to mobile stations. The improvement of the exchange rate by 11% was also due to the 37% increase in the number of used syringes collected in public areas.

Table 27. *Injector and client turnover data of needle exchange programmes, 2003-2007*

	Fixed location	Mobile needle exchange	Street outreach	Needle vending machine	Total
<b>2003</b>					
distributed	19,600	682	28,970	2,415	51,667
returned (+collected)	7,984	695	15,081	5	23,764
exchange rate	40.7%	101.9%	53.1%	0.2%	46.5%
number of clients	490	37	424	-	951
number of contacts	2,321	912	426	-	3,659
<b>2004</b>					
distributed	30,649	2,870	38,742	7,510	79,771
returned (+collected)	18,739	2,370	21,384	65	42,558
exchange rate	61.1%	82.6%	55.2%	0.8%	53.4%
number of clients	561	82	471	-	1,114
number of contacts	3,665	1,590	1,007	-	6,262
<b>2005</b>					
distributed	58,804	5,500	20,823	20,263	105,390
returned (+collected)	32,941	3,722	15,343	496	52,502
exchange rate	56.0%	67.7%	73.7%	2.4%	49.8%
number of clients	440	131	388	-	959
number of contacts	5,172	2,148	1,380	-	8,700
<b>2006</b>					
distributed	102,981	16,689	22,763	22,090	164,523
returned (+collected)	53,907	14,789	12,613	1,002	82,311
exchange rate	52.3%	88.6%	55.4%	4.5%	50.0%
number of clients	900	232	636	-	1,768
number of contacts	6,013	3,117	1,758	-	10,888
<b>2007</b>					
Distributed	151,960	16,885	17,687	27,242	213,774
returned (+collected)	75,498	16,848	11,787	1,180	105,313
exchange rate	49.7%	99.8%	66.6%	4.3%	49.3%
number of clients	1,333	145	541	-	2,019
number of contacts	14,570	3,158	10,239	-	27,967

Source: *Reitox National Focal Point*

In 2007 the total number of injectors distributed increased by 30% as compared to the previous year, while the exchange rate, following the gradual tendency lasting since 2003, decreased again. According to the data, 2,019 clients were involved in the needle exchange programmes, which is only a 14% increase as compared to 2006. The number of injectors per capita, an indicator implying secondary exchange, which decreased in 2006 for the first time since data collection was started (2003), increased again in 2007 to 106 injectors per capita. It may be due to the fact that the number of clients involved in the fixed NSP of the

Blue Point Drug Counselling Outpatient Centre suddenly increased by two and a half times, as a result of which the number of syringes distributed also increased. As a whole the total number of client contacts was 27,967, which also represents an increase of 2.5 times. The sterile syringes distributed on the occasion of these contacts may have also contributed to the increase in the number of injectors per capita.

### **Counselling, screening**

The 567 injecting drug users providing samples during the HIV/HBV/HCV screening campaign<sup>75</sup> organised by the National Centre for Epidemiology between 15 October and 31 December 2007 were informed about their test results by the workers of the 15 participating specialised outpatient centres and organisations. In the case of a positive result persons infected by HBV or HCV were provided with appropriate information about what can be done to prevent the spreading of the infection and where they can turn to for the purpose of being put under further medical care.

On the occasion of the World AIDS Day, the National Centre for Epidemiology published attention-catching posters and information booklets about the disease, and beside HIV/AIDS counselling centres these posters and booklets were also provided for the 15 specialised outpatient treatment centres or needle exchange programmes taking part in the HIV/HCV/HBV screening campaign in 2007.

On the occasion of the World AIDS Day lectures and consultations were organised first of all for secondary school pupils. NGOs also participated in the programmes with different leaflets and competitions. Publications were issued in several counties in the interest of the prevention of AIDS on the occasion of the World Day, in a form ensuring further use, and these publications were sent to local secondary schools and GPs.

A two-day HIV / AIDS Counselling training course was organised in September 2007 with the participation of 26 employees working in institutes for the treatment of venereal and skin diseases. The aim of the special training course was to pass on up-to-date theoretical knowledge and teach practical skills in the scope of situation training. The primary aim of the training course was to encourage doctors to talk freely about sensitive issues with people in the case of whom HIV infection can be presumed.<sup>76</sup>

In October 2007 an internet site was set up where information can be found on diseases caused by the Hepatitis virus, on the risks of becoming infected and on treatment. On the site the opinion and advice of specialists can be requested anonymously.

On the starting page visitors to the site can fill in a questionnaire in which they are asked questions about the ways of becoming infected and about the symptoms of hepatitis. Then the site evaluates the result and tells the visitors if they need further counselling. Among the risk factors of becoming infected, drug use (injecting drug use, cocaine sniffing) is also stated. At the end of 2007 (between the end of November and the end of December) 8,763 persons filled in the questionnaire, 586 (6.7%) of whom selected drug use as a category characteristic of them.<sup>77</sup>

The HCV screening campaign organised in 2007 in detention facilities with the participation of a business organisation and an NGO started with a 30-minute preliminary information lecture. After the lecture the imprisoned persons were given the opportunity to take part in the screening voluntarily. (For further details and the screening results see chapter 6.2.)

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<sup>75</sup> For the results of the 2007 survey see chapter 6.2.

<sup>76</sup> On the basis of the report by the Ministry of Health

<sup>77</sup> Duplications may be included.



The modern medication of the volunteer patients meeting the therapy criteria out of the 61 imprisoned persons found to be HCV carriers has started at the regional centres for hepatology, and the rest of the patients have been put under care.

### **7.3. INTERVENTIONS RELATED TO PSYCHIATRIC CO-MORBIDITY**

The co-morbidity survey (Gerevich 2007) carried out in 2007 (see: chapter 6.3.) demonstrated that 55% of the respondents found it important to receive help and advice in connection with their emotional, psychological problems; 40% of the respondents found it quite or very important.

About two-thirds of the patients asked have already received outpatient treatment because of emotional or psychological problems. (The term “treatment” refers to a treatment period rather than to the number of visits in the followings.) Half of the patients receiving treatment turned to an outpatient treatment centre for help on 1-2 occasions, and one-quarter of them asked for help on 3-5 occasions. 38% of the patients have received hospital treatment in connection with their emotional or psychological problems, 61% of them received hospital treatment on 1-2 occasions, while 16% of them received hospital treatment on more than 5 occasions.

### **7.4. INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES AND CONSEQUENCES**

#### **The prevention of road accidents related to drug use**

In 2007 again Hungary participated in the TISPOL international road monitoring campaign, the aim of which was to force back driving under the influence of alcohol or illicit drugs. Monitoring took place on 3 days in June and on 2 days in December, it lasted for 8 hours every day and covered the whole territory of the country. Similarly to the previous year, in June substances indicating drug use were detected in 3 cases using urinary samples during preliminary screening (rapid tests), while in December each one of the 1,798 tests was negative.

#### **Interventions concerning drug-using pregnant women and their children**

The Sober Babies informal self-help group established in 2006 set up its own website, where they regularly provide information on the events of the club and on developments and events concerning the care provided for pregnant mothers who are using or have used drugs. On an internet portal 1,200 persons contacted the group, and about 800 of them were specialists (public health nurses, social workers, lawyers and doctors).

The group was contacted in 30 cases by women with their own personal problems. The majority of these 30 women had found out about their pregnancy a maximum of two weeks earlier and had used drugs at the time of or following conception. The group did not give professional advice to the people contacting them, when they were requested they helped people to find professional help – in cooperation with health, social and legal service providers – offering the possibility of continuous communication for people requesting help.

The Sober Babies group can also be contacted at the client service office of the Hungarian Human Rights Protection Centre Foundation (MEJOK). This latter organisation provides special legal and social services for pregnant women who are using or have used drugs – addiction treatment consulting, family consulting, public area outreach work, community programs, services supporting life conduct – in the framework of its legal support service from 2006 and in the framework of its social basic low-threshold service provided for people suffering from an addiction from 2007. The importance of the services is demonstrated by the experience of the client service office gained so far. Until the end of 2007, 15 women who

had already had children and were currently using or had ever used drugs agreed to talk about their pregnancy. One of the reasons for making no mention of their drug use to health workers was their lack of legal knowledge and uncertainty about health workers' obligation of secrecy and the protection of foetal life. Their experience is that in the field of social and health services there is no appropriate propaganda and information, and specialists are not trained in connection with providing care for drug using pregnant women.

In 2007 the TÁMASZ treatment centre in Liget utca belonging to the National Institute of Addictions joined the special services of MEJOK via a professional cooperation agreement, and the workers of the treatment centre hold consulting hours at the client service office of MEJOK concerning psychiatry, paediatric psychiatry and addiction treatment.

### *Conclusions*

Although according to the data of needle exchange programmes the number of injectors per capita has increased again, an increase can also be observed in the number of clients and contacts. The increasing of the latter two variables can be detected mainly among the data of fixed programmes.

## 8. SOCIAL CORRELATES AND CONSEQUENCES

### Overview

In 2007 three surveys were carried out in Hungary, which contribute to the individual sections of the present chapter. The above surveys were aimed at examining how much the homeless population of Budapest is affected by drugs (Paksi et al. 2008), determining the prevalence of the psychiatric and addiction co-morbidity of drug users in treatment, moreover the socio-demographic and psycho-social variables related to the addiction and psychiatric symptoms (Gerevich 2007), and the social judgement and exclusion of drug users (Busa et al. 2008). Apart from the above surveys, the Addiction Research Institute made a comparative analysis (Hajdu 2008) comparing the surveys entitled "The psycho-social problems and needs for support of young people in pursuit of danger and endangered young people"<sup>78</sup> and "The psychiatric co-morbidity of drug addiction"<sup>79</sup>.

Apart from these surveys this chapter is based on the regular and unified data (TDI) of the clients requesting treatment and appearing in and using the treatment/care system and the system of diversion.

### 8.1. SOCIAL EXCLUSION

#### *Socio-demographic data deriving from the TDI database*

In the present chapter the changes in the extent of the social exclusion of drug users are presented first of all on the basis of the TDI database. The TDI database, considering the extent to which it is currently processed, can be regarded 90% complete, therefore the statements below based on the TDI database cannot be regarded final<sup>80</sup>. The results received in this way, if it is possible from the aspect of methodology, are supplemented and compared with the results of the surveys above.

In 2007, the TDI data of 1,185<sup>81</sup> clients were reported<sup>82</sup> by the service providers to OAI (for the detailed description of the characteristics of the patients treated see chapter 4.2). The average age of the persons in the sample was 28.7 years (in 2006 it was 28.5 years).

In the database the proportion of men and women practically did not change. In 2007 again there was a higher proportion of men, 78.6% (929 persons), while the proportion of women was 21.4% (253 persons<sup>83</sup>)<sup>84</sup>. In respect of drug use it can be stated that cannabis continued to be the most characteristic substance as primary drug (36.1%), followed by opiates (mostly and outstandingly heroin) (28.8%). 11.5% of the treated patients used hypnotics/sedatives as a primary drug. In 2007 both the use of stimulants and abuse of prescription drugs was above 10%. Among patients in treatment, cocaine as a primary drug was represented in 3%, stimulants in 13.9%, hallucinogens in 0.9%, inhalants in 2.2%, other substances in 4.6% of the cases<sup>85</sup>.

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<sup>78</sup> sponsor: NKTH 2005-2008, consultant: Dr. József Gerevich

<sup>79</sup> sponsor: Ministry of Labour and Social Affairs, head of survey: Dr. József Gerevich

<sup>80</sup> For further characteristics of the database see chapter 4.2.

<sup>81</sup> In 2006 the data of a total of 1,472 persons was reported.

<sup>82</sup> The data of patients entering treatment through diversion are not included.

<sup>83</sup> The gender of the remaining 3 persons was not recorded.

<sup>84</sup> There is such a great difference between the two genders that it cannot even be compensated by the missing data. In the present case this statement is also valid in respect of the comparability of the years 2006 and 2007.

<sup>85</sup> The group of cocaine includes: cocaine, crack and other derivatives; stimulants include: amphetamines, MDMA and other derivatives, other stimulants; hallucinogens include: LSD and other derivatives.

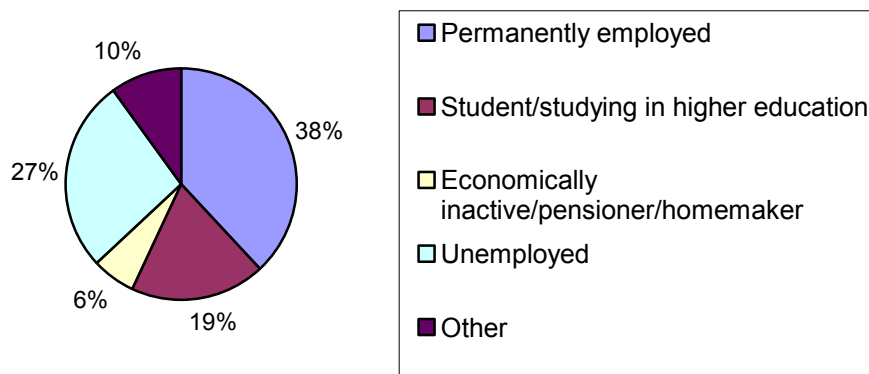
## Unemployment

According to TDI data 38.4% (441 persons) of the persons entering treatment had jobs.<sup>86</sup> In 2006 this proportion was 30.1% (422 persons). The cause of the change is not known exactly. In the treated population the proportion of the unemployed was 26.7%. In 2006 the employed and the unemployed were represented among the treated patients in approximately the same proportion, but in 2007 there is an 11.7% difference in favour of permanently employed people.

According to the data of the Hungarian Central Statistical Office (KSH) relating to quarters I-IV of 2006 the unemployment rate was 7.5% (KSH 2007). In the same period among people of working age (women between the age of 15–60 and men between the age of 15–61) the unemployment rate was 7.5% again. When examining the same data in respect of 2007, it can be seen that in quarters I-IV the unemployment rate was 7.4%, and the unemployment rate observed among people of working age was 7.5% (KSH 2008).

In the population recorded in the TDI database relating to 2007 – even beside the favourable change as compared to the previous year – it can be seen that the unemployment rate was three and a half times higher than the national unemployment rate<sup>87</sup>.

Figure 43. *Labour status among clients in treatment in 2007*



Source: OAI 2008

On the basis of the categorisation according to employment status the survey (Gerevich 2007) entitled "*The psychiatric co-morbidity of drug addiction*"<sup>88</sup> determined three categories, such as: attends school (21%), works (including unregistered work) (44%), other (unemployed, presently not at school - 35%).

The proportion of the unemployed was the highest among people above the age of 31, their proportion was 40% in the age group between 30-34, and 52% among people above the age of 35. Those who had a job at the time when they were interviewed worked an average of 24.6 hours per week. In respect of the average number of working hours per week there was no significant difference between the two genders. As opposed to this, age had a decisive influence on the average number of working hours per week. Up to the age group 25-29, the older the people were, the more they worked. In the mentioned age group they worked 37.7 hours a week. The number of working hours is slightly less above the age of 30 (36.3 hours), and above the age of 35 the respondents worked nearly 6 hours less per week (31.9 hours).

<sup>86</sup> In the case of 38 persons out of 1,185 persons the employment status is not known.

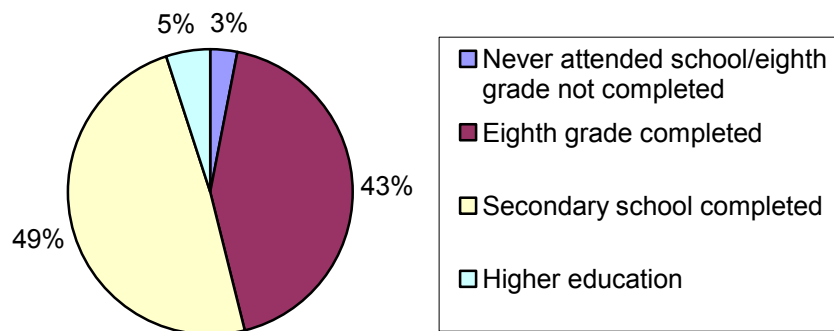
<sup>87</sup> In the TDI database relating to 2007 only 3 persons are below the age of 15, which does not affect comparability significantly.

<sup>88</sup> Due to methodological differences – see chapter 6.3. – the results of the survey cannot be compared or can only be partly compared with the results of the TDI database.

## Dropping out of school

According to the TDI data, the highest completed educational level in the case of 42.7% of the clients in treatment is primary school education, 2.7% of them never attended school or did not finish primary school. 5% (57 persons) finished college or university, and 49.6% (559 persons) finished secondary school.<sup>89</sup> 18.5% of the responding drug users (213 persons) were students at the time of filling in the questionnaire.<sup>90</sup> The data of 2006 is similar to the data of 2007<sup>91</sup>.

Figure 44. Highest level of completed education among clients in treatment in 2007



Source: OAI 2008

21% of the sample examined in the course of the co-morbidity survey attended school at the time of data collection. One-third of the people attending school were below the age of 19, and 43% of them were in the age group 20-24. 42% of the respondents had to repeat a year during their studies. Neither age nor gender showed a significant connection with year repetition. In the course of the survey school qualifications were measured on the basis of the number of school years completed. The sample of 197 completed an average of 11.7 school years. 13% completed 8 primary school years, 35.5% completed 9-11 school years, and one-fifth of the sample completed 12 school years. One-third of the sample completed 13 or more school years.

36% of the respondents said that they intended to suspend their studies temporarily because of behavioural problems, and 28% of them wanted to interrupt their studies for good. Year repetition had a considerable effect on the suspension or final discontinuation of studies. Among people expressing such intentions the proportion of those who had to repeat a school year was 20 percentage points higher than the proportion of those who did not repeat a school year. 64% of the people in the sample had average results in their last school year, 20% of them achieved results below the average, and 15% of them achieved results above the average. Among people intending to suspend and finally discontinue their studies the proportion of those who achieved results lower than the average was higher than the proportion of those who had average results or results higher than the average. In respect of the current or the last school year the frequency of school problems was also examined during the survey on the basis of 14 school problems.

<sup>89</sup> In the case of 59 persons out of 1,185 persons the school qualifications are not known.

<sup>90</sup> The student status could be selected under the question relating to employment status, where in the case of 35 persons out of 1,185 persons the employment status is not known.

<sup>91</sup> For the data of 2006 see chapter 8.1. of National Report 2007.

Table 28. *The frequency of the occurrence of individual school problems (%)*

Problem	%	Problem	%
Failing a year at school	33	Disciplining, suspension imposed by the school administration	41
Regular truancy	53	Difficulties with reading	14
School is boring	64	Using illness as an excuse to be absent from school	56
Lessons are too difficult	21	Feeling excessively restricted at school	31
Not being motivated to perform well	55	Destructive behaviour during lessons	51
Not enjoying school	56	Failing to do homework	76
Having problems with teachers	45	Attending special lessons	28

Source: Gerevich 2007

An average of 6.24 problems occurred per person. Only 6% of the sample did not have any problems during their studies. A maximum of 5 problems were mentioned by 40% of the respondents, at the same time 15% of the respondents selected 10 or even more school problems. Most people selected the problems "Failing to do homework" and "School is boring" (76% and 64%). More than 50% of the respondents were regular truants in their last school year or in the current school year, they used illness as an excuse to be absent from school, were under-motivated, did not enjoy school or showed destructive behaviour during lessons. The lower number of completed school years people had the more problems they had at school on average. Among those who had to repeat a school year problems occurred in a higher proportion (7.84 problems on average) than among those who did not repeat a school year (4.99 problems on average). Those who intended to suspend or finally discontinue their studies were also characterised by a higher number of problems.

Table 29. *Average number of school problems in the case of individual groups*

Groups	Average number of problems	N
People repeating a school year	7.84	81
People not repeating a school year	4.99	113
People intending to leave school temporarily	7.81	69
People not intending to leave school temporarily	5.28	125
People intending to leave school permanently	7.79	54
People not intending to leave school permanently	5.56	140

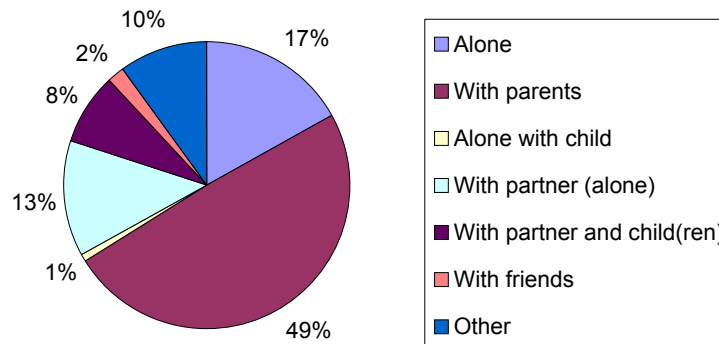
Source: Gerevich 2007

## Social network

On the basis of TDI, in 2007 47.8% of patients in treatment (552 persons) lived with their parents<sup>92</sup>. The average age of the respondents was 28.7 years. The proportion of people living alone was 17.4%, the proportion of people living with a partner was 13.3%, the proportion of people living with a partner and children was 8.3%, and the proportion of people classed in the "other" category was 9.6%. The proportion of people living alone with a child or living with friends was very low within the sample. The former proportion was 1.2%, while the latter one was 2.4%.

<sup>92</sup> In the case of 29 persons out of 1,185 persons their life situation is not known.

Figure 45. *Living status (with whom) of clients in treatment in 2007*



Source: OAI 2008

16% of the patients in treatment mentioned that their families had already received help from a social service provider.

In the course of the co-morbidity survey the respondents were also asked about their partner relationships. One-tenth of drug addicts have no close friends at all among the people they know. 72% of them have 1 to 5 close friends, and 18% of them have more than 5 close friends. Typically 75% of the respondents said that at least one of their five closest friends had already had something to do with the police due to alcohol or drug problems, and 12% of them said that their five closest friends had all had dealings with the police due to alcohol or drug problems.

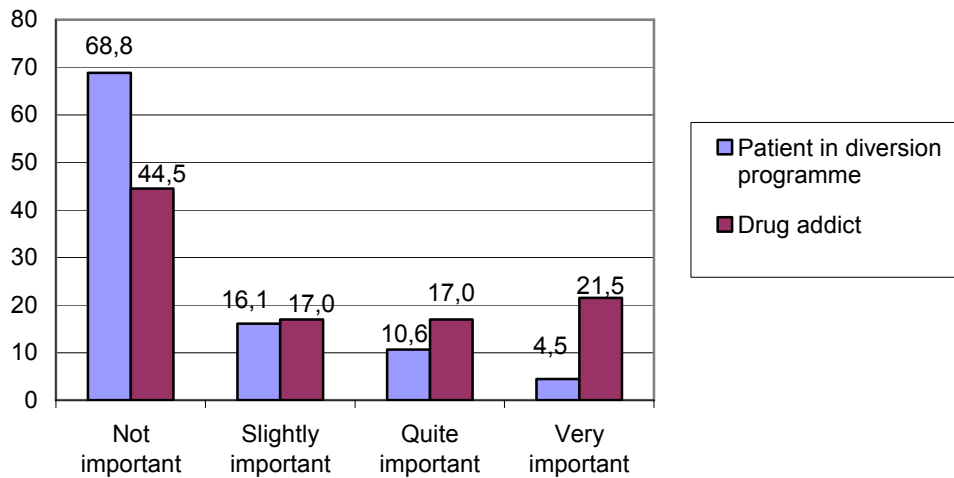
Partner relationships are characterised by that one-fifth of the examined sample had not had a partner relationship in the last 3 months. 58% said that they had one partner relationship. Women were more characterised by having a partner relationship than men.

The importance of the social network both among people participating in diversion programmes and among addicted drug users is also supported by the facts of the following survey. In the scope of the comparative analysis entitled *"The need for support in the case of people participating in diversion programmes and drug addicts"*<sup>93</sup> (Hajdu 2008) the following results were obtained.

In respect of health problems the results of the survey indicated that drug addicts have a significantly greater need for support than people participating in diversion programmes, 65% found that support relating to health condition was not important.

<sup>93</sup> During the analysis, the population of the survey mentioned in chapter 6 and above (Gerevich 2007) and the participants in the survey entitled "The psycho-social problems and needs for support of young people in pursuit of danger and endangered young people" also carried out by József Gerevich and collaborates (293 drug users participating in diversion programmes – at specialised outpatient treatment centres and at preventive-consulting services) were compared. The comparative analysis was performed on the basis of eight variables of the EuroADAD tool (health condition, school, partner relationships, family, psychological condition, legal status, alcohol consumption and drug use). In the present chapter only a few of the variables are highlighted without the intention to provide an entire analysis.

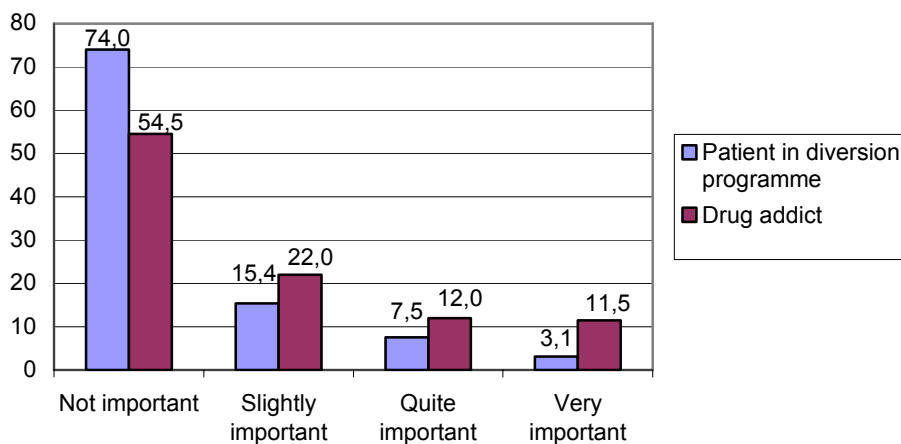
Figure 46. *The importance of the need for support relating to health condition among patients in diversion programmes and drug addicts*



Source: Hajdu 2008

In respect of the variable of partner relationships it can be observed that 74% of the people participating in diversion programmes did not require help and were quite satisfied with their partner relationships, as opposed to addicts, among whom the number of those who found that it was important to support this area was four times higher. Independently from this, in both groups more than 40% of the people were "quite" satisfied with their partner relationships.

Figure 47. *The importance of the need for support relating to partner relationships among patients in diversion programmes and drug addicts*



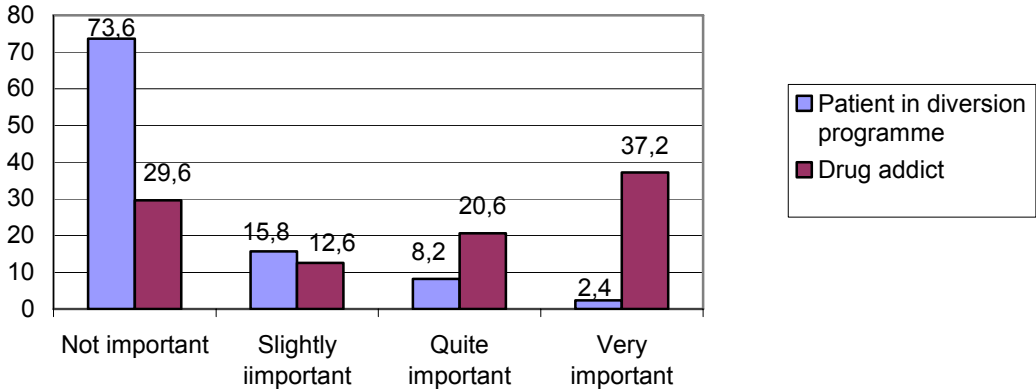
Source: Hajdu 2008

The need for support in connection with family problems was more or less the same in the two groups. The majority of both groups (76% among patients in diversion and 58% among addicts) selected the category "not important", at the same time there were four times as many addicts as people in diversion who found support very important in this field too (14% and 3%). These numbers are also supported by the fact that in connection with family conflicts people in diversion reported on less serious problems that addicts.



Of all problem areas the greatest difference between people in diversion and drug addicts lies in their need for support in connection with drug use. While three-quarters of people in diversion did not require help at all, this proportion among drug addicts is 30%. As opposed to this 37% of them found it very important to receive help. This proportion is fifteen times higher than among people in diversion.

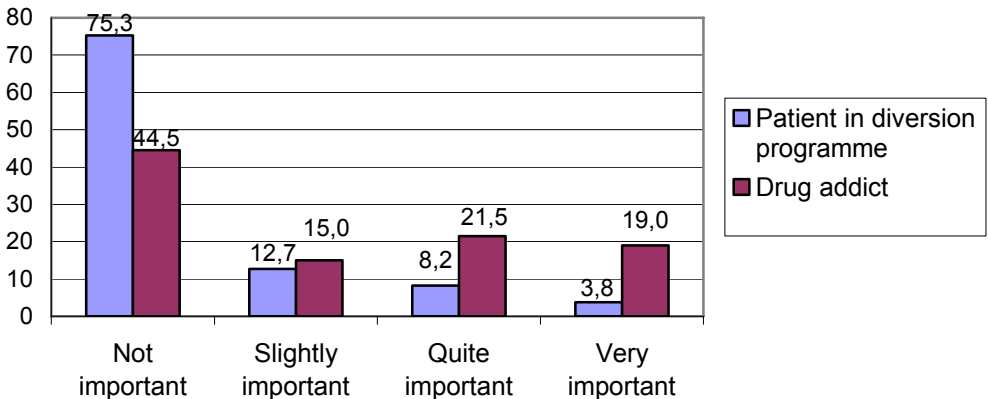
Figure 48. *The importance of the need for support relating to drug use among patients in diversion programmes and drug addicts*



Source: Hajdu 2008

In respect of the need for support relating to psychological problems there is a very significant difference between the two groups. As it can be seen in the figure below, three-quarters of the people in diversion found that support in connection with their psychological problems was not important, while 40% of addicts found it quite or very important.

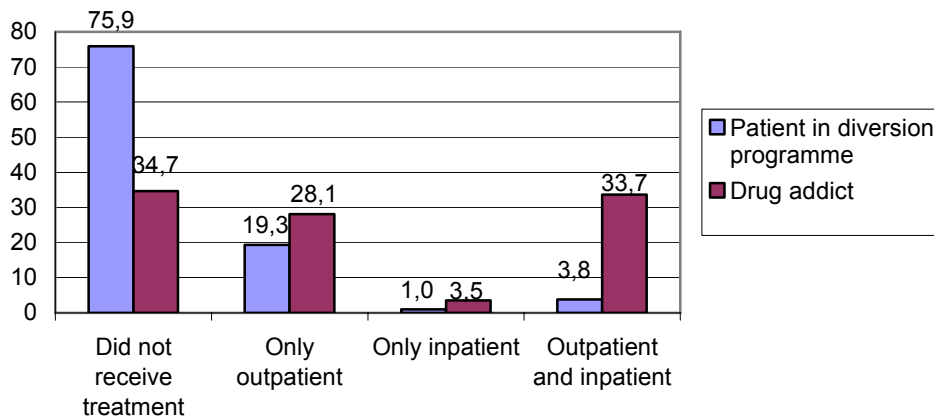
Figure 49. *The importance of the need for support relating to psychological and emotional problems among patients in diversion programmes and drug addicts*



Source: Hajdu 2008

In respect of the psychological condition it can be stated on the basis of the data that while 75% of the people in diversion have not received treatment because of psychological problems, 33% of drug addicts have received both outpatient and hospital inpatient treatment because of such problems. A significant proportion of both groups have received only outpatient treatment, nearly 20% of people in diversion and more than 25% of addicts.

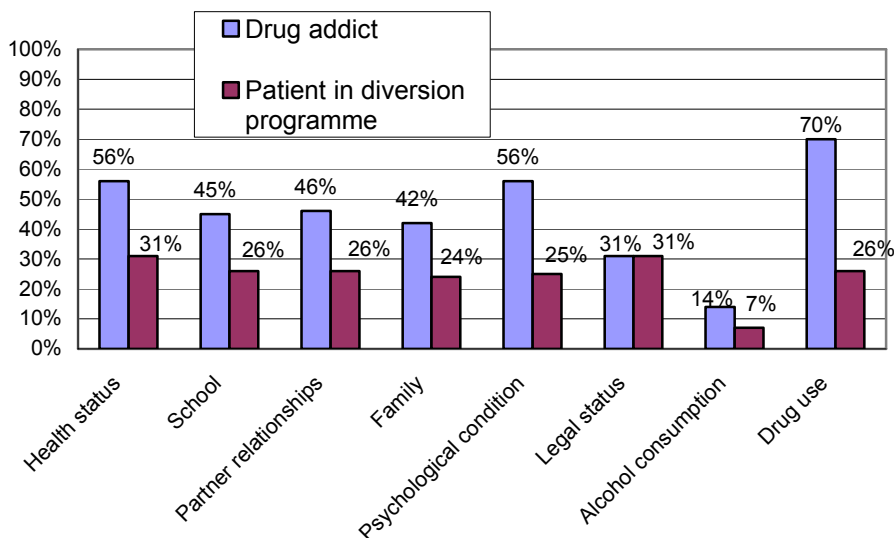
Figure 50. *Earlier treatments because of psychological and emotional problems among patients in diversion programmes and drug addicts*



Source: Hajdu 2008

It was only the need for support relating to legal problems that the two groups found similarly important. People in diversion found help less important, while the ratio of addicts was higher among those who found it very important. According to the authors of this study it is due to the fact that the respondents had not had legal problems in the last 30 days.

Figure 51. *Need for support according to the problem areas of EuroADAD among drug addicts and people in diversion*



Source: Gerevich 2008<sup>94</sup>

## Prostitution

In respect of the connections between prostitution and drug use we have data only from the co-morbidity survey mentioned above.

92% of the persons interviewed in the course of the survey are sexually active. 89% of the sample said that they had never established a sexual relationship in their lives in return of money, alcohol or drugs. 27% of women and 6% of men have established a sexual

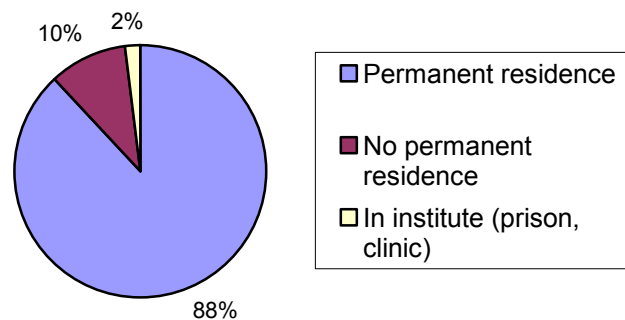
<sup>94</sup> These data were presented at the conference entitled "Psychiatric co-morbidity of drug addiction" (9 May 2008), as a part of the lecture bearing the same title, given by József Gerevich.

relationship in return of money, alcohol or drugs. 16% of women, but only 1% of men often chose this method of earning money or obtaining drugs.

## Homelessness

In respect of the data supplied on the TDI questionnaire relating to housing circumstances (“Where are you living presently?”) no considerable change took place as compared to previous year’s data. 88.2% of the people registered in the database had a permanent place of residence, 1.8% of them lived in an institute, and 10% of them did not have a permanent place of residence at the time when the questionnaire was filled in.<sup>95</sup>

Figure 52. *Living conditions (where) of clients in treatment in 2007*



Source: OAI 2008

## Characteristics of homeless drug users

37% of homeless people who have used drugs in their lives<sup>96</sup> said that in their lives there were periods when as a result of drug use they had physical and/or psychological problems, or when the harmful effects of drug use could be clearly demonstrated in their personal and/or institutional relationships (this proportion is 6% when projected to homeless people receiving treatment) (Paksi et al. 2008). Typically, in more than half of the problematic cases drug use had an effect on two or more dimensions of life.

The most frequently occurring problems were family problems (in the case of 25.5% of homeless drug users) and psychological problems (22.2% of homeless drug users). As compared to drug users within the general population, in the case of homeless drug users family problems were twice as common. As opposed to this, problems occurring in other relationships were less common among homeless drug users receiving treatment.

Drug use had the least negative effect on school and employment relationships in the case of homeless drug users, and problems in these fields occurred in a lower proportion as compared to the proportions observed among the general population. Presumably it can be explained by the initially unfavourable situation of the homeless in the field of partner relationships, and also by the fact that among the homeless school studies or workplaces do not appear emphatically or do not appear at all.

<sup>95</sup> In the case of 30 out of 1,185 cases the living environments are not known. In 2006, in respect of housing environments the sample showed the same proportions as in 2007. It can be presumed that even in the case of complete data supply the difference between the data of the two years would remain within the allowed margin of error.

<sup>96</sup> For the methodology of the survey and the prevalence rates see chapter 2.

Figure 53. Occurrence of problems related to drug use among the homeless people in Budapest receiving treatment and the general population of Budapest (in percentage of ever drug users)

	Homeless people in Budapest receiving treatment	General population of Budapest between the age of 18-64
Physical problems	18.6	9.4
Psychological problems	22.2	-
Family problems	25.5	12.5
Problems in partner relationships	12.5	15.6
School/workplace problems	7.9	12.1
Problems with the police	16.7	6.3

Source: Paksi et al. 2008

## Social exclusion

The respondents interviewed during the questionnaire survey entitled *"Becoming excluded and exclusion – the social judgement and exclusion of drug users from the aspect of the drug users and the social environment"*<sup>97</sup> (Busa et al. 2008) were mostly men (79.5%), only one-fifth of them were women (20.5%).<sup>98</sup> The average age of the respondents was 26.5 years. In respect of distribution by age group, the biggest age group in the sample was the age group of people between the age of 21-25 (30.3%). They were followed by people aged 31 or above (26.4%), by people between the ages of 26-30 (23.1%), and finally by people between the ages of 15-20 (20.3%).<sup>99</sup> In respect of distribution by school qualifications, the proportion of people who completed a maximum of 8 elementary school years and the proportion of people who finished vocational training school was approximately the same (the former proportion was 28.6%, the latter was 28.2%). Within the sample the percentage proportion of people having completed secondary school was 37.9%, and people with higher education qualifications were represented in the lowest proportion (5.3%).<sup>100</sup> In respect of the economic activity of the sample, nearly one-fourth of the people were currently studying and 52.3% were working (including unregistered work). The proportion of the unemployed was 16.8%. 7.5% of the sample was classed in the "other" category, which meant that they worked and studied at the same time, or they received disability pension.<sup>101</sup>

In respect of drug use habits most of the respondents defined themselves as occasional drug users (30.3%); the proportion of those who only tried drugs but have not used them since then and the proportion of those who were "currently in the process of quitting" was approximately the same (21.9% and 23.5%). The proportion of regular users and abstinent persons was also approximately the same in the examined population (11.9% and 12.5%).<sup>102</sup>

### Exclusion – attitude to people suffering from addiction

The respondents found that the majority of Hungarian society showed greater tolerance to former drug users who have given up drugs than to active drug users. In respect of active

<sup>97</sup> The survey was a social survey carried out by the Fact Institute for Applied Sociological Research and the INDIT Public Foundation among the clients of specialised outpatient treatment centres and organisations dealing with people suffering from addiction, in the scope of research project no. KAB-KT-07-011 financed by the Ministry of Labour and Social Affairs. The survey was based on anonymous self-reporting questionnaires, and a total number of 18 cities (Balassagyarmat, Békéscsaba, Budapest, Debrecen, Eger, Gyula, Kaposvár, Kecskemét, Miskolc, Mosonmagyaróvár, Nagykálló, Nagykanizsa, Pécs, Szeged, Székesfehérvár, Szekszárd, Veszprém, Zalaegerszeg) took part in the survey. A total number of 1,900 questionnaires were distributed in the 18 cities, and 846 questionnaires were returned.

<sup>98</sup> 21 respondents did not state their gender when filling in the questionnaire.

<sup>99</sup> 27 respondents did not state their age when filling in the questionnaire.

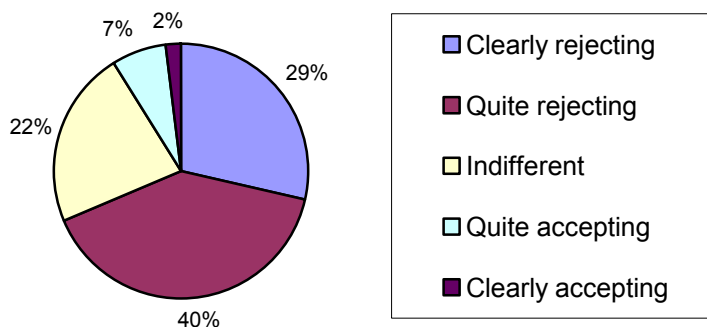
<sup>100</sup> During the survey 22 persons did not answer the question relating to school qualifications.

<sup>101</sup> 30 persons did not answer the question.

<sup>102</sup> 11 persons did not answer the question.

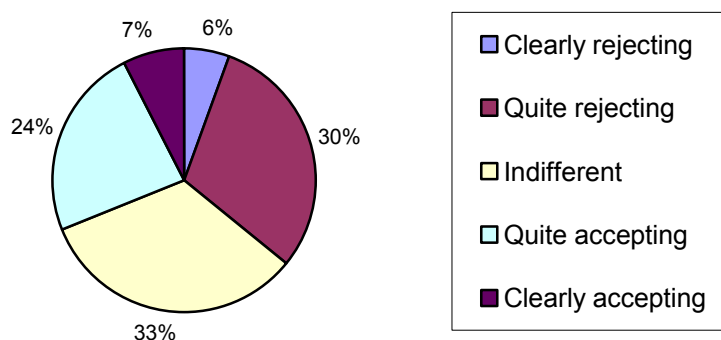
drug use 69% of the respondents found that public opinion was negative, while in respect of former drug users who have given up drugs 36% found that the public opinion was negative. Society's positive attitude in respect of the judgement of former drug users who have given up drugs was experienced / presumed by 31% of the respondents. In respect of active drug users this proportion was only 9%.

Figure 54. Distribution of the answers given to the question "According to your experience today in Hungary what is the general attitude of people towards drug users?" (N=771)



Source: Busa et al. 2008

Figure 55. Distribution of the answers given to the question "What attitude do you think the majority of people have towards former drug users who have given up drugs?" (N= 718)

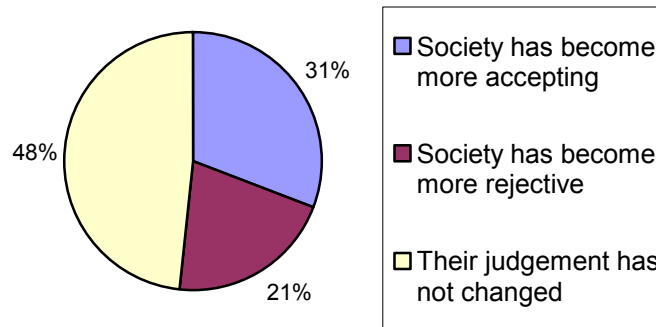


Source: Busa et al. 2008

As a whole, 48% of the respondents did not experience a change in the social judgement of drug users in the recent years. 31% of the respondents found that "society has become more tolerant to them", and 21% thought that at the time of the survey the opinion of society was more negative than in the years before<sup>103</sup>.

<sup>103</sup> A significant number of the respondents (155 persons) could not judge the question.

Figure 56. Distribution of the answers given to the question “Do you think that the judgement of drug users in Hungary changed in the recent years?” (N= 691)

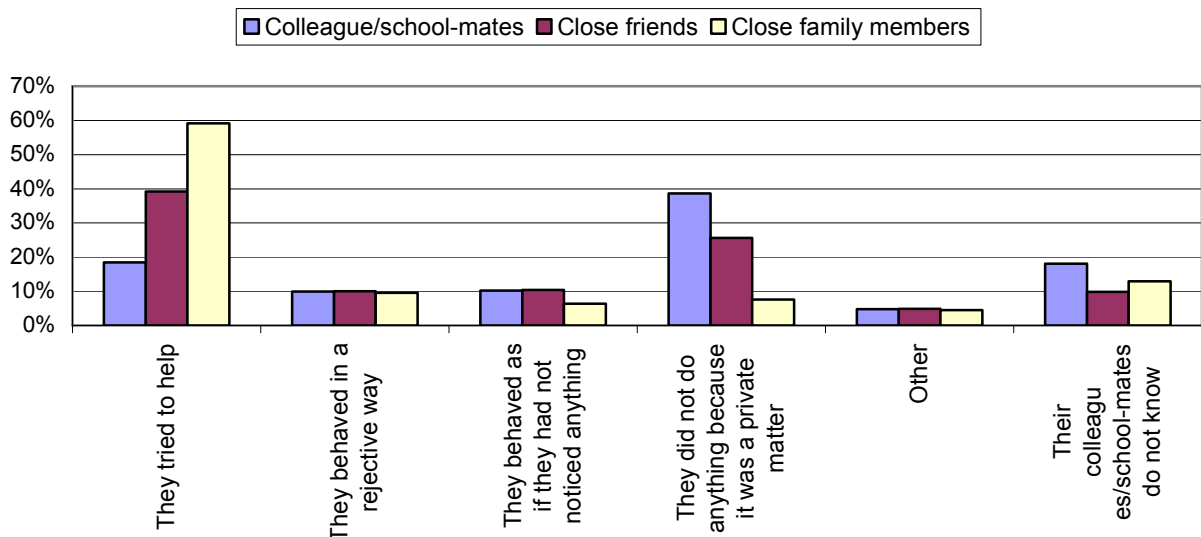


Source: Busa et al. 2008

On the basis of the results of the survey, the natural support system, especially the existence of the family environment, is decisive from the aspect of handling drug use. Drug users found that they could count on receiving the most significant support from their closest family members. 58% of the respondents answered the question “What was the reaction of your closest family members when they realised that you had been using drugs?” saying that they tried to help.

In the case of colleagues / school-mates, the proportion of those who tried to help was 18%, while among close friends it was 39%. The proportion of people showing a negative attitude was the same in respect of all groups (10%). Colleagues/ school-mates showed the most indifferent attitude towards drug use. 49% of the respondents tried to behave as if they had not noticed drug use, or even if they noticed it, they regarded it as a private matter and did nothing against it. Among close friends this proportion was 36%.

Figure 57. Distribution of the answers given to the question “What was the reaction of your colleagues/ school-mates, close friends, close family members, when they realised that you had been using drugs?”<sup>104</sup>

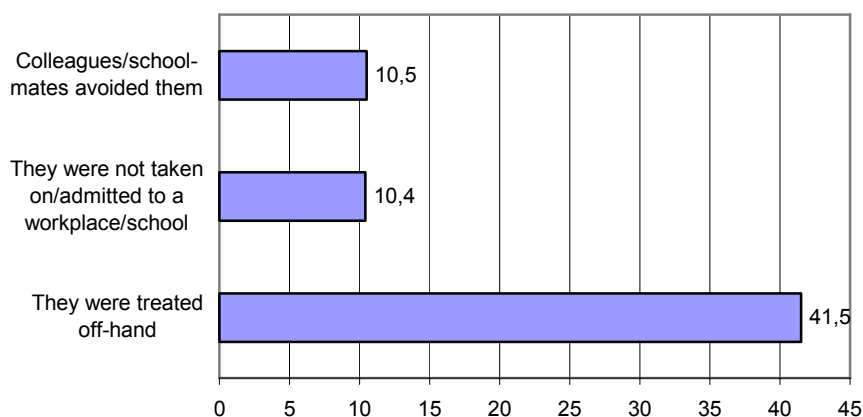


Source: Busa et al. 2008

<sup>104</sup> Out of the three categories 21 persons did not answer the first one (what was the reaction of your friends at work / at school), 30 persons did not answer the second one (what was the reaction of your close friends), and 26 persons did not answer the third one (what was the reaction of your close family members).

More than half of the respondents (54.4%) answered that they had experienced negative discrimination because of drug use. Negative discrimination related to drug use was experienced by 41.5% of the respondents (351 persons) in such a way that in a certain situation they were treated in an off-hand manner. The proportion of those who said that their colleagues/ school-mates avoided them because they were drug users was 10% similarly to the proportion of those who said that they were not admitted to a certain school or workplace because of being drug users (89 persons, 88 persons).

Figure 58. *Distribution of the answers given to the question “If you have experienced negative discrimination related to drug use, what was it exactly? (Several answers could be selected.) (N=528)*



Source: Busa et al. 2008

## 8.2. DRUG-RELATED CRIME

The task of the Uniform Criminal Statistics System of the Police and the Public Prosecutor's Office (ERÜBS) is statistical data collection on crime in Hungary. The data below refer to acts where criminal proceedings were concluded in 2007.

### Drug offences

According to the statistical data of 2007, 4,667 criminal proceedings concerning the misuse of narcotic drugs were concluded in the year in question. (ST11\_2008\_HU\_01)

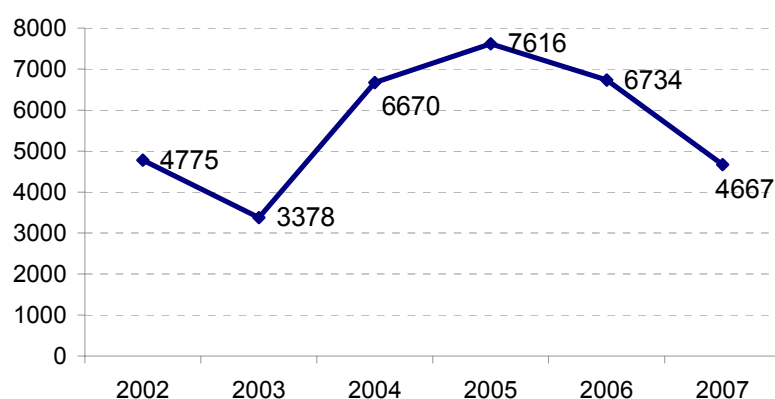
As compared to the previous year, in 2007 the number of revealed criminal offences concerning the misuse of narcotic drugs continued to decrease at a significant rate (by 30.7%).

The decreasing tendency cannot be attributed to legal changes in 2007 either. One of the explanations may be that the investigating authority's interest and/or capacity decreased, which is also supported by the annual report of the authority<sup>105</sup>. According to this, as compared to the previous year there was a decrease in the former thousands of inspections carried out by the regional bodies of drug law enforcement. It is basically due to the fact that the staff performing the tasks of drug law enforcement must also perform an increasing number of other law enforcement tasks.

Among total criminal offences the proportion of criminal offences related to the misuse of narcotic drugs was 1.1% in 2007. It can be said that while in 2005 and 2006 about 2, in 2007 only 1 out of 100 revealed criminal offences were related to narcotic drugs.

<sup>105</sup> On the basis of the report made by the National Police Headquarters on 2007.

Figure 59. The number of revealed cases concerning the misuse of narcotic drugs



Source: ERÜBS

### Date of offence

In respect of the 4,667 offences concluded in 2007, the proportions of the dates of committing the offences broken down per year did not change as compared to the previous year.

Table 30. Revealed offences of misuse of narcotic drugs by the date of offence

Year of offence	Number of cases	%
2007	744	16.0
2006	2,638	56.5
before 2006	1,285	27.5
Total	4,667	100.0

Source: ERÜBS

### Perpetrations

Among all revealed misuse of narcotic drug offences, the proportion was 91.8% of those offences that covered mainly demand-related activities, most often personal use (production, manufacturing, acquisition, possession, importing...). This proportion was slightly higher as compared to the data of the previous years (in 2006: 89.8%, in 2005: 90.9%). Personal use remained the most characteristic offence among the demand-related activities.

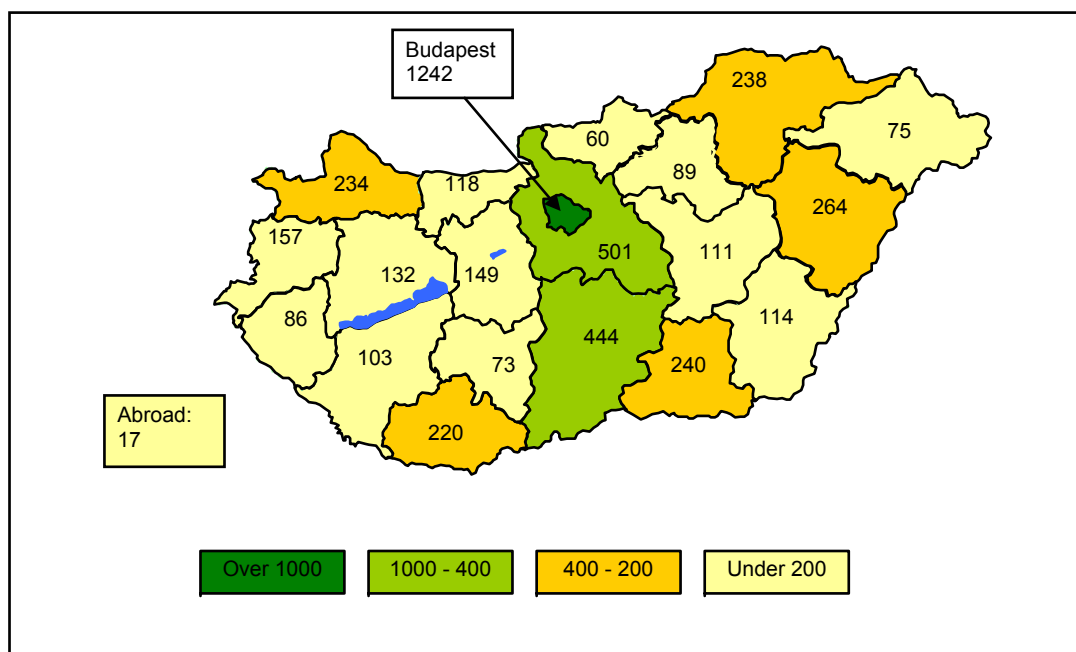
The proportion of supply-related criminal offences (denoting, offering, supplying, distributing, trafficking) remained below one-tenth of all revealed offences (7.5%). This value was similar to the proportion observed in 2006 (7.6%).

### Place of offence

The majority of criminal offences concerning misuse of narcotic drugs were revealed in Budapest in 2007 again (26.6%). Apart from this Pest county (10.7%) and Bács-Kiskun county (9.5%) were also among the first three counties with the highest number of revealed offences in respect of this crime.



Map 3. Breakdown of the number of criminal offences concerning the misuse of narcotic drugs by place of offence (county), in 2007



Source: ERÜBS

## Offenders

Among the criminal proceedings concluded in 2007, the number of offenders committing misuse of narcotic drugs was 3,881, representing a decrease by 32.2% as compared to the data registered in 2006 (5,725 persons). (ST11\_2008\_HU\_01)

Below, the socio-demographic characteristics of these offenders (3,881 persons) are presented (disregarding whether they were punishable or not).

### Breakdown by gender

In respect of breakdown by gender the proportions were similar to the proportions observed in the previous years. 90.2% of revealed offenders committing misuse of narcotic drugs were men, and 9.8% of them were women. These proportions were similar to the proportions characteristic among all offenders in respect of breakdown by gender.

### Breakdown by age

In 2007 there was a significant change in the breakdown of offenders committing misuse of narcotic drugs by age. Although the highest number of proceedings was still initiated against young adults (18–24 years), the proportion of juvenile offenders decreased by 3.5%, the proportion of offenders aged 18-24 decreased by 4.4%, while the proportion of offenders aged 25-40 increased by 7.2%. When examining the absolute numbers it can be seen that despite the significant decrease in the number of all offenders against whom proceedings were initiated for misuse of narcotic drugs, the number of offenders aged 31-40 and 41-50 was still higher in 2007 than in 2006.

Table 31. Breakdown of offenders committing misuse of narcotic drugs by age in 2006 and in 2007

Age groups	2006		2007	
	Number of cases	%	Number of cases	%
Child (0-14)	17	0.3	7	0.1
Juvenile (14-18)	836	14.6	433	11.1
18–24 years	3166	55.4	1980	51.0
25–30 years	1190	20.8	919	23.7
31–40 years	439	7.6	459	11.9
41–50 years	60	1.0	67	1.7
51–60 years	11	0.2	10	0.3
Above 61 years	6	0.1	6	0.2
Total	5725	100.0	3881	100.0

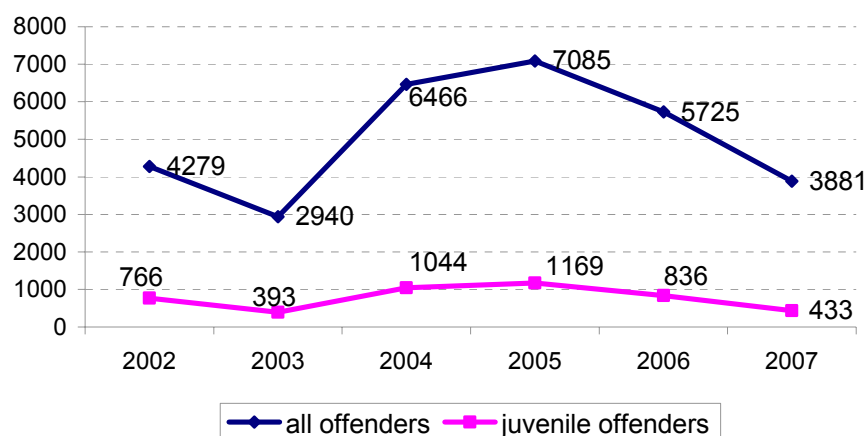
Source: ERÜBS

### Juvenile offenders

In 2007 there were 433 juvenile offenders committing misuse of narcotic drugs offences. They constituted 11.1% of all offenders committing misuse of narcotic drugs. (In 2006 this proportion was 14.6%.) Practically one-tenth of offenders committing misuse of narcotic drugs were juvenile offenders. Among revealed cases of misuse of narcotic drugs no such low proportion of juvenile offenders has been observed since 1997. First of all it can be explained by the fact that the authority was concentrating on and using its capacities for revealing other types of crimes. It is also supported by criminal statistical data indicating the intelligence activity of the police.

Despite this the age “advantage” of offenders committing misuse of narcotic drugs did not change significantly as compared to other offenders. Typically this type of offence was committed by offenders of a younger age than in the case of other types of offences. While in 2007 86.0% of offenders committing misuse of narcotic drugs committed the given offence at the age of 30 or below, among the perpetrators of other crimes this proportion remained below 60%.

Figure 60. Number of offenders committing misuse of narcotic drugs



Source: ERÜBS

The graph indicates a significant shift in the number of offenders committing revealed misuse of narcotic drugs. The number of offenders dropped back to the level measured in 2000 (disregarding the number of offenders significantly influenced by the modification of the legal environment in 2003). Similarly to the number of revealed crimes, the number of revealed offenders was also the highest in 2005. In the last two years a decreasing tendency could be observed, but last year the rate of decrease accelerated.

### *Breakdown of offenders by education*

In 2007 45.7% of offenders committing misuse of narcotic drugs had completed elementary school, 25.4% of them had completed vocational school and 23.4% of them had completed another kind of secondary school. The proportion of offenders who had not completed elementary school can be regarded as low (0.1%). 2.1% of the offenders had college or university degrees. As compared to 2006, the proportion of offenders who had completed elementary school decreased, while the proportion of offenders who had completed vocational school, secondary school, college or university increased. It can be related to the shift in age observed among revealed offenders (committing misuse of narcotic drugs). Offenders committing misuse of narcotic drugs are still more educated than other offenders. The statement is still true that an “average” offender committing misuse of narcotic drugs has a much higher level of education than an “average” offender committing other types of offences.

### *Breakdown by previous convictions*

In 2007 one-third (32.4%) of reported offenders who committed misuse of narcotic drugs had been previously convicted (in 2006 this proportion was 33.8%). One-fifth of them (22.2%) were repeat offenders (i.e. had committed another contemplated criminal act in the last 3 years). In 2006 the proportion of repeat offenders was lower: 18.5%.

A significant part of former convicts were drug addicts, whose previous offences were also related to drug use or the acquisition of drugs. However, a lower proportion of them came from the subculture of criminals, which indicates that besides business type activities drug use is present in this group too.

The majority of offenders committing misuse of narcotic drugs had not been convicted before, so they are first offenders. In 2007 the proportion of first offenders was 67.6%, which proportion is higher than the proportion observed in the case of other criminal offences.

### **Consequent crime – offences committed under the influence of narcotic drugs**

In 2007 the proportion of those who committed an offence under the influence of narcotic drugs or other psychoactive substances decreased by 14% (to 2761) as compared to 2006. The majority of these offenders (63.5%) committed misuse of narcotic drugs. This value was 76.2% in 2005, and 70.8% in 2006, so a significant shift can be observed in respect of this variable too.

Regarding further major crime categories: 23.1% of offenders under the influence of narcotic drugs or psychoactive substances committed property offences, which is the highest proportion observed so far in this respect. In 2006 their proportion was only 14%. First of all the number of thefts and frauds increased significantly, which also reflects what has been pointed out above when analysing criminal statistical data, namely that there is an increasing number of drug addicts in the subculture of criminals, and the proportion of those who have “come down” into the subculture of criminals as a result of drug use is increasing. It is also supported by the fact that in 2007 the proportion of drug addicts against whom criminal proceedings were instituted because of committing misuse of narcotic drugs was higher than in the previous years. One-fourth (25.1%) of revealed drug-related offences were committed by drug addicts.

3.9% of the offenders under the influence of narcotic drugs or psychoactive substances committed traffic offences (within this category the number of cases of driving under the influence of drugs has increased significantly even when expressed in absolute numbers), 4.3% committed offences against another person, and 1.5% committed economic crimes under the influence of narcotic drugs. In the case of all three types of offences these proportions exceeded the proportions observed in 2006.

## **Suspension of accusation**

In 2007 the number of closed suspensions of accusation against offenders of misuse of narcotic drug crimes was 1,519. While in 2006 suspension of accusation took place with respect of 58.7% (3360 persons) of all offenders against whom criminal proceedings had been initiated for misuse of narcotic drugs, in 2007 this proportion was only 39.1%.

The significant decrease may be explained by that in 2007 the number of revealed offenders committing misuse of narcotic drugs significantly decreased as compared to the previous year. Furthermore, the number of cases when other reasons were determined terminating culpability involving the discontinuance of investigations increased by more than five times, as in 2007 such reasons were determined in 557 cases, while in 2006 it happened only in 94 cases (It is due to the Act LI. of 2006 that amended the Act XIX of 1998 on Criminal Procedure, see National Report 2006, chapter 1).

In respect of the methods of closing proceedings, the proportion of accusations increased by 6.7% as compared to 2006.

The data is also explained by that in 2007 in Hungary the legal institution of the suspension of accusation was applied against a total number of 4,296 offenders (3.5% of all offenders), while in 2006 the total number of suspensions of accusation was 7,338. In 2007 35.3% of all suspensions of accusation took place against offenders committing misuse of narcotic drugs, while in 2006 this proportion was 45.8%.

The decreasing tendency of suspensions of accusation is also supported by the data according to which the number of drug users participating in diversion programmes decreased by about 25% in 2007 after a period of stable increase (see chapter 4.2.1).

## **8.3. DRUG USE IN PRISON**

In 2007 drugs were found in 23 cases in prisons, 20 persons were involved. In most cases cannabis derivatives were seized in postal parcels, in visiting rooms or in cells. 2 persons were examined because they were inebriated during work, and amphetamine use was demonstrated. 3 persons were found inebriated in their cells, and in the individual cases the substances demonstrated during the tests were: cocaine, morphine and fentanyl. In 1 case 400 pills containing cocaine were found in a parcel.

Specialised psychologists in prisons elaborated a suicide survey test to examine suicidal tendencies, and in the test there was also a question about drug use. The test did not cover the type of drugs used. In 2007 1,519 imprisoned persons admitted that they had used drugs in their lives. (In 2007 the average number of the prison population was 14,789.)

## **8.4. SOCIAL COSTS**

No new information available.

### *Conclusions*

The existence and functional operation of the system of natural support is of decisive importance for drug users examined during the surveys introduced in this chapter, using health or social care. They expected the most intensive help from close family members. Colleagues/ school-mates mostly had an indifferent attitude when faced with the fact of drug use.

On the basis of TDI data the housing circumstances of treated drug users were typically favourable, 88.2% of them had a permanent place of living, but 38% of them did not have permanent employment relations, and 27% of them were unemployed at the time of filling out the questionnaire. Furthermore, according to the results of the survey entitled "*The psychiatric co-morbidity of drug addiction*" the older the people are – up until the age group

between 25-29 – the more they work. On the basis of the data recorded in the TDI system, it could be seen that nearly 50% of the patients in treatment lived with their parents, 17.3% lived alone, and 13.4% of them lived with a partner. According to the psychiatric comorbidity survey, 58% of the respondents had one partner relationship in the last 3 months.

According to TDI data surveying school qualifications, 92% of the patients in treatment finished 8 elementary school years or secondary school. More than 70% of the respondents involved in the survey examining co-morbidity were below the age of 24. The survey examined the occurrence of school problems among the respondents on the basis of 14 issues. The results indicated the occurrence of an average of 6 problems per person.

The two most important results of the analysis comparing the needs for support of patients in diversion and drug addicts were that drug addicts found their need for support in connection with health problems and drug use much more important than patients in diversion. The only issue that the two groups found important at the same level was the need for support in connection with legal problems.

In the course of examining exclusion 62% of the respondents found that they had experienced negative discrimination because of their drug use.

In respect of correlations between drug use and prostitution we still do not have specific data. Although a survey carried out in 2007 among clients attending specialised outpatient treatment centres indicated that prostitution is present among drug users, we have no data concerning the drug use risks of people performing sexual work.

On the basis of the results of the survey carried out on a representative sample of homeless people in Budapest, it could be stated that the extent to which they were affected by drugs was not different from that of the ordinary population, but from the aspect of permanent drug use the examined population must be regarded as vulnerable.

In 2007, on the basis of the criminal statistical data significant changes took place both in respect of revealed offenders and drug-related offences. The number of revealed offences involving the misuse of narcotic drugs and the number of offenders against whom criminal proceedings were instituted for misuse of narcotic drugs decreased significantly. Among all revealed cases of misuse of narcotic drugs the proportion of demand-related activities connected with personal use was still high: 91.8%. It deserves attention that one-tenth of the offenders committing misuse of narcotic drugs were juvenile offenders, and among revealed offences relating to the misuse of narcotic drug such low proportion of juvenile offenders has not been detected since 1997. A significant change took place in the age composition of offenders too. Although the highest number of proceedings was still instituted against young adults (18–24 years), the proportion of juvenile offenders and offenders aged 18-24 significantly decreased, while the proportion of offenders aged 25-40 significantly increased. The number of offenders under the influence of narcotic drugs committing crime against property also increased. In 2007 the number of cases concluded by suspension of accusation significantly decreased as well as the frequency of applying this legal institution against offenders committing misuse of narcotic drugs.

## 9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

### Overview

No comprehensive change took place in the elements of the treatment supply chain in 2007. There are services or initiations of services at all levels, but despite these the social protective network cannot be regarded as complete. The earlier deficiencies have continued to exist in the field of employment, aftercare, training, education and housing.

Beyond the process of legislation, apart from social supply related to the healthcare system, or apart from the standard financing system or financing through applications, the state does not undertake a significant active realising role in facilitating the reintegration of people suffering from addiction.

The task of realisation is still borne by NGOs, which depend nearly completely on state funds in the lack of any significant social support or their own funds.

### 9.1. SOCIAL REINTEGRATION

#### Housing

As compared to 2006 no significant changes took place in the issue of housing, the number of housing and halfway housing programmes did not increase significantly.

In 2007 the Hungarian Baptist Aid's Street Front section added 50 spaces to its shelter for the homeless in Budapest, where services are also provided especially for homeless people suffering from addiction.

In the scope of an innovative EQUAL project entitled "*...being about lost by life...*" aimed at providing people suffering from addiction with comprehensive care, the Leo Amici 2002 Foundation realised a 2-year halfway housing programme (Simitz 2007). The funded term of the project lasted from 1 June 2005 until 31 December 2007. Belvárosi Tanoda Foundation Secondary and Technical School, Megálló Ház [Station House] – daytime and public services for people suffering from addiction, and Blue Point Drug Counselling Outpatient Centre also took part in the project as consortium partners. The programme was based on the Leo Amici 2002 Foundation's long-therapy (residential) programme in Komló. The place where the halfway housing programme was realised was a flat in the centre of Pécs, in the vicinity of which there is also a 12-Step self-help programme operating.

The target group of the halfway programme of the Leo Amici 2002 Foundation included people

1. who had nowhere to go after the end of rehabilitation due to their life situation or social support system
2. for whom their earlier social relationships remained available, but getting in contact with them would have been dangerous for them for some reason.

The programme, which was initially co-educational but at a later point remained available only for men on the basis of a professional decision, provided services for 4 persons at the same time. The programme provided the following services:

1. a flat
2. cost support (only articles of hygiene, chemical goods)
3. support from the rehabilitation community of Komló

4. group psychotherapy
5. help in finding a job, in legal matters, etc.
6. advance-savings programme.

In 2007, 6 persons took part in the programme (in two years there was a total number of 13 clients). One participant had to leave the programme because of a breach of contract, but the rest of the participants completed it successfully within a period of 2-7 months. The halfway flat was empty by the middle of November 2007. At this point there was no client among the persons participating in the closed rehabilitation programme, who would have been ready to start the halfway programme.

On the basis of the follow-up, two of the six persons started to use drugs or alcohol again. However, no significant decline could be observed in their quality of life that would have justified their admittance in closed treatment again, even despite their slide-back they remained active participants of the self-help group in Pécs. Four persons remained abstinent even after completing the programme, they are living a sober life. Each one of the six participants of the programme in 2007 live in lodgings in Pécs, they have registered employment relations, and all of them work as employees.

### **Education, training**

On 30 April 2007 the Philanthropic Foundation successfully completed its project entitled "*Psycho-social care and methodological recommendation*" (Emberbarát 2007). The programme lasted from 1 July 2005 until 30 April 2007. The source of the programme was a tendering procedure announced in the scope of the Human Resources Development Operative Programme (HEFOP) 2.2.1 entitled "Facilitating social acceptance by training specialists in the social field". The project was not aimed directly at people suffering from addiction, but at the specialists dealing with them. Besides the Foundation, the Motiváció [Motivation] Foundation for Helping the Physically Disabled and Vargabetű Club-Workshop Association also took part in the realisation as consortium partners.

In the course of the 190-hour training course 40 specialists from all over the country were provided with the opportunity to acquire special (labour market, training, rehabilitation, re-socialisation, sub-cultural) skills. At the end of the course the participants had to take a test. A closing conference was held in April 2007 to summarise the experience with the participation of 35 specialists who also attended the training course. A methodological handbook was also published as a result of the programme.

In the scope of the HEFOP tendering procedure another series of training courses was also launched in 2005 entitled "*The complex community-type approach of the chances of reintegration*", organised by three organisations, the Regional Resource Centre of Southern Transdanubia, Pécs County Town Local Authority's "Esztergár Lajos" Family Aid and Child Welfare Service, and INDIT Public Foundation. First of all social specialists working at family aid centres and at child welfare service centres in Baranya county took part in the training, but in 2007 probation officers and qualified social workers employed at the Coordination Forum on Drug Affairs of Baranya county also joined the training course. In 2007 a total number of 100 people participated in the training course successfully<sup>106</sup>.

The Human Service Centre, Drug Consulting and Information Centre of Szolnok organised an accredited training course in the Szolnok region in 2007. The training course was organised for social workers working in public services provided for people suffering from addiction. 21 specialists participated in the training course, and all of them completed it successfully.

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<sup>106</sup> Pécs County Town Local Authority's "Esztergár Lajos" Family Aid and Child Welfare Service; INDIT Public Foundation

In 2007 the Belvárosi Tanoda Foundation continued its innovative EQUAL programme aimed at the comprehensive care of people suffering from addiction, entitled "...*being about lost by life...*"; 99 persons participated in the training part of the programme, including 52 men and 47 women. 53% of the men were below the age of 25, the rest of them were in the age group 25-45. Among women the proportions were similar, 58% of them were below the age of 25, and 42% of them were in the age group 25-45.

## **Employment**

The Blue Point Drug Counselling Outpatient Centre participated in the innovative EQUAL project aimed at the complex care of people suffering from addiction, entitled "...*being about lost by life...*", as a consortium partner (Lencse and Rácz 2008). During the term of the project lasting from January 2005 until December 2007, an improvement could be achieved in the case of 106 persons in respect of their employment and labour market situation. In the year 2007 it affected 35 persons.

60 of these people returned to the labour market, 22 of them joined training courses, and 24 of them started or continued their studies at primary school, secondary school or in higher education. Another 11 persons were provided with useful information with the help of which they can successfully improve their own chances of retraining at school or entering the labour market in the future.

## **Life conduct**

Since 1998, the MAGADÉRT [For Yourself] Foundation for the Protection of Freedom from Drugs has been providing after-care for abstinent people who used to suffer from drug addiction and helping their reintegration into society by placing the main emphasis on life conduct. In 2007, 213 persons suffering from addiction and intending to give up drugs attended their high-threshold principle groups relatively regularly (MAGADÉRT 2008). There are 10-25 persons in a group, and the participants are between the ages of 15-57. 68% of the participants are men, and 32% of them are women. The primary aim of the people working at the Foundation is to prevent people participating in after-care from declining, to improve their life quality, and to help their reintegration into society.

The "Women's Group" of the Foundation, which is a unique program in Hungary, started for the first time in 2007, with two groups of 15 persons during the year (in the spring and in the autumn). The initiative was launched for the purpose of self-help, taking into consideration that there may be differences between the two genders in respect of the causes of developing an addiction, the choice of drugs and treatment. The target group of the programme are the female members of the group of abstinent people who used to suffer from addiction and their relatives. The aim of the group is to strengthen female identity and to facilitate the stable use of positive personality consciousness in practice and in the long term, reducing by this the probability of repeated decline<sup>107</sup>.

## **The provision of basic social services**

There were legal amendments affecting the system of care in 2007, too. As of 1 January 2007, Act III of 1993 on social administration and social services (hereinafter: Szt.) named low-threshold services provided for people suffering from addiction within the community services as basic services, as low-threshold services used to operate without a legal background. The harmonisation of the legal background was necessary both because of the above mentioned naming and because of the provision of normative funds<sup>108</sup>.

<sup>107</sup> MAGADÉRT [For Yourself] Foundation for the Protection of Freedom from Drugs, 2007

<sup>108</sup> Regulation 9/2006. (XII. 27.) of the Ministry of Labour and Social Affairs on the amendment of Regulation 1/2000. (I. 7.) of the Ministry of Family and Social Affairs on the special tasks of social institutes providing personal care and on the condition of their operation; Act CXXVII of 2006 on the state budget of the Republic of Hungary in 2007.



As a result of the changing of the legal environment, the local authorities of settlements with more than 30,000 permanent inhabitants must ensure low-threshold services provided for people suffering from addiction, which means that such services now come within the compulsory tasks of the local authorities of the affected settlements<sup>109</sup>.

The Working Group of Professionals Specialised in Addiction-Treatment<sup>110</sup> (ASzM) elaborated the guiding principles concerning low-threshold services, daytime treatment and public services provided for people suffering from addiction. The collaborators of the Ministry of Youth, Family, Social Affairs and Equal Opportunities and the National Institute for Family and Social Policy, and the professional representatives of narrower areas took part in elaborating the guiding principles. The three guiding principles, although they had been defined earlier, were published in print in 2007 by the Institute for Social Policy and Labour (Csákiné 2007). The guiding principles are not legal acts, therefore they are not obligatory with respect to the participants of the profession.

In the course of the innovative EQUAL project aimed at the comprehensive care of people suffering from addiction, entitled "...being about lost by life...", during the period between January 2005 until December 2007 the Blue Point Drug Counselling Outpatient Centre successfully strengthened its outpatient treatment rehabilitation programme (Lencse és Rácz 2008). During the term of the project the Foundation provided primarily health and psycho-social care for a total number of 610 persons (103 women, 507 men). Consultation meetings with relatives were also held with the participation of 151 relatives, on several occasions in the case of a significant part of them. In 2007, 176 new clients joined the project, 142 of them were men and 34 of them were women, and all of them were above the age of 16.

As a result of the services provided during the whole term of the project, on the basis of self-reporting, stable drug abstinence could be achieved in the case of 149 persons (24% of all treated patients), which means an uninterrupted period of abstinence of at least 3 months in respect of their primarily used drug or drugs, excluding change of drugs. Furthermore, on the basis of self-reporting the frequency of drug use could be successfully reduced during the term of the treatment in the case of 29 persons (5% of all treated patients).

The daytime care institute of the "RÉV" Service Helping People Suffering from Addiction was opened in district XI of Budapest in March 2007. The target group of daytime care includes people suffering from addiction who live in their own homes or are homeless. At its new location of 210 m<sup>2</sup>, the institute has a capacity of providing treatment for 25 persons at the same time.

In the summer of 2007 the INDIT Public Foundation started two necessary services in Somogy county, more precisely in Kaposvár, which did not exist before, as in this county there were hardly any accessible places providing drug-related care.

- Bulisegély Szolgálat [Party Aid Service] is a special outreach service with a harm reducing approach. It provides services for partying youngsters at two locations three times a month. Its services include: providing drinking water, glucose, biscuits during the party, consulting, providing objective information, legal information, crisis intervention, re-directing to other services.
- The Daytime Care Centre for People Suffering from Addiction provides available services to everybody, whether they are drug users or their relatives. It offers individual and group sessions and consulting.

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<sup>109</sup> For the amendments of Regulation 1/2000. (I.7.) of the Ministry of Social and Family Affairs on the professional tasks and operational conditions of social institutions providing personal care, see chapter 9 of National Report 2007.

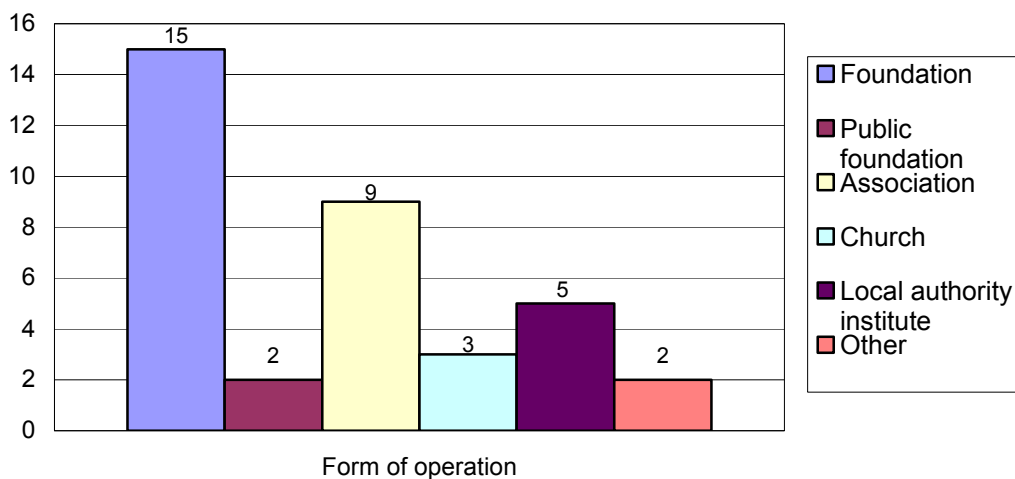
<sup>110</sup> See National Report 2006, chapter 9.

In the autumn of 2007 the Multi-Purpose Association of the Small Region of Szolnok was established in Szolnok. The Association unites 18 settlements, where low-threshold services have been provided by the Human Service Providing Centre, Drug Consulting and Information Centre (HSZK) since 1 October 2007. In the scope of this, as a new activity HSZK launched its drop-in service in Szolnok. The service is provided in the Daytime Centre, where consulting, drinks are provided, and the means of washing clothes, having a wash and having a rest are ensured.

In January 2007 the National Institute for Drug Prevention (NDI) carried out a questionnaire survey among providers of low-threshold services for people suffering from addiction (NDI 2007). As in respect of low-threshold service providers we do not have exact numerical data on the basis of which the number of service providers, their activities and the area covered by them could be determined, the service providers participating in the survey were involved in the sample on the basis of three sources (the winning list of the tendering procedure announced for low-threshold service providers in 2006<sup>111</sup>; Database of institutes, social organisations and groups undertaking to deal with drug problems<sup>112</sup> (Droginfo 2005); and on the basis of collecting data on the Internet<sup>113</sup>) rather than on the basis of a database. The aim of the survey was to prepare the financing of low-threshold services via applications and to map out the coverage of the country. Data was collected using the returned self-reporting electronic questionnaires.

Only 36 of the 84 contacted service providers returned the questionnaire. The majority of the service providers, that answered operated in the form of a foundation (15 service providers) or in the form of an association (9 service providers), and in the case of 5 service providers the local authority was the maintaining organisation. Furthermore, there were public foundations (2 service providers), service providers maintained by a church (3 service providers), and other forms of operation in two cases.

Figure 61. *Form of operation of low-threshold service providers*



Source: NDI 2007

In respect of the services provided nearly all service providers provide information services and also psycho-social intervention (34 and 31 service providers). A significant number of them perform outreach work (22 service providers) and provide help on the telephone for people concerned (23 service providers). Drop-in services are provided by 11 service

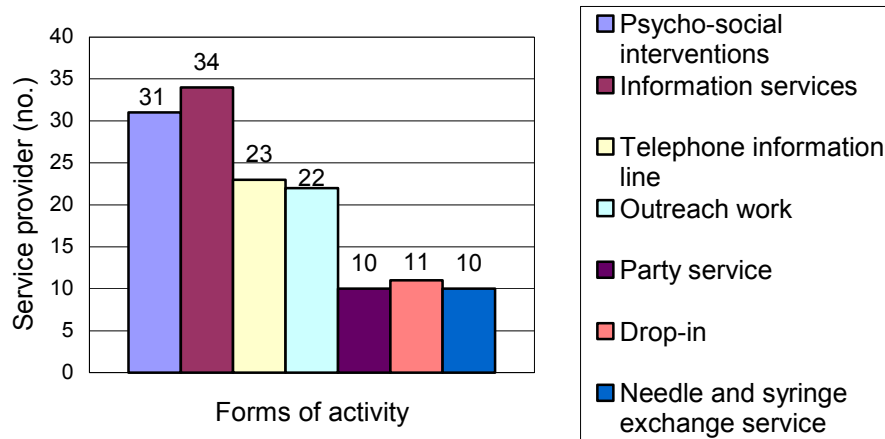
<sup>111</sup> KAB-AL-06-ABC project announced by the Ministry of Youth, Family, Social Affairs and Equal Opportunities

<sup>112</sup> Budapest: "Sziget" Drug Information Foundation, 2005.

<sup>113</sup> Organisations performing low-threshold services, having their own website or being present on the Internet in any other way.

providers, while party service and needle and syringe exchange services are provided by 10 service providers each.

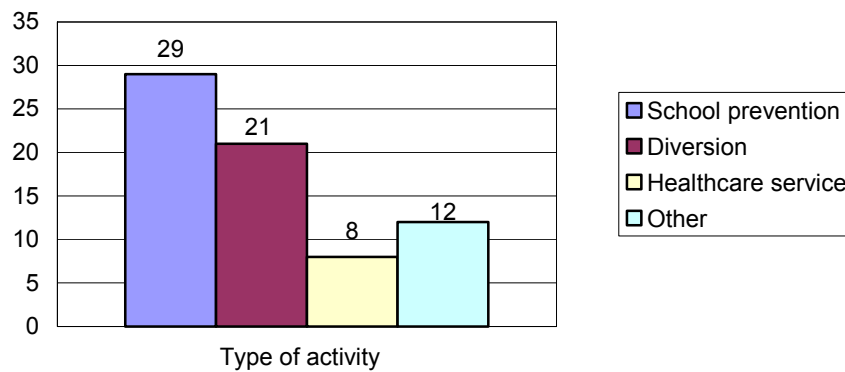
Figure 62. *Forms of activities performed by low-threshold service providers*



Source: NDI 2007

Typically the service providers interviewed do not only deal with low-threshold services. 29 of them also joined the prevention work performed at schools, and some of them also deal with diversion programmes (21 service providers), healthcare (8 service providers) and other services (12 service providers).

Figure 63. *Additional activities performed by low-threshold service providers*



Source: NDI 2007

Two of the responding service providers have been performing their activities since 1992, which makes them the oldest low-threshold service providers. In the period between 1992 and 2006 there were two years (2001 and 2004) when no new low-threshold service was launched in Hungary at all.

On the basis of the census data recorded in 2001 there are 56 settlements in Hungary with more than 30,000 permanent inhabitants, 20 of which are districts of Budapest. When comparing the database on which the survey was based and the census data of 2001 of the Hungarian Central Statistical Office, at the moment of the enquiry in 2007 there were 24

settlements in Hungary with 30,000 permanent inhabitants<sup>114</sup>, where no low-threshold services were performed either by the local authority or by other maintaining organisations. Among these 24 settlements there were 8 districts of Budapest, 2 towns in Bács-Kiskun county, 1 town in Békés county, 2 towns in Borsod-Abaúj-Zemplén county, 2 towns in Csongrád county, 1 town in Győr-Moson-Sopron county, 1 town in Hajdú-Bihar county, 1 town in Heves county, 2 towns in Pest county, 2 towns in Veszprém county and 2 towns in Zala county. Among the counties mentioned, in Zala county there were no low-threshold service providers operating at all.

In respect of the coverage of the country, in 2007 there were several towns / parts of towns, where low-threshold services should have been made available taking into consideration the current standpoint of the law<sup>115</sup>.

## **9.2. PREVENTION OF DRUG-RELATED CRIME**

### **Helping imprisoned people**

#### *Prevention*<sup>116</sup>

The number of drug prevention units set up in prisons increased to 19. At 4 of these units various programmes were organised especially for juvenile and young adult imprisoned persons, partly financed from sources of grants and operated with the participation of civil specialists and NGOs. Inmates taking part in this specialised programme become part of a community in which setting an example for the others or having the common circumstances motivates them to work up and solve the problems together. On the basis of the experiences, this more comfortable and “protected” environment also increases the efficiency of these programmes.

A significant part of the 2-day training course organised in 2007 for leaders of therapeutic-educational groups and drug prevention areas and for prison psychologists covered the issue of drug prevention.

#### *Treatment in prisons*

The treatment of imprisoned persons because of drug problems takes place at several locations, according to the principles of progressive medical attendance: in the prison they are referred to, or – in the case of those who cannot be treated as outpatients due their psychiatric disorder or condition – at the National Institute for Forensic Observation and Psychiatry (IMEI).

On the basis of the TDI datasheets reported, in 2007 the total number prisoners in treatment was 40, and all of them were men. 35% of them entered treatment for the first time in their lives in 2007. Their mean age was 28.6 years, they were aged 20-49, and the two most common age groups were the age groups 20-24 and 30-34, including 11 and 18 persons. In respect of their school qualifications 77.5% of them completed 8 elementary schools years, 10% of them did not have school qualifications at all, and 12.5% of them had secondary school qualifications.

52.5% of the patients were treated for the first time in their lives because of opiate problems, more exactly because of problems related to heroin use. The second largest group (22.5%)

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<sup>114</sup> Registered permanent population: people having a registered place of residence (permanent address) in the given area are included in the registered permanent population, disregarding whether they have another place of residence somewhere else (temporary address) or whether they were present at the census moment.

<sup>115</sup> Due to the modifications of the Szt. made in 2008 no further conclusions can be drawn here, as the rules of providing low-threshold services will be governed by different guiding principles from 2008.

<sup>116</sup> On the basis of the report by the Hungarian Prison Service Headquarters

was treated because of problems related to the use of stimulants. 90% of heroin users were injecting drug users, and among the users of stimulants amphetamine users (89%) injecting amphetamine users were represented by a proportion of 78%<sup>117</sup>. 12.5% of the imprisoned persons were cocaine users. More than 70% of those who entered treatment for the first time in their lives were treated because of the use of heroin or stimulants, in equal proportions. 57% of the patients treated because of heroin use tried heroin for the first time between the ages of 15-19, 14% tried heroin before the age of 15, and 24% of them tried heroin for the first time above the age of 20. A significant proportion of cocaine users tried cocaine for the first time between the age of 20-24, and stimulant users tried stimulants for the first time between the age of 15-24. Among cannabis users the situation is similar to the latter case. Among those who entered treatment for the first time in their lives, the highest number of persons first tried the given drug (heroin, cocaine, amphetamines, cannabis) between the ages of 15-24.

Besides heroin most people said that they used stimulants (especially amphetamines) or cannabis as secondary drugs. Besides cocaine as a primary drug patients mentioned the use of stimulants and, in a few cases, opiates; besides the use of stimulants they mentioned mainly cannabis as a secondary drug; and besides the use of cannabis as a primary drug they mentioned the use of cocaine or stimulants as secondary drugs.

None of the imprisoned persons stated on their TDI datasheet that in the preceding month they had used drugs. It may be explained by the fact that TDI datasheets are not filled in directly after the imprisoned persons are admitted to the institute.

Imprisoned male persons who are drug addicts but do not need hospital treatment and according to law are entitled to take part in diversion programmes are treated in the alternative drug therapy group, where treatment is provided by the professionals of IMEI in the scope of group therapy. According to the data supplied by the Hungarian Prison Service Headquarters (BVOP) there were 57 prisoners receiving such treatment. According to the data of the Health Department of BVOP, in 2007 34 of these people completed treatment.

Other therapies treating drug use, which is one of the three possible forms of diversion programmes, are provided by the 11 appointed prison services disposing with the adequate professionals, with special attention paid to the people in preliminary custody, women and juveniles.

All prisons are obliged to provide preventive-consulting services, the third form of diversion. In the case of these services professional cooperation has become general practice among prisons and professional organisations dealing with the treatment of drug users in the given region. Generally the service is provided with the participation of psychologists and clergymen in the prisons. Generally these therapeutic programmes are motivational, psycho-educational, self-help type, mainly group, sometimes individual therapies. There is no exact data available regarding their number or operation, but there are institutes where such work has been performed for years (e.g.: INDIT Public Foundation – Pécs), or occasional interventions are carried out (Szekszárd, Gyula). Prison psychiatrists and psychologists deal with numerous drug users (even with those who are in preliminary custody) who are not referred to the IMEI but still need treatment.

### *Resocialisation, reintegration*

Prisons closely cooperate with the Probation Service of the Office of Justice and with different NGOs in the period before being released too.

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<sup>117</sup> The lifetime prevalence of injecting drug-use is 80% among all treated patients.

In the Sopronkőhida Strict and Medium Regime Prison, in 2007 the programme entitled “One can change even on the other side of the bars” was realised by one of the NGOs in the region in the scope of an application project. The aim of the unique comprehensive program<sup>118</sup> – elaborated on the basis of aspects of social therapy, psychology and pedagogy – was to survey and treat the drug addiction of imprisoned persons, improve their conflict handling abilities and develop their personality (restore their confidence, refine their language use skills, practice social roles) in order to facilitate the resocialisation of imprisoned persons and their reintegration in the labour market, and to help them avoid committing crimes repeatedly. 23 ever user male prisoners expecting to be released from prison took part in the programme. Their mean age was 31.2 years, the youngest one was 28 and the oldest one was 44 years old at the time of the survey. The most commonly used drugs were cannabis and its derivatives, 91% of the sample reported use of such drugs, the second most common drugs were amphetamine derivatives (73%). In 100% of the cases poly drug use was revealed. The mean age when they first tried drugs was 18.6 years. The first period of drug use lasted for an average of 3.9 years. Criminal proceedings for misuse of narcotic drugs were instituted against 13 persons in the examined sample (56.5%). After the preliminary survey a personal treatment plan was made, and it was processed by the imprisoned persons at group level. On the basis of the effect studies made at the end of the programme the conclusion can be drawn that the participating imprisoned person were more in control of the situation and more motivated to make a change. They became more communicative, more emphatic with each other. The value on the scale of the suppression of rage became significantly lower, and in this way they got closer to adequate struggle methods.

The same organisation performed the programme entitled “From Prison to Safety” among persons released from the Vas County Remand Prison and from the Sopronkőhida Strict and Medium Regime Prison. With the support of the National Employment Public Foundation they realised the resocialisation and labour-market reintegration of the persons released from detention facilities, for the first time in 2005/2006 and then in 2007/2008. In the centre of the service there was AVP (Alternatives to Violence Project) training, the aim of which was to acquire conflict solving and conflict handling alternatives free from violence, strengthen their ability to undertake responsibility and make independent decisions. Furthermore, the programme provides help after being released (in making a living, finding a place to live), and they also provide help in the administration of social affairs and finding jobs. During work there is close cooperation with the detention facilities, probation services, employment centres and employers in the region. In 2005/2006, 72 imprisoned persons took part in the programme, and 16 of them were released. 15 of the released persons were provided with an income with the help of the programme. In 2007, 6 of the 43 participants in the programme were released, and all of them found a job. In the programme realised in 2 phases 5 persons took part who had a history of drug use or addiction.

The Pest County Probation Service of the Office of Justice in collaboration with the Budapest Strict and Medium Regime Prison and the Tököl Juvenile Prison started the micro project entitled “Programme for a Harmonious Life after Release” supported by the National Crime Prevention Board in 2007. The aim of the project was to elaborate a pilot programme that combines the complex methods of the prison probation service, the aftercare and the decision-making family conference and thus creates new resocialising and reintegrating opportunities. The program, by applying the methods of family and small community conferences and activating these social links, provides opportunity for the convicts – having consumed drugs and/or alcohol prior to imprisonment, and/or having committed offences regarding misuse of narcotic drugs – to reintegrate into the society more efficiently after being released on probation or permanently. Experts specialised in resocialisation are also involved in the conference talks so that clients can reach the most adequate treatment

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<sup>118</sup> Methods used: supportive therapy, social therapy group, thematic group conducted by a psychologist, crisis intervention, mediation, psychological consulting, psychological tests, effect study.

centres and/or services of the professional or NGOs, church communities, job centres operated at the local communities while being supported by their families.

### **Other measures concerning the prevention of drug-related crime**

In 2007 the National Committee for Crime Prevention supported 11 complex crime prevention programmes, which also included drug prevention elements. The most important methods of the supported programmes realised in 2007 concerning the prevention of drug-related crime were: peer-support, film therapy, drama pedagogy developing conflict handling skills, providing alternative spare time activities instead of hanging about or drifting with others; especially for deprived or vulnerable young people.

In order to support the more efficient control of the use of chemicals also used for making illicit drugs the Hungarian Customs and Finance Guard prepared a training document, which was integrated in the study material of the Police Officer Training College and the Customs and Finance Officer Training College in the academic year of 2006/2007. The auxiliary material published under the title "Precursor Handbook" contains both domestic and international regulations, the characteristics of the chemicals and prescriptions relating to safety at work. The handbook was distributed among all the concerned organisational units of the corporate body.

### *Conclusions*

A tendency similar to the tendency in the previous year can be observed when examining the social correlates and consequences of drug use. The services provided within the care system and the legal acts standing in the background are changing continuously, but this change cannot be regarded as dynamic, and it does not satisfy occurring demands. The development of the existing low-threshold services is still an important aim, with special consideration given to areas where there are no service providers at all or only very few of them.

Besides the changing of the legal requirements of operation, it is also important to define professional expectations, which do not have a direct effect on the numbers related to the services, but they do have a direct effect on their quality. The professional guiding principles elaborated intend to satisfy this requirement.

## 10. DRUG MARKETS

### *Overview*

All substances seized in Hungary, which raise suspicion that they may be drugs, are analysed in the laboratories of the Institute for Forensic Sciences.

According to the act on criminal proceedings, as of 1 January 2007 “persons having employment or service relations with the court, state attorney’s office, investigating authority that has proceeded or is proceeding in the case” may not proceed in criminal cases as experts. In the scope of the structural reorganisations deriving from the amendment to the act, the regional drug-analysis laboratories operating in the country that used to belong to local county police headquarters have been integrated in the Institute for Forensic Sciences. As a result of reorganisation, presently 6 experts work in the 5 regional laboratories, which used to operate with 10 experts.

### 10.1. AVAILABILITY AND SUPPLY

#### **Availability**

According to the information of the National Bureau of Investigation, in 2007 a significant increase could be observed both in the supply and demand of cocaine. As a result of this the acquisition “wholesale” price of cocaine has reduced, and it has become more easily accessible to European distributors, which process also has an effect on the markets of relatively smaller receiving countries, such as Hungary.

A similar change could be observed on the market of GHB too. Although so far the seizure data do not support this process, on the basis of intelligence information it can be stated that this substance is gaining an increasingly prominent role among drugs used in the recreational setting, first of all in the age group 18-25.

#### *Availability on the basis of the opinion of secondary-school pupils*

During the school survey carried out among the schools of Budapest in 2007<sup>119</sup> pupils were asked for their opinion about where they could get herbal cannabis or cannabis resin easily (Elekes 2007).

34.1% of the pupils in grades 8-10 could not name such places. The greatest proportion of the rest of them mentioned discos and bars (41.0%), they were followed by the ones mentioning dealer’s apartment (25.7%) and the street and the park (24.7%). Only 14.4% of the pupils asked find that it is easy to get herbal cannabis or cannabis resin at school. The lowest proportion of pupils named the Internet (11.9%) and shopping centres (3.8%).

On comparing the results with the results of the survey carried out among the schools of Budapest in 2003<sup>120</sup> it can be stated that a lower proportion of pupils in Budapest believe that it is easy to get herbal cannabis or cannabis resin at school, but the proportion of those who find that these substances are easy to get at discos and bars has increased by more than 10%.

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<sup>119</sup> For the methodology see chapter 1.

<sup>120</sup> Budapest school survey 2003. Representative sample of young (14-16 year-old) people studying in years 8-9-10 at the schools of Budapest (net sample: 2,453 persons, response ratio: 79.8%), self-reporting questionnaire according to ESPAD standards (Paksi and Elekes 2003)



Table 32. Availability of herbal cannabis at different places, on the basis of the opinion of pupils studying in years 9-10, in 2003 and 2007

Place	Proportion of pupils who could have easy access	
	2003	2007
in the street, park	18.4%	24.7%
at school	18.5%	14.4%
in discos, bars	29%	41.0%
at the dealer's apartment	20.1%	25.7%
in shopping centres	7.2%	3.8%

Source: Paksi and Elekes 2003; Elekes 2007

## Drug cultivation and production

The number of cannabis plant seizures continuously increased during the past years, which indicates the spreading of illegal cannabis plant growing in Hungary. A significant proportion of the seized plants is constituted by plants grown in nutrient cubes, which indicates the popular nature of plant-growing under artificial ("indoor") circumstances. The seeds needed for growing cannabis come from the Netherlands, while the technical equipment is now available in domestic points of sale disguised as "agricultural" stores.

In respect of domestic plantations it can be stated that an increasing number of foreign, first of all Dutch citizens participate in setting up such plantations, who had been identified by the police in their home country in connection with similar activities. Often it is them who provide the intellectual and financial capital and the source of acquisition of the technology. Domestic offenders participate in drug production with financial sources and personal work (nurturing, harvesting, sale).

In 2007 the police seized a laboratory used for producing illicit drugs. At the time of the seizure, in the home laboratory 2C-B production was in process, about 1.5 kg of undiluted active substance was seized. Beside 2C-B other initial substances suitable for the production of amphetamines, and about 0.5 kg of substance (intermediate product) suitable for the production of 2,5-dimethoxy-amphetamine (DMA) or 4-bromo-2,5-dimethoxy-amphetamine (DOB) were also found.

An illegal laboratory was also seized, where presumably cocaine smuggled in impregnated carriers was extracted and restored to powder form to make it sellable on the black market. In this laboratory, apart from powders and solutions containing cocaine, a significant amount of elementary substance (benzyl-methyl-ketone) and reagents suitable for the production of amphetamine and methamphetamine were also found.

A total amount of 37 kg of a powder mixture consisting of paracetamol and caffeine, most frequently used for diluting heroin, was seized on several occasions, generally beside greater amounts of heroin.

In several cases, beside cocaine, components frequently used for diluting cocaine and tools used for pressing the diluted substance into a block were also seized.

## Sources of supply, trafficking routes<sup>121</sup>

As compared to the conditions reported in 2006, in 2007 no significant change was observed in the field of drug supply and trafficking in respect of the groups of offenders participating in smuggling and vending synthetic drugs (first of all in the Netherlands) and the groups of offenders participating in smuggling heroine using the "Balkan route". According to the experience gained in 2006 and 2007 the total or partial liquidation of larger distribution networks dealing with synthetic drugs cannot result in lasting success, while the supply

<sup>121</sup> Based on the report of the National Bureau of Investigation and the Co-ordination Centre Against Crime.

network operating in the Netherlands and supplying domestic smuggling and vending networks continues to operate.

During the intelligence work information was obtained relating to that the groups of offenders have connections in the member states of the former Soviet Union, and from the direction of the Ukraine they smuggle drugs to Hungary and to other countries through Hungary. It is supported by concrete cases of seizing large amounts of drugs. Drugs are smuggled into Hungary in lorries, buses and cars, but they also use trains and river boats.

Typically cocaine sold in Hungary is acquired from the Netherlands, the Netherlands Antilles, Columbia or Ecuador, but in the last two years Germany and Romania became places of distribution as well. Most substances arriving in Hungary are packaged and then transported to Italian, German or British destinations. It deserves attention that the method of swallowing drugs and smuggling them inside one's stomach is still in use. Hungarians take part in cocaine smuggling as drug couriers. Typically the group of organisers can be related to West-African, mainly Nigerian criminal organisations.

On the basis of the information of the National Bureau of Investigation it can also be stated that the traditional shipping routes used for international cocaine trafficking are becoming less frequently used, and cocaine coming into Europe arrives in the continent through Africa, typically after being unloaded on "Central-African" waters. Corruption infecting everything in the African region, the practically complete lack of police, customs and border control, and the continuously increasing demand in Europe all contribute to this phenomenon.

It is also demonstrated by the information according to which there is a gradually intensifying effort among certain groups of offenders aimed at relocating their routes of cocaine trafficking into Southern Europe, first of all Spain, where drugs arrive on ships from South America and North Africa. In support of these phenomena it can be observed that Hungarian drug couriers smuggle cocaine into Hungary by road from Spain (avoiding earlier Dutch sources of acquisition). Basically the structural change is due to the fact that the quality of cocaine smuggled from Spain is far better than the purity of cocaine available in the Netherlands. The final destination of the majority of the cocaine smuggled into Hungary using the new route above is Western Europe.

According to Europol specialists, due to the possibility of free movement over the borders all over Europe the production, trafficking and transportation of chemicals from which drugs cannot be produced directly, but their presence is needed for inducing chemical processes<sup>122</sup> is becoming increasingly significant. This activity is becoming increasingly difficult to control, and criminal groups interested in drug manufacturing make use of it. According to the data of several member states, Hungary is also significantly affected by this type of illegal trade, which is also supported partly by available domestic information.

Within Hungary Budapest is no longer the centre in the system of drug distribution, distribution networks have their own foreign sources and domestic production capacities. The use of the Internet has an increasingly significant role in distribution.

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<sup>122</sup> Mostly precursor substances other than BMK (benzyl methyl ketone) or PMK (piperonyl methyl ketone).

## 10.2 SEIZURES

The table below contains the drugs found and seized by the Police and the Customs proceeding in drug-related offences. (ST13\_2008\_HU\_01)

Table 33. Number and quantity of seizures of illicit drugs

Type of drug	2006		2007	
	number of seizures	quantity seized	number of seizures	quantity seized
Herbal cannabis (kg)	1,540	266.5	1352	346.6
Cannabis plant (pieces)	50	3,529	105	1,667*
Cannabis resin (kg)	67	3.0	55	11.9
Heroin (kg)	144	131.1	154	80.3
Cocaine (kg)	113	7.3	134	15.3
Amphetamines (kg)	368	21.8	417	35.8
“Ecstasy” tablets (tablet)	145	138,278	152	131,632
/MDMA, MDA, MDE/ LSD (dose)	13	2,148	12	71

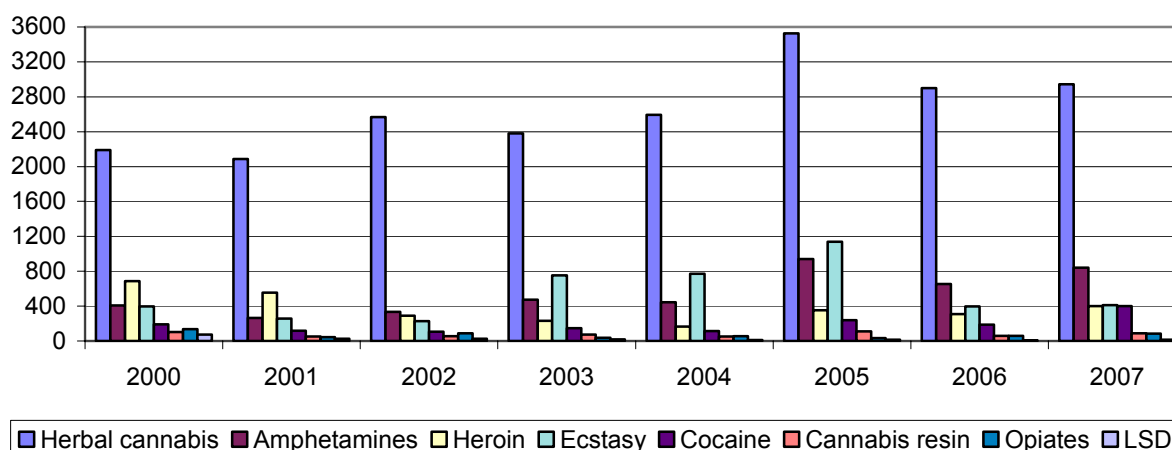
\* only includes the amount of the representative sample sent to the laboratory

Source: Institute for Forensic Sciences

On the basis of the number of seizures and the quantities seized it can be stated that herbal cannabis is still the most widely used drug, and the quantity seized of it increased continuously in the recent years. It is followed by amphetamines, then heroin, cocaine and ecstasy. Similarly to the previous year, the quantity of ecstasy tablets seized shows a decreasing tendency.

Furthermore, an obviously increasing tendency can be observed in respect of cocaine seizures – especially on the basis of the frequency of occurrence of active substances detected in/on seized materials and objects –, as a result of which in 2007 cocaine was a drug occurring at the same frequency as heroin and ecstasy.

Figure 64. Frequency of occurrence of different types of drugs



Source: Institute for Forensic Sciences

Similarly to 2006, in the rank according to the frequency of occurrence, the most common drugs are followed by ketamine. The increasing tendency observed in the previous years also continues in the case of Gamma-Butyrolactone (GBL), which, although it is not regarded

as a drug, after entering the body transforms into Gamma-Hydroxybutyrate (GHB): in 2007 nearly 7 litres of GBL were seized in 12 different cases, which indicates further increasing of misuse of this substance. It must be pointed out that during 2007, on one occasion a small amount of solid GHB was also seized.

(For illicit laboratories seized in 2007 see 10.1.: Drug cultivation and production)

### 10.3 PRICE / PURITY

#### Price of drugs at street level

In 2007 the price of drugs at street level was assessed again on the basis of questionnaires completed by drug users, similarly to previous years. (ST16\_2008\_HU\_01)

In respect of the proportions of different answers, most people could again provide information regarding herbal cannabis. This proportion is now approached by the proportion of people providing answers relating to amphetamines and ecstasy, which continued to increase as compared to the previous year. The number of people having information on the price of cocaine also increased as compared to the previous year. On the one part it supports the phenomenon defined in respect of supply and seizures, according to which cocaine is becoming more widely spread on the drug market. On the other part it is also in compliance with the increasing number of patients entering treatment because of cocaine (see chapter 4.2), and with the increasing tendencies of cocaine use observed in the average population (people between the age of 18-34) (see chapter 2.1).

Table 34. Price of drugs at street level in EUR<sup>123</sup>

EUR	Lowest	Highest	Most common	Average	Number of respondents
Cannabis resin (gr)	7.5	11.2	9.2	9.3	62
Herbal cannabis (gr)	7.0	10.3	9.0	8.7	90
Heroin (gr)	41.9	60.7	49.7	51.3	55
Heroin (packet)	16.0	23.9	19.5	19.9	52
Cocaine (gr)	50.3	67.0	59.4	58.6	68
Crack (gr)	45.5	66.3	46.8	55.9	10
Amphetamines (gr)	9.8	14.2	12.0	12.0	83
Ecstasy (tablet)	3.2	6.3	4.6	4.8	81
LSD (dose)	9.8	13.9	11.7	11.9	45
Methadone (20 mg)	5.0	7.7	6.4	6.3	37
Methadone (5 mg)	1.9	3.0	2.2	2.5	19

Source: Reitox National Focal Point 2008

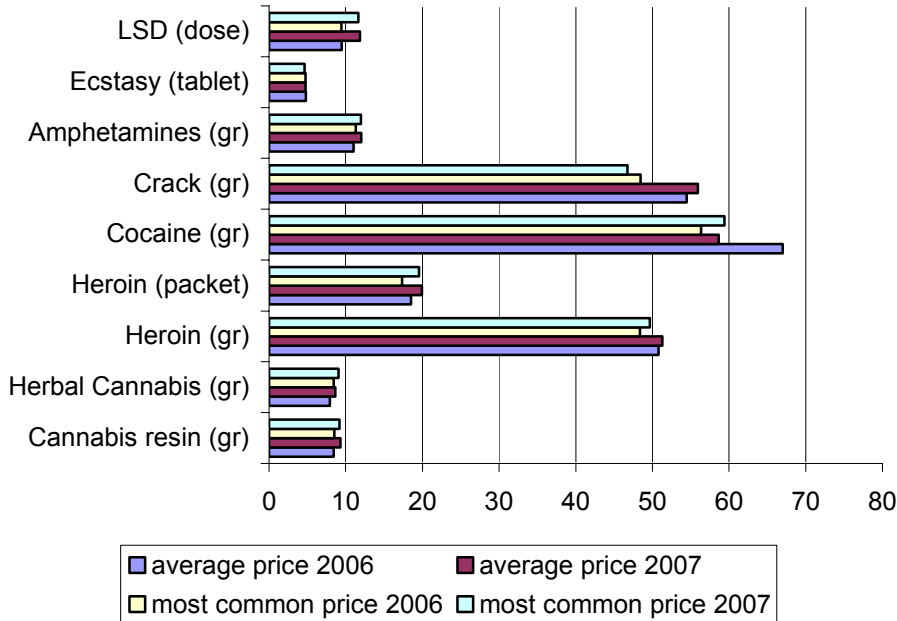
As compared to the prices reported in the previous year<sup>124</sup> the following changes can be observed: both the average and most common price of cannabis resin, herbal cannabis, amphetamines and LSD increased. The price of heroin by gram decreased, but in packets it became more expensive than in the previous year, both in respect of its average and most common price. The most common price of cocaine increased very slightly, but its average price decreased significantly, which indicates that cocaine is available at a gradually lower

<sup>123</sup> The prices in the table were calculated on the basis of the official exchange mid-rate of the EUR for 2007 (EUR 1 = HUF 251.31).

<sup>124</sup> Analysis was carried out on the basis of the prices stated in HUF.

price on the domestic market. It is in compliance with the tendencies observed in the field of supply and seizures.

Figure 65. The most common and average prices of drugs in EUR, in 2006 and 2007



Source: Reitox National Focal Point 2008

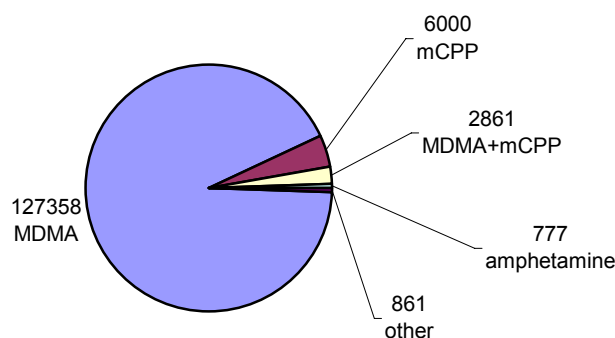
**Purity**

In respect of the active substance content of drugs, in 2007 a significant change can be observed in the case of ecstasy tablets as compared to the previous year.

In 2007 again, most of the ecstasy tablets seized contained the active substance MDMA, but a significant amount of tablets also containing mCPP beside MDMA and tablets containing exclusively mCPP was also seized.

On a few occasions a new active substance, an amphetamine derivative called DOB could be detected in the ecstasy tablets seized, and on several occasions tablets containing piperazine derivatives not regarded as drugs were also seized.

Figure 66. *The amount of seized ecstasy tablets and their active substances*



Source: *Institute for Forensic Sciences*

Among tablets containing MDMA – as opposed to the year 2006 – no tablets with outstandingly low active substance content were found in 2007. In the case of ecstasy tablets containing the active substance amphetamine, as compared to the typical active substance content of 4-30 milligram / tablet observed in the previous years, in 2007 the amount of amphetamine contained in the examined tablets was never above 10 milligrams. (ST15\_2008\_HU\_01)

In the case of classic drugs (herbal cannabis, heroin, cocaine) and amphetamines, no prominent change can be observed in respect of active substance distribution as compared to the previous year. (ST14\_2008\_HU\_01)

### *Conclusions*

On the basis of the tendencies observed in the field of supply and the seizure data, the most significant change taking place on the drug market is the continuous increase of cocaine use that has lasted for several years. According to the seizure data, by 2007 the frequency of occurrence of cocaine reached the level of heroin and ecstasy and now shares the third place with them among the most widely used drugs. It is also supported by the survey concerning street prices, which shows that the number of people having information about the price of cocaine increased, while a significant decrease can be observed in respect of its average price.

In respect of “ecstasy” tablets new active substances (DOB and piperazine derivatives, which are presently not regarded as illicit drugs) appeared.

The revealed illicit laboratories producing synthetic drugs and the seizures indicating the operation of diluting/processing sites may indicate the structural transformation and development of Hungarian black market supply and distribution systems.

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## LIST OF ABBREVIATIONS

AFSZ – Public Employment Service
ASzM – Working Group of Professionals Specialised in Addiction-Treatment
BSZKI – Institute for Forensic Sciences
BVOP – Hungarian Prison Service Headquarters
CCDA – Coordination Committee on Drug Affairs (KKB)
CND – United Nations Commission on Narcotic Drugs
E-Fund – Health Insurance Fund
ERÜBS – Uniform Criminal Statistics System of the Police and the Public Prosecutor’s Office
ESPAD – European School Survey Project on Alcohol and Other Drugs
HAA – Hungarian Association on Addictions (MAT)
HEFOP – Human Resources Development Operative Programme
IDU – Injecting drug user
IMEI – National Institute for Forensic Observation and Psychiatry
ITKR – Guided Regional Compensation System
KEF – Coordination Forum on Drug Affairs
KSH – Hungarian Central Statistical Office
MEJOK – Hungarian Human Rights Protection Centre Foundation
NDI – National Institute for Drug Prevention
NM – Ministry of Welfare
NSAP – National Survey on Addiction Problems (OLAAP)
NSP – Needle exchange programme
OAI – National Institute of Addictions
OEK – National Centre for Epidemiology

OENO – International Classification of Medical Treatments  
OEP – National Health Insurance Fund  
OKM – Ministry of Education and Culture  
OPNI – National Institute of Psychiatry and Neurology  
OSAP – National Statistical Data Collection Programme  
OSZMK – National Centre for Healthcare Audit and Inspection  
RET – Regional Health Affairs Council  
SzMM – Ministry of Social Affairs and Labour  
TAJ number – Social Security Number  
TDI – Treatment Demand Indicator  
TVK – Output Volume Restriction  
UNGASS – United Nations General Assembly Special Session on Illicit Drugs