



European Monitoring Centre
for Drugs and Drug Addiction



**2009 NATIONAL REPORT to the EMCDDA
by the Reitox National Focal Point**

“HUNGARY”

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

REITOX

CONTRIBUTORS:

CSESZTREGI TAMÁS, Institute for Forensic Sciences

CSOHÁN ÁGNES, National Centre for Epidemiology

ELEKES ZSUZSANNA, Corvinus University of Budapest, Institute of Sociology and Social Policy

GRÉZLÓ ORSOLYA, National Health Insurance Fund

HORVÁTH GERGELY CSABA, Hungarian National Focal Point

KELLER ÉVA, Semmelweis University, Institute for Forensic and Insurance Medicine

KOÓS TAMÁS, National Centre of Addictions

KUN GÁBOR, Institute for Social Policy and Labour

NÁDAS ESZTER, Hungarian National Focal Point

OBERTH JÓZSEF, Centre for Defence of Human Rights - Hungary

PAKSI BORBÁLA, Corvinus University of Budapest, Institute of Behavioural Sciences and Communication Theory, Centre for Behaviour Research

PÉTERFI ANNA, Hungarian National Focal Point

RITTER ILDIKÓ, National Institute of Criminology

RÁCZ JÓZSEF, Hungarian Academy of Sciences, Institute for Psychology

TARJÁN ANNA, Hungarian National Focal Point

VARGA ORSOLYA, Hungarian National Focal Point

REVISED BY:

BUDA BÉLA, DEMETROVICS ZSOLT, FELVIN CZI KATALIN, GAZDAG GÁBOR, HUSZÁR LÁSZLÓ, KASSAI FARKAS ÁKOS, SÁROSI PÉTER, TOPOLÁNSZKY ÁKOS

TABLE OF CONTENTS

SUMMARY	5
1. DRUG POLICY, LEGISLATION, STRATEGY AND ECONOMIC ANALYSIS	7
1.1. LEGAL FRAMEWORK	7
1.2. NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION	8
1.3. ECONOMIC ANALYSIS	9
2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS	12
2.1. DRUG USE IN THE GENERAL POPULATION	12
2.2. DRUG USE IN THE SCHOOL AND YOUTH POPULATION	12
2.3. DRUG USE AMONG SPECIFIC TARGETED GROUPS	18
3. PREVENTION	20
3.1. UNIVERSAL PREVENTION	20
3.2. SELECTIVE PREVENTION	21
3.3. INDICATED PREVENTION	26
3.4. NATIONAL AND LOCAL MEDIA CAMPAIGNS	26
4. PROBLEM DRUG USE	27
4.1. PREVALENCE AND INCIDENCE ESTIMATE OF PROBLEM DRUG USERS	27
4.2. DATA ON PROBLEM DRUG USERS FROM NON-TREATMENT SOURCES	27
4.3. INTENSIVE, FREQUENT, LONG-TERM AND OTHER PROBLEMATIC FORMS OF DRUG USE	32
5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY	33
5.1. POLICY	33
5.2. TREATMENT SYSTEMS	33
5.3. CHARACTERISTICS OF TREATED CLIENTS	41
5.4. TRENDS OF CLIENTS IN TREATMENT (ON THE BASIS OF OSAP DATA)	61
6. HEALTH CORRELATES AND CONSEQUENCES OF DRUG USE	64
6.1. DRUG-RELATED INFECTIOUS DISEASES	64
6.2. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES	82
6.3. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS	86
7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES	91
7.1. PREVENTION OF DRUG-RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS	91
7.2. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES	91
7.3. INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES AND CONSEQUENCES	97
8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION	100
8.1. SOCIAL EXCLUSION AND DRUG USE	100
8.2. SOCIAL REINTEGRATION	113
9. DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME, AND PRISON	118
9.1. DRUG-RELATED CRIME	118
9.2. PREVENTION OF DRUG-RELATED CRIME	123
9.3. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM	124
9.4. DRUG USE AND PROBLEM DRUG USE IN PRISONS	126
9.5. RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS	136
9.6. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON	137
10. DRUG MARKETS	139
10.1. AVAILABILITY AND SUPPLY	139
10.2. SEIZURES	145
10.3. PRICE / PURITY	146
11. CANNABIS MARKET AND PRODUCTION	150
11.1. MARKET	150

11.2. SEIZURES	159
11.3. OFFENCES	161
12. PROBLEM AMPHETAMINE AND METHAMPHETAMINE USE, RELATED CONSEQUENCES AND RESPONSES	163
12.1. THE EPIDEMIOLOGY OF AMPHETAMINE USE	163
12.2. OVERVIEW OF HEALTH AND SOCIAL CORRELATES OF CHRONIC AMPHETAMINE AND METAMPHETAMINE USE	174
12.3. RESPONSES TO CHRONIC AMPHETAMINE USE	175
12. BIBLIOGRAPHY	176
ANNEX	180
LIST OF TABLES	180
LIST OF FIGURES	183
LIST OF MAPS	185
LIST OF ABBREVIATIONS	187

SUMMARY

As the drug strategy in force prescribes tasks only until the end of 2009, presently the next national strategic programme is in the process of preparation, and it must be in compliance with the drug strategy and action plan of the EU in force between 2005-2012.

This year on 4 March the Parliament accepted 18/2009.Parliament Regulation (III.4) on the new national strategic programme to be prepared in the interest of combating the drug problem, according to which regulation by 15 September 2009 the Government must prepare and submit to the Parliament the national strategic programme valid from 2010.

On the basis of the results of the ESPAD 2007 survey – carried out among schoolchildren in grades 8-10 – no significant structural change could be observed in the use of drugs by young people. As compared to the previous years the use of herbal cannabis decreased, but an increase could be observed in respect of the combined use of alcohol and medicines, the use of inhalants, whippets/balloons (nitrous oxide) and ecstasy. According to the results of the Youth 2008 survey, 17% of the 15-29 year old youth have tried some kind of drug in their lives; this ratio is higher than the ratio measured in 2004 (11%).

In the academic year of 2007/2008 9.5% of schoolchildren aged 10-18 attending institutes of primary and secondary education took part in drug prevention sessions in the scope of the joint tender invitation issued by the Ministry of Social and Labour Affairs and the Ministry of Education and Culture to support school-based health promotion and drug prevention programmes. As compared to school-based programmes, out-of school programmes/services defined a lower number of objectives, and objectives relating to introducing alternatives appeared in a significantly higher proportion.

According to the data from the National Statistical Data Collection Program, in 2008 there was a total number of 14,353 clients in treatment because of drug use, and 4,635 received treatment for the first time in their lives. Seemingly it indicates an increase as compared to the data of the previous year, but when the treatment unit is examined, it turns out that the increase is due to the increasing number of patients treated at a toxicology department in Budapest. The proportion of cannabis users in treatment continued to decrease in 2008, which is partly due to the fact that preventive-consulting treatments are filtered out from data collection more efficiently. While the proportion of injecting heroin users decreased, the proportion of injecting amphetamine users slightly increased in relation to all patients in treatment.

In 2008 93 treatment units reported a total number of 3,484 clients to the TDI data collection, and 2,161 of these patients received treatment for the first time in their lives.

When examining clients participating in diversion programmes it can be determined that this population is younger than the population of those entering treatment for other reasons. Among them the route of administration is still determined by the dominance of cannabis use. In their case the proportion of intensive drug use is significantly lower than among clients not participating in diversion programmes.

In summary, in connection with the healthcare system it can be stated that the entire range of the treatment chain (outpatient and inpatient treatment, social care, child addiction treatment) has not been established completely in any of the regions, in the field of services the two sectors appear separately from each other, and the number of integrated treatments is still low.

No significant change took place in the number of direct drug-related deaths as compared to the previous years. 85% of the cases of death reported in 2008 were caused by heroin overdose.

On the basis of the HIV screening of 590 IDUs in 2008 it can be determined with high probability, that similarly to the previous years in the population of IDUs in Hungary the number of HIV positive cases is very low. Among IDUs at specialised outpatient treatment centres and needle/syringe programmes the HCV prevalence rate was 22.6% in 2008.

In 2007 a wide-ranging hepatitis C campaign screening programme was launched in detention facilities, in the course of which nearly all blood samples were tested for HIV and HBV as well.

In 2008 the coverage of needle exchange services outside of Budapest improved. On examining the summarised data it can be seen that both the number of distributed and returned syringes significantly increased, and the number of syringes per capita also increased.

In 2008, as compared to the year before – unlike the decreasing tendency observed in the previous two years – the number of revealed criminal offences concerning the misuse of illicit drugs increased again. At the same time, the shifting of the quantity indicators was not accompanied by the changing of the proportions within total criminal offences. The increase in the number of cases indicates that the number of revealed criminal offences concerning the misuse of illicit drugs is “becoming normalised”, that is the number of revealed criminal offences concerning the misuse of illicit drugs is not influenced or it is less influenced by the previous changes of the legal environment.

On the basis of the seizure data it can be determined that in 2008 the increase of cocaine use continued. It is accompanied by the decreasing tendency that can be observed in connection with the price of cocaine at street level, which tendency started in 2007. In the previous years the active substance content of powders containing heroin packaged in user doses indicated a continuously increasing tendency, which represents an increased risk for users.

In the case of ecstasy 4-fluoro-amphetamine appeared as a new active substance. In the last 4 years the number of GBL seizures increased continuously, which clearly indicates the increasing tendency of misuse of drugs not controlled.

1. DRUG POLICY, LEGISLATION, STRATEGY AND ECONOMIC ANALYSIS

1.1. LEGAL FRAMEWORK

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

- a) Government Regulation 191/2008. (VII. 30.)

The wording of Act III of 1993 on social administration and social provisions as amended by Act CXXI of 2007 on the amendment of certain acts on social issues does not include low-threshold services among the obligatory tasks of local authorities as from 1 January 2008 or community services as from 1 January 2009.

Government Regulation 191/2008. (VII. 30.) on the rules of financing supporting services and community services was accepted in July 2008 as the implementing decree of the above amendment, which regulation defines the state financing of community services on a new basis, including low-threshold services independently.

As from 2009 community services and low-threshold services are not included among the obligatory tasks of local authorities. As a result of this the type of normative state support allocated to service providers through the Treasury after obtaining operation licence has been cancelled. Starting from 2009 the financing of services takes place via tendering.

- b) Joint decree 42/2008. (XI. 14.) EüM-SzMM of the Ministry of Health and the Ministry of Social Affairs and Labour

Joint decree 42/2008. (XI. 14.) EüM-SzMM of the Ministry of Health and the Ministry of Social Affairs and Labour on the rules of the treatment for drug addiction and treatment of other conditions with drug use or preventive-consulting services was accepted in November 2008 as the amendment of joint decree 26/2003 EüM-GyISM of the Ministry of Health and the Ministry of Children, Youth and Sports. The new decree corresponds to Act XIX of 1998 on criminal procedure, according to the amendment of which made in 2006 participation in diversion programmes can be started already during the investigation phase (see National Report 2006, chapter 1.1.). According to joint decree 42/2008. EüM-SzMM, if the legal conditions of participating in diversion programmes exist, the investigating authorities must issue a certificate to the affected persons with a content determined in the decree. Furthermore, service providers realising diversion programmes bear the obligation to provide information for the proceeding authorities (on starting, interrupting or completing participation in diversion programmes).

- c) 18/2009. Parliament Regulation (III.4)

See chapter 1.2.

Law enforcement

Based on data from the Public Prosecutor's Office, 2,341 persons were sentenced for drug-related offences in 2008. These offenders committed 3,190 offences, which they were called to account for on the following legal grounds:

- 1,956 offenders (83.6%) were sentenced for drug use related offences prohibited by Section 282 and Section 282/A of the Criminal Code;
- 180 offenders (7.7%) were sentenced for trafficking offences prohibited by Section 282 and Section 282/A of the Criminal Code;

- 115 persons (4.9%) were sentenced for offences prohibited by Section 282/B (use or trafficking-related offences to the injury of a person under the age of eighteen or involving such a person);
- 90 persons (3.8%) were sentenced for conducts as prohibited by Section 282/C (drug-addicted persons committing use or trafficking-related offence).

In 2008, the following punishments and measures were imposed upon the 2,341 persons against whom final judgements were issued:

- 819 were sentenced for imprisonment (of this 331 were enforceable and 488 were suspended)
- 188 were sentenced for work in the public interest
- 746 were fined
- individual measures, second punishments were inflicted in 389 cases.

1.2. NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION

National strategy

In 2000 the Parliament accepted the first strategic programme to combat the drug problem. As the drug strategy in force prescribes tasks only until the end of 2009, presently the next national strategic programme is in the process of preparation, and it must be in compliance with the drug strategy and action plan of the EU in force between 2005-2012. In the first point of the EU drug action plan it is prescribed that the member states, appropriately considering their national legislative and administrative structures, accept a comprehensive national drug strategy and/or action plan. This year on 4 March the Parliament accepted 18/2009.Parliament Regulation (III.4) on the new national strategic programme to be prepared in the interest of combating the drug problem, according to which regulation by 15 September 2009 the Government must prepare and submit to the Parliament the national strategic programme valid from 2010.

Implementation of the action plan

The drug strategy is implemented by Government Regulation 1094/2007. (XII. 5.) on governmental tasks relating to the realisation of the objectives of the National Strategy to Combat the Drug Problem, which Government Regulation determines the tasks to be implemented in years 2008-2009 in the interest of combating the drug problem. In 2008 and in the first half of 2009 the following activities relating to the tasks prescribed in the action plan were supported or took place:

- Elaboration of a professional proposal containing the special minimum conditions of transport services helping people attending party events to return home;
- Ensuring the operating conditions of the Coordination Forums on Drug Affairs (KEF) and strengthening their role in organising services in the interest of the implementation of the national strategy at local level;
- Initiation of research in the interest of exploring the current drug situation in Hungary;
- Improvement of prevention services, definition of uniform professional requirements;
- Involving a wide circle of students participating in public education in prevention programmes;
- Ensuring training programmes for police organisations to reduce the supply of drugs;
- Organising further training courses for general practitioners, district nurses, teachers and other experts concerned in this field;
- Development of screening and treatment programmes for people held in detention facilities, ensuring measures aimed at preventing and handling the drug problem;

- Development of the system of institutes available for realising diversion programmes;
- Establishing outpatient clinics for people struggling with drug problems, operation of outpatient services, increasing the existing capacity and making it more differentiated, establishment of the professional institutional background for paediatric addiction care;
- Improvement of the system of institutes for resocialisation and rehabilitation.

Evaluation of the National Strategy

On behalf of the National Institute for Drug Prevention (NDI), EgészségMonitor [HealthMonitor] carried out a survey (Vitrai 2009)¹ to evaluate the strategic programme entitled “National Strategy to Combat the Drug Problem” accepted by the Parliament in December 2000. The primary aim of the evaluation is to find out what experience can be obtained after the scientific analysis of the realisation of the Strategy, concerning the changes observed in the Hungarian drug scene.

On the basis of the results of the study it can be determined that as a result of the Strategy accepted in 2000 fairly extensive development could be observed in the field of the drug problem. Nearly all elements of the international best practice related to this problem could be observed in Hungary, and their regular use also started due to the Strategy. The task of the next drug strategy may be the intensive development of the system: improving the quality of services and their geographical extension, and making sure that all target groups are reached to the necessary extent.

The action plans are evaluated during the regular meetings of the Coordination Committee on Drug Affairs (CCDA) and during the meetings of its special committees, and within the scope of the evaluation programme of the National Strategy presently in process.

Coordination arrangements

After that the directive 20/2008. (Mü. K 12.) SZMM of the Ministry of Social and Labour Affairs on issuing the Operational and Organisational Rules of the Ministry of Social and Labour Affairs came into force, the National Coordination Department on Drug Affairs was reorganised to become a Directorate, which continues its activity under the name National Coordination Directorate on Drug Affairs, under the direct control of the under-secretary of state in charge of social policy and equal opportunities.

1.3. ECONOMIC ANALYSIS

The first comprehensive Hungarian research examining the changing of drug-related public expenditure (PEX) in time between 2000 and 2007 in four studied years was carried out at the end of 2008 (Hajnal 2009).

The concept of drug-related public expenditure covers gross expenses, in terms of numbers, borne by the state household system. The examination of social costs in a wider sense deriving from drug use – that is damage and lost profit occurring in households, the state or companies in money, in kind or in the form of subjective factors – was not among the aims of the survey.

Drug-related public expenses are identified as result of an estimation procedure. In the case of most cost components estimation is based on the following:

- the annual state household total expenditure on the given organisational or activity system on the one part,

¹ During the evaluation four different methods were used: document analysis, deep interviews with decision makers and experts, discussion of the first results of the evaluation in focus groups, problem-tree analysis

- the proportion due to drug cases from the total “case turnover” of the activity system, on the other part.

During the survey interval estimates were used, where it was possible, in the interest of demonstrating uncertainty. The numerical data stated in the present summary are point estimation values regarded by the surveyor as the most probable within the estimated interval. The grouping of expenditure items identified during the survey follows Reuter’s classification (2004), used the most frequently in international literature.

In Reuter’s classification drug-related budget expenses are divided into four functional groups: law enforcement; treatment; harm reduction; prevention and research.

The changing of PEX items in time was examined in two fields. The figure below shows the proportion of the four part-areas within total PEX on the one part, while on the other part it shows the changing of the amount of expenses spent on the individual part-areas. The changes in percentage indicated in the second part of the table are stated in real value and not in nominal value.

Table 1. *The amount of PEX according to main function groups (point estimation, at current price)*²³

Function	2000	2003	2005	2007
Law enforcement	15,491	21,576	34,818	29,381
Treatment	2,802	3,367	4,999	4,056
Harm reduction and other social service	350	545	1,441	1,497
Prevention and research	2,611	7,136	3,160	4,111
Total (thousand EUR)	21,254	32,625	44,418	39,045

Source: Hajnal 2009

Table 2. *The changing of drug policy in time, in the light of the expenditure structure*²

Function	2000	2003	2005	2007
I. Internal proportions				
Law enforcement	73%	66%	78%	75%
Treatment	13%	10%	11%	10%
Harm reduction and other social service	2%	2%	3%	4%
Prevention and research	12%	22%	7%	11%
Total	100%	100%	100%	100%
II. The changing of the absolute size of the individual PEX groups (at comparative price, 2000=100%)⁴				
Law enforcement	-	116%	169%	127%
Treatment	-	100%	134%	97%
Harm reduction and other social service	-	130%	311%	287%
Prevention and research	-	227%	91%	106%
Total	-	128%	157%	123%

Source: Hajnal 2009

On the basis of the data it can be determined that the items relating to penal administration of justice represented 2/3-3/4 of the total expenses in the entire examined period, and no definite change took place in the structure of budget expenditure. The “outstanding” value of prevention and research items in 2003 is mainly due to the outstandingly high amount of the

² The values were calculated based on the official mid-rate of the EUR for 2008 (1 EUR = 251.25 HUF).

³ The estimated (extrapolated) data – instead of the quite inaccurate value received as a result of the survey – in the data cell of health-related treatment relating to the year 2000: the value of the expenses of 2003 deflated to the prices of 2000 is stated.

⁴ Deflation rates were calculated on the basis of the customer price indices annually published by the Hungarian Central Statistical Office (KSH).

assets handed over by the central drug affairs coordination to other portfolios. The only steadily increasing tendency is the increasing of the share of harm reduction, one of the smallest part-areas, in expenses, but it must be pointed out that – due to the limits of the available data – it also includes a certain amount of treatment expenses, therefore the proportion of harm reduction is definitely lower than the above value.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

Overview

The results of the ESPAD 2007 survey are described in this year's report. We also introduce the results of the Youth 2008 survey carried out among young people between the ages of 15-29 relating to drugs and drug use.

2.1. DRUG USE IN THE GENERAL POPULATION

No new information available.

2.2. DRUG USE IN THE SCHOOL AND YOUTH POPULATION

ESPAD 2007

According to the results (Elekes 2009) of the data collection that took place within the framework of the ESPAD 2007 survey⁵ on a national representative sample of schoolchildren in grades 8-10, 64.1% of the respondents had already smoked in their lives, and the proportion of regular daily smokers was 21.9%. The great majority of schoolchildren (92.3% of boys, 92% of girls) had already consumed alcohol in their lives, 55.4% of them had alcohol in the last month, and the proportion of those who consumed alcohol on 6 or more occasions per month was 13.8%. More than one-third of the young people asked had 5 or more drinks on the same occasion at least once in the last month, 12.2% of them reported on 3 or more such occasions.

15.9% of the schoolchildren asked in grades 8-10 had already used an illicit drug⁶ in their lives (boys: 17.7%, girls: 14.2%, the differences by gender are significant ($p < 0.001$)). The proportion of those, who used some sort of drug⁷ definitely for the purpose of drug use is higher, 21.1%. In the case of boys the lifetime prevalence rate of drug use definitely for the purpose of drug use is 23.3%, while among girls it is 19.3%. The differences are significant again ($p < 0.001$).

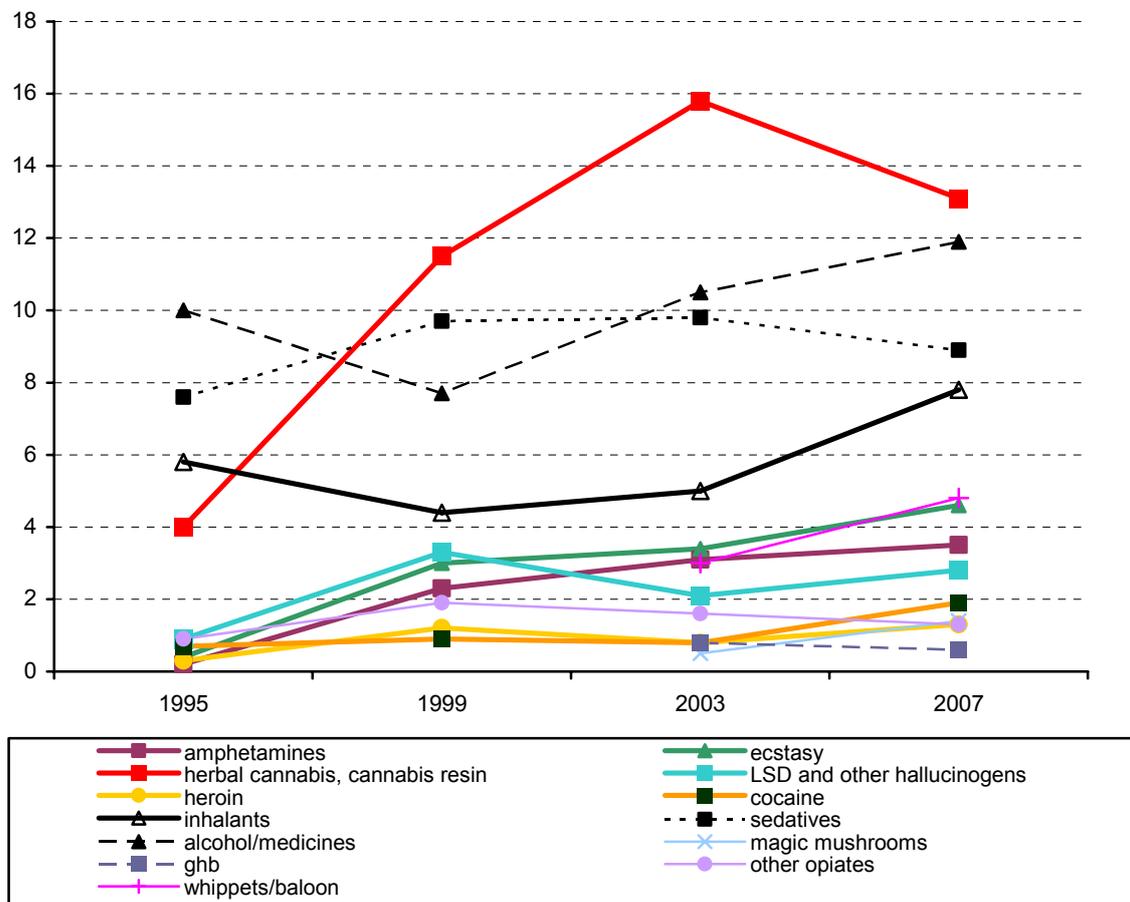
On the basis of the lifetime prevalence rates relating to the individual drugs no significant structural change could be observed in the use of drugs by young people. Cannabis is still the most widely used drug (with a lifetime prevalence rate of 14.1%), and it is followed by the combined use of medicines and alcohol (12.5%). The third and fourth most widely used drugs are also legal: taking sedatives/tranquilisers without a doctor's prescription (8.9%) and the use of inhalants (7.6%). In 2007 the use of whippets/balloon (nitrous oxide) is still the fifth-sixth most popular drug regarding the drug use habits of young people, they tried it in the same proportion as ecstasy (4.9%). Among illicit drugs other than cannabis, traditionally ecstasy, amphetamines (4.1%) and LSD/hallucinogens (3%) are the most widely spread. The use of the rest of the examined drugs is still hardly present at all in the life of schoolchildren in grades 8-10.

⁵ 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 self- or group-administered questionnaires with the participation of external research assistants, on the representative sample of schoolchildren in grades 8-10. The gross sample size was 10,598, and the net sample size was 8,693. The survey was supported by OTKA (K60709), the Ministry of Social and Labour Affairs and the Hungarian National Focal Point.

⁶ Illicit drugs are: drugs stated among illicit drugs in the earlier ESPAD reports: herbal cannabis or cannabis resin, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin.

⁷ Apart from the illicit drugs determined in "ESPAD" this group includes: magic mushroom, GHB, other opiates (e.g.: poppy tea), other drugs, inhalants, whippets/balloons (nitrous oxide).

Figure 1. *The lifetime prevalence of illicit and licit drugs between 1995 and 2007 among 16-year-old schoolchildren*⁸



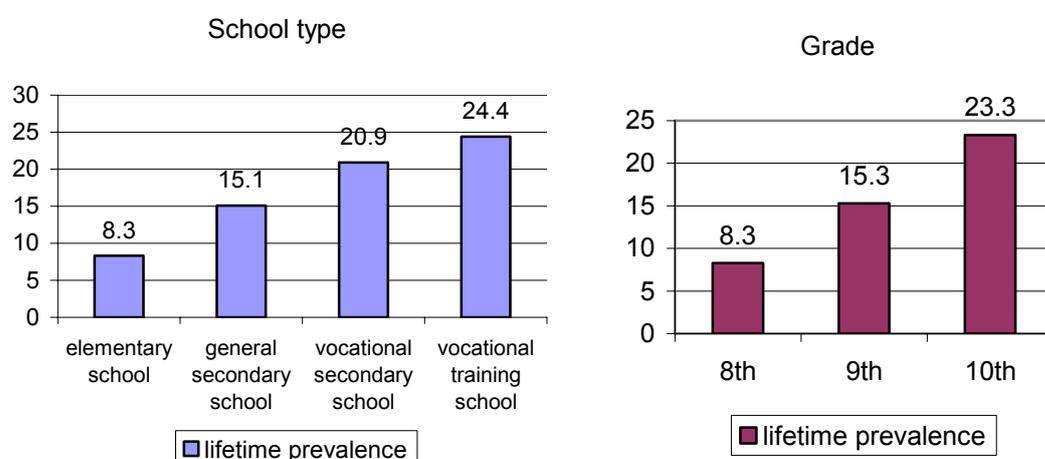
Source: Elekes 2009

Social status

The connection between the social status and drug use of the respondent schoolchildren was also examined in the survey. The lifetime prevalence rates of illicit drugs showed a significant ($p < 0.001$) difference per school type. The prevalence rates are the lowest in primary schools, they are followed by general secondary schools, vocational secondary schools, and then vocational training schools. The different prestige of schools is partly represented in the difference between the school types (the prevalence rate is the highest in the school type of the lowest status), and it is also represented that primary schools are attended by the youngest schoolchildren. During the three examined school years the proportion of schoolchildren who ever used illicit drugs nearly tripled. This increase is first of all due to the increase by more than three times occurring in the lifetime prevalence rate of herbal cannabis (from 6.6% in grade 8 to 21.6% in grade 10), while the use of illicit drugs other than herbal cannabis only doubled (from 4.8% to 10.2% between grades 8-10).

⁸ In the text the results measured on the entire sample of schoolchildren in grades 8-10 are described, while the time-series figure shows the changing of the lifetime prevalence rates in respect of 16-year-old schoolchildren.

Figure 2. The lifetime prevalence of illicit drugs by school type and by school grade among schoolchildren in grades 8-10



Source: Elekes 2009

On the basis of the parents' school qualifications trying out illicit drugs is not significantly different among the children of parents with lower or higher school qualifications, although the children of parents who started but did not complete their studies in higher education seem clearly vulnerable, and trying out illicit drugs is slightly more common among the children of parents with the highest school qualifications than among the children of parents with the lowest school qualifications. The assumed financial situation of the parents does not indicate any connection with trying out illicit drugs.

The location of the school and the family's place of residence also indicate that the use of illicit drugs is more common in Budapest and in large cities.

In respect of the indicators showing the social-economic status of young people there is a more prominent association between trying out illicit drugs and the quality indicators of family-school life. Similarly to international experience and earlier Hungarian results, the Hungarian data of 2007 demonstrate that truancy and weak school results are accompanied by more intensive drug use. In the case of children who are being brought up by their natural parents, who are satisfied with their relationship with their parents, whose parents have control over their children's spare time activities, there is a lower chance of becoming regular drug users. Children being brought up without natural parents or under weak parental control, or children who are not satisfied with the relationship with their parents are evidently belong to the most vulnerable ones.

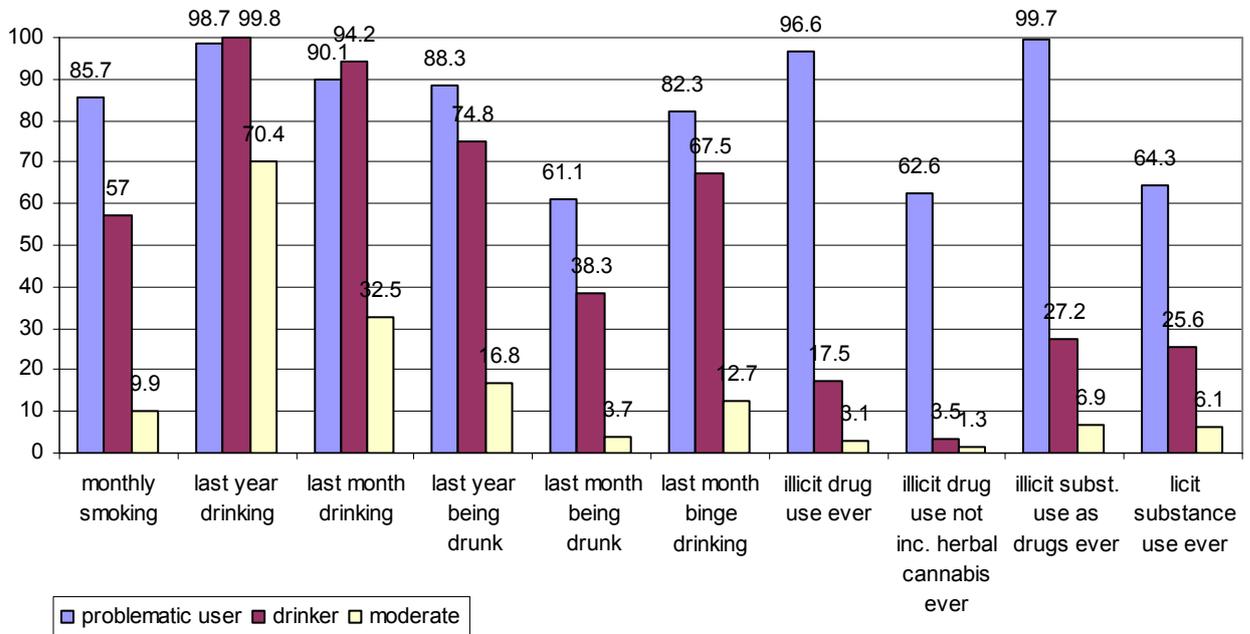
Drug user groups

The results of the cluster analysis⁹ performed to study the simultaneous use of illicit and licit drugs indicate that schoolchildren often abuse different drugs simultaneously, and trying out or regularly using different drugs increases the probability of trying out or regularly using other drugs. 8.7% of schoolchildren can be regarded as problematic users. They have already used an illicit drug, and not only cannabis, two-thirds of them have used a medicine without a doctor's prescription, three-quarters of them are regular daily smokers and regular alcohol consumers, getting drunk and binge-drinking is common among them. Another group of schoolchildren (28.5%) is characterised only by regular alcohol consumption and smoking

⁹ The listwise approach was applied in the cluster analysis, main indicators of smoking, alcohol and other drug use were included in the analysis.

(drinkers). Binge-drinking and getting drunk is common among them too, but trying out illicit drugs occurs much less frequently and even then it is restricted to herbal cannabis. Nearly two-thirds of schoolchildren use the examined drugs only moderately. Although they consume alcohol occasionally, problematic drinking is not characteristic among them. They smoke on rare occasions, and they do not typically try using other drugs.

Figure 3. Main prevalence rates in different user groups



Source: Elekes 2009

The problematic user group distinguished in the cluster analysis is different from the rest of the schoolchildren on the basis of the most indicators. There is a greater proportion of boys among them, they are older than the rest of the schoolchildren, a greater proportion of them attend vocational secondary schools and vocational training schools, and a higher number of them live in Budapest or in other cities. The quality indicators of their family life are more unfavourable than in the case of the rest of the schoolchildren, and their psychic condition is also worse than the average. As compared to the others, the different types of problem behaviours are much more common among them. Typically they spend their spare time by going out, and smoking, problematic alcohol consumption and the use of drugs is more common in their peer relationships, too. After filtering out compound effects, they are mainly distinguished from the others by gender, age, spare time, drug user friends and other indicators of problem behaviour.

Youth 2008

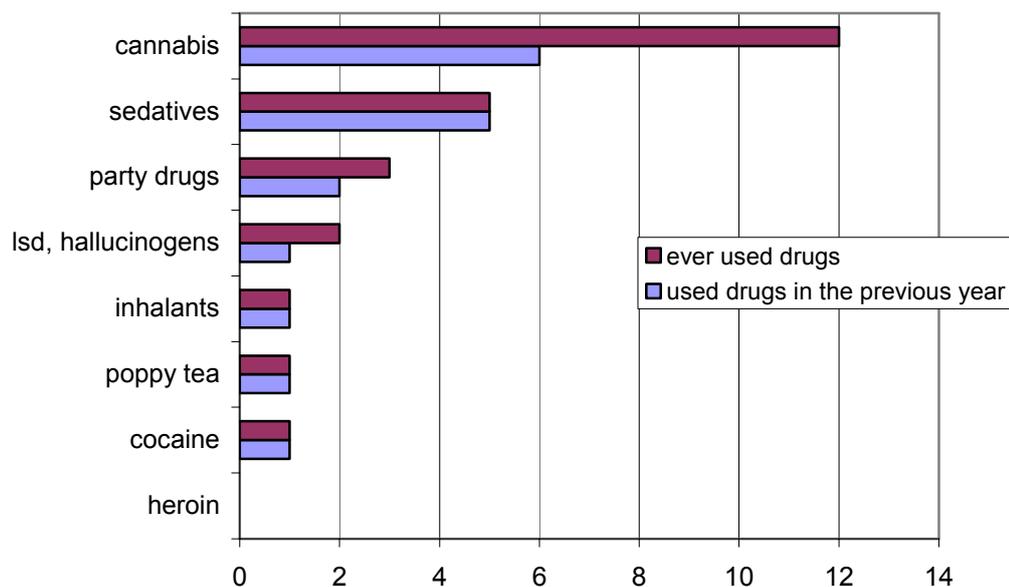
In a survey (Bauer and Szabó 2009)¹⁰ studying the lifestyle and habits of the age group 15-29 youngsters were also asked about their substance use. 17% of the respondents¹¹ (19% of

¹⁰ The Youth 2008 survey was carried out by the Institute for Social Policy and Labour on commission of Ministry of Social Affairs and Labour. The study was carried out on a representative of the 15-29 year old age group according to gender, age and settlement size, the net sample was 8076 people. Data was recorded through personal interviews and self-reporting questionnaire. Drug related questions were included in the self-reporting questionnaire. Methodology of the research was the same as in the Youth 2004 research.

¹¹ Non-response rate regarding drug related questions was 10%.

boys and 15% of girls) said that they have tried some kind of drug¹² in their lives; this ratio was 11% in 2004. Similarly to 2004, cannabis was the most prevalent substance in 2008. 12% of the respondents reported ever trying cannabis in their lives, half of these respondents reported using this drug at least once in the previous year. The second most commonly used drug was the use of sedatives/tranquillisers without a doctor's prescription (5% tried it). The ratio of those trying party drugs¹³ was 3%, two-thirds of them used these kind of substances at least once in the previous year. Beside these the use of hallucinogens, inhalants, poppy tea and cocaine is present in a measurable proportion among youth. 35% of the youngsters said that they knew a person among their friends, acquaintances, who had tried some kind of drug. This ratio is a bit lower compared to the one measured four years ago (43%).

Figure 4. *The ratio of those ever tried and those used different drugs at least once in the previous year (%)*



Source: Bauer and Szabó 2009

Concerning the characteristics of drug use, on the basis of socio-demographic variables, there are substantive differences among different youth groups.

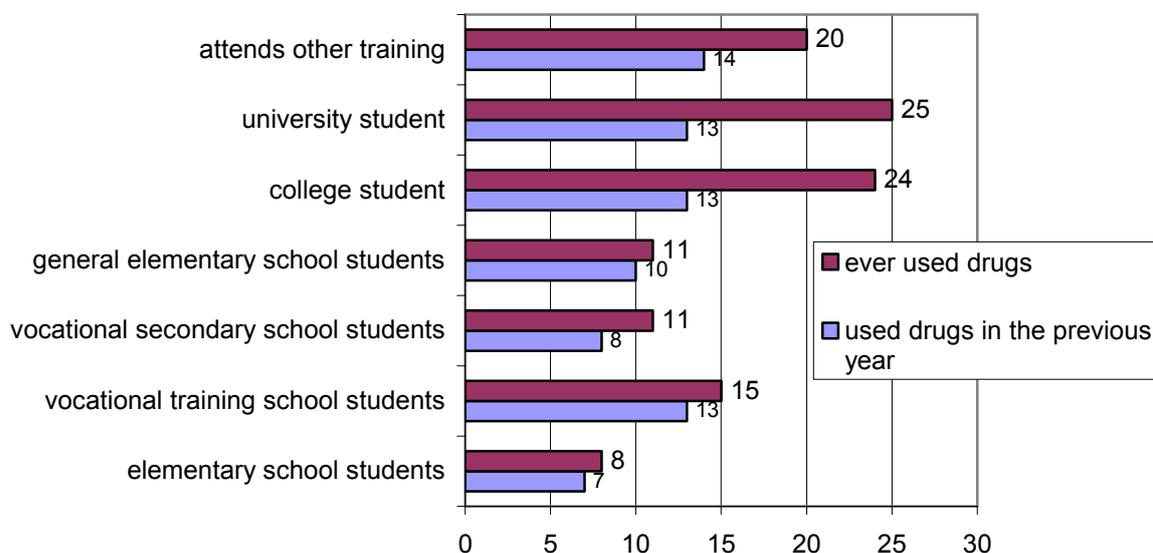
The lifetime prevalence of drug use was the highest in the 22-23 year old age group – it is above 22% in this age group – above that age stagnation and decrease can be observed. Behind this characteristic, the determining role of school status can be detected. According to the results of the research, trying drugs increases in the period of getting into the system of higher education.

8% of elementary school students reported the use of any kind of drug, and according to the data, the use occurred mostly in the previous year. Concerning secondary school students, the most at risk group is the group of vocational training school students, every 7th of them (15%) has already tried some kind of drug and 13% of them used drugs in the previous year. The results of vocational secondary school and general secondary school students are similar, 11% of them self-reported the use of any kind of drugs. At the time of the survey, a quarter (25%) of higher education students had experience with drugs, 13% of them used some kind of drug in the previous year.

¹² The following drugs were listed in the questionnaire: sedatives/tranquillisers without a doctor's prescription, herbal cannabis, cannabis resin /weed, joint/; LSD, magic mushroom, mescaline, other hallucinogen; amphetamine, methamphetamine /party drugs, ecstasy, etc./; cocaine; poppy tea; morphine, heroin; organic solvents; other drugs.

¹³ Party drugs: ecstasy, amphetamine and methamphetamine derivatives

Figure 5. The ratio of those ever tried and those used different drugs at least once in the previous year by school type (%)¹⁴



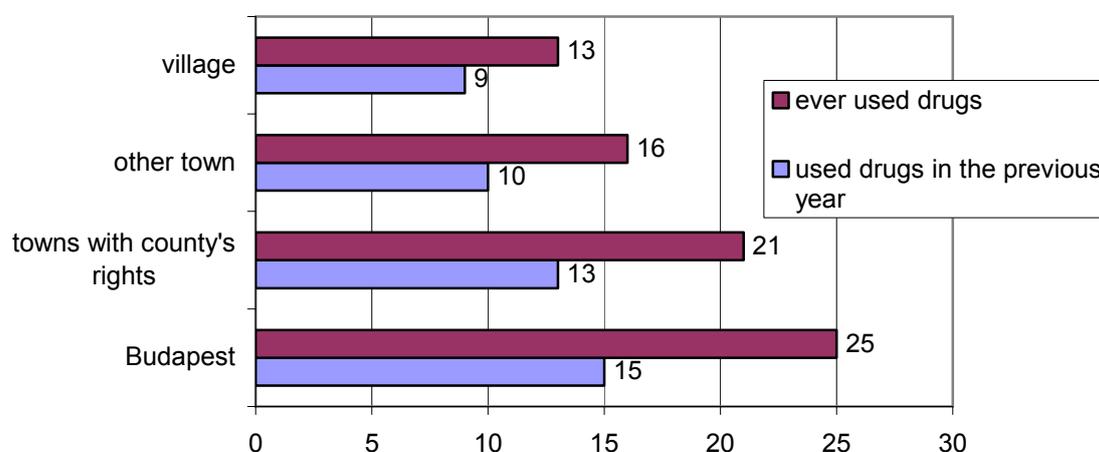
Source: Bauer and Szabó 2009

There is a significant correlation between the highest completed level of education of the mother and the drug use of the child.

The characteristics of trying drugs and drug use are further described by the type of permanent place of residence. Youth living in Budapest and/or in towns with county's rights are over represented among those trying and using drugs. While 13% of 15-29 year old youngsters living in villages have tried some kind of drug, this ratio is 25% among youngsters living in the capital city. This latter value is practically the same as in the case of college and university students. Similar differences can be detected in relation to use in the previous year, the ratio of youngsters living in the capital who used drugs in the previous year was 15%, and less than 10% among youngsters living in villages.

¹⁴ College student: attends "old type" of college education or a BA course. University student: attends "old type" of university education or an MA or Ph.D. course or a second degree programme.

Figure 6. The ratio of those ever tried and those used different drugs at least once in the previous year by permanent place of residence (%)



Source: Bauer and Szabó 2009

Hardly any relationship can be detected between the drug use of youngsters and the subjective financial status of the household. The prevalence of trying drugs is undoubtedly higher among those living in the best subjective financial status that is those who are able to save money and live without problems but at the same time, this ratio is also high among those with the lowest subjective status.

2.3. DRUG USE AMONG SPECIFIC TARGETED GROUPS

The army

In 2008 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.

Table 3. Drug screening tests conducted in 2008 in the Hungarian Army

Screening test	Number of positive cases			Total
	Cannabis	Opiate	Amphetamine	
Aptitude (N=8001)	0	0	0	0
Authority (N=1169)	29	0	1	30
Total (N=)	29	0	1	30

Remark: exclusively cases confirmed by laboratory tests are included

Source: MH 2009

In 2007 cases confirmed by laboratory tests were available only in the case of authority screening tests; as compared to those results, in 2008 the number of THC positive cases increased, while no opiate positive cases were found either during aptitude or authority tests.

Conclusions

On the basis of the results of the ESPAD 2007 survey – carried out among schoolchildren in grades 8-10 – no significant structural change could be observed in the use of drugs by young people. Herbal cannabis is still the most widely used drug, it is followed by the

combined use of medicines and alcohol. The third most commonly used drugs are sedatives without a doctor's prescription, which is followed by inhalants. These are followed by the use of whippets/balloons (nitrous oxide) and ecstasy nearly in the same proportion. As compared to the previous years the use of herbal cannabis decreased, but an increase could be observed in respect of the combined use of alcohol and medicines, the use of inhalants, whippets/balloons (nitrous oxide) and ecstasy.

According to the results of the Youth 2008 survey, 17% of the 15-29 year old youth have tried some kind of drug in their lives; this ratio is higher than the ratio measured in 2004 (11%). The most widely used drug is herbal cannabis; it is followed by the use of sedatives/tranquillisers without a doctor's prescription and party drugs.

3. PREVENTION

Overview

Detailed information is available on school-based drug prevention programmes, and the database (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.

In 2008 a survey was carried out on out-of-school drug prevention programmes/services. One of the aims of the survey was to prepare a register of out-of-school drug prevention programmes/services.

3.1. UNIVERSAL PREVENTION

School-based prevention

In 2008 the Ministry of Social Affairs and Labour and the Ministry of Education and Culture (SzMM-OKM) jointly issued tender invitations for supporting school-based health promotion and drug prevention programmes to the amount of HUF 170,000,000 (EUR 676,617)¹⁵.

225 out of the 327 applicants were granted subsidies¹⁶. In the scope of the programme 30,090 schoolchildren studying in primary education (aged 10-14), 54,860 secondary school pupils (aged 14-18) and 9,453 schoolchildren attending 6-8-12 grade schools (aged 12-18) participated in activities dealing with drug prevention¹⁷, which is a total of 94,403 schoolchildren (116,794 schoolchildren in 2007, 105,225 schoolchildren in 2006), representing 9.5% of schoolchildren aged 10-18 attending institutes of primary and secondary education (SzMM 2009). Apart from the above SzMM-OKM programme drug prevention activities took place in schools using other sources or without any separate financing.

Training courses for teachers

In 2008 the Ministry of Education and Culture (OKM)¹⁸ granted HUF 5 million (EUR 19,900.5) to support the 30-hour four-day accredited further training course for teachers entitled "Suppressing the use of addictive substances, school-based health promotion", in which nearly 100 teachers participated (OKM 2009). The ministry granted HUF 11 million (EUR 43,781.1) to support another 30-hour accredited training course entitled "Basic Mental Health Further Training Course for Teachers", in which nearly 200 teachers participated.

¹⁵ The values were calculated based on the official mid-rate of the EUR for 2008 (1 EUR = 251.25 HUF).

¹⁶ 28 applications were invalid, 74 applications were rejected.

¹⁷ Based on information provided by the Ministry of Social and Labour Affairs.

¹⁸ Based on the report by the Ministry of Education and Culture.

3.2. SELECTIVE PREVENTION

In 2008 a survey (Paksi 2008)¹⁹ was carried out on out-of-school drug prevention programmes. In the first phase of the survey the drug prevention organisations within the framework of the survey were identified, and in the second phase the structured descriptions of the prevention programmes/services were collected. The Program Information Data Sheet used for collecting information follows the EDDRA questionnaire in respect of its structure and content.

More than one-third (59 organisations, 36% of all service providers) of the 162 prevention service providers identified in the out-of-school segment of the prevention scene operated with their headquarters in Budapest. Outside of Budapest an average of 5-6 professional organisations (also) dealing with out-of-school drug prevention were found per county, but in the counties along the eastern border their number was significantly higher: 14 in Békés county, 9 in Hajdú-Bihar and Szabolcs-Szatmár county each.

On the basis of the 66 organisations contacted and identified as participants in the scene, which filled in the Program Information Data Sheet during the data collection period it can be determined that the majority of the organisations did not perform drug prevention or health promotion work as their main activity, but they perform such work beside other social (12), health (6) or family and child protection (15) tasks. Nearly one-third of the surveyed organisations (21 service providers) were specialised in performing drug prevention or health promotion tasks.

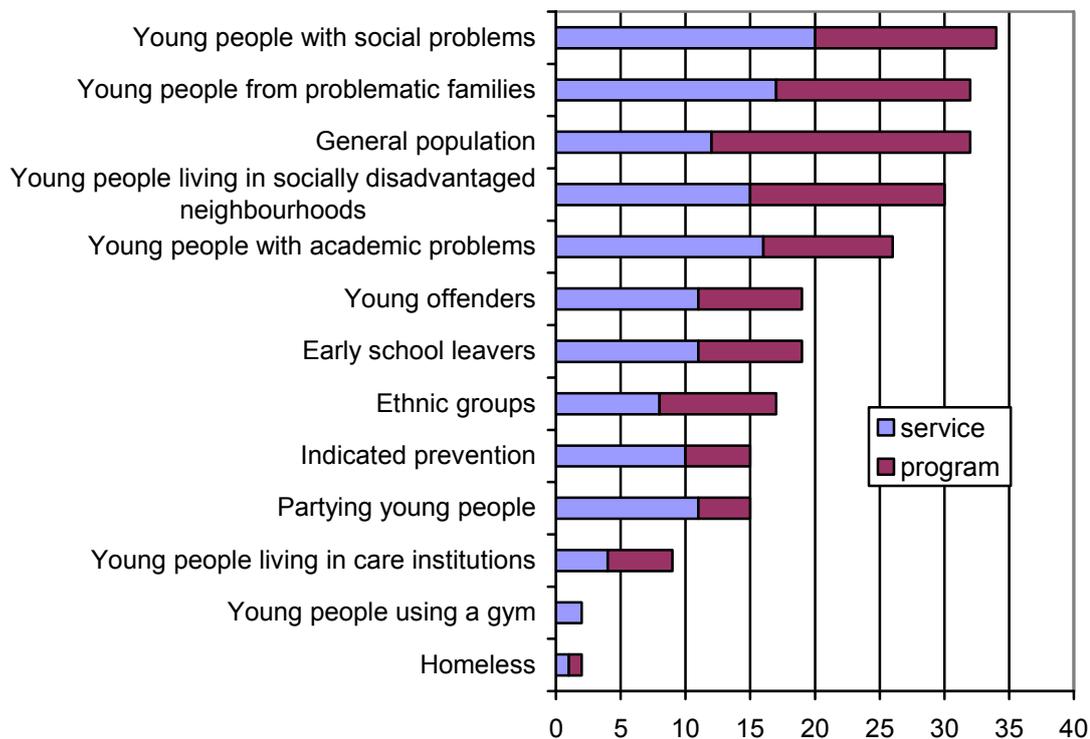
The 66 organisations operated 71 programmes/services aimed directly at the ultimate target population, among which the proportion of programmes was higher (55%) than the proportion of services (45%)²⁰.

In respect of the target group, the programmes/services showed a diverse picture. About 30 interventions were aimed at young people with social problems and/or coming from problematic families and/or living in socially disadvantaged neighbourhoods, and at the general population each. 25 interventions aimed at young people with academic problems were identified. There are 15-20 programmes/services in the country, which are aimed at young offenders and/or early school leavers and/or ethnic groups. A similar number of indicated interventions were identified. At the same time only a few interventions are aimed at the homeless population. In the case of the majority of the target groups the number of programmes and the number of services are similar (e.g.: ethnic groups, young people living in care institutions or living in socially disadvantaged neighbourhoods), but in the case of a few target groups (e.g.: party goers, or young people with social and academic problems) services are significantly more dominant. Interventions aimed at the general populations are basically programme-type interventions.

¹⁹ The survey was carried out by the Corvinus University of Budapest, Institute of Behavioural and Communication Theory, Centre for Behaviour Research, and it was supported by the Ministry of Social and Labour Affairs (tender identification code: KAB-KT-07-0028) and the Hungarian National Focal Point. During the survey, by studying different sources of information (e.g.: SzIP, tender invitations, network of the National Public Health and Medical Officers Service, etc.) and progressing along the professional network of the contacted organisations, 970 organisations were found, which could potentially operate in the field of out-of-school drug prevention (too). 60.5% of the 970 potential framework organisations that is 587 organisations, could be contacted on the telephone. 162 out of these 587 organisations carried out prevention work outside schools, in the form of a programme, currently (at least in one year between 2003-2007), not as part of a national network. Finally the Program Information Data Sheet used in the course of detailed data collection was filled in by 66 organisations – concerning 88 programmes – in assessable quality. The information described derives from the description of 71 programmes aimed directly at the ultimate target group where intervention is needed.

²⁰ Programmes and services present two types of prevention interventions, they are distinguished according time related dimension of the implementation. Programmes are implemented within a fixed time interval, on a given number of occasions, with determined number of hours. Services cannot be well structured according to the time related dimension, they are interventions implemented within specific “opening hours”.

Figure 7. The number of mentions of different target groups to be reached with services and programmes (N=71)

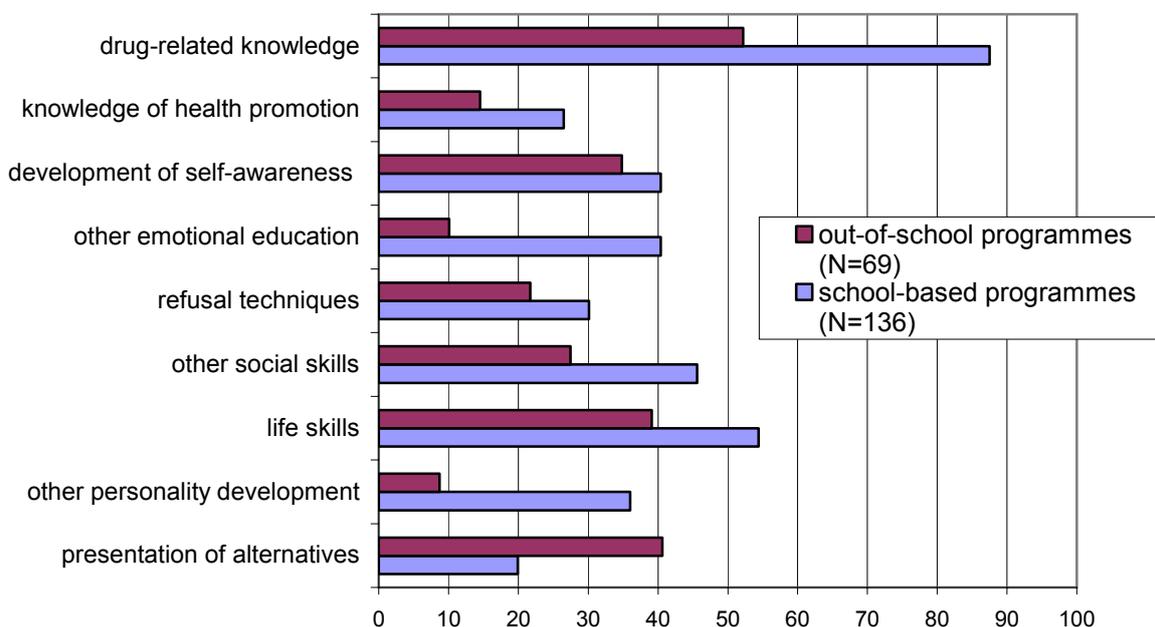


Source: Paksi 2008

When examining the targeted age groups it can be stated that out-of-school prevention programmes/services offered to different age groups are present in fairly balanced proportions. The greatest selection of interventions is offered to the age group of secondary school pupils (aged 14-18), nearly three-quarters (72.5%) of all surveyed programmes/services deal with this age group. They are followed by interventions dealing with the age group between 18-24 (62.3%), and then interventions dealing with children below the age of 14 (56.5%). Half of the programmes/services (52.2%) are aimed at young adults above the age of 24.

In recent years, as a result of the surveys carried out in schools (Paksi and Demetrovics 2003; Paksi and Demetrovics 2005) it became possible to compare the objectives and methods of the programmes/services with the characteristics of school-based programmes. When comparing the objectives of school-based programmes and other programmes it was found that out-of-school programmes generally operate with a lower number of objectives (on average school-based programmes defined 3.8 objectives, while out-of-school programmes/services defined 2.7 objectives). It can also be determined that objectives relating to introducing alternatives are present mainly on the out-of-school scenes, while objectives relating to information provision, which are so popular in school-based programmes, are represented in a much lower proportion.

Figure 8. The occurrence of different objectives in interventions aimed directly at the ultimate target population (expressed in percentage of interventions)

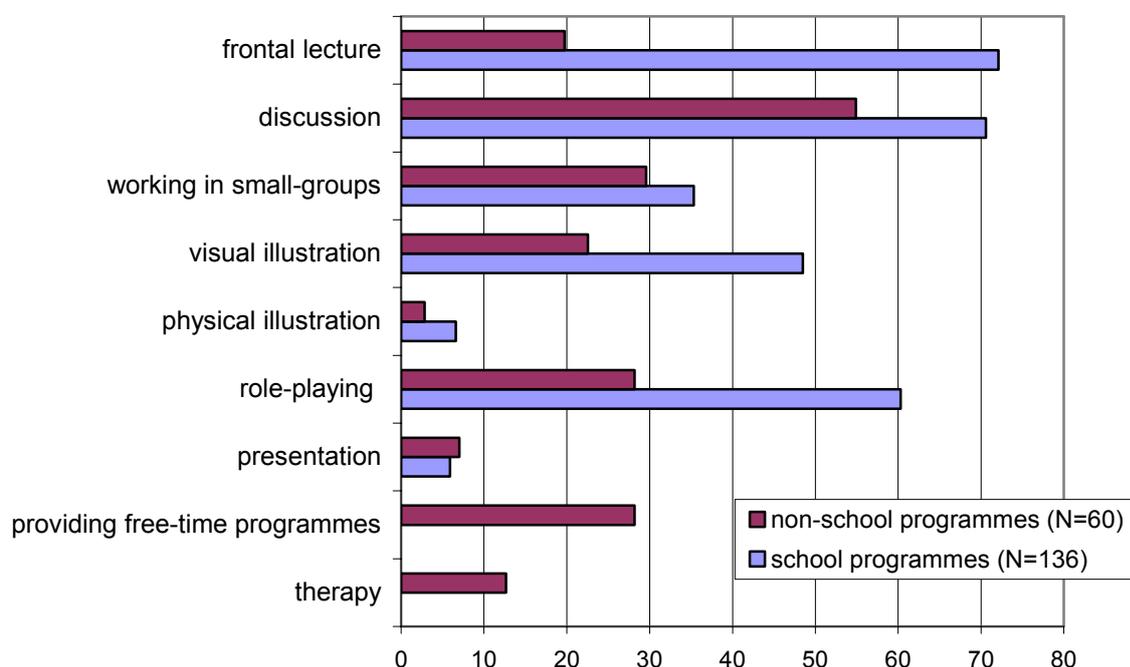


Source: Paksi 2008

In respect of the methods²¹ used in the course of the implementation of the programmes it can be said that in the out-of-school programmes/services a lower number of methods applied were mentioned on average than in school-based programmes (in the case of school-based programmes 3, while in the case of out-of school programmes/services 2.4 methods were mentioned on average). When compared to school-based programmes, a significantly lower proportion of out-of-school programmes use the methods frequently applied during school work, such as frontal lecture or visual demonstration. In the case of the examined programmes/services the most frequently used method was discussion (55%), it was followed by working in small groups (29.6%), by role-playing (28.2%) and organising spare time activities (28.2%).

²¹ In 11 cases the applied method was not known.

Figure 9. The occurrence of different methods in prevention interventions aimed directly at the ultimate target population (expressed in percentage of interventions)²²



Source: Paksi 2008

Recreational settings

In 2008 six organisations performed harm reduction/prevention activities in the recreational settings in 8 cities / micro-regions. As compared to the programmes described in the years before, new features are the services started by INDIT Public Foundation in 2007 in Kaposvár and by MIÉRTÜNK [FOR US] Association in 2008 in Orosháza. At the same time, from July 2008 Agria party service operating in Eger and the micro-region around Eger became a “sleeping programme” because of the termination of the institutional background and financial/professional support.

The special feature of the programme started in Orosháza is that the work was not started by providing activities performed in the course of “classic” party service (no harm reduction materials were distributed), but it was started as an informal programme in the Student Club of the local Evangelic Elementary and Secondary School. After getting in contact with the secondary school pupils, in order to reach a wider group, they started to provide the service in the largest pub in Orosháza.

In 2008 the organisations participated in a total of 393 events, in the course of which they contacted more than 9,400 young people²³. 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 30,000 litres), condoms (18,496), flyers (23,416), glucose tablets, biscuits, vitamins and fruits.

²² In the course of surveying school-based programmes the methods “organising spare time activities” and “therapy” were not stated in the Program Information Datasheet.

²³ The data does not include data from the Blue Point Party Service seated in Budapest but performing its activity at a national level.

Drug prevention in the Hungarian Army²⁴

The Hungarian Army's Health Maintenance Programme is aimed at developing and improving the staff's health-conscious behaviour (MH 2009). One of the outstanding areas of the programme is the prevention of addictions – including drug use –, but it also covers other fields of health promotion (e.g.: preventing cardiovascular diseases; creating healthy eating habits; physical exercise in everyday life, etc.). The program was realised by holding interactive sessions in small groups (20-25 people) at the Hungarian Army. In the course of the programme – with prevention lectures held in small groups and with prevention poster exhibition – a total of 1,513 persons were reached at 14 military units.

At outstanding, central military events the professional presence of the Health Centre was ensured as a so-called “workshop”, in the scope of which it was possible to provide information and personal counselling, to hand over prevention publications and to perform screening tests that could be performed on the site. At the programmes realised in this way at least one drug prevention expert was present permanently, who performed prevention activity by giving personal counselling and – indirectly – by handing over informational publications and asking visitors to fill in drug prevention tests. At 7 events (e.g.: Day of the Hungarian Army, National Meeting of Armed Forces Families, etc.) a total number of 6,150 people were reached.

In the scope of civil-military cooperation, with the programme entitled “Live Your Life” they took part in different health maintenance events on 9 occasions, where they reached 2,550 people.

Prevention at the workplace

The Ministry of Social Affairs and Labour issued a tender invitation for supporting complex workplace prevention and health promotion programmes implemented by organisations working with drug users or in the field of drug prevention to the amount of HUF 30,000,000 (EUR 119,403). 6 out of the 10 applicants were granted subsidies to a total amount of HUF 14,878,040 (EUR 59,216).

In 2008 the employees of the Employment Office organised further discussions and workshops to exchange the experience gained in the course of the implementation of the programme entitled “Remain in the Green Zone” and to improve the programme. In 2008 three studies were prepared concerning the elaboration and introduction of drug and alcohol prevention programmes at workplaces. The materials and discussions relating to the improvement and extension of the programme were prepared and organised in the spirit of a new approach. This new approach is based on that drug and alcohol prevention can be efficiently fitted in the corporate social responsibility (CSR)²⁵ programmes of companies, which facilitates promotion on a wide scale.

²⁴ Based on the report by the Hungarian Army.

²⁵ CSR (Corporate Social Responsibility) is a concept according to which companies voluntarily integrate social and environmental issues in their business operation and their interactions with the affected parties exceeding legal expectations and investing more in human capital, in the environment and in relationships with the affected parties. Therefore a responsible market organisation must take into consideration the society in which it performs its business activity, which provides its labour force and also its consumers, as an affected party of key importance.

3.3. INDICATED PREVENTION

In the course of the survey (Paksi 2008) aimed at identifying out-of-school prevention activities (see previous section) 15 out of the 71 programmes/services (5 programmes, 10 services) aimed directly at the ultimate target population mentioned implementing prevention activities targeting individuals (indicated prevention) as well.

Concerning the target group, most of the interventions aimed at young people with social problems and/or coming from problematic families (9-9 mentions), they were followed by young people living in socially disadvantaged neighbourhoods and young people with academic problems (8-8 mentions) then by young offenders and/or early school leavers (7-7 mentions)

Programmes/services providing indicated prevention as well, defined 3.5 objectives on average, which is higher than the average of objectives defined by school-based prevention interventions (2.7). Regarding the objectives, they mentioned information provision in the same proportion as life skills (9-9 mentions), these were followed by development of self-awareness (8 mentions) and the development of other social skills (6 mentions). Other emotional education was mentioned in the lowest number (1 mention).

In respect of the methods used, similarly to the average of out-of-school programmes in general, indicated prevention programmes/services mentioned the use of 2.3 methods on average. The most frequently applied methods were discussion (9 mentions), role-playing (8 mentions) and working in small groups (6 mentions).

3.4. NATIONAL AND LOCAL MEDIA CAMPAIGNS

No new information available.

Conclusions

In the academic year of 2007/2008 a total number of 94,403 schoolchildren, that is 9.5% of schoolchildren aged 10-18 attending institutes of primary and secondary education took part in drug prevention sessions in the scope of the joint tender invitation issued by the Ministry of Social and Labour Affairs and the Ministry of Education and Culture to support school-based health promotion and drug prevention programmes.

In the course of the survey carried out to reveal out-of-school drug prevention programmes/services 162 prevention service providers were identified, on the programmes of which detailed information was available in 66 cases. In respect of the target population, the largest proportion of the programmes/services mentioned young people with social problems, young people coming from problematic families, the general population and young people living in socially disadvantaged neighbourhoods. As compared to school-based programmes, out-of school programmes/services defined a lower number of objectives, and objectives relating to introducing alternatives appeared in a significantly higher proportion.

In the recreational settings, six organisations provided harm reduction services in eight cities /micro-regions of the country in 2008. During the year the organisations took part in a total of 393 events, where they contacted more than 9,400 young people.

4. PROBLEM DRUG USE

4.1. PREVALENCE AND INCIDENCE ESTIMATE OF PROBLEM DRUG USERS

No new information available.

4.2. DATA ON PROBLEM DRUG USERS FROM NON-TREATMENT SOURCES

Patterns of drug use

Information regarding the characteristics of problem drug users not receiving treatment²⁶ is available from a survey carried out in Budapest, in the course of which the hindrances of receiving treatment were examined among Roma and non-Roma IDUs outside of treatment (Márványkövi et al. 2008).²⁷

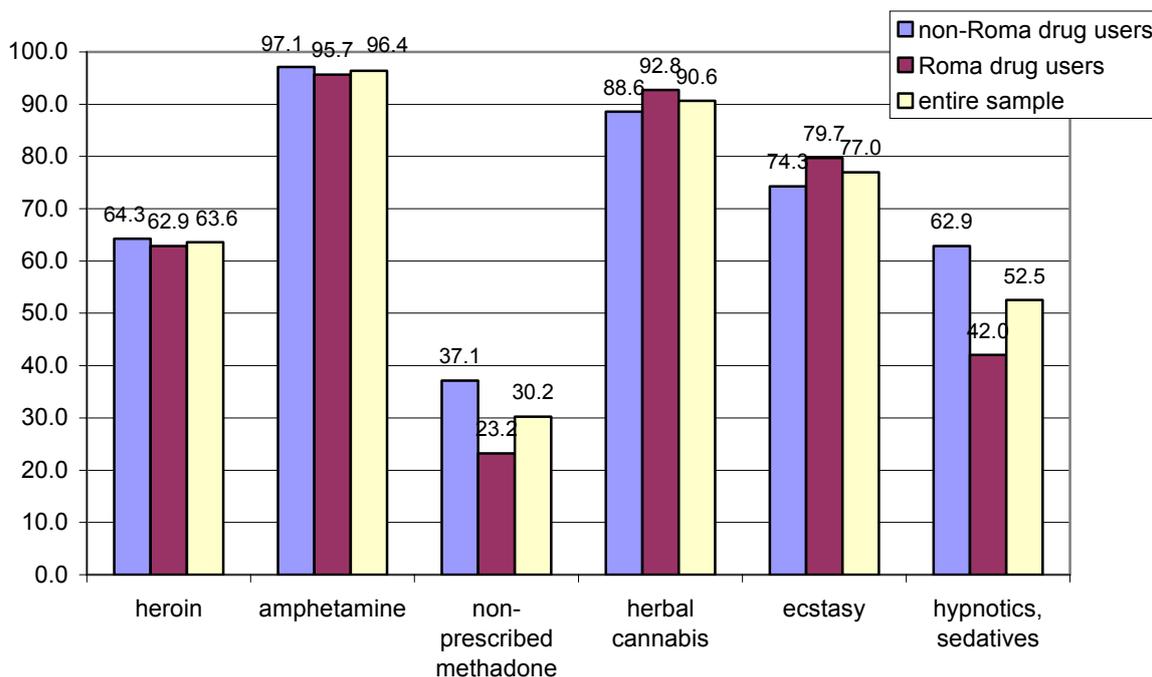
Nearly three-quarters of the respondents were men (73.6% men, 26.4% women). In the case of non-Roma drug users the proportion of men was 67% and the proportion of women was 33%, 80% of those who regarded themselves as Roma were men and 20% of them were women. In respect of age, the age groups between 18-25 (32.9%) and 26-30 (35.7%) were represented in the sample in the highest proportions.

On examining the characteristics of drug use it was found that in both sub-samples the lifetime prevalence rate of amphetamine was the highest, and it was followed by herbal cannabis. In the case of two drugs there was a significant difference between the Roma and non-Roma sub-samples: not prescribed methadone (purchased in the street) and sedatives/tranquillisers were used by a significantly lower proportion of Roma users than non-Roma users.

²⁶ See Chapter 8 for data concerning the social situation of the respondents

²⁷ The survey was carried out by the Hungarian Academy of Sciences, Research Institute for Psychology. The survey was carried out on a group of 70 people regarding themselves as Roma and a control group of 70 non-Roma people. In respect of the characteristics of drug use and socio-demographic features the two groups were similar. The Roma sample of 70 people was selected using multi-stage snowball technique. Sampling of the control group took place continuously in the course of data collection, at the same time as the sampling procedure of Roma drug users, using a fitted sample. The sample was not selected from the same group of acquaintances, the researchers took the sample from the clientele of three different service providers. There were three conditions of being selected in the sample. Age criteria: above the age of 18; drug use criteria: has taken opiates (or rather heroin), cocaine, or amphetamines for at least three years; treatment criteria: has never received any type of treatment, or already received a form of treatment but more than a year earlier; has just entered treatment, but has never been treated before; or has just entered treatment and was treated more than a year earlier. Data collection took place using face-to-face questionnaire survey method, with the participation of social workers working in the streets employed by the low-threshold service providers involved in the survey.

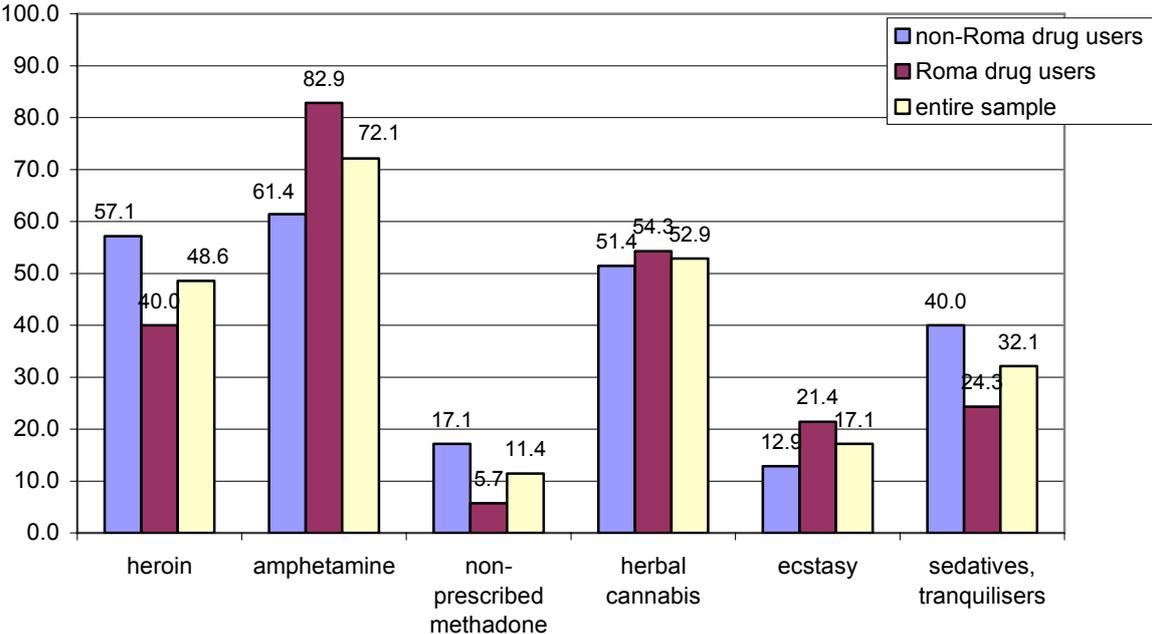
Figure 10. *The lifetime prevalence of illicit and licit drugs of Roma and non-Roma IDUs outside of treatment*



Source: Márványkövi et al. 2008

In the period of 30 days before the survey, the respondents typically used amphetamines, which were used by a larger proportion of Roma drug users. The use of herbal cannabis was also presented in both sub-samples by a significant proportion. In this respect there was no significant difference between the sub-samples. The use of amphetamines and ecstasy was more characteristic of the Roma population, while the use of heroin and sedatives/tranquilisers was more characteristic of the non-Roma drug users.

Figure 11. Last month prevalence of drug use of Roma and non-Roma IDUs outside of treatment



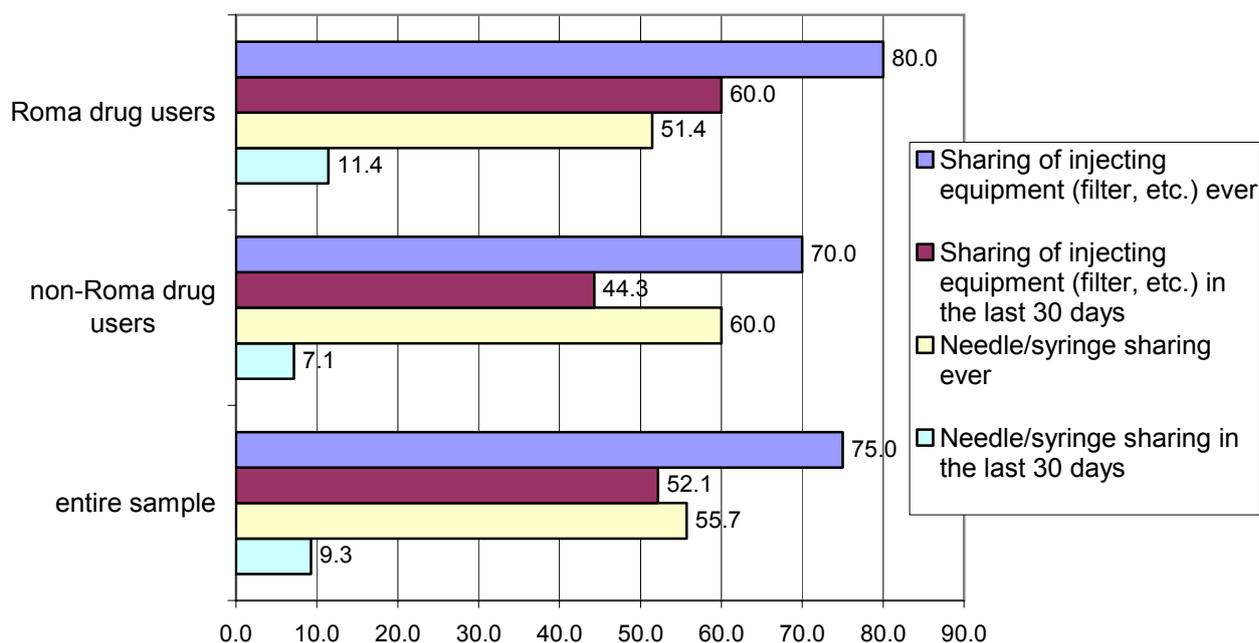
Source: Márványkövi et al. 2008

In respect of the start of regular use it was found that both in the case of Roma and non-Roma drug users regular herbal cannabis use started at the earliest age (Roma: at the age of 18.2, non-Roma: at the age of 17.9), while the use of non-prescribed methadone started at the latest age (Roma: at the age of 24.6, non-Roma: at the age of: 24.9). There were no significant differences in the case of any of the drugs between the two sub-samples. Roma and non-Roma people outside of treatment typically use more than one drug regularly, most of them use two drugs. In the case of Roma people the use of two or three drugs can be said to be more common than among non-Roma drug users, and the differences are significant. When examining alcohol consumption it was found that 43.6% of the entire sample consumed more than 5 alcoholic drinks on the same occasion during the period of 30 days before the survey, which amount exceeds the threshold value. In the case of the Roma sub-sample the occurrence of alcohol consumption above the threshold value was characteristic in a slightly lower proportion, but the difference was not significant.

Risk behaviours

Although the occurrence of sharing needles/syringes during the last 30 days is low in both sub-samples, the values relating to other forms of risk behaviour are high. 55.7% of the entire sample have shared needles/syringes in their lives, 75% have shared injecting equipment in their lives, and 52.1% have shared injecting equipment in the last 30 days. Sharing needles/syringes and injecting equipment is more characteristic among Roma drug users, but the lifetime prevalence of needle/syringe sharing is an exception. In the case of Roma users riskier forms of behaviour were shown in respect of sharing injecting equipment. Among the examined differences, the difference of the use of injecting equipment in the last 30 days was significant between the Roma and non-Roma sub-population.

Figure 12. Lifetime and last month prevalence of different forms of risk behaviour of Roma and non-Roma IDUs outside of treatment



Source: Márványkővi et al. 2008

Health status

Among Roma and non-Roma users the proportion of those who said that they had a permanent disease diagnosed by a doctor was practically the same (Roma: 30%, non-Roma: 28.6%). The same is true in respect of health damage deriving from drug use: 25.7% of Roma users and 22.9% of non-Roma users said that they had suffered such damage. 80% of Roma users and 71.4% of non-Roma users participated in HIV testing, while 84.3% of Roma users and 73% of non-Roma users took part in hepatitis testing. In the sample the proportion of testing uptake among Roma drug users outside of treatment was 9-10% higher.

In respect of the year of last HIV testing uptake 11.4% of Roma users and only 3% of non-Roma users took part in HIV testing in 2008. Participation in testing in 2007 was the most characteristic (53.6%); in 2007 58.6% of Roma users and 48.6% of non-Roma users were tested for HIV. There was one single HIV positive person in the sample.

In connection with the last hepatitis testing uptake 8.6% of Roma drug users and 4.3% of non-Roma drug users said that they were tested in 2008. Participation in testing in 2007 was the most characteristic, when 64.3% of Roma users and 47.3% of non-Roma users took part in hepatitis testing. 27.1% of Roma users and 11.4% of non-Roma users were infected, while the proportion of non-infected users was nearly the same among Roma (38.6%) and non-Roma (40%) users. One-fifth of the sample could not or did not answer the question (Roma: 18.6%, non-Roma: 21.4%), and 21.4% of the entire sample have not been tested for hepatitis at all (non-Roma: 27.1%, Roma: 15.7%).

Relationship with the treatment system

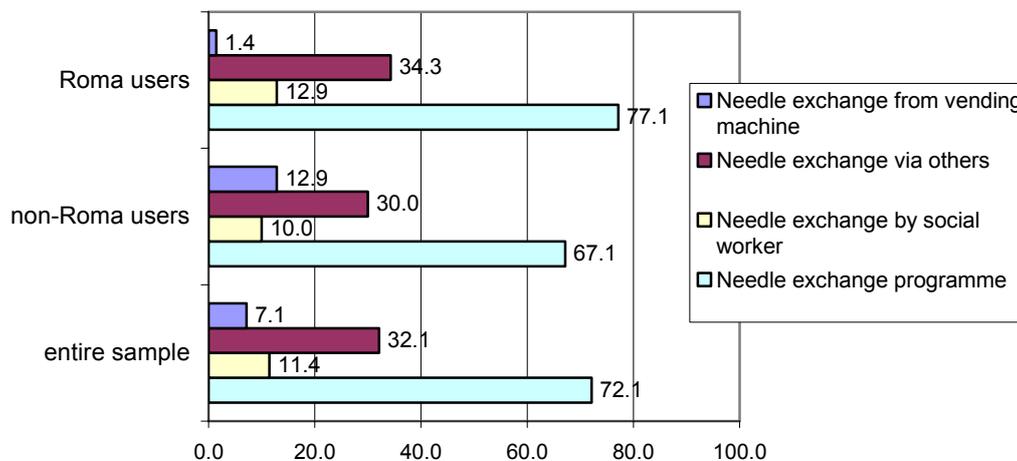
When examining the history of treatments it was found that 20% of the sample has received some type of treatment examined during the survey (Roma: 21.4%, non-Roma: 18.6%). The largest proportion of the 28 respondents with a history of treatments received detoxification treatment (17 persons), which was followed by treatment in prison (12 persons), treatment in

a specialised outpatient treatment centre (11 persons), inpatient treatment in hospital (5 persons) and methadone treatment (3 persons). No one took part in rehabilitation treatment. During the survey, apart from examining the history of treatments (that is being successful in receiving treatment), but they also tried to survey unsuccessful attempts to receive treatment. 19% of the entire sample (27 persons) tried to enter some sort of treatment, but they failed. In respect of unsuccessful attempts there was a significant difference between the sub-samples. 24% of Roma drug users could not enter any treatment despite their attempts. Among non-Roma users this proportion was 14%. Methadone treatment proved to be the least accessible one (in the same proportion in both sub-samples). Most people said that it was due to the lack of capacity. They found that the most easily accessible form of treatment was outpatient treatment, and they also mentioned hospital inpatient treatment in nearly the same proportion. In respect of the entire sample, after the methadone programme the least accessible type of treatment was rehabilitation. In respect of judging the accessibility of treatments the only greater but not significant difference between the two sub-samples occurred in the case of rehabilitation treatments. Roma drug users found rehabilitation treatments more accessible than non-Roma drug users.

A major part of the respondents (92,8%) have used some kind of needle exchange service in their lives (Roma: 100%, non-Roma: 85.7%). During the period of 30 days before the survey 84.3% of the entire sample used needle exchange service (Roma: 94.3%, non-Roma: 74.3%).

Most typically the needle exchange service is used at fixed NSPs. 79.3% of the entire sample have exchanged needles at fixed NSPs in their lives, in the last 30 days it occurred in 72.1% of the entire sample (Roma 77.1%, non-Roma 67.1%). Secondary needle exchange is slightly less typical, it is indicated both in lifetime and last month prevalence rates. 53.6% of the entire sample (non-Roma: 55.7%, Roma: 51.4%) have ever exchanged needles indirectly, via another person. At the same time, during the last 30 days before the survey only 32.1% of the entire sample exchanged needles indirectly, and indirect needle exchange is slightly more characteristic of Roma users. The lifetime prevalence rate of the use of syringe-vending machines is 37.1% in respect of the entire sample, and it is more characteristic of non-Roma users (41.4%) than Roma users (33%). At the same time, during the last 30 days only 7.1% of the sample used vending machines: an insignificant proportion of Roma users (1.4%) as opposed to 13% of non-Roma users. The proportion in both groups using the needle exchange service provided by outreach workers is low. Slightly more than one-fifth of the entire sample (21.4%) has obtained sterile needles in their lives in this way, which is slightly more characteristic of Roma users (24.3%) than non-Roma users (18.6%). The prevalence rates of the last 30 days are even lower: 11.4% of the entire sample (Roma: 13%, non-Roma: 10%) exchanged needles/syringes via street outreach workers.

Figure 13. Use of different forms of needle exchange services of Roma and non-Roma IDUs outside of treatment in the last 30 days (%)



Source: Márványkövi et al. 2008

4.3. INTENSIVE, FREQUENT, LONG-TERM AND OTHER PROBLEMATIC FORMS OF DRUG USE

No new information available.

Conclusions

The survey carried out among Roma and non-Roma IDUs outside of treatment found that among the respondents the lifetime and last month prevalence rates were the highest in the case of amphetamines. In respect of the start of regular use, in the case of both Roma and non-Roma drug users the regular use of herbal cannabis started at the earliest age (at the age of 18), while the use of non-prescribed methadone started at the latest age (at the age of 24.8). In respect of risk behaviour 55.7% of the respondents have shared needles/syringes in their lives, and 75% of them have shared injecting equipment. In the last 30 days the prevalence rate of sharing needles/syringes was 9.3%, while the prevalence rate of sharing injecting equipment was 52.1%. When examining the history of treatments it was found that 20% of the sample had received some type of treatment examined in the survey, the largest proportion was subjected to detoxification treatment (17 persons). The respondents found that the least accessible treatment form was methadone treatment, and the most easily accessible treatment was outpatient treatment. 92.8% of the respondents have used some form of needle exchange service, and during the period of 30 days before the survey 84.3% of the entire sample used some form of needle exchange service.

5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

Overview

The reorganisation and development of the healthcare system was a dominant element of the healthcare reform, in the scope of which on 19 December 2006, the Hungarian Parliament adopted the Act CXXXII of 2006 on the development of the healthcare system (hereinafter: Eftv.). The direct effects of the act on the healthcare system were described in detail in chapter 5 of the National Report 2008.

Besides analysing the incidence data deriving from TDI data collection, we still find it necessary to present the prevalence data of OSAP data collection. The 2008 data of OSAP data collection – due to the developments made in the quality assurance of data collection – provide a more reliable basis than before for describing people receiving treatment.

5.1. POLICY

Starting from 1 January 2008, in order to inspect the fulfilment of the registration and contribution payment obligation, the data of those who use health services but are not registered by the National Health Insurance Fund (OEP) in the register of persons entitled to health services are submitted by the health insurance organisation to the Hungarian Tax and Financial Control Administration (APEH), as well as the data of those who do not initiate a procedure at the health insurance organisation to clarify their own entitlement. This change does not affect drug users who are tested for infections (performed for epidemiological interests) or require emergency treatment (e.g.: they enter healthcare because of intoxication).

In December 2008 Government Regulation 337/2008. (XII. 30.) was issued on the implementation of Eftv., and was aimed at the detailed regulation of certain elements of the healthcare system, which affect or may affect the addiction care system from several aspects. The main control fields of the government regulation are the following: annual modification of capacity distribution, procedure in the case that capacities are permanently underused, modification of the field of services, exchange of capacities between neighbouring regions, the rules of regrouping, procedure in the case of a failure to fulfil quality requirements according to financing and professional rules of procedure and in the case of surplus capacity admission procedure²⁸.

5.2. TREATMENT SYSTEMS

The structure and operation of healthcare

In healthcare system the treatment, care and rehabilitation programmes for drug patients are primarily performed by special outpatient units, inpatient wards and rehabilitation service units.

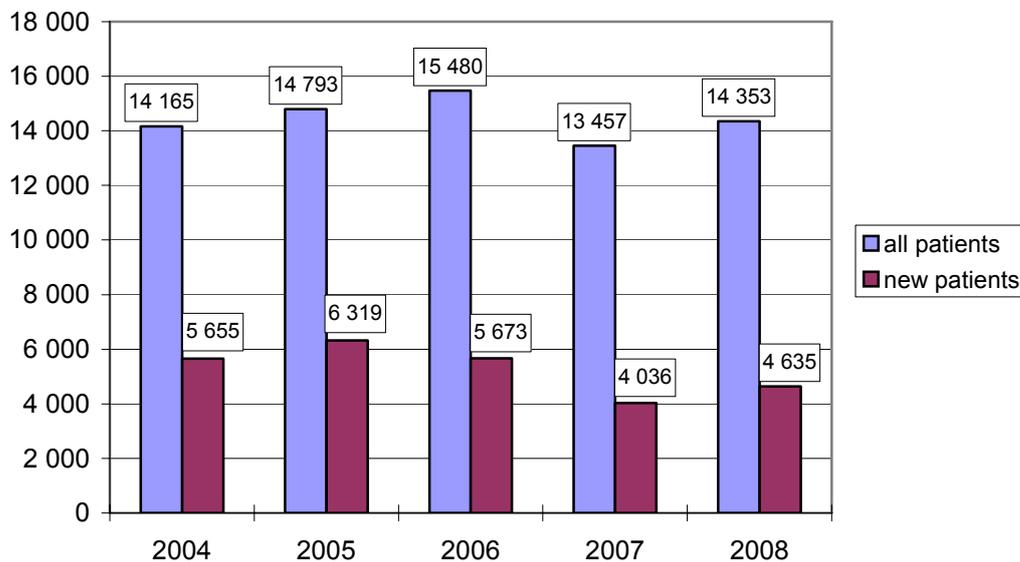
Both outpatient and inpatient treatment are characterised by a serious shortage of specialists. In respect of professions where there is a shortage of specialists the Ministry of Health tried to provide specialists by increasing university admission numbers. Despite this, unfortunately the shortage of psychiatrists, physicians specialised in addiction treatment and nurses specialised in psychiatry has remained a serious problem due to the tendency of

²⁸ Source: Government Regulation 337/2008. (XII. 30.) was issued on the implementation of Act CXXXII of 2006 on the development of the healthcare system

migration that can be observed in other fields of healthcare too. The Ministry of Health is planning to solve this problem by ensuring labelled support.

Before interpreting the patient turnover data of 2008 it must be pointed out that among healthcare units providing treatment in the traditional sense the number of patients has reduced or stagnated. Contrary to this, in the only toxicology unit submitting the OSAP report, namely the Clinical Toxicology Department of Péterfy Sándor Street Hospital of Municipality of Budapest, the number of patients increased by 55%. Because of this the main numbers of the national data is determined by the phenomenon behind the data of the toxicology department that must be taken into consideration when interpreting the main numbers. Here it is especially important to point out its effect on the number of treated patients: the significant reduction observed in the previous year was followed by an increase due to the data deriving from the toxicology department. When looking at treatment data excluding data from toxicology department a decrease can be observed in the number of treated clients.

Figure 14. The number of drug users treated in healthcare between 2004-2008 (persons)



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

In 2008 the number of patients treated increased by 896 (6.7%) as compared to the previous year, and within this group the number of those who received treatment for the first time in their lives increased by 599 (14.8%). These two changes in opposite directions derive from that the number of patients requesting outpatient treatment reduced by 1,273 (14.5%), the turnover of psychiatric and addiction treatment departments increased by 195 patients (16.8%), and the number of patients treated in the toxicology department increased by 1,974 (55.4%)²⁹. Within this group, among those who received treatment for the first time the number of patients receiving outpatient treatment reduced similarly by 387 (12.9%), the number of inpatients did not change significantly, while 984 (129.3%) more patients were treated at the toxicology department.

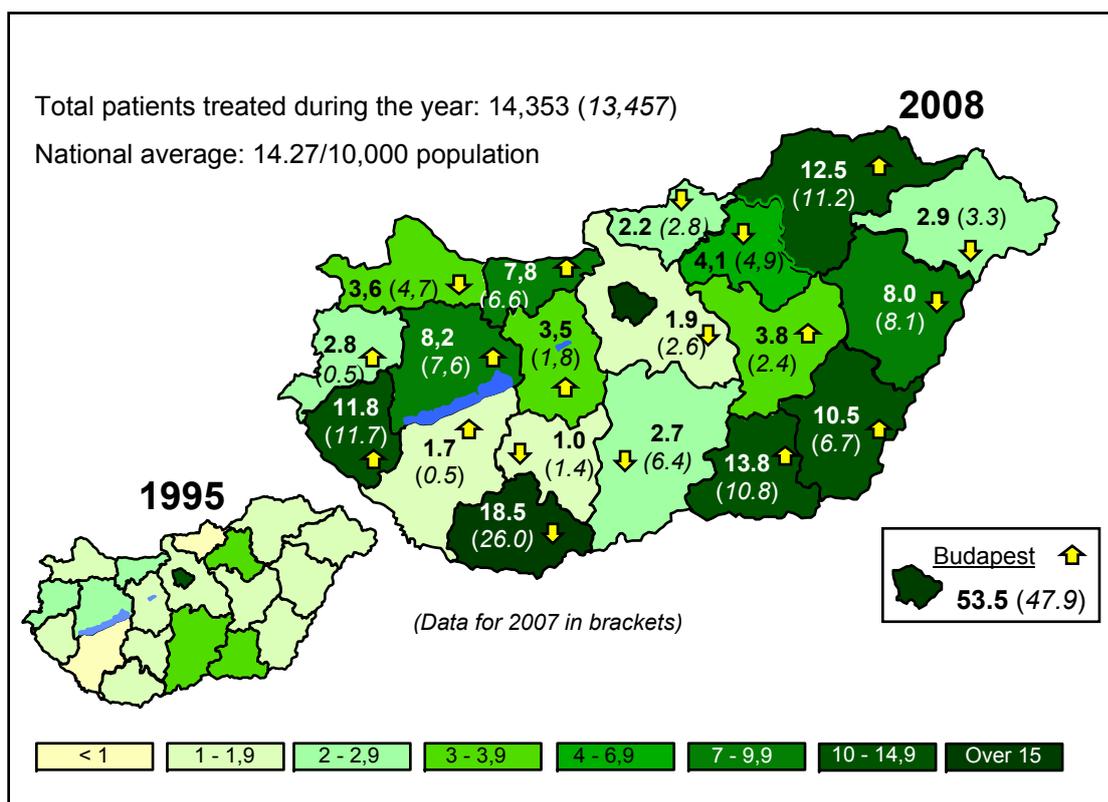
In present healthcare drug statistics, in each case the data concerning geographical distribution relates to the location of the treatment institutes. The patients' place of residence

²⁹ For a more detailed analysis of the toxicology data see chapter 6.2.

is not included among the data forwarded for central processing. Among outpatient units specialised outpatient treatment centres treat a large number of patients even from beyond the county borders, as less specialised units refer patients to them, if it is possible. Inpatient rehabilitation centres do not take into consideration geographical aspects at all when admitting patients.

The outstanding role of Budapest could be observed every year ever since statistical data collection was first started, and it is due to the existence of several specialised outpatient treatment centres realising a large turnover, which also attract patients from Pest county and other counties, reducing by this the indicator in proportion with the population in the given county and increasing the same indicator in Budapest. In 2008 the largest increase in the number of patients occurred in Budapest, which partly derives from the data of the toxicology department in Budapest, while the number of patients treated at specialised outpatient treatment centres did not change significantly. The greatest reduction can be observed in Baranya county, and it is probably due to the increased number of clients in preventive-consulting service reported in the previous year, who, in fact, do not need to be reported in OSAP statistics. Probably this bias appeared in the data of many other service providers too. The second largest reduction was observed in Bács-Kiskun county, so far its cause has not been revealed. In the rest of the counties slighter changes can be observed, in which no tendencies or patterns characteristic of larger geographical units can be detected.

Map 1. Geographical distribution of drug users receiving treatment in 2008



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

In outpatient treatment the reduction in the number of patients mostly affected addiction treatment outpatient centres, and it may be related to the changes in the financing and in the system of institutes (e.g.: closing down healthcare service providers). As a result of this, the proportion of specialised outpatient treatment centres continued to increase within the treatment of patients (not considering toxicology cases). Psychiatric care centres have reported a very low number of patients for years.

Table 4. Breakdown of drug users treated in healthcare based on institution type in 2008

Type of institution - 2008	All patients		New patients out of all patients	
	number	%	number	%
Addiction treatment outpatient centres	1,742	12.14	675	14.56
Specialised outpatient treatment centres	5,457	38.02	1,852	40,00
Child and youth psychiatric care centres	5	0.03	8	0.17
Psychiatric care centres	268	1.87	75	1.62
Psychiatric and addiction-treatment inpatient departments	1,356	9.45	280	6.04
Other (toxicology)	5,525	38.49	1,745	37.65
Total	14,353	100.0	4,635	100.0

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

Outpatient treatment

Among institutes providing treatment for addicts, in the last few years outpatient treatment developed the most dynamically, although even this most advanced sector shows a rather heterogeneous picture. There are still significant inequalities in the access to the treatment system – there is no specialised outpatient treatment centre in all counties, and it is difficult to access substitution treatments³⁰.

On the basis of the experience obtained in the last few years the outpatient treatment of drug patients took place first of all at specialised outpatient treatment centres. It remained the same in 2008. According to the OSAP data of 2008, 38% of all patients and 40% of the patients receiving treatment for the first time were treated at specialised outpatient treatment centres (see the data of table 4).

In the scope of changing the financing concept of outpatient treatment the re-regulation of the treatment activity was one of the most important changes in financing in 2007 and 2008³¹. Due to the special features of the patient population (it is difficult to subject them to treatment, it is difficult to maintain the treatment process) the reorganisation of base (fixed) type financing into performance-based financing had an especially unfavourable effect on addiction treatment.

The large majority of health service providers receive public finances, but in outpatient treatment of addiction in general there are several service providers that do not have or have only very limited public-financed capacities, despite the fact that they have been providing treatment for years. An example for this is the Soroksár Specialised Outpatient Treatment Centre operating in Budapest, which provided outpatient treatment solely from tenders and different supports until the end of 2008.

In addiction treatment, at institution level it is difficult to separate treatment activity and the service provided in the scope of specialist consulting. Therefore, for example, a significant

³⁰ Besides geographical coverage the low accessibility of substitution treatments is also due to the professional and ideological prejudice relating to the treatments.

³¹ For further details see National Report 2008 chapter 5.

proportion of specialised outpatient treatment centres are financed from treatment funds (too), but tasks characteristic of specialist consulting and classic treatment tasks are both included in their sphere of activity. Especially in the case of specialised outpatient treatment centres outreach activities and activities facilitating early treatment also form parts of the treatment activity, but in many cases – due to the special nature of the population of drug users – these are not distinguished from care or treatment and they do not appear as independent activities.

As a result of the changes in the legal acts on financing³², in 2008 payments accomplished from treatment funds reduced significantly.

The reduction in the number of patients and the reduction of fixed funding together resulted in the reduction of total financing, which could not be compensated even by the number of treatment events per patient. The reduction of the amounts paid at national level may also be due to the termination of certain treatment units.

The capacity and patient turnover indicators of the treatment units that are relevant from the aspect of the treatment of drug patients are very difficult to be evaluated, as presently the network of institutes specialised in the treatment of drug patients does not form a group registered under a uniform professional code³³.

On the basis of the OEP data of 2008 specialised outpatient treatment centres (selected on the basis of the institutional list) altogether operated with the following capacities between 2003 and 2008:

Table 5. *Annual capacity of specialised outpatient treatment centres between 2003-2008*

Date	Specialist hours	Non-specialist hours
January 2003	1,150	1,552
January 2004	1,150	1,582
January 2005	1,150	1,574
January 2006	882	1,082
January 2007	877	1,082
January 2008	827	1,082
June 2008	707	962

Source: OEP

In April 2007 addiction outpatient treatment centres (including treatment centres for alcohol and other addictions besides drug patient treatment centres) performed their tasks with a total capacity of 3,605 specialist hours and 1,625 non-specialist hours. By December 2008 the number of specialist hours reduced to 2,882, and the number of non-specialist hours reduced to 1,279. Consequently the capacities allocated for addiction outpatient treatment reduced by more than 20% within a period of two years.

In the interest of the further stabilisation of the treatment system, at the initiation of the Ministry of Health, in close cooperation with the field – since 1 October 2008 – numerous psychiatric and addiction treatment codes have been revised, the number of points allocated to certain procedures has been increased (increasing by this the performance-based financing), others have been cancelled and new ones have been introduced, which has resulted in a perceivable change in the field.

³² For their detailed description see National Report 2008 chapter 5.

³³ Codes 43 for alcohol-related treatment, 44 for drug-related treatment and 45 for addiction exist beside each other, and there is also code 18 for psychiatry.

In the long term the Ministry of Health set the aim to reorganise the point system forming the basis of performance-based financing (including the fields of psychiatry and addiction treatment) on the basis of cost calculation. In the scope of this they are planning to admit new procedures, increase the number of points allocated to already existing procedures and cancel certain procedures. The recommendations of the field have been prepared, so the process has been started aiming code maintenance.

With respect to the fact that presently the distribution of capacities between the individual counties shows a rather unbalanced picture in outpatient treatment (see map 1), in the course of developing the treatment system the ministry decided that in the future it would support development in counties, where outpatient treatment capacities remain significantly below the national average.

The above is supplemented with the decision of the Ministry of Health made in the previous year, in which it was decided to pass on the tasks within the capacities of the Drug Prevention Methodological Centre and Specialised Outpatient Treatment Centre operating in OPNI (226 specialist and 226 non-specialist hours a week). In accordance with the decision the ministry handed over the available capacities in a task consignment contract to health service providers operating in and near Budapest, which already participate in addiction patient treatment but so far have not had or have had very little public-financed capacities.

Substitution treatment

In 2007 a new service provider joined the group of service providers performing substitution treatment, namely the Addiction Treatment and Specialised Outpatient Treatment Centre of Markhot Ferenc Hospital and Outpatient Clinic in Eger, improving by this the accessibility of substitution treatment in respect of geographical coverage.

In 2007 the palette of substitution treatments was extended when the use of buprenorphine-naloxone became possible in Hungary. Since 1 October 2008 the preparation has also received support from the social insurance fund, and – as opposed to methadone – it can be applied at specialised outpatient treatment centres, in treatment institutes and outpatient clinics too. A daily dose of 8 mg of buprenorphine-naloxone is financed from the social insurance fund.

As a whole the number of patients receiving substitution treatment did not change, as compared to the 807 cases reported in 2007, the service providers reported 802 cases in 2008. A change can be observed in the distribution of the cases by methadone and buprenorphine-naloxone use. While in 2007 the patients receiving methadone treatment formed 96% of all patients receiving substitution treatment (774 cases), in 2008 this proportion reduced to 85% (683 cases), and obviously the proportion of buprenorphine-naloxone treatment increased at the same time. Similarly to the previous years no significant difference can be observed in the monthly number of patients between the individual months – the total number of patients receiving methadone and buprenorphine-naloxone treatment per month varies between 507 and 536.

In 2008, for the first time, there is available data relating to the distribution of patients receiving substitution treatment by gender. During 2008 the proportion of men and women³⁴ receiving substitution treatment (77:23) was similar to the gender distribution of opiate users treated in healthcare (83:17)³⁵.

³⁴ Where the name of the treated patient is known.

³⁵ Source: TDI 2008 data collection

Table 6. Number of patients receiving methadone and buprenorphine-naloxone treatment (persons) by place of treatment in 2008 (N=802)

	Budapest Nyíró		Budapest Soroksár		Budapest Drogoplex		Eger		Gyula		Miskolc		Pécs		Szeged		Veszprém		Total	
	meth.*	b.n.**	meth.	b.n.	meth.	b.n.	meth.	b.n.	meth.	b.n.	meth.	b.n.	meth.	b.n.	meth.	b.n.	meth.	b.n.	meth.	b.n.
male	251	56	71	5	28		7		24	11	57		11	14	67	6	11		527	92
female	80	18	25	1	12		0		4	1	7		7	5	18	2	3		156	27
total	331	74	96	6	40		7		28	12	64		18	19	85	8	14		683	119

*methadone **buprenorphine-naloxone

Source: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre

Diversion (as an alternative to criminal procedure)

On the basis of the data of the previous years, the number and composition of patients appearing in the treatment system, more precisely in outpatient treatment, is basically determined by the Criminal Code and the activity of the criminal justice system (Rácz 2009).

In 2008 the Ministry of Health, with the participation of the National Medical Officer Office and the Regional Institutes of the National Public Health and Medical Officer Service reviewed the register of institutes providing preliminary status assessment and treatment. This register is published every three months as prescribed in the legal act on diversion.

Inpatient treatment

The inpatient treatment of drug patients still takes place primarily in psychiatric treatment inpatient departments, in the addiction wards of psychiatric treatment inpatient departments, in addiction departments and in drug therapy institutes.

From 1 April 2007 appendix 1 and 2 of Eftv. determine the norms of active and chronic type (including rehabilitation) capacities that can be financed from public funds. As compared to the capacity data of 2007 no significant change took place.

According to the contract portfolio of OEP in December 2008 there was a total of 987 addiction treatment beds in the country (including service providers operating under the professional code of psychiatry but named as addiction treatment providers). These beds include 194 active beds and 793 chronic (rehabilitation) beds.

Of all chronic beds, in 2008 there were 268 beds allocated to inpatient drug therapy. The reduction in capacity as compared to the previous year was due to the termination of one single institute, the rehabilitation centre belonging to the Drug Centre of Szeged, which operated with a 34% utilisation of bed capacities in 2007.

Table 7. The number of drug therapy beds between 2006-2008

Chronic beds December 2006	Chronic beds April 2007	Chronic beds June 2008
244	280	268

Source: Ministry of Health / OEP

The geographically unbalanced nature of the addiction inpatient capacity can be pointed out mainly in active treatment, in three regions there are no beds allocated especially to addiction treatment at all. In these regions active treatment is realised on psychiatry beds.

When analysing the use of bed capacities of the addiction and psychiatric treatment system in 2008, it can be seen that the utilisation of bed capacities was 90% in active addiction treatment, 85.8% in chronic addiction treatment, 81.6% in active psychiatric treatment and 81.8% in chronic psychiatric treatment (EüM 2009).

Youth addiction treatment

The number of problem drug users and young addicts below the age of 18 is gradually increasing, presently they are treated mainly at adult addiction outpatient clinics, or to a lesser extent at child psychiatric outpatient clinics or treatment centres. The increase observed in child psychiatry and child addiction treatment capacities in 2008 as compared to 2007 derives from the increase of child addiction treatment capacities in Budapest. Other insignificant changes neutralised each other at national level (EüM 2009).

In 2008, with the participation National Centre for Addictions (OAC) functioning as part of the National Centre for Healthcare Audit and Inspection (OSZMK) the professional concept of a model program was prepared in the interest of developing child addiction treatment. The task is also included in the work plan of OAC relating to the second half of 2009, in the scope of which specific recommendations are made to improve child psychiatric and child addiction treatment.

Professional supervision, quality assurance

As a result of Government Decree 2118/2006. (VI. 30.) on structural reorganisations facilitating the efficient operation of the state household and on measures providing a basis for such reorganisations, with effect from 31 May 2008 the National Institute for Addictions (OAI) as a partly independently financed budgetary organisation terminated with legal succession. According to the decision the methodological, data collection, monitoring and research tasks of OAI are now performed by OAC belonging to OSZMK but operating as an independent organisational unit, while the health service tasks of OAI (addiction treatment) have been taken over by the National Medical Rehabilitation Institute (OORI). In 2008 the OSZMK/OAC prepared its plan of tasks, which was approved by the Minister of Health. Before the decision was made the number of TÁMASZ treatment centres (Regional Universal Preventive Addiction Treatment), which were coordinated by OAI but had their own base of operations and performed special outpatient treatment tasks, had reduced from six to three. According to the ministerial decision on the termination of OAI the tasks and specialists of the treatment centres having low patient turnover indicators were integrated into treatment centres with higher patient turnover indicators, and in the future the treatment activity is performed in the form of a single treatment centre model³⁶, with a capacity lower than before. (According to the decision the capacity reduced from 1,494 hours per week to 360 hours per week).

³⁶ At a location situated in Budapest, district X, Liget street.

In connection with illicit drug use the OAC implements the Treatment Demand Indicator (TDI) and no. 1211 ("former OSAP") data collections on the basis 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. Due to the improved quality assurance system of OAC the OSAP data of 2008 are more reliable, because duplications deriving from preliminary status assessments and preventive-consulting services (relating to diversion) were reduced and filtered out more efficiently.

In December 2008 Regulation 52/2008. (XII.31.) of the Ministry of Health on professional boards was prepared, which, beside the Psychiatric Board, enables the establishment of an independent professional board for addictions. According to the legal act the board operates as the professional board of the Minister of Health for submitting proposals, giving opinions and consulting.

5.3. CHARACTERISTICS OF TREATED CLIENTS

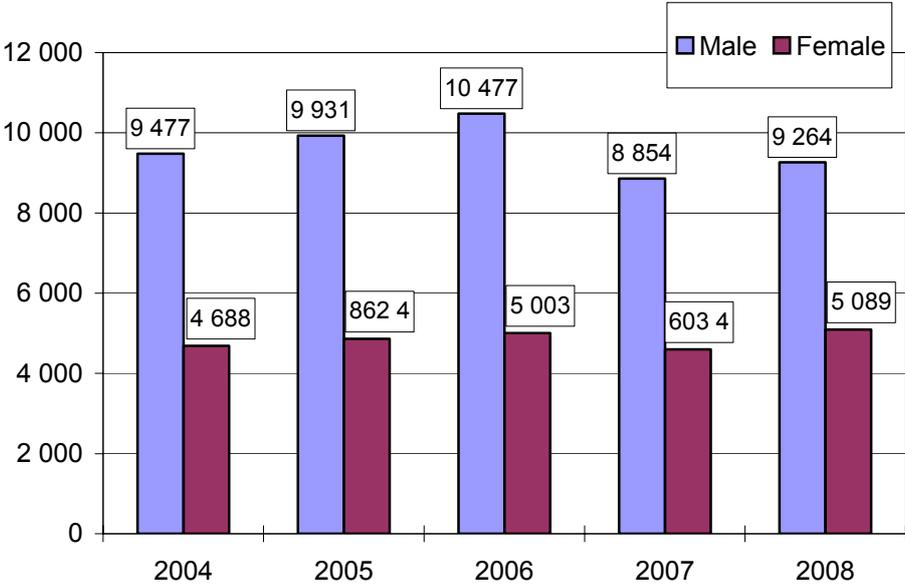
On the basis of OSAP³⁷ data

Breakdown by gender

Among drug users receiving treatment the proportion of men and women has been around 65%-35% steadily for a long time, and despite all changes it remained the same in 2008 too. As the national number of patients derives partly from the reduction of patients in treatment and partly from the large increase of cases reported by the toxicology department in Budapest, where the proportion of gender is similar, it can also be concluded that the majority of patients who disappeared from treatment are men too. Among patients receiving treatment for the first time there was a 73-74% predominance of men in the last few years, which dropped down to 67% in 2008. Generally the changing of the proportion of women is accompanied by a change occurring in the use of hypnotics and sedatives more characteristic of women, for example in 2008 the proportion of the group using sedatives increased, and the proportion of genders shifted towards the dominance of women among patients receiving treatment for the first time.

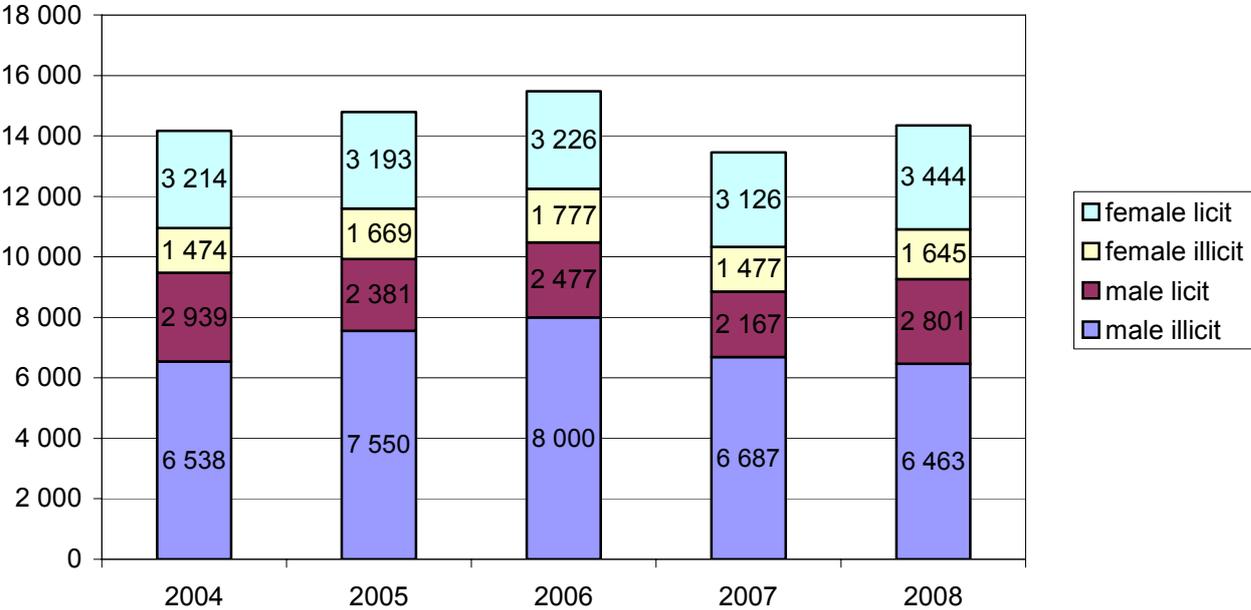
³⁷ National Statistical Data Collection Programme

Figure 15. Breakdown of drug users in treatment by gender between 2004-2008 (persons)



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

Figure 16. Breakdown of drug users in treatment by gender and licit/illicit substances used between 2004-2008 (persons)

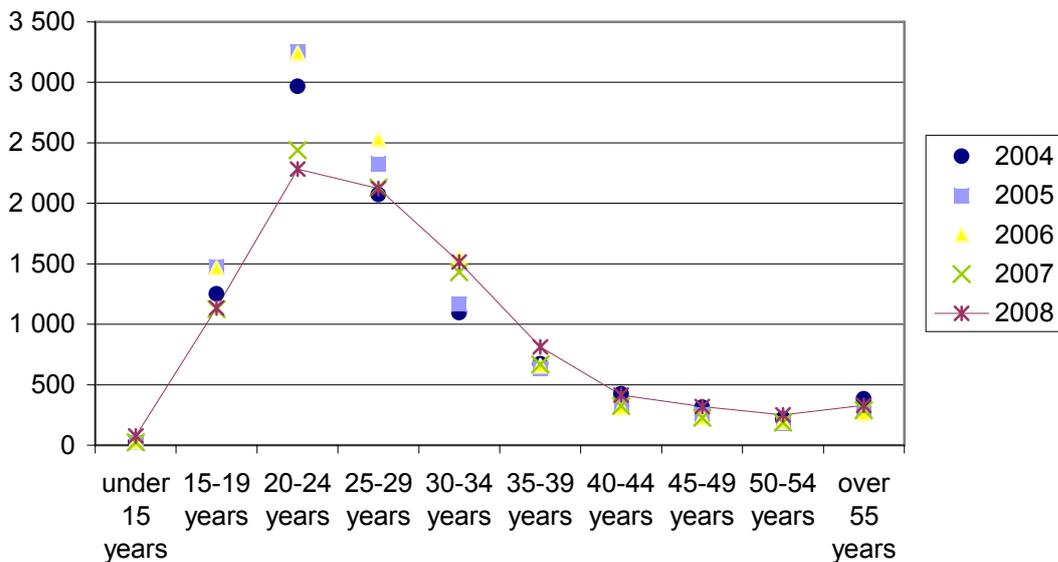


Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Breakdown by age

Year after year the breakdown by age groups among men and women shows a similar tendency, which, however, is different per gender. In the figures the data series of 2008 is highlighted to show the pattern, although obviously age groups are not stated as a continuous but as a categorised variable. Among men the most treated patients belong to the age group 20-24 every year, but in 2008 a reduction can be observed in this age group, while in all other age categories the patient number increased. As compared to 2007 the number of patients below the age of 15 tripled, from 25 patients it increased to 76 patients.

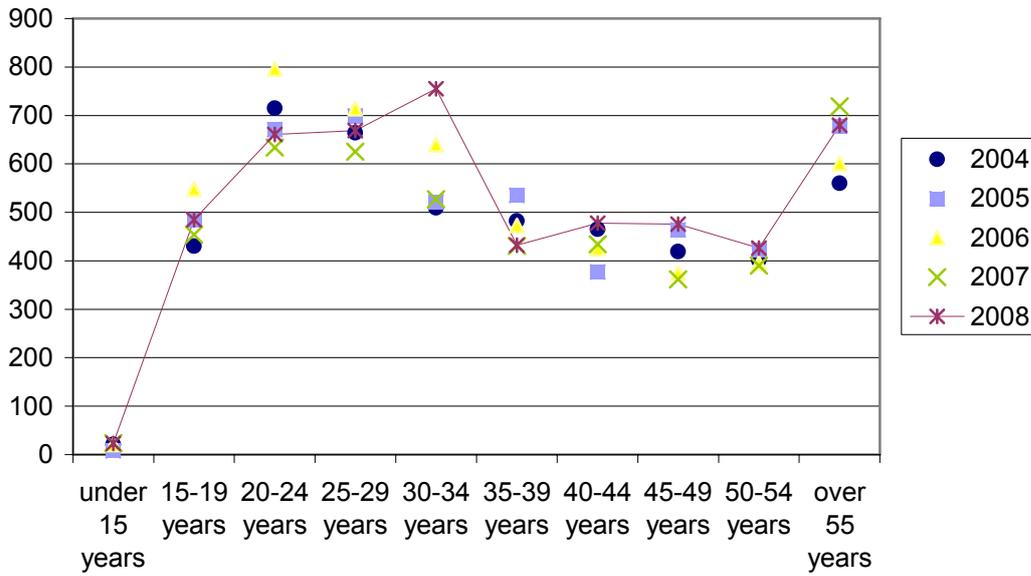
Figure 17. Breakdown of male patients receiving treatment by age between 2004-2008 (persons)



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

For a long time the age group 20-24 was dominant among women, but in 2008 the number of people between 30-34 increased, which is a 43% difference as compared to the previous year. The number of women between 45-49 also increased significantly, by 31%. In the case of the rest of the age groups slight increasing and decreasing tendencies can both be observed.

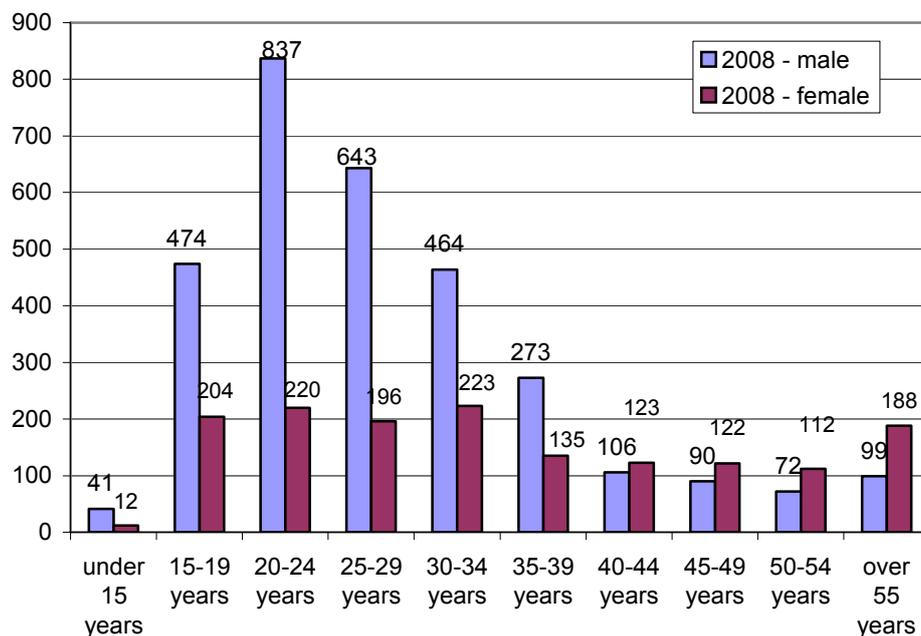
Figure 18. Breakdown of female patients receiving treatment by age between 2004-2008 (persons)



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

Among women the proportion of patients in treatment above the age of 40 is also significant, while the number of men in the same age groups is lower by orders of magnitude. The vast majority of middle-aged women appear in treatment in relation to the use of hypnotics and sedatives (this group definitely includes cases of suicide attempts while men are different from women in respect of their use of suicide methods too). Among men these drugs are less preferred, but even among the users of licit drugs it is not the proportion of middle-aged persons that is high, but rather the proportion of young adults between the age of 25-34.

Figure 19. Breakdown of drug users receiving treatment for the first time in their lives by age group in 2008 (persons) (N=4498)

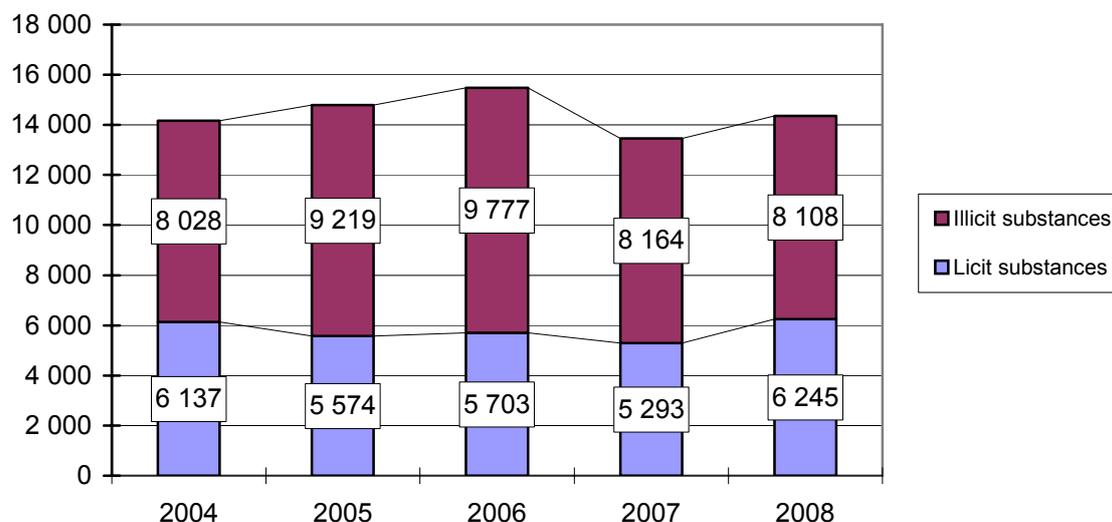


Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Breakdown by substance

Among drug users in treatment, during a long period of time the proportion of the users of licit drugs gradually decreased due to the spreading of illicit drugs and the increase of the health treatment demand. In 2003 the proportion of patients treated because of the use of illicit drugs was nearly 50%, by 2006 it rose above 63%, and in the last two years it decreased, in 2007 it was 60.7%, while in 2008 it was 56.5%.

Figure 20. Breakdown of drug users in treatment by licit and illicit substances between 2004-2008 (persons)



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

Among the patients in treatment the proportion of opiate users did not change significantly, it is 16.9% similarly to the previous year. Since 2003 the number of opiate users has varied between 2,000 and 2,500, with slighter annual fluctuations. For years it has been the third most frequently used substance, of all illicit drugs only cannabis is more frequently used than opiates.

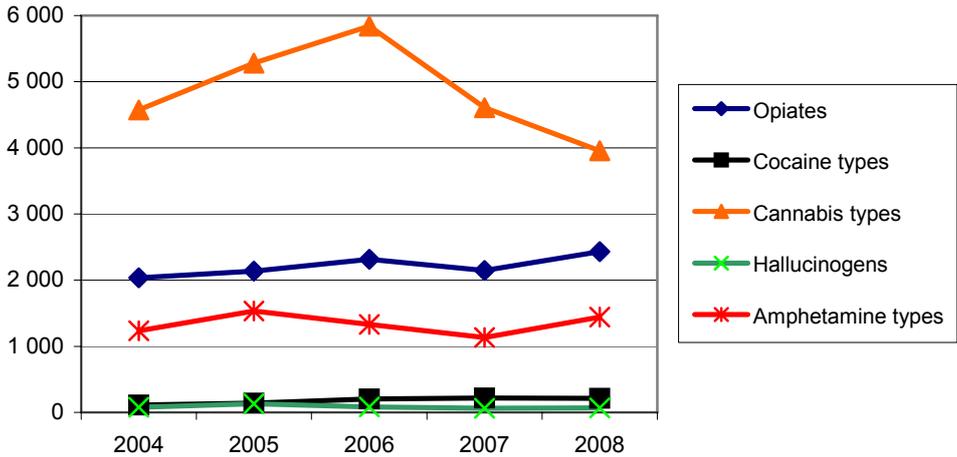
The proportion of the users of cannabis increased significantly year by year between 2002 and 2006, but in 2007 this tendency took a change in the opposite direction, and the decreasing tendency continued in 2008. In 2006 there were more than 5,800 users in treatment, and by 2008 this number dropped below 4,000, which resulted in a 14% decrease in the number of patients as compared to the previous year. Comparing it to the rest of the substances the proportion of cannabis is 27.6% among patients in treatment, which makes cannabis the second most frequently used substances. The strong dominance of cannabis users is characteristic of the group of users receiving treatment in diversion programmes, among cases reported as patients treated in the years before there were probably cases from preventive-consulting services who did not demand treatment. From the aspect of the problem of accessibility it is favourable that among opiate users no reduction can be observed in the number of patients receiving treatment, which means that beside treating a more problematic population the narrowing of capacities is accompanied by a decreasing number of less serious cases.

The number of cocaine users in treatment has always been low, in 2008 it was slightly more than 200, their proportion among all patients in treatment was 1.5%.

The increasing tendency of patients treated for the use of amphetamine type substances observed earlier stopped in 1999, and it continued to decrease until 2002. Since 2003 their number has varied between 1,100-1,500, in 2008 their proportion was 10%.

Similarly to the years before, the number of patients treated for the use of hallucinogens was below 100 in 2008 too, their proportion was 0.5%.

Figure 21. Number of patients receiving treatment for the use of illicit drugs between 2004-2008 (persons)



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

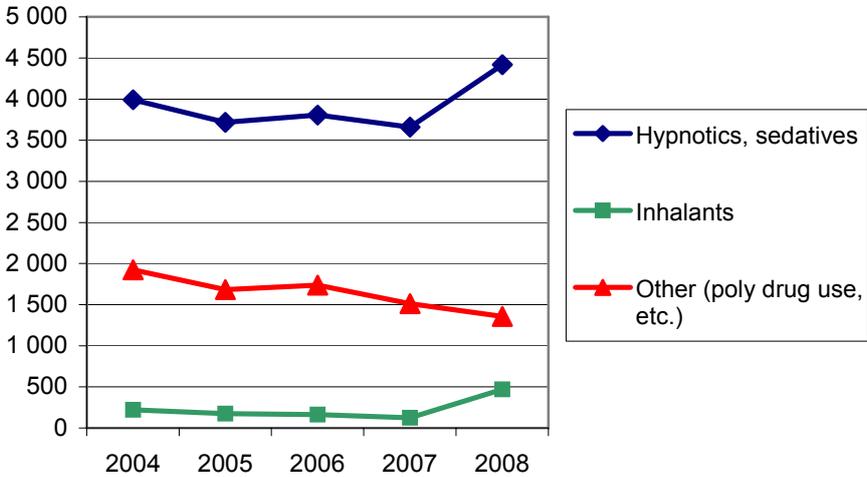
In 2008 4,420 people were treated for the use of hypnotics and sedatives which represents a 21% increase as compared to the previous year. The increase by 763 patients is due to the increasing number of patients treated at the department of toxicology for overdosing

sedatives by 774, and the slight reduction of clients treated at other treatment units for the use of sedatives. As a result of this, sedatives became the most frequently used substances in 2008 among patients in treatment, 30.8% of all patients were treated for the use of sedatives.

The number of patients treated for polydrug use (the combined use of hypnotics or sedatives with alcohol) indicates a basically decreasing tendency in the average of the last 5 years. In 2008 about 1,300 persons were treated for polydrug use, their proportion was 9.5%.

Since 2003 the number of patients treated for the use of inhalants has decreased continuously, in 2007 their number was 125. An increase by the largest proportion could be observed in 2008, the number of patients nearly tripled. The increase in the number of toxicology patients represented only 1/3 of this outstanding change.

Figure 22. The number of patients treated for the use of licit drugs between 2004-2008 (persons)



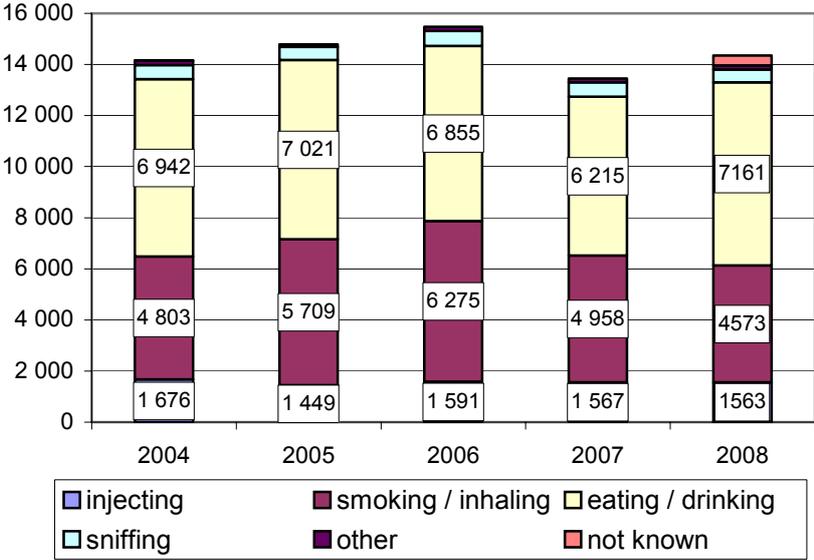
Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Breakdown by route of administration

Compared to previous years in 2008 there was a higher number of patients in respect of whom the treatment units did not report on the route of administration: 389 persons, 2.7% of all patients. Because of this, slighter changes occurring in connection with the route of administration cannot be evaluated. A change more significant than this in respect of its order of magnitude is the increase by 940 persons using oral administration. As compared to the previous year it is a 15% increase, and the increment is also significant in relation to the total number of patients. Probably it can be related to the increase in the number of patients treated for the use of sedatives and hypnotics. Furthermore, treatment units can state this data in the case of medicines administered only orally even if the available data source is deficient.

In the case of heroin and amphetamine users the number of IDUs and the proportion of injecting did not change significantly as compared to the previous year.

Figure 23. Breakdown of patients in treatment by route of administration between 2004-2008 (persons)

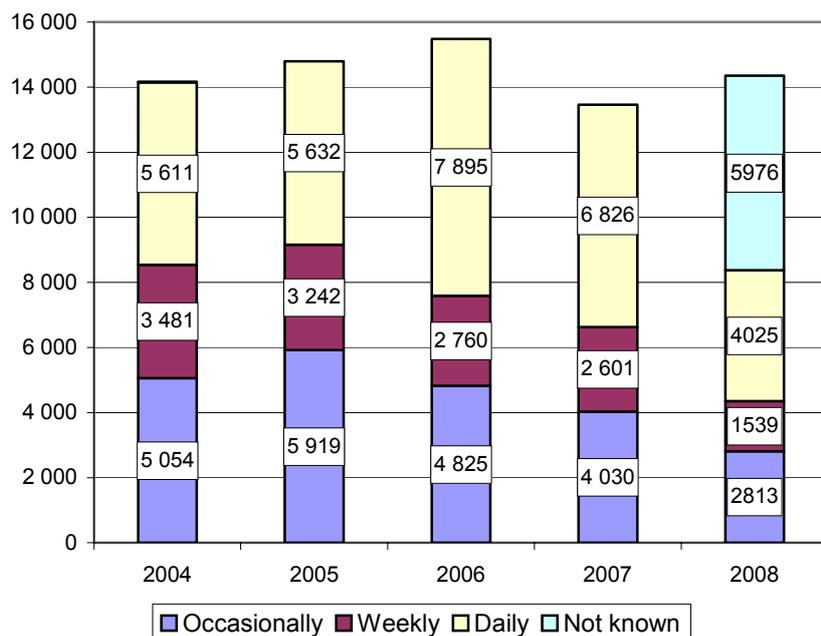


Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Breakdown by frequency of use

In respect of the frequency of use, in 2008 no data is available about 42% of the patients. The missing data is due to the fact that the department of toxicology did not report on data relating to the frequency of use in the case of any of its patients. The reason for this is not known yet, in the statistics of 2007 all patients were reported in certain frequency categories. It is a long-debated issue whether this data can be recorded in toxicology treatment and whether it makes sense. So far it has not been clarified how many of the patients can be regarded problem drug users and how many of them can be regarded as patients receiving treatment for a single overdose with the intention to commit suicide (mainly in the case of patients intoxicated with licit drugs). In the previous years data collection was intended to be comprehensive, the lack of certain data could not be accepted, so it can be assumed that even in those years data hosts used estimation to a certain extent, when no precise data was available. As a result of this presently it is not possible to evaluate changes in time.

Figure 24. Breakdown of patients in treatment by frequency of drug use between 2004-2008 (persons)

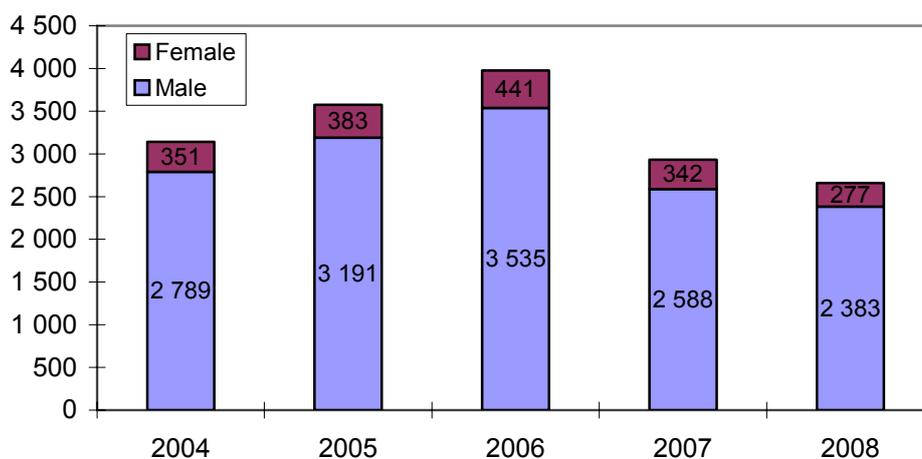


Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Development of the number of patients in diversion programmes

The number of drug users treated as an alternative to criminal procedure (drug users participating in diversion programmes) increased year by year between 2003-2006, in 2007 their number decreased by about 25%, and in 2008 it continued to decrease by a further 9%.

Figure 25. Number of patients treated as an alternative to criminal procedure between 2004-2008 (persons)

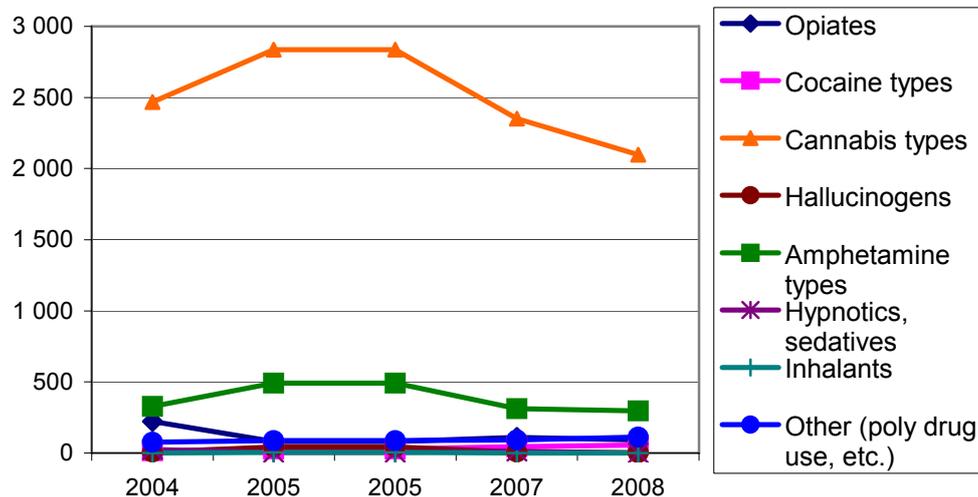


Source: report no. 1627 by OSAP, and no. 1211 by the Ministry of Health (Ministry of Health, Family and Social Affairs)

Among patients participating in diversion programmes the proportion of women was around 10-11% in the last few years, and it did not change in 2008 either.

In respect of the breakdown of patients in diversions programmes by primary drug the number of cannabis users continued to decrease, and the number of cocaine users increased.

Figure 26. Number of patients treated as an alternative to criminal procedure by drug type between 2004-2008 (persons)



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

Even despite the decreasing tendency, the proportion of cannabis is still around 80% among patients in diversion programmes, which is due to the fact that as a result of the criminal investigation activity of the police this population becomes involved in treatment as an alternative to criminal procedure. The decrease is due to the fact that as opposed to the wrong practice followed in the previous years, clients using only preventive-consulting service, who do not demand medical treatment, are now separated more distinctly by service providers in their statistics. Altogether, the number of patients in diversions programmes decreased by 9% as compared to 2007.

On the basis of the Treatment Demand Indicator (TDI)³⁸

Treatment units reporting to the TDI system

The circle of parties who are obliged to submit reports to the TDI data collection system is significantly wider than the circle of participating organisations, determined in the report prescribed in decree 76/2004 (VIII.19.) and entitled "Report on drug users and their treatment" registered under no. 1211 (in professional circles often referred to as "old OSAP") existing and operating for a long time.

In 2007 TDI datasheets on new patients treated for illicit drug use were recorded by 100 treatment units, while in 2008 only by 93 treatment units. We find that primarily this decrease is due to the reduction of the number of treatment units, including first of all the treatment units of OPNI and OAI closed down in 2008 and also addiction treatment outpatient centres outside Budapest that suspended their operation.

³⁸ Information on TDI data by treatment centre type is reported in Fonte TDI tables (TDI_2009_HU_01; TDI_2009_HU_02; TDI_2009_HU_04; TDI_2009_HU_05 and TDI_2009_HU_06). Data analysed in this chapter are presented (and controlled for double-counting) by source of referral (namely diversion and outside diversion).

The characteristics of patients reported in the TDI system – patients outside diversion

Clients starting treatment are divided in two groups, first of all because clients using the preventive-consulting service provided in the course of diversion – which service is used by the majority of clients participating in diversion – form a separate group distinguished from the rest of the clients. The preventive-consulting service is a marginal service, the content of which fits the treatment definition of TDI system, but in the range of services in Hungary it is closer to the indicated preventive services provided for high-risk groups, and it is to be regarded clearly as a non-health service.

In this part of the chapter we deal with the characteristics of clients outside diversion, which means that cases when option 7 (court, probation, police) was chosen as the “source of referral” in the TDI questionnaire have been excluded from these national statistics, such cases are examined later in this chapter.

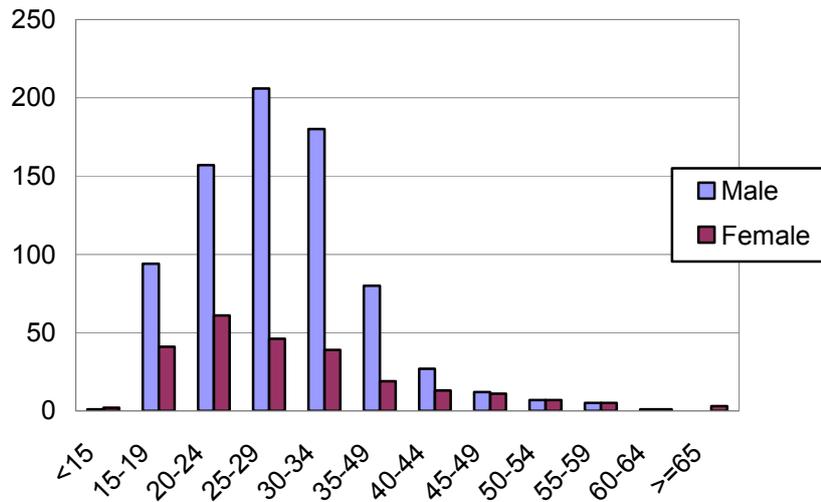
On the basis of the reports, the service providers reported 1,032 cases as new cases (770 men and 248 women, in 14 cases the gender of the client was not indicated). As compared to the previous year it indicates a slight decrease, 153 fewer cases than in previous year, when 1,185 new cases were reported (13% decrease). This decrease may be due to the decrease in the number of treatment units mentioned above.

Among patients starting treatment 522 persons (51% of all patients starting treatment) have been treated before for illicit drug use, while 396 persons (38% of all patients starting treatment) demanded treatment for the first time in their lives. In the case of this variable the proportion of the answers “not known” is relatively high, about 11% (114 out of 1,032 persons). This data, in respect of its internal proportions, is similar to the previous year’s data.

Among treatment units the highest number of cases was reported by outpatient treatment centres with 56% (583 persons), they are followed by inpatient institutes with 21% (219 persons) and low-threshold service providers with 6% (63 persons). In 2008 no cases of starting treatment were reported by general practitioners, and treatment units in prison only reported cases in diversion programmes.

55% of patients starting treatment (57% of patients starting treatment for the first time) joined the treatment programme at their own initiative, in a proportion more or less similar to last year’s. The second most common cause of applying for treatment was the effect or suggestion of the family or the direct environment (12% of all patients starting treatment, 18% of patients starting treatment for the first time in their lives).

Figure 27. Breakdown of patients starting treatment by age group in 2008 (persons) (N=1018)

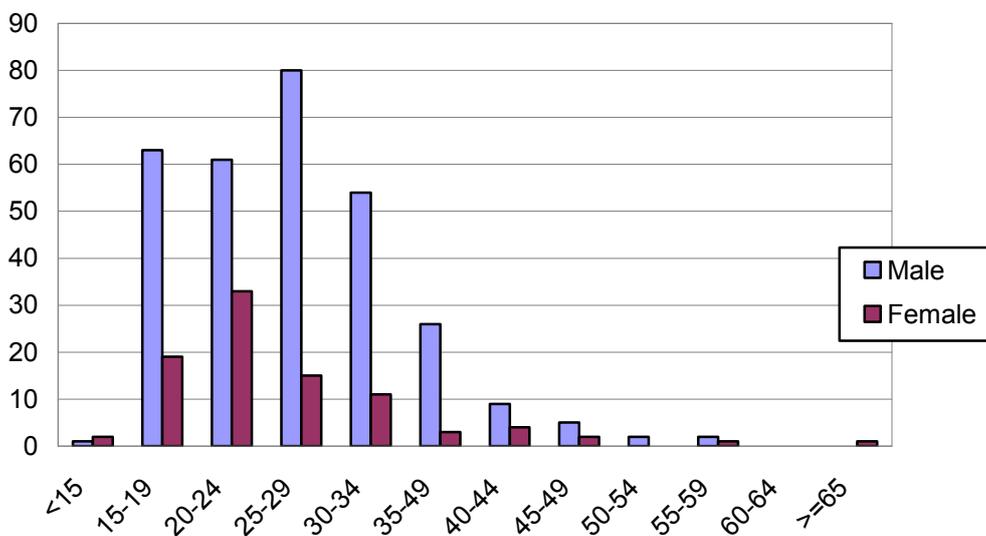


Source: OAC 2009

In 2008 50% (386 persons) of all men starting treatment were in the age group 25-34, while in 2007 men aged 20-29 represented 50% (467 persons) of all men starting treatment. On the basis of this the average age of men starting treatment increased from 27.9 years observed in 2007 to 28.2 years in 2008.

In the case of patients starting treatment for the first time young people represent a higher proportion among all patients starting treatment. Among women patients aged 15-24 represent more than 50% of all patients starting treatment. This proportion is lower among men (41%), where older generations are in a higher proportion, which is a significant change as compared to 2007. The mean age of patients starting treatment for the first time in their lives dropped from 29.5 years (2007) to 27.4 years (2008) in the case of women, while it increased from 25.7 years (2007) to 26.7 years (2008) in the case of men.

Figure 28. Breakdown of patients outside diversion starting treatment for the first time in their lives by age group in 2008 (persons) (N=394)



Source: OAC 2009

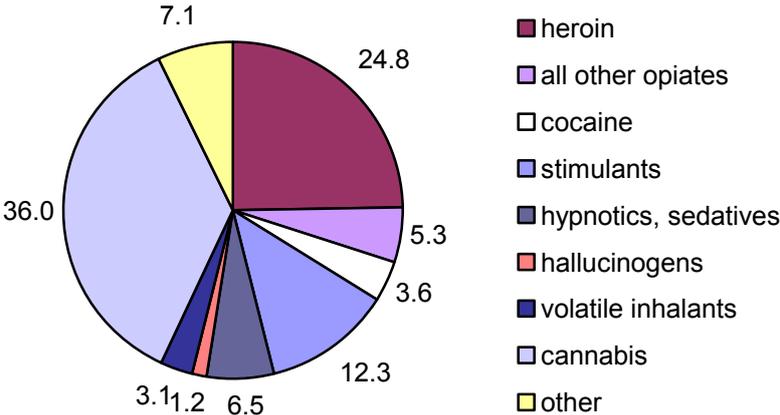
47% of all patients starting treatment live with their parents (51% of men and 37% of women), in the case of patients starting treatment for the first time in their lives this proportion is 53%.

The housing circumstances of 82% of the patients starting treatment can be said to be stable, among patients starting treatment for the first time in their lives this proportion is 88%. As compared to the previous year it indicates a marked but perceivable decrease (4% and 1%), which may be related to the increase in the age of patients starting treatment.

47% of the patients starting treatment are employed regularly or are students (in 2007 this proportion was 55%), and 36% of them are unemployed. It can be regarded as a significant increase as compared to the proportion of 26% unemployed patients in 2007, which is in alignment with the decreasing proportion of patients with a stable employment status. In the case of 59% of the patients starting treatment for the first time in their lives their employment status can be regarded stable (they work or are at school) (in 2007 this proportion was 67%), and 29% of them are unemployed (in 2007 this proportion was 20%). Here the same tendency can be observed, namely that among patients starting treatment for the first time there is a decreasing proportion of patients who work regularly or are at school, and the proportion of the unemployed has increased significantly.

Among all men starting treatment (have been treated before + treated for the first time, together) the use of cannabis as a primary drug is the most common cause of starting treatment (in 36% of the cases, which is a lower proportion than in 2007, when it was 42%). The proportion of patients starting treatment because of using opiates is 30%, and 84% of these patients are treated because of using heroin. These patients are older than cannabis users, starting treatment is the most common in the age groups 25-29 and 30-34. As compared to the previous year the proportion of patients starting treatment because of the use of stimulants did not change (12.3% as opposed to 12.0% in 2007), and the majority of them (86%) is represented by amphetamine users.

Figure 29. Primary substance among all men starting treatment in 2008 (%) (N=770)

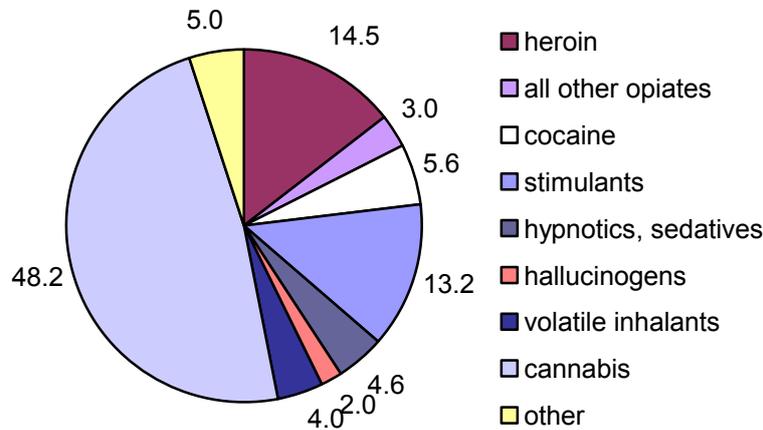


Source: OAC 2009

Among men starting treatment for the first time in their lives, cases of starting treatment because of using cannabis occur in a higher proportion than among all treated patients, nearly half of the patients (48%) is represented by this group. It is a young group of patients, the age group 15-19 appears in treatment in the highest proportion. The next most common cause of starting treatment is the use of opiates (17.5%), and within this group the use of heroin (14.5%), while starting treatment because of the use of stimulants shows a similar

proportion (13.2%), which is also similar to the proportion observed in the previous year. Among men starting treatment for the first time in their lives the proportion of cocaine users increased from 3.2% (2007) to 5.0% (2008).

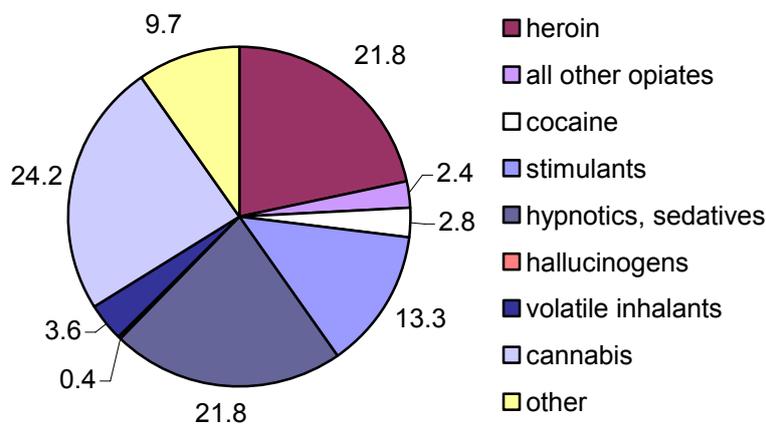
Figure 30. *Primary substance among men starting treatment for the first time in their lives in 2008 (%) (N=303)*



Source: OAC 2009

Among all women starting treatment the most commonly used drugs are cannabis, representing a proportion of 24.2% (in this case too the age group 15-19 is represented in the highest proportion), and opiates, also representing a proportion of 24.2% (within this group heroin as a primary substance occurs in 90.0% of opiate cases). The group of hypnotics and sedatives represents 21.8% of the causes of treatment among women, which is lower than the proportion in the previous year (28%). The 13.3% proportion of starting treatment because of the use of stimulants is similar to the proportion observed in 2007 (15.7%).

Figure 31. *Primary substance among all women starting treatment in 2008 (%) (N=248)*

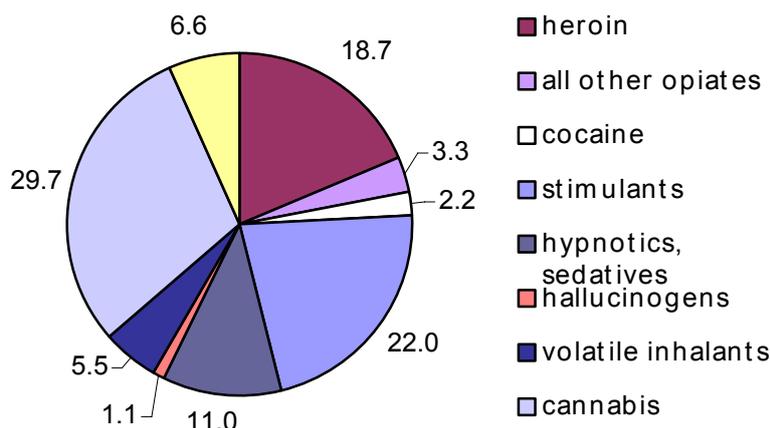


Source: OAC 2009

The most commonly used drug among women starting treatment for the first time in their lives is cannabis with a proportion of 29.7%, which shows a decreasing tendency as compared to the previous year. The proportion of patients starting treatment because of

using opiates increased (22% altogether) catching up with the proportion of starting treatment because of the use of stimulants (22%) and leaving behind the occurrence of treatment demand because of the use of hypnotics and sedatives (11%). In this category too, starting treatment because of the use of inhalants became perceivable, exceeding 5% of all cases.

Figure 32. Primary substance among women starting treatment for the first time in their lives in 2008 (%) (N=91)



Source: OAC 2009

In respect of the route of administration it is a remarkable tendency that among men 81% of heroin users are injecting users, but 19% of them (36 persons) choose a different route of administration. This proportion is practically the same among male heroin users starting treatment for the first time. 37% of all male amphetamine users in treatment are injecting users, and this proportion is nearly the same among men starting treatment for the first time (38%), so the phenomenon observed in the previous year can be observed again: a significant proportion (more than 1/3) of patients starting treatment because of the use of amphetamine are injecting users.

Among women starting treatment because of the use of amphetamine the proportion of injecting users is even higher in both categories (44% and 43%), which can be evaluated to a restricted extent because of the low number of cases. The group of users choosing a route of administration other than injecting is also present among women starting treatment because of the use of heroin (19% among all treated women).

More than 80% of all male heroin users starting treatment indicate intensive drug use (daily or several times a week), and among patients starting treatment for the first time this proportion is markedly higher: 84%. 78% of all female heroin users starting treatment are intensive drug users, and 88% of female heroin users starting treatment for the first time use heroin several times a week or on a daily basis.

60% (50 persons) of male amphetamine users (all patients in treatment) use amphetamine several times a week or even daily, while this proportion is 53% among patients receiving treatment for the first time. Among female amphetamine users the proportion of intensive users is 44%, while this proportion is 56% among patients starting treatment for the first time.

Men starting treatment because of the use of hypnotics and sedatives are characterised by intensive drug use pattern (88% of all treated men, 93% of men treated for the first time), and the same is true for women. In their case 93% of all patients starting treatment use drugs several times a week or daily, and nine-tenth of women using hypnotics and sedatives receiving treatment for the first time are also intensive users.

47% of all men starting treatment because of using cannabis are regular, frequent users, and the proportion of this group among patients receiving treatment for the first time is 43%. Less than 1/3 of all men starting treatment regard themselves as occasional users.

Among women the proportion of cannabis users using drugs several times a week or on a daily basis is 42%, while this proportion is 37% in the case of patients starting treatment for the first time.

When compared to the data of 2007 it can be observed that the proportion of regular, even daily drug users increased markedly in the case of all drug types both among men and women.

The date of starting drug use is an especially important detail from the aspect of becoming a problem drug user at a later point. Among all men starting treatment 51% of heroin users, and 41% of heroin users treated for the first time started to use drugs at a young age (at the age of 19 or earlier).

In the case of amphetamine users early drug use is characteristic of 64% of all treated patients and 65% of patients receiving treatment for the first time.

80% of men starting treatment because of cannabis use (all treatments) started drug use at or below the age of 19, and among patients treated for the first time practically the same proportion can be observed.

Starting drug use at a young age occurs among male inhalant users in the highest proportion (92% of them started drug use before the age of 19).

The start of drug use among women entering treatment: 61% of all treated female heroin users started drug use before the age of 19, 71% of the patients treated for the first time have been using heroin since they were young. These proportions are higher than in the case of men.

Among women starting treatment because of amphetamine use starting drug use at or below the age of 19 can be observed in the case of 70% of all patients receiving treatment and in the case of 75% of patients treated for the first time. These proportions are also higher than the proportions observed in the case of men.

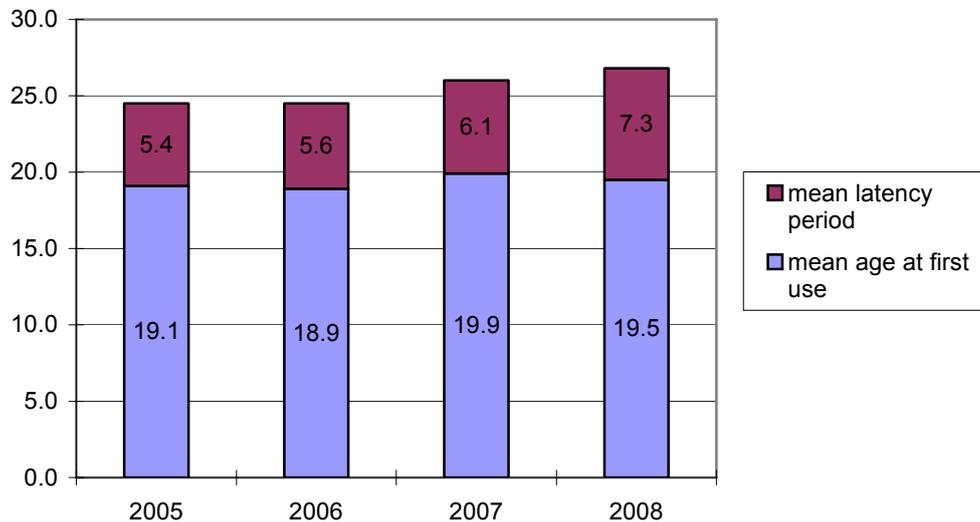
As opposed to this, in the case of patients starting treatment because of cannabis use, the early start of drug use is more characteristic of men, among men the proportion of users starting drug use below the age of 19 is slightly higher than among women.

Among patients starting treatment for the first time outside diversion³⁹ a tendency can be observed that the date of starting treatment (which is the date of starting treatment for the

³⁹ Patients participating in diversion programmes are not examined here, because in their case treatment is not started on a voluntary basis, and they do not necessarily get in contact with the treatment system because of problems occurring as a result of drug use.

first time in their case) is more and more delayed as compared to the first drug use⁴⁰, which results in the increasing of the latency period⁴¹.

Figure 33. Average age of patients starting treatment for the first time outside diversion at the time of the first drug use⁴², and the average period between the first drug use and first starting treatment between 2005-2008 (years)



Source: OAC 2009

The latency periods of all cases are influenced by the drug use patterns of the most common primary substances (cannabis all, stimulants all, opiates all).

When examining the age of applying for treatment for the first time and the age of first drug use broken down per drug, in the case of cannabis both events take place at a younger age, while in the case of opiates drug use starts typically at an older age, and treatment is also started at an older age than the average calculated in respect of all drugs. The users of stimulants are around the average calculated in respect of all drugs.

In the case of all three groups of drugs it can be observed that the average age of first drug use and the average age of starting treatment for the first time have increased during the four examined years.

⁴⁰ The answers given to the question relating to “age at the first use of the primary substance” must be handled with caution. In connection with them one of the interpretation problems is that some respondents mean first illegal drug use in general rather than the date of the first use of the primary drug. The other problem, which is also an interpretation problem, is that instead of stating the date of first use they state the start of regular drug use. At the same time it also needs to be pointed out that retrospective estimations are typically inaccurate, especially if they look back at a longer interval in time – just like in the present case.

⁴¹ The latency period indicates the period between the first drug use and the first appearance in treatment. (Source: EMCDDA PDU Incidence Guidelines)

⁴² of the primary drug

Table 8. Average age of patients starting treatment for the first time in their lives outside diversion at the time of the treatment and at the first drug use, and the average period between the first drug use and starting treatment between 2005-2008 (years)

	2005			2006			2007			2008		
	mean age	mean age at first use	mean latency period	mean age	mean age at first use	mean latency period	mean age	mean age at first use	mean latency period	mean age	mean age at first use	mean latency period
all	24.5	19.1	5.4	24.5	18.9	5.6	26.0	19.9	6.1	26.8	19.5	7.3
	(N=737)			(N=772)			(N=516)			(N=413)		
cannabis	22.8	17.9	4.9	22.0	17.3	4.7	22.9	17.7	5.2	23.9	17.6	6.3
	(N=483)			(N=468)			(N=262)			(N=191)		
stimulants	24.4	20.0	4.4	23.2	18.2	5.0	24.7	19.3	5.3	26.9	18.9	8.0
	(N=124)			(N=96)			(N=83)			(N=61)		
opiates	28.1	21.1	7.0	28.1	21.5	6.7	27.9	20.7	7.2	30.6	22.7	7.9
	(N=42)			(N=94)			(N=69)			(N=76)		

Source: OAC 2009

The cross-tables of secondary drug use are handled together, presenting only the most frequent secondary drugs beside the primary drugs (there is no point in stating percentage proportions here, as data suppliers may state more than one secondary drugs in the same case).

Among heroin users the most commonly used secondary drug is cannabis (61 mentions), it is followed by alcohol (54 mentions) and by amphetamine among stimulants (34 mentions). The number of mentions of hypnotics and sedatives as secondary drugs is surprisingly low, which may be due to a problem in data recording, as service providers do not ask questions concerning this subject or maybe they do not state these substances among secondary drugs. Methadone, other opiates and cocaine are also present among secondary drugs (cocaine is mentioned 13 times).

Among users of amphetamine as a primary drug too cannabis is the most common secondary drug (45 mentions), it is followed by alcohol as a secondary drug causing problems (27 mentions), and then by MDMA and its derivatives.

Among users of hypnotics and sedatives alcohol is the most common secondary drug, it is mentioned 45 times, and the situation is similar in the case of inhalants, where cannabis as a secondary drug is present with a number of mentions similar to alcohol.

Among patients receiving treatment because of cannabis use stimulants are the most common secondary drugs with an outstandingly high number of mentions (especially amphetamine), but alcohol and cocaine are also mentioned relatively often.

Characteristics of clients reported in the TDI system – clients participating in diversion programmes

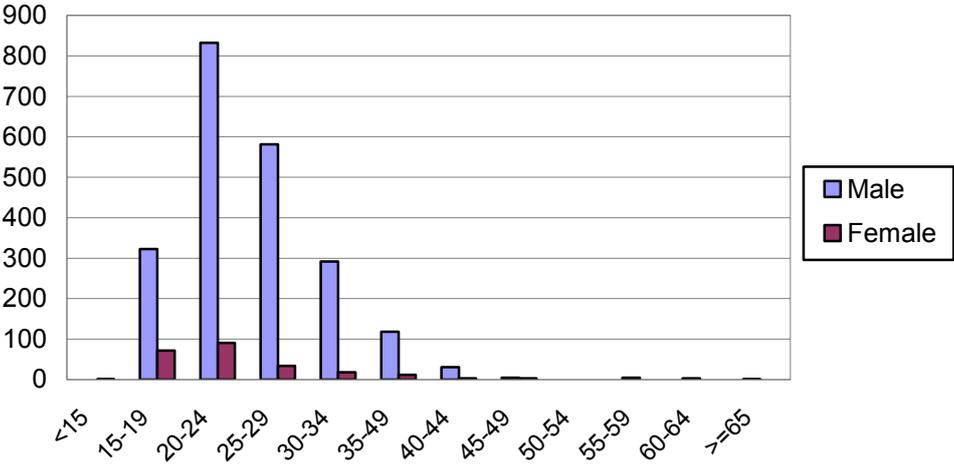
Clients participating in diversion programmes (selection by source of referral – court, probation, police) are not only clients using health services. On the basis of a consensus

reached when creating the TDI system, cases recorded in the so-called preventive-consulting service within diversion programmes are also reported by service providers beside clients using health services while participating in diversion programmes.

In 2008 a total number of 2,452 clients were reported by service providers, including 2,191 men (89%) and 234 women (10%). In 27 cases the gender of the clients were not recorded by the data suppliers.

Among men, 1,580 out of the 2,191 clients (72%) were receiving treatment for the first time in their lives, while among women it was 186 clients (79%). There was a relatively high proportion of cases when this parameter was not recorded, which can be regarded as a data supply problem. Among clients starting treatment the proportion of the age group 20-24 was the highest in the case of both genders, this population is younger than the group of clients entering treatment for other reasons. At the same time, even among clients participating in diversion programmes the age group 25-29 and younger age groups (aged 15-19) are represented by a relatively high proportion.

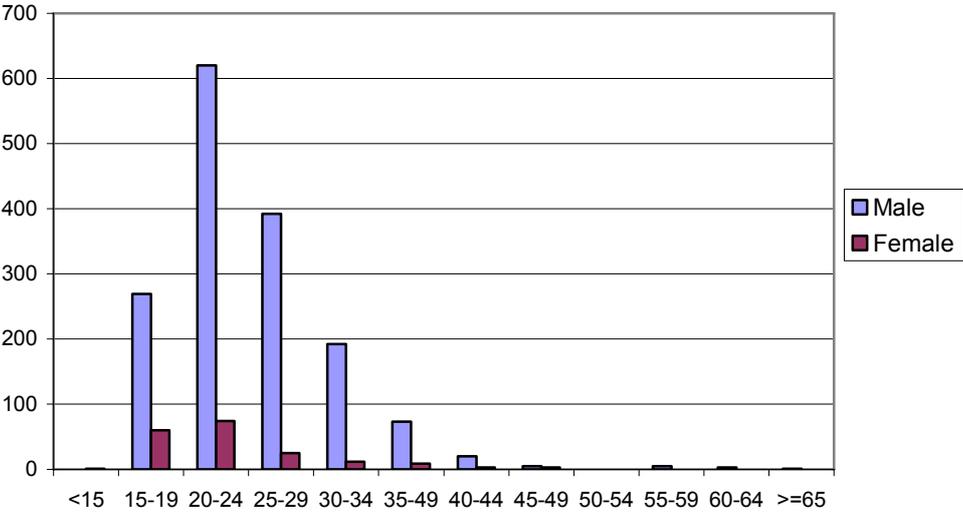
Figure 34. Breakdown of drug users in diversion programme entering treatment by age groups and gender in 2008 (persons) (N=2453)



Source: OAC 2009

The distribution by age among clients in diversion programmes receiving treatment for the first time in their lives is similar to that of all clients receiving treatment, which is not surprising, as about three-quarter of all clients are clients receiving treatment for the first time.

Figure 35. Breakdown of drug users in diversion programmes, entering treatment for the first time in their lives by age groups and gender in 2008 (persons) (N=1772)



Source: OAC 2009

61% of clients in diversion programmes live with their parents, and this proportion is lower among women. 64% of clients in diversion programmes receiving treatment for the first time in their lives live with their parents, this proportion is 56% among women in diversion programmes receiving treatment for the first time in their lives.

The large majority of clients in diversion programmes (90%) have stable housing circumstances, both among all clients and clients treated for the first time.

43% of clients in diversion programmes have a workplace, 24% of them are at school, and 20% of them are unemployed. The proportion of the unemployed increased in this group too as compared to the previous year. 43% of clients receiving treatment for the first time in their lives have a workplace, 28% of them are at school, and 18% of them are unemployed.

42% of clients in diversion programmes have primary school qualifications, which is a significantly higher proportion than expected on the basis of their distribution by age, that is clients with elementary school qualifications are in a relatively high proportion among them.

Cannabis is the most common primary drug, among all treated men in diversion programmes, cannabis is the primary drug in 82% of the cases. 11% of them use stimulants, and only a small proportion of them are opiate (typically heroin) users (84 persons). It can be observed that among men in diversion programmes receiving treatment the users of stimulants (basically amphetamine) and opiates (basically heroin) are older by at least one age group than cannabis users.

73% of all treated women in diversion programmes are cannabis users (which is a significantly lower proportion than in the case of men), 20% of them use stimulants and only a few of them (4 persons altogether) are opiate users. 74% of women in diversion programmes treated for the first time in their lives are cannabis users, and 21% of them use stimulants (first of all amphetamine).

Among clients in diversion programmes the route of administration is determined by the dominance of cannabis. The proportion of injecting is relatively low among them, although 22% of all male amphetamine users in diversion are IDUs. Opiate users are basically

injecting heroin users, but there is a group of them (about 20%) using an alternative route of administration (smoking/inhaling).

Among women participating in diversion programmes practically there are no IDUs (3 heroin users and 3 amphetamine users).

20% of all male cannabis users participating in diversion programmes are intensive drug users (on a daily basis or several times a week), 20% of stimulant users are intensive users, while among heroin users this proportion is much higher, 44%. 16% of all male cannabis users in diversion programmes treated for the first time in their lives are intensive users, 17% of amphetamine users are intensive users, while 29% of heroin users are intensive users.

Among women participating in diversion programmes, in the case of all drug types the proportion of intensive users is much lower than among men.

59% of all treated cannabis users participating in diversion programmes (1,160 persons) are only occasional users.

Among clients participating in diversion programmes the date of starting illicit drug use is similar when compared to clients entering treatment for other reasons. 72% of all treated male cannabis users in diversion programmes started to use an illicit drug at or below the age of 19, while 55% of amphetamine users and 58% of heroin users started to use drugs below the age of 19.

70% of male cannabis users in diversion programmes treated for the first time were early users, and among clients in diversion programmes treated for the first time basically similar proportions can be observed as among all treated clients.

The secondary drug use pattern of clients in diversion programmes is not significantly different from that of clients treated for other reasons. Here, among opiate users the most frequently mentioned secondary drug is amphetamine (28 mentions), it is followed by cannabis (26 mentions), and cocaine also appears as a secondary drug.

Among the users of stimulants cannabis is the most popular secondary drug, but other stimulants (MDMA) and alcohol are also common secondary drugs. The appearance of cocaine can be observed in this group too.

The most common secondary drugs among cannabis users are the stimulants, first of all amphetamine. They often mention alcohol consumption too. The use of hallucinogens and cocaine can be observed in relatively similar proportions.

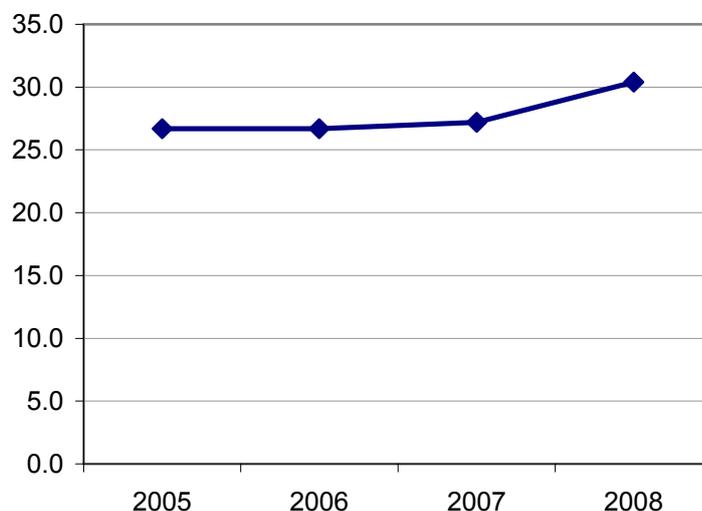
5.4. TRENDS OF CLIENTS IN TREATMENT (ON THE BASIS OF OSAP DATA)

In respect of the number of all clients in treatment, excluding the patients treated at the department of toxicology in Budapest, it can be stated that the number of drug users in treatment was relatively balanced between 2003-2006, and it decreased in 2007 and 2008. In the background of this phenomenon there is the reduction of healthcare capacity and the reduction of the number of drug users entering treatment because of diversion.

According to the data of the National Statistical Data Collection Programme (OSAP), after the stagnation observed from 2005 to 2006, between 2006 and 2008 the mean age of all clients in treatment started to increase. The appearance of "older" generations in healthcare can be explained by that drug users with a longer history of drug use, who are typically older, more probably visit health service providers asserting their treatment demand, and the

increasing tendency of the appearance of older generations (above the age of 24) can be observed in the population of drug users in Hungary too.

Figure 36. Mean age among all clients in treatment between 2005-2008 (years)



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

Conclusions

In summary, in connection with the healthcare system it can be stated that the entire range of the treatment chain (outpatient and inpatient treatment, social care, child addiction treatment) has not been established completely in any of the regions, in the field of services the two sectors appear separately from each other, and the number of integrated treatments is still low.

On the basis of the OEP data, in 2008 the performance of the treatment system clearly decreased, which is first of all due to the changing of the legal acts relating to financing. According to the OEP data, in the second half of the year the performance of the treatment system became stable, at certain points, first of all in the fields of financing a marked increase can be observed, but the number of patients in treatment have not increased yet.

At certain points progress can be observed in the internal professional environment of the treatment system, professional documents have been issued, on which progress can be based, but the rapid changes in the recent years were not in favour of conscious professional development. The development of professional supervision and evaluation system may be a key element and condition of progress.

According to the OSAP data, in 2008 there was a total number of 14,353 clients in treatment because of drug use, and 4,635 received treatment for the first time in their lives. Seemingly it indicates an increase as compared to the data of the previous year, but when the treatment unit is examined, it turns out that the increase is due to the increasing number of patients treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital of Municipality of Budapest.

The proportion of cannabis users in treatment continued to decrease in 2008, which is partly due to the fact that preventive-consulting treatments are filtered out from data collection more efficiently. While the proportion of injecting heroin users decreased, the proportion of injecting amphetamine users slightly increased in relation to all patients in treatment.

Practically the proportion of cocaine users and hallucinogen users did not change. The proportion of persons misusing licit drugs (hypnotics, sedatives, volatile inhalants) increased both in total and in a breakdown by gender.

In 2008 93 treatment units reported a total number of 3,484 clients to the TDI data collection, and 2,161 of these patients received treatment for the first time in their lives.

In 2008 the mean age of clients entering treatment outside diversion indicated a marked increase as compared to the previous year both among all clients entering treatment and among clients receiving treatment for the first time in their lives. Within this group intensive drug use (at least twice a week) is characteristic mainly among male opiate users, male and female amphetamine users, and men and women misusing hypnotics and sedatives.

When examining clients participating in diversion programmes it can be determined that this population is younger than the population of those entering treatment for other reasons. Among them the route of administration is still determined by the dominance of cannabis use. In their case the proportion of intensive drug use is significantly lower than among clients not participating in diversion programmes.

6. HEALTH CORRELATES AND CONSEQUENCES OF DRUG USE

6.1. DRUG-RELATED INFECTIOUS DISEASES

Reported cases of HIV/AIDS, HBV, HCV

In 2008 the data referring to reported HIV/AIDS cases among IDUs and the incidence of acute cases of hepatitis caused by HBV or HCV 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 (Csohán et al. 2009).

HIV/AIDS

In 2008 in Hungary slightly more HIV positive cases (145) were reported than in the previous year (119). The incidence rate was 15 cases/1 million inhabitants. The transmission route was known in the case of three-quarters of the newly registered HIV positive persons. Within the identified risk groups of the HIV positive persons (112) two young male adults were probably infected through injecting drug use. In 2008 23 cases of AIDS were diagnosed, and none of these 23 patients belonged to the risk group of IDUs.

Table 9. Breakdown of registered HIV positive persons by risk groups

	1985-2002	2003	2004	2005	2006	2007	2008	Total
Homo/bisexual	518	34	45	55	38	60	93	847
Heterosexual	182	18	13	21	14	14	17	279
Haemophiliac	32	0	0	0	0	0	0	32
Transfusion recipient	22	0	0	0	0	1*	0	23
Injecting drug user	12*	1*	2*	2**	0	3*	2	22
Nosocomial	12*	0	0	3*	0	1	1	16
Maternal	3	0	0	2	0	2	2	7
Unknown	260	10	15	23	29	38	33	404
Total	1,041	63	75	106	81	119	145	1,630

* Imported cases, ** Together with imported cases

Source: National Centre for Epidemiology (Csohán et al. 2009)

Acute hepatitis B

In 2008, 88 acute infections were reported, the incidence rate was 0,88‰, practically it did not change as compared to the previous year.

Table 10. Number and proportion of IDUs among reported acute hepatitis B cases

Year	number	Reported acute HBV infections	
		number	%
2004	131	6	4.6
2005	119	1	0.8
2006	83	-	-
2007	81	2	2.5
2008	88	2	2.3

Source: National Centre for Epidemiology (Csohán et al. 2009)

The transmission route was known in the case of 55 patients (62.5%), among them a man below the age of 25 and another man in the age group 25-34 were IDUs (ST9P4_2009_HU_01).

Acute hepatitis C

In 2008, 34 acute hepatitis C cases were reported, slightly more than in the previous year. 6 of the patients became infected through injecting drug use. The transmission route was known in the case of half of the patients. Among the patients there were 4 men and 2 women. Two of the patients were below the age of 25, 3 of them were in the age group 25-34, and 1 of them was above the age of 34 (ST9P4_2009_HU_02).

Table 11. Number and proportion of IDUs among reported acute hepatitis C cases

Year	number	Reported acute HCV infections	
		number	%
2004	40	11	27.5
2005	22	1	4.5
2006	29	4	13.8
2007	22	5	22.7
2008	34	6	17.6

Source: National Centre for Epidemiology (Csohán et al. 2009)

Prevalence of HIV, HBV and HCV infections among IDUs

National survey

In 2008 the National Centre for Epidemiology continued the sentinel screening programme aimed at measuring the prevalence rate of HIV, HBV, HCV infections among IDUs (Dudás et al. 2009)). In 2008 the screening programme using the same method under similar circumstances was performed for the third time. Dried blood samples drawn from the fingertip were used for the virus serological examinations. The costs were covered by the Ministry of Health.

While in 2007 567 persons at 15 locations were involved in the screening, in 2008 (between 15 September and 31 December) 18 organisations took part in the screening programme, and with their help blood samples were drawn from 590 IDUs.

Altogether three needle/syringe programmes and two outpatient treatment centres in Budapest, ten outpatient treatment centres and three needle/syringe programmes outside of Budapest were involved in the screening programme.

Table 12. *Organisations participating in the survey of HIV, HBV, HCV prevalence*

Location	Name of organisation	Number of screening tests performed
Budapest	Drug Prevention Foundation	100
Budapest	Nyírő Gyula Hospital Specialised Outpatient Treatment and Prevention Centre of Budapest	65
Budapest	Blue Point Drug Counselling Centre and Outpatient Treatment Centre Foundation	70
Budapest	Hungarian Interchurch Aid Organisation, Addiction Centre, Soroksár	40
Budapest	Hungarian Baptist Aid Street Front needle exchange service	30
Gyula	Independent Association	20
Miskolc	Semmelweis Hospital, Specialised Outpatient Treatment Centre	35
Pécs	Specialised Outpatient Treatment Centre	60
Szeged	Youth Drug Centre	50
Kecskemét	RÉV Service Centre	20
Szekszárd	RÉV Service Centre for Addicts	16
Veszprém	Alcohol-Drug Specialised Outpatient Treatment Centre	15
Debrecen	Kenézy Hospital, Specialised Outpatient Treatment Centre	20
Debrecen	Hungarian Interchurch Aid Organisation	15
Győr	Támasz Specialised Crisis and Drug Outpatient Treatment Centre	8
Nyíregyháza	Addiction Consultation, Specialised Outpatient Treatment Centre	5
Zalaegerszeg	Zala County Hospital, Specialised Outpatient Treatment Centre	11
Salgótarján	Micro-regional Social and Child Welfare Service Centre, Salgótarján	10
Total		590

Source: National Centre for Epidemiology (Dudás et al. 2009)

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 subjected themselves to 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 preceding two years (ST9_2009_HU_01).⁴³

⁴³ See: National Report 2007, chapter 6.2.

In the course of the laboratory tests, with the applied methods, reliable results could be released regarding HIV or HBV infection in the case of all 590 tested persons. On the other hand, in the case of antibody tests conducted in order to detect virus infection, the result was inconclusive in two cases in respect of the hepatitis C virus, therefore these cases were excluded from processing.

In order to detect the presence of HIV, samples drawn from a total number of 590 IDUs were examined. In one of these cases a reactive result was obtained and confirming tests were performed. The confirming tests gave a negative result, so in the end all 590 examined persons proved to be HIV negative (ST9P2_2009_HU_01).

3 of the 590 examined persons proved to be positive for HBV surface antigens, in other words, infected by HBV (0.5%). 587 persons proved to be HBsAg negative. One of the three persons carrying HBV was anti-HCV positive at the same time (ST9P2_2009_HU_02).

The samples of 455 out of the 590 examined persons proved to be anti-HCV negative. In 133 cases the confirming tests proved anti-HCV positivity (22.6%). In the case of 2 persons the result was inconclusive, they were asked to send further blood samples (ST9P2_2009_HU_03).

Table 13. 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 number	%
< 25 years	Male	77	0	77	0	0.0	77	15	19.4
	Female	39	0	39	0	0.0	39	8	20.5
25-34 years	Male	229	0	229	2	0.9	229	48	20.9
	Female	85	0	85	0	0.0	84	19	22.6
> 34 years	Male	118	0	118	0	0.0	117	28	23.9
	Female	42	0	42	1	2.3	42	15	35.7
Total	Male	424	0	424	2	0.5	423	91	21.5
	Female	166	0	166	1	0.6	165	42	25.4
Male + Female		590	0	590	3	0.5	588	133	22.6

Source: National Centre for Epidemiology (Dudás et al. 2009)

Among the 590 persons participating in the survey there were 424 (71.9%) men and 166 (28.1%) women. More than half of the persons providing blood samples (314 persons, 53.2%) were in the age group 25-34, 27.1% (160 persons) of the participants in the survey were above the age of 34, and the smallest group consisted of 116 persons below the age of 25 (19.7%).

On the whole, no significant difference could be observed between the infection ratio of men and women ($p > 0.5$). However, similarly to the previous year, it deserves to be pointed out that among women over 34 the prevalence rate observed was one and a half times more (35.7%) than the average prevalence rate. 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 an association between the development of HCV infection and the number of years since first injecting.

Four intervals could be selected as the start of injecting drug use (<2 years, 2-4 years, 5-9 years, >10 years), 27 out of the 590 persons could not remember when they had started to inject drugs. 43% (254) of the people providing samples said that they had been injecting drugs for more than 10 years. 146 persons, that is 24.7% of the examined persons had been injecting drugs for 5-9 years. The number of people injecting drugs for 2-4 years (13%, 77

persons) and the number of people injecting drugs for less than two years (14.6%, 86 persons) was approximately the same in the sample.

The proportion of HCV infection was the highest (29.5%) among people who had started to inject drugs more than 10 years before. While 24% of the people injecting drugs for 5-9 years were HCV infected, a 21% prevalence rate was observed among persons injecting drug for 2-4 years, and only 6 persons (7%) of new drug users were infected with the virus. (ST9P2_2009_HU_03)

Table 14. Breakdown of HCV, HBV positive IDUs by the 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	86	2	2.3	86	6	7.0
2 - 5 years	77	0	0.0	76	16	21.0
5 - 10 years	146	0	0.0	146	35	24.0
>10 years	254	1	0.4	253	75	29.6
Total	563	3	0.5	561	133	23.7

Source: National Centre for Epidemiology (Dudás et al. 2009)

Out of 133 HCV positive people, 110 drug users declared themselves opioid users. The table below shows that 25.8% of opioid-using IDUs and 14.2% of people injecting drugs other than opioids were HCV positive. The difference between the two ratios is significant at the level of $p < 0.001$. (ST9P2_2009_HU_03)

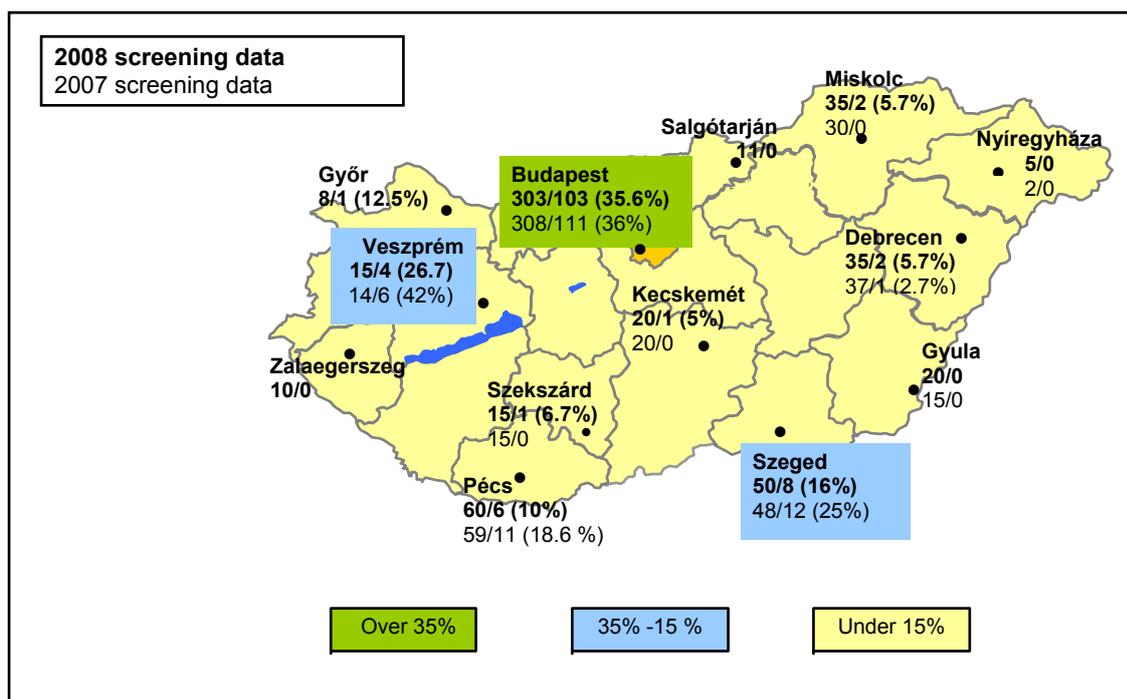
Table 15. Breakdown of HCV, HBV positive IDUs by the type of drug

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	%
opioids	428	1	0.2	426	110	25.8
drugs other than opioids	162	2	1.2	162	23	14.2
Total	590	3	0.5	588	133	22.6

Source: National Centre for Epidemiology (Dudás et al. 2009)

If the prevalence rates are examined according to the drug users' place of residence, it can be determined that among drug users living in Budapest the prevalence of HCV is four times as much as the value measured among people living outside of Budapest. 108 of the 303 samples deriving from Budapest proved to be HCV positive, which represents 35.6%, while only 8.8% of the samples from outside of Budapest were HCV positive (25/285). Outside of Budapest the data deriving from Veszprém and Győr is worth attention, where 26.7% and 12.5% of the samples received were HCV positive, although the processed number of samples can be regarded as low from the aspect of statistics in both cities ($n=15$, $n=8$). In Szeged and Pécs a statistically sufficient number of samples were processed to be able to regard the 16% prevalence rate in Szeged and the 10% prevalence rate in Pécs valid. One of the three HBsAg positive persons was found in Budapest, one in Kecskemét, and one in Zalaegerszeg.

Map 2. Geographical breakdown of the number of HCV screening tests and the proportion of positive cases by region between 2007-2008



Source: the National Centre for Epidemiology (Dudás et al. 2009)

Table 16. The number of HCV screening tests and the proportion of positive cases by region between 2006-2008

Region / city	2006			2007			2008		
	number	positive number	positive %	number	positive number	positive %	number	positive number	positive %
Budapest	162	60	37.0	308	111	36.0	303	108	35.6
Szeged	35	8	22.9	48	12	25.0	50	8	16.0
Pécs	55	14	25.5	59	11	18.6	60	6	10.0
Miskolc	20	0	0.0	30	0	0.0	35	2	5.7
Gyula	15	1	6.7	15	0	0.0	20	0	0.0
Kecskemét	-	-	-	20	0	0.0	20	1	5.0
Szekszárd	-	-	-	15	0	0.0	15	1	6.7
Veszprém	-	-	-	14	6	42.9	15	4	26.7
Debrecen	-	-	-	37	1	2.7	35	2	5.7
Nyíregyháza	-	-	-	2	0	0.0	5	0	0.0
Győr	-	-	-	-	-	-	8	1	12.5
Salgótarján	-	-	-	-	-	-	11	0	0.0
Zalaegerszeg	-	-	-	-	-	-	10	0	0.0
Total (excluding Budapest)	125	23	18.4	240	30	12.5	285	25	8.8
Total	287	83	28.9	548	141	25.7	588	133	22.5

Source: National Centre for Epidemiology (Dudás et al. 2009)

In the course of the screening a so-called generated code was used, which is not suitable for personal identification but is an individual identification code.⁴⁴ As the code does not change, it is suitable for following changes in the serostatus of cases screened year after year. Recurrences based on the generated code were controlled by gender and age categories.

In the course of the screening performed in 2007, 96 persons (32%) were reached repeatedly out of the 300 persons screened in 2006. In 2006, 25 out of these 96 persons were HCV positive and 66 persons were HCV negative, while in the case of 5 persons the result obtained was inconclusive. 2 out of the 66 persons with negative results in 2006 became HCV positive in the following year, 2007. In 2006, 2 out of the 5 persons with inconclusive results had inconclusive results in 2007 again, while 2 persons showed HCV positivity.

In 2008, 66 persons were reached in the course of the new survey out of the 300 persons screened in 2006. 13 out of these 66 persons were HCV positive, 50 of them were negative, and in 2 cases the sample produced an inconclusive result. None of the 50 persons who had negative results in 2006 got infected by 2008. The 2 persons providing inconclusive samples in 2006 became positive in 2008.

In the course of the screening in 2008, 141 persons (24.9%) out of the 567 cases screened in 2007 were reached. 29 out of these 141 persons (20.6%) were positive, 108 of them were negative, and in 4 cases an inconclusive result was obtained. None of the cases producing negative results in 2007 changed by 2008, they did not acquire infections during this 12-month period. In the following year 2 out of the 4 inconclusive samples were HCV positive and 2 of them were HCV negative.

42 persons subjected themselves to the tests in all three years of screening. 10 out of them were positive in all three years, and 30 of them remained negative in all three years. The samples of two persons produced an inconclusive result during the three years.

A survey in Budapest among IDUs participating in substitution programme

In 2008 (between 22 July and 21 September), at two specialised outpatient treatment centres in Budapest (Nyíró Gyula Hospital Specialised Outpatient Treatment Centre and Prevention Centre; Hungarian Interchurch Aid Organisation, Addiction Centre - Soroksár), with the participation of MATRIX Public Benefit Foundation, 320 clients participating in substitution programme, who were injecting drug users at any point in their lives, were tested for hepatitis C virus (ST9_2009_HU_02). The laboratory tests were performed in the Szent László Hospital. 74 out of the 320 persons (23.1%) were anti-HCV positive (ST9P2_2009_HU_04).

In the sample there were 91 women (29%) and 229 (71%) men. More than half of the clients providing blood samples (173 persons, 54%) were in the age group between 25-34, 140 persons (44%) of the clients involved in the survey were above the age of 34, and the smallest group was formed by 7 persons (2%), who were below the age of 25.

Among women the rate of HCV infection measured during the survey was 31%, while among men the proportion of anti-HCV positive cases was 20% in respect of the total data. In this case too – similarly to the national survey – the highest rate of infection was observed among women above the age of 34 (50%). (ST9P2_2009_HU_04)

⁴⁴ See National Report 2007, chapter 6.2.

Table 17. Breakdown of HCV infection among ever IDUs screened in substitution programmes by gender and age groups

Age group		People tested for the presence of HCV antibodies		
		number	positive	
			number	%
< 25 years	Male	1	0	0
	Female	6	1	17
25-34 years	Male	128	21	16
	Female	45	10	22
> 34 years	Male	106	25	24
	Female	34	17	50
Total	Male	229	46	20
	Female	91	28	31
	Male + Female	320	74	23

Source: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre

In connection with the sample, data is also available on years since first injecting regarding the clients participating in the two substitution programmes during the survey. 45% of the persons providing samples (143) said that the first time when they had injected drugs was more than 10 years before. 129 persons (40%) said that they had injected drugs for the first time 5-10 years before. Persons who first injected drugs 2-5 years ago formed 14% of the sample (45 persons), and the proportion of persons who first injected drugs less than two years ago was 1% (3 persons). The highest rate of HCV infection – similarly to the national survey – was observed among persons who had injected drugs for the first time more than 10 years before. (ST9P2_2009_HU_04)

Table 18. Breakdown of HCV positive ever IDUs participating in substitution programmes by term of injecting drug use

Term of injecting drug use	People tested for the presence of HCV antibodies		
	number	positive	
		number	%
< 2 years	3	0	0%
2 - 5 years	45	5	11%
5 - 10 years	129	25	21%
>10 years	143	44	31%
Total	320	74	23%

Source: Nyíró Gyula Hospital Specialised Outpatient Treatment Centre

10 persons out of the clients screened (3%) appeared in the treatment system for the first time in their lives, among whom 3 persons were anti-HCV positive. 7% of the clients screened (23 persons) had been imprisoned in their lives, and 5 of them were infected by the hepatitis C virus. (ST9P2_2009_HU_04)

A survey in Budapest among IDUs

Between October 2005 and December 2006⁴⁵ a survey was carried out in Budapest among IDUs recruited from non-treatment settings on HIV/HCV infection⁴⁶ and related risk behaviours (Gyarmathy et al. 2008). 215 IDUs were recruited in the sample using a combination of street outreach and chain referral methods.⁴⁷ Individuals who self-reported injecting drugs in the past 30 days were eligible to participate. Self-report of drug use (heroin, cocaine, amphetamine) was verified by urine tests, and drug injection was verified by inspection of injecting marks on the skin.

After completing the interview, participants provided blood samples and were given counselling on drug use related infections.

Of the 215 injecting drug users in the sample, 186 persons (86.5%) provided blood samples, and as the result of one person was inconclusive for HCV, 185 participants were included in the analysis examining the correlates of laboratory-confirmed HCV infection. (ST9_2009_HU_03)

Among the examined persons no HIV positive person was revealed (ST9P2_2009_HU_05). 69 (37%) out of the 185 participants were positive for HCV antibodies (ST9P2_2009_HU_06). It is nearly the same as the prevalence measured in Budapest for 3 years in the course of the national survey (2006: 37%; 2007 36%; 2008: 36%), where IDUs were examined, who attend needle/syringe programmes or specialised outpatient treatment centres.

140 of the 185 participants providing blood samples were male (75.7%) and 45 of them (24.3%) were female (ST9P2_2009_HU_06).

Table 19. Breakdown of HCV infection among the examined IDUs by gender

Gender	Persons tested for the presence of HCV antibodies Number	negative for HCV antibodies		positive for HCV antibodies	
		number	%	number	%
Male	140	90	64.3	50	35.7
Female	45	26	57.8	19	42.2
Total	185	116	62.7	69	37.3

Source: Gyarmathy et al. 2008

The mean age of the sample was 28.3 years, the mean age among HCV negative participants was 27.1 years, while the mean age of HCV positive participants was significantly higher, 30.3 years.

Participants have been injecting for a mean of 7.6 years. Among HCV negative participants this term is shorter, it was a mean of 6.5 years, while among HCV positive participants a significantly longer term was measured, a mean of 9.4 years.

During the survey further socio-demographic data was also analysed: 22.7% of the participants (42 persons) were of Roma origin, 20.5% of the participants (38 persons) completed secondary school, and 13% of the participants (24 persons) were homeless. (ST9P3_2009_HU_02)

⁴⁵ The research study was not published before 2008, and this is why it is introduced only now.

⁴⁶ During the survey the presence of HIV antibodies and HCV antibodies was tested. The serological tests were performed in the Szent László Hospital.

⁴⁷ IDUs were recruited from areas where IDUs often congregate, from needle/syringe programmes and through referral by other IDUs. Participants were paid EUR 8 for participation and EUR 2 for bringing in other IDUs who were eligible to participate in the study.

Table 20. Breakdown of HCV infection among the examined IDUs by socio-demographic variables (N=185)

Socio-demographic variables	Persons tested for the presence of HCV antibodies number	negative for HCV antibodies		positive for HCV antibodies	
		number	%	number	%
Non-Roma origin	143	97	67.5	46	32.2
Roma origin	42	19	45.2	23	54.8
Not having secondary school education	147	85	57.8	62	42.2
Having secondary school education	38	31	81.6	7	18.4
Not homeless	161	104	64.6	57	35.4
Homeless	24	12	50	12	50

Source: Gyarmathy et al. 2008

In the course of analyzing the correlations, the following variables were significantly associated with testing positive for HCV: older age, Roma origin, not having at least secondary school education and longer time since first injecting.

*Infectious diseases in detention facilities*⁴⁸

The HCV screening campaign started in 2007 in detention facilities continued in 2008.⁴⁹ In 2008 a total number of 2,618 persons⁵⁰ participated in the screening, 77 tested positive for HCV antibodies, 54 of whom were HCV carriers at the same time.

Summarising the data of 2007 and 2008, in these two years a total number of 4,782 persons⁵¹ were screened in detention facilities. 176 persons (3.6%) tested positive for HCV antibodies, and 118 of them (2.5%) were HCV carriers at the same time. (For the treatment data see chapter 9.5).

The Hungarian National Focal Point joined the screening programme in June 2008 (HUNFP 2009a) and initiated that anonymous questionnaires be involved in the voluntary HCV screening programme and their results attached to the serological test results (on the basis of a serial number), in order to provide information on the possible history of drug use/injecting drug use of the imprisoned persons participating in the screening and on their risk behaviour related to the transmission of HCV, in respect of the period before imprisonment and the period spent in the detention facility (ST9_2009_HU_04). The Hungarian Prison Service Headquarters accepted the questionnaire based on the recommendations of the EMCDDA⁵² and prepared by the Hungarian National Focal Point, and granted permission to the use of the questionnaire in the detention facilities participating in the screening. First the questionnaire was tested in the scope of a pilot project at the Regional Detention Facility for Juvenile Delinquents in Szirmabesenyő. After this, before January 2009⁵³ the questionnaire was used in 6 further institutes⁵⁴ simultaneously with the

⁴⁸ On the basis of the report by the Hungarian Prison Service Headquarters and the National Centre for Epidemiology, and the survey carried out by the Hungarian National Focal Point.

⁴⁹ For an overview see National Report 2008, chapter 6.2.

⁵⁰ 17.8% of the average number of imprisoned persons in 2008 (14,702 persons).

⁵¹ In 2008 the average number of imprisoned persons was 14,702, therefore it can be said that 32.5% of the average number of imprisoned persons were tested for HCV antibodies during the period of 2 years.

⁵² Protocol for the implementation of the EMCDDA key indicator: Drug-related infectious diseases (DRID), draft version 6 October 2006, Project CT.04.P1.337

⁵³ The screening and the use of questionnaires continued in 2009, in the present National Report we analyse the data of questionnaires administered during the screenings performed between June 2008 and January 2009.

⁵⁴ Facilities participating in the screening: Szirmabesenyő - Regional Detention Facility for Juvenile Delinquents: 83 persons; Győr-Moson-Sopron County Detention Facility: 142 persons; Márianosztra Penitentiary and Prison:

screening⁵⁵. In 2008, 2,618 persons were tested for HCV, but the use of the questionnaires on risk behaviours only started in the middle of the year, therefore a total number of 1,166 imprisoned persons⁵⁶ filled in the questionnaire.

Table 21. *The average number of imprisoned persons in the detention facilities participating in the screening and the survey of risk behaviours, and the number of screened imprisoned persons*

Name of facility	Type (gender) of facility	Average number of imprisoned persons in 2008	Number of persons participating in the screening and filling in questionnaire	Participants in the screening and filling in questionnaire in percentage of the average number of imprisoned persons (%)
Szirmabesenyő - Regional Detention Facility for Juvenile Delinquents	male	133	83	62.4
Győr-Moson-Sopron County Detention Facility	mixed	172	142	82.6
Márianosztra Penitentiary and Prison	male	551	139	25.2
Sátoraljaújhely Penitentiary and Prison	male	380	147	38.7
Kalocsa Penitentiary and Prison	female	302	220	72.8
Szombathely National Detention Facility	mixed	569	300	52.7
Tiszalök National Detention Facility	male	618	135	21.8
All participating facilities		2,725	1,166	42.8
All facilities		14,702	1,166	7.9

Source: Hungarian Prison Service Headquarters

946 male and 220 female persons participated in the sample. 17.1% of the participants (199 persons) were below the age of 25, 33.9% (395 persons) were between the age of 24 and 34, while 42.8% of them (499 persons) were above the age of 34 (6.3% of the participants did not answer the question relating to their age). The average age was 34.4 years. Out of the 1,166 participants 402 persons (34.5%) reported on ever using drugs, and 148 (12.7%) of them had ever injected drugs.

Table 22. *Breakdown of lifetime prevalence rates relating to the drug use and injecting drug use of the imprisoned persons participating in the screening by age groups*

Age group	Total sample		Ever drug users		Ever injecting drug users	
	number	%	number	%	number	%
<25	199	17	105	52.8	37	18.6
between 25-34	395	33.8	172	43.5	71	18
>34	499	42.8	101	20.2	29	5.8
not known	73	6.26	24	32.9	11	15.1
Total	1,166	100	402	34.5	148	12.7

Source: HUNFP 2009a

139 persons, Sátoraljaújhely Penitentiary and Prison: 147 persons; Kalocsa Penitentiary and Prison: 220 persons; Szombathely National Detention Facility: 300 persons; Tiszalök National Detention Facility: 135 persons.

⁵⁵ The imprisoned persons participating in the screening filled in the questionnaire before the screening. The questionnaires and the serological results could be linked on the basis of serial numbers. The questionnaires were recorded anonymously using the method of self-administration.

⁵⁶ 8% of the average number of imprisoned persons in 2008 (14,702 persons).

In the entire sample there were 30 persons (2%) in the case of whom the serological tests indicated HCV positivity, 21 of them had already used drugs in their lives, and 17 persons had injected drugs. The proportion of HCV infection was the highest among imprisoned persons who had ever injected drugs. (ST9P2_2009_HU_07)

Table 23. Breakdown of hepatitis C infections (HCV antibodies) by the total sample, ever drug users and ever injecting drug users

Result of the test for HCV antibodies	Total sample		Ever drug users		Ever injecting drug users	
	number	%	number	%	number	%
HCV antibody positive	30	2.6	21	5.2	17	11.5
HCV antibody negative	1,136	97.4	381	94.8	131	88.5
Total	1,166	100	402	100	148	100

Source: HUNFP 2009a

When examining the age categories of ever injecting drug user imprisoned persons (148 persons) it can be determined that the highest proportion of HCV infection was observed among people above the age of 34: 24.1% (7 persons). In the case of people between the age of 25 and 34 this proportion was 9.9% (7 persons), and among people below the age of 25 it was 5.4% (2 persons). (ST9P2_2009_HU_07)

Table 24. Breakdown of HCV infection among ever IDUs by age group

Age group	Ever IDUs		
	number	positive number	%
<25	37	2	5.4
between 25-34	71	7	9.9
>34	29	7	24.1
not known	11	1	9
Total	148	17	11.5

Source: HUNFP 2009a

Among ever injecting drug user imprisoned persons the prevalence rates of injecting drug use in the period prior to imprisonment and in the period while staying at the facility were also measured. 39.8% (59 persons) of the 148 ever IDUs injected drugs for the last time within 1 month before imprisonment, 16.2% of them (24 persons) within 12 months before imprisonment, and 33.1% of them (49 persons) more than 12 months before imprisonment. 10.8% of the sub-sample (16 persons) injected a drug while staying at the facility.

All of the 17 HCV infected persons found among the imprisoned persons reporting injecting drug use injected drugs for the last time before imprisonment, 47.1% of them (8 persons) injected drugs within 1 month before imprisonment. There were no HCV infected persons among those who reported injecting drug use while staying at the facility.

Table 25. Breakdown of HCV positive and HCV negative ever IDU imprisoned persons by the time of last injection

Time of last injection	HCV antibody positive		HCV antibody negative		Persons tested for the presence of HCV antibodies	
	number	%	number	%	number	%
within 1 month prior to imprisonment	8	47.1	51	38.93	59	39.86
within 12 month prior to imprisonment	5	29.4	19	14.50	24	16.22
more than 12 months prior to imprisonment	4	23.5	45	34.35	49	33.11
inside prison	0	0	16	12.21	16	10.81
Total	17	100	131	100	148	100

Source: HUNFP 2009a

The imprisoned persons also answered a question relating to what type of drugs they had ever injected. Several drugs could be marked, there is no information relating to the primary substance. 102 persons mentioned amphetamine use, 13 of them (12.7%) were HCV infected. 65 persons reported on heroin use, the rate of infection among them was 10.8% (7 persons). Nearly the same number of imprisoned persons (60 persons) reported on injecting cocaine, and 5 of them (8.3%) were infected.

Table 26. Breakdown of injected drug type among IDU imprisoned persons by HCV infection (N=145)

Type of injected drug	Number of persons mentioning the given drug type*	HCV antibody positive persons among them	
		number	%
amphetamine	102	13	12.7
heroin	65	7	10.8
cocaine	60	5	8.3
ecstasy	54	6	11.1
methadone	26	3	11.5
other drugs	15	1	6.6

* Several drug types could be mentioned by the same person
Source: HUNFP 2009a

The blood samples of the persons participating in the HCV screening programme were also tested for HIV and HBV infection. As a result of this altogether 3,367⁵⁷ persons took part in HIV screening in 2008, and 2 infected persons (0.05%) were found among them. In 2008 the presence of the hepatitis B surface antigen was examined in blood samples drawn from 2,618⁵⁸ persons, and 70 positive cases (2.7%) were found. (For the treatment data, see chapter 9.5.)

Infectious diseases among drug-related deaths

In 2008, 23 injecting heroin users died in Budapest due to overdose (for further mortality data see: chapter 6.4). Among these cases the blood samples of 16 persons were suitable for performing serological tests. Out of the 16 cases HCV positivity was proved in 8 cases and HBsAg positivity was proved in 2 cases.

⁵⁷ 23% of the average number of imprisoned people in 2008 (14,702 persons).

⁵⁸ 17.8% of the average number of imprisoned people in 2008 (14,702 persons).

Tuberculosis and drug use

During the screening tests performed in 2008, 2 new persons infected with TB were found, who self-reported using drugs. Alcohol dependence and homelessness remained the most significant risk factors.

Table 27. Risk factors identified among new TB patients in 2008

Risk factor	Number of patients	% of patients
Alcohol dependent	270	16.8
Homeless	130	8.1
Contact person	57	3.5
Immigrant	16	1.0
Healthcare worker	23	1.4
With diabetes	58	3.6
Treated with steroids	18	1.1
Closed community ⁵⁹	32	2.0
Drug user	2	0.1
HIV infected	2	0.1
Prison	22	1.4
No risk factor	1,191	74.2
Incidence: Total	1,606	100

Source: National Korányi TB and Pulmonology Institute

At the detention facilities 9,301⁶⁰ imprisoned persons were screened for tuberculosis, and 21 new TB patients were found among them during the tests.⁶¹

Behavioural data

National survey

On the basis of the EMCDDA protocol⁶², in association with the HIV/HBV/HCV prevalence survey performed by the National Centre for Epidemiology (Dudás et. al 2009), for the first time in 2008 – in the scope of a pilot project – questions were asked regarding four variables to assess risk behaviours among IDUs. The questions regarded HIV/HCV testing uptake in the last 12 months, sharing needles/syringes within the last 4 weeks, or sharing any injecting equipment within the last 4 weeks. The answers were linked to the serological test results (for the serological results see: this chapter, above). (ST9P3_2009_HU_01)

On the basis of the processed data, in the previous year nearly half of the IDUs did not participate either in HIV screening (45.8%) or in HCV screening (46.1%). 17.3% (55 persons) of those who participated in HCV screening (318 persons) in the previous year said they were HCV infected, 65.7% said that the result of their screening test was negative, and although 17% of them participated in screening in the previous year, they could not tell what the result of their previous screening test was. (ST9P3_2009_HU_01)

⁵⁹ Social welfare home, hospice, children's home.

⁶⁰ 63.3% of the average number of imprisoned people in 2008.

⁶¹ On the basis of the Report of the Hungarian Prison Service Headquarters and the National Centre for Epidemiology.

⁶² Protocol for the implementation of the EMCDDA key indicator: Drug-related infectious diseases (DRID), draft version 6 October 2006, Project CT.04.P1.337

In the course of the laboratory tests HCV positivity was proved in the case of 49 out of the 55 persons who said that they were HCV infected, in five cases the result was negative, and in one case inconclusive result was obtained. 10 out of the 55 persons reported on sharing needles/syringes in the last 4 weeks, 15 persons shared needles/syringes or other injecting equipment despite the fact that they were aware of being HCV positive.

A total number of 209 drug users said that the result of their previous screening test was negative, among them in 25 cases a positive serological status was demonstrated, and in one case the result was inconclusive. 24 out of these 25 persons did not share needles/syringes, and 19 of them did not share needles/syringes or other injecting equipment.

Table 28. Breakdown of IDUs screened during the HCV prevalence survey performed in 2008 by HCV testing uptake in the last 12 months

HCV testing uptake in the last 12 months	Persons tested for the presence of HCV antibodies positive		
	number	number	%
	yes, the result was positive	55	49
yes, the result was negative	209	25	12
yes, not knowing test result	54	16	29.6
no HCV testing uptake in the last 12 months	272	43	15.8
Total	590	133	22.5

Source: National Centre for Epidemiology (Dudás et al. 2009), Hungarian National Focal Point

The question relating to sharing needles/syringes was not answered by 2.9% (17 persons) of the IDUs and the question on sharing needles/syringes or other injecting equipment was not answered by 2.4% (14 persons) of them. 14.6% of the respondents (84 persons) said that in the previous four weeks they had shared needles/syringes, and 24.6% of the respondents (142 persons) answered that they had shared needles/syringes or other injecting equipment in the previous month. 26.2% of the IDUs self-reporting sharing needles/syringes and 31% of the IDUs self-reporting sharing any sort of injecting equipment (44 persons) proved to be HCV positive. (ST9P3_2009_HU_01)

Table 29. Breakdown of IDUs sharing needles/syringes and sharing needles/syringes or other injecting equipment by HCV positivity

Sharing needles/syringes	IDUs tested for the presence of HCV antibodies positive			Sharing any injecting equipment	IDUs tested for the presence of HCV antibodies positive		
	number	number	%		number	number	%
	yes	84	22		26.2	yes	142
no	489	111	22.7	no	434	89	20.5
Total	573	133	23.2	Total	576	131	22.7

Source: National Centre for Epidemiology (Dudás et al. 2009), Hungarian National Focal Point

In the case of sharing needles/syringes the odds ratio of being infected was 1.22 (95% CI: 0.69-2.15), the odds ratio of being infected in the case of sharing any sort of injecting equipment was 1.78 (95% CI: 1.13-2.78). According to this, IDUs sharing needles/syringes had a 1.22 times higher chance of acquiring HCV than IDUs not sharing needles/syringes. As 1 is within the 95% confidence interval, there is no proof of that sharing needles/syringes increases the probability of acquiring HCV. Those, who shared any type of injecting

equipment had a 1.78 times higher chance of becoming infected than those who did not share any injecting equipment. As 1 is not within the 95% confidence interval, it can be stated that IDUs sharing equipment were exposed to a greater risk of becoming infected than those who did not share injecting equipment.⁶³

A survey in Budapest among IDUs

In the course of the survey carried out among IDUs recruited from non-treatment settings⁶⁴ (Gyarmathy et al. 2008) it was found that the majority of the infected persons were not aware of their own HCV positivity. 14.6% (27 persons) of the 185 persons participating both in the serological test and at the interview self-reported being HCV positive before the blood test, but the serological results indicated HCV positivity in the case of 69 persons (37.3%). 61% of these 69 persons (42 persons) were not aware of being HCV infected before the test.

93% (201 persons) of all respondents (215 persons) interviewed always used one-piece syringes⁶⁵ in the past 30 days. Among them 152 persons reported on not engaging in receptive syringe sharing, 26 persons engaged in receptive syringe sharing but always cleaned it before sharing, and 23 persons engaged in receptive syringe sharing and did not always clean it before sharing. The remaining 7% (14 persons) of the sample used a two-piece syringe⁶⁶ at least once.

Every fifth person, 20% of the sample, took part in distributive syringe sharing. A large proportion of the respondents (61%) shared other injecting equipment (cookers, filters), and 27% reported squirting drugs from one syringe into another syringe.

In the course of the analysis it was demonstrated that the use of any two-piece syringes was significantly associated with self-report of being HCV infected. However, it must be emphasised that distributive needle sharing was not associated with self-report of being HCV infected, that is IDUs who self-reported being HCV infected were just as likely to engage in distributive needle sharing as those who self-reported being negative.

During the survey the occurrence of further risk behaviours was also examined among the respondents, including variables like the number of injecting partners, tattooing⁶⁷, daily heroin injecting, amphetamine/ecstasy/cocaine injecting at least once a week, and taking breaks from injecting.

In univariate analysis daily heroin injecting and not taking breaks from injecting were significantly associated with self-report of HCV infection.

Among those who also participated in the serological testing (185 persons)⁶⁸ similar proportions were observed in respect of receptive/distributive syringe sharing. (ST9P3_2009_HU_02)

⁶³ In respect of the results it must be taken into consideration that the data was recorded on the basis of self-reporting, it can be presumed that the clients did not always self-report sharing needles/syringes, or they did engage in needle/syringe sharing or in sharing any other equipment but not within a period of four weeks preceding the screening test, which was the time interval determined in this questionnaire.

⁶⁴ For a detailed description and for other infection and socio-demographic data see: earlier on in this chapter.

⁶⁵ One-piece syringe = the needle and the syringe are not detachable.

⁶⁶ Two-piece syringe = the needle and the syringe are detachable.

⁶⁷ Broken down to any tattooing and tattooing before 2003.

⁶⁸ 86% (185 persons) of the entire sample (215 persons) participated in the serological test, among them the proportions and correlates of the individual risk behaviour were also analysed.

Table 30. Breakdown of risk behaviours among IDUs by status of HCV infection (N=185)

Risk behaviour among the examined persons	Persons tested for the presence of HCV antibodies		Negative		Positive	
	number	%	number	%	number	%
Using one-piece syringes and not engaging in receptive syringe sharing	131	70.8	88	67.2	43	32.8
Using one-piece syringes and engaging in receptive syringe sharing, but always cleaning before reusing	22	11.9	16	72.2	6	27.3
Using one-piece syringes and engaging in receptive syringe sharing, but not always cleaning before reusing	19	10.3	7	36.8	12	63.2
Using any two-piece syringes	13	7	5	38.5	8	61.5*
Not engaging in distributive syringe sharing	150	81.1	92	61.3	58	38.7
Engaging in distributive syringe sharing	35	18.9	24	68.6	11	31.4

* $p < 0.05$ significant difference
Source: Gyarmathy et al. 2008

In univariate analysis the combined variable of syringe type and syringe sharing was associated with testing positive for HCV. In multivariate analysis, engaging in receptive sharing of only one-piece syringes but always cleaning before reuse was not associated with HCV infection, while receptive sharing of only one-piece syringes and not always cleaning before reuse was significantly associated with testing positive for HCV. Therefore it can be stated that cleaning of one-piece syringes before reuse significantly reduces the risk of infection.

Although in multivariate analysis the use of two-piece syringes was not associated with HCV infection, it must be emphasised that the proportion of infected persons was more than 60% among those who used two-piece syringes at least once, and among those who engaged in receptive sharing of one-piece syringes and did not always clean them before reusing. As opposed to this, the proportion of HCV positivity was around 30% among those, who always used one-piece syringes and did not engaged in receptive sharing, and among those who always used one-piece syringes and cleaned them before reusing.

In the course of analysing other risk behaviours, only tattooing before 2003 was associated with laboratory-confirmed HCV infection. 47.6% of the screened persons (88 persons) were tattooed before 2003, among them the rate of infection was 45.5% (40 persons), while among those who did not have tattoos before 2003 (52.4%, 97 persons) the rate of infection was 29.9% (29 persons).

A survey in Budapest among problem drug users not receiving treatment

Information on the participation of problem drug users outside of treatment in screening programmes and on the characteristics of their risk behaviours is also available from another survey performed in Budapest, in the course of which above variables were examined among IDUs of Roma and non-Roma origin not receiving treatment (Márványkővi et al. 2008).⁶⁹ In the course of the survey no serological tests were performed. For further data, see: chapter 4.2. and chapter 8.1.

⁶⁹ For the methodology see chapter 4.2.

Risk behaviours in detention facilities

In the course of the survey (HUNFP 2009a) analysing drug use, and risk behaviours simultaneously with the screening programmes taking place in detention facilities⁷⁰, ever IDU imprisoned persons (148 persons) were also asked whether they had ever been engaged in sharing needles/syringes or sharing any sort of injecting equipment. 35.8% of the sample (53 persons) reported sharing needles/syringes at any point in their lives, and 11 of these persons (20.8%) were HCV positive. Nearly half of the sample, 72 persons (48.6%) reported sharing injecting equipment at any point in their lives, and 11 of these persons (15.3%) were HCV positive. (ST9P3_2009_HU_03)

Among persons engaged in ever sharing needles/syringes or any sort of injecting equipment the proportion of HCV infection was higher (20.8% and 15.3%) than among those who did not engage in sharing needles/syringes or any sort of injecting equipment (6.3%, and 7.9%).

Table 31. Breakdown of HCV positive and negative injecting drug user imprisoned persons by ever sharing needles/syringes and ever sharing any type of injecting equipment (N=148)

Result of HCV serological test	sharing needles/syringes				sharing injecting equipment			
	Yes		No		Yes		No	
	number	%	number	%	number	%	number	%
HCV positive	11	20.8	6	6.3	11	15.3	6	7.9
HCV negative	42	79.2	89	93.7	61	84.7	70	92.1
Total	53	100	95	100	72	100	76	100

Source: HUNFP 2009a

In the course of the survey all imprisoned persons participating in the survey (both injecting and not injecting drug users) were asked whether they had any tattoos and where⁷¹ they had received their last tattoos. 1,143 persons answered this question, 46.8% of them (535 persons) had tattoos that they had received prior to imprisonment. 232 persons, 20.3% of the sample had their last tattoos done while in prison, and 376 persons did not have any tattoos. 2% (11 persons) of those who had received their tattoos prior to imprisonment were HCV infected. Among those who had their last tattoos done inside the prison 8 persons (3.4%) were HCV infected.

Table 32. Breakdown of HCV positive injecting drug user imprisoned persons by tattooing prior to imprisonment or inside prison

Tattooing	Total sample		HCV positive persons	
	Number	%	number	%
yes, prior to imprisonment	535	46.8	11	2
yes, inside prison	232	20.3	8	3.4
no	376	32.9	11	2.9
Total	1,143	100.0	30	2.6

Source: HUNFP 2009a

⁷⁰ For the description and methodology of the survey see earlier on in this chapter.

⁷¹ Inside prison or prior to imprisonment

6.2. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

Driving accidents

In 2008, in the case of 75 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.

Out of the 75 samples, the Institute for Toxicology determined positivity in the case of 46 samples, and in the case of 19 of these samples the presence of a drug could be detected in the blood as well.

Table 33. *The presence of drugs in urinary samples deriving from road accidents by active substance content*

Active substance	Number of cases
THC	12
Amphetamine	4
Cocaine	1
Morphine (Heroin)	6
Amphetamine + THC	9
Morphine (Heroin) + THC	1
MDMA + THC	2
MDMA	4
Morphine + amphetamine + THC	1
Benzodiazepine + barbiturate	1
Benzodiazepines	5
Total	46
Demonstrated in the blood too	19

Source: National Institute for Toxicology

Pregnancies and children born to drug users

A further question was added to the annual data collection on substitution programmes performed by Nyírő Gyula Hospital Specialised Outpatient Treatment Centre regarding the number of pregnant women receiving substitution treatment in 2008. In 2008 183 women received substitution treatment, and 3 of them were pregnant.

Drug intoxications

Similarly to the previous year, in 2008 again the data generated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital of Municipality of Budapest⁷² is presented in connection with cases of drug intoxication.

⁷² On the problems of data collection see: National Report 2007 <http://drogfokuszpont.hu/?pid=96> (20.10.2009)
The data originating from the department is collected by the National Centre for Addictions in the scope of OSAP data collection. On the OSAP datasheet different substances are listed in the following categories: Opiate type substances are: opium, heroin, morphine, other opiates, synthetic narcotic analgesics, methadone, opiate without any separate designation; cocaine type substances are: cocaine (hydrochloride), cocaine base (crack), cocaine without any separate designation; cannabis type substances are: herbal cannabis, cannabis resin, 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.

As compared to the previous years a significant increase could be observed in the number of patients treated at the department: in 2008, 1,692 persons were treated for intoxication of illicit drugs or solvents/inhalants (in 2006: 670 persons, in 2007: 672 persons), and an increase could be observed in respect of all drugs. As compared to the previous year the number of patients treated because of heroin overdose increased by one and a half times (98 persons), and the rate of increase was higher among men. There were 30 cases of methadone overdose (10 males, 20 females), which is five times as much as last year. One-third of the cases of intoxication caused by opiate type drugs were due to an overdose of drugs without any separate designation, typically cough suppressants containing dextromethorphan, or the combined use of such drugs with alcohol, but cases of intoxication caused by GHB⁷³ are also included in this category.

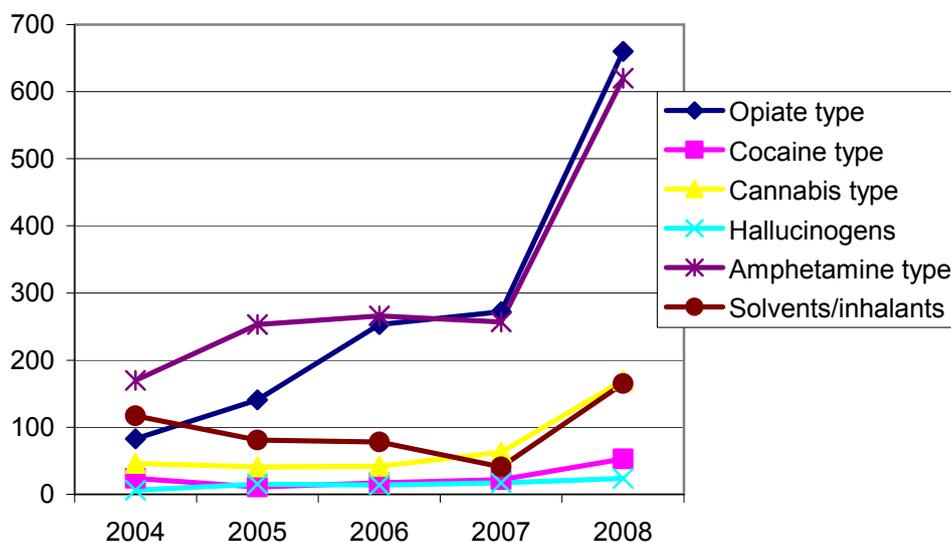
After opiates the second most frequently overdosed drugs were amphetamine type drugs. As compared to the previous year, in 2008 the number of cases of amphetamine overdose nearly doubled (in 2006 there were 58 cases, in 2008 there were 108 cases), and the number of cases of ecstasy overdose increased by more than three times (in 2007 there were 33, in 2008 there were 114 cases). Among amphetamine type drugs the proportion of cases without any separate designation is relatively high (64.6%). According to the information provided by the head physician of the department of toxicology, in many cases it was due to an overdose of different sexual enhancers or herbs of Chinese origin (containing ephedrine). Amphetamine type drugs are followed by cannabis type drugs, in the case of which significant increase can be observed, too (in 2007 there were 63 cases, in 2008 there were 170). A significant increase was observed in the number of non-fatal cases of overdose of solvents/inhalants⁷⁴, as compared to 2007 the number of such cases increased by four times (in 2007 there were 41 cases, in 2008 there were 165). The number of cases of cocaine overdose also doubled (in 2007 there were 22 cases, in 2008 there were 53 cases). The lowest rate of increase can be observed in respect of hallucinogen type drugs (in 2007 there were 17 cases, in 2008 there were 24).

The data collection does not make it possible to select cases occurring because of the misuse of drugs. In connection with cases of intoxication with opiate and amphetamine type drugs at an old age it is important to point out that presumably a significant number of such cases are due to drugs used on the basis of a doctor's indication, some of them are not even intended, but they are cases of accidental intoxication or overdose.

⁷³ GHB is not included in the OSAP datasheet.

⁷⁴ These cases include cases of intoxication with any volatile substance, not exclusively misused substances.

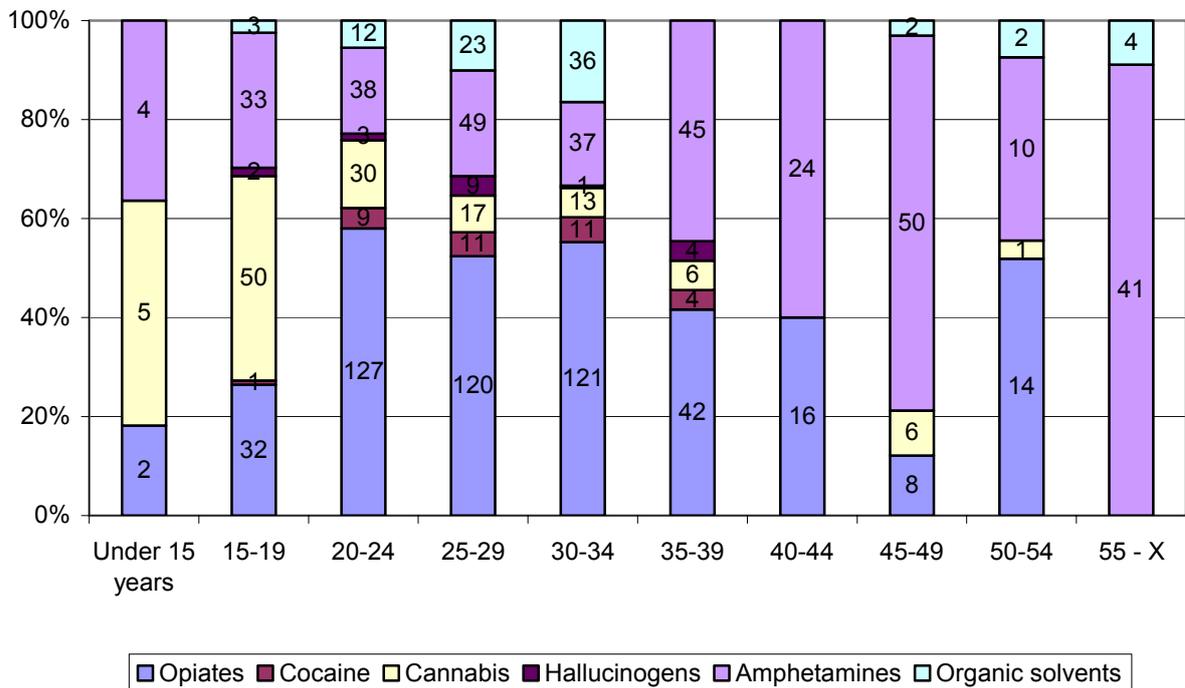
Figure 37. The number of patients treated for drug intoxication at the Clinical Toxicology Department of Péterfy Sándor Street Hospital between 2004-2008



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

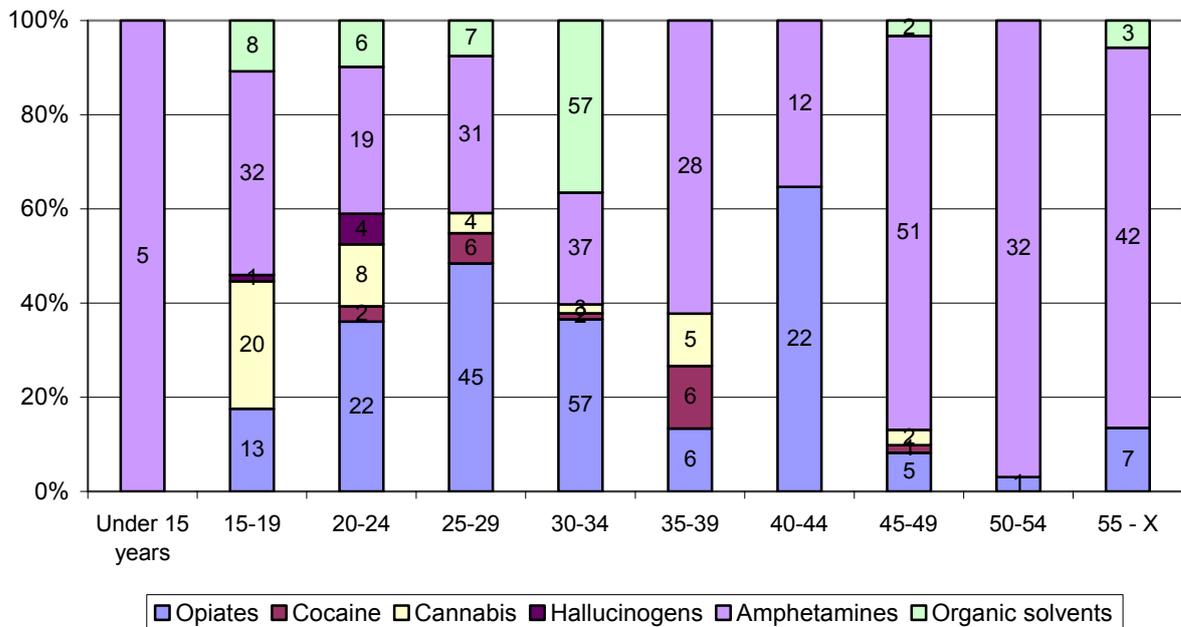
When examining distribution by age groups it can be stated that among men the number of cases of intoxication was similar in the age groups between the age of 20-24, 25-29 and 30-34 (219, 229, 219 cases). Among women the age group between 30-34 stands out, one-fourth of all cases occurred among them (156 cases), they are followed by the age group between 25-29 (93 cases), and then by the age group between 15-19 (74 cases). In the case of all drugs – except for methadone, cannabis resin and amphetamine type drugs without any separate designation – the number of cases occurring among men was higher.

Figure 38. Breakdown of drugs among men treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital for drug intoxication by age group (N=1078)



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

Figure 39. Breakdown of drugs among women treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital for drug intoxication by age group (N=614)



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

Experiences concerning overdose among IDUs

The Hungarian Baptist Aid conducted a survey (Miletics 2008)⁷⁵ among IDUs contacted by the Street Front outreach programme to study the experiences, knowledge and opinions relating to overdose and certain risk characteristics of drug use.

The majority of the respondents had used drugs for 8-15 years. According to the answers more than 50 persons had suffered an overdose of drugs, and more than 75 persons had participated in a case of overdose at least once in their lives, most of them several times. Several of them said that a fatal overdose had occurred within their circle of friends.

50 persons thought that in the case of overdose the solution is to inject a salty solution intravenously. Several of them mentioned that "cold water", "giving a bath", "beating" or "slapping the face" could also be useful. 30 persons said that in the cases of overdose the most evident solution was to call the ambulance. Most of these persons were aware of that they must make sure that the respiratory tract was not obstructed, the patient should lie on his/her side and resuscitation may also be necessary. 18 respondents did not know what should be done in such cases, and only 2 persons had precise knowledge: "I make sure that the respiratory tract is not obstructed, make him/her lie on his/her side and call the ambulance".

In the course of the survey a question was asked relating to the combined use of drugs as a risk behaviour. 34 persons said that they never use heroin together with other illicit or licit drugs. The remaining 66 persons said that they regularly combined heroin with licit sedative and hypnotic drugs or alcohol the most frequently. The combinations of heroin with speed, heroin with cocaine occurred in the answers, even supplemented with ecstasy and herbal cannabis.

70 out of the 100 persons answered the question relating to whether they would take part in training to extend their knowledge on overdose and avoiding overdose by saying that they would readily take part in such training.

6.3. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS

In 2008 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. The data were corrected by the National Institute of Forensic Medicine. Data was provided by Institutes of Forensic Medicine and by Departments of Forensic Medicine of Medical Universities. 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

National data

As compared to the previous years, in 2008 the number of drug-related deaths due to illicit drug use practically did not change (in 2006: 25 cases, in 2007: 25 cases) (ST5_2009_HU_03, ST5_2009_HU_04, ST6_2009_HU_01). In 2008 cases of overdose occurred nearly exclusively in connection with heroin use. Apart from Budapest cases of death were registered only in Szeged (3 cases) and Miskolc (4 cases). Two cases of death occurred in connection with methadone use, both of them were reported from Miskolc. In 2008 in Budapest direct overdoses were reported exclusively in connection with heroin use.

⁷⁵ 100 out of the 117 injecting drug user respondents gave answers that could be evaluated. Data collection took place between March and November 2008 using a short questionnaire prepared by the Aid Organisation.

Table 34. Number of direct drug-related deaths in 2008

	Male	Female	Total
Heroin	17	6	23
Methadone	1	1	2
Morphine	1	0	1
Other opiates	0	0	0
Hallucinogens	0	0	0
Amphetamines	0	0	0
Ecstasy (MDA, MDMA, MDE, MBDB, 4-MTA)	0	1	1
Cocaine	0	0	0
Illicit drugs total	19	8	27
Inhalants	6	3	9
Sedatives/ tranquilisers	72	87	159
Poly drug use	10	12	22
Total	107	110	217

Source: National Institute of Forensic Medicine

The mean age of men who died in Budapest due to heroin overdose was 29.7 years (the youngest one was 21, the oldest one was 42), while in the case of women the mean age was 30.8 years (the youngest one was 22, the oldest one was 43). In respect of deaths occurring due to heroin overdose the mean age is increasing continuously. In 2008 there was no case of heroin overdose when the victim was under 18.

In the case of those, who deceased in Budapest, it was possible to find out whether they had participated in any treatment service in the previous years. 8 out of the 20 persons who died due to heroin overdose in Budapest were registered in the TDI database, that is they attended a treatment unit between 2005 and 2008. In the case of 7 victims heroin was the primary substance at the time of entering treatment, and 4 of them were active IDUs.

When examining the age when the deceased people first started to use drugs it can be determined that patients treated for the use of heroin died due to an overdose 11 years after starting to use drugs for the first time on average.

Table 35. *Characteristics of the victims of heroin overdose who appeared in treatment between 2005 and 2008*

	gender	age	primary drug	start of treatment ⁷⁶	source of referral	previous treatment	age at first use of primary drug
1.	male	27	heroin	2007	self referred	had been treated before	17
2.	male	31	heroin	2006	self referred	not known	18
3.	male	22	heroin	2007	court/probation/ police	none	16
4.	female	33	heroin	2005	court/probation/ police	had been treated before	18
5.	male	23	heroin	2007	other drug treatment centre	none	16
6.	male	37	heroin	2008	court/probation/ police	had been treated before	24
7.	male	33	heroin	2005	family / friends	had been treated before	20
8.	male	26	cannabis	2005	social services	had been treated before	16

Source: OAC TDI data collection, SE

In 2008 the accumulated cases of drug-related death occurred in August aroused great attention. There were a total number of 9 death cases: 7 in Budapest, 2 in Miskolc. The first death occurred on 2 August 2008 and the last death occurred on 10 August 2008.

Table 36. *Characteristics of the cases of death occurring in Budapest in August*

	cause of death	influence of alcohol	Drug use	location of death
1.	heroin overdose	slight	7 years	district XIII
2.	heroin overdose	negative	no data	district III
3.	heroin overdose	slight	2 years	district III
4.	heroin overdose	negative	12 years	district XIII
5.	heroin + cocaine + amphetamine + methadone + tramadol + ketamine + carbamazepine	negative	no data	district XI
6.	heroin overdose	negative	no data	district X
7.	heroin overdose	slight	15 years of drug use, 5 years of injecting heroin	district XIII

Source: SE

After the examinations it could be determined that:

- the cases of death occurring in August were not any different from ordinary drug-related deaths in Budapest either from a demographical or toxicological aspect, accidental accumulation can be presumed;
- in 2008 the number of drug-related deaths was not significantly different from the data recorded in 2007 or 2006.

Death due to heroin is closely associated with the concentration of pure heroin, and probably this is what some of the accumulated cases of death can be attributed to.

⁷⁶ TDI data collection has been operating since 2005, it involves recording new cases occurring in treatment. No information is available on treatment events before 2005. For more detail on TDI data collection see chapter 5.

As compared to the proportion of post-mortem examinations the number of cases of overdose of sedatives/tranquilisers did not change compared to the previous years. In respect of deaths caused by inhalants an increase can be observed as compared to the previous year, but the number of cases occurring in 2008 remains below the number of cases observed in 2006 (in 2006: 11 cases, in 2007: 2 cases). 8 out of the 9 deaths due to inhalants reported in 2008 were reported from Debrecen, and 1 case was reported from Budapest. In 2008 there was no death caused by butane.

Among the deceased who died due to intoxication with sedatives/tranquilisers, 60% of the cases are represented by age groups below 50, while 40% of the deceased were above the age of 50. Cases of intoxication caused by licit drugs show an increasing tendency in line with the increasing of age. Both among men and women the highest number of deaths occurred in Budapest.

Indirect drug-related deaths

Indirect drug-related deaths involve cases that are not caused by direct overdose, but because of violent death, they are referred to an official post-mortem examination according to joint decree no. 34/1999 (IX.24) BM-EüM-IM of the Ministry of the Interior, the Ministry of Health and the Ministry of Justice. Cases of indirect drug-related death were reported only from Budapest.

Table 37. *Indirect drug-related deaths among violent death cases in Budapest*

	male	female	total
opiate	1	1	2
cocaine	1	0	1
cannabis	0	0	0
amphetamine	4	0	4
Total	6	1	7

Source: National Institute of Forensic Medicine

Opiate and amphetamine type substances could be detected partly in the case of violent deaths and partly in the case of traffic accidents.

In 2008, in respect of diseases having a natural cause, illicit drug was detected in the blood in two cases: the primary disease was coronary artery disorder and alteration of the artery valve.

Mortality and causes of deaths among drug users

No information available.

Conclusions

On the basis of the HIV screening of 300 IDUs in 2006, 567 IDUs in 2007 and 590 IDUs in 2008 it can be determined with high probability, that similarly to the previous years in the population of IDUs in Hungary the number of HIV positive cases is very low. Among IDUs at specialised outpatient treatment centres and needle/syringe programmes the HCV prevalence rate was 28.9% in 2006, 25.7% in 2007 and 22.6% in 2008. The difference between the prevalence rates measured in 2007 and 2008 is not significant at the level of $0.1 < p < 0.2$. If the difference of the rates measured in 2006 and 2008 is examined, the difference is significant at the level of $p < 0.001$. The significant decrease of the prevalence rate measured in 2008 as compared to 2006 is also due to the fact that an increasing

number of specialised outpatient treatment centres and needle/syringe programmes outside of Budapest supply samples for the survey, and in such samples the number of HCV infected drug users is significantly lower, which reduces the national prevalence rate.

In respect of Budapest further data is also available beside the data of the national prevalence survey relating to Budapest. Among ever IDUs participating in the two substitution programmes in Budapest, the HCV prevalence rate was 23.1%. In the course of a survey performed in 2006 no HIV positive cases were revealed among IDUs recruited from non-treatment settings, but HCV positivity among them was 37.3%.

In 2008 among the tested 2,618 imprisoned persons 77 persons (2.9%) were positive for HCV antibodies. In the case of 1,166 persons information was available regarding injecting drug use and risk behaviours, 148 inmates have ever injected drugs among whom the prevalence of HCV was 11.5%.

In the course of surveying risk behaviours it was found that 53.9%⁷⁷ of the participants in the national survey had HCV testing uptake and 54.2% had HIV testing uptake within the period of 12 months preceding the national screening. 14.6% of the IDUs self-reported sharing needles/syringes in the past four weeks, 24.6% said that they had shared needles/syringes or other injecting equipment in the past month.

In the course of the survey performed among IDUs recruited from non-treatment settings it was found that 61% of the infected persons were not aware of their HCV positive status. 23% of all respondents engaged in receptive needle/syringe sharing, and 20% of the sample also engaged in distributive sharing. 61% of the sample engaged in sharing injecting equipment. Among the 148 ever injecting drug user imprisoned persons 35.8% have ever shared needles/syringes and 48.6% have ever shared any kind of injecting equipment.

In Budapest a significant increase could be observed in the number of patients treated for drug intoxication as compared to the previous years. In 2008 again the highest number of such patients was treated in hospital due to an overdose of opiate type substances, and the number of intoxications caused by amphetamine type substances is not much lower. The highest rate of increase (by four times) could be observed in the number of intoxication cases caused by methadone, cannabis and inhalants.

No significant change took place in the number of direct drug-related deaths as compared to the previous years. 85% of the cases of death reported in 2008 were caused by heroin overdose. Outside of Budapest cases of death were registered only in Szeged (3 cases) and Miskolc (4 cases).

⁷⁷ In the course of the analysis it must be taken into consideration that certain drug users may have participated in the previous year's prevalence survey. 141 persons (24.9%) out of the 567 cases screened in 2007 were also reached during the screening performed in 2008.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Overview

In 2008 a data collection tool was created on the Internet – accessible from the website of the Hungarian National Focal Point – thus 2008 was the first year when service providers were able to supply turnover data relating to needle exchange using this site. The aims of the site: to simplify data supply, improve the quality and accuracy of data supply, make it easier to handle collected data, make the data available on previous years for individual organisations on their own user sites.

7.1 PREVENTION OF DRUG-RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS

In response to the 9 cases of death caused by heroin overdose in August 2008 (for further details see: chapter 6.3), the Coordination Committee on Drug Affairs, with the participation of experts and the ministries concerned, prepared and accepted a detailed package of proposals in the interest of preventing the occurrence of cases of overdose in the long term. Furthermore, in connection with the same cases, the Hungarian Civil Liberties Union (HCLU) organised a seminar entitled “Preventable Deaths”⁷⁸, where Hungarian and foreign experts were discussing questions and experience relating to the prevention of heroin overdoses. In the course of the lectures and the roundtable conversation the following topics were discussed: the circumstances of the deaths, methadone and suboxone programmes, providing drug users with naloxone and first-aid training sessions organised for drug users. The participants also discussed the possibilities and limits of introducing naloxone programmes in Hungary. Presently naloxone is accessible in each ambulance car, but according to the regulations it may only be administered by medical specialists, the preparation is not supported by the National Health Fund, and it is not accessible by drug users in a form suitable for use at home.

7.2 PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

Prevention

Needle/syringe programmes

In 2008 there were 18 service providers running needle/syringe programmes (NSPs), 4 of them are located in Budapest, and 14 of them are situated outside of Budapest. In 2008 new NSPs were launched in 3 towns – Salgótarján, Kaposvár and Orosháza – improving by this the needle/syringe programme coverage of the regions outside of Budapest.

⁷⁸ <http://drogriporter.hu/en/node/1124> (20.10.2009)

Map 3. Breakdown of NSP service providers in 2008

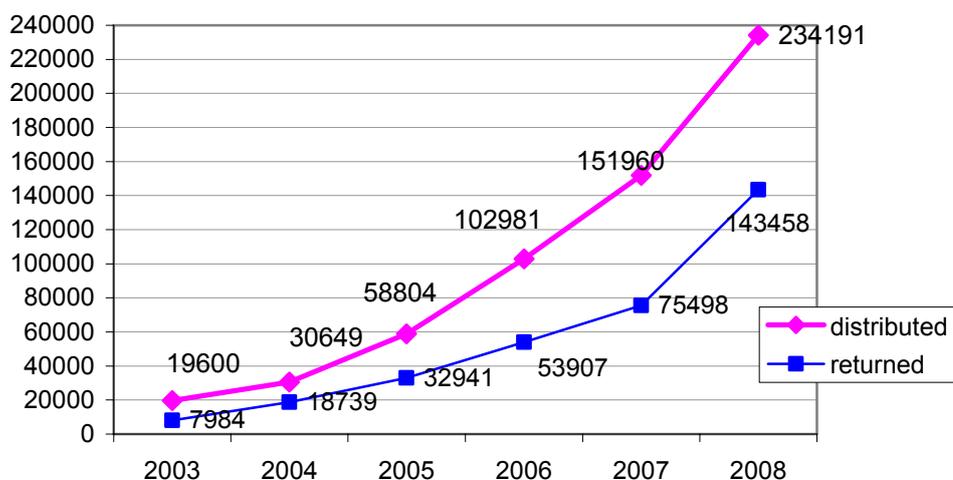


Source: Hungarian National Focal Point

In 2008 fixed NSPs were operated by 10 organisations as compared to the previous year's 9 organisations, 2 of them were situated in Budapest and 8 of them were situated outside of Budapest. As opposed to the previous year, in 2008 the South Hungary Harm Reduction Association of Szeged did not have a fixed NSP (they continued to operate their street outreach programme), but two new organisations outside of Budapest started their operation. One of them was the Specialised Outpatient Treatment Centre Foundation in Miskolc, which had only operated a syringe vending machine before, and the other one was the Micro-Regional Social and Child Welfare Service Centre in Salgótarján, which also started its fixed NSP in 2008. Furthermore two already operating organisations started new fixed NSPs in further cities (Orosháza – MI-ÉRTÜNK [For Us] Prevention and Aid Association; Kaposvár - INDIT Public Foundation –Tükör Somogy County Outpatient Treatment Centre and Kaposvár Day Treatment Unit for Addicts), so it can be concluded that in 2008 fixed NSPs operated in Budapest and in 9 other cities in the country.

In the scope of the 12 programmes the number of syringes distributed was 234,191, which indicates an increase of 54% as compared to the previous year. The number of returned syringes was 143,458, which also indicates a significant increase – by 90% – as compared to the previous year. The change is first of all due to the two organisations located in Budapest. In 2008 the Drug Prevention Foundation distributed 66% more syringes, and the number of returned syringes increased by 123%, as in this year – opposed to 2007 – the organization did not have financial problems. The Blue Point Foundation distributed nearly one and a half times more syringes in 2008 than in the previous year, and their clients returned 60% more syringes as compared to 2007. The increasing tendency is due to the increasing number of their clients and contacts. Furthermore in 2007 the organization had financial problems and it did not operate for a short period of time, which facts also contributed to the increasing tendency observed in 2008.

Figure 40. Number of syringes distributed and returned at fixed NSP between 2003-2008



Source: Hungarian National Focal Point

The client turnover of fixed NSPs increased, although not as significantly as in the previous years, in 2008 there was only a 5% increase (from 1,333 persons to 1,407 persons). The number of contacts also increased slightly, nearly in the same proportion as the number of clients.

Last year the number of syringes sold from syringe vending machines decreased by 11%, the number of returned+collected syringes was approximately the same in 2008 as in 2007. On the one part a decreasing tendency can be observed in the case of the syringe vending machine in Miskolc, which is probably due to that more people are using the services of the fixed location and the mobile programme. On the other part a lower number of syringes were sold from the syringe vending machine operated by Nyíró Gyula Hospital too as compared to 2007. It may be explained by that the fixed NSPs in Budapest distributed a significantly higher number of syringes in 2008. It can be presumed that in Budapest more people obtained sterile needles/syringes from sources other than syringe vending machines, i.e. from fixed NSPs or from other injecting drug users.

In 2008 mobile needle exchange service was provided only by 2 organisations, 1 in Budapest and 1 outside of Budapest, as compared to the 4 organisations in 2007. At the same time, in 2008 the number of distributed and returned+collected syringes increased by 16%. The Hungarian Baptist Aid in Budapest distributed and collected over 2,000 more syringes. Although their number of contacts decreased, their number of clients increased by 34 persons in 2008. The mobile programme of the Specialised Outpatient Treatment Centre Foundation in Miskolc was also launched in 2008, and beside Miskolc it provides needle exchange service in other towns in the region too (Ózd, Tiszaújváros).

The number of street outreach programmes facilitating the discovery of hidden IDUs and making needle/syringe exchange available to them increased to 11 in 2008 (in Budapest there are 4 programmes, and outside of Budapest there are 7 programmes). From 2008 the Hungarian Baptist Aid operates 2 street outreach programmes, one in Pest and one in Buda (before that they only had one programme to cover the entire area of Budapest), which was necessary because of their continuously increasing number of clients. Furthermore, beside Békéscsaba, from 2008 MI-ÉRTÜNK [For Us] Prevention and Aid Association also launched its street outreach programme in Orosháza.

At national level a total number of 19,993 syringes were distributed in the scope of street outreach programmes, which, after last year's decreasing tendency, resulted in an increase

again. The proportion of returned+collected syringes also increased at the same rate. The increase is partly due to the Hungarian Baptist Aid, as from 2008 they operate two programmes, and on the other part it is due to the South Hungary Harm Reduction Association of Szeged, which distributed nearly 3,000 syringes more and collected over 2,000 more used syringes.

The number of clients of street outreach programmes continued to decrease, there was a 32% decrease, but it is partly due to the fact that numerous clients of Blue Point Foundation also participate in the fixed NSP, thus they are registered there. The number of contacts decreased by 63% in 2008, which can be attributed mainly to the data of the Hungarian Baptist Aid, where the previous year's very high number of contacts decreased because of the rearrangement of capacities and the lack of volunteers.

Table 38. *Syringe and client turnover data of needle/syringe programmes between 2004-2008*

	Fixed location	Mobile syringe exchange	Street outreach	Syringe vending machines	Total
2004					
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
2005					
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
2006					
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
2007					
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
2008					
distributed	234,191	19,567	19,993	24,347	298,098
returned (+collected)	143,458	19,148	12,889	1174	176,669
exchange rate	61.3%	97.9%	64.5%	4.8%	59.3%
number of clients	1407	170	367	-	1944
number of contacts	15,349	1641	3786	-	20,776

Source: Hungarian National Focal Point

In 2008 the service providers distributed a total number of 298,098 syringes, and the number of returned+collected syringes was 176,669. (It also includes the number of syringes sold from the syringe vending machines and the number of syringes disposed in the special waste containers placed near the vending machines). In 2008 the exchange rate was 59%.

On the basis of the data it can be determined that in respect of both returned+collected and distributed syringes the increasing tendency continued. In 2008, as compared to 2007, 40% more syringes were distributed by the service providers, and the number of returned and collected syringes shows an increase of nearly 70%. This increasing tendency is first of all due to the significant increase in the number of syringes distributed/collected by fixed NSPs. At the same time, as opposed to the above tendency, both the number of clients and the number of contacts decreased. It is possible that many clients take/return more syringes on one occasion, and that the proportion of secondary needle exchange has increased, which means that there is an increasing number of clients, who also take syringes for their peers and not only for their own use.

It is also supported by the data that the number of distributed syringes per capita increased to 141 (in 2007: 92), and the number of syringes per contact increased to 13 (in 2007: 7). The same tendency can be observed in the case of returned/collected syringes: on 2008 the number of returned+collected syringes per capita was 90 (in 2007: 52), while the number of returned+collected syringes per contact was 8 (in 2007: 4).

The survey of the use of different types of needle exchange services was also a part of a research study carried out in 2008 (Márványkövi et al. 2008)⁷⁹, in which the examined population included Roma and non-Roma IDUs from non-treatment settings. For the data see chapter 4.2.

In 2008 a study (Csák 2009) assessed the patterns of drug use among the clients participating in Hungary's largest needle/syringe programme⁸⁰. For more details see chapter 12.1

Vaccination

In 2008 the Drug Prevention Foundation, after the national screening program (see chapter 6.1) offered to its clients participating in their needle/syringe programme the possibility of being vaccinated against the hepatitis B virus free of charge. The foundation obtained the vaccinations in cooperation with the Budapest Institute of the National Public Health and Medical Officer Service (ÁNTSZ), and they were made available for clients at the location of the NSP. 24 clients requested the vaccination. (17 persons turned up to receive the second dose and 7 persons turned up to receive the third dose of the vaccination. Those who were born after 1985 had all been vaccinated at the age of 14.)

Counselling, testing

The 590 IDUs providing samples during the HIV/HBV/HCV national screening programme⁸¹ organised by the National Centre for Epidemiology between 15 October and 31 December in 2008 were informed about their test results by the staff of the 18 participating specialised outpatient treatment centres and needle/syringe programmes. 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 further medical care.

In 2008, with the participation of MATRIX Public Benefit Foundation, 320 persons were tested for hepatitis C virus in two substitution programmes in Budapest (for the screening results see chapter 6.1). After the screening the clients found positive attended a lecture to

⁷⁹ For the methodology and for details of the study see chapter 4.2.

⁸⁰ Needle/syringe programme by Blue Point Drug Counselling Outpatient Centre.

⁸¹ For the results of the survey performed in 2008 see chapter 6.1.

obtain information on treatment, and those who met the necessary requirements could start antiviral treatment.

In order to diagnose HIV infections as soon as possible, the National Medical Officer Office operates 17 anonymous HIV/AIDS counselling services to ensure the availability of HIV/AIDS testing based on voluntary participation, free of charge.

During the period of the largest Hungarian music festival (Sziget festival), the Ministry of Health⁸² provided anonymous HIV screening and HIV/AIDS counselling for the participants on the site, with the help of a rapid test indicating the result within half an hour.

The screening was performed by experienced employees of the National Centre for Epidemiology (OEK) (3 doctors and 3 assistants) at the location of the festival. Before testing and on handing over the results the specialists provided counselling. Clients could wait for the result of the test on the site, and while they were waiting they were asked to fill in a questionnaire on risk behaviours prepared by the Hungarian National Focal Point. The employees of the National Centre for Epidemiology worked in close cooperation with the Foundation for Patients with Liver Disease and with the experts of the ministry.

For the first time this year, with the cooperation of the Foundation for Patients with Liver Disease visitors could take part in HCV screening and counselling as well, the blood samples were tested in Szent László Hospital, and on the following day the participants were informed about their results on the basis of serial numbers.

In the tent of the organisations, besides drawing blood from the fingertip and counselling, leaflets on infections could also be obtained. In 3 days a total number of 231 persons took part in the free screening and counselling, and 213 of them filled in the questionnaire on risk behaviours.

At the request and with the support of the Ministry of Health, the National Institute for Health Development was present at Sziget Festival with a prevention programme for young people. Participation, the harmonisation of the programmes and realisation took place in cooperation with several institutes working in the same field. The programmes also included drug prevention and HIV/AIDS prevention. In the scope of the programmes organised for young people the National Institute for Health Development provided personal counselling in 400 cases.

The National Institute for Health Development (OEFI) organised an expert meeting concerning health promotion at school focusing on sexual education. In the past year the National Institute for Health Development reviewed the accredited training courses covering health promotion at school. A list was prepared including programmes, which, after evaluating their professional content and efficiency, the specialists found suitable for the recommendations of the present days (for schools, teachers and students) and suitable for helping school work in this field. These programmes have been made available for institutes of education in printed and electronic form.

Furthermore, by initiating the installation and operation of condom vending machines at schools showing interest, the institute intended to promote the practice of safe sexual behaviour matching young people's level of knowledge and needs. The methods they used included visiting schools, conducting school satisfaction questionnaires, surveying students' level of knowledge and needs using questionnaires, following directed conversations with pedagogues participating in health promotion, and installing condom vending machines.

On the occasion of the World AIDS Day the National Centre for Epidemiology organised an information day and free testing lasting all day for people interested.

Furthermore, on the World Day a whole-day programme was organised entitled "Protect Yourself" – supported by the Ministry of Health – on one of the central squares and in a cultural centre of Budapest, where many NGOs were represented. The programme included:

⁸² On the basis of the report by the Ministry of Health.

lectures for young adults, personal counselling, introduction of NGOs, free and anonymous HIV screening.

Also on the occasion of the World AIDS Day, the Sexual Education Foundation prepared a World AIDS Day Newsletter and Poster to provide information for schoolchildren, which they sent to all institutes of public education.

The National Centre for Epidemiology prepared posters and new, colourful, comprehensible information leaflets on HIV infection and AIDS disease in relation to the screening programme and counselling organised at Sziget Festival in 2008. Afterwards the publication was made available at several forums and events, and it was also distributed among NSPs together with an HCV leaflet published earlier.

The Ministry of Health supported the activity of 5 NGOs⁸³ carrying out prevention activity among communities undertaking a high risk of HIV infection, in the scope of the project entitled "HIV/AIDS Prevention with Civil Organisations" coordinated by the National Institute for Health Development.

Treatment

The Unified Szent István and Szent László Hospital and Outpatient Clinic of the Budapest Municipality organised an accredited training course for 150 GPs and specialists in internal medicine entitled "HIV Infection in Everyday Medical Practice". The participants attending the accredited further training course supported by the Ministry of Health were provided with the protocol of HIV treatment and the material of the lectures on CD.

7.3. INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES AND CONSEQUENCES

Prevention of road accidents related to drug use

In 2008 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 3 days in December, it lasted for 8 hours every day and covered the whole territory of the country. In June each one of the 2,488 tests was negative for substances indicating drug use using urinary samples during preliminary screening (rapid tests), while in December one of the 1,462 tests was positive.

Interventions concerning drug-using pregnant women and their children

The Sober Babies self-help group of drug user parents established in 2006 is an informal, anonymous community. Since its foundation the group has been seated at the premises of the low-threshold service of the Centre for Defence of Human Rights - Hungary (MEJOK), and in 2008 the service was officially given the name "Sober Babies Club low-threshold service".

Within the Sober Babies Club low-threshold service professional services can be reached such as social work, legal aid and specialist consulting (concerning addiction treatment, psychiatry and child psychiatry), personal and telephone duty service for drug user parents as a self-help service, and helpers and self-helpers together operate outreach programmes and collect funds. Both professional and non-professional helpers participate in the operation of the low-threshold service, in general about 35-40 persons at the same time.

⁸³ The organisations were the following: Anonymous AIDS Counselling Service; Pluss, Hungarian Association Supporting HIV Positive Persons; Interest Representation Organisations for Prostitutes in Hungary; Background Association for the Gay Public Benefit Organisation; Sexual Education Foundation.

In some cases it happens that other NGOs refer clients to this organisation, so – as a network – other organisations also deal with providing care for drug user pregnant women. Obviously, as the available forms of treatment are used directly too, here cooperation takes place in respect of cases relating to organising treatment, collecting funds, providing legal aid.

In 2008 the Sober Babies Club was contacted on 7,318 occasions. In about 3% of the cases (220 occasions) the pregnant condition of drug user women could be identified. In nearly all cases requesting advice or help in connection with the treatment system was issued. It may also mean that earlier the drug user pregnant woman did not take part in prenatal care at all, or that she did start participation in prenatal care, but she could not or did not want to mention her drug use. Furthermore requesting legal information was also characteristic. The organisation was also contacted in connection with applying for financial provisions due after children, and in connection with applying for administrative representation.

Since autumn 2008 rapid pregnancy tests and condoms are also available free of charge at the Sober Babies Club low-threshold service.

In 2008 the Centre for Defence of Human Rights - Hungary (MEJOK) issued an information leaflet entitled “Pocket Guide” on pregnancy, giving birth, breastfeeding and drug use. The book contains a summary of information concerning legal regulations on motherhood and pregnancy, prenatal care, the effect of drugs during pregnancy and breastfeeding, and on the self-help group of drug user mothers. In May 2008 copies of the book were distributed at a public place of entertainment in the presence of the authors on three occasions, and it was also made available at further events and conferences. Among institutes and services the book was distributed mainly through the district nurse network and the network of low-threshold service providers.

The Sober Babies Association social organisation was founded in January 2008. The aim of the association is to offer a point of contact for people concerned, typically for district nurses, social workers, physicians who are interested in but are not affected by this issue, so they could not participate in the self-help community. The aim of the association is to facilitate dialogue and cooperation between professionals and non-professionals and certain professional fields.

In the scope of this, in the field of interventions concerning drug user pregnant women and their children, for the first time in 2008 a conference was organised by the Centre for Defence of Human Rights - Hungary and the Gynaecology and Obstetrics Clinics No.1 of the Semmelweis University, where all special fields dealing with the affected persons (healthcare, social, addiction/drug treatment) were represented to improve treatment/care and to make inter-professional cooperation more efficient in this field.

For the first time in 2008 a 40-hour training course was held for district nurses in district XIII of Budapest regarding basic knowledge on the drug problem. The training was organised by the Coordination Forum on Drug Affairs (KEF) of that district, and it was held by experts of Nyíró Gyula Hospital Specialised Outpatient Treatment Unit and Compass Youth Information and Counselling Office.

Conclusions

In 2008 the coverage of needle exchange services outside of Budapest improved. On examining the summarised data it can be seen that both the number of distributed and returned syringes significantly increased, and the number of syringes per capita also increased. The increasing tendency is mainly due to the 2008 data of fixed NSPs.

In the field of interventions affecting drug using pregnant women and their children, in 2008 a wide professional meeting of different special fields dealing with the affected persons was realised to make inter-professional cooperation more efficient.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. SOCIAL EXCLUSION AND DRUG USE

Similarly to previous years the social exclusion of drug users is described using the information available on clients demanding treatment and visiting and using the treatment-care system (based on the TDI database⁸⁴), and with the help of survey results.

In 2008 three surveys were carried out in Hungary dealing with the issue of social exclusion (too). In Budapest the survey carried out among Roma and non-Roma IDUs outside of treatment (Márványkövi et al. 2008) also examined the social circumstances of the respondents⁸⁵. Domokos and Ruff (2008) examined the social exclusion of young drug users on the basis of EU indicators. Busa and collaborators (Busa et al. 2008) examined the attitudes of inhabitants of Pécs towards drug users, alcoholics and currently abstinent addicted persons, and also the factors influencing the opinions. The results of the survey were then compared to the results of the survey carried out among the clients of specialised outpatient treatment centres and organisations dealing with addicts.

Housing

In respect of the TDI data relating to housing circumstances (“Where do you live now?”) a shift can be observed as compared to the previous year.

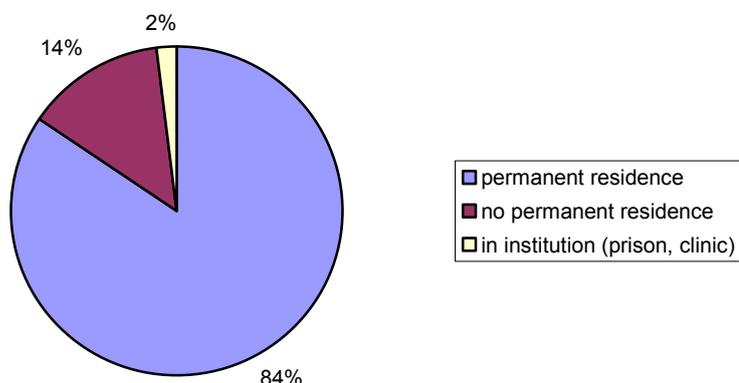
84.5% of the clients registered in the database had a permanent place of residence, 1.8% of them lived in institutes and 13.5% of them did not have a permanent place of residence at the time of filling in the questionnaire.⁸⁶ As compared to 2007 a change can be observed in the proportion of clients with or without a permanent place of residence: in 2007 10% of the respondents did not have a permanent place of residence. In 2007, in respect of housing circumstances the sample showed the same proportions as in 2006.

⁸⁴ In 2008 the data of 1,032 clients entering treatment for reasons other than diversion was reported in the TDI database by service providers (for a more detailed description of the characteristics of the patients receiving treatment see chapter 5.3.). The interpretation of the trends described is restricted by the decrease observed in the number of new clients in recent years (in 2006: 1,472 persons, in 2007: 1,185 persons).

⁸⁵ For the methodology see chapter 4.2.

⁸⁶ In 31 out of the 1,032 cases the housing circumstances are not known.

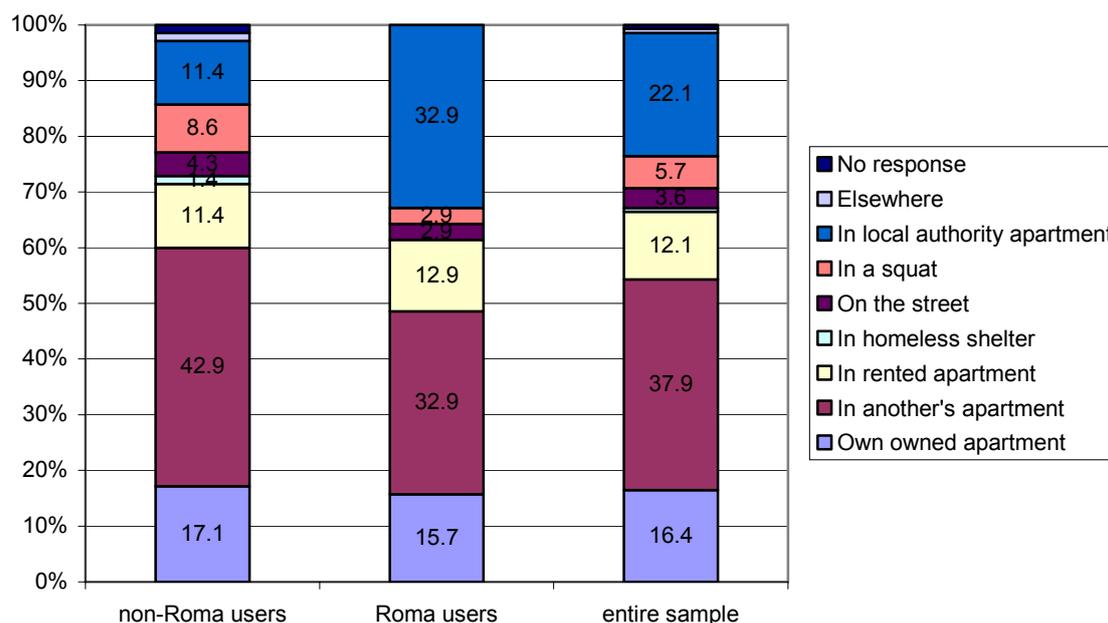
Figure 41. *Living conditions (where) of clients in treatment in 2008*



Source: OAC 2009

In the course of the survey (Márványkövi et al. 2008) carried out among Roma and non-Roma IDUs outside of treatment, housing circumstances were examined in detail. According to the results of the survey it was more common among non-Roma users to live in somebody else's house (42.9%) than among Roma users (32.9%), at the same time a much higher proportion of Roma users lived in a flat provided and owned by the local authority (33%) than non-Roma users (11.4%). The proportion of non-Roma (17.1%) and Roma (15.7%) users living in their own flat was nearly the same, similarly to the proportion of non-Roma and Roma users living in lodgings (non-Roma: 11.4%, Roma: 12.9%). In the two sub-samples nearly nobody lived in a shelter for the homeless, and only 3.6% of them lived in the street. In respect of the latter group practically there is no difference between the Roma and the non-Roma. Only 5.7% of the entire sample, mainly non-Roma users (8.6%), were engaged in squatting.

Figure 42. Housing conditions among Roma and non-Roma IDUs outside of treatment (%)



Source: Márványkővi et al. 2008

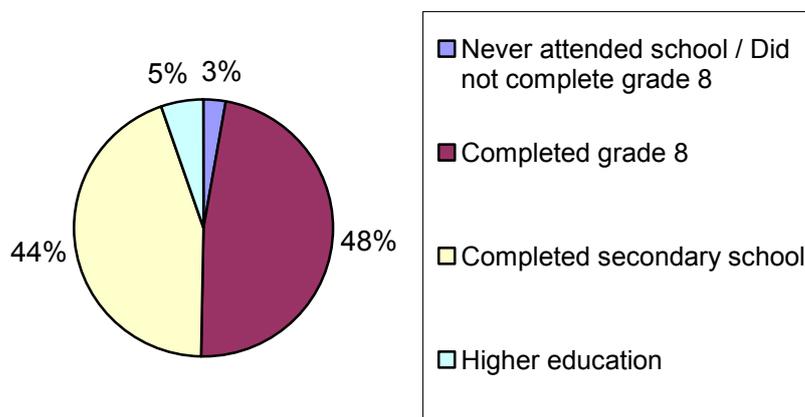
Education, training

On the basis of TDI data⁸⁷, in the case of 47.5% of treated patients (456 patients) the highest school qualifications were elementary school qualifications, 2.8% never attended school or did not complete 8 years of elementary school.

44.3% (426 persons) completed secondary school. 5.4% (52 persons) attended an institute of higher education. In the sample a shift can be observed from completed secondary school studies towards elementary school qualifications. In 2006, in the case of 44% of the sample the highest school qualifications were elementary school qualifications, in 2007 this proportion was 42.8%. In respect of completed secondary school studies the proportion was 47% in 2006 and 49.4% in 2007.

⁸⁷ In 59 out of the 1,032 cases school qualifications are not known.

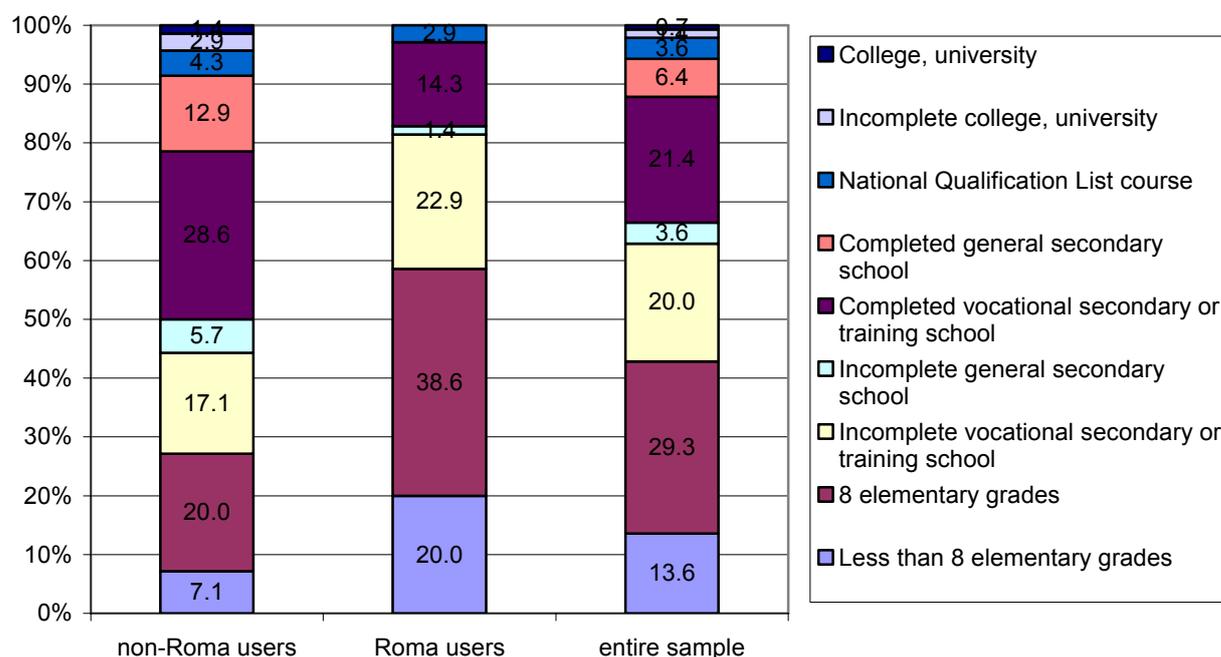
Figure 43. Completed school qualifications among patients in treatment in 2008



Source: OAC 2009

Among Roma and non-Roma IDUs the data (Márványkövi et al. 2008) indicated that the Roma are in a significantly more unfavourable situation in respect of school qualifications. 20% of them completed less than 8 years of elementary school studies, while in the case of 38.6% of them the highest school qualifications are 8 years of elementary school, as opposed to the 7.1% and 20% proportions observed among the non-Roma users. Not completing vocational secondary school or vocational training school studies is also more characteristic among the Roma (Roma: 23%, non-Roma: 17.1%). The more favourable situation of non-Roma users is also indicated by that 28.6% of them completed their vocational secondary school or vocational training school studies, and 13% of them completed general secondary school. As opposed to this, among the Roma these proportions are significantly lower: in the case of 14.3% of them the highest school qualifications were vocational secondary school or vocational training school qualifications, while in the sample there were no Roma users at all who completed general secondary school. The differences are significant.

Figure 44. School qualifications of Roma and non-Roma IDUs outside of treatment (%)



Source: Márványkövi et al. 2008

Labour status

According to the TDI data, 30% of the patients entering treatment (296 persons) had a permanent job in 2008.⁸⁸ It means that the proportion of permanently employed patients dropped back to the level of 2006. In 2006 this proportion was 30.1% (422 persons), while in 2007 it was 38.4% (441 persons). In the sample the proportion of unemployed patients is 36.6% (362 persons). While in 2007 the proportion of unemployed patients in the sample practically did not change as compared to 2006, in 2008 and increase by 10 percentage points can be observed.

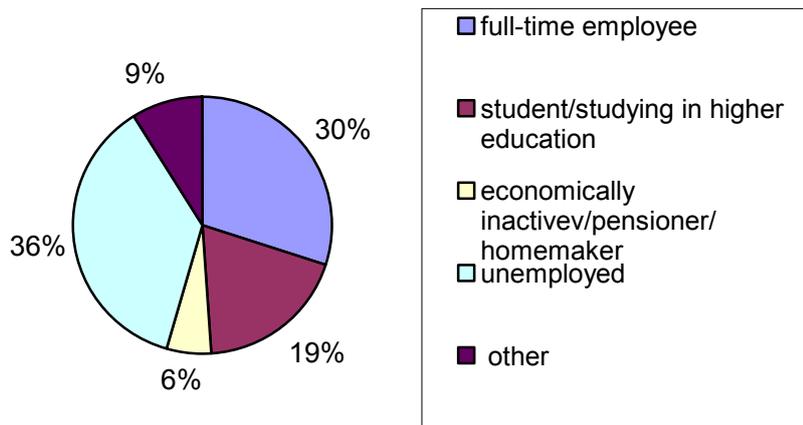
On the basis of the data of the Hungarian Central Statistical Office (KSH), in 2008 employment processes were unfavourable as compared to 2007. In 2008 the proportion of employment decreased by 1.2%, and the proportion of unemployment increased by 5.5%. The unemployment rate increased from the previous year's 7.5% to 7.9%.⁸⁹ Among young people between the age of 15–24 both the unemployment rate and the proportion of employment came to 20.4%, the former value – similarly to the entire population – increased, while the latter value decreased in the past year⁹⁰. Presumably, the 10% increase of the proportion of unemployment within the sample is also due to these factors (among other factors).

⁸⁸ In 32 out of the 1,032 cases the employment status is not known.

⁸⁹ Reported by the Hungarian Central Statistical Office (KSH), 2008/12 Summary, Date of publication: 3 March 2009, Serial number: 38

⁹⁰ Reported by the Hungarian Central Statistical Office (KSH), 2008/11 Summary, Date of publication: 29 January 2009, Serial number: 15

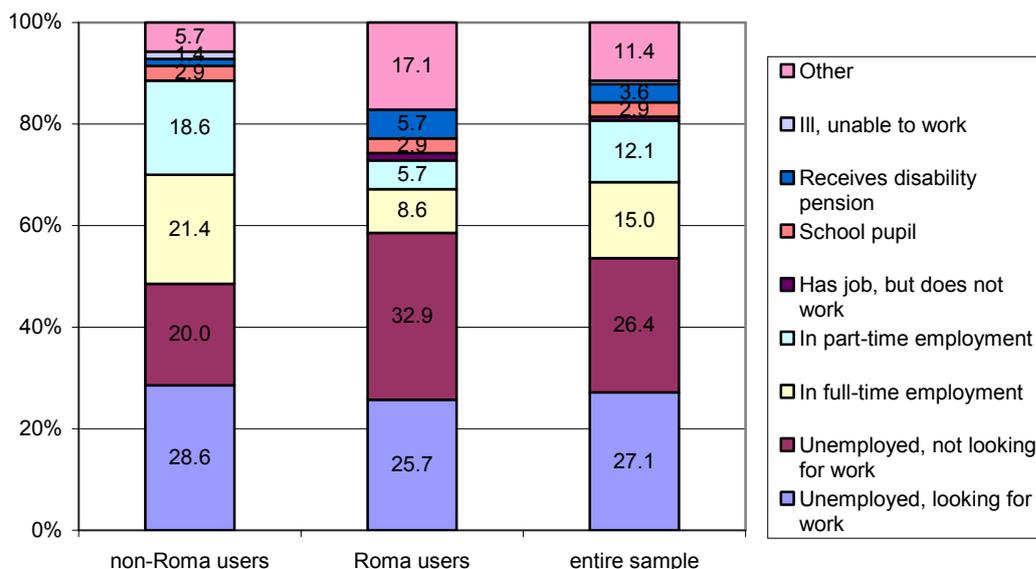
Figure 45. Labour status among patients in treatment in 2008



Source: OAC 2009

In the case of Roma and non-Roma IDUs outside of treatment (Márványkövi et al. 2008) a significant difference was revealed in respect of employment status: the indicators of the Roma were more unfavourable in this case, too. Although there was no significant difference between the Roma and non-Roma in the proportion of unemployed persons looking for employment (Roma: 25.7%, non-Roma: 28.6%), nearly one-third of Roma users (32.9%) were unemployed persons not looking for employment, while this proportion in the case of non-Roma users was only 20%. Among non-Roma users the proportion of those who worked full-time was significantly higher (21.4%), similarly to the proportion of part-time employees (18.6%), than among Roma users (full-time employees: 8.6%, part-time employees: 5.7%). 5.7% of Roma users and only 1.4% of non-Roma users said that they were living on disability pension. The differences, with the exception of the unemployment status, are significant.

Figure 46. Labour status among Roma and non-Roma IDUs outside of treatment (%)

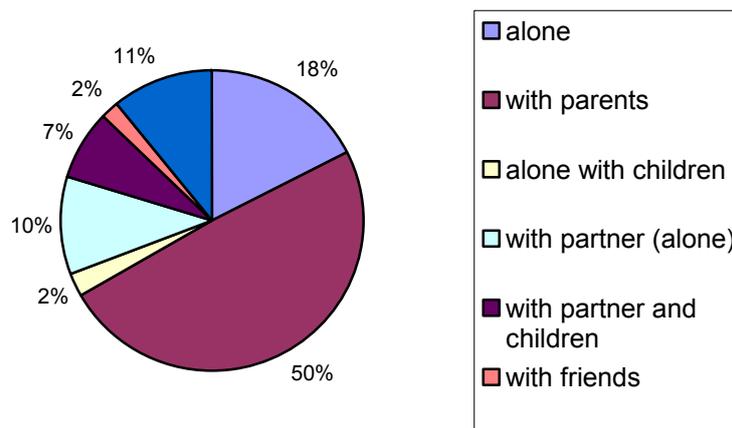


Source: Márványkövi et al. 2008

Social network

On the basis of the TDI data, in 2008 49.2% of patients in treatment (488 persons) lived with their parents.⁹¹ The mean age of the respondents was 28.6 years. The proportion of people living alone was 17.6%, the proportion of people living with a partner was 10.5%, the proportion of people living with a partner and children was 7.5%, and the proportion of people classed in the "other" category was 10.1%. The proportion of people living alone with children or living with friends was very low within the sample. The former proportion was 2.3%, while the latter one was 2%.

Figure 47. *Living condition (with whom) of clients in treatment*



Source: OAC 2009

In the course of the survey (Márványkövi et al. 2008) carried out among Roma and non-Roma IDUs, marital status, the size of the household, the number of children and the persons living together with the respondent were examined separately. 53% of the respondents within the sample were single (Roma: 48.6%, non-Roma: 57.1%). The proportion of married persons was nearly the same among the Roma (8.6%) as among the non-Roma (7.1%). There was a significant difference between the two examined groups in respect of the proportion of persons living with a partner or common-law companion: while among the Roma this proportion was 37%, among the non-Roma it was only 25.7%.

Living alone was the least characteristic of the sample (10.7%), while nearly twice as many non-Roma users lived alone (14.3%) than Roma users (7.1%).

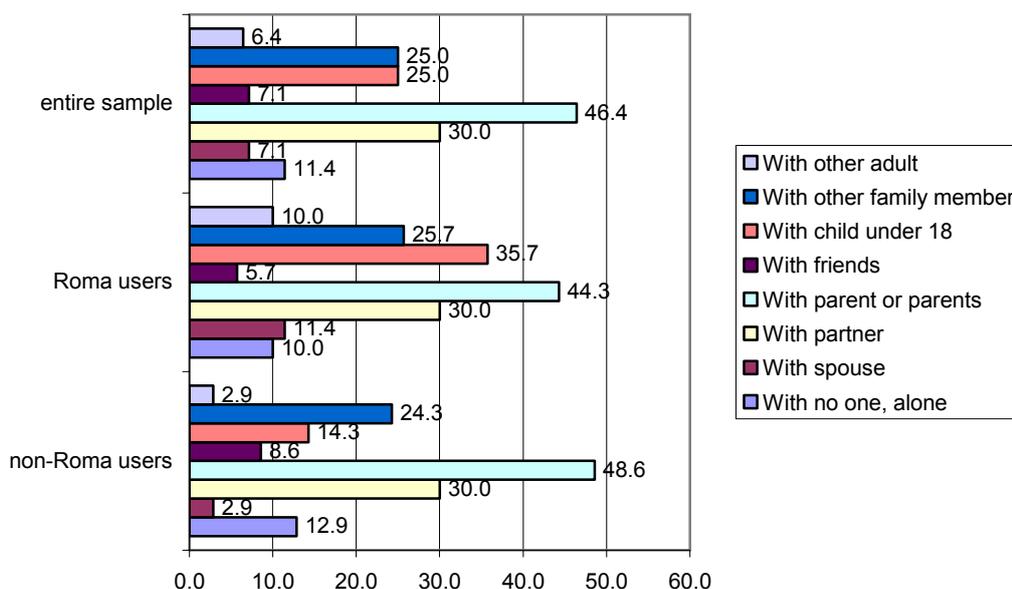
In respect of the entire sample 2-person and 3-person households were the most common (23% and 25.7%), among the Roma the proportion of 2-person households was only 17%, while among the non-Roma it was 28.6%. 5-person or larger households were significantly more characteristic of Roma users (Roma: 27.1%, non-Roma: 12.9%).

In respect of the number of children 60.7% of the drug users in the sample did not have children, but in respect of this issue there was a significant difference between the two groups (Roma: 50%, non-Roma: 71.4%). 23% of the persons in the sample had one child (among Roma users this proportion was 27.1%). Having two or more children is more common among Roma users (Roma: 22.9%, non-Roma: 10.0%).

Similarly to patients in treatment, nearly half of the sample (46.4%) lived with parents. There was a significant difference in the proportion of those who lived together with a child below the age of 18 (Roma: 35.7%, non-Roma: 14.3%).

⁹¹ In 30 out of the 1,032 cases the living status is not known.

Figure 48. Persons living with Roma and non-Roma IDUs outside of treatment (%)



Source: Márványkövi et al. 2008

Prostitution

The survey (Márványkövi et al. 2008) carried out among Roma and non-Roma IDUs also covered the respondents' sources of income in the past 30 days. Prostitution or other activity related to it was mentioned as a source of income only by Roma users (7.1% of Roma respondents).

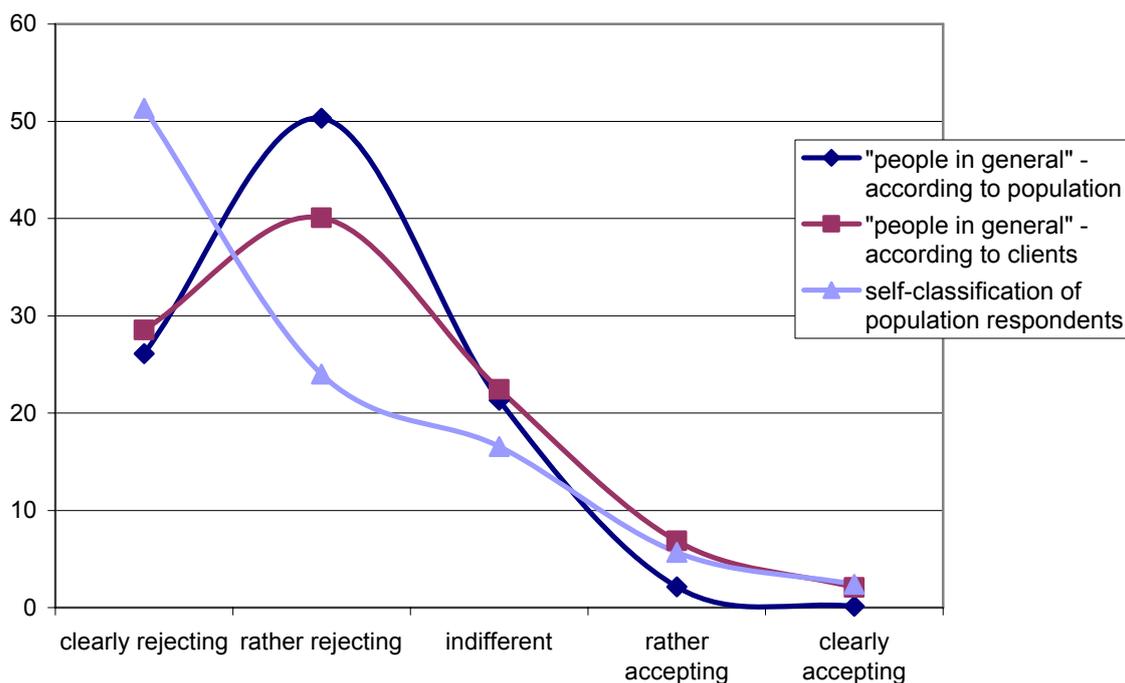
Becoming excluded and exclusion

The FACT Institute and the INDIT Public Foundation carried out a questionnaire survey⁹² (Busa et al. 2008) among the clients of specialised outpatient treatment centres and organisations dealing with addicts operating in 18 towns all over the country, and among the population of the county town of Pécs. The primary aim of the research was to assess the exclusion and social judgement of drug users. Below is the comparative analysis of the two surveys.

On comparing the results of the two survey it can be determined that the majority of the inhabitants and the clients asked, taking into consideration the attitude of their environment, first of all finds that the relative majority of today's Hungarian society ("people in general") has a rather rejecting attitude towards drug users. However, drug users' perception presumes a significantly more tolerant attitude than the attitude actually reported by the examined group of the population itself.

⁹² The research was supported by the Ministry of Social and Labour Affairs. The methodology and the results of the survey carried out among clients were described in National Report 2008. The survey among the population was carried out between December 2007 and January 2008. The questionnaires were filled in during face to face interviews. Sample selection took place by quota sampling, using the so-called random walk method. The quota sample containing 800 persons selected using this method represented the 18-64 year-old population of Pécs according to gender, age, school qualifications, and town districts. In the sample the proportion of women was 52.%. The mean age of the respondents was 39.28 years (men: 38.12 years, women: 40.32 years).

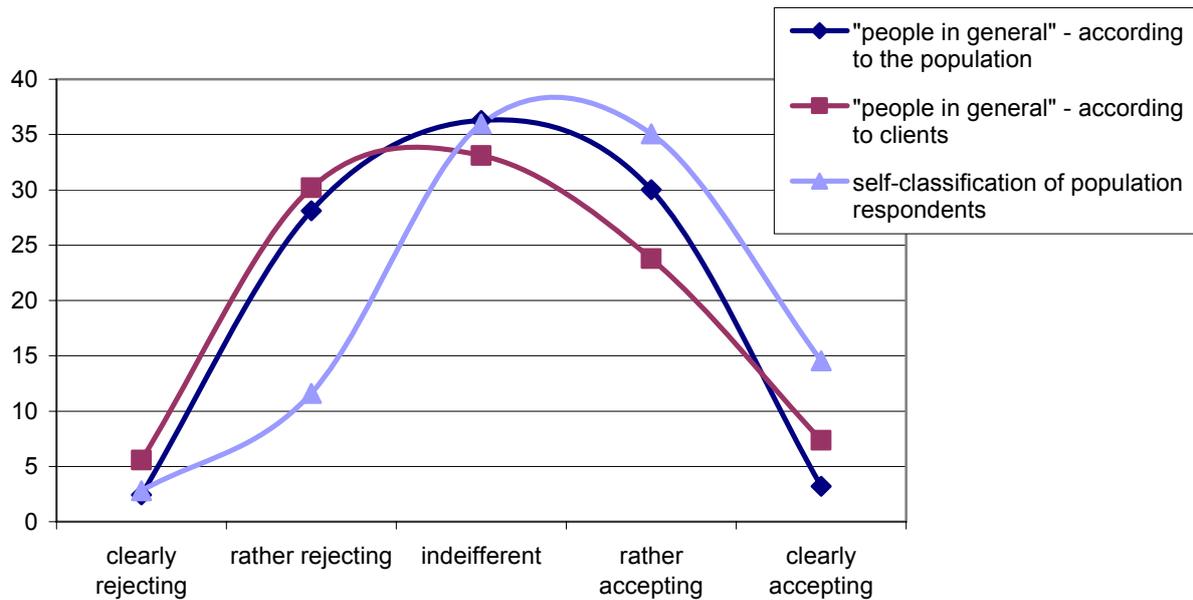
Figure 49. Attitude towards drug users (%) – comparison



Source: Busa et al. 2008

A significant difference can be observed in the judgement of active drug users and currently abstinent addicted persons. The population and the clients presume a quite indifferent attitude from society. In connection with currently abstinent addicted persons the population of Pécs finds the public opinion more tolerant, although only slightly more tolerant, than the clients. At the same time, population respondents find that their attitude shown towards currently abstinent addicted persons is significantly more accepting than the attitude of the Hungarian society in general: 50% of them regarded themselves as quite or clearly accepting, while the proportion of people with a rejecting attitude was 14%.

Figure 50. Attitude towards currently abstinent addicted persons (%) – comparison



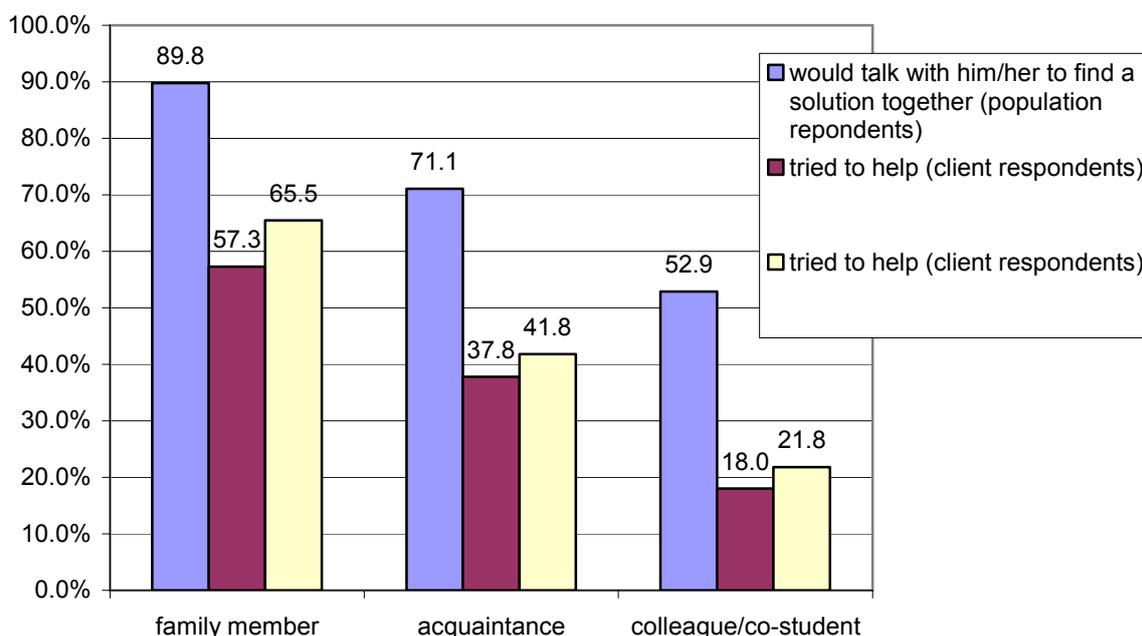
Source: Busa et al. 2008

In their answers given to the question "According to your opinion did the general attitude of people towards drug users change in the last few years in Hungary?" the relative majority of both the population and the clients find that nothing changed in the last few years in respect of the judgement of drug users (56% of population respondents and 40% of the clients). A quarter of both target groups believed that in the last few years Hungarian society became more accepting towards drug users than it had been before, while 16-17% of them believed that intolerance towards drug users increased in the recent years.

The survey also examined the relationship between presumed and real help. In the course of studying this question another correlation occurred too: the strength of the bond between the client and the presumed helper (family member, acquaintance, colleague). The results show that the more remote one's relationship is with the affected person, the less they prefer personal contact and solving the problem together.

On the basis of the answers it can be determined that a significantly lower proportion of the affected persons received actual help than what could be concluded from the presumed reactions of the population respondents – even if only those are considered, who gained knowledge of that a member of their family, an acquaintance, a colleague or a fellow student was using drugs.

Figure 51. Comparison of the proportions of presumed and actual help⁹³



Source: Busa et al. 2008

Social exclusion of young drug users

The aim of the research study entitled “A study of the social exclusion of young drug users on the basis of EU indicators” (Domokos, Ruff 2008) was to “provide EMCDDA and the Hungarian National Focal Point with valid data taking into consideration the methodological recommendations of the EU and to make a comparative analysis of the social exclusion of drug users in Hungary”.⁹⁴

⁹³ Respondents had to rank the answer options offered by the researchers

⁹⁴ The research study was carried out by the Echo Survey Research Institute of Sociology, with support from the Ministry of Social and Labour Affairs. The survey contained both qualitative and quantitative elements. Before the survey a detailed guided life history interview was made with 10 drug users on the subjective components and the process of social exclusion. The control group of the questionnaire and interview data collection was the generation of students studying at grades 8-10 covered by ESPAD 2007. The sample was fitted to the age group examined by ESPAD, taking into consideration that in this way only the indicators of social exclusion relating to the selected age group could be measured, rather than the indicators relating to the entire population of drug users. In the course of the survey a total number of 614 people were asked in the drug dependent sub-sample (223 persons) and the drug abuser sub-sample (391 persons). The two sub-samples were handled and analysed separately at all times. In the case of both sub-samples settlements were selected in each county, where there are services provided for drug users. Both sub-samples were selected using snowball technique. Due to the specific nature of the sampling method the possibility to generalise the database is restricted. At definition level, those persons were regarded as drug users, who used drugs in the last six months at least monthly or were registered in addiction treatment because of drug use. Those persons were regarded as dependent drug users, who were drug users seeking treatment during 2007 and 2008 at an addiction treatment outpatient centre, psychiatric care centre, psychiatric or addiction treatment inpatient department, specialised outpatient treatment centre or the mental hygiene institute of a hospital, paediatric neurology or psychiatry clinic, children’s and young people’s mental hygiene centre, child and youth neurology institute in Hungary”. During the research drug users, “who have not applied for treatment at any institute, but have tried crack, cocaine or heroin more than twice in their lives” were also defined as dependent drug users. Those persons were regarded as drug abusers, “who have tried any drug except for crack, cocaine or heroin, more than five times during their lives.” The questionnaire prepared for the purpose of surveying the social exclusion of drug users consisted of three main units: and independent demographic unit, a set of questions identical to ESPAD, and a set of supplementary questions. During the survey the social exclusion of young drug users was examined on the basis of 13 indicators. On the

During the survey the social exclusion of young drug users was examined using a total number of 13 applied indicators prepared on the basis of 90 items. The indicators were grouped at individual, family and local community levels, and in the case of nearly half of them objective and subjective dimensions could also be examined.

On the basis of the results of the comparative analysis of the drug abuser, dependent and control samples the following main statements can be made:

- Both in the case of drug abusers and dependents the value of the indicator of financial problems is higher than in the group not using drugs.
- Both among drug abusers and dependents there is a greater lack of family bonds than in the control group. In respect of dependent drug users the picture is slightly more positive, family bonds are stronger than in the case of drug abusers.
- Relevant healthcare services are less accessible to dependent drug users than to drug abusers, but their degree of access is still better than that of the average of the control group.
- The value of the indicator of violence and criminality in the drug user group was much higher than in the control group.
- The lack or conflict-stricken nature of friendships is typically characteristic of dependent drug users, while in this respect the situation of drug abusers is even more favourable than that of the control group.
- As compared to the control group significant sexual vulnerability⁹⁵ was measured in the dependent sample, especially among men.
- The level of failures at workplace and school is higher among drug users, especially in the dependent group.
- Typically, in all three groups women have more health problems.
- The value of the indicator of behaviours violating the accepted norms is higher in the sample of drug users.
- As compared to the control group and the dependent sample, drug abusers have a more positive self-image. At the same time, among dependent drug users a confusion can be observed in the structures of consciousness, as both in the case of positive and negative self-image elements the value of the indicator is higher than in the control group.

Clusters of exclusion

On the basis of the main components selected in the course of the comparative analysis of the indicators determined and recorded during the survey, the general clusters⁹⁶ of exclusion were also defined, and the respondents could be grouped in three distinct clusters.

The first cluster includes persons, in the case of whom the exclusion indicators showed the lowest values. Violent acts, sexual vulnerability, failures at school or at work, financial problems were not characteristic of them. In general, this group is characterised by high level of qualifications, they do not attempt behaviours violating the accepted norms, they have access to healthcare services, their health level is appropriate, they are able to rely on their natural system of support (family, friends), and the only problem of these respondents was the lack of a positive self-image.

one part the series of indicators determined contains the indicators of SILK (Statistics on Income and Living Conditions), on the other part it was completed with indicators relating to homelessness, committing crime / becoming a victim and prostitution. During the survey the 13 indicators appeared in 90 questions, the decisive majority of which were rating scale questions.

⁹⁵ The question related to how much people tended to establish a sexual relationship unthinkingly, without protection, and whether they had established an unconsidered or forced relationship.

⁹⁶ The procedure took place using the so-called k-means clustering method. The indicators were regarded as cluster forming input variables.

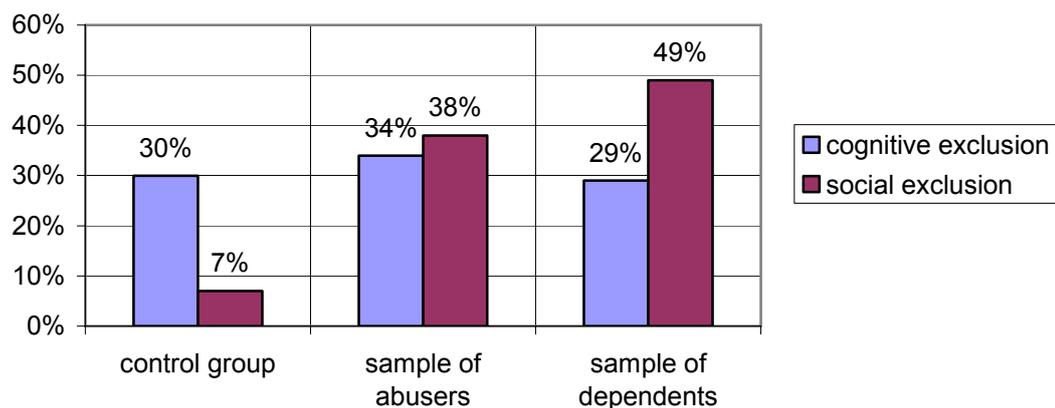
The second cluster includes respondents, in the case of whom primarily cognitive exclusion is characteristic, that is the exclusion of this group is mostly manifested in the conflict-stricken nature of their personal relationships. In their case, among the indicators of exclusion the lack of family bonds, the lack of friendships and the value of health problems were problematic, in the rest of the dimensions no significant exclusion could be measured, and typically they have a positive self-image.

The third cluster includes people the exclusion of whom is primarily of a social nature. Generally violent acts, sexual vulnerability greater than the average, behaviours violating the accepted norms, a low level of qualifications, failures at school and at work, health problems and financial problems are characteristic in this group. Although they have a group of friends, their family bonds are not very strong.

In the course of the survey it was found that exclusion is different according to settlement type and gender in both sub-samples.

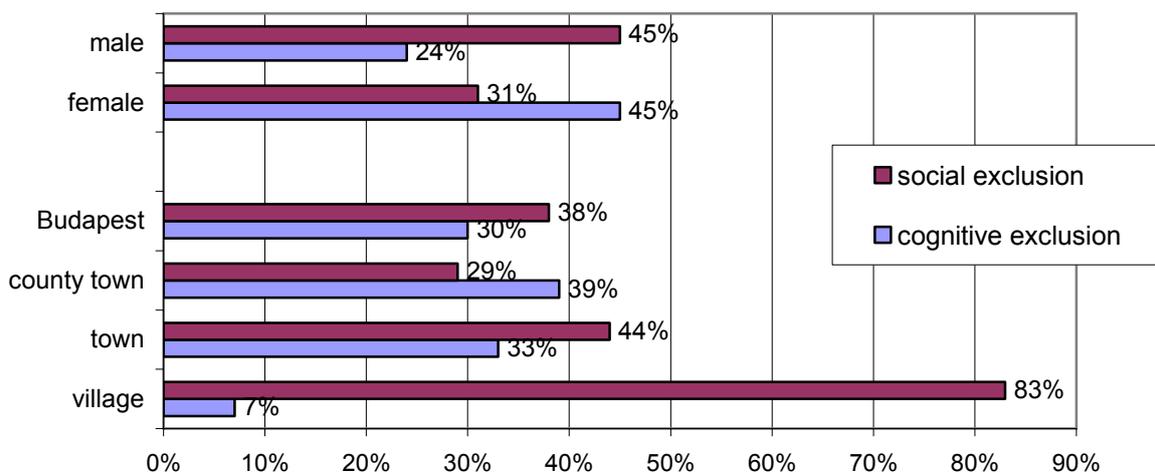
In the two sub-samples there was a significant difference in a sense that drug abuser men are more excluded from a social aspect, while women are mostly excluded cognitively. In the case of dependent drug users social exclusion is dominant independently from gender. Duality can also be described in respect of settlement types. While in the case of drug abusers, except for villages, cognitive exclusion is dominant, in the case of dependents, independently from settlement type, social exclusion is dominant.

Figure 52. Estimate of excluded population (%)



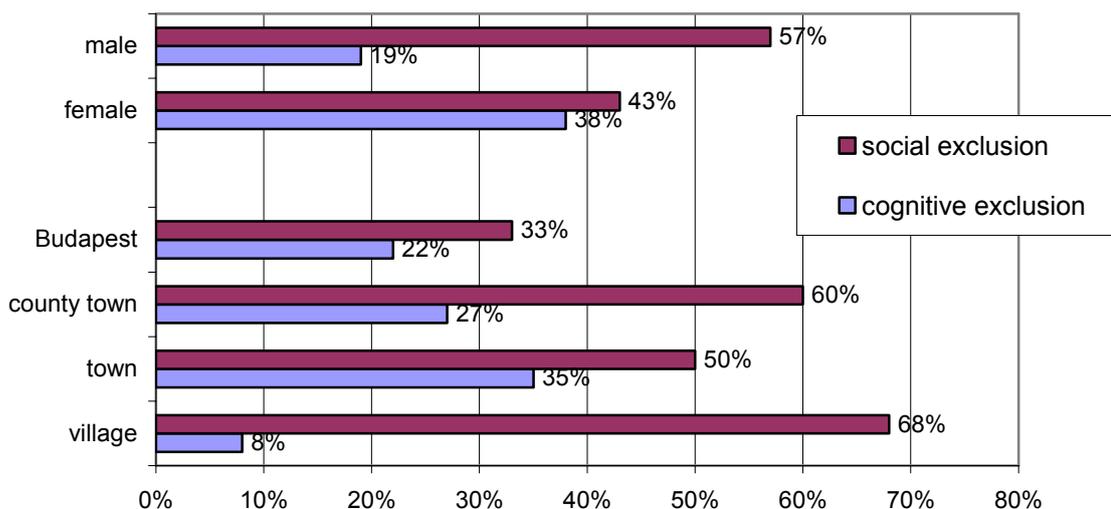
Source: Domokos and Ruff 2008

Figure 53. *Exclusion in the abuser sample*



Source: Domokos and Ruff 2008

Figure 54. *Exclusion in the dependent sample*



Source: Domokos and Ruff 2008

In the two sub-samples and in the control population the two types of exclusion are present in different proportions. Cognitive exclusion shows similar proportions in all groups (29-34%), as opposed to this social exclusion shows a significantly more diverse picture. In the control group 7% of the respondents can be grouped in this category, 38% of the drug abuser group can be regarded as socially excluded, while in the dependent sample this proportion is 49%.

8.2. SOCIAL REINTEGRATION

In 2008, unlike in the previous years, financial sources from the European Union were not available, therefore primarily the tenders announced by the Ministry of Social Affairs and Labour provided resources for the development of the system of addiction treatment in Hungary. From the tight budget the treatment system could not be spectacularly developed in 2008, it was enough only for maintenance as much as possible.

The task of providing social services for addicts is still borne by non-governmental participants, the possible resources of which have become even more restricted as compared to the previous years. Most service providers depend on state allocations (normative support, funds applied for). There are only a few exceptions from this, mainly institutes maintained by the church. Even in their case it cannot be assumed that they could carry on providing their services without state support, but the support of the church or the supplementary normative support of church provides or may provide them with a greater financial room for movement.

Housing

As compared to 2007 no significant changes took place in the field of housing. The number of housing and halfway housing programmes did not increase significantly.

The Drug Therapy Institute, Temporary Institute for Drug Addicts in Zsibrik operated by the Mission Aid Foundation for Saving Wasted Young People (KIMMTA) obtained its operating licence in January 2008.

Addicted persons over the age of 18 who have already participated in rehabilitation treatment may apply for admission to the Temporary Institute. A further condition of receiving temporary accommodation is that applicants are required to have a job or attend a training course and find a job within a month after completing the training course.

Education, training

Életesély [Life Chance] Mental Hygiene Public Benefit Foundation, in the course of its complex mental hygiene programme for improving the skills of addicted persons to undertake employment, provided special training for 13 persons between October 2007 and March 2008. During the programme the participants could acquire self-knowledge, communication and conflict management skills. 4 out of the 13 addicted persons starting the programme dropped out in the meantime. By the time the programme finished 5 persons found jobs successfully. Further 6 persons, as peer helpers used and passed on their obtained knowledge in self-help groups.

The Belvárosi Tanoda Foundation's career orientation programme for young addicted persons entitled "Chance of a Drug-Free Life" ended in April 2008. The aim of the programme was to increase the opportunities of marginalised young people affected by addiction on the labour market by organising training courses for the target group. The participants were fulltime students of the Belvárosi Tanoda Foundation. The target group included 20 persons, who had not had working experience or had worked only occasionally as students. The project mainly aimed at providing help and skills for further studies and for planning the future, rather than providing direct working experience. In the course of the programme the following training modules were realised: basic knowledge about the labour market, individual status assessment, setting up individual strategy, communication training, job-finding techniques training, follow-up, counselling.

The training course organised by Szombathely Diocesan Caritas Foundation entitled "Step by Step" ended in March 2008. The training course aimed at the clients of Hársfa-ház [Poplar House] Temporary Home and Day Care Centre for Addicted Persons and the clients of Rév Community Care Centre for Addicted Persons. The training course was organised for 2 groups containing 8 members each, and it included 32 lessons, in the scope of which the participants acquired basic computer skills, basic word processing and Internet skills. Furthermore, the programme covered job-finding techniques and basic skills (CV writing, attending job interviews, negotiating techniques, learning techniques). 16 addicted persons took part in the programme.

The project entitled "Quit and Let Us Help" initiated by the Khetanipe Association for the Union of the Roma ended on 30 April 2008. The target groups of the programme providing complex services were drug addicts who were trying to remain abstinent, and secondary school pupils above the age of 16, who had already tried drugs, but wanted to avoid becoming addicted. The primary aim of the project was to introduce the basic values of "abstinent culture" (solidarity, being responsible for others and for ourselves, solicitude, improving social relationships, self-evaluation, finding a job).

A total number of 16 persons took part in the programme. During a period of 8 months there were 20 training sessions, 20 Dialogue Clubs and 2 occasions of visiting institutes. 4 out of the 16 participants were students, who continued their studies, 4 persons already had a job during the period of the programme, 3 persons could not find a job, but 5 persons successfully found a job.

The aim of the complex programme for improving skills entitled "Helló meló!" [Hello Work] is to provide help for addicted persons in active life management, realistic planning, creating a picture of the future and finding a job.

The programme was realised in two towns. In Békéscsaba the programme was coordinated by the employees of Békés Mérték Community House, while in the town of Békés it was coordinated by the employees of the Békés Mental Hygiene Service. At the two locations a total number of 21 persons were involved in the project.

The programme entitled "Complex Treatment of Drug Users to Increase Their Opportunities of Returning to the World of Work" organised by Sz.M.J.V.Önk. Dr. Farkasinszky Terézia Youth Drug Centre ended in May 2008. The target group of the programme included clients of the Drug Centre, on the basis of a preliminary demand survey. A total number of 24 persons took part in the programme. The programme consisted of the following modules: mental hygiene, life conduct skills counselling; legal counselling service; knowledge of the labour market; enterprising / self-employment module. 12 persons took part in the training course providing help in returning to the world of work, and 22 persons took part in the mental hygiene programme.

The "RECOVERY Programme" of Working Again in Tolna Association provided training for 18 persons. The mean age of the 18 selected persons was 44.8 years (the youngest persons was 30, the oldest one was 54). In respect of the proportion of genders men and women were represented in the programme by a 50% proportion each. In respect of the addiction of the participants, except for two persons dependent on medicines, all the participants had alcohol problems. After completing the programme (in April 2008), 5 out of the 18 participants successfully found a job, 2 of them were still looking for a job, and 3 persons undertook rehabilitation employment in a welfare home. Further 4 persons reached a condition in which they were able to work (when the programme ended their future was not yet known) and 4 other persons were still not ready to return to the labour market.

Employment

The programme entitled "Protected Workplace for a Clean Future" organised by the Public Benefit Foundation for a Clean Future was launched in 2005. During the period of 3 years since the start the programme helped 2 abstinent drug addicts to find employment and participate in training. In 2008 they provided a job for one abstinent drug addict. The main activity of the participant of the programme is to perform the administrative tasks of the Foundation.

In September 2008 the Public Benefit Foundation for a Clear Future launched its programme called "Clear Multicultural Centre" with the aim to support the social reception and reintegration into the labour market of addicts, especially drug addicts. 37 persons participated in the programme, 18 persons completed it and 16 persons became employed.

Beside skills development, “happiness training”, activities for job seeking, providing information on the labour market, leisure time activities were also organised for the participants (e.g. lectures, weekend programmes, creative session, etc.).

The provision of basic social services

In 2008 further changes took place in the field of community services. The changes affected both the community service and the low-threshold service provided for addicted persons. According to the changes, after 1 January 2009 community services are not compulsory tasks of local authorities, the financing of such tasks is not normative financing, but state financing of tasks that can be won through tenders⁹⁷.

In the case of both services the deadline of submitting applications for the state financing of tasks was 1 September 2008. The Employment and Social Office (FSZH) organised and handled the application procedure. According to the data of the FSZH, in 2008 47 organisations submitted an application for funds financing the operation of a low-threshold service provided for addicted persons, 36 of them were accepted, and the total amount of funds granted was HUF 266 million (EUR 1,058,706⁹⁸). In the case of community services provided for addicted persons, out of 145 applicants the applications of 69 community service providers were accepted, the total amount of funds granted was HUF 686.4 million (EUR 2,731,940).

Rehabilitation

According to the contract portfolio of the National Health Fund in December 2008, in 2008 the number of inpatient drug therapy beds was 268 (in 2006: 244, in 2007: 280).

Outreach programme

In 2008 the Hungarian Baptist Aid Service – Street Front section launched a new community service in district X, Budapest, and a further street outreach programme among homeless drug users covering all districts in Budapest.

Conclusions

In 2008, 13.5% of the clients registered in the TDI database did not have a permanent place of residence at time of filling in the questionnaire, and this proportion indicates an increase as compared to the value measured in 2007. In respect of school qualifications a shift could be observed from completed secondary school studies towards elementary school qualifications. Among the patients entering treatment the proportion of the unemployed was 36%, which represents an increase by 10 percentage points as compared to the previous year. Half of the patients entering treatment (49.2%) lived with their parents, 17.6% lived alone, 10.5% lived with a partner and 7.5% lived with a partner and children.

According to the results of the survey carried out among Roma and non-Roma IDUs outside of treatment, homelessness is not characteristic either among the Roma or the non-Roma. In respect of housing circumstances, Roma drug users typically live in flats owned by the local authority. In respect of school qualifications (20% of the Roma and 7.1% of the non-Roma completed less than 8 years of elementary school) and employment status (58.6% of the Roma and 48.6% of the non-Roma are unemployed) Roma users in the sample are in a more unfavourable situation than non-Roma users. Nearly half of the respondents (46.4%) live with their parents, in this field no significant difference can be observed between Roma

⁹⁷ 86.§, paragraph (3) of Act III. of 1993 was amended by the 35. § of Act CXXI. of 2007.

⁹⁸ The values were calculated based on the official mid-rate of the EUR for 2008 (1 EUR = 251.25 HUF).

and non-Roma users. Among Roma users it is more common to live in a marriage, with children.

The results of a survey carried out in Pécs show that most of the residents and clients asked, taking into consideration the approach of their environment, primarily think that the relative majority of the Hungarian society today is rather rejecting towards drug users. At the same time drug users' perception presumes a significantly more tolerant attitude than the attitude actually reported by the examined group of the population itself.

In a research study aimed at surveying the social exclusion of young drug users on the basis of EU indicators, the exclusion indicators of drug abuser and dependent young people were examined and compared with the indicators of a control group. The results showed that both among drug abusers and dependent drug users the value of the indicators of financial problems, violence and criminality, failures at work and at school was higher, and the lack of family bonds was greater than in the group not using drugs.

9. DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME, AND PRISON

Overview

On the basis of Decree no. 59/2007 (XII. 23.) IRM of the Ministry of Justice, which came into force on 1 January 2008, the name of the Uniform Criminal Statistics System of the Police and the Public Prosecutor's Office (ERÜBS) was changed to Uniform Criminal Statistics System of the Investigation Authority and the Public Prosecutor's Office (ENYÜBS). In this system criminal statistical data of the investigation authority and the public prosecutor's office is collected and processed concerning rejecting charges, instituting criminal proceedings, until investigations are suspended or terminated or until a formal accusation is made. On the basis of article 63 (4) of the Act on Criminal Proceedings, uniform criminal statistics cover the development of crime per criminal offence and per accused person, as well as legality issues of investigations.

9.1. DRUG-RELATED CRIME

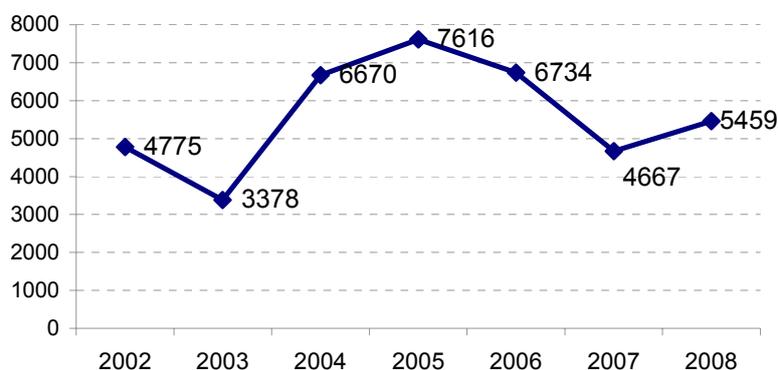
The task of the Uniform Criminal Statistics System of the Investigation Authority and the Public Prosecutor's Office (ENYÜBS) having a new name since 2008 involves statistical data collection on crime in Hungary. The data below refer to acts in the case of which proceedings were concluded in 2008.

Drug offences

According to the statistical data of 2008 (ENYÜBS 2009), 5,459 criminal proceedings concerning the misuse of illicit drugs were concluded in the year in question. (ST11_2009_HU_02)

The data of ENYÜBS indicate that in 2008, unlike in the previous two years, the number of revealed criminal offences concerning the misuse of illicit drugs increased. The rate of increase was 17%. At the same time, the shifting of quantity indicators was not accompanied by the changing of proportions within the total criminal offences. Among total criminal offences the proportion of revealed criminal offences relating to the misuse of illicit drugs was 1.1% in 2007, and 1.3% in 2008.

Figure 55. The number of revealed cases concerning the misuse of illicit drugs between 2002-2008



Source: ENYÜBS

The increase in the number of cases indicates that the number of revealed criminal offences concerning the misuse of illicit drugs is "becoming normalised", that is the number of revealed criminal offences concerning the misuse of illicit drugs is not influenced or it is less influenced by the previous changes of the legal environment. Furthermore the number of

cases is approaching a value, which is in proportion with the number of cases that can be revealed by the Hungarian police on the basis of the financial, personnel and logistical sources that can be invested in fighting against this type of criminal offences.

In 2008 illicit drugs were the subject of commission in a total number of 5,480 cases in connection with revealed criminal offences. 5,459 out of these cases were criminal offences concerning the misuse of illicit drugs, 5 cases involved the provision of illicit drugs to a person under 18 by a person above 18 years of age, 2 cases involved bribery, 1 case involved driving under the influence of illicit drugs, and 13 cases were criminal offences against property (theft or robbery).

In 71.7% of the cases cannabis (herbal cannabis or cannabis resin) was the subject of commission.

The length of proceedings

The data of criminal statistics clearly indicate that since 2004 the proportion of cases instituted in the given year in question and also concluded in the year in question after ending investigation has been significantly lower than the proportions measured (around 30%) in the period before the amendment of the Criminal Code and the Act on Criminal Proceedings in 2003⁹⁹ (in 2004: 14.4%, in 2005: 20.6%, in 2006: 17.6%). As compared to earlier regulation, the proceedings instituted because of criminal offences concerning the misuse of illicit drugs are increasingly longer. In respect of the proceedings instituted in 2008, practically the investigation was concluded in the given year only in every 6th case, and the number and proportion of proceedings instituted more than two years before increased.

Table 39. *Revealed criminal cases concerning the misuse of illicit drugs, according to the year of commission in 2007 and 2008*

Year of commission	2007		2008	
	number of cases	%	number of cases	%
In the year in question	744	16.0	952	17.4
In the year before the year in question	2638	56.5	2809	51.5
More than two years before	1285	27.5	1698	31.1
Total	4667	100.0	5459	100.0

Source: ENYÜBS

Perpetrations

Among all revealed misuse of illicit drug offences, the proportion of offences covering mainly demand-related activities, most often personal use – “production, manufacturing, acquisition, possession, importing...” – was 83.4%.

As opposed to this, the proportion of supply-related criminal offences (offering, supplying, distributing, trafficking) was 16.14% of all revealed offences. The proportion of proceedings instituted because of perpetrations relating to preparation was 1%.

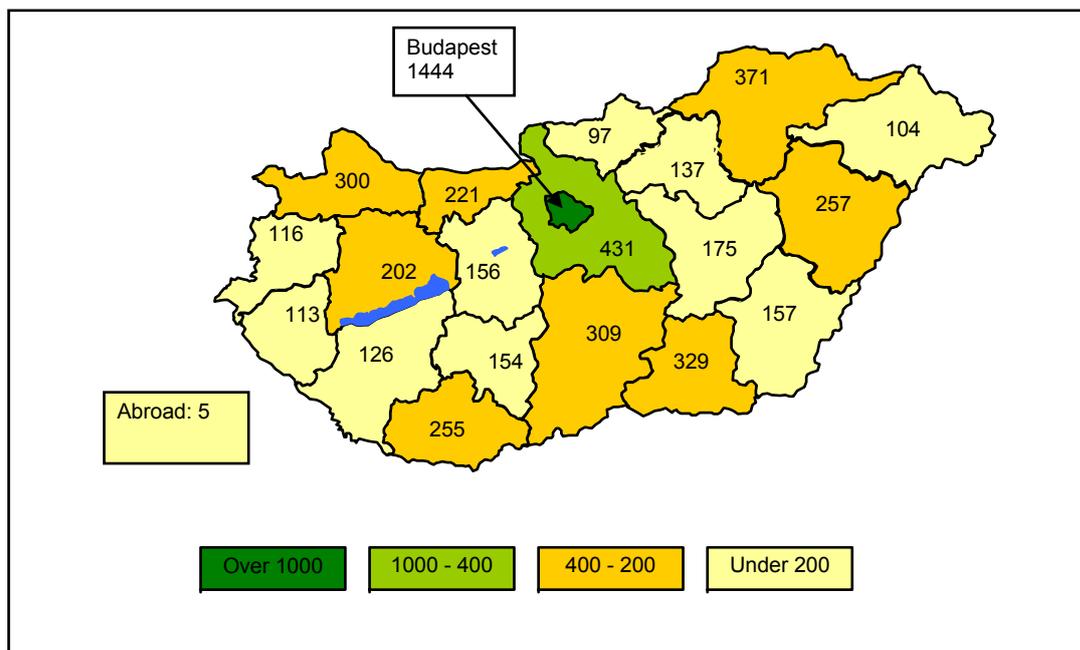
A significant proportion of revealed criminal offences concerning the misuse of illicit drugs is still represented by demand-related offences, first of all by minor offences committed by occasional drug users and drug addicts.

⁹⁹ Act II of 2003, and joint regulation no. 26/2003. (V. 16.) ESzCsM-GyISM of the Ministry of Health, Social and Family Affairs and the Ministry of Children, Youth and Sport

Place of offence

The majority of criminal offences concerning misuse of illicit drugs were revealed in Budapest in 2008 again (26.5%). Beside Budapest, Pest county (7.9%) and Borsod-Abaúj-Zemplén county (6.8%) were also among the first three counties with the highest number of revealed offences in respect of this crime.

Map 4. Breakdown of the number of criminal offences concerning the misuse of illicit drugs by place of offence (county) in 2008



Source: ENYÜBS, Hungarian National Focal Point

Offenders

As it has been described above, in 2008 the number of criminal offences concerning misuse of illicit drugs increased by 17% as compared to 2007, and the number of offenders committing misuse of illicit drugs increased by 20.9% (in 2008: 4,692 offenders; in 2007: 3,881 offenders). (ST11_2009_HU_02)

Below the socio-demographic characteristics of these offenders (4,692 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 again. 90.2% of revealed offenders committing misuse of illicit drugs were male, and 9.8% of them were female in 2008, just like in 2007. Practically these proportions have been the same for years, and are similar to the proportions characteristic among all offenders in respect of breakdown by gender.

Breakdown by age

The proportion of juvenile offenders among offenders committing misuse of illicit drugs started to decrease in 2007, although typically this type of criminal offence is committed at a younger age as compared to other crimes. The juvenile age group (between the age of 14-18) and young adults (between the age of 18-30) are the most affected in respect of this phenomenon. As compared to the values measured in 2007 no significant change took

place. The proportion of offenders below the age of 30 is 84.9%, which is only 1.1% lower than in 2007, but it is still significantly higher than in the case of other types of criminal offences, where this proportion remains below 60%.

Table 40. *Breakdown of offenders committing misuse of illicit drugs by age in 2007 and 2008*

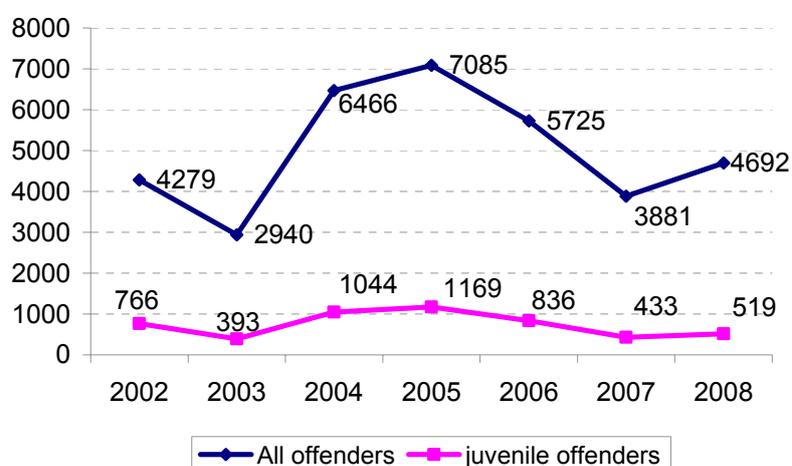
Age groups	2007		2008	
	cases	%	cases	%
Child (0-14)	7	0.1	11	0.2
Juvenile (14-18)	433	11.1	519	11.1
18–24 years	1,980	51.0	2,308	49.2
25–30 years	919	23.7	1,148	24.5
31–40 years	459	11.9	575	12.2
41–50 years	67	1.7	101	2.2
51–60 years	10	0.3	26	0.5
Above 61 years	6	0.2	4	0.1
Total	3,881	100.0	4,692	100.0

Source: ENYÜBS

Juvenile offenders

In 2008 in Hungary the proportion of juvenile offenders among all offenders was 9.8%. The proportion of young people is stagnating both among all offenders (in 2007: 9.4%) and among offenders committing misuse of illicit drugs. In respect of the latter, similar values could be observed in 2007 and 2008 (in 2008: 11.3%; in 2007: 11.2%). Practically one-tenth of offenders committing misuse of illicit drugs were juvenile offenders according to the criminal statistics of 2007 and 2008. Among revealed cases of misuse of illicit drugs no such low proportion of juvenile offenders, similar to the proportions observed in 2007 and 2008, has been observed since 1997. Beside the number of cases, the proportion of juvenile offenders among revealed criminal offences concerning the misuse of illicit drugs also indicates the already mentioned “normalising” tendency. This proportion is approaching the proportions observed within total criminal offences. This data also indicates that the police do not regard these offences as a special field any more, they use their resources to reveal other crimes, and the new strategy of the police can also be presumed to stand in the background of the data (see chapter 9.2).

Figure 56. *Number of offenders committing misuse of illicit drugs between 2002-2008*



Source: ENYÜBS

Breakdown by education

In 2008 47.1% of offenders committing misuse of illicit drugs had completed elementary school, 24.6% of them had completed vocational training school, 21.8% of them completed general secondary school, and 1.8% of them graduated from university or college. Only 1% of them – 7 children – had not completed elementary school, and no data is available about the school qualifications of 4.7% of the offenders.

The statement is still true that an “average” offender committing misuse of illicit drugs has a much higher level of education than an “average” offender committing other types of offences. There were hardly any offenders (0.1%), who did not have at least elementary school qualifications or were not attending elementary school at the time of committing the offence.

During the recent years no significant change took place in the breakdown of offenders committing misuse of illicit drugs by education.

Breakdown by previous convictions

In 2008 nearly one-third (31.2%) of reported offenders who committed misuse of illicit drugs had been previously convicted. Although the proportion of former convicts is 1.2% lower than in 2007, practically the distribution observed in the last five years in respect of former convicts and first offenders seems to be stable. 24.2% of former convict offenders were repeat offenders. At the same time, the proportion of repeat offenders has been increasing for years, although only by 1-2% every year. As compared to 2007 the rate of increase is 2 percentage points.

A significant part of former convicts were drug addicts, whose previous offences were also related to drug use or the acquisition of drugs.

The majority of offenders committing misuse of illicit drugs (68.8%) were first offenders, that is they had not been convicted before. This proportion is higher than the proportion observed in the case of other criminal offences.

Suspension of accusation

In 2008 the number of closed suspensions of accusation against offenders of misuse of illicit drug crimes was 1,613. While in 2007 suspension of accusation took place with respect to 39.1% (1519 persons) of all offenders against whom criminal proceedings had been initiated for misuse of illicit drugs, in 2008 this proportion was only 34.4%.

In 2008 in Hungary the legal institution of the suspension of accusation was applied against a total number of 5,738 offenders (4.7% of all offenders). 28.1% of all suspensions of accusation took place against offenders committing misuse of illicit drugs (in 2005: 54.0%, in 2006: 43.2%, in 2007: 35.3%).

In 2008 there were 966 cases when other reasons were determined terminating culpability involving the discontinuance of investigations (2007: 557 cases; 2006: 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 2008 the frequency of applying the legal institute of the suspension of accusation with respect to offenders committing misuse of illicit drugs continued to decrease. On the one part it shows that the “normalising” tendency is indicated by this data too, that is the effect of modifying the legal environment is not significant any more. Furthermore, the data is also due to the fact that an increasing number of drug users join diversion programmes already in the phase of investigation, which results in the determination of other reasons terminating culpability involving the discontinuance of investigations.

Consequent crime – offences committed under the influence of illicit drugs

In 2008 the proportion of those who committed an offence under the influence of illicit drugs or other psychoactive substances increased by 40.9% as compared to 2007. (2007: 2,761 persons, 2008: 3,891 persons)

The majority of these offenders (56.2%) committed misuse of illicit drugs, which also means that proceedings were instituted against this number of offenders (also) because they used drugs or drugs were detected in their body.

Regarding further crime categories: 23.3% of offenders (905 persons) under the influence of illicit drugs or psychoactive substances committed offences against property. A similar value could be observed in 2007. Among them 73 persons committed robbery.

3.8% of the offenders committed traffic offences. 36 persons out of them committed the offence of driving under the influence of illicit drugs or psychoactive substances, while 73 persons caused road accident out of neglect.

4.8% committed offences against another person. A total number of 187 revealed offences were committed under the influence of illicit drugs against another person, 18 of these cases were consummated homicide, 13 cases were attempted murder, and in 75 cases severe damage to person took place. The increasing proportion and distribution of offences against another person is to be emphasised.

3.3% of offenders under the influence of illicit drugs or other psychoactive substances committed vandalism.

When analysing the data of criminal statistics, it shows that in the sub-culture of criminals there is an increasing number of drug addicts, and there is an increasing proportion of those who become “entangled” in increasingly frequent crime and the sub-culture of criminals as a consequence of drug use.

9.2. PREVENTION OF DRUG-RELATED CRIME ¹⁰⁰

In 2008 the National Committee for Crime Prevention supported 7 complex crime prevention programmes, which also included drug prevention elements.

In harmony with the National Drug Strategy and the European Union’s action plan to combat drugs, in the interest of the uniform realisation of the tasks determined in the strategic plan covering the period between 2007-2014 forming a part of the Drug Strategy of the Police Organisation of the Republic of Hungary, the head of the National Police Headquarters (ORFK) issued instruction no. 17/2006. (XI. 24.) of the National Police Headquarters on the uniform realisation of the tasks determined in the Drug Strategy of the Police Organisation of the Republic of Hungary. The drug strategy determined several objectives and tasks for the special field of criminal prosecution regarding supply reduction and offenders. The primary and most important objective set for criminal prosecution bodies is to shift the centre of interest of criminal prosecution from consumer-type offences – owner-type offences committed with respect to a small amount of drugs – to offences committed with a significant amount of drugs, mainly trafficking-type offences.

In 2007 it was a problem that at several county headquarters measures referred to as disco raids or ‘drug-raids’ in everyday language were still realised regularly. The Parliamentary Commissioner of Civic Rights found that during a drug raid at a place of entertainment in Salgótarján the constitutional rights of the persons questioned were infringed. It was reported to the head of the National Police Headquarters. As a result of this, in December 2007 the National Police Headquarters prohibited the above described practice.

¹⁰⁰ On the basis of the report by the Ministry of Justice.

Prevention of organised drug-related crime

On the basis of the experience of the investigations held in respect of offences concerning the misuse of illicit drugs, at the beginning of 2008 the organisation of the National Bureau of Investigation and the Budapest Police Headquarters (BRFK) was modernised. At a national level drug-related intelligence is performed by the National Bureau of Investigation, Division Against Organised Crime, Department Against Drug-Related Crime, with a total number of 22 full-time professional employees. At Budapest Police Headquarters, in 2008 the units dealing with drug-related crime within different divisions were merged and the Service Against Drug-Related Crime was established with 51 professional employees. Due to the reorganisations the new units achieved good results, as the amount of seized herbal cannabis, amphetamines and cocaine significantly increased as compared to the previous year (see chapter 10.2).

9.3. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

Alternatives to prison

For the detailed analysis of treatment data of clients in diversion programmes see chapter 5.3.

Clients participating in diversion programmes within the institutes of the criminal justice system

The treatment of imprisoned persons, namely, treatment for drug-addiction, treatment of other conditions with drug use and preventive-consulting service took place at the appointed detention facilities.¹⁰¹ The specialists of the National Institute for Forensic Observation and Psychiatry (IMEI) were in charge of performing treatment for drug-addiction, the institute ensured the placement of prisoners participating in treatment for drug-addiction in the appointed detention facilities. In 2008, 18 treatments for drug-addiction were completed, 34 remained in process, two treatments had to be discontinued. In respect of treatment of other conditions with drug use, in 2008 at the appointed detention facilities 8 treatments were completed, 19 were still in process, and 6 treatments had to be discontinued. Preventive-consulting service was realised partly within the facilities' own sphere of authority, and mostly with the cooperation of civil and other organisations. In 2008 the preventive-consulting programme was successfully completed in 61 cases, it was still in process in the case of 93 persons, and in the case of 50 imprisoned persons it was discontinued for different reasons.

Data relating to the socio-demographic and drug use characteristics of clients participating in diversion programmes is also available from the TDI database of the National Centre for Addiction (OAC). In accordance with the TDI protocol, detention facilities also register cases entering treatment in the TDI database.¹⁰² The definition of treatment is the same as the definition of treatment determined in the healthcare system and in the TDI protocol¹⁰³. In respect of the year 2008 the TDI database of the OAC contained the TDI datasheets of 62 imprisoned clients. Due to the low number of cases it is more practical to state the number of

¹⁰¹ On the basis of the report by the Hungarian Prison Service Headquarters.

¹⁰² However, the figurative data registered among the TDI data is not identical with the treatment data reported by the Hungarian Prison Service Headquarters, as the Hungarian Prison Service Headquarters registers treatments completed or discontinued in the year in question, while in the TDI database treatments started in the year in question are registered.

¹⁰³ Drug treatment is any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problems. This activity often takes place at specialized facilities for drug users, but may also occur in the context of in general services offering medical and/or psychological help to people with drug problems. (TDI protocol)

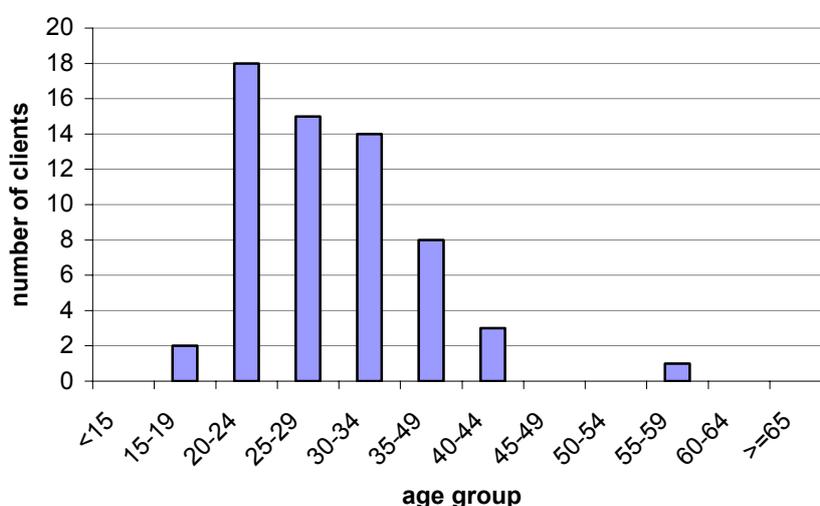
cases when analysing the individual TDI data tables, the possibilities of percentage calculation are restricted.

Out of the total number of 62 clients 61 were male and 1 was a female. The only female client was in treatment for the first time in her life, 25 of the men were in treatment for the first time in their life, 22 men had already been treated before. In the case of 14 men it could not be determined whether they had been treated before.

All clients entered treatment in the scope of a service included in the diversion programme¹⁰⁴. The legal situation in the case of the clients is that they were imprisoned for committing another crime or crimes, and in the case of illicit drug use they had the opportunity to choose participation in a diversion programme.

It is a relatively young age group, most of them are between the age of 20-24.

Figure 57. Breakdown of clients entering treatment by age groups at detention facilities (only males, N=61)



Source: OAC

Their housing circumstances and employment status cannot be interpreted, therefore data suppliers generally listed them in the category “other”. Most of them had elementary school qualifications (45 persons, among all treated clients), 11 persons had secondary school qualifications.

In the case of 23 persons heroin was the primary substance, 10 of these persons were above the age of 30. 16 persons used amphetamine, and 7 of them were above the age of 30. It is interesting that half of the cannabis users (8 persons out of 16) were also above the age of 30, so the mean age of cannabis users was not significantly different from that of the users of other substances.

In respect of the route of administration all of the heroin users were IDUs, and 11 out of the 16 amphetamine users were IDUs. It can be seen that this group shows a significantly higher risk of drug use than the average.

In the case of this group drug use started at a relatively young age, 67% of heroin users and 67% of amphetamine users started to use drugs before the age of 19, and the situation is the same in respect of cannabis (10 out of 16 persons).

Among clients treated for the first time in their lives, 3 out of the 6 heroin users, 4 out of the 8 amphetamine users and 3 out of the 7 cannabis users started to use drugs before the age of 19.

¹⁰⁴ Without any exceptions, in all reported cases the question relating to the origin of referral was answered as referral by the court, the public prosecutor’s office or the police.

The less significant difference between this group and other clients appeared in respect of the use of secondary substances. Among all treated heroin users the most frequently mentioned secondary substance was a stimulant (22 mentions, including 14 mentions of amphetamine), it was followed by cannabis, and in further 6 cases cocaine was also mentioned.

The secondary substance of amphetamine users was cannabis or other stimulants (MDMA). In this group too, most frequently cannabis users mentioned a stimulant as a secondary substance, and hypnotics, sedatives and alcohol were also mentioned.

Other interventions in the criminal justice system¹⁰⁵

Prevention

In 2008 drug prevention units operated in 23 detention facilities. These units could accommodate 350 persons, and the average number of persons applying for accommodation here on a voluntary basis was 220-250. These prisoners were accommodated in separated cells or units. First of all, professionally well-prepared programmes were given priority, moreover emphasis was laid on that these programmes were to be coordinated by professionals (pedagogues, social workers etc.) whose professional background and personality were the most suitable for this task. Beside the specialized prevention programmes the professionals paid high attention to elaborate other types of free-time activities. Church organizations and parsons working in prisons also took active part in treating the problems of prisoners ever using drugs in their lives.

Lectures, trainings, programmes regarding prevention including also a health-promoting approach were first of all aimed at the prison population, however, prison staff also participated in such programmes.

Other interventions

Because of the numerous different tasks and the necessity of uniform directives and coordination, on 13 March 2008 the Professional Committee for Drug Affairs within the Hungarian Prison Service (BVKSZB) was founded, and its organisational and operational rules and rules of procedure were prepared. Within the framework of the prison service the tasks of the Professional Committee for Drug Affairs include the national coordination of issues regarding drug supply and demand, the national coordination of harm reduction programmes, preparing measures regulating tasks determined in the legal act concerning the criminal justice system, supervising prevention programmes, preparing directives relating to the training and further training of experts, elaborating methodological guidelines for the planned measures, preparing projects and finding funds for operation. The Professional Committee for Drug Affairs started cooperation with the Hungarian and international official and civil organisations concerned in drug affairs.

9.4. DRUG USE AND PROBLEM DRUG USE IN PRISONS

A suicide survey was prepared by specialised psychologists in detention facilities to examine suicidal tendency, and the questionnaire also included a question relating to drug use. The test did not cover the type of substance. While in 2007 there were 1,519, in 2008 there were 1,549 imprisoned persons (10.5%)¹⁰⁶ who self-reported using drugs in their lives.

¹⁰⁵ On the basis of the report by the Hungarian Prison Service Headquarters.

¹⁰⁶ In 2008 the average number of imprisoned persons at detention facilities was 14,702.

Prevalence, patterns of use

In 2008 a survey¹⁰⁷ (Paksi 2009a) was carried out on the drug use of imprisoned persons sentenced to imprisonment with a final decision. The target population of the survey included adult convicts with Hungarian citizenship imprisoned in detention facilities in Hungary on the basis of a final decision¹⁰⁸. (ST12_2009_HU_01)

Drug use prior to imprisonment

43.8% of the population imprisoned in Hungarian detention facilities on the basis of a final decision¹⁰⁹ had tried an illicit drug¹¹⁰ prior to imprisonment. More than two-fifth of ever-users, that is every fifth or sixth imprisoned person (18.2%), had a period in their lives before imprisonment, when they used an illicit drug at least once a week.

In the year before starting to serve their sentence, every third imprisoned person, while in the last month before imprisonment every fifth presently imprisoned person used an illicit drug. Among ever-users the rate of continuous use was 76% prior to imprisonment, and the proportion of those who were also using drugs currently was nearly three-fifth of ever-users (58.3%).¹¹¹

Table 41. *Prevalence rates (%) of illicit drugs relating to the period prior to imprisonment (N=503)*

Prevalence rates of illicit drug use	In percentage of respondents	In percentage of ever-users
lifetime prevalence	43.8	-
last year prevalence	33.5	76.0
last month prevalence	25.7	58.3
lifetime prevalence of regular use	18.2	41.6

Source: Paksi 2009a

37.8% of the imprisoned persons, that is a decisive majority of those who used an illicit drug at any time in their lives (85.7%), have already used herbal cannabis or cannabis resin in

¹⁰⁷ The survey was carried out by the Corvinus University of Budapest, Institute of Behavioural Sciences and Communication Theory, Centre for Behavioural Research, it was financed by the National Institute for Drug Prevention and supported by the Hungarian Prison Service Headquarters.

¹⁰⁸ In the case of the national detention institutes, on the basis of the current registers of imprisoned persons, using SPSS program on the site, applying a simple random sampling method, a proportionate sample was taken during the survey, 5% in the case of men, and one-third in the case of women – with overrepresentation ensuring an analysable number of respondents. In the case of county detention facilities, sampling took place in two stages: at one location in each region selected by expert sampling, a random sample was selected in proportion with the number of imprisoned persons in the given region. The sample was planned for a total number of 700 persons. During the survey a 93% sample including 652 persons could be realised as compared to the planned sample. When producing the national sample representing genders proportionately, the data of women were taken into consideration with less weight (0.1534), thus the final size of the national sample obtained in this way was 503 persons. The so-called 'A' questionnaire on socio-demographic background, habits other than drug use, status of present imprisonment and previous offences prior to this imprisonment were recorded using "face to face" technique. Questions on drug use prior to and inside prison were recorded by offering the self-administered technique. 71.6% of the sample filled in this second part of the questionnaire alone, while in the case of 28.4% the self-administered part was recorded by using "face to face" technique. The interviewers assessed the reliability of the answers on a 3-graded scale on the basis of their impressions while recording the 'A' questionnaire. According to the assessment in the case of 7 out of 10 questionnaires no problems were perceived which would affect the quality of the data. Problems causing unreliability were experienced only in the case of 6% of the total sample. Data collection took place between 14 October and 12 December in 2008.

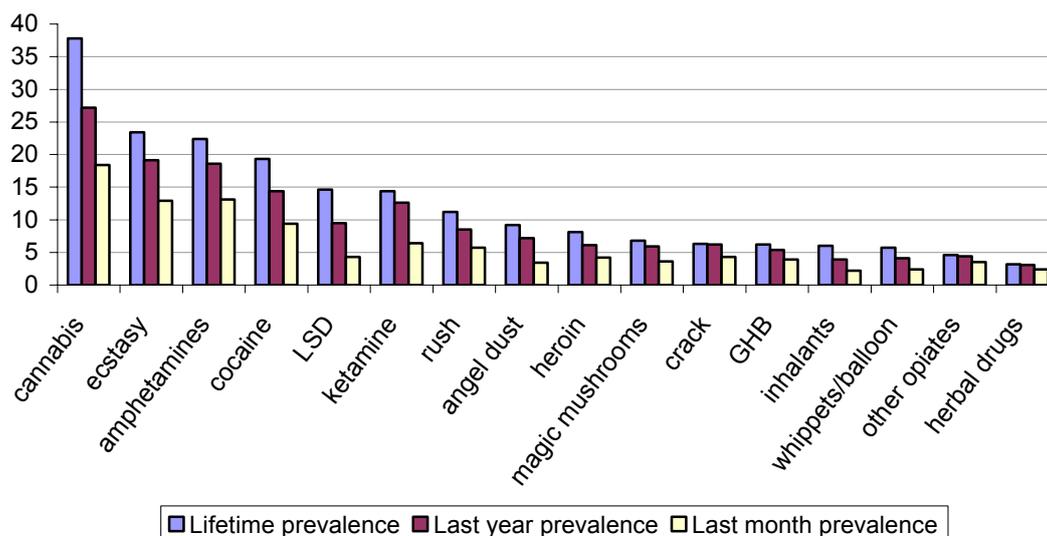
¹⁰⁹ The error of the value measured is maximum $\pm 3.8\%$.

¹¹⁰ During the survey the following drugs were regarded as illicit drugs: Cannabis, Ecstasy, Amphetamine, Cocaine, Heroin, Other opiates, LSD, Magic mushroom, Crack, GHB, Any injected drug, Herbal drugs, Rush, Angel dust, Ketamine.

¹¹¹ The proportion of continuous users indicates the proportion (%) of those among ever-users, who used a drug in the last year, that is in the recent past (recent continuation rate). The proportion of current users among ever-users indicates those, who used a drug in the last 30 days as well.

their lives. The prevalence rate of all other drugs – although it is also significant – is much lower. At the second to fourth place there is ecstasy, amphetamines and cocaine, which show practically the same rates, they appear in the structure of drug use in the case of every fourth-fifth imprisoned person. Among imprisoned persons the lifetime prevalence rate of LSD, ketamine and rush is above 10%. The lifetime prevalence of the rest of the illicit drugs and inhalants remains below 10%¹¹². One-tenth of the imprisoned persons (10.4%) have injected drugs in their lives. As compared to this, on the basis of short-term prevalence rates no prominent difference can be observed in the order of drugs.

Figure 58. Prevalence rates per drugs (%) relating to the period prior to imprisonment (in percentage of the respondents, N=503)



Source: Paksi 2009a

The prevalence rates of the imprisoned population are determined by the patterns of drug use of men, due to their dominance among the imprisoned population. The total prevalence values among women are significantly¹¹³ lower. However, in the case of rates per drug this difference between genders appears to be significant only in the case of cannabis, ecstasy and LSD. As a tendency, women are less affected in respect of the use of cocaine, angel dust, ketamine and whippets/balloon (nitrous oxide). Although the measured values are higher in the case of men in respect of all other drugs, the difference is not significant in those cases.

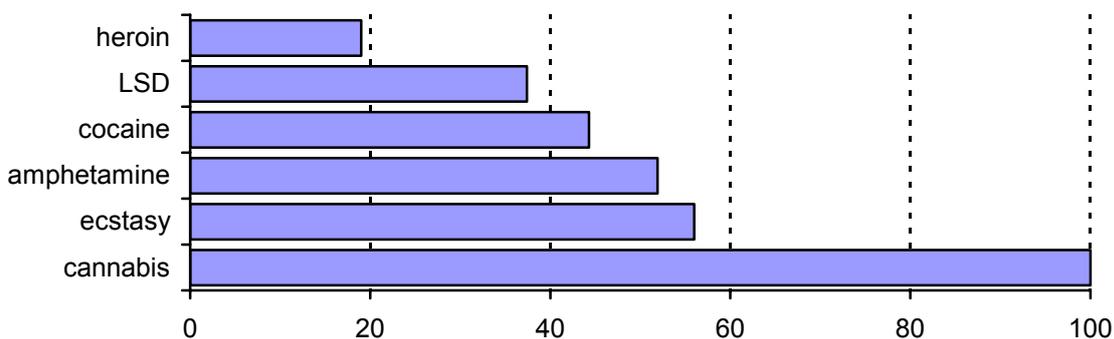
The linkage between the use of different drugs is demonstrated by the so-called “illicit drug use pyramid”¹¹⁴, which indicates the proportion of other drug use among those who used cannabis at any point in their lives before imprisonment. The lifetime prevalence values calculated with respect to cannabis users – in the case of substances generally examined during pyramid calculation – are twice or two and a half times as much as the values obtained in respect of the entire prison population. Consequently, in general, imprisoned persons, who tried herbal cannabis or cannabis resin before starting to serve their current sentence, were twice as likely to use other illicit drugs as average imprisoned persons.

¹¹² In the survey the lifetime prevalence rate of “relewin” used as a dummy-drug for measuring overestimation was 1.6%.

¹¹³ Significant: $p < 0.05$; tendency-type association: $0.05 \leq p < 0.1$

¹¹⁴ EMCDDA 1999. pp. 77-79.

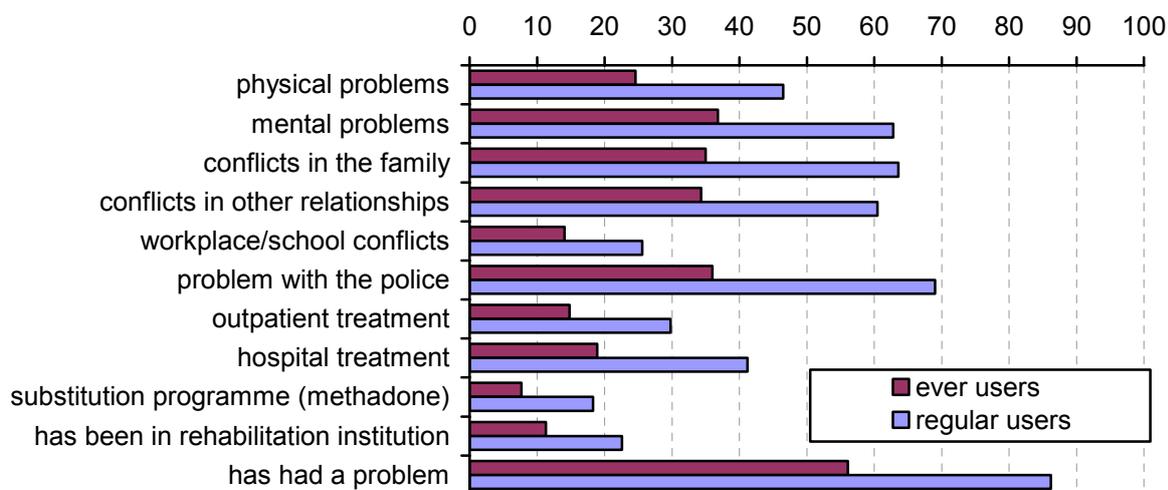
Figure 59. *Illicit drug use pyramid prior to imprisonment (lifetime prevalence rates of different drugs in the percentage of persons who tried cannabis)*



Source: Paksi 2009a

More than half of the imprisoned persons who used an illicit drug at any point in their lives before imprisonment (56.1%) had had some sort of conflict/problem – relating to their health and/or psychic condition and/or partner and/or workplace and/or the police – in connection with drug use. Regular use increased the risk of the occurrence of problems by a total of 30 percentage points, and the accumulated occurrence of problems was also slightly more frequent among them. Most typically they were characterised by the occurrence of psychic problems and conflicts with their partners or the police, more than one-third of ever-users and nearly two-thirds of those who used drugs at least once a week reported such problems. Conflicts with the criminal justice system mostly involved police proceedings instituted for misuse of illicit drugs both among ever-users and regular users (in the case of ever-users: 30.2%, in the case of regular users: 59.3%), or criminal offences committed under the influence of drugs (18.5% and 40.2%). Distribution-related offences or offences committed to obtain drugs occurred significantly less frequently (11.8% or 26.4%). Prior to imprisonment 23.9% of ever-user imprisoned persons and nearly half (48.8%) of regular users took part in a treatment because of their drug use (outpatient, hospital, rehabilitation or substitution treatment).

Figure 60. *Occurrence of different problems deriving from the use of drugs prior to imprisonment, in percentage of ever-users and regular users*

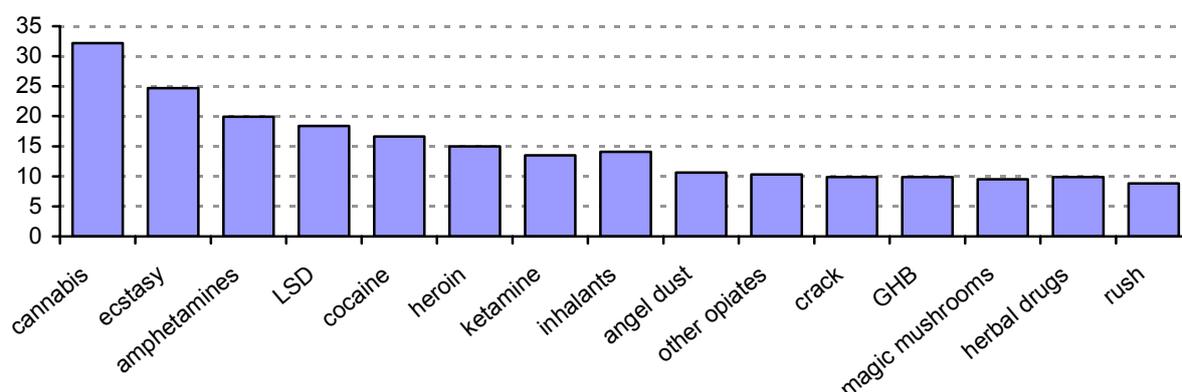


Source: Paksi 2009a

Drug use inside prison

One-third of the imprisoned persons (33.8%), half of those who ever used drugs before imprisonment (50.7%), and 70.6% of regular users find that they can have access to illicit drugs – mainly to cannabis – at detention facilities, if they want to. Among other substances suitable for misuse, imprisoned persons find that Rivotril is the most accessible (45.7%) substance in prisons, but the availability of “dobi” (a strong infusion) also exceeds the availability of illicit drugs. In respect of perceptions relating to the availability of different drugs a significant difference ($p < 0.001$) could be observed between imprisoned women and men. While 35% of imprisoned men find that if they wanted, they could have access to illicit drugs at detention facilities, among women this proportion is only 11.5%.

Figure 61. *Perceived availability of individual drug types in prisons (in percentage of the respondents, N=503)*¹¹⁵



Source: Paksi 2009a

14.3% of the imprisoned persons, 29.4% of those who used illicit drugs at any point in their lives before imprisonment, and nearly half (46.3%) of those who were regular drug users before imprisonment used an illicit drug while being imprisoned. The decisive majority of ever users (90.9%) had used illicit drugs earlier, prior to imprisonment. Significant ($p < 0.001$) gender differences were observed in respect of drug use while being imprisoned too. While 15% of men self-reported using drugs while being imprisoned, among women this proportion was only 1.2%. In respect of the use of drugs while being imprisoned among those who had used drugs before imprisonment, a similar difference could be observed between the genders: while 30.3% of men who had used an illicit drug prior to imprisonment also used an illicit drug while being imprisoned, among women this proportion was only 4.7%.

Table 42. *Prevalence rates of illicit drugs relating to the period inside prison*

	in percentage of respondents	in percentage of ever users prior to imprisonment	in percentage of regular users prior to imprisonment
lifetime prevalence	14.3	29.4	46.3
last year prevalence	8.4	17.0	28.2
last month prevalence	3.2	5.8	10.8

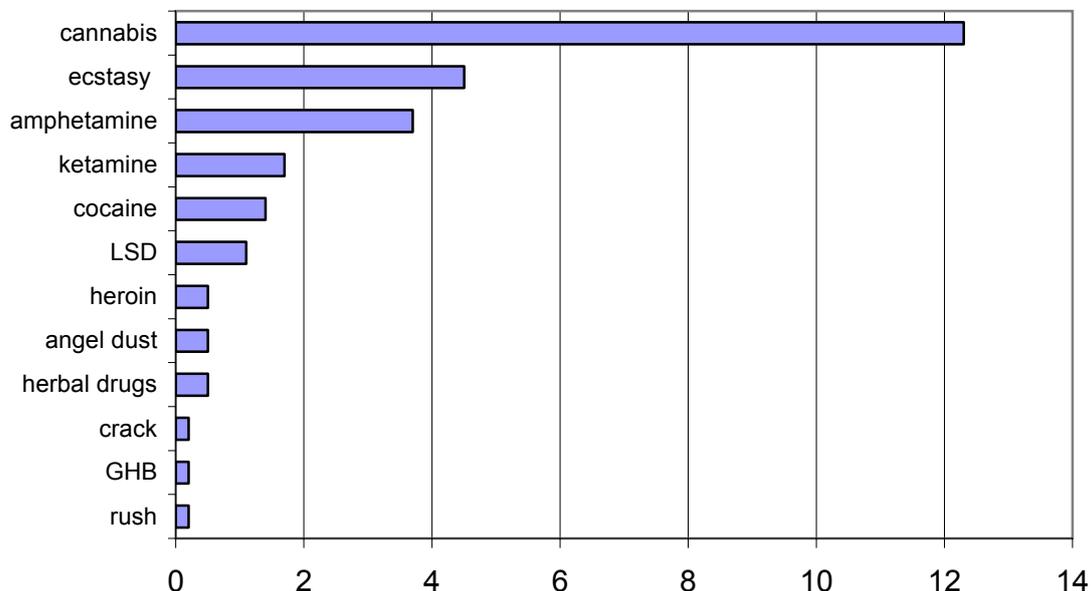
Source: Paksi 2009a

The majority (12.3%) of those who used an illicit drug inside prison used cannabis, 4.5% used ecstasy, 3.7% used amphetamines. In the case of cocaine, LSD and ketamine the

¹¹⁵ The figure was made on the basis of the answers given to the question: “Which substances do you think you could get in here, if you wanted to?”

prevalence rates relating to the entire period of imprisonment were between 1-2%. An average of one-tenth of the imprisoned persons had already used Rivotril or “dobi” during their current imprisonment.

Figure 62. *Lifetime prevalence rates of different illicit drugs relating to the period inside prison (in percentage of respondents, N=503)*



Source: Paksi 2009a

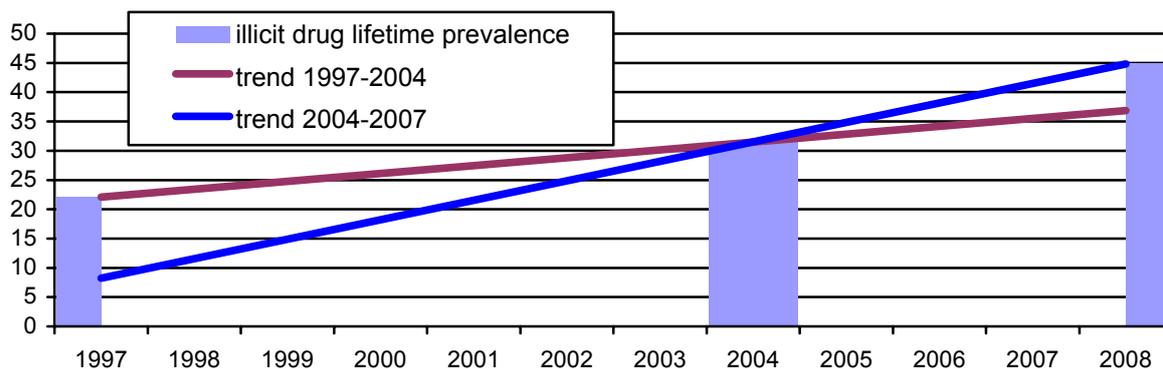
Drug use of imprisoned persons related to the period prior to and inside prison

As the vast majority of inmates who used illicit drugs inside prison had used illicit drugs prior to imprisonment as well, the lifetime prevalence rate related to their entire life (prior to and inside prison) only slightly exceeds the value relating to the period prior to imprisonment. Among the prison population the prevalence rate of illicit drugs relating to the entire life is 45.8% (in the case of men: 46.9%, in the case of women: 26.6%; $p < 0.001$).

Trends of drug use in the period prior to imprisonment

In the last four years (between 2004 and 2008), among men imprisoned on the basis of a final decision the proportion of those who had used an illicit drug before imprisonment significantly increased, from 31.5% to 44.8%, by an average of 3.3 percentage points per year. It significantly exceeds the rate of increase experienced at the end of the nineties and in the years following the turn of millennium. Between 1997 and 2004 the average annual rate of increase was 1.34 percentage points. Today the extent to which imprisoned persons are affected by drugs is higher by 8 percentage points than the value that could have been expected if the rate of increase had continued as between 1997 and 2004.

Figure 63. Lifetime prevalence rate of illicit drugs in the period prior to imprisonment among men imprisoned on the basis of a final decision between 1997-2008



Source: Paksi 2009a

Beside the increasing of the lifetime prevalence rate in the period before imprisonment by nearly one and a half times, prevalence rates relating to shorter terms also increased, thus the rate of continuous use calculated with respect to ever users did not change, and the rate of current use increased by about 10 percentage points (that is by 23%, if the earlier rate is regarded as 100%) in the period between 2004 and 2008.

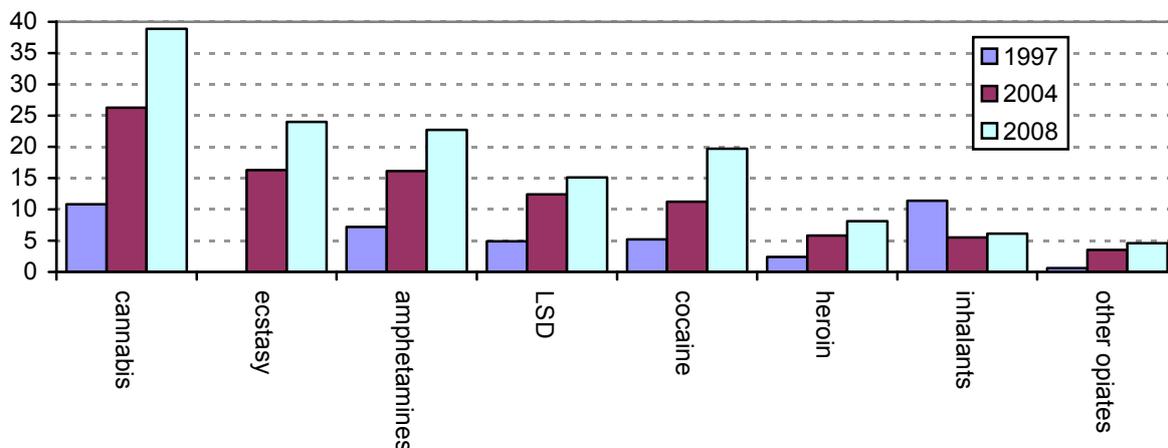
Table 43. Prevalence rates of illicit drugs among males imprisoned on the basis of a final decision, relating to the period before imprisonment in 2004 and 2008

	2004	2008	change (2004=100%)
lifetime prevalence	31.5	44.8	142%
last year prevalence	23.1	34.4	149%
last month prevalence	15.2	26.6	175%
lifetime prevalence of regular use	12.4	18.8	152%
rate of continuous use	73.3	76.8	105%
rate of current use	48.3	59.4	123%

Source: Paksi 2009a

While between 1997 and 2004 prominent shifts could be observed in the structure of drug use characterised by the decrease of inhalants and the significant increase of illicit drugs, especially cannabis, in the last 4 years – with the exception of LSD – the lifetime prevalence rate of each illicit drug regarded as significant in the drug structure increased at a relatively even rate.

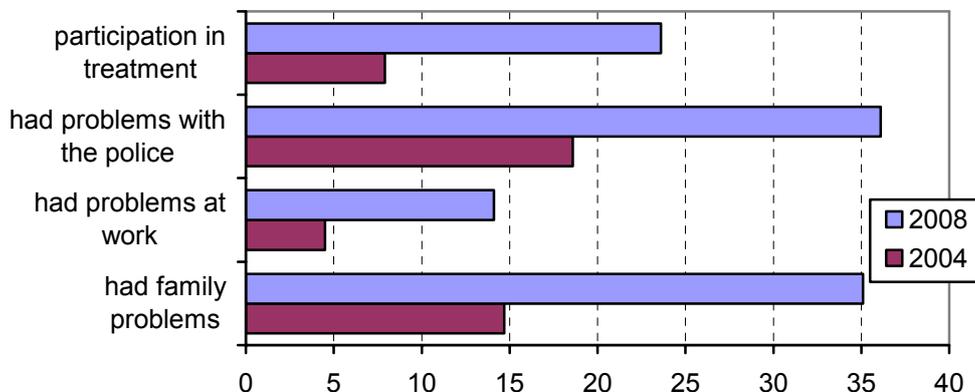
Figure 64. Lifetime prevalence rates of different drugs among males imprisoned on the basis of a final decision, relating to the period prior to imprisonment, in 1997, 2004 and 2008 (in percentage of respondents)¹¹⁶



Source: Paksi 2009a

Besides the increasing prevalence of drug use, among ever-users the proportion of those who had encountered different problems – family problems, problems at work, problems with the police – in their lives due to drug use or needed some sort of treatment because of drug use, increased significantly, by 2-3 times.

Figure 65. Occurrence of different problems deriving from drug use in the period prior to imprisonment, among ever-user males imprisoned on the basis of a final decision in 2004 and in 2008 (%)



Source: Paksi 2009a

Trends of drug use inside prison

In respect of the perceptions of the imprisoned persons relating to the availability of different illicit drugs in prison – following a decrease between 1997 and 2004 – no significant changes were observed. Beside the relative stability of the perceptions of inmates relating to the availability of different illicit drugs in prison observed in the recent years, the proportion of imprisoned persons who used illicit drugs during their current imprisonment increased significantly, from 7.9% to 15%.

¹¹⁶ During the survey in 1997 question on ecstasy use was not asked. As all the 3 surveys included the following question: „Have you ever used a drug prior to imprisonment that is not included in this questionnaire?”, the lack of the question on ecstasy use did not affect the total rate of drug use.

Trends of drug use by imprisoned persons related to the period prior to and inside prison

In summary, in the population of men imprisoned on the basis of a final decision, between 2004 and 2008 the lifetime prevalence rate of illicit drugs increased from 35.1% to 46.9%.

Normal population context

When compared to the data relating to drug use in the general population between the age of 18-64 (Paksi 2009b; Paksi and Arnold 2007) it can be determined that in the prison population the proportion of those who had used illicit drugs during their civil life is 3.5-4 times higher. In respect of prevalence rates relating to shorter terms, it is demonstrated even more emphatically that imprisoned persons are more affected by drug use, as a result of which among imprisoned drug users the proportion of continuous and current users is also many times higher than the values characteristic of the general population.

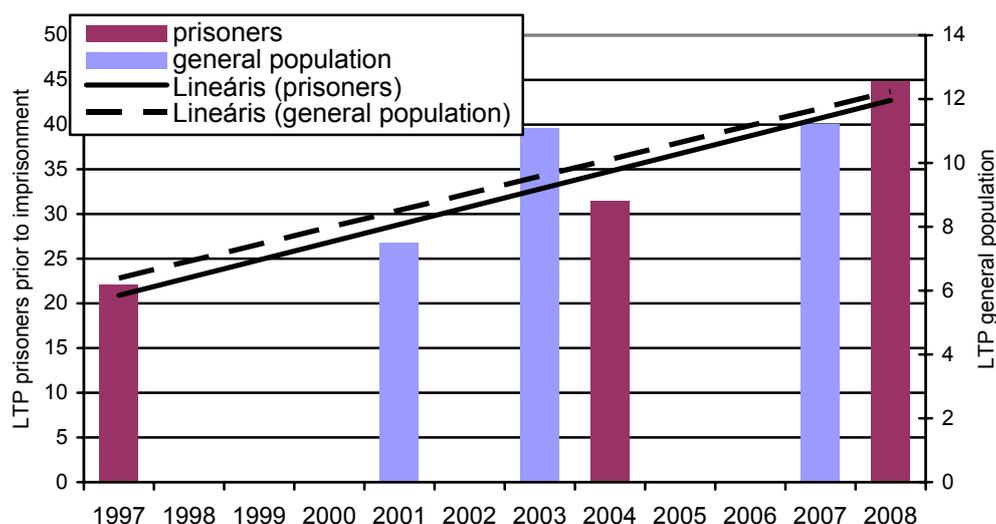
Table 44. *Main indicators of illicit drug use among people imprisoned on the basis of a final decision prior to imprisonment, and in the general population*

	Imprisoned persons (2008)		General population (2007)	
	Males	Females	Males	Females
Lifetime prevalence of illicit drugs	44.8	26.4	12.0	6.6
Rate of continuous use	76.8	65.5	29.2	27.3
Proportion of current users	59.4	39.8	15.0	12.1

Source: Paksi 2009a

Between 1997 and 2004 the imprisoned population became increasingly more affected by drug use in line with the tendency of the changes occurring in the Hungarian society, and between 2004 and 2008 the rate of increase became more intensive as compared to the previous period. All these changes took place in a social context, where the earlier increasing tendency of drug use was followed by a phase of stagnation between 2003 and 2007 (Paksi 2003; Paksi 2009b). These changes are not the consequences of a shift of the social composition of imprisoned persons towards more seriously affected social groups. Imprisoned persons represent a special population, which has not been affected so far by the favourable changes observed in society in the recent years. At the same time, if long-term tendencies are examined, it seems that the linear curves are running in parallel, that is the changes taking place in the imprisoned population, as a whole, will reflect the changes taking place in the general population extended in time.

Figure 66. Changing of lifetime prevalence rates of illicit drugs among men imprisoned on the basis of a final decision prior to imprisonment, and in the general population between 1997-2008



Source: Paksi 2009a

Availability of drugs inside prison

As a part of the prevalence survey (Paksi 2009a) imprisoned persons were also asked about how easy they think it was to have access to certain drugs within detention facilities; for data relating to this see this chapter, following the analysis of drug use inside prison.

In the course of the survey¹¹⁷ (HUNFP 2009a) on drug use and risk behaviours relating to hepatitis C screening programmes at detention facilities, imprisoned persons were also asked how difficult they think it was to obtain drugs in prison. Respondents were asked to express their opinions regarding the difficulty of access to drugs on a scale of 5 grades. 1070 out of the 1166 respondents gave a valid answer to the question. 73.6% of the respondents found it impossible or very difficult to obtain drugs within the institutes. 13.7% of the sample found that it was moderately difficult, while 12.7% of them found it easy or very easy to obtain drugs at the institutes.

Table 45. Opinions on availability of drugs at detention facilities among imprisoned persons participating in screening and risk behaviour survey

Opinions on availability of drugs	Number of answers	%
impossible	618	57.8
very difficult	169	15.8
moderately difficult	147	13.7
easy	50	4.7
very easy	86	8
Total	1,070	100

Source: HUNFP 2009a

According to the report of the Hungarian Prison Service Headquarters, in 2008 there were 25 cases when drugs were found at detention facilities, and 29 people were involved in these cases. In most of the cases cannabis was seized, in 1 case 4 people were found inebriated in a cell.

¹¹⁷ For the description and methodology of the survey see chapter 6.1.

Risk behaviour

In connection with the hepatitis C screening programme performed at detention facilities, risk behaviours related to infectious diseases was surveyed. For the data see chapter 6.1.

9.5. RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS

Drug treatment

For the data see chapter 9.3.

According to the report by the Hungarian Prison Service Headquarters (BVOP), in 2007 191, while in 2008 255 prisoners received specialised inpatient treatment due to withdrawal symptoms.

Methadone substitution treatment is not available within detention facilities, but if required, prisoners can be taken to the local specialised outpatient treatment centre.

Among special withdrawal and other programmes, the modern substitution treatment using buprenorphine-naloxone is worth highlighting; the assessment of its use (at the National Institute for Forensic Observation and Psychiatry) and the wider introduction of this therapy for volunteers from detention facilities a few months before release is in process.

Prevention, treatment and care of infectious diseases

Prevention, testing

Since 2003 HIV screening has been performed at detention facilities on a voluntary basis. As a result of which – despite the detailed and thorough information provided – the proportion of people requesting HIV screening has reduced drastically, and due to the lack of budget sources it has not been possible to offer and introduce HBV and HCV testing.

It was a break-through when a business organisation contacted the Hungarian Prison Service Headquarters, as a result of which in 2007 a hepatitis C screening and counselling programme started at 7 detention facilities in agreement with and organised by the Hungarian Prison Service Headquarters, with the participation of professionals working in prisons, civil organisations and other experts, and it continued in 2008 at 13 further detention facilities. The programme was supported by the National Public Health and Medical Officer Service (ÁNTSZ), the samples were tested in the National Centre for Epidemiology (for data regarding infections see chapter 6.1.).

The screening campaigns for HCV started with a 30-minute lecture on HCV infection, and then the prisoners could decide on taking the test on a voluntary basis. In 2008, in institutes, where it was possible, a short informative film on HCV was shown in the cells in the period before the screening.

In 2008 the Hungarian National Focal Point joined the programme, during the period of the screening they collected data on risk behaviours (drug use, injecting drug use, tattooing) related to infectious diseases – especially hepatitis C – among the prisoners. On the basis of serial numbers the answers could be linked to the serological results, for the data see chapter 6.1.).

The funds transferred with the mediation of the Ministry of Social and Labour Affairs made it possible to test the 4,000 blood samples drawn during the screening campaigns for HCV in 2007 and 2008 for HBV and – from the budget of the National Centre for Epidemiology – for HIV too (for the detailed data on infection see chapter 6.1.).

Table 46. *The number of HIV tests performed at detention facilities and positive cases detected between 2001-2008*

Year	number of tested persons	number of positive cases	incidence (%)
2001	15,936	7	0.04
2002	15,537	3	0.02
2003*	2,773	2	0.07
2004	2,921	3	0.10
2005	2,294	0	0
2006	943	1	0
2007	2,992	0	0
2008	3,367	2	0.06

**Since 2003 on a voluntary basis*

Source: Hungarian Prison Service Headquarters

Tuberculosis screening is also accessible within detention facilities (for the data see chapter 6.1.).

Treatment, care

Measures were taken to start providing care for HCV positive prisoners and subject them to treatment complying with the valid guidelines on therapy. In 2008 among the diagnosed cases (see chapter 6.1.), 33 HCV positive persons started the interferon treatment. The others did not undertake the treatment or quitted the treatment while in process because of its side effects.

The health services situated at the detention facilities and the regional centres for hepatology together are in charge of the treatment of prisoners with hepatitis C. If necessary, the prisoners are taken to the outpatient treatment unit of the local centre for hepatology.

As a result of the HIV screenings 2 persons were subjected to treatment because of HIV infection. HIV positive persons are offered the possibility to serve their sentence at the Juvenile Prison in Tököl, in a unit of the prison maintained for HIV positive persons. In this special unit of the prison there is also a consulting room, where HIV positive prisoners are provided with medical attendance by a specialist from Szent László Hospital.

New patients diagnosed with tuberculosis (in 2008: 21 persons) are separated and treated at the Department of Pulmonology of the Prison Service Central Hospital.

9.6. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON

The Office of Justice, with the support of National Committee for Crime Prevention, launched a project in 2007, the target group of which included released prisoners with drug and alcohol problems. Using the method of family and small community conference talk, by mobilising family and small community relationships, the programme intended to facilitate release and reintegration into society. The aim of the project was to direct clients to appropriate treatment units beside the continuous support of their family, and to make them use the services of the professional and civil organisations, possibly services of church communities and the job centres operating within the local community. The project was launched in September 2007 and it ended in April 2008. During the term of the project status assessment and individual consulting on addiction was also ensured. In the course of the project 15 probation officers and 2 pedagogues from detention facilities took part in the training aimed at acquiring the method of family group decision-making conference. During the project 17 family group decision-making conferences were realised.

Subsequently, the Ministry of Social Affairs and Labour and the Ministry of Justice concluded an appropriation regrouping agreement to the debit of the sub-title "tasks concerning the

prevention of drug use". The Hungarian Probation Service of the Office of Justice was granted support from this source to continue its pilot follow-up treatment programme for released prisoners with drug and alcohol problems, which programme originally ended in April 2008. During the continuation of the programme an educational film was made on family group decision making conferences. Training courses were held on motivation interviews to be made during assistance work with drug users and alcohol consumers, and also on the method of the family group decision-making conference. During 2008 the training courses were held, and 51 probation officers and 2 pedagogues from detention facilities participated in the courses. Family group decision-making conferences were organised and held in a total number of 20 further cases. The probation officers and pedagogues participating in the training were also provided with the possibility of case discussion and supervision.

The training course organised by the Specialised Outpatient Treatment Centre Foundation of Miskolc to provide help in undertaking employment was aimed especially at young drug users serving their sentence at the Regional Detention Facility for Juvenile Delinquents in Szirmabesenyő. The programme was realised in the form of a 90-hour training course, between January-March 2008, with 24 participants. The aims of the programme included encouraging participation in vocational education and training courses, and preparing participants for returning to the labour market.

Conclusions

In 2008, as compared to the year before – unlike the decreasing tendency observed in the previous two years – the number of revealed criminal offences concerning the misuse of illicit drugs increased again, by 17%. The number of persons against whom proceedings were instituted for committing such offences increased by 20.9%. At the same time, the shifting of the quantity indicators was not accompanied by the changing of the proportions within total criminal offences. Among total criminal offences the proportion of revealed criminal offences relating to the misuse of illicit drugs hardly changed: it was 1.1% in 2007 and 1.3% in 2008. Similarly to 2007, in 2008 again practically every tenth criminal offence concerning misuse of illicit drugs was committed by juvenile offenders (11.3%). Among revealed cases of misuse of illicit drugs no such a low proportion of juvenile offenders has been observed since 1997. The increase in the number of cases indicates that the number of revealed criminal offences concerning the misuse of illicit drugs is "becoming normalised", that is the number of revealed criminal offences concerning the misuse of illicit drugs is not influenced or it is less influenced by the previous changes of the legal environment. Beside the number of cases, the proportion of juvenile offenders among revealed criminal offences concerning the misuse of illicit drugs also indicates this "normalising" tendency. This observed proportion is approaching the proportions within total criminal offences.

In the last four years (between 2004 and 2008), among men imprisoned on the basis of a final decision the proportion of those who had used an illicit drug prior to imprisonment significantly increased, from 31.5% to 44.8%, by an average of 3.3 percentage points per year. Between 2004 and 2008 the proportion of imprisoned persons who used illicit drugs during their current imprisonment increased significantly, from 7.9% to 15%, despite the fact that in the recent years the perceptions of the prisoners relating to the availability of different illicit drugs in prison remained relatively stable.

In 2007 a wide-ranging hepatitis C campaign screening programme was launched in detention facilities, in the course of which nearly all blood samples were tested for HIV and HBV as well.

10. DRUG MARKETS

Overview

All substances seized in Hungary, which raise suspicion that they may be illicit drugs, are analysed in the laboratories of the Institute for Forensic Sciences.

10.1. AVAILABILITY AND SUPPLY

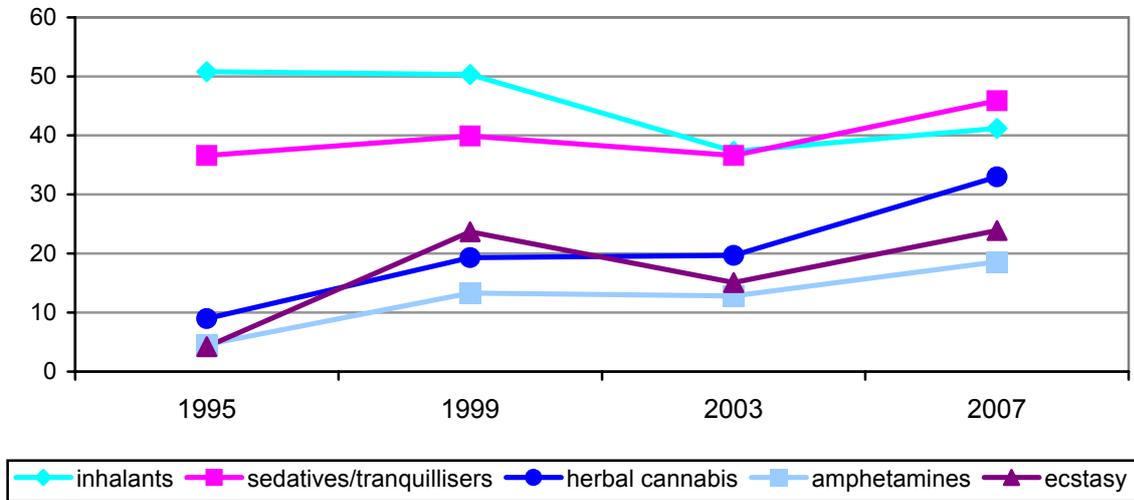
Availability

Availability on the basis of the opinions of secondary-school pupils

On the basis of the results of the ESPAD surveys (Elekes 2009)¹¹⁸ carried out between 1995-2007, the perceived availability of illicit drugs examined in the course of all data collections (herbal cannabis, amphetamines, ecstasy) perceived by pupils increased significantly between 1995 and 1999, the data collected in 2003 indicated a decrease in the case of ecstasy and stability in the case of the rest of the drugs. The data of 2007 indicate a significant increase in the perceived availability of all three illicit drugs. The greatest change of the last 12 years can be observed in the perceived availability of ecstasy, as today the number of pupils who find it easy/very easy to obtain is six times as much as in 1995, as a result of which in 2007 the perceived availability of ecstasy in Hungary was more than the mean value measured in the European countries participating in the ESPAD survey. Between 1995 and today the perceived availability of amphetamines increased by four times, and the perceived availability of herbal cannabis increased by three times. In 2007 the perceived availability of herbal cannabis was only 1 percentage point below the European mean value of the countries participating in all data collections. As compared to 2003, the perceived availability of sedatives/tranquillisers and inhalants also increased, although this increase was not as significant as in the case of illicit drugs. Consequently, today the proportion of those who find sedatives/tranquillisers easy/very easy to get is 9 percentage points higher and the proportion of those who find inhalants easy/very easy to get is 9 percentage points lower than in 1995.

¹¹⁸ For the methodology see chapter 2.

Figure 67. The proportion of pupils who find different drugs easy or very easy to obtain, in percentage of 16-year-old respondents between 1995-2007

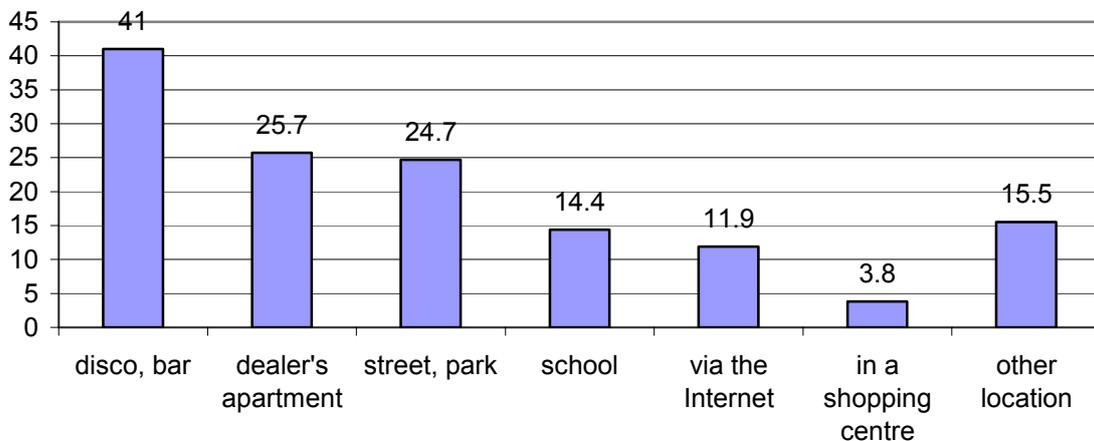


Source: Elekes 2009

In the course of the survey carried out among pupils studying in grades 8-10, the availability of drugs was examined with two further questions: on the one part pupils were asked to mark the places on a list where they could easily obtain herbal cannabis/cannabis resin, on the other part they were asked if they had ever used herbal cannabis, ecstasy or amphetamines in their lives, from whom or where they obtained these drugs.

More than half of the pupils (56%) could mark at least one place, where they thought it was easy to obtain herbal cannabis. Most of them mentioned discos, dealers' apartments, streets or parks. A lower number of them find that they can get drugs at school or through the internet, and less than 4% of them find that herbal cannabis is easy to get in shopping centres.

Figure 68. Places where it could be easy to obtain herbal cannabis or cannabis resin, in percentage of pupils studying in grades 8-10

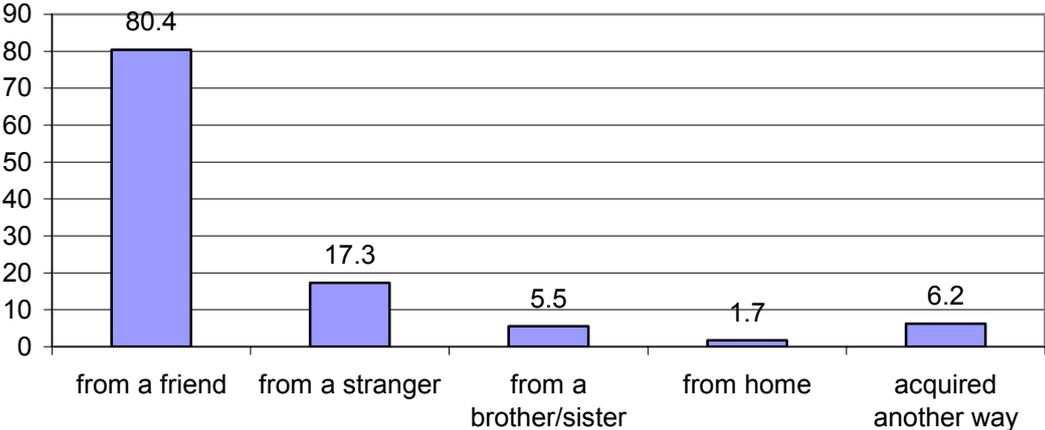


Source: Elekes 2009

The vast majority of those who had already tried drugs stated that the actual way of getting drugs (herbal cannabis, ecstasy, amphetamines) was getting them through friends. It is one

of the sources in the case of 80% of the users. Most of them shared the drugs in a company of friends (48.6%), or they received the drugs from their older friends (34.9%) or from their friends who were younger than them or of the same age (26.9%). There is a lower number of pupils (17.2%) who bought drugs from their friends. Strangers were reported as a source of acquisition much less frequently (17.3%) than friends (6.3% of them bought drugs from someone they did not know in person, 4.6% of them bought drugs from a stranger). Brothers and sisters were stated as a source of acquisition infrequently. One of the least frequent sources of acquisition was home (0.8% received drugs from their parents, 0.2% took drugs from their parents without permission).

Figure 69. Sources of acquisition of drugs – in percentage of pupils who had used drugs



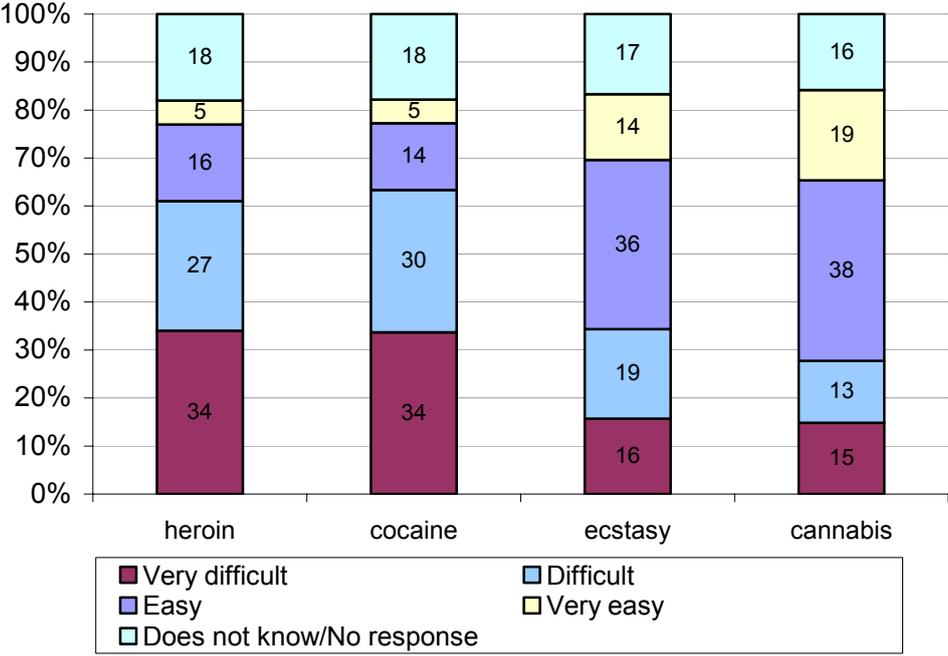
Source: Elekes 2009

Availability on the basis of the opinions of young people aged 15-24

According to the 2008 Eurobarometer survey (Flash 2008)¹¹⁹, among Hungarian young people between the age of 15-24 the proportion of those who found cannabis easy or very easy to obtain was the highest. It was followed by ecstasy, then heroin and finally cocaine. In the case of cocaine and heroin it can be stated that more than half of the respondents said that it would be difficult or very difficult to obtain.

¹¹⁹ The survey was carried out on a representative sample of young people between the age of 15-24 (N=500). The questionnaires were recorded by telephone interviews, between 15 April and 17 May 2008.

Figure 70. Availability of different drugs according to the opinion of young people between the age of 15-24



Source: Flash Eurobarometer 233

Drugs origin: national production versus imported¹²⁰

A significant part of herbal cannabis (and all other cannabis) distributed in Hungary up until recently came from Western Europe, mainly from the Netherlands, and from the Balkan states, but the number of plantations revealed and liquidated in Hungary continues to show an increasing tendency. Illegal domestic cannabis cultivation is still popular, which is indicated by the proportion of seized plants grown in nutrient cubes which is over 30% among all seized plants (For further detailed data see chapter 11.1.)

In 2008, on three occasions the Hungarian authorities sized a total amount of 63,000 litres of acetic acid anhydride, which is a substance needed for heroin production.

In 2008 no illegal laboratory was seized. At the same time, taking into consideration the increasing demand and the high level of the technical and financial background, the possibility that amphetamine production will start in Hungarian laboratories too in the future cannot be excluded. The possibility of this is multiplied due to the fact that Hungary is within the Schengen area, especially if we take into consideration the possibility of travelling without internal border controls within the area.

¹²⁰ On the basis of the report by the National Bureau of Investigation, the Institute for Forensic Sciences and the Ministry of Justice.

Trafficking routes, organisation of domestic drug markets¹²¹

Trafficking routes and the structure of the domestic market by drug type

According to a study¹²² examining the characteristics of the drug market (Mészáros 2009), Hungary's accession to the Union resulted in serious changes in the field of international trade and consignments to the domestic market, as due to the abolishment of border controls and infrastructural developments (especially the construction of motorways) trafficking routes have become safer. This phenomenon could also be observed in the changing of courier methods: much less trafficking was done through Ferihegy Airport than before, and transportation by motor vehicles became more dominant. The changing of the Schengen border did not have a significant influence on transit routes through Hungary or routes the destination of which was Hungary. It may affect the trafficking of synthetic drug types, as the southern border has remained the "gate to Europe" from the aspect of heroin.

Recently the structure and operating mechanisms regarding the Hungarian groups of offenders have gone through a period of transformation. Originally existing large groups of a pyramidal structure (investor, organiser, importer, dealer) have been replaced by smaller loosely related diasporas operating in a cell-like structure. These groups sort out their own investments and acquisitions themselves, and they may also support each other (Mészáros 2009).

According to the report of the Co-ordination Centre Against Organized Crime (SZBEKK) (SZBEKK 2009), the system of distribution is not centred in Budapest any more, several dealer networks from the regions of North Hungary and the Transdanubia have their own sources of import abroad. Although the role of Budapest is still dominant, the "university cities" have become centres of distribution as well.

According to the report by the Ministry of Justice (IRM 2009), in respect of synthetic drug types it can be stated that drugs are smuggled into Hungary mainly on road, with a low risk due to the lack of border controls, in the same way as herbal cannabis is smuggled. First of all, drugs are smuggled in hidden compartments made in motor vehicles. Typically the heads of Hungarian distribution networks are in contact with Hungarian citizens in the Netherlands and Belgium. A significant number of these persons settled abroad had already performed drug distribution activity in Hungary, and then – because of some criminal proceedings, or only because they had managed to create a serious financial background through their activity in Hungary – they settled abroad. In the Netherlands there is an actual Hungarian colony organising drug trafficking via their Hungarian contacts. A certain shift can also be observed in the field of sale to consumers. While earlier most of these drugs were sold and purchased at places of entertainment, now these transactions take place typically through dealers, in apartments and on public area.

In respect of cocaine the role of Hungary is significant because of the so-called courier network: men, first of all of Nigerian citizenship, staying in Hungary as refugees establish

¹²¹ On the basis of the report by the National Bureau of Investigation, the Ministry of Justice and the National Police Headquarters.

¹²² In 2009, the OpenNetwork Market and Society Research Group carried out a study the aim of which was to analyze the characteristics and the modus operandi of the domestic drug market and supply related activities. Both quantitative and qualitative methods were applied. The applied methods were: "desk research" (collecting and analyzing documents on related statistics and studies; press/content analysis). During the survey qualitative research interviews were made with the competent employees of Hungarian criminal prosecution organisations. The following organisations were contacted during the survey: Hungarian Customs and Finance Guard Central headquarters for Criminal Prosecution; Budapest Police Headquarters Service Against Drug-Related Crime; National Police Headquarters, Criminal Division; National Bureau of Investigation Department Against Drug-Related Crime. Moreover case-studies of dealer carriers were prepared and analyzed. Dealers were recruited by applying the snowball technique, 6 dealers were interviewed.

personal relationships with Hungarian women and their friends, who collaborate with them as couriers themselves or recruit further couriers as stepping up in the hierarchy. From South America they smuggle cocaine after swallowing it or hiding it in a different way to Western Europe, where they hand it over to Nigerian organisers. (For further data, see: National Report 2008, chapter 10.1.). According to the report of the National Police Headquarters, domestic dealers are concentrating increasingly on cocaine distribution. It is due to the fact that the group of users is much narrower, more exclusive, closer, which provides them with a higher income, a lower risk of getting caught, and a permanent turnover.

In respect of heroin it can be stated that Hungary has the role of a transit, depositor and destination country on the Balkan route. Via the depositor role, heroin is taken to Belgium, the Netherlands, Switzerland, Great Britain and France from Hungary. According to the intelligence data of the National Bureau of Investigation the following more significant trafficking methods have become known in respect of heroin: founding travel agencies or passenger transport companies, vegetable export-import companies, export-import freight companies in Europe, through which companies drug trafficking is realised, as well as through transportation in cars.

In the course of the investigations it can be stated that the group of offenders dealing with cannabis is becoming increasingly more organised, more conspired, catching them in the act, which is needed for demonstration, requires extremely serious, harmonised and well-trained human resources. The large cannabis plantations liquidated in February and March 2009 also confirm that a new, strong “black market participant” must be taken into consideration. (For further detailed data see chapter 11.1.)

Characteristics of groups of offenders

According to the analysis of the National Police Headquarters, on the basis of the data of the criminal intelligence service and open criminal proceedings it can be said that in Hungary, in the field of drug-related crime there are two special forms of criminal organisations that can be distinguished from each other on the basis of their characteristic features.

One of these includes criminal organisations in the traditional sense, which are not specialised in committing individual types of offences, but operate in a multi-level, well-structured system. They perform their activity both in and outside of Hungary, they have extensive international relations. In the case of these groups the misuse of illicit drugs is not the primary income-earning activity. They “invest” their illegally obtained accumulated capital in drugs occasionally, and invest the extra profit gained in this way into legal or semi-legal enterprises.

The other form of criminal organisations includes specialised criminal organisations, permanent organised or organisation-like group of offenders specialised in committing the offence of misuse of illicit drugs. This category of criminal offences is their primary source of income, and they also commit other illegal acts – typically additionally.

In the case of both forms of organised offence it can be determined that usually persons with a mother tongue other than Hungarian play the leading and controlling roles.

It is especially characteristic in the case of criminal organisations dominating wholesale heroin trade, controlled only by foreign speaking persons. Turkish, Bulgarian and Kosovo-Albanian groups have a dominant role in this circle (in Budapest they are represented by a numerous population), and they are organised on the basis of ethnical and family relations, on the basis of the ties of blood. Their activity is characterised by work sharing and conspiracy developed and fixed through many years. The criminal organisation is characterised by a loose, cell-like, horizontal structure. A significant amount of the “dirty money” accumulated by this group of offenders flows back to Turkey, and in this way drug trade can continue. In Hungary there are several Turkish criminal groups, which are loosely related to each other, but together they do not form a separate criminal organisation, as they

form the Hungarian part of Turkish organised criminal groups spread all over Europe and based in Turkey.

The persons ensuring the logistical conditions of commissions are connected to them, as well as Vietnamese and Hungarian citizens dealing with street trade, most of whom are drug addicts themselves, and criminal proceedings have been instituted against them several times before.

In Budapest police must deal with Vietnamese organised criminal groups separately, as they operate a complex network covering from wholesale acquisition to sale to users. Their activity is strictly conspired, it is impossible to find cooperators from their groups, information about them can be obtained using technical intelligence equipment and the method of observation.

The controllers of the criminal groups do not or only rarely – in exceptional cases – participate directly in committing the offences. They invest their income obtained earlier illegally into legal or seemingly legal activities. They do not give instructions directly to commit the offences, control is realised in several stages. Top leaders only ensure the financial background in the interest of obtaining the extra profit.

According to a study¹²³ (Mészáros 2009), on the basis of experts' opinions, on the Hungarian market typically persons from families in an extreme position, either living under very bad or very good circumstances, and mostly males between the age of 20 and 35 deal with drug trade/distribution. In the case of cocaine, synthetic drugs and herbal cannabis, in the hope of gaining a quick profit involving a high risk, dealers engage in drug trading either beside their legal income or income deriving from an enterprise, or "full-time" instead of participating in the primary labour market.

The market of heroin is a very closed market, only certain distributor groups deal with it, these are most often pushers who need to cover their daily dose.

10.2. SEIZURES

The table below contains the drugs found and seized by the Police and the Customs proceeding in drug-related offences. (ST13_2009_HU_01; ST13_2009_HU_02; ST13_2009_HU_03)

Table 47. Number and quantity of seizures of illicit drugs in 2007 and 2008

Type of drug	2007		2008	
	number of seizures	quantity seized	number of seizures	quantity seized
Herbal cannabis (kg)	1,352	346.6	1,670	254.6
Cannabis plant (pieces)	70	1,667 *	73	1,523 *
Cannabis resin (kg)	55	11.9	63	2.8
Heroin (kg)	154	80.3	128	28.6
Cocaine (kg)	134	15.3	134	23.1
Amphetamine (kg)	417	35.8	456	61.8
Ecstasy tablets (tablet)	152	131,632	186	144,618
/MDMA, MDA, MDE/ LSD (dose)	12	71	18	266

* 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 herbal cannabis is still the most widely used drug, and it is followed by amphetamines.

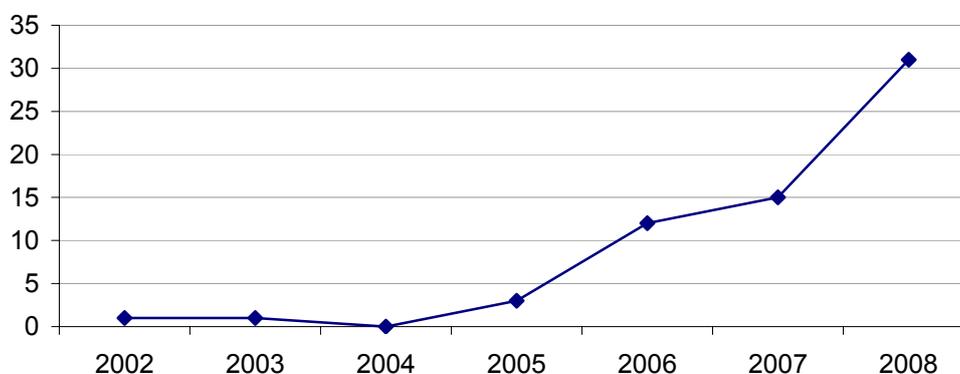
¹²³ For methodology, see earlier in this chapter.

After the decreasing tendency of ecstasy seizures observed in the previous two years, now they show an increasing tendency. Beside classic ecstasy tablets, typically containing the active substance MDMA, a significant amount of tablets containing amphetamine and mCPP (a total number of 37,241 tablets) was also seized (see chapter 10.3. on Price/Purity).

Cocaine, both in respect of the number of seizures and the frequency of occurrence of the active substances detected in the seized substances and on the seized objects, has left heroin behind, which clearly indicates that cocaine continues to gain ground among drug users.

Beside the most frequently used drugs, there are fewer but characteristic cases of misuse of GBL and ketamine. Generally ketamine is obtained from veterinary preparations and it appears on the black market in a pure or diluted form. In respect of gamma-butyrolactone (GBL), which is not regarded as an illicit drug, but after entering the body it transforms into an illicit drug (GHB), the increasing tendency observed in the previous three years continued, in 2008 GBL or objects contaminated with GBL were seized in twice as many cases as in 2007.

Figure 71. *Number of GBL seizures between 2002-2008*



Source: *Institute for Forensic Sciences*

In 2008 again, a significant amount of tablets containing methadone and psychotropic substances – not regarded as illicit drugs – were seized, as well as preparations containing steroids, that are not under control, which indicates the presence of these substances on the black market.

Apart from drugs regularly encountered on the occasion of seizures, in 2008 101.6 kg of khat plant was seized, and on one occasion (beside a large amount of amphetamine and ecstasy) 5.4 kg of powder containing BZP and TFMPP was seized.

10.3. PRICE / PURITY

Price of drugs at street level

In 2008, similarly to the previous year, the price of drugs at street level was assessed again. Data collection took place as in the previous years, the prices were determined on the basis of questionnaires completed by drug users. (ST16_2009_HU_01)

In respect of the proportions of different answers, most people could again provide information regarding herbal cannabis. It was followed by the number of people providing answers relating to amphetamines and ecstasy, and now this number is approached by the number of people having information on the price of cocaine.

Table 48. Price of drugs at street level in EUR ¹²⁴ in 2008

	Lowest	Highest	Most common	Average	Number of respondents
Cannabis resin (g)	7.3	10.7	9.3	9	55
Herbal cannabis (g)	6.7	10.5	9.1	8.6	89
Heroin (g)	39.4	65.5	50.6	52.5	49
Heroin (packet)	17.5	28.8	21.2	23.2	51
Cocaine (g)	49.1	65.8	58.4	57.5	65
Crack (g)	54.4	75	61.9	64.7	9
Amphetamines (g)	9.8	13.8	12.3	11.8	81
Ecstasy (tablet)	3.4	6.2	4.6	4.8	71
LSD (dose)	9.5	13.3	11.5	11.4	39
Methadone (20 mg)	5.7	8.3	6.8	7	32
Methadone (5 mg)	1.7	2.9	2.1	2.3	18

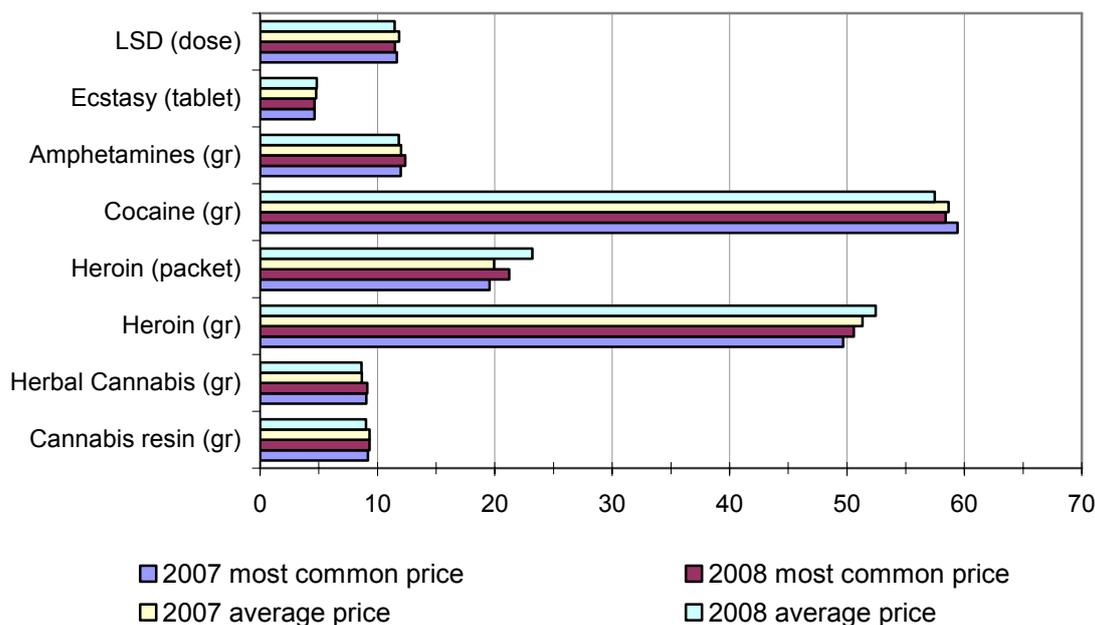
Source: Hungarian National Focal Point

As compared to the prices reported in the previous year¹²⁵ the following changes can be observed: the most common and average price of cocaine continued to decrease in accordance with the tendency observed in the previous year. It confirms the phenomenon observed in the field of supply and seizures, that is the increasingly more frequent use of cocaine. The average price of amphetamine also shows a decreasing tendency. At the same time, the average and most common price of heroin, both in packets and by gram, increased as compared to the previous year. The changing of the street price of heroin and amphetamine is in compliance with the changing of the active substance content observed in the case of these two drugs. The price of the rest of the drugs shows more or less the same values as in the previous year.

¹²⁴ The prices in the table were calculated on the basis of the official exchange mid-rate of the EUR for 2008 (EUR 1 = HUF 251.25).

¹²⁵ Analysis was carried out on the basis of the prices stated in HUF.

Figure 72. The most common and average prices of drugs in EUR in 2007 and 2008

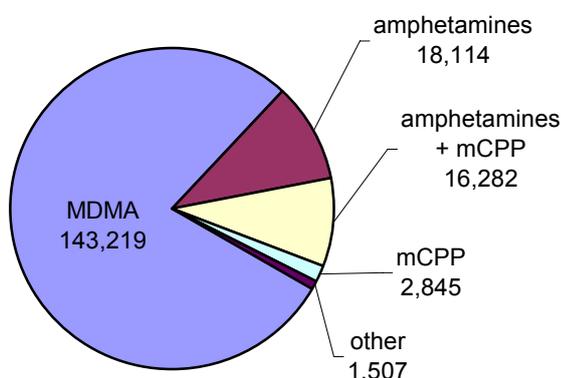


Source: Hungarian National Focal Point

Purity

In respect of the active substance content of drugs, in 2008 again a significant change could be observed in the case of ecstasy type tablets (ST15_2009_HU_01). MDMA remained the most common active substance, at the same time a significant amount of tablets containing amphetamine and mCPP was also seized. As a new active substance, 4-fluoroamphetamine was found in tablets, and tablets containing the active substance 2C-B and DOB were also seized on one occasion each.

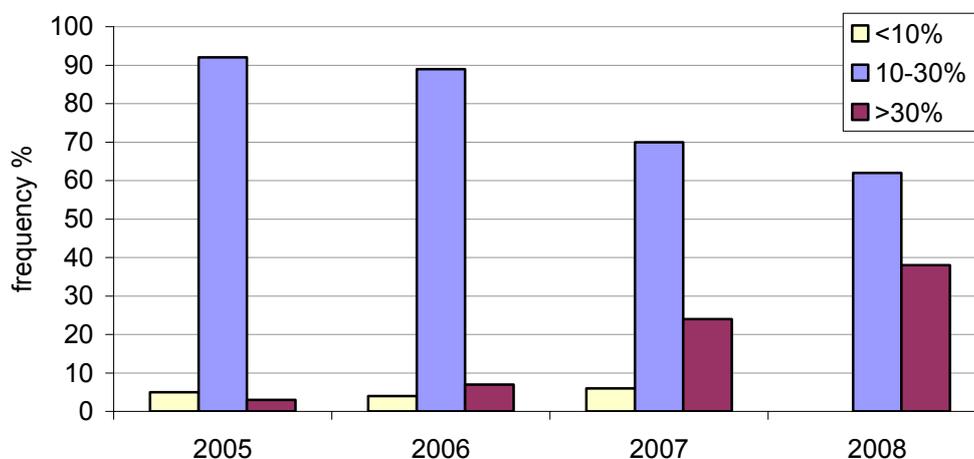
Figure 73. The amount of seized ecstasy tablets and their active substances in 2008



Source: Institute for Forensic Sciences

In the case of heroin packaged in user doses, the proportion of preparations with a higher active substance content continuously increased in the previous years, in 2008 heroin of a purity of nearly 50% was also found among the seized drugs. (ST14_2009_HU_01)

Figure 74. Active substance content of heroin packaged in user doses, and its frequency of occurrence between 2005-2008



Source: Institute for Forensic Sciences

In the case of amphetamine the proportion of preparations with a lower active substance content increased, and ephedrine appeared as an additive in an increasing number of cases. In the case of cocaine, instead of the additives that used to be characteristic before (phenacetine and lidocaine), lactose and caffeine appeared frequently; in the previous years these substances were typically used for diluting amphetamine.

Conclusions

On the basis of the seizure data it can be determined that in 2008 the increase of cocaine use continued. It is accompanied by the decreasing tendency that can be observed in connection with the price of cocaine at street level, which tendency started in 2007. In the previous years the active substance content of powders containing heroin packaged in user doses indicated a continuously increasing tendency, which represents an increased risk for users. At the same time the price of heroin by gram and in packets increased at street level. In the case of ecstasy tablets MDMA is still the most common active substance. At the same time a significant amount of tablets containing amphetamines and mCPP were also found, and 4-fluoro-amphetamine appeared as a new active substance. In the last 4 years the number of GBL seizures increased continuously, which clearly indicates the increasing tendency of misuse of drugs not controlled.

11. CANNABIS MARKET AND PRODUCTION

Overview

On assessing the state of the drugs problem in Hungary it is very important to take into consideration that drugs problem was hardly dealt with before the 1990's. According to the report by the Coordination Centre Against Organised Crime, domestic cultivation of cannabis first appeared in Hungary in the 1980's.

Beyond the information originating from routine data collection there is a very limited number of studies and further data that is available on cannabis market and production. In this chapter a recent study examining the characteristics and the 'modus operandi' of the domestic drug market and supply related activities (Mészáros 2009) and partial data of an ongoing study on drug dealer carriers (Ritter 2009) will be included.¹²⁶ The Hungarian National Focal Point also carried out a survey (HUNFP 2009b) relating to the Selected Issue, in the course of which the characteristics of the domestic cannabis market and production were examined among regular cannabis users.

11.1. MARKET

History and background of domestic cannabis production

On the basis of the available data from the Institute of Forensic Sciences it can be clearly determined that in the second half of the 90's the number of cannabis seizures (herbal cannabis or cannabis resin) indicated a significant increase. Between 1994 and 2001 the number of samples containing delta-9-THC (delta-9-tetrahydrocannabinol, hereinafter: THC), which is the active substance of such drugs, increased by about seven times. (Nagy 2002)

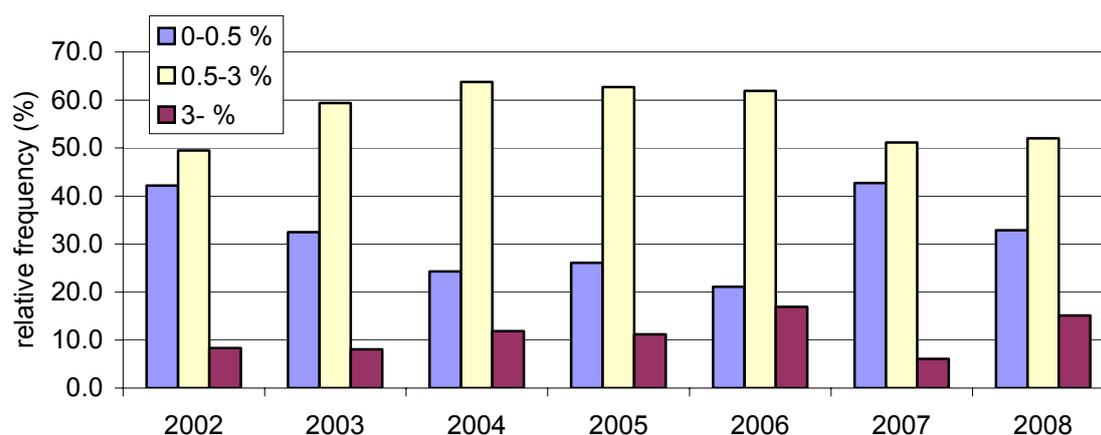
At the beginning of the 90's herbal cannabis appeared in the form of green-coloured grinded herb, but towards the end of the millennium solid stalk-ends rich in resin were seized tendentially more frequently, with a THC content far above the values seen earlier. (Nagy 2002). This phenomenon may have indicated the appearance of cannabis on the market with high active substance content cultivated under special circumstances. In that period illegal cultivation in Hungary took place typically outdoor or in certain cases, in greenhouses.

Between 1997 and 2001 significant changes could be observed in the THC concentration of herbal cannabis samples seized in Hungary. The concentration of more than 86% of herbal cannabis samples examined in 1998 remained below 1%, but in 1999 a sudden change occurred. While the maximum THC content of herbal cannabis samples examined in the years before 1999 remained below 2.5%, in 1999 samples containing 8.5% THC were examined in the laboratory, and in 2001 active substance contents above 10 % was also demonstrated. In the case of 17% of the herbal substances seized in 2001 the THC content was more than 2%. Although a significant proportion of the herbal substances examined still had a low concentration, an increasing number of samples with a high active substance content was seized. (Nagy 2002)

According to the report of the Institute for Forensic Sciences this tendency continued until 2006, in the case of seized cannabis plants and herbal cannabis the proportion of substances with a lower active substance content (<0.5%) decreased, while the proportion of substances with an active substance content between 0.5-3% – which could be regarded as general in that period – continuously increased. In 2007 the proportion of substances with a lower concentration increased as compared to the previous year, but in the following year a decrease could be observed again in this field, and the proportion of substances with a higher concentration turned to an increasing tendency.

¹²⁶ Both of the studies mainly applied qualitative methods.

Figure 75. The changing of the delta-9-THC content of seized cannabis plants and herbal cannabis between 2002-2008



Source: Institute for Forensic Sciences

The number of cannabis plant seizures – following a temporary decrease – continuously increased again in the last 3 years (see chapter 11.2.), which possibly indicates the spreading of illegal cannabis cultivation 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”) conditions.

The seeds needed for growing herbal 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 know-how, the financial capital and the source of acquisition of the technology. Domestic offenders participate in drug production with financial resources and personal work (nurturing, harvesting, sale) (National Report 2008).

According to a study¹²⁷ carried out in Hungary to examine the characteristic features of the drug market (Mészáros 2009), the activity of the Vietnamese network revealed after the seizures that took place in the first three months of 2009 in Hungary¹²⁸ it is indicated that continuous and isolated production of large amounts of herbal cannabis with professional equipment and an excellent logistical background is on the increase at several points in Europe. It is also supported by the information released by the police, according to which some of the goods was sold in the Czech Republic, where 70 smaller and larger cannabis plantations were revealed in 2008 and all of them operated with Vietnamese interest. It cannot be excluded that the group renting houses in Budapest was also related to the groups of offenders seated in Prague.

In connection with the Selected Issue the Hungarian National Focal Point carried out a survey¹²⁹ (HUNFP 2009b), in the course of which in 7 towns 125 recent regular cannabis users were asked about the special features of the domestic cannabis market.

¹²⁷ For methodology, see chapter 10.1.

¹²⁸ In 2009 huge cannabis plantations found in rented houses were seized in Hungary, which affected the entire European market. It confirms that a new strong “black market participant” needs to be taken into consideration in this field.

¹²⁹ The sample included cannabis users in treatment, who used cannabis at least twice a week before starting treatment. The questionnaires were recorded by a self-administered technique. 7 specialised outpatient treatment centres from 7 cities (Budapest, Szeged, Győr, Debrecen, Miskolc, Pécs, Zalaegerszeg) took part in the survey, typically the highest number of cannabis users are treated at these specialised outpatient treatment centres. The sample is not representative. Out of the 125 respondents, 93 were male, 13 were female further 19 person did not

In the course of the survey users were asked to express their opinion on how the market share of domestically produced cannabis had changed in Hungary in the previous 10 years. 50% of the respondents thought that the proportion of domestically produced cannabis had increased in the last years, 6.8% of them thought that the proportion of imported cannabis had increased, and 11.8% said that the proportions had not changed.

Table 49. *The changing of the proportions of domestically produced and imported cannabis on the domestic market according to the opinion of the users in the last 10 years*

	Respondents (N=118)	
	number	%
the proportion of domestically produced cannabis has increased	59	50
the proportions have not changed	14	11.8
the amount of imported cannabis is increasing	8	6.8
does not know	37	31.4
Total	118	100

Source: HUNFP 2009b

The participants of the survey also answered a question relating to how many percent of herbal cannabis available in Hungary was domestically cultivated and how many percent was imported. The most frequently mentioned perceived proportion was 50-50%.

“Grow shops”

According to a study¹³⁰ examining the characteristic features of the drug market (Mészáros 2009), good quality cannabis coming from the direction of Serbia and the Netherlands 15-20 years ago and domestic outdoor plantations were replaced about ten years ago by good quality goods deriving almost exclusively from abroad. By now this tendency has changed, domestic cultivation is becoming increasingly wide-spread, without quality problems, due to the use of professional technology and continuous plant breeding. As a result of this the number of “home-growers” producing low amounts continuously can be expected to increase too. Not too expensive equipment for home-growing available in international networks has recently appeared in Hungary too, as well as new hybrid cannabis plant types (e.g.: low rider), which are only 45-50 cm tall and grow even horizontally under a “light tower”, producing appropriate yields and quality even in a 2 m² store-room.

There is no data relating to the exact number of domestic grow shops, but – on the basis of printed and Internet advertisements – they can be found in Budapest and some other larger towns. At domestic grow shops – which are often head shops too at the same time – apart from seeds all other technical equipment is available for growing plants at home (cubicle, tent, hydroponic-, aeroponic-, soil-based equipment, lamps, fertilizers, extractor fan). Information on cultivation is available mainly on the Internet or in printed form, or oral information is provided in the shops. A free magazine is always available in the shops, it

answer the question regarding gender. The mean age of the sample was 23.8 years. On average they had been using cannabis for 5.7 years, the most common length was 5 years.

In 2008, 2,569 persons entered treatment for use of cannabis as a primary substance. According to the categories of the TDI system, if users using cannabis “2-6 times a week” or “daily” are regarded as regular cannabis users, it can be stated that 21.6% of all new treatment demands because of cannabis (556 persons) are made by regular users. The 125 persons interviewed form 22.5% of new treatment demands relating to regular cannabis use. Although the TDI system contains only new treatment demands, it is not likely that patients treated for cannabis use are treated for more than 12 months, as about 80% of such treatment demands are formed by participation in diversion programmes lasting for six months.

¹³⁰ For methodology see chapter 10.1.

contains the contact details of the biggest grow shops in the country and articles on growing cannabis.

On the basis of the information provided by the National Bureau of Investigation, offenders also use the Internet as a source of communication and as an electronic organising tool. It can be observed that seeds are ordered by contacting so-called seed banks on the Internet, and materials and equipment basically needed for indoor and outdoor plant growing are also traded on the Internet. Because of the so-called foreign server connections these sites are difficult to monitor, in many cases a password is needed to enter them or they are hidden behind a different site and only those can enter, who know the password.

On the basis of the summary on the legal background found on the Internet site of the Hungarian Civil Liberties Union (TASZ 2009)¹³¹ it can be stated that in Hungary the present laws do not prohibit publishing general advice or propagating information about cannabis growing in a magazine or on an Internet site.¹³²

According to article 3) of section 282 of the Criminal Code it is regarded as a criminal offence when "... materials, equipment or tools needed for producing drugs are prepared, handed over, distributed or traded, brought into or taken out of or transported through the country ". However, this provision cannot be used at all, if the challenged conduct exclusively involves passing on information, and in the above section the legislator mentions exclusively the production of drugs rather than drug cultivation referred to separately in the Criminal Code.

Using the notion of "abettor" defined in Hungarian criminal law, cases can be imagined (and such cases are also known in Hungarian legal practice) when a person is called to account in the course of certain criminal proceedings, because he/she provided help for someone in any way during cannabis growing, in committing the offence of cultivation. However, to realise the offence of abetment, in such cases it is necessary for the abettor to be aware of the nature of the activity performed by the offender committing the primary offence.

Proceedings cannot be based on propagating general advice on cultivation on the Internet or in printed magazines. It follows from the above that in Hungary equipment and materials suitable for growing plants can be freely distributed, and general professional advice and experience regarding cannabis cultivation can also be freely propagated and published.

Consumer market shares of different cannabis products

The Institute for Forensic Sciences examined the shares of cannabis resin, hash oil and herbal cannabis in seized retail trade items below 100 grams in the last 3 years. On the basis of this data the market share of cannabis products at consumer level can be estimated as below follows: herbal cannabis is represented by a share of 95%, cannabis resin by 5%, and cannabis oil does not appear on the domestic market.

The market shares have been stable since 2001. Before 2001 cannabis resin was characterised by higher proportions, 9% in 1999 and 7% in 2000.

Table 50. *The proportion of seized items below 100 g by type of cannabis products between 2006-2008 (%)*

<u>year</u>	<u>Cannabis resin</u>	<u>Herbal cannabis</u>
2006	6	94
2007	5	95
2008	5	95

Source: *Institute for Forensic Sciences*

¹³¹ <http://drogriporter.hu/ckjog> (25.08.2009)

¹³² Until spring 2003 there used to be a valid section of the Criminal Code, on the basis of which passing on technical or scientific knowledge needed for drug cultivation or production could be regarded as a criminal offence, but this section of the Criminal Code – which was practically not used at all – was abrogated by the legislator more than six years ago.

In the course of a survey carried out by the Hungarian National Focal Point (HUNFP 2009b), the participants in the survey were asked to report on the proportions of herbal cannabis and cannabis resin on the basis of their actual own use in the previous 12 months. The respondents were asked to determine the proportions within a range of 100%, in the form of an open question. On average the respondents used 91% herbal cannabis and 9% cannabis resin. Most frequently (34.4%) the answer was 100% herbal cannabis and 0% cannabis resin; 72% of the respondents used herbal cannabis in 90% of the cases or even more frequently.

The respondents were asked to estimate the market shares of herbal cannabis and cannabis resin on the basis of the situation perceived by them. In this case too the answers indicated the dominance of herbal cannabis, the most frequently mentioned proportions were 90% herbal cannabis and 10% cannabis resin.

Table 51. *Breakdown of herbal cannabis and cannabis resin per own use and market proportions estimated by regular users (N=125)*

	Own actual use in the last 12 months (%)		Market shares estimated by users (%)	
	Herbal cannabis	Cannabis resin	Herbal cannabis	Cannabis resin
Mean	91	9	80.7	19.3
Median	96.5	3.5	80	20
Mode	100	0	90	10

Source: HUNFP 2009b

During the survey respondents were also asked about the proportions of herbal cannabis and sinsemilla. The answers can be interpreted to a limited extent, as the users do not have confirmed information relating to the quality or type of the used substance.

More than a quarter of the respondents (28.8%) said that they used sinsemilla at a frequency above 80%. Only 14.4% reported on the use of herbal cannabis at a frequency above 80%.

On average users estimated the market shares of herbal cannabis and sinsemilla to be 50% each.

Table 52. *Breakdown of herbal cannabis and sinsemilla per own use and market proportions estimated by regular users (N=125)*

	Own actual use in the last 12 months (%)		Market shares estimated by users (%)	
	Herbal cannabis	Sinsemilla	Herbal cannabis	Sinsemilla
Mean	56.7	46.3	50	50
Median	60	40	50	50
Mode	50	50	50	50

Source: HUNFP 2009b

Distribution of cannabis at national level¹³³

¹³³ The information was obtained in the course of the data collection of a survey by Ritter Ildikó, entitled Drug Dealer Careers.

On the basis of the information obtained in the course of the data collection of a study¹³⁴ (Ritter 2009) on drug dealer carriers it can be said that the national cannabis supply market has two poles: on the one part it is characterised by domestic production, on the other part by import. An increasingly more significant part of herbal cannabis available at the level of retail trade derives from domestic production. Cannabis is grown by offenders of both Hungarian and foreign citizenship; the production of some plants for personal use is just as characteristic as cultivation on plantations for wholesale purposes.

A significant proportion of the growers and even the importers are represented by individuals or groups of individuals with no criminal records, with school qualifications higher than the average and/or in a social position better than the average, they are in their 20's or 30's. Typically the individual groups of large-scale growers are not related to each other, although they may know each other. They sell their products separately to their own wholesale seller or sellers. They may distribute their products within their circle of acquaintances. They are not characterised by fighting for owning individual market segments. The aim of production is to gain extra profit. Large-scale growers themselves are not regular users.

Import is based on similar principles as domestic production, and the offenders also have similar socio-demographical characteristics. Herbal cannabis and cannabis resin comes from the Netherlands. Typically Hungarians participate in the importing activity – although Dutch citizens or foreigners living in the Netherlands also take part in acquisition.

Generally the couriers are Hungarian or Romanian citizens residing in Hungary; often they come from the acquirer's own circle of acquaintances or wider family.

Acquisition takes place in the Netherlands, and then a courier – and not the acquirer, if the amount acquired is over 10 kg – brings the product to Hungary. In the case of acquiring a lower amount, often the acquirer is also the courier or the courier is also the distributor at the same time. This structure is characteristic of enterprisers at the initial stage.

Groups operating isolated from each other can be observed here too. The importing persons do not know sellers at a lower level, and they are not in a direct daily relationship with the wholesale seller either. Generally they work with several wholesale sellers, who may be in contact with several importers or growers.

Typically importers only deal with cannabis, although sometimes amphetamines may also appear beside cannabis, but not typically. Wholesale sellers have several types of drugs.

For further supplementary information see chapter 10.1.

Cannabis wholesale prices¹³⁵

On the basis of the information provided by the National Bureau of Investigation, in 2008 the mean wholesale price of 1 gram herbal cannabis was EUR 4.8, and the mean wholesale

¹³⁴ The RO-NET Company carried out the study entitled „Drug Dealer Carriers” the aim of which was to analyze and compare the course of life and criminal carrier of imprisoned persons serving their sentence as a result of committing supply-related criminal offences concerning the misuse of illicit drugs, to find the common features and markers that are present in all studied cases and to examine the features of organisation sociology in the case of drug trafficking. The methods of the study were: analysis of documents, course of life interview and deep interview. The interviews were carried out in Hungarian detention facilities in April and May 2009 among imprisoned persons who were sentenced to imprisonment with a final decision due to trafficking, distribution or production of drugs. In other words, all the imprisoned persons serving their sentence as a result of committing supply-related criminal offences concerning the misuse of illicit drugs at that time were interviewed who gave their consent and were able to be interviewed. The participating detention facilities were: Vác Penitentiary and Prison, Kalocsa Penitentiary and Prison, National Detention Facilities in Szombathely and Budapest and at Detention Facility for Juvenile Delinquents in Tököl. These were the chosen institutes as the highest number of persons imprisoned due to committing supply-related criminal offences concerning the misuse of illicit drugs could be found in these ones. The sample size was 47 persons. Notes were taken during and after the interviews, then the data of case files and course of life interviews were recorded on the computer and were analyzed (using SPSS).

¹³⁵ The prices were calculated based on the official mid-rate of the EUR for 2008 (1 EUR = 251.25 HUF), from the price stated in HUF.

price of 1 gram cannabis resin EUR 6. The prices were determined on the basis of the price per kilogram in the case of large seizures.

In the course of the survey (HUNFP 2009b) carried out by the Hungarian National Focal Point the participants were also asked how much they usually buy cannabis resin or herbal cannabis for and in what sort of units. 20 respondents reported purchase of 100 g or larger units. On the basis of the data stated by them, in the case of units above 100 grams the mean price of one gram of herbal cannabis is EUR 6, the most common price was EUR 6.4, the lowest price was EUR 3.2, while the highest price was EUR 8. In the case of cannabis resin only 4 persons mentioned purchasing units above 100 grams, the mean price per gram was EUR 6.5.

Typology of retail outlets for cannabis sale

Polydrug dealing

According to the report by the Institute for Forensic Sciences, in respect of poly drug dealing it can be stated that on the basis of the seizure data in 2008 in 20% of the cases cannabis of any type were seized together with other drugs.

In the course of the survey carried out by the Hungarian National Focal Point (HUNFP 2009b), 47.5% of the respondents said that beside cannabis they had the opportunity to purchase other type of drugs too from the dealer they contacted the most frequently.

Location of sale

In the course of the ESPAD survey carried out in 2007 among pupils studying in grades 8-10 it was examined which ones of the different locations listed were locations where young people would find it easy to obtain herbal cannabis/cannabis resin. For the data see chapter 10.1.

In the course of the survey carried out by the Hungarian National Focal Point (HUNFP 2009b), most of the respondents (54%) mentioned streets, parks, public areas as the most common locations of purchase or acquisition. These locations were followed by the dealer's apartment (14.5%), and then by some sort of recreational setting (12.9%).

Table 53. Most common locations of cannabis acquisition mentioned by users¹³⁶

Location of acquisition	Firstly mentioned most common location of acquisition		Secondly mentioned most common location of acquisition	
	Respondents		Respondents % of respondents mentioning the second most common location	
	Number	%	Number	
Street, park, public area	67	54	14	21.5
Dealer's apartment	18	14.5	19	29.2
Place of entertainment / disco / party	16	12.9	17	26.2
Friend's apartment	12	9.7	7	10.8
Own apartment	6	4.8	5	7.7
Other	3	2.4	1	1.5
Internet	2	1.6	0	0
School / university / workplace	0	0	2	3.1
Total	124	100	65	100

Source: HUNFP 2009b

Cannabis sources and transaction sizes

Source of acquisition

Most of the 125 respondents (54.4%) interviewed by the Hungarian National Focal Point (HUNFP 2009b) mentioned purchase from a dealer as source of acquisition. Nearly a quarter of the respondents (23.2%) obtained cannabis by using it in a group and did not pay for it.

Table 54. Most common cannabis sources mentioned by users¹³⁷

Source	Firstly mentioned most common source		Secondly mentioned most common source	
	Respondents		Respondents % of respondents mentioning the second most common source	
	Number	%	Number	
Purchased from a dealer	68	54.4	13	17.8
Shared it with friends (used it for free)	29	23.2	34	46.6
A friend acquired it and the respondent paid for it	23	18.4	22	30.1
Grew it at home	0	0	3	4.1
Other	5	4	1	1.4
Total	125	100	73	100

Source: HUNFP 2009b

A large proportion of the mentions of the second most common sources (76.7%) relates to the use in groups, 46.6% of the users shared cannabis with friends, or they acquired it from a friend (30.1%).

¹³⁶ The respondents could mark 2 locations of acquisition: the first most common and the second most common locations.

¹³⁷ The respondents could mark 2 sources: the first most common and the second most common sources.

Transaction sizes

According to the report by the Institute for Forensic Sciences, in 2008, in the case of herbal cannabis seized in small amounts¹³⁸, in 80% of the cases the weight of herbal cannabis in a single packaging unit was between 0.4-0.8 grams.

On the basis of the answers of the respondents interviewed by the Hungarian National Focal Point (HUNFP 2009b), nearly half of the regular cannabis users (43.2%) buy 1 gram of cannabis on one occasion, 16% of them buy a maximum of 2 grams at the same time. 5 gram and 10 gram units are also common (12% and 4%).

Table 55. Most frequent transaction sizes of herbal cannabis

	Respondents	
	number	%
below 1 gram	5	4
1 gram	54	43.2
1.5 gram	3	2.4
2 grams	17	13.6
3-4 grams	5	4
5 grams	15	12
7.5 grams	3	2.4
10 grams	5	4
above 10 grams	10	8
did not answer	8	6.4
Total	125	100

Source: HUNFP 2009b

In the case of the size categories 45% of the respondents stated a special (slang) name relating to certain units. The respondents stated a special name in the case of the following transaction sizes: 0.5 gram (herbal cannabis); 0.8 gram (herbal cannabis); 1 gram (herbal cannabis / cannabis resin); 3 grams (herbal cannabis), 5 grams (herbal cannabis), 10 grams (herbal cannabis / cannabis resin), 100 grams (herbal cannabis).

Users were also asked how much the items purchased by them usually cost. The same respondent could state a maximum of four size categories. It can be stated, that the larger a unit is, the lower its price is.

¹³⁸ In the course of the evaluation items consisting of several packages, weighing less than 10 grams per package were examined to minimise the probability of started packages being included in the statistics.

Table 56. The prices of herbal cannabis purchased units calculated for 1 gram in EUR¹³⁹

Unit (gram)	Number of mentions ¹⁴⁰	Price per 1 gram in EUR			
		minimum	maximum	mean	mode
0.3	1	33.2	33.2	33.2	33.2
0.5	9	11.9	19.9	17.7	19.9
0.6	6	13.3	16.6	15.5	16.6
0.7	17	11.4	14.2	13.5	14.2
0.8	26	10.0	12.4	11.4	12.4
1	77	6.0	17.9	9.5	10.0
2	6	7.2	10.0	8.5	8.0
3	2	6.6	6.6	6.6	6.6
5	28	7.2	11.9	8.8	8.0
10	40	4.0	10.0	8.0	8.0
20	5	7.0	8.0	7.8	8.0
50	7	4.8	8.0	6.9	7.2 ¹⁴¹
100	17	3.2	8.0	6.2	7.2
1,000	3	4.4	6.4	5.3	5.2 ¹⁴²

Source: HUNFP 2009b

Respondents also answered a question relating to how much herbal cannabis they purchased per month and how much they paid for it on average. The average amount of herbal cannabis purchased per month per person was 26.6 grams, the most frequent answer was 20 grams. The average amount of money spent on herbal cannabis per month was EUR 146.2.

11.2. SEIZURES

Supply reduction

The Police have no specific strategy relating to cannabis, but in the new strategy of 2007 new tasks and a shift of emphasis was decided in the field of supply reduction (see: chapter 9.3).

In general, in respect of supply reduction it can be stated on the basis of the Drug Strategy of the Police¹⁴³ that the organisations of the police have 3 vertical sections (central, regional and local), the three classical horizontal levels existing earlier (intelligence, investigation, inspection) have ceased to exist, the units performing investigation and inspection work have been merged at most regional organisations.

The task of local police units is to reveal, inspect and liquidate the points of distribution used by consumers and distributors. County organisations reveal and liquidate cultivation, storage and distribution within their area of competence, while the National Bureau of Investigation is responsible for preventing domestic production, revealing and liquidating national distributor networks and import channels requiring international police cooperation extending over country borders.

In the case of county (Budapest) and local organisations it can be stated in general that they have a harmonic and useful relationship with other public order and safety organisational

¹³⁹ The prices were calculated based on the official mid-rate of the EUR for 2008 (1 EUR = 251.25 HUF), from the price stated in HUF.

¹⁴⁰ The same respondent could mention several units.

¹⁴¹ Further modes: EUR 6.8, EUR 8.

¹⁴² Further modes: EUR 4.4, EUR 6.4.

¹⁴³ Instruction no. 17/2006. (XI. 24.) of the National Police Headquarters on the uniform realisation of tasks determined in the Drug Strategy of the Police of the Republic of Hungary.

units operating within their area of competence, and their relationship is also characterised by mutual harmonisation of data, joint explorations and providing each other with information.

Seizures of plantations (2006-2008)

The Institute for Forensic Sciences does not have precise information concerning the type of plantations. However, it can be stated that in 2008 in the case of 30% of all cannabis plants seizures plants in nutrient cubes were seized, which is an indication of indoor plantations. 58% of the plantations seized in 2008 were small, 38% were medium and the remaining 4% were large plantations with more than 100 plants. Between 2006 and 2008 increasing tendency was observed regarding number of seizures of plantations with less than 10 plants.

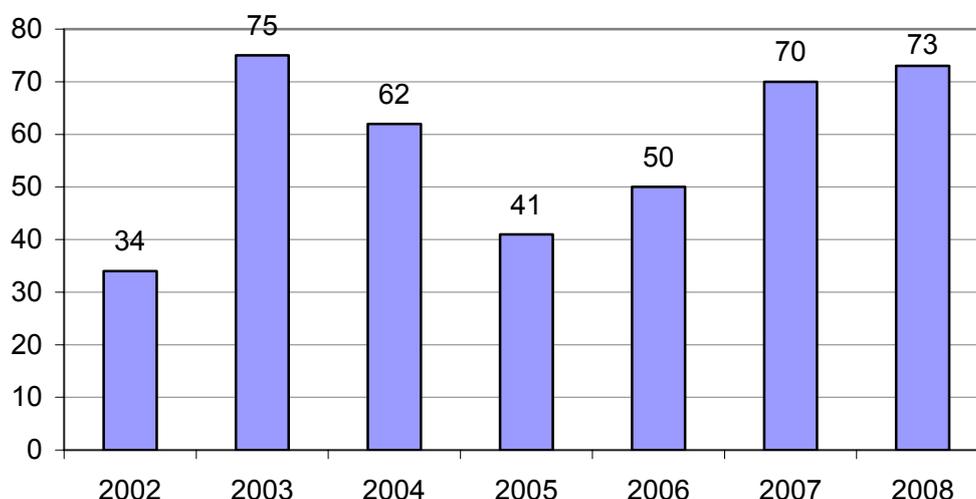
Table 57. Size of seized plantations between 2006-2008

Year of seizure	Size of plantations			Total
	<10 plants	10-100 plants	>100 plants	
2006	21	21	8	50
2007	34	33	3	70
2008	42	28	3	73

Source: Institute for Forensic Sciences

After the decreasing tendency observed between 2003 and 2005, since 2005 a continuous increase has been observed in the number of cannabis plant seizures.

Figure 76. Number of cannabis plant seizures between 2002-2008



Source: Institute for Forensic Sciences

Table 58. Number and quantity of cannabis plant seizures between 2006-2008

Year of seizure	Cannabis plant	
	number of seizures	quantity seized (plants)
2006	50	3,529
2007	70	1,667 *
2008	73	1,523 *

* only contains the amount of representative samples sent to the laboratory

Source: Institute for Forensic Sciences

Origin of cannabis products seized

On the basis of the report by the National Bureau of Investigation, 99% of the seized imported cannabis products – both herbal cannabis and cannabis resin – was brought to Hungary from the Netherlands through Germany and Austria.

According to the report by the Coordination Centre Against Organised Crime (SZBEKK 2009), beside the Netherlands cannabis is also smuggled into Hungary from the direction of the Balkan states.

Breakdown of cannabis seizures

In 2008 most typically small amounts were sized (0-5 grams), such seizures form 72% of all seizures in the case of herbal cannabis, while in the case of cannabis resin this proportion is 76%.

Table 59. Number and quantity of herbal resin and cannabis resin seizures by amount sized in 2008

Type of amount seized	Herbal cannabis		Cannabis resin	
	number of seizures	Quantity seized (kg)	Number of seizures	Quantity seized (kg)
0-5 g	1,203	1.3	48	0.1
5-150 g	335	11.4	13	0.5
150 g – 1 kg	78	35	2	2.2
1-50 kg	54	206.9	0	0
above 50 kg	0	0	0	0
Total	1,670	254.6	63	2.8

Source: Institute for Forensic Sciences

11.3. OFFENCES

Cannabis supply-related offences (2006-2008)

Although Hungarian criminal statistics are not really suitable for analysis by drug type¹⁴⁴, crimes involving cannabis may form an exception¹⁴⁵, in the case of which even the categories “herbal cannabis” and “cannabis resin” are distinguished¹⁴⁶. On the basis of the above, only the more reliable and more complete statistical data of 2007 and 2008 is used during this analysis.

In 2007 there were 4,697 cases, when some type of drug was involved in different criminal offences. In 3,426 of these cases herbal cannabis (72.9%) and in 32 cases (1%) cannabis resin was involved. 99.8% of the cases of misuse of cannabis were criminal offences concerning the misuse of illicit drugs, and there were 5 further cases when cannabis as an object of commission was involved in a criminal offence against property (herbal cannabis in 4 cases and cannabis resin in 1 case).

¹⁴⁴ It is due to the fact that during data collection it was not required to state drug types – although the provisions of Decree no. 59/2007 (XII.23.) IRM of the Ministry of Justice valid since 1 January 2008 made it smoother – and because of this, because of bad categorisation and because persons filling in statistical forms were lacking information on drugs, the statistics do not provide reliable information on drug types involved in criminal offences. For this reason such data is not used in our analyses.

¹⁴⁵ As cannabis is the most frequently occurring drug type, the person filling in the statistical sheet finds it easy to state it on the data sheet.

¹⁴⁶ It does not turn out – as no such information is requested during data collection – whether herbal cannabis was in the form of dried and broken leaves or living plants, or cannabis resin was in the form of base or oil. What is known is whether cannabis products – herbal cannabis or cannabis resin – were involved.

In 2008 drugs represented the object of commission in a revealed criminal offence in a total number of 5,480 cases. In 3,873 out of these cases herbal cannabis (70.6%) and in 58 cases (1.1%) cannabis resin was involved. In 71.7% of the cases cannabis (herbal cannabis or cannabis resin) was involved as an object of commission, so it can be stated that more than 70% of drug-related criminal offences were committed with cannabis. 99.7% of the cases of misuse of cannabis were criminal offences concerning misuse of illicit drugs. Furthermore, there were 2 cases of corrupt practices and 4 cases of theft, in the course of which herbal cannabis was found at the offenders or in their body, and in 1 case, in the course of a criminal offence against property cannabis resin was found.

In respect of criminal offences committed with cannabis the proportion of perpetrations regarding "production, manufacturing, acquisition, possession, importing, exporting, transporting through the country", that is less severe and are typically demand-related perpetrations, was 94.3% (in 2007: 93.4%), while the proportion of perpetrations involving "offering, supplying, distributing, trafficking", that is more severe perpetrations related to distributing and trafficking activities was 5.7% (in 2007: 6.6%).

No significant change took place between 2007 and 2008. Typically, the cases of misuse of cannabis reported to the authorities involved less severe demand-related perpetrations or cultivation of low amounts for personal use. Proceedings for perpetrations involving distribution or trafficking, offering or supplying drugs were instituted only in 6% of the cases of misuse of cannabis.

Conclusions

Besides that cannabis distributed in Hungary is produced on domestic plantations in increasingly large quantities, it is also smuggled into the country first of all from the Netherlands and from the direction of the Balkan states. In the recent years the number of seizure of cannabis plants showed an increasing tendency again. On the basis of seizure data and the estimation of users it can be stated that the domestic market is first of all characterised by the presence of herbal cannabis, the estimated proportion of cannabis resin is 5%.

About 70% of revealed criminal offences concerning the misuse of illicit drugs are committed with cannabis, typically these offences involve less severe, demand-related perpetrations or cultivation of low amounts for personal use. Perpetrations involving distribution or trafficking form 6% of the criminal offences concerning misuse of cannabis.

12. PROBLEM AMPHETAMINE AND METHAMPHETAMINE USE, RELATED CONSEQUENCES AND RESPONSES

Overview

In TDI data collection amphetamine and methamphetamine as primary substances are not distinguished, therefore on the basis of the data collection no precise information is available relating to their distribution. However, on the basis of the prevalence (OSAP) data¹⁴⁷ collected on patients treated at a national level and the data available about the drug market¹⁴⁸ it can be stated that the occurrence of methamphetamine in Hungary is very low. Therefore, in the sub-chapters below the situation in Hungary is described in respect of amphetamine only.

12.1. THE EPIDEMIOLOGY OF AMPHETAMINE USE

Characteristics of amphetamine use on the basis of the general population survey carried out in 2007

In the sub-chapter below we describe the results of the secondary analysis of the population survey carried out on a national representative sample in 2007¹⁴⁹ focusing on amphetamine use (Paksi 2006; Paksi and Arnold 2007; National Report 2008 Chapter.2.).

With respect to that the sample included only 6 persons who had used exclusively amphetamine and/or ecstasy – and no other illicit drugs – in their lives, this sub-chapter contains a comparison of the following three groups based on their drug use, their social background variables and spare time activities.

1. The group of amphetamine users includes persons who have used amphetamine and/or ecstasy in their lives – but not exclusively – (hereinafter they are referred to as amphetamine users). This group represents 2.7% of the entire sample (68 persons).
2. The group of ever users of illicit drugs¹⁵⁰ not using amphetamine includes users, who have tried an illicit drug in their lives, but have not used either amphetamine or ecstasy at all. This group represents 6.5% of the sample (165 persons).
3. The group of those who have never used illicit drugs represents 90.8% of the sample (2,293 persons).

With respect to the low case number of amphetamine users and ever users of illicit drugs not using amphetamine, the results introduced below should be interpreted carefully.

¹⁴⁷ The proportion of amphetamine as a primary substance within amphetamine type substances is 49.7% (717 persons), while the proportion of methamphetamine is 2.2% (in the case of 32 persons) on the basis of OSAP data.

¹⁴⁸ Methamphetamine was seized only in 12 cases in 2008, in a total amount of 52 g (source: Institute for Forensic Sciences).

¹⁴⁹ The survey 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 Hungarian 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 of Budapest 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 3,000 people, the net sample size was 2,710 people. Data was recorded using a so-called mixed methodology, face-to-face technique combined with self-administrative elements.

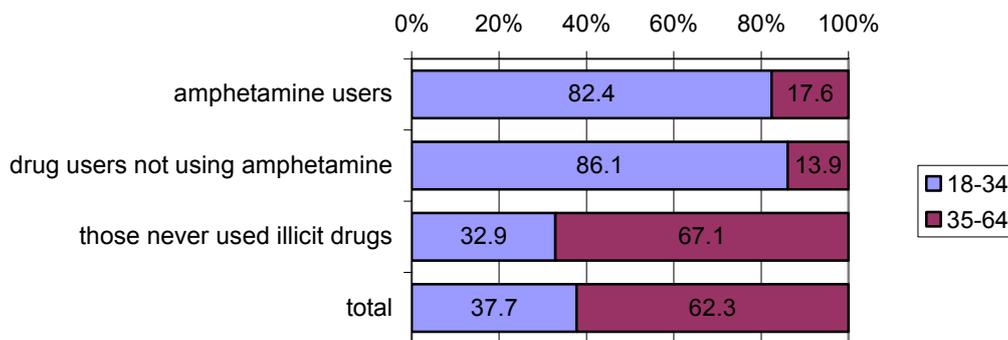
¹⁵⁰ In the survey the following drugs were regarded as illicit drugs: herbal cannabis / cannabis resin, ecstasy, amphetamine, cocaine, crack, heroin, other opiates, LSD, magic mushrooms, GHB, injected drugs, herbal drugs, rush, angel dust, ketamine, and other drugs not listed here.

Demographical characteristics

In the case of amphetamine users the general gender pattern – indicating that men are more affected – can be observed too. Among ever users of amphetamine the proportion of men (64.7%) is significantly ($p=0.004$) higher as compared to those who have never used illicit drugs (47.6%) and as compared to the population average (49%), but no significant difference can be observed as compared to ever users of other illicit drugs (and never amphetamine) (62.8%).

The tendency of younger age groups being more affected by drug use can also be observed among amphetamine users. Among ever users of amphetamine the proportion of the age group 18-34 is significantly ($p<0.001$) higher (82.4%) as compared to those who have never used illicit drugs (32.9%) and the average population (37.7%). Between amphetamine users and drug users not using amphetamine no significant difference can be observed in respect of the age groups 18-34 and 35-64.

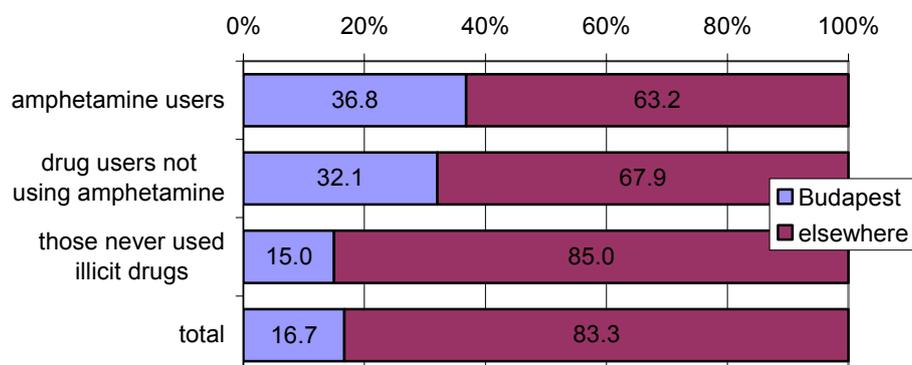
Figure 77. Breakdown of amphetamine users, ever users of illicit drugs not using amphetamine and persons who have never used illicit drugs by age groups (within the population between the age of 18-64, in 2007, %)



Source: Paksi et al. 2009

Among amphetamine users – as compared to those who have never used illicit drugs and as compared to the average population –, suiting the general pattern, people living in Budapest are represented by a significantly ($p<0.001$) higher proportion than people living outside of Budapest, but no significant difference can be observed as compared to drug users not using amphetamine.

Figure 78. Breakdown of amphetamine users, ever users of illicit drugs not using amphetamine and persons who have never used illicit drugs by place of residence – Budapest / outside of Budapest (within the population between the age of 18-64, in 2007, %)



Source: Paksi et al. 2009

Spare time activities

On examining the spare time activities of amphetamine users, users of illicit drugs not using amphetamine and persons who have never used illicit drugs a significant difference was observed in the case of several spare time activities. Amphetamine users go to the cinema, matches, cultural events and meet friends more frequently, they go shopping, use the internet and do sports more frequently than those who have never used illicit drugs in their lives (see: table 60.). More than three-quarters of amphetamine users use the internet at least once a month or more frequently (half of them every day), and nearly three-quarters of them meet friends. In the case of persons never using illicit drugs these proportions are around 40%. Among amphetamine users the proportion of those who do sports, go shopping, go to matches, cultural events and to the cinema is lower than this, but it is one and half times, three times higher than among never users.

As compared to drug users not using amphetamine, a significant difference ($p=0.012$) could be observed only in respect of one spare time activity, reading books: 47.1% of amphetamine users and 62.6% of the other group read books at least monthly. In the case of other spare time activities (watching TV, participating in family events, religious events, doing handicrafts, listening to music) there was no significant difference between the results.

Table 60. Monthly or more frequent spare time activities of amphetamine users and persons who have never used illicit drugs (within the population between the age of 18-64, in 2007, %)

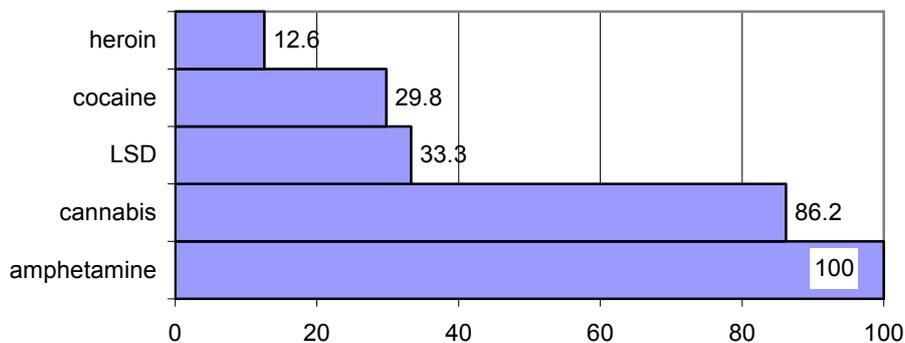
Spare time activities	Amphetamine users	Persons who have never used illicit drugs	Significance
Internet	77.6	41.5	<0.001
Meet friends	71.2	40.7	<0.001
Do sports	46.3	21.0	<0.001
Shopping	33.8	21.0	0.001
Cultural events	29.4	16.6	0.004
Cinema	27.9	8.7	<0.001
Matches	11.8	8.6	0.032

Source: Paksi et al. 2009

Patterns of drug use

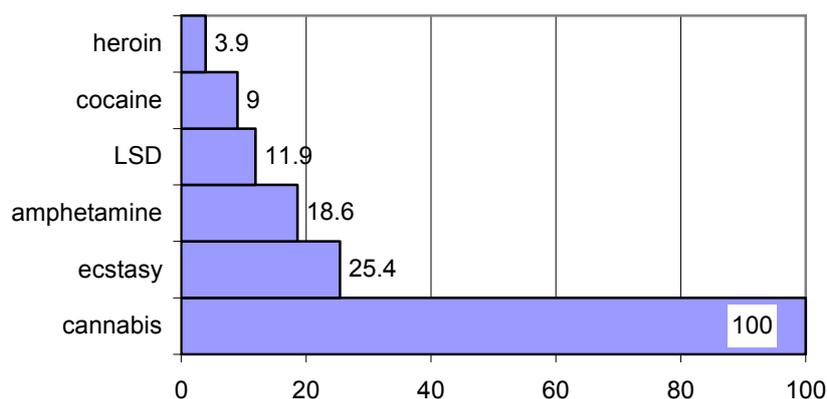
In order to examine how amphetamine use is associated with the use of other drugs, a special drug use pyramid has been drawn. Unlike ordinary pyramids, the values of this pyramid express the lifetime prevalence rate of other drug use in proportion of amphetamine users rather than in proportion of cannabis users. The significant rise of the slope of the pyramid of illicit drug use created in this way indicates that among amphetamine users the use of different drugs is closely related to each other, that is as compared to the risk occurring in the general population, in the case of cannabis the risk of trying the drug is more than 10 times greater, and in the case of other illicit drugs it is 30-40 times greater. As compared to cannabis, in the case of amphetamines the risk of getting in contact with other illicit drugs is about three times greater. Nearly 90% of ever users of amphetamine have tried cannabis, and about one-third of them have tried LSD or cocaine. Among amphetamine users the lifetime prevalence rate of heroin is rather high (12.6%).

Figure 79. *Illicit drug use pyramid drawn for amphetamine users – lifetime prevalence rate of different drugs expressed in percentage of ever users of amphetamine (within the population between the age of 18-64, %)*



Source: Paksi et al. 2009

Figure 80. *Classical illicit drug use pyramid: lifetime prevalence rate of different drugs expressed in percentage of ever users of cannabis (within the population between the age of 18-64, %)*



Source: Paksi et al. 2009

22.6% of those, who had ever tried amphetamine, used amphetamine in the last 12 months before the survey, and 10.7% of them used amphetamine in the previous month too. Among those who have used amphetamine in the last month 2 persons were using amphetamine every day or nearly every day, and 5 persons were using amphetamine less frequently than

every week. Similar prevalence rates could be observed in the case of drug users never using amphetamine.

Table 61. *Rate of continuous and current use among amphetamine users and persons never using amphetamine (within the population between the age of 18-64, in percentage of ever users)*

	amphetamine users		drug users not using amphetamine	
	Persons N=68	in percentage of ever users of amphetamine	Persons N=165	in percentage of ever users of illicit drugs not using amphetamine
rate of continuous use	15	22.6	32	24.9
rate of current use	7	10.7	64	10.9

Source: Paksi et al. 2009

In respect of the age at first illicit drug use there is a tendency type difference in the case of amphetamine-users, and users of other illicit drugs ($p=0.082$): the mean age of amphetamine-users at the time of their first illicit drug use was 19.4 years; while the mean age of users of illicit drugs but amphetamine at the time of their first drug use was higher, 20.6 years. However, it does not mean that they used amphetamine derivatives for the first time at a younger age than illicit drugs in general. In general they used ecstasy for the first time at the age of 20.7, amphetamine at the age of 21.3, and illicit drugs in general at the age of 20.6. In the case of ecstasy the most common age (mode) at the time of first use is the same as the most common age at first illicit drug use (19 years), and most typically the first use of amphetamine occurs a year later than this. In general, amphetamine users try another drug (mostly herbal cannabis / cannabis resin) first, and they try drugs for the first time earlier than those who do not use amphetamine later.

In the course of the survey the frequency of occurrence of problems deriving from drug use was examined among illicit drug users regarding the last 12 months before the survey (never, sometimes, recurrently, often, very often). Among amphetamine users – as compared to drug users not using amphetamine – there is a significantly higher proportion of those who had problems deriving from drug use. With respect to the low number of cases, in the table below the significant results are totalled and shown according to the occurrence of the given problem (and not according to frequency).

Table 62. Occurrence of problems deriving from drug use among amphetamine users and illicit drug users not using amphetamine (within the population between the age of 18-64, in 2007)

Problem deriving from drug use	Amphetamine-users		Illicit drug users not using amphetamine		Sign.
	persons	%	persons	%	
Used drugs in the morning, before going to work/school	4	12.1	1	1.5	0.043
Friends, family members recommended to reduce drug use	6	18.8	2	3.2	0.016
Felt that days are more difficult without drugs	6	18.2	1	1.6	0.006
Unexpected sensations (paranoia, fear, bad trip) occurred during drug use	11	33.3	6	9.7	0.006
Drove a car or motorbike following drug use	6	18.2	1	1.6	0.007
Was unable to perform everyday tasks because of drug use	7	20.6	2	3.2	0.009
Had memory problems because of drug use	11	33.3	4	6.5	0.001
Had financial problems because of drug use	10	30.3	1	1.6	<0.001
Had problems in relationships with friends because of drug use	8	24.2	1	1.6	0.001
Had family problems because of drug use	8	24.2	4	6.3	0.016
Had problems at work/school because of drug use	5	15.2	1	1.6	0.017
Had health problems because of drug use	4	12.1	0	0.0	0.013
Established sexual relationship without protection because of drug use	6	18.2	1	1.6	0.007

Source: Paksi et al. 2009

Among amphetamine users – as compared to drug users not using amphetamine – drug use is much more significantly associated with weekend entertainment. Nearly 40% of amphetamine users use cannabis for recreation, while this proportion is 16.5% among drug users not using amphetamine. In the case of this latter group the use of LSD, magic mushroom and other drugs is not typically associated with weekend entertainment, while in the case of amphetamine users – although not in such a high proportion (nearly 10%) – the use of these drugs is a part of weekend entertainment.

Table 63. The joint proportion of the answers “completely” and “to a great extent” given to the question “How much the use of individual drugs is/was associated with weekend entertainment?”¹⁵¹ by drug type among amphetamine users and ever users of illicit drugs not using amphetamine, (within the population between the age of 18-64, in 2007)

	Amphetamine users	Ever users of illicit drugs not using amphetamine	Sign.
Cannabis	38.1	16.5	<0.001
Ecstasy	40.7	-	-
Amphetamine	31.2	-	-
Cocaine	9.8	0.6	<0.001
LSD, magic mushroom	12.7	0.0	<0.001
Other drugs	5.0	0.0	0.005

Source: Paksi et al. 2009

On examining the recreational drug use of amphetamine users it can be stated that ecstasy and cannabis are associated with weekend entertainment to the greatest extent: in the case

¹⁵¹ The respondents were asked to mark on a scale of six grades (1=completely, 2=to a great extent, 3=so-so, 4=rather not, 5=not at all, 6=I never use this drug) how much the use of the given drug was associated with weekend entertainment.

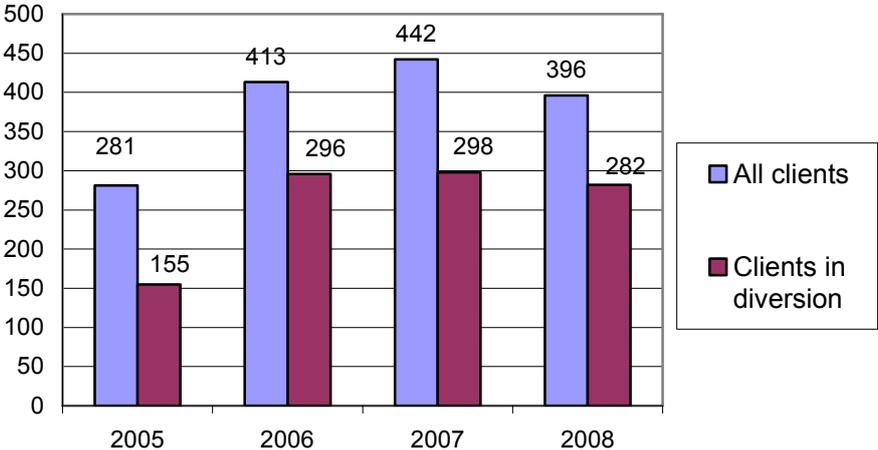
of both drugs the joint proportion of the answers “completely” and “to a great extent” was nearly 40%. The recreational use of amphetamine is not much behind them (31.2%), while the rest of the illicit drugs (LSD, magic mushroom, cocaine and other drugs) are associated with weekend entertainment to a less significant extent.

Trends and patterns of amphetamine use

Characteristics of amphetamine users in treatment (on the basis of TDI data)

In the course of the analysis the data of persons entering treatment because of amphetamine use between 2005-2008 was examined (OAC 2009). During these 4 years the number of amphetamine users definitely increased. If the individual years are examined, from 2005 to 2006 their number increased rapidly (by 47%), from 2006 to 2007 the increase slowed down (7%), and in 2008 a slight decrease (by 10%) could be observed, but despite this decrease the data measured in 2008 was still higher than the data of 2005.

Figure 81. *The number of all amphetamine users and the number of amphetamine users entering treatment as a result of diversion between 2005-2008 (persons)*



Source: OAC 2009

Typically amphetamine users enter treatment as a result of diversion: in 2005 their proportion was only 55%, and later it was 67-72%. Only a very low proportion of them enter drug treatment, mostly outpatient treatment from the healthcare and social care system (3.6-8.1%). The proportion of clients participating in low-threshold services is also relatively stable (11-13%).

The proportion of daily users varied between 11% and 14% during these 4 years, and the proportion of occasional or monthly use characteristic of about half of the cases did not change significantly either (49-53%).

The proportion of injecting users increased significantly at the beginning of the examined period, and later it increased slowly but continuously (2005: 4.6%, 2006: 9.2%, 2007:11.1%, 2008:12.4%).

The age at first use did not change, during all four years first use took place at around the age of 20 on average (19.8-20.5 years).

Recreational drug users, young party-goers

In the autumn and winter of 2003 an anonymous questionnaire survey was carried out in the party settings of Budapest (Demetrovics 2005; Demetrovics 2009). In the survey, exclusively young people visiting electronic music parties were asked.

60% of the respondents were men, their mean age was 23 years. In respect of the extent of drug use nine out of ten (89.5%) had already used an illicit drug. The third highest proportion of trying out a drug (after cannabis and ecstasy) was observed in the case of amphetamine (51.9%).

The results proved that there may be significant differences in the characteristics of drug use among the fans of different music styles. The audience of Goa parties reported the highest lifetime prevalence rates in respect of amphetamine, beside several other drug types. Beside Goa parties, the probability of trying amphetamine and ecstasy is the highest among the visitors of techno events; nearly two-third of young people going to such events has tried amphetamine in their lives. At the same time the lifetime prevalence rate of amphetamine use is also high among the audience of house and trance parties.

Table 64. *The proportion of those who have tried amphetamine among the audience of different electronic music trends in 2003¹⁵² (%)*

	Drum'n'Bass	Breakbeat	Goa	Techno	House	Trance	Experimental electronic music
N	201	221	203	159	35	39	46
amphetamine	48.8	39.6	66.5	66.0	57.1	59.5	31.1

Source: Demetrovics 2009

In 2005 a qualitative survey was carried out in the same population (with the participation of 20 party-goers and party organisers). According to the results drug use has certain phases (Csák et al. 2008), which are the following: trying, experimenting, active drug use, normalisation.

¹⁵² The results of the survey were first published in National Report 2004. However, another data cleaning have been carried out since then as a result of which a slight change can be observed in the original numbers. For the final data see Demetrovics 2009.

Table 65. *Phases and patterns of personal drug use*

Phase	Typical substances	Intensity of use	Attitude, motives
Trying	Cigarette Alcohol Herbal cannabis / cannabis resin	Occasional	Curiosity Influence of peer group Breaching norms
Experimenting	Whole spectrum of available drugs	A very intensive phase between trying and active drug use Occasional use remaining even after active use	Curiosity Experience different states of consciousness Gaining experiences
Active drug use	Cigarette Alcohol Herbal cannabis / cannabis resin Ecstasy Amphetamine Hallucinogens	Regular use (monthly, fortnightly use of stimulants, hallucinogens and use of cannabis even on a daily basis)	Awareness Drug use based on experience „Partying” in the focus of lifestyle
Normalisation	Cigarette Alcohol Herbal cannabis / cannabis resin	Occasional use integrated in normal lifestyle	“Relaxing”

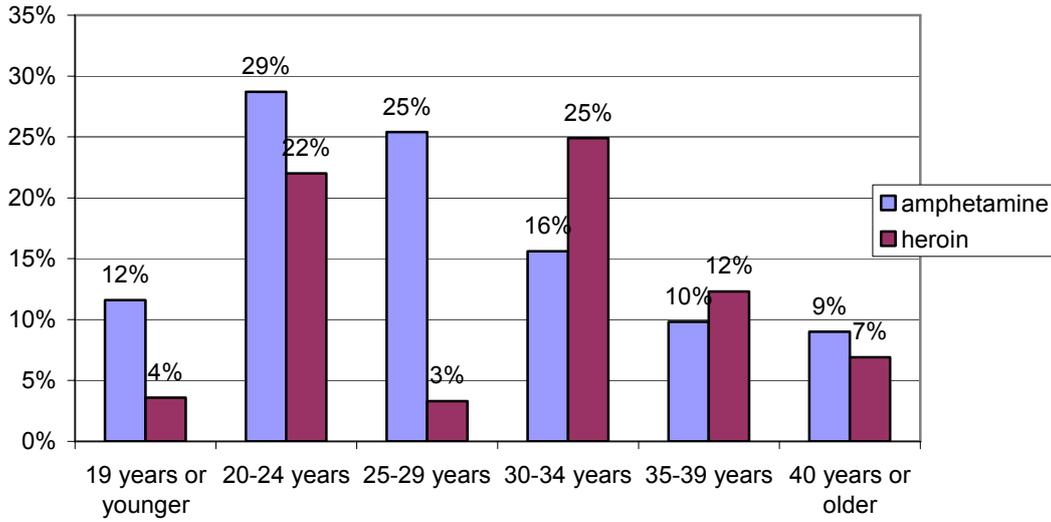
Source: Csák et al. 2008

Psychoactive drug use among the clients of a needle/syringe programme (Csák 2009)

In the needle/syringe programme (NSP) with the highest turnover of clients in Hungary¹⁵³, the clients' patterns of drug use were examined (Csák 2009). Clients registered between 7 July 2006 and 31 December 2008 attending the needle exchange service were selected in the survey. However, the analysis of the turnover data restricted merely to the year 2008. 1,202 injecting drug users were included in the data collection, a significant proportion of whom were residents living in the district of the NSP or in neighbouring districts. It can be determined that amphetamine use is significantly more characteristic among younger generations and women attending the NSP than heroin use.

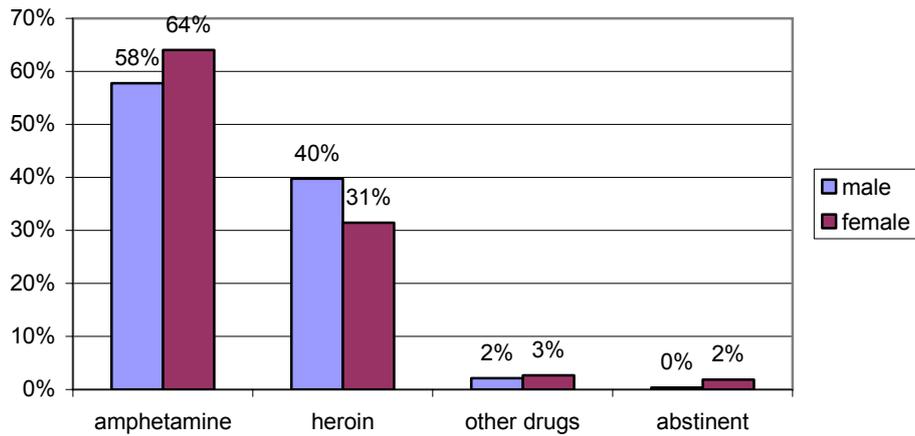
¹⁵³ Contact Café programme operated by the Blue Point Drug Counselling and Specialized Outpatient Treatment Centre Foundation.

Figure 82. Primary substance of clients of Contact Café programme by age groups in 2008



Source: Csák 2009

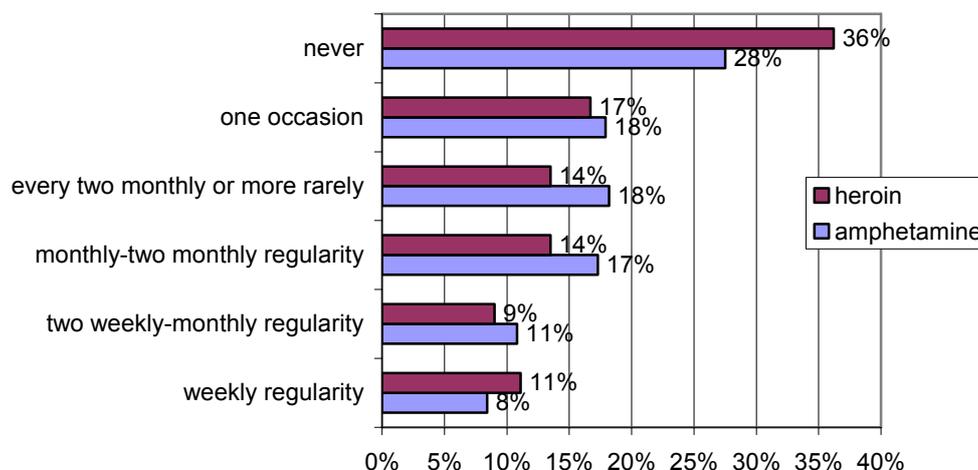
Figure 83. Primary substance of clients of Contact Café programme by gender in 2008



Source: Csák 2009

Heroin users use needle exchange services more frequently than amphetamine users (the difference is significant again).

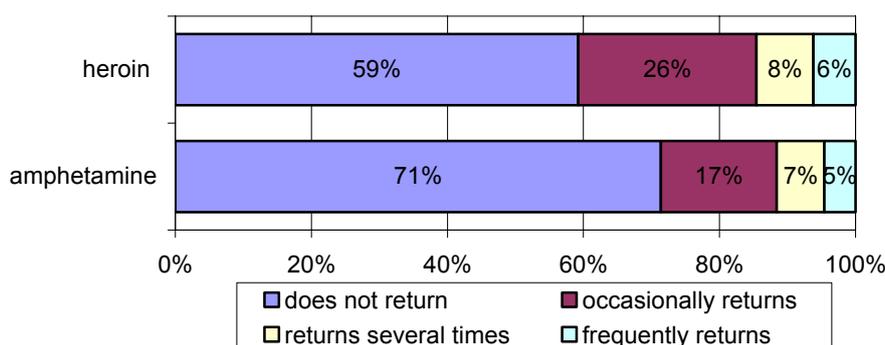
Figure 84. Frequency of attending Contact Café programme in a breakdown by primary substance in 2008



Source: Csák 2009

Amphetamine users return needles/syringes less frequently. It may be related to the higher proportion of possible risk behaviours.

Figure 85. Frequency of returning used needles/syringes in a breakdown by primary drug in 2008



Source: Csák 2009

Amphetamine users outside of treatment

In 2008 a survey was carried out among Roma and non-Roma IDUs outside of treatment (Márványkövi et al. 2008). For the results of the survey see chapters 4.2. and 8.1.

Amphetamine production, trafficking routes, precursor seizures

Amphetamine production

According to the report of the Coordination Centre Against Organised Crime (SZBEKK 2009) the European trade of synthetic drugs is characterised by cheap production, high profit and a low level of specialisation. Production in Eastern European countries is increasing, although Dutch and Belgian organised groups are still dominant.

According to a study¹⁵⁴ analyzing the characteristic features and modus operandi of the drug market (Mészáros 2009), small laboratories –for example, the ones discovered in Fót

¹⁵⁴ For methodology see chapter 10.1.

and Biatorbágy – can be found in Hungary too, but there are no large laboratories specialised in production. Typically already prepared substances are imported. In the case of amphetamine derivatives the extracted contents are mixed mostly with caffeine or lactose. 90% of the amphetamine available in Hungary is acquired from the Netherlands, and it is produced mainly in Poland¹⁵⁵ and in the Benelux states. Recently Slovakia has also become a strategic centre of production. Poland, the Czech Republic and Slovakia produce large amounts of amphetamines, both in the form of powder and tablets, and interestingly the products get to Hungary through the Netherlands.

The precursors needed for production are acquired mainly from less controlled Asian countries.

For further information on amphetamine production see chapter 10.1. of the present and earlier National Reports.

Trafficking routes

On the basis of the study mentioned above (Mészáros 2009) it can be stated that most typically amphetamine production takes place in the northern part of Europe: in Poland, Slovakia, the Netherlands and Belgium. The entire European market is covered from this direction. Also, export has become more intensive recently towards the east, because of the increased solvent demand in the Ukraine and Turkey.

Presently the Hungarian market is characterised by that smaller groups (cells loosely connected to each other) buy up amphetamine mainly in the Netherlands, and then through Germany and Austria they smuggle it into the country mainly by car and distribute it in Hungary. These transactions are held in hand almost exclusively by Hungarian organisers and couriers, the size and composition of the imported consignments always depend on the current demands.

From the aspect of the compounds needed for the production of amphetamine, movement from the east towards the west is characteristic, as well as west-east movement towards Afghanistan and the Turkish region and movement starting from the Far East.

According to the report by the Coordination Centre Against Organised Crime (SZBEKK 2009), the production and trafficking of precursor chemical substances is dominated by Chinese organised criminal groups, but they do not use the traditional routes any more. The new routes have not been identified yet.

For further information on trafficking routes relating to amphetamines see chapter 10.1. of the present National Report and the National Report 2008.

Precursor seizures

For information on the seizure of illegal laboratories and precursors in 2007 see chapter 10.1. of the National Report 2008.

12.2. OVERVIEW OF HEALTH AND SOCIAL CORRELATES OF CHRONIC AMPHETAMINE AND METAMPHETAMINE USE

No information available.

¹⁵⁵ In 2008, 20 laboratories were seized.

12.3. RESPONSES TO CHRONIC AMPHETAMINE USE

Quality assurance

The first professional protocol dealing especially with the treatment of amphetamine users was published by the Ministry of Health at the beginning of 2008 with the title "the Professional Protocol of the Ministry of Health on the Treatment of Clinical Patterns Related to Amphetamine Use"¹⁵⁶. The protocol was prepared by the National Institute for Addictions for specialists performing treatment. The protocol contains the process of setting up a diagnosis, the indicated structure of medically assisted and drug-free treatment, other therapies and rehabilitation.

Conclusions

On the basis of the secondary analysis of the population survey carried out on a national representative sample in 2007 focusing on amphetamine use (Paksi 2006; Paksi and Arnold 2007; Elekes et al. 2008) it can be seen that among amphetamine users (amphetamine and/or ecstasy users) the different patterns of drug use are closely related to each other. As compared to the risk occurring in the general population, in the case of cannabis the risk of trying the drug is more than 10 times greater, and in the case of other illicit drugs it is 30-40 times greater. When examining age at first use it can be determined that generally amphetamine users try a different drug (mainly herbal cannabis/cannabis resin) first, and generally earlier than those who do not use amphetamine later. When examining the recreational drug use of amphetamine users it can be observed that ecstasy and cannabis are associated the most with weekend entertainment, and these drugs are directly followed by amphetamine.

On the basis of TDI data, a significant part of amphetamine users entering treatment mainly at outpatient treatment centres are referred to treatment by the criminal justice system (that is as a result of diversion).

While first a rapid and then a slow but continuous increase in the number of injecting users could be observed among amphetamine users, the proportion of amphetamine users treated in low-threshold services did not change in the examined period, which may indicate that the system is not ready for admitting amphetamine users.

¹⁵⁶ The document can be downloaded from the website of the Ministry of Health:
<http://www.eum.hu/egeszsegpolitika/minosegfejlesztes/addikt-amphetamine> (08.07.2009.)

12. BIBLIOGRAPHY

Bauer, B., Szabó, A. (eds.) (2009). Ifjúság 2008. Gyorsjelentés. Kutatási beszámoló. Szociálpolitikai és Munkaügyi Intézet, Budapest.

Busa, Cs., Tistyán, L., Füzési, Zs., Szemelyácz, J. (2008a). Kirekesztődés és Kirekesztés kérdőíves szociológiai vizsgálat drogambulanciák és szenvedélybeteg-ellátással foglalkozó szervezetek/intézmények kliensei körében, Összefoglaló. Pécs.

Busa, Cs., Tistyán, L., Füzési, Zs., Szemelyácz, J. (2008b): Kérdőíves szociológiai vizsgálatok a pécsi lakosság körében. Pécs.

Busa, Cs., Tistyán, L., Füzési, Zs., Szemelyácz, J. (2008c): Kirekesztődés és Kirekesztés összehasonlító elemzés, Összefoglaló, Pécs, 2008

Csák, R. (2009). Kálvária téri Kontakt Kávézó program 2008-as kliensforgalmi adatainak elemzése. Kék Pont Drogkonzultációs Központ és Ambulancia, Budapest. Unpublished thesis.

Csák, R., Forstner, M., Márványkövi, F. és Rácz, J. (2008). Kvalitatív panelvizsgálat a budapesti elektronikus zenei partiélet szereplői, valamint a drogpolitika megvalósítói körében. In: Partik, drogok, ártalomcsökkentés. Kvalitatív kutatások a partiszcenában. Demetrovics, Zs., Rácz, J. (eds.). L'Harmattan, Budapest. pp. 225-290.

Csohán, Á., Kaszás, K., Lendvai, Gy. (2009). Az intravénás kábítószer-használat révén terjedő fertőző betegségek helyzetéről. Országos Epidemiológiai Központ. Unpublished report.

Demetrovics, Zs. (2005). A rekreációs környezetben megjelenő droghasználat alakulása Magyarországon. In: Jelentés a magyarországi kábítószerhelyzetről 2005. Borsi, É., Portörő P. (eds.). Ifjúsági, Családügyi, Szociális és Esélyegyenlőségi Minisztérium, Budapest. pp. 81–98.

Demetrovics, Zs., Nádas, E., Kun, B. (2008). Rekreációs droghasználat Magyarországon. In: Partik, drogok, ártalomcsökkentés. Kvalitatív kutatások a partiszcenában. Demetrovics, Zs. Rácz, J. (eds.). L'Harmattan, Budapest. pp.13-24.

Demetrovics, Zs. (2009). Hungary. In: Nightlife and Crime: Social Order and Governance in International Perspective. Hadfield P. (ed.). pp.169-182. OUP, Oxford.

Domokos, T., Ruff, T. (2008). A kábítószer-fogyasztó fiatalok társadalmi kirekesztettségének vizsgálata EU indikátorok alapján. Kutatási beszámoló 2.0 változat, 2008. július 31.

Dudás, M., Rusvai, E., Győri, Z., Csohán, Á., Minárovits, J. (2009). A hazai intravénás droghasználattal összefüggő fertőzések (HIV, HBV, HCV) 2008. évi prevalenciájának vizsgálata. Beszámoló a 2008. évi tevékenységről. Unpublished thesis.

Elekes, Zs. (2009). Egy változó kor változó ifjúsága – A fiatalok alkohol- és egyéb drogfogyasztása Magyarországon - ESPAD 2007. NDI - L'Harmattan. In press.

Elekes, Zs., Paksi, B. (1997). Szabadságvesztés büntetést töltők kábítószer-fogyasztással kapcsolatos rizikócsoportjainak feltárása (kutatási beszámoló). IM.Bv.Op. Büntetés-végrehajtási szakkönyvtár 1997/4. pp. 1–112.

Elekes, Zs., Paksi B. (2004). A jogerősen fogva tartottak kábítószer- és egyéb szenvedélyszer használata. BVOP kutatási beszámoló.

Elekes, Zs., Nádas, E., Paksi, B. (2008): Drogfogyasztás a populációban. In: Jelentés a magyarországi kábítószer-helyzetről 2008. Felvinczi K., Varga O. (szerk). SzMM, Budapest. pp.33-53.

EMCDDA (1999). Co-ordination of an expert working group to develop instruments and guidelines to improve quality and comparability of general population surveys on drugs in the EU. Follow up of EMCDDA project CT.96.EP.08 (CT.97.EP.09), European Monitoring Centre for Drugs and Drug Addiction. Lisbon. Portugal.

EüM (Egészségügyi Minisztérium) (2009). Az Egészségügyi Minisztérium előterjesztése a szenvedélybetegségek magyarországi helyzetéről és az addiktológiai ellátórendszer változásairól.

Flash Eurobarometer 233 (2008). Young people and drugs among 15-24 year-olds. Magyar Gallup Intézet. Kutatási beszámoló. http://ec.europa.eu/public_opinion/flash/fl_233_en.pdf (accessed: 2009.10.28.)

Gyarmathy, V.A., Neaigus, A., Mitchell, M. M., Ujhelyi, E. (2008). The association of syringe type and syringe cleaning with HCV infection among IDUs in Budapest, Hungary. Drug Alcohol Dependence. doi:10.1016/j.drugalcdep.2008.10.14

Hajnal, Gy. (2009): A kábítószerrel kapcsolatos költségvetési kiadások alakulása 2000 és 2007 között. In: Drogpolitika számokban. Felvinczi, K., Nyírády, A. (szerk.) pp. 375-409. L'Harmattan, Budapest.

IRM (Igazságügyi és Rendészeti Minisztérium) (2009). Minisztériumi beszámoló.

Jónás, J., Barsiné, F. K., Péterfiné, T. M. (2009). A pulmonológiai intézmények 2008. évi epidemiológiai és működési adatai. Országos Korányi TBC és Pulmonológiai Intézet, Budapest.

KSH (Központi Statisztikai Hivatal) (2009). A KSH jelenti, 2008/11 Összefoglalás, Közzététel: 2009. január 29. Sorszám: 15.

KSH (Központi Statisztikai Hivatal) (2009). A KSH jelenti, 2008/12 Összefoglalás, Közzététel: 2009. március 3. Sorszám: 38.

MH (Magyar Honvédség) (2009). Beszámoló a kábítószerügyi éves jelentéshez.

Márványkövi, F., Melles, K., Légmán, A. és Rácz, J. (2008). A kezelésbe jutás akadályai roma és nem roma, kezelésen kívüli intravénás használók körében, Budapesten. Addiktológia (Addictologia Hungarica), 7 (3-4) 205-233.

Menhely (2009). Beszámoló a Menhely Alapítvány 2008. évi tevékenységéről. Budapest.

Mészáros, Z. (2009). „Honnan, hogyan, merre? – avagy a kínálati oldal vizsgálata, a kábítószerpiac működésének jellegzetességei”, OpenNetwork Piac- és Társadalom-kutató. Kutatási Jelentés. Unpublished thesis.

Miletics, M. (2008). Kutatási beszámoló a túladagolás körülményeiről. Kutatási beszámoló. Baptista Szeretetszolgálat – Utcafront. Budapest.

Nagy, J. (2002). A kender eredetű kábítószer hatóanyag-tartalma és annak változásai. In: Jelentés a magyarországi kábítószerhelyzetről 2002. Ritter, I. (szerk.), pp. 266-272. Gyermek-, Ifjúsági és Sportminisztérium, Budapest.

HUNFP (Hungarian National Focal Point) (2009a). HCV fertőzöttség és a fertőző betegségekkel kapcsolatos kockázatos magatartások a fogvatartottak körében 2008-ban. Unpublished thesis.

HUNFP (Hungarian National Focal Point) (2009b). A hazai kannabisz termesztés és piac jellegzetességei a fogyasztók szemszögéből. Unpublished thesis.

OAC (Országos Addiktológiai Centrum) (2009). TDI adatbázis 2008. Unpublished data.

OKM (Oktatási és Kulturális Minisztérium) (2009). Minisztériumi beszámoló.

Paksi, B. (2003). Drogok és felnőttek. A tizennyolc év feletti lakosság drogfogyasztása és droggal kapcsolatos gondolkodása az ezredfordulón, Magyarországon. Szakmai forrás sorozat 4. L'Harmattan, Budapest.

Paksi, B. (2008). Droghasználat a magyarországi börtönökben. Droghasználók a börtönben. Problémafeltárás, kezelés és ártalomcsökkentés. MAT II: Tematikus Konferenciája. Budapest. 2008. november 20.

Paksi, B. (2008). A nem iskolai szinten megjelenő prevenciós programok feltérképezése. Kutatási gyorsjelentés. Unpublished thesis.

Paksi, B. (2009a). A jogerősen elítélt fogvatartottak kábítószer- és egyéb szenvedélyszer használata Magyarországon 2008-ban. Budapesti Corvinus Egyetem Magatartástudományi és Kommunikációelméleti Intézet Viselkedéskutató Központ. Kutatási beszámoló. Unpublished thesis.

Paksi, B. (2009b). Populációs adatok alakulása. In: Drogpolitika számokban. Felvinczi, K., Nyírády, A. (eds.). pp.81-141. L'Harmattan, Budapest.

Paksi, B., Arnold, P. (2007). A magyarországi felnőtt népesség drogérinthettsége – új fejlemények. MAT VI. Országos Kongresszusa. 2007. november 22–24. Siófok. Addiktológia 2007. VI. Supplementum 1., 49.

Paksi, B., Rózsa, S., Kun, B., Arnold, P., Demetrovics, Zs. (2009). A magyar népesség addiktológiai problémái: Az Országos Lakossági Adatfelvétel az Addiktológiai Problémákról (OLAAP) reprezentatív felmérés módszertana és a minta leíró jellemzői. In: Mentálhigiéné és pszichoszomatika. In press.

Rácz, J. (2009). A drogbetegek ellátása. In: Drogpolitika számokban. Felvinczi, K., Nyírády, A. (eds.) pp. 189-232. L'Harmattan, Budapest.

Rácz, J., Máthé-Árvay, N., Fehér, B. (2003). Kezelésre jelentkező és "utcai" injekciós droghasználók kockázati magatartásainak és kockázateszlelésének jellemzői. Előzetes eredmények. In: Addiktológia (Addictologia Hungarica), 2 (3-4) pp. 370-388.

Rendőrségi Drogstratégia (2006). 17/2006. (XI. 24.) ORFK utasítás a Magyar Köztársaság Rendőrségének Drogstratégiájában rögzített feladatok egységes végrehajtásáról.

Ritter, I. (2009). Drogkereskedő karrierek. Előzetes kutatási eredmények. Unpublished thesis.

SZBEKK (Szervezett Bűnözés Elleni Koordinációs Központ) (2009). A szervezett bűnözés magyarországi helyzete, várható tendenciái, a bűnszervezetek elleni fellépés javasolt irányai 2009. Unpublished report.

SZMM (Szociális és Munkaügyi Minisztérium) (2008). Jelentés a Kormány részére a kábítószer-fogyasztással összefüggő halálesetekről.

SZMM (Szociális és Munkaügyi Minisztérium) (2008). 2007. évi szenvedélybeteg reszocializációját, reintegrációját elősegítő fejlesztések támogatása (KAB-RE-07-A/B/C) pályázat beszámolója.

TASZ (Társaság a szabadságjogokért) (2008). Megelőzhető halálesetek – szeminárium <http://drogriporter.hu/node/1123> (accessed: 2009.10.28.)

TASZ (Társaság a szabadságjogokért) (2009). Szabad-e a kendertermesztésről cikket írni Magyarországon? <http://drogriporter.hu/ckjog> (accessed: 2009.10.28.)

Vitrai, J. (2009). Tanulmány a „Nemzeti drogstratégia a kábítószer-probléma visszaszorítására” megvalósulásának dokumentum és mélyinterjú-elemzésen alapuló értékeléséről. Egészségmonitor Kft., Budapest.

ANNEX

LIST OF TABLES

Table 1. <i>The amount of PEX according to main function groups (point estimation, at current price)</i>	10
Table 2. <i>The changing of drug policy in time, in the light of the expenditure structure²</i>	10
Table 3. <i>Drug screening tests conducted in 2008 in the Hungarian Army</i>	18
Table 4. <i>Breakdown of drug users treated in healthcare based on institution type in 2008</i>	36
Table 5. <i>Annual capacity of specialised outpatient treatment centres between 2003-2008</i>	37
Table 6. <i>Number of patients receiving methadone and buprenorphine-naloxone treatment (persons) by place of treatment in 2008 (N=802)</i>	39
Table 7. <i>The number of drug therapy beds between 2006-2008</i>	40
Table 8. <i>Average age of patients starting treatment for the first time in their lives outside diversion at the time of the treatment and at the first drug use, and the average period between the first drug use and starting treatment between 2005-2008 (years)</i>	58
Table 9. <i>Breakdown of registered HIV positive persons by risk groups</i>	64
Table 10. <i>Number and proportion of IDUs among reported acute hepatitis B cases</i>	65
Table 11. <i>Number and proportion of IDUs among reported acute hepatitis C cases</i>	65
Table 12. <i>Organisations participating in the survey of HIV, HBV, HCV prevalence</i>	66
Table 13. <i>Breakdown of HIV, HCV, HBV infected IDUs by age group</i>	67
Table 14. <i>Breakdown of HCV, HBV positive IDUs by the term of injecting drug use</i>	68
Table 15. <i>Breakdown of HCV, HBV positive IDUs by the type of drug</i>	68
Table 16. <i>The number of HCV screening tests and the proportion of positive cases by region between 2006-2008</i>	69
Table 17. <i>Breakdown of HCV infection among ever IDUs screened in substitution programmes by gender and age groups</i>	71
Table 18. <i>Breakdown of HCV positive ever IDUs participating in substitution programmes by term of injecting drug use</i>	71
Table 19. <i>Breakdown of HCV infection among the examined IDUs by gender</i>	72
Table 20. <i>Breakdown of HCV infection among the examined IDUs by socio-demographic variables (N=185)</i>	73
Table 21. <i>The average number of imprisoned persons in the detention facilities participating in the screening and the survey of risk behaviours, and the number of screened imprisoned persons</i>	74
Table 22. <i>Breakdown of lifetime prevalence rates relating to the drug use and injecting drug use of the imprisoned persons participating in the screening by age groups</i>	74
Table 23. <i>Breakdown of hepatitis C infections (HCV antibodies) by the total sample, ever drug users and ever injecting drug users</i>	75
Table 24. <i>Breakdown of HCV infection among ever IDUs by age group</i>	75
Table 25. <i>Breakdown of HCV positive and HCV negative ever IDU imprisoned persons by the time of last injection</i>	76
Table 26. <i>Breakdown of injected drug type among IDU imprisoned persons by HCV infection (N=145)</i>	76
Table 27. <i>Risk factors identified among new TB patients in 2008</i>	77
Table 28. <i>Breakdown of IDUs screened during the HCV prevalence survey performed in 2008 by HCV testing uptake in the last 12 months</i>	78
Table 29. <i>Breakdown of IDUs sharing needles/syringes and sharing needles/syringes or other injecting equipment by HCV positivity</i>	78
Table 30. <i>Breakdown of risk behaviours among IDUs by status of HCV infection (N=185)</i>	80

Table 31. <i>Breakdown of HCV positive and negative injecting drug user imprisoned persons by ever sharing needles/syringes and ever sharing any type of injecting equipment (N=148)</i>	81
Table 32. <i>Breakdown of HCV positive injecting drug user imprisoned persons by tattooing prior to imprisonment or inside prison</i>	81
Table 33. <i>The presence of drugs in urinary samples deriving from road accidents by active substance content</i>	82
Table 34. <i>Number of direct drug-related deaths in 2008</i>	87
Table 35. <i>Characteristics of the victims of heroin overdose who appeared in treatment between 2005 and 2008</i>	88
Table 36. <i>Characteristics of the cases of death occurring in Budapest in August</i>	88
Table 37. <i>Indirect drug-related deaths among violent death cases in Budapest</i>	89
Table 38. <i>Syringe and client turnover data of needle/syringe programmes between 2004-2008</i>	94
Table 39. <i>Revealed criminal cases concerning the misuse of illicit drugs, according to the year of commission in 2007 and 2008</i>	119
Table 40. <i>Breakdown of offenders committing misuse of illicit drugs by age in 2007 and 2008</i>	121
Table 41. <i>Prevalence rates (%) of illicit drugs relating to the period prior to imprisonment (N=503)</i>	127
Table 42. <i>Prevalence rates of illicit drugs relating to the period inside prison</i>	130
Table 43. <i>Prevalence rates of illicit drugs among males imprisoned on the basis of a final decision, relating to the period before imprisonment in 2004 and 2008</i>	132
Table 44. <i>Main indicators of illicit drug use among people imprisoned on the basis of a final decision prior to imprisonment, and in the general population</i>	134
Table 45. <i>Opinions on availability of drugs at detention facilities among imprisoned persons participating in screening and risk behaviour survey</i>	135
Table 46. <i>The number of HIV tests performed at detention facilities and positive cases detected between 2001-2008</i>	137
Table 47. <i>Number and quantity of seizures of illicit drugs in 2007 and 2008</i>	145
Table 48. <i>Price of drugs at street level in EUR in 2008</i>	147
Table 49. <i>The changing of the proportions of domestically produced and imported cannabis on the domestic market according to the opinion of the users in the last 10 years</i>	152
Table 50. <i>The proportion of seized items below 100 g by type of cannabis products between 2006-2008 (%)</i>	153
Table 51. <i>Breakdown of herbal cannabis and cannabis resin per own use and market proportions estimated by regular users (N=125)</i>	154
Table 52. <i>Breakdown of herbal cannabis and sinsemilla per own use and market proportions estimated by regular users (N=125)</i>	154
Table 53. <i>Most common locations of cannabis acquisition mentioned by users</i>	157
Table 54. <i>Most common cannabis sources mentioned by users</i>	157
Table 55. <i>Most frequent transaction sizes of herbal cannabis</i>	158
Table 56. <i>The prices of herbal cannabis purchased units calculated for 1 gram in EUR</i>	159
Table 57. <i>Size of seized plantations between 2006-2008</i>	160
Table 58. <i>Number and quantity of cannabis plant seizures between 2006-2008</i>	160
Table 59. <i>Number and quantity of herbal resin and cannabis resin seizures by amount sized in 2008</i>	161
Table 60. <i>Monthly or more frequent spare time activities of amphetamine users and persons who have never used illicit drugs (within the population between the age of 18-64, in 2007, %)</i>	165
Table 61. <i>Rate of continuous and current use among amphetamine users and persons never using amphetamine (within the population between the age of 18-64, in percentage of ever users)</i>	167

Table 62. Occurrence of problems deriving from drug use among amphetamine users and illicit drug users not using amphetamine (within the population between the age of 18-64, in 2007)	168
Table 63. The joint proportion of the answers “completely” and “to a great extent” given to the question “How much the use of individual drugs is/was associated with weekend entertainment?” by drug type among amphetamine users and ever users of illicit drugs not using amphetamine, (within the population between the age of 18-64, in 2007)	168
Table 64. The proportion of those who have tried amphetamine among the audience of different electronic music trends in 2003 (%)	170
Table 65. Phases and patterns of personal drug use	171

LIST OF FIGURES

Figure 1. <i>The lifetime prevalence of illicit and licit drugs between 1995 and 2007 among 16-year-old schoolchildren</i>	13
Figure 2. <i>The lifetime prevalence of illicit drugs by school type and by school grade among schoolchildren in grades 8-10</i>	14
Figure 3. <i>Main prevalence rates in different user groups</i>	15
Figure 4. <i>The ratio of those ever tried and those used different drugs at least once in the previous year (%)</i>	16
Figure 5. <i>The ratio of those ever tried and those used different drugs at least once in the previous year by school type (%)</i>	17
Figure 6. <i>The ratio of those ever tried and those used different drugs at least once in the previous year by permanent place of residence (%)</i>	18
Figure 7. <i>The number of mentions of different target groups to be reached with services and programmes (N=71)</i>	22
Figure 8. <i>The occurrence of different objectives in interventions aimed directly at the ultimate target population (expressed in percentage of interventions)</i>	23
Figure 9. <i>The occurrence of different methods in prevention interventions aimed directly at the ultimate target population (expressed in percentage of interventions)</i>	24
Figure 10. <i>The lifetime prevalence of illicit and licit drugs of Roma and non-Roma IDUs outside of treatment</i>	28
Figure 11. <i>Last month prevalence of drug use of Roma and non-Roma IDUs outside of treatment</i>	29
Figure 12. <i>Lifetime and last month prevalence of different forms of risk behaviour of Roma and non-Roma IDUs outside of treatment</i>	30
Figure 13. <i>Use of different forms of needle exchange services of Roma and non-Roma IDUs outside of treatment in the last 30 days (%)</i>	32
Figure 14. <i>The number of drug users treated in healthcare between 2004-2008 (persons)</i>	34
Figure 15. <i>Breakdown of drug users in treatment by gender between 2004-2008 (persons)</i>	42
Figure 16. <i>Breakdown of drug users in treatment by gender and licit/illicit substances used between 2004-2008 (persons)</i>	42
Figure 17. <i>Breakdown of male patients receiving treatment by age between 2004-2008 (persons)</i>	43
Figure 18. <i>Breakdown of female patients receiving treatment by age between 2004-2008 (persons)</i>	44
Figure 19. <i>Breakdown of drug users receiving treatment for the first time in their lives by age group in 2008 (persons) (N=4498)</i>	45
Figure 20. <i>Breakdown of drug users in treatment by licit and illicit substances between 2004-2008 (persons)</i>	45
Figure 21. <i>Number of patients receiving treatment for the use of illicit drugs between 2004-2008 (persons)</i>	46
Figure 22. <i>The number of patients treated for the use of licit drugs between 2004-2008 (persons)</i>	47
Figure 23. <i>Breakdown of patients in treatment by route of administration between 2004-2008 (persons)</i>	48
Figure 24. <i>Breakdown of patients in treatment by frequency of drug use between 2004-2008 (persons)</i>	49
Figure 25. <i>Number of patients treated as an alternative to criminal procedure between 2004-2008 (persons)</i>	49
Figure 26. <i>Number of patients treated as an alternative to criminal procedure by drug type between 2004-2008 (persons)</i>	50
Figure 27. <i>Breakdown of patients starting treatment by age group in 2008 (persons) (N=1018)</i>	52

Figure 28. Breakdown of patients outside diversion starting treatment for the first time in their lives by age group in 2008 (persons) (N=394)	52
Figure 29. Primary substance among all men starting treatment in 2008 (%) (N=770)	53
Figure 30. Primary substance among men starting treatment for the first time in their lives in 2008 (%) (N=303)	54
Figure 31. Primary substance among all women starting treatment in 2008 (%) (N=248)	54
Figure 32. Primary substance among women starting treatment for the first time in their lives in 2008 (%) (N=91)	55
Figure 33. Average age of patients starting treatment for the first time outside diversion at the time of the first drug use, and the average period between the first drug use and first starting treatment between 2005-2008 (years)	57
Figure 34. Breakdown of drug users in diversion programme entering treatment by age groups and gender in 2008 (persons) (N=2453)	59
Figure 35. Breakdown of drug users in diversion programmes, entering treatment for the first time in their lives by age groups and gender in 2008 (persons) (N=1772)	60
Figure 36. Mean age among all clients in treatment between 2005-2008 (years)	62
Figure 37. The number of patients treated for drug intoxication at the Clinical Toxicology Department of Péterfy Sándor Street Hospital between 2004-2008	84
Figure 38. Breakdown of drugs among men treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital for drug intoxication by age group (N=1078)	85
Figure 39. Breakdown of drugs among women treated at the Clinical Toxicology Department of Péterfy Sándor Street Hospital for drug intoxication by age group (N=614)	85
Figure 40. Number of syringes distributed and returned at fixed NSP between 2003-2008	93
Figure 41. Living conditions (where) of clients in treatment in 2008	101
Figure 42. Housing conditions among Roma and non-Roma IDUs outside of treatment (%)	102
Figure 43. Completed school qualifications among patients in treatment in 2008	103
Figure 44. School qualifications of Roma and non-Roma IDUs outside of treatment (%)	104
Figure 45. Labour status among patients in treatment in 2008	105
Figure 46. Labour status among Roma and non-Roma IDUs outside of treatment (%)	105
Figure 47. Living condition (with whom) of clients in treatment	106
Figure 48. Persons living with Roma and non-Roma IDUs outside of treatment (%)	107
Figure 49. Attitude towards drug users (%) – comparison	108
Figure 50. Attitude towards currently abstinent addicted persons (%) – comparison	109
Figure 51. Comparison of the proportions of presumed and actual help	110
Figure 52. Estimate of excluded population (%)	112
Figure 53. Exclusion in the abuser sample	113
Figure 54. Exclusion in the dependent sample	113
Figure 55. The number of revealed cases concerning the misuse of illicit drugs between 2002-2008	118
Figure 56. Number of offenders committing misuse of illicit drugs between 2002-2008	121
Figure 57. Breakdown of clients entering treatment by age groups at detention facilities (only males, N=61)	125
Figure 58. Prevalence rates per drugs (%) relating to the period prior to imprisonment (in percentage of the respondents, N=503)	128
Figure 59. Illicit drug use pyramid prior to imprisonment (lifetime prevalence rates of different drugs in the percentage of persons who tried cannabis)	129
Figure 60. Occurrence of different problems deriving from the use of drugs prior to imprisonment, in percentage of ever-users and regular users	129
Figure 61. Perceived availability of individual drug types in prisons (in percentage of the respondents, N=503)	130
Figure 62. Lifetime prevalence rates of different illicit drugs relating to the period inside prison (in percentage of respondents, N=503)	131
Figure 63. Lifetime prevalence rate of illicit drugs in the period prior to imprisonment among men imprisoned on the basis of a final decision between 1997-2008	132

Figure 64. Lifetime prevalence rates of different drugs among males imprisoned on the basis of a final decision, relating to the period prior to imprisonment, in 1997, 2004 and 2008 (in percentage of respondents)	133
Figure 65. Occurrence of different problems deriving from drug use in the period prior to imprisonment, among ever-user males imprisoned on the basis of a final decision in 2004 and in 2008 (%)	133
Figure 66. Changing of lifetime prevalence rates of illicit drugs among men imprisoned on the basis of a final decision prior to imprisonment, and in the general population between 1997-2008	135
Figure 67. The proportion of pupils who find different drugs easy or very easy to obtain, in percentage of 16-year-old respondents between 1995-2007	140
Figure 68. Places where it could be easy to obtain herbal cannabis or cannabis resin, in percentage of pupils studying in grades 8-10	140
Figure 69. Sources of acquisition of drugs – in percentage of pupils who had used drugs	141
Figure 70. Availability of different drugs according to the opinion of young people between the age of 15-24	142
Figure 71. Number of GBL seizures between 2002-2008	146
Figure 72. The most common and average prices of drugs in EUR in 2007 and 2008	148
Figure 73. The amount of seized ecstasy tablets and their active substances in 2008	148
Figure 74. Active substance content of heroin packaged in user doses, and its frequency of occurrence between 2005-2008	149
Figure 75. The changing of the delta-9-THC content of seized cannabis plants and herbal cannabis between 2002-2008	151
Figure 76. Number of cannabis plant seizures between 2002-2008	160
Figure 77. Breakdown of amphetamine users, ever users of illicit drugs not using amphetamine and persons who have never used illicit drugs by age groups (within the population between the age of 18-64, in 2007, %)	164
Figure 78. Breakdown of amphetamine users, ever users of illicit drugs not using amphetamine and persons who have never used illicit drugs by place of residence – Budapest / outside of Budapest (within the population between the age of 18-64, in 2007, %)	165
Figure 79. Illicit drug use pyramid drawn for amphetamine users – lifetime prevalence rate of different drugs expressed in percentage of ever users of amphetamine (within the population between the age of 18-64, %)	166
Figure 80. Classical illicit drug use pyramid: lifetime prevalence rate of different drugs expressed in percentage of ever users of cannabis (within the population between the age of 18-64, %)	166
Figure 81. The number of all amphetamine users and the number of amphetamine users entering treatment as a result of diversion between 2005-2008 (persons)	169
Figure 82. Primary substance of clients of Contact Café programme by age groups in 2008	172
Figure 83. Primary substance of clients of Contact Café programme by gender in 2008	172
Figure 84. Frequency of attending Contact Café programme in a breakdown by primary substance in 2008	173
Figure 85. Frequency of returning used needles/syringes in a breakdown by primary drug in 2008	173

LIST OF MAPS

Map 1. Geographical distribution of drug users receiving treatment in 2008	35
Map 2. Geographical breakdown of the number of HCV screening tests and the proportion of positive cases by region between 2007-2008	69
Map 3. Breakdown of NSP service providers in 2008	92

Map 4. *Breakdown of the number of criminal offences concerning the misuse of illicit drugs by place of offence (county) in 2008* _____ 120

LIST OF ABBREVIATIONS

ÁNTSZ – National Public Health and Medical Officer Service
APEH – Hungarian Tax and Financial Control Administration
BRFK – Budapest Police Headquarters
BSZKI – Institute for Forensic Sciences
BVKSZB – Professional Committee for Drug Affairs within the Hungarian Prison Service
BVOP – Hungarian Prison Service Headquarters
CCDA – Coordination Committee on Drug Affairs (KKB)
CI – Confidence interval
CSR – Corporate Social Responsibility
DRID – Drug-related infectious diseases
EDDRA – Exchange on Drug Demand Reduction Action
Eftv. – Act CXXXII of 2006 on the development of the healthcare system
ENYÜBS – Uniform Criminal Statistics System of the Investigation Authority and the Public Prosecutor's Office
ERÜBS – Uniform Criminal Statistics System of the Police and the Public Prosecutor's Office
ESPAD – European School Survey Project on Alcohol and Other Drugs
ESzCsM – Ministry of Health, Social and Family Affairs
EüM – Ministry of Health
FSZH – Employment and Social Office
GyISM – Ministry of Children, Youth and Sport
HCLU – Hungarian Civil Liberties Union (TASz)
HUNFP – Hungarian National Focal Point
IDU – Injecting drug user
IMEI – National Institute for Forensic Observation and Psychiatry
IRM – Ministry of Justice
KEF – Coordination Forum on Drug Affairs
KIMMTA – Mission Aid Foundation for Saving Wasted Young People
KSH – Hungarian Central Statistical Office
MEJOK – Centre for Defence of Human Rights - Hungary
MH – Hungarian Army
NDI – National Institute for Drug Prevention
NNyI – National Bureau of Investigation
NSP – Needle/syringe programme
OAC – National Centre for Addictions

OAI – National Institute of Addictions
OEFI – National Institute for Health Development
OEK – National Centre for Epidemiology
OEP – National Health Insurance Fund
OKM – Ministry of Education and Culture
OORI – National Medical Rehabilitation Institute
OPNI – National Institute of Psychiatry and Neurology
ORFK – National Police Headquarters
OSAP – National Statistical Data Collection Programme
OSZMK – National Centre for Healthcare Audit and Inspection
OTKA – National Scientific Research Found
PDU – Problem Drug Use
PEX – Public expenditure
SE – Semmelweis University
SZBEKK – Co-ordination Centre Against Organized Crime
SZIP – Drug Information Portal for Professionals
SzMM – Ministry of Social Affairs and Labour
TÁMASZ – Regional Universal Preventive Addiction Treatment
TB – Tuberculosis
TDI – Treatment Demand Indicator