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for Drugs and Drug Addiction



**2005 NATIONAL REPORT (2004 data) TO THE
EMCDDA
by the Reitox National Focal Point**

“HUNGARY”

New Development, Trends and in-depth
information on selected issues

REITOX

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SUMMARY

The drugs problem was a question under debate in the Parliament also in 2004 and initiated smaller and greater social movements. Legalising and decriminalising endeavours still raise dust at social and political level.

The most important legal change in 2004 was the 54/2004 (XII. 13) decision of the Constitutional Court which amended to Criminal Code regulations related to misuse of narcotic drugs and devolved numerous tasks to the legislators.

The evaluation of the implementation of the National Strategy to Combat the Drugs Problem started in 2004 in collaboration with the Dutch Trimbos Instituut within the framework of the MATRA Programme. Hungary is the first country in Europe which asked for external experts from another country to examine its strategy in order to ensure the unbiased and independent evaluation.

In Hungary, in 2004 researches were conducted primarily among youths on the spread and characteristics of drug use. ESPAD studies as well as researches in the capital applying the same methodology are appropriate for drawing longer term trends

Changes in criminal legislation of illicit drug use did not have substantial impact on the spread of consumption. Aggravations of 1998 were followed by further significant rise and alleviations of 2002 by slower increase in consumption.

ESPAD data from 1999 and from 2003 already indicate that increase in lifetime prevalence of illicit drug use was exclusively due to the increase of cannabis consumption. It is worth noting that similarly to international tendencies illicit drug consumption of girls seems to come near to boys'.

Due to the comprehensive researches conducted in the previous years we have extended information on prevention work at school however detailed data regarding out of school prevention activities are not available yet.

A Professional Information Website launched by the National Institute for Drug Prevention in 2004 provides the possibility for collection and exchange of information for experts and organisations working in the field of drug issues as well as enhances the adjustments to European standards.

Treatment centres registered 14,165 drug users in total in 2004. Number of new clients entering treatment showed some (5%) decrease comparing to the previous year. There was no significant difference between eastern and western parts of the country regarding the number of drug users projected on the population, however outstanding divergence was observed between Budapest with its surroundings and other parts of the country.

The ratio of illicit drug users decreased in 2004 to the extent that licit substances gained majority. Ratio of cannabis users in treatment increased significantly (by 21%). Ratio for amphetamine stagnated while the proportion of cocaine and hallucinogen users decreased last year.

Data of drug clients are provided in an aggregated form by treatment centres which do not exclude those clients from the statistical system who appear and are registered in several institutions. The quality of data provision and management will most likely improve due to the introduction of electronic data provision. In 2005, in the framework of the Nation Institute for Addictions information system development software enabling data providers to report data via Internet was elaborated and is currently being tested. The software ensures data collection and management according to the TDI Protocol, so 2005 data will be managed in 2006 on the basis of this system.

As for health consequences of drug use the number of death cases due to direct overdose and drug use decreased in 2004. This decrease is a consequence of the lower number of

deaths caused by licit drug use. The number of deaths due to illicit drug use did not change significantly. Three deaths cases caused by ecstasy use and deaths by methadone overdose are new phenomena. One HIV positive case which also showed HCV positivity was found among drug related death cases. The infection was not known before. This was the first HIV positive case of a non-foreign IDU in Hungary

According to 2004 data HIV/AIDS occurrence stabilised at a low level in Hungary, no measurable change was found in the frequency of infection of IDUs. Both incidence and prevalence data indicate the intensification of HCV expansion, particularly among the youngest teenagers of the capital. These facts are early signs for the increasing HIV risk of the drug user population which call the attention to the need of harm reduction measures and the introduction of regular free of charge HIV, HBV and HCV tests and counselling at treatment centres.

Among social consequences of drug use homelessness is the least correlated form of social exclusion to substance use. Rates of unemployment significantly exceed the rates in the normal population. Indeed, considerable part of drug users have given up to work or to establish own livelihood. Two main elements are observed in the structure of incomes: the low level of prevailing of the social support system and the high ratio of illegal/illegitimate activities. The predominant re-emergence of school problems shows that illicit drug use influences social integration and socialisation in educational institutions on a durable and – in view of data on qualifications – fatal way.

Often it is impossible to bridge the gap between health and social institutions which should alleviate the above-mentioned problems. Low-threshold organisations providing mainly social services do not want to deal with “health” problems like tests and prevention of overdoses. Competencies of health institutions are limited to apply different psychotherapeutic treatments and medications.

Criminal statistics data of 2004 describe much better the situation in 2003 than in the examined period. The ratio of revealed cases of misuse of narcotic drugs among all crimes was 1.6% in 2004 (0.81% in 2003). The proportion of this type of crime has never been so high among all revealed crimes however it can be related to the consequences of the amendment to the legislation.

Compared to 2003 the number of revealed drug users doubled and they are typically juveniles. There is no significant change compared to previous years in gender distribution and educational level.

No substantial changes could be observed in the structure of drug markets last year although the amount of seizures increased considerably. Purity of drugs at street level varied. The purity of cocaine and amphetamines decreased while the potency of cannabis and purity of heroin increased compared to the previous year.

Comparing to previous years the media dealt with the drugs problem more in-depth in 2004 and paid greater attention to the publication of social and parliamentary debates on drug issues. At the same time there is a lack of serene, fact-driven analyses about this phenomenon in mass communication. Taken only the representation of the media into consideration, today’s Hungarian society could not receive uniform guidelines regarding the conceptual frames that should be associated to drug use.

The above described trends might be in correlation to the fact that there has not been significant change in the attitude of the general population of Hungary to drugs and drug users comparing to previous years. All in all only in case of young people is a decrease detected in the proportion of those who consider the experimental or regular consumption of certain illicit drugs dangerous.

1. NATIONAL POLICIES AND CONTEXT

Overview

The Action Plan of the National Drug Strategy has not been implemented according to the aims set and therefore it was repealed by the Government in November 2004. At the same time a new action programme was adopted while the National Drug Strategy remained unchanged. The most important legal change in 2004 was the 54/2004 (XII. 13) decision of the Constitutional Court which amended to Criminal Code regulations related to misuse of narcotic drugs. On the basis of the decision of the Constitutional Court the Act XXX of 2005 includes the new Hungarian translation of the UN 1961 Convention on Narcotic Drugs as well as of the 1971 Convention on Psychotropic Substances.

The evaluation of the implementation of the National Strategy to Combat the Drug Problem started in 2004 in collaboration with the Dutch Trimbos Instituut within the framework of the MATRA Programme. Hungary is the first country in Europe which asked for external experts from another country to examine its strategy in order to ensure the unbiased and independent evaluation.

1.1. LEGAL FRAMEWORK

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

- a) 56/2004. (III. 31.) Government regulation on the amendment to the 162/2003. (X. 16.) Government regulation on the rules of the production, distribution and use of plants which can be used for the production of drugs. The regulation amended the change of all agent concentration of opium alkaloids which can be found in the dried poppy head and are qualified as narcotic drugs until 2010.
- b) 87/2004. (IV. 20.) Government regulation on the amendment to the 272/2001. (XII.21.) Government regulation on the regulation of activities with chemical substances used for the illicit production and manufacture of narcotic drugs and psychotropic substances.
- c) The 142/2004. (IV. 29.) Government regulation controls the activities related to narcotic drugs and psychotropic substances. The regulation includes interpretation rules, the rules of permissions and permission procedures, rules related to issuing permissions of medical and non-medical activities and of occasional research permissions, etc.
- d) 1129/2004. (XI.24.) Government decision on the tasks of the Government related to the implementation of the aims of the National Strategy to Combat the Drugs Problem. Tasks of the Government stipulated in the 1036/2002. (IV.12.) Government decision have not been completed unreservedly by the set deadline. Therefore by entering into force this decision the 1036/2002. Government decision was repealed and the action programme of the National Strategy was changed. The President of the Coordination Committee on Drug Affairs (KKB¹) was trusted by the Government by continuous coordination in order to ensure the efficient professional implementation of the new action programme. The President of the National Crime Prevention Committee will enhance and help this work.

¹ See all abbreviations in the List of Abbreviations

e) 54/2004 (XII. 13.) decision of the Constitutional Court

Five proposals were submitted to the Constitutional Court in relation to the legal states of affairs defining the misuse of narcotic drugs in the Act IV. of 1978 on the Criminal Code. The proposals offended the current legislation almost in all regards, repeatedly both pro and contra. The proposers supported at times their – sometimes contradictory – positions by the same dispositions of the Constitution with opposing arguments and drawing contradictory conclusions from their contents. For this reason the Constitutional Court united the issues and judged them in the framework of one proceeding.

The Constitutional Court found several items of the Criminal Code unconstitutional:

Due to being unconstitutional parts containing “without authorisation” in the text of the Act were annulled in the sections 282. (1); 282/A. (1); 282/B (1); 282/C. (1) and (2); as well as 283/A. (1). According to the justification of the Constitutional Court the notion of “authorisation” causes legal ambiguity for several reasons.

The Constitutional Court decided that the subparagraphs b), c), d), the subparagraphs 2 of the subparagraph e) of the paragraph (1) as well as the paragraph (2) of the section 283 of the Criminal Code are unconstitutional and therefore ruled to annul them.

According to the justification “common use” and “the occasion of use” are ambiguous legal terms. Since ambiguous legal terms offend the dispositions of the Constitution related parts of the legislation were annulled with reference to being unconstitutional. Consequently the offer-supply behaviour was excluded from diversion (since its precondition, common use was also excluded).

Another disposition of the Constitutional Court in relation to diversion concerned the perpetrations involving persons under the age of 18 years committed in the territory of protected institutions (e.g. school, nursery, cultural centre (section 283. (1) c.) and d.).

According to the opinion of the Constitutional Court the Parliament failed to enforce the dispositions of the Convention on the Rights of Children – signed in New York on 20th November 1989, promulgated by the Act LXIV of 1991 and increasingly guarantees the protection of minors –, in relation to certain cases of drug misuse of the Criminal Code which implied departure from an international agreement and resulted in an unconstitutional situation.

The Constitutional Court ascertained in official proceeding that the Parliament caused unconstitutional default by not creating the legislation in relation to the dispositions of the Criminal Code which manage the exemption from criminal liability of helpers of drug users and collaborators in the implementation of prevention and rehabilitation programmes. It requested the Parliament to fulfil its legislative duties.

The Constitutional Court ascertained the unconstitutional default of the Parliament since it has not promulgated by law the original and prevailing texts of legal force of the I-IV. Schedule of the 1961 Single Convention on Narcotic Drugs signed in New York and promulgated by the 4th Statutory Law of 1965 as well as the I-IV. Schedule of the 1971 Convention on Psychotropic Substances signed in Vienna and promulgated by the 25th Statutory Law of 1979. The Constitutional Court requested the Parliament to fulfil its legislative duties by promulgating the Schedules. (See Act XXX. of 2005)

The Constitutional Court decided in official proceeding that an unconstitutional situation arose due to the fact that the legislator failed to co-ordinate the legislations on perpetrations included in the sections 282-283/A. of the Criminal Code with the legislation on authorised activities. For this reason requested the Parliament to fulfil its legislative duties.

f) Act XXX. of 2005 (VI. 1.)

The 54/2004 decision of the Constitutional Court amended significantly the dispositions of the Criminal Code related to drug misuse. The fact that the official Hungarian translations of the 1961 Single Convention on Narcotic Drugs signed in New York and of the 1971 Convention on Psychotropic Substances signed in Vienna are imperfect is included in the justification of the Constitutional Court, but it was also revealed clearly in the course of the preparation of the Act.

The Act XXX of 2005 contains the original and the new Hungarian translation of both Conventions as well as the I-IV. Schedules of the Conventions together with the official Hungarian names of narcotic drugs, preparations and psychotropic substances included in the Schedules.

Since the decision of the Constitutional Court annulled paragraph (2) of section 286/A. of the Criminal Code the interpretation regulations of the criminal term of narcotic drugs was substituted by the Act XXX. of 2005.

Laws implementation

No new information available

1.2. INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES

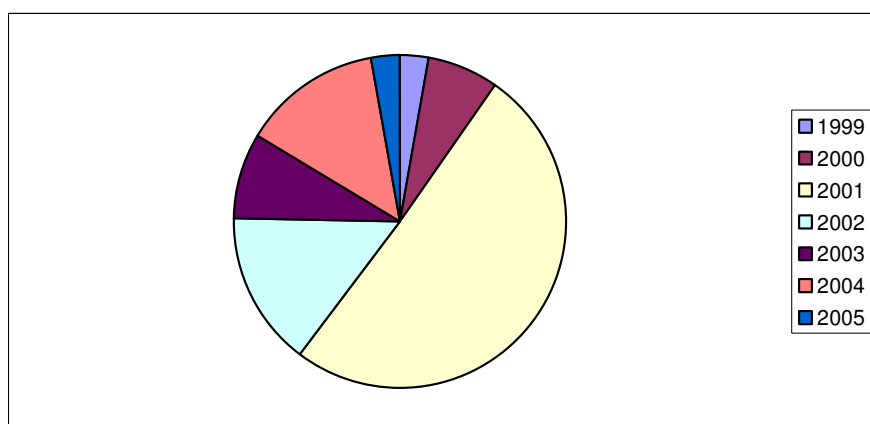
Local level of coordination

By July 2005 there had been 90 Coordination Fora on Drug Affairs (KEF) established throughout the country (1 regional, 5 county-level, 4 small-regional level, 16 district-level, 64 city/town-level).

The National Institute for Drug Prevention (NDI) prepares a report on the activities of KEFs every year.²

Concerning the year of their establishment, more than the half of the actually operating KEFs had existed already in 2001.

Figure 1. Years of establishment of the KEFs



Source: Summary of the 2004 reports of the KEFs

Regarding the number of members, there are bodies below ten persons and above twenty persons, however the number of members is usually around 15. It is an important step forward that half of the KEFs established working groups (typically one or two) in the last year which was not characteristic during 2001 and 2002.

² Fábíán Róbert: Summary of the 2004 reports of the KEFs. 74 KEFs sent data sheets on which the 2004 report is based.

The acknowledgement and prestige of the KEFs is shown by the facts that the local governments' delegate bodies or commissions make them reporting on their work or the forum itself requests to report periodically on the fulfilment of the National Drug Strategy, or incidentally to make the results of the drug situation analysis public.

Until the beginning of 2005 60% of the settlements had prepared local strategies to combat the drug problem. Creating a strategy does not have any correlation neither to the date of the establishment of the KEF nor to the size of the settlement. All strategies were presented to and adopted by the respective local governments.

In the reports KEFs described in details the events happened in their territories during last year by prevention scenes. The table below shows the percentage of KEFs which declared that preventive intervention was implemented in their territory.

Table 1. *Events in prevention scenes on the territories covered by the KEFs, in proportion of KEFs*

Prevention scenes	Mentioned by % of KEFs
Family	22
School	41
Work	6
Recreational settings	24
Churches	14
Media	35
Internet	19
Child protection	22
Army	7
Police	23
Risk groups	17
Roma population	9

Source: Summary of the 2004 reports of the KEFs

Evaluation of the implementation of the National Drug Strategy – Hungarian-Dutch cooperation

The project 'Evaluation of the implementation of the National Strategy to Combat the Drug Problem' is the result of an agreement of the Hungarian Coordination Committee on Drug Affairs (KKB) to evaluate the National strategy to Combat the Drug Problem (adopted in 2000). This evaluation is focusing on the mid-term results of the drug strategy and will result in a report with a set of recommendations. Besides evaluating the strategy, the project also aims at reflecting on how to strengthen the existing coordination structure in the field of drug policy in Hungary. This output may assist Hungary in meeting the requirements of the EU in the field of drug policy.

The project is financed by the Netherlands MATRA program. Trimbos Instituut – the Netherlands Institute of Mental Health and Addiction – was selected to do this evaluation in close cooperation with the (NDI). The evaluation of the Hungarian Drug Strategy by a third party is unique, not only in Europe.

Checking to what extent the results formulated in the strategy have been reached, was done by interviews and focus groups with policy makers and people in the field. Key policy makers and representatives from national implementing agencies e.g. customs and the police, have

been interviewed personally. Coordinators of 65 KEFs, being key stakeholders in the field and involved in realising the policy objectives, have been interviewed by telephone. Finally, focus groups have been held to discuss a selection of diverging and otherwise relevant outcomes of the interviews.

Interviews with the national key stakeholders show that in general the Drug Strategy is seen as an adequate policy instrument, especially because there was no comprehensive integrated drug policy before this strategy was written. There is general agreement that the inclusiveness of the strategy, presenting a holistic view of all relevant policy issues and their interrelationships is a major achievement. There is also general consensus that a policy paper written for this long-term period (10 years), spanning several governmental cycles of four years, is a strong point.

At the same time, interviewees expressed the concern that a fixed, long-term document misses the flexibility necessary to adequately respond to recent developments. Another weak point mentioned by the majority of the interviewed stakeholders was a lack of specific planning of the actions summed up in the strategy. They underlined a need for a clear prioritising of actions (e.g. presented in a timetable) and a need for an explicit division and assignment of responsibilities and tasks.

There is an overall agreement that the financial and for some part also the legal guarantees are missing for realising the plans. Furthermore, some interviewees referred to a lack of transparency of the policy making and implementing process. One key issue mentioned here was a lack of information from policy makers to policy 'implementers' on the contents of the strategy, on priorities and on what has been reached till now. A gap between national and regional/local level has been mentioned as one of the reasons for this.

The interviews also included some questions about the functioning of the KKB. Interviewees mentioned as strong points the inclusiveness of KKB, bringing together all relevant stakeholders, and its role in facilitating the flow and exchange of information to all stakeholders. There have been critical remarks that neither has the KKB the mandate to coordinate drug policy, nor are there clear-cut procedures for having results of KKB discussions endorsed as formal policy decisions.

1.3. BUDGET AND PUBLIC EXPENDITURE

We dispose of very few data regarding funds used in the field of drug affairs. It can be partly explained by the fact that financial assets for the drugs problem are mainly included in the budget of the Ministry of Youth, Family, Social Affairs and Equal Opportunity (ICSSZEM). In 2004 this Ministry supported institutions and organisations combating the drugs problem by **€5,080,200**. Out of this amount €3,024,100 were distributed through grant schemes (to which only Hungarian civil and professional organisations were entitled); €679,400 were distributed as individual support; and €1,376,700 through the EU PHARE programme to institutions and organisations.

Table 2. Amounts distributed among the fields supported by the ICSSZEM

Drug problem fields	Thousand €
Training, further education and peer education related to the drug problem	317.5
Prevention	1993.8
Relapse prevention (re-socialisation, reintegration)	410.8

Drug-related research and scientific investigations	252.7
Development of services of low-threshold and harm reduction institutions	1274.5
Institutional development of the Co-ordination Fora on Drug Affairs	293.4
Expenses of legislation passed in the field of drug affairs	366.8
International activities	13.2
Expenses of other programmes related to the drug problem	157.3
Total	5080.2

Source: ICSSZEM

Within the ICSSZEM there has been a central scheme operating since 2003 which is distributed among the ministries every year. The central scheme belongs to the competencies of the KKB. Retrenchment measures of the Government on the entire budget necessarily had effects on the frame amount assigned for the implementation of the National Drug Strategy. For this reason, on 12th January 2005 the KKB decided to give over **€782 000** of its budget. The funds conferred to other line ministries in 2004, their breakdown by ministries and by drugs problem fields were the following:

Table 3. Support provided by the KKB to line ministries in 2004

Ministry, National authority	Thousand €
Ministry of Education	119
Training, further education and peer education related to the drugs problem	119
Ministry of Employment and Labour	6
Prevention	6
National Crime Prevention Committee	19.9
Prevention	19.9
Hungarian Prison Service Headquarters	55.6
Training, further education and peer education related to the drugs problem	19.9
Prevention	27.8
Supply reduction	7.9
Ministry of Justice	66.4
Training, further education and peer education related to the drugs problem	66.4
National Police Headquarters	146
Supply reduction	97.3
Training, further education and peer education related to the drugs problem	48.9
Ministry of Finance (Customs and Finance Guard)	158
Supply reduction	158
Ministry of Health, Social and Family Affairs	211
Treatment	159
Harm reduction	51.7
Total	782

Source: Decision 1./2004.of the KKB

1.4. SOCIAL AND CULTURAL CONTEXT

Public opinions of drug issues

The Hemp Seed Association (Kendermag Egyesület) organised a demonstration titled “Let the people be free” as part of the international campaign „Million Marijuana March” on 9th May 2004. The demonstration provided an occasion for the Association to submit a petition to the President of the Parliament demanding:

- that drug users should not be punished by imprisonment (possession of illicit drugs should not be heard in the frame of criminal proceedings)
- the distinction of hard and soft drugs in legislation
- the establishment of a parliamentary case committee with the involvement of the government and experts. The Committee would recommend the Parliament on the necessary amendments to current legal regulations.

The demonstration and the petition had great media response and were supported by liberal civil organisations, while the conservative ones expressed in a contra-petition their disagreement and their viewpoint on the drug problem.

On 23rd March 2005 the Hemp Seed Association initiated a campaign called “Civil Obedience Campaign”: members of the campaign aspired to have laws which apply punishments as final and unavoidable measures. The use of illicit drugs is a offence by course of law, thus a law-abiding citizen is obliged to report himself at the police in case of drug use. (Until the beginning of May around 60 activists had reported themselves.) Members of the Association are convinced that the more drug users report themselves to the police the meaninglessness and impossibility of the observance of legal regulations will be more highlighted. In their opinion legislation which penalises drug users is not apt to reach its aims i.e. to solve the drug problem.

The Hemp Seed Association also drafted a solidarity declaration which was signed by fifty professionals dealing with drug users on a daily level.

The Federation of Young Christian Democrats organised a contra-demonstration parallel to the action of Hemp Seed. This demonstration called the attention to the dangers of drug use and requested participants of the action to provide detailed information also about drug dealers in the course of their self denunciation. The Association concluded the Civil Obedience Campaign with an action called “Demonstration against Sanctions”, where legal defenders and activists gave speeches against the articles of the law which penalises the use of cannabis and for the legalisation of these illicit drugs. The demonstration passed off without major conflicts.

Attitudes to drugs and drug users

The attitudes of young people living in secondary school dormitories to drugs

The aim of the sociological survey³ conducted in spring 2004 among the 14-20 aged young people was to come to know the patterns, opinions and positions of students living in secondary school dormitories related to drug use. (Busa et al. 2004).

Young people find regular use of *hard drugs*⁴ the most dangerous among *illicit drugs*⁵: more

³ The research was carried out by Fact Institute, with the support of the Ministry of Children, Youth and Sport on a nationwide representative sample of youngsters living in dormitories. Data collection was performed at dormitories with self-reporting questionnaires and with the collaboration of research assistants. Gross sample size: 3,546 persons, net sample size: 3,454 persons.

⁴ During the research students were asked to tell about the enlisted illicit drugs whether they belonged to the category of soft or hard drugs up to their knowledge. In case of the majority of the observed drugs a fairly uniform classification was created (i.e. at least two-thirds of the students gave the same answer) according to which marijuana is a soft drug and cocaine, heroine and opium are hard drugs. Students were less sure about the categorisation of speed, ecstasy and in particular of LSD, however single position on the classification of these drugs cannot be found even in the professional literature either.

than 90% of the respondents adjudge it very dangerous and almost two-thirds of them have the same view on occasional use of hard drugs. More than half of the students consider the regular use of soft drugs also very dangerous, occasional use of these drugs in turn is perceived as less harmful to health: according to more than one-third of them the occasional use of soft drugs is not or almost not dangerous and only 17.7% of them think that they are very dangerous.

The respondents consider the use of pharmaceuticals abuse more dangerous than the occasional use of soft drugs, but they are not seen as harmful to health as the regular use of any drug or the occasional use of hard drugs.

Answers regarding danger were not influenced significantly neither by the type of school they attend to nor by the age of the students, which was not the case in the issue of patterns of drug use. The use of all examined types of drugs – independently of the frequency of use – was adjudged the less dangerous by those who qualified themselves occasional or regular drug users.

Research findings indicate that the use of *illicit drugs* is rather disapproved than accepted by students however the level of condemnation varies according to drug types. The regular use of hard drugs is disapproved most strongly by young people and they are most permissive with the occasional use of soft drugs.

There is no considerable difference between the opinion of boys and girls regarding this question. A distinction can be detected in the statement that the use of all types of drugs is more disapproved by girls than boys except for the use without a doctor's prescription of tranquillisers, sedatives and medicines with similar effect. It can be probably explained by the fact that pharmaceuticals abuse is more frequent among girls.⁶

The type of secondary school the respondent attends to does not influence significantly his or her attitude to drugs. In contrast to this, the age is a factor which has impact on the adjudication of drug use: older students are more tolerant towards both the occasional and regular use of soft drugs than younger ones. This is probably in correlation to the fact that older students have more personal experience on drug use than their younger counterparts.

More than half (56.7%) of the students staying in dormitories agreed to the statement (out of the enlisted ones) that drug use is an illness and drug users should be given a possibility for recovery. 15.7% of the respondents agreed to the viewpoint reflecting liberal drug policy (only the use of hard drugs should be punished, the use of soft drugs should not), nevertheless those who think the contrary (drug use is an offence and should be severely punished) represent almost the same proportion (15.3%). The following variations by gender can be detected in the judgement of the issue: more than two-thirds of girls consider drug use an illness and the drug user a patient. Girls less agree to both the liberal positions and to the statements expressing the aggravation of criminal measures than boys. On the contrary, only 40% of boys regard drug use as illness and according to 25% of them only the use of hard drugs should be punished and not the use of soft drugs.

Until their full age, the older the age group is, the less accepted is that drug use is an offence and the more they enhance the liberalisation of drug politics.

The illness-oriented approach towards drug use is less supported by students of trade schools and the view defining drug use as an offence is the most accepted among them. The most liberal positions on drug use characterise students of trade schools: among secondary and vocational school students the acceptance of liberal approaches is accompanied by the high support of illness-oriented views. Concerning the judgement of drug use youngsters staying at dormitories in Budapest proved to be the most liberals. The smaller the settlement is where the dormitory can be found the less is the support of liberal approaches and the

⁵ Psychotropic drugs enlisted in the 1971 Convention, the use of inhalants and the pharmaceuticals abuse were considered illicit drugs in the research.

⁶ Adult population analyses carried out in Hungary state that the pharmaceuticals abuse (use without a doctor's prescription) is a widespread conflict solving strategy which characterises women principally (Paksi 2003).

higher is the acceptance of illness and offence-oriented approaches.

Attitudes to drugs and drug users among the school and youth population – ESPAD 2003

Due to the publication of the international report in December 2004 we report on the results of the 2003 Hungarian ESPAD study on attitudes to drugs and drug users this year.⁷ (Elekes, Paksi 2003, Hibell et al. 2004).

The proportion of respondents who consider the experiment with illicit drugs moderately or very dangerous varies between 56.8% and 67.9%. In this regard cocaine is ranked first, followed by LSD, amphetamine, crack, ecstasy, and with some less values THC, GHB, and inhalants. For each type of drug regular use is unequivocally considered more dangerous. The aggregated proportion of moderately and very dangerous responses is between 70.3 and 82.6%. Respondents thus distinguish between the risks of regular, occasional and experimental consumer behaviours. Comparing to previous studies the differentiation among illicit drugs has also been increased.

Significant differences are manifested again by gender, namely boys consider the observed illicit drugs less dangerous.

Comparison of the findings of previous analyses shows that further to the little increase of differentiation, the proportion of those who consider the experimental and regular use of drugs dangerous has been decreased in the last four years.

Table 4. *The proportion of those who consider experimental and regular drug use as moderately or very dangerous (%)*

	Experimental			Regular use		
	ESPAD 95	ESPAD 99	ESPAD 03	ESPAD 95	ESPAD 99	ESPAD 03
Cannabis	79.1	76.7	59.5	92.3	93.2	82.6
LSD	79.2	77.1	61.1	92	92.5	79.3
Amphetamine	79	74.1	61.1	89.8	91.3	76.5
Cocaine	82.7	84	67.9	91.6	92.9	80.5
Ecstasy	78.5	75.1	61.1	88.8	92.7	80.7
Inhalant	78.3	74.4	58	92.1	93.1	81.8
Interval	4.4	9.9	9.9	3.5	1.9	6.1

Source: Elekes, Paksi 2003

Survey on the attitude of teachers to drug use and drug users

The research conducted between 1st November 2004 and 31st May 2005 among secondary school teachers working in different territories of Hungary, in different types of schools analysed with the help of a self-reporting questionnaire the attitudes to drug use and drug users.⁸ (Bognár, Sas 2005).

⁷ The research was funded by National Scientific Research Found (OTKA) (T037395) and the Ministry of Children, Youth and Sport (GYISM) and conducted by the Behaviour Research Centre of the Budapest Corvinus University. The research was implemented on a representative sample stratified by the type and location of schools in the 8-10 grades. The gross sample size of the 16 years old students was of 3,167 persons and the net size of 2,677 persons. Data collection was carried out according to ESPAD standards with self-reporting method in classes.

⁸ Research was conducted by Drug Stop Association of Budapest. The sample was constituted by 1,004 randomly selected teachers (on the basis of data of the Ministry of Education) from Pest, Jász-Nagykun-Szolnok, Szabolcs-Szatmár-Bereg, Zala counties and the cities of Budapest and Esztergom.

Teachers participating in the survey are moderately or well informed about drugs, depending on how well-known a drug is.⁹ Media and specialised books have contributed the largest scale to the knowledge of respondents on drugs, while their experience and special trainings were the less relevant in this respect. The latter can be explained by the fact that very small percentage of the respondents had personally (in his or her family, environment and workplace) met drug use and that more than 70% of teachers have not participated in drug prevention trainings.

72.7% of teachers regard drug users rather patient than offender, 8.2% consider drug users none of them, and 16.4% regard drug users both patient and offender. The respondents tolerate more drug use than drug trafficking: 1.3% of them would punish drug users with imprisonment, while the majority would oblige them for medical treatment; 17.7% would imprison only the dealers.

The majority of teachers are not aware of the exact meaning of harm reduction programmes.

Survey on the social judgement of drug users in different target groups, design and test of an attitude scale

The main aim of the research – which applied quantitative and qualitative methods and was conducted between September 2004 and May 2005 – was to identify the evaluation dimensions which help different target groups to formulate their opinion on drug users.¹⁰ (Demetrovics et al. 2005).

It is a descriptive study which first collected spontaneous statements regarding drug users by means of written worksheets and interviews which were later discussed in focus groups.¹¹ On the basis of the content analyses carried out on the texts and on the transcripts of the focus groups the following elements of stereotypes on drug users were defined¹²: dilapidated physical body, frowzy appearance, hiding, dependence, instability, trespass, procedures of failure, consequence-burdened behaviour, loss of standards, feeling alien, indefinable, heterogeneity (differentiation of the image of drug users).

In the second phase of the study a separate attitude questionnaire consisting of questions regarding drug users was prepared on the basis of 84 worksheet texts and interview transcripts on drug users as well as of a database acquainted from further 200 interviews. Using the quantitative data of the 224 queried questionnaires and applying the methodology of factor analysis three main dimensions of drug user image could be identified: deviance-criminality, differentiation-normalisation, otherness-illness factors. These factors did not show significant differences among women and men, the existence or non existence of drug user acquaintance or friend, or by types of settlements (Budapest, county centre, other city, small town or village). At the same time there was a significant variation in the deviance-criminality factor in terms of age. Those who are under 35 consider drug use less generally deviant or criminal. The own drug use showed significant correlation to the three factors. Those who had ever used any illicit drug in their lives indicated a lower value on the deviance-criminality scale and at the same time were more likely to consider drug use as a normal phenomenon. Also the interpretation of drug use as otherness-illness was more accepted by them. The

⁹Psychoactive drugs enlisted in the 1961 New York Convention, psychotropic drugs enlisted in the 1971 Convention, inhalation of organic solvents and pharmaceuticals abuse were considered drugs in the research.

¹⁰ Research was conducted by Svet Market, Media and Social Research Ltd.

¹¹ In the course of the research 11 conversations were performed: family members of drug users receiving medical care in two focus groups; fathers, mothers and children only indirectly involved in three talks; students of social work who are in contact with drug users in two focus groups; police students in two focus groups and medical students in another two focus groups talked to each other. The number of participants was 12 in each group.

¹² It is important to note that during none of the group talks participants committed themselves to any of the drug users' descriptions spontaneously conceptualised by them; instead, they have continuously re-used their earlier hypothetic statements and rephrased their own positions regarding the issues of debate raised in the course of the ninety-minute talks. In spite of this a set of motives - where certain elements are more congruent and arise more recurrently together than other "packs of statements" - could be identified.

factor whether the person has a drug user family member influenced only the tendency of the otherness-illness scale which means that those who have drug user family member rather regard this problem as illness. Tendencies show that those who for any reason get into contact with drug users during their work are more likely to interpret drug use as otherness-illness, however there is no variation in case of the other two dimensions.

Initiatives in Parliament

During the 120 parliamentary sessions held between 1st January 2004 and 30th June 2005 the issue of the drugs problem was raised 18 times in the forms of the following bills, discussions, interpellations and questions:

- Identity check by the police of beneficiaries and employees of needle exchange programmes.
- General discussion and decision on the Report on the Implementation of the National Strategy to Combat the Drugs Problem, the scrutiny and efficiency of the treatment providing institution system. The report was adopted by the Parliament.
- How could KEFs reach that local communities take part in combating the drugs problem more intensely and effectively?¹³
- Are the amendments to the Criminal Code and the change of legislation regarding drug use necessary?
- When will the three main elements of the national drug website be functioning again with due content?¹⁴
- Liberal and conservative views arising in relation to the dispositions of the Constitutional Court regarding drug abuse in the Criminal Code.
- Discussion on the establishment of a Case Committee on Drugs which was initiated by the Parliament partly as a follow-up of the petition passed in by Hemp Seed Association in spring 2004, and partly as the harmonisation of the content of the National Strategy to Combat the Drug Problem with the 2005-2012 Drug Strategy of the European Union. The establishment of the “Drug Strategy” Case Committee was considered as an important and worth of supporting initiative by all parties, hence it was adopted unanimously on 14th April 2005 by the Parliament. Members of the Committee concerted the following principles which they would like to exercise throughout their operation:
 - intensification and development of the governmental and parliamentary work regarding drug use;
 - increasing the efficiency of the drug coordination work;
 - the continuous and conceptions-based management and possible combat to the drugs problem (the presence of drug use does not depend on political adjudications but accompanies societies of our age);
 - review of criminal measures regarding drugs;
 - enhancement of a wide-spectrum co-operation.
- What will happen to the Deputy State Secretariat for the Co-ordination of Drug Affairs?¹⁵

¹³ One of the most important goals of the National Drug Strategy is to increase the problem solving capacity of local communities in combating the drugs problem. Co-operations and coordinated actions on local level can decisively influence the management of the problem.

¹⁴ Corresponding to the Strategy three main elements constitute the national drug website: further education system for experts working in the field of drug affairs; actual news; website wizard module with which drug prevention and rehabilitation organisations can make their own homepage free of charge. The foundations of all three elements had been prepared, however the upload of only one of the elements had started, but its refreshment was stopped in December 2003. Since the beginning of August 2004 the www.drogportal.hu homepage has not been available at all.

¹⁵ In October 2004 the ICSSZEM was created through a change which involved four ministries and two national bodies. A Drug Strategy Department was established within the ICSSZEM, at the beginning under the supervision of the Deputy State Secretariat for the Coordination of Drug Affairs. The Deputy State Secretariat ceased by

- Fight against drugs with drug sniffing dogs? (Drug sniffing dogs in schools?)
- Will there be anonym tests in Sziget Festival in 2005?¹⁶
- On 4th May 2005 delegates of the Alliance of Free Democrats passed in a proposal on the amendment to the Criminal Code including: „1. The next paragraph (3) of the section 283 of the Criminal Code is completed with the following: (3) Any person who produces, manufactures acquires or small quantity of narcotic drugs for own use can not be punished by misuse of narcotic drugs. Section 2. paragraph (1) This law enters into force on the third day after promulgation. (2) By entering into force this law the a) clause of the paragraph (1) of the section 283 of the Criminal Code is repealed.¹⁷” The Constitutional Committee refused to take the bill under review.

The Youth and Sport Committee of the Parliament organised an Open Day on 13th May 2004 with the participation of experts and delegates working in the field of drug affairs. The title of the session was „Common denominator or the management of the drug problem in Hungary and in the European Union”.

Media representations

Drug image in written media

The aim of the comprehensive media study on the period 2000-2004 was to reveal how the drugs problem is transmitted and how it enters into public opinion.¹⁸ (Székely et al. 2005). Preservation of political balance was an important aspect when selecting the media organs. During the period observed, on the average, there were 526 articles related to drug affairs published yearly.

A thematic content analysis of communications was conducted according to the type¹⁹ (*informative, criminal, party political, sport, cultural, comment, international, tabloids*) and to the thematic constitution (*drugs-health, drugs-governmental work, drugs-youth, drugs-criminality-deviance, drugs-death, drugs and prevention*) of the communications.

On the basis of these categories the breakdown of articles was the following:

Figure 2. *Number of articles by the type of communications*

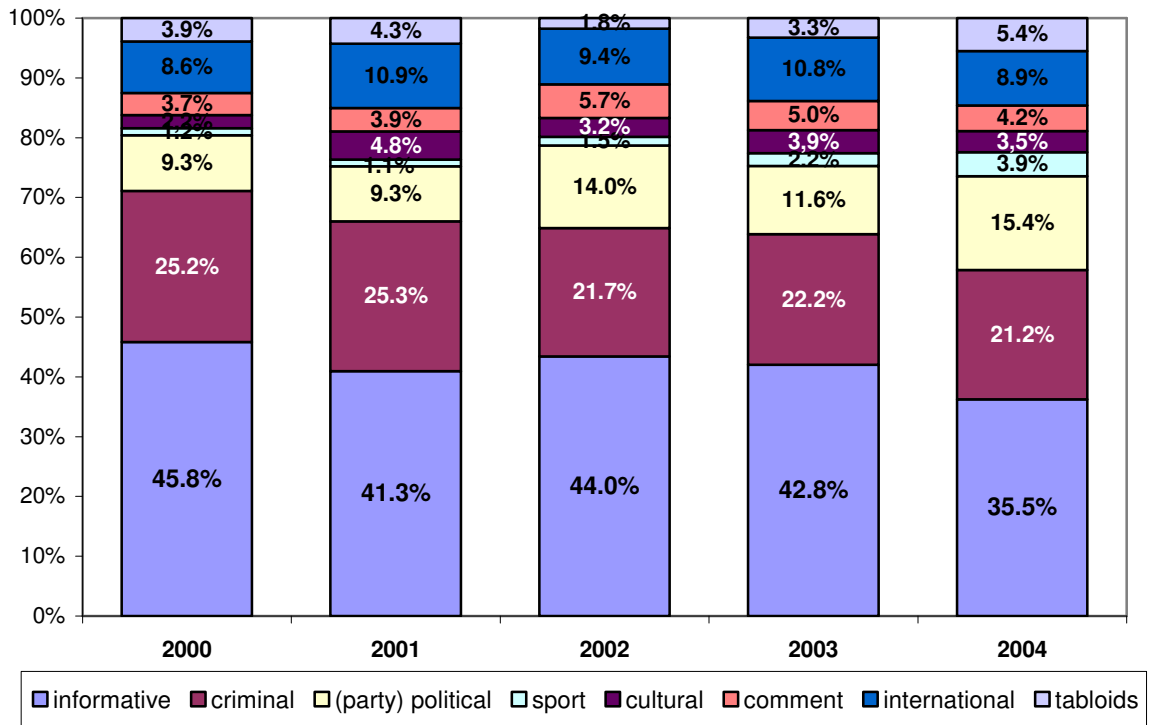
nominating Dr. Katalin Felvinczi the ministerial commissioner on 15th June 2005 and the Drug Strategy Department moved under the supervision of the ministerial commissioner.

¹⁶ Sziget (Island) Festival, the biggest musical event of Europe is organised every year on the second week of August in the Hajógyári Island of Budapest.

¹⁷ 283/A. § (1) Any person who ensures the conditions of or facilitates the illicit production or manufacture, as well as any person who a) produces or makes someone produce, b) supplies, distributes or traffics materials, products, equipment and/or accessories for the production and manufacture of narcotic drugs, if such act does not result in a criminal act of greater gravity is guilty of a felony punishable by imprisonment for up to three years.

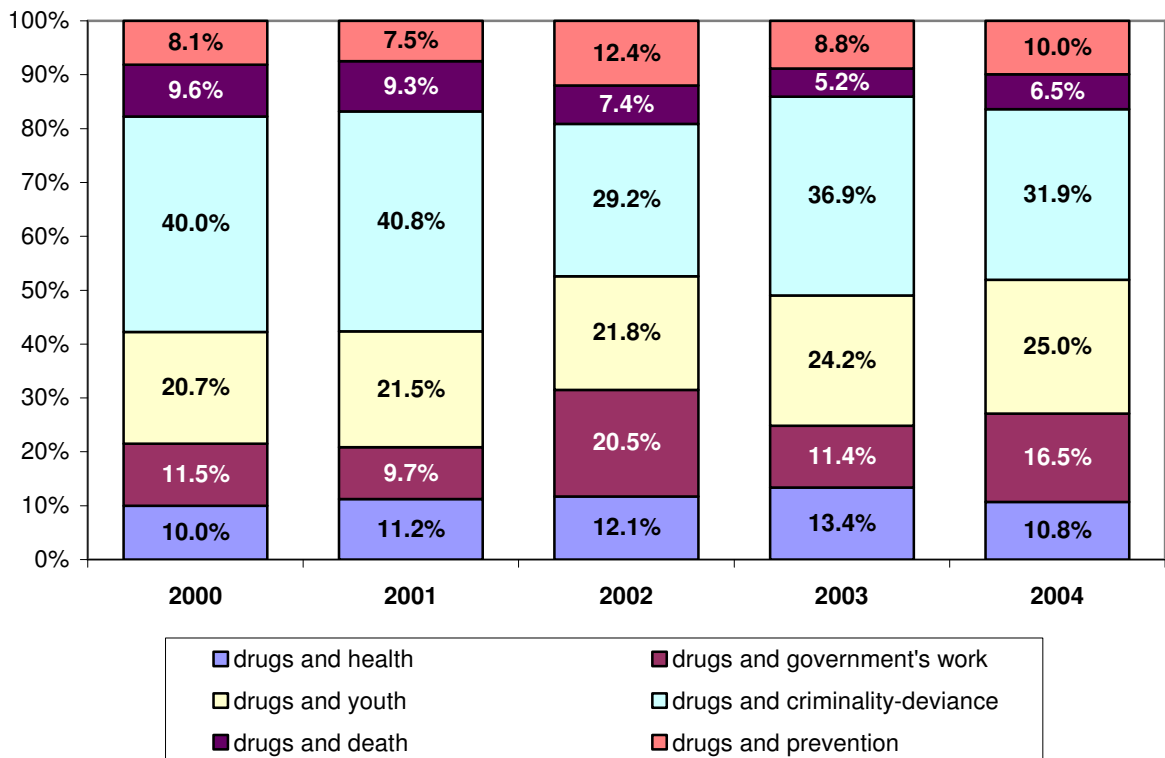
¹⁸ The research was conducted by FACILITATOR Sociologist and Mediation Co. with the support of the GYISM. The presentation of the media was carried out by thematic quantitative content analysis based on a code system. The observed units of the research were the on-line versions of Magyar Hírlap, Magyar Nemzet, Népszabadság and Népszava between 2000 and 2004. The on-line issues of 2000 of Népszabadság were not available, thus the research was shortened by this.

¹⁹ **Informative:** if the content of the article primarily does not provide criminal information, but gives information on a specific topic, e.g. a UN Report. **Criminal:** if the article analysed deals with drug seizure, police or border guard intervention, or else in general in an international context with mafia or with drug smuggling, e.g. a drug dealer was arrested by the police or a drug courier or drug smuggler was caught by NCFG. **Political:** if the article is initiated by a political party, by a ministry or by the national or a foreign government or if the article is a response to or is in correlation with any of these institutions. **Sport:** if the notion of drug is related to a sport (cycling) or to a person (Maradona), or if sport is communicated as a preventive, anti-drug notion. **Cultural:** if drugs appear in a movie or any other cultural (book) recommendation or linked to festivals (Sziget). **Comment:** if the communication expresses the own opinion of a person or organisation. It is not news, but position. **International:** if the drugs problem or its subject is related to persons, organisations outside the borders. **Tabloids:** if drugs are linked to a scandal, a notability, e.g. the marijuana issue of the Prince of Wales.



Source: Székely et al. 2005

Figure 3. Thematic constitution of communications related to drugs



Source: Székely et al. 2005

At the beginning of the observed period the media was mainly full of criminal news and the drug issue was strongly criminalised. Reports many times told about bigger drug seizures or

offences related to drug abuse. Experts' opinions were rare. This resulted in a distorted starting point for readers in particular for those lacking information on this topic. Hereby a criminal attitude was formed towards the entire drug problem. Associations such as *mafia, criminals, police, lawsuit, illegally gained millions of forint and dollars, illicit drug use, youth – prison and drug* were coupled with the words drug/drug use. Only since the end of 2000 – when the press responses of the first strategic steps animated the interest of the media towards professional work – has social communication started about this topic. Since this time not only great number of criminal cases has been characteristic, but the drug problem has shifted to a social and health dimension. The consolidation of conceptual frames of health expressions such as *HIV or Hepatitis and injecting drug use* have been typical alongside with the distinction of drugs causing death like heroin to other drugs causing different psychical covetousness.

At the beginning consumers and dealers were rarely distinguished. Most of the headlines muddled them up and hence rendered the discernment of terms more difficult. In spite of the perceptible positive initiatives and the social opening, politics have taken possession of this problem up to now and re-interpret it many times as a synonym of parties or propaganda tweak, incidentally as a negative campaign. Since media is the public channel of exercising power it adopts to the defining political will, after which its interpretation takes. In spite of the distorting impact of the political arena not only statistical, but professional publications and brochures available for the laymen have helped the widening of the spectrum of social knowledge since 2002-2003. This procedure was strengthened by prevention programmes and campaign events implemented by mainly civil organisations with state support.

Conclusions

As a consequence of the dispositions taken by Constitutional Court regarding diversion and legal regulations of the drug-problem numerous tasks are incumbent on the legislators: amendments to the legislation are inevitable.

The drugs problem – just as in previous years – was a question under debate in the Parliament also in 2004 and initiated smaller and greater social movements. Especially legalising and decriminalising endeavours stir up politics and social discussion.

Comparing to previous years the media dealt with the drugs problem more in-depth in 2004 and paid greater attention to the publication of social and parliamentary debates on the drugs problem. At the same time there is a lack of serene, fact-driven analyses about this issue in mass media. Taken into consideration only the representation of the media, today's Hungarian society could not receive uniform guidelines regarding the conceptual frames that should be associated to drug use.

The above described trends might be in correlation to the fact that there has not been significant change in the attitude of the general population of Hungary to drugs and drug users comparing to previous years. All in all only in case of young people is a decrease detected in the proportion of those who consider dangerous the experimental or regular use of certain illicit drugs.

2. DRUG USE IN THE POPULATION

Overview

Data collection among general population on the spread of illicit drug use has been more regular only since the beginning of nineties. Hungary has participated in two major international researches: in the research series of Health Behaviour in School Aged Children since 1985 and in the European School Survey Project on Alcohol and Other Drugs (ESPAD) to which we joined in 1995.

First data collection on a nationwide representative sample of adult population was carried out in 2001 and the second one in 2003 based on questions of EMCDDA concerning illicit drugs on the one hand and questions concerning alcohol of GENACIS (Gender, Culture, Alcohol – a Multy-national Study) programme on the other hand.

2.1. DRUG USE IN THE GENERAL POPULATION

No new information available.

2.2. DRUG USE IN THE SCHOOL AND YOUTH POPULATION

ESPAD 2003

According to the data of the 2003 ESPAD research²⁰ in Hungary 16.2% of the questioned 16 years old youngsters (18.4% of boys and 13.8% of girls) have tried any illicit drug²¹ in their lives (Elekes, Paksi 2003b unpublished, Hibell et al. 2004, Elekes 2005a, Elekes 2005b unpublished). Last year prevalence of illicit drug use is 12.5% and last month prevalence is 6.7%. Data on frequency indicate that illicit drug use is limited to merely some occasions, 6.3% of young people have tried any illicit drug on six or more occasions. Cannabis use is outstandingly the most widespread, 15.8% of the respondents have tried it at least once in their lives. 5.0% of all respondents have used some other illicit drugs and the differences in gender are also slight. Experimental or occasional use is characteristic also in case of other illicit drugs.

16.8% of the respondents have abused of pharmaceuticals (use without a doctor's prescription)²² in their lives. Within pharmaceuticals abuse the combined use of alcohol and pharmaceuticals is the most widespread among the 16 years old youths. Besides the above mentioned drugs, inhalants (5%), ecstasy (3.1%), amphetamines (3.1%) as well as LSD and other hallucinogens (2.1%) are the most widespread among Hungarian 16 years olds. The prevalence of all other drug use is below 1%. The prevalence rates of cannabis indicate that the results of the 2003 ESPAD study and the 2001/02 HBSC research show similar patterns of illicit drug use in Hungary (Hibell et al. 2004:59). (For detailed description of differences in patterns of illicit drug use between men and women see Chapter 11.)

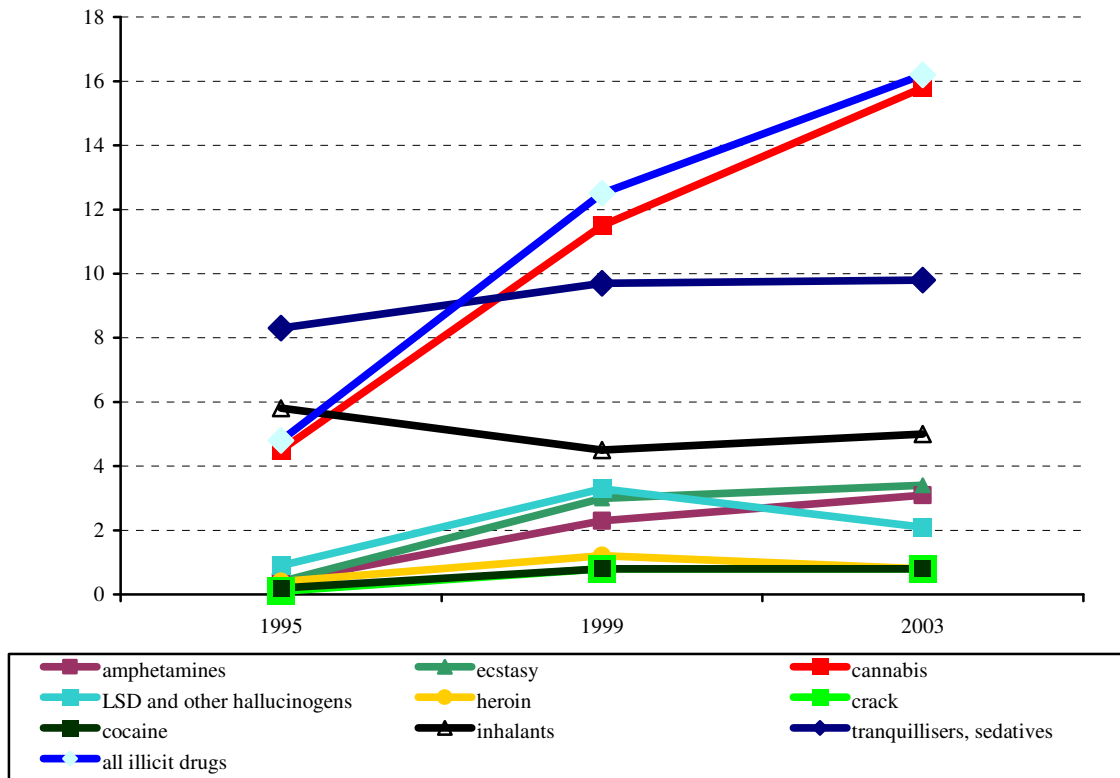
Lifetime prevalence of illicit drug use multiplied three and a half times between 1995 and 2003 among Hungarian young people. In 1999 we still experienced that the use of almost all other drugs had increased comparing to 1995. *The increase by 2003 is principally and almost exclusively due to the increase of cannabis use.*

Figure 4. *Lifetime prevalence of illicit drug use (%), national level, between 1995 and 2003 (among the 16 years old secondary school students)*

²⁰ See Chapter 1 for methodology.

²¹ The following drugs were considered illicit drugs in the research: cannabis, LSD, amphetamines, crack, cocaine, heroin, ecstasy.

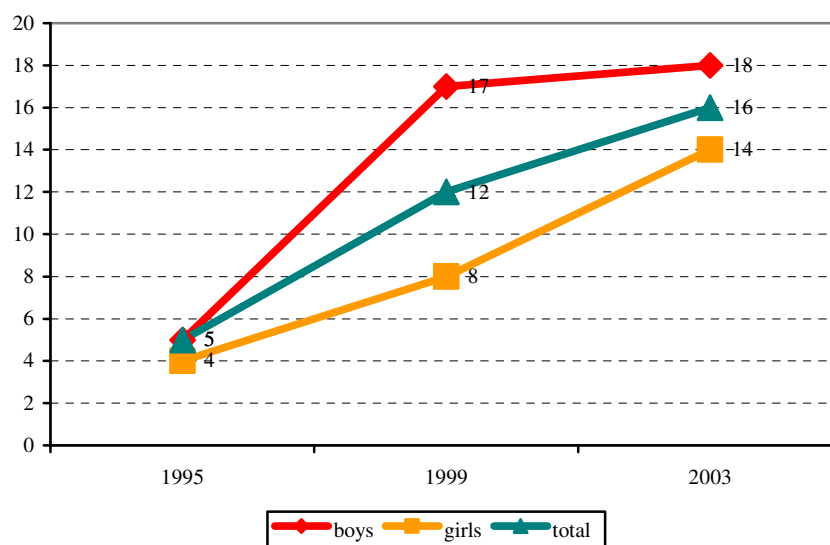
²² Tranquillisers/sedatives, or the combined use of alcohol and pharmaceuticals.



Source: Elekes, Paksi 2003b unpublished

In 1995 boys and girls showed similar prevalence rates which was followed by a significant increase for boys in 1999: the rate of those who tried illicit drugs tripled. The increase was significant also in case of girls however their lifetime prevalence only doubled. Between 1999 and 2003 there was already hardly any change in case of boys, but trying illicit drugs spread significantly among girls. It not only means that *today the proportion of girls who try illicit drugs comes closer to the rate of boys*, but also that *the increase of lifetime prevalence of illicit drug use between 1999 and 2003 is almost exclusively due to girls*.

Figure 5. Lifetime prevalence of illicit drug use by gender among the 16 years old students (%)



Source: Elekes 2005a

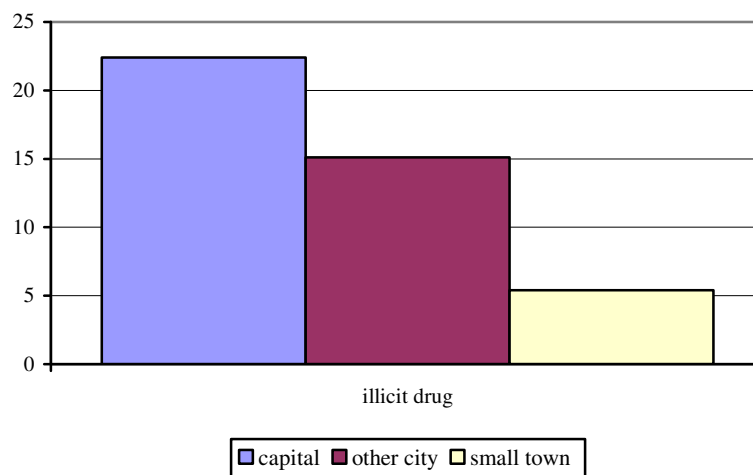
According to ESPAD data the most frequent age of the first experiment with illicit drugs is at the age of 14-15 both for boys and girls. Under this age it hardly eventuates even within illicit drugs of higher lifetime prevalence. Thus the proportion of those having experiment before the age of 14 is 1.8% for cannabis, 2.0% for the combined use of alcohol and pharmaceuticals and 1.7% for tranquillisers. *Comparing to 1999 data we can clearly assure that the age of first use shifted to an earlier age in 2003.*

In 2003 the first used drug was unequivocally cannabis for boys and girls too. 13.8% of respondent boys and 9.5% of girls used cannabis first (11.7% of the whole sample). Tranquillisers were the second most frequently mentioned first used drug among girls in 1999 too, however while in 1999 mentioning of tranquillisers hardly lagged behind of cannabis, in 2003 twice as many girls reported cannabis as first used drug, than tranquillisers.

There is a significant correlation in lifetime prevalence rates by school types. Prevalence rate is the lowest among primary school students (10.0%) and the highest among trade school students (23.1%). It is worth noting that lifetime prevalence at the two types of schools with final examination is almost identical (14.1% for secondary schools and 15.2% for vocational schools).

Alike in pervious years prevalence of illicit drug use is the highest in the capital and it is lower in other cities. *Unlike the results of previous years, when lifetime prevalence of illicit drug use in small town schools came closer to the rate in the capital, the lowest prevalence in 2003 was found in small towns.*

Figure 6. *Lifetime prevalence of illicit drug use by types of settlements*



Source: Elekes, Paksi 2003b unpublished

Similar to the results of previous secondary school and adult surveys prevalence rate is particularly high in the South-West of the country (Baranya county), where lifetime prevalence exceeds the rates registered in the capital.

Previous school researches showed significant correlation between the level of education of parents and the experiment with illicit drugs, in such a way that the proportion of those trying illicit drugs was the highest among children whose parents had the lowest and the highest educational levels. This correlation disappeared by 2003, *there is no significant correlation between the experiment with illicit drugs and the educational level of neither the father nor the mother. Likewise, the economic situation of the family – measured on the basis of*

subjective adjudications of youngsters – has no effect on illicit drug use. In consonance with the results of previous researches there is invariably a significant correlation between the structure of the family, the number of deviances in the family and the experiment with illicit drugs. Rate of trying illicit drugs is clearly the lowest (13.3%) among those living in integral families and is higher for all other family types. It is worth noting that while earlier the prevalence was particularly high among those raised up without their parents, in 2003 the prevalence is almost identical among those brought up without their parents and in restructured families (26% and 25.1% respectively). Prevalence of those brought up in a one-parent family is a little lower (25.1%). The higher the number of problematic behaviours within the family is, the higher is the risk for trying illicit drugs. Experiment with illicit drugs is especially frequent among youngsters in whose families illicit drug use takes place. Parental control, number of school absences and particularly the illicit drug use of older brothers and sisters play a significant role in the experiment with illicit drugs. (Elekes 2005b unpublished)

School research in Budapest, 2004

In 2004 another research was conducted among upper grade (11th-12th) secondary school students²³ of Budapest which applied the 2003 ESPAD questionnaire and methodological guidelines.²⁴ (Paksi, Elekes 2004b)

According to the results of the research 47.5% of the 11th-12th grade secondary school students have ever tried any illicit drug in their lives.²⁵ Aggregated lifetime prevalence of the use of illicit drugs, inhalants and patron/balloon (nitrogenous-oxid) is 48.4%. Lifetime prevalence of pharmaceuticals abuse was 29.1%. Last year prevalence of illicit drugs was 33.1% and last month prevalence 18.4% among the respondents. Comparing these data to the 2003 ESPAD study's prevalence rates for 9th grade students²⁶ of Budapest we can state that lifetime prevalence of illicit drug use almost doubled (from 25.4% to 50.3%) between the 9th and 12th grades. 16% of those 11th-12th grade students who have ever tried any illicit drug report having already used illicit drugs on 1-2, 32% on 3-9 and 52% on 10 or more occasions. *On the whole the available data on prevalence about 11th-12th grade students indicate that the rate of those experimenting with illicit drugs during the years of secondary school has increased significantly.*

Drug use in dormitories

The research carried out among 14-20 years old youngsters living in secondary schools' dormitories analysed also the illicit drug use of young people.²⁷ (Busa et al. 2004, unpublished). Findings of the research show that 26% of the respondents have ever tried any illicit drug in their lives.²⁸ Out of which 14.7% have only tried it, 10.3% are occasional and 1% are regular users²⁹. Alike other researches conducted among young people, the dormitories' sample also shows that drug use rises by the increase of age. Hence, while lifetime prevalence for the 14-15 years old is only 7.4%, it is 30.7% for 18 years old, 36.2% at the age of 19 and 38.2% at 20. Even though lifetime prevalence of 16 years old reported here is almost completely identical to lifetime prevalence found in the ESPAD survey (16.6%), and

²³ The majority of the 11th-12th grade students are 17-18 years old.

²⁴ The research was carried out by the Behaviour Research Centre of the Budapest Corvinus University with the support of the City Government of Budapest. The research was conducted by self-reporting class questioning method with the collaboration of research assistants on a sample stratified by school type and grade among 11th-12th grade secondary school students of Budapest. Gross sample size: 2,000 persons, net sample size: 1,571 persons.

²⁵ The following illicit drugs were mentioned: cannabis, heroin, other opiate, cocaine, crack, amphetamine, ecstasy, LSD, magic mushroom, GHB.

²⁶ Mainly 15-16 years old.

²⁷ See Chapter 1 for methodology.

²⁸ Psychoactive drugs enlisted in the 1961 New York Convention, psychotropic drugs enlisted in the 1971 Convention, use of inhalants and the pharmaceuticals abuse were considered illicit drugs in the research.

²⁹ Illicit drug use categories were defined based on self-qualification of students.

taking into account that the research on dormitories uses the term of drugs in a wider context than the one applied in the ESPAD study, we can come to the conclusion that *illicit drug use is lower among the 16 years old youngsters living in dormitories than in the "normal" 16 years old secondary school sample*. (Aggregated prevalence of illicit drugs, inhalants and pharmaceuticals abuse was 27.6% in the ESPAD sample). Only 13.3% of those living in dormitories perceive drug use as more widespread among those living in a dormitory than among their peers not living in a dormitory. The structure of used drugs among those living in a dormitory is equal to the sequence observed among those not living in dormitories. By lifetime prevalence cannabis is the most widespread drug (25.5%) which is followed by the use of pharmaceuticals without a doctor's prescription (13.8%) and the combined use of pharmaceuticals with alcohol (13.3%). Lifetime prevalence of speed and ecstasy is 7.6%, and of inhalants 3.4%. Lifetime prevalence of other illicit drugs is under 2%. *On the basis of comparative data concerning 16 years old youths differences in gender are more significant than in the ESPAD sample*. Here lifetime prevalence is 20.3% for girls and 32.7% for boys. Occasional or regular use is twice as widespread among boys (15.8%) as among girls (7.5%). Different to the ESPAD results cannabis is the most widespread drug not only among boys living in dormitories, but also among girls (31.7% of boys and 20.2% of girls have ever tried it in their lives). Pharmaceuticals abuse shows lower difference in gender than in the national data (11.3% of boys and 15.9% of girls used pharmaceuticals without a doctor's prescription; combined use of pharmaceuticals with alcohol occurred to 13.0% of boys and 13.7% of girls). Similar to the ESPAD results the research on dormitories also indicates that *the bigger the settlement you live in the higher is the risk for trying an illicit drug*. That is to say that the lowest prevalence is experienced in small towns and lifetime prevalence is the highest in other cities, outstandingly in the capital. Differences by school types are also similar to ESPAD findings, i.e. drug use is the most widespread in trade schools. However, unlike the 2003 ESPAD findings – rather like the 1999 ESPAD results – lifetime prevalence is the lowest among secondary school students in the dormitories' study. Concerning family structure in accordance with all other similar researches this one also shows the protection of those living in integral families and the vulnerability of those living without parents. In contrast to the ESPAD results *the level of education of parents shows correlation to the risk for experiment with illicit drugs* on such a manner that children of parents with higher level of education are at a greater risk of trying illicit drugs.

Drug use of young people

In the framework of the "Youth 2004" research carried out on a 4,000 persons' nationwide sample of 15-29 years old young people some questions were asked about illicit drug use (Bauer 2005, unpublished).³⁰ The research found that 24% of youths have ever tried any illicit drug. This more or less comes closer to the results of the 2003 adult study where 29% of the 18-24 age group has ever tried any illicit drug. The structure of illicit drugs is also similar to the results of the adult study as the experiment with cannabis is predominant (14% lifetime prevalence), amphetamine and ecstasy are much less widespread (3% lifetime prevalence), which are followed by LSD, opiates, cocaine and the inhalation of organic solvents with 1% of prevalence. Findings of the research confirm the data according to which parallel to the rise of the educational level on the one hand and to the growing size of place of residence on the other hand increases the prevalence of experimenting with illicit drugs. The research did not show significant differences in gender.

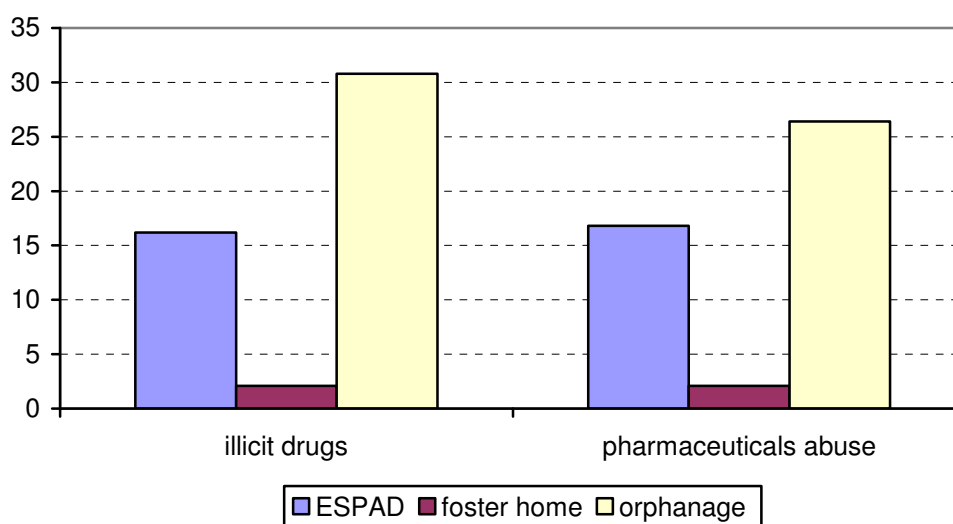
2.3. DRUG USE AMONG SPECIFIC GROUPS

³⁰ The research was ordered by the Prime Minister's Office and the Ministry of Youth, Family, Social Affairs and Equal Opportunity (ICSSZEM). The sample was representative by gender, age group, territory and type of settlement. The participants were asked at their home. The questionnaires were self-reporting.

Young people in state welfare care

A research on the patterns of illicit and licit drug use was conducted among young people in welfare care in spring 2004³¹ (Elekes, Paksi 2004a unpublished). The research covered those 10-18 year-old youths who live at orphanages (children group homes) or in foster homes and applied the questionnaire (with amendments for special groups) and methodological guidelines of the 2003 ESPAD survey.³² The research revealed that 28.3% of 10-18 years old youngsters living in orphanages have ever tried any illicit drug.³³ The aggregated lifetime prevalence of illicit drug and inhalants use was 32.7%. Use of pharmaceuticals without a doctor's prescription occurred to 20.9% of those living in orphanages. Among youths in welfare care but living with foster parents all types of drug use were much rarer. Lifetime prevalence of illicit drugs was 2%, aggregated lifetime prevalence of illicit drugs and inhalants use was 2.9% and lifetime prevalence of pharmaceuticals abuse was 3.4%. Among young people living with foster parents last year and last month prevalence were also below 1% (only lifetime prevalence of pharmaceuticals abuse reached 1.5%). Last year prevalence of illicit drug use was 20.1% and last month prevalence 13.2% among those living in orphanages. Last year prevalence rate of tranquillisers abuse was 13.5% and last month prevalence 8.3%.

Figure 7. Lifetime prevalence of 16 years old youngsters living in welfare care comparing to the correspondent data of the ESPAD study



Source: Elekes, Paksi 2003b unpublished; Elekes, Paksi 2004a

Patterns of drug use are low among young people living with foster parents not only comparing to those living in orphanages, but also to the "average" 16 years old youngsters. This might be explained partly by the considerations of outplacement to foster parents (children with less problems are placed at foster parents), and partly by the more norm-following behaviour of youths living with foster parents. *Among the 16 years old youngsters*

³¹ The research was financed by the ICSSZEM and conducted by the Behaviour Research Centre of Budapest Corvinus University.

³² In case of those living in foster homes the questionnaires were completed in the foster home in groups and by self-reporting methods with the collaboration of external research assistants. The nationwide representative sample was stratified by age groups and regions. Gross sample size: 762 persons, net sample size 547 persons. In case of those living with foster parents questionnaires were filled in applying multi-technique method containing both face to face and self-reporting elements. Questionnaires were questioned at the homes of foster parents with the collaboration of external research assistants. The nationwide representative sample was stratified by age groups and counties. Gross sample size: 500 persons, net sample size: 446 persons.

³³ Definition of illicit drugs is identical to the one applied in ESPAD surveys.

living in orphanages lifetime prevalence of illicit drug use is almost twice as much as the rate observed among the average 16 years old youth population. Tranquillisers abuse also exceeds significantly the national average. The high rate of the use of tranquillisers on a doctor's prescription among youngsters living in orphanages is also noteworthy. While 6.6% of 16 years old young people have ever used tranquillisers on a doctor's prescription, this rate was 16.4% among those living in orphanages.

According to the structure of drugs, only cannabis (1.9%), inhalants (1%), ecstasy, patron/balloon (nitrogenous-oxid) and LSD (below 1%) are among the illicit drugs that have been used by youngsters living with foster parents. Nevertheless, all types of illicit drugs appear in the consumption structure of those living in orphanages. The highest (24.1%) rate was found – alike in other populations – for cannabis, followed by inhalants (15.6%) and by several party-drugs (with 7-10% lifetime prevalence). In case of other illicit drugs the rate of those who have ever tried them in their lives is around 4-5%. The structure of drugs used by youths living in orphanages is similar to the structure of drugs used by “average” youngsters at the same age, however slight differences among cannabis and other illicit drugs indicate that more dangerous drugs are represented at a higher rate in the drug use of young people living in orphanages.

First drug use happens earlier to youngsters living in orphanages (on the basis of comparative data concerning 16 years old people) than to the average 16 year olds. Among young people living in orphanages the most frequent age of the first use of illicit drugs is at the age of 12-15. 24.2% of those who have ever tried any illicit drug have tried something until the age of 10 and a further 41.4% of them until the age of 14. Similar to the general population, cannabis is the most frequent first used drug.

Gender differences are not significant among youngsters living in orphanages. Lifetime prevalence for girls is 30.8% and for boys 34.1%. The majority of the indicators concerning family (date of separation from the family, form of contact with the family, social situation of the family, etc.) do not show any correlation to the drug use of young people living in orphanages. Patterns of drug use by school types differ to the usual: the protective force of the educational forms providing final examination is not present. Study performance at school does not show correlation to drug use either among youths living in orphanages.

Peer relations are more decisive in the development of drug use of young people living in orphanages. Among the several psycho-social variables analysed, the rates of self-damaging behaviours, the emergence of depressive symptoms and the accordance with breaking norms are higher among drug user students. At the same time, among those who have ever used illicit drugs, the mean of self-evaluation does not differ to the average.

A research carried out in 2003 also among youths in state care shows similar results to the above mentioned ones.³⁴ (Örkény et al. 2004). The final study of the research reveals that the rate of experiment with different drugs is higher among youngsters in state care. Exposure to danger is higher for those living in orphanages than for those living in foster care. Among the background factors of drug use psychosomatic symptoms are more frequent, negative evaluation in school and deviance proved to be risk factors of cannabis use. Good social relations proved to be protective factors only for girls in this sample.

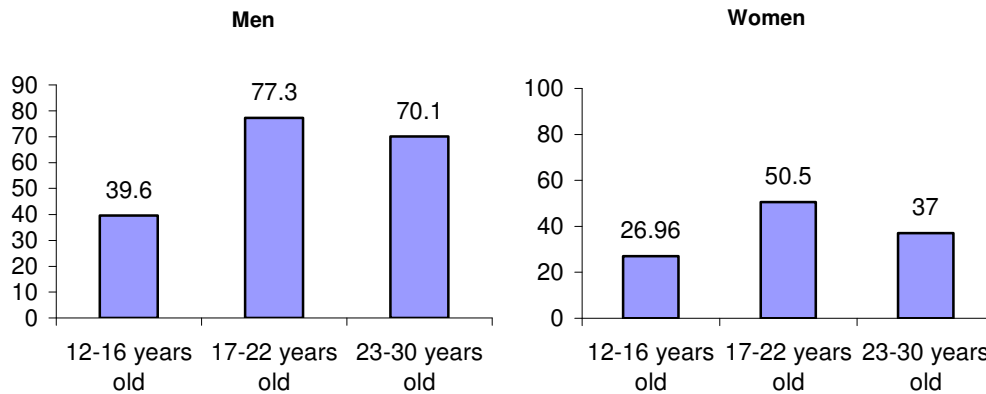
Patterns of drug use of young Roma people

The survey of Ritter (2005) was conducted in a special group hardly ever investigated, in which the patterns of drug use of 645 12-30 years old Roma young people living in Budapest

³⁴ The research was carried out among 15-18 years old youngsters in state care. Net sample size: 850 persons.

was analysed.³⁵ Research findings concluded that 50% of the respondents have ever used any illicit drug and/or inhalants in their lives³⁶. Lifetime prevalence in the youngest – 12-16 years old – age group was 33.8%, and 53.3% in the oldest – 23-30 years old – age group. The breakdown by gender is similar to the results of other surveys, 63.4% of those experimenting with drugs and/or inhalants were men and 36.6% women.

Figure 8. Age distribution of men and women who have ever used illicit drugs and/or inhalants in their lives (%)



Source: Ritter 2005

The highest number of those having tried any illicit drug and/or inhalants in their lives was among members of 17-22 age group.

90% of those who have ever tried any illicit drug and/or inhalants in the sample have used at least once in their lives amphetamine derivatives (amphetamine or methamphetamine). 78.4%, i.e. more than 75% of them have used at least once in their lives cannabis (mainly marijuana), and 16.1% of them opiates (mainly heroin).

By the increase of the age the number and proportion within the age group of those who have ever used cannabis in their lives decreases (82.5% v. 79.5% v. 74%), while the respective figures for amphetamine use are increasing (77.2% v. 93.7% v. 93.3%).

In the sample the most typical age for trying illicit drug was between 16 and 18. The first use of inhalants is distinct to this as the average age in this case is much lower (13 years).

Prevalence in the analysed population was 31.5% for last year and 20.6% for last month, which means that basically every fifth respondent had used illicit drugs and/or inhalants in the month before the study. While amphetamine derivatives are the most widespread, cannabis is the most frequently used drug among the respondents.

Correlation between poverty and drug use can be demonstrated unequivocally in the analysed population. The rate of regular drug users was much higher among Roma youngsters living in so called “poor ghettos”, than among those living in other parts of Budapest. Furthermore risk behaviours and drug use patterns with higher risk of infections were found among them.

³⁵ Sample used snowball method in 18 chains started from 5 districts - densely inhabited by Roma people – of Budapest. Persons in the sample represent well the whole Roma population of the analysed age group living in Budapest.

³⁶ The research covered to the following drugs: cannabis, cocaine, crack, ecstasy, speed, LSD, mushroom, heroin, other opiates.

Army

The 2004 research of the Hungarian Army examined the “health behaviour” of professional and contracted soldiers.³⁷ (Bácskai et al. 2005). The results of the questionnaire survey show that there are numerous psychological and lifestyle factors which make susceptible to or are protective against the experiment with illicit drugs and are particularly characteristic in armed forces. These factors among others are the change in the lifestyle, tolerance, the difference in personality in the adjudication of drug users, social relations, motivations and the structure of helping. We can state that if we got acquainted in details with the above-mentioned personality and lifestyle factors we would be able to test soldiers especially at-risk concerning illicit drug use as well as to prevent the development of drug use.

Table 5. *Experiment with illicit drugs by age (% of respondents)*

	Tried	Never tried
20-29 years old	15	85
30-39 years old	5	95
40-49 years old	3	97
50 years old or older	4	96

Source: Bácskai et al. 2005

In 2004 the Hungarian Army carried out 14,162 laboratory urine analyses in the age group of 20-50 years old people³⁸ (Bácskai et al. 2005). The rate of positive – confirm drug use – results was 2.9%. This figure indicates that *the rate of illicit drug use within the army is far lagging behind the rates among the general population*. On the basis of the laboratory results since 1996 we can state that illicit drug use has radically decreased in the armed forces. While in 1996 27.6% and in 1997 the 31.5% of the laboratory analyses had been positive, the rate of positive analysis results has been continuously decreasing since 1997³⁹. Army experts explain this decrease by the retentiveness of regular tests. Breakdown of illicit drugs – similar to the general population – is characterised by the dominance of cannabis. However, while in the general population the rate of opiate derivates is lower and the rate of amphetamine derivates is higher, opiate derivates are the second most frequent drug in the army. Furthermore, while the ratio of cannabis has showed a decreasing tendency since 2001, the ratio of opiate derivates has been increasing (from 3% to 19.6%). Alike increases the rate of amphetamine derivates (from 0.5% to 11.9%).

Conclusions

In Hungary, in 2004 researches were conducted primarily among youths about the spread and characteristics of drug use. ESPAD studies as well as researches in the capital applying the same methodology are appropriate for drawing longer term trends. Basing on them we can come to the conclusion that after a significant rise in the second part of the nineties the pace of increase slowed down in the first part of the 2000 years. ESPAD data from 1999 and from 2003 already indicate that increase in lifetime prevalence of illicit drug use was exclusively due to the increase of cannabis use. It is worth noting that similarly to international tendencies illicit drug use of girls seems to come closer to boys.

³⁷ Research was conducted by the Health Protection Institute of the Hungarian Army and the National Institute of Addictology (OAI). 1,100 professional and contracted soldiers older than 20 were questioned.

³⁸ Research was carried out by the Health Protection Institute of the Hungarian Army and the National Institute of Addictology (OAI). Findings are representative to the military personnel (professional, contracted, students and civil servants) of the Hungarian Army.

³⁹ Earlier surveys referred to professional and contracted soldiers.

Based on the structure of consumed drugs cannabis use is getting more and more determinative and at the same time use of tranquillisers/sedatives without a doctor's prescription remains invariably high – even in international comparison, according to ESPAD data. Even though the age of the first experiment is shifted to an earlier age the secondary school years are decisive in the spread of drug use.

Basing on previous research findings we could assume that the experiment with illicit drugs was more widespread among youths living in dormitories, away from their parents than among their peers at the same age, living with the parents. A research conducted in dormitories seems to refute this supposition. All researches carried out among youngsters have unequivocally indicated up to now that the presence of both parents in the family has retentive impact on the development of drug use. Former results are only partly confirmed by researches carried out among youngsters living in welfare care. While lifetime prevalence of youngsters living in orphanages exceeds significantly the national average, there is almost no illicit drug use among their peers living with foster parents.

On the basis of several researches the impact of social status is not clear. The 2003 ESPAD survey found that unlike earlier, the impact of the social status of parents on drug use of youths seems to be disappearing. Findings of researches which were conducted among young people living in dormitories clearly indicate that experiment with illicit drugs is more frequent among children of parents with higher educational level. The Budapest Roma population research shows that poverty is one of the most decisive factors of illicit drug use.

3. PREVENTION

Overview

Among the prevention scenes defined in the National Drug Strategy (family, school, workplace, recreational settings, churches, media, information society, army, child care institutions, police, and vulnerable groups / Roma population) we dispose of detailed and structured data on school-based prevention, however real prevention activities are not implemented in all of the scenes mentioned.

New prevention approaches (universal, selective, indicated) became more familiar and accepted during the last years in Hungary and prevention providers tend to apply more and more of these approaches when defining their activities.

New Developments

As a result of the work carried out in the National Institute for Drug Prevention (NDI⁴⁰) a Drug Information Portal for Professionals (www.ndi-szip.hu) was created. The primary aim of the website is to publish information related to drug use, treatment and prevention in an easily available format. The website has dynamic database features and besides prevention programmes it provides information on sociological researches about the drug problem, as well as on several treatment organisations and institutions and their professional programmes, applied methods. Registered organisations complete a form about their programmes on the basis of which the database can be searched by various criteria. The form complies with the EDDRA (Exchange on Drug Demand Reduction Action) standards.

Until July 2005, 228 organisations registered themselves in the database. 86% of the registered organisations are engaged in drug prevention, half of them perform treatment, research or other activities besides prevention interventions.

3.1. UNIVERSAL PREVENTION

School prevention

The joint tender of ICSSZEM and Ministry of Education (OM) supporting prevention programmes in institutions of primary and secondary education was announced in 2004, as well. (See previous Reports for description).

Evaluation criteria take EU recommendations into consideration and favour programmes which apply proven efficient methods.

Total amount of the tender in 2004 was €715,194. 322 out of the 774 applicant schools (213 were schools that had been beneficiaries of previous tenders, too) received support⁴¹ which means that nearly 130,000 students of the 11-18 aged population participated in prevention activities.

In 2004, as part of the PHARE programme Hungary succeeded in mobilising EU funds, for the support of school-based prevention programmes too. School-based prevention programmes were supported by €840,404 among 37 beneficiaries, in the seven regions of the country.

⁴⁰ See all abbreviations in the List of Abbreviations

⁴¹ Report on the prevention activities of the ICSSZEM, 2004

Training of drug-coordinators

As it was described in preceding Reports training of school drug coordinators has been carried out since 2002, and is partly or completely financed from central budget (OM-KKB). In the framework of this programme 957 teachers participated in school drug-coordinator trainings between January 2004 and April 2005. The number of participants by counties is the following:

Table 6. Number of drug-coordinators and the ratio of schools with drug coordinators by counties (April 2005)

	Total number of schools	Total number of coordinators 2003	Total number of coordinators April 2005	Ratio of schools with drug-coordinators (April 2005)
Budapest	661	153	252	38.1%
Baranya	175	34	80	45.7%
Bács-Kiskun	222	42	89	40.1%
Békés	162	27	76	46.9%
Borsod-Abaúj-Zemplén	336	75	146	43.5%
Csongrád	166	64	100	60.2%
Fejér	178	42	85	47.8%
Győr-Moson-Sopron	212	54	112	52.8%
Hajdú-Bihar	203	55	111	54.7%
Heves	155	36	80	51.6%
Jász-Nagykun-Szolnok	166	36	62	37.3%
Komárom-Esztergom	139	28	63	45.3%
Nógrád	110	67	119	108.2%
Pest	357	81	152	42.6%
Somogy	166	37	78	47.0%
Szabolcs-Szatmár-Bereg	275	29	86	31.3%
Tolna	108	33	63	58.3%
Vas	125	24	47	37.6%
Veszprém	173	57	94	54.3%
Zala	148	29	65	43.9%
Total	4237	1003	1960	

Source: Sulinova, Agency for Educational Development and In-service Teacher Training

Universal prevention out of school

Individual programmes were implemented in 2004 with the support of the ICSSZEM:

- Event series titled "Szenvedélyek Napja" (Day of Addictions): In 2004 that was the sixth occasion of this programme with presentations, round tables on the recognition, prevention and rehabilitation of addictions as well as with films related to the issue.
- "Inter-Transitions on Drugs": The interactive travelling exhibition was displayed in several major cities of Hungary in 2004. The exhibition counts primarily on the participation of young people above 14 and parents and calls the attention to the principal role of the family in drug prevention. The exhibition was displayed at 4 locations during the year and visited by 12,000 visitors in total.
- Drug Help-line for parents: On 1st July 2004 the National Child Protection League established the operation of a new information phone line enhancing the provision of information on drug related issues for parents.

3.2. SELECTIVE/INDICATED PREVENTION

Recreational settings

See Selected Issue

At-risk groups

There has been no data collected systematically about prevention activities implemented among vulnerable groups.

We can report on two programmes among prevention activities targeting Roma population:

- Joint peer training of Roma and non Roma youngsters was organised 4 times in 2004 with the participation of 82 secondary school students. Following the training peer meetings and case workshops of 4 hours of duration were organised once a month.
- In last year 21 persons participated in drug coordinator trainings organised for teachers and educators of Roma and non Roma young people.

Conclusions

Due to the comprehensive researches conducted in previous years we dispose of extended information on prevention work at school however detailed data regarding out of school prevention activities are not available yet.

The Drug Information Portal for Professionals launched in 2004 provides the possibility for collection and exchange of information for experts and organisations working in the field of drug issues as well as enhances the adjustments to European standards. Until July 2005, 228 organisations registered in the database. The data are being processed, converting it into website content.

4. PROBLEM DRUG USE

Overview

Implementation of TDI based data collection supported by the legislation to be amended this year will be the task of health care providers. Service providers will be obliged to register the data defined in the TDI Protocol and forward them quarterly to the National Institute for Addictology (OAI⁴²). Data collection will be anonymized but at the same time the system will be able to filter double or multiple counting and to follow the client's route in the treatment system. This goal is reached by the application of a so called generated code created nationwide by the same algorithm from the identification data of the clients. The TDI software is a finished product now, ready to be used. In order to facilitate its implementation OAI in collaboration with the National Focal Point organizes a nationwide professional presentation as well as regional trainings to make necessary information available for all professionals.

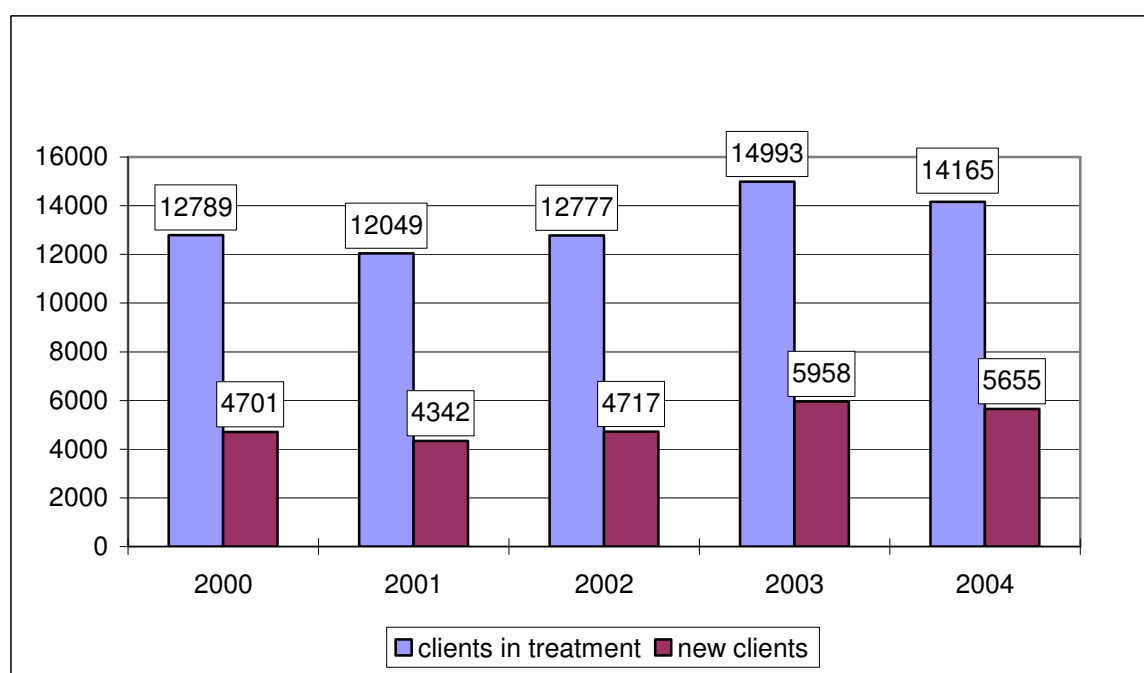
4.1. PREVALENCE AND INCIDENCE ESTIMATES

No new information available.

4.2. PROFILE OF CLIENTS IN TREATMENT

The number of drug users in treatment in health care institutions in 2001 – without precedent since the introduction of data collection – decreased comparing to previous years. Decrease did not continue in 2002 moreover there was a slight increase. Comparing to previous years 2003 showed significant (17%) increase which was followed by a 6% decrease in 2004. The fluctuation in the number of clients in treatment is in correlation to the amendments to legislations in the previous years.

Figure 9. Number of drug users in treatment in Hungary 2000-2004



⁴² See all abbreviations in the List of Abbreviations

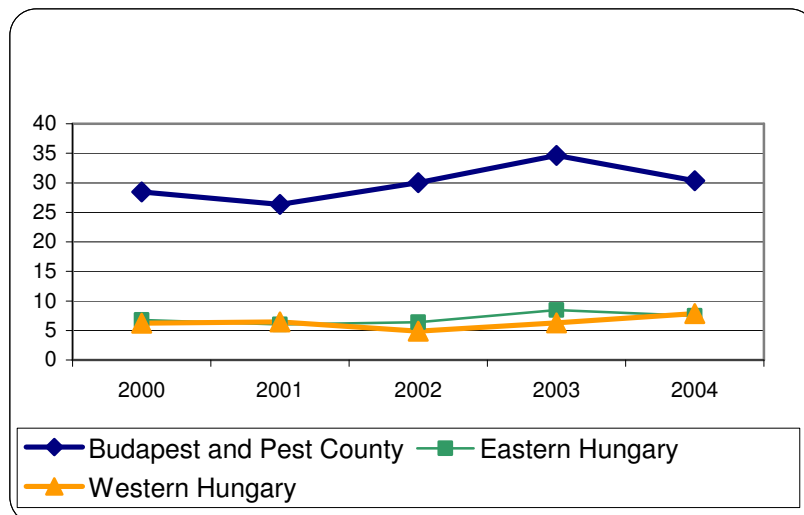
Number of new clients decreased by 19% in 2000 compared to 1999. This sudden, large-scale decrease is caused by the fact that the term of new client had changed. Treatment institutions have reported those “treated for the first time in their lives (according to self-report)” under this heading since 2000. During the three years preceding 2003 the stagnation in the number of new clients disappeared the 26% increase in 2003 is significant. The number of new clients decreased by 5% in 2004.

Breakdown by territory

In the present healthcare drug statistics data regarding breakdown by territory assign the location of treatment institutions in all cases. Data forwarded for central processing do not contain the place of residence of the clients.

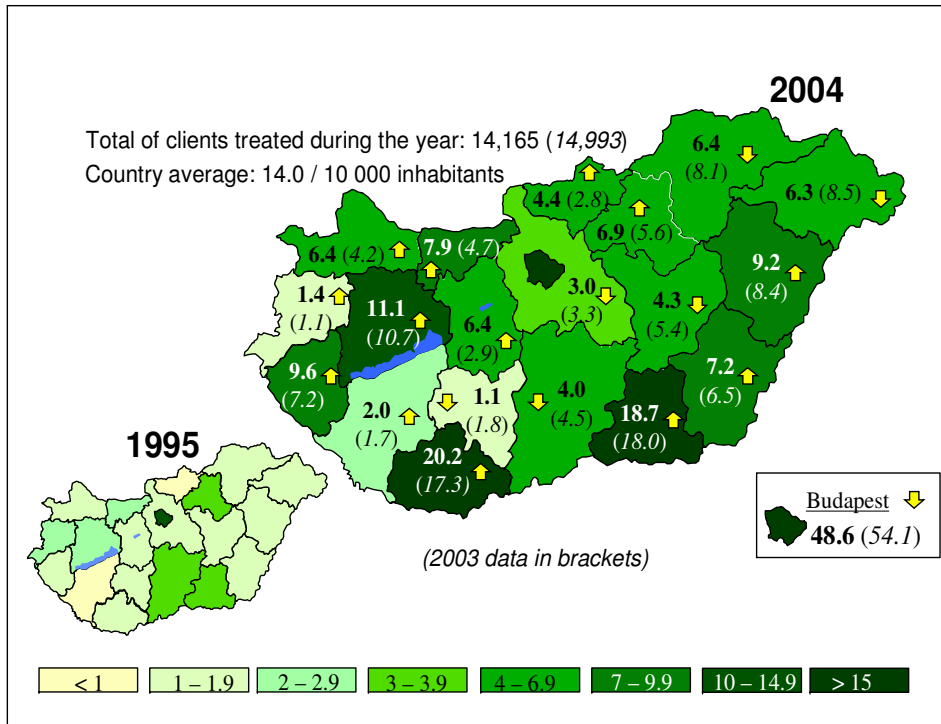
The chart illustrating Eastern and Western Hungary, Budapest and Pest County shows that there is no significant difference between the eastern and western parts of the country in the number of drug users in treatment extrapolated on the population. Outstanding difference is found between Budapest with its surroundings and the rest of the country. This difference has multiplied since 1996.

Figure 10. Number of drug users in treatment for 10,000 inhabitants by territory, 2000-2004



The next map shows the detailed breakdown of the treatment by territory.

Map 1. Breakdown of the treatment of drug users by territory

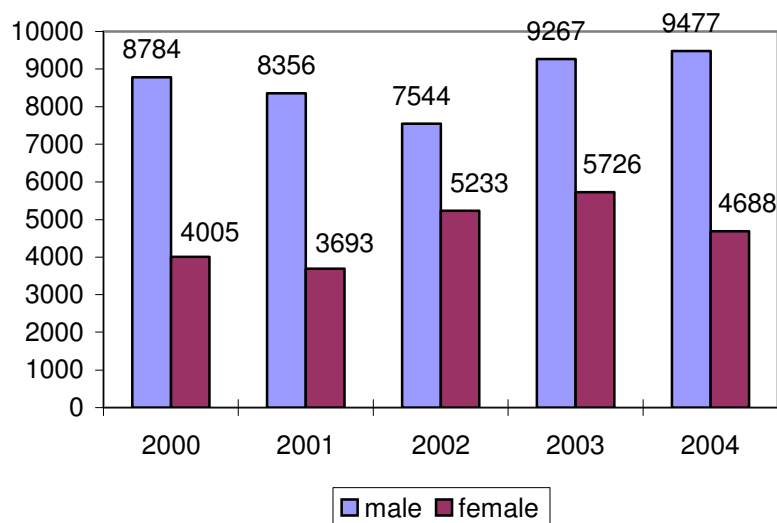


Source: OSAP

Social-demographic characteristics

The ratio of females among clients in treatment decreased slightly in 2003, the ratio was 62-38%. The ratio of males increased again in 2004, it is currently 67-33%. With the exception of tranquilliser-type drugs the number of treated males was higher between 1995 and 2004 regarding any other drug type. The ratio of females among those abusing tranquillisers and sedatives is significantly higher every year.

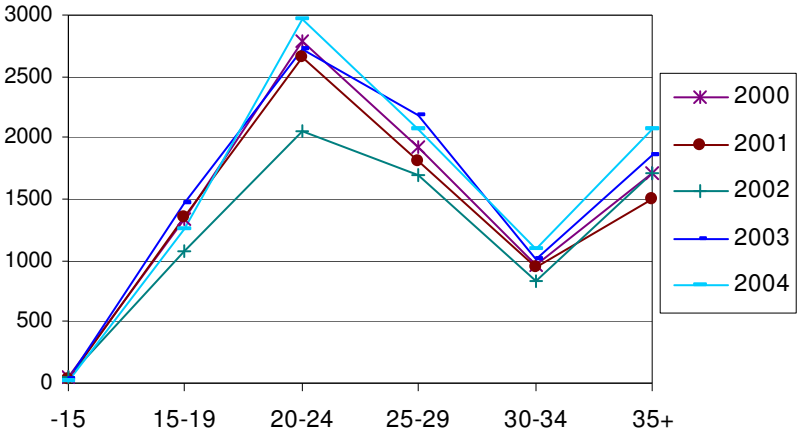
Figure 11. Breakdown of drug users in treatment by gender between 2000 and 2004



Source: OSAP

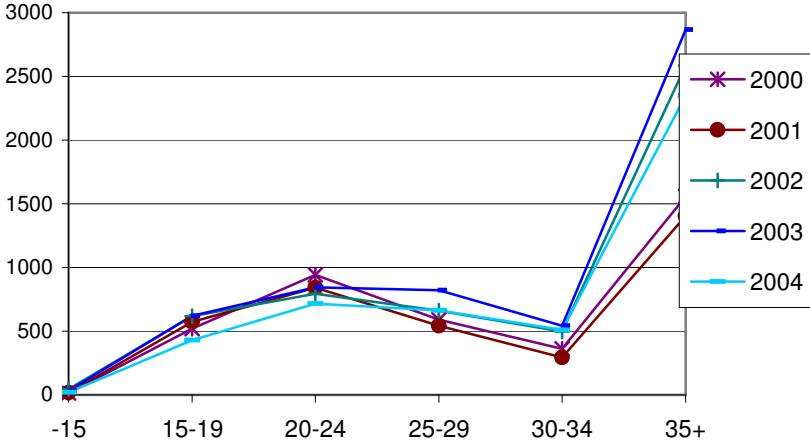
In 2004 the number of treated males decreased by 30% in the age group under 15 years, so the tendency continued (33% decrease in 2003). A new phenomenon could be observed, namely the number of 15-19 year-old male clients decreased by 15% and among 25-29 year-old male clients by 5%. Concerning other age ranges the number of treated drug users increased again. In 2003 the number of female clients under 15 years decreased, between 15 and 19 years stagnated and over 19 years increased substantially although it did not reach the level of males. Contrarily in 2004 the number of females in treatment decreased considerably in each age group.

Figure 12. Breakdown by age of male clients 2000-2004



Source: OSAP

Figure 13. Breakdown by age of female clients 2000-2004



Source: OSAP

Data providers estimated the educational level of drug users in treatment. Estimations show clearly the dominance of those having secondary or lower education and of those without (primary) school education. Besides other components this might be in line with conclusions drawn from other surveys that drug use (except for tranquillisers, sedatives and poly-drug use) is principally significant among younger age groups who do not even have the possibility to access to higher qualifications.

Table 7. Educational level and drug use

Breakdown of the highest educational level of clients according to the estimations of data providers

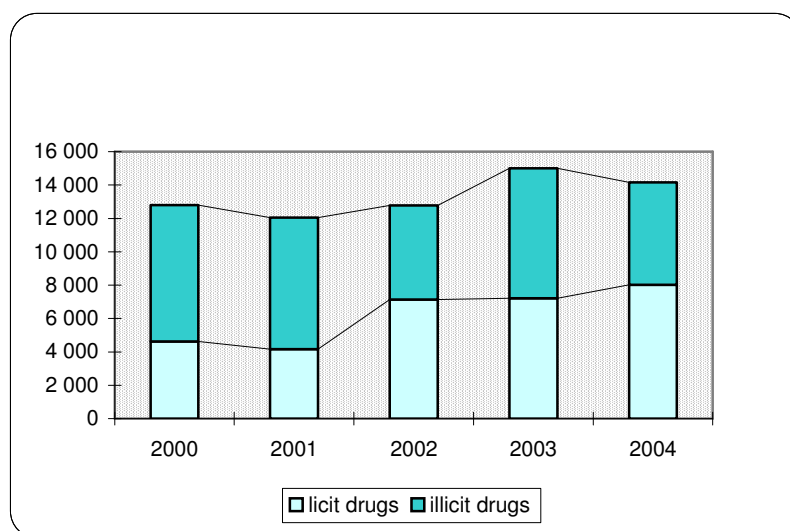
	Below 5%	5-10%	10-25%	25-50%	Above 50%
Primary school		2.4%	8.0%	6.6%	7.1%
Trade school	0.5%	0.9%	8.0%	11.8%	4.7%
Secondary school (with final examination)	0.9%	1.4%	10.8%	8.5%	4.2%
Vocational schools	0.9%	0.9%	10.4%	0.9%	0.5%
College/University	4.7%	6.1%	5.7%	-	-
No qualification	1.4%	2.4%	2.8%	2.8%	-

Source: OSAP

Breakdown by illicit drugs

Generally speaking the ratio of clients treated for illicit and licit drug use turned round from 1995 to 2001: the ratio of licit drug users decreased from 67% to 35% and at the same time the ratio of illicit drugs increased from 33% to 65%. The ratio of illicit drugs increased in 2003 compared to 2002 in line with a significant growth in the number of clients in treatment. Number of drug users in treatment decreased in 2004 and so decreased the ratio of illicit drugs (43.3%) to the extent that licit drugs gained majority (56.7%).

Figure 14. Breakdown of drug users in treatment by illicit drugs used, 2000-2004



Source: OSAP

39% of clients in treatment were opiate users in 2000. The tendency turned around afterwards: the number of opiate users in treatment decreased by 13% in 2001, by a further 36% in 2002, by 7.4% in 2003 and by more than 20% in 2004 compared to the previous year, so 14.4% of all clients in treatment were opiate users this time.

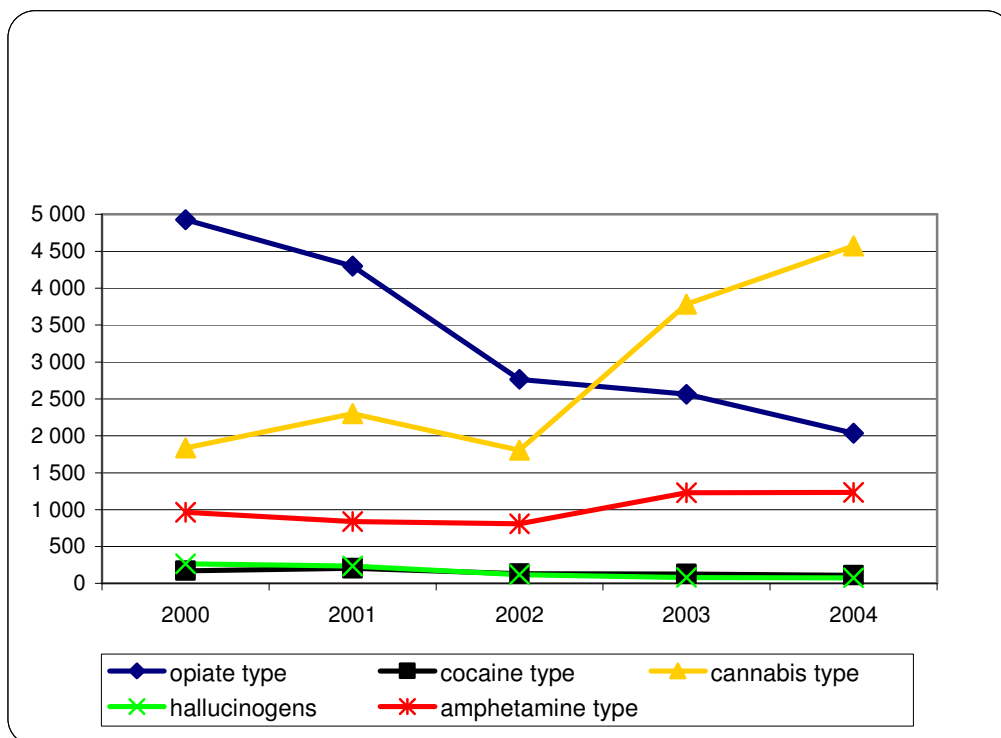
Number and ratio of cannabis users (marijuana, hashish) compared to all clients increased only slightly in 2000. However, while in 2001 their number increased by 25% – compared to the previous year – ran to 19% of all clients in treatment, there was a 22% decrease in 2002 and their ratio among all clients in treatment decreased to 14%. In contrast to this there was an outstanding, 109% increase in 2003 which continued also in 2004 by 21%. This means that they form the biggest group among clients in treatment overtaking tranquilliser users.

The earlier increase in the number of clients in treatment for amphetamine use stopped in 1999 and had been decreasing continuously until 2002. However it increased significantly, by 52% in 2003 while in 2004 it did not change compared to the previous year, thus it came out at 8.7% of all clients.

Number of cocaine users in treatment increased by 20% in 2001 compared to the previous year but it decreased by 34% in 2002, by 3.7% in 2003 and by 13.7% in 2004, thus their ratio among all treated clients is 0.8%.

The number of clients in treatment for use of hallucinogens has also always been minor, their number decreased by 13% in 2001, by 48% in 2002, by 32% in 2003 and by a further 8.4% in 2004 compared to the previous year.

Figure 15. Number of clients treated for illicit drug use



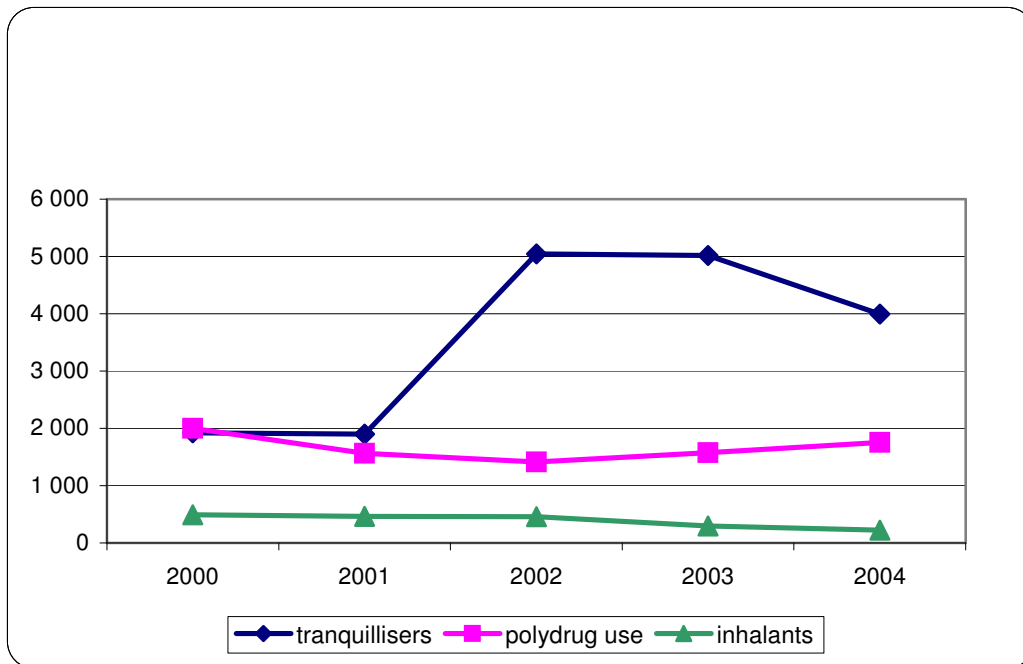
Source: OSAP

Number of inhalant users in treatment decreased only slowly until 2002 but decreased in 2003 and in 2004 and their proportion compared to other drug users is relatively low. Their ratio compared to all clients in treatment was 1.6% in 2004.

In 2004 the ratio of those abusing tranquillisers and sedatives was 28.2% among all clients in treatment. These are the most used licit drugs; they are even more used than other illicit drugs except for cannabis. Compared to the previous year the number of tranquilliser users decreased.

Number of clients treated for poly-drug use (combined use of tranquillisers, sedatives and alcohol) more than doubled between 1995 and 1997 but has shown significant fluctuations year by year since 1998. In 1998 there was a 20% decrease compared to the previous year, in the next year, in 1999 a 10% increase and in 2000 a 6% increase. The number decreased again in 2001 by 22% and in 2002 another 10% decrease was seen however in 2003 and 2004 there was again an increase of 11% and 12%. The reason for fluctuation is unknown, needs further investigation.

Figure 16. Number of clients treated for licit drug use

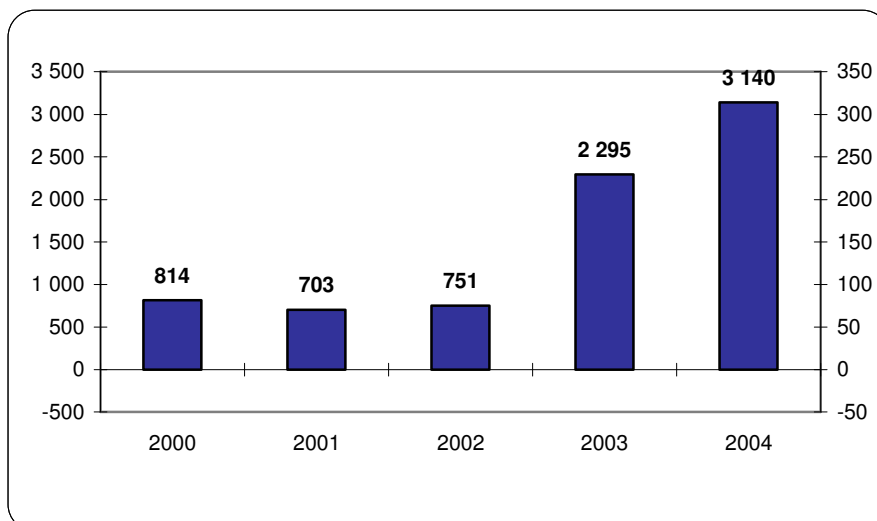


Source: OSAP

Number of clients in treatment as an alternative to criminal proceedings

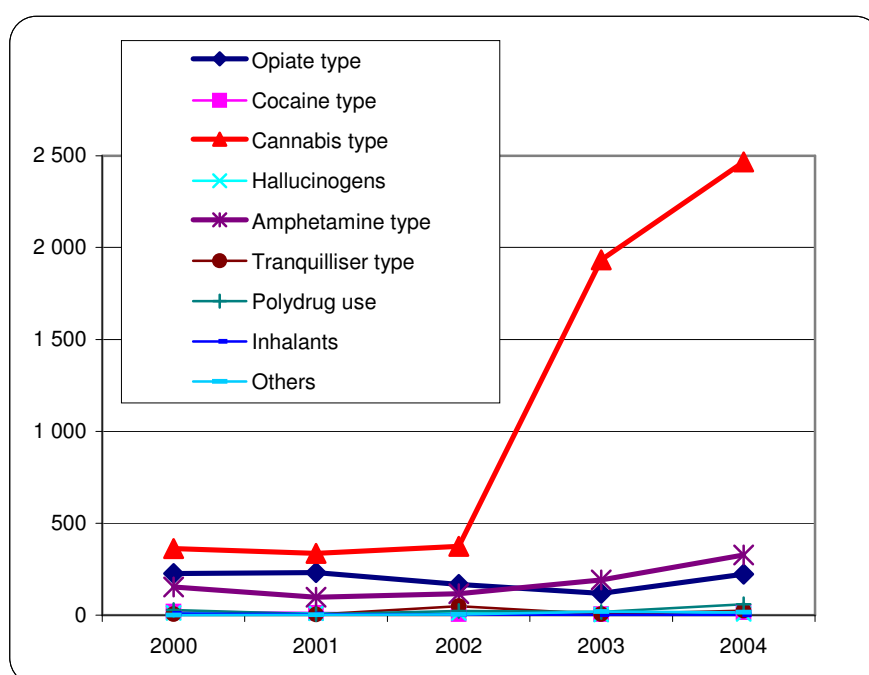
Number of drug users in diversion treatment increased similarly to the number of all clients in treatment until 1998. It declined slightly in 1999 and significantly, by 25% in 2000 – while the number of all clients increased or stagnated. There was a further decrease, by 14% in 2001 compared to the previous year however a 7% increase was seen in 2002. A very significant, unprecedented increase happened in 2003 when the number grew by 206% and the increase continued in 2004 (37%), too. The background of the phenomenon is probably the fact that the respective parts of the Criminal Code were aggravated in 2000 but extenuated in 2003.

Figure 17. Number of clients in treatment as an alternative to criminal proceedings



The decrease in number of clients in treatment as an alternative to criminal proceedings in 2000 was due to the 36% decrease of cannabis and 45% decrease of amphetamine users. In case of other illicit drugs the number of clients in diversion treatment slightly increased or remained unchanged. Besides the decrease in the number of clients in treatment for cannabis and amphetamine use as an alternative to prison, the number of clients in treatment for cocaine and poly-drug use also decreased in 2001. Conversely – in 2002 besides increasing the ratio of cannabis and amphetamine – the number of clients in treatment for tranquilliser use increased also significantly. The background of the large increase experienced in 2003 is the 417% rise of cannabis users in diversion treatment which was increased by a further 71% in 2004.

Figure 18. Number of clients in treatment as an alternative to criminal proceedings by drugs, between 2000 and 2004



By centre types

Based on 2004 data the following table shows the ratio of clients treated at different types of institutions. Besides the traditional role of addiction care providers outpatients centres are gaining more and more role in treatment. While outpatient care is split among different types of care providers and specialised outpatient centres, in-patient care does not have an alternative besides psychiatric and addiction treatment departments.

Table 8. Breakdown of drug users by treatment centre types

Centre type	Clients in treatment		New clients	
	number	%	number	%
AG Addiction treatment care centres	4,158	29.4	1,513	26.8

DA	Specialised outpatient centres	5,146	36.3	2,771	49.0
GG	Child and youth psychiatric care centres	67	0.5	41	0.7
PG	Psychiatric care centres	187	1.3	74	1.3
PO	Psychiatric and addiction-treatment inpatient departments	2,057	14.5	541	9.6
EG	Others (emergencies)	2,550	18.0	715	12.6
Total		14,165	100.0	5,655	100.0

Source: OSAP

At the same time it has to be noted that the methodology of data collection does not allow the definition of the exact number of in- and outpatient clients because psychiatric and addiction-treatment departments report the number of clients together with the data of the specialised outpatient centres belonging to them.

4.3. MAIN CHARACTERISTICS AND PATTERNS OF USE FROM NON-TREATMENT SOURCES

No new information available.

Conclusions

Number of clients in treatment decreased by 5% in the last year. There is no significant difference between eastern and western parts of the country regarding the number of drug users projected on the population, however outstanding difference is observed between Budapest with its surroundings and other parts of the country. With the exception of tranquilliser-type drugs the number of treated males was always higher regarding any other drug types. In 2004 the number of treated males decreased in the younger age groups under 29 while the number of females decreased in all age groups. According to the estimations of data providers those of secondary or lower educational level dominate the drug user population. The ratio of illicit drug users decreased in 2004 to the extent that licit drugs gained majority. The ratio of cannabis users in treatment increased significantly (by 21%) in last year. The ratio for amphetamine stagnated. The ratio of cocaine and hallucinogen users decreased in last year. Number of clients in treatment as an alternative to criminal proceedings increased significantly, by 37% in 2004.

5. DRUG-RELATED TREATMENT

Overview

Data on treatment centres are supplied by 459 data providers once a year but since they partly overlap⁴³ we can talk about around 400 data providers in reality. Types of data providers are defined by law. The National Institute for Addictology (OAI⁴⁴) has been the centre of data collection and management since 2003.⁴⁵ The content and form of the report are defined by the Ministry of Health (EüM). This ministry decides on the necessary amendments and publishes them in the yearly revised government regulation on the National Statistical Data Collection Programme (OSAP) as well as in the MH regulation since 2004.

5.1. TREATMENT SYSTEM

Survey on treatment systems, 2004

In 2004 the OAI carried out a survey on the addiction treatment system of Hungary. The aim of the data collection⁴⁶ was to obtain a more detailed overview on the following fields of the treatment system than the earlier ones based on data provided regularly and on ad hoc basis according to OSAP and regulations of the Government and the minister of health:

- institutions participating in treatment (and diversion) of drug users (treatment centres)
- networking of treatment centres
- existence and availability of services in the region of the treatment centre
- characteristics of the operation of the centre
- drug users in different types of care (according to the judgement of data providers)
- types of care in treatment centres
- diversion services
- therapeutic programmes
- other (training, research, prevention of burn out, etc.) activities.

In this chapter we are going to present the treatment system on the basis of the findings of this survey.

Human resources

Concerning positions held we can declare that only one full-time doctor – in addition not necessarily a psychiatrist or addiction expert – falls on each treatment centre on the average. The number of social workers is also very low albeit significant part of addiction clients faces serious social problems. Special workers and assistants are also few in number, 3.8 persons fall on one treatment centre and merely 2.2 on a doctor on the average. At the same time the number of long-lasting absence and vacancies are significant.

Table 9. *Human resources of different treatment centre types*

Headcount data	Organised	Fulfilled	Long-lasting	Vacancy
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⁴³E.g. a psychiatric and an addiction-treatment centre operating in the same health care centre with the same personnel.

⁴⁴ See all abbreviations in the List of Abbreviations

⁴⁵Until 2002 data collection and management was carried out by the National Psychiatric and Neurological Institute.

⁴⁶ Survey lasted between August and October 2004. Treatment centres were contacted on the basis of OSAP's address list containing 468 data providers. Total number of questionnaires posted was 375, out of which 248 were completed and returned to OAI. After cleaning the data 212 respondents were processed. The final questionnaire contained both qualitative and quantitative information.

			absence	
Doctors	575	501	17	57
Out of which: psychiatrists	429	385	7	38
Psychologists	128	120	5	3
Other graduates	245	236	7	2
Out of which: social workers	92	90	2	-
Addiction consultants	25	24	1	-
Mental hygienic experts	32	31	1	-
Psychopedagogists	31	26	3	2
Pastors	8	8	-	-
Nurses	967	928	28	11
Assistant nurses	263	254	3	7
Attendants	163	153	3	7
Assistants	160	154	-	6
Administrators	134	130	2	2
Other	299	284	13	2
Total	2 935	2 760	77	98

Source: Ministry of Health – OAI

Professional qualifications of doctors and psychologists are also rather incomplete: 20.8% of doctors and only 3.1% of psychologists are graduated addiction experts.

According to the view of data providers professional minimum standards are only partially fulfilled in the majority of treatment centres.

Networking

Different types of treatment centres vary by the size of the territory from where they take clients on. Addiction care centres and psychological departments cover the territories of the counties relatively densely thus their reference area really covers the population of settlements nearby. The case of outpatient centres is different. They provide special services but there are still few (19) of them. Outpatient centres provide sub special, progressive care services within psychiatric and addiction treatment, which means that if they are placed nearby, institutions of general psychiatric and addiction profile also refer clients to them. Thus the area covered by outpatient centres goes beyond county borders. The best example is the situation of Budapest and Pest County surrounding it: the number of clients in treatment falling on every 10,000 population showed great changes between 1996 and 2004 in Budapest, while it almost stagnated in Pest County (there are 6 outpatient centres in Budapest and none in Pest County).

Table 10. *Relation system of data provider treatment centres*

Relation system of data provider treatment centre (multiple choice question)	Has relation	Type of relation			
		Organisational	Functional	Occasional	Regular
Psychiatric and/or addiction treatment department	70.3%	22.6%	26.9%	8.5%	39.2%
Outpatient centre, TÁMASZ care centre, addiction care centre	52.8%	13.7%	22.6%	14.6%	23.6%
Needle exchange programme, outreach programme	10.8%	2.8%	5.7%	5.7%	3.3%
Rehabilitation	38.2%	7.5%	19.3%	14.6%	13.2%
Self-help group	28.8%	4.2%	16.5%	7.5%	16.5%
Protected workplace, protected residence	15.6%	2.4%	8.0%	7.1%	5.7%
Prevention institution	14.6%	1.4%	10.8%	5.7%	7.1%
KEF	25.9%	1.4%	14.6%	7.1%	12.7%

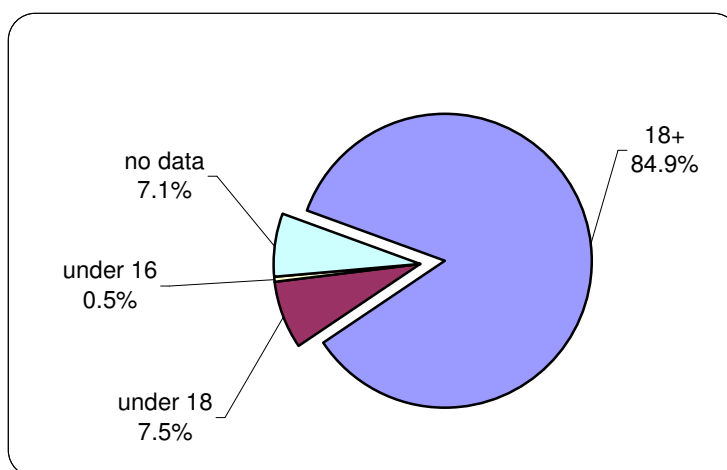
NGO	28.8%	1.4%	17.0%	12.3%	9.9%
Family welfare centre	53.8%	2.4%	32.1%	27.4%	12.7%
Social institution	42.5%	1.9%	24.5%	18.9%	12.7%
Educational institution	26.9%	1.9%	15.1%	12.3%	9.0%
Other	10.4%	1.4%	7.1%	3.3%	7.1%

Source: Ministry of Health – OAI

Client turnover, treatment types

Bulk of treatment centres reported adult (above the age of 18) clients but relatively many of them (8%) informed that they also undertake the attendance of the 16-18 age group.

Figure 19. *Distribution of clients' age groups in treatment centres*



Source: Ministry of Health – OAI

Treatment centres apply different therapeutic methods during treatment, according to the respondents, consultative-psychotherapeutic interventions are the most frequently applied.

Table 11. *Therapeutic methods applied by data providing treatment centres*

Applied methods (multiple choice question)	%
Supportive therapy (basic psychotherapy)	45.3
Mental hygienic consultation	41.5
Crisis intervention, crisis therapy	37.3
Consultation	31.6
Social case management	27.4
Group methods	25.0
Family therapy	22.6
Socio-therapy	22.2
Special psychotherapeutic methods	19.8
Relaxation	19.8
Art therapy	15.6
Healing treatment, ergotherapy	11.3
Movement therapy	9.4
Acupuncture detoxication	7.1
Other	2.8

Source: Ministry of Health – OAI

Participation in alternatives to criminal proceedings (diversion)

Around 69% of treatment centres stated that took part in diversion. Most of the treatment centres participating in diversion carry out state assessment which is followed by providing preventive-consulting service.

Table 12. *Activities of data providing treatment centres related to diversion*

Diversion related service (multiple choice question)	%
Does not participate in diversion	30.7
State assessment	28.3
Preventive-consulting service	25.9
Other service for treatment of drug use	16.5
Rehabilitation treatment of drug addiction	21.7

Source: Ministry of Health – OAI

Other activities

The questionnaire contained questions regarding prevention activities, trainings, further trainings, research and burn-out.

We can state that hardly more than one-third of treatment centres performs prevention activities, less than 15% of them take part in education and only 7.5% execute scientific researches. It is no wonder, taking into consideration the afore-presented human resource conditions. There is hardly any possibility for the prevention or reduction of the burn-out of the personnel (altogether 54 centres reported positive feedback).

5.2. DRUG-FREE TREATMENT

Inpatient treatments

Since according to OSAP statistics of 1st December 2004 the total number of beds in psychiatry (with addiction treatment included) was 9500, responding treatment centres cover 50% of the inpatient care capacity. This rate does not reach 40% in case of day-care centres. The same statistics indicate that the number of beds in addiction treatment (within the number of beds in psychiatry) is around 1200. This survey shows only 24%, the large variation indicates the anomalies of the professional code and mixed profile (bulk of addiction treatment beds are listed as psychiatry beds).

Table 13. *Distribution of inpatient special care among data provider treatment centres*

Inpatient special care	Active		Rehab/Chronic		Day Hospital	
	Unit	Bed	Unit	Bed	Unit	places
Addiction treatment	3	122	6	170	-	-
Psychiatry	29	1 461	35	1 742	10	220
Child and youth psychological	1	20	-	-	-	-
Other or unidentified	7	595	18	735	1	49
Total	40	2 198	59	2 647	11	269

Source: Ministry of Health – OAI

Outpatient treatments

Outpatient special care is divided into outpatient centres belonging to inpatient departments, special centres not belonging to departments and care centres.

Table 14. *Distribution of outpatient special care among data provider treatment centres*

Outpatient special care	Department's special outpatient centre			Special centre		
	unit	Hours of consultancy/week		unit	Hours of consultancy/week	
		Specialised medical	Non sp. medical		Specialised medical	Non sp. medical.
Addiction treatment	12	136	-	34	610	648
Psychiatry	18	682	32	77	1 381	209
Child and youth psychological	2	50	-	7	174	200
Other or unidentified	20	77	95	29	404	539
Total	52	945	127	147	2 569	1 596
Out of which:						
TÁMASZ care centre	1	10	-	9	179	40
Outpatient centre	2	44	-	10	294	340

Outpatient special care	Unit	Care centre	
		Hours of consultancy/week	
		Specialised medical	Non sp. medical
Addiction treatment	67	1 311	981
Psychiatry	10	270	38
Child and youth psychological	4	60	-
Other or unidentified	103	2 699	496
Total	184	4 340	1515
Out of which:			
TÁMASZ care centre	19	516	470
Outpatient centre	15	399	488

Source: Ministry of Health – OAI

Outpatient centres show large variety in infrastructure, professional activities, financial background, ownership, availability of specialised personnel, client turnover, etc. Currently there is no outpatient centre in two counties.

Bigger TÁMASZ care centres are able to provide outpatient treatment for both alcohol and drug addicts, however the majority of care centres are small TÁMASZ centres where the lack of professionals and infrastructure do not allow the efficient and mass treatment of drug users. Due to the above described facts in some regions drug users have to cover a significant distance in order to get special care.

5.3. MEDICALLY ASSISTED TREATMENT

When surveying the therapeutic methods the aim was not only to have an overview on the traditional symptomatic and psychotherapeutic treatments, but also to review and to reach low-threshold and substitution treatments (services). Naturally, in the current treatment system the former ones set out the majority of treatments.

Table 15. *Frequency of symptomatic medically assisted treatment methods in data provider treatment centres*

**Symptomatic medically assisted
treatment (multiple choice
question)**

	%
opioid analgetic	9.9
non opioid analgetic	24.5
Benzodiazepine based anxioliticum	41.0
Non benzodiazepine anxioliticum	34.4
Antidepressant	47.6
Craving mitigators	24.5
Other	25.0

Source: Ministry of Health – OAI

Substitution treatment

Therapeutic methods requiring special knowledge, awareness and proper diagnostic background such as methadone or naltrexon treatments – owing to its nature – are available only at a limited number of service providers.

The following table shows the distribution of answers concerning methadone treatment.

Table 16. *Proportion of methadone treatment*

Methadone treatment (multiple choice question)	%
No	43.4
Short detoxification (10-30 days)	6.1
Long detoxification (30-180 days)	1.9
Maintenance treatment	3.8
No answer	50.0

Source: Ministry of Health – OAI

Availability of naltrexon treatment shows similar picture.

Table 17. *Availability of naltrexon treatment*

Naltrexon programme	%
No	42.5
Yes	4.2
No answer	53.3

Source: Ministry of Health – OAI

In 2004 two new treatment centres launched methadone treatment hence the programme is currently available in eight institutions of six towns nationwide.

The next table shows the breakdown of clients in methadone treatment by month in 2004.

Table 18. *Breakdown of clients in methadone treatment in 2004*

Jan.	Feb.	March	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
327	332	342	334	354	370	372	362	438	428	438	429

Source: Jász utca Outpatient Centre

Total number of clients in methadone treatment was 757, 80% of clients were treated in Budapest.

Conclusions

Data of drug patients are provided in an aggregated form by treatment centres which do not allow sorting of clients who appear and are registered in several institutions from the statistical system. The quality of data provision and management will most likely be improved by the introduction of electronic data provision. In 2004, in the framework of the development of the informatics system of OAI, a software enabling data providers to report data through the Internet was elaborated and is currently being tested. The software ensures data collection and management according to the TDI Protocol, so 2005 data will be managed in 2006 on the basis of this system.

Majority of the treatment centres takes care of adults, however relatively many places undertake the treatment of the 16-18 age group, too. Bigger TÁMASZ care centres are able to provide outpatient treatment for both alcohol and drug addicts. Drug users get detoxification treatment in general psychiatric departments and in very few addiction treatment departments. Methadone or naltrexon treatments are available only at a small number of service providers. Due to the low intake capacity waiting lists are quite frequent, which in many cases last some weeks.

There is a severe and long lasting lack of specialised professionals in psychiatric and addiction-treatment care. Concerning the human resources of the care systems the number of doctors and social workers is very low. Professional qualifications of doctors and psychologists are not adequate. There is hardly any possibility to prevent or reduce the burn-out of the personnel.

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. DRUG RELATED DEATH AND MORTALITY OF DRUG USERS

Due to the deficiencies of the data collection system reliable information is still only available on drug related deaths. In many cases, the possibility of drug use does not occur to the death examiner doctor and no autopsy or toxicological examinations are performed. Since doctors carrying out autopsies – even with knowledge of the toxicological results – do not amend the death certificates in many cases, correction of data was necessary in this year, too. The comparison of autopsy reports to toxicological results was carried out at the National Institute of Forensic Medicine with the collaboration of the Department of Forensic Medicine of Semmelweis University. Data were provided by the Institutes of Forensic Medicine, by County Police Headquarters and by the National Institute of Forensic Medicine.

Direct overdoses and indirect drug related death

National data

The number of death cases due to illicit drug use did not change significantly in 2004 compared to previous years. While in 2000 38 cases, in 2001 40 cases, in 2003 32 cases were reported, there were 34 overdose deaths in 2004 (ST 5). Number of overdoses by licit drug use decreased and the number of deaths caused by inhalant use was considerably lower than in last year.

Table 19. *Number of drug related deaths in 2004*

	Male	Female	Total
Heroin	7	1	8
Morphine	1	1	2
Methadone	1	1	2
Other opiate	2	0	2
Ecstasy (MDMA)	2	1	3
Cocaine	1	1	2
Polydrug use*	9	1	10
Other drug	5	0	5
Total illicit substances	28	6	34
Inhalant	3	0	3
Tranquilliser/sedative	110	115	225
Total	141	121	262

(*combined use of opiate and other substance)

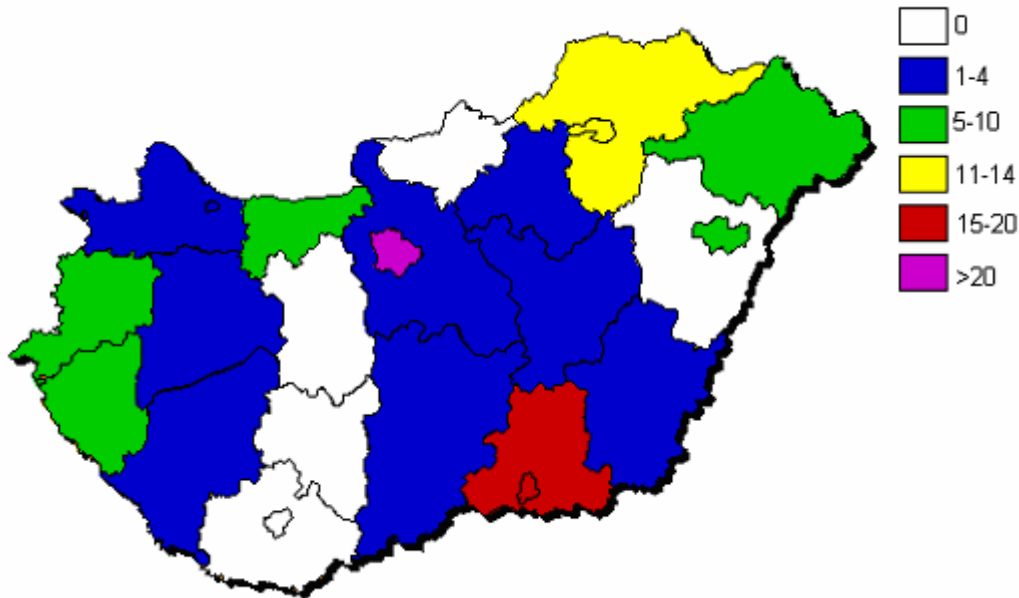
Source: National Institute of Forensic Medicine

Deaths due to opiate use still represent the highest proportion among overdose cases. The fact that in case of certain drugs (e.g. ecstasy, cocaine) it cannot be undoubtedly defined whether the death was a result of illicit drug use should not be neglected when interpreting data. Health risk of the use of these drugs is high (e.g. heart attack, young age coronary sclerosis, arrhythmia, hypertension, etc.) and – for health employees without adequate toxicological practice – it is difficult to formulate an exact diagnosis and an adequate therapy without toxicological quick-tests. The three death cases caused by ecstasy use are a new phenomenon compared to previous years.

Concerning illicit drugs the average age of deceased is 30.1 years, traces of opiate use were found in the bodies of 67.6% of them. As for deaths caused by licit drugs the average age for males was 45.5 and 49 years for females.

The following maps show male and female drug related deaths in last year by counties. Besides Budapest (104 cases), most cases of drug related deaths were found in Csongrád County (26 cases), followed by Pest and Borsod counties (21 cases) and Vas County (15). Differences in gender were noticed in death cases by counties.

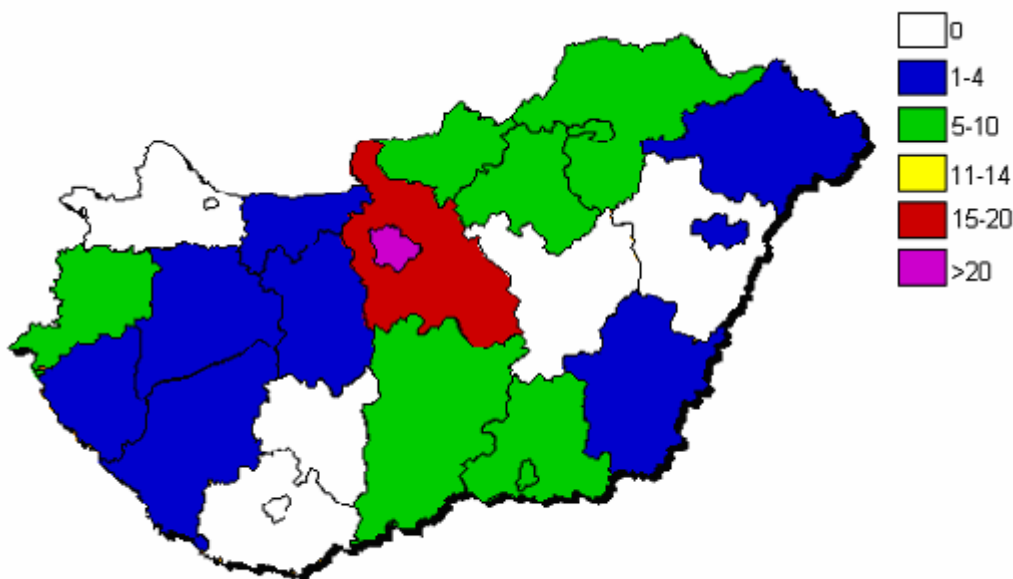
Map 2. Deaths related to licit and illicit drug use, males, 2004



Source: National Institute of Forensic Medicine

Following Budapest, most male death cases were observed in Csongrád County. Among 17 cases there were only 2 caused by illicit drug use and 1 by inhalants. In the rest of the cases death was caused by tranquillisers or sedatives, 58.8% of the deceased were over the age of 40. Death cases caused by licit drug use dominate also in Borsod County (11 cases of tranquillisers, sedatives, 1 case of inhalants and 1 case of polydrug use).

Map 3. Deaths related to licit and illicit drug use, females, 2004



Source: National Institute of Forensic Medicine

In Pest County (excluding Budapest) all female death cases were caused by the use of tranquillisers or sedatives and 76.5% of deceased persons were over the age of 45.

The highest rate of mortality was found in Budapest both for men and women which is understandable since the number of registered drug users is the highest in the capital.

Budapest data

Since the most reliable data come from Budapest – where data are continuously controlled and corrected on the basis of toxicological results – trends can be analysed efficiently here. Data on Budapest cannot be taken as representative for the country, however it is important to know that approximately half of the death cases related to illicit drug use happened in Budapest.

Table 20. Drug related deaths in Budapest, 2000-2004

	2000	2001	2002	2003	2004
Heroin	22	31	10	7	7
Morphine	0	0	0	1	1
Methadone	0	0	0	2	2
Other opiate	8	1	4	2	0
Amphetamine, ecstasy	0	0	0	0	2
Cocaine	0	1	0	1	0
Polydrug use*	0	0	0	0	7
Other drug	19	3	12	0	2
Total illicit substances	49	36	26	13	21
Inhalant	2	4	2	0	0
Tranquilliser/sedative	131	133	107	82	82
Total	182	173	135	95	103

(*combined use of opiate and other substance)

Source: National Institute of Forensic Medicine

The number of deaths related to illicit drug use decreased year by year in Budapest since 2001, though compared to the previous year it increased in 2004. Increase is principally due

to the higher number of deaths caused by opiate and ecstasy use. Similar to the preceding year there were 2 death cases of methadone overdose in this year, too. Both persons who died by methadone overdose in 2004 (a 24 years old woman and a 38 years old man) had earlier participated in methadone maintenance treatment, but it is unknown whether they were in treatment at the time of their deaths.

Table 21. *Drug related death by age groups in Budapest, 2004*

	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65	Total
1. Psychoactive substances⁴⁷	0	0	1	4	5	2	4	10	15	10	8	44	103
1.1. Out of which tranquilliser, sedatives	0	0	1	2	3	1	4	6	12	8	8	37	82
2. Opiates only (not methadone)	0	0	2	2	1	1	1	1	0	0	0	0	8
3. Methadone	0	0	1	0	0	1	0	0	0	0	0	0	2
4. Polydrug use*	0	1	2	4	0	0	0	0	0	0	0	0	7
5. Other substance	0	0	1	1	1	1	0	0	0	0	0	0	4
5.1. MDMA, ecstasy	0	0	1	0	0	1	0	0	0	0	0	0	2
5.2. Inhalant	0	0	0	0	0	0	0	0	0	0	0	0	0
5.3. Hallucinogen	0	0	0	0	0	0	0	0	0	0	0	0	0
5.4. Other drug	0	0	0	1	1	0	0	0	0	0	0	0	2
TOTAL (1.+2.+3.+4.+5.)	0	1	7	11	7	5	5	11	15	10	8	44	124

(*combined use of opiate and other substance)

Source: National Institute of Forensic Medicine

Concerning age groups, in 67% of death cases due to illicit drug use the deceased persons were 20-29 years old. Deaths related to licit drug use (mainly tranquillisers, sedatives) are most frequent among the age group over 45. In case of deaths of persons over 65 the number of women is higher (25) than of men (19). Nevertheless deceased men dominate the age group between 50 and 54 (10 men, 5 women). Most prevalent psychoactive substances are Tegretol (carbamazepine), Rivotril (clonazepam) and Andaxin (meprobamat).

Among the 7 polydrug use deaths there were 1 female and 6 male cases; heroin and some other drugs were found in the bodies of all of them (psychoactive substance or cannabis in three cases, inhalants in two cases and cocaine in one case). Simultaneous presence of three substances was detected in two cases.

Mortality and causes of deaths among drug users

No data available.

6.2. DRUG RELATED INFECTIOUS DISEASES

6.2.1. INFECTIOUS DISEASES DUE TO INJECTING DRUG USE

Regarding the occurrence of infectious diseases among IDUs data almost exclusively collected on blood-borne infections in 2004, too. Collection of necessary data for finding correlations among tuberculosis and drug addiction started in 2005.

⁴⁷ Psychoactive substances: substances acting upon the central nervous system, including antipsychotics, (principally pharmaceuticals against schizophrenia), antimaniac drugs, antiepileptics and antidepressant substances as well as sedatives, tranquillisers (benzodiazepine, barbiturate).

We dispose of less information regarding last year (2004) prevalence of HIV, HBV and HCV among IDUs than in the previous year. Currently we can only give an account on the results of HIV, HBV, HCV serologic examinations which had been carried out in the laboratories of some county National Public Health and Medical Officers Service (ÁNTSZ⁴⁸) institutions on IDUs. Data on HIV/AIDS cases and acute infections due to HBV and HCV reported/registered in 2004 in Hungary among IDUs come from the National Centre for Epidemiology in this year, too. This reporting system reveals only a part of new HBV and HCV infections on a national level, namely the diseases with manifest symptoms.

It has to be noted that within the framework of the 2004 National Statistical Data Collection Programme (OSAP) the Ministry of Health regulated data collection on HIV, HBV, HCV serologic examinations of IDUs attending treatment centres, however results are not adequate for situation analysis. It turned out during data procession that numerous data providers gave an account of positive results “reported” by the client in the standard tables, thus part of the data is based on self-reporting and does not comply with the criteria.

HIV/AIDS

In 2004 75 newly diagnosed HIV-positive persons were reported in the general population and incidence (7.4 cases per million) was higher than in the previous year (6.3 cases per million). One-quarter (25.3%) of the newly registered HIV-infected persons were foreign citizens out of which two Ukrainian men had probably been infected through injecting drug use.

Table 22. *Distribution of HIV-infected persons by risk groups*

Year	Homo/ bisexual	Heterosexual	Haemophilic	Transfusion recipient	Injecting drug user	Nosocomial	Maternal	Unknown	Anonym	Total
2000	17	16	0	0	1	0	0	14	0	48
2001	35	20	0	2	3	0	0	22	0	82
2002	35	26	0	0	1	0	0	16	0	78
2003	34	18	0	0	1	0	0	10	0	63
2004	45	13	0	0	2	0	0	14	1	75
Total	166	93	0	2	8*	0	0	76	1	346

* imported cases

Source: National Centre for Epidemiology (OAI), 2005 (Csohán and Lendvai)

No AIDS was diagnosed among IDUs in 2004.

Acute Hepatitis B

In 2004 131 acute cases were reported, nearly as many as in the previous year (143). The incidence was 131 cases per 100,000.

The route of transmission was known in more or less half of the cases. Six infected patients – 8.9% of the known risk group patients – were IDUs.

⁴⁸ See all abbreviations in the List of Abbreviations

The ratio of infected males and females was the same, 50-50%. Average age was 25 years and none of them had been vaccinated against hepatitis B. Two-thirds of the cases were of the age group below 25, 1 case from the age group between 25-34 and one above 34. (ST9 Results HBV notif). All of them were Hungarian citizens and – except for one – residents in Budapest, just like in previous years. As it was expected no acute Hepatitis B cases were diagnosed among 14-19 years old IDUs who had received active immunisation against Hepatitis B.

Table 23. Number and proportion of IDUs among reported Hepatitis B cases

Year	Number	Out of which IDUs	
		Number	%
2000	130	-	-
2001	159	6	3.8
2002	159	6	3.8
2003	143	7	4.9
2004	131	6	4.6
Total	722	25	3.5

Source: National Centre for Epidemiology, 2005 (Csohán and Kaszás)

Acute Hepatitis C

In 2004 more acute Hepatitis C cases (40) were reported than in the previous year (30), however the number of cases was still lower than the average in the preceding 10 years (55). Infection was caused by injecting drug use in 11 cases (37.9%) of the known risk group.

Number of diagnosed and reported acute Hepatitis C cases among IDUs decreased continuously between 1998 and 2003, however in 2004 11 cases were reported as compared with the 2 cases of the previous year. 63.6% of the cases were men and 36.4% women. Approximately two-thirds of them were below the age of 25, 9.1 % between 25-34 and 27.3% belonged to the age group above 34 (ST9 Results HCV notif). The youngest person was 14, the eldest 51 years old. Nearly three-quarters of acute Hepatitis C cases were residents in Budapest and three attended primary school.

Number of acute Hepatitis C cases requiring hospital treatment increased compared to the previous year, which at the same time indicates that the numbers of infections without symptoms and the number of new, chronic Hepatitis C infected cases have increased among IDUs.

Table 24. Number and proportion of IDUs among reported acute Hepatitis C cases

Year	Number	Out of which IDUs	
		Number	%
2000	59	5	8.5
2001	43	5	11.6
2002	42	3	7.1
2003	30	2	6.7
2004	40	11	27.5
Total	214	26	12.1

Source: OAI, 2005 (Csohán and Kaszás)

HIV, HBV, HCV prevalence among IDUs

In 2004 6 county institutions of ÁNTSZ (Baranya, Csongrád, Bács-Kiskun, Hajdú-Bihar, Heves and Veszprém counties) reported data on the results of HIV, HBV, HCV tests of IDUs requested by treatment centres (ST9 HIV, HBV, HCV prevalence data). The reports of Hungary's other 13 county institutions of ÁNTSZ were negative; in these laboratories no tests of IDUs were carried out at all. In the capital, data concerning IDUs were not separated from the tests of drug users (37) in 2004.

HIV prevalence among IDUs

In the six counties mentioned above 117 HIV tests, 85 for male and 32 for female IDUs were carried out and all of them were negative. 72.6% of the tested persons were men and 27.4% women. Age distribution was the following: 47.9% of the tested population was younger than 25, 40.2% between 25-34 and 11.9% older than 34 years. (ST9 Results prev HIV)

The Immunology Department of the Szent László Hospital of Budapest carried out serologic examinations - in this year, too - aiming at revealing IDUs' infections however results have not been published yet. According to the information of the National Chief Medical Officer (OTH) 316 HIV tests of IDUs were reported in the report forwarded by the laboratory with the aim of evaluating the activities of HIV testing laboratories in 2004; all of the examined persons were HIV negative. (Szolnoki I. unpublished data).

HBV prevalence among IDUs

90 HBsAg tests – 59 males and 31 females – were carried out in the above-described six counties, no positive cases were found. 40% of the tested persons were younger than 25, 47.8% of them between 25-34 and 12.2% of them older than 34 years. (ST9 results prev HBsAg)

HCV prevalence among IDUs

In 93 cases of IDUs – 62 males and 31 females – were the anti-HCV antibody defined in the above mentioned six counties and 13 cases of Hepatitis C infection were found among them (13.9%) (ST9 Result prev HCVab). There was no significant difference observed in the infection ratio by gender, 14.5% of tested men and 12.9% of women were positive. The ratio of positive cases increased by age: 7.9% of drug users under the age of 25, 16.7% of the 25-34 age group and 23.1% of the age group above 34 years resulted positive. In the previous year data from similar sources showed 10.3% infection rate among IDUs who presumably attended a treatment centre for the first time and in 2004 some 3.6% increase was observed. This rate is significantly lower than the 30% infection rate noted in the capital in 2003 among clients hospitalised and tested due to heroin overdose.

Table 25. Serologic examinations aiming at disclosing HIV, HBV, HCV infection of IDUs, carried out in 2004 by the request of drug treatment centres in the county laboratories of ÁNTSZ

Age group		HIV antibody tests		HBsAg antigen tests			HCV antibody tests		
		Total Number	Positive	Total Number	Positive Number	%	Total Number	Positive Number	%
< 25 year	Male	39	0	20	0	0	22	3	13.6
	Female	17	0	16	0	0	16	0	0.0
25-34 years	Male	37	0	32	0	0	31	5	16.1
	Female	10	0	11	0	0	11	2	18.2
> 34 years	Male	9	0	7	0	0	9	1	11.1
	Female	5	0	4	0	0	4	2	50.0

Total	Male	85	0	59	0	0	62	9	14.5
	Female	32	0	31	0	0	31	4	12.9

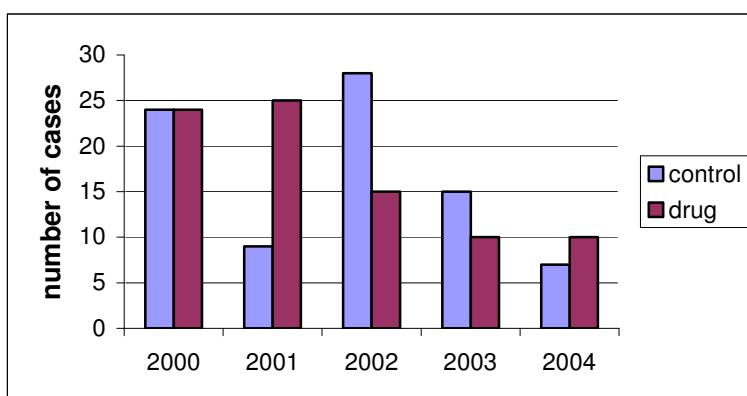
Source: National Centre for Epidemiology, 2005 (Csohán and Kaszás)

6.2.2. INFECTIOUS DISEASES IN DRUG RELATED DEATH CASES

In Hungary 75% of post-mortem examinations of drug related death cases are performed in the Institute of Forensic Medicine of the Semmelweis University. Since 2000 pathomorphologic mutations – including HCV, HBV, HIV and Syphilis tests, too – of drug related death cases have been examined in this Institute with the support of National Scientific Research Found (OTKA) and National Institutes of Health, USA (NIH). As a control group sudden or suicide death cases at similar age were examined.

Between 2000 and 2004 in the Institute of Forensic Medicine of the Semmelweis University altogether 154 autopsies were initiated due to the *assumption* of illicit drug use. In 136 cases toxicological analysis confirmed that the deceased person had been under the influence of drug at the time of death and it had implication on the death. Injecting heroin use *directly* before the death was confirmed in 67 cases. The study covered death cases due to drug use within 24 hours in a 5-year period. 87 drug related death cases and 82 control cases fulfilled the criteria.

Figure 20. Number of control cases and drug related deaths

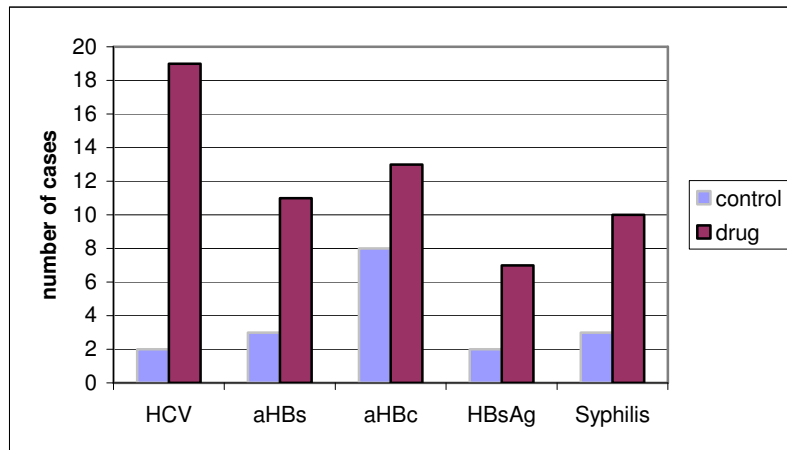


Source: Institute of Forensic Medicine of the Semmelweis University

Serologic tests were carried out in 153 cases with 76 drug related deaths and 77 control cases. In 17 cases no proper serum was found for the examination. The tests covered the following articles: HIV, HCV antibody, HBV superficial antigen definition, aHBc and aHBs examinations in order to distinct acute and passed off infections and to confirm successful vaccination. Among sexually transmitted diseases Syphilis could be examined by serological means.

In the examined sample there was 1 HIV positive case among IDUs. There was no infection case in the control sample.

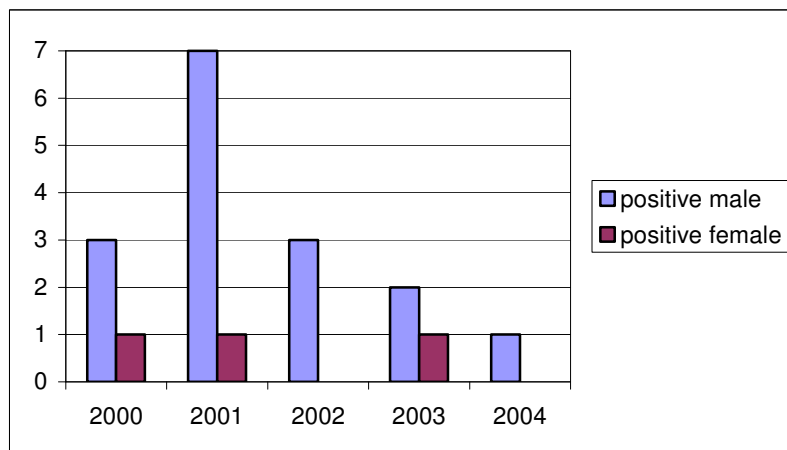
Figure 21. Markers of infectious diseases between 2000 and 2004 among control cases and drug related deaths



Source: Institute of Forensic Medicine of the Semmelweis University

HCV had a distinguished role among infections. Hepatitis C infection was confirmed in 19 drug related death cases and in 2 control cases. The highest number of infections was found in 2001. 16 males and 3 females were HCV infected; they were between the age of 20 and 35. The toxicological tests detected decomposition products of heroin such as codeine, morphine, monoacetylmorphine and 6-O-monoacetylmorphine in 18 cases, the 19th case was a suicide of a drug addict who was registered in treatment earlier.

Figure 22. Distribution of HCV infection by year and gender

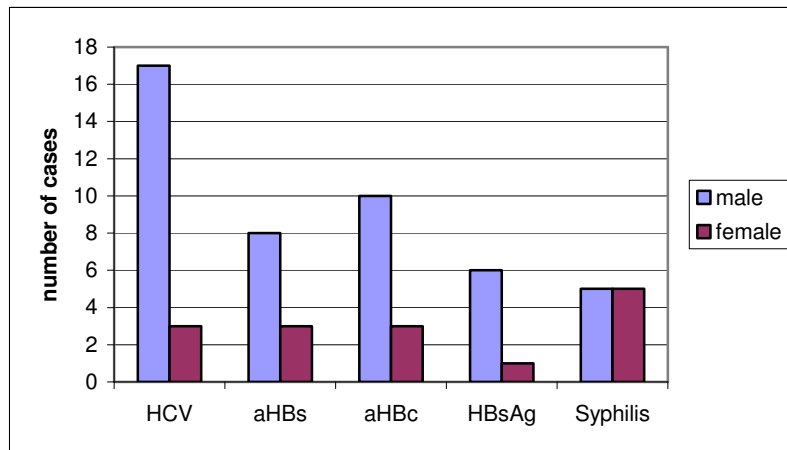


Source: Institute of Forensic Medicine of the Semmelweis University

Acute or chronic Hepatitis B virus infections were observed in 13 (drug related death) and in 4 (control) cases. Anti-Hepatitis B vaccination was confirmed in case of 8 (drug related death) and 3 (control) persons.

Syphilis infection was also tested both in the control and in the drug users' group. Infection rate did not reach 10% in case of drug users and only 3 cases were found in the control group.

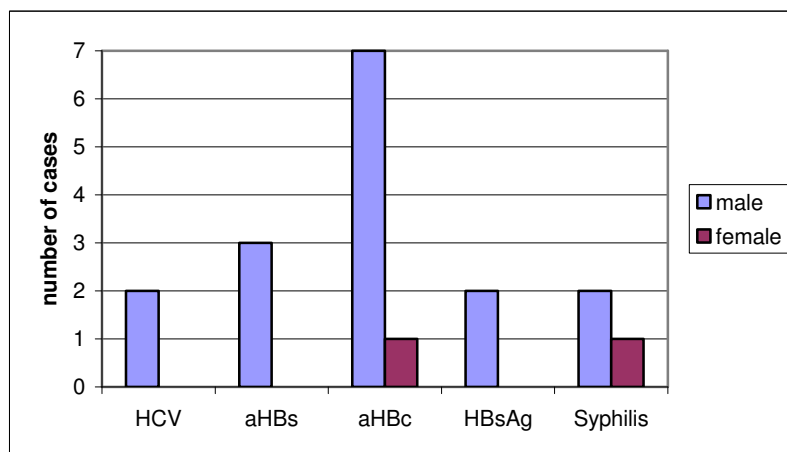
Figure 23. Distribution by gender within cases of drug related death



Source: Institute of Forensic Medicine of the Semmelweis University

Two HCV infected cases were found in the control group, both of them males.

Figure 24. Gender distribution of control cases



Source: Institute of Forensic Medicine of the Semmelweis University

6.3. PSYCHIATRIC CO-MORBIDITY (DUAL DIAGNOSIS)

No new information available.

6.4. OTHER DRUG RELATED HEALTH CORRELATES AND CONSEQUENCES

No new information available.

Conclusions

On the basis of the available data the number of death cases due to direct overdose and drug use decreased in 2004 comparing to the preceding years. The decrease is a consequence of the lower number of deaths caused by licit drug use, the number of deaths due to illicit drug use did not change significantly. Three death cases caused by ecstasy use and deaths by methadone overdose are new phenomena. Variations can be found in the age of persons deceased due to different drugs, average age of persons died as a consequence of illicit drug use is much lower (27.6 years), than of those died by licit drug use (45.8 years for men and 49 years for women).

According to 2004 data HIV/AIDS occurrence stabilised on a low level in Hungary, no measurable change was found in the rate of infection of IDUs. Both incidence and prevalence data indicate the intensification of HCV infection, particularly among the youngest teenagers in the capital. These facts are early signs for the increasing HIV risk of the drug user population which call the attention to the need of harm reduction measures and the introduction of regular, free of charge HIV, HBV and HCV tests and counselling at treatment centres.

Experience of the OEK correspond with the ones of the survey on the testing and counselling practices of drug treatment centres carried out by Anna V. Gyarmathy and her colleagues. „Testing for HIV, HBV and HCV is not routinely offered at drug treatment programs. Where testing is provided, testing services are inconsistently provided and unregulated. At hospital-based programs laboratory testing is offered onsite as part of the routine blood testing required for hospital admission, but at outpatient clinics testing may not be readily available. Some outpatient centres may offer HIV, but not hepatitis, testing at times, as part of a research study, but even then some simply take blood and do not notify the patients about their test results.” (Gyarmathy, RÁCZ, et al. 2004).

According to the data of the Institute of Forensic Medicine of the Semmelweis University rate of HCV infection is 25% among deceased IDUs. Number of HCV infections was directly proportional to heroin death cases year by year, which data indicates the change in the concentration of street heroin through years (Horváth, Keller 2005). It is also worth noting that the proportion of so called direct-needle death cases among drug related deaths has decreased in the last two years.

The seropositivity of Syphilis was also directly proportional to heroin death cases which lead the attention to the non-adequate sexual patterns (lack of protection) of this at-risk age group.

One HIV positive case which was also HCV positive was found among drug related death cases. The infection had not been known before, this was the first HIV positive case of a non-foreign citizen IDU in Hungary.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Overview

In Hungary, the first data collection⁴⁹ on the operation of organisations and institutions providing low-threshold services was carried out in 2004 (it covered 2003 data) and was further expanded in 2005. The research⁵⁰ aiming at mapping Hungarian low-threshold services consisted of two parts⁵¹: a quantitative questionnaire survey and a qualitative part with structured interviews. Hereinafter in this chapter we are going to present the results of this research hence health correlates and consequences of drug use will be analysed *exclusively* on the basis of the data acquired through this research.

Target group

Hungarian low-threshold services identified wide range of client strata as the target group of their services. Most frequent answers were the following:⁵²

Table 26. *Target groups of low-threshold services – most frequent references*

Target group	Number of references
Drug users (both injecting and non-injecting), addicts	29
Young people, students	7
Relatives of drug users, addicts	6
Marginalised groups	4

Source: Márványkövi Ferenc – Dr. Rácz József: *Characteristics of low-threshold services in Hungary in 2004*

Drug users, the primary target group of low-threshold services got outstandingly the highest number of references, out of which six entries indicated IDUs. Persons from the direct environment of drug users are also quite frequently mentioned.

Some target groups which are not special target clients of low-threshold services per se (elderly, Roma, long-term unemployed, homeless, and alcoholics) were also mentioned.⁵³

Size and availability of the target group

Only three organisations (none of them from Budapest) indicated that they had *survey-based* data referring to last year on the regional size of the target group resorting to the low-threshold service. Data on group size showed the following indicators: 41; 480; 10,000. One

⁴⁹ Report on the Hungarian Drug Situation, Ministry of Youth, Family, Social Affairs and Equal Opportunity (ICSSZEM), 2004.

⁵⁰ Márványkövi Ferenc – Dr. Rácz József: *Characteristics of low-threshold services in Hungary in 2004*

⁵¹ In the course of the quantitative research questionnaires were sent to all organisations that identified themselves as low-threshold organisations or institutions in the „*Droginfó*” booklet (2003). 62 organisations were identified in total, out of which 4 had given up the operation and further 14 reported that could not apply the questions in the questionnaire. In total 29 organisations completed and returned the questionnaire.

In the course of the qualitative research 11 structured interviews were made in total: 10 with Hungarian low-threshold services (5 from Budapest and 5 from other cities), and one with a Hungarian legal defence organisation which has an overview on the operation of Hungarian low-threshold institutions due to its activities.

⁵² In this question service providers were asked to name in five points the target groups of the low-threshold services. There were 38 different references in total which were classified during data processing: injecting and non-injecting, young and homeless drug users all entered to the drug users’ group.

⁵³ The fact that it is not clear whether certain target group names (Roma, homeless) are coupled with drug use or not makes evaluation difficult.

of the reasons for the large difference in data is the different understanding of the term “region”: from small-regions to national regions (seven regions). *Estimations* on this issue were taken on only by seven organisations: values scattered between 60 and 10,000. At the same time 14 organisations had data available on *how many persons* had entered their services: 6 organisations indicated less than 100 persons, while seven organisations between 100 and 500. Only 9 institutions could provide information supported by data on the *number of regular clients*. Seven of them indicated a headcount below 100, but even the remaining two fell below 300. Estimations on the number of regular clients were undertaken by 10 organisations: the estimated number of clients was 100 persons or fewer in six cases and less than 500 in the remaining four cases.

Quality assurance

Low-threshold services directed their employees to several training courses and further education trainings in last year. One-day trainings were predominantly addiction related conferences and trainings on „Addiction Severity Index” (ASI) interviews, while social worker, social assistant and addiction counsellor courses were the most characteristic in postgraduate education. According to low-threshold service providers almost all of the employees attended one-day trainings.

Supervision – or such defined – activities exist in almost all examined low-threshold institutions. Supervision is mostly performed in groups; individual supervision was reported from one place only.

Nearly two-thirds of the service providers perform internal monitoring activities. The most typical is to report on clients as well as financial and professional reports.

62% of respondents gave account on the existence of local written documents (regulations of operation, rules), though it has to be mentioned that only 19 organisations answered this question, 10 did not.

The judgment of services in different target groups

All in all 31% (9 organisations) of the Hungarian low-threshold services assessed clients’ satisfaction. Clients reported to be satisfied or very satisfied⁵⁴ with the services at the centres carrying out assessment.

Service providers were also asked how satisfied target groups were with their services in their opinion. The following table summarises the findings of this question.⁵⁵

Table 27. *Judgement of low-threshold services by different target groups, based on judgement - averages*

Type of target group	Average	Standard deviation
Among clients of the service	4.4	0.6
Among relatives and families of clients	4.2	0.6
Among local drug users	4.1	0.7
Among local experts, the local institutional community	4	1
Among other institutions providing low-threshold services	3.9	0.7
Among related institutions	4.1	0.7
Among helpers, professionals participating in low-threshold	4.4	0.6

⁵⁴ Respondents had to judge on a 1 to 5 scale how satisfied clients were with the services in their view. 1 meant the worst and 5 the best mark.

⁵⁵ Respondents had to judge on a 1 to 5 scale how different target groups assessed their services in their view. 1 meant expressly negative and 5 expressly positive judgement.

services		
Among the “wider professional field”	4	0.7
In local public opinion	4	0.9
In local politics	3.3	1.2

Source: Márványkövi Ferenc – Dr. Rácz József: *Characteristics of low-threshold services in Hungary in 2004*

According to the opinion of low-threshold service providers their services are most favourably judged by helpers, professionals and by clients quite unanimously. At the same time we can also tell that in their opinion local politics give the lowest assessment to their services, even though high standard deviations indicate that opinions vary to a large extent, there is no unanimous judgement. It is also important to mention that except for the case of local politics, organisations on the average qualify their assessment from the point of view of different target groups: “good”.

7.1. PREVENTION OF DRUG RELATED DEATHS

All organisations except for two indicated that offered harm reduction *counselling* which includes providing information related to risks of drug use, their prevention and treatment of overdoses. Less than one-third of the organisations offers peer counselling. There are almost no such activities at all in prisons, hospitals and emergency rooms.

In low-threshold programmes no information is given in groups about the risks of *overdose* in general.

Counselling on safe injecting techniques preventing drug-related deaths is provided by 13 organisations (45%). Less than half of the service providers (43%) offer first aid as a service. In Hungary there is no “consumption room” for safe injecting drug use yet.

7.2. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

None of the organisations (apart from one) have among their services the provision of *vaccination against Hepatitis B infection* due to injecting drug use.

According to our current data 10 organisations offer *needle exchange* in the country: 3 are based in Budapest and 7 in other cities. Only one of them does not provide needle exchange service at its own premises. Two out of the 10 organisations provide mobile needle exchange services (on needle exchange buses); both of them are based in Budapest. There are three needle exchange machines in the country.

Reaching hidden injecting drug user groups efficiently is mostly possible through mobile needle exchange as well as street outreach needle exchange programmes involving social workers and peer groups. Four of the Hungarian needle exchange programmes provide the former and three the latter mentioned services.

Needle exchange centres also offer disinfecting swabs and sprays to be used before and after injection. Other equipment necessary for safe injecting are usually not provided: sterilised water and vein generating creams are provided by three and cookers by only four organisations.

Table 28. *National needle exchange data*

	Budapest	Besides Budapest	Total
Provided syringes and needles	54,490	*23,393-28,393	77,883-82,883

Returned syringes and needles	34,440	13,120- [*] 16,870	47,560-51,310
Discarded, collected from public premises	1,993	25	2,018
Number of drug user client contacts	6,298	^{**} 9,370	15,668
Number of drug user clients	[*] 830	^{**} 463	1,293

^{*}Includes estimated data.

^{**}Includes estimated and missing data.

Source: Márványkővi Ferenc – Dr. Rácz József: *Characteristics of low-threshold services in Hungary in 2004*

In line with the international practice the national needle exchange protocol⁵⁶ set the aim of collecting 70% of the discarded syringes as well as providing the drug user with disinfecting paraphernalia. 61% of the provided syringes and needles were returned in 2004 to Hungarian needle exchange services.

Besides needle exchanges another way of preventing different infectious diseases is the free of charge distribution of *condoms*. A little more than one-third of the organisations (38%) offer condoms for their clients, but at the same time nearly three-quarters of them (72%) reported counselling on safe sex among their services.

Regarding testing and counselling on infectious diseases (Hepatitis B and C, HIV, TBC and STDs) the following can be stated: there is no testing available in the majority of low-threshold service institutions (79%) and tests of TBC and STDs are the least usual.

Concerning counselling 13 organisations (45% of all) provide *preventive* counselling on all five infectious diseases examined and 5 organisations on four infectious diseases. That is to say that nearly one-third of the interviewed organisations (62%) can provide information to their clients regarding at least four types of infectious diseases. At the same time it has to be underlined that 11 organisations (38%) do not provide preventive counselling about any of them.

Nevertheless there is an organisation which gives information also on risks particularly related to injecting drug use. In case of the so called hierarchical information provision the information enhancing prevention follows the sequence of the increase of risk.

The situation of prevention and harm-reduction activities concerning *sexually transmitted infectious diseases* is ambiguous: on the one hand counselling on this issue is frequent at service providers, but on the other hand practical help (distribution of condoms) is not. More attention falls on safe sexual behaviour than on injecting use. There are very few organisations carrying out both information activities.

7.3. INTERVENTIONS RELATED TO PSYCHIATRIC CO-MORBIDITY

No new information available.

7.4. INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES AND CONSEQUENCES

No new information available.

Conclusions

Even though *innovation* and experiments with new methods have been very important in the history of the Hungarian organisations certain “taboos” and “borderlines” still exist, such as the low number of street or other outreach programmes; the low level (almost zero) of peer

⁵⁶ Psychiatric Professional Board (2001b). Professional guidelines of needle exchange. *Psychiatria Hungarica*, 16. 1. 107-110.

involvement; general-type counselling, lack of specific, targeted counselling (e.g. safe injecting, what to do in case of overdose) as well as the low proportion of certain basic services: testing of (or referring to testing) and counselling on HIV, Hepatitis, TBC and STDs. It is perceptible that there is a gap between the health and the social sphere that is mostly impossible to bridge: low-threshold services and programmes operating mainly as social service providers do not want to deal with “health” questions like testing, injecting techniques and prevention of overdose or tasks in case of overdose (certainly they are not medical, toxicological tasks and knowledge). “Self-evaluation” and “self-interpretation” problems of the organisations cannot only be caught in the descriptions in Droginfó, but also in the uncertainty and gloomy phrasing of major service providers related to methodology and to guidelines of principle background and finally in the expressing of the success criteria regarding target groups. Mostly theoretical-methodological definitions of *social work* (individual case management) appear still in the answers. The great lack of *professional documentation* (regulation of operation, mission statement) also indicates this deficiency.

8. SOCIAL CORRELATES AND CONSEQUENCES

8.1. SOCIAL EXCLUSION

Behaviour and lifestyle of drug users demonstrate withdrawal from society. On the other hand certain movements aim at social participation although segregation endeavour can be detected in these cases, too. Protest is not characteristic at all in the motivation and arguing system of drug use nowadays. It is an important question whether social exclusion is a cause or a consequence of illicit drug use. Exclusion attitudes and impacts can be found in the antecedents and social milieu of drug users. Illicit drug use is (also) – probably – a reaction to this situation. At the same time drug use is another strong ground of excluding activities and relations. Social exclusion of drug users is rather passive than active. This does not really mean a very target-oriented and strategically considered action programme on behalf of the abstinent society; it rather reflects an intolerant attitude with lack of understanding. The form and in particular the scale of exclusion are considered desirable principally from the point of view of current Hungarian social relations and possibilities, therefore this segregation corresponds predominantly to social ideals. Analysing the causal relation system of drug use and social exclusion we can see that social exclusion is a strong background factor of illicit substance use and the latter is an important motive for further segregation processes. Hungarian features of social exclusions are presented on the basis of a research⁵⁷ mapping the social exclusion of drug users.

Homelessness

Findings of the research show that drug use is not in close ties with homelessness in classic terms. Only three of the interviewees were homeless. Cases when drug users dispose of a kind of home, but spend a significant part of their lives on the street showed considerably higher proportion. Part of street drug users, inhalant and opiate users belong to this circle. Drug users who are not homeless but make use of the services and infrastructure of homeless care might also be classified here. In this model all activities – being drug specific or independent to drugs – of drug users happen in the street area, occasionally even sleeping. They embody both states as well as physical and mental conditions characteristic to homeless lifestyle: loss of weight, untidy appearance, infections, other diseases with their frequent complications, preference of special “street” manners of aggressivity and communication.

There are two basic types of this group: one is constituted of those whose drug user acquaintances also live their lives on the streets and the other one of those drug user girls and women who support themselves by prostitution (15 of the interviewees).

Thus drug use is not independent to homelessness, however it is neither in very close ties with it. It is more adequate to state that drug users and homeless people – two social groups – are in contact to each other in certain life dimensions and situations, they might match to each other in specific issues of destiny, nevertheless we can basically talk about two different groups and ways of life.

Unemployment

⁵⁷ Vingender István: Social exclusion of drug users, 2005. In the course of the research on the exclusion of drug user population narrative interviews were prepared with around 200 drug users and 150 non-drug users. As a consequence of the qualitative approach of the research it was not attempted to take a representative sample. Drug users available during the research period (one year) were interviewed. Investigation started with around 200 drug users and in the end data of 194 persons proved to be valid for processing. 75% of the examined sample were men and 25% women. Average age at the time of questioning was 29 years. Members of the examined populations were surely drug users at the time of the interviews, users of different substances did not vary significantly according to the frequency of use.

Table 29. *Employment situation of interviewed drug users (%)*

Employment status	%
Unemployed, looking for a job	16.8
Unemployed, not looking for a job	10.5
Works full time	37.2
Works part time	6.8
On sick leave	5.2
Housewife	11.5
Student	1.0
Retired	1.6
Sick, unable to work	1.6
In prison	4.2
Other status	3.7

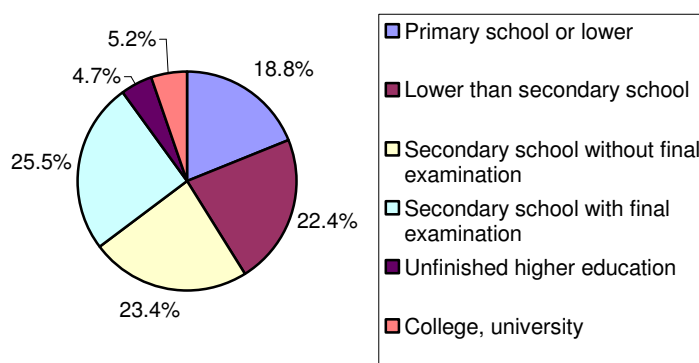
Source: Vingender, 2005.

Drug use as a way of life basically confronts to the world of labour and to its system of norms. Corresponding to this, integration is bad in the world of labour. The majority of the interviewees do not have stable, permanent workplace. Only one-third of all respondents work full time and only one percent of them are students. At least half of the analysed population is inactive. The ratio of unemployed (among them) is nearly 27% which is particularly high comparing to national unemployment indicators. A significant proportion of them have definitely given up to enter/re-enter the labour system of the society and to establish his/her own livelihood. Drug users have been working at their current workplace for 23.3 months (approximately for two years) on the average. More than 50% of employed have been working in their current jobs for less than one year and slightly more than 20% for more than two years. Those who have jobs, have typically occasional jobs: night jobs, typically individual tasks, positions of ad hoc type and duration, as well as unskilled labour positions.

School drop out

Acquiring knowledge in a programmed, organised, externally directed way is not characteristic to drug users. They principally lay on their own “strategies” and methods of gaining knowledge circumventing the official channels. Numerous moments of school life can integrate and disintegrate a person thus school antecedents of drug users have foundational importance regarding social integration and exclusion.

Figure 25. *Educational level of questioned drug users*



Source: Vingender, 2005.

Altogether 5.2% of the respondents graduated from higher education. Even if we add those who have unfinished collage education, we can conclude that merely 10% of drug users take part in higher education. 40% of the interviewed people have not passed final examination which lags considerably behind the national average. At the same time the proportion of those who had given up secondary school before finishing it or got through eight or less primary class years exceeds significantly national data. 40% of the respondents had school conflicts as direct consequence of drug use. In the majority of the cases it was not a one time „stumbling”, but a behaviour that they got accustomed to. Two factors strengthening the procedure of dropout arose in the narratives: one is the overruled normative system of schools and the other is the unconcern of parents towards studies, leaving the students to themselves.

Financial problems

Drug users do not dispose of substantive and measurable wealth. Many of them live with parents, those living in their own apartments usually have not established livelihood on their own. However these deficiencies normally don't mean a problem for drug users. The income sources of drug users shows that only 50% of them have a salary from a workplace. Almost the same percent receives money from their relatives and friends or attain money through exchange of valuables. The ratio of those who acquire illegitimate income is high and so is the number of those having income from prostitution. The ratio of those who receive some kind of social care is low compared to the sources mentioned. All in all a smaller proportion of the total income of drug users comes from wage, salary, and the rest is arisen in the informal, illegitimate sphere.

Social network

The most synthetic expression of the exclusion of drug users is the composition and type of the family environment. Living together with the family represents the problems of social, socio-ecological as well as mental integration and disintegration at the same time. (While naturally it does not show a complete picture on these conditions.) Having a flat or a household does not represent significant exclusion for drug users. On the contrary, quite a great proportion (52.6%) of questioned drug users live with their parents even though their average age is 29 years. (From another point of view this might mean that many of them have not been able to establish their own livelihood in the course of their lives and the post-adolescent life cycle – in these cases – was considerably prolonged.) The exclusion of drug users is not typical in the sense that the society or the micro-environment would separate them from the social environment, but in the sense that these factors may hinder them in the implementation of socially normative detachment and of the self-support adequate to their life cycle.

The extra-family social environment of drug users is specifically structured. The most characteristic peculiarity of the micro social environment might be that it consists of numerous persons, typical headcounts of companionships and communities are substantial. Drug users usually have a lot of “friends”, “chums” and “acquaintances”, even the number of sexual partners is quite high. Two peculiarities have to be noted right away in relation to this issue. The first one is that questioned drug users hardly make any difference among the afore-mentioned relationships. They do not differentiate and structure their social embeddings and relation systems; words like “friend”, “chum”, “mate”, and “acquaintance” are typically synonyms in the narratives which reflect the same form of relation. The second peculiarity is just related to this issue and is manifested in the fact that all of their relation forms are strongly organised and interpreted around drug use. Therefore, in the long run all extra-family forms of relations including boyfriends/girlfriends and sexual partners constitute a predominantly homogeneous social environment.

Regarding the social network of drug users the composition of the community of friends (numerous and typically has the attributes of drug-centric cohesion) is an outstandingly important question. Most important characteristics of friends and companionships are the following:

- It is markedly frequent that friends are recruited predominantly from the opposite sex. Its reason is not this kind of attraction but the alienation/exclusion of the society of the own sex generally.
- It is a conspicuously often experience that friends, chums and acquaintances mentioned in the narratives do not have gender. The irrelevance of others' gender is a close consequence of the underestimation of the own sexual identity. Yet this phenomenon is an important exclusion dimension, especially if we take into consideration the nowadays increasing importance of gender, sexual roles and related formalities.
- Most frequent members of friend groups are drug user fellows, those with whom the respondents live their everyday drug user lives.
- "There is nobody else, just them" is a relevant typical attitude of drug-oriented communities. These communities play an exclusive role in the construction of social/partner environment of drug users, besides them, no other group-organisations can have any position or role ultimately.
- Communities organised around drug use bear important spiritual and psychological functions. Drug users usually mention them as a group where they are "looked up to", "respected" and "paid attention to what they say and do".
- Finally drug user communities are characterised by the facts that besides substance user behaviours they only prefer substantially passive behaviours without targets and constructive contents.

Nevertheless drug use does not favour certain kinds of relationships, namely marital status, in many forms: among drug users it is rare that a relationship (even a love relation) improves to a marriage and even if so happens it very often and quickly ends up in divorce. And finally, even if marriage is maintained this form usually loses relevance in important and decisive issues of life.

8.2. DRUG RELATED CRIME

The national criminal statistic system (Uniform Police and Prosecutors' Criminal Statistics-ERÜBS⁵⁸) is output oriented, i.e. data are registered after closing police and prosecution procedures. Therefore data introduced here refer to those acts where the procedures were finished in the year 2004.

Due to the peculiarities of the registration system an offender is registered by one (the most severe) offence in the statistics. Thus, if somebody committed misuse of narcotic drugs, but another proceeding is in course against him for a more severe offence, - if accumulation is found – this person is registered in the statistics on the basis of the more severe offence. Therefore these cases cannot be examined since they are not part of the criminal statistics.

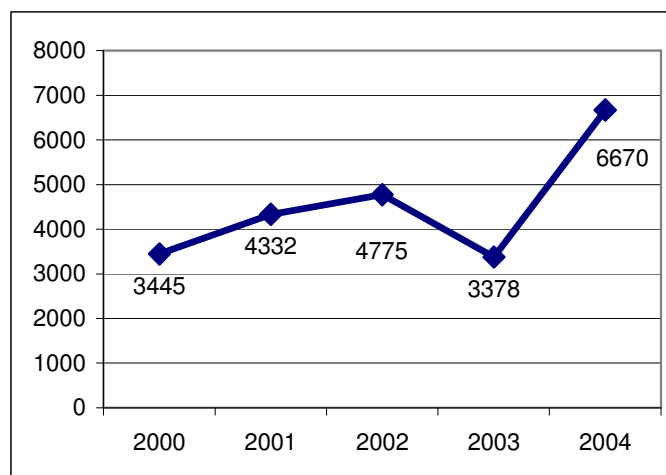
The proceeding authority completes a statistical form on each offence and offender after the files are closed. Here prevails "individualised" data collection. Afterwards the completed so called "B" (offence) and "T" (offender) statistical sheets are going to be processed. They take record of the characteristics of the offence and the suspected offender.

Drug offences

⁵⁸ See all abbreviations in the List of Abbreviations

In the Hungarian criminal statistics system drug offence means the misuse of narcotic drugs (paragraphs 282/A., 282/B., and 282/C Criminal Code.). According to 2004 statistical data 6670 proceedings of misuse of narcotic drugs were closed in the year under review. Offences of misuse of narcotic drugs decreased by 29.3% in 2003 compared to the previous year and nearly doubled in 2004. (The rate of increase was 197.5%.)

Figure 26. *Number of revealed offences of misuse of narcotic drugs*



Source: ERÜBS

Such an increase of the revealed cases of misuse of narcotic drugs is in correlation with the amendment to the Criminal Code in 2003 principally and to the entry into force the new Act on Criminal Procedures. The amendment to the Criminal Code which entered into force on 1st March 2003 widened considerably the circle of those taking part in diversion. As a consequence of the entry into force the new Act on Criminal Procedures on 1st July 2003 and of the joint regulation 26/2003 (V. 16) of the ESZCSM and the GYISM on diversion, i.e. on the rules of rehabilitation of drug addiction, treatment of drug use and prevention-information services, proceedings and diversion became more regulated but at the same time longer. Therefore statistics of 2003 do not include the majority of those proceedings which were in course at the time of the amendment to the legislation or were initiated in 2002 or before 1st March 2003 for misuse of narcotic drugs and opened the possibility of diversion for offenders. Bulk of the proceedings which were initiated after 1st March 2003 and closed with diversion were not finished either in 2003. These cases appeared in the 2004 statistics.

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

Year of offence	Number of cases	%
2004	960	14.4
2003	3,600	54.0
Before 2003	2,110	31.6
Total	6,670	100

Source: ERÜBS

Analyses of the dates of offences resulted in proportions slightly different to earlier years. While 26.8% of the 2002 data contained acts committed in the year under review, the ratio of these hardly exceeded 20% (20.2%) in 2003, and did not reach even 15% in 2004 (14.4%). *Criminal statistic data of 2004 represent much more the state of affairs in 2003 than of the examined period.*

Perpetrations

Drug use continues to be the most typical perpetration even though the criminal statistical system records cases belonging to the same legal statement of facts in one block. Since 1st March 2003 use of illicit drugs has been punishable not as a perpetration of “use of narcotic drugs”, but as a perpetration of “acquires/holds” – taking into account quantity criteria –, therefore we do not know the exact number of proceedings initiated exclusively for drug use, since the regarding statements of facts include other types of perpetrations too.

The ratio of perpetrations of „produces, manufactures, acquires, holds, imports...” – covering principally demand acts related to personal use – was 91.7% among all revealed misuse of narcotic drugs cases.

Comparing to this, the ratio of supply offences („offers, supplies, distributes, and traffics”) hardly run to the one-tenth of all revealed cases.

According to statistical data (and forensic doctors) 20.3% of the offenders proved to be drug addicts at the time of perpetration. This proportion also exceeds those of earlier years (13.1% in 2003), however it might be in correlation with the “advantages” offered for drug addicts by the prevailing legislation, i.e. with the fact whether offenders of less severe perpetrations of distribution plead themselves drug addicts in order to receive more favourable judgements.

Offenders

Drug use is an age specific phenomenon which involves mainly juvenile (14-18 years old) and young adult (19-24 years old) age groups. The ratio of juveniles among offenders of misuse of narcotic drugs was 16.1% in 2004 which is by 2.7% higher than in 2003. Practically every sixth offender of misuse of narcotic drugs is juvenile.

This ratio remains under the rates measured in 2001 and 2002 (17.1% and 17.8%) however transmits a more reliable picture than the – due to the legislative change quite - distorted statistics of last year.

No other significant change can be detected in age distribution.

Number of offenders of revealed offences of misuse of narcotic drugs practically doubled (i.e. increased by 219.9%) comparing to 2003.

The “age advantage” of offenders of misuse of narcotic drugs compared to other offenders grew. This type of offence is typically committed at a younger age than other offences. While 92.8% of perpetrator of drug related offences committed the offences under the age of 31, the ratio does not reach 60% in case of offenders of other offences.

Table 31. *Age distribution of offenders of misuse of narcotic drugs in 2003 and 2004*

Age group	2003		2004	
	Case	%	Case	%
Children (0-14 y)	7	0.2	9	0.1
Juvenile (14-18 y)	393	13.4	1,044	16.1
18–24 years old	1,675	57.0	3,663	56.7
25–30 years old	644	21.9	1,290	19.9
31–40 years old	177	6.0	395	6.2
41–50 years old	32	1.1	48	0.7
51–60 year old	6	0.2	16	0.2
Above 61	6	0.2	1	0.1
Total	2,940	100.0	6,466	100.0

Source: ERÜBS

Gender distribution of revealed offenders of misuse of narcotic drugs is 1:10 for men. Proportion of men was 90.5% and of women 9.5% in 2004. Virtually this ratio has been unchanged for years.

In 2004 50.1% of drug finished primary school, 24.5% of them vocational school, 23.2% of them had final examination (in specialised vocational school or in secondary school) and 1.8% college or university degree. The statement that an “average” drug offender has higher educational level than an “average” offender of any offence still prevails. There were hardly any offenders (0.2%) who did not finish at least primary school or who were not attending to it at the time of the offence.

According to 2004 criminal statistics data, no significant change took place in the distribution of educational level of offenders of misuse of narcotic drugs. This means that offenders committing misuse of narcotic drugs preserved their advantages in terms of education compared to other perpetrators.

In 2004 two-thirds (33.1%) of the revealed offenders of misuse of narcotic drugs had been previously convicted. Though the proportion of those with previous criminal records was by 3.4% less than in 2003, the rate exceeded 30% in the last years which clearly indicates a shift.

Considerable part of these offenders is drug addict and their previous offences were related to use or acquisition of drugs. A smaller part of them however comes from the criminal subculture, which means that besides trafficking activities substance use is spreading in this circle, too.

Other drug related crime

The Hungarian criminal statistics system typically provides reliable data only on direct drug related offences. We do not dispose of data on indirect drug related offences, i.e. on offences committed in order to acquire drugs.

As for data interpretation we have to note that offences committed under the influence of drugs are revealed only if the offender himself reports this to the authorities or his bodily fluids are allowed to be examined by the Act on Criminal Procedures due to the features of the offence. Therefore criminal statistics data may only be used with reservations when examining the magnitude and characteristics of consequent offences.

Statistics distinguish between offences committed under the influence of drugs and of narcotic substances. Usually several pharmaceuticals (mainly sedatives and tranquilisers) and occasionally other substances not listed in the “drug-list” are understood by narcotic substances (legally not drugs). Offences committed under the influence of alcohol are managed separately in statistics.

Hereinafter offenders under the influence of drugs and under the influence of narcotic substances will be examined together.

4071 persons committed offences under the influence of drugs or narcotic substances in 2004 which is almost the double of 2003 (2112 persons).

Most of them (75.6%) committed the offence of misuse of narcotic drugs that was the number of offenders against whom proceedings were initiated because they were under the influence of drugs. This value was 61.4% in 2003, so a significant, 14.2% increase was detected. This increase basically means turning back to the states of affairs of 2002 after the quite distorted statistics of the year 2003.

In breakdown of main offence categories 14.1% of the offenders under the influence of drugs or narcotic substances committed property offences, 2.3% of them committed traffic offences, 2.2% crimes against a person and 2.5% committed burglary.

Since prostitution is not qualified as an offence in Hungary correlations of drug related offences and prostitution cannot be analysed on the basis of criminal statistics.

8.3. DRUG USE IN PRISON

The research covered the adult, male, Hungarian citizen inmates who were in enforceable imprisonment in one of Hungary's prison services at the time of the study.⁵⁹

Characteristics of the interviewees:

- Average age of inmates questioned was 34.5 years, the median was 32 years.
- More than 50% of the inmate sample was in medium security prisons, 37% of them in maximum security prisons and only 34 inmates were in minimum security prisons.
- The average duration of the sentence/expected sentence of questioned inmates was 72 months (median 48), and they have been imprisoned for 32 months on the average (median 26).
- More than half of the inmates in the sample (55%) spend their current incarceration for some kind of violent offence (and another type of offence). The next most frequent type of offence is property offence (50%), frequency of the rest of crime categories as cause of current imprisonment is 5-8%. Altogether only 14 persons of the sample were imprisoned for misuse of narcotic drugs (and another type of offence).
- 64.4% of the respondents had already been sentenced earlier.

Drug use⁶⁰

31.5% of inmates sentenced for enforceable imprisonment had used illicit drugs at least once before starting current punishment⁶¹. 12.4% of ever users had had a period in their outside lives when they had used some kind of illicit drug weekly. 23.1% of current inmate used some illicit drug in the year preceding the imprisonment and 15.2% of them in the month preceding the imprisonment.

Table 32. *Drug use of inmates before imprisonment (n=609)*

Type of drug use	Cannabis	Cocaine	Heroin/ opiates	Amphetamines	Ecstasy	Other (LSD, magic mushroom, crack, GHB)	Any illicit drug
Lifetime prevalence	26.3%	11.2%	7.4%	16.2%	16.3%	12.9%	31.5%
Last year prevalence	19%	7.5%	3.3%	9.9%	12.1%	6.3%	23.1%
Last month prevalence	12%	4.5%	1.8%	6.5%	7.9%	3.4%	15.2%
Regular use	9.3%	2.8%	2.3%	4.3%	5%	3%	12.4%

Source: Elekes Zs., Paksi B. (2004)

⁵⁹ Questionnaires were asked with a so called „multi”-technique. „A” questionnaires regarding socio-demographic background, patterns other than drug use and the objective penal status and antecedents were recorded by face to face techniques with the collaboration of inquiry assistants. „B” questionnaires containing the use of licit and illicit drugs before imprisonment and the subjective penal status of the respondents were self-reporting (if the respondent had proper writing and reading skills). Size of the sample was defined as 600, which meant the 6% of the basic population. No sample was lost during the research, indeed it increased by 1.5%, to 609 inmates, due to rounding up the number of elements of the sample in each institution. The sample was stratified by penal institutions; respondents were later selected by simple random sampling methods on the basis of the current list of inmates in each institution.

⁶⁰ See Standard Table 12: Drug use among prisoners

⁶¹ The following were enlisted among illicit substances: marijuana or hashish, ecstasy, amphetamines, crack, cocaine, heroin, other opiates, LSD, magic mushroom, injecting drugs, and some other drug, not enlisted here.

Comparing to the data regarding drug use of the general population of 18-54 years old adult men (Elekes-Paksi, 2004) we can conclude that that drug use is more than twice more frequent among the population of inmates. According to 2003 epidemiological data drug involvement of men in the general population was 14.7%. Prevalence rates of substances among inmates – alike aggregated prevalence – exceed significantly – in some cases multiplied – the rates of general population. At the same time no considerable difference is found in the structure of used drugs comparing to the national data on normal population and the direction of changes detected among inmates correspond to the changes in the Hungarian society. Between 2001 and 2003 lifetime prevalence of illicit drugs also showed a significant increase among the adult population (Paksi, 2003; Elekes-Paksi, 2004).

7.9% of inmates in enforceable imprisonment have used some kind of illicit drug at least once since incarceration. 4.7% of them have consumed some illicit drug in the last year of the punishment, while the ratio was 3% for the last month of the punishment. Taking the whole period of imprisonment cannabis use has the highest proportion (6.3%) among inmates, while 2.8% of respondents have used ecstasy at least once since incarceration. Use of cocaine and heroin/opiates has the lowest proportion (0.7%).

Table 33. *Drug use of inmates during imprisonment (n=609)*

Type of drug use	Cannabis	Cocaine	Heroin/ opiates	Amphetamines	Ecstasy	Other (LSD, magic mushroom, crack, GHB)	Any illicit drug
Lifetime prevalence ⁶²	6.3%	0.7%	0.7%	0.9%	2.8%	1.2%	7.9%
Last year prevalence	3.4	0.4%	0.2%	0.4%	1.3%	0.2%	4.7%
Last month prevalence	1.2	0.2%	0%	0%	0.3%	0%	3%

Source: Elekes Zs., Paksi B. (2004)

8.4. SOCIAL COSTS

As for social costs data are available only on state health insurance costs. Nevertheless these data do not exclusively reflect costs of drug addiction care, since alcohol use and drug abuse are often not distinguished in addiction treatment care. The following table shows the disbursements of the National Health Insurance Fund (OEP) for addiction care.⁶³

Table 34. *Disbursements of the National Health Insurance Fund for addiction care, 2002-2004*

Specialised care	2002	2003	2004
	(€ thousand)	(€ thousand)	(€ thousand)
Outpatient treatment, addiction treatment	377.4	446.2	539.7
Clearly drug-related outpatient treatment	20.6	145.7	167.3
Care for addiction	2545.3	3149.7	3,194.4

⁶² Here lifetime prevalence refers to the whole period spent in prison.

⁶³ Costs listed in the table do not include costs of sick leaves, medicine price support and treatment of complications.

Care for clearly drug use	291.9	535.8	553.3
Inpatient treatment, acute	235.8	212.4	263.4
Inpatient treatment, chronic	876.8	1215.3	1,592.9

Source: OEP

Compared to 2003 disbursements grew by 15% on the average in 2004. There was an increase in all specialised care forms compared to the previous year, however this increase does not vary significantly by care types. Highest change of disbursements was found in case of chronic inpatient treatment (30%), and the lowest at addiction care (0.7%).

Conclusions

Homelessness is the least correlated form of social exclusion to substance use. Rates of unemployment considerably exceed the rates among normal population, indeed, considerable proportion of drug users have given up to work or to establish own livelihood. Two main elements are observed in the structure of incomes: the low level of prevailing of the social support system and the high ratio of illegal/illegitimate activities. The predominant re-emergence of school problems shows that illicit substance use influences social integration and socialisation by educational institutions in a sustain and – in view of data on qualifications – fatal way. Family relations do not show significant exclusion and its external social environment is structured particularly. All relationships of drug users are organised and interpreted strongly around drug use.

Criminal statistics data of 2004 describe much better the state of affairs in 2003 than in the examined period. The ratio of revealed cases of misuse of narcotic drugs among all offences was 1.6% in 2004 (0.81% in 2003). The proportion of this type of crime has never been so high among all revealed offences however it can be related to the consequences of the amendment to the legislation. Ratio of demand activities related to own drug use among all revealed offences of misuse of narcotic drugs was 91.7%. Proportion of supply offences did not even run to the one-tenth of all revealed cases.

Compared to 2003 the number of revealed drug offenders doubled (increased by 219.9%), and they are typically juveniles. There is no significant change compared to previous years in gender distribution and educational level.

Compared to the research completed in 1997 (Elekes-Paksi, 1997), the study among inmates shows approximately 10% increase, from 22.1% to 31.5%, in the proportion of those who had had personal experience with some kind of illicit drug before entering into the penal institution. Therefore the aggregated lifetime prevalence of today is some 150% of the value seven years ago. A much larger scale increase was found in case of certain illicit drugs.

Drug use of inmates did not change significantly during imprisonment compared to the 1997 survey. While 7 years ago 8.2% of inmates answered that during their imprisonment had used at least once some kind of illicit drug, 7.9% of the respondents answered the same in 2004.

9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

9.1. SOCIAL REINTEGRATION⁶⁴

Housing

Only three of the organisations interviewed in the course of the research on low-threshold service institutions provide night boarding for their clients.

Education, training

No new information available.

Employment

Most low-threshold programmes (23 organisations) provide job counselling. In these cases they usually assist to find a job for non-abstinent drug users.

Basic social assistance

The majority of low-threshold services involved in the research do not provide basic social assistance or guidance to reach these. Nevertheless, a little bit more than half of them provides club type care, where they also give cold food (sandwiches, tea) to clients.

9.2. PREVENTION OF DRUG RELATED CRIME

Assistance to drug users in prison

Drug prevention activities are carried out at one new unit – in total 13 drug prevention units – of prisons since 2004.

Alternatives to prison

Diversion to alternatives to criminal proceedings (henceforth: diversion) in Hungary covers those rehabilitation and prevention programmes and activities which minimise the time spent in criminal proceedings and abolish the punishment of drug users if attendance is confirmed. Diversion can take place before the hearing or before the sentence, it depends on whether the prosecution is postponed by the prosecutor or the process is suspended by the judge.

Change of legislative background in 2004

Legislation achieved by the amendment to the Criminal Code in 2003 changed again at the end of 2004. (For antecedents see Chapter 12 of last year Report.) Namely a decision of the Constitutional Court (see Chapter 1) affected the legal aspects of the drug issue in several parts, among others in diversion. The group of those entitled to diversion was narrowed in December 2004. Nevertheless the Constitutional Court concluded that diversion is a constitutional and a necessary legal institution in the national legal system. It paraphrased

⁶⁴ Data included in this subchapter are from the research on the characteristics of low-threshold services in Hungary in 2004 (see Chapter 7), from the Hungarian Baptist Aid and from the Human Resources Development Operational Programme (HEFOP)

that the broken balance can be restored by eliminating the defaults (mentioned in Chapter 1) and by recodification.

Professional background, evaluation, quality assurance

Procedures of diversion, tasks of participant organisations and persons were first settled legally in 2003. The relating ministerial regulation illustrates that from a professional point of view there are three variants of diversion: rehabilitation treatment for drug addiction, other care treating drug use and preventive-consulting service. Drug addicts are directed to the first, persons (ill, but not addicted) having some kind of drug use problems to the second, while those, who are neither ill nor addicted, usually occasional users are referred to the preventive-consulting service. The type of service an accused person is referred to in the course of diversion is decided by the professional who carries out the preliminary state assessment. Professional guidelines of preliminary state assessment were elaborated in 2004 by the co-ordination of the National Institute for Drug Prevention (NDI⁶⁵). According to these the aim of the state assessment – besides the above-mentioned decision – is also to decide whether the client can be allowed to be in a group. The professional material formulates recommendations on the qualification and professional practice of the state assessor as well as on professional documentations arising in the course of state assessment and on the method itself. According to the document, state assessment ideally includes both addiction examination and psychiatric interview.

Currently there are 35 preventive-consulting services operating throughout the country, they are mainly run by NGOs (14) and institutions maintained by the local government (10), but church (8) and state institutions (2) as well as a company can also be found among them.

Data on participants and on ways of proceedings of different forms of diversion come from the National Institute of Addictology (OAI) and from the NDI. Number of persons entering prevention-information services was 1805 in 2004, in case of the other two diversion methods 3140 persons, i.e. altogether 4945 started diversion. The proportions of men (90%), young adults (20-24 years old) and cannabis users are outstandingly high in this population. As for residence, data recorded at preventive-consulting services revealed that the ratios of diverted persons coming from the capital, from other cities and from villages are quite equal (remark: place of permanent residence was recorded, a survey by temporary residence would show very different proportions). Decisions which provide the legal basis of diversion reveal that perpetrations happened mainly in public places which are followed by recreational settings. The proportion of criminal proceedings initiated for the perpetrations of “acquires” or “holds” (demand behaviours) was the highest among participants of prevention-information services. According to latest surveys 22% of participants suspended diversion (preventive-consulting service).

Diversion and especially the legal institution of postponement of prosecution were monitored in 2002 (see last year Report). Another similar research is being currently undertaken which will evidently reflect the consequences of the 2003 amendment to the Criminal Code.

In 2004 NDI elaborated an activity presentation scheme of integrated standards for the preventive-consulting service providers. Experts can upload data by themselves to the information portal (www.ndi-szip.hu) of the Institute by using a questionnaire complying with EU requirements (EDDRA-based). This method makes the professional content of this kind of diversion perspicuous, comparable and ready for evaluation (see Chapter 3).

OAI encharged to conduct a comparative study (Rácz, 2005) on international and Hungarian diversion methods. The study formulates critics of the national practice and professional

⁶⁵ See all abbreviations in the List of Abbreviations

recommendations for the future. Concerning the system the following observations and recommendations were summarised among others:

- the three types of diversion are not differentiated enough by target groups
- the proceeding lasts too long particularly due to the delayed entry into treatment and is hardly transparent for the client
- "diversion time" stipulated by the legislation (at least two hours fortnightly for half a year) does not allow flexible consideration of therapeutic aspects
- professional content of diversion has to be elaborated in order to hinder its "certificate fabricant" function.
- the procedure is not transparent enough for the clients; it cannot be perceived when and what the client decides on and what are the advantages and disadvantages of the decision – decision should be linked to motivation and to client autonomy questions
- further quantitative and qualitative analyses are needed.

These and further recommendations of the study will be the basis for the elaboration of an evaluation and monitoring system. The same study requests for the introduction of a registration system which allows to follow the clients and to avoid parallel treatments.

A TDI-based registration system is being established in the co-ordination of OAI and the National Focal Point (NFP) which would register diverted clients by an individual identification code ensuring anonymity and the protection of personal data.

A course on the legal and professional background of diversion was also held in 2004 organised by OAI for health experts working in the field of drug affairs.

Conclusions

In Hungary several organisations provide services enhancing the social reintegration of drug users however the implementation of these activities is not uniform.

We are limited to few observations regarding the role of low-threshold services in the social reintegration of drug users. On the one hand we lack related data: we do have an exact picture on the proportion of these types of services of low-threshold service providers even though we are aware of some model programmes. On the other hand the available data lead us to the conclusion that these types of care are usually not characteristic while many service providers are involved in counselling.

Due to modifications of the legal background of diversion and the length of proceedings, full picture on proceedings initiated in 2004 probably will only be available one year later, in 2006. Nevertheless there was an improvement in the field of the elaboration of professional guidelines. The Psychiatric Professional Board adopted the forms of quick examination scheme of preliminary state assessment and of the detailed psychiatric/addiction interview proposed by OAI.

10. DRUG MARKETS

Overview

The Criminal Directorate General of the Hungarian National Police Headquarter (ORFK⁶⁶) was reorganized on 1st of July 2004. After the reorganisation the Department of Countering Narcotics Crime of the Department of Countering Organised Crime of the National Bureau of Investigation in the Criminal Directorate General of ORFK is a criminal investigator and exploratory unit with a national competence in accentuated cases defined by the law completing special tasks. The Department operates with one central and 6 regional departments with a staff of 77 persons.

All drug-suspicious substances seized in Hungary are analysed by the Organic Chemistry and Analysis Experts Department of the Criminal Professional and Researcher Institute (BSZKI). In the course of the analysis the drug content of the substance is proved. If the substance contains drug, the type of drug is determined, and the active substance content is also measured. In case of Ecstasy tablets a picture has to be taken.

Currently there are six laboratories in Hungary analysing drugs. The central institution is BSZKI which functions under the authority of the Ministry of the Interior since 2004.

10.1. AVAILABILITY AND SUPPLY

The Police and the Customs and Finance Guard found a new drug type during the summer of 2005. The drug sold in the form of tablets contains mCPP (meta-chlorophenylpiperazine). The patterns of use are similar to that of other Ecstasy tablets according to the report of BSZKI.

10.2. SEIZURES

All data introduced below contain drugs found both by the Hungarian Police and the Hungarian Customs and Finance Guard.

LSD showed the top increase in seized quantities (882%) however the number of seizures increased only by 5.8%. It is the result of some bigger seizures.

The number of cocaine seizures increased only 1% while the quantities seized increased 302% compared to the seizures of 2003.

The quantities of seized cannabis resin (65%) and amphetamine (62%) also increased significantly, however the number of seizures did not increase considerably, moreover the number of cannabis resin seizures decreased by 22%.

Despite the growth in the number of seizures, the quantity of seized heroin decreased by 65%.

Table 35. *Number and quantity of seizures of illicit drugs*

	2003		2004	
	Number of seizures	Quantity seized	Number of seizures	Quantity seized
Cannabis resin (kg)	76	1.53	59	2.524
Herbal cannabis (kg)	2015 ⁶⁷	206.8 ⁶⁸	1722	91.733
Cannabis plants (plant)	N.a.	N.a.	62	2998
Heroin (kg)	90	256.33	113	89.85

⁶⁶ See all abbreviations in the List of Abbreviations.

⁶⁷ Number of herbal cannabis seizures carried out in 2003 contains the number of cannabis plants seizures.

⁶⁸ Quantity of herbal cannabis seized in 2003 contains the quantity of cannabis plants seized.

Cocaine (kg)	95	23.47	96	94.43
Amphetamine (kg)	373	12.11	378	19.663
Methamphetamine (kg)	5	0.007	3	0.0015
Ecstasy (tablet)	362	135,634	1226	181,807
LSD (dose)	17	345.5	18	3396

Source: BSZKI

2005 was the first year when synthetic drugs containing mCPP (meta-chlorophenylpiperazine) were found in Hungary. The Police and the Customs and Finance Guard seized 81,040 tablets on 12 occasions.

10.3. PRICE/PURITY

Price of drugs at street level

Prices reported in 2004 derived from Police Intelligence which does not reflect accurately the real prices at street level due to the limited sample size and the diversity of respondents (dealers and consumers at the same time). In order to get more exact data a research – on 2004 prices⁶⁹ – questioning only drug users was carried out in March 2005.

Questions covered 8 illicit drugs (herbal cannabis, cannabis resin, heroin, cocaine, crack, amphetamine, ecstasy, LSD) and illegally acquired methadone. Respondents were asked to indicate prices only for those substances they had effectively bought in 2004 hence they dispose of precise information. Questions referred to the minimum, the maximum and the typical prices.⁷⁰

The highest response rate was found in the cases of herbal cannabis (90%) and ecstasy (89%). Crack's price at street level was indicated by the lowest number of persons (6%).

Table 36. *Price at street level of some drugs, (euros)*⁷¹

	Minimum	Maximum	Mode	Mean	Number of respondents
Herbal cannabis	6.3	10.1	7.9	8.3	90
Cannabis resin	7.5	11.5	9.9	9.6	64
Heroin gram	38.6	56.7	47.7	47.1	42
Heroin packet	13.6	20.5	11.9	16.9	37
Cocaine	51.7	71.0	59.6	60.9	68
Crack	78.1	110.6	-	94.4	6
Amphetamine	9.9	14.1	11.9	11.9	79
Ecstasy	3.3	7.6	4.0	5.4	89
LSD	8.2	12.5	11.9	10.2	47
Methadone 5mg	1.5	4.4	2.5	3.0	15

⁶⁹ The research covered Budapest and 4 other big cities: Miskolc, Szeged, Zalaegerszeg and Pécs. The questionnaire elaborated by the National Focal Point (NFP) was asked at the local outpatient centre in every city. Respondents were users attending the outpatient centre. 20 questionnaires were completed in each town thus the complete sample size was 100. Questionnaires were self-reporting.

⁷⁰ The mean value refers to the arithmetic mean (or simple mean), calculated as the sum of the minimum and maximum prices divided by the number of prices reported. The mode value (or typical value) refers to the most frequent price among typical prices reported.

⁷¹ Prices in the table were calculated on the basis of official euro middle exchange rate of 2004 (1€ = 251.68 HUF).

Methadone 20mg	6.2	8.8	7.5	7.5	7
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Source: National Focal Point Research, 2005

Differences in prices are not significant among cities therefore the geographical factor does not play a major role in the setting of prices.

Questions on the development of prices were also included in the research questionnaire. Besides time (during the week/weekend, by seasons) and location (at entertainment venues, festivals, around entertainment venues, on the street, at the dealer's, at home) factors, changes after certain events (news in the media on e.g. a bigger seizure; acquaintance is caught for drugs) also featured the questions. 23% of respondents state that none of the mentioned factors influences the prices and 12% answered they did not know.

In the view of the respondents time factors are not significant. According to 8% of respondents drugs are cheaper during the week, 7% said that they are cheaper during the weekend. 11% stated that prices increase at the weekend. The changes by seasons are not significant either. 11% answered that drugs are more expensive in winter and 10% said that drugs are cheaper in summer.

19% of respondents said that drugs are more expensive after news announced in the media (e.g. bigger seizures) or after somebody got caught for drugs.

The most striking price differences can be found by locations. 47% of respondents answered that drugs were more expensive at entertainment venues. According to 30% of them this also refers to festivals, while 31% indicated the surroundings of entertainment venues as locations where drugs are more expensive. Nevertheless 17% of respondents find festivals cheaper as for drugs. 30% state that drugs are cheaper if bought at the dealer's. According to 15% of them drugs are cheaper on the street or at their own homes.

Purity⁷²

Most synthetic drugs have a form of a tablet, the active substance of these synthetic drugs is most frequently MDMA. Tablets containing other active substances (MDA, 4-MTA, 1-PEA, PMA) are also available on the market. In addition, amphetamine is also available in the form of either powder or tablets.

96.64% of tablets contained MDMA, 0.005% contained MDEA, 1.98% had MDA as an active substance, 1.16% contained a combination of these substances and 0.14% contained amphetamine or methamphetamine⁷³.

The most significant decrease in active substance content was observed in case of cocaine and amphetamine. The average purity of cocaine decreased by 12.5% and by 20% of amphetamine.

Average potency of herbal cannabis (41.67%) and purity of heroin (6.67%) increased in 2004 compared to 2003.

Compared to last years it can be laid down that the average purity of heroin and cocaine found on the streets decreases while the average potency of herbal cannabis increases permanently.

Table 37. Purity/potency at street level of some illicit drugs (%)

	2003				2004			
	Sample	Minimum	Maximum	Mean	Sample	Minimum	Maximum	Mean

⁷² Data are provided from routine analyses of all seizures.

⁷³ Sample size: 182,058 tablets.

	size				size			
Cannabis resin	83	0.5	10	N.a.	20	0.1	6	4
Herbal cannabis	3,011	0.01	6	1.2	368	0.01	6	1.7
Heroin	123	3	35	15	39	5	25	16
Cocaine	116	25	90	40	43	15	70	35
Amphetamine	534	2	55	15	315	2	35	12

Source: BSZKI

Conclusions

By virtue of the available information and data it can be stated that there were no significant changes in the field of drug market.

As for the seizures carried out in 2004 the quantities of seized drugs considerably increased in comparison with that in the preceding year.

The purity of drugs distributed on the streets varies by drug types. While average purity of cocaine and amphetamine notably decreased the potency of cannabis and the average purity of heroin increased compared to the data of 2003.

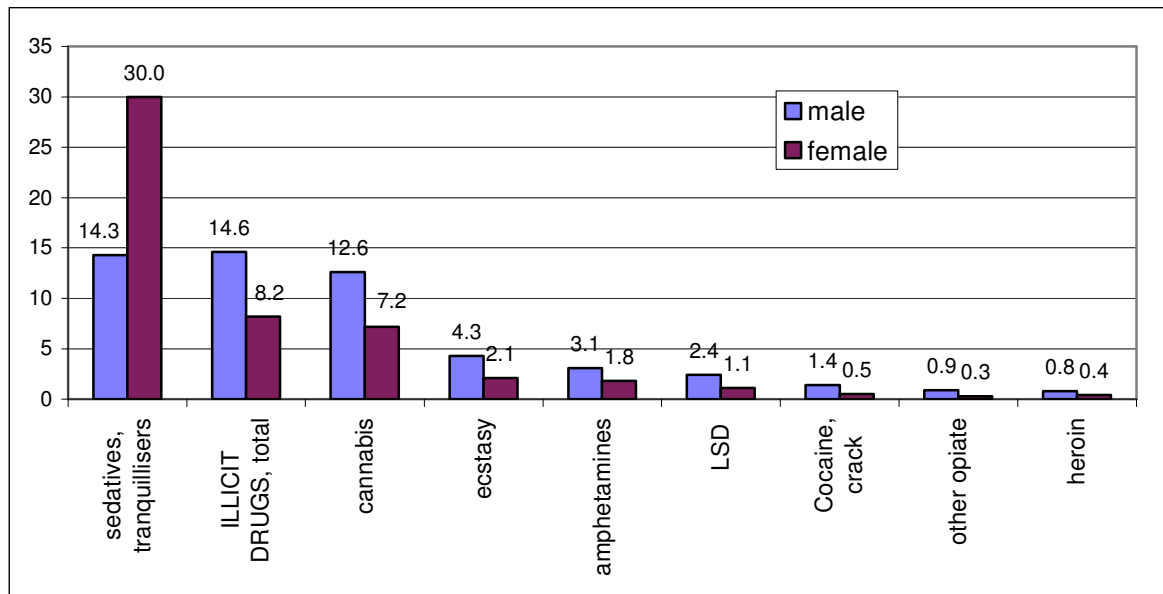
11. GENDER DIFFERENCES

Epidemiological situation in Hungary

Drug use in the general population and among young people

The following figure shows the consumption patterns by gender of illicit drugs and pharmaceuticals abuse which are presented in the adult population survey⁷⁴.

Figure 27. *Lifetime prevalence of drug abuse by gender in 2003 (%)*



Source: *National Report on the Hungarian Drug Situation, 2004*

Lifetime prevalence of cannabis use rises among other illicit drugs for both genders, but still does not reach the ratio of pharmaceuticals abuse. Frequency of licit and illicit drug use is almost the same for men while lifetime prevalence of licit drug use is substantially higher than the frequency of use of any other drugs for women.

5.5% of men and 3.3% of women used illicit drugs in the year preceding the study; 2.1% of men and not even 1% of women used drugs in the last month before the study. As for shorter time, for prevalences of abuse of pharmaceuticals females are superior in numbers to males: last year prevalence of tranquilisers and sedatives without medical recommendation is 7.4% for men and 17.6% for women; last month prevalence for men was 6.0% and for women 11.4%. Thus alike international trends, illicit drug use is rather characteristic for men while pharmaceuticals abuse is mainly experienced among women.

The 2003 ESPAD survey demonstrates that in Hungary 60% of those who have tried illicit drugs are boys (18.4% of boys and 13.8% of girls), (Elekes 2005a). Nevertheless frequency data for both genders indicate that use is limited to merely some occasions. (See Chapter 2. for details) Cannabis use is outstandingly the most widespread: 15.8% of the interviewees have tried it at least once in their lives. Lifetime prevalence is much higher for boys than for girls: 18.1% and 13.2% respectively. 16.8% of questioned adolescents abused pharmaceuticals (use without a doctor's prescription). Difference in gender is inverted in this case, i.e. it is more widespread among girls: 21.8% of them have tried it and the

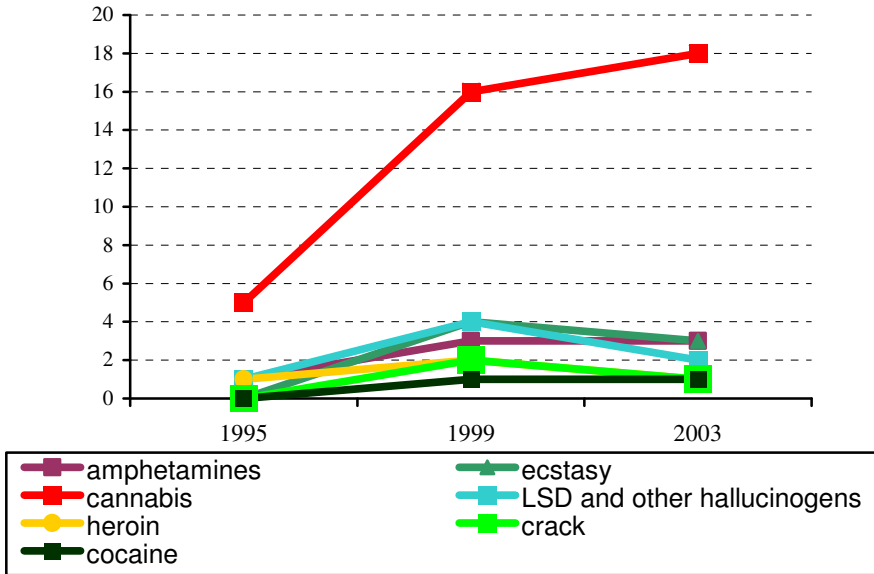
⁷⁴ Alcohol and other drug use of adult population (ADE) 2003. National representative sample (full net sample size: 3,675 persons, response rate: 91.6%), 18-54 age group, multi-methodology questionnaire (face to face and self-reporting).

corresponding proportion is only 12.1% for boys. That means 62.4% of pharmaceutical abusers are girls. Use of tranquillisers without a doctor's prescription is twice as frequent among girls as among boys (13.4 % for girls and 6.5% for boys).

The most widespread form of other drug use among the 16 years old Hungarian girls is the use of tranquillisers without a doctor's prescription which is followed by cannabis and the combined use of alcohol and pharmaceuticals ranks the third place. For 16 years old Hungarian boys the sequence is the following: cannabis consumption takes the first place, combined use of alcohol and pharmaceuticals the second and the use of tranquillisers without medical prescription ranks only the third.

Girls showed not only a steep increase of cannabis use but also further increase of prevalences of most of the studied drugs between 1999 and 2003. Therefore the growth in prevalence rates of illicit drug use is exclusively due to girls. Lifetime prevalence of cannabis for boys increased slightly in 2003, remained unchanged for amphetamines and cocaine and decreased in case of other drugs.

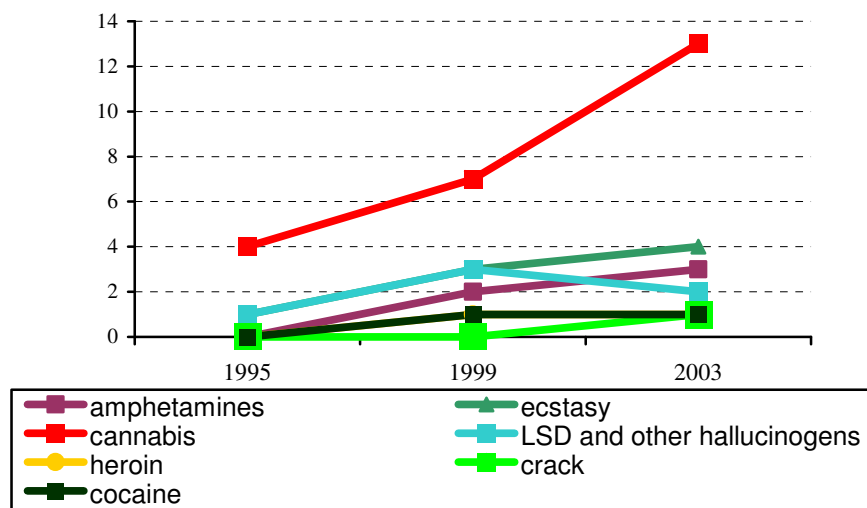
Figure 28. Lifetime prevalence of illicit drugs for 16 years old boys, 1995-2003



Source: Elekes 2005

Lifetime prevalence of cannabis in the first four years of the studied period (1995-1999) showed a 12 times increase, but the rate of growth only doubled in the second four years (1999-2003). The reason behind it might be that in 1999 entered into force the drug legislation amended in 1998. Aggravation, which threatened the consumers by imprisonment, seems to have converted a retentive force or at least drug users hid much better from publicity and the 16 years old adolescents answered the questionnaires more cautiously.

Figure 29. Lifetime prevalence of illicit drugs for 16 years old girls, 1995-2003



Source: Elekes 2005

While lifetime prevalence of illicit drug use has been continuously increasing for girls and approaching to boys', prohibition and punishment had impact mainly on boys. The traditional educational principle which applies positive discrimination of girls in school and punishes the smallest offence of boys seems to prevail in a wider social context too. Use and even abuse of pharmaceuticals of girls and generally of females is not adjudicated by the society as severely as the use of illicit drugs. It rather supports expressively the use of tranquillisers among women in psychiatric treatment in certain mental health states.

What can be the explanation to the fact that adult males use more drugs than females while patterns of consumption tend to approach during adolescence? A study which analysed gender differences (Lajtai 2004) looked for the answer and calls the attention to the following statements.

Girls are generally more religious which protects them. In another view the higher proportion of experiment and (harmful) consumption of drugs is explained by the greater risk-seeking behaviour of men. It is also expounded that the opening of prevalence of drug use after adolescence can partly be explained by the fact that girls pass from adolescence to adult age relatively smoothly. At this age the need of relations with the "adult" world is much higher for girls, they have stable relationships and children in an earlier age and with greater responsibility. Analysis of the 18-24 Hungarian age group of the 1995 Hungarostudy (with much lower lifetime prevalence of drugs) showed much stronger correlation of experiment with drugs to the responses of medium-grave and grave values of Beck depression scale for girls. This might also lead us to the conclusion that trying drugs for boys is an adventure seeking behaviour deriving from male role and age, while it is more like a kind of response reaction on psychic pathology for girls.

Mortality data

Analyses of drug related deaths show that four times more men die due to illicit drug use on the average than women (2003: 81.2% for men, 18.8% for women, 2004: 82.4% for men, 17.6% for women). Differences are not so high for licit drugs (tranquillisers, sedatives), however the ratio of women is higher (2004: 47.9% for men and 52.1% for women).

Treatment data

Total number of male drug users treated or first time treated in health care institutions was higher than of females every year in the last decade. Except for tranquillisers the number of men in treatment was higher in each drug category between 2000 and 2004. Nevertheless,

among those abusing sedatives and tranquillisers the proportion of women was higher every year. (See Chapter 4. for details.)

Table 38. *Distribution by primary drug and by gender based on data of all persons in treatment, 2004*

Primary drug	Male	Female	Ratio	Relation
Opiates	1,542	493	3.1: 1	>
Cocaine	87	26	3.3: 1	>
Stimulants	866	367	2.3: 1	>
Sedatives/tranquillisers	1,639	2,354	1: 1.4	<!
Hallucinogens	63	13	4.8: 1	>
Inhalants	166	55	3: 1	>
Cannabis	3,987	584	6.8: 1	>!
Other drugs	121	47	2.5: 1	>

Source: OSAP⁷⁵

According to 2004 data the ratio of males is the highest among clients in treatment for hallucinogen and cannabis use. The greatest difference by gender was found among cannabis users, 47% of men while only 15% of women resorted to the care system due to the use of this drug. A possible distortion impact of diversion has to be mentioned. As it is showed by further data mainly cannabis users enter into treatment from criminal proceeding and they do not attend to institutions with treatment demand. 60% of women ask for help for use of sedatives/tranquillisers while this ratio is only 19% for men. Use of benzodiazepine outstands among licit drugs.

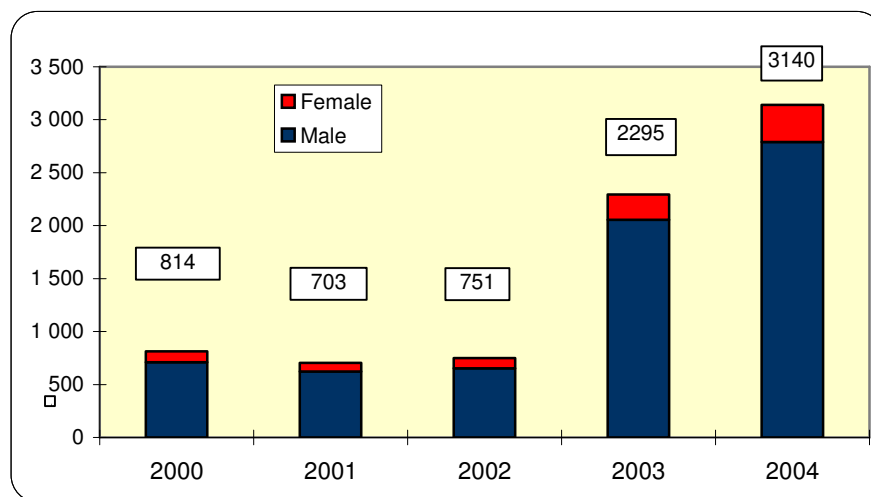
Among *all clients in treatment* the ratio of men is higher than the ratio of women between the age of 15 and 35, when the ratio gets inverted. Female dominance in illicit drug use emerges above 35. The proportion of boys and girls is the same for youths below the age of 15. (For detailed description of gender differences see Chapter 4.) The highest difference is found between the ages of 20-24, where the proportion of men to women is 4:1. This can be explained by the fact that males and females below 30 show significant divergence as for *stable relationships* and *having children* (Lajtai 2004), which probably have protective impact. Among the school age population and the group over 35 women use licit drugs in a higher proportion consequently.

Drug users in treatment as an alternative to criminal proceeding

Difference in the proportion of males and females in treatment as an alternative to criminal proceedings (diversion) is the highest among the age groups 20-24, 25-29 and 30-34. The ratio of men is considerably higher for all types of drugs, including even tranquillisers. The highest difference in gender is detected among cannabis users. Gender differences are even more marked among clients in treatment as an alternative to criminal proceeding than in population studies or among all treated clients. The ratio of female clients in diversion treatment was only 10-15% between 2000 and 2004 while population studies state that one-third of those trying drugs and also of all clients in treatment are women.

Figure 30. *Number of clients in treatment as an alternative to criminal proceedings*

⁷⁵ See all abbreviations in the List of Abbreviations



Source: OSAP

The underrepresentation of women in diversion might be related to the fact that authorities are probably more permissive with them. At street identity checks men are possibly more often suspected in general and they are checked more frequently. Another explanation could be the less hidden drug use of men.

Infectious diseases

Findings of the prevalence study aiming at detecting the HIV, HBV and HCV infections of intravenous drug users show the following distribution by gender in 2004.

Among the 117 HIV tested persons there were 85 males and 32 females, no positive case was found. No positive HBV infections were found among the 59 tested men and 31 tested women. 9 male and 4 female HCV infections were revealed among the 62 examined men and 31 women.

Breakdown of data by gender has been available only since 2003 and shows similar proportions.

Drug related crime

Gender distribution of revealed offenders of misuse of narcotic drugs is 1:10 for men. This ratio has remained unchanged practically for years.

Gender-specific responses

Gender-specific responses on drug use of young people and children

No data available.

Gender-specific approaches in harm reduction programmes

Differentiation by gender does not appear in harm reduction programmes at all. Needle exchange programmes do not register how many men and women attend to their services in a year and programmes do not have gender specificities.

Gender-specific approaches in treatment institutions, organisations

Four rehabilitation institutions admit only men, but at the same time there is only one female rehabilitation institution in Hungary. Two centres admitting homeless drug users belong also to the institutions exclusively for men. In the programmes of institutions and organisations

admitting only men, sport activities, re-teaching to deal with day-to-day money issues are more emphasised than in female programmes where religion, literature and music are stressed as rehabilitation tools.

The overview of programmes of outpatient centres⁷⁶ showed minimal indications on gender-specific responses. Such a response comes for example from the National Institute for Addictology (OAI) TÁMASZ Central Model Outpatient Centre in Budapest where two of the prevention services are offered for families and target exclusively women: female handicraft group and female group for addicts and their family members. Another gender-specific indication can be found in the programme of LEO AMICI Foundation in Komló. Summarising the review of treatment centres we can say that modern gender-specific approach is not present at programme planning, however psychological examinations show signs (Hoyer, Tremkó 2002) which indicate the change of traditional gender roles and genital sexual behaviour of constrained opiate addicts.

Gender-specific social reintegration approaches

No data available.

Gender-specific responses in prisons

Since male and female inmates are separated in the criminal justice system, gender-specific characteristics and programmes elaborated for the two target groups are more differentiated.

Special gender differences:

- more male than female inmates are in contact with drugs
- drug user women were directed to Drug Prevention Units (DPU) after longer preliminary detention or after having completed other sentences
- men are more frequently treated for withdrawal symptoms
- inhalant use is more usual among men
- special *deprivation*: men perceive the lack of social milieu related to drugs as deprivation in the criminal justice institutions, while this phenomenon does not occur to women;
- *reasons of use*: outside prison women used drugs in order to elevate their mood and this is their fundamental motivation for getting involved in the DPUs;
- special *expectation*: men hope for the change of their system of personality as a result of group therapies while women would like to change their approach (psychological vs. attitude – thus orientation of women is more social);
- special *aim*: need for dominance is more typical for men while women would like to combat emotional penury.

As for patterns of drug use of men illegal acquisition and use of licit drugs are typical while legal acquisition and illegal or legal use of licit drugs are more characteristic for female inmates. Proportion of men having committed drug-related crimes is higher and they used more drugs before their imprisonment. Women started their drug carrier rather due to social pressure. Positive group norms and keeping contact with the outside world (principally with the family) is especially important for female inmates with drug problems. Gender-specific problems of drug user female inmates who get out of prison are more significant than those of men and their chance of reintegration is lower.

Inmates can take part of drug prevention and methadone programmes in Hungarian institutions.

At the moment there are 13 Drug Prevention Units operating in Hungary out of which 3 places provide care for female inmates.

⁷⁶ DROGINFO 2003. Sziget Drug Information Foundation, Budapest 2004.

Special responses for of women:

- strengthening the relationship between the individual and the family is underlined
- preparative education course after admission
- comprehensive information, revealing misbeliefs
- treatment of deprivations deriving from gender roles of female inmates with special role plays which strengthen female roles (childcare, household) and in such a way enhance prosocial carrier development (reintegration) indirectly.

Currently there is one mother in the criminal justice hospital who used to be a drug user and is under methadone treatment now.

Conclusion

Summing up the epidemiological situation and the gender-specific responses we can say that modern gender-oriented approach does not yet appear at programme planning, however psychological examinations show signs which indicate the change of traditional gender roles and genital sexual behaviour of drug users.

Results of epidemiological researches show similar trends to the majority of European countries with slight differences. While similarity is clearer for patterns of illicit drug use of boys and males there are more contradictions for girls and females. In spite of the fact that proportion of women using illicit drugs grows year by year they are underrepresented among those in diversion as an alternative to criminal proceedings. They are overrepresented in licit drug use (sedatives, tranquillisers, anti-anxiety medicines and/or alcohol). Furthermore the adult population study (Paksi, 2003) shows that over the age of 45 women exceed men in illicit drug use. These data can also be interpreted in the way that use of licit and sometimes illicit drugs is the most important coping strategy for solving gender role conflicts among Hungarian adult women. Women more frequently choose emotionally focused coping reaction among stress coping mechanisms. Researches of drug prevention programmes also demonstrate the increased emotional needs of girls when they pay more attention to drug addict parents than boys and long for permanent relationship, children and own home. Boys prefer to get self-sufficient salary, profession, and sexual experiences first.

All these role expectations indicate increased presence of dependence expectations of women while – like international data – more intensive risk-undertaking characterise men.

12. EUROPEAN DRUG POLICIES: EXTENDED BEYOND ILLICIT DRUGS?

The National Strategy to Combat the Drug Problem

The National Strategy to Combat the Drug Problem *does not set aims* in relation with alcohol and tobacco use.

The National Strategy deals principally with drugs but in several fields tasks are inseparable of the problems of alcohol use, smoking, inhalant use and abuse of pharmaceuticals without a doctor's prescription. Such a field is the level of local communities where these problems are many times interwoven and appear jointly within the same family or individual; such a field is prevention where successful programmes can be implemented only if unambiguous messages are transmitted in relation to substance use; and the field of therapy and help where several substance use problems are interlinked and the treatment network assists both drug and alcohol users. The National Strategy takes over experiences of action plans against alcoholism and smoking and also strives for co-operation with experts, state and professional institutions, civil and church organisations and local communities in the above-mentioned fields.

The National Strategy mentions among the risk factors enhancing drug use certain cases of alcohol use and smoking. Alcohol use and smoking of parents and peers as well as their attitudes concerning are among the risk factors since they can have great effect on children and young adults. Cultural aspects such as the relation of the society to licit drugs and the appearance of the need in announcements and mass communication might also influence people.

Alcohol use and smoking also appear in the prevention scene of the National Strategy. Prevention of illicit drugs can not be separated from school prevention of the use of licit drugs (alcohol, nicotine, use of pharmaceuticals without a doctor's prescription). According to the Strategy workplaces should play a major role primarily still in the prevention of licit drug use (alcohol use and smoking) but the need for prevention of illicit drug use at workplaces has also already raised.

Public Health Programme

As for alcohol use and smoking in Hungary aims are set in the Public Health Programme adopted by a parliamentary decision no. 46/2003 (IV.16.).

There is a short summary below on the aims related to alcohol and smoking in the Public Health Programme.

Combat smoking – (subprogram): aims at reducing cigarette consumption by 8% yearly and the decrease of prevalence of regular smokers by 6% (35% for men) by 2010.

Essence of the subprogram:

- prevention of addiction: community programmes, health communication, health policy measures (regulation);
- enhancement of giving up smoking: development of care providing system;
- to ensure the option of smoke-free environment for every person;
- getting acquainted with and investigate the reasons and motivations of smoking.

Alcohol and drug prevention – (subprogram): aims at combating and preventing alcohol and drug use and the health and social harms caused by them.

Essence of the subprogram:

- Operation of "minimal intervention programmes" in basic service;
- Operation of programmes protecting children of alcoholic persons;
- Development of treatment centres (low threshold services, civil organisations, self-help groups);
- Enhancement of social response skills (civil organisations, youth prevention programmes, media programmes);
- Observation of changes in patterns of alcohol use.

Conclusions

The Hungarian Drug Strategy does not include aims regarding licit drugs which are managed in a different strategy and health programme, thus they are separated from the drug issue.

13. DEVELOPMENTS OF DRUG USE IN RECREATIONAL SETTINGS

Overview

In national terms, there are quite a lot of data available on drug use in recreational settings. In Hungary electronic music trends and parties appeared some years later than in Western-European countries. The party culture which started in 1986 in Ibiza („*Island of Ecstasy*”) and spread in the United Kingdom, Netherlands and other European countries reached Hungary in the first part of the '90s. First manifestation of underground events known as acid parties in Hungary is dated for 1993 by Fejér (2000a). In that year he identifies only one sub-cultural group in the capital, which came from the underground world of the end of the '80s, however the transformation of disco clubs into techno-acid style in Budapest begins already one year later, in 1994 according to his report (Fejér, 2000b). Concerning this period we do not dispose of data other than the research carried out by Fejér (Fejér, 1998) with fieldwork methods and participant observation which emphasises the underground and sub-cultural characteristics of the phenomenon.

The first quantitative study was conducted in autumn 1997 in Budapest (Demetrovics, 1998)⁷⁷. Classification of recreational setting types distinguished *discos* (open on the weekend, fix location, pop/dance music with some electronic trends), *parties* (occasional events, linked to organisers not to locations, only electronic music trends, DJs) and *clubs* (fix location, open all week, setting conditions allow talking, offers other entertainment activities besides dancing). 61% of the respondents were males, their average age was 20.6 (the majority – 89.3% – was between the age of 17 and 26). Lifetime prevalence of drug use was 68.6% in the sample while 55.2% indicated having used illicit drug and/or inhalant in the month preceding the study. The difference is considerable among recreational settings, thus lifetime prevalence was 95.2% and last month prevalence was 87.5% in parties 81.7% and 64.3% respectively in clubs and half of the values were measured in discos: 40.9% and 26.6%.

The next – this time nationwide – study was conducted two years later in autumn 1999 (Demetrovics, 2001).⁷⁸ Lifetime prevalence was 52.6% (62.3% for men and 42.1% for women) and last month prevalence was 29.5% (39.1% for men and 18.7% for women) among the 1,507 questioned persons (ratio of men was 51.4%, average age 21.2 years). The same indicators were 72.5% and 41.2% in the capital. Differences by types of recreational setting showed similar trends to the previous study. Lifetime prevalence of drug use was 82.5% in parties (last month prevalence 56.8%), 63.3% in clubs (33.9% for last month) and 33% in discos (16.8%).

To sum it up, researches conducted in the second part of the '90s provide the following findings:

- Drug use – both lifetime and last month prevalence – among youngsters attending entertainment venues is essentially higher than in normal population.
- In spite of high prevalence rates drug use in this environment shows social-recreational drug use patterns, that is (1) the intensity of drug use is predominantly low (not more than one occasion per week); (2) drug use is linked to the recreational setting (not

⁷⁷ Altogether 373 young people were questioned anonym questionnaires in seven sites of the capital at 17 data collecting occasions.

⁷⁸ Data were collected at 27 sites in total, at 60 occasions in four county centers (Szombathely, Miskolc, Debrecen, Pécs) besides Budapest.

typical in other environment) except for cannabis; and (3) drug use is defined by social get-togethers.

- Socio-demographic indicators, activities related to work and study, as well as psychical characteristics of this drug user population do not show deviance. The only deviance identified in the studies was illicit drug use itself in this population. Some characteristics (income, expected level of education) of drug user youngsters contacted at recreational settings show more favourable picture than of those never trying illicit drugs.
- Studies revealed substantial differences in the extent of drug use by setting types. Remarkably, illicit drug use is clearly linked to party-type settings playing electronic music trends (house, techno, trance, goa, breakbeat, etc.); 8-9 out of ten visitors have ever used any illicit drug in their lives.
- The 1999 study revealed significant differences also among the cities studied. Compared to any other city, prevalence rates are considerably higher in the capital which is closely related to the fact that party culture representing electronic music trends is concentrated mainly in Budapest.
- Cannabis is the most widespread drug (as for prevalence of trying and use), however the use of psychostimulants (amphetamine and ecstasy) is the most strongly linked to recreational settings. Use of the latter drugs– in this population also – is almost exclusively linked to music-dancing entertainment while cannabis use is similarly likely in other settings as well, even though it is markedly present in this environment.
- Lifetime and last month prevalences of all illicit drugs are higher for men than for women and their intensity of drug use exceeds the rate of females'. All examined risk behaviours (e.g. driving when using drugs) show males' higher risk-taking.
- In international comparisons Hungarian data (Demetrovics, 2001) do not show significant difference to characteristics of drug use in other European cities (Tossmann *et al.*, 2001), neither for the extent nor for the structure of use. The only marked difference is the lower presence of cocaine in Hungary compared to Western European countries which is probably explained by the high price of the drug. At the same time it is compensated by amphetamine and ecstasy use and the use of LSD is also higher.

Researches in the last five years

Three significant studies have been conducted on recreational settings in the last five years in Hungary.

1. Anonym questionnaire study – with similar methodology to the above mentioned one – carried out in the party-scenes of Budapest in autumn/winter 2003 (Demetrovics and Menczel, 2004; Demetrovics, 2005).
2. Qualitative panel research conducted in Budapest in spring 2005 examining the party-culture of the capital as well as the drug use in these scenes with the involvement of three target groups (party-visitors, party-organisers, experts) (Csák, Forstner, Márványkövi and Rácz, 2005).
3. National (including nine cities besides the capital) qualitative study also carried out in spring 2005 which revealed the characteristics of music-dance recreational settings and the patterns of drug use by applying half-structured interviews with the participants of the scene (Demetrovics, Nádas and Kun, 2005).

Quantitative results

In the above mentioned questionnaire survey – in contrast to the two researches with similar methodology – only youngsters attending electronic music parties were questioned.⁷⁹ Contrary to previous studies discos and clubs were not included in the research.⁸⁰

60% of the respondents were men, their average age was 23 years. As for the extent of drug use 89.5% of them have used illicit drugs in their lives. Cannabis showed the highest rate of trying (87.2%), but also quite high ratio of respondents have already experimented amphetamine (51.9%) and ecstasy (58.5%). 41.3% have tried LSD, 30.8% have tried cocaine and 31.1% tried herbal drugs in their lives. 20.9% of respondents indicated having used ketamine in his/her life while 8.3% have experimented with phencyclidines (PCP) and 5.9% with GHB at least once in their lives.

Findings confirmed that there might be significant differences in the characteristics of drug use of persons fond of different music styles. Thus public of goa parties reported the highest prevalence rates for cannabis, cocaine, LSD and herbal drugs. The probability of trying amphetamine and ecstasy – besides goa parties – is the highest among visitors of techno-events, nearly two-thirds of the visitors of these parties have tried amphetamine and three-quarters of them have tried ecstasy in their lives. Nevertheless lifetime prevalence of amphetamine and ecstasy use is also high among visitors⁸¹ of house and trance parties. Use of ketamine and PCP is outstandingly high among techno-party visitors. Lowest prevalence rates were found among visitors of experimental electronic music trends.

Table 39. Lifetime prevalence by different electronic music trends

	N	Cannabis	Amphetamine	Ecstasy	Cocaine	LSD	Herbal drugs	Ketamine	PCP	GHB
Drum and Bass	202	91.6	47.0	56.4	31.7	42.6	36.0	16.3	11.4	8.2
Breakbeat	225	84.9	38.5	44.3	23.5	38.7	26.6	11.8	4.5	2.3
Goa	205	93.2	65.5	72.9	42.3	53.2	49.7	28.1	8.6	8.9
Techno	159	79.9	64.8	73.0	28.3	35.8	14.2	40.9	14.0	9.9
House	35	80.0	57.1	62.9	37.1	40.0	25.7	25.7	2.9	12.1
Trance	39	79.5	59.5	63.2	24.3	23.1	8.1	21.6	8.1	2.7
Experimental electronics	46	76.1	31.1	34.8	26.7	34.8	20.0	11.1	6.5	0.0

Source: Demetrovics, 2005

Qualitative results

The aim of the Budapest research of Csák *et al.* (2005) was to launch a selective prevention panel study in which actors of electronic music party life – party-visitors, party-organisers, experts (doctors, criminal experts, prevention and harm reduction personnel working in the scene) – were questioned applying in-depth interview (20 interviews) and focus group (2 focus groups) methodology. The study comprised two main topics, characteristics of drug use in the scene on the one hand and experiences of prevention and harm reduction activities related to the recreational scene on the other.

Patterns of drug use reported by the respondents correspond to the ones experienced in previous researches. It is an important result that the research provided information on the development of the carrier of recreational drug use. Accordingly four phases – trying, experimenting, active drug use and normalisation – can be differentiated in the personal drug

⁷⁹ The methodology was also changed since half of the data collection was not based on personal – at the party site –interviews, but on the distribution of questionnaires (and stamped envelopes) during and after the parties. Data was collected between September and December 2003 on 33 parties in Budapest (and the agglomeration) At 19 occasions personal interviews and distribution of questionnaires took place and at 14 occasions only questionnaires were distributed. Altogether 1,059 processable questionnaires were collected by the two data collection methods.

⁸⁰ Findings published are not final since statistical processing of data has not finished yet completely.

⁸¹ Results should be managed carefully due to the low number of elements in house and trance parties.

use carrier through which the scale of drug use describes first an increasing curve followed by a decrease later.

Table 40. *Phases and patterns of personal drug use*

Phase	Typical drugs	Intensity of drug use	Attitudes, motives
Trying	Tobacco Alcohol Cannabis	Occasional	Curiosity Peer group influence Breaking of norms
Experimenting	Whole spectrum of available drugs	Very intensive phase between Trying and Active drug use Occasionally, even after active drug use phase	Curiosity Experience different states of consciousness Acquisition of experiences
Active drug use	Tobacco Alcohol Cannabis Ecstasy Speed Hallucinogens	Regular drug use (monthly, fortnightly use of stimulants and hallucinogens and even daily use of cannabis)	Consciousness Experience based drug use „Partying” at the focus of lifestyle
Normalisation	Tobacco Alcohol Cannabis	Occasional drug use built in normal lifestyle	„Relaxing”

Source: Csák *et al.* 2005

Csák *et al.* (2005) also pointed out the differences between patterns of drug use by party scenes. Accordingly the techno scene (1) is dominated by amphetamine and ecstasy, also cocaine use is the most prevalent here and the use of nitrogenous-oxide is related mainly to this sub-scene as well. Cannabis seems to gain less role here than in other scenes. Stimulants (amphetamine, ecstasy) are similarly present at drum and bass and breakbeat scenes (2) yet the use of cannabis is also general there. A further difference within this scene is that while drum and bass parties are rather visited by the younger population (14-17 age) breakbeat is preferred by older age groups. The use of alcohol – even large quantities, until drunkenness – is more characteristic at the latter parties which can be interpreted as a new phenomenon in the party scene. Besides the presence of stimulants, use of hallucinogens at a significant scale gives specificity to goa parties (3). In addition, respondents indicated the highest extent of drug use in this scene.

Another nationwide study (Demetrovics *et al.* 2005) conducted in spring 2005 demonstrated similar findings.⁸² As for patterns of drug use the only significant contribution of the study to the above ones is that the use of cocaine is becoming more popular in several cities (Budapest, Siófok) and the population of cocaine users has widened.

In accordance with the experiences of Csák *et al.* (2005) interviews made with owners and employees of entertainment venues indicated ambivalent tendencies concerning harm reduction developments (ventilation, available drinking-water, establishment of chill-out rooms, etc) and interventions (appearance of harm reduction oriented helpers in the parties) of the party scenes. Refusal of these interventions or occasionally the acknowledgement of their importance in principle are typical, though they stress that such interventions are

⁸² Altogether 99 structured interviews were conducted in 10 cities with experts working in or being related to the recreational scenes (professionals of harm reduction helping activities and of drug outpatient centres, doctors working in crisis intervention, policemen) as well as with owners and employees of entertainment venues. The interviews aimed at revealing characteristics of drug use in the scene as well as the positions, opinions in relation to the necessary and possible interventions.

unnecessary in the overground scene. Generally the denial of the problem – especially regarding the own venue – was in the background of these reactions.

Types of recreational settings

The threefold – party, disco, club – division revealed and defined in 1997 (Demetrovics, 1998) transformed to some extent in the last years even though keeping relatively the basic types. One of the most important tendencies – according to Fejér (2000b) it started in 1994 and has continued since then (Demetrovics *et al.* 2005; Cask *et al.* 2005) – is that disco type settings are more and more giving room to party-like events. Either in a way that pop/dance and some kind of electronic music trends are present paralelly in several separated areas or by shifting in time, at the occasion of different events disco- and party-type happenings are organised at the same setting. It is worth noting that in the latter cases more popular, dance-type genres – techno, house, trance – are characteristic; breakbeat or drum and bass and particularly goa-style in this form is not or less characteristic.

Another perceptible relevant trend is the split of party-culture into subcultures or sub-subcultures. The acid-culture developed in 1993 from the metropolitan underground movement of the '80s and described by Fejér (1995) has been differentiated repeatedly. As a first step, the penetration of electronic music trends (mainly the more popular techno and house trends) into “traditional” discos started in the middle of the '90s and therefore the differentiation between underground and overground (mainstream) party-cultures was created and has been in use since then (Rácz and Geresdi, 2001). Nevertheless differentiation has continued and – just mentioning the most important trends – nowadays there are at least six important styles we have to take into account. Besides the already mentioned house and techno these are trance, goa, drum and bass and breakbeat, but experimental electronics, noise and nu skool are also available in the Hungarian music supply as smaller trends (Demetrovics and Menczel, 2004; Csák *et al.*, 2005). Their subculture creating ability varies, certain – particularly underground – trends assume more marked sub-cultural characteristics while others – primarily overground trends – are more permeable. At the same time the continuous popularisation and commercialisation of certain styles is noticeable which implies constant movement from underground towards overground (mainstream) tendencies.

As a third trend, parallel to the widening and differentiation of recreational settings and party-culture not only the spectrum of styles was broadened, but also the availability in time was extended. This means that nowadays different parties of electronic music are available basically any day of the week while earlier party-type events were limited predominantly to weekends (Demetrovics and Menczel, 2004; Csák *et al.*, 2005). At the same time, parties organised during the week are events which involve mainly certain smaller sub-cultural groups (Csák *et al.*, 2005).

It has to be noted that both the broadening of the music supply and the extension of availability in time are typical of the capital principally (Demetrovics *et al.*, 2005). Electronic music trends and particularly underground trends are essentially less available in other cities. While parties have been “bounded to location” in the capital and more and more entertainment venues representing exclusively electronic music trends (even in broader selection on different days of the week) can be identified, in other cities of the country electronic music parties are single events exclusively limited to popular and underground trends. Among the 365 music-dance entertainment venues identified by Demetrovics *et al.* (2005) in the capital and in nine other big cities altogether 18 settings can be classified in the party category out of which 13 are located in the capital (in five cities there was no such kind of a setting).

Csák *et al.* (2005) identify three main scenes of recreation settings: (1) drum and bass and breakbeat, (2) goa and (3) techno. The first two are mainly classified as underground trends even though movement towards overground trends can also be observed in these scenes.

Trends in drug use: new developments in the last five years

The close relation of party culture and recreational drug use – primarily concerning psychostimulants and hallucinogens – has been repeatedly confirmed. Comparing the data of the 2003 quantitative study to the findings of general population studies (Elekes and Paksi, 2003; Paksi, 2005) we can notice that while lifetime prevalence of cannabis in party environment is 2.6 times of the ratio in the general population, ratios are 4-6 times more concerning other drugs. Thus the risk for trying amphetamines is 4.5 times, ecstasy 4.1 times, cocaine 6.3 times and LSD 5.2 times higher among party-visitors than among their peers (18-34 years old).

Changes of the last five years are summarised below.

- Qualitative researches conducted in 2005 give an account of the – compared to previous years slower but continuous – increase of drug use in the party scene. This result corresponds to the findings of general population studies however – maybe partly due to methodological difficulties – cannot be identified clearly in quantitative studies.
- To some extent in accordance to the above, but more emphasised is – particularly in case of certain music trends – the shift to an earlier age of visiting entertainment venues (and taking drugs there).

It has to be noted in relation to both phenomena that the picture is toned down by the afore-described broadening and differentiation of electronic music parties. Since this also means that the number of party-goers has increased and the public of parties has widened concerning their age and social background. In addition the developments described above also imply that the music supply of “traditional” pop-dance music entertainment venues has broadened or completely transformed and shifted towards electronic music culture. At the same time we know from previous researches (Demetrovics, 1998, 2001) that electronic music is more strongly associated to drug use than traditional discos. In such a way it is probable that drug use has not primarily increased among party-goers in its proportion, but the number of young people visiting parties (and using drugs) has increased on the one hand and there was a shift from disco-type entertainment venues with typically lower rates of drug use towards the party culture characterised by higher illicit drug use ratios on the other.

On the same way the decrease of age did not happen in an unchanged music-cultural scene, on the contrary, the broadening of the spectrum of music trends addressed younger populations and the decrease of age of the party-visitor population resulted in the decrease of age of drug user youths.

- There are signs indicating more intensive (more prevalent) drug use and the use of higher doses in the party scene. This is principally experienced among the younger population involved mainly with the techno and the drum and bass scenes. Contrary to this, older population and less intensive drug use seem to characterise goa culture.
- Decrease of LSD use seems to be a general trend but parallel to this, drugs which had not or just to a little extent been present in the Hungarian market earlier, have spread. The use of magic mushroom and herbal drugs seem to be the most significant today, but there are unambiguous data indicating the presence of ketamine, GHB and 2-CT (Demetrovics *et al.*, 2005; Csák *et al.*, 2005).
- The spread of cocaine use is a significant development. Special attention should be paid to the observation that while earlier this drug was almost exclusively preferred among well-off older age groups, it arises more and more among entertainment venue visitors potentially not disposing of funds necessary for the acquisition of this drug (Demetrovics *et al.*, 2005).

Gender differences

Quantitative studies indicate higher prevalence of illicit drug use of males than of females, however – contrary to the general population studies – the research conducted in the scene (Demetrovics, 2001) does not reveal an inverted tendency concerning pharmaceuticals abuse, i.e. female dominance is not detected here. Men are characterised by more intensive drug use, trying of more illicit drugs and more frequent combined use of drugs that is risk behaviours are more probable among men (Demetrovics, 2004). Qualitative data support the fact that cannabis use, and especially regular and intensive use of this drug is less characteristic of girls. Another perceived gender difference is that ecstasy use seems to be more characteristic of girls while amphetamine use seems to be more typical of boys (Demetrovics *et al.*, 2005). Interviews with treatment experts and professionals carrying out harm reduction activities in the scene demonstrate that girls are more withdrawn, it is more difficult for them to open up and in relation to this, they are less probable to ask for help than boys who are more willing to undertake drug use and their problems related to it (Demetrovics *et al.*, 2005).

Geographical differences

Dancing-music entertainment possibilities are significantly concentrated in bigger cities of the country, particularly in the capital. Demetrovics *et al.* (2005) identified altogether 365 dance-music entertainment venues in 10 Hungarian cities⁸³. Even though the overwhelming majority of them (62.2%) are located in Budapest, the number of entertainment venues for 100,000 inhabitants as well as for 100,000 youths between the age of 15 and 34 does not show striking variations thus the rates of the capital are average. The only place where the ratio of entertainment venues compared to the population is outstandingly high is the summer holiday and entertainment centre of Siófok (however three-quarters of entertainment venues are open only in the summer here).

Table 41. *Number of entertainment venues identified and their proportion to the population in different cities*

<i>City</i>	Number of identified entertainment venues	Number of entertainment venues for 100,000 population	Number of entertainment venues for 100,000 population of 15-34 age	Proportion of entertainment venues offering (also) electronic music (%)
Budapest	227	13.3	45.0	57.9
Győr	14	10.9	33.6	50.0
Szombathely	13	16.0	50.6	38.5
Veszprém	10	16.2	47.9	50.0
Siófok	12	52.9	187.6	83.3
Pécs	23	14.6	47.5	66.7
Szeged	19	11.7	36.8	61.1
Debrecen	20	9.8	30.1	82.4
Eger	6	10.6	33.1	50.0
Miskolc	21	11.8	39.1	52.4
<i>Total</i>	365	13.2	43.5	59.0

Source: Demetrovics et al., 2005

⁸³ Alongside with *Budapest*, *Győr* and *Szombathely* from the West-Dunántúl Region, *Veszprém* from the Middle-Dunántúl Region, *Siófok* and *Pécs* from South-Dunántúl, *Szeged* from the South-Alföld Region, *Debrecen* from the North-Alföld Region and *Miskolc* and *Eger* from North-Hungary were selected. Besides the capital of nearly 2 million inhabitants five of the selected cities have inhabitants between 100 000 and 200 000 and three cities have a population over 50 000. Siófok has the lowest number of population (23000) but is a special tourist and dance-music entertainment centre during the summer season.

At the same time party-type settings playing only electronic music were identified only in every second city (Budapest, Győr, Siófok, Pécs, Debrecen). Even though the ratio of settings offering (also) electronic music does not show a significant difference by cities (leaving out the especially low and high rates for Szombathely and Siófok), as it was mentioned above, popular, dancing overground trends (techno, house) are more characteristic in cities besides the capital on the one hand and party-type electronic music events cover much less part of the music supply of entertainment venues than in the capital on the other.

Health and psychological consequences of drug use in recreational settings

Only indirect data and findings of qualitative researches are available regarding the health and psychological consequences of drug use in recreational settings. Neither drug-related death nor emergency services, nor the cases of intoxication statistics indicate directly whether a given case can be linked to the recreational scene. Nevertheless the number of death cases potentially linked to the scene – i.e. related to drugs outstandingly present in the scene (amphetamine, ecstasy, cocaine) – are low, some persons per year (Csohán, Csorba, Keller and Zacher, 2004). Among the cases of intoxication one-third (34.5%, i.e. 425 cases) of the total of 1,231 drug-related cases of intoxication (including inhalants) reported to ETTSZ⁸⁴ (Health Toxicological Information Service) in 2003 was due to the use of psychostimulants (amphetamine, ecstasy), but the ratio of cannabis-related intoxications was also quite high (16.1%). Significant differences in gender have to be emphasised regarding drug-related intoxications of this drug group: a little bit more than every fourth man (26.2%) while every second woman (52.7%) were directed to emergency care due to amphetamine and ecstasy use⁸⁵.

It is important to stress that those working in entertainment venues ward off this field; they give an account of not perceiving health problems or they mention some isolated cases at most regarding drug use in the scene (Demetrovics *et al.*, 2005). Owners and employees of entertainment venues perceive consequences of alcohol use as a more significant problem than of illicit drug use. Due to lack of reliable data we cannot provide a precise picture of the extent of health consequences of drug use in recreational settings, but it is likely that the scale of perceiving and undertaking the problem by those working in the scene falls behind the real extent of the problem. Unambiguous data indicate that owners and maintainers of entertainment venues are afraid of the stigmatisation of the venue and especially of potential police interventions related to the acknowledgement of drug use in the entertainment venue (Demetrovics and Pelle, 2000; Demetrovics *et al.*, 2005).

On the basis of interviews made in outpatient centres we can conclude that treatment demand from the scene is low, most of the clients coming from recreational settings are directed to treatment centres as an alternative to criminal proceedings (diversion). The majority of the rest of clients enter spontaneously, mostly asking for help in creating their lifestyle and not because of severe addiction problems (Demetrovics *et al.*, 2005).

State interventions – Considerations on recreational drug use in the National Drug Strategy

The National Strategy to Combat the Drug Problem adopted by the Parliament in December 2000 (ISM, 2000) sets specific aims related to drug use in dance-music entertainment venues in three subchapters. The first chapter – which discusses the issue in most details – is the field of *community and cooperation* where both long and short-term aims include ideas about the scene. “Increase the number of safe entertainment venues” is a long-term, “support of the establishment of drug-free programmes and scenes” as well as the “decrease of the number of disco accidents” are mid-term and the “analysis and necessary modification

⁸⁴ See all abbreviations in the List of Abbreviations

⁸⁵ We do not dispose of information about how many of these cases are related to music-dance entertainment.

of the legislative environment” and the “establishment of local prevention services” as well as the “establishment and control of local forms of control” are short-term aims. It is clear without giving full details of the aims that this chapter wishes to step up against harms of drug use in this scene by strengthening prevention, harm reduction and alternative programmes primarily. In the treatment chapter of the National Drug Strategy the aim of the necessity of the reinforcement of outreach activities in recreational settings is mentioned, even though not detailed. Supply reduction is the least detailed, here the improvement of the “safety of entertainment venues and other drug-infected scenes” as a mid-term aim is formulated only in general. To sum it up we can say that the governmental organ responsible for the coordination of drug affairs realised the main problems related to recreational settings, recorded them in the basic strategic document of the field and set clear aims regarding its management mainly based on prevention and harm reduction methods.

The Safe Entertainment Venue Programme

The story of the Safe Entertainment Venue Programme reflects well the role of the state in the development of civil services even though many questions arise about the success of the its implementation. Preparations of the Safe Entertainment Venue Programme (BSzP) date back to 1999 (Topolánszky and Rácz, 1999; Demetrovics and Pelle, 2000). Afterwards in May 2000 the deputy state secretary responsible for the coordination of drug affairs at the Ministry of Youth and Sport (ISM) – in line with the aims of the National Drug Strategy – initiated negotiations among two dozens of owners of Hungarian entertainment venues, the representatives of the Police and other relevant organisations in order to elaborate the conditions for safer entertainment in dance entertainment venues. Regular fortnightly discussions were coordinated by the Ministry of Youth and Sport and the National Crime Prevention Council. The aim of the meetings was to elaborate a cooperation plan and an operation model which would serve as a model for the implementation of safe entertainment for young people who spend their leisure time in entertainment venues. The model would eliminate or minimize health and social harms and would possibly be drug-free. The outline of the programme design (Demetrovics and Pelle, 2000) was drafted by July 2000 and the Association of Safe Entertainment Venues (BSZE) was founded by the end of the year.

The role of the state decreased in the programme in what followed, it was basically limited to the organisation of some conferences focusing on the topic and to the provision of state support. Accordingly three conferences were organised in order to increase the popularity of the programme (23rd April, 2001, Budapest, 24th May 2003, Siófok, 3rd November 2004, Budapest⁸⁶), and the Ministry announced a grant scheme titled “Safe Entertainment Venues” within the framework of the HU 2002/180-05-02 Phare programme, with the aim to decrease drug use in entertainment venues. The available amount of this grant was altogether €280,000 applicants could get a support of a minimum of €8,000 and a maximum of €35,000. In total 17 applications (6 at first and 11 at second time) were submitted to the two-phased announcement⁸⁷ out of which two organisations gained support in the first (total of €54,331) and six organisations in the second round (€186,700) of amounts between €21,000 and €35,000 (the average was €30,000)⁸⁸.

All in all the fact that the state could not spend the available funds due to the – at least at the time of the announcement of the grant – few number of actively operating organisations in the field is an important experience of the PHARE programme. To our knowledge only two out of the 8 beneficiaries had had previous experience with harm reduction programmes in the scene.

⁸⁶ The 2004 Conference was organised by the Association of Safe Entertainment Venues while the former two were coordinated by the Ministry, naturally in collaboration with the Association.

⁸⁷ In the first phase only 20% of the available funds were distributed so the next announcement was financed from the remaining sum.

⁸⁸ Later one of the eight organisations desisted from the implementation of the project. The decision was justified by the fact that they could not get to an agreement with the entertainment venue where the project was supposed to run.

Prevention and harm reduction activities at recreational settings

Harm reduction activities at recreational settings started in Hungary in January 1999, when the so called *Party Service* of the Blue Point Drug Counselling and Outpatient Centre was launched (Rácz, Urbán and Lencse, 2001). The service has been operating continuously since then primarily in Budapest and its agglomeration predominantly in the underground party scene. Overground party scenes clearly reject the admission of these types of services (Demetrovics *et al.*, 2005; Csák *et al.*, 2005). Nevertheless some similar initiatives arose in the last years throughout the country. Part of them operate linked to certain entertainment venues as a consequence of the implementation of the above-described PHARE programme while other programmes provide harm reduction services in several entertainment venues. Detailed data are available on five programmes (Demetrovics *et al.*, 2005).

Table 42. *Main characteristics of harm reduction organisations working in recreational settings in Hungary*⁸⁹

Programme	City	Year of launching the programme	Type of service	Geographical coverage of the programme	Relevant scenes	Service volume (2004)
Party Service	Budapest	1999	Harm reduction oriented outreach programme	Nationwide (but mainly Budapest)	Mainly underground scenes, but anywhere where the service is accepted	47 events (57 days) (estimated contacts 15,260 persons)
Bulisegély (Party help)	Pécs	2000	Harm reduction oriented outreach programme	South-Dunántúl Region (Pécs, Kaposvár, Siófok)	Five settings in Pécs, but other settings in the region, too	63 events
Bulisegély (Party help)	Veszprém	2004	Information service, prevention and counselling	Veszprém	Several locations	6 events
Mozgótárs Szolgálat (Moving fellow service)	Debrecen	2003	Prevention and harm reduction activities	Debrecen	One setting	26 events
Agria Party Service	Eger	2003	Prevention and harm reduction activities	Eger	One setting	16 events

Source: Demetrovics et al., 2005

Evaluation of harm reduction activities in recreational settings

Csák *et al.* (2005) just like Demetrovics *et al.* (2005) indicate that owners and maintainers of entertainment venues are ambivalent and rejective against harm reduction services in party scenes. Building harm reduction services into the operation of the entertainment venue means the acknowledgement of drug use in the entertainment venue for many maintainers

⁸⁹ Another three projects received PHARE support within the framework of the development of Safe Entertainment Venue Programme however information on detailed activities are not available.

and owners thus they are afraid of the related stigmatisation of the setting and the increase of police activities. Many maintainers of entertainment venues follow the strategy of denying drug use and perceiving its volume on a minimal scale. Concerning the other side, those entertaining in the scene clearly consider these types of interventions useful.

Conclusions

Findings of researches conducted in last years in recreational settings show that the extent – even if at a lower pace compared to earlier years – of drug use is increasing in the party scene and by the decrease of the age of youngsters visiting entertainment venues recreational drug use also starts at an earlier age. Difference is found by music styles in the types of drugs used and in the intensity of use. LSD use decreased in the party scene, but parallel to it drugs (e.g. magic mushroom, herbal-drugs, ketamine, GHB) previously not present or just to a smaller scale present in the Hungarian market appeared and spread. Corresponding to European trends the expansion of cocaine use is a new development in Hungary.

The ratio of clients coming from recreational settings is low in outpatient centres, the majority of them are referred to the treatment centres as an alternative to criminal proceedings, and the majority of the rest of the clients enter spontaneously, mostly asking for help in creating their lifestyle and not because of severe addiction problems.

Harm reduction services in the scene were established in Hungary in order to reduce health risks of recreational drug use; several of the services were launched within the framework of the 2001 PHARE tender.

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LIST OF ABBREVIATIONS

ÁNTSZ - National Public Health and Medical Officers Service

BSZE - Association of Safe Entertainment Venues

BSZKI – Criminal Professional and Researcher Institute

KEF – Coordination Forum on Drug Affairs

ICSSZEM – Ministry of Youth, Family, Social Affairs and Equal Opportunity

ISM – Ministry of Youth and Sports

KKB – Coordination Committee on Drug Affairs

ERÜBS – Uniform Police and Prosecutors' Criminal Statistics

ESZCSM – Ministry of Health, Family and Social Affairs

ETTSZ - Health Toxicological Information Service

EüM – Ministry of Health

GYISM – Ministry of Children, Youth and Sports

NDI – National Institute for Drug Prevention

NIH - National Institutes of Health, USA

OAI – National Institute for Addictology

OEK – National Epidemiological Center

OEP – National Health Insurance Fund

OM – Ministry of Education

OSAP – National Statistical Data Collection Program

OTH - National Chief Medical Officer

OTKA – National Scientific Research Found