STANDARD SUMMARY PROJECT FICHE (TWINNING)
Project No. HU0006-02

1. Basic information

1.1 Désirée Number:

1.2 Title: Institutionalisation of the National Drug Information System Focal Point* and piloting more effective models for drug demand reduction

1.3 Sector: Justice & Home Affairs

1.4 Location: Hungary:
Health Development and Research Institute of the Ministry of Health and relevant demand reduction and supply reduction organisations

* This National Drug Information System Focal Point has been initiated by the Phare Drug Information System project and has a similar profile as REITOX (Réseau européen d’information sur les drogues et les toxicomanies) Focal Point in EU member countries

2. Objectives of the project

2.1 Wider Objective: further alignment with the acquis concerning the fight against drugs by extending administrative, information support and intervention capacities.

2.2 Immediate objectives:

(a) At the end of the project the Drug Information System Focal Point is institutionalised in line with Council Regulation No. 302/93, is working with full capacity and is capable to provide valid and comparable data (especially the five key indicators) as required by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The project will also contribute to provide advice in general in the field of drug policy and demand reduction and to improving interministerial coordination.

(b) Effective demand reduction models are developed/adapted, piloted and evaluated, and good practices are ready for introduction and dissemination for nation-wide application in the three main fields of drug dependence:

(i) early diagnosis and early intervention,
(ii) treatment and
(iii) rehabilitation and social reintegration.

2.3 Accession Partnership and NPAA priority: the project is based on the EU Action Plan to Combat Drugs (2000-2004), accepted in Helsinki in December 1999. The project responds to the medium-term priorities for Hungary identified in Chapter 3.5 of the Annex of Accession Partnership (“Legislation must be aligned with EU requirements in such areas as health and safety and labour law. Social reform must be further developed and the health system should be improved. An active, autonomous social dialogue and social protection must be developed. The administrative structures must be strengthened to ensure the effective implementation of legislation.”).

3. Description

3.1 Background and justification: The Hungarian drug related data collection system is not fully comparable with the EMCDDA key indicators. This hinders the valid and comparative analysis of the drug situation. Having assisted Hungary in the last 7 years to close up, the Phare DIS project created a solid fundament for accession to the REITOX system (assessment, Information Map, Living Document, feasibility study, training, electronic network). Through the efforts of the project the momentum reached can be maintained and as a main outcome the data supplied by Hungary will be valid and comparable on an European level.
While drug supply reduction has made considerable progress in recent years, demand reduction went through a disproportional development. The treatment system underwent an extensive development but the range of methodologies used remained narrow. Relapses are frequent and treatment outcomes are poor. This feedback adversely influences treatment demand among juveniles and creates a greater than necessary need for substitution and other forms of harm reduction. The intention is to strengthen drug-free treatment modalities and, on the other hand, to set up early diagnosis and early intervention approaches at the community level. The major benefit of these actions will be a decrease of regular drug consumption among young people.

The project builds on the achievements of the Phare multi-beneficiary programme on the Fight against Drugs.

3.2 Linked activities: (more detail is given in Annex 7). The project builds on the achievements of the following projects:

(1) Phare Multi-beneficiary programme on the ‘Fight against drug abuse’
   (A) Phare Drug Information Systems (DIS) project
       It has developed the basis for the institutionalisation of the Focal Point and for the harmonisation of
drug related data collection and processing.
   (B) Phare Drug Demand Reduction (DDR) project
       The current project will make use of the innovative drug educational methodology developed, and will
further develop the achievements of the DDR Resource Centre.

(2) Drug law enforcement laboratory development project under COP’99
   The achievements of this project will help the introduction of regular laboratory reports on the appearance of
new synthetic drugs.

(3) CoE Pompidou Group: (A) Multi-city study, (B) DDR Staff Training programme
   These will serve as a basis for (i) introducing key indicators and (ii) for the preparation of distance education
programme for GPs on early diagnosis and intervention of community level drug problems.

(4) UNDCP International Drug Treatment Training Project
   We will utilise the knowledge gained from this 5-year training project when establishing treatment and rehabi-
tilation model projects.

(5) Education & Mental Health Fund for Eastern Europe: Training on Drug-free out-patient treatment re-
gimes
   We will utilise the knowledge gained from this project when establishing the outpatient drug-free day care
regime model project.

3.3 Results: Outputs of the project are as follows:
   • Reform data collection system in place;
   • Data providers trained in new system of source data collection;
   • Five key indicators are introduced;
   • Focal Point staff and other key personnel trained;
   • Focal Point fully equipped;
   • Technical infrastructure of the National Drug Library upgraded;
   • Technical equipment of the Resource Centre for Drug Demand Reduction is upgraded;
   • Piloting and evaluation of demand reduction models are completed.
   • Provision of advice in general in the field of drug policy and demand reduction
   • Improved interministerial coordination

3.4 Activities:

HU/2000/IB/SO/01 Twinning – Drug Information Focal Point

The project is based on receiving twinning assistance from an appropriate institute of an EU member country. In
addition to giving advice in general in the field of drug policy and demand reduction, the twinning assistance
would focus on the two specific immediate objectives of the project and will assist in carrying out specific activi-
ties towards the immediate objectives (listed under paras 3.4.1 and 3.4.2). PAAs will be located in the Ministry of
Health. The duration of the stay of the PAA will be from April 2001 to April 2002.
The twinning assistance will be instrumental in the development and initial operation of the Focal Point institute. The twinning partner should preferably come from one of the EU member countries successfully operating a REITOX Focal Point and should be a person of medium to high seniority and highly experienced in the institutionalisation and operation of a Focal Point.

The specific tasks of the PAA can be foreseen as follows:

- Advice on the drawing up of a National Drugs Strategy
- Advise on reforming the existing drug data collection and amending the relevant legislation;
- Advice on ways and means of improving the comparability and validity of drug data;
- Assistance in introducing the 5 key indicators of EMCDDA, especially the treatment demand, mortality, new synthetic drugs, HIV and hepatitis co-morbidity and price-and-purity;
- Provision of in-depth and short term training on information collection; principles, techniques, processing and provision structures for the staff members responsible for data provision, collection, processing, analysis in the following health care, law enforcement and justice institutions (the list of target institutions is given in Annex 10):
  - in depth training for staff of institutes responsible for data collection and processing;
  - short basic training for professionals working in the field;
  - short term fellowships in EU countries for staff of the Focal Point and other national drug data collection centres.
- Assistance in epidemiological analysis and interpretation of data;
- Assistance in research organisation; advice on the proposed training and fellowships;
- Organisation of suitable shadowing arrangements for a Focal Point staff member;
- Assistance in establishment of a long-term co-operation with the Focal Point of the sending country;
- Assistance for the Focal Point in the electronic exchange of information, especially within the REITOX network and the Interchange of Data between Administrations (IDA) scheme;
- Assistance in the planning and piloting of demand reduction models;
- Assistance in introducing appropriate evaluation methods for demand reduction projects (also with a view on making possible Hungary’s participation in EDDRA – Exchange on Drug Demand Reduction Action)
- Advice in setting up the criteria system for the evaluation of the project outcomes.
- Assistance in improving inter-ministerial co-ordination

**Guaranteed results:**

With regard to the above mentioned outputs the immediate objectives of the project will be fulfilled through the following guaranteed results:

- The Drug Information System Focal Point is institutionalised in line with Council Regulation No. 302/93 and is working with full capacity.
- Hungarian drug epidemiological and criminological data are conform with EMCDDA guidelines;
- The Early Warning System is more effective as improved information is available on new synthetic drugs;
- Through the development of the Drug Demand Reduction Resource Centre research and evaluation in DDR, as well as dissemination of experience, knowledge and information on DDR projects improves
- Through the development of the Drug Library (attached to the Focal Point) European scientific information is widely available to Hungarian drug professionals through full access to the European Virtual Drugs Library.
• More effective demand reduction through the nation-wide introduction of good practices in (i) early diagnosis and early intervention, (ii) treatment and (iii) rehabilitation and social reintegration. Early diagnosis and the efficiency of prevention problem drug use are improving through the involvement of primary health care staff trained.

3.4.1 Collection, processing and analysis of comparable drug epidemiological data: The activities under this heading serve the fulfilment of specific objective 2.2(a). They address the further development of collection, processing and analysis of comparable drug epidemiological data and improvement of the validity and comparability of data, as well as the further development of drug information and documentation systems through the institutionalisation of the Hungarian Drug Information System Focal Point and In-depth and short term training on information collection (the latter to be delivered under the twinning assignment).

The Focal Point will be located in the Health Development and Research Institute under the auspices of the Ministry of Health. Its institutionalisation will be in line with Council Regulation No. 302/93 on the establishment of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the decision of the EMCDDA Management Board of 23 October 1998 on the role and financing of national focal points. The Focal Point has to work effectively and closely with other Ministries involved, such as the Ministry of Youth and Sport and the Ministry of the Interior.

Under the Phare Drug Information and Documentation Systems Project the Focal Point was established in 1995 in the Ministry of Health (then Welfare) and it has developed the following activities in the last phase: Information Map (mapping up the flow of drug related information), Living Document (standardised list of Treatment institutions), collecting of drug related legislation, annual national reports, research studies, twinning with EU Focal Points, networking, training.

The institutionalisation requires adequate staffing, staff training (a one-year academic training is envisaged for a Focal Point staff member), upgrading office infrastructure and telecommunication network with relevant institutions and amendment of data collection legislation (the status of narcotic drugs related legislation is attached as Annex 6). Closely associated with the institutionalisation of the Focal Point the national drug documentation centre (National Drug Library) will be upgraded for full participation in the European Virtual Drugs Library.

The existing DDR Resource Centre (DDR RC), which operates as a ‘foundation of enhanced public benefit’, will receive a small amount of technical equipment. DDR RC has been and will be operating independently from, but in close co-operation with, the Focal Point institute. Its main task includes dissemination of experience, knowledge and information on DDR projects, research and evaluation in DDR, publication of training materials and organisation of training, as well as liaison with similar institutions in EU member countries.

3.4.2 Development, piloting and evaluation of effective demand reduction models: These activities aim at the development, piloting and evaluation of effective demand reduction models (early diagnosis, early intervention, treatment, rehabilitation and social reintegration) to prepare for subsequent dissemination for nation-wide application. It includes piloting and evaluation of best practices of outpatient drug-free treatment regimes and short term intensive rehabilitation and re-integration models (each in 3 institutes);

4. Institutional Framework

The recipient institution (the beneficiary) of the twinning partner will be the Health Development Research Institute of the Ministry of Health which will operate the Drug Information Focal Point, and support the National Drug Library and the Drug Demand Reduction Resource Centre. Other stakeholders of the project include (i) the Ministry of Health itself and its institutions responsible for data collection and processing; (ii) all drug treatment institutions, (iii) primary health care (iv) the Ministry of Youth and Sport, and the Sport Health Research Institute under it; (iv) the Ministry of the Interior, the Police and the Customs Office; and (iv) institutions in the field of justice concerned in data collection. Annex 8 gives a detailed description of the institutional background.
5. Detailed budget (Million Euro)

<table>
<thead>
<tr>
<th></th>
<th>Phare Support</th>
<th>Total Phare (=I+IB)</th>
<th>National Co-financing</th>
<th>IFI</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Twinning</td>
<td>0.85</td>
<td>0.85</td>
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<td>0.85</td>
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<tr>
<td>Institutionalisation of the Hungarian Drug Information Focal Point / supply contract office and communication equipment</td>
<td>0.15</td>
<td>0.15</td>
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<td></td>
<td>0.15</td>
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<tr>
<td>TOTAL</td>
<td>0.15</td>
<td>0.85</td>
<td>1.00</td>
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6. Implementation Arrangements

6.1 Implementing agency: The PAO of the project will be Ms. Judit Rózsa, Head of the Central Financing and Contracting Unit (CFCU - József nádor tér 2-4, H-1051 Budapest, phone: +361-327-2520, fax: +361-327-5972) and the CFCU will be charged with the administrative and financial management of the project. The SPO will be Mr. Balázs Dajka of the Ministry of Health (Arany János 6-8, H-1051 Budapest, phone: +361-269-4005, fax: +361-331-6714). The Ministry of Health will fulfil overall technical supervision, co-ordination and management functions of the project. A transparent and uncomplicated co-ordination structure will be put in place.

In order to ensure interdepartmental co-ordination and supervision of this project of multi-sectoral interest a Steering Committee will be set up which will be chaired by the Administrative Secretary of State of the Ministry of Health and will include officials of the Ministries of Health, Youth and Sport and the Interior (to be nominated).

6.2 Twinning: The recipient institution of the twinning partner will be the Health Development Research Institute of the Ministry of Health. Office space and infrastructure will be provided jointly by the Ministries of Health and Interior.

Address of the beneficiary:

Ministry of Health
Health Development Research Centre
1051 Budapest, Hungary
Arany János u. 6-8

6.3 Non-standard aspects: The DIS Manual will be followed.

6.4 Contracts: The twinning covenant is in the focus of the project which covers the costs of the PAA and short term experts (estimated value is Euro 850,000).

One supply contract is envisaged which covers the office and communication equipment for the Focal Point, the National Drug Library and the Drug Demand Reduction Resource Centre (estimated value is Euro 150,000).
7. Implementation Schedule

<table>
<thead>
<tr>
<th>Components</th>
<th>Start of Tendering</th>
<th>Start of Project Activities</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutionalisation of the Hungarian Drug Information Focal Point (under recipient funding)</td>
<td>09/2000</td>
<td>05/2001</td>
<td>09/2002</td>
</tr>
</tbody>
</table>

8. Equal opportunity: within the project equal opportunity will be given to women and men for participation. In all cases when nominations will be invited and/or selections will be made, the attention of nominating institutions and selection boards will be called to giving equal opportunity to women and men. Project statistics on the participation of women and men will be compared with employee statistics of nominating institutions.

9. Environment: Implementation of the project has no environmental impact.

10. Rates of Return: Not applicable.

11. Investment Criteria

11.1 Catalytic Effect: The Phare contribution will help strengthening administrative capacities and international collaboration in combating drug abuse and its damaging effects as well as harmonisation of data collection and the relevant institutional framework. Without Phare support comprehensive implementation of the above could only be taken up later.

11.2 Co-finance: National co-finance contributions will cover the costs of maintaining the office of the PAA.

11.3 Additionality: No other financiers will be displaced by the Phare intervention.

11.4 Readiness: All preparatory studies have been completed.

11.5 Sustainability: Relevant government policies ensure sustainability. All participating institutions are in a position to contribute to the project in an effective manner. The Ministry of Health will cover the operational cost of the Focal Point, the National Drug Library and the Drug Demand Reduction Resource Centre after institutionalisation.

11.6 Competition: Services and equipment will be procured in line with the regulations of the Phare DIS.

12. Conditionality and Sequencing

Phare support will be conditional upon the Government’s commitment to continue the elaboration of a national drug strategy and upon the provision of co-financing from Hungarian sources. **Annexes to Project Fiche**

1. Log-frame planning matrix of the project
2. Detailed implementation time chart
3. Cumulative contracting and disbursement schedule by quarter
4. Reference to feasibility/pre-feasibility studies
5. List of EU Directives with relevance to the project
6. Status of narcotic drugs related legislation (as of November 1999)
7. Relation to other projects financed by Phare or from other sources
8. Institutional background
9. Review of the issues
10. Target institutions of training in data collection
## Log-frame Matrix of Project “Institutionalisation of the National Drug Information System Focal Point and piloting more effective models for drug demand reduction”

<table>
<thead>
<tr>
<th>Programme number:</th>
<th>HU0006-02</th>
</tr>
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<tbody>
<tr>
<td>Date of drafting:</td>
<td>30/09/2002</td>
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<tr>
<td>Contracting period expires:</td>
<td>30/09/2003</td>
</tr>
<tr>
<td>Disbursement period expires:</td>
<td>30 June 2003</td>
</tr>
<tr>
<td>Total Budget:</td>
<td>Euro 1 million</td>
</tr>
<tr>
<td>Phare contribution:</td>
<td>Meuro 1.0</td>
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### Wider Objective

<table>
<thead>
<tr>
<th>Indicators of Achievement</th>
<th>How, When and By Whom Indicators Will Be Measured</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>On completion of the project Hungary has developed its public health system towards the full adoption of the <em>acquis</em> concerning the fight against drugs by extending administrative, information support and intervention capacities.</td>
<td>Decisions and arrangements influenced by the project are consistent with EU norms and standards.</td>
<td>For sustainability it is necessary:</td>
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<td></td>
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<td>• Stable political and economic environment;</td>
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<td>• Supportive anti-drug legislation including pharmaceutical control.</td>
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</table>

### Immediate Objectives

<table>
<thead>
<tr>
<th>Indicators of Achievement</th>
<th>How, When and By Whom Indicators Will Be Measured</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Drug Information System Focal Point is institutionalised in line with Council Regulation No. 302/93, is working with full capacity and is capable to provide valid &amp; comparable data (especially the five key indicators) as required by EMCDDA. Specific achievements include:</td>
<td>Quality of data improving; Hungarian data are comparable with European data; 5 key indicators (especially treatment demand indicator) are available on a routine basis; Increasing rate of seizures;</td>
<td>Commitment of the Hungarian Government for the timely and successful completion of the pre-accession process;</td>
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<tr>
<td></td>
<td>Number of access to European Virtual Drugs Library; Improving cost-effectiveness of interventions; Increasing rate of early diagnoses and referrals; Relapse rate decreasing.</td>
<td>Continuing commitment of the Hungarian Government to combat drug abuse.</td>
</tr>
<tr>
<td>(b) Effective demand reduction models are developed/adapted, piloted and evaluated, and good practices are ready for introduction and dissemination for nation-wide application in the three main fields of drug dependence: (i) early diagnosis and early intervention, (ii) treatment and (iii) rehabilitation and social reintegration:</td>
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### Outputs

<table>
<thead>
<tr>
<th>Indicators of Achievement</th>
<th>How, When and By Whom Indicators Will Be Measured</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reformed data collection system in place; Data providers trained in new system of source data collection; Five key indicators are introduced; Focal Point staff and other key personnel trained; Focal Point fully equipped; Technical infrastructure of the National Drug Library upgraded; Piloting and evaluation of demand reduction models completed.</td>
<td>Comparability and validity of data improved; Routine operation of Focal Point; National Drug Library incorporated in the European Virtual Drugs Library; More than 400 persons trained; Good practices of DDR selected;</td>
<td>Provision of adequate funding by the Government in order to ensure appropriate operations;</td>
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<td>Job fluctuation in participating organisations is limited;</td>
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<td>Ensuring proper motivation of source data providers;</td>
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<td>Expansion and development of forensic drug laboratories in order to enable support of the Early Warning System;</td>
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<td></td>
<td></td>
<td>Good co-operation with forensic drug laboratories;</td>
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<tr>
<td></td>
<td></td>
<td>Good co-operation with operators of the Unified Statistical System of the Police, Prosecution and Courts.</td>
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### Inputs

<table>
<thead>
<tr>
<th>Budget</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning assistance</td>
<td>Phare funding (twinning): Meuro</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
| **Procurement of office and communication equipment (under recipient funding)** | 0.85 | and other agencies concerned;  
| | | • Job fluctuation in participating organisations is limited. |
### IMPLEMENTATION TIME SCHEDULE

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
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<td>J AS ON D</td>
<td>J F MA M</td>
<td>J JA SON N</td>
<td>J F MA M</td>
</tr>
<tr>
<td>All components</td>
<td>D D D D</td>
<td>T T T T</td>
<td>I I I I I I I I I I I I</td>
<td>I I I I I I I I I I</td>
</tr>
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D: Design  
T: Tendering and contracting  
I: Implementation
# CUMULATIVE CONTRACTING AND DISBURSEMENT SCHEDULE

(Phare funding)

(Meuro)

<table>
<thead>
<tr>
<th>Date</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
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<tbody>
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<td>30/09</td>
<td>31/12</td>
<td>31/3</td>
</tr>
<tr>
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</tr>
<tr>
<td>Disbursed</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

NB: 1. All contracting must be done by 30.09.2002
    2. All disbursements must be done by 30.09.2003
REFERENCE TO FEASIBILITY STUDIES

The final report of the Phare Multi-beneficiary Drug Information System Project provides the necessary feasibility information and analysis, as well as relevant recommendations for this project.

It has developed the basis for the institutionalisation of the Focal Point, through the following:

i) Preparation of the Information Map (flow chart of drug information)
ii) Co-operation network with the staff of the other national data procession institutes
iii) Living Document (standardised list of treatment institutes)
iv) National Report following the basic requirements of the EMCDDA
v) Electronic information exchange
vi) Twinning with EU Focal Point institutes
vii) National Drug Documentation centre
viii) Feasibility study
ix) Training for EMCDDA indicators
x) Introduction training to qualitative research
Decisions and Regulations:

- Decision No 1/98 of the Association Council between the EC and their member states of the one part and the Republic of Hungary in the other part of 12 October 1998 adopting the terms and conditions for the participation of the Republic of Hungary in the Community programs in the fields of health and social policy.


- Council Resolution of 20 December 1995 on the integration of health protection requirements in Community policies (95/C 350/02).

- Council Resolution of 2 June 1994 on the framework for Community action in the field of public health (94/C 165/01).

- Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 13 November 1992 concerning health education (92/C 326/02).
STATUS OF NARCOTIC DRUGS RELATED LEGISLATION IN HUNGARY
(as of November 1999)

DRUG-RELATED DATA COLLECTION

Act XLVI of 1993 on the Statistics
Prescribes the main field of sectorial statistical data collection and the general rules of the statistical data collection

Govt. Decree 187/1998 (XI.13.) on its implementation (National Statistical Data Collection System)
The governmental decree for the implementation of the Statistical law is amended each year, making the data collection system able to react to new needs. The implementing decree based the nation-wide data collection, including data related to narcotic drugs. The latter one is going on under the aegis of the Ministry of Health and of the Ministry of the Interior, resp.. It covers the legal production and trade of narcotic drugs and psychotropic substances, as well as on the treatment of drug addicts, mortality, HIV/AIDS and hepatitis co-morbidity, number of offences and of offenders, quantity of seizures and eradication, drug related penal procedures, accusations. Data on the number of court procedures, and or penalisation are collected in the justice system. Data on the legal export import of precursors are gathered in the Ministry of Economy.

DATA PROTECTION

Act LXIII of 1992 on the Protection of Personal Data and the Publicity of Data of Public Interest

Act XLVII of 1994 on the Handling and Protection of Personal Data in the Health Care
For those who are not entitled, it is impossible to look into the registers and medical data of the citizens, or to handle such data.

Act XX of 1996 on the Identification Methods and Codes Entering into Effect instead of the Personal Identity Number
This regulates how can the Health Insurance system identify those who are entitled for insurance.
Implementing orders:

Decree 62/1997 (XII.21.) of the Minister of Welfare about Several Questions Related to the Handling of the Personal data in the Health Care.

Decree 63/1997. (XIII. 21.) of the Minister of Welfare about the Order on the Reporting of Infectious Diseases
HIV/AIDS and hepatitis is included, which has a relevancy to drug use.

DRUGS PREVENTION

Drugs prevention and health education, health promotion tasks are prescribed by the following legislation:

Act XXXIV of 1994 on the Police
(Prescribes also the prevention of crime and drug abuse)

Govt. decree 130/1985. on the edition of the National Curriculum
This includes drugs prevention requirements for the schools. (The National Curriculum is in effect since 1998.)
These requirements are:
- credit point system for drugs prevention courses in the continuous education of teachers,
- pedagogical accreditation process for school drugs prevention programs, which could be part of the continuous education of the teachers,
- implementation of drugs prevention in the framework of school curriculum
- requirements towards the pupils regarding the increased awareness and knowledge on the dangers of the substance abuse, including narcotic drugs.

Act XI of 1991 on the National Public Health Service (as amended by Act LIII of 1999)
The service has to initiate and take measures for the health promotion, health education and improving healthy lifestyle, directs and organises the prevention of widespread diseases, incl. substance abuse.

The National Public Health Service supplies the professional supervision of the primary health care, family, mothers and childcare institutes, as well as the school health and youth health services, and the mental-hygiene services.

Act CLIV of 1997 on the Health Care
The new law addresses beside the treatment of diseases the priority of health promotion, healthy lifestyle, health education of the population.

TREATMENT, REHABILITATION, SOCIAL REINTEGRATION
Instruction 7/1975 of the Supreme Prosecutor on the supervision of the lawfulness of the placement to psychiatric divisions, or alcohol detoxification divisions, and on the tasks of the prosecutor for ensuring the allowance for the child of the alcoholic, or drug addict person

It deals with the control of lawfulness of placement to psychiatric or detoxification division, the release procedure, and the prosecutor’s procedure to ensure the allowance for the child of alcoholic and drug addicts.

Act XI of 1991 on the National Public Health Service, as amended by Act LIII of 1999

The service informs local governments on the status of the health of population and can submit proposals for the establishment of health care institutes. It gives the licence for the establishment of health service institutes.

22/1992 Govt. Decree on the Local Self-Governments

Local governments are responsible for the administration of health care and welfare care of the local communities. The notary can order compulsory treatment for the alcoholic, or drug addict person, if necessary because of their behaviour with the family, or environment.

Act III of 1993 on the Social Administration and Social Care

It regulates the establishment, operation, tasks and financing of the social care institutes, which includes the rehabilitation and social reintegration institutes of drug addicts.

Decree 2/1994 of the Minister of Welfare on the Professional and Operational Conditions of the Institutes Offering Personal Care

Social care, counselling, help for families, rehabilitation of drug addicts, therapeutic occupational and social reintegration employment, professional and methodological prescriptions for the staff.

Govt. decree 113/1996 on the Licensing of health care services

This includes the licensing of those institutes who provide treatment and health care services for drug addicts.

Govt. Decree 161/1996 on the licensing of the operation of the social care institutes

This includes the licensing of drugs rehabilitation and social reintegration services.

Act CLIV of 1997 on the Health Care

General regulation on the health care, treatment services, patients right, accessibility and availability of services, etc.

Decree 21/1998 of the Minister of Welfare on the Minimal Professional Conditions of the Health Care Services

This includes the physical conditions for the Drug Outpatient Clinics.

CONTROL

Pharmaceutical control

Act IV of 1965 on the Single Convention on Narcotic Drugs

Joint Decree 1/1968 of the Ministers of Health and Interior on the Production, Trafficking, Import, Export, Storage and Use of Narcotic Drugs (incl. schedules)
Joint Decree 8/1968 of the Ministers of Health and Interior on the tasks concerning the implementation of the Single Convention on Narcotic Drugs

Order 8/1977 (EuK) of the Minister of Health on the rules on the ordering, issuing, prescribing of narcotic drugs for health care purposes and on the acquiring, handling, registering and destroying of the narcotic drugs in the pharmacies and health care institutes

Act XXV of 1979 on the UN Convention of Psychotropic Substances

Joint Decree 4/1980 of the Ministers of Health and Interior on the Production, Trafficking, Import, Export, Storage and Use of Psychotropic Substances (incl. schedules)

Act XI of 1991 on the National Public Health Service as amended by Act XCVI of 1999
The National Public Health Service provides professional supervision of the supply of the population with medicines via the (chief) pharmaceutical officers as defined in a separate law (XXV. Act of 1998. on medicines for human purposes) and the supervision of the handling of narcotic drugs and psychotropic substances

Decree 3/1993 of the Minister of Welfare on the Prescription of medicines and narcotic drugs
The chief public health officer licenses the medical prescriptions of the strictly controlled narcotic drugs prescribed by specialists (as morphine, methadone, and several others).

Act XXXIV 1994 on the Police
The Police Narcotic Drugs Administration Division supervises pharmacies, hospital pharmacies, pharmaceutical factories, whole-sale storehouses, to control production, trade, storing and shipments of narcotic drugs and psychotropic substances, in order to prevent diversion and abuse. They can start procedures in case of infringing administrative regulations, advise on security measures, and report suspected diversion to the law enforcement division.

The Police are one of the state armed forces, protecting the order, implementing crime prevention, policing, administration and law enforcement tasks.

22/1996 (VII.9.) Decree of the Minister of Agriculture on the veterinarian medicine preparations

43/1996 (XI.29.) Decree of the Minister of Welfare on the products, which can be marketed in pharmacies

50/1996 (XII.27.) Decree on the fees to be paid for the state administration procedures, or for administrative type of services in the welfare sector.
Here are regulated also the fees to be paid for ther production, manufacturing, marketing, export-import of narcotic drugs and psychotropic substances for legal purposes, incl. for the purposes of research, education and poppy straw for flower bouquets.

The 1st Schedule of the List of Psychotropic Substances of the 1979 UN Convention (advertised by Act XXV. of 1979) was amended with 11 new synthetic drugs (amphetamine type stimulants and ketamine), as follows: MBDB, 2-CT-T, AL, MAL, 1-PEA, N-Me-1-PEA, DOC, PLEA, 2CB (NEXUS), BDB, ketamin.
Act XXV of 1998 on Medicines Used for Human Purposes
This includes the special measures regarding the protection, trafficking, whole-sale trade and pharmaceutical trade, storage, the medical prescription and the use of narcotic drugs and psychotropic substances, referring to other formerly existing regulations.

Act LIII of 1999 on the amendment of some Acts regarding the health care and the supply with medicine
The licensing of pharmaceutical wholesaler’s activity became the task of the National Public Health Service. Pharmaceuticals involve also narcotic drugs and psychotropic substances.

Drugs plant cultivation and control

Govt. Decree 94/1997 on the Order of the Cultivation, trafficking and utilisation of plants appropriate also for the production of narcotic drugs
Regulates legal activities with the poppy intended for nutritional purposes, and with the high opiates content poppy for licensed pharmaceutical industry purposes. It states also, that only the low THC content cannabis can be cultivated, for fibre industry purposes. The conditions for genetic work are also prescribed.

Joint Decree 10/1998 of the Ministers of Agriculture and Welfare on the regulation of the licensing of plants appropriate for the production of narcotic drugs.
This is amending the 94/1997 Govt. Decree.

Precursors

Act I of 1968 on the Infringement of Administrative Regulations
Trade or operation of an enterprise without licence is subject of fine.
It stipulates also the forging medical prescription, which is an official document.

Act C of 1996 on the Customs legislation, Customs Procedure and Customs Administration

Govt. Decree 100/1996 on the Regulation of activities performed by certain chemical substances used for the Illicit Production of Narcotic Drugs (“precursors”)
Measures for the licensing of export-import and transit of precursors, control and prevention of diversion.

Joint Decree 57/1999. (X.15.) of the Ministries of Economy, of the Interior, of Finance, of Health and the Minister without portfolio for National Security on the regulation of the activities related to the illegal production of narcotic drugs, performed by the authorities defined in the Govt. Decree 100/1996. (VII.12.), as well as on the scope of the data to be stored and the order of their accessibility necessary for the implementation of the tasks of the police and of the National Security Office.

LAW ENFORCEMENT, PENAL LEGISLATION

Act I of 1973 on the Penal Procedure
Amended several times to include new special investigative techniques and methods used in the criminal procedure against organised and drug-related crimes.
Act IV of 1978 on the Penal Code
Former amendment of drugs related measures introduced in 1993 had been changed in December 1998, which has entered into force by March 1999. Including new text for drug-related offences and alternative measures for drug addicts.

- Penalisation for the drug consumption was reintroduced.
- Penal measures for the illegal production, storing, trafficking, trading of narcotic drugs and psychotropic substances became more serious, and in case of organised crime and armed commitment can merits also life-long prison sentence.
- Alternatives during penal procedure for drug users having committed smaller crimes are treatment, fine and public work.
- Penalisation of driving in drunken and drugged state.
- Obligatory treatment for alcohol and drug addicts who endanger their family and environment.
- prohibits the use of substances increasing the performance in the sport activities ("doping") and introduces penalisation

Act V of 1979 on placing into effect and implement Act 4 of 1978 on the Penal Code.
Its amendment in 1999 redefined the exact quantities for the “small” and “significant” quantities of illegal drugs.

Joint Order 1/1993 of the Ministers of Justice, Interior and Finance on the Amendment of the 117/1984 (IK.12.) Joint instruction of the Ministers of Justice, of the Interior and of Finance, the Supreme Prosecutor on the Management and Registration of substances seized during the penal procedure
It prescribes the measures regarding the seized narcotic drugs. If the corpus delicti confiscated is narcotic drugs, it has to be destroyed in the presence of a committee consisting of the responsible authorities, except if the public health authority does not find it convenient for further human use.

Act XXXIV of 1994 on the Police
The Police are one of the state armed forces, protecting the order, implementing crime prevention, policing, administration, investigation and law enforcement tasks. Controlled delivery is also among the accepted tools.

Decree 15/1994 of the Minister of Interior on the Scope and Responsibility of the Police Regarding Investigation.

Decree 19/1994 of the Minister of Interior on the Order of the Police Custody.

Act XXIV of 1994 on the Prevention and Hindering of Money Laundering
The prevention and detection of money laundering in connection with organised crime and drugs crime became possible by the introduction of this legislation in 1994. The maximum amount, which can be placed in a bank in cash without personal declaration on its lawful origin, is 2 M HUF (the equivalent of 8.000 EURO).

Act C of 1995 on the Customs Legislation, Customs Procedure and Customs Administration.
The detection, seizures of illegal shipments is task of the customs services. In the amendment of this Act gives the right to detect narcotic drugs, by using investigative methods, including controlled delivery, equipment and measures regulated by the Act on the Police. Full investigative power is under consideration.
Act XXXVIII of 1996 on the International Legal Assistance in Criminal Matters
Mutual legal assistance, extradition, acceptance of criminal proceedings, prison sentences of foreign states, procedural assistance is regulated.

It is the basic legislation for the fight against organised crime and drugs crime. The regulation of prostitution is also included.

**NATIONAL SECURITY**

Act CXXV of 1995 on the National Security
Includes measures on hindering organised crime, drugs crime and terrorism, which might endanger national security.

**CO-ORDINATION**

Govt. Decision 1039/1998 on the Drugs Co-ordination Committee
Defines the participating ministries and national agencies, prescribes yearly 4 sessions and makes the committee’s obligation the preparation and supervision of the national drugs strategy.

**SECTORIAL TASKS**

Sectorial tasks and responsibilities are regulated in governmental decrees on the scope of activities of the different ministries. In case of national agencies it is regulated in the respective laws. Most of the ministries have any tasks in the field of the fight against drug abuse and/or prevention. The basic drug related obligations are those of the Ministry of Health (health care and public health services, health education, promotion of healthy lifestyle), the Ministry of the Interior (Police drug law enforcement, crime prevention, drugs administration). The Ministry of Justice (legislation, court, prison), the Ministry of Finance (money laundering, and the Customs Services) has also special drugs related tasks. The Ministry of Economy is the licensing authority for precursor export-import, the Ministry of Agriculture has responsibilities in the field of poppy and cannabis cultivation. The Prosecution service has a supervising role regarding lawfulness of the penal procedure.

The Ministry of Youth and Sports is established in January 1999, and among its role is the chairing of the National Drugs Co-ordination Committee. Its basic obligation is the directing the sports activities and the youth care. The latter one includes also the implementation of national drug prevention activities among young people.

**INTERNATIONAL CONVENTIONS**

The Council of Europe Convention of 1990 on the Laundering, Search, Seizure and Confiscation of the Proceeds, Deriving from Crime. It has been signed and the ratification is in progress.

European Convention on Extradition is scheduled for ratification.


BILATERAL AGREEMENTS

Hungary is party to more, than 40 bilateral agreements in the fields of the fight against drugs, terrorism and organised crime, and/or in the judicial cooperation. The agreements concluded with neighbouring countries and EU member states are currently under revision to include data protection and confidentiality provisions for operative co-operation and to create possibility of cross-border Police co-operation similar to that in the Schengen Implementing Agreement. There are advertised in the Official Journal of the Government, or of the Ministry of Interior.
RELATION TO OTHER PROJECTS
FINANCED BY PHARE OR FROM OTHER SOURCES

The project is built on the achievements of the following projects:

1) Phare Multi-beneficiary project on the Fight against drug abuse

A) Phare Drug Information Systems (DIS) project
This project has been started in 1993 with the assistance of the eesvMSDP, Amsterdam. After an introductory phase it has prepared for the accession to the EMCDDA. An information map was prepared first in 1996 which took into account the responsible institutes, the ways and means of data collection and prepared a flow-chart of drug information in each participating country. In the next phase the validity and comparability of drug related data were also assessed and the introduction of the key indicators has been started. The ‘Living Document’ was prepared and updated. Besides these training and networking were also important elements. Hungary prepared a national report for EMCDDA for the first time. A feasibility study was prepared by eesvMSDP. This gives us confidence that the objectives under Clause 2 of the project can be met. It has developed the basis for full accession to REITOX system as DIS Focal Point has been functioning in the Ministry of Health since 1995.

B) Phare Drug Demand Reduction (DDR) project
The project has been started in 1993 has brought important knowledge in DDR in Hungary. In the last phase the priority was to introduce innovative drug educational methodology which was prepared and piloted. A DDR Resource Centre was set up which can fulfil an important role in the future in (i) introducing innovative methodology and good experiences, (ii) research, (iii) evaluation and (iv) dissemination of information for professionals.

Achievements of the last phase of the project include:
• Setting up a virtual (electronic) Drug Demand Reduction Resource Centre
• Preparation and piloting of a Distance Education postgraduate textbook for Home Visitor nurses, for the Early Diagnosis and Intervention of the Drug Problem.
• Drug Demand Reduction Mission report on Hungary (1997)

2) Country Operational Program 1999

The project will be in relation to the COP’99 project on Drug Law Enforcement Laboratory development, as that project will establish the drug laboratory testing and analysis conditions for the Early Warning System. The Focal Point has to communicate data on new synthetic drugs to the EMCDDA.
(The achievements of this project will help us in the introduction of the regular laboratory reports on the appearance of new synthetic drugs after the realisation phase.)

3) CoE Pompidou Group
   C) Pompidou Group/UNDCP Multi-city study
   i) Offered guidance for the preparation of city reports and special training for “city co-ordinators”, who were trusted by the PG to collect, process and analyse city level data.
   ii) The introduction of the Treatment Demand Indicator (TDI) on a city level was a requirement, however due to the management mistakes of the Hungarian city co-ordinators it did not take place, therefore the piloting phase must be established now.
   iii) The Pompidou Group held a TDI training in December 1999 in Hungary for about 40 persons and introduced also the EMCDDA TDI guidelines. Piloting the TDI indicator will hopefully start soon in about 20 institutes.
   (The pilot project will assist us in the nation-wide introduction of the Treatment Demand Indicator).

D) Pompidou Group Drug Demand Reduction Staff Training program
   i) The first phase helped getting acquainted with the Distance Education method in the field of training of DDR staff
   ii) The second phase (started in 1999) will assist in writing special modules on Women and Drug and Prison Drug Problem Management of a Distance Education postgraduate textbook for physicians, however other help (financial, technical) will not be delivered.
   (This will serve as an amending project for the preparation of the Textbook for Physicians on Early diagnosis and intervention to community level drug problems).

4) UNDCP
   E) UNDCP International Drug Treatment Training Project
   i) A five years project, with American and Italian trainers finished in 1999, and 6 beneficiary countries, incl. Hungary, offering in-depth and high niveau training on the diagnosis, treatment and social reintegration of drug addicts in several stages.
   ii) Altogether 65 persons were trained from Hungary (the heads and 2 staff members of drug treatment and rehabilitation institutes).
   iii) The key group received an enhanced training and can act as an international trainer’s group.
   (This will serve as training background for the Model projects on Treatment).

5) EMHFEE
   Education and Mental Health Fund for Eastern Europe:
   Training on Drug-free outpatient treatment regimes
   i) A trainer’s team coming from the US (former NIDA staff) gave an intensive 2 weeks training for multidisciplinary treatment staff (45 persons from Hungary and 25 from Slovenia).
   ii) The curriculum addressed the specialities of diagnosis, medical and medicine-free treatment and the intensive day care regimes, which is a daily 8 hours intensive therapeutic program for drug addicts for about 2 months.
   (This will serve as training background for the Model projects on Treatment).
INSTITUTIONAL BACKGROUND

I. Relations of the Hungarian REITOX Focal Point (“HUN FP”)

Ministry of Health - Health Research Institute - HUN FP

<table>
<thead>
<tr>
<th>HUN FP</th>
<th>EMCDDA</th>
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<tbody>
<tr>
<td>HUN FP</td>
<td>Twinning Partner</td>
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<tr>
<td>HUN FP</td>
<td>Documentation Centre (National Drug Library)</td>
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<tr>
<td>Hun FP</td>
<td>DDR Resource Centre</td>
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<tr>
<td>Hun FP</td>
<td>Health Information Inst. of the Ministry of Health (DRG indicators)</td>
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<tr>
<td>Hun FP</td>
<td>Statistical and Information Div. of the Nat. Inst. of Psychiatry (statistics)</td>
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<tr>
<td>Hun FP</td>
<td>Epidemiological Centre of the National Public Health and Medical Officer Service (NPHMOS) (HIV/AIDS, hepatitis)</td>
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<tr>
<td>Hun FP</td>
<td>Forensic Medicine Institutes of the Medical Universities (mortality, new synt. drugs)</td>
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<tr>
<td>Hun FP</td>
<td>Drug Outpatient Clinics, Addictology Outpatient Clinics (Treatment Dem. indicator)</td>
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<tr>
<td>Hun FP</td>
<td>Hospital Psychiatry, or Addictology Divisions (Treatment Demand Indicator)</td>
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<tr>
<td>Hun FP</td>
<td>Hospital Detoxication Divisions (acute intoxications)</td>
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<tr>
<td>Hun-FP</td>
<td>NGOs offering rehabilitation (in case of Health insurance support)</td>
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<tr>
<td>Hun FP</td>
<td>Office of the Chief Pharmacist of NPHMOS (legal trade of consumption of narcotic drugs and psychotropic substances for medical purposes)</td>
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<tr>
<td>Hun FP</td>
<td>Drug Administration Division of the Police (infringing regulation regarding storing and trading of narcotic drugs and psychotropic substances for medical purposes)</td>
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<td>Hun FP</td>
<td>Police Health Service</td>
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<tr>
<td>Hun FP</td>
<td>Police Forensic Science Institute (purity of seized drugs, new synthetic drugs)</td>
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<tr>
<td>Hun FP</td>
<td>Police Anti Drugs Squad (seizures, arrests, penal procedures)</td>
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<tr>
<td>Hun FP</td>
<td>Customs Special Affairs Division</td>
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<tr>
<td>Hun FP</td>
<td>Statistical and Information Office of the Supreme Prosecutor (penal procedures, outcome of judicial procedures, length of prison sentence, offenders, offences, quality and relations of offences of drug abuse with other crime)</td>
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<tr>
<td>Hun FP</td>
<td>European School Survey (ESPAD) Hungarian co-ordinator</td>
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<td>Hun FP</td>
<td>Other research units</td>
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<tr>
<td>Hun FP</td>
<td>Ministry of Youth and Sports (data on the abuse of doping)</td>
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</tbody>
</table>

Processed data and analysis of the epidemiological situation will be submitted to EMCDDA, to relevant Ministries in Hungary and to the National Drug Co-ordination Committee.

Reports will be published and made available for the above institutes and for the wide circle of drug professionals.

Remark: See also the Living Document in English at http://www.prado.hu/
II. Accession of the National Drugs Library ("Documentation centre") to the Virtual Drug Library

Ministry of Health - MEDINFO - National Drug Library)

| National Drug Library | European Virtual Drugs Library |
| National Drug Library | Reitox Focal Point (HUN FP) |
| National Drug Library | Drug Demand Reduction Resource Centre |
| National Drug Library | Library of the Parliament policy makers |
| National Drug Library | Relevant ministries, nat. agencies decision makers |
| National Drug Library | Library of the 4 Medical Universities professors, student |
| National Drug Library | Other spec. libraries (in the fields of crime, law, education) specialists |
| National Drug Library | Readers (drug experts, drug professionals, physicians, state administration officers, university students, journalists, teachers, etc.) |
### III) Model drug demand reduction projects

#### i) Early diagnosis and intervention (Pilot project and Distance Education textbook for family doctors)

Ministry of Health $\rightarrow$ Institute of Primary Health Care $\rightarrow$ Family doctors  
Ministry of Health $\leftarrow$ Drug Demand Reduction Resource Centre  
Drug Demand Reduction Resource Centre $\rightarrow$ Institute of Primary Health Care  
Focal Point $\rightarrow$ Twinning Institute $\rightarrow$ Drug Demand Reduction Resource Centre  
Drug Demand Reduction Resource Centre $\rightarrow$ Family doctors  
Drug Demand Reduction Resource Centre $\leftarrow$ 3 model projects  
National Drug Library $\rightarrow$ Family doctors

#### ii) Pilot project on Outpatient drug free Treatment regimes

Ministry of Health $\leftarrow$ Drug Demand Reduction Resource Centre  
Focal Point $\leftarrow$ Twinning Institute $\leftarrow$ Drug Demand Reduction Resource Centre  
Drug Demand Reduction Resource Centre $\leftarrow$ 3 model projects  
National Drug Library $\rightarrow$ staff performing the 3 model projects

#### iii) Pilot project on Short-Term rehabilitation of drug addicts

Ministry of Health $\leftarrow$ Drug Demand Reduction Resource Centre  
Focal Point $\leftarrow$ Twinning Institute $\leftarrow$ Drug Demand Reduction Resource Centre  
Drug Demand Reduction Resource Centre $\leftarrow$ 3 model projects  
National Drug Library $\rightarrow$ staff performing the 3 model projects
REVIEW OF THE ISSUES
(Initial version)

1. Collection, processing and analysis of comparable
drug epidemiological data

Drug problem (recent trends)

1.1 Drug consumption

The problem of illegal drugs consumption has been started in the early nineties in Hungary, parallel with the opening of the borders, the political, economic and social transition. The middle of the nineties has brought changes in the structure of drug consumption, mainly in the form of shift from softer to harder forms of drugs (e.g. opiates: from hydrocodeine to heroin), and towards more serious forms of consumption (injecting instead of oral use). The same time the recreational drug use has been started (marihuana, or ecstasy, rave parties) and reached a big size, with organised crime behind the scene - opening hundreds of rave discos, with a staff involved in distribution. The recreational use of amphetamine like stimulants causes serious problem among large layers of the young people interconnected with the dance culture, however the marihuana is the main drug used. The liberal media was against the official drug policy and supported the drug using lifestyle. To turn these trends the present Government advertised a more repressive drugs policy, as ever before, and reintroduced penalisation of drugs consumption and promised to organise large scale anti-drug activities among young people. Problem drug use occurs with heroin mainly. The misuse of sedative type of drugs is yet high, but its rate comparing to the illegal drugs rapidly decreases.

In the treatment statistics of 1998 (n=8957) the 4 main drugs are 34.7% opiates, 26.0% sedative type and multiple drug abuse, which is mainly the combination of sedative type drugs, 15.2% for amphetamines, and 15.1 for cannabis. The rest (9%) includes all of the other drugs.

1.2 Illicit supply

Still steady is the flow of heroin on the Balkan route. Slight changes occur, new forks appear in the Balkan route. New methods of concealment are used. Increasing seizure figures. Due to good profiling the seizures by the Customs went up to 90% of the total seizures per year. Big shipments of marijuana (2 tons seizures at a time) appeared on the traditional heroin route. Opening new routes from Russia and Ukraine are expected. Due to increasing transport costs, new approach is the setting up of heroin refineries (deriving mainly from the Golden half moon area and new cultivation areas in Russia). Rumours can be heard about Italian- Russian Mafia co-operation in drugs smuggling. Nigerian cocaine and heroin smuggling rings provide “full service” (though small quantities) via Hungary including organising Central-European couriers to South America, wire-transfer of dirty drugs money, means and ways of concealment. Hungarian drug distributor rings, formed by professional criminals are importing enormous quantities of synthetic drugs from the Netherlands and Germany. Supply and demand for synthetic drugs therefore is on the increase.
1.3 Treatment statistics

The statistics about treatment and care institutes and the number of their clients indicate a quantitatively well developed treatment network, as 164 units offered for 8495 patients treatment, including detoxification, counselling, rehabilitation, substitution therapy. (Harm reduction is many times counted inside this statistics, as no officially accepted terminology exists for “treatment”.)

The number of those treated in outpatient clinics is by 3.26 more, than the number of those treated in inpatient settings. There are 9 type of inpatient institutes and 9 type of outpatient clinics.

Financing of hospital based care is performed by the National Health Insurance Fund. Inpatient institutes are reporting their data on treatment of patients’ monthly (including drug users). The registration system is the DRG (Diagnosis Related Groups) and the treatment costs are reimbursed based on this report to hospitals.

National Health Care Information Institute is getting the data and after processing they are submitted to the insurance. Therefore this report is getting more attention, than an “average” statistical report, and is subject of regular and random control.

Most regretfully the distinction used in the DRG in case of drug addicts does not follow the pharmaceutical classification of narcotic drugs and psychotropic substances, neither the UN convention schedules. It is based on a simple distinction between abuse of opiates, or abuse of cocaine and any other drugs.

The validity and comparability of the other drug related treatment, the co-morbidity and the mortality data should be also improved and harmonised with the EMCDDA guidelines.

The yearly statistical reporting system has a lot of duplication of data, as addicts demand treatment or detoxification several times per year and at several institutes. To get a clear picture on the real treatment demand and realities of the problem drug use, Treatment Demand Indicator (TDI) shall be introduced in each treatment settings, which is getting financing from the National Health Insurance Fund.

Other health care related data collection should be also harmonised with EU requirements.

1.4 Drug law enforcement and criminal-statistical data

The harmonisation of these data collection system is also extremely important. The amend the present statistical reporting system, to improve the quality of data at the source data providers, and to set up priorities for data procession and analysis as required by the EMCDDA (and EUROPOL) is the main goal. (See also the following items)

1.5 Institutionalisation of the Focal Point

The first component addresses the further development of collection, processing and analysis of comparable drug epidemiological data. It has the goal to improve the validity and comparability of data, as well as the further development of drug information and documentation systems, in line with Council Regulation No. 302/93 on the establishment of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) through the following:
Institutionalisation of the Hungarian REITOX Focal Point, under the auspices of the Ministry of Health, in the Health Development and Research Institute. It is in line with Council Regulation No. 302/93 on the establishment of EMCDDA and the decision of the EMCDDA Management Board of 23 October 1998 on the role and financing of national focal points.

Under the Phare Drug Information and Documentation Systems Project the Focal Point was established in 1995 in the Ministry of Health (Welfare) and it has developed the following activities in the last phase. Information Map (mapping up the flow of drug related information), Living Document (standardised list of Treatment institutions), collecting of drug related legislation, annual national reports, research studies, twinning with EU Focal Points, networking, training.

The institutionalisation requires adequate staffing, staff training, upgrading office infrastructure and telecommunication network with relevant institutions and amendment of data collection legislation (the status of narcotic drugs related legislation is attached as Annex 6). It also includes upgrading of the national drug documentation centre (National Drug Library) for full participation in the European Virtual Drugs Library.

The Drug Information Focal Point was established in the framework of the Phare Drug Information and Documentation System project in 1995 inside the Ministry of Health, however up to now it was not yet “institutionalised”. A national drug documentation centre was also established: this is the National Drugs Library in the Library of the Ministry of Health (MEDINFO)

The Information Map, indicating the flow of the information related to the epidemiological indicators used by the EMCDDA and the REITOX network was prepared by the same project.

The Living Document, which is the standardised inventory of the drug treatment institutes (outpatient clinics, inpatient wards, rehabilitation centres) was prepared and edited 3rd time in 1999 in Hungarian and in English. (See: hard copy attached, and also on the web: http://www.prado.hu/)
This offers detailed information, as required by the EMCDDA, which is appropriate for medical referral, as well as to the information of the general public. For the last edition 106 institutes submitted their detailed data, that is 65 % of the total who reported about treatment of drug users to the national statistics in the previous year. The name of the rest 35 % is also listed, but no detailed information is available.

The National Reports were prepared 2 times and submitted to the EMCDDA.

In the framework of the Phare Drug Information Systems project a Feasibility study was prepared on a multi-country information system on drug and drug addiction in the CEEC in 1997.

As a result of these the officials from the relevant drug data collection institutes were connected into the “fad.phare.org” electronic network. As a result of this the relevant Hungarian drug experts are part of a CEEC electronic network in which it is easy to communicate.

During the second phase of the project the CEEC Focal Points were connected to Twinning institutes from the European Union (namely the Dutch, the French and the German REITOX FPs.) Both sides participated in the project meetings.

Some Hungarian professionals could also participate in the EMCDDA seminars.
Therefore we can state, that the previous achievements of the Phare Drug Information System project contributed in a big extent to the present advanced situation in Hungary in the field of drug related data collection and of documentation systems.

From this stage it is quite easy to make the further steps to develop the data collection system which is fully conform with the guidelines of the EMCDDA.

**Our proposed project** therefore has a good basis for the institutionalisation of the Focal Point. Human, financial, technical resources and institutional background is partly available, partly should be further developed in order to meet the requirements of the EMCDDA on data and information collection. The staff training and technical equipment of the Focal Point has to be realised under the aegis of the national Phare project.

The Focal Point has to be institutionalised, as the regulation (EC 302/1993) on the Establishment of the EMCDDA requires it, and on the way, as the Decision of 23 October 1998 of the EMCDDA Management Board on the role and the financing of National Focal Points. The institutionalisation was also included in the medium term program of ANP in the field of public health.

**Available:**
1. Necessary institutional network is available
2. Well operating human network is available
3. Legislation regarding data collection and data protection is in place
4. Electronic telecommunication network among FP and sectoral data processing agencies is available

**Should be set up:**
1) REITOX Focal Point Institute (legislation, full /and trained/ staff, technical equipment)
2) Electronic telecommunication network does not operate between source data providers
3) The key indicators has to be introduced and among them the Treatment Demand Indicator is the first and most important.
4) The introduction of TDI makes possible the avoiding of statistical double counting. Its introduction needs an electronic telecommunication network between the treatment institutes and the Focal Point, as these data sheets has to be monthly collected and processed. Feedback is also necessary.
5) Experience for processing and analysing of drug related data and key indicators has to be developed at Focal Point and sectoral data procession agencies
6) Knowledge and experience in the field of research organisation and qualitative research has to be developed

**Must be further developed, or amended:**
1) The structure of data collection has to be changed in order to harmonise it with the EMCDDA indicators and relevant guidelines. (it needs a preparatory work, amending legislation and training of the data processing staff)
2) Legislation has to be amended regulating the scope and purpose (tasks and obligations, also ensuring the yearly operational costs of the Focal Point institute)
3) The validity of the data are not appropriate / the quality of the source data has to be improved (it requires training and motivation of data up-takers, as the policeman, or the treatment personnel, who contact the drug user, and fill the form)
4) Partnership with a former **Twinning Partner** should be also operationalised and strengthened

5) Co-operation with the EMCDDA should be further enhanced before the official accession to the REITOX network

### 1.6 **Introduction of the Treatment Demand Indicator**

By training, motivation and the establishment of an electronic telecommunication system between the Focal Point and the treatment institutes, the Treatment Demand indicator can be introduced and operational nation-wide.

### 1.7 **Harmonising data collection system with the EMCDDA (and Europol) requirements**

The Ministry of the Interior and the Supreme Prosecutors Office is responsible for the introduction, legislation, operation of crime and drug related data collection and protection (Unified Statistics of Police, Prosecution and Courts). The drug related aggregated statistics (not operational) is submitted to Focal Point.

The structure of data collection has to be amended, as required by the EMCDDA (and in harmony with Europol).

These changes require a strong training element, as well as legislation has to be amended for changing data collection form.

### 1.8. **Training**

In order to ensure the availability, comparability and validity of the data in the required structure, an enhanced training element was designed in this project. This has the following objectives:

In depth and short term **training on information collection**: principles, techniques, processing and provision structures for the staff members responsible for data provision, collection, processing, analysis in the following institutions (altogether 414 persons):

(i) In depth training for staff of institutes responsible for data collection and processing (34 persons):

(ii) Short basic training for professionals working in the field (384 persons):

(iii) Short term fellowships in EU countries for staff of the Focal Point and other national drug data collection centres (16 man-month).

### 1.9 **Accession of the National Drugs Library (“Documentation centre”) to the Virtual Drug Library**

**Tasks:**

**Definition of the Documentation Centre** (in line with the EMCDDA guidelines, see Annual Report of 1996 and the Phare DIS Report on the Realisation Phase of 1997)

“Information handler that ensure that information (in this case, documentation) produced by information producers reaches those people who need the information, the information users.

The **Drug Documentation Centre** is an information handler, who:
1. collects published materials, audiovisuals, official and informally published “grey literature” discussing drug related topics, or provides the means to find these elsewhere
2. makes the above type of information accessible through inventories, bibliographic classification by author, title and other publication details), indexing (subject based keyword systems, enabling retrieval of documents relevant to the drug field), abstracts, etc.,)

One major step to making pan-European information on drugs and drug addiction available is to participate in the “Virtual European Documentation Centre on Drugs and Drug Addiction”, which has 2 main functions:

- Creating a forum for documentation specialists from across the EU to discuss how to fill gaps in their documentation while trying to cope more efficiently with the overlaps between their centres.
- The virtual centre’s role is an information handler acting as an intermediary between information producers and information users. Creating directories of materials, cataloguing treatment, prevention and research methods and bibliographic overviews.

Status quo

The Documentation Map was prepared in the Phare DIS project in 1996/97.

The National Drugs Library of the Ministry of Health (MEDINFO) collects drug-related books and documents. It has the largest collection in the CEEC (about 1500 pieces of drug related documents, including books, manuals, documents of international organisations, reports, etc.).

They are the intermediaries between the European information source and the Hungarian libraries, and the readers (drug professionals, state administration officers, press, teachers, university and PhD students, etc.).

There is a close working collaboration between the Focal Point and the Documentation Centre.

- The library edits regularly Hungarian/English bilingual Drugs Bibliography
- (4 edition was published up to now).  (See in the attachment the hard copy of their latest accession list, also on the website http://www.prado.hu/)
- They have 1 librarian specialised for drugs documentation system.
- The library represents itself in the meetings of the European Virtual Drugs Library.
- They use now the keywords of the Virtual Library.
- The Hungarian library does not have an up-to-date and compatible library software, neither computer equipment (except one PC 486), nor a direct internet access (it operates via a telephone line).
- They contributed to the first issue of the Electronic Journal of the European Virtual Drugs Library.
- E-mail address: budalib@fad.phare.org

Goals of development:

In order to collect, process and disseminate up-to-date European information in Hungary and Hungarian bibliographic information in Europe, the library needs a technical equipment, which means the necessary computerisation and electronic telecommunication means. An appropriate library software used in the Virtual Drugs Library has to be acquired also.
Based on this development the computerised documentation work can be started and the whole collection in form of abstracts will be available at the end of the project.

The exchange and dissemination of library documentation by electronic means will become possible.

At the same time more, than one reader could have access to international bibliographic databases.

It will result in much better informed decision-makers, policy makers and professionals.

The Hungarian library can be than the integral part (contributor) to the European Virtual Drug Library.

Especially, in this project the Library can play an enhanced role as Documentation Centre, by collecting, storing and disseminating manuals and handbooks among those participating in model projects and taking part in training.

2. Development, piloting and evaluation of effective demand reduction models

2.1 Drug demand reduction policies in Hungary

Demand reduction came into the forefront in the past years in most of the European countries, including Hungary. The UNGASS Drug Demand Reduction Guidelines and the EU 2000-2004 Action Plan to Combat Drug and the drug prevention priorities in the field of public health should be the guidance. A national drug strategy was elaborated in 1999 and waiting for Government’s approval. The strategy has a strong prevention element, treatment is also a very important approach. Harm reduction is oriented towards the hard core addicts.

There is no separate legal regulation for drug demand reduction. The prevention, health promotion and education, and the treatment and social reintegration of drug users appear in other legislation. The anti-drug education is dealt with in the National Curriculum. The Health Law ensures the availability and free treatment of drug addicts, and the prevention of diseases. The rehabilitation is handled by the Social Law, health promotion and education is addressed by the law on the National Public Health Service, etc. (For more precise information See Summary of drug related legislation)

In the last decade – mainly with international assistance – the Hungarian “preventionists” and the multidisciplinary staff of drug treatment institutes were prepared with special training projects (UNDCP, PG, USIS, EMFHEE, etc).

A new approach is the involvement of the primary health care staff in the early diagnosis and intervention of the drug problem.

Therefore the second component of the project aims the training of primary health care medical staff and mainly the introduction of new, more effective treatment models, by piloting and evaluating them and to disseminate good practices.

2.2 Early diagnosis and intervention

The early intervention is not functioning yet in Hungary, therefore drug problem is discovered late, sometimes too late.
As the establishment of an early warning system, early diagnosis and early intervention became a priority (reacting to the present needs emerged in Hungary and also to the priorities of the EU Action Plan) the involvement of the primary health care (PHC) personnel, working at the community level was considered by the Ministry of Health.

The first step was to prepare (inform and educate) the PHC staff. The first target group was the Home visitor (HV) and school nurses (2000 by the year 2002 from the total of 4500 persons), targeted by the Multi-beneficiary Phare Drug Demand Reduction project. A 360 pages postgraduate textbook was prepared. The training became part of the continuous education of the HV nurses and supervised by the relevant university chair and national institute.

The second step is to design and write a Distance Education modules with the assistance of the Pompidou Group Drug Demand Reduction Staff Training Programme (DRSTP) for obstetricians, and for prison and police health staff.

A third phase of these efforts and the most significant outcome will be to prepare the Family doctors and school doctors for early diagnosis, and intervention of the drug problem in the framework of the present project. Their number exceeds 8000, therefore until 2003 about 3000 doctors could be reached by a Distance Education postgraduate program. The textbook should be prepared under the aegis of the present project.

3 model early intervention project has to be piloted, evaluated and the good practices introduced.

2.3 Introducing good practices into treatment, rehabilitation and social reintegration of drug users by piloting, evaluating new models

The average length of treatment in hospital wards is 11.54 days per person, which is too long for detoxification and to short to reach the drug free status or a lower level of consumption. In one hospital division a model treatment regime program is functioning for some years however the outer evaluation, and/or the dissemination of good yet did not take place.

In the drug rehabilitation centres the clients spend 8-15 months, however some of them do not have a well defined therapeutic program and professional guidelines are not available.

Most of the outpatient clinics does not have a professional program either, and their work is adapted more to the disorganised appearance of the drug addicts, than to a well defined treatment philosophy and program. Treatment regime approach is missing.

No wonder that the relapse rate is high and therefore only the minority of drug addicts can get of from the circulus vitiosus.

The UNDCP Drug Treatment training project (1994-99) and the EMFHEE Outpatient Drug Free Treatment regimes project gave a valuable educational background for the multidisciplinary staff of the treatment institutes (altogether 110 persons), however no model was introduced in the participating countries and the project did not have a “good experiences” output.

In most of the institutes there is no treatment outcome evaluation.
To rationalise and improve treatment outcome, besides improving the validity of treatment data new treatment demand model projects have to be piloted, evaluated and introduced, and the good practices disseminated nation-wide.

In a medium and longer term it will improve the effectiveness of treatment and decrease relapse, and by this way contributes to the decreasing rate and prevention of drug abuse, minimises drug related co-morbidity (HIV/AIDS, hepatitis, psychiatric symptoms) and the drug related crime.

The second component of this project aims at the development, piloting and evaluation of effective demand reduction models (early diagnosis, early intervention, treatment, rehabilitation and social reintegration) to prepare for subsequent dissemination for nation-wide application. It includes also training of a large group of primary health care physicians at the item early intervention. In the case of model projects only for the implementing personnel must be training given.

The Demand Reduction part of the present project has the following elements:

- further development and introduction of distance education techniques to prepare various actors of primary care, including family doctors, paediatricians, school doctors and home visitors for the application of best practices of early diagnosis and intervention;
- piloting and evaluation of best practices of outpatient drug free treatment regimes and short term intensive rehabilitation and re-integration models (each in 3 institutes);

2.4 Role of the Drug Demand Reduction Resource Centre

The Drug Demand Reduction Resource Centre (P.R.A.D.O.) was set up in the framework of the Multi-beneficiary Phare Drug Demand Reduction project in 1999. Among its objective the most important is the collect process, analyse and disseminate drug demand reduction related data and information, including Phare project outcomes. It also addresses AIDS problem. Research, evaluation is also on its agenda. The Phare/P.R.A.D.O. DDR Resource Centre has a close relation with the Drug Information Focal Point, regulated in the Phare Drug Information system project. It has also a good collaboration with the drug documentation centre (National Drug Library). In this respect with a renewed professional and financial impetus the Resource Centre can serve as a central organisational and evaluation unit for the Drug Demand Reduction element of the present project.
Annex 10

Target institutions of training in data collection

(i) In depth training for staff of institutes responsible for data collection and processing (34 persons):
- Staff of the Focal Point (4)
- Officers responsible for data protection and supervision of the Ministries of Health, Social Affairs, Justice, the Interior, Youth and Sport (doping!), (10)
- Information Division of the National Institute of Psychiatry and Neurology (2)
- Health Care Information Institute (2)
- National AIDS Laboratory (2)
- Epidemiological of Centre of the Office of the Chief Medical Officer (2)
- Sports Health Research Institute (1)
- Central Data Processing Unit of the Ministry of Interior (2)
- Information Institute of the Supreme Prosecutor (5)
- National Police Headquarters Health Care Service and the Drug Division (4)

(ii) Short basic training for professionals working in the field (384 persons):
- 130 institutes, including NGOs, treating drug users (260) see attached list, the Living Document
- supervising psychiatrists and addictologists (20)
- County institutes of the National Public Health and Medical Officer Service (NPHMOS) (20);
- Forensic Toxicological Institutes of the medical universities (4)
- Drug Laboratory of Forensic Science Institute of the Police (2)
- Police Health Service (22)
- Prison Health Service (10)
- National Customs Directorate (6)
- County Police Headquarters (20)
- County Prosecutor’s Offices (20)