1. Basic Information

1.1 Désirée Number: 2002/000-180-05-02

Twinning Number HU/02/IB/JH/01

1.2 Title: Development and institutionalisation of the Co-ordination Fora on Drug Affairs

1.3 Sector:

1.4 Location: Hungary

2. Objectives

2.1 Overall Objective(s):

The overall objective of the project is the following: National Drug Strategy of Hungary is implemented in line with the European Union’s Drug Strategy, European Union’s Action Plan to Combat Drugs and the Article 152 of the Treaty of Amsterdam.

2.2 Project purpose:

The project has two purposes as follows:

- Efficient and sustainable functioning of the Co-ordination Fora on Drug Affairs (KEF) system under the guidance of the National Institute for Drug Prevention (NDI)
- Capacity building of the National Institute for Drug Prevention

2.3 Accession Partnership and NPAA priority

The recent Accession Partnership's priorities and intermediate objectives concerning the fight against drugs trafficking establish the following: "Strengthen the administrative capacity of, and co-ordination between, bodies involved in the implementation of a national drug strategy.

In the NPAA the project priorities and actions are dealt with in Chapter 5. 2 (Employment and Social Affairs) in its sub-chapter about Public Health (number 10.) which confirms that the implementation of the EU Action Plan and the development of the prevention system in drug affairs is a priority for Hungary

The Regular Report 2000 for Hungary also expresses its chapter 24. – Co-operation in Justice and Home Affairs- that further efforts are needed to adopt the drug acquis and that the co-operation between the relevant ministries has to be strengthened. (See annex 4)

2.4 Contribution to National Development Plan:

Not applicable

2.5 Cross Border Impact:
3. Description

3.1 Background and justification:

The project is based on the European Union Action Plan to Combat Drugs (COM 199/239) where it is stated that: “The Council to encourage all Member States to ensure that they have effective co-ordination bodies at the national, regional and/or local levels which bring together the expertise of all agencies and NGOs concerned. The Commission to ensure that drug prevention is identified as a key component of the future public health programme.”

In 2000, the number of registered drug abusers grew by 592 to 3452 making Hungary a new target country for drugs. A considerable increase could have been observed during the last 5 years regarding the life prevalence rate of drug use in Hungary especially among the secondary school age children. The greatest increase can be seen in the following illicit drug categories: amphetamines (0,5% - 4,2%); ecstasy (0,8% - 4,7%); marijuana: (4,8% - 16%); LSD: (1,4% - 4,5%). The life prevalence rate is even higher among those persons, who regularly attend entertainment venues (discotheques). The percentage in these cases is between 40-50%. From these data it is obvious that Hungary is at a great risk though we may say that Hungary is not among the seriously infected countries. The Hungarian population is not properly informed in drug issues. To prevent efficiently drug problems it is necessary to reinforce social awareness in the field of drugs and social cohesion at all levels. In December 2000 the Hungarian Parliament passed the National Strategy to Combat Drug Problem with great consensus, bearing the support of all political parties, putting special emphasis on preventive measures and the reinforcement of the co-operation of communities on local level.

This project completely responds to the first main objective set up by the National Strategy to Combat the Drugs Problem:

“Community, co-operation—Society should become sensitive to the efficient management of the drug issue and local communities should improve their problem-solving capabilities in countering the drug problem. The engine of the drug policy of the local community is the Co-ordination Forum on Drug Affairs, which is called to co-ordinate local measures and initiatives and to create a forum for the institutions functioning in the territory of the local community in parallel with the national objectives. This Forum is an important part of the chain, which guarantees the translation of strategic ideas into reality.”

The Co-ordination Fora on Drug Affairs are locally initiated co-ordination bodies to encourage and harmonise all types of initiatives connected to drug affairs with special concern to prevention. At the moment 25 fora are operating in three regions a further 32 will be established during the next 2 months. The local governments set up these fora and they have members from schools, public health service, health care providers, police and other bodies of law enforcement. The National Institute for Drug Prevention is expected to act as a national support centre in technical issues; its task is to foster vertical and horizontal communication among the interested and relevant parties. With the implementation of the KEFs the effectiveness of the administrative bodies and the flexibility of civil organisations would be united in order to ensure the comprehensive approach to manage drug-related problems in the society. Besides local level co-operation KEFs can serve as an example for the promotion of the culture of co-ordination on county, regional and higher levels of the society and public administration.

This particular project aims at the strengthening and institutionalisation of the Co-ordination Forum on Drug Affairs and the reinforcement of its supervisory-counselling body the National Institute for Drug Prevention.

---

1 National Strategy, 2000
3.2 Linked activities:

The project will utilise, contribute to and build on the achievements of the following projects:

- Healthy City programme initiated by the WHO. The project will make use of the health promoting local strategies developed under the supervision of the WHO project. Today 18 cities are participating in it. The project represents a community-based approach in the field of public health – health promotion issues. According to the WHO initiatives the project is having a strong emphasis – among others – on drug issues.

- European Network of Health Promoting Schools supported WHO, CE, EC. Hungary joined this project in 1991 with ten pilot schools. After the first 2 years of piloting, based on the experiences gathered during this period the scope of the work was broadened. By now this project is working in the format of an NGO (Hungarian Association of Health Promoting Schools) with 185 member schools. The project is having three main pillars: the improvement of the school atmosphere; the existence of a health-promoting curriculum; improvement of the social and institutional relationships within the local community. The school setting is considered to be the most excellent health promoting setting, which gives priority to a holistic approach within this field.

- HU-0005-02 -Institutionalisation of the National Drug Information System Focal Point. This project will be implemented through a twinning arrangement with the partner institution, Spanish National Plan on Drug. The PAA will start his assignment in June 2001 and will be hosted by the Ministry of Health. The new project will certainly take into account the experiences and results of this twinning.

- PHARE Multi-beneficiary Programme on Drugs. This project was launched in 1992 for six Central European Countries and extended in 1994 with five more countries of the region. The aim of the programme was to assist the Central and Eastern European countries to evaluate their situation, identify their needs and build up their capacity to develop programmes for the prevention of drug abuse. The programme was made up of different projects, comprising Drug Information Systems, Money Laundering, Control of Chemical Precursors and Drug Demand Reduction.
  1. PHARE Drug Information Systems project: although the implementation of the project started in 1993, since the establishment of the EMCDDA special attention was given to its development. The result of the project can be considered as a basis for the next PHARE funded project for the institutionalisation of the National Focal Point System.
  2. PHARE Drug Demand Reduction project: the results of this project can support the development of new educational methods of demand reduction on local level.

There is a slight difference in the focus of the current proposal and in the Multi-beneficiary project. In the current proposal there is a bigger emphasis on prevention than in the other one, however co-operation between the two initiatives will be ensured by several means, among them the inter-ministerial Co-ordination Committee and its sub-committees (epidemiological, legal, informatics, health and prevention) are considered to play a substantial role.

- PHARE ACCESS 2001 programme: Activities within the framework of the PHARE-ACCESS programme aim at social reintegration and/or promotion of sustainable public health and social support for marginalized groups of the population, among others victims of addiction. This currently proposed initiative will also support activities implemented by civil organisations, the content of their work is different as this will improve the conditions into which prevention activities are embedded.

- Ministerial Grants: Grants announced by different ministries (i.e.: Ministry of Health, Social and Family Affairs and Education) may support activities, which are similar to the currently proposed ones. However avoiding overlaps is awfully important therefore in the course of formulating the actual conditions of the applications priorities will be carefully harmonised among all interested parties.

- British-Hungarian co-operation: in the framework of this project a Hungarian team of experts studied the possibilities of the efficient collaboration between the police and social workers in drug field, paying special at-

---

2 Minutes of the meeting of the Steering Committee for the PHARE ACCESS 2001 programme, 10th July, 2001
tention to the situation of drug addicts in arrest referral. Negotiations about further co-operation regarding the British Drug Action Teams and the Hungarian KEFs have started.

3.3 Results:

Outputs of the project are envisaged as follows:

- Local drug combat strategies developed together by NDI and KEFs according to pre-negotiated framework;
- Trained and eligible staff at local and NDI level to be able to carry out efficient co-ordination among different actors responsible for the implementation of local strategies;
- Development and implementation of quality assurance system covering and promoting daily operations of NDI and KEFs;
- Developed system of vertical and horizontal relationships within and among KEFs and with the NDI;
- Appropriate data collecting system of quantitative and qualitative type information gathering regarding local resources, needs and state of affairs set up;
- Broadened selection of prevention programmes reinforcing social cohesion, harmless well-being of youth.

3.4 Activities:

3.4.1. The project is based on a twinning assistance from an appropriate institute of an EU member country, and on a Grant Scheme ensuring the development and implementation of local initiatives contributing to the true realisation of the National Strategy. In addition to the two components a technical assistance one fulfils the management activities of the Grant Scheme (for rules of implementation see annex 9).

Apart from giving advice in general regarding the implementation of the National Strategy, the twinning assistance would focus on the immediate objectives (specified under the heading "Project purpose") and will assist in carrying out specific activities.

Guaranteed results of the twinning are:

- Local strategies in place at least in 50 City Fora;
- Increased number of properly trained staff members: at least 4 staff members in each co-ordination forum trained in their relevant fields, i.e. organisational development, strategic planning, group based decision making, communication skills, etc;
- Train-the-trainers courses at national support centre level in the following fields: organisational development, strategic planning, group based decision making, communication skills, etc;
- Implementation of technical protocols regarding appropriate quality data collection both in quantitative and qualitative methods;
- Implementation of technical protocols regarding monitoring and evaluation methods to be used in the course of programme planning;
- Benchmark studies will formulate indicators according to which the quality of prevention programmes can be assessed;
- Number of properly planned (evaluation methods included) and implemented prevention programmes compared to the benchmark studies.

The specific tasks of the PAA can be foreseen as follows:
The staying of the *long-term pre-accession advisor* is envisaged for 12 months starting from November 2002 at the latest. The PAA will be available for the entire duration of the project to assist and monitor implementation. The PAA will be hosted by the National Institute for Drug Prevention.

- Advice on the logistics of local strategy development with special regard to the balance between the local needs, resources and national requirements;
- Provision of in-depth and short term training courses on organisational development;
- Advice on drawing up the system and logistics of a quality assurance system, which would increase the efficiency of staff members in their daily operations;
- Assistance in developing a sustainable and institutionalised system which would ensure the efficient functioning of necessary horizontal and vertical relationships among the relevant actors;
- Advice on the establishment of an appropriate data collecting system of quantitative and qualitative type information gathering regarding local resources, needs and state of affairs;
- Development of training curricula and organisation of training courses for the KEFs;
- Development and Implementation of a Trainer Programme for the staff of the NDI;
- Assistance with the definition of the content of the grant scheme.
- Policy advising

**Required profile of the PAA:**

The adviser should

- have sound theoretical and practical experience in areas related to organisational development and drug issues,
- have a strong institutional support,
- have a strong knowledge on governmental and non-profit co-operation
- have a wide international network and reputation,
- be familiar with the field relevant EU legislation,
- be experienced in planning and implementation of community based prevention programmes,
- be experienced in quality assurance techniques applicable in this particular field;
- be experienced in organising training courses, know-how programmes, curriculum development,
- be fluent in English and have strong communication skills.

**Short- and medium-term experts**

Areas not directly covered by the PAA can be taken over by medium and short-term experts. Under the umbrella of short- and medium-term consultancies training courses will be provided locally for the KEFs; this way service will reflect to the local needs and resources. Training courses will present well-defined logistics representing system-oriented thinking.

Trainings will be held in the following topics:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Duration (in days)</th>
<th>Frequency</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resource management</td>
<td>3</td>
<td>16</td>
<td>8-10</td>
</tr>
<tr>
<td>Quality assurance techniques- organisational development</td>
<td>10</td>
<td>2X16</td>
<td>8-10</td>
</tr>
<tr>
<td>Conflict management, coping strategies</td>
<td>4</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>S</td>
<td>448 days</td>
<td></td>
<td>780 persons</td>
</tr>
</tbody>
</table>

The concrete assignments will be subject to the negotiations of the preparation of the twinning covenant and the recommendations of the PAA.
**3.4.2**

*The Grant Scheme will assist in* the development and implementation of prevention programmes, which will broaden the selection of activities in appropriate prevention settings of the local communities reinforcing social cohesion, societal activities and harmless well-being of the youth. The four areas covered by the Grant Scheme are strongly connected to the first three objectives of the National Strategy to Combat the Drug Problem such as Community, co-operation; prevention; rehabilitation. (see Annex 6)

**With the help of the Grant Scheme**

1. School based prevention programmes will be developed and/or implemented and evaluated:
   Classroom based drug prevention initiatives are very important, because schools, especially the primary schools are considered essential socialisation settings. Classroom based prevention programmes appear regularly, are attached to normal every day practices, may increase the amount and scope of relevant knowledge and may articulate the whole atmosphere of a school in a preferable direction. From research data we know, that school atmosphere plays a crucial role in the incidence of health threatening behavioural manifestations, among them vulnerability to drugs as well. Good quality classroom based prevention programmes require carefully devised teaching material (adjusted to the local needs), teacher training courses, out-come and process evaluation – monitoring. Hungary has already developed a similar type teaching material for primary school aged children (with the assistance of the World Bank) within the field of health education/health promotion. This teaching material has got a strong emphasis on drug prevention, but it certainly needs further development for a different age group. Apart from this there are a few other classroom based prevention programmes, however in all cases external support is badly needed for carrying out the necessary adjustments and to enhance the dissemination of successful initiatives in a broader circle. Teacher training courses focusing on methodology, pedagogical skills and competencies are also essential especially if we focus on the entire school atmosphere, which – as mentioned before – seems to be crucial as a predecessor of health threatening behavioural manifestations. Expected results of this component would be
   - teaching material which is custom tailored to the local needs and is in line with the relevant objectives (objective 1 and 2, see annex 7) of the National Strategy
   - accredited teacher training courses preparing for the presentation of the teaching material
   - appropriate system of tools of monitoring and evaluation
   The eligible candidates will be civil organisations that already have experience in the development and implementation of school-based prevention programmes. The candidates are expected to be able to contribute to the implementation of the activities with 10% of the expenditures. The implementation of component is envisaged in the format of a consortium and the civil organisation should be the leader of that consortium. Therefore the applicant civil organisation must have proven experience in the field of management issues.

2. The Safe Entertainment Venue programme will be further developed;
   The Safe Entertainment Venue programme was launched by the Ministry of Youth and Sport at the beginning of 2001. From research data it has become clear that among those youngsters who attend this type of venues the life prevalence of illicit drug intake is twice as high as in the average population of the same age group. There is a very special profile of drug use in their case and consequently the harms attached to their behaviour require a special approach, a special care. The Safe Entertainment Venue initiative would like to

---

3 HBSC research 1986-1997, Hungary joined this international research in 1986
cope with the special challenges of this situation. At the moment 12 discotheques from different parts of the country have already joined this initiative, they decided to provide their guests with different type services. These services are to reduce the harms of unavoidable drug intake and also to prevent drug use. The provision of this type services is money consuming, the entertainment venues should become committed to different aspects of drug prevention and they must be supported both financially and technically in the implementation of this programme. The applicants for the grant are expected to be NGOs and entertainment venues (i.e.: discotheques, clubs etc) in a non-profit agency conducted consortium. NGOs would dispose the approved amount of money in tight collaboration with the discotheques. The aim of this type of application is to make the leaders of high-risk discotheques interested in improving conditions of entertainment in their sites. The long-term, sustainable involvement of the discotheques is hoped to be encouraged by the strict requirement of co-financing in the amount of 25% of the received grant. The discotheque’s contribution can be realised through creating installations which are prescribed in the main principles of the Safe Entertainment Venue project (i.e: chill-out room, ventilation, drinking water, counter, etc.) The civil organisation has to provide expertise, information leaflets, personal counselling and first aid services of the grant allocated to it. This particular component is not intended to finance needle exchange programmes. Selection criteria for the applicants would be a letter of intention for co-operation signed jointly by the service provider civil organisation and the discotheque and stating clearly that the owners of the entertainment venue are committed to finance the implementation of the infrastructure conditions of the project at least up to the 25% of the grant. The fact that this programme is implemented in a discotheque does not mean any exemption from the regular control of the law enforcement bodies. List of eligible party service providers will be available during the application period. Expected results of the implementation of the project is the decreasing number of disco related accidents and the increased number of entertainment venues with low level of drug use.

3. The selection of low threshold services will be broadened at local level;

As far as the drug field is concerned it is important to know, that low threshold services might be important elements of the prevention activities. Low threshold services does not require abstinence from the client, people, who are not able or not willing to give up their drug use, can use these services. As a consequence of it these services are easily available for a broad range of persons who has already made contacts with drugs. These services (counselling, provision of information) are not offered exclusively for drug users, that is why they might be considered a possible tool of prevention and harm reduction at once. At the moment cc. 40 low-threshold services are working throughout the country. The institutional arrangements ensuring these services are very much varied. A few of them are working within the framework of “Drug ambulances”, others are working independently from well established health care providers, they might be temporarily existing programmes, which rely on the actual support received from governmental or local resources. We do not have clear data regarding their turn-over. As far as the scope of their work is concerned, the picture is again very much varied. Very few of them are running needle exchange programmes, most of them are doing out-reach work and all of them are providing the clients with information and counselling services. Drug use is a hidden phenomenon; those who are at risk or are just interested in this regard might get some very substantial impulse from a service provider, which might even stop them in the course of developing a drug user carrier. This way to support a broaden selection of low threshold services can be considered an additional tool of prevention activities. It is especially important in smaller settlements, where these kinds of services are hardly available at all. The KEFs are working in medium size towns, the initiation of low-threshold services will depend on the actual state of affairs, the current pattern of local drug epidemics should be taken into consideration. These data will be gathered during the next few months and will make a real contribution to the development of local drug combat strategies. The applicants for this grant are expected to be non-profit oriented service providers together with local governments as side-applicants. The applicant’s contribution is supposed to be in this project, the part-taking of the local government (15%) that can be manifested in the provision of appropriate room and infrastructure.
4. Human capacity building of civil organisations providing prevention services in the drugs field will be supported

As far as prevention activities are concerned we can say that governmental institutions’ capacity to plan and implement them is very limited. Its reason is that the most effective and efficient prevention activities are the community-based initiatives. Civil organisations are the most powerful bodies within the local communities to initiate and implement these type of activities; they rely on the local resources and reflect the local needs as well. So they can be seen as real opportunities in this regard especially if they are empowered with the necessary skills and competencies. Civil organisations are enthusiastic but in many cases they lack the sufficient amount of professionalism. The proposed training courses would increase and/or improve their technical-professional abilities in the fields under consideration. The main areas of the human capacity building are envisaged as follows:

- strategic planning
- project planning
- project management
- project administration techniques
- quality assurance techniques.

Therefore applicants to this grant would be civil organisations that are actors in the prevention field. The proposed minimum grant size as well as the amount of contribution (10%) are reasonably low this way we hope that a fairly good number of possible applicants can benefit from this opportunity. The proposed grant criteria will truly present the principle of subsidiarity i.e. smaller entities would be empowered to be able to cope with the locally emerging needs.

The planned allocation of the funds is as follows:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School based prevention programmes</td>
<td>30</td>
</tr>
<tr>
<td>Safe Entertainment Venue programme</td>
<td>20</td>
</tr>
<tr>
<td>Low threshold services</td>
<td>25</td>
</tr>
<tr>
<td>Human capacity building</td>
<td>25</td>
</tr>
</tbody>
</table>

Invitation for grants will be announced in January, 2003 according to the preliminary contracting and disbursement schedule. The primary beneficiaries of the grant scheme programme will be civil organisations (service providers) and the secondary beneficiaries will be the whole population tackled by the supported activity, initiative. For details of the procedure see annex 8, for details of implementation see annex 9 (standard implementation for grant schemes).

4. Institutional Framework

The main beneficiary of the twinning arrangement is the National Institute for Drug Prevention of the Ministry of Youth and Sport. The objective of setting up the NDI on the 1st January 2001 was to establish a centre able to provide professional and technical support on drug issues throughout the country including provision of organisational and technical support for the KEFs. There are no administrative links between the KEFs and the Institute. The technical staff of the Institute is utilised by the KEFs regarding the researches and programme development and implementation. The KEFs are expected to report back to the Institute regarding the researches carried out locally and also regarding the programmes implemented. Besides the NDI other recipients of the twinning project are the Co-ordination Fora of Drug Affairs that are set up to co-ordinate all relevant actors dealing with drug issues on local level.
The Grant Schemes are planned to finance all types of prevention activities, so that schools, local governments, local authorities, NGOs and other bodies working in the field of drug affairs will also be beneficiaries of the project.

In order to ensure interdepartmental co-ordination, multi-sectoral interest and supervision of the whole project the Co-ordination Committee on Drug Affairs will monitor all the activities. Through this Committee the participation of all relevant ministries (i.e. Ministry of Health, Ministry of Interior, Ministry of Social and Family Affairs and Ministry of Education) will be ensured. The Committee will revise the progress of the project at least two times a year.

As far as the Grant Scheme is concerned a Steering Committee will be set up which will be chaired by the Deputy State Secretary of Co-ordination of Drug Affairs of the Ministry of Youth and Sport. Besides counselling on the establishment of the exact selection criteria the Steering Committee will be responsible for judgement of the applications and the announcement of the list of granted entities. Members of the Steering Committee will be the following institutions: National Youth Research Institute; National Institute for Drug Prevention; National Centre for Health Promotion; Semmelweis University - College of Health, Dept. of Addictology, Debrecen University – New School for Public Health; representatives of two civil organisations. Observer institutions such as the Delegation of the European Commission to Hungary, the CFCU, the Civic Relations department of the Prime Minister’s Office, the Department of National Aid Co-ordination of the Prime Minister’s Office will supervise the management of the grant scheme. The work of the sub-committee on drug prevention shall be taken into consideration.

5. Detailed Budget

<table>
<thead>
<tr>
<th>Phare Support</th>
<th>Phare Support Investment Support</th>
<th>Support Institution Building</th>
<th>Total Phare (=I+IB)</th>
<th>National Co-financing</th>
<th>IFI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning</td>
<td>0.5</td>
<td>0.5</td>
<td>0.05</td>
<td></td>
<td>0.55</td>
<td></td>
</tr>
<tr>
<td>Grant Scheme</td>
<td>1.00</td>
<td>1.00</td>
<td>0.4</td>
<td></td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>0</td>
<td>0.1</td>
<td>1</td>
<td></td>
<td></td>
<td>0.1</td>
</tr>
<tr>
<td>Total</td>
<td>1.5</td>
<td>0.55</td>
<td>2.05</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Government co-financing in relation to the twinning component is allocated to cover the necessary counterpart costs arising from the implementation of the twinning.

The grant scheme component of the project will be jointly co-financed between Phare and Government resources. Even if the technical assistance is financed from national contribution, Phare rules apply for this component and the management of the grants. Besides national contribution civil organisations are also expected to contribute to the grant with a certain percentage of the approved amount (see annex 8). The ratio between the Phare and the national amount is binding and has to be applied to the final contract price.

6. Implementation Arrangements

6.1 Implementing Agency

The Implementing Agency of the project is the Central Finance and Contracting Unit (CFCU). The CFCU will be the Contracting Authority and in that capacity will issue and evaluate tenders, conclude contracts and authorise the treasury to make contractually related payments. The Director General of the CFCU will act as PAO of the project. Her contacts are:
PAO: Ms. Judit Rózsa, director  
CFCU, Ministry of Finance  
1051 Budapest, József nádor tér 2-4.  
Phone: (36-1) 327-3650, Fax: (36-1) 327-5972  
E-mail: jrozsa.cfcu@allamkincstar.hu

The Ministry of Youth and Sport, Deputy State Secretariat for Co-ordination of Drug Affairs, will be responsible for the technical part of the project in terms of design, evaluation follow up and monitoring. The Deputy State Secretary of the Ministry will act as Senior Programme Officer. His contacts are:

SPO: Mr. Ákos Topolánszky  
Deputy State Secretary for the Co-ordination of Drug Affairs  
Ministry of Youth and Sport  
1054 Budapest  
Hold u. 1.  
Tel: +36 1 301 9277, Fax: +36 1 301 9285  
E-mail: akos.topolanszky@ism.gov.hu

6.2 Twinning

The recipient institution of the twinning partner will be the National Institute for Drug Prevention of the Ministry of Youth and Sport and through the co-ordination of it all local bodies and institutions taking part in the activity of the KEFs.

Contact person:  
Mrs. Katalin Felvinczi  
Managing Director  
National Institute for Drug Prevention  
1142 Budapest,  
Amerikai út 96.  
Phone: +361-273-2635, Fax: +361-273-2633  
E-mail: felvinczi.katalin@mobilitas.hu

6.3 Non-standard aspects

The Practical Guide on PHARE and the twinning manual will be strictly followed.

6.4 Contracts

The focus contract of the project will be the Twinning Covenant, which covers the costs of the PAA, the short-term experts and all the training (estimated value is Euro 500,000).

A Grant Scheme for an amount of Euro 1.400,000 (including Euro 400,000 co-financing) is foreseen. The Grant Scheme is to be applied by local NGOs and schools to develop and implement prevention programmes for the youth.

A technical assistance contract is envisaged for the management of the grant scheme. This project will be fully financed from national contribution, however Phare rules would apply for contracting.
7. Implementation Schedule

<table>
<thead>
<tr>
<th>Contract</th>
<th>Start of Tendering</th>
<th>Start of Project Activity</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning</td>
<td>03/2002</td>
<td>06/2002</td>
<td>09/2003</td>
</tr>
<tr>
<td>Grant Scheme</td>
<td>01/2003</td>
<td>03/2003</td>
<td>04/2004</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 and technical capacities and will contribute to the utilisation of good international practices in combating drug abuse and its damaging effects. Without Phare support comprehensive implementation of the above-described initiatives could only be taken up later.

11.2 Co-financing

The Ministry of Youth and Sport guarantees the co-financing of the project for an amount of Euro 550,000.

11.3 Additionality:

No other financiers will be displaced by the Phare intervention.

11.4 Project readiness and Size:

The KEF system is developing under the guidance of the National Institute for Drug Prevention. There are 25 KEFs operating at the moment, by the time of the project start 50 KEFs will be set up.
11.5 Sustainability:

Relevant government and local government policies ensure sustainability. The Ministry of Youth and Sport provides fund for the continuous and sustainable operation of the KEF system and the National Institute for Drug Prevention.

11.6 Compliance with state aids provisions

Services and equipment will be produced in line with the regulations of the Phare PRAG.

11.7 Contribution to National Development Plan

The project is in line with PNDP priorities.

12. Conditionality and sequencing

Phare support will be conditional upon the existence of 50 locally operated KEFs by the end of 2001. The Hungarian Government is fully committed to implement the National Strategy to Combat Drugs and provides financial support for the establishment of the KEF system through the Ministry of Youth and Sport. Other condition to launch the project is the realisation of benchmark studies on the starting landscape concerning the local drug scene completed on time. The benchmark studies have to be completed before the launching of the grant schemes (by May 2002 at the latest).
Annexes to project Fiche
1. Logical framework matrix in standard format (compulsory)
2. Detailed implementation chart (compulsory)
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period) (compulsory)
4. Reference to feasibility /pre-feasibility studies. For all investment projects, the executive summary of the economic and financial appraisals, and the environmental impact assessment should be attached (compulsory)
5. List of relevant Laws and Regulations (optional)
Reference to relevant Government Strategic plans and studies (may include Institution Development Plan, Business plans, Sector studies etc) (optional)
## LOGFRAME PLANNING MATRIX FOR 
Project 2002/000-180-05-02

### Preventing Drug Abuse

#### Programme Name and Number
Preventing Drug Abuse 2002/000-180-05-02

#### Contracting Period Expires:
11/04 and 6/04 for Grant Schemes

#### Disbursement Period Expires:
11/05

#### Total Budget:
2.05 Million

#### Phare Budget:
1.5 Million

### Overall Objective
National Drug Strategy of Hungary implemented in line with the EU Drug Strategy, EU Action Plan, and Article 152 of the Amsterdam Treaty

<table>
<thead>
<tr>
<th>Objectively Verifiable Indicators</th>
<th>Source of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation in place by 2004</td>
<td>Reports of the European Monitoring Centre for Drugs and Drug Addiction</td>
</tr>
<tr>
<td>Ratio of addicts receiving treatment/rehabilitation should increase by 40% with a stabilised incidence and prevalence rate by 2005</td>
<td></td>
</tr>
</tbody>
</table>

### Project Purpose
Efficient and sustainable functioning of the Co-ordination Forum on Drug Affairs (KEF) system under the guidance of the National Drug Prevention Institute (NDI)

<table>
<thead>
<tr>
<th>Objectively Verifiable Indicators</th>
<th>Source of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence rate (number of new drug users in relation to general population) stabilised in the long term at 3%</td>
<td>Regular KEF reports to the NDI and local governments</td>
</tr>
<tr>
<td>Life prevalence rate for the secondary school age children (frequency of drug contacts in personal life) stabilised at the current rate of 18%</td>
<td>Annual reports on the Hungarian drug situation regularly published by Ministry of Youth and Sport</td>
</tr>
</tbody>
</table>

### Results
- Local drug combat strategies developed together by NDI and KEFs according to pre-negotiated frameworks
- Trained staff at local and national level to be able to carry out efficient co-ordination among different actors responsible for the implementation of local strategies
- Quality assurance system supporting daily operations of NDI and KEFs
- Existing vertical and horizontal relationships among KEFs and with the NDI
- Existence of professional data collecting system regarding quantitative and qualitative type information gathering regarding local resources, needs and state of affairs
- Broadened selection of prevention programmes reinforcing social cohesion, harmless well-being of youth

<table>
<thead>
<tr>
<th>Objectively Verifiable Indicators</th>
<th>Source of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local strategies in place by April 2004</td>
<td>Annual reports</td>
</tr>
<tr>
<td>Increased number of properly trained staff members by 700 by April 2004.</td>
<td>Training certificates</td>
</tr>
<tr>
<td>Operational manual in place by April 2004</td>
<td>Descriptive studies</td>
</tr>
<tr>
<td>Existence of technical protocols by April 2004</td>
<td></td>
</tr>
</tbody>
</table>

### Activities
National Drug Prevention Institute
- Manages the project including preparation and implementation of the Twinning Arrangement and the Grant Scheme
- Supervises the benchmark study

### Means
- One Twinning Arrangement (including strategy development support, organisational advice, training)
- One grant scheme directed at increasing the number of spare-time activities, reinforcing societal activity, harmless well being of the youth.

### Assumptions
- Commitment on local level to deal with drug related issues in line with the National Drug Strategy
- Continued high level of co-operation in the Co-ordination Committee of Drug Affairs (KKB)
- Other important elements of the National Drug Strategy implemented as foreseen.

### Preconditions
- Existence of 50 locally operated KEFs
- Benchmark studies on the starting landscape concerning the local drug scene completed on time
### Implementation Chart

<table>
<thead>
<tr>
<th>Components</th>
<th>2001</th>
<th></th>
<th>2002</th>
<th></th>
<th>2003</th>
<th></th>
<th>2004</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>T</td>
<td>T</td>
<td>T</td>
<td>T</td>
<td>I</td>
</tr>
<tr>
<td>Grant Scheme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>T</td>
</tr>
<tr>
<td>Technical As-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>T</td>
</tr>
<tr>
<td>istance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D: Design  
T: Tendering  
I: Implementation
# Contracting and Disbursement Schedule

(Phare Funding in Meuro)

<table>
<thead>
<tr>
<th>Components</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning (Phare Funding)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted</td>
<td>0</td>
<td>0,5</td>
<td>0,5</td>
<td>0,5</td>
</tr>
<tr>
<td>Disbursed</td>
<td>0</td>
<td>0</td>
<td>0,2</td>
<td>0,3</td>
</tr>
<tr>
<td>Grant Scheme (Phare Funding)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Disbursed</td>
<td>0</td>
<td>0</td>
<td>0,4</td>
<td>0,6</td>
</tr>
<tr>
<td>Disbursed National Contribution</td>
<td></td>
<td></td>
<td></td>
<td>1,2</td>
</tr>
<tr>
<td>Technical Assistance (national contribution)</td>
<td></td>
<td>0,002</td>
<td>0,004</td>
<td>0,006</td>
</tr>
<tr>
<td>Disbursed</td>
<td></td>
<td>0,008</td>
<td>0,018</td>
<td>0,028</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,038</td>
<td>0,04</td>
<td>0,043</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,046</td>
<td>0,049</td>
<td>0,052</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,055</td>
<td>0,075</td>
<td>0,09</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0,1</td>
<td></td>
</tr>
</tbody>
</table>
Organigram of Drug Co-ordination of the Hungarian Government

Co-ordination Committee on Drug Affairs (CCDA)
- President: Minister of Youth and Sports
- Co-President: Minister of Health

Secretariat of CCDA:
- Deputy State Secretary to the Minister of Youth and Sports

Members

Committees of Experts
- Legal
- Epidemiology
- Health
- Social
- Supply reduction
- IT
- Prevention
- Labor
- Local governance

CFDA: Co-ordination Forum on Drug Affairs
Abbreviations in the organigram:

MI            Ministry of Interior
MH            Ministry of Health
MA            Ministry of Agriculture
ME            Ministry of Economic Affairs
MD            Ministry of Defence
MJ            Ministry of Justice
MYS           Ministry of Youth and Sports
MFA           Ministry of Foreign Affairs
PMO           Prime Minister’s Office
Medu          Ministry of Education
MF            Ministry of Finance
CNSS          Civilian National Security Services
MSFA          Ministry of Social and Family Affairs

SPHS          State Public Health Service
CFG           Customs and Finance Guard
SPPO          Senior Public Prosecutor’s Office
ANNEX 5

REFERENCES TO PRIORITIES IN RELEVANT DOCUMENTS

Accession Partnership, 1999:

Medium-term priorities: “Further upgrade law enforcement bodies (staff members, training and equipment), continue the fight against organised crime, trafficking in women and children, drug trafficking and corruption; ensure better co-ordination between law enforcement bodies.”

NPAA priorities for 2002, Chapter 5.2:

“Combating drugs has an outstanding importance both within the European Union and in Hungary. The Ministerial Conference, held in Helsinki, in December 1999, accepted the European Union Action Plan to Combat Drugs for the years 2000-2004. The priority programmes within the Justice and Home Affairs cooperation, and within the co-operation in the field of public health are being implemented accordingly.

The implementation of priority tasks regarding drugs has already been defined before the accession for the Central Eastern European countries, as major expectations set by the European Union. The main tasks are the following: the introduction of EU priorities within the anti-drug strategies of the accession countries, transposition of drug-related legislation of the acquis communautaire, and the need to put in place and operate a relevant institutional system. Another major task concerns the strengthening of the institutional system for the prevention of drug abuse.”

Regular Report, 2000 Chapter 24

"In 1999, the number of registered drug abuses grew by 800 to 2,860 making Hungary a new target country for drugs. The number of drug addicts receiving medical treatment rose continuously to 12,454 in 1999. In July 2000, the government approved the National Strategy to Combat the Drug Problem putting special emphasis on preventive measures. The main objective of the strategy is to introduce combined demand and supply reduction programmes.

The same applies to the drugs acquis and to participation in the European information network on drugs and drug addiction (Reitox). Furthermore, even if not explicitly mentioned in the acquis, a national focal point should be established. The respective co-operation between the concerned Ministries should also be strengthened.”
ANNEX 6

EXTRACT OF THE NATIONAL STRATEGY TO COMBAT THE DRUGS PROBLEM


Basic Assessment

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

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

The birth of the National Strategy

To improve its work on drugs, the Government set up the Interdepartmental Committee on Drugs with its Resolution No. 1013/1991 (II. 28) Korm. Under Government Resolution 1039/1998. (III.31) Korm., “The Government, in view of developments in the domestic drug situation, the experiences of the operation of the Interdepartmental Committee on Drugs and the provisions of Parliament Resolution 125/1997 (XII.18) OGY, sets up a Co-ordination Committee on Drug Affairs.” Pursuant to Section 2 (b) of the Government Resolution, the tasks of the Co-ordination Committee would include “the development of a national strategy against drugs and, following its adoption, the continuous control of its implementation.”

The Government, in accordance with its own program and international recommendations, adopts the multi-disciplinary model and the approach based on a balance of demand and supply reduction to influence the problem.

The first version of the Strategy was accepted by the Government on the 22nd of February 2000, and later on it was put on social conciliation. Governmental, civil and religious organisations and institutions as well as 1054 persons were invited for the events of the social discussion. Experience got during the discussion was integrated in the final version of the document adopted by the Government on the 4th of July, 2000.

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

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

The structure of the National Strategy

- **Long-term objectives**: the totality of the actions required for the implementation of the objectives intended, is to be achieved by 2009.
- **Medium-term objectives**, which specify the task to undertake with respect to fiscal years 2000-2002.
- **The short-term objectives** list the tasks directly ahead of us as well as those called for to implement the medium-term objectives.

The details of the objectives

1. Community, co-operation — Society should become sensitive to the efficient management of the drug issue and local communities should improve their problem-solving capabilities in countering the drug problem.

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

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

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

2. Creation of opportunities to enable the young to develop a productive lifestyle and to reject drugs (prevention)

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

3. Helping individuals and families having come into contact with drugs and struggling with drug problems (social work, treatment, rehabilitation)

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

The Co-ordination Forums on Drug Affairs and the working groups of the Co-ordination Committee will expand the organisational basis for the local and nation-wide co-ordination of treatment and their co-operation with other professions.
4. To reduce the possibility of access to drugs (supply reduction)

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

International Co-operation

Owing to its geopolitical position, Hungary is responsible for the intensive control and eradication of drug trafficking routes and smuggling networks going through it under international co-operation. Joining the European Union means tasks in the field of drug problems: joining the network made up of the national information collecting and reporting centres of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA-REITOX) and setting up the national centre, the REITOX Focal Point. The information exchange (with Interpol) is to be continued; Hungary collects data for Europol as well as for the institutions of the Council of Europe. Hungary shall continue with the drug-related projects under the PHARE program in the areas related to drugs.

The opportunities offered by regional and European co-operation in both demand and supply reduction will have to be exploited. Priority treatment should be accorded to the Central European Initiative under the Prague Memorandum (1995). The purpose of this programme is to support tactical and strategic transborder co-operation efforts by developing national drug control strategies with a view to joining a harmonised sub-regional strategy.

Hungary participates in the work and programs of the UN specialised drug agencies, the UN Commission on Narcotic Drugs (CND), the controlling staff of the International Narcotic Control Board (INCB) and the UN Drug Control Program (UNDCP). Hungary established its National Opium Board; the relevant resolution is contained in the Single Drug Convention (New York, 1961).

As drugs know no borders, international co-operation in projects run under bilateral agreements to combat terrorism, organised and drug-related crime is of tremendous importance. In order to integrate the tasks arising from accession to the EU, it is necessary to review our bilateral agreements to combat organised crime by 2002. The Hungarian Customs and Finance Guard is in co-operation with the Warsaw Regional Contact Office of the World Customs Organisation (WCO) in the field of supply reduction.

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

The local Co-ordination Forums on drug affairs have an important role to play in the instruments of implementation. Their annual reports will be aggregated by the Co-ordination Secretariat subordinated to the Committee.

The Co-ordination Committee will annually assess the progress of implementing the National Strategy and will carry out the screening and efficiency examination of the strategy and the institutions implementing it every three years. It will draw up a report on its findings for the Government and Parliament.
The currently proposed project, its complexity and the applied approach are quite unique, though certainly not rootless.

Theoretical considerations underpinning the proposed approach:
According to researches conducted over the past 15 years in school-based approaches to drug abuse prevention it has become clear that some of the most widely used prevention approaches are ineffective and many other approaches are untested. Notable among those approaches found ineffective are traditional prevention approaches that rely on teaching information concerning the adverse consequences of drug abuse and affective education. Other research has demonstrated the efficacy of prevention approaches that focus on psychosocial factors associated with drug use initiation and/or drug abuse. These approaches emphasize the teaching of social resistance skills and correcting normative expectations. Some of the most effective approaches also include the teaching of generic personal and social skills. Studies testing the efficacy of these approaches have shown that they are capable of reducing drug use for up to 6 years. Although most of this research has been conducted with white youth, evidence from several studies also shows that these approaches are effective with inner-city, minority youth. However, beyond the issue of effectiveness are the related issues we also should speak about cost-effectiveness and cost-benefits.

Experiences gained with community based approaches within the field of health promotion
North Karelia Project
The North Karelia Project was launched in 1972 in response to the local petition to get urgent and effective help to reduce the great burden of exceptionally high coronary heart disease mortality rates in the area. In cooperation with local and national authorities and experts as well as with WHO, the North Karelia Project was formulated and implemented to carry out a comprehensive intervention through the community organizations and the action of the people themselves. The Project has included a comprehensive evaluation, and has acted as major demonstration programme for national and international applications.

Over the years the scope of the Project has been enlarged to include boarder objectives of integrated prevention of major non-communicable diseases and health promotion, as well as prevention of risk related lifestyles in childhood and youth. After its initial five years the Project has actively contributed to the national CVD prevention.

The 25 years results and experiences of the North Karelia Project show that a determined and well-conceived intervention can have a major impact on health-related lifestyles and on population risk factor levels and that such a development, indeed, leads to reduced disease rates and improved health of the population. By 1995 the annual mortality rate of coronary heart disease in North Karelia in the working age population had fallen appr. 75%, compared with the rate before the Project. The experience also shows that major national demonstration project can be a strong tool for favourable national health improvement.

---
4 Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy
Healthy Cities Project

Healthy cities is a health promotion application of the community development approach. At the beginning of 1987 11 European cities became the founding members of the WHO Healthy Cities Project, and by now more than 1000 cities participate. Much has been learned about community-wide health promotion practice and research through Healthy Cities.

Healthy Cities was convinced as a means of testing virtually all the elements of the Ottawa Charter, at the community level. Ultimately, the it seeks to enhance the physical, mental, social and environmental well-being of the people who live and work in cities. The initiative was developed around five major aims. First, the cities would develop action-based health plans following the framework of Health for All, the health promotion principles of the Ottawa Charter, and the 38 European targets for health. Second, the cities would develop ‘models of good practice’ to illustrate the key principles of health promotion. Such models then can be disseminate to communities. Third, the cities would monitor program activities and conduct research on the effectiveness of the models of good practice. Fourth, the cities would collaborate to disseminate ideas and experiences. Fifth, the cities would foster mutual support, learning, and cultural exchange between cities and towns of Europe. To achieve these aims, the initiative developed a seven-part strategy: (1) establishing an inter-sectional group of community decision makers to develop an overview of health in the community and ‘unlocking’ their organizations to work with each other at all levels; (2) establishing a technical support group to work on collaborative analysis and planning; (3) conducting a community diagnosis down to the small-area level, with an emphasis on health inequalities, and the public’s perceptions of the community and its health; (4) establishing links with educational institutions, developing these into teaching and research partnerships, and working together to identify appropriate urban health indicators; (5) assessing the health promotion potential of their organizations, developing health impact statements to make the potential for improvement explicit, and mapping assets for health; (6) stimulating public debate and discussion about the health in the city, within organisations and in the local mass media; (7) implementing intervention to achieve Health for All objectives and monitoring and evaluating the interventions.

Although the Health Cities was not convinced primarily as a research project, nevertheless, elements of it have been researched. The main conclusion of the review was that success in implementation was related to eight qualities: strong political support, effective leadership, broad community control, high visibility, adequate resources, sound administration, inter-sectoral cooperation, and strong accountability. The most successful projects had steering committees representing both the community and key agencies and were closely linked to the political system, they had specialised groups for management and technical support, the roles and responsibilities of committees and working groups were defined clearly.
## SUMMARY TABLE DESCRIBING THE PROCEDURE RELATED TO THE GRANT SCHEME

<table>
<thead>
<tr>
<th>Topics</th>
<th>Applicants</th>
<th>Beneficiaries</th>
<th>Members of the Consortium</th>
<th>Contribution</th>
<th>Type of Invitation</th>
<th>Grant Size (EURO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based prevention programmes</td>
<td>Civil organizations having prevention programmes</td>
<td>Students, Schools, Local community</td>
<td>Civil organizations and Expert groups</td>
<td>10%</td>
<td>Open</td>
<td>8000-30 000</td>
</tr>
<tr>
<td>Safe-entertainment venue programme</td>
<td>Civil organizations providing party service together with discos as co-financers</td>
<td>Public of the entertainment venues, Broader local community</td>
<td>Civil organizations providing party service, Entertainment venues</td>
<td>25%</td>
<td>Open</td>
<td>8000-35 000</td>
</tr>
<tr>
<td>Low-threshold services</td>
<td>Service providers and local governments as side-applicants</td>
<td>High-risk population</td>
<td>Service providers, Public Health Services, local governments</td>
<td>15%</td>
<td>Open</td>
<td>15000-25 000</td>
</tr>
<tr>
<td>Human capacity building</td>
<td>Civil organizations</td>
<td>Staff of civil organisations</td>
<td>Civil organizations and Expert groups</td>
<td>10%</td>
<td>Open</td>
<td>3500-6000</td>
</tr>
</tbody>
</table>
Annex 9

INSTITUTIONAL FRAMEWORK/IMPLEMENTATION ARRANGEMENTS

- **IA (Implementing Agency):** Retains full responsibility for programme implementation

- **Intermediary:** shall be identified as a Technical Assistance Organisation (TAO) to be contracted by the IA. Undertakes the task of day-to-day technical management of implementation of projects and monitoring activities under the authority of the IA. The relationship between the IA and the Intermediary shall be defined either in a Cooperation Agreement (RDA) or in a service contract (TAO) which will reflect the institutional framework given in this fiche.

- **Rules, procedures and formats:** The grant section of the Commission Practical Guide will be strictly followed.

1. **Preparation of the Package of Call for Proposal, Guidelines for Applicants and Application Form According to the Practical Guide**
   - IA drafts the call for proposal, the guidelines for applicants and the application form in consultation with the entities concerned in the given field (at national – e.g. Ministries - and regional level)
   - IA submits the final version of the documents to EC for approval
   - EC Delegation endorses the documents

2. **Publication of the Call for Proposal**
   The IA takes all appropriate measures to ensure that the nationally and regionally publicised call for proposal reaches the target groups in line with the requirements of the Practical Guide.

3. **Project Selection Process**
   - RDA (or TAO) collects and registers incoming project proposals
   - The IA selects (in agreement with the co-financing ministry/ies involved, if relevant) and approves the assessor team for the assessment of administrative compliance, eligibility and assessment of technical and financial quality of proposals
   - The IA (PAO) nominates the evaluation committee (non-voting chairman and secretary, and voting members) with the co-financing ministry/ies involved, if relevant
   - The IA nominates the members of the assessment team and evaluation committee exclusively on the basis of technical and professional expertise in the relevant area
• The Delegation endorses the team of assessors and the composition of the evaluation committee. The Delegation nominates an observer to follow all or part of the proceedings of the Evaluation Committee. Prior approval is needed from the Delegation for the participation of other observers.

• The evaluation committee draws up its recommendations and decisions according to the assessor team's written assessment of each proposal on the basis of the published evaluation grid.

• The PAO approves the evaluation report prepared by the evaluation committee and forwards the evaluation report and any award proposals to the Delegation.

• The Delegation endorses (ex-ante) the evaluation report on the selection process and the final list of grants to be awarded.

• The IA notifies each applicant in writing of the result of the selection process.

4. CONTRACTING (PAO DESIGNATED IN THE RESPONSIBLE IMPLEMENTING AGENCY)

• The format of the grant contract is drafted according to the Practical Guide using the standard grant contract format and its annexes.

• The format of the grant contract is to be approved by the Delegation (in cases where the call for proposals results in the award of a large number of grants which all have the same grant contract conditions).

• The PAO signs the grant contracts with the selected beneficiaries based on the final list of grants approved by the Delegation. The language of the grant contract is English and the official Hungarian translation of the contract is attached to the signed English language contract.

• In case of a scheme which results in a small number of larger grant contracts (defined as those with a Phare contribution of over 300,000) the Delegation endorses the individual contracts (after its signature by the PAO and the beneficiary).

• Copy of the signed grant contract is sent to the Delegation.

5. IMPLEMENTATION OF THE SELECTED PROJECTS BY THE BENEFICIARIES

• Beneficiaries subcontract suppliers of goods, services or works, in line with Phare procurement regulations annexed to the Grant Contract and under the Practical Guide.

• Projects under 300,000 Euro (Phare contribution) will be subject to ex-post control by the EC Delegation pursuant to the Practical Guide.

• Tender documents and contracts above 300,000 Euro (Phare contribution) will be subject to the ex-ante endorsement of the EC Delegation pursuant to the Practical Guide.
6. **FINANCIAL MANAGEMENT OF THE SELECTED PROJECTS**

- The IA with the technical assistance of the RDA / TAO receives and verifies the invoices and requests payment by the National Fund

7. **MONITORING OF THE PROJECTS IMPLEMENTED BY THE BENEFICIARIES**

   Standard Phare monitoring instruments will be used for monitoring purposes. Attention is drawn to the special duty of the RDA / TAO with regard to the day-to-day monitoring of the selected projects.