



Report

5th Meeting

EXASS Network

Budapest

4 - 6 May 2009



P-PG/COOP (2009)9



EXASS Net

European network of partnerships between stakeholders at frontline level
responding to drug problems providing experience and assistance for
inter-sectoral cooperation

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EXASS Net



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Introduction

During the Finnish EU Presidency in 2007 the issue of cooperation between the various actors in the law-enforcement, health and social sectors in tackling drug-related problems was addressed at a major conference which took place in Turku, Finland in September 2006. The aim of the conference, which was organised in close cooperation with the Pompidou Group, was to promote a constructive dialogue, provide information and share experiences between drug policy authorities in order to improve the effectiveness of their work. As a result, the Finnish EU Presidency suggested setting up a European network, based with the Pompidou Group, for multi-agency partnerships tackling drug problems at front-line level. During the 2006 Ministerial Conference of the Pompidou Group on 27 and 28 November 2006 the 2007 – 2010 Work Programme was adopted. This Work Programme includes the mandate for the Pompidou Group to set up the network proposed by the Finnish EU Presidency. This proposal was adopted by the by the Bureau of the Pompidou Group on 22 March 2007. The network is called **EXASS Net**.

The aim of the network is to create a link between existing inter-agency partnerships bringing together different stakeholders such as institutions, municipalities, service providers, non-government organizations (NGOs) and individuals to help respond to drug-related problems more effectively. This will facilitate the exchange of knowledge and experiences about what is happening at front-line level in individual countries and promote good practice. The constituting meeting of *EXASS Net* was held in Helsinki on 26-27 April 2007 and it focussed on *Drug-related health problems*¹. The 2nd meeting of *EXASS Net* was held in Preston, Lancashire in the United Kingdom². The 3rd meeting of *EXASS Net* was held in Frankfurt/ Main, Germany in May 2008³. The 4th meeting of *EXASS Net* was held in Moscow, the Russian Federation, in October 2008⁴. All of the above reports can be viewed on the *EXASS Net* website at www.exass.net. This is the report of the fifth meeting of *EXASS Net*, which took place in Budapest, Hungary in May 2009⁵.

The two-day programme for the Budapest meeting included a number of presentations about the drug situation in Hungary, the government structures and strategies developed to address it and delegates also heard presentations from various non-governmental organizations involved in responding to drug-related issues⁶. Delegates also visited an outreach centre, a homeless shelter and the main clinic for responding to drug problems. On occasion, *EXASS Net* meetings, along with visiting a particular location, also focus on a particular topic relevant to drug use. In Budapest, the topic of 'Safer Nightlife' was addressed. Thierry Charlois, consultant and member of the *EXASS Net* steering group, prepared a background paper on *Safer Nightlife in Europe*⁷. On the evening of day one, delegates adjourned to a popular Budapest nightclub to listen to presentations on safer nightlife programmes in Paris and Hungary.



- 1 Connolly J (2007) Report of the constituting meeting of EXASS Net
- 2 Connolly J (2008) Report of the second meeting of EXASS Net
- 3 Connolly J (2008) Report of the third meeting of EXASS Net
- 4 Connolly J (2009) Report of the fourth meeting of EXASS Net
- 5 The author would like to thank the other members of the EXASS Net steering group, the secretariat of the Pompidou Group and our Hungarian colleagues for their assistance in the preparation of this report
- 6 All presentations and reports can be downloaded from the EXASS Net website at www.exass.net
- 7 Charlois T (2009) Safer nightlife in Europe: background document prepared for the fifth meeting of EXASS Net, Budapest, Hungary.

Day One

Plenary session

Day one opened with a plenary session. A welcome was extended to the delegates from Croatia, Germany, Norway, Poland, Portugal, Russian Federation, Slovenia, Ukraine and the United Kingdom. Participants from Hungary then made a series of presentations about the drug situation in Hungary. Below is a brief summary of the presentations.

Overview and history of the Hungarian drug situation by Ákos Topolánsky, National Institute for Drug Prevention

Although problems with alcohol and prescription drugs have existed for a long time in Hungary, illegal drug use is a relatively new phenomenon. Under the communist regime drug use was a taboo subject. Public debate on issues related to illegal drugs was prohibited in the media until 1985, five years before the major political changes began to impact in Hungary. Illegal drugs were portrayed as a characteristic of western societies only and those who engaged in drug use were regarded as having social integration disorders. Sociology, psychiatry and psychology had been prohibited disciplines until the 1970s and consequently there was no academic context within which to develop responses to psycho-social problems. The first scientific lecture on drugs was delivered in a closed environment in 1972, the first relevant publication in 1972. In 1977 the Ministry of Health and Education regarded scientific research into drug use as unnecessary. In 1979, the first clinical trial took place in Hungary where addicted drug users were provided with detoxification in the Central Psychiatric Clinic. The first book on the topic, *Narco Blues*, was released in 1980, six years after its publication.

The official denial of illicit drug use by the state contributed to the emergence of 'underground' oppositional movements, which sought to highlight the reality of drug use by meeting with drug users and illegally publishing literature on the subject. In 1983 the first non-governmental organisation (NGO) dealing with problematic drug

users was established by the Presbyterian Church in Hungary. In 1986 a Therapeutic Community was established by the same organisation. The first drugs outpatient centre was founded in 1987 following a recommendation of the State Commission Against Alcoholism⁸. It was based in Klapka street in the 13th district of Budapest and operated as part of Gyula Nyíró Hospital. In 1994 the Hungarian Association of Narcology, a professional body, was established and in 2000 the Hungarian National Drug Strategy was agreed.

Mr Topolánsky presented a range of data on drug prevalence in Hungary. Until the end of the 1980's drug use in Hungary was limited to smaller groups and was characterized by the use of inhalants, home made opioids (poppy-tea, poppy cutting) and codeine (both combined with glutethimide), antiparkinsonic medicine (Parkan) and benzodiazepines (also combined with alcohol). Cannabis, LSD, amphetamines, ecstasy, cocaine and heroin were hardly available in the country at that time. This was mainly attributed to the closed and tightly controlled borders of the communist era. Since the early 1990s all indicators show a growing prevalence of drug use. Cannabis, LSD, cocaine and heroin became available from the early 1990's with amphetamines and especially ecstasy emerging in the mid 1990's. It was reported that an increasing number of new opiate users tend to start their career immediately with heroin.

Prior to the 1990's there was minimal expertise on treating drug addicts in Hungary. With the changing political circumstances of the early 1990's new treatment methods became possible. The first substitution therapies used involved hydricodine solution, later codeine pills. This was accompanied by the use of psychotherapeutic methods adopted from French psychiatrist-psychoanalyst Dr Katalin Varga⁹. Methadone has been used in maintenance therapy since 1992 although the legal status of methadone was not normalized until 2001.

8 Presentation of Dr József Csorba MD, Director of the Outpatient Centre of Gyula Nyíró Hospital

9 Presentation of Dr József Csorba MD, Director of the Outpatient Centre of Gyula Nyíró Hospital

Methadone is now available in six cities in Hungary and there are currently 700 drug users receiving methadone maintenance treatment. Needle exchange programmes (NEP's) have been available in some cities since the early 1990's. Most of these programmes are run by NGO's although it is reported that only a small proportion of intravenous drug users (IDU's) are reached.

The percentage of IDU's among opiate users in treatment is above 90%. Despite the high rate of IV drug use, the level of HIV/AIDS infections among this group remains remarkably low. A total of 12 people are reported as having been infected with HIV through IV drug use (1% of all HIV cases) between 1985 and 2003. With regard to Hepatitis C infection it is estimated that between 10 and 30% of IV drug users are infected, however no reliable data is available.

Survey data presented by **Mr Topolánsky** shows that drug users remain a highly stigmatised group in Hungarian society¹⁰. In a survey of public attitudes towards different marginalised groups, respondents were asked to list groups according to who they would most reject as neighbours. Drug users topped the list followed by hard drinkers, those with psychiatric illnesses, homosexuals, those with AIDS, prisoners and Romas. However, with regard to public expectations as to how the state should respond to the drug problem, while a majority of respondents sought stricter laws against drug traffickers, respondents sought in order of choice: improved prevention, a greater role for communities, stricter laws against drug users, improved policing and an improvement in the quality of health provision. In terms of the approach taken by the state, an important indicator of where the balance of Hungarian drug policy lies is that expenditure on drug-related law enforcement exceeds that on health and social care by a margin of three to one. This is a common pattern across Europe.

Despite the existing services and programmes there is a broad consensus among professionals that the approaches and methodologies applied go in the right direction. However the level of services and availability is not seen as meeting the existing demand and requires further extension.

10 Paksi B (2003) Drugs and adults. Drug use and public attitudes towards drugs in the the new century. Szakmai forras sorozat 4. L'Harmattan, Budapest.

Multi-sectoral cooperation in Budapest by Péter Portoro, Ministry of Social Affairs and Labour

The political response to drug related problems is built around an approach where the government takes the lead in a coordination and initiation role. The National Drugs Strategy (NDS) incorporates four pillars: Supply reduction, Therapy/Re-socialisation, Prevention and Co-operation/Community. The main institutions responsible for the implementation of the NDS are the Co-ordination Committee on drug affairs (CCDA), which is co-presided over by the Minister of Children, Youth and Sports and the Minister of Health, Family and Social Affairs; the National Institute for Drug Prevention which runs a data system, oversees research and development projects and international relationships and provides technical and administrative assistance to the locally-based tier of the structure, the Co-ordination Fora on drug Affairs (KEF's). There is also the National Focal Point which liaises with the European Monitoring Centre on Drugs and Drug Addiction in Lisbon.

This overall approach of the NDS seeks to encompass all stakeholders, including users and groups critical of interdiction policies. The main features of this policy approach include:

- Planning and acting together with those who are targeted with the intervention
- Participation and cooperation
- Basing interventions on empathy and tolerance
- Empowerment
- Action and services embedded in the community and delivered at local level
- Results-oriented use of resources

The NDS also provides for an expert committee to inform the strategy. The strategy clearly prioritises the role of NGO's. Four of the ten members of the coordinating committee are appointed by NGO's.

Advocating the rights of people who use drugs in Hungary by Peter Sarosi, Hungarian Civil Liberties Union (HCLU)

The willingness to engage with groups critical of government policies was illustrated in the presentation by the Hungarian Civil Liberties Union. The HCLU provides legal aid services for vulnerable populations such as drug users. It also seeks to impact on legislation through lawsuits and harm reduction advocacy. The HCLU has developed novel approaches in its attempt to enhance a human rights oriented drug policy. This includes using the Freedom of Information Act to obtain data on police raids against recreational drug users. During police raids on clubs, the police were shining torches into people's eyes in order to detect dilated pupils to indicate possible drug use. The aim of this campaign was to raise awareness about such crude approaches and also the criminalisation of citizens for personal use of cannabis. The activity involved user activists from the Hemp Seed Association turning themselves in at police stations for illicit drug use. Activists ranged from young users to those above 60 years.

This activity highlighted inconsistent police practices whereby young users were arrested but the confession of a 64 year-old user was rejected. At the subsequent trial, one defendant produced a fully grown hemp plant to illustrate that he was not



Photo 1

obtaining his drug from the illicit market (Photo 1). On another occasion the HCLU provided legal assistance to harm reduction activists who attempted to present urine samples to the Prime Minister using the slogan 'you don't need to arrest people to take drug tests – "here you are", we give you the samples for free!' (See photo below).



These HCLU activities which incorporated strategic use of the media led to increased public debate about drug issues, highlighted controversial police practices, mobilised professionals through the use of petitions and also mobilised more than 1000 drug users. In 2007, the Ombudsman for civil liberties ordered an end to controversial police raids in relation to personal use of cannabis.

Similarly, following an order from the public prosecutor in 2005 for the police to arrest people in possession of syringes, despite the establishment of needle exchange programmes in 1994, a HCLU lawyer escorted a worker from the Budapest NEP to the prosecutors office. The HCLU also organised a press conference to coincide with the visit and charges against providers of NEP's were dropped. Another initiative developed by the HCLU is a media monitoring programme where they seek to filter and challenge incorrect/invalid information presented in the media.

The final initiative presented related to the use of video advocacy whereby the HCLU filmed a exchange between a Dutch psychiatrist and the head of the UNODC Antonio Maria Costa at the Commission on Narcotic Drugs meeting in Vienna in 2008. The controversy generated by this video led to a visit by Mr Costa to a coffee shop and safe injecting facility in Amsterdam.

Island (Sziget), a unique youth festival in Europe by James Gondi, Association of Hungarian Drug Prevention and harm Reduction organisations (MADÁSSZ)

The final presentation of the opening plenary involved a description of the Sziget festival organised by an organisation called the Civil Village, which is an alliance of 27 organisations, mostly NGO's involved in drug prevention. The organisation is sponsored by the Ministry of Children, Youth and Sports and seeks to provide constructive alternative activities to young people (14-25) while at the same time educating them about the risks inherent in drug use. The Sziget festival which began in 1993 is a 7-day long festival which attracts up to 60,000 people every day, 70% of them Hungarians and the rest non-Hungarian nationals. During the festival, the NGO forum provides an opportunity for NGO's working in the area of prevention to meet and exchange ideas in an environment which attracts young people and other at risk groups.

Visit One - Blue Point Drug Counselling Outpatient Centre foundation - Café Kontakt

Café Kontakt was formerly a mobile needle exchange programme (NEP) and now is a low-threshold drop-in centre that runs outreach work, needle exchange, counselling and referral and promotes safer drug use and safer sex. The programme also offers free and anonymous HIV and Hepatitis testing. It is located in the 8th district of Budapest which is known to be a poor urban area with the ensuing social problems. The area which used to be a red light district has an open drug scene.

The aim of the service is to reach those regular drug users who do not tend to contact the main care institutions. Most of the drug users in this district making use of the service are of Roma origin (90%). Among them are approximately 80% men and 20% women. In general their health status is poor since Romas are generally highly suspicious of any institutional

service or care and consequently health problems remain often untreated. Recently amphetamine use is on the rise, particularly among sex workers, while opiate use is decreasing. Over the last year two thirds of new clients were injecting amphetamines. Women are overrepresented among the new clients and this probably reflects the increase in sex workers using amphetamines. Stimulants are used by female sex workers to keep going, so they can manage child care duties and house keeping tasks for example. There are no separate programmes for women and this is problematic.

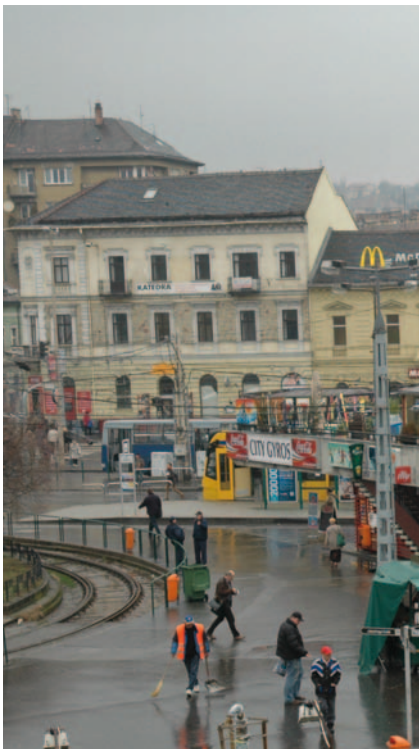
Strong family ties and interdependence within the Roma population and a suspicion of public services means that the number of those willing to undergo residential therapy is low. The users' age ranges from 16 year to years 50. There has been a consistent increase in client numbers. At the end of 2008, there were 1200 registered clients. This number had increased from 750 at the beginning of 2008.



The Café has 15 staff of which 10 are paid employees and 5 are volunteers. Volunteers are mainly sociology and social work students. It has not been possible to find a social worker with Roma background for the team. The centre also hopes to recruit a doctor as there are no medical personnel. The annual budget of the Café is € 120.000 which is used for staff costs and operations/materials.

With regard to syringe exchange, in 2008 104.000 syringes were distributed of which 50% were returned. However, the majority of clients (70% in 2008) visiting the programme do not return syringes for exchange. One problem which arises here is that possession of a needle is an offence and if police find someone with a needle they tend to prosecute.

The staff has developed and uses an impressive mapping tool for the district incorporating the use of GOOGLE EARTH. This enables outreach workers on the street to enter notes describing the area, for example where abandoned needles are found, where street sex workers are based etc. This means that the profile of the area can be updated in real time and services can respond accordingly.



Visit two - Hungarian Baptist Aid Street Front programme

The Hungarian Baptist Aid Street Front Programme was established in 2001 for homeless problematic drug users in Budapest. The programme incorporates a range of services including a street outreach service; mobile syringe exchange programme; day care centre; night shelter and community based treatment for problematic drug users. The Baptist Aid also provides re-integrative residential care or 'half-way' houses for men and women. The services provided also include a crisis car during the winter months in Budapest to collect people in danger of freezing. There are also two places in the country; one for 10 women post-rehabilitation and a house for young people with 14 places. The centre has four street workers and has regular contact with about 150 people living on the street.

The concept of the shelter is developed around rights for users rather than rules. The operations are based on an outreach concept that aims to establish initial contact and trust with homeless drug users. From there on clients can progress into detoxification, treatment and subsequently rehabilitation. The shelter provides initial counselling and is connected to treatment services, as well as to a therapeutic community outside Budapest where clients can be referred. As Miletics Marcell, social director of the centre states, 'Our gates are continuously open for the clients, they can turn in from the streets, can use our facilities, wash themselves and their clothes and dress up in the donated clothes'. However, he also acknowledges that there are too many people living in the shelter at present but adds that 'It's better than the street'. There are 1200 square metres of space available so the centre can provide everyone with a couple of square metres for themselves. According to Mr Marcell part of the problem is that drug users are often not welcome in the health care system because of drug use and they are often not welcome in the drug care system because of homelessness.

The night shelter provides permanent accommodation for 100 clients. The staff

negotiate personal plans with the clients and offer them support as they seek to achieve their aims, whether they involve hospital treatment or rehabilitation. The 'halfway' houses are final re-integrative initiatives where clients can reside for 8 years. During this time they must pay a minimal contribution for their housing so as to enable them to save for their future.

Drug and alcohol use are prohibited in the shelter, smoking is allowed outside. There is a small room available if someone arrives and is going through drug withdrawal symptoms. The centre will also try to organise methadone or hospital care if possible. There is no fixed time limit for the stay of a client, rather his/her personal needs determine the length of stay. The shelter also accepts people who have accommodation but cannot stay there for different reasons (abuse or violence in the family for example). People have their own beds and lockers. There are four kitchens and separate living units and people must confine themselves to their own unit. There is one social worker on duty at night time but there are seldom any problems with conflict. The centre has a good relationship with the police and can call on them for assistance if required.

In response to questions Mr Marcel explained that the shelter is financed mainly by the Hungarian Baptist Aid, an accredited charity in Hungary. Finance is also provided by the state but a problem is that this also entails a great deal of administrative work which can distract from other core duties. Initially the centre had a lot of difficulty with the police. When they established a mobile NEP the police visited the centre regularly, collected identification cards and disturbed their programmes. In response the centre contacted the media and there was media coverage about police harassment of baptist vans. Mr Marcel wrote to the Ombudsman who supported the work of the centre. Then the centre received the support of a minister who stated that the NEP was of greater benefit than a penal code approach. The minister also urged the Budapest police to draw up a contract with the centre and this led to significant progress in 2004. At present the centre is trying to get new buildings from the city government.

Visit three – Symbol Nightclub

A core theme of the Budapest visit was the issue of safer nightlife. Data provided by Mr Zsolt Demetrovics of the National Institute for Drug Prevention highlighted the greater prevalence of illicit drug use in recreational settings (See table one). The comparison of the life time prevalence of drug use in Budapest at parties with the general population shows that it is much higher among the party-goers.

	Budapest 1 2003-party	Budapest 2 2003-Gen Pop.
Cannabis	872	339
Ecstasy	585	142
Amphetamine	519	115
Hallucinogens	41.3 (LSD)	8.0 (LSD)
Cocaine	308	49
Opiates	5.6 (Heroin)	3.3 (Heroin)

*Table One: Life time prevalence of drug use in Budapest at parties and in the general population (age 18-24)
Source: (Demetrovics & Menczel, 2004; Paksi, 2005). Zsolt Demetrovics Presentation to 5th EXASS Net meeting, Budapest, May 2009.*

Delegates visited a popular Budapest nightclub where they heard presentations about safer nightlife strategies in Hungary and Paris. Mr Zsolt Demetrovics explained that since the end of the 1990's, NGO's and the government have developed strategies to respond to recreational drug use. The Department for the National Co-ordination of Drug Affairs has taken the initiative to bring together the key stakeholders to develop future action on risk reduction and safer events. The Safe Entertainment Venue Program brings together government representatives, club owners and management, experts (psychologist, epidemiologist, lawyer etc), police representatives and NGO's to implement risk reduction initiatives in relation to both legal and illegal drugs. As part of this initiative, minimal interventions at dance events must include the following: free water, the cheapest drink must be alcohol free, vitamin provision, condom provision, chill-out room, transport to and from the event, air conditioning and staff training. However, despite the progress in developing this partnership response, tensions between the profit-making motivation of clubs and the non-for-profit NGO's and poor cooperation at local level have undermined these initiatives.

Thierry Charlois, EXASS Net steering group member and coordinator of the European Forum for Urban Safety (EFUS) informed delegates about the Paris initiative Fêtez Clairs. This is coordinated by EFUS and was established in 2004 due to an increase in accidents at clubs caused by the mixing by club goers of GHB and alcohol. Poor relations between clubs and the police meant that clubs did not want to facilitate a solution as this would be an

acknowledgement that drugs were being used in clubs. EFUS brought together a range of stakeholders to establish a partnership response including the city council, alcohol, drug and sex harm reduction NGO's, a road safety NGO, a young persons NGO, media NGO and a syndicate of nightclub owners and the police. The objective was to integrate health promotion Cannabis into the Paris club culture.

Included among the outcomes were training sessions for club staff including security and bar staff provided by NGO's and the police drugs unit and the setting up of drug prevention information stands at entrance points to stands. Mr Charlois provided delegates with examples of the literature made available at these information stands. Another important outcome of this initiative has been the development of a charter on safer nightlife which has been signed by the Mayor of Paris and 15 participating clubs. This charter formalises arrangements in relation to staff training, harm reduction (water provision and ear plugs for example), information stands, condom provision and information about alcohol and other drugs. The charter makes the work visible as it appears on the website of the city of Paris. Future challenges being addressed by the Fêtez Clairs partnership include addressing increased cocaine use, binge drinking and increased aggression in nightclubs.



Day Two

Visit four - Outpatient Centre at Nyíró Gyula Hospital

Day two began with a visit to the Outpatient Centre at Nyíró Gyula Hospital. There the delegates were provided with an overview of the activities of the centre by its director Dr József Csorba. The first drugs outpatient centre in Hungary was founded in 1987 and was based in Klapka street in the 13th district of Budapest. It operated as part of the Nyíró Gyula Hospita. In 1993 the Centre moved to the outpatient centre at Jász and was called the Jász Street Centre. The adoption of the National Drugs strategy by the Hungarian Parliament in 2000 contributed significantly to the development of drug related services. In 2002, the legal, financial and professional regulation of methadone treatment occurred and this has also formalised and enhanced the work of the centre. The centre is the largest outpatient centre in Hungary and has been assigned the role of coordinator of methadone treatment in Hungary. In 2002 also, following an initiative of the centre, the Hungarian association of Harm reduction services was established. Since that time the Centre has been involved in several policy making activities.

In 2003 the Centre moved to its present premises within the environs of the Gyula Nyíro Hospital. The hospital is located in an urban area and firmly embedded in the local community, which is seen as essential by the staff in order to ensure accessibility and therapeutic success. The number and qualification of staff has also increased significantly. There are now three medical doctors, a psychologist, social worker, hygiene assistant, four nurses, administrative staff and a number of student volunteers. Besides the treatment of drug users, the hospital facilitates a self help group for parents and family members of drug users called the Matrix Association. HIV and Hepatitis testing is voluntary among patients but encouraged. The Centre provides a range of services including:

- Condition assessment, diagnosis, counselling, addictology, psychiatry
- Methadone maintenance, detoxification therapy, suboxone maintenance, naltrexone programme,
- Psychotherapy (group and individual), family consultation, self help parenting group (matrix), social care and support
- Diversion programmes (treatment instead of criminal justice)
- Syringe exchange machine on outside wall of hospital
- Prevention activities, research and publications and policy consultation and formation

In 2008, 1127 clients received treatment in the Centre. Presently 252 patients are on the hospital's substitution programme of whom 210 receive Methadone and 42 Suboxone. The medical staff considers Suboxone more effective than Methadone, however the cost being 10 times higher prohibits a more wide prescription of this medication. The effectiveness of the substitution programme has been scientifically researched and assessed between 2002 and 2005. The results show that the patients' overall health status was significantly improved and many were able either to stay in their work or actually find new employment again.

In many cases however poly-drug use is observed. Substitution therapy is often supplemented by the patients through use of alcohol and benzodiazepine products. The Roma population among drug users are the largest and the most difficult target group to channel into treatment. This is seen by professionals in the hospital as one of the key challenges to be met in the future. Also the trend away from heroin to amphetamine use identified in café contact is also evident. Another area they are looking at is in relation to how hepatitis C patients can be involved in therapy.

In response to questions Dr Csorba explained that there is a waiting list for methadone, although pregnant opiate users will be dealt with immediately. There are 450 places available for substitution treatment in all of Budapest while the number of estimated IV drug users is 4.000 – 5.000 (for all of Hungary the estimate is 8.000 – 10.000). There are also procedures to facilitate people taking methadone home. Ten percent of opiate users are receiving methadone. Eighty-five percent of these are on long-term maintenance. The centre has also facilitated people who wish to travel abroad by developing contacts with international partners. There remains a lot of debate among experts as to the merits of methadone and consequently it is not as widely available as it could be according to Dr Csorba.

For example, there is no methadone treatment in prison. The proportion of problematic drug users in Hungarian prisons is reported to be below 10% of the prison population. Prisoners can only receive acute treatment for withdrawal whereby detoxification is provided in the prison hospital. There are 14 drug free units provided in prison. In a few months the first substitution programme will start in a Hungarian prison. A pilot project to provide suboxone is due to commence in a remand prison. This has taken five years to progress.

Another issue which arose relates to a new law in place since 2003. The proportion of problematic drug users accessing treatment is reportedly very low in Hungary as methadone maintenance is difficult to access. Recent changes in the penal law have also resulted in the diversion of cannabis users into treatment. Many of these people do not regard their cannabis use as problematic and it is argued that forcing them to divert into treatment is a waste of treatment resources.

Dr Csorba also informed delegates that a pilot project for the first consumption room in Hungary is expected to be implemented in 2010. Furthermore a first trial involving heroin prescription treatment is also planned to start next year.

Final Plenary

The final plenary took place in the European Youth Centre of Budapest (EYCP) and opened with a presentation on the Local Drug Coordination Fora or KEF's which are an integral part of the infrastructure through which the Hungarian National Drug Strategy is delivered. KEF's are local drug action coordination groups that are organised on the level of city districts and municipalities where the population is greater than 20,000. In Budapest, KEF's exist in 19 of the 23 districts. KEF's are front-line level coordination groups that bring together all stakeholders relevant to implementing drugs policies and related programmes/services.

KEFS are not legal entities. However they are regarded as an integral part of the drug strategy. The role of the KEFs is primarily to translate national action to the local level, taking into account local needs and specificities. In this role the KEFs are the key advisors to local authorities on how to target services and deploy resources in effectively implementing national drug policies.

The absence of a formal legal structure when they were first established was seen as an advantage. However, now delegates were informed that there is a need now to formalise them within a clear framework and remit. KEF representatives who addressed the meeting felt that there now needs to be clarity as to the specific role of the KEF, as well as what is expected of KEF members and what they can expect in return from the KEF's for their organisations.

Reflections on the visit – tour de table

The final session of the meeting allowed delegates an opportunity to reflect on all that they had heard during the course of the two days. Delegates were impressed by the sincerity and humanity of the approach adopted by those they met and also their willingness to work together in partnership, particularly between groups who might be critical of each other. Furthermore, the originality and pragmatic nature of the approach often taken was quite striking, particularly in the face of occasional ideological, professional or bureaucratic opposition. As one delegate remarked, 'this approach can't always be written into a strategy'.

The speed with which changes were implemented in Hungary since 1989 were seen as very impressive, given how long it took western European countries to bring about changes in their drugs policies.

One delegate remarked that the approaches, methodologies and actions all showed a sound intellectual rather than an ideological approach. Also, serious efforts are made in Hungary to verify the success of policies and intervention through research and the development of an evidence base.

Participants were impressed with the capacity of stakeholders for networking and dialogue, as well as their ability to resolve problems. That community-based partnerships such as the KEF's were seen as central to the National Drug Strategy and also the importance attached to the NGO sector were important in this regard. A lot of good will across the board by all those involved in policy development and service delivery was observed including the ability to address issues from a pragmatic, professional level.

Active involvement of human rights advocacy organisations in the development and delivery of drugs policy is a unique approach that has not been observed to this extent anywhere else. This has demonstrated the capacity to provide a human rights framework to drugs policy implementation. One delegate mentioned that it would have been beneficial to have a presentation from the law enforcement perspective.

Treatment programmes were seen as being particularly thoughtfully designed. Most services on all levels offer different treatment options that include harm reduction measures, substitution therapy, counselling as well as abstinence therapy, a combination that rarely exists to this extent in other countries. Also, the importance of clinicians pushing strategy rather than civil servants was highlighted.

All delegates agreed that the meeting had been challenging and had caused them to re-evaluate the approaches being taken in their own countries.

Moving forward together

Following the meeting, the EXASS Net Steering group and partners had a brief meeting to discuss future meetings of EXASS Net. The following issues and events were agreed:

- 1. Participants and Steering Group members agreed that the EXASS Net website access restrictions should be lifted and that the complete web pages should be publicly accessible from now on.**
- 2. In changing the previous meeting schedule, and following a proposal from Oslo, participants agreed to hold the next EXASS net meetings as follows:**

6th EXASS Net meeting in Amsterdam on 5 – 7 October 2009.

Topics: (i) drug user involvement (ii) dealing with cannabis consumption

7th EXASS Net meeting (spring 2010) in Oslo

on the role of outreach work in responses to drug problems

8th EXASS Net meeting (early autumn) in the EYCB Budapest

to prepare the assessment of 4 years of EXASS Net and proposals for future work, addressed to the Permanent Correspondents of the Pompidou Group.

All participants of the 5th EXASS Net meeting express their sincere gratitude to the Hungarian Ministry of Social Affairs and Labour, the Directorate for the National Co-ordination on Drug Affairs, the Hungarian National Institute for Drug Prevention, the members of the KEF's, the staff and management of Blue Point - Café Kontakt, the Hungarian Baptist Aid homeless shelter for drug users, and the enterprise Symbol, as well as all those who contributed to the success of the meeting.

Projects visited in Budapest



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E-mail: bluepoint@t-online.hu <http://www.kekpont.hu>

1. Café Contact

Organisation:	Blue Point Drug Counselling Outpatient Centre Foundation Cafe Contact
Size:	Staff: 10 social worker, 1 psychiatrist, 5 volunteers, 11153 client visits in 2008
History:	Founded in 2008 in the 8th district.
Mission/Aims/Objectives:	Low-threshold drop-in centre that runs outreach work, provides needle exchange, counselling and referral.
Links with other Projects/Partners:	Café contact is a part of the Blue Point network.
Contact:	József Rác MD PhD, Director, bluepoint@t-online.hu

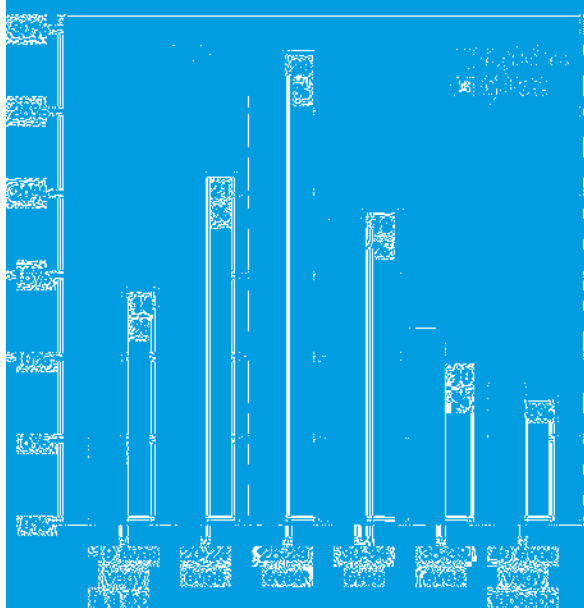
Contact programmes

The foundations outreach work means mainly two kinds of activities, street outreach work and syringe exchange programmes. The aim was to reach those regular drug users who do not prefer any contacts to institutions. Reaching a change in their health behaviour through regular contacts, referring them to treatment, promoting safer drug use, safer sex, providing them easier access to services, syringe exchange, Hepatitis and HIV testing and counselling in order to reduce their harms.

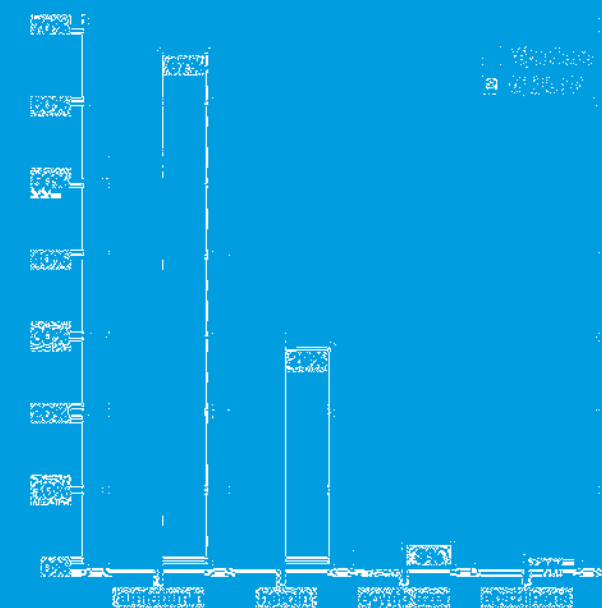
Number of clients

In 2008 more than 2/3rd (833 out of 1208) of the registered clients were active clients, which means that they visited the programme at least once a year. New clients were joining the programme continuously. On the first working day of the year the number of registered clients was 747, and on the last day it was 1208 clients. The new clients gave a bit more than half (55,7%) of the clientele, whilst about half (50,4%) of the former clients remained active in 2008. Basically one could say that the number of clients improved continuously throughout the year, the number of new clients is about the same in every part of the year, 100 new clients join in every 11 week.

Registered new clients in 2008 by age



Registered new clients by type of used drug

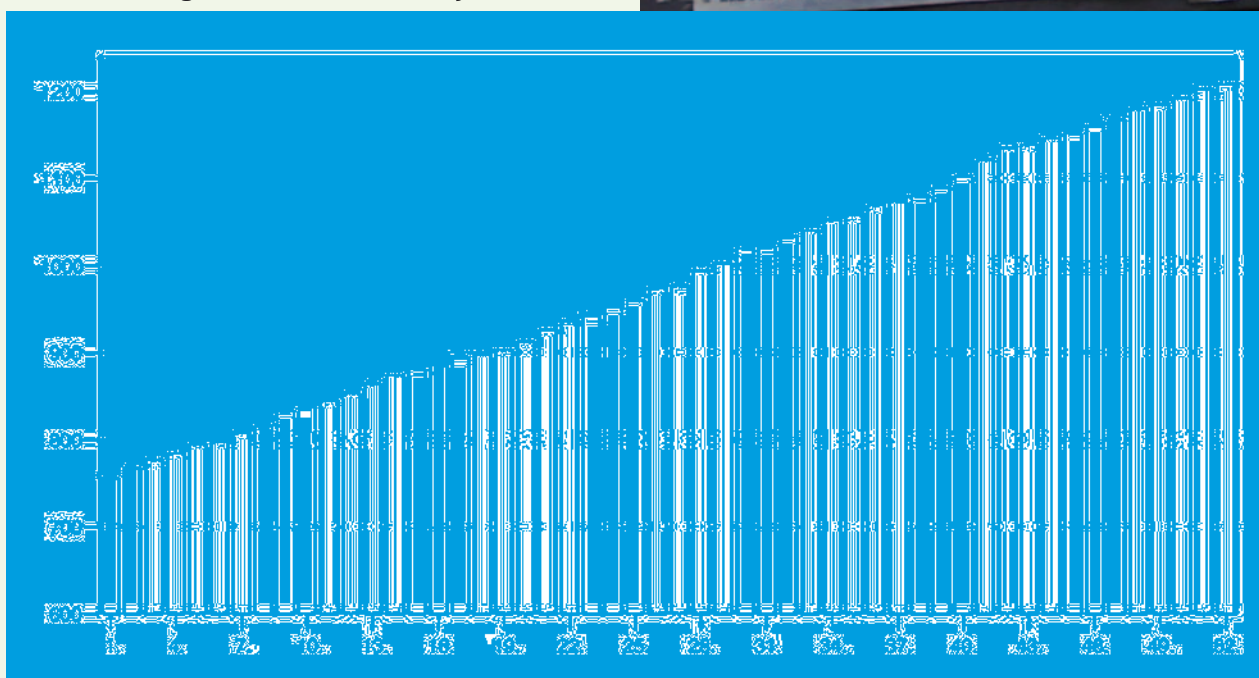




Ratio of active clients

	N	%
Active clients	833	69,0
Inactive clients	375	31,0
Total	1208	100,0

Number of registered clients weekly 2008



The most important characteristic of the new clients is that the youngest group (under 19 years old) is overrepresented among them. It means, that the ones beginning with IV use found the services, the fact that they make use of syringe exchange services in this early stage of their drug use is a very positive response for the harm-reduction interventions. The majority about 2/3rd of the new clients belong to the “middle age” group, they are 20-34 years old, it is following the age proportion pattern of earlier registered drug users.

There is a significant divergence concerning the drug use among new and former clients also. About 2/3rd of the newly registered users in 2008 were amphetamine, 30% heroin users. More than twice as many of them use amphetamine than heroin. These new clients strengthened the already present pattern of use of the clientele, more and more amphetamine users, who consider themselves as unproblematic users visit the programme.

Regarding the gender of the clients, there is no strong relation to any age group or used drugs, overall we can say, that although the rate of men among registered clients is higher (72,4%), among the new clients women are overrepresented.



On the 294 working days of the contact programmes 11 153 times did the clients made use of the services, this is an average of 38 clients a day, although this number was not equally proportioned throughout the year. Regarding the number of client visits we experienced a significant increase from April which remained stable for the year.

	Number of visits	Average visit/day
Total in 2008	11153	37,9
January	776	32,1
February	765	31,7
March	740	33,3
April	916	38,0
May	902	38,8
June	987	40,7
July	1107	43,8
August	972	41,5
September	1017	41,9
October	1121	44,3
November	957	39,4
December	893	43,6

Syringe exchange programme

The rule regarding syringe exchange is that maximum 5 needles can be changed at a same time. More then 5 can only be taken, in case the clients return some used ones in this case, they can bring as many over the 5, as many they brought back.

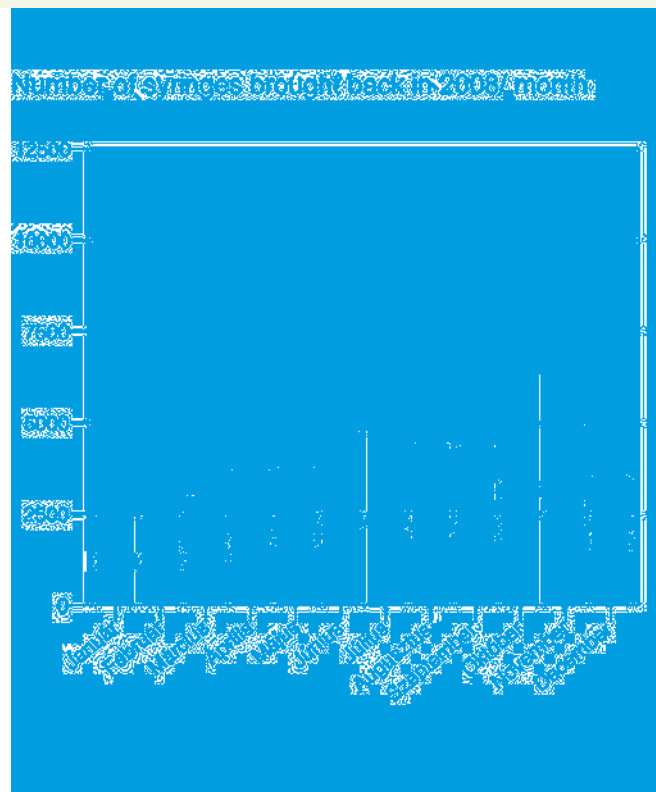
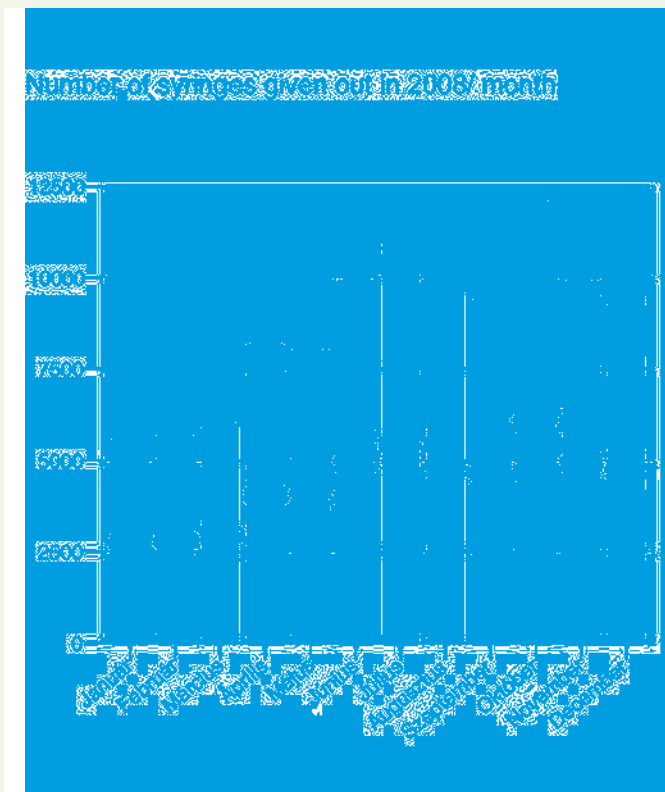
In 2008 a total of 104 000 syringes were given out, and more then 48 000 were brought back, so the “exchange rate” is nearly 50 % (46,1%).

	Number of syringes given out	Number of syringes brought back
Total in 2008	104298	48065
January	5566	2486
February	5665	2507
March	6002	2995
April	8149	3786
May	7999	3829
June	9905	4914
July	10927	4832
August	9619	4477
September	9366	4629
October	12057	6527
November	9896	5129
December	9441	3525

A majority of the clients visiting the programme does not bring any syringes back, 70% of the clients has not brought back a single needle last year. A majority of the clients (about 40%) takes 1-10 needles a year. 22 clients brought back more then 500 syringes in 2008, so they changed 70% of the 33 464 used syringes.

The relation of the given out and brought back syringes follow the changes in the client number both in the weekly and monthly split. October was the busiest month in both client visits and syringe turnover.





Examining the differences of former and new clients, there is a significant divergence towards their attitude to bringing back used syringes. Whilst 45% of the former clients bring back their used needles, only half as many, 22% of the new clients act on a same way. It seems also obvious, that although the number of former clients visiting the syringe exchange programme was stable, the rate of brought back needles showed an increase. (In December the figures show a decline, which is most probably due to the highest number of days off). The increase is about 100 needles a month.

HIV/Hepatitis testing

The programme offered free, anonym HIV and hepatitis tests for its clients once a week in the first half, twice a week in the second half of 2008. Following the co-operation agreement with the National Epidemiological Centre, the testing can be done in an easy way, the blood sample is taken from the clients fingers. In 2008 150 clients has been tested.

In the framework of this cooperation the Bluepoint Foundation provided 70 samples for examination. From the 70 clients 51 (72,9%) were male and 19 (27,1%) were female. 54,3% (38) of the clients tested was from the age group 25-34, 15,7% (11) was older then 35, 30% (21) was younger then 25 years. From the 70 tested clients 43 (63,2%) proved to be Hepatitis positive, in 2 cases they received a confusing result. From the 43 Hepatitis C positive 33 was man, 10 was woman. From the 33 men 8 were younger then 25, 20 of them were 25-34, 5 were older then 35. From the 10 women 5 were from the age group 25-34, 4 were under 25, 1 of them was over 35.

From these 70 samples tested at the programme none Hepatitis B positive case was found.

2. Homeless shelter for drug users

Organisation:	Hungarian Baptist Aid Street Front programme
History:	Founded in 2001
Contact:	Marcell Miletics, Social Directot, e-mail: marcell@baptistasegely.hu

The Street Front programme of the Hungarian Baptist Aid has started its activities in 2001 among homeless drug addicts in Budapest. This activity offers a unique, complex programme for our clients. Complex, because our programmes can lead a client all the way from living on the streets to reintegration. Naturally the quantity and the quality of the motivation remains extremely important in the continuity of the healing process of a client, although due to the fact, that our services offer a helping hand from the first step until the reintegration into the society, we can “achieve” a real change in the life of the drug addicts who except our assistance. Our Programmes include:

Street outreach service:

The first step is to establish the contacts to the “system”. Our colleagues working in this service become available, present after a long lasting and persistent confidence building period. So, if and when they would like to change, the clients can turn to us first and the assistance, the aid can begin, let it be hospital treatment, accommodation, joint work or making plans for the future.

Mobile syringe exchange programme:

As a harm-reduction activity, we replace used syringes and provide sterile needles. Beyond this extremely useful activity our aim is to provide possibilities for building up a trustworthy relationship, in order enable the possibility for reaching the next step.

Day-care centre

Our gates are continuously open for the clients, they can turn in from the streets, can use our facilities, wash themselves and their clothes, dress up from the donated clothes.

Night Shelter

Our shelter can provide permanent accommodation for 100 clients, who are ready for change. Although we hope that our clients feel themselves good in the shelter, we try to negotiate personal plans with our clients. These should set the goals for the next steps, for the future, whilst we assist them reaching their aims i.a.: hospital treatment, rehabilitation.

Community based treatment of addicted person

In contrary to the above mentioned law threshold institutions this programme is functioning with higher operational criteria regarding professional expertise, expectations and agreements. Staff members and clients draw up a plan together, discuss the problems, trying to find the solutions jointly, achieving the steps towards the set goals together.

House for addicted people

The last step of our institution chain are the so called “halfway” houses in Debrecen for men, and in Miskolc for women, these are reintegration institutions. Sometimes clients get to these institutions from the shelter, although we often have clients coming from hospitals or rehabilitation centres in order to receive assistance to their reintegration into society. Clients can live in these institutions for 8 years, in this period they have to pay a minimal contribution to their housing, which enables them to save for their future life.

Additional services:

- Crisis car working in the winter months in Budapest,
- House of Canaan, girls and mother shelter in Pápa

Organisation:	Municipality of Budapest
History:	Founded in 1987
Contact:	József Csorba MD, Director



3. Out patient Centre of Gyula Nyíró Hospital

History

At the end of the 1980's more and more data showed that the number of young people using narcotic substances is rising. They were called to have social integration disorders at the communist times. Responding to this development the first drugs outpatient centre was founded in 1987 following the recommendation of the State Commission Against Alcoholism. It was based in Klapka Street in the 13th district of Budapest and operated as part of Gyula Nyíró Hospital. The first Head of the centre was dr. István Cserne. In the first years the holistic, bio- psycho-social principles led to the later applied treatment concepts. This period can be seen as the phase of learning, as there were minimal expertise on treating drug addicts in Hungary. The period of changing political circumstances in the early nineties created a suitable setting for the introduction of new treatment methods, possibilities. The first substitution therapies started that time using hydricodine solution, later codeine pills. The method of psychotherapy was very powerful, dr. István Cserne, dr. Mária Hoyer, dr. Éva Katona and others played a path-finder role trying to adapt the French experiences of dr. Katalin Varga psychiatrist-psychoanalyst. Due to the fact, that more and more parents, relatives turned to the Centre seeking help and advice the first Parents Group was founded in Hungary by dr. Edit Mlinarics in 1990 under the name Matrix Association. Even at that early stage a special education teacher and a lawyer contributed to the work of the Centre.

Because the number of opiate addicts has risen significantly, methadone maintenance therapy has been started in 1992. Realizing the spreading of problem drug use, the Capital Public Health and Medical Officer Service authorized the use of methadone for treating opiate addicts.

In 1993 the Centre has moved to its new premises in the out patient centre at Jász Street, since then it is called the Jász Street Centre. The number of patients has been rising, more and more parents, relatives made use of the Centres services. The methadone programme has been further developed, the social work activities also got wider. Although, at this point we have to stress that the lack of adequate legal background has made the work of the Centre difficult in this early stage.

Present

The adoption of the National Drugs Strategy by the Parliament in 2000 contributed significantly to the development of drug related services. The leading of the Centre was taken over by dr. József Csorba in 2000, when a new Chief Assistant Mrs Pál Mesterházy was also appointed. Since then the number of patients involved in either methadone treatment or other treatment methods has been constantly rising. The legal, financial and professional regulation of methadone treatment has been adopted in 2002, which gave an impulse to the development of the Centre. The institution has become the out outpatient centre in Hungary with the biggest number of patients in 2002, and has been assigned to become the co-ordinator of methadone treatment in Hungary. At that time the constantly developing concept of harm reduction became very relevant in the work of the Centre.

Following the initiative of the Centre, the Association of Harm Reduction Services has been founded in 2002. Since that time the Centre is involved in several drug policy making activities i.e. Council for Drug Affairs of Budapest, Ad Hoc Committee of the Parliament on Drug Affairs. The professional activities of

the Centre have been honoured by the Elige Vitam order of the Ministry of Children- Youth and Sports in 2002.

Thanks to the help of the 13th District Municipality the Centre moved to its present premises within the territory of Gyula Nyíró Hospital in 2003. The new building provides a much better infrastructure for the activities. Being located within a hospital enables much smoother running cooperation with other wards. The number and qualification of staff has increased constantly. The Centre - in collaboration with the National Institute for Drug-prevention – operates the only syringe exchange machine in Budapest.

Activities

The Centre is trying to respond to the changing professional challenges, the list of provided services has been constantly increasing:

- assessment of condition, diagnosis, counselling
- addictology, psychiatry
- methadone maintenance and detoxification therapy
- suboxone maintenance and detoxification therapy
- naltrexone programme
- psychotherapy (groups and individual therapy)
- family consultation
- self helping parents group – Matrix Association
- social care, support
- diversion programmes (treatment instead of criminal punishment)
- syringe exchange machine
- prevention activities
- education, research, publication
- drug political activities

Close relations were developed with other institutions working in the field, outreach workers, rehabilitations centres, addictological wards, social programmes etc.

The Centre is playing an active role in education, it works together with several institutions, i.e. Semmelweis Medical University, Loránd Eötvös University, Police Academy. Many students absolve their practice period and gain experiences at the Centre. Several foreign expert from Fyro Macedonia, Romania, Serbia and Sweden have visited the Centre and examined it's working methods. The Centre plays an active role in the work of the Local Drug Co-ordination Fora, contributes to the development of the local drug strategies.

Remarkable research activities are done at the Centre as well, on the effectiveness of methadone, suboxone therapies, genetic examinations, HIV, HCV contamination indicators, personality studies. The experts of the Centre often take part and make presentations at national and international conferences.

The constant rising of programmes offered brought with them a growing number of patients. In 2008 1127 clients received treatment, 88 623 interventions have been registered. The Drug Outpatient Centre of Gyula Nyíró Hospital is a leading professional centre where multidisciplinary interventions are offered to clients and where outstanding research and education activities are done.

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