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## How to Trigger an Epidemic: A U-Turn in Hungarian Drug Policy and its Public Health Consequences

### *Abstract*

**RESEARCH OBJECTIVE:** The paper aims to investigate and describe the developments of Hungarian drug policy in 1993-2018 with special emphasis on harm reduction and its local dimension as well as public health consequences of studied policies. It attempts to link the changes in drug harm reduction policies to broader political changes in the country.

**THE RESEARCH PROBLEM AND METHODS:** Hungarian drug policy has been a subject to numerous significant changes over the last few decades. The phenomenon, while receiving attention from the point of view of addiction science, public health or sociology, is hardly addressed using public policy and political lenses. This paper aims to fill this gap, examining the problem using a single case study method and providing an in-depth insight into the issue through qualitative analysis of interviews with key-informants working in the field.

**THE PROCESS OF ARGUMENTATION:** Hungarian drug policy developments are very strongly connected to government changes where periods of social-democratic governments have been favourable for pragmatic and more liberal approach, and periods of conservative governments have been characterised by legal restrictions, moral approach and hindering harm reduction services. As such, drug policy in the country has been neither consistent nor coherent over time. A strong U-turn took place after 2010 parliamentary and local government elections won by Fidesz party. Significant cuts in drug-related budget and hostile

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political environment on both state and local levels resulted in the closure of two biggest needle exchange programs located in Budapest, which combined were responsible for over 50% of distributed sterile syringes in the country. Strategies and methods of operation of local politicians contributing to these closures were clearly distinct, with a populist political style in one case, and opportunism and calculation in the other. Nevertheless, both contributed to a dramatic decrease in needle exchange availability.

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**RESEARCH RESULTS:** As a consequence of hostile policies of Budapest local governments, few hundred previous clients of needle exchange programmes do not maintain relationships with any services and their health status is unknown. On the other hand, the prevalence of risky practices like equipment sharing or multiple uses has increased. Over only a few years the prevalence of Hepatitis C among people who inject drugs doubled.

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**CONCLUSIONS, INNOVATIONS, AND RECOMMENDATIONS:** This paper addressed the political and policy-making aspects of drug harm reduction in Hungary, identifying two styles of dealing with unwanted services on the local level: populist and opportunist one. Combined with the longitudinal analysis of the field development, it can be thus seen that applying a moralistic approach to this policy field can put public health in jeopardy, especially in combination with local policies being implemented ad hoc and dictated rather by political interest than long-term policy goals.

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**KEYWORDS:**

drug policy, harm reduction, needle and syringe exchange programs (NSP), drugs, Hungary

## INTRODUCTION

Harm reduction (HR), one of the approaches to address drug use phenomenon, emerged in mid-1980s Europe in response to the high prevalence of injecting use of heroin and an outbreak of HIV epidemic. It is deeply rooted in human rights and public health; it opposes abstinence paradigm and criminal justice approach to substance use which have been dominant globally for the last century. Since its emergence, HR has become widely recognised and applied as the fourth pillar of drug policy, next to law enforcement, prevention and treatment.

Numerous researches have been published regarding the effectiveness and efficiency of needle exchange programs in preventing

the spread of infectious diseases. Already a decade ago claims were made that “scientific debate about harm reduction (...) is now over” (Wodak, 2007, p. 59) as a result of an overwhelming body of evidence. However, evidence-informed policy-making is not always the case, given that societies are characterised by certain values which create moral frameworks for policies (Humphreys & Piot, 2012). In fact, drug policy is considered one of the moral policies (Euchner, Heichel, Nebel, & Raschzok, 2013) where the debate is very often limited to deliberation on the morality of engagement in certain behaviours or activities themselves while disregarding most of the other aspects.

While in Western Europe evidence-informed, pragmatic approach to drug policy seems to be quite well-established, in most of East-Central European countries the taboo around illicit drug use remains strong and this affects policy-making. Notwithstanding these cultural and historical factors, policies are eventually developed and adopted by governments and motivated by various attitudes of politicians, both on the central and local level. This study examines the developments of Hungarian drug policy over the last two and a half decades with special attention to needle exchange programs in Budapest and local politicians affecting their operation. It also addresses public health consequences.

## METHOD AND DATA SOURCES

This descriptive single-case study addresses the developments of Hungarian drug policy in the period of 1993-2018 and its consequences for public health. Qualitative primary data was collected in 2015 and 2018 through semi-structured interviews with 7 key-informants – employees of major needle exchange programs in Budapest and one director of civil rights organisation focused on drug-related issues. Key-informants hold various positions in their respective organisations: from frontline workers to program/project managers, to the directors of the organisations. Interviews were transcribed verbatim. Secondary data (both qualitative and quantitative) was derived from journal articles and grey literature.

## THE BEGINNINGS: BALANCING DEMAND AND SUPPLY REDUCTION

In the early 1990s, a result of transition and opening borders, Hungary became a transit state on heroin transportation route from Middle-East to Western European countries (EMCDDA, 2018). At the same time, it was noticed that domestic drug use prevalence had been increasing rapidly with opiates as a major group of substances used (Gerevich & Bácskai, 1995, p. 296). These trends were addressed by amending regulation of illicit drugs in the Penal Code in 1993. The new law, adopted with the intention of taking a balanced approach, attempted to draw clear boundaries between supply and demand sides; while penalties for sales were increased significantly, possibility of diversion (treatment as an alternative to criminal sanctions) was introduced for persons depended on drugs and occasional users alike (Gerevich & Bácskai, 1995, p. 297). Although “consumption” of illicit drugs didn’t appear in the Code, it was *de facto* punishable through a widely applied assumption that substance consumption is always preceded by its acquisition and possession.

In 1991, the Hungarian government established the Coordination Committee on Drug Affairs<sup>1</sup> to improve cooperation in the drug policy area. Committee’s main tasks relate to coordinating work and communication between all entities responsible for drug issues, establishing international relations in the field, monitoring implementation of national drug strategies, and allocating resources (Ifjúsági és Sportminisztérium, 2000, p. 28). In 1994, the Hungarian Socialist Party (MSZP) formed the government together with the Alliance of Free Democrats (SZDSZ) which created favourable conditions for reforming drug policy. In the same year, the first needle exchange program was established in Budapest by Drug Prevention Foundation.

The process of developing the first National Drug Strategy was very inclusive; professionals working in the field were directly involved and consulted. The resulting document, finalised in 1998, for the first time officially recognised and authorised harm reduction services on country level and called for wider access to them (Csorba, 2003, p. 8). Nevertheless, in the very same year the strategy was

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1 Governmental decree no. 1013/1991. (II. 28.)

rejected by the new conservative government of Fidesz and Christian Democrats (KDNP).

The new government amended the Penal Code regulations referring to illicit substances already in 1999, limiting the possibility of undertaking treatment as an alternative to punishment to persons who are able to prove their drug dependence. Furthermore, consumption of illicit substances was included on the list of drug-related criminal offences with possible incarceration for up to two years, thus becoming *de jure* punishable. This amendment significantly changed the legal context of needle exchange programs functioning; since assisting in or facilitating illegal activities is an offence itself, employees of NEPs from this moment on could also be prosecuted (Hajnal, 2010).

First adopted Hungarian National Drug Strategy to Combat Drugs 2000-2009 was designed with a balanced approach to the drug problem in mind. The Strategy created a framework for establishing Coordination Fora on Drug Affairs (KEF) – local groups involving representatives of local authorities as well as law enforcement, health sector, educational sector, government and NGOs representatives working in the field. The main role of the Fora has been the coordination and local implementation of the Drug Strategy. The document acknowledged the efficiency and effectiveness of harm reduction interventions in preventing infectious diseases. Although needle exchange programs were addressed very briefly and quite superficially, existing services started receiving modest financial support from the state.

### THE SILVER AGE OF HUNGARIAN DRUG POLICY 2003-2011

Penal Code regulations regarding illicit substances were once again amended in 2003 after social-democrats won 2002 parliamentary elections. The legal situation from before 1999 was brought back so illegal drug consumption as such became again not considered a crime. Following the principle of criminal sanctions as *ultima ratio*, the amendment also restored the possibility of diversion for persons using illicit substances occasionally, and with respect to those dependent, it lowered maximum sentences for drug possession and acquisition (Reitox National Focal Point, 2004, p. 9).

In 2004, Budapest Police agreed on signing a contract with needle exchange services. Based on this agreement, the police committed itself not to interfere with the services' operation. In Hungary possession of any amount of illicit substance constitutes a criminal offence. Before the agreement, from time to time it was a practice of some police officers to arrest people who use drugs on their way to return used injecting equipment to a service; residues of drugs found in used syringes could then be summed up and a person could face prosecution. Based on the provisions of the agreement, NEPs clients received client cards which, if showed to police, protected them from being arrested for possessing used needles.

The number of needle exchange services in the country increased from 7 to 24 between 2003 and 2011, and in Budapest from 3 to 6 (Reitox National Focal Point, 2012; Ritter & Felvinczi, 2003). Basic, tenders-based support for low-threshold services from the state budget increased almost tenfold from approximately 60 000 Euro in 2003 to approximately 575 000 Euro in 2011 due to a new framework of financing said programs adopted in 2008 (Reitox National Focal Point, 2011; Ritter & Felvinczi, 2003). The number of clients increased from 594 to 3 373 (568%), the number of client contacts from 3 859 to 38 407 (almost 1 000%), and number of distributed injecting equipment skyrocketed from 28 954 to 648 269 (over 2 200%) (Reitox National Focal Point, 2012; Ritter & Felvinczi, 2003).

Although the period of two subsequent social-democrats governments was favourable for harm reduction, the situation still was far from perfect. Only a small fraction of the estimated injecting drug users (IDUs) population could access various services. This was to a large extent due to still very modest financial resources. The problem was also the scarcity of professionals willing to work in the field a result of both the lack of high-quality education in the addiction field and negative attitudes towards people who use drugs in medical and social services.

Drug policy and harm reduction have never been in the centre of the debate; they have never really been treated as priority issues by the decision-makers and they have not attracted too much political attention. Nevertheless, the draft of new National Drug Strategy 2010-2018, prepared by the Ministry of Social Affairs in 2009, reflected the government's attitude strongly leaning towards pragmatic

solutions. The process of drafting was accompanied by extensive consultation with the public, professionals and scholars, and included establishing an advisory board consisting of international experts. The document put a strong emphasis on harm reduction interventions as one of the pillars of drug policy and highlighted the priority of civil rights over drug control as such. The new Hungarian drug strategy draft was applauded internationally as one of the best documents of this type in the world.

### DARK AGES: A U-TURN IN HUNGARIAN DRUG POLICY 2010-2018

In 2010, conservative parties Fidesz and KDNP won both parliamentary and local government elections. In the field of drug policy, one of the first decisions of the new government was to reject the draft of the new drug strategy, disregarding protests of professionals and civil society activists. Moreover, the government cut the public expenditures for drug-related issues drastically.

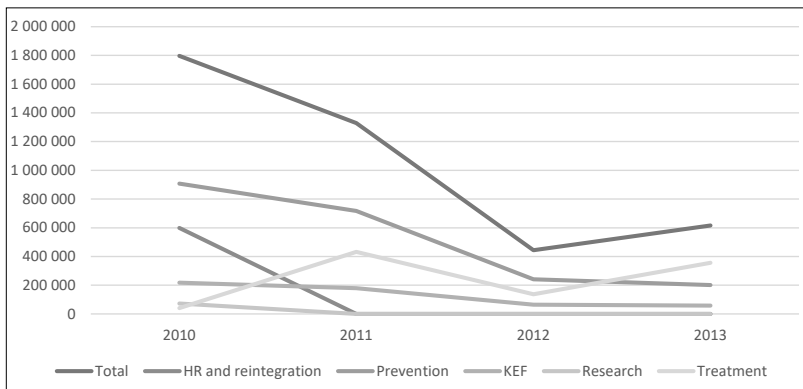


Figure 1. Labelled drug-related expenditures of The Ministry of National Resources / The Ministry of Human Resources. Source: EMCDDA.

As can be seen in Figure 1. above, total expenditures decreased from almost 1.8 million Euro in 2010, to approximately 615 000 Euro in 2013. Interestingly enough, research and harm reduction related items do not appear at all in drug-related budgets since 2011.

The new government, after rejecting previous “unacceptable” drug strategy draft, managed to adopt new one only in 2013, thus leaving the field without any strategic framework for three years. The National Anti-Drug Strategy of 2013, ignoring highly critical remarks of professionals and civil society actors, shows 180 degrees turn from the direction taken by the previous government. It is based on zero-tolerance approach expressed by the subtitle “Clear consciousness, sobriety and fight against drug crime” and an overarching “long-term objective that Hungary shall be drug-free until 2020” (Parliament, 2013, p. 34). The strategy rejects the pragmatic approach and instead focuses on drawing the picture of drugs and drug use as something intrinsically evil, thus taking a moral stance as opposed to evidence-informed policy. Harm reduction services are seen as the first step on a way to full recovery (i.e. abstinence) which is seen as the ultimate goal.

Adopting new Anti-Drug Strategy was accompanied by a few occurrences. In the same year, The Penal Code was amended limiting the possibility of diversion for only once every two years. It also brought back *de jure* criminalisation of illicit substance consumption thus once again changing the legal environment of NEPs operation. Local governments domination by Fidesz members resulted in a quite hostile environment for some services. In 2014, Budapest Police Headquarters terminated the contract with needle exchange operators.

## HOW TO GET RID OF A NEEDLE EXCHANGE PROGRAM: POPULIST STYLE

Blue Point Foundation (Kék Pont Alapítvány) was founded as a public benefit organization in 1997. It operates two outpatient centres offering help and support of physicians, social workers, addiction consultants, and lawyers. Since 2006, their fixed-location needle exchange program has been the biggest in Budapest and in the country. NEP was operated by Blue Point in the 8th district of Budapest, Józsefváros, characterised by big Roma population, and high prevalence of homelessness and drug use with open drug scenes existing in many places.

First few years of needle exchange functioning were unproblematic. Until 2010, the political context, both on state and local level, was



quite favourable and facilitating for NEPs; it was also relatively easy to get funds although these were always moderate, barely able to cover salaries, not to mention distributed materials or rents. Police were not interfering in the service's operation due to an agreement on cooperation. The relationship with local communities was relatively good. Local politicians were not opposing the service either: news from the district website dated 2009-2011 highlight NEP's importance in the area and cooperation between stakeholders in tackling the drug problem.

Dr Máté Kocsis, a young Fidesz member, became the mayor of Józsefváros in 2009. His first steps regarding Blue Point and tackling the problem of drug use by no means indicated his future battle against the foundation. Back in 2009, he told the media: "I'm very happy (...) that the local government and completely independently working Blue Point Foundation operating needle exchange program can finally establish reassuring cooperation which will serve the peace of mind of Józsefváros inhabitants" (Józsefvárosi Önkormányzat, 2009). This intention was formally confirmed in February 2010 by signing a cooperation agreement. Two weeks later, 8<sup>th</sup> district local government granted Blue Point approximately 1500 Euro for processing the information on topics relevant to teenagers within a broader program for youth development (Józsefvárosi Önkormányzat, 2010a). Another three weeks later, the mayor held a meeting on EU project application with "civil organisations whose cooperation is essential for the successful implementation of the program," Blue Point included (Józsefvárosi Önkormányzat, 2010b). The cooperation between the foundation and local government included also joint drug litter collection from the streets aimed to improve the safety of the area. In May 2011, József Rác – the Blue Point director – was chosen the co-chairman of the district's Coordination Forum on Drug Affairs (Józsefvárosi Önkormányzat, 2011).

Because of harm reduction funding termination on the state level, Blue Point had to dismiss around a dozen of its employees in 2011. Outreach-based needle exchange, which was previously conducted daily, became unregular and limited to only a few times per week. As a result of the budget cuts, the organisation was forced to decrease the number of syringes distributed per client which generally has a negative impact on programs' effectiveness in preventing infectious diseases.

On the local level, after a few years of cooperation and appreciation for the foundation's work, the district mayor took 180 degrees turn. Reasons and motifs behind this turn are beyond the scope of this paper, however, one may presume it was related to the new National Anti-Drug Strategy and changes on the state level. In 2013, the mayor with no previous notice terminated the cooperation agreement between the local government and the Blue Point (with the official reason for that being organisation's failure in collecting drug litter from the streets) and commenced his campaign against the foundation. Foundation representatives were expelled from the local Coordination Forum on Drug Affairs. In November 2013, Budapest Police Headquarters also terminated the contract on cooperation with Budapest needle exchange providers without previous notice.

The mayor's campaign included accusing NEP of the existence of drug litter in the district (contrary to previous announcements on cooperation on this matter), of attracting people who inject drugs from all over the city (contrary to the data showing that over 80% of Blue Point's clients were 8<sup>th</sup> district inhabitants), and of distributing less needles comparing to previous years (which was a result of severe financial difficulties due to funds cuts for needle exchange). It seems clear that all aforementioned accusations are very strongly related to generally poor condition of harm reduction in the country: the scarcity of NEPs resulted in IDUs travelling to the 8<sup>th</sup> district for the equipment, and termination of needle exchange funding from the state budget impaired the foundation's capacity both in human resources (less staff to collect drug litter) and materials (less paraphernalia distributed).

The campaign against the Blue Point included high activity on the district's website. While between December 2009 and May 2011 there were on average less than 0,5 articles per month (all of them of positive character), in September and October 2013 the number of articles against Blue Point was 2 and 3, respectively (Józsefvárosi Önkormányzat, 2018). This scapegoating campaign resulted in a change in the attitudes of local communities, from that point opposing the existence of needle exchange. In January 2014, a group of around 20 inhabitants, under the auspices of previously unknown NGO, organised a protest against the NEP, urging the organisation to close down the service.

Although the termination of cooperation agreement entered into force on 31<sup>st</sup> December 2013, Blue Point was entitled to rent the premises from the local government under preferential conditions until 2016. However, in spring 2014 the local government did not accept the foundation's annual report for 2013 due to allegedly missing information (which, according to the foundation's management, were never required before). As a result, the office rent was retroactively increased by over 450%. At the same time, since January 2014, client turnover rose from approximately 80 persons per day (where "day" in fact means four hours of service operation) to 120-130 persons per day in May 2014. Despite desperate efforts of the foundation staff and management to receive adequate state funding, and support of some media and other civil society organisations, Blue Point's needle exchange program, serving 35% of country NEPs clients and responsible for distribution of 30% of country sterile syringes had to close down in August 2014 (Kék Pont, 2014).

The way 8<sup>th</sup> district mayor and its official website started to communicate the issue intravenous drug use in the area since 2013 is very strongly focused on morality and exhibits some traits of a populist political style as described by Moffitt and Tormey (2014). Defining political style as "the repertoires of performance that are used to create political relations" (Moffitt & Tormey, 2014, p. 387), these scholars highlight the performative aspect, i.e. combining communication (style) and action (content). Populist political style, in this sense, involves three major elements and all three can be found in Máté Kocsis's campaign against NEP. In the picture there are "the (pure) People" – district inhabitants, families with children; there is "crisis" – drug litter in public spaces; there are – finally – enemies: needle exchange program and opposition politicians responsible for such *status quo*. This kind of narrative is until this day dominant in local government's communication.

### HOW TO GET RID OF A NEEDLE EXCHANGE PROGRAM: OPPORTUNIST STYLE

Drug Prevention Foundation (Drogprevenció Alapítvány – DPA) was established in 1994 as a first needle exchange program in Budapest.

Nowadays, it – besides a drop-in point where one can use the help of social workers, psychologists or lawyers – operates also an outpatient centre offering medical assistance and opioid substitution therapy. Needle exchange program of Drug Prevention Foundation over the years has become the second biggest in Budapest, right after Blue Point.

Since 1999, their NEP has occupied a tiny office in Újlipótváros, a nice part of the quite average 13<sup>th</sup> district of Budapest. According to DPA coordinator, there were never any problems neither with local communities nor with local authorities (for detailed information about the first years of NEP operation see Anna Nyizsnyánszki's chapter "Needle Exchange Programs in Hungary" in (Csorba, 2003). Search for local news on potential conflicts or problems in service operation does not bring any results. Similarly to Blue Point, the cooperation seemed successful; the organisation implemented a few projects with the local government and even received an award from the local mayor.

The situation changed after the closure of Blue Point: while some of its clients were simply lost from the sight as they stopped using any low-threshold services, others moved to the 13<sup>th</sup> district to exchange their needles at DPA. This caused an increase in clients' turnover from approximately 40 persons per day to even 80-90 persons per day over only a few months. Given the size and hours of operation of the service (limited because of constant financial difficulties), people injecting drugs started to be visible in the area. This resulted in few complaints filed by local inhabitants to the local authorities. Despite organisation's efforts and negotiations with the mayor, Dr. József Tóth (about possibilities), local inhabitants (about cooperation) and clients (about respecting the public spaces and local communities), DPA's office contract was terminated without notice which caused the foundation to close down their premises for a few months in late February 2015.

Drug Prevention Foundation has been offered a few alternative places, yet it was also required to terminate the needle exchange program which had been at the very core of organisation's functioning for twenty years. In his communication with the foundation, 13<sup>th</sup> district's mayor claimed to be unaware of this particular DPA's activity and described it as illegal. Interestingly enough, the very same

mayor signed all previous permissions for the NEP operation and awarded the organisation, appreciating its work. After the failure in negotiations, Drug Prevention Foundation moved to another more remote location and – after few months of suspending the operation completely – it reopened a modified service without needle exchange.

The situation in the 13<sup>th</sup> district and the actions of its mayor were clearly distinct from the one of Máté Kocsis in Józsefváros. Motifs of József Tóth can be – in the scope of this paper – only conjectural; it is possible that the issue of concern was keeping one's position as a mayor. In fact, József Tóth has been already for some time one of the very few district mayors being members of opposition parties. It seems quite plausible that firm action against needle exchange was an attempt to prevent the dissatisfaction of Újlipótváros inhabitants and their conservative turn. The strategy adopted by this mayor seems quite calculated and opportunistic. Although, contrary to the Blue Point case, there was no open war, washing hands of the problem was quite obvious, especially in the light of denying the knowledge about NEP operation.

### WHAT HAPPENS NEXT?

The demand for sterile injecting equipment has been growing since the appearance of New Psychoactive Substances (NPSs) around 2010. As can be seen in Figure 2. below, the proportions of substances used changed drastically over a few years.

This change within drug market is of fundamental importance in the context of preventing infectious diseases: the patterns of use of NPS are significantly different from heroin, with the users of the former administering the drug even up to twelve times per day, as opposed to three-four times of heroin intake. Indeed, Budapest needle exchange programs observed an increase in the demand already at the beginning of the 2010s.

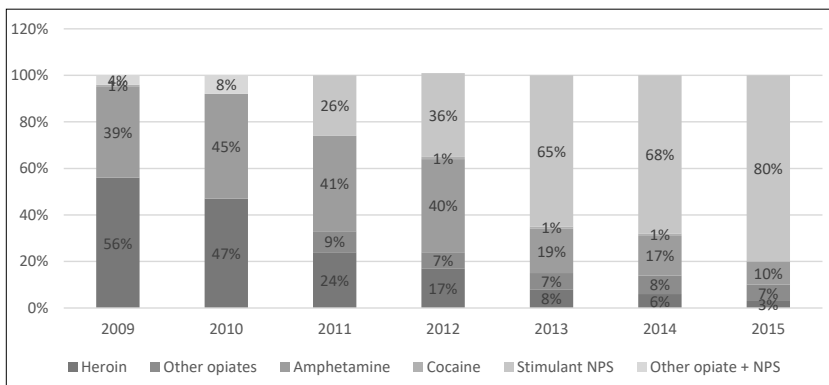


Figure 2. Primary substance used intravenously by clients of needle exchange programs 2009-2015.

Source: Nemzeti Drog Fókuszpont – Eves jelentés 2016 (Reitox National Focal Point & Tarján, 2016).

On the other hand, one can observe a decrease in needles supply. As mentioned above, the financing of harm reduction programs was cut drastically starting from 2010. Only 4 years later, the two biggest needle exchange programs in the city were closed down.

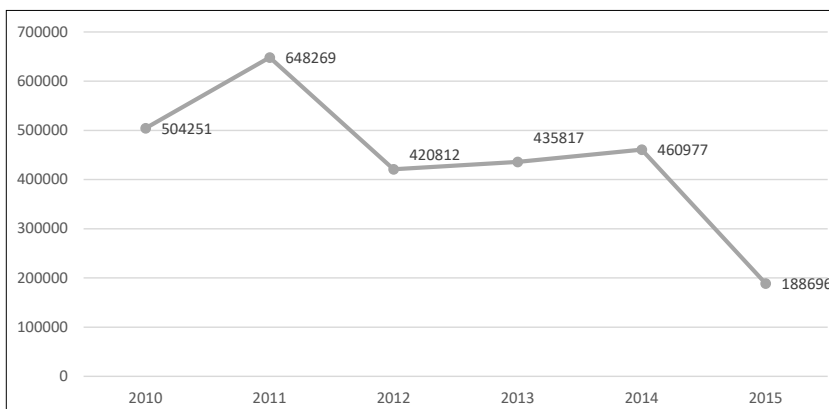


Figure 3. Number of distributed needles/syringes in Hungary 2010-2015.

Source: Nemzeti Drog Fókuszpont – Eves jelentés 2016 (Reitox National Focal Point & Tarján, 2016).

The number of needles and syringes distributed in Hungary decreased significantly already after 2011 cuts in funding (Figure 3).

However, in 2014-2015, after closing two biggest needle exchange programs, we can see an even more drastic decrease. Importantly, the above data includes all sterile injecting equipment distributed in entire Hungary; it thus shows very clearly how important were Blue Point and Drug Prevention foundations and what was their share of service provision in the country. If we take into consideration the number of sterile paraphernalia distributed per year per person, we can see that it dropped from 114 in 2011 to only 39 in 2014 (Gyarmathy et al., 2016, p. 159). Meanwhile, WHO, UNODC and UNAIDS set a number of 100 syringes distributed per person per year as “medium”, i.e. effective in HIV prevention. At the same time, the required number of syringes to make Hepatitis C prevention effective is significantly higher (WHO, UNODC, & UNAIDS, 2012, p. 19).

We can thus see two opposite trends regarding needle exchange programs: on one hand, there has been increasing demand for sterile equipment since approximately 2010; on the other, there has been a drastic drop in the number of syringes distributed. The evidence shows that multiple uses of the same injecting equipment and incidents of sharing the paraphernalia have been increasing (Tarján et al., 2015). It comes without a surprise that public health consequences are catastrophic. Between 2011 and 2015 the prevalence of Hepatitis C infection among people injecting drugs doubled reaching almost 50%; in case people using NPSs (i.e. approximately 80% of all injecting drug users) the prevalence is on 80% level (EMCDDA, 2017, p. 8).

After liquidating Blue Point and DPA needle exchange programs, hundreds of clients were lost from the sight as they do not maintain contact with any services. No one knows whether they are alive, whether they are infected and whether they infect others. It is true that HIV among people injecting drugs has been always extremely low in Hungary. However, in such a closed community the epidemic can break out rapidly. Losing contact with hundreds of clients means that the situation is not monitored. Furthermore, due to some institutional rearrangements, Hungarian epidemiological centre has not been conducting HIV and Hepatitis C screening programs since 2015. Earlier this year, harm reduction organisations were again provided with HIV and HCV quick tests to screen their clients. The official results of the project are yet to be announced.

## DISCUSSION

This paper addresses the developments of Hungarian drug policy and its local dimension focusing on two cases of needle exchange programs operated by NGOs. As demonstrated above, we can talk about a U-turn in this policy area. Hungarian drug policy has been slowly developing (though not without some turbulence) in pragmatic direction since the early 1990s. The situation changed dramatically in 2010 after the parliamentary elections won by the conservative Fidesz party. Two examples of needle exchange programs in Budapest show how state and local policies intertwine and how their combined influence can lead to a serious threat in the public health area.

Though pretty much distinctive from the point of view of political strategy, both cases of needle exchange programs closure contribute to the same negative effect, i.e. epidemiological risk. Doubling of the Hepatitis C prevalence among people injecting drugs over only a few years is a very alarming trend. Although HIV among injecting drug users in Hungary has always been very low, the epidemic outbreak is likely given the extremely low number or distributed sterile paraphernalia on the one hand and increasing demand on the other. In fact, it is debatable whether the low reported HIV prevalence in this community is a result of indeed a low number of infections or rather insufficient monitoring and testing.

Based on the data regarding Hepatitis C prevalence trends, there is no much reason for optimism. The most up-to-date epidemiological data on both HCV and HIV will be soon available, but we can already see that zero-tolerance political agenda in drug policy area brought about a range of negative consequences: from losing a noticeable number of clients from the sight to inadequate services availability, to increase in risky practices like equipment sharing and multiple uses. It also negatively influenced harm reduction organisations which now have to operate in a very uncertain and often openly hostile environment, fighting for survival. At this point, five years after the adoption of the current anti-drug strategy, it is clear that taking a morality-oriented turn and rejecting evidence-informed solutions is not leading to a drug-free Hungary. It is, however, quite effective in putting public health in jeopardy.



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