Józsefváros Drug Strategy for the Health and Safety of Józsefváros

2026-2030

Working document for public consultation



| Józsefváros Drug Strategy for the Health and Safety of Józsefváros Residents | 4 |
|---|-------------|
| 2026–2030 | 1 |
| Introduction | 2 |
| Establishment of the Józsefváros Drug Coordination Forum and the Józsefváros I Strategy | Drug 3 |
| Principles and Key Intervention Areas of the Józsefváros Drug Strategy | 4 |
| Goals and Guidelines of the District Strategy | 4 |
| Guiding Principles of the Józsefváros Drug Strategy | 5 |
| Research | 8 |
| Characteristics of the Drug Problem | 8 |
| Social and Institutional Challenges | 9 |
| Prevention | 9 |
| Introduction and Situation Overview | 9 |
| Action Plan | 10 |
| 1. Strengthening the Preparedness and Support of District Professionals | 11 |
| 2. Renewal of Prevention Methodology and Expansion of Programs | 11 |
| Harm Reduction | 12 |
| Introduction and Situation Overview | 12 |
| Action Plan | 13 |
| 2. Development of Harm Reduction Tools and Services | 13 |
| 3. Community Engagement and Addressing Specific Needs | 14 |
| Treatment, Care, and Recovery | 14 |
| Introduction and Situation Overview | 14 |
| Action Plan | 15 |
| Clarifying Client Referral and Care Pathways, Strengthening Connections Bets Providers | ween 15 |
| 2. Improving Addiction Services at the Józsefváros Szent Kozma Health Center (JEK) | 16 |
| 3. Developing Services at the Spirál Recovery Center | 16 |
| 4. Strengthening Clear Communication and Public Awareness | 16 |
| Supply Reduction | 17 |
| Introduction and Situation Overview | 17 |
| Strengthening Cooperation and Information Flow | 18 |
| Supporting the Preparedness of Police and Public Area Supervisors and Impro Client Referral | oving 18 |
| 3. Resident Communication and Trust Building | 19 |
| Summary | 19 |

Introduction

Although drug addiction affects both the poor and the wealthy, in terms of its visible consequences and the chances of recovery, the poor are clearly in a worse position. As a result, drug-related problems are most visible in the districts of major cities around the world that are densely populated and where a significant portion of the population lives with low income, in disadvantaged conditions, or in unstable housing. This is also the case in Józsefváros, where both alcohol consumption and illegal drug use are closely linked to the housing and livelihood crisis.

After 2010, the emergence of designer drugs led to a noticeable increase in street drug use and related problems in the district. Street-level substance use and drug litter became more prevalent. However, instead of addressing the situation in cooperation with professionals and organizations working in the district, the leadership at the time blamed those who were trying to help with recovery and harm reduction. Professional, modern prevention in schools declined. Important funding opportunities and several essential services were discontinued—services that today could help guide those most in need into the care system. As a result, the addiction care system in Józsefváros became inadequate and too high-threshold, excluding precisely those individuals who most disturb the public.

Residents have a legitimate expectation to see fewer signs of alcoholism and illegal drug use on the streets. It is understandable that many think: regardless of how, the municipality should solve the problem and make the people deemed responsible disappear. It is crucial to have a police force that responds to community needs and works in cooperation with residents, ensuring that public drug dealing and use in streets, parks, and apartment buildings do not go without consequences. However, in recent years it has become clear that this problem cannot be solved by law enforcement alone. Not only because it is impossible to station police on every street corner, but also because instead of bailing water from a leaking boat, we must focus on patching the holes.

Addiction is never solely an individual malfunction—it reflects the dysfunction of entire communities: families, neighborhoods, and society at large. It is a symptom of unresolved childhood trauma, exclusion, homelessness, and untreated mental disorders. If we do not address these root causes, the symptoms—drug-related problems—will continue to reappear. Therefore, if we want to face fewer substance use issues on the streets and build safer, healthier communities, it is not enough to simply discipline or remove "problematic" individuals from the community. The community itself must change—becoming more inclusive and more supportive.

For the current government of the district, drug policy is a neglected issue, lacking the necessary tools and resources. There is no credible, responsible guidance, and the country has had no national drug strategy for five years. In such a situation, the role of municipalities becomes especially important, even within their limited resources and authority. At the local level, they can at least build and develop the collaborations, training, and professional networks that are essential for effectively addressing drug problems.

In this spirit, with the active involvement of local professionals, civil society, residents, and affected individuals, we have created this new drug strategy. It applies a comprehensive

approach in line with European Union principles, placing equal emphasis on prevention, treatment/care, harm reduction, and supply reduction (law enforcement). These pillars, and the professionals working within them, can only achieve lasting change through cooperation and a shared framework. This strategy outlines the roadmap for the next five years, with implementation led by the Józsefváros Municipality. Implementation is supported by an annual action plan and a biennial review. The Józsefváros Drug Coordination Forum (JKEF), which includes representatives from all four pillars, actively supports and monitors the municipality's work. Although the implementation of the drug strategy is a municipal task, this strategy primarily belongs to the people of Józsefváros, and can only be realized through the collaboration and support of professionals and local communities.

Péter Sárosi, drug policy expert **Tessza Udvarhelyi**, Deputy Mayor Co-chairs of the KEF

Establishment of the Józsefváros Drug Coordination Forum and the Józsefváros Drug Strategy

The Józsefváros Drug Coordination Forum (KEF), re-established in 2025, operates in alignment with the Budapest City Drug Strategy (2024–2029), based on a work plan tailored to the specific characteristics of the drug situation in Józsefváros. It works in close cooperation with the Budapest Drug Coordination Forum (BKEF).

Through its coordinating activities, the Józsefváros KEF creates synergy among the four key professional areas essential for addressing addiction-related issues: prevention, treatment, harm reduction, and supply reduction. It connects the work of local organizations and institutions in these fields to ensure that families living in Józsefváros can enjoy a clean, orderly, and safe environment, and lead healthy and active lives.

For the Municipality of Józsefváros (District VIII of Budapest) to effectively respond to the widespread spread and harms of addiction and substance use, professionally grounded goals and a coordinated action plan are needed—these are defined by the district drug strategy.

The Józsefváros Drug Coordination Forum (KEF) is a professional platform that brings together the most important municipal, metropolitan, and civil organizations and institutions working in the fields of crime prevention, public safety, social and health issues, and youth protection.

Public safety and the order of public spaces are ensured by municipal bodies such as the Józsefváros Management Center Plc. (JGK Zrt.), the Józsefváros Public Area Supervision, and the District VIII Police Department of the Budapest Police Headquarters (BRFK). Their work is supported by the Józsefváros Public Safety Foundation, which promotes civil initiatives.

In the social and youth sectors, the Józsefváros Social Services and Child Welfare Center (JSZSZGYK) plays a central role. It provides key services such as the FiDo Youth Center, the Spirál Recovery Center for people with addictions, and the LÉLEK program, and coordinates the work of social workers in schools and kindergartens. Additionally, the Kesztyűgyár Community House and the Dankó Courtyard contribute to local community building, and several civil organizations support families in the district.

Healthcare services are primarily provided by the Józsefváros Szent Kozma Health Center (JEK), which includes psychiatry, addiction care, dermatology and STD services, and school health nurses. The KEF also includes the South-Pest Central Hospital and the regional health visitor service.

The **civil sector** is represented by numerous organizations, each focusing on different aspects of social, addiction-related, and mental health issues. Some KEF members focus specifically on helping people living on the streets and supporting their reintegration into society.

Public education is represented in the KEF by the **Inner-Pest School District**.

Thus, the Józsefváros KEF is a **complex professional network**, in which public safety and law enforcement bodies, social and healthcare providers, as well as educational and civil organizations work together to improve the quality of life for people living in the district.

Principles and Key Intervention Areas of the Józsefváros Drug Strategy

Addressing problems related to addiction and drug use is a complex task that goes far beyond the legal powers and capabilities of a district municipality. Nevertheless, a local strategy is essential to tackle specific local challenges and ensure the well-being of the community. Such a strategy is built on four key intervention areas:

- Prevention
- Support for treatment, care, and recovery
- Harm reduction
- Supply reduction

In the Józsefváros Drug Strategy—based on the Budapest City Drug Strategy (2024–2029)—the term *drug* is used as an umbrella concept. It refers both to substances under legal control (such as narcotics, psychotropic substances, and new psychoactive substances) and to substances not legally controlled but causing serious public health harm, such as alcohol and nicotine. It is important to distinguish *narcotics*, which are a legal category—these are substances defined and regulated by UN drug conventions and the Hungarian Criminal Code.

Goals and Guidelines of the District Strategy

For a district-level drug strategy in the capital, the following main goals are worth setting, which the Józsefváros strategy also aims to meet:

- **Situation assessment and problem identification**: Presenting a district-level, independent research-based overview, and detailing the main problems identified by local professionals and affected individuals.
- Defining district-level intervention directions: Identifying intervention points and tasks through which the district municipality can contribute to achieving the strategy's goals using its existing legal powers and financial resources.

Guiding Principles of the Józsefváros Drug Strategy

- **Realism is key**: Goals must be realistic, taking into account international best practices while also reflecting the municipality's actual capacities and resources.
- Integrated approach: Public safety, public health, and social issues are not opposing domains—they are interdependent and closely connected, and must be addressed holistically.
- Broader perspective: It is important to recognize and show that drug-related problems are not limited to marginalized street users. The task of the KEF and district institutions is to identify and address these issues across broader segments of society, as addiction and related problems can affect nearly every household.
- **Evidence-based strategy**: The foundation of the strategy is a thorough situation assessment that identifies local gaps and the most necessary intervention points.

Methods and Initial Context

As the first step in the **strategy development process**, the KEF reached out to most of the relevant organizations in the district, including municipal institutions, civil society organizations, and healthcare providers. This step had a dual purpose: first, to gain an accurate understanding of the local drug situation, and second, to begin rebuilding the professional and trust-based relationships between organizations and the municipality—relationships that were significantly damaged by the events surrounding the expulsion of the Blue Point Foundation from the district in 2014.

The development of the strategy was a thorough and wide-ranging process. During KEF meetings, members discussed the district's situation along the four main pillars of the Józsefváros Drug Strategy: prevention, treatment, harm reduction, and supply reduction. Through **group discussions**, they mapped existing experiences and collected proposals, all of which were incorporated into the strategy and its action plan.

The municipal mapping work and discussions revealed that, although there are well-functioning programs in the district—such as the **FiDo youth program** of JSZSZGYK and the initiatives of the **Kesztyűgyár Community House**—there are still notable gaps. **Prevention programs** targeting youth and the development of **low-threshold services** require improvement, especially **outreach work** aimed at the most difficult-to-reach substance users, which currently remains an unmet need.

Data from the Józsefváros Szent Kozma Health Center (JEK) Addiction Department
The data from the Addiction Department of the Józsefváros Szent Kozma Health Center

(JEK) can be categorized into services provided for individuals with alcohol dependence and those using substances classified as narcotics.

Treatment of Individuals with Alcohol Dependence - 2023, 2024, and Jan-Jul 2025

| Year | mber of Ca | Total Individuals | Women | Men | % Women | % Men |
|-------------|------------|----------------------|-------|-----|---------|--------|
| 2023 | 1 404 | 132 | 34 | 98 | 25,76% | 74,24% |
| 2024 | 1 496 | 146 | 37 | 109 | 25,34% | 74,66% |
| 2025.01-07. | 903 | 118 | 35 | 83 | 29,66% | 70,34% |

In the care of individuals with alcohol dependence, a continuous increase has been observed.

While 132 people received treatment in **2023**, the number rose to 146 in **2024**, and the trend appears to be growing in **2025** as well. By the end of the year, it is expected that more than 200 individuals will seek help at the Addiction Department of the Józsefváros Szent Kozma Health Center (JEK).

It is important to note that these figures do not necessarily indicate a rise in the number of people affected by alcohol-related problems. Rather, they may reflect an **increasing willingness to seek help**, with previously invisible cases now reaching specialized care.

The treatment statistics also highlight a gender imbalance: more than 70% of individuals treated for alcohol-related issues are male.

Statistics related to drug use show that the most frequently treated issue at the JEK Addiction Department over the past three years has been **prescription drug dependence**. In **2023**, this category accounted for **46% of all drug-related cases**. **Other drugs and psychoactive substances**—including newly emerging designer drugs—consistently made up around **20%** of cases in each of the three years examined (2023, 2024, 2025), with men again representing the majority of those treated.

Similarly, the use of **other stimulants**—such as amphetamine derivatives—accounted for **12–20% of cases**. The proportion of individuals treated for **cannabis** use has remained relatively stable over the years, representing 9–12% of all cases. **Cocaine and opiate use** were the least common among the individuals treated, with low case numbers each year (8–10%).

Treatment of Individuals Using Substances Classified as Narcotics – 2023

| Substance | Number of Cases | % of Total Cases | Total Individu als | Women | Men | % Women | %Men |
|---|--------------------|---------------------|--------------------------|-------|-----|------------|---------|
| Cannabis | 236 | 9,90% | 20 | 3 | 17 | 15,00% | 85,00% |
| Cocaine | 16 | 0,67% | 2 | 0 | 2 | 0,00% | 100,00% |
| Other drugs and psychoactive substances | 483 | 20,26% | 21 | 4 | 17 | 19,05% | 80,95% |
| Other stimulants | 494 | 20,72% | 17 | 8 | 9 | 47,06% | 52,94% |
| Medications | 949 | 39,81% | 35 | 16 | 19 | 45,71% | 54,29% |
| Opiates | 206 | 8,64% | 5 | 3 | 2 | 60,00% | 40,00% |
| Total | 2 384 | 100,00% | 100 | 34 | 66 | 34,00% | 66,00% |

In 2023, the total number of treated **cases was 100**, two-thirds (66%) of whom were male.

The most common issue was **prescription drug use**, accounting for more than 39% of cases, followed by other drugs and psychoactive substances.

| Treatment of Individuals Using Substances Classified as Narcotics – 202 | Treatment of Individuals | Using Substances | Classified as Narcotics – | 2024 |
|---|--------------------------|------------------|---------------------------|------|
|---|--------------------------|------------------|---------------------------|------|

| Substance | mber of Ca | % of Total Cases | Total Individu als | Women | Men | % Women | % Men |
|---|------------|---------------------|--------------------------|-------|-----|------------|--------|
| Cannabis | 236 | 10,98% | 17 | 3 | 14 | 17,65% | 82,35% |
| Cocaine | 19 | 0,88% | 3 | 2 | 1 | 66,67% | 33,33% |
| Other drugs and psychoactive substances | 480 | 22,33% | 25 | 6 | 19 | 24,00% | 76,00% |
| Other stimulants | 293 | 13,63% | 19 | 7 | 12 | 36,84% | 63,16% |
| Medications | 916 | 42,60% | 50 | 24 | 26 | 48,00% | 52,00% |
| Opiates | 206 | 9,58% | 6 | 3 | 3 | 50,00% | 50,00% |
| Total | 2 150 | 100,00% | 120 | 45 | 75 | 37,50% | 62,50% |

In 2024, the number of cases increased to **120**, and the proportion of women also rose slightly, approaching 38%.

Prescription drug dependence remained the most prevalent issue (42.6%), but the proportion of individuals seeking help due to other drugs and psychoactive substances was also significant.

Treatment of Individuals Using Substances Classified as Narcotics – Jan 1 to July 31, 2025

| Substance | mber of Ca | % of Total Cases | Total Individu als | Women | Men | % Women | % Men |
|---|------------|---------------------|--------------------------|-------|-----|------------|--------|
| Cannabis | 158 | 11,17% | 11 | 2 | 9 | 18,18% | 81,82% |
| Cocaine | 23 | 1,63% | 2 | 2 | 0 | 100,00% | 0,00% |
| Other drugs and psychoactive substances | 269 | 19,02% | 24 | 6 | 18 | 25,00% | 75,00% |
| Other stimulants | 169 | 11,95% | 22 | 6 | 16 | 27,27% | 72,73% |
| Medications | 656 | 46,39% | 53 | 21 | 32 | 39,62% | 60,38% |
| Opiates | 139 | 9,83% | 5 | 3 | 2 | 60,00% | 40,00% |
| Total | 1 414 | 100,00% | 117 | 40 | 77 | 34,19% | 65,81% |

Based on data from the first seven months of 2025, the number of treated cases was **117**, and the gender ratio shifted again in favor of men (65.8%).

The proportion of cases related to **prescription drug use** continued to rise, exceeding 46%, indicating that this remains the most pressing issue in the district.

According to the data, it is estimated that by the end of 2025, the number of treated cases will exceed **190**, with prescription drug dependence continuing to be the most significant problem.

Overall, data from **2023 to 2025** show that alcohol dependence and prescription drug dependence are the most prevalent issues among treated patients, and men are overrepresented among those seeking help.

Research

On behalf of the Municipality of Józsefváros, a **study** was conducted to map the district's drug-related issues, led by **researcher Judit Szécsi from ELTE Faculty of Social Sciences**. The study was based on three focus group discussions and one individual interview with district residents. A total of 15 participants took part, aged between 19 and 58, all of whom were in some way affected by substance use. Five participants identified themselves as being in recovery. Additionally, a group expert interview was conducted with four professionals from the Public Area Supervision and the District Guard services.

All respondents were well-acquainted with the district and informed about legal and illegal substance use, drug policy trends, and legislative changes. They unanimously considered the drug problem to be severe and believed it was not limited to disadvantaged social groups but was more broadly spread across society.

Characteristics of the Drug Problem

The survey revealed that **drug** trafficking and **use occur openly** and in an organized manner both on the streets and within apartment buildings. Public drug use is increasingly normalized and often accompanied by disruptive behavior. The situation has worsened in recent years, especially among young people. According to professionals working in public order, they encounter 10–20 substance users and twice as many individuals with alcohol dependence daily in their respective areas.

According to participants, the most commonly used substances are **crystal** and **alcohol**, with marijuana also widely used. Marijuana was generally perceived as less dangerous by the study participants, while crystal was considered extremely harmful due to its rapid addictiveness and severe physical and mental consequences. Individuals affected by substance use tended to view their own use as less problematic but condemned disruptive public drug use.

The research also found that **substance use problems are rooted in complex causes**—psychological, economic, familial, and societal factors.

Social and Institutional Challenges

The interviews revealed that **local support networks are insufficient** and **not well-known** among those affected. People often do not know where to turn for help, which stems from a lack of trust and **poor information flow**. Existing services frequently fail to respond to real needs, and currently, **there is no meaningful harm reduction service available** in the district. Participants called for more decisive action against disruptive substance users, while also expressing skepticism toward police interventions.

To address the situation, respondents emphasized the **need to tackle systemic issues**. In terms of prevention, current methods—such as deterrence—were seen as largely ineffective. Many of those affected supported legalization or decriminalization, particularly

regarding marijuana, as a potential solution to alleviate social problems. However, for higher-risk substances like crystal, they considered stricter control necessary.

Overall, the researcher recommends that the local drug strategy take into account the **differing needs** and challenges of various social groups, age ranges, and patterns of substance use. The greatest challenge lies in public, street-level use, which is associated with disruptive behavior and contrasts with quieter, hidden consumption. **Building trust** and **developing low-threshold services** are essential for the success of the strategy.

Prevention

Introduction and Situation Overview

Effective prevention work is of paramount importance for public health and well-being, especially among younger generations. The goal of prevention activities is to avert drug use, which includes developing resilience—the ability to adapt flexibly and withstand challenges—and promoting a healthy lifestyle. These programs help the target groups of prevention maintain their physical and mental health despite difficulties, thereby avoiding harmful coping mechanisms such as substance use.

One of the main **challenges in** the field of prevention is **reaching children and young people**, who represent the most vulnerable group. Although institutional settings like schools could serve as ideal platforms for delivering prevention messages, national legislation¹ has long hindered the involvement of external professionals and the implementation of complex programs in these environments. These legal and practical barriers have significantly limited the expansion of prevention efforts. Currently², the National Public Health and Pharmaceutical Center (NNGYK) can officially register prevention programs, allowing professionals to conduct prevention sessions in schools. This change removes previous obstacles and is expected to make prevention work more widely accessible.

Due to the lack of sufficient information provided within traditional school frameworks, the burden of prevention currently falls largely on police officers, school social workers, school nurses, and professionals conducting extracurricular activities. These actors often lack proper training and support, and do not possess up-to-date knowledge or practical methodological tools. This situation undermines the quality and effectiveness of prevention work, even though their role is crucial in directly reaching young people.

² EMMI rendelet a nevelési–oktatási intézmények egészségfeilesztési programjainak nyilvántartásba vételéről

¹ https://mkogy.jogtar.hu/jogszabaly?docid=A2100079.TV

Methodological issues are particularly significant in this field. **The European Drug Prevention Quality Standards (EDPQS)** clearly identify³ ineffective approaches to prevention. These include programs that focus solely on the frightening consequences of drug use without providing young people with real, applicable knowledge.

Similarly, one-off, lecture-style presentations have proven inadequate. In such passive approaches, students merely listen to information without developing the critical thinking and decision-making skills necessary to handle risky situations. Effective prevention aims not only to convey facts but also to promote healthy lifestyles, mental health, and social skills.

Moreover, current prevention programs often **fail to address alcohol and other legal substances** such as energy drinks. Excessive alcohol consumption is one of Hungary's leading health-damaging behaviors. Analyses⁴ show that this issue plays a significant role in the country's high mortality rates. Hungary ranks among the top EU countries in deaths caused by chronic liver diseases and cirrhosis. Alcohol consumption can therefore lead to serious health and social problems. Prevention efforts must adopt a holistic approach that includes all psychoactive substances, regardless of their legal status.

Alcohol-promoting advertisements in public spaces and media also pose a serious problem. Although amendments effective from January 1, 2025, introduced a **200-meter ban zone around educational and healthcare institutions** where alcohol advertisements are prohibited, posters still normalize and glamorize alcohol consumption—especially for young people—making it harder for prevention messages to take hold. Addressing this issue—since advertising regulation is not within municipal jurisdiction—requires a broad interpretation of prevention, extending it to all types of drugs.

In summary, improving the effectiveness of drug prevention work requires strengthening the training and support of professionals, introducing innovative and interactive prevention methods tailored to local needs, expanding programs to include legal substances, and tightening regulations on alcohol advertising. These measures together can contribute to the development of a more effective drug prevention system.

Action Plan

To develop and implement an effective drug prevention strategy in Józsefváros, the following action plan is needed. It focuses on the previously identified problem areas and emphasizes the importance of community-based approaches and the application of international experience.

Based on the above situation overview and challenges, the fundamental goal is to ensure that prevention extends beyond a narrow target group to the **entire district community** and is both understandable and effective.

³https://www.euda.europa.eu/publications/manuals/prevention-standards_en - European drug prevention quality standards

⁴ https://real.mtak.hu/164887/1/Alkoholhelyzet Magyarorszagon.pdf

1. Strengthening the Preparedness and Support of District Professionals

Goal: Enhance the preparedness of teachers, school social workers, school nurses, and youth workers conducting extracurricular activities in the district to carry out drug prevention tasks, providing them with up-to-date knowledge and continuous development opportunities.

Recommended Steps:

- Develop and launch a training program for professionals working with youth in the district, with a focus on building resilience, drug and addiction knowledge, and effective communication and interactive methods.
- Introduce a training system to provide ongoing support and professional development for district prevention professionals, including follow-up.
- Provide professional materials, guides, and online platforms to ensure the flow of information and maintenance of up-to-date knowledge within the district.

Target Group: Teachers and psychologists working in district schools, kindergarten and school social workers at JSZSZGYK, social workers at FiDo and other institutions, school nurses, and youth professionals working at Kesztyűgyár, Dankó Courtyard, and other local institutions.

2. Renewal of Prevention Methodology and Expansion of Programs

Goal: Introduce modern, internationally recognized prevention programs in Józsefváros that cover all relevant substances, are based on scientific foundations, and engage the entire community.

- Launch local research and development projects to design and test new, interactive, and experience-based prevention methodologies tailored to district conditions.
- Adapt and pilot international prevention programs in Józsefváros, considering local characteristics.
- Develop new, up-to-date prevention materials that reflect the latest scientific knowledge and are relevant to Józsefváros target groups.
- Ensure consistency in the development of prevention messages and materials by using the full scientific definition of drugs, including both legal (e.g., alcohol, nicotine, caffeine, medications) and illegal substances.
- Expand prevention programs to include alcohol and other non-illegal substances, emphasizing their serious national and local impact.
- Encourage and support community-based prevention initiatives by involving civil organizations, local businesses, parents, and residents.

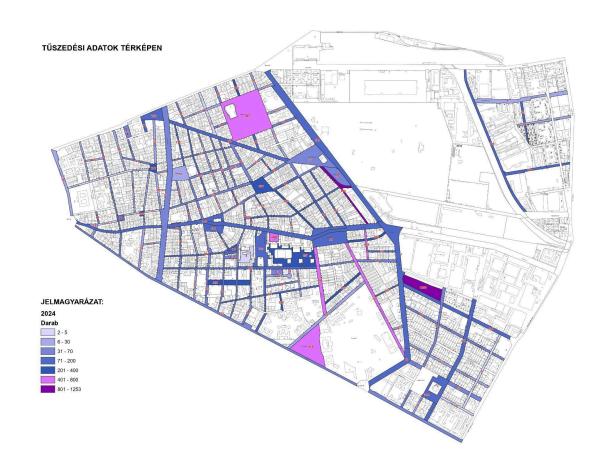
Harm Reduction

Introduction and Situation Overview

Harm reduction is a community-focused approach aimed at mitigating the health and social harms associated with drug use. Its primary goal is to preserve the lives and health of individuals who are unwilling or unable to completely stop using substances. Secondly, it seeks to reduce the negative impact of substance use on the broader community. Harm reduction is typically the first step into the care system and plays a key role in facilitating access to other forms of treatment, including abstinence-based services.

In the Magdolna Quarter, a complex harm reduction program was launched after 2006, reaching thousands of drug users. However, it was shut down in 2014 due to political attacks. Although needle exchange is a professionally justified and internationally recognized intervention, it currently lacks political and social support due to previous stigmatizing campaigns. Therefore, its reintroduction can only be achieved gradually and through widespread public education. Nevertheless, it is essential to implement street outreach and low-threshold programs that help connect drug users with health and social care services.

One of the most significant gaps in the district is the lack of harm reduction services and tools, such as screening, counseling, and referral to treatment. These are crucial for preventing the spread of infections and minimizing health risks. A direct consequence of this gap is drug-related waste, which poses serious public health and environmental risks to residents. Józsefvárosi Gazdálkodási Központ Zrt. (JGK Zrt.) has been addressing this issue by employing a needle collector who has been recording the number and location of collected needles in public spaces since January 2019. As a result, accurate data is available, illustrated by the map below.



In terms of service availability, access to low-threshold services in the district is extremely limited, and street outreach work is almost entirely absent. This means that the most marginalized and vulnerable drug users are unable to reach existing support services, which are often difficult for them to access.

During the development of the strategy, special attention is given to groups that face significant barriers to accessing appropriate support and care. Gender, age, minority status, and social standing all influence the ability to seek help. **Minority stress**—stemming from social prejudice and discrimination—is common among minority groups and can lead to feelings of distrust, making it harder to ask for help.

Addressing district-level challenges is closely linked to coordination at the city level. Therefore, the Municipality of Józsefváros actively participates in the **Safe Budapest Nightlife Committee**, which aims to ensure that nightlife and recreational drug use are managed safely across the capital.

Action Plan

An effective harm reduction strategy must focus on the above problem areas while incorporating community-based approaches and addressing specific needs.

1. Strengthening the Preparedness and Support of Professionals in Harm Reduction

Goal: Improve the preparedness of professionals working in social, youth, community, law enforcement, and public space-related fields in the district, ensuring they have up-to-date knowledge and continuous development opportunities.

Recommended Steps:

- Develop and launch thematic training programs for professionals working in social, youth, and community services, with a focus on drug and addiction knowledge, effective communication, and interactive methods.
- Provide information and awareness training for professionals outside the addiction field (e.g., police, public area supervisors, JGK Zrt. staff) about different substances and referral pathways when encountering drug users.
- Provide professional materials, guides, and online platforms to maintain the flow of information and up-to-date knowledge within the district.

2. Development of Harm Reduction Tools and Services

Goal: Improve the availability and quality of harm reduction services in the district, reducing individual and community-level harms caused by substance use.

- Provide harm reduction tools to drug users in cooperation with civil organizations.
- Improve existing low-threshold services.

- Support the launch of new low-threshold programs and services in the district.
- Support the initiation of street outreach work to reach disadvantaged drug users excluded from care and inform them about available services.
- In cooperation with KEF member organizations, compile a user-friendly guide on available harm reduction services in the district and how to access them.

3. Community Engagement and Addressing Specific Needs

Goal: Involve the entire district community in harm reduction efforts, while considering the needs of specific groups.

Recommended Steps:

- Support programs that incorporate specific needs, especially those of minority drug users, acknowledging their unique situations and requirements.
- Provide temporary childcare services to enable clients with children to participate in programs.
- Organize **specialized sensitivity training** for addiction professionals to prepare them for the unique needs and challenges of different age groups, homeless individuals, and minority communities.

Treatment, Care, and Recovery

Introduction and Situation Overview

Managing substance use and supporting recovery processes present complex challenges for Józsefváros.

The main issue is the lack of connection between **substance users in need of help and the available organizations, institutions, and forms of care**. As a result, client referral is often ineffective, and the **care pathway is unclear**, significantly hindering access to appropriate services. KEF plays a crucial role in establishing active relationships between service providers and ensuring the flow of information.

The **Addiction Department** of the Józsefváros Szent Kozma Health Center (JEK) faces difficulties due to limited space. Its location—on the sixth floor—can be a major **barrier** for substance users seeking help. Accessing specialized care in the district may reinforce stigma, as discretion is not guaranteed. These physical and psychological barriers can **severely hinder** help-seeking behavior, which is essential at the beginning of the recovery journey.

For substance users with complex problems, the traditional care system often proves inadequate, as different professional fields are not sufficiently coordinated. The **lack of integrated care** is especially evident in the screening and treatment of hepatitis and other diseases transmitted through sexual contact or shared injection equipment. Addiction care is often not closely linked to infectious disease services, meaning patients do not receive necessary **screenings and treatments**. Similarly, **housing issues** are treated separately

from addiction support, even though the lack of stable housing is a fundamental obstacle to successful recovery and long-term treatment adherence. As a result, holistic responses to the complex needs of substance users are missing, further complicating their situation and reducing their chances of recovery.

Treating patients with **dual or multiple diagnoses** (i.e., substance use combined with mental illness or psychiatric conditions) poses a particular challenge. These individuals require specialized, integrated care, which the current system often fails to provide.

The **Spirál Recovery Center** is a key municipal actor in addiction care in Józsefváros. Its services are currently in the **development phase**. As the center does not yet have an established client base, the focus is on personalized **individual sessions**, with plans to launch **group programs** in the future. One current challenge is that the services are not yet widely known, making it difficult to reach clients and fully establish operations. **Street outreach** and **low-threshold services** could play a key role in solving this problem by allowing the center to directly reach people in difficult situations. To increase client numbers, Spirál plans to engage in active **fieldwork**, offer online services, and launch specialized programs (e.g., **PartyAid**). The center is also committed to professional **school-based prevention**. Despite initial challenges, its goal is to respond effectively to local needs and provide sustainable services in the long term.

Public awareness is also a crucial factor in starting the recovery journey, as many people do not know where to turn with specific problems. This communication gap hinders early detection and intervention and reduces access to care.

Action Plan

To improve the effectiveness of substance use treatment and support recovery processes in Józsefváros, the following interventions are needed:

1. Clarifying Client Referral and Care Pathways, Strengthening Connections Between Providers

Goal: Ensure that substance users can access appropriate help efficiently and that cooperation between service providers is active and continuous.

- Ensure the active operation of the Józsefváros Drug Coordination Forum (KEF)
 as a platform for effective experience and information exchange among all relevant
 organizations and institutions.
- Guarantee access to professional addiction support both within and outside the Spirál Recovery Center. To achieve this, it is recommended to employ addiction consultants at the Józsefváros Social Services and Child Welfare Center to support individuals and families entering basic care.
- Clarify care pathways among professionals and support services in the district, covering client referral and the various stages of the recovery process.

- Create a shared database or information system about available services and capacities within the district or among district organizations to facilitate fast and appropriate client referral.
- Support specialized, integrated treatment programs for patients with dual or multiple diagnoses, involving expert professionals.

2. Improving Addiction Services at the Józsefváros Szent Kozma Health Center (JEK)⁵

Goal: Enhance the accessibility of addiction services at JEK to increase willingness to seek help.

Recommended Steps:

- Relocate the Addiction Department to a **larger**, **more accessible location** that allows for proper discretion and easier access for patients.
- Ensure the new location is **easy to reach**, reducing the burden on clients.
- Find a new facility that maximizes discretion during patient visits and access to the department. This would help reduce stigma and build trust, which is essential for effective support.

3. Developing Services at the Spirál Recovery Center

Goal: Support the **Spirál Recovery Center** in increasing visibility and accessibility, boosting client engagement, and aligning existing and planned services with local needs.

Recommended Steps:

- **Maintain continuous communication** with the district municipality about programs and results, and coordinate existing and planned services.
- Launch street outreach social work to reach clients directly and build trust.
- Support the development of **low-threshold services** to lower entry barriers and increase willingness to seek help.
- Initiate regular **professional consultations** with Spirál Recovery Center, LÉLEK Point, and other local providers to ensure continuous information flow and integrated collaboration among professionals.

4. Strengthening Clear Communication and Public Awareness

Goal: Increase awareness among residents—especially substance users and their families—about available support services and care pathways.

Recommended Steps:

• **Develop a clear communication strategy** at the municipal and institutional levels using simple and accessible language.

- Actively and regularly use municipal and institutional communication platforms (e.g., websites, social media, local newspapers) to disseminate information.
- **Publish a comprehensive guide for residents** detailing where to turn with specific problems, including phone numbers and contact information.
 - Inclusion of information on the availability of screening for sexually transmitted infections and diseases spread through injection drug use in public materials.
 - Dissemination of shorter informational materials (e.g., posters, flyers) based on the guidebook.
- Organization of regular public events in the district where residents can receive direct information about addiction services and ask questions to professionals.
- Collaboration with local general practitioners and other primary care and healthcare professionals to support information dissemination and promote early detection.

Supply Reduction

Introduction and Situation Overview

For drug policy to function effectively, coordinated operation among its four pillars—prevention, treatment, harm reduction, and supply reduction—is essential. In Józsefváros, the field of supply reduction also faces numerous complex challenges that affect the relationship between the police, public safety and law enforcement agencies, and the local population.

In the area of illegal substances, preventing drug trafficking and reducing supply is **primarily** the responsibility of the police. However, it is evident that this issue cannot be addressed by law enforcement alone. The presence of dealers in the district and the persistent demand—often rooted in existential and social difficulties—pose ongoing challenges. The situation cannot be resolved solely through policing measures.

Capacity shortages and gaps in cooperation also significantly impact the local drug situation. Therefore, **collaboration** between the municipality, organizations working with substance users in the district, and the police is a fundamental value that must be maintained and strengthened.

Organizations responsible for public safety and order do not always have adequate information about where and what kind of help substance users can receive. This lack of information hinders rehabilitation and the ability of users to exit the cycle of criminalization.

Residents have a legitimate need to share their experiences and make reports that receive credible responses and actions. They also want to understand what local organizations are doing to address the situation. To meet these expectations, adequate human resource capacity must be ensured for both the police and the Public Area Supervision.

Action Plan

To enhance the effectiveness of supply reduction and address the district's drug-related issues comprehensively, the municipality of Józsefváros can primarily support cooperation among organizations with different profiles and improve communication with residents, alongside police action.

1. Strengthening Cooperation and Information Flow

Goal: Ensure coordinated operation among the four pillars (prevention, treatment, harm reduction, supply reduction) and improve information flow between public safety institutions and organizations working with substance users.

Recommended Steps:

- Maintain the active operation of the Józsefváros Drug Coordination Forum (KEF) with regular meetings involving all relevant organizations, including police, social, health, and educational institutions.
- Support and coordinate the work of organizations responsible for maintaining public safety and order (police, Public Area Supervision, District Guards).
- Maintain contact with the district police department regarding achievements in supply reduction.

2. Supporting the Preparedness of Police and Public Area Supervisors and Improving Client Referral

Goal: Assist police officers and public area supervisors in identifying substance users in need of help and directing them toward appropriate support services.

- Organize training for police and public area supervisors on the characteristics of substance use, different types of substances, and available support services.
- To solve on-site problems more effectively, encourage close cooperation between law
 enforcement and the social sector. The initiative aims to enable police and
 supervisors to contact social professionals (e.g., staff from the LÉLEK Point or Spirál
 Recovery Center) when needed, to provide joint assistance on-site. This approach
 allows law enforcement and social work to complement each other, ensuring that
 affected individuals receive appropriate care.
- The ultimate goal of this joint effort is to ensure that people in problematic life situations are not dealt with solely due to their presence in public spaces, but are instead directed toward treatment and care. This approach targets the root causes of social problems.
- Develop a user-friendly, easy-to-understand informational leaflet for residents, including substance users, which police and public area supervisors can distribute to individuals who are subject to action or seeking help. This leaflet should include contact details of district and national support organizations and key information about available assistance.

3. Resident Communication and Trust Building

Goal: Reduce public tension, increase transparency, and build trust in police and district-level drug strategy efforts.

Recommended Steps:

- Facilitate the reporting of situations that pose a danger to residents (e.g., drug litter, hazardous behavior) by providing clear and easily accessible channels.
- Through the Józsefváros Municipality's free hotline and downloadable mobile app, residents can report drug litter and other dangerous situations.
- The Józsefváros Municipality provides platforms and opportunities to inform residents in an accessible way about the responsibilities and actions of police and public area supervisors, as well as achievements in supply reduction. This goal is achieved through regular district forums, public events, and online platforms, promoting transparent communication.

Summary

The Józsefváros Drug Strategy is the result of comprehensive work carried out by the Municipality of Józsefváros and the Drug Coordination Forum (KEF), developed with the active involvement of local professionals and individuals affected by substance use. The strategy is **grounded in a reality-based approach**, acknowledging the complexity of drug-related issues and building on cooperation between law enforcement, social, health, and educational sectors.

Through its situation analysis, identification of key problems, and action plan structured around the four pillars—prevention, treatment, harm reduction, and supply reduction—the document aims to provide a clear and actionable framework for district-level interventions.

Its primary goals include the development of **low-threshold services**, **addressing institutional gaps**, and **building trust** between residents, district professionals, and the municipality.

The strategy seeks to ensure that the Municipality of Józsefváros effectively supports professional work within its existing legal powers and resources, guaranteeing that those in need receive appropriate, effective, and integrated care. The measures outlined in the document collectively contribute to improving the district's drug situation and enhancing community well-being.

Implementation of the strategy, coordinated by KEF and supported by active participation from partner organizations, ensures that Józsefváros can respond effectively to drug-related challenges and create a safer, more supportive environment for all residents.