

HR4Homelessness

Integrating harm reduction in homeless services

COUNTRY REPORT HUNGARY

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Abstract

It is estimated that approximately 15,000 people experienced houselessness in Hungary, with at least 2,300 rough sleepers. Although the prevalence of alcohol use was high among homeless people in Hungary, illicit drug use remained low until the second decade of the 21st century. A sharp increase in the use of new psychoactive substances (NPS) was registered after 2010. In the same period access to harm reduction services have been decreasing due to lack of financial resources and political support and drug use has been increasingly criminalised. There are very few specialised services for homeless people who use drugs and the homeless care system experiences severe problems due to the tensions between younger drug users and older alcohol users. The two largest harm reduction programs that supported homeless people who use drugs in Budapest were closed down in 2014 due to political attacks. The human rights situation of homeless people has been deteriorating with homelessness itself being outlawed by a constitutional amendment in 2018.

1. Trends in homelessness and drug use

1.1 Data on homelessness

There are different registers on homeless people created under the Social Care Act. The reliability of data from these registers is questionable due to a number of limitations. They do not give a comprehensive estimate on the number of homeless people in Hungary. The most reliable source of information on homelessness is the Third of February Homeless Survey that has been conducted every year on the 3rd of February since 1999 (it is called the Third of February Survey). This survey is not a general census on the number of homeless people, nor it is a tool to estimate their number: it covers only those people who are reached by shelter and/or outreach services in a given time period. In 2018 8,568 homeless people participated in the Third of February Survey. This included 2,300 people living in public space/outdoors (ETHOS 1.1) and 6,268 people staying in hostels (ETHOS 2.1 and 3.1). The report estimates that there were at least 2,300 rough sleepers and at least 15,000 people experienced houselessness on the 3rd of February 2019 in Hungary (Gyorsjelentés 2019).

The 2018 Third of February survey assessed the physical and mental health of homeless people. According to the findings, 43% of homeless people suffer from a chronic, serious disease. One in four men and one in two women have psychological problems or psychiatric disorder. 39% had to stay in hospital at least once last year. 38% of participants said that an untreated trauma played a central role in their situation of homelessness. One in five homeless persons was in foster care as a child. According to service providers interviewed/surveyed by the researchers, from the estimated 14,000 homeless people 4,000 could sustain a home with financial support, 7,000 with financial, social and mental health support. 2,300 would need institutional care in a mental-social support facility and 700 would need permanent institutional care (Gyorsjelentés 2018).

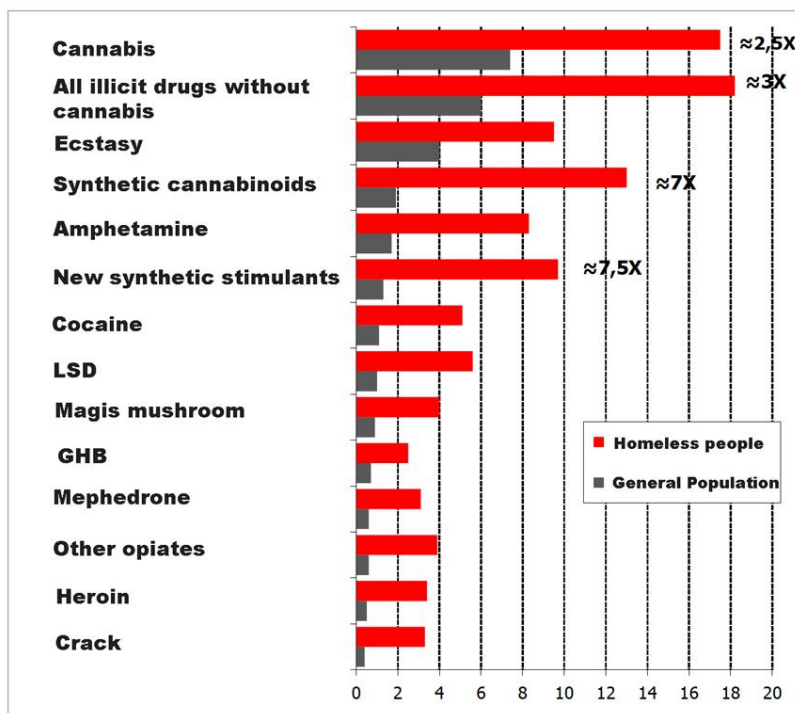
Access to shelters, social and health care for homeless people remains limited in Hungary. As of the year 2019, there were 9,848 shelters in 55 cities of Hungary with a wide range of capacities (from 4,819 to 10 places). There are only 3719 places that provide temporary night shelter for homeless people. While most places concentrate to the capital, Budapest, in

several cities, such as Debrecen, Miskolc, Pécs, Szombathely, Tatabánya, Várpalota and Veszprém there is a significant gap between the demand for shelters and the actually available places (Menhely 2019).

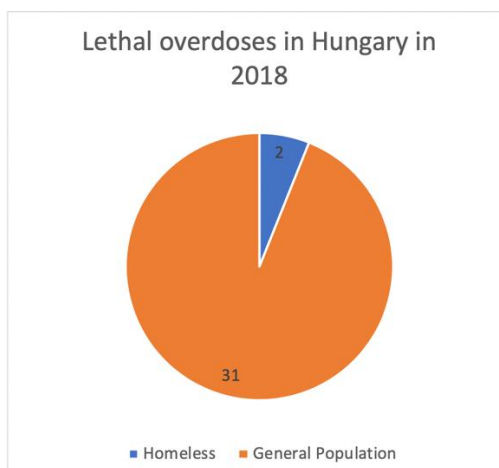
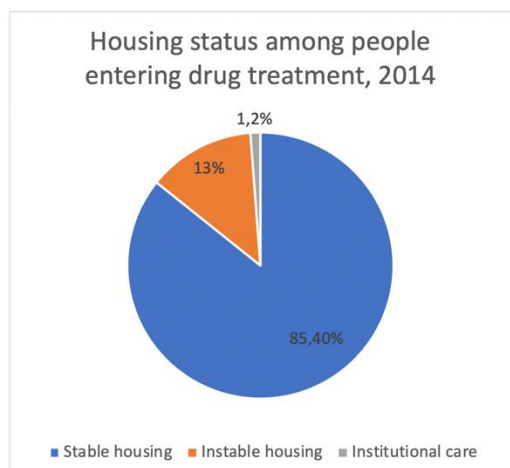
1.2 Drug use among homeless people

The first comprehensive study on drug use among the homeless was conducted in 2007, among Budapest homeless people (Paksi, Gurály, Arnold, Schmidt és Breitner, 2008; Paksi, Arnold, Schmidt, Gurály és Breitner, 2010). The findings indicated that the Lifetime Prevalence (LTP) of illicit substances was the same among homeless people (17%) as among the general population in Budapest (18,9%). However, monthly prevalence was higher among homeless than among the general population (8,6% and 2,8%). The risk of problem drug use and related health harm was significantly higher among people in homelessness (18,6% experienced physical injury due to drug use compared to 9,4% of the general population).

Combined prevalence of substances among homeless people and among the general population (percentage of 18-64 years old respondents)

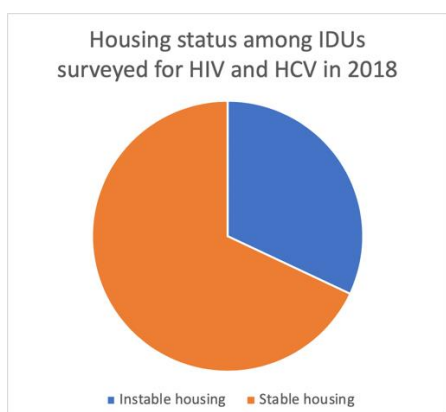


According to the TDI (Treatment Demand Indicator) questionnaire survey among drug treatment facilities, 85.4% of those entering treatment had stable housing, 13% had instable housing and 1.2% lived in institutional care (National Report 2014, 77.). According to the same survey in 2018, 13% of intensive amphetamine users who entered treatment had instable housing compared to only 1% of those who were not intense users. With other stimulants, the rate of those in instable housing was 25% among intense users compared to 6% of not intense users (National Report 2019, 51).



Homeless people are at increased risk of overdose: in 2018, 2 of 33 lethal overdose cases in Hungary were persons in homelessness (National Report 2019, 125). According to a study conducted on the use of new psychoactive substances in urban slums (Csák et al., 2018), homeless services are the main contact points for marginalised drug users to contact addiction-related health and social care. With increasingly limited access to harm reduction services in Hungary, homeless services have become increasingly important to reach this population.

According to the findings of the sentinel surveillance study conducted by the National Centre of Epidemiology from March to May 2014, homelessness was a significant risk factor of injecting drug use. 32% of respondents in this study had no stable home or were rough sleeping for more than a week, almost half of them (42%) had been incarcerated in the past (National Report 2019, 136).



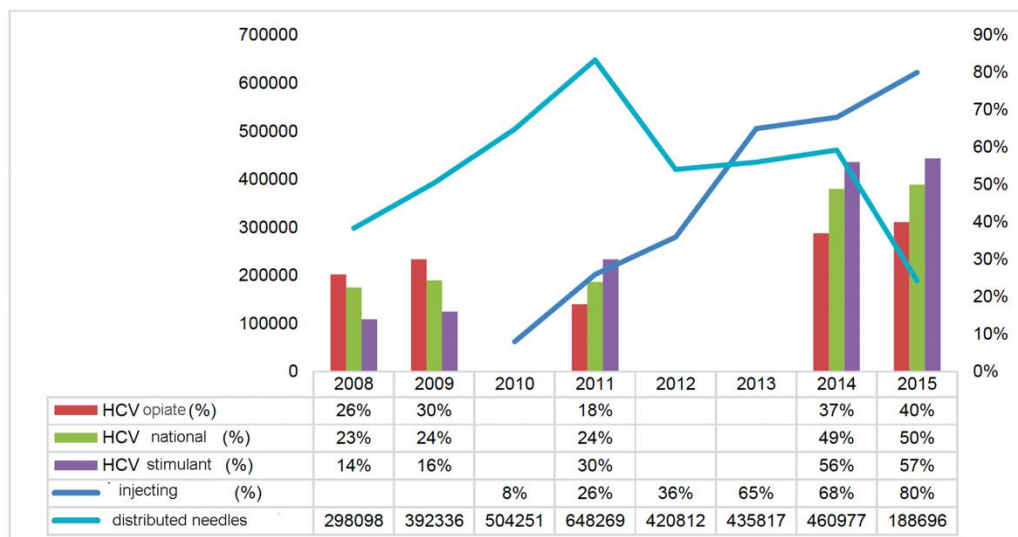
The second comprehensive study on homelessness and drug use was conducted in 2018 (Paksi and Magi 2018) as part of the Third of February survey, a national sample of homeless people (n=1302). The majority was reached through temporary shelters (34.8%), overnight shelters (28.5%) and street outreach (27.2%). This study found that the prevalence of illicit drug use has been increasing significantly among homeless people since the last study, when it was more or less similar to the level measured in the general population. In 2017 the Lifetime Prevalence of illicit drug use was 24.6% among homeless people and 9.9% among the general

population in Hungary. Last month prevalence was eight times bigger among the homeless (9.9%) than among the general population (1.2%). Homeless people who were young (65.8% LTP among 18-35 years old), lived in the Central and Southern-Western part of the country (50% and 32% LTP), belong to the Roma ethnic minority (32.4% LTP) and were rough sleepers (35% LTP) were at higher risk of illicit drug use.

Cannabis was the most popular illicit drug used by homeless people, every fifth participant have used it at least once in their lifetime. The second most popular illicit drug was synthetic cannabinoid agonists (13% LTP, dubbed "spice" in Western-Europe, "herbal" or "bio" in the Hungarian slang), the third most used substance were new synthetic stimulants (mostly Cathinone type substances dubbed "crystal"), almost with the same lifetime prevalence (9.7%) as the use of Ecstasy (9.5%) and amphetamines (8.3%). Compared to the general population, the Lifetime Prevalence of new synthetic substance use was significantly higher (seven times the LTP of synthetic cannabinoids, 7.5 times of the LTP of new synthetic stimulants) among homeless people.

There was a shift in the drug market in Hungary after 2010, the use of new psychoactive stimulants replaced amphetamine and heroin use among the majority of injecting drug users (Péterfi et al. 2014). Heroin use is still marginal and Cathinone-type drugs dominate the injecting drug use scene (Tarján et al. 2017, Csák et al. 2019). These drugs are injected more frequently, with increased risk of HCV infections. In the same period when demand for sterile needles was going up the supply went down due to lack of funding and political support for harm reduction programs. As a consequence, the prevalence of Hepatitis C among injecting drug users has increased threefold between 2011 and 2014.

The impact of new psychoactive substance use and the decline in the number of distributed steril injecting equipment on the prevalence of HCV among people who inject drugs in Hungary between 2008 and 2015



Source: Focal Point 2019

The use of synthetic stimulants and synthetic cannabinoid agonists has been rapidly increasing among marginalised groups of society, such as Roma people living in segregated settlements and homeless people (Kassai et al., 2016). The explanation is that these substances are cheaper and easier to access, although the adverse health effects of their use (e.g. side effects,

less controllability, more addictive potential) made them less popular among the middle class. The prevalence of the use of these substances is reported to be very high among young people who escape from abusing families, leave foster care or lived in extreme poverty in segregated settlements in rural areas and became homeless in bigger cities (Mizsur 2019). According to the reports of homeless shelters, these young people have regular social conflicts with their environments, not only with residents and authorities but with older homeless people as well. There is a cultural divide between older and younger generations of homeless people according to what substance they use (alcohol vs. designer drugs). According to outreach services, these young people are much more difficult to cooperate with than older homeless people, they often show paranoid or aggressive behaviour due to the psychoactive effects of excessive NPS use.

In conclusion, the prevalence of illicit drug use has been steadily increasing among people experiencing homelessness in the past decade. This increase can mostly be attributed to the shift in the Hungarian drug market and the emergence of cheap, easily available new psychoactive substances. These drugs have become the preferred choice for marginalised groups of society. Illicit drug use has been especially rampant among the younger cohorts of homeless people who have often different needs than the elderly and this leads to conflicts at care centres.

1.3 Access to harm reduction services among homeless people

There has not been a comprehensive study on the access to harm reduction services among homeless people. However, Paksi and Magi (2018) assessed how many homeless people entered any kind of drug-related services. According to the findings, 33.9% of participants said they had problems related to drug use with their families, police, school or workplace. 25% of them attended outpatient and 22.5% attended inpatient treatment services to tackle these problems. This means that three out of ten homeless persons who used drugs entered some kind of drug treatment in 2017, 7.7% of the total homeless population (Paksi and Magi 2018).

Access to harm reduction services have been declining in Hungary after 2010 due to budget cuts and the politically motivated closure of the two largest needle and syringe programs in Budapest (Sarosi 2014, HRI 2017). Before their closure, these two programs provided more than half of the total sterile needle and syringe distribution to thousands of clients. According to the annual report of Blue Point, one of the service providers, only 3,3% of their clients said that they were homeless in 2013. But most of their clients lived under unstable housing conditions and spend most of their time on the street (Kék Pont 2013, 9.). A study conducted among the former clients of these programs showed a significant decline in access to sterile injecting equipment, HIV and HCV testing and counselling and other harm reduction services (Csák et al. 2019).

There is only one integrated drug centre providing harm reduction services specifically for homeless people who use drugs in Hungary, operated by the Street Front of the Baptist Charity Service in the District 10 of Budapest. Street Front has a street outreach service, it provides sterile injecting equipment and HIV testing and counselling for injecting drug users. The shelter is able to host 100 homeless people. Clients are offered community-based treatment, case management, crisis intervention, are referred to rehabilitation centres if needed and are

assisted to get adequate treatment for their co-morbidities. By favour of a state sponsored public labour program and in co-operation with the municipal council, Street Front can offer job opportunities for 30-50 clients to improve their social reintegration.

To avoid conflicts between younger clients who use drug and older clients, one of the Budapest homeless shelters (Előd street) created a separate department for younger drug users in 2016. Here a social worker and a psychologist provided addiction counselling for clients and helped them to access rehabilitation programs. However, due to the lack of funding and staff, they had to close this initiative (Mizsur 2019). In most homeless shelters there are no services for people who use drugs and, in some cases, younger people (younger than 35 years old) are banned from the shelters all together due to the shelter's profile.

2. Relevant laws and policies

2.1. Laws and policies on homelessness

The dismantling of the public housing system after the fall of state socialism in 1989, a housing crisis broke out and society was shocked by the rapid increase of homeless people in public spaces. Successive governments failed to produce a comprehensive national housing strategy and support for social housing remained one of the lowest in Europe. Public funding on housing disproportionately benefited the wealthy groups of society. 60% of state sponsored subsidies and mortgage loans went to the upper 20% of society (Hegedűs 2009).

The social care system has not focused on creating new homes or on prevention of homelessness but on "urban cosmetics": providing temporary shelters for homeless people to avoid public nuisance and make them invisible for middle class residents. These efforts included repressive policies to remove homeless people from some residential public areas, such as subways (Bence and Udvarhelyi 2013). Anti-homeless architecture, such as shortened street benches to make it impossible to sleep on them, or the closure of parks at night, became widespread in Hungarian cities.

This repressive approach became more dominant after 2010, when the newly elected Fidesz government passed a law to allow municipalities to punish the so called "inadequate use of public spaces". Consequently, the general Assembly of Budapest adopted a decree to make it an administrative offence to use public spaces for "habitual residence", punishable with a fine (50.000 HUF - approx. 130 EUR). This became national law in 2012, when the Law on Administrative Offences was amended and a new offence was created (Article 186), punishing the "inappropriate" use of public spaces with a fine (150.000 HUF – appr. 390 EUR). The Commissioner for Fundamental Rights found this amendment unconstitutional and turned to the Constitutional Court to ask for a repeal of the law. In November 2012 the Constitutional Court in its 38/2012. (XI. 14.) ruling deemed homelessness a social issue, which should not be addressed through law enforcement. It annulled the aforementioned law and by a complementary decree, all penalty fees have to be paid back to those who had been fined under the law.

Instead of abiding by the ruling of the Constitutional Court, the government decided to amend the constitution (Fundamental Law) with its two-third majority in the parliament. The

parliament passed the amendment in April 2013, making Hungary the first country to build a prohibition of using public spaces for "habitual use" in its constitution, including a ban on building shacks in public places. The Venice Commission and the European Commission strongly condemned the constitutional amendment for violating the human rights of homeless people (Venice Commission 2013, European Commission 2013).

As the direct consequence of the law, some municipalities made restricted areas, such as those near schools or kindergartens, or historical heritage sites, where 'living habitually' was forbidden. The homeless advocacy group 'The City is for All' initiated a wave of domestic and international protests against the criminalisation of homeless people (The City is for All 2014). The group has sent freedom of information requests to the Ministry of Interior to monitor the enforcement of the law. The data proved that the law was not enforced and that there was no misdemeanour procedure initiated against offenders between 2016 and 2018.

In Summer 2018 the Fidesz government initiated another amendment in the constitution (Amendment 7), which was passed by the parliament. Based in this amendment, the Law on Administrative Offences was changed (came to effect in October), penalising the "habitual use of public spaces". If the offender is caught the third time within 90 days, the police has to initiate a criminal procedure and the offender must be detained. The court has to proceed with the case within 72 hours. Sanctions now include confinement (previously it was only punishable with community work or fines). If there is a re-offending within 6 months of the sentence, the offender should be sanctioned with incarceration with no alternative options. According to one provision of the law [178/B. § (2)], offenders can be acquitted of the administrative procedure if they accept the help of an organisation providing homeless care and cooperate with it. The law allows authorities to confiscate the private property of homeless people, to be destroyed after 6 months of storing.

The 2019 Third of February Homeless Survey assessed the impact of the 2018 law on homeless people (Gyorsjelentés 2019). According to the findings, 37% of those who were rough sleepers before the enactment of the law received a warning from the authorities to leave public places. Only 13% said that they did not sleep in public places because of the fear of punishment. Researchers concluded that only a small minority of homeless people were affected directly by the law, mostly those who lived in public spaces. Although many homeless people entered shelters the motivation to do so was not the fear of punishment but the capacity of services. For example, in those cities where there are less places at shelters, homeless people tend to stay away from overcrowded services.

2.2. Laws and policies on drug use and harm reduction

The beginnings of harm reduction in Hungary go back to the early 1990s, in a period when illicit drug use increased rapidly after the fall of the Iron Curtain and the opening of the borders (Dénes and Nyizsnyánszky 2003). The first Hungarian national drug strategy (2000-2009) was passed by the parliament (Parliamentary Decree 96/2000) with full consensus among political parties in 2000. This was the first official document to approve harm reduction as a philosophy and practice, emphasizing the need to scale up needle and syringe programs and opiate substitution treatment to prevent the spread of blood-borne infections (6.3.2.). The document listed homeless people as one of the key vulnerable group to be reached (6.1.3.). It required

to provide access to harm reduction services for homeless people and monitor drug use patterns in this risk group (6.3.4.2).

In the period of the first national drug strategy there has been a significant, although limited increase in the access to harm reduction interventions in Hungary, programs were scaled up in almost all regions of the country (Takács 2009). After 2010 there was a significant shift in drug policies. Political support and funding for harm reduction declined significantly, service providers had to limit the provision of sterile needles, opening hours and the number of staff members. In 2014 the two largest needle and syringe programs were shut down due to political attacks and the lack of funding (Csák and Sárosi 2017).

The pro-harm reduction national drug strategy, passed by the parliament in 2009 with the support of civil society, was rejected by the new government, public officials who led the national drug coordination were dismissed. A new, abstinence-oriented national drug strategy (2013-2020) was adopted in 2013 [parliamentary decree 80/2013. (X. 16.)] that aimed to create a drug-free Hungary. The main focus of the document is on recovery and prevention but it did not omit harm reduction all together, it aims to provide access to "low threshold programs without stigmatisation." (VI.2.2.) The section 'Specific Groups and Problems' (VI.2.3.) explicitly mentions homeless people as risk group which should result in the upscaling of services for people in situation of homelessness.

The possession and use of drugs constitute a criminal offence according to 178. § of the Criminal Code, punishable with up to 2 years of imprisonment. However, offenders who possessed/used illicit drugs in small amounts with no intent to sell, can opt for a treatment program as an alternative of criminal sanctions. The prosecution is suspended until the completion of the 6-month program (it has three categories: prevention, treatment or other) has been confirmed. After completion, the charges are dropped and there are no criminal records. In 2013 the Criminal Code was amended and this option was limited to first- and second-time offenders, multiple offenders are prosecuted. This restriction particularly strongly affected street drug users, including homeless people, who are at much higher risk of being searched and arrested than PWUD who are not homeless. Another restriction that particularly affected homeless people was the abolishment of the section of law that established the extenuating circumstance that made it possible for not prosecuting small scale distribution in case the offender was regarded as an addict. Distribution of small amounts of drugs is punishable with up to 2 years of imprisonment with no alternative of punishment.

2.3. Human rights situation of homeless people

The UN Special Rapporteur on housing established that "Hungary's move to make homelessness a crime is cruel and incompatible with international human rights law" (OHCHR 2018). Judges adjudicating over these cases turned to the Constitutional Court for advice regarding the changes to the law. In addition to the UN Special Rapporteur on housing, several human rights and homeless organisations have sent *amicus curiae* letters to the Court to influence its ruling.

In its *amicus curiae*, the Shelter Foundation criticised the amendment of the Law on Misdemeanours, pointing out that there are not enough slots to provide care for everybody

who demands it (shelters are 97% full), as well as because the coercion of homeless people into institutional care violates the principle of the free consent of the client (Menhely Alapítvány 2018, 4.).

A coalition of human rights NGOs (Hungarian Helsinki Committee, Hungarian Civil Liberties Union, Street Lawyers) submitted their letter to the Constitutional Court in which they argued that the law violates the principle of the rule of law, the right to human dignity, the right to property, the right to privacy, the right to fair trial and effective legal remedy and protection (Misdemeanour Working Group 2018).

The Constitutional Court ruled (III/1628/2018.) that the amendment did not violate fundamental rights because "homelessness is not part of human dignity." Judge Balázs Schanda in his dissenting opinion pointed out that "a punishable offense is an infringement of the Fundamental Law if its purpose is not to care and supply for ones in need. [...] The social challenge of housing poverty cannot be remedied by the Constitutional Court, but it cannot forget the social reality in its role to protect constitutionality." Human rights organisations criticised the Court for its ruling because it does not consider homelessness a serious crisis situation but rather as a behaviour to be criminalised (Liberties 2019).

Apart from the enforcement of the Law on Misdemeanours, the human rights of homeless people are violated systematically in other ways as well. There have been several cases of illegal demolitions of homeless shacks in public places. For example, in October 2018, a few days after the law came into force, homeless shacks were teared down in a small forest in the District 10 of Budapest without a warning, destroying most of the privet belongings of people who lived there (A Város Mindenkié 2018). In a previous litigation case, were 'The City is for All' sued the Municipal Council for demolishing homeless shacks in the District 14, the Budapest Court of Appeal ruled that the municipality violated the rights of homeless people by demolishing their shacks with no previous warning, requesting that the municipal council should pay 500.000 HUF compensation to each victim.

In November 2014, after the closure of the two largest harm reduction programs in Hungary, the Hungarian Civil Liberties Union submitted a complaint to the Commissioner for Fundamental Rights, asking him to investigate political attacks by the mayor of the 8th district of Budapest against the needle and syringe program operated by the Blue Point NGO. In his report, the ombudsman, referring to a previous ruling of the Constitutional Court, defines the violation of the right to the highest attainable standard of health as an "exceptional, extreme shortfall in access to health care". Closure of an existing harm reduction service, in an area where large numbers of marginalised injecting drug users live, and where the risk of infections is high, is precisely such an exceptional case (Sarosi 2014). Despite the recommendation of the ombudsman to reopen the programs, the mayor of District 8 did not do so but launched a counter-attack in the media accusing the ombudsman of being manipulated by the drug lobby.

3. Barriers to access harm reduction

3.1. Structural barriers

Lack of funding is one of the main structural barriers to access harm reduction in Hungary. Harm reduction has two major public funding resources in Hungary. The first is the basic operational grant for low threshold services, which is a fixed amount for a 3 years period. The other is the annual drug tenders of the Ministry of Human Resources (EMMI), where harm reduction organisations have to compete with prevention and treatment organisations for limited resources. The labelled grants for harm reduction were abolished after 2010 and the fixed operational grants are not adequate to cover even the basic costs of harm reduction programs in bigger cities (staff, renting, equipment etc.). Other funding resources for harm reduction are scarce, EU development grants are not available for harm reduction programs. Programs had to limit working hours and/or the number of staff members, limit or stop supplementary services, such as HIV and HCV testing and counselling, limit the provision of sterile injecting equipment, condoms and psycho-social consultations. The latter includes counselling on housing and work, which would be especially important for homeless drug users. Many homeless people who use drugs have no health insurance and are discriminated in the health care system, which is a significant barrier to access health care that could not be overcome without adequately funded harm reduction services.

In a study conducted by Rights Reporter Foundation and Harm Reduction International in 2016, researchers found that the funding for harm reduction (1,6 million Euros in a year) is one of the lowest in the European Union (Csák and Sárosi 2017). By contrast, researchers estimated expenditure on punitive drug law enforcement in the same year to be approximately €2 billion, almost 2,000 times the amount spent on harm reduction. From the 18 EU member states assessed by Harm Reduction International, Hungary was ranked the fourth worst in harm reduction funding according to four indicators (harm reduction coverage, transparency, government investment, civil society view).

The umbrella organisation of professional networks working in the drug field, the Civil Society Forum on Drug Coordination (KCKT) conducted a focal group research among professional service providers in 2014 to assess the barriers to access services, including harm reduction (KCKT 2014). 17 harm reduction service providers participated in the research. In a five-point Likert-scale, professionals rated the access to most harm reduction services lower than 2 points (except HIV testing and counselling, with less than 3 points both). Beside lack of funding, lack of political support was another important structural barrier mentioned by service providers. Repeated political attacks against harm reduction from the government party resulted in the closure of the two largest harm reduction programs in 2014. This had a chilling effect on other service providers, who either choose to keep a low profile and continue with limited services or to turn to other kinds of services and target groups.

Participants identified several other barriers to access services, such as repressive law enforcement policies, no cooperation between the police and service providers, the lack of trained professionals and the lack of an integrated system of care, where individual clients can be referred to the appropriate services, wherever they enter the system. They also pointed out that access to psychiatric care for co-morbidities is very low, as well as access to programs

addressing underlining social and housing problems, sometimes even general health care problems. Participants emphasised that homeless shelters and other services are not prepared to deal with drug-related problems among their clients are there co-operation with addiction services is rare.

The same body published its report about the midterm evaluation of the national drug strategy in 2017 (KCKT 2017), based on the assessment by civil society organisations. This report emphasized that harm reduction has become a stigmatised, underfunded type of service, which can only be maintained by 'hiding' it other services, making harm reduction virtually invisible in the system. The lack of harm reduction services also reduced the visibility of clients who could not be reached by any other service.

3.2. Local conflict zones

The Magdolna neighbourhood, one of the most impoverished parts of Budapest, is located in the district 8. It has approximately 13.000 inhabitants, 20-30% of the households are Roma, 47% are supported by the social care system. It designated to host the first socially sensitive urban renewal project of Budapest in the early 2000s, where citizens' participation was designed as a key element of the programme. However, despite the large EU funding, the project later became an example of a discriminatory gentrification project (Keresztélyi 2017). Injecting drug use was fuelled by housing poverty in the area. In 2006 the NGO Blue Point moved its harm reduction service to the area, where there were not services before. It found out that there is a large number of injecting drug users, mostly with unstable housing conditions, with a high risk of blood-borne infections due to the sharing of injecting equipment. The drop-in and needle and syringe program operated by Blue Point on Kálvária tér (later it moved to the Magdolna street) soon became the largest harm reduction program in the country, with 3418 registered clients in 2013 (Kék Pont 2013, 5).

In 2010 a new mayor was elected in the district who first cooperated with Blue Point, but the relationship soon deteriorated because he launched political attacks against harm reduction, claiming that the service attracts drug users to the district and responsible for drug litter and nuisance on the streets. In January 2014, a GONGO¹ close to the government party and the mayor organised a demonstration against the program. Due to the repeated attacks, the lack of financial and political support from the Ministry and the raise in the renting fee of the venue, the program had to close down in August 2014. Two months later another program had to shut down in district 13 because the clients of Blue Point appeared there in great numbers and the local neighbourhood complained because of the perceived nuisance. This local conflict had a significant role in the stigmatisation of harm reduction programs in Hungary (Sárosi 2014).

Another local conflict zone is the Hős street area, consisting of two blocks which were built before WW2 to house some of the poorest residents of Budapest. Most apartments are small (25-31 square meters) and often more than one family lives in one room. Some of the

¹ GONGO, or government-organized non-governmental organization, is a non-governmental organization that was set up or sponsored by a government in order to further its political interests and mimic the civic groups and civil society at home, or promote its international or geopolitical interests abroad.

apartments have no hot water and they have to share toilets with other households. Some abandoned apartments were occupied by squatters. Extreme housing poverty and problematic drug use has been mutually reinforcing one another in the neighbourhood, some families made a living by selling new psychoactive substances, such as "magic tobacco" (synthetic cannabinoids mixed in tobacco) and "crystal" (synthetic cathinones for injection). Conflicts between local residents, drug dealers and people who came to the houses to purchase drugs were common, as well as nuisance and drug overdoses in the area, attracting media attention.

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