TRANSPORTER. Knowledge sharing in transnational cooperation
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Methodological summary and elaboration of recommendations

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Contents

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I. Váltó-sáv Alapítvány (Change Lanes Foundation)

Váltó-sáv Alapítvány (VSA) is a nationwide, civil, professional support organization for deviant, disadvantaged/marginalized, vulnerable groups, for socially disadvantaged, offenders, addicts, prisoners and released people and for their relatives in order to help their social and labour market (re)integration. Our main activity is the caring, training and mental health support of the target group, as well as the reduction of prejudices and sensitization, the strengthening of social inclusion (www.valtosav.hu).

Our program started in 1997 within the framework of another organization, then in August 2002 we started our operation as an independent organization. Date of registration of the Foundation: September 24, 2002. Since then, our organization has been operating continuously which we consider to be a great achievement.

Our main activities:

- crime prevention (primary, secondary, tertiary) – organization and implementation of informative and preventive conversations;
- prevention of reoffending (tertiary crime prevention);
- ensuring continuous (follow-up) care, operation of a civil support system (= mentor system), moreover socialization, re-socialization in order to support the elimination of prison socialization;
- life management assistance, helping to overcome socio-cultural disadvantages;
- supporting the rehabilitation, resocialization and reintegration of young people with criminal lifestyle and/or addictions;
- health promotion, health education;
- providing social information services to the client group and their relatives;
- psychosocial treatment and care of personal problems; mental health care;
- improving and helping problem and conflict management skills;
- providing education/training programs, as well as supporting participation in such programs - in particular, helping to prepare for high school studies and school leaving exams, moreover in connection with this, organizing and implementing special, person-centred learning/teaching programs and care;
- organizing, supporting and ensuring the operation of special assistance and problem-solving groups helping integration and reintegration into society;
- involving young people with ex-criminal backgrounds in caring work, supporting their training for helping work;
- family care;
- reduction of prejudices;
- organizing professional meetings, coordinating methodological exchanges as well as implementing methodological and research work on deviance and its forms of help, in particular with regards to people with criminal lifestyle.

For non-profit activities Váltó-sáv Alapítvány carries out activities with the following goals:

- promoting social equality of opportunities for disadvantaged groups, especially those who are charged with criminal proceedings and who lead a criminal life,
- rehabilitation, resocialization, (re)integration,
- promoting training and employment for disadvantaged groups in the labour market and related services,
- child and youth protection,
- education, training, capability development, knowledge dissemination,
- information providing, guidance,
- academic activity, research,
- cultural activities.

The operation place of Váltó-sáv Alapítvány is a "drop in" centre, meaning that the client can come in (=drop in) without an agreed time and without any reference. The point of it is voluntary participation and providing low threshold services. Our location provides special services – in individual and in group forms -, data bases and possibility to access these which are relevant for our target group and can be used as supporting resources for released people - especially those affected by addiction -, for their relatives, professionals and those in need. We also provide a community space as well as opportunities for the clients which do not impose unachievable expectations in terms of content, method.

Financing: since the beginning of our operation, we have obtained most of the resources needed for implementation from tenders so we do not have a fixed income and we do not have a state norm.

Infrastructural conditions: the headquarters of the Foundation are in Budapest, here we have a 42 sqm office with office infrastructure. We have several headquarters in the countryside, one in Balassagyarmat and also in Kalocsa where we also had a rented, equipped office (60 sqm) during the project implementation period. Currently in Budapest, not far from our office, there is a half-way flat for the participants involved in the program (100 sqm, also rented).

We have professional relations with several organizations working in the field of drug prevention and care, including the Megálló Group Foundation (we are/were consortium partners in three TÁMOP projects, in 2 cases the VSA is the main applicant, in 1 case the Megálló organization, we also have several joint programs), the KIMM Ráckeresztúr Drug Rehabilitation Home, where we carried out learning competence development groups once a week for nearly two years (Thursday 09.30-12.30), or the Catholic Caritas Addiction Patient Support Service, whom we implemented smaller projects and groups with. In January-February 2020, the VSA staff carried out Fatherhood Groups and Communication and Self-knowledge trainings in the Baracska facility of the Middle Transdanubium National Prison within the targeted prevention project of the Alba Caritas Hungarica Foundation. In addition, we are generally associated with long-term rehabilitation institutions, as our clients often require joint work and/or placement.

Since 2005, we have been continuously implementing KAB-PR, KAB-KP, KAB-HAT, KAB-ME and KAB-FF programs (drug prevention programs). Our priority area is the complex help and treatment of criminal lifestyle and addiction. We carry out some of our work

in penitentiary institutions and we meet our outside clients at the Foundation's headquarters and provide them with our Change Lane Information Base, as well as a supportive relationship, mental health care/support and help. Until 30.03.2016 we also operated a half-way flat for sober addicts and for those released from detention, from 2010 onwards continuously and after a longer break, from 01.12.2019 we are continuing this type of high-threshold service again.

So some of our programs are implemented in penitentiary institutions, others after release, but we also have programs implemented in both locations.

In penitentiary institutions:

- trainings: Communication and self-knowledge, Focus on the development of labour market competencies, Peer helper training, Digital competence development training, etc.
- groups: Parenting skills development (Father groups, Mother groups), so-called art therapy groups (Reading Space, Creative Circle, Creative Writing, Creative Workshop, etc.), game therapy groups (Board Game Group, Change Fever: preparation for release with a board game);
- realization of helping conversations: helping relationship/helping conversation (mentoring programs), coaching programs (individual and team coaching).

In penitentiary institutions and after release:

- job coaching programs (introduction to the world of work, job searching and keeping, etc.);
- mentor programs;
- Change Lane Information Base: collecting, storing and updating relevant information for inmates, released, relatives.

After release:

- Halfway housing program (accommodation, work, training, spending structured leisure time, money management, practical and life skills - complex and synergistic program);
- anti-discrimination, social sensitization (eg. trainings: Tolerance Strengthening, anti-discrimination training, exhibitions, spots, etc.);
- training of professionals (My opportunities, competencies in reintegration work, Change Fever board game – game master training, etc.).

Our organization employs 5-10 people with higher education in humanities (culturologist, social worker, social politician, psychologist, coach, pedagogue, narcological assistant, mediator, etc.).

Yearly about 500 inmates and/or released get involved in our field, but there have been years where the number of clients has been much higher (2012: 896 people, 2013: 1384 people, 2014: 994 people).

After several researches and many years of experience, day-to-day practical work and continuous contact with the marginalized target group, the Change Lane Foundation considers the creation of realistic life chances to be the most important whose key is complex and synergistic (psychological, social, pedagogical) support work. The organization manages its activities and projects along this principle, continuously adjusting to the needs and requirements of the target group.

Relevant activities and experiences in project implementation:

- continuous professional presence in prisons and after release to support the client group and their families;
- implementation of several groups in prisons that promote social inclusion in any way and/or targets adult, lifelong learning (groups related to the arts, health promotion, parental skills development, etc.);
- implementation of 2 exhibitions in order to increase social sensitization: INSIDE: exhibition of works by prisoners; SOUL COUNTING: a virtual exhibition of the works of prisoners (http://www.valtosav.hu/bm_17_kiadvanyok.html);
- anthology of prisoners' literary works (SOUL COUNTING ISBN 978-615-00-3478-2, 'monogram', etc.);
- Practical knowledge for release (updated annually) for those released from detention, their relatives, and for professionals;
- realization of several researches to support the target group (prisoners, released people) as effectively as possible;
- operation of Charity Shop with released people (2013-2014) - recycling project at the level of both materials and social integration, meeting of givers and released people, reduction of prejudice;
- we had several women's projects in women's penitentiaries (Kalocsa Strict and Medium Regime Prison) and we operated a community space for women at high risk of crime and addiction in a "troubled" district of Budapest;
- between 2010-2016, then from 01.12.2019, we operate the so-called Halfway flat for those released from detention (complex reintegration model) for the first time in Hungary;
- VSA accredited adult education institution with 13 approved adult education programs;
- VSA developed a board game called ChangeFever, which prepares for release and promotes social sensitization, under the trademark M 17 00317 (National Office for Intellectual Property);
- we also created the digitized content of ChangeFever which can be used offline;
- Prison, Reintegration, Education (PRE-project) between 2015-2017 we had a KA2 project (with the project qualification worth disseminating, with Polish, Slovak, Czech and Lithuanian partners), also in 2015-2016 we were a participating partner in a EUROPE (European for Citizens, main applicant: Collegium Civitas Poland, partners: Polish, Greek, Hungarian organizations) project, and our TRANSPORTER project was implemented between 2018-2020 (Knowledge sharing in transnational cooperation EFOP-5.2.2 -17-2017-00019, with 3 Romanian, 1 Serbian and 1 Slovak partner);
- we also realize continuous trainings for professionals, respectively Youth Professional Workshop for the discourse of young professionals;

- we are constantly developing our methods and tools that help us work with a special target group;
- in 2018, with the support of the Ministry for Home Affairs, we edited a methodological summary publication entitled Possibilities of Creative Programs in Penitentiary Enforcement (about 200 pages), in which we developed paverpolt and encaustic methods from creative craft programs, creative writing, Reading Space, specifically for the implementation of programs in totally closed institutions.

II. Cooperating organizations

II.1. Asociatia Caritas Catolica (Romania, Oradea)

In 1990, the Catholic Caritas Charity in Oradea was founded. One of the main goals of caritas organizations is to support people in need, so one of their focuses is also an addiction service. The organization in Oradea is closely connected with the Catholic Carriage RÉV Addiction Patient Assistance Service (Budapest), one of their important activities is to help and support those involved in addiction.

Knowledge sharing/transfer experience: regional volunteer network of social services in Bihor, Satu Mare and Sălaj counties (VOLO) is an 18-month project under the Swiss-Romanian Cooperation Program. The project involved several professional knowledge sharing and method transfer from the Swiss partner (http://www.caritascatolica-oradea.ro/voluntarii-caritas-in-elvetia?lang=en), including in the framework of a Swiss study tour (the link above details the methods/experiences/services studied and adopted).

II.2. Asocatia Kécenlét (Romania, Magyarkék)

The Kécenlét Association was established in 2008 to support marginalized, vulnerable, disadvantaged groups. Particular emphasis is placed on helping young people, including deviant, disadvantaged, mostly Roma, poor young people and children: through educational and social programs, school-type services, including raising motivation to learn; in general, the operation and implementation of social integration, deviance prevention and other correction/assistance programs are their goal and task. Every year, 500-700 young people come into their sight.

Knowledge sharing/transfer experience: two Dutch (Van den Heerik Foundation and Promotie Foundation, both NGOs) and one Irish organization are working together to share methods and experiences (Exodus Foundation, NGO).

II.3. Fundatia Bonus Pastor (Romania, Targu Mures)

The Foundation has been operating since 1993 and has been officially registered since 1996. They provide therapeutic assistance to people and their relatives who are addicted to alcohol, drugs, nicotine, medicine, games and others. In a practical way, they help those who are considered by their environment to be incurable addicts and only a burden to others. Their foundation provides assistance through a wide range of activities: short-term therapies, counselling, pastoral care, adult and child camps, conferences, local support groups and shaping public opinion. Since April 2005, a residential long-term therapy program has also been provided in the Magyarózd therapy home.

Knowledge sharing/transfer experience: the Bonus Pastor Foundation works with the Christelijk Platform Oost-Europa, which has the explicit aim of sharing knowledge between different, mainly Christian, organizations (https://www.prismaweb.org/nl/cpoe).

II.4. Udruzenje za mentalnu higijenu Antropos (Serbia, Subotica)

The organization was founded in 2010 with the collaboration of mental health professionals. It became apparent to the founders that young people are the population that is most neglected in terms of mental health, while they are the most sensitive and vulnerable generation, but also the most susceptible to innovation. They believe that there task is to prevent peer aggression, as well as to organize individual and group consultations, psychotherapy (psychodrama self-knowledge groups), psychological workshops, self-reinforcing trainings, lectures, films and performances on the topic of mental health. They undertake cooperation and coordination in existing and planned mental health programs with civil and state-based organizations with a similar profile.

Other goals of the organization:

- organizing and implementing interactive group sessions and psychological workshops on drug addiction after visiting the exhibition;
- organizing and leading self-knowledge group sessions;
- contacting and cooperating with all institutions dealing with the problem of drug addiction (schools, police, health care institutions, Social Work Center, etc.) operating in their narrower and wider environment;
- organizing trainings for school professionals on violence against children and young people;
- developing, organizing and coordinating various occupations, activities and trainings to increase tolerance;
- organizing and coordinating the involvement of school professionals in the prevention of abuse of children and young people (physical, mental and sexual);
- organizing interactive group sessions and psychological workshops for young people on the subject of abuse;
- professional training for prevention workers and professionals;
- initiating and implementing projects in cooperation with domestic and foreign governmental and non-governmental organizations;

- development of methods, development, collection and improvement of tools and techniques for mental health professionals in order to support the vulnerable and marginalized target group (addicts, those in total closed institutions, deviants, etc.);
- storytelling and other personality-shaping and personal development methodological developments to prevent victimization and crime;
- crime prevention and drug prevention work (primary, secondary and tertiary).

Knowledge sharing/transfer experience: the core of the organization's staff has also worked for the Exspecto Mental Hygiene Foundation for several years. Although Antropos has no knowledge-sharing experience, Exspecto has implemented several IPA projects (Hungary-Serbia IPA Cross-Border Cooperation Program) (www.exspecto.org.rs).

II.5. Konzultačné a Informačné Centrum EDUKOS (Slovakia, Dolny Kubin)

The main goal of the organization is to improve the situation and quality of life of specially disadvantaged target groups in the region, especially to support detainees, released people, deviant young people, juvenile offenders and their family members. They implement a number of prevention programs for them, training programs, support/counselling and social services. They also place a great emphasis on social sensitization.

Knowledge sharing/transfer experience: several projects have been implemented on the topic - a summary of these can also be found on their website (www.edukos.sk). Without wishing to be exhaustive: 2003-2005, Grundtvig Program, Another Way: Swedish, Spanish, Czech, Lithuanian, Polish and Slovak partnership, a comparative study was carried out under the program. The main goal was to implement the exchange of experience, knowledge and methods between the partners. 2000-2004: New Life for Freedom: a project supported by CIDA (Canadian National Development Agency), knowledge transfer from the Urban Institute, Toronto Canada. CIDA later also supported the exchange of good practices between the V4 countries, and Edukos was also involved in this project. Between 2008 and 2010, Journey to Life within the Leonardo Network, and between 2009 and 2011 under Leonardo Compares, knowledge and method exchangetook place in Italy, France and Slovakia. The Grundtvig Partnership program involved Czech, English, Slovenian, Slovak, Norwegian, Hungarian and Greek partners. From 2015, Edukos participated in the PRE project coordinated by the Change Lane Foundation, one of the main focuses of which is the exchange of knowledge and experience.

III. Relevant field and its challenges

III.1. Problem-focused approach: universal, selective and indicated prevention issues and models

Various forms of health impairing behaviours, such as chemical use (drug use) and other addictive disorders, are most often start and, in many cases, intensify during adolescence. At an age that is already a difficult, conflicting stage of life due to the challenges of becoming an adult, learning adult roles, and biological-physiological-psychic changes. Attempts to become adults, to take risks, to want to belong to a community, to seek to relax and unwind and to be curious are typically the reasons behind the trying out different drugs.

According to a 2006 survey of school-age health behaviours (HBSC), more than 80% of 15-16 year olds and more than 90% of 17-18 year olds have tried alcohol. The incidence of multiple intoxication is 71% among 17-18 year old boys and nearly 50% among girls. For young people aged 15-16, approximately two-thirds and nearly three-quarters of 17-18-year-olds have already tried smoking. More than 25% of 15-16 year olds and more than one third of 17-18 year olds smoke at least weekly.

20.3% of the 2,877 high school students (grades 9 and 11) questioned in the 2006 HBSC survey had already used an illegal substance or had abused drugs and/or inhalants in their lifetime. Cannabis use is the highest of all illegal drugs, with a lifetime prevalence of 17.3%. The concomitant use of drug and alcohol is the second most commonly used substance (14.7%), while the prevalence of the other mentioned illicit drug use is 12.4%. The age of trying is mostly 15-16 years old: in the case of cannabis, 70% of those who try it, and in the case of other drugs, 75% of those who try it use the given drug for the first time from the age of 15-16. The proportion of those who try before the age of 14 is almost 10% within the group of drug users.

According to the "Health and Lifestyle of Adolescents 2010" (HBSC) study, the overall lifetime prevalence of the trial for illicit drugs - substance abuse, inhalants - is increasing compared to both the previous 2002 and 2006 data. In 2010, among 9th and 11th grade students, this proportion exceeded 30% (24.3% in 2002 and 20.3% in 2006). In 2010, among grade 9 and 11 students, this proportion exceeded 30% (24.3% in 2002 and 20.3% in 2006). Examining each type of drug separately, an increase in the use of illegal (illicit) drugs is observed for cannabis and especially amphetamines. For example, consumption of the latter drug has increased by nearly fifty percent over the past four years. In 2010, 9.2% of young people surveyed had used marijuana or hashish in the 30 days prior to the survey. Among 9th and 11th grade boys, the proportion of everyday users can be estimated at between 4 and 2.6%, so approximately one in fifty boys surveyed is a daily user. Compared with the relevant data for 2006, it can be stated with considerable certainty that the proportion of daily cannabis users in this group shows an increasing trend.

The data are not up-to-date, but it can be seen that the situation was already concerning in 2006 and then in 2010 as well. The picture of our time is significantly nuanced by the use of the recently emerging and very popular designer drugs (artificial herbs, organic herbs, "bath salts",

"plant nutrients", powders and tablets) or the newer alcohol consumption habits (e.g. binge drinking).

Based on a representative study in 2014[1], it can be concluded that the most important conditions for substance use in all age groups were:

- occurrence of deviant behaviours,
- characteristics of the student's and his/her environment's attitude towards substance use and substance use behaviour,
- certain personality traits (extraversion, neuroticism, adventure seeking),
- and the relationship with parental support and with the other sex.

In the light of the analysis of the detailed research results, the authors indicate the need for the following programs:

- targeting parents, families, strengthening parent-child relations (from adolescence or before adolescence),
- involving teachers and parents (in relation to angry behaviour, deviance, abuse), focusing primarily on individual and family prevention, attitude formation and secondarily treatment, integration of adolescents with behavioural problems,
- supporting the school integration and career choice of disadvantaged students,
- strengthening the school community,
- supporting career choices and constructive leisure activities,
- educating for responsibility and appropriate stress management,
- conveying values that represent an alternative to the deviant approach to life.

Government Resolution 1672/2015 (IX.22.) On the implementation of the Hungarian National Social Cohesion Strategy II implementation for 2015-2017 the Government Action Plan's Document IV Point 6 of the tasks in the field of health includes: programs and interventions for the prevention of addictive disorders (especially alcohol and drug use) have to be improved among endangered, vulnerable young people. Special programs should be established for socially and culturally disadvantaged parents and their children involved in drug use.

III.2. Target group focused categorization – target group of convicts

The inmate population – just as the vulnerable youth or the homeless population - is a defined special population whose research needs special mapping. One of the reasons for this is that its members are excluded from the population in general population research for the overall estimation of drug use in society due to long-term absences from their place of residence, on the other hand, prison population can be considered as a group with a significant situation in terms of drug use, significantly affected (Paks and Arnold, 2010) [2]. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) places particular emphasis on examining

[1] Grezsa Ferenc-Surányi Zsuzsanna: Substance use among young people. Booklet for parents and educators. Bp., NCSSZI, 2014.

[2] Paksi Borbála-Arnold Petra (2010): Drug use of lawfully convicted prisoners. Prison Review. 1. sz. Available: https://bv.gov.hu/sites/default/files/B%C3%B6rt%C3%B6n%C3%BCgyi%20Szemle%202010_1.pdf

the drug use of prisoners. Out of the various special populations, the most information is available on the prison population: the EMCDDA has addressed drug use in prisons as a priority since 2002, and since 2004, drug use by prisoners has been included as a separate chapter in the annual country reports prepared by the Member States.

Based on both the involvement and the characteristics of drug use of the prison population, they can be considered a higher risk group compared to the general population:

- The drug exposure of the prison population before being imprisoned is significantly higher than the average in society, so there are a higher proportion of drug users in prisons than in the general population.
- In the civilian life of detainees, not only is the risk of contact with drugs higher than in the general population, but the rate of continuous use is also higher, so the chances of quitting drug use are lower [3].
- Other illicit drugs (especially heroin, cocaine, amphetamines) play a greater role in the structure of drug use than in the general population before they are imprisoned.
- Intravenous use is particularly common in the civilian life of the prison population compared to the average population.

According to the results of a 2008 representative prison study by Paksi Borbála and her colleagues 43.8% of the population legally detained in penitentiary institutions in Hungary had already tried some illicit drug before entering it. Every fifth to sixth person had had a period in their life when they had been using an illegal substance at least on a weekly basis. The most popular are marijuana, hashish, ecstasy, amphetamine, cocaine, LSD and ketamine. 14.3% of inmates, roughly a third of those who had ever used drugs before entering, and about half of regular users say they used illicit drugs during their detention period (similar to the pattern of civilian use, most of them named using marijuana, ecstasy and amphetamine). The use of Rivotril the prison's most popular and mostly abused sedative was mentioned by one in ten convicts.

Based on the data of the National Drug Focal Point, a survey carried out in 2012 with regional coverage examined, among other things, the substance use characteristics of the interviewed inmates (852 people). 49.7% of the inmates in the sample reported having ever used a drug/new psychoactive substance in their lifetime. Most used cannabis (35.5%), followed by amphetamines (27.6%), ecstasy (26.9%), cocaine (18.7%) followed by LSD (12.9%). In addition, the appearance of new psychoactive substances was measurable among inmates, the most common of which was mephedrone, which 12.6% of respondents had ever used in their lifetime. 20.7% of the model reported having ever used a drug intravenously.

According to another study, convicts with the following characteristics used a drug most times in their "outside", civilian lives:

- aged between 19-25 years old,
- without any employment,
- their income was attained criminal offenses in a bigger proportion,

[3] In European countries, the average rate of cannabis use of prisoners in their outside life is 80% for cannabis, 70% for heroin and extaxy, and about 60% for cocaine and amphetamines, compared with 20-40% for the general population.
(Paksi, Arnold, 2010.)

- had more income than their non-consumer fellows,
- started smoking and drinking alcohol earlier,
- attempted suicide at a higher rate before or after their punishment, as well as in prison (Csáki, Márton, Mészáros, 2011.)[4].

Conclusions of the research were the followings:

- the majority of prisoners regularly used legal and illegal drugs before being imprisoned;
- relationship with drugs of drug users in prison from an age pint of view is earlier than their fellows' without leading a criminal lifestyle;
- prisons' inmates are polydrug users;
- their family is more likely to develop any dependence, addiction (primarily alcohol) than the non-prison population;
- social disadvantages are characteristic of the group, their social competencies are weak;
- there is a lack of sufficient and appropriate support resources for the target group, neither in prison nor after release.

Surveys and experience suggest that drug users are present in large numbers in penitentiary institutions, many of them are first offenders, juveniles or young adults. It is also evident that the development of a deviant, criminal career is very often associated with drug use, so with the existence of a drug career in this target group.

Overall, it can be stated that a large percentage of criminal career also mean drug career (more research: Váltó-sáv Alapítvány, 2010, Connections Project: Integrated responses to drugs and infections across European criminal justice systems: www.valtosav.hu).

In the case of inmate drug users, drug use is often a symptom and a deeper, more multifaceted problem affecting the personality as a whole and the individual's social/cultural environment, accompanied by tasks, changes/changing of conflict management, decision-making and problem-solving repertoire.

III.3. Scene focused approach

Reflecting on and evaluating prevention programs are key. On the one hand, it is worth defining the main prevention arenas, describing their characteristics, and on the other hand, collecting domestic and international good practices for them. The Color-Space-Image volume[5] made a primary attempt to do just that in 2015. It is worth pursuing this professional direction by mapping the good practices of the neighbouring countries in different fields: school prevention, family, children's home, penitentiaries, peer groups, community prevention, etc.

[4] Csáki Anikó-Márton Andrea-Mészáros Mercedes:
Main characteristics of drug user prisoners. Available:
http://www.valtosav.hu/szakmai_anyagok/a%20fogvatartott.pdf

[5] Szín-Tér-Kép. Methodological material for the planning of drug prevention activities in different scenes. Ed.: B. Erdős Márta-Mészáros Mercedes.
Bp., NCSSZI. 2015.

III.4. Service focused approach

One of the key areas of the recovery-focused care system is the entry of sober addicts into the labour market, the operation of resocialization programs, and the development of other transversal competencies during treatment-provision; to develop programs, to map, describe and disseminate them. It is essential for them to implement special training and catch-up programs, as their drug careers were mostly accompanied by early school leaving and falling out from the school system, low educational attainment and a basic knowledge deficit.

IV. The methodology of processing the topic

The aim of the project is to improve the availability and quality of (public) services in Hungary and to improve its chance-creating role. The aim of the project is to learn about international experiences and good practices (where possible, to try them out) and to develop recommendations for national application. On the basis of the Appeal, in addition to national developments, it is necessary to get to know international policy experiences and good practices in order to better address the social gaps and problems to be solved.

Methodology of processing:

- - mapping of general, targeted and recommended prevention programs, health promotion programs in the countries participating in the project;
- collecting and sharing problem-focused (general, targeted and recommended) "good practices" in the topic of prevention/health promotion programs among partner country organizations;
- identifying and sharing target group focused good practices with partner countries and its organizations (prison population);
- mapping prevention scene programs in Hungary and in the partner countries, identification and sharing of related good practices;
- service-focused problem focus: resocialization/reintegration/rehabilitation programs for addicts with a special focus on labour market integration and programs to support other transversal competencies; training/education - mapping, identification, sharing of good practices, knowledge transfer;
- the research material means the mapping of the above mentioned problem areas, it is implemented in two EU countries (Hungary, Romania), and professional recommendations are formulated in connection with it;
- knowledge sharing and transfer is strengthened by workshops and study trips with the participating partner organizations, with the involvement of additional experts.

Overall, the aim of the project is to improve the quality of Hungarian prevention/health development services and programs, to identify and adopt good practices, and to improve their chance creating role. The aim is to learn about international experience and good practices in the field of prevention services (areas detailed above), to develop recommendations and to apply them domestically.

Ways of contact keeping between professional implementers and partners:

- electronic: Google Drive, creation and operation of an electronic interface, storage and recording of materials, access to them by all organizations working on the project - continuous, even on a daily basis,
- e-mail: it is recommended to create a Gmail address, a project e-mail address so that the e-mails are stored and can be retrieved (this can be useful later in the process) - continuous, even on a daily basis,
- telephone connection if needed,
- Skype connection if needed,
- personal meetings by schedule (once a month either in person or by Skype),
- professional programs (workshops, study trips, competence development in international cooperation, dissemination events).

The 4 selected areas of health promotion/drug prevention is divided into 4 chapters, to which workshops, study tours and knowledge transfers are related:

1. Development of school drug prevention/health promotion programs (comparison with services in partner countries, identification, sharing, and transfer of good practices). Related workshop during the project period: 3 pieces (1st workshop: 03-04.05.2018, Kalocsa, 2nd workshop: 11-12.06.2018, Kalocsa, 3rd workshop: 23-24.06.2018, Kalocsa). Related Hungarian study trip: 1 (study trip 2: Hejőkeresztúr, Béla IV. Primary School). Related competence development: 1 piece (1st competence development in international cooperation: 25.07.2018 Kalocsa, Udruzenje za mentalnu higijenu Antropos /Serbia, Subotica/).
2. Health promotion/drug prevention of the target group of prisoners in penitentiary institutions - development, comparison; identifying, sharing, adopting and testing good practices. Related workshop during the project period: 3 pieces (4th workshop: 06-07.09.2018, Kalocsa, 5th workshop: 25.10.2018, Kalocsa, 6th workshop: 26.10.2018, Kalocsa). Related Hungarian study trip: 3 study trips (1st study trip: 21.09.2018, Állampuszta National Prison, Államampuszta and Solt institutions, Kalocsa Strict an.d Medium Regime Prison, 3rd and 12th study trips: 24.10.2018 and 08.11.2019, Bács-Kiskun County Remand Prison, Kecskemét). Related competence development: 1 piece (2nd competence development in international cooperation: 25.07.2018 Kalocsa, Váltó-sáv Alapítvány, Hungary).

3 Scene focused approach (overview of main scenes, e.g. school prevention, family, media, children's' home, penitentiary, peer groups, community prevention, etc.) - thorough examination of two scenes related to points 1 and 2, their characteristics, specialities, identification of good practices and knowledge transfer (school and penitentiaries), display and elaboration of 2 more scenes agreed with partners, main characteristics, identification and sharing of good practices, testing. Related workshop during the project period: 3 pieces (7th workshop: 27.02.2019, Kalocsa, 8th workshop: 28.03.2019, Kalocsa, 9th workshop: 27.05.2019 Székesfehérvár). Related national study trips: 6 (study trip 4: 27.10.2018, RÉV Addiction

Patient Support Service, Kecskemét, study trip 5: 26.02.2019, Drug Outpatient Foundation, Miskolc, study trip 7: 30.03.2019, EMMI Kalocsa Special Children's' Home, Kalocsa, study trip 9: 29.05.2019, Karitász RÉV Addiction Patient Ambulance, Székesfehérvár, HEALTH DOCKS Public Benefit Foundation, Székesfehérvár, Study trip 10: 20.06.2019, KultúrÁsz Public Benefit Association, Campus Festival Debrecen, study trip 11: 23.09.2019, Intermediate Transitions - Drug Prevention Exhibition, Szeged)

4. Resocialization/reintegration/rehabilitation of addicted people: identification of labour market, transversal competence development elements, programs, good practices in appearing in the programs; appearance of training/education in programs, knowledge transfer. Related workshop during the project period: 3 pieces (10th workshop: 30.05.2019, Székesfehérvár, 11th workshop: 18-19.07.2019, Debrecen, 12th study trip: 24.09.2019, Szeged). Related Hungarian study trip: 2 (study trip 6: 27.03.2019, Békés County Home for the Elderly and Addicted Patients Rehabilitation Department of Addicts Nagyszénás, Study trip 8: 28.05.2018, Rescuing Neglected Youth Mission Drug Therapy Home, Ráckeresztúr).

V. Basic concepts

V.1. Health and health promotion

Health is a condition and process that represents and goes beyond the physical, mental, and social well-being of a person (as formulated by the WHO, World Health Organization). Health is not just the absence of disease, but value; is influenced by the individual through the institutions of society with everyone's competence; the resource and condition for the optimal self-realization of the individual; it interacts dynamically with the physical, psychological, biological, and social environment; and its quality is characterized by the minimization of individual handicaps and the realization of equal chances.

Health is a fundamental human right, the provision and maintenance of which is an individual and social goal, but at the same time its existence is a crucial condition for long-term social and economic development. Indicators of the health status of the Hungarian population (e.g. demographic trends, average age, causes of death, incidence of chronic diseases, increasing drug use, etc.) clearly indicate that we are not exercising this right sufficiently because we are not healthy. It is a multitude of related effects, as the state of health is influenced not only by genetic and lifestyle factors, but also by environmental - natural and social - factors.

Health promotion is a broader concept of drug prevention, so the prevention of drug abuse/use is part of health promotion. Health promotion is a complex program in which drug prevention is "only" a sub-issue. This is because health promotion is the creation/maintenance of physical, mental and social well-being. According to the concept of health promotion, the legal and illegal drug problem cannot be separated, just like the "triple unity" of its concept: approach, ability and process. A health promotion approach insofar serves social and economic well-being in an intersectional manner and at a macro-social level; ability to achieve and maintain a state of health at the individual and group level; and a process that enables people to understand and increase their influence over the determinants of their own health in order to improve their health.

Groups of healthy lifestyle/possible areas for health promotion:

Somatic	hygiene, exercise, accident prevention, nutrition
Psychohygiene	healthy lifestyle, stress relief and management, emotional education, preventions
Sociohygiene	favourable social environment, tension reduction of communication, roles, isolation avoidance/elimination/mitigation

The EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) groups together prevention activities in the Member States taking into account new approaches to prevention strategies both in terms of data collection and communication. These are the following:

Universal prevention: prevention strategies in this category address the entire population through messages or programs that seek to prevent or delay the onset of problem behaviour.

Selective prevention: these interventions target only a specific part of the total population, namely those persons and groups who, due to certain characteristics, may be considered particularly vulnerable, e.g. due to their social affiliation and the specific development of their school careers.

Indicated prevention: this category refers to preventive interventions and programs that seek to influence the behaviour of individuals who are not addicted based on valid diagnostic categories (DSM IV) but want to the affect people who show early signs of addiction in the desired direction. These programs therefore initiate interventions primarily at the individual level, in an individualized manner. Their goal is not only to prevent the development of substance use, but also to influence any behavioural disorders that are thought to be related to or lead to the development of the substance users' life course.

V.2. Chances of health promotion in schools

High school is the most receptive part of our lives. Everyone goes to school for more or less time, the events and activities lived here stay with us during our lives. The school is the most important priority health promotion "location" right after the family scene. Adding to that, the time spent in school is increasing.

Due to the specific characteristics of this scene that anything that serves to strengthen the school community as a humanizing community is also in line with the goals of sustainable health development.

Effective health promotion and drug prevention programs in the first years of primary school focus on developing self-control, emotional awareness, communication, problem-solving skills, and learning support. In later years, these relationships with the peer group, assertiveness, and drug-related attitude formation are added. General prevention programs should be designed for larger transitions (e.g., for beginning high school studies). Programs will have a positive impact on high-risk groups without stigmatizing them and can strengthen community relationships within the school. The effectiveness of school programs can be enhanced if they work in sync with the programs of other arenas, and the key is not enlightenment but participation (true interactivity).

In the field of school health promotion, we collected the following methods in the workshop, there are good practices for practically all of them:

- alternative conflict management, restorative method (especially Hungary),
- socio-therapeutic role play,
- from the toolbox of social work: group and individual, family and couple therapy,
- interactive workshops,
- psycho dramatic elements (especially Romania),
- sharing of recovered addicts,
- dissemination,
- competence development,
- community shaping,
- volunteer training, peer training,

- prevention camps ((intensive gatherings, alternative / leisure programs),
- sensitization, dissemination of information (parents' school, church presentations),
- internet as a possibility,
- strengthening inclusivity/sensitivity in pedagogue education (especially Serbia),
- violence, abuse, harassment, bullying, mobbing, etc. - prevention is part of mental health,
- interactivity in prevention - exhibition (Intermediate Transitions, Metamorphosis).

V.2.1. Identified good practices

1. CIP-model (2nd study trip, Hejőkeresztúr, Béla IV. Primary School, 21.09.2018)

The Complex Instruction Method, introduced in U.S. schools, is an educational process that assumes a heterogeneous student composition that can be effectively applied to underpin the school success of all students. The teaching method based on group work organization was developed by Stanford University under the leadership of E. Cohen and R. Lotan as a result of twenty years of research work. The aim of the method is to raise the level of knowledge of all children and to be a part of the experience of success during class work. In Hungary, the program was first adapted and introduced by the Hejőkeresztúr school in 2001 as the Complex Instruction Program.

The principles of the method are the followings:

1. The use of differentiated, non-routine tasks, which in each case means an open-ended, multi-solution task that can mobilize a wide variety of different skills.

2. The principle of shared responsibility includes the responsibility of the individual for his or her own performance and the responsibility of the group for the performance of the individual.

3. Students' work is monitored through norms and roles. The following cooperation standards are observed in the joint work:

"You have the right to ask for help from anyone within the group."
"It is your duty to help anyone who turns to you for help."
"Help others, but don't do the work for you."
"Always finish your task."
"After your work, put your order in order."
"Complete your assigned role in the group."

The CIP model articulates guiding ideas for group work, such as:

"Everyone finds a task they can do completely." or "There is no one among you who understands everything perfectly." These are important parts of starting the work, but the two most obvious

feedbacks aew what percentage of the group contributes to active work through active participation and what methods the educator uses to handle status issues.

Characteristics of the program:

- compilation of non-book-like, practical tasks that leaves space to the acquired knowledge to be applied;
- formulation of open-questions, constructive tasks providing the possibility of several solutions, which are the conditions for the formation of a group discussion;
- avoiding competition between groups by compiling differentiated group tasks;
- compiling tasks that promote the diversity of skills and thus ensure status management;
- dependence within a group, but examinations are on an individual basis;
- organizing the activities around a central theme formulated within the given subject;
- formation of heterogeneous groups;
- mandatory rotation of roles;
- deepening interdependence and increasing individual responsibility;
- practices through the help of central concepts and the "big idea";
- individual examinations that takes into account individual abilities and is based on the results of group work;
- consistent application of CIP lessons in 20% of teaching hours due to the effectiveness of status management;
- delegating the guiding role of the teacher to the students.

Characteristics of a teaching lesson:

- Everyone has an equal right to participate in the tasks.
- Students have to count on each other in solving the tasks.
- Students who are teserved or characterized by being passive more in other classes are also given the opportunity to test themselves in a leadership role.
- Students study continuously during the entire lesson.
- Students are enthusiastic throughout the whole lesson.
- There is no disciplinary problem during the class.
- The program brings out positive qualities and abilities from students.
- Results of disadvantaged students improve

From the point of our topic - mental health, prevention programs in the school scene - the methods (in this case the CIP method) that develop children's success, performance, realistic self-image, self-confidence and social relations are very important.

2. Solution focus at schools (3rd workshop, Kalocsa, 23-24. 07. 2018.)

After a short theoretical introduction titled Solution Focus at Schools, Mónika Göntér (trainer, coach, SolutinoSurfers Hungary) also offered practical and experimental opportunity. Creating and maintaining a supportive, friendly, and safe environment is a cornerstone of students' mental health, and is therefore part of health promotion as well as

universal prevention.

The meeting walso also concerning the beginnings of coaching as a way of working: born in the 1980s at the Milwaukee Brief Family Therapy Center (USA), following Steve de Shazer and Insoo Kim Berg and their colleagues, on the basis that “talking about a solution brings solutions ".

Fundamentals of coaching:

- Communicating/talking about solutions bring solutions.
- Always looks, searches for, discovers, and shows resources.
- It is possible to discover an aimed future, to "think" around it.
- What is that already is working?
- The client is his/her own life expert.
- DO NOT fix what works well!
- If something works well, do it more often!
- If something DOESN’T work, let's do it differently!
- Change is continuous and inevitable.
- Let's look for positive changes!
- We have an impact on the future.
- Small steps can lead to big changes.
- It doesn't matter for the solution where the problem has came from.
- There are always exceptions from problems, not just problems.

Insoo Kim Berg, the ‘father of the solution-focused approach, experimented with the possibilities offered by the method in a number of areas. So he also helped one of his friends who, instead of teaching, was busy with disciplining in the classroom while teaching. With this help, WOWW became an observational intervention based on observation, the applications of which are known in many countries in Europe, in America - and more recently in Hungary.

Most of us have known and applied problem-focused thinking since childhood. This means that when we face a problem, we first analyze it, chew through it, not the solution the first thing we start thinking about. It could be school aggression, lack of motivation, family disturbances - we will definitely start by identifying the problem, looking at what led to the problem and dividing the problems into problem types. And maybe here can come the search for the antidote, but mostly in the form of the parent or teacher telling you what the solution should be. Which often provokes protest from the child because no one likes to be told what to do. On the other hand, if you come up with the solution yourself, it's totally different ...

The point of the solution focus is that we don’t fix what works well, in fact, we apply it more often, but if something doesn’t work, we get to it differently. The solution can be a slap in the face: for some problems, the solution is not something complicated, difficult to implement, but even something terribly simple. Then small, simple solutions lead to big changes. What are positive changes, and it is worth examining them often under a magnifying glass: what works, what is positive. And if you have them, speak these out either in front of the whole class or just in front of the child.

Ebből már lehet is építkezni. WOWW, or Working on What

Works, is a goal-focused approach. During WOWW, a vision is born of where the class wants to go by the end of the school year - so not the teacher who sets the goals, but they set them together with the children. For a start, if someone sits in on the lessons and records as an outside ear everything that went well in the lesson and gives feedback at the end of the lessons about who and what was good, it gives wings to the kids. It is already possible to build from this.

The goal is to put the responsibility in the hands of the children, to realistically discuss and talk about what and how they can achieve, what steps are needed to do so. And these steps must always be acknowledged.

Recognitions and successes mean healthier, calmer children, healthier and calmer educators, and a healthier school overall.

3. NAVIGATOR: school health promotion program at Art Éra

The Art Éra Foundation consists of cured addicts and trained professionals dealing with addiction. Community care and treatment of addicts are interpreted as a kind of hope for more complete satisfaction. The Art Éra Foundation's mission and activities related to social, therapeutic, health-promoting, special educational, artistic, cultural and community activities among youth, young adults and relatives at risk the of addiction or with addiction. Their services are the followings: low-threshold care for addicts, community care for addicts, diversion (prevention and information service).
The target group of the NAVIGATOR program: 12-20 years old students in educational institutions. Duration of the program: 5x90 (= 2x45) minutes in a health promotion sessions in class, another option is to provide a supportive relationship 3 times a month (at a time agreed with the school in advance). The program also includes 90-90 minutes of interactive information for pedagogues and parents.

The goal of the program is to increase the number of individuals living healthy, adult, full and happy lives, taking into account the complex concept and segments of health. Strengthening health-conscious, socially connected young people who are able to place themselves in an environmental context, forming values, raising awareness; attitude formation, sensitization (long- and medium-term goal). Implementation of comprehensive skills development by developing key and transversal competencies (relationship skills, coping skills, goal setting, identity formation, better understanding of the environment, development of self-reflectivity, decision making, etc.). Implementing a series of drug prevention programs based on several methods and possibilities is the short-term goal, with a variety of themes, content and methods.

The topic focuses on the sessions: 1. Focus on health, 2. Focus on the Self and the Other, 3. Focus on passion, 4. Focus on relationships, 5. Focus on play. Expected results, effects: resilient school, delivery of correct information to the school scene, offering and using a source of help - if necessary.
The characteristics of the school scene are taken into consideration as follows:

- time factor: 45 (so 2x45) minute sessions;
- teachers and parents are also informed about the program (they seek the cooperation of these three components);
- group are splitted due to large school class sizes;

- school (indoor) programs;
- (Erdős, 2015); "everything that serves to strengthen the school community as a humanizing community is also in line with the goals of sustainable health development" (Erdős, 2015) [6];
- the tasks of the school are complex, ie (unlike the reductionist model) it is also within the competence of education and personality development;
- they target emotions as well as behaviour instead of frontal education (they seek to change attitudes);
- the function of the school as a secondary medium of socialization is also taken into account - on the one hand, the time spent in school is increasing, and on the other hand, socialization problems affect the effectiveness of learning.

Several Hungarian health development programs ("Year of Health", CSAT project, Young people, responsibly - Megálló program, etc.) – puts skill development (relationship skills, successful coping, identity formation, better understanding of the environment, self-knowledge/self-evaluation/self-reflectivity) in focus; participatory, interactive takes into account the values and interests of the age group.

In terms of the school scene: a resilient school model (cohesive, supportive community, help from available, supportive people).

Own programs:

- in work with disadvantaged children, in cooperation with the Váltó-sáv Foundation, including in Kalocsa: health promotion (with physical-mental-social synergy);
- violence prevention (abuse, partner, school);
- exploiting and relying on positive resources;
- strengthening coping strategies;
- communication about solutions brings solutions;
- not only problems "happen", there are exceptions from the problems (method, approach).

The school of the 21st century is constantly changing: the tension is mostly caused by the fact that education systems are far from the reality where students live their daily lives. The school is not really prepared for the challenges of the labour market, as the lexical knowledge/knowledge acquired here can become practically obsolete at the moment of entry. However, there are key competencies that are closely related to health promotion activities and are constantly needed by the individual throughout their lives, namely: a) competencies required for autonomous action, like individuals actively manage their privacy and professional progress; b) knowledge of orientation in different social contexts, ability to cooperate and manage conflicts, cultural competence.

Perceived as lacking, but the key areas for program and development are:

- self-reflection, self-confidence, self-esteem, self-care, caring;
- participation in supporting community(ies), groups;

[6] Szín-Tér-Kép. Methodological material for the planning of drug prevention activities in different scenes. Ed.: B. Erdős Márta-Mészáros Mercedes. Bp., NCSSZI. 2015.

- evaluation/re-evaluation of negative events, focus on positive content/future orientation;
- help received from approachable, supportive people.

The program addresses the issue of illegal and legal drugs together, including substance use and behavioral addictions. It manages the three areas - family, school, community - together and involves in the program where possible.

The program focuses on skills development because this is seen as the biggest gap for the age group. They offer alternatives to the everyday so far, as well as an accessible and supportive community and individuals.

V.3. The scene of penitentiaries

Ennek okai a következők: Especially now, during a pandemic, health promotion activities in prisons are a very important issue. The reasons for this are:

- many people are present inside in a closed environment, it is practically impossible to isolate the individual in case of the appearance of a virus, but even to keep the recommended minimum distance of one and a half to two meters (this applies not only to cells, but also to common spaces and corridors, which were designed narrower for easier control);

- a significant proportion of people living inside belong to a high-risk group in terms of health, pre-existing health problems are common (they did not take part in health examinations in their ouside, civil life at all, their health was not taken care of/monitored due to their lifestyle, moreover there is a connection between lower education level and health);

- hygiene conditions raise additional issues in totally closed institutions, even the simplest hand washing is often impracticable due to, among other things, the low number of washbasins, soap, paper towels, and hand sanitizers are frequently prohibited due to their alcohol content;

- the target group inside is often unaware of the functioning of their own body and/or basic biological and hygienic concepts and processes.

Is learning what leads to better health, or are healthier people the ones who prefer to educate themselves? There is a two-way relationship between training and health. Statistics and research show that there is a link between training and health: more educated people live healthier and longer lives. Education has an important impact on both the individual and the individual's self-image, so education/learning increases self-esteem, self-respect and self-confidence. Through this we can feel in control of our destiny and our lives.

Overall, it can be stated that adult learning has a direct positive effect on mental well-being, as well as on health.

In the case of drug use and treatment, offender drug users may come into contact with drug treatment and/or social reintegration interventions at various points (e.g. arrest, prosecution, court,

prison, release) furthermore different organizations (police, court) might direct them to different institutions engaged in such activities. Complex procedures are used in different criminal justice systems, and these vary from country to country, but in general, they can distinguish between two types of programs for offenders: community-based and interventions in prisons.

Interventions within the criminal justice system can help reduce re-offending and thus indirectly increase the employability of individuals. In particular, programs that seek to steer offenders toward treatment rather than prison can provide an opportunity to address the complex needs of clients. Interventions to avoid or reduce prison sentences can also prevent, for example, the loss of housing and the severance from family and other social ties.

As in communities, treatments for substance users in prisons are important elements in the process of social integration - especially when they are linked to education and training programs in prisons. Treatments for substance use and related problems available in prisons can range from drug-free programs to opiate substitution therapy.

Vocational education and training in prisons are part of interventions that allow prisoners, including prisoners with the problem of substance use, to find work after their release. At the same time, it has also been shown that the workplace is the most important factor in preventing re-offending. Aftercare (or "throughcare") programs are designed to link the services that problem drug users had used in prison to the programs available in the community after they have been released. In addition, former detainees can be directed to appropriate treatment facilities and additional services that help them remain in treatment and in social reintegration, such as accommodation support, training, job counseling, family reunification, advocacy and general health services.

The EMCDDA outlined the following four categories of prisoners in relation to the drug problem. In line with the CPT's [7] standards, the CPT assigned ideal treatment methods in a 2011 study by Fliegauf Gergely[8]:

Category	***Problem***	***Ideal treatment***
1. [9]	Addiction is accompanied by a number of other psychosocial problems that make these inmates a challenge for prison staff: infectious diseases, homelessness, under-education, victim history, dependent personality. They occasionally use drugs in prisons. (30-90% of the prison population).	Drug prevention regime Progressive (interoperable) regime Employment, education, training "Throughcare"

[7] CPT: European Commitee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

[8] Fliegauf Gergely: Drug problem in prisons – short overview.
In: Drug prevention and treatment in penitentiary institutions. Editors:
Csáki Anikó-Mészáros Mercedes. Váltó-sáv Alapítvány, 2011.
The contents of the table have been slightly rewritten, narrowed down and updated

[9] The study focuses on the target group that appears in this category.

2.	Serious addicts, without criminal lifestlyles. They very likely to remain consumers in prison or in need of substitutio /other treatment. Vulnerable. There is a high risk of getting addicted to benzodiazepines in prison. (10-45%).	Substitution district Regular medical care, separated, open regime Therapeutic classes Aftercare "Throughcare"
3.	Managers and organizers of drug offenses. They are influential and wealthy. They rarely use drugs in prison, preferring to abuse bodybuilding substences in their sentences. (?%)	Special security area Supply reduction - control Employment, aggression treatment, cognitive therapies "Throughcare"
4.	It is a completely amorphous, strategically unmanageable category. It is composed of members of the above three groups. (?%)	Risk analysis Differentiation therapy "Throughcare"

A fogvatartotti célcsoportra vonatkozó feladatok a Drogellenes Stratégiában a következők: The professional work of the drug prevention regimes, moreover a legal framework for drug prevention activities in penitentiary institutions in general appear as The Clean Consciousness, Sobriety, the Fight against Drug Crime[10], so the Anti-Drug Strategy, which really highlights coordinated, joint problem responses in tackling the drug problem.
The tasks for the target group of prisoners in the Anti-Drug Strategy are as follows:

„V.2.1.9. Institutions of criminal justice

- Facilitate the social integration of persons involved in the criminal justice institution.
- It is necessary to ensure the operation and expansion of the drug prevention regime in penitentiary institutions.
- Improve access to adequate care for prisoners with addiction problems in prisons."

Furthermore:
„VI.2.3. Special groups, special problems

- In prisons, in cooperation with the care system outside the prison system, it is justified to introduce the necessary therapeutic interventions for those convicted of drug-related offenses, which can be provided taking into account the specifics of the institutional system.
- Expand the range of treatment, after-care programs for drug users with different special needs, in particular those belonging to minorities, the homeless, prisoners, pregnant women, people with infectious diseases, parents with an addicted child, people with disabilities, injecting drug users and those with associated psychiatric illness. "

[10] 80/2013. (X.16.) Parliamentary resolution on the National Anti-Drug Strategy 2013-2020.http://www.emcdda.europa.eu/system/files/att_237933_EN_Nemzeti%20Drogellenes%20Start%C3%A9gia%202013-2020%20%28HU%29.pdf.

According to OP professional instruction 24/2017 (II.14.), the application for the prevention regime have to be a convicted volunteer who declares in writing that:

- notes the special rules of the department,
- the case of an arrested person, wearing uniforms and placing them with convicts,
- in addition, that he or she undergoes regular tests to check for being drug free and provides test material (body secretions) for them.

Placement in the Regime may be granted primarily at the request of detainees who:

- have been convicted of a drug-related crime;
- have had evidence of drug use during admission or in the preparatory unit prior to enrollment;
- had to be held accountable for drug use in the penitentiary;
- have not yet been in contact with drugs but are reported to be at constant risk.

In order to be drug-free, it is necessary to develop and strengthen the appropriate motivation, employment and the involvement of an effectively functioning non-governmental organization(s) in the professional work whose can continue supporting the person involved in drug use problems after his/her release with the need of continuity. In penitentiary institutions the Department is not the same as diversion, but occupations can be combined.

The treatment program for inmates placed in the Department should include information on the consequences related to drug use and psychoeducation. Sessions should aim to increase participants' sensitivity to problems, identify high-risk situations for relapse, and identify signs and symptoms that lead to relapse. The treatment program should include practices that contribute to the development of effective coping strategies and can help bring negative automatic thoughts and misconceptions to the surface. In the process of preparation for release, efforts should be made to contact assistance organizations (NGOs, drug dispensaries, rehabilitation institutes) close to the detainee's place of residence in order to provide post-release assistance.

The national and international literature also points out that the main harm in the case of those released from prison is the risk of overdose and consequent mortality (mainly due to the decrease in tolerance), as well as being without support, drug and crime recidivism. Therefore, both treatment and prevention work as well as preparation for release, must be started already in prison.

V.3.1. Identified good practices

1. Penitentiary institutions: Állampuszta National Prison, Állampuszta and Solt facilities, Kalocsa Strict and Medium Regime Prison, Bács-Kiskun County Remand Prison (1st study trip: 21.09.2018., 3rd and 12th study trip: 24.10.2018., 08.11.2019.)

During the first study trip, the participating professionals also visited two sites. In the morning (09.00-11.45) we visited the Állampuszta National Prison, in the afternoon (12.30-14.00) we went to Kalocsa Strict and Medium Regime Prison.

The Állampuszta National Prison is located in Bács-Kiskun County, between Solt and Harta. The institute consists of two facilities 24 kms apart. One of the prison facilities, which also serves as the headquarters of the institute, belongs to the administrative area of Harta, which is located about 7 km from the settlement. The other facility is located in the administrative area of Solt, in the part of Solt-Nagymajori, about 7 km from the city centre.

The basic task of the institute is to perform penitentiary tasks related to pre-trial detention, as well as imprisonment for adult and male prisoners on medium and low security level. The capacity of the institute is 922 adult male prisoners, mainly those with final sentences, serving their sentences here. The institute is semi-open, which means that the detainees are employed in the agricultural units next to the institute, which takes place within the framework of the cooperation with Állampuszta Agricultural and Trade Company.

Állampuszta National Prison is often related to as "prison without bars".

During the visitation, we visited the drug prevention regime operating in the Solt facility, where they are mainly taken with substance use problems at the request of the detainees. The district reintegration officer holds drug prevention group sessions and also welcomes programs from outside professionals. Prisoners placed in the district are committed to sobriety, which is checked by medical staff through random drug test tests. In the area approximately 30 detainees were accommodated.

The Kalocsa Strict and Medium Regime Prison holds women imprisoned, on a medium and high security level and also those who are sentenced to life imprisonment, as well as those arrested on the basis of the order of the Kalocsa District Court, it holds male prisoners on medium security level for the purpose of carrying out the maintenance work of the institute. The number of detainees is around 200.

The majority of female prisoners are employed at the Kalocsa site of Adorján Tex Kft. The main profile is the production of uniforms, protective clothing, workwear, medical clothing, underwear and outerwear, other household textiles, as well as the production of folk art products and carrying out other contract works (e.g. folder folding). The male convicts carry out the maintenance work of both the Institute and the Ltd.

Currently, 13 women detainees are serving prison sentences in the institute's drug prevention unit. Pastoral activities are also carried out in the unit, the conditions of admission are the same as in the Állampuszta institute. There are few programs implemented specifically for this target group.

The Bács-Kiskun County Remand Prison detains pre-trial detainees, male prisoners serving low and medium security level sentences, mothers receiving custody with their children during their detention, and juvenile female and male convicts and pre-trial detainees.

Capacity of the institute: 238 people.

The Kecskemét Court Palace, including the Court Prison, began its operation in 1904. After World War I, the institute housed juvenile convicts for a short time, and until 1990, female convicts also served their sentences here. In 1995, Facility II opened its doors

on the site of the fuel base of the former Soviet barracks, where it is possible to house 59 convicts with low and medium security level prison sentences and subject under lighter enforcement rules.

The Juvenile Department was built in 1997 and accommodates 30 juveniles. Employment and school education are also provided within the walls.

The Mother-Child Department has been operating in Kecskemét since 2002, where 20 mothers and their children in prison can be placed until the age of one.

Convicts placed in the institute are employed by our internal workplaces (kitchen, workshop, institute maintenance) and by contracted partners. At workplaces outside the institute, convicts sort waste, do gardening, metal and plastic work.

During the study trip, we visited the juvenile ward, the cells (for both sexes), and we could even talk to the convicts. At the boys', we admired the part designed for parrots, since within the institute, it is possible for juveniles to take care of the birds - to "learn" responsibility, care, attention and, last but not least, love - or at least to learn the basics of this.

We visited the mother-child department, in addition to viewing the physical design, our companion talked about the professional work going on there and its possibilities.

A relatively new initiative is the operation of the First Offenders Unit, the design and professional program of which provide a real reintegration opportunity for detainees.

In the penitentiary institution despite the fact that addiction or the possibility of addiction can be interpreted as a serious problem in the case of juveniles, there is no separate drug prevention regime.

The penitentiary institute also accepts the health promotion programs of the Váltó-sáv Foundation (e.g. https://bv.gov.hu/hu/intezetek/kecskemet/hirek/244), but it also has a professional relationship with the Rév Addiction Patient Assistance Service, Kecskemét.

2. Living Hope Foundation

The aim of the Foundation is to help those who want to get rid of passions, alcoholism, drugs and crime. Over the years, they have experienced the withdrawal power of the old environment for the target group, thus creating a sheltered home in Dunakeszi. In the aftercare (or half-way) house, one can try a new way and a new way of life that has already worked and works for others, and is in line with the value and norm system of the majority society.

The helpers of the organization are currently attending the Middle-Transdanubium National Prison, where they do so-called prison mission work. In the case of classic prison mission work, this is different/more because contact is made here with those who want to take advantage of the possibility of a half-way house ("throghcare") after their release. Spiritual care and preparation for release - these are the two focuses of their work in the penitentiary institution. The organization handles the problem as a whole ("it's not the drug that's the problem, it's the person").

The basis for external, therapeutic work is the coexistence and everyday life of the community: a Christian family lives with some helping staff and some young people in need. In addition to their own children, the father and mother treat the adopted persons as family members. There are many who grew up in an educational institution or in a family where they did not receive true love, so they never learned: what it means to belong somewhere, to pay attention, to give up, to help the other. Here they can learn the right way to live - in a community of love: in a family. [11]

3. Slawek Foundation (Warsaw, Poland)

The Slawek Foundation was established in 1998. Its main goal is to provide complex assistance to detainees, juvenile offenders, addicts and their families for social and labour market reintegration. They operate two help centres where legal aid services, psychological and social support services are provided. They also deal with the therapy of addicts. Clients are already contacted at the penitentiary institution who, after release, visit their centers (which can be accessed from free life as well). Prison work focuses on individual and group support work, arts activities, alleviation/prevention/reduction of social exclusion, and special programs/events that strengthen family relationships. They also have a so-called "testimony" program where ex-offenders who have been able to change their lives return to penitentiaries, where they tell current prisoners about change, challenges, difficulties, joys — their current lives as a whole. After release, a half-way house is available for those in need (12-15 beds, Mienia, about 40 kms from Warsaw). The halfway house is a sheltered environment for addicts who want to live soberly after their release. [12]

4. Charity and Support Fund "Garstycios grudas" (Kaunas, Lithuania)

CSF "Garstyčios grūdas" was established in 2003 to support the psychological rehabilitation and reintegration of prisoners and to help their social and labour market integration.

The mission of the organization is to provide programs for their clients (inmates) where physical and mental health can develop/improve in harmony and wholeness, where personality changes positively, where human values are being respected, and whose participants accept the norms of the majority society
CSF "Garstyčios grūdas" operates a unique rehabilitation centre for addicts. The Oasis Center is located in Sector 5 of Alytus Prison. Detainees voluntarily choose a psychology and training program that lasts one and a half to 3.5 years and is completed until the sentence is served, that is until release. The Center currently operates with 35-56 addicted inmates.

The program includes training (carpentry) and in addition to individual and group support work, there is a group of 10 former offenders who share their release experiences with the inmate (peer program). Work with the survivors is taking place at the "Exit" Reintegration Center (Islauzo). The service can be used for a period of 6 months to one and a half years. In addition, sensitizing employers is also part of the program. [13]

[11] Further informations: http://eloremenyseg.hu/
[12] Further informations: http://fundacjaslawek.org/
[13] Further informations: https://convitcsrehabilitation.wordpress.com/, https://garstyciosgrudas.wordpress.com/

V.4. Scenes in health promotion

In addition to the family and school, other scenes are important in health promotion/drug prevention as well. Based on this, we distinguish several models, including the environmental model, community prevention, peer groups, higher education, the workplace as a scene, the prevention of those receiving closed institutional education, and so on.

With regard to the family, we covered a special area of the present project, the prevention of domestic violence. In Serbia, several sections of the Education Framework Law contain a ban on all forms of discrimination and abuse. Additional sectoral laws specify what to do in pre-school, primary and secondary school education, teaching.

Each educational institution is required to set out in its annual protocol its own action and intervention plan for the prevention and management of violence, abuse and exclusion. The annual regulations of educational institutions further clarify the topic. Within the so-called a Health Promotion Program, it is determined what content apeears in which lesson, and in what activity. For example, neglect and abuse are a compulsory subject in the 2nd grade of primary schools. In the 3rd grade, sex education and in the 4th grade, within the frame of the topic of puberty, we have to talk about abuse, and its prevention. Compulsory topics for upper grades are alcoholism and its consequences in the family, domestic abuse, child abuse, computer addiction and the problem of computer abuse.

The professional representative of the topics, programs and workshops was the Belgrade NGO named Incest Trauma Centar, appointed by the Ministry of Education. The organization has been dedicated and trained professionals on the subject for decades. The curriculum they developed helps to maintain pre-school classes in pre-school institutions as well as in primary and secondary schools. The work booklet for kindergarteners was reviewed in details during the workshop (Workshop 2, Kalocsa: 11-12. 06. 2018).

By closed institutions we mean special children's homes, correctional institutions, and penitentiary institutions for juveniles. These institutions deal with young people from different backgrounds but with roughly the same social status. The main characteristics of juvenile offenders include: lack of self-assertion, lack of self-knowledge, stress management problems, lack of lexical knowledge, relationship disorders, communication difficulties, undeveloped, unrealistic value system, and drug involvement. Admission to the institute is, in many cases, tantamount to providing an opportunity for a sober lifestyle. Institutions have a key responsibility in the field of drug prevention, but this cannot be interpreted in the classical sense of school drug prevention, as we can mostly talk about occasional drug users, in whose lives drug using often are a means of survival, a response to trauma and belonging to a group. We also need to respond to these underlying causes in our programs.

V.4.1. Identified good practices

1. Possibilities of art therapy (4th study trip**:** Drug Ambulance Foundation, Miskolc: 26.02.2019., 5th workshop, Kalocsa: 25.10.2018.)

The goal of the foundation is to promote the operation of the Drug Ambulance Clinic with regional competence, based in Miskolc, to manage local drug problems, to combine prevention and information work, especially by creating drug treatment services in the region and ensuring professional conditions for their operation.

The foundation is primarily engaged in health and social activities. Its staff has the following qualifications: social worker, mental hygiene, addiction consultant, lawyer, psychologist, doctor, human resource manager, social policy, accountant, social assistant and caregiver.

The creative activities in the various projects of the Foundation were initially implemented as leisure activities, later they were used in the sense of art therapy, with the purpose of personality development and attitude formation.

What is creativity? Creativity was first studied by Guilford in the 1950s. According to him, "Creativity means creative potential, producing ability, during which the organization of different abilities allows the connection of isolated experiences, their novel interpretation and their appearance in a new form."

Creativity is a manifestation of divergent thinking, thereby connecting things that are separate from each other, incompatible or that look like it, thus creating something new something different, unusual. Creative activities presuppose a diverse way of thinking, but at the same time a turning inwards, paying attention inwards, and the readiness to do so. The development of creativity is nothing more than the development of personality traits necessary for creativity (curiosity, desire for knowledge, perseverance, independent thinking, physical and mental activity, openness, enthusiasm.) At the same time, the process and product of creation also develop one's personality (self-knowledge, group work, attention to each other, recognition of each other's work).

All this can be the basis of adult learning, the application of non-formal learning pathways and the semantic expansion of the concept, the appearance of motivation towards other, formal learning pathways (too).

Creative activities have a beneficial effect on our well-being, mood, spirit, and thus on our health. During creation, our inner tension and anxiety gradually decreases. Creation as a process heals, primarily by being able to encounter and even correct our own unconscious contents in an accepting medium. Art is an integral part of human life, the arts support the fulfillment of our emotional lives through stress reduction and spiritual catharsis. Through our creations, we can get to know ourselves, communicate deeply and honestly with ourselves and the world.

The basis of art therapy is that everything we create is from ourselves a little bit, we are included in all our creations, we express ourselves, our emotions. The work not only helps to turn inwards, but can

also create a basis for communication outwards as well.

The work gives an insight into the inner world of the individual, step by step discovering the constructive power of the creative processes. It helps those who find it difficult to express their emotions, find it difficult to put their worries and problems into words. All this provides an opportunity for these creative forces to be more easily manifested in the scenes of everyday life, too.
Creation as a preventive and therapeutic process plays an important role in social reintegration.

Goals of creative activities:

- recharging, gaining joy and experience, personality development, attitude formation;
- development of manual skills;
- strengthening protective factors through the development of creativity;
- the target group member sees the result of his/her work, a sense of responsibility for the created value develops;
- acquisition of social behavior (group work, conflict resolution, reliability);
- mobilizing personal internal resources through one's own creation;
- self-expression, realistic self-image, self-knowledge, acquisition of new knowledge about oneself;
- strengthening self-confidence through success;
- acquisition of new skills.

Emerging feelings that can be experienced during the creation process are important; they can be worked with either individually or in groups

In each case, the sessions consist of two thematic units:

1. Creation process
2. The personality development part related to the work

Participants of the study trip and the workshop were able to get acquainted with two techniques: paverpol, encaustic.

Paverpol's message: creativity and recycling. The thick liquid called “Paverpol” is a special textile glue, a starch, with which the various materials can be molded, soaked and - after drying for 24 hours - hardened in their molded state. This is how reliefs, sculptures, figures, jewelry, etc. can be made. This technique is limited only by the imagination.

Paverpol is accessible in Hungary since 2011. Led by Josefine de Roode, a group of Dutch artists developed this special range of decorative and sculptural products, which is also a special glue and starch. The product family has a safety data sheet, is harmless to health and environmentally friendly. It has uniquely received the AP (Art Produckt) seal which is mandatory in many countries around the world (e.g. USA) for use in creative occupations for both children and adults. This certifies that children and adults under the age of 6 with a developing organism can use the members of the product family without harming their health, and that the members of the product family do not react to each other in a way that is harmful to their health.

Paverpol is popular for creating a unique work of art using a wireframe, a used t-shirt and aluminum foil. Meaning it:

1. is easy to learn;
2. can be done by everybody;
3. can be done together with children;
4. utilizes old junk;
5. has a unique, special end result.

No artistic training is required for its application. The possibilities inherent in the technology make it suitable for both leisure and therapeutic use.

The topics developed by the staff of the Drug Ambulance Foundation are the following:

1st session: To get to know the basics of paverpol-textile sculpture, to create any, freely chosen 3-dimensional image - self-knowledge, realistic self-image, self-expression, self-confidence, praise and insult, love, loving relationships.

2nd session: creating a 3-dimensional image, with a mixed technique (decoupage, textile sculpture) - decision-making ability, decision-making techniques, limits and boundaries.

3rd session: Making a vase or cup from a PET bottle, a can - environmental awareness, recycling, the ability to see alternatives to action, remorse, framing, restarting, change.

4th session: Making a rose using the paverpol technique - love, acceptance, empathy, giving, selflessness.

5th time: Free creation - sculpting - inner harmony, social integration, work and leisure, time management, discipline, attention, mutual respect, rights, obligations, expectations, opportunities, freedom.

Wax painting, also known as encaustic: this painting method was already used in ancient Egypt. In Greek it is called encaustic technique, which means burning in. Wax was burned on the surfaces with special tools. Today's modern technology allows us to rediscover old wax painting as one of the most creative forms of our time. Today it all happens with a special ironer. By moving the iron, we can create special abstracts and landscapes even without artistic training. As the wax cools quickly, solidifies and can be reheated, the image can be repaired and transformed as desired by re-melting the already applied wax layer. Creating an image is a huge experience, as they are almost offered by randomly formed interesting surfaces, shapes, dazzling, wonderful bright colors. The technique is versatile for almost any surface where the wax cannot sink in, e.g.: glossy paper, glass, heat-resistant plastic, primed wood, primed canvas, metal sheet. It also gives a creative experience to those who don't have overly skillful hands, as it's a simple and great technique to play with colors and gestures to create unique, unrepeatable creations, either consciously or intuitively.

In addition to play and creative leisure, the wax painting technique is excellent for therapeutic purposes from young children to adults, for all ages. The experience of success resulting from its randomness, the aesthetic joy

of the works completed in a matter of moments dissolves inhibitions, it quickly gives the experience of creating a unique work.

The topics developed by the staff of the Drug Ambulance Foundation are the following:

1st session: Basics of wax painting, tools and material knowledge. The technique of wax painting, shapes that can be created by moving an iron - Colors and health - a healthy lifestyle.

2nd session: Making abstracts with a wax iron - The guardian of memories is the subconscious. Repentance. What we bring with us from our ancestors, the past.

3rd session: Creating a landscape with a wax iron - Dreams, desires, plans, planning ahead, goals. Role models.

4th session: Application of decoupage technique with wax paint, wax iron. - It could be different. Gifts, holidays. Give and receive a gift. The joy of giving.

5th session: Independent creation based on what has been learned so far - contemporary influence, responsibility, work in the community, listening to each other, supporting, helping, asking for help, accepting help.

During the application of both techniques, it is possible to introduce new elements and to process new personality traits and topics related to them, depending on the needs and special nature of the target group.

2. Tale therapy, ReadingSpace (bibliotherapy) (6th workshop, Kalocsa: 26.10.2018.)

Literary therapy (bibliotherapy) is an art therapy method that supports personality development through the experiential use of texts. Bibliotherapy can be applied individually or in groups, under the guidance of a helping professional. The name bibliotherapy is derived from the relationship between the Greek words biblion (book) and therapeia (healing, helping, accompanying).

The healing effects of works of literature have been recognized in almost every culture for centuries. Nowadays, two forms of activity are used in the therapeutic process: receptive therapy focuses on the experiential, live-word processing of works, and in active therapy, clients and patients write poems, diaries, memoirs, etc.

We can talk about literary therapy even if the book is not physically present in the therapeutic conversation, but the starting point is given by a quote or the recalling of a gem of collective memory. For the elderly, the sick, or children, for example, this is a common, well-established method.

The modern history of bibliotherapy dates back to the early 1800s, when reading began to be used in the U.S. as part of patient care, first in hospital libraries and psychiatric wards. The concept of bibliotherapy was born 100 years later. In Hungary, dr. Oláh

Andor can be considered as the first to apply the healing effect of reading in his practice. He practiced in Szentendre as an internist, and as part of his medical therapy, he always "prescribed" a story for his patients. It is still used in psychiatry, hospitals, prisons or libraries at home and is already available in more and more places in the civil sphere.

Ricz Dencs Tünde (Udruzenje za mentalnu higijenu Antropos (Serbia) after the theoretical introduction offered the participants the opportunity to listen to and interpret a fairy tale:

A tale "as a crisis management program" ensures (can ensure) that the conflicts that take place in the action of the tales are embodied in images and events as condensations of real-life problems. Through fairy tales, one can gain valid knowledge about how the world works and what life tasks people have. Tales until the XIX. century had been for adults, just like many adventure and fantastic stories were born today for them.

One of the oldest "tale therapies" is related to the name of Scheherazade (One Thousand and One Nights), but it can also be related to the Panchatantra (Sanskrit-language collection of Indian tales from the 2nd to 3rd centuries). The goal of the Metamorphosis Tale Therapy Method is to guide people through archaic tales to the point of recognizing, realizing everything they want, what they desire, and making it work around themselves that doesn't work at the moment but want to make it work.

After all this, we received practical guidance in the field of tale selection and processing. Moreover, participants were able to try out a storytelling session: we worked with Andersen's The Red Shoes, which also works well in drug prevention.

Every tale told and heard feeds the ability to do good in us and, through our creative imagination, leads us back to our natural resources." (Boldizsár Ildikó, Metamorphosis Tale Therapy)

Kocsis Tünde (Asotiatia Kécenlét, Romania) presented one of the possible methods of aggression treatment with the literature therapy processing of Miklós Vámos's short story titled 'Pofon' (Slap).

The external conflict here, in this short story, stems from the Big Boy picks at the Little Boy to prove his great boyhood in front of the audience, the community. This gives the Little Boy an internal conflict to the extent that he has to decide what expectations and what standards he meets. For his peers, his age group, the norm, the expected and considered right behaviour is probably either aggressive retaliation or qualling, escaping external conflict.

In the space of the short story, the roles are given, fixed: there are Big Boys and Little Boys, the latter are vulnerable to the former due to their lesser physical strength. This vulnerability roughly defines and designates the characteristic forms of behaviour (the Big Boys beat the Little Boys, the Little Boys - if they can - run away from the Big Boys). The protagonist of Pofon becomes an interesting figure precisely because he does not behave as expected: he does not react to vulnerability and violence in the way that his peers, the Little Boys and the Big Boys, expect from him. He does not flee violence, but opposes it, although he does not use the means of violence.

The short story is about violence and the different behavioural responses to violence. The location and form of the violence could be quite different, but the answers given to it or the ones that arise would be similar to the Little Boy's behavioural dilemma, to his crossroad.

The protagonist's behaviour is unusual and surprising precisely because he does not act in accordance with the norm (tradition, expectation). His behaviour does not meet the expectations of the other Little Boys nor the expectations of the Big Boy. The Little Boy's unconventional behaviour, by daring to confront the weaker being with the Big Boy, the stronger, represents a value yet missing from the group's values: he overcomes his opponent spiritually and morally, he responds to physical superiority with moral superiority.

Mészáros Mercedes (Váltó-sáv Alapítvány) presented one of the possible elaborations on the theme of happiness. The starting point was the reading of Kosztolányi Dezső's short story 'Boldogság' (Happiness).

The following issues may be discussed later on:

- "good life", possession - happiness (commonplace) - is this happiness?! what is happiness?
- *"... we all dream about we will be happy some time. What do we imagine that time?"*
- two parts: a series of everyday inconveniences - a notion of happiness that proved to be naive
- *"So these pictures are meaningless and therefore tempting."*
- Second part of the text: *"Of course, there is happiness. But it's completely different."*
- *"I just want to point out that happiness is just like that. It's always at the foot of extraordinary suffering ... But it doesn't take long because we get used to it. It's just a transition, an interlude. Maybe it's nothing more than a lack of suffering."*
- to experience life as a value (suffering-happiness) - to "life have a meaning again"
- happiness can only be truly happiness by remembering the experience of suffering
- travel story (= life)
- travel: hell ride, arrival: *"Happiness began at this moment ..."*
- contrasts (landscapes, times of day, weather, objects, colours, contrast of sounds)
- happiness: warmth, family intimacy, reverence for a holiday.

In the following sessions, different models of happiness can be discussed e.g. - PERMA model of happiness (where the letters mean the following)

P: pleasure=enjoyments
E: engagemenet=immersion in activities
R: relationship=social contacts
M:meaning="meaning of life"
A:accomplishments=success, results

FLOW: being totally absorbed in a certain activity

- inner motivation
- clear goal
- challenge nature
- unconscious concentration

- to be here and now
- control
- feedback
- subjective sense of time
- self-forgetting
- effortlessness

Which one is the happiest country?

Vanuatu is located in the southwestern Pacific Ocean, in Melanesia, northeast of New Caledonia, on the eastern edge of the Coral Sea. Ranked 2nd is Colombia. Method of measurement:

Life satisfaction x life expectancy

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ecological footprint

What would make you very happy now?! So what is happiness?
Additional / linked method (creation):

Create a Tree of Happiness with a freely chosen technique (drawing, montage, collage, etc.)! The trunk of the tree symbolizes happiness, the roots are what happiness feeds on, the branches symbolize what you are striving for, what you need to be happy.

Write a poem about happiness. The poem has a set form: it consists of 11 words, which follow each other in 5 lines in a predetermined order:

First line:	1 word (thought, object, colour, etc.)
Second line:	2 words (something about the first word)
Third line:	3 words (association: what is happening?)
Fourth line:	4 words (your opinion)
Fifth line:	1 word (conclusion)

An example

Yellow
The Sun
Summer is scorching
Everybody wants ice cream
Swelter

3. Intermediate Transitions (Köztes Átmenetek): Drug Prevention Exhibition (11th study tript: 23.09.2019., Szeged**)**

Intermediate Transitions is an interactive exhibition about drugs and addictions in different parts of the country. In September 2019, within the framework of the project, we visited Szeged with

Hungarian experts, volunteers and representatives of the cooperating partners.

The exhibition seeks to present the multidimensional problem of drug use to participants in an interactive and experiential way. It is designed primarily for students over the age of 14, parents, and educators, but is also useful for other communities, both large and small (e.g. a group of friends). It can be viewed at a pre-arranged time, and the exhibition content actually becomes really meaningful through the interaction of the exhibition leader and the group members. Each group of visitors spends about an hour and a half in the exhibition space, led by a psychologist, addictologist, social worker, or sober addicts.

With the help of a specialist exhibition guide, there is a continuous conversation throughout the 5 halls of the exhibition. The meaning and essences of the rooms are built on top of each other, showing (with the help of lights, films, pictures and other installations) the development of the drug career, the addiction, its different sections. The exhibition is a framework that is deeply filled by the visitor and the exhibition guide, adapting to the age, interests and involvement of the visitors.

The program is 90-120 minutes long, with 15 visitors at a time in one exhibition space.

Goals of the exhibition:

- To convey a credible picture of drug use as a multifactorial, complex social phenomenon.
- Collectively look for causes of consumption on an individual, community and social level.
- Talk about the consequences of drug use, the effects of drugs.
- Find the risk and protective factors that play a crucial role in the development or avoidance of addiction.
- Introduce visitors to the concept of moderation.
- Sensitize to the problem and to the person suffering.
- Actively contribute to the mandatory prevention tasks of schools.

V.5. Rehabilitation programs

According to the definition of the EMCDDA, prevention programs in the community scene involve at risk groups and individuals living in the given community with the aim of limiting or at least delaying the development of problematic substance use. All initiatives can be classified in this group where the community component of the program dominates, even if the program considers families living in the community or students of the local school as its primary target group. The community prevention arena can also include complex interventions that promote change in the whole social arena: such as legislative changes that limit access to individual agents.

But why is community important? Community is a condition of human existence: a social network in which participants jointly

interpret the events of the world around them, their significance, and their actions that shape their own environment. Based on the approach of Vercseg Ilona, the main Hungarian representative of community development, "... a community ... mainly a local community, such as a neighborhood, settlement, micro-region, county, region - is able to take the initiative and participate in an active way in order to determine its own development directions and to develop itself." (Vercseg, 2004) [14]. As a committed member of a humanizing community, a person can realistically evaluate himself or herself because he or she receives feedback on his or her actions from the relationship system that determines him or her.

Specific scenes of community prevention are long-term rehabilitation homes for drug users.

"The therapeutic community is a drug-free environment in which people with addictions live together in an organized and structured way to support change and enable drug-free living in the outskirt of society. The therapeutic community is a model of a scaled-down society in which residents and staff, as facilitators, play specific roles and follow clear rules, all designed to facilitate the process of change for residence. Self- and mutual assistance are the pillars of the therapeutic process, in which the resident is the protagonist, who is primarily responsible for his personal growth, and who seeks to create a meaningful and responsible life, while protecting the well-being of society. The program is voluntary, in which the resident cannot be forced into the program against his or her will. (Broekaert, Kooyman, Ottenberg, 1998).[15]"

The therapeutic community is thus a "helping community", a "hyperreflective community" ("narrator-interpreter"), and "symbolic". A helping community, insofar as its already existing community, its social capital, the relationship between its members, its retaining power, trust, reciprocity, is its building block.

V.5.1. Identified good practices

1. Bonus Pastor Foundation (Romania)

. The Bonus Pastor Foundation was founded in 1996 as a non-governmental organization with a Reformed Christian spirit. It operates its programs, in Hungarian and Romanian, in three endangered areas, in Cluj, Mureș and Harghita counties, for addicts and their relatives. They are also active in the field of general prevention. In recent decades, an integrated form of care with a strong community approach has been developed, with some elements built on each other and operated efficiently using available resources.

Bonus Pastor operates its long-term therapy program for adult men based on the Portage model. Their short therapeutic program (individual and group discussions, daily devotionals, medical, psychological lectures) lasts 12 days, in addition to providing counseling and spiritual care. Their aftercare activities are intensive and organized, confirmatory meetings and conferences take place 3-5 times a year. They also build on

[14] Vercseg Ilona: At least this much about community development. Methodological guide for the preparation of community health plans Bp., 2004. National Health Promotion Institution

[15] Definiton for therapeutic communities of the European Federation of Therapeutic Communities

the work of local support groups and run an aftercare camp. These activities take place with the involvement of the family. Counseling for addicts and their relatives is provided by psychologists, social workers and pastors.

Evaluating their own two decades of practice, the Foundation's employees focus on community formation, competence development, the development of effective life management skills, and the development of cooperation networks.

2. Békés County Home for the Elderly and Addicts Rehabilitation Unit of Addicts Nagyszénás (6th study trip: 27.03.2019) and **Drug Rescue Mission for at Risk Youth Drug Therapy Home**, Ráckeresztúr (8th study trip: 28.05.2019)

The aim of the Nagyszénás institution is to rehabilitate drug, game and alcoholaddicts between the age of 18-45.

Itt folyik a munkaterápia jelentős része. The Unit is a beautiful, homely, two-storey building on the outskirts of Nagyszénás. The building has 12 triple rooms, one water block for each two rooms.
In addition to the sleeping and living rooms, there are also rooms suitable for serving a communal use: dining room, kitchen, communnity room, lounge, fitness gym, offices, staff room. The Unit is surrounded by 4.5 hectares of land (orchard, kitchen garden, plough field) and also has a craft workshop. A significant part of occupational therapy takes place here.

Admission is preceded by an admission interview, in which it is most likely possible to find out whether the applicant is really motivated, or only wants to "relax" temporarily, or only applies for therapy from compliance. If the applicant is not sufficiently motivated, does not win admission, he/she will be given a later date.

<u>Conditions for application:</u>

- voluntary,
- intention to heal, sufficient discernment ability,
- several years of addiction,
- between 18 and 45 years old,
- effective preventive withdrawal treatment,
- suitability for work,
- adequate motivation for long-term therapy,
- participation in screening tests (HIV, Hepatitis C, lung screening, faecal bacteriology).

There is no drug therapy in the Unit.
You can apply by letter, phone or in person.

Duration of rehabilitation: 6-18 months. The first month is isolation, which serves to break the drug career and the old, bad innervations. Its goal is to get the client out of the problematic lifestyle. The following months are the period of stabilization, followed by the last 1-2 months of the reintegration period.

The Unit offers the possibility of complex rehabilitation to addicts who want to recover, in the form of a Therapeutic Community

Model. The goal is for patients to regain their mental (stress, conflict resolution), emotional (mood, joy, anxiety management), physical (work, sports), social (integration into the community, building relationships), intellectual (responsibility, problem solving), spiritual (love, recognizing the meaning of life) health.

Community members also participate in thematic group sessions: self-knowledge group, social therapy role play, encounter group, boy and girl group, community building group, video group, drug group, five step group, resume group, literature group, theater group, Big Questions of Life group, isolated group, outgoing group, health group, adaptation freedom report.

Creative therapy develops the producing ability and self-expression of healing clients (drawing, discing, carpet weaving, basket weaving).

Rehabilitation is supplemented by occupational therapy. There are animals (pigs, sheep, rabbits, etc.), their care and keeping is also an important therapeutic goal and task.

After the rehabilitation period, aftercare is provided for at least 6 months. Method of communication: telephone conversation, correspondence, personal meetings, return visits.
A parent group is held to relatives on a monthly basis. As part of this, participants process pre-entry events and help and prepare the family to readmit the healed family member, deal with their problems, recognize the signs of relapse and deal with them.

As part of a relapse prevention group, they help former clients to expand what they have learned during therapy, making them more successful in their independent living.

A result is considered to be someone who, after leaving the Unit, is abstinent, mentally balanced, has a long-term employment, reintegrates into his or her narrower or wider community.

The Drug Therapy Home in Ráckeresztúr, interpreting itself as a drug-free community, provides professional and human assistance to applicants. The goal is to enable residents to get rid of drug addiction based on their own life choices, with the support of staff and a therapeutic community. Their goal is not only to create a drug-free, but also a self-supporting, full-fledged, substance-free lifestyle.

There are 35 men between the ages of 16 and 35 and 30 boys under the age of 18 recovering in the institution.

The professional staff includes psychiatrists, doctors, pastors and social workers, addiction specialists, supervisors, coaches, family therapists, psychologists, art therapists - most of whom are recovered addicts. The therapy consists of three phases. In each phase, caregivers acquire different competencies. At the end of the therapy, they can take part in an aftercare session. The goal of aftercare is for former addicts who have achieved abstinence to receive solution-worthy help to reintegrate into society so that drug-free life can be an optional alternative for them.

The leader of the Home is Erdős Eszter, a Reformed Christian pastor who created a therapeutic community model using self-help elements with her colleagues, incorporating personal experience gained in Europe, the United States and Canada. Helping attitude, Rogers nondirectivity, positive psychology's solution-seeking approach, and living Christian values provide a framework for professional work.

VI. Professional recommendations

- There is a need for consistent, complex and synergistic health promotion programs, the first step of which is to map the motivational opportunity arising from the situation of the given target group, followed by work with several methods (individual care; trainings, group method, coaching, gamification, etc.).

- It is necessary to ensure the continuity of health promotion programs.

- After care and follow-up and evaluation are also an inevitable part of the professional activity of health promotion.

- Drug prevention programs should appear as part of health promotion programs.

- The drug problem does not need to be tackled in isolation, as it is part of a system.

- It is important to emphasize that "it is not the drug that is the problem, but the person" - as they are also the recipients of health promotion programs.

- It is absolutely important that there is no single, exclusive method in this work. As many people, so many problems and opportunities - there are many ways to do effective health promotion work.

- It is definitely worth to think about complex systems, so relatives, narrower and wider environments, networks, etc. they are also part of health promotion work - not just the "problematic" person.

- Credibility and professionalism, knowledge on the target group, as well as the recognition and professional competence of the organizations and professionals in the profession and from the target group are also important in health promotion work.

In a segmented way:

- - School prevention work is occurent: external professional organizations can carry out the work in public education institutions with a professional recommendation for school health promotion. However, schools are overcrowded and have almost no place to put in another extra hour and/or class. Who holds health promotion sessions is not determined by the professional recommendation, but rather by the network of contacts. On the other hand, schools where drug prevention is only a task where there is a "problem", so if the school does not require these types of

opportunities, there is no "problem". It is absolutely necessary to change this incorrect thesis.

- The health promotion/drug prevention protocol and professional standard of penitentiary is not known to external, professional non-governmental organizations. It would definitely be useful to share this with external experts, as this is how real effective work can be imagined, so it will not result in a fragmented approach, program and impact, but will be truly synergistic.

- Occupational health promotion programs are currently under-represented in the public consciousness, profession and workplaces. It would be absolutely necessary to strengthen this.

- The community approach of rehabilitation programs does not allow the possibility of learning, training, transversal competence development, as well as the transfer of knowledge/skills necessary for entering the labour market, moreover specific, concrete life chance-enhancing effect. Even if these types of program elements are present, they are less weighted than community-based group programs, self-reflection events. A more focused presence of these program elements in reintegration work would be recommended.

The current drug strategy, Clean Consciousness, Sobriety and Fighting against Drug Crime, highlights coordinated, joint problem responses in tackling the drug problem. As a strategy, it is definitely directional, setting principles.

The essence of a recovery-centered approach is to restore the health status and community integration of those affected as fully as possible (as it is reflected in the drug strategy).

Part I.3.2. of the Hungarian policy document reads as follows: "/The essence of the health promotion/ approach is to strengthen health and the health support processes, as well as the personal, community and environmental conditions leading to them. ...

All this is effectively facilitated if, during the development of the personality, constructive individual and community visions and goals are formulated on the part of the family and the wider community, which serve the harmonious development of the personality and the community. Therefore, the health promotion approach serves to strike a balance between the formulation of goals that motivate the individual, communities, and peer communities, the transmission of related messages, and the use of direct drug prevention tools. In doing so, it primarily supports approaches and activities that emotionally and morally strengthen those who share goals for the development of both the individual and the community.

At the same time, a healthier and more co-operative social environment also supports drug users in using the available helping services to cope with difficulties. "

"So the focus of the new strategic approach is on health and health promotion. The aim is to change the community's attitude and capacity to act on drug problems in parallel with the focus of resources on supporting health processes and spreading a culture of sobriety. " The drug strategy basically and as a whole therefore supports mental health

programs in its approach.

The drug strategy's part II.11.1. The family section reads:
"… If the family and community are unable to provide support and the school is more of a scene of failure, the influence of peers experimenting with abusive behaviours increases and the risk of drug use increases as well. … Children whose families have an addicted member or who grow up in a broken family are also at higher risk for drug use. It is difficult for them to learn traditional values, behaviours, lifestyles, coping strategies that could help them meet the challenges."

In summary, health promotion is essentially caring about the quality of life. If a society's attention extends beyond indicators of economic growth to indicators of quality of life, it is actually pointing to creating a healthier environment that also supports the development of personality and human relationships. Health, education and culture, the balance of daily schedules, the vitality and recurrence of communities, the diversity of the environment as a source of growth, good governance, living standards, well-being in a psychological sense are important components of quality of life (Pikó, 2011, Erdős, 2015.) [16].

Overall, the professional work of the **Váltó-sáv Foundation** on the field of health development is based on both national and international strategic documents and approaches to the maximum. Targeted prevention, which is carried out by our organization, is definitely an important task and recommendation. In addition, our organization responds to almost every segment of the complex problem of the client group with its services, e.g. work (assistance in getting a job, employment, job search assistance, etc.), accommodation (half-way housing program, search for additional housing solutions, etc.), education/training (Change Program: unity of secondary school studies and assistance/resocialization work, directing to other trainings, peer support training for prisoners, etc.), human relationships (mental health care, supportive relationships, facilitation of the youth community, etc.).

The national and international professional literature also points out that the main harm in the case of those released from prison is the risk of overdose and consequent mortality (mainly due to the decrease in tolerance), as well as without support, drug and crime recidivism. Therefore, preparation for release must begin in prison - this is one of the main profiles, goals and tasks of our organization.
Another significance of our organization is that it provides continuity for clients (so-called continuous /post/care model or "throughcare", meaning that we contact the members of the target group already in the penitentiary institutions, which continues in the pre-release, through-release and post-release crisis, and in free life), with the so-called supportive relationship (or mentoring system).

In the penitentiary institution, our organization forms a "link" (or bridge) between clients and other support organizations, so our goal and task is to get the most suitable source of help for everyone (Change-Lane Information Base as a service, searching/contacting work) .

[16] Pikó Bettina: Quality off life and health protection in modern society. Our time (4), 2011.

In addition, with the exception of the person-centered method, we are not committed to a single and exclusive method, we profess the principle of "multiple methods instead of one method".

In the SWOT analysis, the drug strategy writes the followings as options:

- "There are several good practices on the civil and church field.
- …
- National drug policy has active social, non-governmental elements."

Our organization has been working on the topic and field since 2002 (1997), it has accumulated a lot of experience, which it continuously uses and develops in its operation.