

**“BLUE POINT” DRUG COUNSELLING AND
OUTPATIENT CENTRE**

ANNUAL REPORT

2008

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Foundation: 1996
Operational form: Public benefit foundation
Registration number: 6584

The aim of Blue Point is to reduce harm caused by drug use (especially illicit drug use) among drug user individuals, their families and the whole society. Our aim is also to improve our clients' general quality of life.

Board of trustees:

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The major operational data of Blue Point Drug Counselling and Outpatient Centre Foundation

Counselling, psychotherapy, psychiatric care

The Outpatient Centre operating at the “Gát utca” residence of Blue Point Foundation received 162 new drug user clients in 2008. In our outpatient rehabilitation we treated altogether 267 drug user clients including the clients who registered last year.

The total number of contacts (with drug users, relatives and professional visitors) was 2080.

Throughout the 12-year-long operation of Blue Point’s Outpatient Centre in Budapest’s 9th district, we contacted 2419 clients. The total number of contacts (with drug users, relatives and professional visitors) was 28,474 during this period.

The mission of Blue Point Counselling and Outpatient Centre operating in Budapest’s 3rd district from 2006 is: contacting drug user clients living in the 3rd district and it’s vicinity and providing them with complex outpatient treatment in order to advance the general improvement of their quality of life. We received 170 new clients (drug users and relatives) in 2008, with the last years registrated clients were treated 189 drug user clients, on 1480 occasions in total.

Throughout the 3-year-long operation of Blue Point’s Outpatient Centre operating in Budapest’s 3rd district received 511 drug user clients . The total number of contacts (with drug users, relatives and professional visitors) was 3346 during this period.

Low threshold programmes

916 drug user clients participated in our low threshold programmes (*Contact Programmes*: outreach work in public places, Mobile Needle Exchange, and “*Dzsumbuj*” Programme) in 2008.

- 833 clients participated in Contact programmes, 464 of them were newly registered.
- We contacted 83 clients in “*Dzsumbuj*” 32 of them were newly registered.
- We handed out 104.298 sterile needles in frame of “*Contac Programs*” and received 48.065 used needles (the rate is 46.1%).
- The provisions of “*Party Service*” were used by party visitors on about 8500 occasions in 17 programmes.

IN OUR OUTPATIENT CENTRE AND IN THE LOW THRESHOLD PROGRAMS WE RECEIVED 1372 DRUG USER CLIENTS IN TOTAL IN 2008.

Prevention

Our traditional school prevention work courses ran until the end of 2007 and gave place to the Health School Project in 2008.

Throughout Blue Point’s 12-year-long operation, 31,916 people attended our prevention courses on 3982 occasions.

Internship

33 college and university students spent their internship in Blue Point, in 2008, while throughout the 12 years we received 304 students.

Colleagues

In 2008, Blue Point had 9 full time employees, 19 part time colleagues, and 21 voluntary helpers.

- 4 psychiatrists
- 14 social workers
- 3 psychologists
- 1 lawyer
- 4 other graduates
- 2 other

Professional Programme

The aim of Blue Point is to reduce harms caused by drug use (especially illicit drug use) among drug user individuals, their families and the whole society. Our aim is to improve the general quality of life of our clients.

Basics of the Professional Programme

- easily available provision for clients, that is promise of abstinence is not expected at clients' presenting;
- services of Blue Point try to satisfy various needs of clients and to deal with medical, psychological, social, legal and family problems as well;
- the provision of services is continuous and adapting to the changing needs of the clients;
- Blue Point provides the opportunity of continuous care and contact for its clients;
- Blue Point pays special attention to the diagnostics and, if necessary, the treatments of the co morbid psychiatric disorders (so called "double-diagnosis clients");
- Blue Point prepares and organises, if necessary, the admission of the client to an in-patient clinic and continues the therapy in out-patient form thereafter; Blue Point makes follow-up the development of the therapies;
- Blue Point pays attention to the diagnostics the clients' infectious diseases (above all to HIV infection, hepatitis B and C) in collaboration with other health care services;
- Blue Point provides for its clients the opportunity of general health care in collaboration with other health care services, especially with The Health Service of Ferencváros (9th District of Budapest).

The way of care in Blue Point: First, the general condition of the client is assessed with primary interview and with the use of Addiction Severity Index. The latter maps not only drug-use habits but also the psychological, medical, legal, family, school and work place problems of the client.

The maintenance of therapeutic contact: Therapeutic sessions happen 1 to 3 times per week. Amended by conversations with social workers, management of social administration and consultation with family members. Individual therapies are preferred. Group therapy may be reasonable in relapse prevention or in cases of substance abuse (and not in dependency) educationally targeting better self-knowledge and good motivation for a possible later therapy.

Special attention is paid using motivation interviews to emerge, reinforce and maintain therapeutic motivation (by using motivational interviews). We consider efficient the possible involvement of client's family members. When using the services of Blue Point the possibility of anonymity is provided. Our services are free of charge.

Number of sessions: generally between 1 and 20 varying by the problems, needs and condition of the client.

Services for Clients

- social work, individual treatment, social administration
- providing psychiatric service (including pharmacotherapy)
- treatment of Suboxone substitution
- psychological and lifestyle advice
- counselling (personal and family)
- providing information about drugs
- personal assessment
- after-care following withdrawal status and relapse prevention
- outpatient rehabilitation
- outpatient rehabilitation, relapse prevention group
- legal advice service
- peer support
- outreach programs in low threshold service for drug users
- outreach social work
- ▲ “Party Service”,
- ▲ “Dzsumbuj” programme

The Way of Clients in Blue Point

Social work

Our social workers' basic task is to develop an intimate atmosphere and make a personal contact with the visitors, who are in need of help and to provide information about the services of the Centre and about other treating possibilities. Also part of their job is to receive calls from the clients, to direct them to the specialist and handling the phone calls asking for help.

A part of social work is the assessment, recognizing the needs, motivations, symptoms and demands of our clients; summary of the "here and now" situation, the estimation of the level of drug use and of the alcohol and the assessment of drug the users along different dimensions. During the assessment we use the European version of the originally American test ASI (Addiction Severity Index).

The interview of this test provides the client and the staff members to determine the goals jointly and also helps the client to consider his/her own situation more realistically.

Blue Point social workers help with counselling and information provision the collaborating institutions (i.e. Kapocs, Dzsumbuj Help) in their own places.

Psychiatric services

Psychiatrists carry out explorations with the clients to diagnose, to settle further examinations and tests, to plan the therapy and, if necessary, to arrange the hospitalisation of the client. The main therapist of the client could be either a psychiatrist or a psychologist depending on the kind and severity of the disorder.

A psychiatrist deals with the pharmacotherapy of the withdrawal symptoms (primarily in the case of opiate users) and with the eventual medical treatment of other problems (for example intense anxiety, depression).

Suboxone treatment

It was possible also in 2008 for our opiate addict clients to receive Suboxone substitution treatment. Suboxone is a double active medication (buprenorphine-naloxone), therefore, it may be given to certain groups of patients with more assurance than methadone; there is no overdose, the parallel illegal drug use is less frequent, and the patients' life quality becomes better.

Counselling

Defining the goals during the counselling is carried out together by the individual and the counsellor. In defining the goal - on the basis of harm reduction - reaching abstinence is not a primary aim. The counselling can be one session, several appointments or continuous connection. Not only drug users can take part in the counselling, but even family members, relatives and friends. Counsellors are psychologists.

Legal advice

The lawyer colleague of Blue Point (who is simultaneously a member of the *Hungarian Civil Liberties Union*) has consultation hours once a week for drug users, their relatives and for drug workers. She gives advice during the legal consultation and on request tackles legal representation in legal and police actions.

Outreach and harm reduction services

“Dzsumbuj” programme:

The main aim of Dzsumbuj Help cooperating with Drug Prevention Foundation is to reduce harms for drug users (especially women) living in building estates.

The programme is sought out by the clients living in the “Dzsumbuj-estate” and by intravenous drug user clients living in the vicinity (Kén Street). Most of them are intravenous amphetamine user clients. Apart from them younger marijuana consumers visit us, too, to ask for help and advice. The concerned people attend the programme anonymously twice a week for a two-hour session.-

“Party Service”

The aim of the programme is to give trustworthy information regarding party and disco drugs, to bring about contacts with drug-users and maintain contacts continuously. We hope we can reduce this way the (physical, mental and social) harms of drug use. Our aim is to change attitudes of young people also towards any fields referring drug, school, adults, unemployment, criminality and sex.

The target group: age group between 17 and 25 in discos and parties. Many of them already use these drugs as recreation or the danger of them getting in touch with these drugs is great.

The services of “Party Service”:

- information regarding types, attributes and effects of drugs through direct chat and handout
- psychical help for drug-users in problematic and critical situations
- call for emergency car if necessary
- providing legal information
- orientation toward Blue Point or other drug consultation centre
- chat about social problems and their possible solutions
- liquid, mineral, sugar and vitamin substitution to avoid harms of drug use
- condom distribution for safe sex
- collect information performing surveys
- occasionally a psychiatrist helps the group’s activities

Contact Programmes: Outreach Service in communal normative attendance and in low-threshold services

Contact Programmes are low-threshold services, which are therefore anonym and drug users can resort to it without strict conditions.

The general aim is to reach those people who are drug users and live or temporarily stay in the 8th and 9th districts with special consideration to the high level risk groups who are mistrustful with institutional attendance or who are crowded out of other programmes or services because of lack of information or the strict rules and requirements.

Their aim is to reduce harms, hence to precede and reduce the drug users’ and indirectly the society’s (infections, deaths, medical extra expenses etc.) harms. Other important aims are to change drug users’ attitude toward healthy living (safe drug using, safe sex etc.) and to keep them away from being dragged into the peripheries.

The target groups of the Contact Programmes

- Drug users living or staying in the 8th and 9th districts and their relatives, members of the local community.
- Professionals

Services provided by the programme:

- **Providing information:** about drugs, safe drug use, institutions for addicted and homeless people
- **Counselling:** regarding harm reduction and way of living
- **Leaflets:** about our services and those of the partner institutions
- **Providing help with referrals:** giving information about the provisions and treatment available within the social and the health system; rendering help with filling in applications, and obtaining official documents.
- **Crisis intervention:** immediate intervention in case of grave condition
- **Individual case management:** regular helping contact (2-3 occasions)
- **Referrals:** offering other services, institutions according to the client's need

Outdoor tracing service of the low threshold programme in public places

The aim of outdoor tracing service in public places within the confines of the Blue Point Contact Programmes is to find and map out drug using locations in the 8th and 9th districts, to inform drug users about our services in harm prevention and reduction. The staff of the programme has been collecting used needles regularly in public places.

Locations

- Public places
- Neighbouring buildings, attics, cellars
- Buildings expected to be demolished, flats temporarily in use of drug users for living or for drug use
- Buildings in expectation of destruction, flats temporary in use of drug users for living or for drug using

“Contact Café”

Blue Point's Café and needle exchange spot at 5 Kálvária square in the 8th district.

The programme's aims are to contact drug users who don't prefer institutional contact, to reach a wide spectrum of drug users, and to change their health-related habits through regular contact (treating those with positive HIV or Hepatitis results, safe drug use, safe sex). There's a long-range possibility of early treatment, and thus for the increase of the chance of rehabilitation.

With harm-reducing purposes we give advice, exchange needles, individual treatment, or dealing with clients in „diversion” (treatment alternative to punishment). We provide help once or regularly. We help drug users to find accommodation, work and other social administration.

Our free-of-charge, anonymous services are the following:

- ◆ Needle exchange: syringe, filter, heating cup, distilled water, water container, tourniquet, ascorbic acid, sterilizing cloth.

- ◆ Other harm reducing devices: vein-treating ointment, herb tea, vitamins, condoms
- ◆ Individual counselling: about rights, harm of drugs, safe drug use, infections
- ◆ HIV and Hepatitis screening and counselling
- ◆ Referring of clients to an organisation where they can get treatment – in case of demand
- ◆ Internet use

Consultation with colleagues and experts

We get in touch with a certain group of experts (e.g. teachers of young drug-users or social workers) through the cases of drug user clients and we intend to evolve co-operation with them. We offer and organise supervision, case story talks or commonly shared care of clients.

Primary (general) prevention

A major point of Blue Point's activities is prevention. Its main fields are the following:

Prevention and health development

The Blue Point Foundation has enlarged the school programmes in traditional drug prevention work and gradually turned to health centred programmes. Since the drug phenomenon is defined by Blue Point as a combination of individual and social phenomenon, which drug addiction is just a part of, we have reanalysed our prevention programmes according to that.

Preventive work for schools – The Health School

The Health School (eiskola) has been the project of the Blue Point's prevention workshop since 2007. The bases of the project were worked out within the frame of a KAB-PP-06 tender in 2006, and since then we have been improving and enriching the programme continuously.

The Health School is an all-day out of school programme for secondary school students. During the development of the programme we wanted to use the concept of health at a global level with the aim of putting the idea of healthy life and healthy community into an everyday context, getting to know the evolution of modern humanity and explaining the present-day situation with the help of criticism and recognition of unsustainable development. Human health is the basis in the line of our goals which we can build our future and a maintainable civilisation on.

The Health School is not a building with walls but an installation that might be built easily and quickly anywhere in a few hours taking into account the weather and energy supplies.

Each part of the programme is adapted to the concept of sustainable development. We believe that the human world is worth preserving, and there could be a civilisation wherein health means the whole nature and humanity, where everybody is given the possibility of freedom and fulfilment.

The teachers in our team are sociologist and psychologist, but there are communication specialist as well as yoga instructors. All of them are active members of the Hungarian society, and have been dealing with elaborating and implementing progressive drug policy models. The system of the Health School avoids hierarchical structures and is based on democracy. Detailed information can be found on our website: egeszsegiskola.hu

The functioning of the Health School was also financed by T-Com in the 2007/2008 school terms. The participants of the programme were mainly students from the 9th district, on five occasions more than 300 students. The programmes were organized in the Docuart Movie in the 9th district.

Novus Art School (2 times 127 persons)

Leőwey Klára High School (69 persons)

Weöres Sándor High School (71 persons)

School prevention activity

School year	Number of lessons	Number of participants
1997/1998	168	3024
1998/1999	173	3114
1999/2000	134	1857
2000/2001	107	2140
2001/2002	1046	10152
2002/2003	557	3048
2003/2004	794	4241
2004/2005	370	1876
2005/2006	335	1297
2006/2007	298	1167

Peer support:

The peer helpers of Blue Point learn to apply the methods of help in at least 40 hours lesson training. Peer helpers hold talks (many times using dramatised situations) in elementary and secondary schools. The aim is to exchange opinion, discussion of personal experiences or views and help in displaying these with dramatic methods.

Selective prevention

Prevention group for teenagers under the child protection system with special educational needs

At the Blue Point Drug Casualty in Békásmegyer every week a drug prevention and social therapy group has been in function since spring 2007 for teenagers under child protection system with special educational needs in co-operation with the Orphanage of Miklós utca.

The aim of the teamwork is to teach children simple and useful techniques which could be alternative possibilities in dangerous situations to solve special problems. Such alternative examples are situational games, amateur acting or dramatic art during which the children have the chance to try alternative strategies about how to tackle problems and try behavioural models in a protected area. This could foster self-expression and positive self-evaluation.

Juvenile delinquent girls in drug prevention programme

Our programme started in the form of teamwork in September 2008 at the Rákospalota Approved School for Girls. The members of the group were teenagers with special needs. The reason for special needs is that they are from low social classes or subcultures that could make their becoming a grown-up difficult. In spite of their young age (they can participate from the age of 10) they are often drug users with psychological problems and behavioural disorder. The events were held once a fortnight. During these occasions we worked with films highly connected to the life of these

teenagers and preferably used delightful personality developing games and group discussions on self-knowledge.

Millennium Budapest workshop

The venue of the training was the Correctional Institution of Hűvösvölgy. In the selection of the group participants we partly considered the recommendation of the Institute's educators and partly the intention for application. The duration of the training was fixed as a 2-hours term weekly which was adapted to the needs of the teenagers' timetable at the beginning or at the end of the meeting. Before the training we had put some posters on the walls of the institute and met the children in informal situations and we consulted the educators. Finally 15 young girls and boys (between the ages of 14 and 19) participated in our group.

During the first few meetings we got to know each other, decided on the framework and we all explained why we were there and what our aims were. They expressed genuine interest in our aims and values. The demonstrated experimental films seemed to be very useful at starting off discussions, and the teenagers showed high critical sense, recognition of reality and creativity. The films represented everyday life in a dramatized way that awakened their interest, and by using of their own stories they developed it and drew the conclusion.

A significant number of the teenagers arrived to the Institute from the districts of the capital but those who came from the countryside or far from Budapest also considered themselves to be from Budapest. The identity of coming from Budapest gives courage to those who come from far away, and for those who were born in Budapest this characteristic can be strengthened. The feeling of belonging to the capital was supported from several sides by fortifying love towards the city and the protection of our heritage.

A great number of the films are set in Budapest, the characters are from Budapest and the language used by the actors is the language of the city. That is why slang and the hip-hop of Pest are so important. We used the text to in a way to be noticed not only by ear but by eyes, too. We made the text analysis real with the help of words, sentences, rhymes and references putting the happenings and the contents into a wider context.

At the training the idea of non-violence, the criticism of authority and the power of common sense received outstanding importance. As a result of the programme the consciousness of the teenagers increased as well as the attractiveness of the idea of reflective reactions. They succeeded in identifying the traps and risky attitudes in drug abuse, and they became familiar with the techniques about how avoid these situations. The training made it possible to acquire knowledge and attitude with which it might be easier to turn rebellion into a positive direction and use it to be constructive. Although tolerance and acceptance was very high in the group, we still managed to clarify misconceptions and urban myths, and made the impressions formed and individually distorted about others more perceptible and understandable.

The group of relatives

In 2007 at the Blue Point in Békásmegyer a new group started to work, the group for relatives of drug users, following the local needs as a new initiative in the district. The group is based on voluntary work on a weekly basis.

The group is designed for people who do not feel capable to resolve their problems alone. They are helpless in how to react to the addiction of their child, partner, brother, student or friend. In the group they can share their experience and strength, this way helping each other to solve the problems and move on. The group helps those who realized the necessity of change to encourage their motivation, to formulate a more focused opinion and supports them in reaching their goals. The rehabilitative work with families is inseparably connected with family prevention since the impact also influences healthy family members, relatives and friends.

Specialist training:

Blue Point receives students of diverse universities and colleges regularly as a place for fieldwork.

Partner institutions in training:

- Eötvös Lóránt University, Bárczi Gusztáv Training College for Teachers of Handicapped Children, Faculty of Psycho pedagogy
- Bábes-Bólyai University, Kolozsvár – Cluj Napoca, Romania
- Bókay János Secondary School, Health Care Training School
- Semmelweis University, College of Health Care, addictological consultant training
- Illyés Gyula Pedagogical College, Szekszárd, Faculty of Social politics
- Institute for Psychology of the Hungarian Academy of Sciences, psychological assistant training
- Szentgyörgyi Albert Medical University, Szeged, College of Health Care, General Social Worker Department
- Vitéz János Roman Catholic Teacher Training College, Social Training and Pedagogical Department, social worker training
- Theological College of Archbishop in Veszprém, Social Worker Department
- Wesley János Pastoral College, Social Worker Training

in 1997	15 people
in 1998	34 people
in 1999	15 people
in 2000	20 people
in 2001	22 people
in 2002	25 people
in 2003	27 people
in 2004	27 people
in 2005	29 people
in 2006	27 people
in 2007	30 people
in 2008	33 people

We provide several trainings for teachers, professionals in the form of accredited courses. We have an accredited course for teachers, and two for professionals working in child care and in social care. The aims of programmes are to help participants to become more sensitive for drug-problems, and to get help in recognition and handling it. It is also important for these professionals to promote professional discuss. We also have an accredited “Addiction Severity Index” training (30 hours), where participants learn how to use this tool.

The marketing and communication work of Blue Point Foundation in 2008

In 2008 we continued the strategic planning work and the new communication programme (whose vital part is the control of the internal organizational communication) that started in 2007. The strategic planning work was implemented in the life of our organization, and every month so called „mission-teams” are held with the participation of our programme directors. Last year we had to face serious challenges regarding our organization development as we were obliged to do so partly because of the improvements of our organization and partly because of the changes in society and the social-economy. By the end of 2008 we decided on a new organizational action part of which was the change of our management-structure. The members of the newly elected operational team are the new financial directress Kovácsné Dr Ágnes Orosz, the coordinator of the Casualty of Gát utca

Menyhért Lencse, who is also responsible for the client centred service, the communication and marketing director is Erika Barna - she does the monitoring of the project teamwork and the professional director is Dr. József Rácz, psychiatrist.

We found it an important task to strengthen the PR work of the organization within the confines of the communication-planning of Blue Point in order to maintain our foundation in the long term. The instrument of this is a quarterly online-newsletter which is sent to all our civilian partners dealing with drug problems, and to every decision-maker, social, medical and educational institution, to the representatives of the press and business life in which we include the PR and communication agencies that focus on social-medical themes. We try to inform continuously all the stakeholders about our programmes, services and the results we have achieved so far. Our online newsletter is published once every 2 month since February 2008.

Realizing that in order to provide a long-term sustainability we have to use new forms of contacts, in 2008 we emphasized our professional presence in conferences and programmes which can mean a new way of presentation and lobbying possibilities for civilian organizations.

At the beginning of 2008 we participated - among the first civilians who deal with drug issues - in the **Civillicit** event organized by ESZA Kht. We prepared a high quality multimedia presentation fitting in with the aims of the event, and at our stand we were promoting our activity with films and publications. We were also present at the autumn **CSR Hungary** conference. These events were not primarily ways of introducing ourselves but via these we had the possibility to be active participants of the forums of the CSR's (Corporate Social Responsibility) intentions to strengthen cooperation between the national for-profit scene and the NGO, i.e. the forums about corporate social responsibility.

In the autumn of 2008 we took part in the first national **Social Expo**, where the Blue Point had its own stand and the possibility to hold a presentation about the colourful social work, the communication and marketing possibilities.

The above-mentioned events have helped the process of communication planning.

In the summer of 2008 with the tender subsidy of **Deloitte Magyarország** we ran a guerrilla-marketing campaign which generated strong public response. This was the **Drug Watch Project** (www.droglato.hu), whose aim was to bring attention to the necessity of authentic and scientific drug prevention.

The Health-School programme has received a central place in our work for organizing donations since 2007. It is an occasional, alternative health-day for 60-70 students. This complex health developing programme is sponsored by **Magyar Telecom**, and we have found other sponsors from among the local businesses in Ferencváros, for example Zwack Unicum. We managed to establish cooperation with the **Modern School** educational magazine, which is received by more than ten thousand teachers and educational institutions, and provides permanent publication possibility for the prevention work team of Blue Point in its *health consciousness* column.

We are also planning long term cooperation with the **Exhibition Gallery** (Műcsarnok), which has admitted two of our spring Health-School programmes, and with **Krétaör Foundation**, which organizes community events this spring in Ferencváros. We also continue our very successful work with **Docuart, First Documentary Film Collection and Cinema**, which gives place for our prevention programmes and with the **Community Centre** in Békásmegyer.

Currently an agreement with a CSR counsellor company is under development with special regards to the partnership of middle and small sized companies (www.alternate.hu). As the above-mentioned examples indicate it is very important for us to find and form long term cooperation in our surroundings but not only with progressive civilian and for-profit partners operating in the social scene.

Attributes of clients of the Outpatient Centres (9th and 3rd district)

Difficulties data collection:

The lack of data considering the whole number of clients means that some clients do not want to tell us any information about himself/herself, not even to fill in the anonymous data inquiry sheet.

Number of client appearances (drug users, relatives and experts)

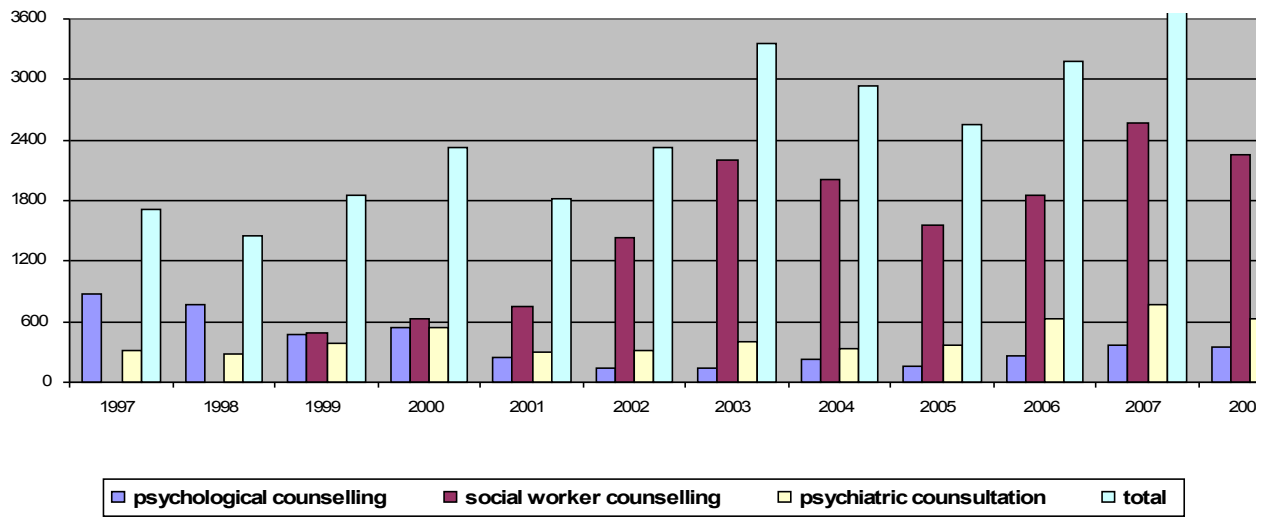
Year	Appearance	Year	Appearance
1997	1721	2002	2331
1998	1444	2003	3355
1999	1859	2004	2936
2000	2329	2005	2553
2001	1811	2006	3189
2007	4226	2008	3560

Distribution of appearances related to the use of services

Service	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Psychological counselling	877	761	469	537	252	137	147	220	153	258	374	345
Social worker counselling	-	-	491	637	760	1427	2194	2007	1547	1854	2572	2249
Psychiatric consultation	323	283	390	549	299	315	402	331	372	627	777	632
Legal advice service	29	29	35	55	59	84	106	69	52	75	99	59
Training on the spot	308	160	136	185	57	80	142	145	102	181	50	81
Other (diversion in group, individual or group counselling with experts, Group for maintaining sobriety, group for relatives)	184	211	338	366	384	288	364	164	327	194	354	194
Total	1721	1444	1859	2329	1811	2331	3355	2936	2553	3189	4226	3560

Remark: One client could make use of several services at the same appearance.

The chart shows only the three most frequently used services



Distribution of appearances related to the use of services, in percentage

Remark: One client could make use of several services at the same appearance

Service	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Psychological counselling	50	53	25	23	14	6	4	8	6	8	9	10
Social worker counselling	-	-	26	27	42	61	66	68	61	58	61	63
Psychiatric consultation	19	19	21	24	17	14	12	11	15	20	18	18
Legal advice	2	2	2	2	3	4	3	2	2	2	2	2
Training on the spot	18	11	8	8	3	3	4	5	4	6	2	2
Other (diversion in group, individual or group counselling with experts, Group for maintaining soberness, group for relatives)	11	15	18	16	21	12	11	6	12	6	8	5
Total	100	100	100	100	100	100	100	100	100	100	100	100

Number of registered drug user clients

December, 1997	December, 1998	December, 1999
248	398	598
December, 2000	December, 2001	December, 2002
770	882	1081
December, 2003	December, 2004	December, 2005
1356	1548	1798
December, 2006	December, 2007	December, 2008
2191	2599	2931

Number of new drug user clients

1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
248	150	200	172	112	199	275	192	250	393	407	332

The reason behind the decrease in clients' number is the noticeable restructuring between the health and the social services in the country.

Its effect on Blue Point was that in 2008 instead of a decreasing health insurance-financing part of the clients, whom it was justified and possible for professionally, were treated within the confines of community treatment.

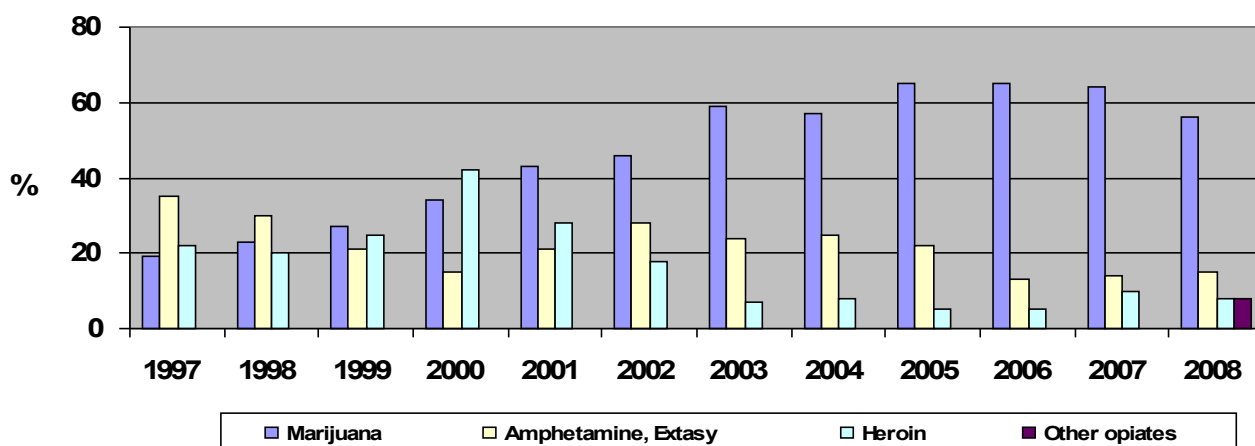
That is why we have been experiencing an increase in the client number there.

Blue Point has received OEP financed „medical” and „care” hours imposed on the closed Drug Outpatient Center of the National Institute for NPsychiatry and Neurology (OPNI); however, the increase in numbers resulting from it would only be visible in 2009.

Primary drug use among new clients
(in the ratio of mentioning)

Kind of drug	Number of mentioning											
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Marijuana	19	23	27	34	43	46	59	57	65	65	64	56
LSD	13	12	9	-	-	-	1	-	1	1	0,5	1
Amphetamine, Ecstasy	35	30	21	15	21	28	24	25	22	13	14	15
Heroin	22	20	25	42	28	18	7	8	5	5	10	8
Other opiates	6	7	5	2	-	1	1	3	-	1	0,5	1
Cocaine	-	-	5	3	-	2	2	3	2	3	2	5
Solvents	4	3	3	4	3	2	2	2	1	1	-	1
Other sleeping pills, tranquilizer, alcohol	1	5	5	-	5	3	4	2	4	11	9	8
alcohol												5
Total	100	100	100	100	100	100	100	100	100	100	100	100

The chart shows only the three most frequently used drugs



Percentage of mentioning comparing with the number of new clients
(one client may mention several substances)

Kind of drug	Number of mentioning											
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Marijuana	29	39	56	47	70	74	79	80	88	89	76	70
LSD	19	20	19	1	26	18	16	17	24	7	7	8
Amphetamine, Ecstasy	54	51	45	20	80	54	48	75	80	40	32	45
Heroin	34	35	52	56	31	20	10	11	10	11	14	12
Other opiates	9	12	10	2	-	1	-	2	2	1	1	1
Cocaine	-	-	11	4	9	9	6	7	20	9	10	14
Solvents	7	6	6	5	2	4	3	4	13	2	2	1
More than one drug	2	9	11	1	11	17	9	3	14	33	23	13
Other												22

Intravenous use of drugs

Kind of drug	Number of mentioning											
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Heroin	67	40	67	77	36	34	20	12	16	29	34	27
Other	12	6	-	-	-	-	-	1	-	1	1	2
Speed	31	18	32	11	5	25	31	21	22	27	24	25
Other stimulants	6	4	5	-	-	7	1	4	4	8	8	9
Total	116	68	104	88	41	66	52	38	42	65	67	63

Percentage of intravenous drug use comparing with the number of new clients

Year	Number of clients (Persons)	New clients' ratio (%)
1997	248	47
1998	150	45
1999	200	52
2000	172	51
2001	112	37
2002	199	33
2003	275	19
2004	192	16
2005	250	17
2006	393	17
2007	407	16
2008	332	19

Distribution of new clients related to age and gender

Year	Age		Gender	
	Under 18	Over 18	mail	femail
1997	36	213	186	62
1998	6	137	105	44
1999	14	226	153	47
2000	17	154	126	46
2001	20	88	89	19
2002	54	145	146	53
2003	53	214	210	65
2004	31	155	147	45
2005	45	194	198	52
2006	55	335	322	71
2007	40	367	329	78
2008	48	284	262	70
Total	419 person	2512 person	2273 person	652 person

Percentage of new clients in relation to age and gender

Year	Age	Gender
------	-----	--------

	under 18	over 18	male	female
1997	15	86	75	25
1998	4	96	71	29
1999	6	94	77	24
2000	10	90	73	27
2001	19	81	82	17
2002	27	73	73	27
2003	19	78	76	24
2004	16	81	77	23
2005	18	78	79	21
2006	14	85	82	18
2007	10	90	81	19
2008	14	86	79	21

Differences of data in tables may result from the deficiency of data supply as a consequence of anonymity.

**Distribution of new clients by residence in ratio of new clients
(known cases)**

Year	Budapest	Countryside
1997	60	5
1998	77	9
1999	46	16
2000	63	22
2001	49	29
2002	57	30
2003	64	27
2004	63	26
2005	57	30
2006	60	37
2007	60	37
2008	59	40

**Distribution of new clients by residence in ratio of all responding clients
(known cases)**

Year	Budapest	Countryside
1997	92	8
1998	89	11

1999	75	25
2000	74	26
2001	63	37
2002	66	34
2003	70	30
2004	71	29
2005	65	35
2006	62	38
2007	61	39
2008	60	40

Outpatient rehabilitation programme 2005-2008

We give our clients a possibility to achieve and sustain a drug-free life through the rehabilitation-like services our social workers provide in the outpatient centre. The outpatient rehabilitation programme offers an opportunity for clients using illegal drugs to get their stage of addiction measured, and to participate in a well planned helper-client relationship. During individual case management, there is a possibility for the rehabilitation of the client, and great emphasis is put on the aftercare, as well.

In 2006, there were 84 people participating in the outpatient rehabilitation programme. They were the ones who were able to reduce the intensity of their drug use significantly, or became completely and firmly drug-free and asked for the long-term help of Blue Point.

The social workers activity aiming rehabilitation is a planned helping intervention that is based on individual case management and can contain the following elements: setting up the hierarchy of the clients individual goals, composing the clients weekly and daily timesheet, organising the fulfilment of the clients pending studies or the start of higher level/re-training studies, managing the solution of social problems, giving information about the clients rights of social security services, and the way of vindicating those rights, providing help with housing problems, providing help with finding a job and starting working, finding ways of spending leisure time and checking the institutional possibilities of free time activities. According to our observations so far, clients participating in the rehabilitation programme were ready to seize the possibilities offered during the individual case management and they joined in the social, educational, occupational and cultural programmes suggested by our social workers

With the help of social work, the social reintegration of clients drawn into the programme started successfully. Beside diminishing or giving up drug use completely, they entered stable, legal employment or started their own business, and/or started or re-started their studies or re-training within the frames of unemployment service. In addition, they had the possibility to participate in Blue Point's self-supporting relapse preventive group and some of the clients seized this possibility.

From January 2005 until the end of December 2007 we managed to consolidate the outpatient rehabilitative programme of Blue Point Drug Counselling within the frame of Equal tender issued and carried out by OFA.

Five civilian organizations worked in the project in consortium cooperation (Belvárosi Tanoda Foundation, Belvárosi Tanoda Foundational Grammar School and Technical College, Megálló Ház – daytime and communal treatment for addicts, Leo Amici Foundation Boarding Rehabilitative Home, Blue Point.)

The primary goal of the cooperation was not to leave the diverse services of different institutions function on their own but to connect them, and through the realisation of the connecting points we created a new, more efficient level of attendance.

On this new level we have reached more in need of help, and we are able to retain those who turn to us as well as provide more appropriate solutions to their problems than what we would be able to do if these five organizations worked only side by side without any aligned tasks.

The monthly case-discussion group sessions with the participation of the organizations had a key role in finding and running the collaboration and connection points.

The work did not finish with the end of the project. The collaboration also continued in 2008 in district-communal teams with additional partners (FECSKE, Child Welfare and Family Support Service of the 7th district, Blue Point Contact Programmes) with case-discussing sessions every two month.

The indicators and results of the project's professional activity with reference to the Blue Point Drug Counselling Centre

During the project 766 people (133 women, 630 men) who were older than 16 and had drug problems received ambulant medical and psycho-social treatment in the Drug Ambulancy of Gát utca.

We carried out consulting-sessions in the case of 202 relatives, with most of them on more than one occasion.

According to their own confession 39 clients (5% of the treated) reduced the frequency of drug usage (in the primarily used drug or drugs) during the treatment.

According to their own confession 192 people (25% of who took part in the treatment) reached a stable state without drugs thanks to the intervention during the project (at least 3 months, continuous abstinent period regarding the primarily used drug or drugs, and the swap to another one did not happen.)

In case of 138 people there has been positive change and improvement regarding their labour-market status.

78 found permanent jobs or became self-employed; 29 were integrated in re-training or in courses (professional courses, language school, etc); 31 started primary school, secondary school or higher education or continued their interrupted studies.

Apart from that 14 people received useful information about retraining, course or school studies and job possibilities which they may be able to make good use of in the future.

One specific client can be present in various categories, of course. There were several clients who attended a re-training course and then started working, and there were those who, beside starting working, performed secondary school studies in a night school form.

Psycho-social rehabilitation of diagnosed alcohol addict patients within the confines of OAI-ALK tender

We provided psycho-social rehabilitation to 62 patients with diagnosed alcohol addiction within the frame of a common project of Blue Point Foundation and Ébredések Foundation between 1st January 2007 and 31st January 2008.

Our results:

Number of patients participating in the psycho-social rehabilitation: 62

Number of patients maintaining a stable abstinence: 45

Number of backslides: 16

Number of dead: 1

Out of these patients:

Number of employed: 39

Number of students: 1

Number of pensioners: 10

Number of unemployed: 11

Number of dead: 1

In the programme we taught family doctors practicing in the 8th and 9th districts in Budapest alcohol-filtering and the technique of short term intervention. The short term intervention has been used altogether in case of 200 risk and problem drinkers out of who 120 patients reduced their drinking to a low level risk.

The indicators of Blue Point's low threshold and harm reducing services

Data of the „Party Service” programme

Year	Number of events where we worked	Number of days we worked	Number of participants at those events
2007	20	28	32.000
2008	17	22	27.000

Year	Registered personal contact	Supposed contact number counted by consumption of supplementary goods (condoms, vitamins, glucose, biscuits) and leaflets
2007	48 persons	10.000 persons
2008	44 persons	8.500 persons

Data of the „Dzsumbuj” programme 2006-2008

Number of people visiting the programme

	2006	2007	2008
female	34	36	23
male	22	71	60
Total	56	107	83

In 2008, there were 83 clients participating in the programme, 32 were new clients. Distribution of new clients related to gender: 9 persons are female, 23 persons male. Distribution of clients related to gender of data we haven't got supplies as a consequence of anonymity.

“Contact Café” and other low threshold programmes (2006-2007)

“Contact Café”

Nomination	2006			2007		
	Female	Male	Total	Female	Male	Total
Registered clients	2	5	7		5	5
Registered intravenous drug user clients	51	239	290	136	530	666
Total	53	244	297	136	535	671

Needle exchange in “Contact Café”

Megnevezés	2006		2007	
	handed out	taken back	handed out	taken back
Number of syringes	15.225	4.771	71797	31666

Primary drug use among „Contact Café” clients (persons)

Type of drug	2007
Marijuana	3
LSD	-
Amphetamine	322
Heroin	174
Other opiate	
Cocaine	1
Solvents	30
Abstinent	2
Other	139
Total	671

Number of contacts	9155
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Outreach programmes (8th and 9th district, 2006-2007)

Data of the outreach programmes in public places:

8th district:

No. of clients: 219

No. of women: 49

No of intravenous drug users: 217

Age range: between 16-59 years

9th district first part of the year:

In June of 2007 the outreach programme in public places passed into the low threshold outreach programme.

No. of clients: 105 persons

No of women: 26b persons

No of intravenous drug users: 101 persons

Age range: between 16-59 years

We were able to involve one-third of the opiate users in our needle exchange programme.

We collected 2132 pieces of used syringes in public places during 2007.

Indicators of the Outreach work in 2006 (No. of people):

	Contacted clients			IV drug users
	Male	Female	Total	
8 th district	95	28	123	116
9 th district	156	36	192	94
Emergency Ward	44	14	58	46
Total	295	78	373	256

Indicators of the Outreach work in 2007 (No. of people):

	Contacted clients			IV drug users
	Male	Female	Total	
8 th district	170	49	219	217
9 th district	79	26	105	101
Total	249	75	324	318

Contact Programmes in 2008

The harm reduction activity of the foundation called Contact Program basically means two types of services: outreach service in public places and needle exchange services.

The aim is to reach those regular drug users who do not prefer institutional contacts and through this connection with them we wish to reduce the harm by changing their behaviour regarding health (drawing the filtered ones into the treatment, safe drug use, protected sex), by simplifying the supply for everybody, by needle exchange, filtering (HIV, hepatitis) and counselling.

Client number

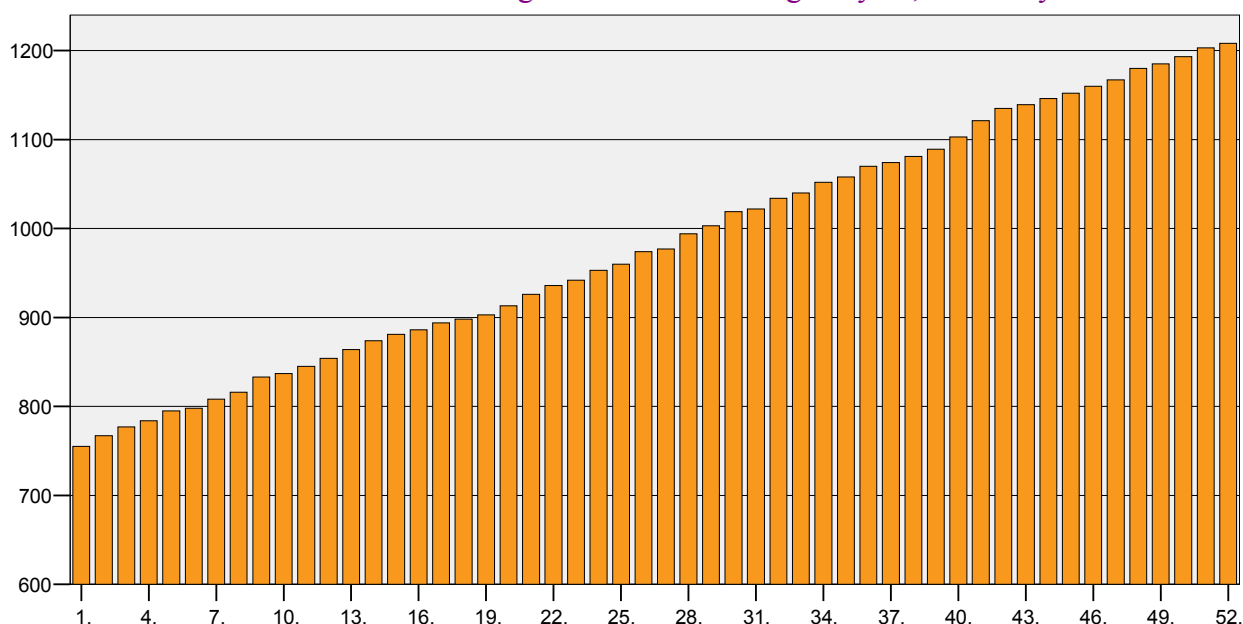
In 2008 more than two third of the total number of registered clients in the Contact Programmes were active clients, which means they were present at least once in the programme – 833 clients out of 1208 registered ones. New clients were joining the programme continuously; on the first day of the year when we were open, on 2nd of January there were 744 registered clients (by the end of the day 747), by the end of the year 1208 clients, so 464 new clients arrived during the year. The newly registered clients come out at more than half of the active clients (55.7%); at the same time a significant number, about half of the old clients (50.4%), were also active in 2008.

Apparently the number of registered clients grew continuously every day during the year, and the number of new clients is exactly the same in each quarter of the year: in about every 11th week we had 100 new registered clients. In the increase we could not observe any regularity, which means the increase is independent from anything in each part of the year.

Ratio of active clients

	Client number (persons)	%
Active clients	833	69,0
Inactive clients	375	31,0
Total	1208	100,0

The fluctuation of the number of registered clients during the year, in weekly divisions



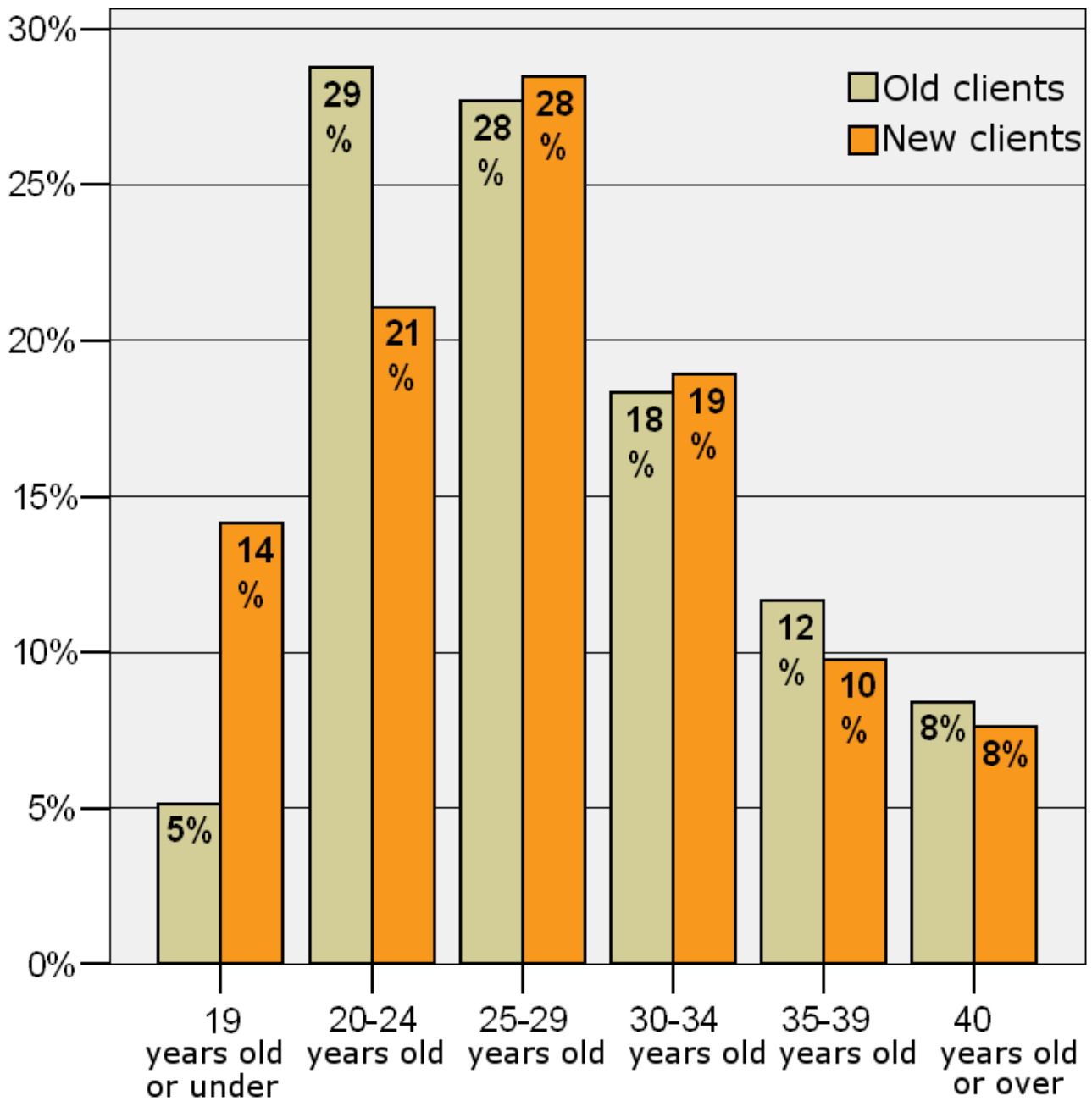
The most important feature in connection with the new clients is that the youngest generation is over-presented in their group, many 19-year-old or younger clients registered in 2008. It means that those who have turned to intravenous drug use have found the service, and the fact that they reach the needle exchange programme in the early phase of drug usage is very positive in harm reduction. However, most of the new registered ones belong to the middle-aged, about two third of the new clients (68.5%) are between the age of 20-34, which approximately follows the age-distribution of the previously registered clients.

There is a very significant difference between the drug use of old and new clients. In 2008 two third of the registered clients were amphetamine users, 30% were heroin users; it means that there were more than twice as many clients who used amphetamine than heroin users.

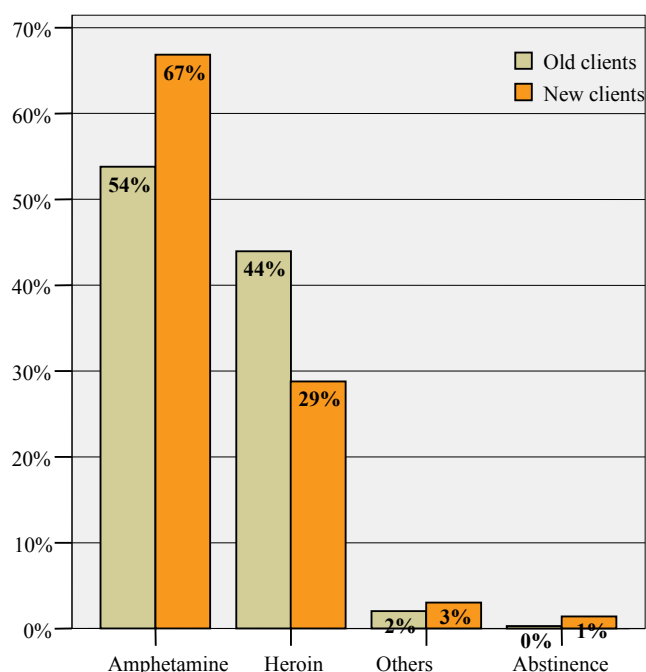
Thus the new clients reinforced the characteristic of drug use of our registered clients; more and more amphetamine users who consider themselves unproblematic seek out our programme.

Regarding the proportion between the number of men and women there is no significant connection as with age or drug use, but it can be stated that most of the registered drug-users are men (72.4%), while among the new clients, in relation to the number of total registered clients, there are more women.

New clients registered in 2008 in drug use divisions



- New clients registered in 2008, in drug use divisions



In 2008 during the opening hours of the Contact Programme on 294 days the clients resorted to the programme's services on 11,153 occasions which means an average of 38 clients per day, but it was not a steady number during the year. Considering the number of the frequency in client visits we experienced notable increase in our programme which seemed to have stabilized at a higher level by the end of the year compared to the beginning of the year.

Overall data applied to the whole year

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

Needle exchange

The Contact Programme's rule for handing out sterile syringe is that every time a maximum number of five syringes can be taken away by clients. More than this is possible only if the clients bring back used syringes; in this case apart from the five syringes every used needle can be replaced by a sterile one. Based on the database more than 104 thousand of syringes were taken away by clients in 2008, and more than 48 thousand used needles were brought back, thus the exchange rate was nearly fifty per cent (46.1%).

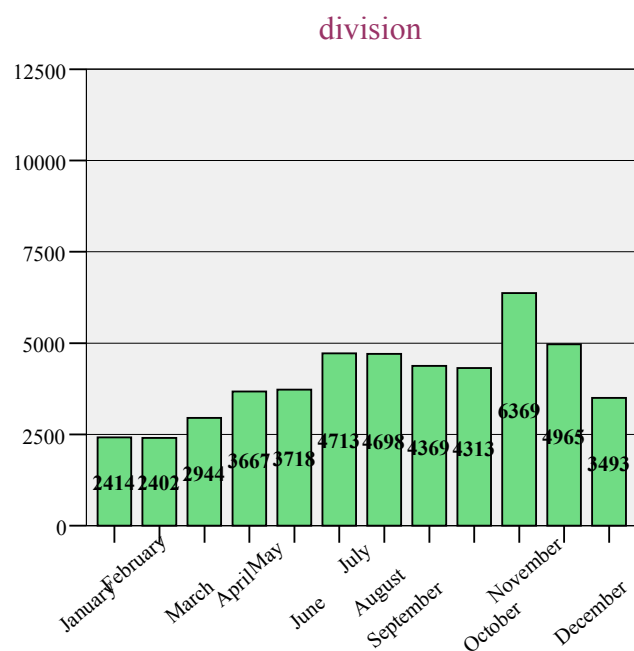
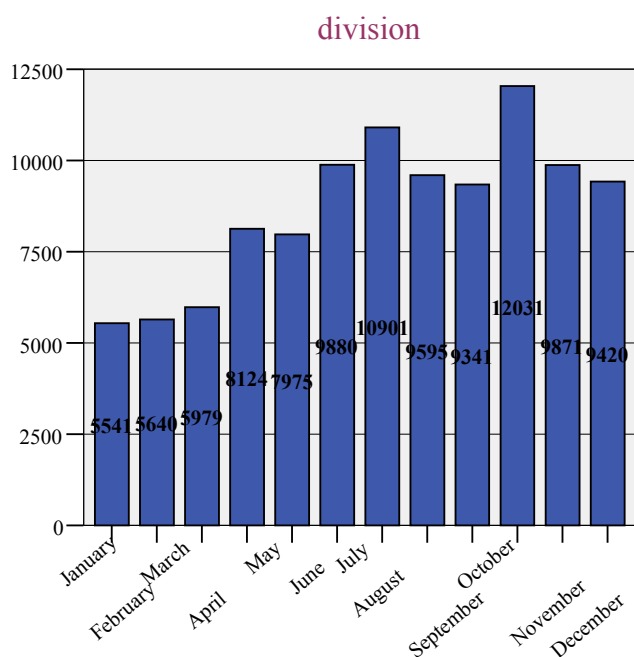
Overall data applied to the whole year

	Number of syringes taken away in 2008 – monthly division	Number of syringes brought back in 2008 - monthly division
In 2008, in total	104298	48065
January	5566	2486
February	5665	2507
March	6002	2995
April	8149	3786
May	7999	3829
June	9905	4914
July	10927	4832
August	9619	4477
September	9366	4629
October	12057	6527
November	9896	5129
December	9441	3525

A significant number of the clients who sought out our programme do not bring back syringes at all: 70% is the rate of those who did not change any used needles during the year. Regarding the syringes that were taken away the largest group consisted of clients whose numbers amounted to about four tenth of the total number and who took away altogether between 1 and 10 syringes last year. In 2008 22 clients brought back more than 500 syringes which meant 33464 changed syringes during the year, i.e. they brought back 70% of the total number of changed syringes last year.

The number of syringes taken away and brought back within a year correlates with the rate of client number both in weekly and monthly divisions; for example October, which was the month with the biggest number of visits, also indicated the highest rate considering the taken away and brought back syringes.

- Toke away syringes in 2008, monthly
- Brought back syringes in 2008, monthly



Analysing the differences between the old and new clients it is obvious that there is a very significant divergence: the old clients brought back syringes more than twice as many times, in 45 % of the cases, as the new clients, where the rate was only 22%.

Examining the differences between the old and new clients it is apparent that while the number of old clients who attended the needle exchange programme every month was constant during the year, the number of brought back used syringes showed an increase last year (this December we seemed to experience a fall but we should not ignore the fact that in December the client visits were less due to the fact that this month was the one with most play-days in the programme). The growth means 1000 brought back syringes every month.

HIV/Hepatitis screening

In 2008 the Contact Programme granted again free and anonymous HIV and Hepatitis screening for clients once a week in the first part of the year, and in the second part of the year twice a week. As a result of the co-operation with the National Centre of Epidemiology the filtering is simplified by taking blood sample from fingertips. In 2008 we screened 150 people.

The Blue Point Foundation supplied the examination with a total of 70 samples within the frame of OEK screening. Out of the 70 people 51 (72.9%) were men and 19 (27.1%) women.

54.3% of the sample providers were between the ages of 25 and 34 (38 people), 15.7% of them were over 35 (11 people) and 30% were under 25 (21 people).

Out of the 70 people 43 (63.2%) proved to be Hepatitis C positive, the results were uncertain in two cases. Out of the 43 Hepatitis C positive people 33 were men and 10 were women. Out of the men there were 8 people under the age of 25; 20 people were in the age group between 25 and 34 and 5 people were over the age of 35. Regarding women 5 of them were between the ages of 25 and 34, 4 were in the age group of under 25-year-olds and 1 person was over 35. The Foundation did not find any Hepatitis B positive cases among the samples.

Incomes and successful competitions in 2008

In 2008 the Blue Point Foundation received the below-mentioned subsidies from the budget of the government and local government, and were used as follows:

1.	OEP support for the Outpatient Centre of Gát Street	
	- Income received based on the calculated points:	5.921.700.-
	- In 2008 used amount for the doctors by contractors Payment, work of the B. P. Outpatient centre	5922.700.-
2.	MÁK Outreach Service in communal normative attendance and in low-threshold services	
	- Incomes in 2008	25.649.640.-
	- Payment of specialists working in the services and programmes Contribution towards their incidental and overhead expenses in 2008	25.649.640.-
3.	The support of Ferencváros's Mayor's Office to cover the helpful services of the Blue Point Outpatient Centre of Gát street	
	- Incomes in 2008	500.000.-
	- Used amount in 2008	500.000.-
4.	The support of Óbuda-Békásmegyerys Mayor's Office to cover the helpful services of the Blue Point Outpatient Centre of Lukács György street	
	- Incomes in 2008	9.234.000.-
	- Used amount in 2008	9.234.000.-
5.	Budapest – the support the capital's Mayor's Office for the helpful work of the “Dzsumbuj” Programme and the drug- and legal advice service	
	- Incomes in 2008	3.713.000.-
	- Used amount for running the programmes	2.012.000.-
	- Incomes transferred to 2009	1.701.000.-
6.	APEH 1% SZJA Personal Income	
	- Incomes in 2008	439-692.-
	- Incomes transferred to 2009	439.692.-
7.	Subsidies gained from government budget through tenders such as The National Civil Foundation tender for functioning, as well as the ESZA-KAB competition for rolling back drug use.	
	- Incomes in 2008	35.062.506.-
	- In 2008 used amount for working of the programs	27.599.343.-

Charge of employee and working of the Foundation
- Incomes transferred to 2009

7.463.163.-

All incomes and their usage by the Blue Point Drug Counselling are included in financial part of the Annual Report.

Our Partners

1. BTA High School
2. Drug Prevention Foundation
3. Drug Free
4. Drug Stop Association
5. Dzsumbuj Help
6. Awakenings Foundation
7. Ferencváros (9th District of Budapest) National Medical Officer and Public Health Service (ÁNTSZ)
8. Ferencváros (9th district of Budapest) Family Help Service
9. Ferencváros (9th district of Budapest) Health Service
10. Ferencváros (9th district of Budapest) Children Welfare Service
11. Ferencváros (9th District of Budapest) Drug Reconciliatory Forum
12. Józsefváros (8th district of Budapest) Counselling Service
13. Budapest Municipality, Mayor's Office
14. Józsefváros (8th district of Budapest) National Medical Officer and Public Health Service (ÁNTSZ)
15. Józsefváros Drug Reconciliatory Forum
16. Józsefváros Mayor's Office
17. Józsefváros Advice Service
18. Kapocs (Hook) Youth Helper Service
19. Leo Amici 2002 Foundation (Komló)
20. Hungarian Addictological Association
21. Hungarian Association of Harm Reduction
22. Association of Hungarian Drug Prevention and Harm Reduction Organisations (MADÁSZSZ)
23. Institute for Psychology of the Hungarian Academy of Sciences
24. Matrix Association of Addicts' Relatives
25. Stop" Group Foundation for Addicts
26. National Institution for Drug Prevention
27. Nyíró Gyula Hospital, Department for Addictology
28. Nyíró Gyula Hospital, Drug Ambulancy and Preventive Center social Policy and Labour
29. Óbuda (3rd district of Budapest) Drug Reconciliatory Forum
30. Óbuda (3rd district of Budapest) Municipality
31. National Institution of Addictology (OAI)
32. National Centre of Epidemiology (OEK), National Medical Officer and Public Health Service (ÁNTSZ)
33. National Institute of Psychiatry and Neurology, Department of Drug-psychotherapy and other departments
34. Self-Control Club (parents' group)
35. Semmelweiss University, Faculty of Health-Workers, Department of Addictology
36. Szent László Hospital and Addictology and its Psychiatric Outpatient Centre
37. Sziget Youth Helper Service
38. Ministry of Social Affairs and Labour
39. Institution of Social Affairs and Labour
40. Hungarian Civil Liberties Union

Our Partners in International Co-operation

- ◆ **PHARE** programmes
- ◆ **Eurasian Harm Reduction Network** (in previously: Central and Eastern European Harm Reduction Network)
- ◆ **AC-COMPANY** for mobile drug users (1998-2003)
- ◆ Fundacion Secretariado General Gitano for Roma communities excluded from society and for drug prevention (2003-2004)
- ◆ **INSIDE** for peer helping (2004-2005)
- ◆ **BASICS** network for safer party and dance culture: <http://www.basics-network.org/>
- ◆ **ENCOD**: European Coalition for Just and Effective Drug Policies
- ◆ **Daphne** (2005-2007): surveying and treating abuse in families affected by alcohol problems (12 Eu-organizations (NGO-s and University investigator-laboratory). Aim is the prevention and to form the conditions of intervention and prevention.
- ◆ **ChAPAPS** (2007-2008): surveying children affected by alcohol problems in their families. Co-operation of 25 EU, NGO and University research laboratories). The aim is the protection of children via treatment and prevention of alcohol use.
- ◆ **Correlation-network** (2006-2009): making social and health services accessible for groups vulnerable in several ways or accessible with difficulty with the participation of almost 50 EU organizations, the Blue Point particularly helped to develop the methodology of party-culture harm reduction.
- ◆ **Healthy Nightlife Toolbox**: a programme organized by the Dutch Trimbos Institute, it worked out advice for the safe running of night-clubs, mostly based on the experiences of the Blue Point.
- ◆ **Addicted-to-Life**: an EU network connected with Amphetamine use, after the preparation in 2008, it has been functioning since 2009.
- ◆ **Club Health** project: The EU network for the development of safe party conditions, after the preparation in 2008, it has been functioning since 2009.

Present and Former Staff of Blue Point Drug Counselling and Outpatient Centre Foundation

Dr. József Rác – psychiatrist, candidate of the medical sciences, university professor – director
Lilla Ajtay – social worker, Contact Café
Éva Bacsinszki – voluntary worker, Party Service
Barbara Batta – voluntary worker, Party Service
Barnabás Batta – voluntary worker, Party Service
Rita Békefi – voluntary worker, Contact programmes
Enikő Bóbita – executive assistant (1998-2001)
Zsolt Budai – voluntary worker, Contact programmes
István Búzás – social assistant (1996-2001)
Róbert Csák - social worker, Contact Programs
Györgyi Cseri – social worker (2003-2005) – school prevention coordinator
Ildikó Csík – social worker, Contact Café
Ferenc Dávid – sociologist, „Party Service” coordinator
Margit Dekovits – managing director (1996-2001)
Ada Dohnál – voluntary worker, Contact programme
Dr. Ildikó Ábrahám– psychiatrist at the 3th district centre
Dr. Andrea Bodrogi – psychiatrist at the 9th district centre
Dr. József Csorba – psychiatrist (1996-2000)
Dr. János Eszik– psychiatrist at the 3th district centre
Dr. Kinga Han – psychiatrist (2006-2007) at the 3rd district centre
Dr. László Lajtai – psychiatrist at the 9th district centre (2000-2004)
Dr. Andrea Sasvári – lawyer (legal aid service)
Péter Dudás - school prevention programme coordinator
Katalin Erdei – consultant, psychologist at the 9th district centre
Ágnes Fáklya - social worker, Contact programmes
Menyhért Fátyol - social worker, Contact programmes
Beáta Fehér – psycho pedagogue, addictological consultant – Contact programme coordinator (2000-2005)
Ildikó Domokos Fehérné – social worker, team co-ordinator at the 3rd district centre
Mária Ferentzi – social assistant at the 3rd district centre
Márta Forstner – voluntary worker, Party Service
Judit Földes – voluntary worker, Party Service
Szandra Gáber – voluntary worker, Contact Programmes
Zsolt Geresdi – voluntary worker, Party Service
Beáta Gyalog – voluntary worker, Party Service
Roland Gyékiss – Contact Café and Mobile Needle Exchange programme coordinator
Éva Hay – addictological consultant – voluntary worker (2000)
Gyula Hegedűs – university student, „Party Service” coordinator (until 2003)
Krisztina Hoffmann – university student, voluntary worker (1997-2001)
Krisztina Horváth – social worker (1998-2000)
Mária Hoyer – consultant (supervision); special clinical psychologist (1996-2000)
Katalin Édua Jakab – consultant, psychologist (1996-2000)
György Joó – psychologist at the 3rd district centre
Melinda Kassai - consultant; addictologist (1996-1998)
Ildikó Kastaly – sociologist, primary prevention – coordinator (1996-2002)
Barbara Kiss – voluntary worker, Contact programme
Éva Komáromi – consultant; special clinical psychologist at the 9th district centre
Orsolya Kovács – street social tender, outreach work
Virág Kovács – social worker at the 9th district centre

Ferenc Köves – social worker, at the 9th district centre
Ildikó Krizbacher – social worker at the 3rd district centre
Tamara Kutasi – school prevention programme coordinator (2005-2006)
Bertalan Lantos - voluntary worker, Contact Programmes
Menyhért Lencse – social worker – outpatient centre, team coordinator at the 9th district centre
Mercédesz Lencse – social assistant at the 9th district centre
Krisztián Magyar – voluntary worker, Contact programme
Katalin Mátrai – social worker, psycho pedagogue (1996-2000)
Gyöngyi Mészáros – social assistant at the 9th district centre
Marcell Miletics– social worker (1996)
Péter Mózer – social worker, social politician (1997)
Anita Mukvicz – social worker, Mobile Needle exchange (until 2005)
Krisztina Nyéki – college student, „Party Service” (1998-2000)
Noémi Nyíri – social pedagogue – social worker, outreach work
Zsolt Pálffy-Kopasz – street social tender, outreach work
Zoltán Pataki – outreach work coordinator
Lívía Pászli – social worker and team coordinator at the 3rd district centre
Anna Popovics – voluntary worker, Contact programme
Gyöngyvér Sobor – voluntary worker, Contact programme
Ferencné Sóti – office manager (2001-2008)
Adél Stancel – social worker, Mobile Needle exchange (2005)
Bärbel Starck-Kamondy – social pedagogue – social worker at the 9th district centre
Attila Strébl - social worker at the 3rd district centre
Gabriella Szabó – sociologist (peer programmes)
Zsuzsanna Szabó – social worker, Contact Café, outreach work coordinator (2003-2005)
Judit Szécsi – social worker – school prevention coordinator (2001-2005)
László Szepesi – social worker, Mobile Needle Exchange (2005-2006)
Szabolcs Szögi – social worker, Contact Café (2004-2005)
Gábor Tompa – voluntary worker, Party Service
Orsolya Tóth – psychologist, peer helper training (until 2006)
Szilárd Tóth – social worker, Mobile Needle Exchange (2004-2005)
Zsuzsanna Tóthné Schopper – social assistant (2005-2006)
Roland Turi – social pedagogue – social worker, Mobile Needle Exchange and outreach work
Gergely Uray – social worker, Mobile Needle Exchange (until 2006)
Beatrix Urbán – social worker – „Party Service” coordinator (1998-2001)
Dániel Varga – Party Service coordinator
Zsuzsanna Viczay – street social tender, outreach work

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Ifjúsági, Családügyi, Szociális és
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