



# Hungary's response to illicit drug use and trafficking: Legal developments and lessons for Uzbekistan

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## Abstract

**Aim:** This article examines Hungary's approach to combating illicit trafficking in narcotic drugs and psychotropic substances and implementing international legal standards. It also considers the relevance of Hungary's experience to drug policy development in Uzbekistan.

**Methodology:** The article presents a narrative documentary review of international legal instruments, Hungarian legislation, institutional reports and descriptions of law enforcement and prevention programmes. It focuses on developments in 2024–2025 and considers their relevance to drug policy in Uzbekistan.

**Findings:** The analysis identifies a restrictive approach reinforced by Hungary's 2025 anti-drug initiative and constitutional and legislative amendments. Key elements include the DELTA programme, changes to enforcement powers and diversion requirements, and mechanisms for assessing and controlling new psychoactive substances. The DADA and ELLEN-SZER programmes complement enforcement through school-based prevention intended to develop decision-making skills and strengthen trust between police and young people. These measures illustrate the combination of regulation, policing and preventive education; their description does not establish their effectiveness.

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**Value:** The article identifies potential lessons from Hungary's experience for drug policy development within the 'New Uzbekistan' reform agenda. Its practical contribution lies in recommendations concerning digital transformation, rapid assessment mechanisms for emerging synthetic drugs, and the adaptation of selected enforcement and prevention practices to Uzbekistan's institutional and legal context.

**Keywords:** drug policy, zero tolerance, Hungary, international standards

## Introduction

Illicit trafficking in narcotic drugs and psychotropic substances is a form of transnational organised crime with implications for public security, social stability and public health. The Global Drug Policy Index (GDPI) provides a framework for examining national drug policies in relation to human rights, health and development. It supports consideration of the balance between criminal justice responses, prevention, treatment and harm reduction (Dillon, 2022).

The review focuses on legal and institutional developments in 2024–2025, using earlier sources to explain their context and later institutional accounts to corroborate dates. It does not assess programme effectiveness through original empirical data. The recommendations for Uzbekistan are policy proposals whose implementation depends on the country's legal and institutional framework.

## The Global Drug Situation and the Global Drug Policy Index

According to the United Nations Office on Drugs and Crime (UNODC), approximately 316 million people aged 15–64 used drugs worldwide in 2023, excluding alcohol and tobacco. This represents 6% of that age group, compared with 5.2% in 2013 (UNODC, 2025).

The expansion of synthetic drug markets, including amphetamine-type stimulants (ATS) and synthetic opioids, presents challenges for drug control and public health responses (UNODC, 2025).

The GDPI uses 75 indicators across five dimensions: extreme sentencing and responses to drugs; proportionality of criminal justice responses; harm reduction; access to controlled medicines for pain relief; and development (Dillon, 2022).

Drug markets also operate through online channels. Developments in synthetic drugs and digital distribution underline the need to assess changes in

supply alongside health risks (UNODC, 2025; European Union Drugs Agency [EUDA], 2025b).

**Table 1.**  
*Selected global drug indicators*

| Indicator                               | Estimate and year                        | Interpretation                       |
|-----------------------------------------|------------------------------------------|--------------------------------------|
| Drug use, excluding alcohol and tobacco | 316 million people aged 15–64 (2023)     | 6% of that age group                 |
| Change over the decade                  | 246 million (2013) to 316 million (2023) | Approximately 28% increase           |
| Treatment coverage                      | 1 in 7 men; 1 in 18 women (2023)         | Among people with drug use disorders |

*Note.* UNODC (2025). Figures refer to the specified population and year.

## International Drug Control Standards and Their Implementation

The international legal framework for drug control rests on three principal United Nations conventions. They establish obligations for their parties concerning the availability of controlled substances for medical and scientific purposes and the prevention of illicit production and trafficking (Jelsma & Armenta, 2015).

### The United Nations Conventions of 1961, 1971 and 1988

- a) The Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, regulates narcotic drugs including opium, cannabis and cocaine. Its principal objective is to limit their use to medical and scientific purposes. It establishes four schedules (I–IV), classifying substances according to their risks and therapeutic value.
- b) The Convention on Psychotropic Substances of 1971 covers hallucinogens, stimulants and depressants. The distinction between ‘psychotropic substances’ and ‘narcotic drugs’ in this framework is legal rather than pharmacological: cocaine, for example, falls under the 1961 Convention, whereas amphetamine is regulated by the 1971 Convention.
- c) The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 strengthened the criminal justice components of the international control system. It introduced controls on precursors used in illicit drug manufacture, reinforced measures against money laundering and strengthened mechanisms for international legal assistance.

## **Implementation and International Cooperation**

Hungary is a party to the three drug control conventions. Its domestic legislation provides mechanisms for controlling substances and addressing drug-related offences. Treaty participation and the adoption of national measures should be distinguished from a comprehensive assessment of compliance with every treaty obligation.

### **Hungarian Drug Policy: Historical Development and Strategic Priorities**

Hungarian drug policy has developed through successive national strategies and legislative reforms. The first national strategy covered 2000–2009. The 2013–2020 strategy combined prevention, treatment and supply reduction, while the Criminal Code that entered into force in 2013 strengthened criminal law responses (European Crime Prevention Network [EUCPN], 2019). The 2025 reforms further tightened the legal framework.

### **The National Anti-Drug Strategy for 2013–2020**

The strategy adopted in 2013, entitled ‘Clear consciousness, sobriety and the fight against drug crime’, emphasised human dignity and health, personal and community responsibility, collective action, cooperation and evidence. It identified three main areas of intervention (EUCPN, 2019):

Public health and prevention: promoting healthy lifestyles among young people.

Treatment and rehabilitation: providing medical and social support for people with drug dependence.

Supply reduction: curbing drug trafficking through intensified law enforcement.

Hungarian law retains a diversion mechanism under which qualifying individuals may be exempted from punishment after completing treatment, other appropriate care or preventive education. The 2025 reform tightened access to this mechanism (Criminal Code, section 180).

## **The Hungarian Criminal Code (Act C of 2012): Offences and Penalties**

Chapter XVII of Act C of 2012 on the Criminal Code addresses drug-related offences. The following overview distinguishes the 2025 amendments from the earlier penalty ranges and refers to the relevant statutory provisions.

### **Trafficking in and Distribution of Drugs**

The basic offence of offering, supplying, distributing or trafficking in drugs is punishable by two to eight years' imprisonment. Section 176(2) provides a five-to-ten-year range for specified aggravated circumstances, including the following:

Criminal association: the offence is committed in a criminal association (*bűnszövetség*).

Abuse of official position: an official or a person performing public duties commits the offence by abusing that position.

Protected premises: the offence is committed on specified military, law enforcement or national security premises (Criminal Code, section 176(2)).

Trafficking involving a substantial quantity is punishable by five to twenty years' imprisonment or life imprisonment (Criminal Code, section 176(3)).

### **Possession and Consumption of Drugs**

Section 178 establishes liability for unauthorised cultivation, production, acquisition, possession, import and export, among other conduct. Consumption and certain forms of acquisition or possession of a small quantity for personal use are punishable by up to two years' imprisonment unless a more serious offence is established (section 178(6)).

The penalty ranges under section 178 depend on the conduct, quantity and other circumstances. The principal quantity-related distinctions are as follows:

Small quantity: specified conduct involving a small quantity may attract a maximum of two years' imprisonment under sections 178(5)–(6). Diversion is available only where the additional conditions of section 180 are met.

Basic offence: the penalty under section 178(1) is two to eight years' imprisonment following the 2025 amendment.

Substantial quantity: the penalty under section 178(2)(b) is five to fifteen years' imprisonment.

Particularly substantial quantity: the penalty under section 178(2)(c) is five to twenty years' imprisonment. For substances covered by section 461(1)–(2), the substantial and particularly substantial thresholds exceed twenty and two hundred times the relevant small-quantity ceiling, respectively. Separate rules apply to other substances.

The statutory small-quantity threshold for cannabis plants is five plants. Cultivation involving six plants exceeds that threshold but does not automatically constitute drug trafficking; classification depends on the conduct established in the case (Criminal Code, section 461(2)).

## **Protection of Minors**

Sections 177 and 179 provide aggravated rules for specified offences involving minors and protected educational or childcare settings. The penalty depends on the conduct, quantity and other statutory circumstances. Section 177(4), for example, provides a distinct one-to-five-year range for specified small-quantity cases.

## **Control of New Psychoactive Substances**

Hungary's framework for new psychoactive substances combines preliminary assessment, listing and subsequent risk assessment. Government Decree 66/2012 (IV.2.) sets out relevant procedures, while Annex 3 to Decree 78/2022 (XII.28.) of the Minister of Interior contains the NPS list. The historical label 'C-Schedule' should be understood in this evolving regulatory context.

## **Preliminary Assessment and Listing**

Under section 27 of Government Decree 66/2012, the National Drug Focal Point obtains professional opinions from the designated health and food-chain safety authorities and carries out a preliminary assessment. The procedure supports an expedited response, but its assessment deadlines do not guarantee that the entire legislative listing process will be completed within a fixed number of weeks.

Section 15/C of Act XCV of 2005 provides for risk assessment after listing. The initial assessment is generally due within one year, subject to the statutory conditions. Where evidence remains insufficient, continued classification and

further reassessment may be possible; the legislation provides for reassessment at two-year intervals in such cases.

## Regulatory Developments in 2024

Decree 56/2024 (XII.11.) of the Minister of Interior added seventeen substances, including metonitazepyne, to Annex 3 of Decree 78/2022, with effect from 14 December 2024. The preceding EU notification was submitted in October 2024 and distinguished fifteen substances detected through the European Early Warning System from two detected domestically ([URL1](#)).

**Table 2.**  
*Selected European signals concerning new psychoactive substances*

| Substance group        | European signal                                        | Scope and interpretation                                                                       |
|------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Synthetic cathinones   | 33.4 tonnes of 2-MMC reported in preliminary 2024 data | Seizure/import reporting; much of the quantity related to declared imports via the Netherlands |
| Nitazene opioids       | Seven newly notified nitazenes in 2024                 | EU Early Warning System notifications; potency varies by substance                             |
| Synthetic cannabinoids | Continuing detection in diverse products               | European market signal; not a measure of Hungarian enforcement outcomes                        |

*Note.* EUDA (2025a, 2025b). The indicators concern Europe, not Hungary alone. The preliminary 2-MMC data may include double-counting between imports and seizures.

## The 2025 Anti-Drug Initiative and Legislative Reforms

In 2025, Hungary intensified its anti-drug policy through the DELTA programme and constitutional and statutory changes. These developments need to be distinguished by their adoption and commencement dates.

### Constitutional Prohibition

The Fifteenth Amendment to the Fundamental Law was adopted and promulgated on 14 April 2025. The provision adding Article XX(3) took effect on 15 April 2025 and prohibits the production, use, distribution and promotion of drugs in Hungary. This places the prohibition at constitutional level; it does not make the provision legally unamendable.

## The DELTA Programme and Changes to Enforcement Powers

The DELTA programme began on 1 March 2025 ([URL2](#)). It provides an operational framework for action against drug-related crime. Police and prosecutorial powers derive from legislation, rather than from the programme itself. The following measures were introduced or modified during 2025:

Closure of premises: Government Decree 360/2025 (XI.18.), effective from 19 November 2025, authorised police closure for up to three months where criminal proceedings had been initiated for specified offences committed at the premises. This power was distinct from the municipal clerk's closure powers under section 5 of Act LXXV of 1999, including closure for six to twelve months in qualifying repeated cases.

Public safety detention: section 38/A of Act XXXIV of 1994 on the Police permits custody for up to 72 hours where the specified safety conditions are met. It is not an automatic consequence of intoxication, and release may be required earlier when the statutory conditions for continued custody cease to apply.

Confiscation: the Criminal Code distinguishes confiscation of instrumentalities from confiscation of criminal proceeds. The 2025 changes extended specified confiscation rules, but the legislation also contains protections relevant to third-party ownership and good-faith acquisition (sections 72–74/A).

Preventive supervision: the prosecution may order supervision under sections 295/A–295/G of Act XC of 2017 on Criminal Procedure where the statutory criteria are satisfied. Obligations include reporting and cooperation with drug-consumption testing. The initial three-month period may be extended once for a further three months.

The Kábítószér Bűnözés Elleni Hivatal (KBEH), the specialised drug-crime office within KR NNI, was established on 1 January 2025, before the DELTA programme. Its structure was expanded on 1 May 2025 through the addition of six regional divisions alongside its central division ([URL3](#)).

## Stricter Conditions for Diversion

The amendments effective from 15 June 2025 tightened the exemption under section 180 of the Criminal Code. Qualifying individuals must satisfy the statutory conditions, including admission of the offence, documented completion of at least six months of continuous treatment, appropriate care or preventive education, and, before indictment, disclosure of the circumstances and enabling identification of

the supplier. The law contains two-year exclusions and bars this exemption where the individual has already used the specified opportunity at least twice. Exclusion from diversion does not by itself make immediate imprisonment mandatory.

## **Prevention through Partnerships between the Police and Schools**

Hungary's prevention strategy includes a police-led educational model in which officers contribute to school-based education alongside their law enforcement duties.

## **The DADA and ELLEN-SZER Programmes**

DADA programme: the name refers to tobacco (dohányzás), alcohol (alkohol), drugs (drog) and AIDS. It uses age-appropriate activities to help primary school pupils recognise risks, manage conflicts and make decisions. ORFK Instruction 16/2016 (VII.21.) identifies grades 2–4 and 6–8 for the programme.

ELLEN-SZER programme: the programme develops secondary school pupils' critical thinking, responsibility and decision-making skills. ORFK Instruction 16/2016 identifies grades 9–11. A related school crime-prevention adviser model described by EUCPN involves officers wearing civilian clothing and using ELLEN-SZER modules to work with young people (EUCPN, 2019).

## **The Police Drug Prevention Programme**

The Rendőrségi Drogprevenációs Program (REDP), or Police Drug Prevention Programme, was introduced for the 2025/2026 school year. A government announcement reported 3,049 participating professionals, including 2,222 police officers. Activities included workshops involving pupils, teachers and parents, alongside community and online prevention ([URL4](#)).

## **International Cooperation and Joint Operations**

Hungarian authorities cooperate with European partners in addressing cross-border drug trafficking. Participation in EMPACT and the use of Eurojust-supported

joint investigation teams illustrate complementary forms of operational cooperation (EUCPN, 2019; [URL5](#)).

## Examples of Cross-Border Cooperation

Hungary's geographical position makes cross-border cooperation relevant to regional trafficking routes. Rather than assigning every operation to a single route, the following examples illustrate how investigations can connect European authorities with countries of origin and transit.

Two operations reported by Eurojust in 2025 illustrate this cooperation:

Slovak–Hungarian cooperation: Eurojust reported on 24 October 2025 that an operation had resulted in 22 arrests in a case involving suspected trafficking in cocaine, hashish and cannabis worth at least €175 million. Authorities had pooled investigations in 2024, and a joint investigation team was established in 2025. Shipments were linked to Panama and the Dominican Republic ([URL5](#)).

Methamphetamine precursor trafficking: an operation on 11 November 2025 involved authorities in the Czech Republic, Romania, Moldova and Hungary. Eurojust reported fifteen arrests, including two in Hungary ([URL6](#)).

At EU level, Eurojust's cooperation with Latin American partners is supported by EL PAcCTO 2.0 ([URL9](#)). This wider framework complements the discussion of international cooperation by illustrating opportunities for professional exchange beyond Europe.

## Critical Perspectives and Social Implications

The 2025 approach has also generated public debate. Critical commentary raises questions about harm reduction, the consistency of prevention messages and the proportionality of enforcement. The following discussion examines these concerns as expressed in public commentary ([URL7](#)).

## Harm Reduction Services

Kardos's commentary describes reduced resources and the closure of major harm-reduction services in Budapest ([URL7](#)). Assessing changes in funding and their health consequences requires comparable expenditure data and epidemiological evidence.

## **Alcohol and Illicit Drug Policies**

Kardos also questions the consistency of strict illicit-drug enforcement alongside public support for rural pubs ([URL7](#)). This criticism raises a broader question about the coherence of public-health messages across policies addressing different psychoactive substances.

## **Proportionality and Public Trust**

The same commentary raises concerns about nightclub operations and street searches ([URL7](#)). Evaluating their legality and proportionality requires case-specific evidence; commentary alone does not establish that particular police actions were unlawful.

## **European Context and Implications for Uzbekistan**

The European Drug Report 2025 covers drug supply, use, treatment and harm reduction ([EUDA, 2025b](#)). These dimensions provide a broader context for considering Hungary's approach and underline the value of assessing legal measures alongside health and service indicators.

## **Conclusions and Recommendations for 'New Uzbekistan'**

The analysis of Hungarian drug policy and the implementation of international standards identifies several approaches that Uzbekistan could consider:

## **Rapid Assessment of New Psychoactive Substances**

Hungary's assessment and listing procedures offer an example for examining how Uzbekistan could respond to emerging synthetic substances. Any proposal for temporary controls, including a six-to-twelve-month period, would require assessment against Uzbek law, scientific capacity and procedural safeguards.

## School-Based Prevention Involving the Police

The DADA and ELLEN-SZER programmes provide examples for considering structured, interactive prevention involving the police and schools. The applicability of these practices to school inspector-psychologists in Uzbekistan should be assessed in the local educational and institutional context (EUCPN, 2019).

## Tackling Online Drug Trafficking

Uzbekistan could consider strengthening forensic and cryptocurrency-analysis capacity to investigate online drug trafficking. Implementation would require suitable technical expertise, inter-agency coordination and safeguards governing the collection and use of digital evidence.

## Strengthening International Cooperation

The Slovak–Hungarian joint investigation team offers an example of coordinated cross-border investigation ([URL5](#)). Any adaptation in Central Asia would depend on the region’s legal assistance arrangements, institutional responsibilities and information-sharing safeguards.

## Enforcement, Rehabilitation and Prevention

Consideration of Hungary’s sentencing and enforcement framework should also address medical and social rehabilitation. Uzbekistan’s emphasis on crime prevention, reflected in the presidential meeting of 15 November 2017, provides a relevant domestic context ([URL8](#)). The comparative discussion supports considering enforcement alongside social support and prevention; it does not demonstrate a causal relationship between stricter penalties and improved drug-policy outcomes.

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## Legal instruments cited

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English descriptions of Hungarian instruments are provided for reference. The authoritative Hungarian texts and relevant historical versions should be consulted. The discussion distinguishes the measures introduced during 2025.

Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol.

Convention on Psychotropic Substances, 1971.

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

Fundamental Law of Hungary, Fifteenth Amendment (14 April 2025), Articles 5 and 12.

Act C of 2012 on the Criminal Code, sections 72–74/A, 176–180 and 461.

Act XIX of 2025 on amendments to certain acts concerning action against drugs, original promulgated text.

Act XXXIV of 1994 on the Police, sections 37–38/B.

Act LXXV of 1999 on rules for combating organised crime and related phenomena, section 5.

Act XC of 2017 on Criminal Procedure, sections 295/A–295/G.

Act XCV of 2005 on medicinal products for human use and amendments to other acts regulating the pharmaceutical market, section 15/C.

Government Decree 66/2012 (IV.2.), section 27, on activities involving narcotic drugs, psychotropic substances and new psychoactive substances.

Decree 78/2022 (XII.28.) of the Minister of Interior on controlled substances, Annex 3.

Decree 56/2024 (XII.11.) of the Minister of Interior amending Decree 78/2022.

Government Decree 360/2025 (XI.18.), section 2, introducing police closure of premises during the state of danger. Historical instrument, effective from 19 November 2025; repealed on 1 January 2026.

ORFK Instruction 16/2016 (VII.21.) on the uniform implementation of child and youth protection programmes, point 5.

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