Review article / Artykuł przeglądowy

Pro-alcohol policy in a country of heavy drinkers – governmental actions in Hungary between 2010 and 2025

Polityka proalkoholowa w kraju o dużym spożyciu alkoholu – działania rządu na Węgrzech w latach 2010–2025

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Abstract

Introduction: Alcohol consumption in Hungary has long exceeded the European average and harmful drinking patterns remain deeply embedded in social norms and cultural traditions. Despite high levels of alcohol-related morbidity and mortality, no comprehensive national alcohol policy has been implemented in recent decades. Analysing the documents and available empirical evidence, the paper examines government activity between 2010 and 2025, when alcohol-related harm remained substantial yet largely unaddressed by public policy.

Discussion: The paper demonstrates that no substantial efforts were made to reduce alcohol-related harm during this period. Instead, several policies either directly or indirectly promoted alcohol use. The liberalisation of home distillation increased unregistered alcohol production and consumption. Tobacco-shop legislation expanded 24-hour alcohol availability and contributed to the rise

Streszczenie

Wprowadzenie: Spożycie alkoholu na Węgrzech od dawna przekracza średnią europejską, a szkodliwe wzorce picia pozostają głęboko zakorzenione w normach społecznych i tradycjach kulturowych. Pomimo związanego z alkoholem wysokiego poziomu zachorowalności i śmiertelności, w ostatnich dekadach nie wdrożono kompleksowej krajowej polityki antyalkoholowej. W artykule, posługując się dokumentami i dostępnymi danymi empirycznymi, przeanalizowano działania rządu w latach 2010–2025 – okresie, w którym szkody związane z alkoholem były znaczne, ale w dużej mierze nieuwzględnione w polityce publicznej.

Omówienie: W artykule wykazano, że w tym okresie nie podjęto żadnych znaczących działań mających na celu ograniczenie szkód związanych z alkoholem. Zamiast tego wprowadzono kilka rozwiązań, które bezpośrednio lub pośrednio sprzyjały konsumpcji alkoholu. Liberalizacja domowej destylacji spowodowała wzrost nielegalnej produkcji i konsumpcji

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of public drinking. The pub-support programme provided financial incentives to establishments serving alcohol without public health justification. Finally, the so-called "paedophile law" restricted civil society's access to schools, significantly reducing substance-use prevention activities focused on young people.

Conclusions: The paper suggests that political, ideological and symbolic motivations rather than public health considerations have shaped alcohol-related decision-making. The study concludes that the government's actions collectively promoted alcohol consumption and deepened its social entrenchment.

Keywords: Alcohol consumption, Alcohol policy, Governmental actions, Hungary, Public health.

alkoholu. Ustawa o sklepach tytoniowych pozwoliła na dostęp do alkoholu przez całą dobę i przyczyniła się do wzrostu jego spożycia w miejscach publicznych. Program wsparcia pubów zapewnił zachęty finansowe dla lokali serwujących alkohol bez uwzględnienia problemu zdrowia publicznego. Ponadto tzw. ustawa o pedofilach blokowała dostęp przedstawicieli społeczeństwa obywatelskiego do szkół, znacznie ograniczając działania profilaktyczne dotyczące używania substancji psychoaktywnych przez młodzież.

Wnioski: W artykule zasugerowano, że na decyzje władz związane z alkoholem wpływały raczej motywacje polityczne, ideologiczne i symboliczne niż względy zdrowia publicznego. W badaniu udowodniono, że podejmowane przez rząd działania promowały spożycie alkoholu i utrwalały jego społeczne zakorzenienie.

Słowa kluczowe: konsumpcja alkoholu, polityka wobec alkoholu, działania rządu, Węgry, polityka zdrowotna.

Introduction

Hungary has long ranked among the European countries with the highest levels of alcohol consumption as measured by per capita alcohol use and alcohol-related liver mortality. According to WHO data for 1996, recorded per capita consumption of pure alcohol among adults aged 15 and over was 12.85 litres, ranking Hungary 10th out of 153 countries. In that year, only seven European countries reported higher levels: the highest per capita consumption (15.15 litres) was recorded in Slovenia, followed by Luxembourg, the Czech Republic, France, Portugal and Yugoslavia. According to WHO data for 57 countries for 1997, the standardized death rate (SDR) per 100,000 population for chronic liver disease and cirrhosis (ICD-9 Code 571) was the second highest in Hungary after Moldova (Moldova: 69.2; Hungary: 46.6). Similarly, Hungary ranked second after Lithuania in SDR per 100,000 population for alcohol dependence syndrome (ICD-9 Code 303) (Lithuania: 10.0; Hungary: 7.6) [1, 2]. From the first decade of the 21st Century both indicators began to improve in line with European trends. In Hungary in 2022, recorded per capita alcohol consumption among the over-15s was 10.6 litres of pure alcohol, which still exceeds the European average (10 litres) [3]. Alcohol-attributable deaths were 45.8 per 100,000 inhabitants in 2019, which is lower than the European Region average (52.9) [4].

This improving trend in consumption and mortality is not reflected in self-report surveys among young people as shown by internationally comparative surveys. The 2024 Hungarian data from the ESPAD (European School Survey Project on Alcohol and Other Drugs) study reveal particularly unfavourable trends among Hungarian youth in a European comparison. In 1995, the first year of the ESPAD project, Hungarian adolescents showed more favourable indicators of alcohol consumption than the European average (proportion of current drinkers in Hungary: 47%, European average: 55%, proportion of heavy episodic drinkers in the previous month in Hungary: 22%, European average: 36%). However, the increase in both indicators was larger and lasted longer in Hungary than in Europe on average, and the more recent decline in current drinking has been weaker in Hungary while heavy episodic drinking has increased again since 2015 contrary to European trends. As a result, based on the 2024 survey data, the prevalence of current users far exceeds the European average (74% vs. 42%). Hungary's 16-year-olds show the highest heavy episodic-drinking prevalence

in Europe (Hungary: 42%, Europe: 31%). Hungarian 16-year-old students also rank first among ESPAD countries in lifetime prevalence (Hungary: 91%, European average: 74%) and in the proportion reporting drunkenness in the past month (Hungary: 22%, Europe: 13%). Consequently, the relative position of Hungarian youth has deteriorated; while Hungary belonged to the more favourable group of countries in 1995, by 2024, due to weaker improvements in current alcohol use and worsening heavy episodic drinking, Hungarian adolescents have become among the heaviest alcohol consumers in Europe [5].

The 2021/22 Health Behaviour in School-aged Children (HBSC) study data show a similarly unfavourable situation in Hungary; the proportion of adolescents who have ever consumed alcohol is the second highest among HBSC countries (among 13-year-olds: girls 51%, boys 47%, among 15-year-olds: girls 78%, boys 75%). The highest prevalence among 13-year-olds was reported in the United Kingdom (England) and among 15-year-olds in Denmark. Hungary also ranks second after Denmark in the proportion of 15-year-olds who have been drunk at least twice in their lifetime (Hungarian girls: 38%, Hungarian boys: 37%). Hungarian adolescents also lead in the prevalence of alcohol consumption in the past month [6].

Although excessive alcohol consumption has always played a major role in Hungary's extremely high mortality and morbidity statistics as well as in the high prevalence of other alcohol-related problems (e.g. drunken-driving) [7], efforts to reduce alcohol use have been scarce in the history of Hungarian political or public discourse. While temperance movements did exist sporadically at the beginning of the 20th Century, they had disappeared entirely by the 1920s. The only exception was the 133 days of the Hungarian Soviet Republic in 1919 when, invoking traditional abstinence slogans ("we have chained alcohol," "those who still want alcohol now also want slavery," "the liberated proletarian despises the instruments of stupefaction and destruction," etc. [8]), complete alcohol prohibition was introduced.

In the 1950s after the Second World War, the official political ideology line was that the alcohol problem was merely a remnant of capitalism and would automatically disappear under socialism and thus required no intervention [9]. Explicit alcohol policy existed only in the decade preceding the political transition between 1980 and 1989. This is the only decade in Hungarian history when severe alcohol use and alcohol-related problems became central issues for both politics and society. In this period, the institutionalisation of alcohol-related responses and a moderate alcohol-restrictive policy emerged. Also, certain supply reduction measures were introduced (protected areas, prohibition of workplace drinking, ban on morning alcohol sales, etc.) [2, 9-11].

During the 1980s, excessive alcohol consumption was recognised as a problem to be solved not only by the official political leadership but also by the political opposition. It is noteworthy that the opposition attributed great importance to the alcohol problem, holding the government responsible for the excessive alcohol consumption in Hungarian society and claiming that the system explicitly encouraged it [10, 12, 13]. According to Andorka [9: 274], the fact that the opposition came to view alcohol as a problem in the 1980s can primarily be attributed to the Polish Solidarity movement, "which adopted a strongly anti-alcohol position during the 1980s."

Following the political transition, during the 1990s and in the present day, severe alcohol use, alcohol dependence and related problems have completely disappeared from political and public attention. This was reflected in the abolition of some restrictive measures (like the morning sales ban), the increasing availability of alcoholic beverages, the authorisation of alcohol advertising as well as reductions in treatment options and research capacities [2, 9]. In the decade following the transition, heightened political and professional interest in illicit drug-related issues prevented alcohol problems from disappearing entirely; drug prevention programmes and drug use studies were extended to include alcohol and the limited budget allocated to drug policy could be used to a minor extent for alcohol-related professional fields. However, in the early 2000s, alongside the fading of attention to alcohol problems, interest in drug issues also declined; thus, the 2000s featured political indifference toward both problems [13].

Various professional groups have attempted several initiatives to develop a comprehensive alcohol policy and strategy addressing alcohol-related problems. In 2006, a professional group at the National Institute of Addictology prepared a draft alcohol policy in line with the EU Alcohol Strat-

egy; this draft was updated in 2009. Later, the National Institute for Health Development's National Addictology Centre prepared an alcohol policy programme in 2013. Although these initiatives were based on professional cooperation and consensus, none became governmental programmes or governmental policy [11]. As Rácz and Kassai-Farkas put it: "The 2010s can be described as a failure of public policy and financing. Politics turned away from addiction-related problems – indeed, as we have seen, it has not truly taken note of alcohol problems since the political transition, nor before" [11: 62].

State institutions responsible for addiction-related professional issues were gradually dismantled. The National Institute of Addictology was abolished in 2008 and its responsibilities were transferred to the National Addictology Centre within the National Institute for Health Development, which operated with a much smaller staff (approximately three employees) and was itself dissolved a few years later. The National Drug Prevention Institute, which primarily focused on illicit drugs, was closed in 2016. No other state institution effectively assumed the responsibilities of these bodies. Although the National Institute of Psychiatry and Addictions was established in 2013, this largely amounted to the renaming of an existing hospital addiction unit, without any additional responsibilities beyond clinical care.

There are several professional organisations dedicated to communicating the professional position of addictology to policymakers of which the most prominent is the Hungarian Association on Addictions. This regularly evaluates government measures, offers professional expertise and voices opinions in the media on its own initiative rather than at governmental request. Another civil organisation working on drug-related issues is the Civil Coordination Forum on Drug Affairs, which has issued policy recommendations, position papers and occasionally conducts research. The latest publicly available information on its activities dates to 2021. The Drugreporter, a drug policy website of the Rights Reporter Foundation, founded in 2004 to promote drug policy reform advocacy in the region, conducts particularly active public education and opinion-shaping work. However, due to the highly centralised government policy of the past 15 years, these organisations and experts have had virtually no influence on political decision-making.

From the above, it is evident that, since the political transition, no political party or government has regarded alcohol problems as a social issue requiring substantial policy intervention or action. The complete neglect of the problem has characterised every government so far, and in this respect past governing parties did not differ from the current one. In this study, we aim to demonstrate that the government in office for the past 15 years has not only neglected to take any action to reduce alcohol-related problems in Hungary but, motivated by various considerations, has enacted several measures that directly or indirectly support or promote alcohol consumption, disregarding all expert opinions and professional materials that drew attention to the health and social harm caused by alcohol.

Methods

We present the laws and decrees adopted between 2010 and 2025 that affected alcohol-related issues in some way (Table I).

We seek to demonstrate how these governmental measures, either directly or indirectly, have contributed to the social acceptance of alcohol consumption and strengthened its embeddedness in society. Based on the available evidence, we also formulate hypotheses regarding the governmental motivations underlying these measures.

In addition to describing and interpreting the relevant legislation, we present research findings examining its effects and consequences. However, due to governmental disinterest and the resulting lack of financial resources, scientifically robust evidence in this area remains very limited. Consequently, this study also draws extensively on information published in newspapers, online news outlets and other digital platforms.

No systematic literature review has been conducted as Hungarian academic literature on this topic is extremely limited and only a few authors have addressed it; their work is known to the author of this study. Therefore, the literature search was based partly on the reference lists of published (and cited) studies, partly on Google Scholar searches for the names of the few Hungarian experts and partly on keyword searches related to laws, decrees and their effects. As a result, we

Table I. Laws and decrees affecting alcohol use in Hungary (2010-2025)

Year	Legal Act	Subject
2010	Act XC of 2010 (amending Act CXXVII of 2003 *on excise duty and the special rules governing the trading of excise goods*)	The so-called "Pálinka Law": Legalised private home distillation up to 86 litres of 50% ABV (Alcohol by Volume) spirits per year, tax-free.
2012	Act CXXXIV of 2012 *on the Reduction of Youth Smoking and on the Retail Sale of Tobacco Products*	The so-called "Tobacco-Shop Law": Established a state monopoly over tobacco retail through licensed National Tobacco Shops.
2017	Government Decree (Jan 2017)	It permitted tobacco shops to sell wine, beer and sparkling wine.
2020	Act CXVIII of 2020, Section 84	Excise law was amended restoring tax-free private home distillation from 2021.
2021	Act LXXIX of 2021 *on the Stricter Measures Against Paedophile Offenders and the Amendment of Certain Laws for the Protection of Children*	The so-called "Paedophile Law" that restricted sexual education and limited civil organisations' access to schools.
2025	BM (Belügyminisztérium – Ministry of the Interior) Decree 18/2025 (VI.4.)	School Prevention Programme Regulation that introduced mandatory registration and approval of prevention programmes providing any kind of educational and preventive programmes for schools.
2025	Kisfaludy Programme	Pub Support Programme that provided government subsidies to pubs in small rural settlements.

primarily identified a relatively large body of grey literature as well as media coverage.

■ Review

In the following section, we examine four policy packages: the Law on Pálinka Liberalisation, the Tobacco-Shop Law, the Pub Support Programme, and the Paedophile Law that most clearly characterise the Hungarian government's approach to the alcohol problem over the past 15 years. Beyond the declared and underlying objectives of these laws and regulations, we seek to identify the possible motivations and consequences of governmental measures.

The law on the liberalisation of Pálinka* distillation

Legal regulation and historical background. Immediately after FIDESZ came to power in 2010, Parliament adopted an amendment to *Act CXXVII of 2003 on excise duty and the special rules governing the trading of excise goods*. This amendment in Chapter VIII of Act XC of 2010 has become widely known as the "Pálinka Law". The government justified the amendment by stating that "the proposal seeks to abolish rules that unreasonably restrict the value-creating and value-preserving activities of rural people, removing constraints that disregard traditions" (Zsolt V. Németh's speech in the debate on Bill T/581 on the adoption and amendment of certain economic and financial laws cited by Erdős) [14: 56].

The production of distilled spirits and the tradition of home distillation indeed have deep historical roots in Hungary. In the early 14th century, Italian settlers introduced the production of distilled wine at the beginning with the purpose of curing. Soon, its use as a recreational beverage also emerged, and by the 16th and 17th Centuries distillates made from grain and later from fruit appeared alongside those made from grapes. The first reference to the "right" of home distillation dates to 1550, when Ferdinand I granted the citizens of Lőcse permission to distil Pálinka for personal use. Later, Act VI of 1836 granted peasants the right to distil spirits for their own consumption. This Act codified the rules of the Urbarium introduced by the Empress Maria Theresa in 1767 [15].

In 1850, Pálinka production became a state monopoly; distillation required a licence and could only be carried out by registered distilleries subject to taxation. At the same time, production up to 113 litres per year was exempt from tax [16]. According to data by Kárpáti [15], between 1867 and 1880 there were 100,000 taxable and 150,000 non-taxed household producers in the country.

*Pálinka – traditional Hungarian fruit brandy distilled from fermented fruit with a pure alcohol content of 35-60%.

In 1881/82, a total of 2,377,019 hectolitres of spirits were produced tax-free at home. Between the two world wars, Act XXX of 1920 tightened the regulations, maintaining the state monopoly and requiring state licensing and strict taxation for distilleries.

After the Second World War, the distilleries were nationalised like other sectors of the economy. More detailed regulation was provided by Act XXXII of 1967, which required a licence for the production of any alcoholic beverage and prohibited distillation by private individuals. Contract distilleries could produce spirits on behalf of private people, but excise duty had to be paid. After the political transition, private contract distilleries could reappear, but home distillation remained prohibited by Act XLV on Customs and Finance Security of 1991.

The amendment adopted in 2010 under Act XC on certain economic and financial matters brought significant changes for private individuals with respect to Pálinka production. The central element of the amendment was the legalisation of home distillation; individuals aged 18 or older who owned fruit trees were allowed to produce spirits at home from their own fruit using an equipment designed specifically for this purpose of up to 100 litres capacity, up to an annual limit of 2 hectolitres of pure alcohol. Production of 86 litres of 50% ABV spirits was exempt from taxation. Contract distillation, which had previously existed, was subjected to a reduced excise duty up to the same 86-litre limit [14].

However, European Union regulations required Hungary to abolish the practice of tax-free home distillation. Thus, from 1st January 2015, private distillers were obliged to pay a distillation tax in the form of a párlatadó-jegy (spirit tax stamp). One stamp cost 700 HUF (approximately 1.75 Euros) per litre, with a minimum annual purchase of five stamps and a maximum of 86 stamps per year [17, 18]. Private distillers did not have to report distillation in advance and equipment under 100 litres did not require authorisation [14].

In 2020, the excise law was amended again by Section 84 of Act CXVIII of 2020; from 2021, private distillation for household consumption of fruit-based spirits was made tax-exempt up to the equivalent of 86 litres of 50% ABV spirits, meaning the obligation to purchase tax stamps was abolished [16, 19].

With the 2010 amendment and subsequent changes, ***the government effectively legalised and made tax-free the production of up to 86 litres per household annually, a form of home distillation that had been prohibited or taxed for nearly 160 years.*** While the various provisions contain certain quantitative restrictions, these limits still allow for substantial production volumes [19].

Consumption of Home-Distilled Pálinka Based on Research. Research suggests that the popularity of home-distilled (and/or contract-distilled) Pálinka has increased not only because legalisation made it cheaper and more easily accessible, but also because, despite varying evaluations of quality, home-produced Pálinka is often well-received in terms of quality.

Totth *et al.* [20] found that the prestige of home-distilled or contract-distilled Pálinka remains intact. According to a study by Fodor, Hlédik and Totth [21], 70% of respondents believed that commercial Pálinka is inferior to homemade versions (cited: [22]). Another study by Totth, Zarádné and Mezőné [20] showed that the quality of home-produced spirits is extremely varied; some are of genuinely excellent quality, while others are hardly suitable for human consumption. Research conducted in contract distilleries by Zsótér and Molnár [23] (cited: [24]) revealed that 65% of contract distillers viewed home distilling negatively due to concerns about questionable quality, safety risks and likely violations of quantity restrictions. In a small-area focus group study involving professionals in helping occupations, participants noted that although homemade Pálinka can indeed be high quality, "adulterated" spirits are common, especially among poorer populations [25].

Quantitative data on the scale of home distillation (whether private or contract-based) is limited, making it difficult to estimate the extent to which the Pálinka Law has influenced the supply of alcohol or played a role in consumption patterns. NAV (Nemzeti Adó és Vámhivatal – National Tax and Customs Administration) data on tax stamps purchased by contract distillers and on registered distillation equipment under 100 litres offer partial insight into the scale of private production.

According to Harcsa [24], more than 12,000 distillation devices were registered in 2015 in the first year of the reporting requirement. By 2018, this had almost doubled reaching 23,662. The number of contract distillers rose from 280,000 in 2009 to

nearly 400,000 by 2014. However, between 2015 and 2018, the number of contract distillers fell by between 50,000 and 70,000, which Erdős [14] attributes to the introduction of the tax requirement in 2015: many former legal contract distillers likely shifted to home production or otherwise avoided registration with NAV.

These numbers most likely underestimate the true scale of home distillation. NAV estimates indicate that only about one-quarter of private distillers purchased tax stamps and that they produced more alcohol than the legal limit [19]. Two small-area studies found that only a small fraction of respondents who reported distilling Pálinka purchased tax stamps and they bought far fewer than would have been required for the quantities they claimed to produce [26].

NAV also estimates that the actual volume of contract-distilled spirits exceeds the officially reported volume by about 20%, meaning that not only home production, but also part of the licensed distillery production contributes to unregistered, illicit alcohol consumption [14]. According to focus group findings from two small regions [25], illegally produced Pálinka is sometimes sold through informal channels like unlicensed vendors, pubs and entertainment venues or is purchased directly from local residents or itinerant sellers.

Using NAV data, Harcsa [24] also estimated the budgetary revenue loss caused by tax-free Pálinka production between 2011 and 2014 (the period between legalisation and the removal of tax exemption). Excise revenue losses from contract distillation rose from 8.52 billion HUF (approximately 21.3 million Euros) in 2011 to nearly 15.4 billion HUF (approximately 38.5 million Euros) in 2014.

Prior to recent studies, there were no self-report surveys in Hungary assessing the scale of unregistered alcohol production, including home-distilled Pálinka. In 2020 and 2021, Elekes and Arnold [26] investigated home distillation and contract distillation in two Hungarian micro-regions. Their findings show that a large proportion of respondents perceived the consumption of illicit alcohol as typical in their communities, while only about 15% reported personally producing, having distilled or acquiring alcohol from unofficial sources. Home distillation or contract distillation was more common in both areas, while in one border region the import of alcohol through illegal cross-border channels was also more significant. Tax stamp purchase was not typical in either region, meaning that home distillation occurred without taxation and thus illegally. In both micro-regions, the procurement of spirits from unregistered sources was widespread. Compared with self-reported consumption data, they estimated that 28% of total alcohol consumption in the Siklós and 25% in the Záhony areas came from unregistered sources, which is higher than previous international estimates for Hungary [4, 27].

Overall, due to weaknesses in detection, statistical recording limitations and the probable large number of unregistered distillation devices, NAV data cannot accurately determine the true volume of unregistered Pálinka produced through home and contract distillation. However, NAV data clearly shows increases in unregistered production once the law came in force [14]. Findings from population-based micro-regional research likewise demonstrate that unregistered alcohol consumption is widespread in the studied communities and accounts for a significant proportion of overall alcohol consumption [26].

The Tobacco-Shop Law

In 2012, the Hungarian Parliament adopted *Act CXXXIV on the Reduction of Youth Smoking and on the Retail Sale of Tobacco Products,* commonly known as the "Tobacco-Shop Law" (trafiktörvény). The stated aim of the law was to restrict opportunities for young people to smoke and to increase state control, essentially introducing a state monopoly, over the retail trade of tobacco products. Accordingly, only those gaining a concession licence through a tendering process were permitted to operate a tobacco shop. The establishment of these new National Tobacco Shops (Nemzeti Dohányboltok) was tied to population size. The law also stipulated that minors could not purchase tobacco products nor enter shops selling them, that prices were fixed, and that only authorised goods (like tobacco, newspapers, lottery tickets, soft drinks) could be sold [28].

The adoption and implementation of the law were followed by extensive debate and criticism, primarily in the Hungarian press but also among experts [29]. Several studies examined its impact on smoking habits, retail trade and state revenues and often discussed in journalistic analyses. Criticism largely concerned the monopolisation of tobacco retail, the lack of transparency, and

the awarding of concessions to those with links to the governing party. It was noted that only 15% of those gaining concessions had previously been engaged in similar retail activity [29], and several case studies revealed that many were awarded in ways inconsistent with the officially stated selection criteria [30]. A consequence of the law was the reduction of the previous network of approximately 40,000 points of sale (small shops, petrol stations, pubs) to merely 5,000-6,000 tobacco shops, and around 1,500 municipalities were left without any outlet selling tobacco [29].

Based on NAV data, among the Law's observed consequences was the growth of the illicit tobacco market and the bankruptcy of small grocery shops, which had often derived around 30% of their income from tobacco sales and thus suffered major income loss after the reform. However, some small shops attempted to compensate for this loss by increasing their alcohol sales. According to NAV data, between 2013 and 2015 alcohol sales in small grocery shops increased by 12% [29-32].

Ádám's analysis focused on the decline in state revenues from legal tobacco sales, showing, based on NAV data, that revenues decreased while the share of the illicit market increased from 5.1% to 11.8% of total tobacco sales in 2014 [33].

While the tobacco shop law has attracted intense criticism, from the perspective of this study, its impact on alcohol sales is of central importance.

Already in the first year following implementation, it became clear that the revenue of the new National Tobacco Shops fell far short of expectations. Between 2012 and 2013, legal sales of boxed cigarettes declined by about one-third, due partly to a shift toward cheaper hand-rolled cigarettes and partly to the expansion of the black market [30, 33, 34]. A government report at the end of 2013 indicated that many national tobacco shops were struggling financially with revenues below or just about at sustainability levels. To increase income, the originally planned 4% profit margin was raised to 10%, and the range of permissible products was expanded. The first expansion occurred during the year the law was passed [29]. In January 2017, a government decree ***permitted the sale of low-alcohol beverages*** (wine, beer, sparkling wine) in tobacco shops. In 2019 the list expanded further, including items such as packaged tea, non-refrigerated dairy products and batteries. Allowing tobacco shops to sell alcoholic beverages thus increased the number of outlets where alcohol could be purchased.

Access to alcohol was further expanded by permitting tobacco shops to operate 24 hours a day, thereby allowing 24-hour alcohol sales. Although local governments may restrict alcohol sales between 10:00 p.m. and 6:00 a.m. for shops open around the clock, this authority does not extend to the state-owned National Tobacco Shops. As a result, ***tobacco shops provide nighttime access to alcohol*** even in areas where other shops are forbidden to sell it during these hours.

The decree authorising tobacco shops to sell alcohol ***prohibits the consumption of alcohol inside the shop***. However, it has become widespread practice for customers to consume alcoholic beverages immediately outside the shops. Although no systematic research exists on the topic, journalistic accounts and interviews with residents and mayors indicate that public drinking in front of tobacco shops has become an increasing problem in many communities [35, 36]. While Hungarian law does not prohibit alcohol consumption in public spaces, municipalities may regulate it. Yet most municipalities lack the resources to enforce such regulations, and only about 140-150 of Hungary's 3,150 municipalities introduced restrictions of this kind between 2017 and 2021 [35].

Only news reports provide insight into the local impact: in some municipalities, outdoor drinking has reached unmanageable proportions. For example, a 2018 report by Óbuda-Békásmegyer (information portal of one of the districts of the capital) described numerous complaints requesting that the mayor's office take action against public drinking, littering and noise in the vicinity of tobacco shops, even calling for their closure [37]. In one small town, public drinking escalated to such an extent that the mayor imposed a complete local alcohol prohibition; intoxicated individuals crowded the streets, sometimes collapsing on sidewalks [36].

In response to growing complaints, in 2019 the leader of the FIDESZ parliamentary group submitted an amendment seeking to prohibit nighttime alcohol sales in National Tobacco Shops [38]. The proposal was later withdrawn without explanation.

In 2023, the mayor of a Budapest district requested that the government allow the district's alcohol sales restrictions (prohibiting nighttime

sales) to apply to National Tobacco Shops as well arguing that in most municipalities customers consume alcohol purchased in these shops directly on the street. The government rejected the request without explanation [39].

That same year, another district mayor reported that alcohol purchased in tobacco shops was frequently consumed noisily on the street, disturbing residents. Although the district bans alcohol sales in shops between 10:00 p.m. and 6:00 a.m., it cannot regulate National Tobacco Shops [40].

In 2025 yet another Budapest mayor initiated a proposal calling on Parliament to amend the relevant regulations to align alcohol sales rules for tobacco shops with those applicable to 24-hour grocery stores. This would mean that neither petrol stations nor tobacco shops could sell alcohol between 10:00 p.m. and 6:00 a.m. This initiative also remained unanswered. Today, National Tobacco Shops, especially in small settlements, have become important locations for both alcohol sales and consumption [41].

Overall, despite the law's stated aim of reducing youth smoking and establishing a state monopoly over tobacco retail, it failed to reduce youth smoking (and likely could not have) as ESPAD 2024 data indicates: while youth smoking declined across much of Europe, it increased in Hungary, making the country a European leader in adolescent smoking [5].

As numerous analyses show, the law successfully restructured the tobacco market, placed it entirely under state control, and channelled profits to a narrow group linked to the governing party. At the same time, in pursuit of higher profits for tobacco shops, the government authorised 24-hour alcohol sales. Consequently, the tobacco shop law, through unintended or unacknowledged effects, ***contributed to increased nighttime availability of alcohol and to the spread of public drinking in many Hungarian municipalities***.

The pub support programme

Already at the time of the adoption of the tobacco shop law, many argued that small settlements would not be able to sustain two shops like a small grocery store, a pub or a tobacco shop [29]. By placing tobacco shops under a state monopoly, and thus removing them from market competition, the law worsened the competitive position of small shops and pubs. According to data from the Hungarian Central Statistical Office (KSH), between 2010 and 2023 the number of bars and drinking establishments (italboltok)** in Hungary decreased by 47%. This decline was observed across all types of settlements, but it was most pronounced in villages, where the number fell by more than 50% from 5,737 to 2,751 [36]. Although the number of other types of hospitality venues also decreased, the decline (10%) was far smaller than that observed for pubs [42].

In February 2025, Minister of Economic Development Márton Nagy announced that ***the government would launch a "Pub Programme"*** (kocsmaprogram). Within the Kisfaludy Programme (a scheme originally designed to support tourism), a call for proposals was issued ***to strengthen the competitiveness of hospitality venues in small settlements that specialise in serving alcoholic beverages***. According to the justification for the programme "The number of rural establishments belonging to this category has significantly declined in recent years, due in part to the increasing burdens caused by rising energy and labour costs, as well as competition from tobacco shops and small grocery stores (…). Small shops and tobacco shops have replaced pubs. Reversing this trend requires intervention, as drinking establishments in these villages function not only as venues for hospitality but also as community spaces" [43: 3]. According to the Minister "The village pub has always been the soul of the village, a touristic, hospitality, or even cultural meeting point, therefore it is important to support their maintenance and development" [44].

The initial budget for the grant programme was 1 billion HUF (approximately 2.5 million Euros), which was later increased to 1.8 billion (approximately 4.5 million Euros). Pubs, bars, and wine bars operating in settlements with fewer than 1,000 inhabitants could apply for non-refundable support of 3 million HUF (approximately 7,500 Euros). The support could be used for practically anything: equipment purchases, energy efficiency, wages, operational costs, marketing or rebranding. Notably, under the category of marketing and rebranding, one of the highlighted objectives was to strengthen social media presence and ***targeted promotional campaigns aimed at younger generations***.

**"The bars and drinking establishments" includes units classified as drink shops, bars, as well as cafés and catering establishments specialising in non-alcoholic beverages.

The press interpreted this as an explicit attempt to "lure in young people" [45].

The programme quickly became popular, and on 10 April 2025 the economic weekly HVG (Heti Világgazdaság) reported that 80% of eligible establishments had already submitted applications [46]. Later, the call for proposals was expanded several times: the budget was increased to 1.8 billion HUF (approximately 4.5 million Euros), the population threshold was raised to 2,000 inhabitants and the programme was opened to so-called "zero-kilometre companies"; that is, establishments did not need to have a closed financial year as it was sufficient for the pub to be operating at the time of application [46].

We have no information on the impact of the programme. Only data obtained through a freedom-of-information request by the news portal 24.hu reveal details on the distribution of grants: according to the Ministry for National Economy, 393 establishments received support under the programme, with a total value of 1.2 billion HUF (approximately 3 million Euros) [47]. The call for proposals closed on 16 June 2025 so the August data can be considered final.

Thus, ***the stated aim of the pub programme was to support the operation and sustainability of pubs in small settlements***. Yet due to the Pálinka Law, the Tobacco-Shop Law and the generally low living standards in many rural areas [48], village pubs had, as discussed earlier, been closing in large numbers especially in impoverished settlements. This may explain why, despite extremely favourable and flexible funding conditions, only 80% of eligible establishments applied in the first round; even after expanding the pool of eligible settlements, only 66% of the available 1.8 billion HUF was ultimately distributed [47]. Raising the population threshold and eliminating the requirement of a previous full business year also failed to significantly increase participation.

The "Paedophile Law"

In 2021, the government adopted *Act LXXIX of 2021*. Under the pretext of "protecting children," the law prohibits the depiction and promotion of sexual and gender minorities as well as the portrayal of sexuality for its own sake, in schools, the media, advertisements, and bookstores [49]. The law resulted in numerous negative consequences, triggering strong opposition from professionals and the general public.

In connection with the "Paedophiles Law," an amendment to the Public Education Act was introduced with the stated aim of preventing individuals under the age of 18 from accessing information about sexual minorities, transgender identities and LGBTQ topics [50]. Although the original purpose of the law was to restrict the dissemination of sexual content in schools, it also curtailed the activities of civil organisations providing educational and preventive programmes outside the formal school curriculum. According to Section 9/A (1): "Apart from teachers employed in pedagogical positions, professionals providing school health services, and state bodies holding a cooperation agreement with the institution, no other person or organisation may conduct activities related to sexual culture, sexual life, sexual orientation, sexual development, the harmful effects of drug use, internet risks, or other physical and mental health promotion as part of lessons or any other activities for students, unless they are registered by a designated authority" [51].

Although the law came into force in 2021, the implementing regulation required for registration. Thus the 18/2025 (VI.4.) Decree of the Ministry of the Interior was issued only in 2025 nearly four years later. This decree designated the National Public Health and Pharmaceutical Centre as the authority responsible for authorising and registering school-based programmes. The deadline for submitting registration requests was 11th September 2025, with a 60-day evaluation period; therefore, no outcomes are yet available***.

As a result, for nearly four years civil organisations were unable to conduct any educational or preventive activities within public schools since no registration mechanism existed and no authority had been designated to perform such registration. Moreover, even after the 2025 regulation, only individuals who have an employment contract, service contract, or entrepreneurial agreement with the given civil organisation may participate in school-based programmes. However, most civil organisations do not employ staff in this manner;

***Website of the National Public Health and Pharmaceutical Center, https://www.nnk.gov.hu/index.php/egeszsegfejlesztes/egeszsegfejlesztesi-osztaly/iskolai-egeszsegfejlesztesi-program-iep/egeszsegfejlesztesi-programok-nyilvantartasba-vetele.html

they primarily rely on volunteers (such as physicians, social workers, etc.) who carried out school prevention programmes under the organisational umbrella. Additionally, during the four-year moratorium many professionals involved in prevention programmes left the field, and no grant schemes have been made available to support restarting work of this kind [52].

A 2021 nationwide survey mapping programmes aimed at preventing substance use identified 430 organisations providing some form of structured prevention activities in Hungary. Of these, 276 organisations offered their own structured programmes in the study year [53, 54]. Most of the programmes identified focused on educating young people about substance-related behaviours (primarily alcohol use, illicit drug use and smoking). Nearly three-fifths of the programmes addressed these topics directly and two-fifths touched upon them at least indirectly. Interventions aimed directly at the target population, rather than training teachers, health visitors, or social workers, often focused on 14-18-year-olds, meaning those of school age [53-55].

According to the study, 66% of organisations conducting preventive activities were civil organisations; the same civil organisations effectively excluded from schools due to the "Paedophile Law" [53]. This means that the law excluded a significant number of organisations that previously offered educational or preventive programmes related to substance use, conflict management and related areas. While no precise quantitative data exist on the extent of the decline, the annual report of the National Drug Focal Point states "The availability of school-based prevention programmes significantly declined" as a consequence of the 2021 legislative changes [53: 85].

Thus, although the law's purpose was to exclude sexual and LGBTQ-themed education from schools (despite strong objections from the relevant professions and human rights organisations), it also, "as a side effect", expelled civil organisations whose primary focus was on substance use prevention, conflict resolution, or other health education programmes. Since two-thirds of school prevention activities in Hungary were carried out by civil organisations, it can be confidently stated that not only sexual education, but alcohol-related and other addiction-related preventive activities also receded significantly within the public education system.

It should however be noted that the decline in school-based prevention had already begun, probably due to a substantial reduction in financial resources [55].

Discussion

In Hungary, alcohol consumption and its more problematic forms are not only widespread but also socially accepted, and often even encouraged behaviours [2, 9, 56, 57]. Hungarian culture contains identifiable values, norms and national role models that endorse excessive drinking [58-60]. Efforts aimed at reducing excessive alcohol consumption have rarely appeared in Hungarian history. Although there were attempts typically initiated by dedicated professional groups to develop a comprehensive alcohol policy, these initiatives almost never became part of governmental, health or educational policy.

Earlier Hungarian scholars explained the government's indifference toward alcohol problems by referencing ***the historical traditions and cultural embeddedness of alcohol consumption***, which made any restrictive measure likely to provoke public resistance. They also pointed to ***the state's economic interests***, especially before the political transition. In the 1980s, samizdat literature widely expressed the view that ***the state actively benefited from excessive alcohol consumption because it suppressed political activism***. After the transition, the permissive or absent alcohol policy was explained by ***the spread of liberal ideologies and the prioritisation of market interests*** [2, 9, 11, 60].

The government in power since 2010, like all governments since the political transition, has taken no measures aimed at reducing alcohol-related problems. However, over the past 15 years several laws and measures have been adopted ***that either directly supported or promoted alcohol consumption*** (e.g. the Pálinka law and the pub subsidy programme) or, although unrelated to alcohol in their stated objectives, ***indirectly contributed to increased alcohol availability*** (e.g. the tobacco shop law) or impeded preventive activities in public education, most notably through the "Paedophile Law," which resulted in the exclusion of civil organisations conducting prevention programmes from schools. Consequently, young people's knowledge concerning alcohol and other addictive behaviours has deteriorated. We therefore argue that

the present Hungarian government is not merely permissive regarding alcohol consumption but explicitly promotes it.

Economic interests, which previously served as the most common explanation for the lack of alcohol policy, are hardly applicable to the four measures examined in this study. The Pálinka Law resulted in clear revenue losses for the state budget. The direct fiscal effects of the Tobacco-Shop Law are unknown. Although permitting nighttime alcohol sales could have increased revenue, reports of declining revenues in the initial years of National Tobacco Shops, the closure of rural grocery shops and pubs, and the growing proportion of unregistered alcohol consumption all suggest that increased nighttime sales likely did not compensate for the revenue losses caused by the closure of other outlets. Thus, the extension of alcohol sales, particularly nighttime sales, cannot plausibly be explained by revenue-maximising motivations.

The Tobacco-Shop Law instead appears to have been driven primarily by the state's monopolisation efforts and the desire to channel tobacco retail profits to a narrow group aligned with the governing party [25, 30, 61]. In this case, economic interest benefiting a small group is indeed identifiable.

The Pub Support Programme, although modest in scale, entailed expenditure rather than revenue for the state; so there was no economic interest in this case either.

Nor can the government's permissive stance toward alcohol be explained by the spread of liberal ideologies; in fact, the current political leadership explicitly rejects them. As the Prime Minister stated in his speech at Tusnádfürdő on 26 July 2014 "The state that we are building in Hungary is an illiberal state, not a liberal one. It does not deny the fundamental values of liberalism (…) but it does not make this ideology a central element of state organisation" (cited by Riba [62]). Moreover, permissiveness appears exclusively in relation to alcohol. In contrast, drug policy follows a strictly prohibitive and punitive approach; Hungary already had one of the strictest regulatory environments in Europe [53], and around the same time the pub subsidy programme was launched, by the *Act XIX of 2025 on Amendments to Laws Related to the Prohibition of the Production, Use, Distribution, and Promotion of Narcotic Drugs* Parliament further tightened criminal sanctions related to illicit drugs. Indeed, the constitution itself was amended to define the production, trafficking and even the promotion of illicit drugs as criminal offences.

Regarding the Pálinka Law, we argue that its primary objective was to *increase governmental popularity*. Immediately after winning the 2010 election, the newly elected government passed a law allowing the revival of a centuries-old tradition, framing it as a symbolic gesture of national liberation. The significance attributed to the law is illustrated by the Prime Minister's speech at the 15th anniversary celebration of the Pálinka Law in 2025: "A free country, free Pálinka! (…) In 2010 we introduced it, we fought for it in Brussels, and 15 years later home distillation is still free in Hungary. Long live Hungarian freedom, long live the homeland!" [63]. The timing of these celebrations one year before the elections, following declining support for the governing party also suggests a popularity-boosting motive.

Similarly, no rational justification appears behind the Pub Support Programme. Subsidies were offered in settlements where not only community spaces but also grocery shops had disappeared, and where very few pubs remained in operation. Pubs are not the most obvious venues for developing community spaces, and the available funding was insufficient for meaningful improvements. The fact that the allocated budget was not fully used further illustrates the programme's lack of substantive foundation. Since no information is available about the identities of the beneficiaries, the programme appears largely symbolic: ***an attempt to improve public sentiment in some of the country's poorest rural areas***.

The exclusion of prevention programmes from schools appears to be driven by ***ideological considerations unrelated to alcohol***: the proclaimed objective of "protecting children" by banning sexual and LGBTQ-related content, and the exclusion of civil organisations that the government has long sought to marginalise. In this case, the disappearance of alcohol- and addiction-related prevention activities can be understood as a "side effect" of measures aimed at achieving broader ideological goals.

■ Conclusions

Overall, no measures that were aimed at reducing alcohol-related problems have been implement-

ed in Hungary over the past 15 years. In this respect, the current government does not differ from the governmental policies of the preceding twenty years following the political transition.

A difference can be identified however in that over the past decade and a half several laws have been adopted that either directly supported alcohol consumption (the Pálinka Law and the Pub Support Programme) or, in pursuit of other political or ideological aims, indirectly promoted alcohol use as a kind of "by-product" (the Tobacco-Shop Law, the "Paedophiles Law"), without any alcohol policy or public health consideration. The governmental measures adopted over the past 15 years have not been driven primarily by the aim of increasing alcohol-related market revenues but were also shaped by other considerations serving to reinforce the government's ideology and popularity. Although the impact of these measures on alcohol consumption or alcohol-related problems cannot yet be demonstrated with empirical data, they undoubtedly convey a supportive, positive attitude toward alcohol use to Hungarian society by presenting alcohol consumption as an organic part of Hungarian culture, tradition, and community life.

Conflict of interest/Konflikt interesów

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Ethics/Etyka

The work described in this article has been carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) on medical research involving human subjects, Uniform Requirements for manuscripts submitted to biomedical journals and the ethical principles defined in the Farmington Consensus of 1997.

Treści przedstawione w pracy są zgodne z zasadami Deklaracji Helsińskiej odnoszącymi się do badań z udziałem ludzi, ujednoliconymi wymaganiami dla czasopism biomedycznych oraz z zasadami etycznymi określonymi w Porozumieniu z Farmington w 1997 roku.

References/Piśmiennictwo

1. WHO. *Global status report on alcohol and health*. Geneva: World Health Organization; 1999. https://www.who.int/publications/i/item/global-status-report-on-alcohol-1999 (Accessed: 20.01. 2026).
2. Elekes Zs. *Alkohol* és *társadalom*. Budapest: Országos Addiktológiai Intézet; 2004.
3. OECD/European Commission. *Health at a Glance: Europe 2024: State of Health in the EU Cycle*. Paris: OECD Publishing; 2024. https://doi.org/10.1787/b3704e14-en (Accessed:03.10.2025).
4. WHO. *Global status report on alcohol and health and treatment of substance use disorders*. Geneva: World Health Organization; 2024.
5. ESPAD Group. *Key findings from the 2024 European School Survey Project on Alcohol and Other Drugs (ESPAD)*. Lisbon: European Union Drugs Agency; 2025. https://www.euda.europa.eu/publications/data-factsheets/espad-2024-key-findings_en (Accessed: 03.03.2026)
6. Charrier L, van Dorsselaer S, Canale N, Baska T, Kilibarda B, Comoretto RI, et al. *A focus on adolescent substance use in Europe, Central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey.* Volume 3. Copenhagen: WHO Regional Office for Europe; 2024. https://www.who.int/europe/publications/i/item/9789289060936 (Accessed: 03.03.2026).

7. Elekes Zs. (ed.). *Alkoholhelyzet Magyarországon. Tények, adatok, elemzések*. RendSzerTan Addiktológiai Elméletek és Kutatások 22. Budapest: L'Harmattan – ELTE PPK; 2023.
8. Poster from the Propaganda Group of the People's Commissariat for Public Education, 1919. Bíró, Mihály. *Leláncoltuk az alkoholt!* Budapest: Közoktatásügyi Népbiztosság Propaganda Csoport, 1919. Poster. Library of Congress Prints and Photographs Division.
9. Andorka R. Alkoholizmus és alkoholpolitika. In: Münnich I, Moksony F (eds.). *Devianciák Magyarországon*. Budapest: Közélet; 1994, p. 266-97.
10. Fekete J. Egy kis közérdekű história. *Szenvedélybetegségek* 2000; 5: 361-71.
11. Rácz J, Kassai-Farkas Á. A kényszer-elvonókúrától a pszichoterápiáig. Szemelvények és tendenciák a hazai addiktológia történetéből. In: Kiss A, Farkas J, Kapitány-Fövény M (eds.). *Addiktológiai zavarok pszichoterápiája.* Budapest: Medicina; 2022, p. 41-64.
12. Pataki F. The study of deviant behaviour in Hungary. In: Münnich I, Kolozsi B (eds.). The Complex Analysis of Deviant Behaviour in Hungary. *Res Rev* 1989; 1: 9-14.
13. Elekes Zs. Az alkohol-és drogprobléma változó megjelenése a politikai és közgondolkodásban. In: Bagdy E, Demetrovics Zs, Pilling J (eds.). *PoliHISTORIA. Buda Béla 70. születésnapjára.* Budapest: Akadémia; 2009, p. 315-34.
14. Erdős Á. Az alkoholtermékek magánszemélyek által történő hazai előállítása. In: Elekes Zs (ed.). *Alkoholhelyzet Magyarországon. Tények, adatok, elemzések*. RendSzerTan Addiktológiai Elméletek és Kutatások 22. Budapest: L'Harmattan – ELTE PPK; 2023, p. 55-74.
15. Kárpáti E. *A magyarországi alkoholizmus elleni küzdelem múltjából.* Budapest: Medicina; 1979.
16. Ecseri F. *Kereskedelmi pálinkafőzdék szakember-ellátottsága*. Dissertation. Budapest: Magyar Agrár-és Élettudományi Egyetem Budai Campus; 2024.
17. Bacsinszki Z, Varga Z. A pálinkafőzés jövedéki szabályozása. *Publicationes Universitatis Miskolcinensis. Sectio Juridica et Politica* 2019; 97(1): 89-118.
18. Harcsa I. A magyarországi pálinkafőzés jogszabályi változásai és hatásai. *ArsBoni* 2018; 4(1): 25-42.
19. Elekes Zs, Erdős Á. *What is invisible for statistics – unregistered alcohol consumption in Hungary*. Paper presented at the 46th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Helsinki, 31.05-03.06.2021.
20. Totth G, Zarándné Vámosi K, Mezőné Oravecz T. A pálinka pozitív élettani hatásai a fogyasztói percepciók tükrében. In: Józsa L, Korcsmáros E, Seres Huszárik E (eds.). *A hatékony marketing*. EMOK 2018 Nemzetközi Tudományos Konferencia konferenciakötete. Komárom: Selye János Egyetem; 2018, p. 839-46.
21. Fodor M, Hlédik E, Totth G. Fogyasztói vélemények és preferenciák a pálinka piacán. *Élelmiszer, Táplálkozás és Marketing* 2011; 8(1-2): 41-7.
22. Mucha L, Oravecz T, Totth G. Pálinkafogyasztási szokások Magyarországon. In: Kosztopulosz A, Kuruczleki É (eds.). *Társadalmi és gazdasági folyamatok elemzésének kérdései a XXI. században.* Szeged: Szegedi Tudományegyetem Gazdaságtudományi Kar; 2020. DOI: https://doi.org/10.14232/tgfek21sz.19.
23. Zsótér B, Molnár A. A pálinka előállításával kapcsolatos jogszabályváltozások (2010) – előállítási feltételek, adózási kötelezettségek – hatásainak vizsgálata a gyakorlatban. *Jelenkori társadalmi és gazdasági folyamatok* 2015; X.2, p. 35-52.
24. Harcsa I. A pálinka helyzete Magyarországon. Problémák és lehetőségek. *Régiókutatás Szeml*e 2020; 1. DOI: 10.30716/RSZ/20/1/7.
25. Arnold P, Elekes Zs. Szakértők percepciója hátrányos helyzetű falvakban élők alkohol-és drogfogyasztási szokásairól. *Socio.hu* 2024; 14: 4-28. https://socio.hu/index.php/so/issue/view/108?fbclid=IwY2xjawGf5gtleHRuA2FlbQIxMAABHeOPVQMiLLjVnFGXvB9GByLbL6_fNwB_wG5SxIGZ9hjNzSCSAolkTgxeJA_aem_gbCnzEDrUTs0WbLJQ_RkXQ (Accessed: 03.03.2026).
26. Elekes Zs, Anold P. Láthatatlan alkoholfogyasztás. Nem hivatalos forrásokból származó alkohol fogyasztása két járásban. *Socio.hu* 2024; 14: 44-62. https://socio.hu/index.php/so/issue/view/108?fbclid=IwY2xjawGf5gtleHRuA2FlbQIxMAABHeOPVQMiLLjVnFGXvB9GByLbL6_fNwB_wG5SxIGZ9hjNzSCSAolkTgxeJA_aem_gbCnzEDrUTs0WbLJQ_RkXQ (Accessed: 03.03.2026).

27. Manthey J, Probs Ch, Kilian C, Moskalewicz J, Sierosławski J, Karlsson T, et al. Unrecorded Alcohol Consumption in Seven European Union Countries. *Eur Addict Res* 2020; 26: 316-25. DOI: https://doi.org/10.1159/000506333.
28. Halász O. *A dohánykereskedelmi rendszer Magyarországon*. Dissertation. Zalaegerszeg: Pannon Egyetem, Gazdálkodási Kar; 2022.
29. Laki M. *A trafikpiac átalakulása és átalakítása.* Research Report. Budapest: MTA Közgazdaság-és Regionális Tudományi Kutatóközpont, Közgazdaság – Tudományi Intézet. http://www.econ.core.hu/file/download/mtdp/MTDP1410.pdf (Accessed:10.11.2025).
30. Stieber TJ. *Hamvadó cigarettapénz. A trafiktörvény gazdasági hatásainak vizsgálata egy vállalkozásnál.* Dissertation. Zalaegerszeg: Budapesti Gazdasági Főiskola, Gazdálkodási Kar; 2015.
31. HVG. Tömegesen zárnak be a boltok a trafikok. *HVG.hu.* 03.06.2015. https://hvg.hu/kkv/20150603_Tomegesen_zarnak_be_a_boltok_a_trafikrendszer (Accessed:10.11.2025).
32. Szőnyi M, Balogh L, Szemán Á. A dohánykereskedelem monopolizálása hazánkban. *KÖZJAVAK,* 2018: 4: 29-37. DOI: 10.21867/KjK/2018.4.5.
33. Ádám V. Százmilliárdos rejtély a magyar cigarettapiacon. *Economix*. 26.02.2014. https://www.economx.hu/magyar-gazdasag/szazmilliardos-rejtely-a-magyar-cigarettapiacon.577054.html (Accessed:10.11.2025).
34. GKI. *El nem füstölt milliárdok – avagy a dohány kiskereskedelem monopolizálásának első éve*. Budapest: GKI Gazdaságkutató Zrt.; 2014. https://gki.hu/wp-content/uploads/gki/Dohany_140707.pdf (Accessed:05.11.2025).
35. Nagy Cs. Szabad-e alkoholt fogyasztani az üzlet előtt. *Hazai vendégváró.* 27.03.2021. https://hazaivendegvaro.hu/szabad-e-alkoholt-fogyasztani-az-uzlet-elott/ (Accessed: 15.11.2025).
36. Torontáli Z, Stubnya B. A köztéri ivás lett a kocsmák fő versenytársa, és ezen nem segít a kocsmaprogram. *G7*. 03.04.2025. https://telex.hu/g7/kozelet/2025/04/03/a-kozteri-ivas-lett-a-kocsmak-fo-versenytarsa-es-ezen-nem-segit-a-kocsmaprogram (Accessed: 11.11.2025).
37. Szemetelés és hangoskodás a dohányboltok környékén. *Óbuda-Békásmegyer.* 18.06.2024. https://obuda.hu/szemeteles-es-hangoskodas-a-dohanyboltok-kornyeken/ (Accessed: 11.11.2025).
38. Vég M. Nagy változás jöhet – szigorítják az éjszakai alkoholárusítást. *Economix.* 04.06.2019. https://www.economx.hu/magyar-gazdasag/trafik-alkohol-dohany-torveny.687338.html (Accessed: 11.11.2025).
39. A.B. Maradnak a dohánybolt előtti tivornyák, elutasította a Józsefváros javaslatát a kormány. *Népszava*. 26.09.2023. https://nepszava.hu/3210073_dohanybolt-alkohol-viii-kerulet (Accessed: 10.11.2025).
40. A nemzeti dohányboltok korlátozásáról szavaznak Budapesten: mi lesz az eredmény? *Blikk.* 12.10.2023. https://www.blikk.hu/gazdasag/vasarlas/nemzeti-dohanyboltok-korlatozasa/68bx1n3 (Accessed: 11.11.2025).
41. Ambrus B. A Bercsényi utcában betelt a pohár, beszűkítenék az italozók lehetőségeit. *Index.* 12.02.2025. https://index.hu/belfold/2025/02/12/alkohol-vasarlas-uzlet-ujbuda-dohanybolt-benzinkut/ (Accessed:12.11.2025).
42. KSH.hu. *Helyzetkép. Gazdasági folyamatok. Turizmus, vendéglátás*. Budapest: KSH. 2022. https://ksh.hu/s/helyzetkep-2022/#/kiadvany/turizmus-vendeglatas/a-kereskedelmi-vendeglatohelyek-szama-uzlettipus-szerint-junius-30 (Accessed:10.11.2025).
43. Kisfaludy Program. *Felhívás és útmutató Vidéki italüzletek versenyképességének támogatása.* 2025. https://info.kisfaludyprogram.hu/videki-italuzletek-versenykepessegenek-tamogatasa (Accessed: 12.11.2025).
44. BOON Milliárdos támogatás érkezik a borsodi faluk kiskocsmáinak. *Borsod-Abaúj-Zemplén vármegyei hírportál*. 27.02.2025. https://www.boon.hu/helyi-kozelet/2025/02/kocsmak-kormany-tamogatas-falu?utm_source=chatgpt.com (Accessed: 10.11.2025).
45. 2026-valasztas.hu. *FIDESZ: Kocsmaprogram – Újra élettel telhetnek a falusi vendéglátóhelyek.* https://2026-valasztas.hu/telepulesfejlesztes/fidesz-kocsmaprogram-ujra-elettel-telhetnek-a-falusi-vendeglatohelyek/?utm_source=chatgpt.com (Accessed: 15.11.2025).

46. HVG. Még több falusi italboltost támogat a kormány. *HVG.hu.* 10.04.2025. https://hvg.hu/itthon/20250410_falusi-italbolt-kocsma-felujitas-program-keszpenz-atm-videk-kormany-fejlesztes-kisfaludy-templomfelujitas (Accessed: 13.11.2025).
47. Pénzcentrum. Rengeteg magyar csapott már le az ingyen pénzre: 3 milliót akasztottak le az államról. *Pénzcentrum*. 04.08.2025. https://www.penzcentrum.hu/szorakozas/20250804/rengeteg-magyar-csapott-mar-le-az-ingyenpenzre-3-milliot-akasztottak-le-az-allamrol-1183257 (Accessed: 13.11.2025).
48. KSH. *A háztartások életszínvonala*. Budapest: KSH; 2024. https://www.ksh.hu/kiadvanyok/helyzetkep/2024/#/kiadvany/a-haztartasok-eletszinvonala (Accessed: 10.11.2025).
49. Magyar Helsinki Bizottság. *Gyermekvédelmi törvény: hogyan szigorították.* Budapest: Magyar Helsinki Bizottság. 24.11.2024. https://www.ksh.hu/kiadvanyok/helyzetkep/2024/#/kiadvany/a-haztartasok-eletszinvonala (Accessed: 28.10.2025).
50. Janecskó K. Bő nyolc hónapja hiányzik a szexuális neveléshez kellő kulcsrendelet. *Telex.* 01.04.2022. https://telex.hu/belfold/2022/04/01/iskolai-szexualis-neveles-hianyzik-a-nyilvantartas-civilek-kiszorultak (Accessed: 15.10.2025).
51. Tanügy-igazgatás. Nemzeti köznevelési törvény módosítása, gyermekvédelmi törvény módosítása. *Tanügy-igazgatás.* 29.06.2021. https://aranyoskozszolg.ininet.hu/?q=node%2F989&utm_source=chatgpt.com (Accessed: 14.10.2025).
52. CKP Info. Civilek az iskolákban. *Civil Közoktatási Platform*. 17.01.2025. https://ckpinfo.hu/2025/01/17/civilek-az-iskolakban/ (Accessed: 14.10.2025).
53. Nemzeti Drog Fókuszpont. *Éves jelentés a magyarországi kábítószerhelyzetről 2024* [Annual report]. Budapest: Nemzeti Drog Fókuszpont; 2024. https://bmprojektek.kormany.hu/download/d/ed/53000/NDF_jelent%C3%A9s_2024.pdf (Accessed: 03.03.2025).
54. Paksi B, Demetrovics Zs, Felvinczi K. *A szenvedélymagatartások megelőzésével foglalkozó beavatkozások országos katasztere 2017-2020*. Research Report. Budapest; 2022.
55. Paksi B. Magyarországi tendenciák az iskolai prevenció területén. *Education* 2019; 28: 441-58.
56. Elekes Zs, Arnold P, Hajdu M, Horváth Á, Kutrovátz K. *Kockázat – szenvedély – betegség Függőséget okozó egészségkárosító magatartások szociológiai megközelítésben*. Székesfehérvár: Kodolány János University; 2025 [In press].
57. Felvinczi K, Magi A, Sárosi P, Paksi B. A pszichoaktívszer-használattal és -használókkal kapcsolatos társadalmi viszonyulások. In: Paksi B, Demetrovics Zs (eds.). *Addiktológiai problémák Magyarországon. Helyzetkép a lakossági kutatások tükrében. I. kötet. Szerhasználó magatartások*. Budapest: ELTE PPK, L'Harmattan; 2021, p. 198-245.
58. Enyedi Gy, Tamási P. Népbetegségeink? – A társadalmi beilleszkedési zavarok anatómiájához. *INFO-Társadalomtudomány* 1987; 2: 3-9.
59. Fekete J. Az alkoholizmus-fertőzöttség Magyarországon. *Józan nép*. Special issue; 1992.
60. Andorka R. *Bevezetés a szociológiába*. Budapest: Osiris; 1997.
61. Sallai D, Schnyder G. The Transformation of Post-Socialist Capitalism – From Developmental State to Clan State? *Greenwich Paper in Political Economy.* No. GPERC57. 12.01.2018. https://gala.gre.ac.uk/id/eprint/18535/13/18535%20GreenwichPapersPoliticalEconomy_Cover_UoG_FEPS_SERWPv02.pdf (Accessed: 03.03.2026).
62. Riba I. Tízéves Orbán tusványosi illiberálisozása. *HVG360.* 24.07.2024. https://hvg.hu/360/20240724_Tiz-eves-Orban-tusvanyosi-illiberalisozasa?utm_source=chatgpt.com (Accessed: 03.11.2025).
63. Orbán V. Hazafias kötelességemnek érzem, hogy ma pálinkát igyak önökkel. *Népszava*. 28.09.2025. https://nepszava.hu/3296057_orban-viktor-palinka-palinkafozes-ivas-magyar-kultura-unneples (Accessed: 10.10.2025).