

Changes and risks due to new injecting patterns in Hungary

EU expert meeting on DRID

Lisbon, 11 October 2012

Anna Tarján

Hungarian National Focal Point



Drog, Adat, Döntés

Content



New injecting drug use patterns

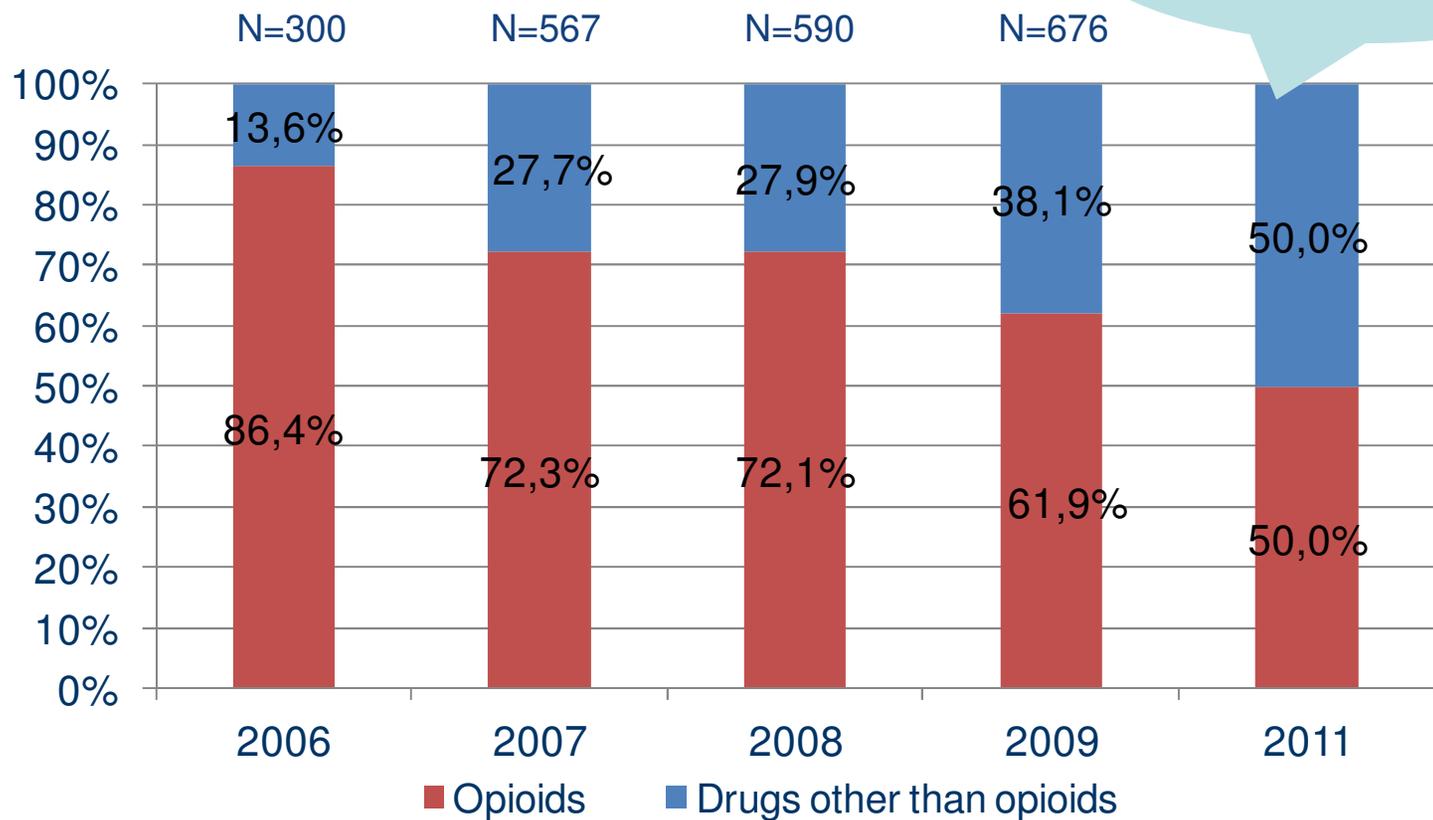
Changes in injected substances

- Synthetizing data of different indicators
- Merging qualitative and quantitative data

Consequences and risks

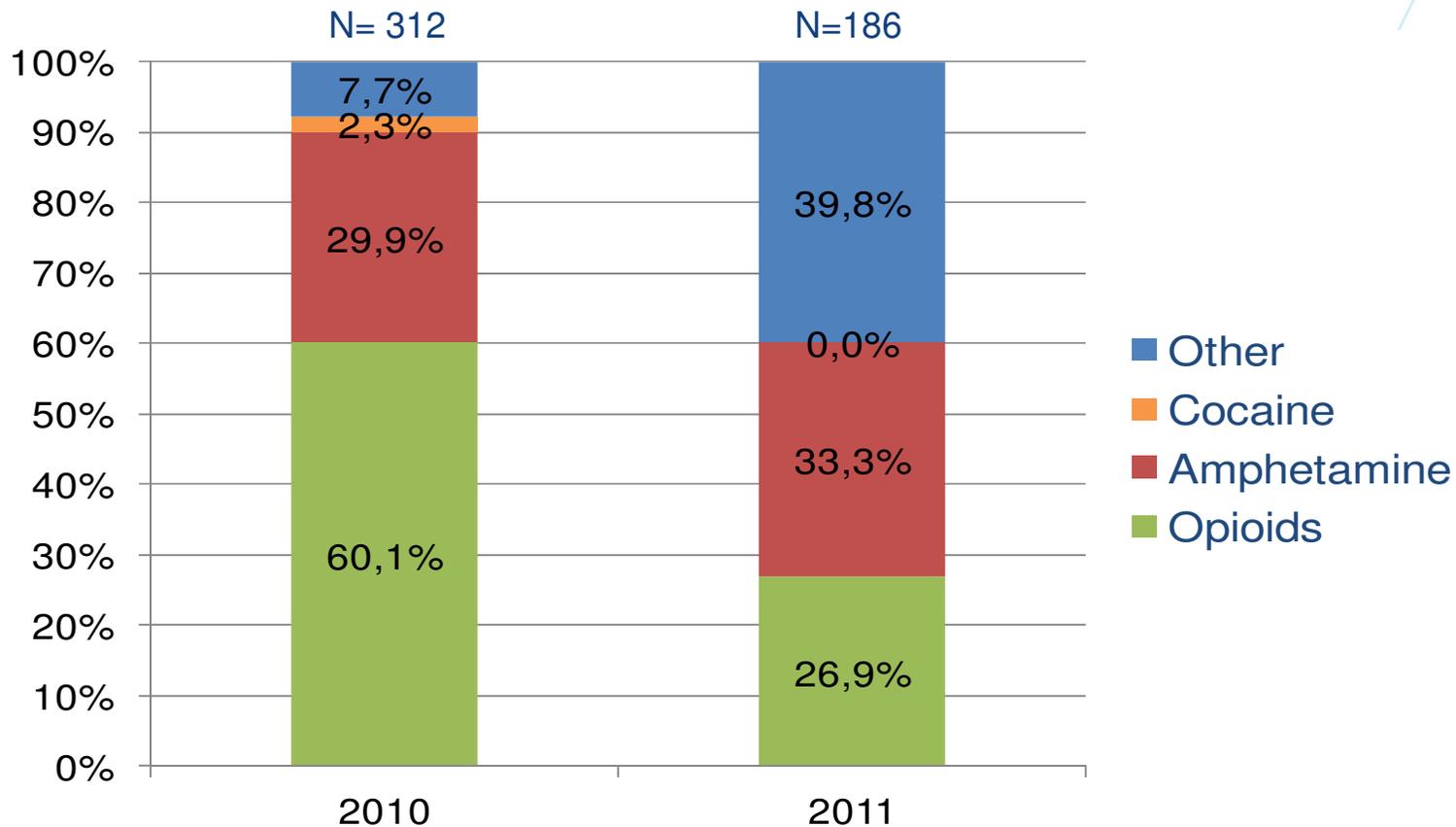
- Infectious diseases and risk behaviors
- increased demand for responses

National seroprevalence survey 2006-2011 among IDUs at NSPs and DTCs by primarily injected drug



New patterns

Routine testing in 5 cities, 2010-2011 among IDUs at NSPs and DTCs by primarily injected drug



New patterns

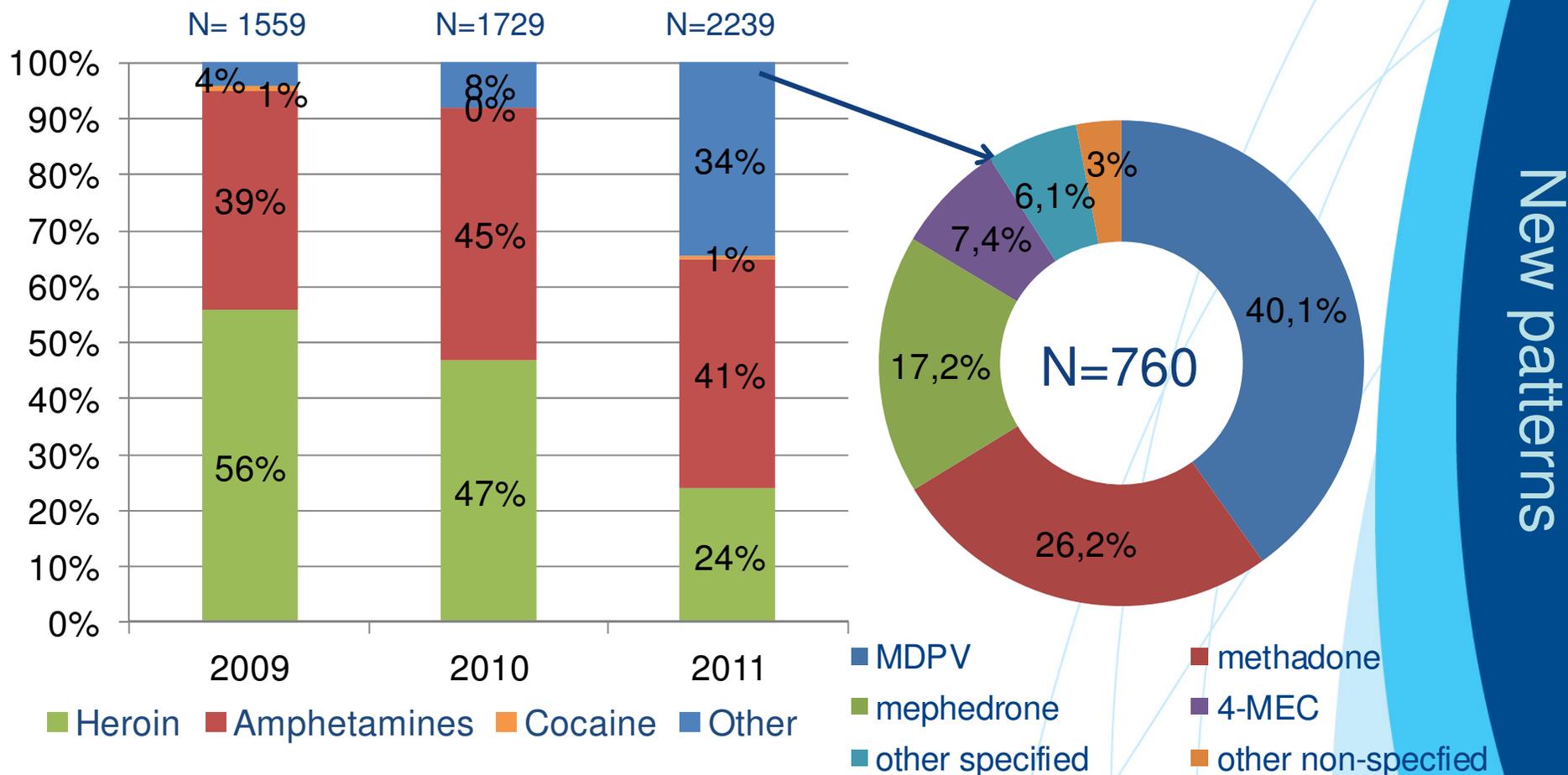
- proportion of new and young IDUs slightly increasing



Source: National Centre for Epidemiology and National Focal Point

NSP clients 2009 – 2011

national coverage, by primarily injected drug



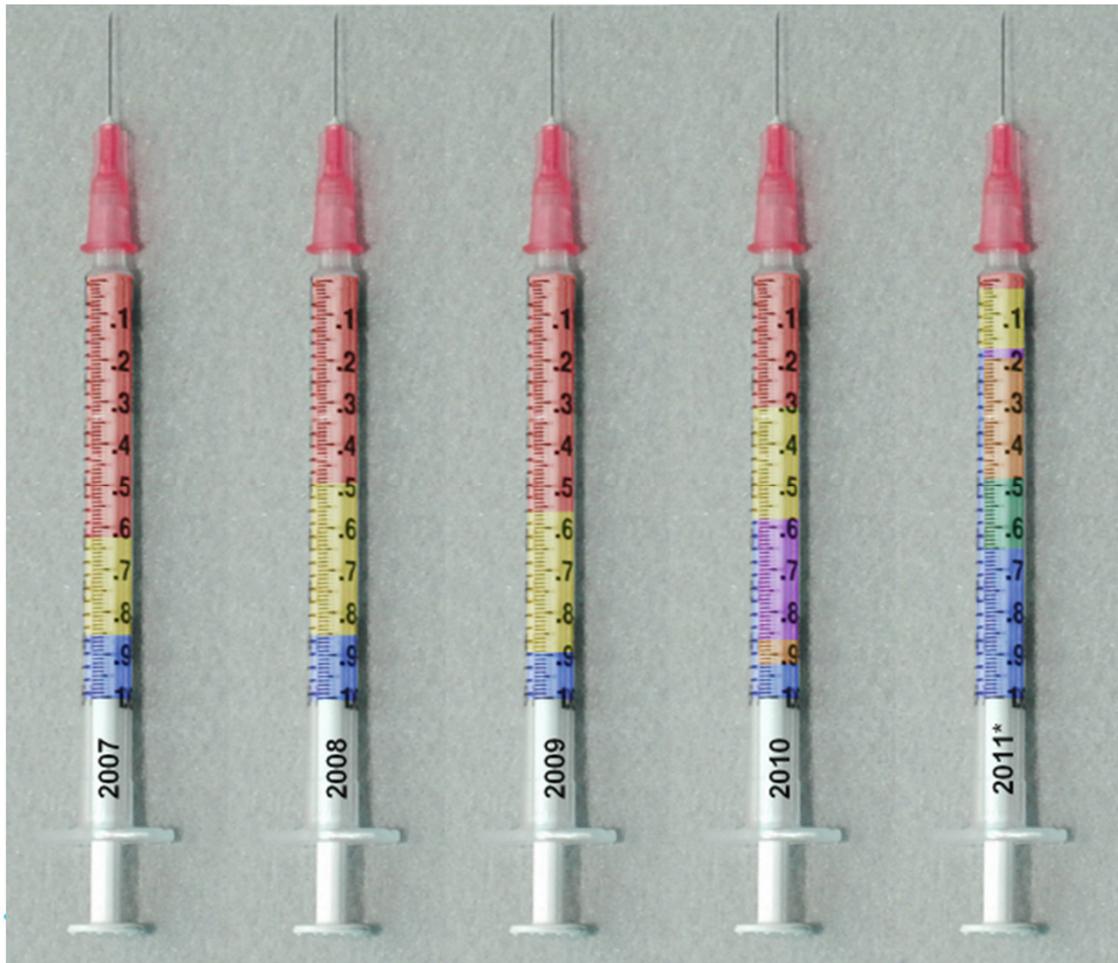
New patterns

Source: National Focal Point and Tarjan 2012

Drug markets: seizure data 2007 - 2011

substances detected in syringes + filters

(N=100-230 injecting equipment / year)



- Heroin
- Amphetamine
- Mephedrone
- MDPV
- 4-MEC
- Other

New patterns

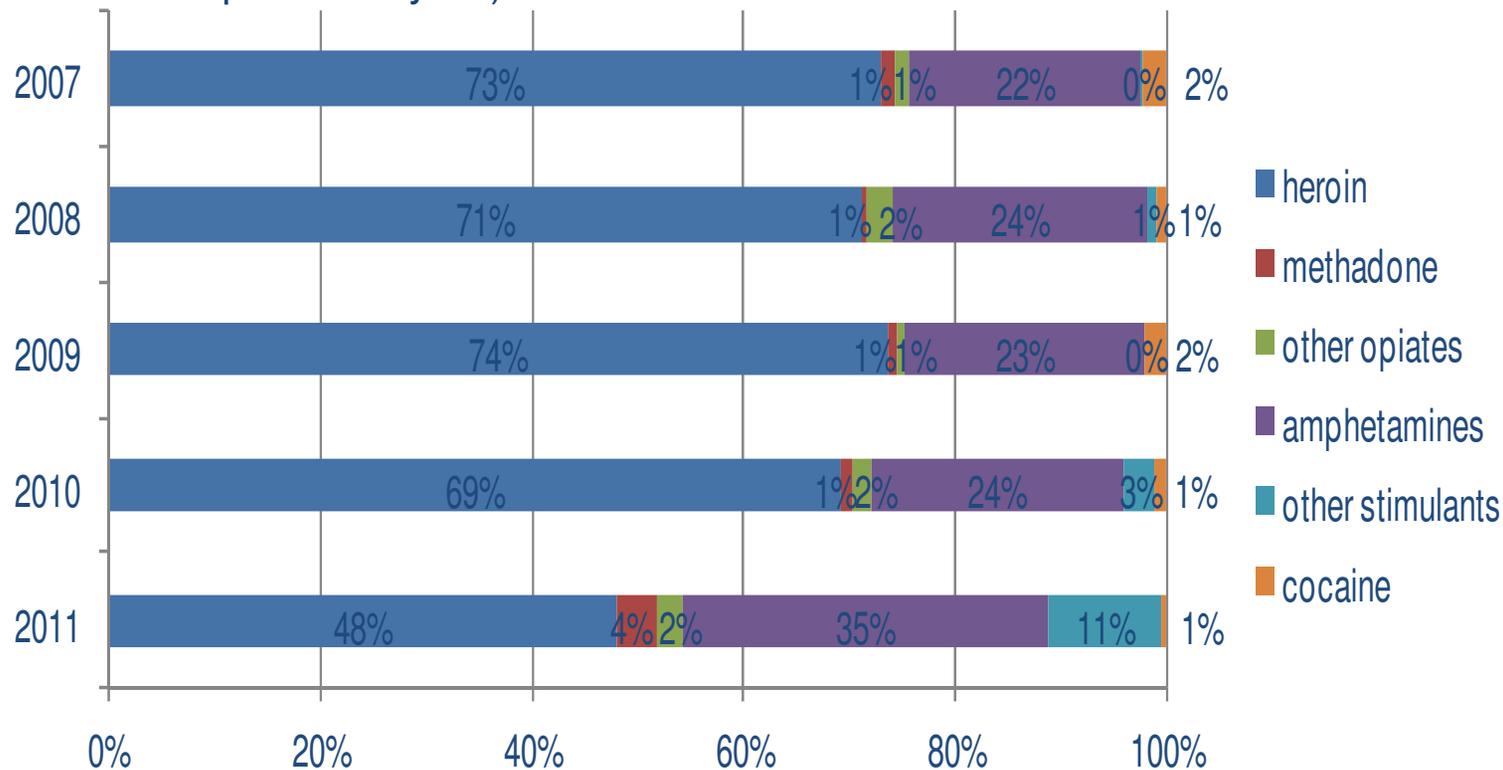
Source: Institute for Forensic Sciences

TDI, 2007 – 2011

among all IDUs* (%)

*injecting was the typical route of administration in the last 30 days before starting treatment

(N=360-423 persons / year)



New patterns

Qualitative data

NFP study among in and outpatient service providers, outreach and NSPs on new phenomena in 2010 and 2011 (study repeated)

- IDUs shifting from heroin to amphetamines or new psychoactive substances(NPS) (synthetic cathinones)
- IDUs use what is available + lower price of NPS
- (ex) Legal status – used in public spaces
- Novelty + perception of low risk
- Changing substances – sold under the same street name (MP) – IDUs sometimes do not know what they inject
- Purity varies

New patterns

Qualitative data

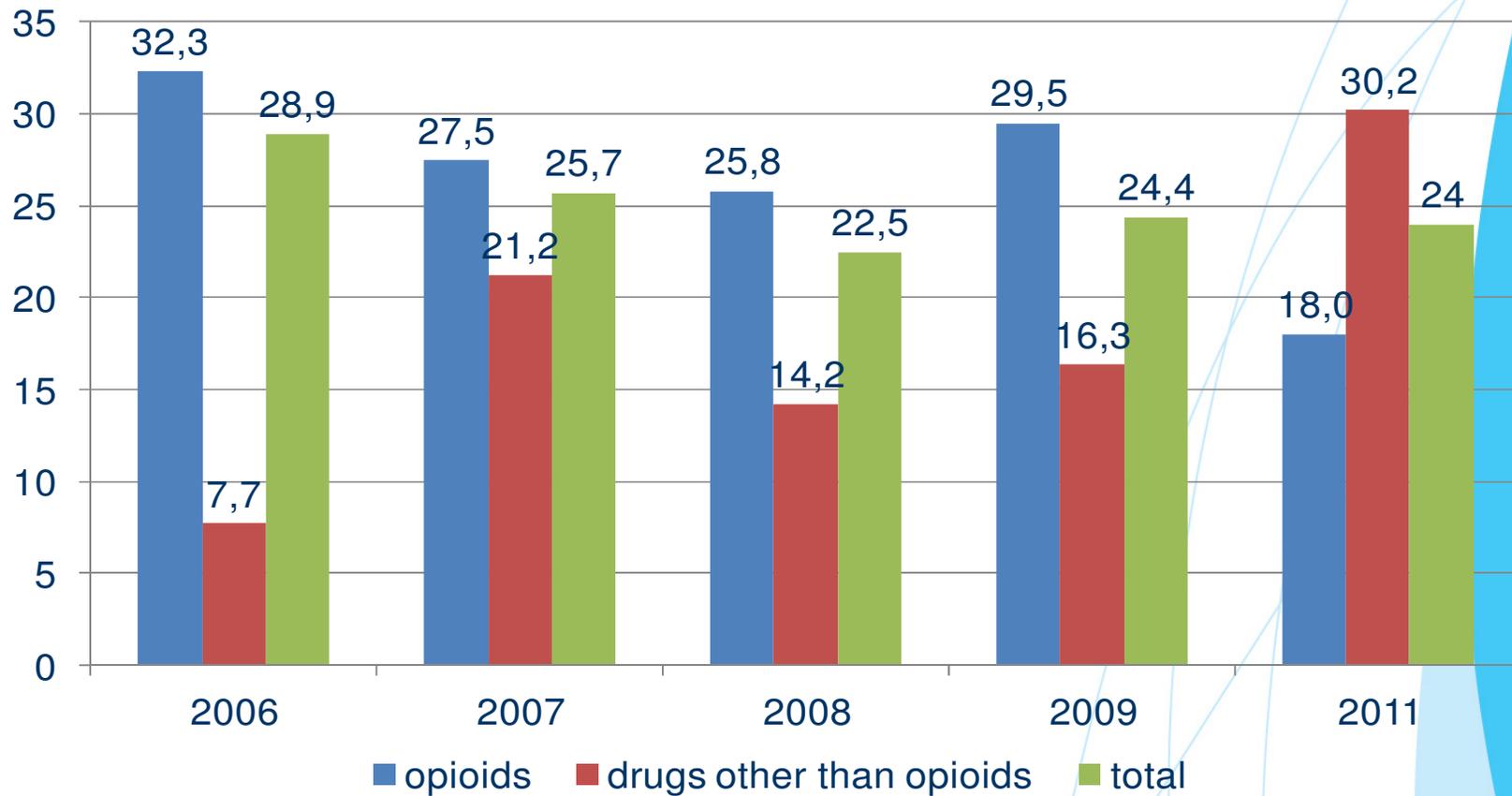
NFP qualitative studies and annual national meeting of NSP service providers (December 2011)

- More frequent injection times/ per day (10-20 times)
- Injecting drug use is expanded
- Younger IDUs attend programmes
- Sometimes NPS users start their injecting career with these drugs (attributed route of administration)
- Preparation for injection is quicker and more simple – use in open scene

New patterns

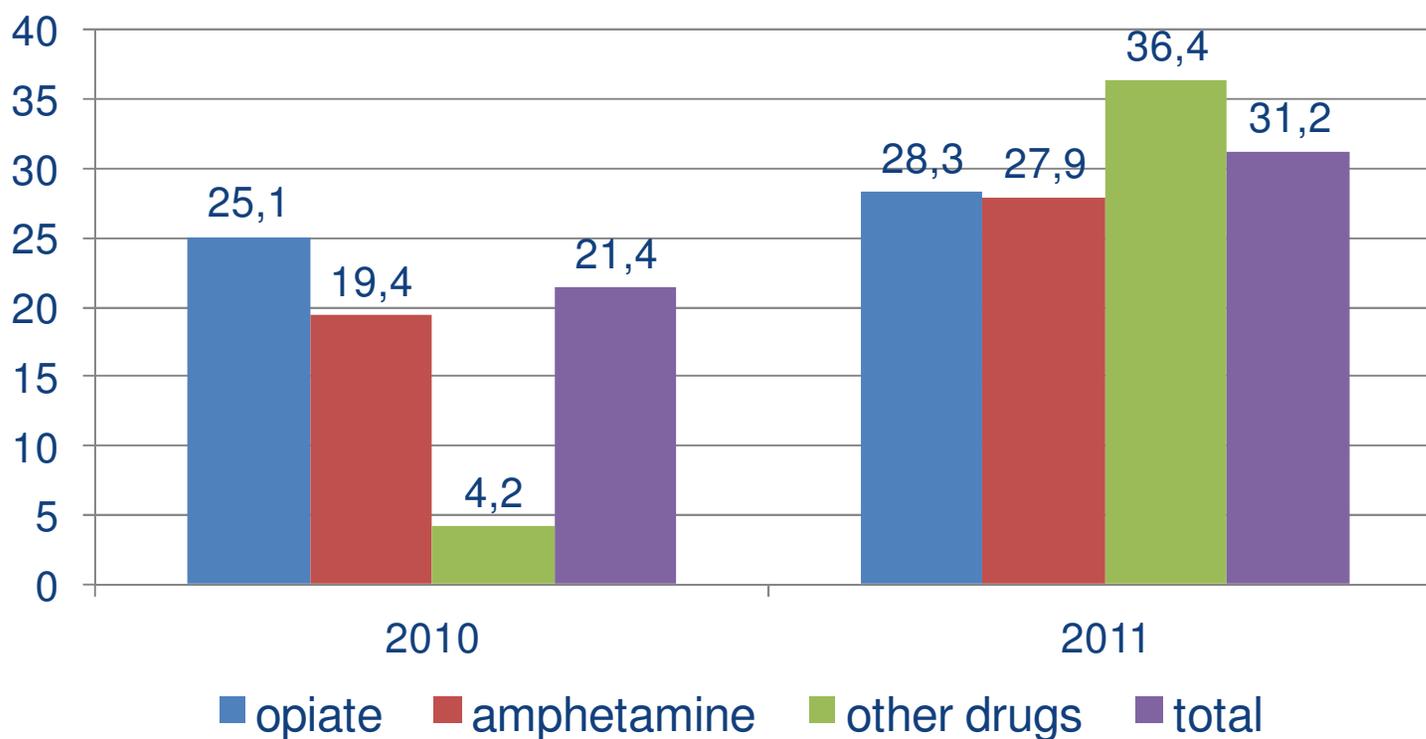
Restructuring of HCV prevalence breakdown by primarily injected drug(%)

National seroprevalence survey among IDUs in DTCs and NSPs



HCV prevalence (%) by primarily injected drug

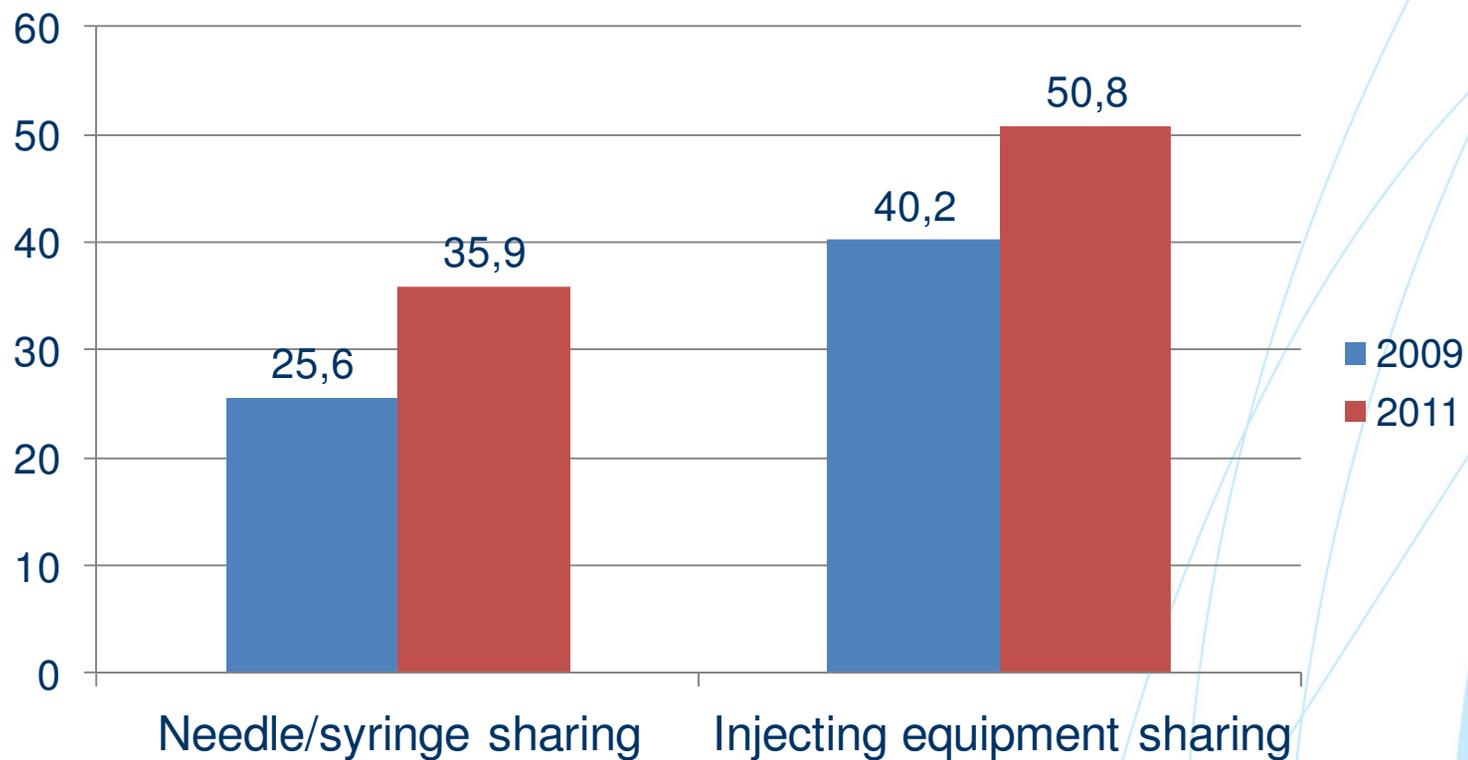
Routine testing in 5 cities among IDUs in DTCs and NSPs



HCV prevalence increased among young IDUs 16% → 36%

Risk behaviours (%), 2009 - 2011

National seroprevalence survey, among current IDUs*



Consequences

Risk behaviours (%), 2010-2011

Routine testing in 5 cities, among current IDUs

- proportion of IDUs injecting several times a day increased from 17% to 29%.
- IDUs received a used syringe from 2 or more persons (last 4 weeks) - increased from 13% to 20%
- among current „other drug” injectors (2011):
 - needle/syringe sharing: 41%
 - any injecting equipment sharing: 61%

Consequences

Further considerations

NFP qualitative studies, report on 2011 turnover data of NSPs

- Lack of information on substances injected and on consequences at service providers
- Physical/mental problems of NPS injectors develop more rapidly
- Increased demand for sterile syringes at NSPs
(2010-2011: syringes: 504.251 → 648.269; contacts: 29.688 → 38.407)
↔ due to limited financial resources, NSPs with highest turnover in the second half of 2011 had to limit N of syringes distributed per contact; 2012 further restrictions
- 114 syringes/ IDU in 2011 (2010: 88)
benchmarks in case of IDUs injecting NPS?

consequences

Conclusions

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- Increasing amphetamines and NPS injecting
 - More frequent injection times/ day of NPS
 - Increased sharing of injecting equipment
 - HCV prevalence increased among non-opioid injectors
 - Increased demand for sterile syringes
↔ Needle/syringe programmes with limited financial resources
 - No national seroprevalence study in 2012

Risk for transmission of Hepatitis C

Thank you for your attention!

tarjan.anna@oek.antsz.hu

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