

New psychoactive substance use in Hungary

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Hungarian National Focal Point

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Drog, Adat, Döntés

First glance

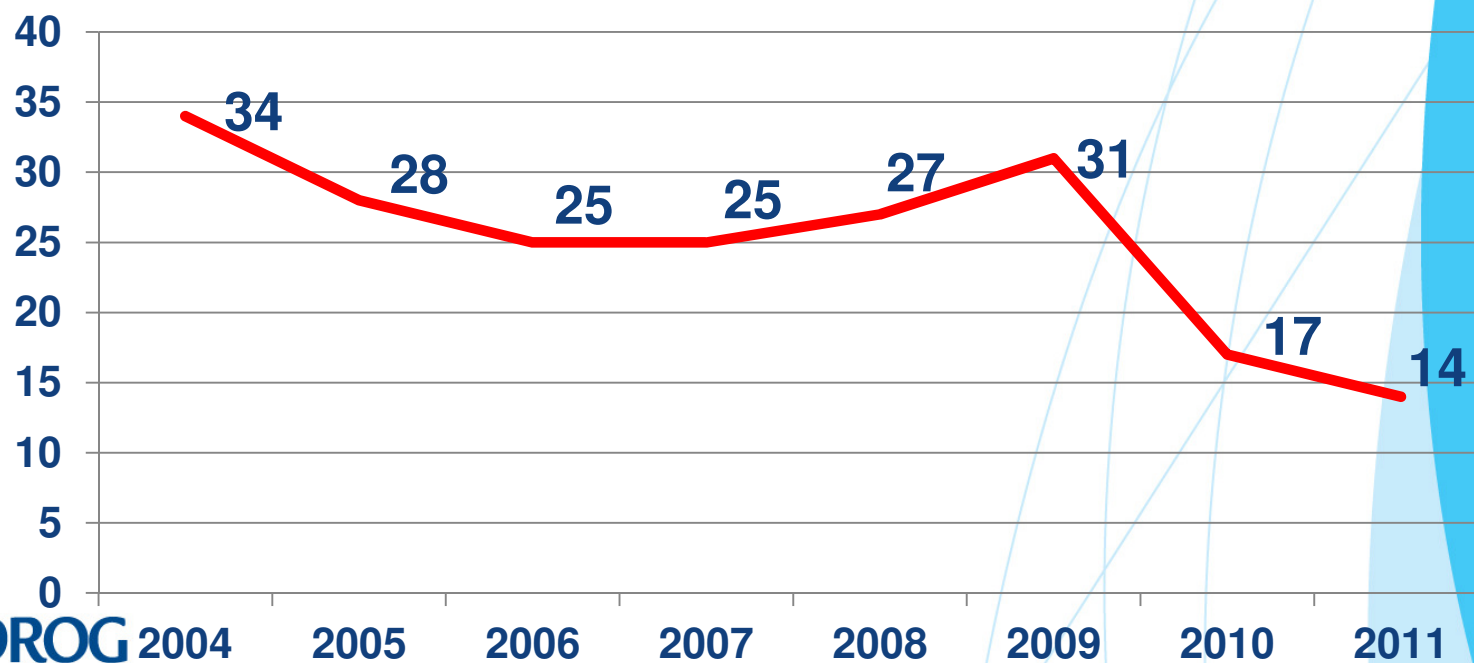
- From 2009 on – decrease in heroin availability, seizures, mortality figures
- Qualitative data showed appearance of new substances
- Forensic data sources showed appearance of new substances
- From 2010 a ‘boom’ in new substances, mostly two types:
 - synthetic cathinones, (other stimulants)
 - synthetic cannabinoids

Note: Forensic analyses of substances seized were the first to detect these substances in a reliable way.

In 2012 we still have scarce epidemiological data.

No. of reported death cases 2004-2011

- sort of stable until 2010
- opiate + other drugs (alcohol, benzodiazepines)
- few „methadone only” cases
- 90-95% males, mean age around 34 years
- in 2008: 1.2% of estimated POUs
- in 2009: 0.3 /100.000 inhabitant, around; 1/100.000 in BP

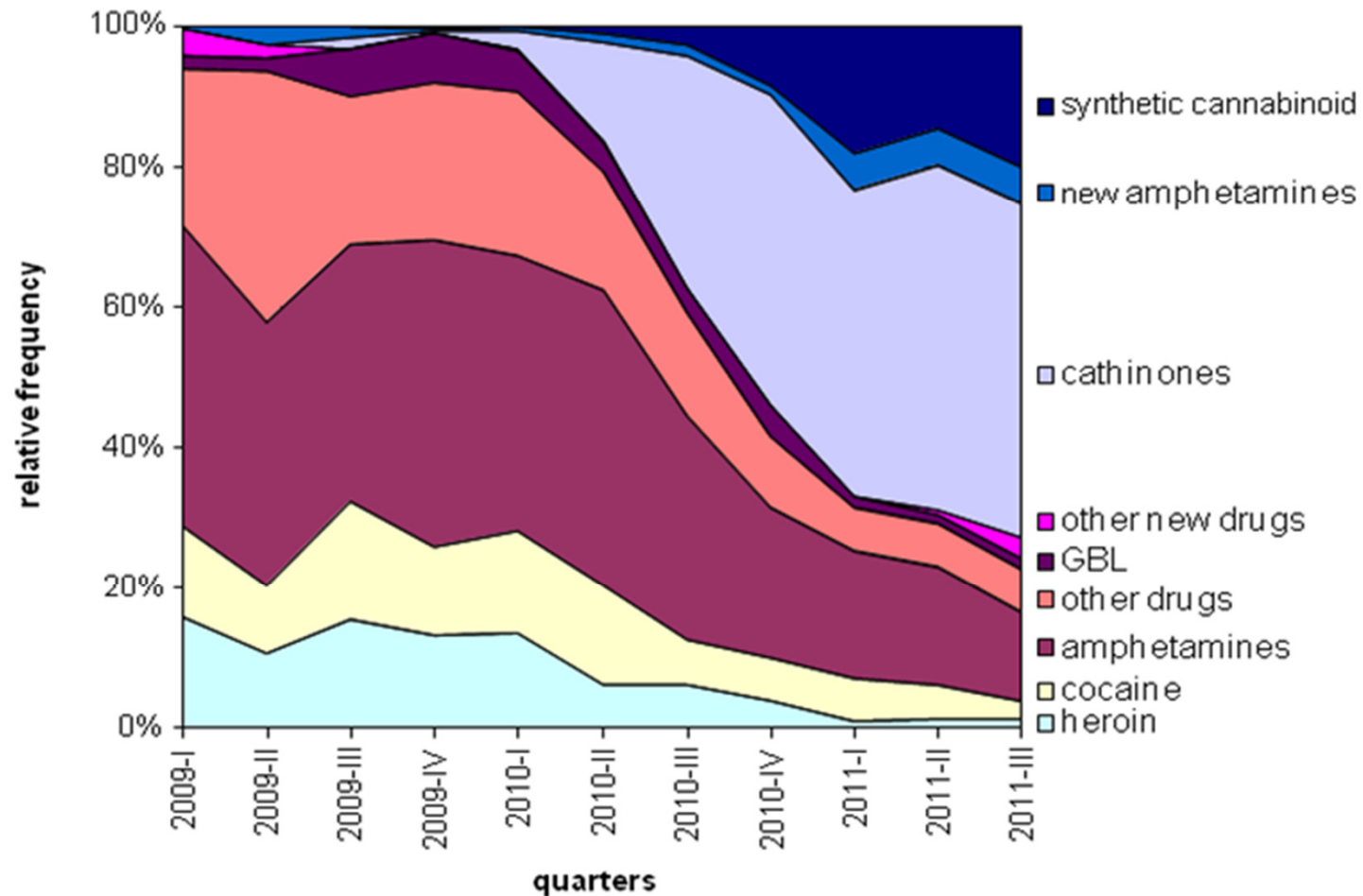


Type of drug	number of seizures		quantity seized	
	2010	2011	2010	2011
Herbal cannabis (kg)	2,220	2,073	528.1	208.7
Cannabis plant (plant)	213	192	14,824	14,121
Cannabis resin (kg)	44	63	8.5	18.2
<u>Heroin (kg)</u>	<u>73</u>	<u>22</u>	<u>97.8</u>	<u>3.2</u>
Cocaine (kg)	132	108	14.4	12.6
Amphetamine (kg)	484	483	71.2	24.1
Herbal substances with synthetic cannabinoids (kg)	51	465	14.8	10.2
Synthetic cannabinoids in powder form (kg)	5	51	0.01	13.2
<u>Cathinone derivatives in powder form (kg)</u>	<u>353</u>	<u>595</u>	<u>9.08</u>	<u>75.8</u>
Cathinone derivatives in tablet form (pc)	60	144	3,990	7,951

Seizures data

Seizures data: low availability of heroin, increased availability of cathinones since 3rd quarter of 2010

Proportion of substances other than THC (forensic laboratories, total)
(national level)

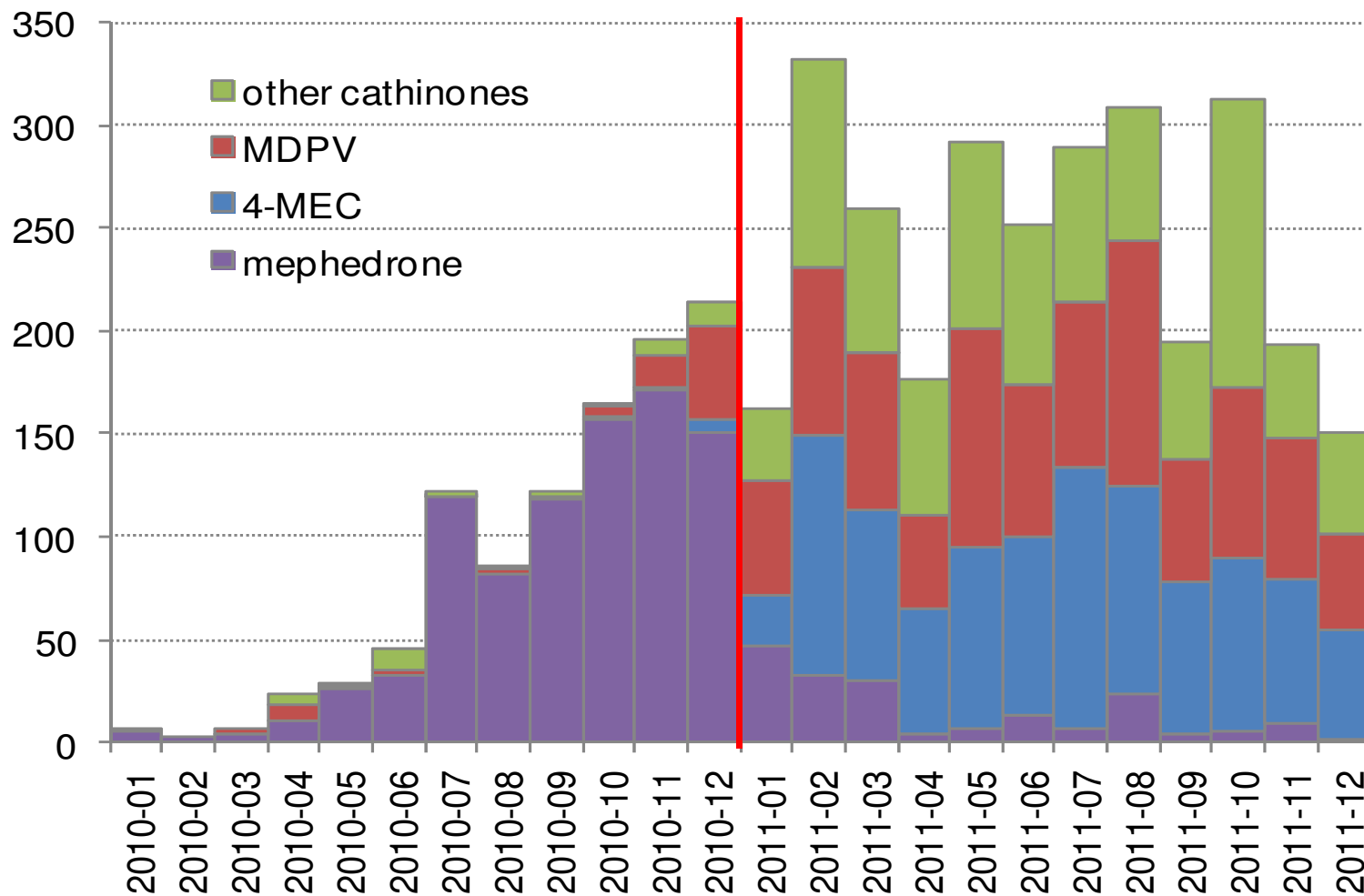


Source: Hungarian Institute for Forensic Sciences, 2012



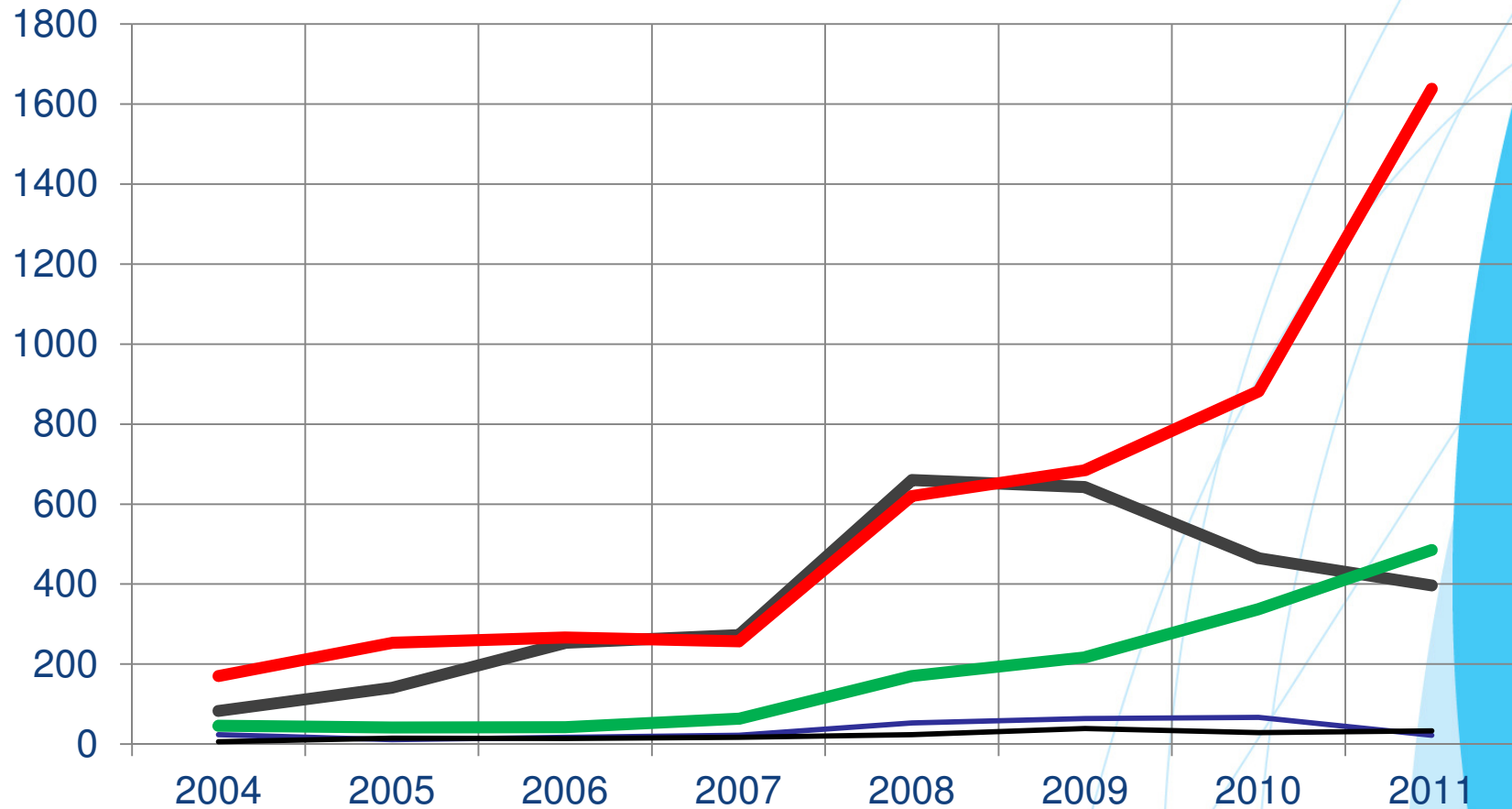
Seizures data

The frequency of occurrence of cathinone derivatives (number of cases) in the materials and on objects analysed, broken down by month, 2010-2011



Cathinones	Synthetic cannabinoids	Amphetamines	Others
metilone	JWH-018	4-FA	MXE
3,4-DMMC	AM-2201	FA	TFMPP
pentedrone	JWH-073	6-APB	DBZP
butilone	JWH-122	4-MA	salvinonin-A
4-FMC	JWH-210	3-FA	AMT
MDPBP	JWH-081	2C-D	1,4-buthandiole
PVP	JWH-250	2C-E	pFPP
N-ethilecatinone	RCS-4	3-FMA	2-DPMP
ehtilone	JWH-019	N-etilamphetamine	4-MTA
FMC	UR-144	2-PEA	5-MeO-AMT
pentilone	JWH-022	4-APB	M-ALPHA
bufedrone	AM-1220	4-FMA	mitragynine
3-FMC	JWH-203	2C-H	ODT
MPPP	JWH-251	5-APB	salvorine
naphirone	AM-694	MDAI	
BMDP	CP47,497	DMMA	
MDPPP	pravadoline	FMA	
	AM-2233		
	JWH-180		

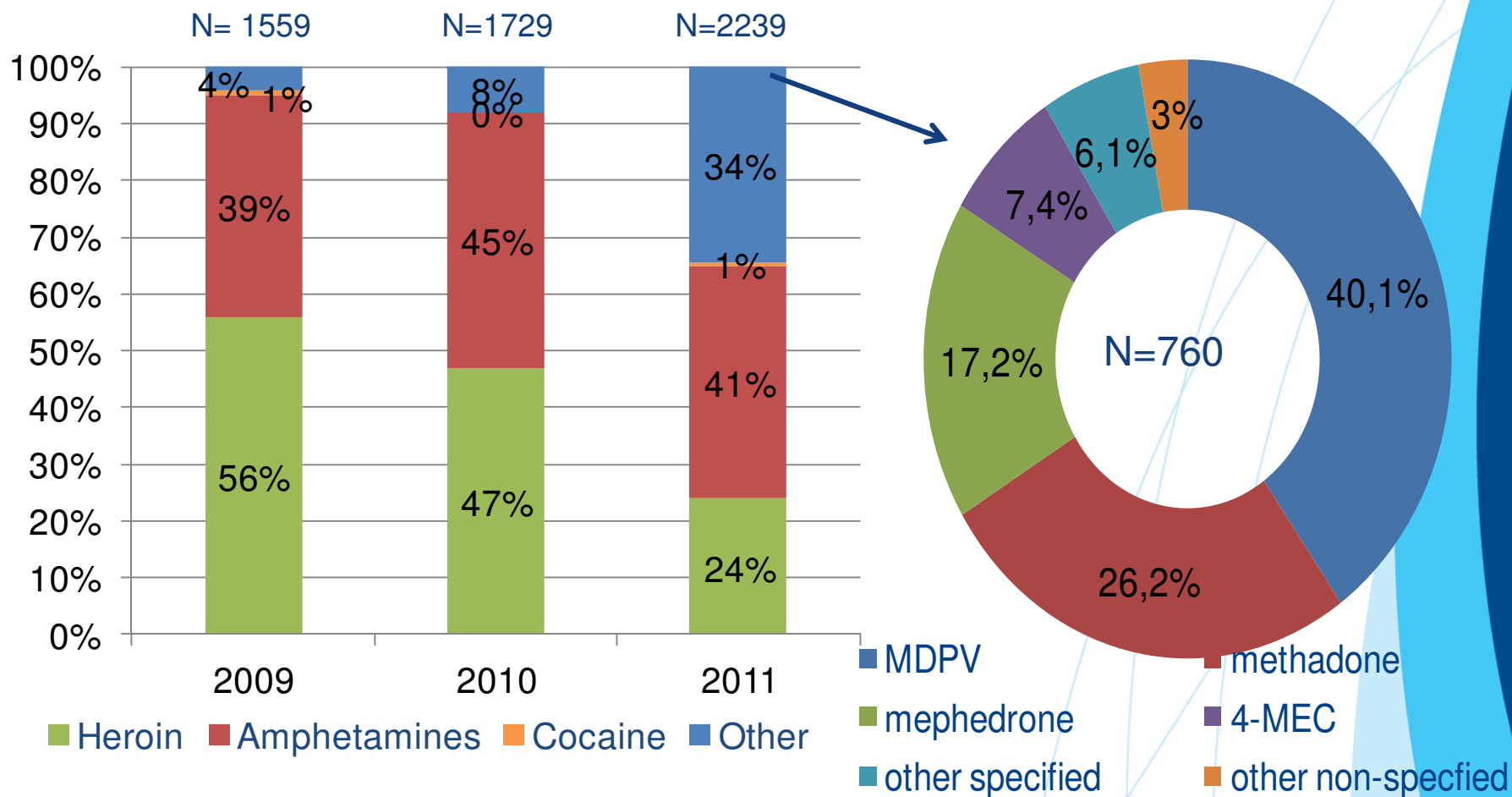
No. of emergency visits in Budapest (P.S.Hosp.) 2004-2011



- Opiates
- Cocaine
- Cannabis type sub.
- Hallucinogenics
- Amphetamine type sub.

NSP clients 2009 – 2011

national coverage, by primarily injected drug



Qualitative data

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

- More frequent injection times/ per day (10-20 times)
- Younger IDUs attend programmes
- Sometimes NPS users start their injecting carrier with these drugs
- Preparation for injection is quicker and more simple – use in open scene
- Lack of information on substances injected
- Mixtures containing different substances
- Physical/mental problems of NPS injectors develop more rapidly
- Increased demand for sterile syringes, more frequent contacts at NSPs

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 (synthetic cathinones)
- IDUs use what is available + lower price of NPS
- (ex) legal status – more openly used in public spaces
- Novelty + perception of low risk
- Changing substances – sold under the same street name (MP)
– IDUs do not know what they inject, dealers do not know what they sell
- Purity „strength” varies, high variety of combinations

Data sources

Reliable, valid infos about NPS come only from the

- Early warning system (EWS)
- Police seizure data

because of the exact analytical chemistry and detection of NPS in substances.

Other infos are based on 1) invalid? self-reporting (TDI, GPS) or 2) other data of limited validity

Data collection tools – mostly the yearly ‘routine’ tools – were / are inflexible to follow the emergence of the NPS.

- > slow technical process of changing a data collection tool
- > NPS appear and disappear so quickly that those tools cannot follow
- > present categories are inadequate

Reitox workshop in Budapest

April, 2012

Participating countries: Austria, Czech Republic, Hungary, Italy, Lithuania, Poland, Romania, Slovakia, Spain, United Kingdom, EMCDDA

The aims of the meeting were:

- to strengthen exchange of information on prevalence and patterns of new psychoactive substance use,
- to discuss ideas and practical solutions to data collection challenges,
- to facilitate exchange of information on promising responses,
- to discuss how to evaluate available information, studies and how to disseminate information on new substances,
- to identify and set up a group of countries that face similar challenges related to new psychoactive substances (i.e. new substances dominate the market, injecting drug use, increasing treatment demand).

Unknown substances – unknown mixtures

Laboratories' issues

- Quickly changing substances, hard to keep up with reference materials
- Expensive, hard to reach reference materials
- Lacking finances, financing techniques
- Sharing libraries, methods, graphs > increasing networking
- Methodological uncertainties

Hungarian example: 2 corpses found:

Biological samples: **5-API** (5-IT) / 5-(2-Aminopropyl)indole

Substance found: **amt** / alpha-Methyltryptamine

Label on sacket: **6-APB** / 6-(2-aminopropyl)benzofuran

Unknown substances – unknown mixtures

Forensic pathologists' issues

- If autopsy quick test fails, why to ask for detailed toxicological analysis
- Limited infos on metabolism, interaction etc.
- Limited info on toxicity, combination of substances? (direct deaths)
- Limited infos on long-term somatic effects (indirect deaths)
- Substances may be detected, that is **presence** in biological samples but **influence** / role of the NPS in a situation (e.g. road accident, violent crime) is not clear

Diversity – drug-related...?

EMCDDA related issues:

- Diversity of substances being looked for
- Countries may have different data collection/methods of detection
- NPS are not necessarily illegal in some countries, is it a problem?
- Shall we include these substances in the SR, guidelines?
- Shall we name them in Fonte?
- Even if few countries are affected? Reaction should be proportional!

Interpretation problems

- Inflexible categories in national and EMCDDA data collection tools
 - >> growing case numbers in categories 'other drugs', 'other stimulants', 'not elsewhere classified'
 - >> police arrest , seizure figures may decrease
 - >> no ICD-10 specific categories, no T-codes for poisoning

Consequence I: Underreporting

- Difficulties in time series analyses
 - >> changing to NPS influences time series analyses
 - >> changing in categories, case definitions

Consequence II: Misinterpretation

New tools, new approaches

Many countries mentioned already:

- NFPs involved in national risk assessments
- introduction of new categories
- using open categories/questions
- breaking down broader EMCDDA categories into country-specific sub-categories
- complementary data collection to reveal information not reported (at all or traceably) in routine systems
- connecting quantitative and qualitative data, infos
- or only use qualitative infos

(selected) Proposals by the workshop

- The impact of the phenomenon of NPS on EMCDDA definitions (e.g. polydrug use, problem drug use) should be further assessed
- New categorizations should be harmonized across indicators
- The structure of NR is not optimal as no place is given to provide a cross indicator analysis on e.g. the NPSs situation
>> chapter 4? PDU
- Solutions have to be developed not only for collecting data at national level but also for reporting data from national level to EMCDDA – guidance from EMCDDA where to report (e.g. in NR, Fonte, BPP)
- Timeliness – solutions to handle the problem that in 2012 AR 2010 data is reported, not present situation, especially important with NPSs

**Exchange on data collection challenges related to
new psychoactive substances use
*workshop documents and presentations***

www.drogfokuszpont.hu  → EWS

>> Reitox workshop on new psychoactive substances

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www.drogfokuszpont.hu



Thank you for your attention!