



European Monitoring Centre  
for Drugs and Drug Addiction



**2014 NATIONAL REPORT (2013 data) TO THE  
EMCDDA  
by the Reitox National Focal Point**

**“HUNGARY”  
New Development, Trends**

**REITOX**

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## SUMMARY

Following the appearance of new psychoactive substances the legislative background elaborated in 2012 provided the basis for the assessment of the risks and for implementing the changes in legislation. As a consequence of the coordination changes intergovernmental consultations partially held with the involvement of the civil organisations are currently underway. The related tasks may be realised along the details of the policy programme to be approved in the near future.

The national representative survey carried out in the adult population was performed with a narrower spectrum and among changed data recording conditions, which resulted in an increase in the number of errors other than sampling errors. As a consequence interpretation of the data requires increased care: on the basis of the measured lifetime prevalence rates, the most popular substance is cannabis, in second place are synthetic cannabinoids, which are followed by ecstasy, amphetamines and new psychoactive substances. One third of users used two types of drug and nearly a quarter used 3 or more types of drug in the past year. On the basis of the social variables the greatest amount of contact with drugs is experienced in the group of young adult males, those that live in large cities, those with university qualifications and those in the poorer social groups.

Tender invitations aimed at professional development of the field were published again with consideration to the tendering priorities determined in previous years. During 2013 the professional recommendation system for school health promotion programmes was set up, the objective of which is the improvement of the professional standard of Hungarian school health promotion programmes. Small number of the applications with drug prevention theme submitted to the institution responsible for the professional recommendation system could comply with the professional criteria. The National Institute for Health Development in cooperation with the National Focal Point and the National Drug Prevention Office trying to make an effort to promote successful projects, offering training programs, professional coaching programs and consultations to the candidates. In 2013 25 organisations operated harm-reduction/prevention activities in recreational settings.

National data collected from clients of NSPs relating to 2013 continue to show that the injecting use of the new psychoactive substances is growing. Just like in 2012, in 2013 the substance with the street name crystal – presumably containing the active substance pentadone – was the most frequent among those primarily injecting other substances. In connection with synthetic cannabinoids it was stated, that the negative physical and psychological consequences they cause occur more frequently and are more serious than in the case of THC.

The most important developments affecting the treatment and care of illicit drug users in 2013 also are linked to the ever-increasing spreading of new psychoactive substances. Among clients starting treatment, the proportion of those starting treatment because of other substances and other stimulants increased further, and in parallel with this the reduction of treatment demand in connection with opiates (heroin) continued to drop. Among the users of the new substances the proportion of the very young (under the age of 20) is higher than among the users of classical substances, and the treatment demand in the case of the use of the new substances appears earlier. Among those primarily using other stimulants or other substances the proportion of intensive – daily or several times a week – users is outstandingly high, above 50%, and injecting is more frequent among them as compared to users of “classical” stimulants.

The restructuring observed over the past five years of the primarily used substances among IDUs continued. The proportion of those primarily injecting heroin dropped by a further 10

percentage points, to 32%. As compared to previous years, a new development was the decline in the proportion of those injecting amphetamine. The proportion of those injecting other stimulants or other (non-classified) substances more than doubled compared to the previous year, implying that the largest group of IDUs starting treatment in 2013 (42%) did not primarily use one of the classical illicit drugs.

In 2013 the proportion of clients starting treatment in the scope of a QCT programme continued to decrease relative to those starting treatment voluntarily. A part of the reason for this can be that the subject of the abuse is increasingly a new psychoactive substance and not an illicit drug, therefore there is no need – in the case of use related conduct – for participation in a QCT programme in order to avoid criminal procedure. The amendment of the Criminal Code, according to which participation in a QCT programme may not be repeated within two years, may also have had an effect on the number of those starting treatment in the scope of QCT.

Up until June 2013 HIV, HBV and HCV diagnostic testing was available for IDU clients in nine cities at a total of 16 organisations. On the basis of the testing of 223 IDUs it may be determined with a large probability that the number of HIV and HBV infected persons in the population may be very low, similarly to previous years. Among those treated at outpatient DTCs and those using the services of NSPs a 31.9% HCV prevalence value was measured in 2013, compared to the 2012 data (23.1%) the difference is significant. Worthy of special note is the high prevalence HCV prevalence rate of those last injecting within the last 4 weeks, of women under the age of 25 and of those injecting other substances. More than a third of active IDUs (38.8%) admitted sharing a needle/syringe and nearly a half (47.8%) admitted sharing injecting equipment in the past 4 weeks.

The number of direct drug-related deaths increased further similarly to previous years. The number of deaths linked to opiates – since the almost complete disappearance of heroin – continued to be very low. The increase was due to the further spreading of the use of new substances. In every second case metabolites of new psychoactive substances were detected in the samples of the deceased. Almost every case could be linked to polydrug use, and the occurrence of benzodiazepines was also frequent.

Following the 35% reduction observed in 2012 the number of distributed syringes rose by a minimal amount (3.5%), at the same time a 15% drop in the number of returned or collected syringes could also be observed. The exchange rate in 2013 was 58.3%, i.e. as compared to the unchanged figure in 2012, this ratio deteriorated in 2013. The number of clients appearing at NSP programmes rose sharply, in 2013 the number of clients rose by 38% and the number of new clients by 16% as compared to the previous year. The number of client contacts also saw a large increase by 54%. Presumably the clients compensated for the reduction in availability of sterile syringes with a larger number of appearances. According to expert opinions, the fact that a large proportion of the clients inject the new psychoactive substances may also have played a role in the increase in turnover, as they are characterised by more intensive use than the classical substances. The increase in turnover could also be observed at NSPs outside of Budapest.

In respect of the social characteristics of clients entering treatment and reported in the TDI database there was no significant change as compared to previous years. The proportion of the unemployed among those entering treatment due to drug use has been increasing from year to year, while that of the regularly employed has decreased. According to the results of a survey performed among the addict clients of social institutions, the need for information provision in connection with social services was the highest among the social services not specially aimed at addicts.

In 2013 the investigations into 5,545 drug offences were concluded, 5,141 perpetrators were registered linked to these offences. Both the number of offences and the number of offenders rose slightly as compared to the previous year. The subject of the offence was cannabis in 68% of the cases, and amphetamine in 17% of the cases. As compared to 2012, the proportion of cannabis related offences decreased while the proportion committed with amphetamine and other substances increased. 88% of the registered drug offences were demand-type perpetrations, and in 87% of the cases the offence was committed with a small amount of illicit drug. On examining the location of the perpetration of the offences the central Hungary region (Budapest and Pest county) continued to have a determinant role: in 2013 35% of the registered drug offences were committed here.

With respect to the number of police seizures, by 2013 the proportion of seizures of new synthetic substances exceeded the proportion of seizures of classical illicit drugs. From 2010 the number of seizures of plant material containing synthetic cannabinoids has risen continuously, by 2013 the number of seizures had exceeded the number of seizures of herbal cannabis. The movement of the proportions of the occurrence of classical and new substances on the psychoactive substance market and the significant restructuring of user habits displays the popularity of the new, previously unknown substances.

In 2013 the most frequent active substance in powders and tablets containing cathinone derivatives was pentedrone, and this active substance was also present in the greatest proportion in items linked to intravenous substance use. As a result of the change to the regulations, the range of active substances distributed as synthetic cannabinoids is dynamically changing. As compared to previous years, the market share of tablets containing MDMA (ecstasy) rose, high active agent content tablets are characteristic. The frequency of occurrence of amphetamine, cocaine and heroin has not changed significantly as compared to previous years.

No substantial change took place in the average market prices of illicit drugs, however, the minor changes in the prices of the new substances represent stabilisation and growth of the market, and may be related to the introduction of schedule C and the stricter regulations.

# **1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS<sup>1</sup>**

## **1.1. INTRODUCTION**

The new Criminal Code entered into force on 1 July 2013, which represents a change as compared to the previous law, both in terms of structure and approach.

The appearance of new psychoactive substances called for the amendment of the legal environment. The further amendments of Government Regulation 66/2012 and Act XCV of 2005 were necessary for the affected bodies to be able to respond to the problem on the basis of monitoring the continuously changing market circumstances and assessing the risks (See also the 2012 and 2013 National Reports).

Until the end of January 2013 drug prevention and drug coordination tasks were handled within the competence of the Ministry of Human Resources (EMMI), State Secretariat for Social, Family and Youth Affairs, where these activities were performed by the National Drug Prevention Coordination Department of the Youth Affairs Division. From 1 February 2013, the Deputy State Secretary responsible for youth and sport relations, within the State Secretariat for Sport and Youth Affairs, gained professional control of the organisational unit.

## **1.2. LEGAL FRAMEWORK**

### **Laws, regulations, directives or guidelines in the field of drug issues**

#### **a) Act C of 2012 (VII.13.) on the Criminal Code**

The new Criminal Code (hereinafter: new Btk.) accepted by the National Assembly on 25 June 2012 entered into force on 1 July 2013.

Act IV of 1978 on the Criminal Code (hereinafter: old Btk.) regulated six types of perpetration in four Articles under the subtitle of misuse of drugs. The new Btk. changed this, and lists the statutory definitions under independent designations.

With respect to drug trafficking (distribution, dealing) the case of small amount as a privileged case was removed, because stricter action was justified in the case of trafficking-type behaviours. In the interest of more effective action against drug trade, the new Btk. introduced the new category of possession (produces, manufactures, acquires, possesses, imports, exports or transports through the territory of Hungary) of a particularly substantial quantity (two hundred times the small amount) as a qualified case. (Article 178 (2) c) and Article 179 (2) c))

The special (more lenient) regulations relating to drug addicts were removed, however, the court has the possibility to take the addiction of the perpetrator into consideration when imposing the punishment.

The new Btk. independently names illicit drug consumption, the punishment for which is the same as the punishment relating to acquisition of a small amount. (Article 178 (6))

Acts committed by persons over the age of eighteen involving offers or supplies drugs to persons under the age of eighteen or involving the perpetration of other drug-related offences using persons of such an age continue to be more seriously punished. (Articles 177, 179)

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<sup>1</sup> The authors of this chapter are: Gergely Csaba Horváth, Orsolya Varga



In the interest of preventing the abuses experienced in connection with alternatives to criminal procedure, the new Btk. states that the reason terminating culpability shall not apply if within a period of two years before the criminal offence (possession of illicit drugs) was committed prosecution was deferred, and/or the investigation or the proceedings was suspended upon the perpetrator having participated in quasi compulsory treatment (QCT - undergone treatment for drug addiction or a preventive-consulting service relating to addiction), or the perpetrator was found guilty of unlawful drug trafficking or possession of illicit drugs (Article 180. (2)).

A detailed admission of committing the crime gives the possibility to the court to reduce the penalty of the consumer without limitation which may help the investigation of drug trafficking. Framework Regulation 2004/757/IB on the determination of the minimum regulations relating to the elements of the statutory definitions of crimes in the area of drug trafficking also mentions the reduction of penalty as a possibility, therefore the new Btk. also adopted this rule.

The new Btk. punishes inciting substance abuse in an independent statutory definition, which had been named before 2003 (Article 181). This statutory definition also orders the punishment of an unsuccessful attempt of inciting substance abuse.

The old Btk. included two provisions relating to materials required for the production of illicit drugs, but the relationship between these was not clear (i.e. a precursor is also a substance). The new Btk. has clarified this, and conduct in connection with the materials, equipment and accessories required for the production of illicit drugs (the production, supply, distribution of these etc. for the purpose of the production of illicit drugs) has been placed in a separate statutory definition. Within the scope of the misuse of materials required for the production of illicit drugs the new Btk. punishes the violation of an administrative regulation, in the case of which the punishment may be no more than that for assisting the production of illicit drugs (as the latter is deliberate conduct, the perpetrator is in possession of the precursor expressly for the production of drugs) (Articles 182-183).

The new Btk. has been extended with a section entitled "Illegal Possession of New Psychoactive Substances" (Article 184, 184/A-D), which follows the structure of the previous articles, but regulates the area with more lenient punishments. The individual cases of the new regulation are essentially the same as those relating to illicit drugs, however, it does not include perpetration with a substantial quantity as aggravating circumstance. The lenient cases relate to perpetration with a small amount, which amount with respect to the total substance is 10 grams for each substance type. The punishable acts also include possession of new psychoactive substances if the amount exceeds the small amount.

b) Act II of 2012 (I.6.) on infringements, infringement proceedings and the infringement registration system

Due to the amendment of Act II of 2012, starting from 1 July 2013 the statutory definition of drug infringement is supplemented by regulations relating to new psychoactive substances. On the basis of this, those who infringe the regulations on the performance of activities requiring a permit and registration in connection with new psychoactive substances and those who violate the regulations relating to the data supply obligation in connection with these substances commit a misdemeanour. In these cases the procedure belongs within the competence of the police.

- c) Act XCV of 2005 (VII.15.) on medicinal products for human use and on the amendment of other regulations related to medicinal products

The section contained in Act XCV of 2005 entitled Special provisions on illicit drugs and psychotropic substances and on medicinal products classified as narcotics and psychotropic substances and on new psychoactive substances was amended twice.

Entering into force 1 January 2013, Act CCXII of 2012 (XII.17.) amended Article 15/C(4), according to which, if for the closing of the risk assessment according to Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances sufficient data is unavailable, the classification of new psychoactive substance may be extended for a further 1 year.

In force as of 1 January 2014, Act CCXLIV of 2013 (XII.17.) amended Article 15/C(3). On the basis of the amendment, if the risk assessment does not support that the new psychoactive substance represents a similar risk to the substances appearing in lists I-II of Law Decree no 25 of 1979 on the promulgation of the Convention on Psychotropic Substances signed in Vienna on 21 February 1979 on the illicit drugs and psychotropic substances determined in Article 1(4) and in the lists on the act on medicinal products for human use, then the new psychoactive substances must be deleted from the list and placed in the other list determined in a Government Regulation. All economic activities may be performed in the case of these materials in the future after compulsory registration, but unauthorised distribution does not involve criminal law sanctions.

- d) Government Regulation 66/2012. (IV.2.) on activities that may be conducted with illicit drugs, psychotropic substances and new psychoactive substances and on the scheduling of such substances and on the amendment of their schedules

Government Regulation 66/2012. was amended on two occasions in July 2013. On the basis of the proposal of the National Centre for Addictions, from 5 July 2013 the individual and generic lists of Schedule C of Annex 1 of the Regulation were changed. Three individual compounds were added and the generic list was extended with skeleton molecules relating to new compounds and those with associated structures that had newly appeared in the EU over the past year. The change was justified by that the new skeleton molecules cover numerous new compounds that had not appeared in Schedule C in the past. According to the amendment in effect as of 15 July 2013, the substance named para-methyl-4-methylaminorex was placed in Schedule C of the Regulation, which compound is associated with several deaths occurring in June 2013.

From 1 January 2014 the Regulation was extended with Schedule D and depending on the risk assessment of the substances in Schedule C, substances not representing a public health risk but not permissible in free distribution are placed here.

- e) Regulation of the Minister of Rural Development 77/2013. (IX. 10.) on the amendment of the Regulation of the Minister of Agriculture and Rural Development 128/2009. (X. 6.)

The aim of the amendment of the Regulation of the Minister of Agriculture and Rural Development 128/2009. (X. 6.) about animal therapy products was to harmonise the rules of delivery and order of animal therapy products regarded as illicit drugs or psychotropic substances with the Government Regulation 66/2012. (IV.2.) on activities that may be conducted with the illicit drugs, psychotropic substances and new psychoactive substances and on the scheduling of such substances and on the amendment of their schedules.

- f) Government Decision 1089/2013. (III.4.) on the Inter-ministerial Coordination Committee on Drug Affairs

The reorganisation of the Inter-ministerial Coordination Committee on Drug Affairs (KKB) (previously known as: Coordination Committee on Drug Affairs) was carried out in the spring of 2013 on the basis of Government Decision 1158/2011. (V.23.) on the review of bodies established with a legal act or public body control instrument, and Government Decision 1452/2011. (XII.22.) on the implementation of the tasks included in the former decision and continues its operation in the form of an inter-ministerial committee with the involvement of governmental and state administration participants within the framework of the conditions laid down in Government Decision 1089/2013. (III.4.).

- g) Government Decision 1090/2013. (III.4.) on the Council on Drug Affairs

In the interest of handling the problems in connection with illicit drug use, promoting targeted, community-based interventions and strengthening cooperation with civil organisations, the Government set up the Council on Drug Affairs beside the Inter-ministerial Coordination Committee on Drug Affairs with Government Decision 1090/2013. (III.4.). As a result of the decision the opinions of a significantly greater number of civil and professional organisations are channelled directly to the Government. The new construction provides the opportunity for a direct, organised and regular dialogue between the various professional fields, and, through this, for the harmonisation of the activities of the organisations and for the strengthening of their effectiveness.

- h) National Assembly Decision 80/2013. (X.16.) on the National Anti-drug Strategy 2013-2020

The National Anti-drug Strategy approved by the National Assembly determines the basic principles of drug policy for the period 2013-2020, its main action directions as well as the comprehensive approach and interpretation framework. For the details of the National Anti-drug Strategy see section 1.3.

## **Law implementation<sup>2</sup>**

The new Btk. (see section 1.2.) entered into force on 1 July 2013, therefore the data relating to 2013 was provided by the Public Prosecutor's Office on the basis of the two different structures of the old and new Btk.

In 2013 2321 persons were sentenced according to the old Btk. due to drug-related offences according to the following articles:

- Article 282: 1757 persons
- Article 282/A: 385 persons
- Article 282/B: 64 persons
- Article 282/C: 93 persons
- Article 283/A: 3 persons
- Article 283/B: 19 persons

196 persons were sentenced in criminal proceedings started after 1 July 2013 according to the new Btk., according to the following articles:

- Drug trafficking
  - Article 176: 38 persons

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<sup>2</sup> Based on data from the Public Prosecutor's Office's Prosecution Information System (VIR).

- Article 177: 0 persons
- Possession of illicit drugs
  - Article 178: 159 persons
  - Article 179: 0 persons
- Inciting substance abuse: Article 181: 9 persons
- Aiding the manufacture of illicit drugs: Article 182: 0 persons
- Criminal offences with drug precursors: Article 183: 1 person
- Abuse of new psychoactive substances: Article 184: 9 persons

In 2013 the following punishments and measures were imposed on the 2517 persons convicted with a final judgement:

- 399 were sentenced to executable imprisonment
- 680 were sentenced to suspended imprisonment
- 480 were sentenced to community work
- 481 were fined (including suspended fines)
- 17 were reprimanded
- 492 were put on probation

### **1.3. NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION<sup>3</sup>**

#### **National strategy<sup>4</sup>**

During the determination of the drug policy guiding principles, the demand for an attitude different to those in the past made it necessary to set up a new drug strategy. This is partially a consequence of the significant changes that have taken place in the individual areas involved in the treatment of the drug problem (e.g. healthcare, public education), partially a consequence of the profound social and economic changes having an unfavourable effect on the development of addictions, of the significant negative changes regarding certain substance-use trends (e.g. cannabis, amphetamine), and of the appearance of designer drugs. The drawing up of the new strategy document – with the involvement of prominent Hungarian experts – was started in 2011.

Following internal consultations in the Ministry of Human Resources, the draft of the strategy document was sent for public administration verification in the first quarter of 2013. Following social and public administration verification, on 7 October 2013 the National Assembly approved National Assembly Decision 80/2013. (X.16.) with the title National Anti-drug Strategy 2013–2020, Clear consciousness, sobriety, and fight against drug crime.

The National Drug Strategy determines targets for the period between 2013 and 2020. Besides recognising the necessity to handle the personal and social risks and harms in connection with drug use, it views its main objective as being the reduction of the use of illicit substances, with the help of targeted, community-based interventions. The National Anti-drug Strategy desires to achieve the objective through wide-ranging prevention activities, by strengthening a recovery-oriented attitude and reintegration in the field of the care and treatment of drug addicts, by the more effective application of crime-prevention and law enforcement interventions in the field of supply-reduction, and through strict action against trafficking.

#### **Implementation of the action plan**

<sup>3</sup> Report on the activity performed in the interest of handling the illicit drug problem by the EMMI – Youth Department (EMMI 2014b)

<sup>4</sup> See a detailed presentation of the National Anti-drug Strategy in the relevant chapters.

The policy programme relating to 2014-15 sets down quality-assured, system-level development of health promotion and general drug prevention in the field of demand reduction, the modernisation of the treatment-care system and reintegration, as well as need-based capacity expansion. With respect to supply reduction, the main objective of the document is to prevent psychoactive substances suitable for abuse getting into Hungary, and to prevent trafficking within the country, and to increase assertion of crime prevention aspects in connection with this. In the interest of this, it is especially important to cut down trafficking and other crimes committed on the Internet, and, furthermore, to protect young generations in all settings where children and young people are exposed to increased danger.

The policy programme of the National Anti-drug Strategy relating to 2014-2015 has been drawn up, the draft will be subjected to public administration verification in 2014.

## **Coordination arrangements**

Until February 2013 the Ministry of Human Resources (EMMI), State Secretariat for Social, Family and Youth Affairs exercised professional control over the National Drug Prevention Coordination Department of the Youth Affairs Division, which performs drug affairs coordination tasks. Following the reorganisation of the Ministry, from February 2013 the organisational unit came under the professional control of the Deputy State Secretary responsible for youth and sport relations within the State Secretariat for Sport and Youth Affairs.

Following its reorganisation, the Inter-ministerial Coordination Committee on Drug Affairs (KKB) met on three occasions in 2013. During the meetings held in May, September and December the members of the body gained information about, among other things, the professional recommendation system of the school health promotion programmes, about the experiences and difficulties in connection with the risk assessment of new psychoactive substances, about the work of the National Crime Prevention Council as well as about the draft of the first policy programme of the National Anti-drug Strategy. Furthermore, issues related to the application of methadone treatment were examined and the National Report on drugs was reviewed. The body met once in 2014, in February.

In the interest of handling the problems in connection with drug use, promoting community-based interventions and strengthening cooperation with civil organisations, the Government, apart from reorganising the Inter-ministerial Coordination Committee on Drug Affairs, set up the Council on Drug Affairs with Government Decision 1090/2013. (III. 4.). The Council on Drug Affairs met on three occasions in 2013, placing the emphasis on the following topics: the National Anti-drug Strategy, the tender invitations in the field of drug affairs in 2013, information on the current status of the Hungarian illicit drug market, the drug related changes in the Btk. entering in force on 1 July 2013, the presentation of the draft European Union regulations on new psychoactive substances and the operation of the School Crime Prevention Consultant Network.

## **1.4. ECONOMIC ANALYSIS**

### **Labelled expenditures of the Ministry of Human Resources<sup>5</sup>**

The financing of the tasks in connection with drug use was partially provided by the KAB tender invitations coordinated by the Ministry of Human Resources. The support period of the tender invitations published in 2013 extended over to the calendar year of 2014.

In total 374 tenders were submitted for a budgeted amount of HUF 185,000,000 (EUR 622,623) applying for HUF 615,965,422 (EUR 2,073,050). Of the tenders submitted 370

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<sup>5</sup> In the chapter the amounts were calculated according to the official 2013 middle euro exchange rate (EUR 1 = HUF 297.13).

were valid and a total of 197 tenders won grants, and the total amount of support awarded was HUF 182,969,194 forint (EUR 615,788).<sup>6</sup>

The areas of the support system were the following in 2013:

- 110 valid tenders were submitted for supporting the recovery process of people suffering from addictions, and 69 of these tenders were granted support with a total value of HUF 105,978,194 (EUR 356.673).
- 215 valid tenders were submitted in the field of supporting drug prevention programmes, and 89 of them were granted support of a total value of HUF 59,761,000 (EUR 201,127).
- 45 valid tenders were submitted in the field of supporting the activity of Coordination Forums on Drug Affairs, and 39 of them were granted support of a total value of HUF 17,230,000 (EUR 57,988).

Table 1. *The amounts of support granted relating to tender calls specifically concerning drug affairs, by target area in 2013*

| Supported target area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Amount awarded (HUF) | Amount awarded (EUR) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Supporting the recovery process of people suffering from addictions /KAB-FF-13/</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                      |
| The aim of the tender invitation is to support the recovery process of patients suffering from addictions and struggling with drug-related problems; to strengthen the therapeutic process, to provide supplementary support for low-threshold service providers and specialised outpatient treatment centres, for programmes aimed at resocialisation and rehabilitation, and for substitution treatment.                                                                                                                                                                                                             | <b>105,978,194</b>   | <b>356,673</b>       |
| <b>Supporting drug prevention programmes /KAB-ME-12/</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                      |
| The aim of the tender is to support selective and indicated prevention programmes, in compliance with the aims of national and international drug strategy documents. In the scope of the tender invitation, programmes based on collaboration between the participants of local communities, facilitating the strengthening of the family system, are supported.                                                                                                                                                                                                                                                      | <b>59,761,000</b>    | <b>201,127</b>       |
| <b>Ensuring the conditions of operation of Coordination Forums on Drug Affairs (KEF) and promoting the realisation of local strategies aimed at handling the drug problem /KAB-KEF-12/</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                      |
| The aim of the tender invitation is to promote the uniform professional activity of the Coordination Forums on Drug Affairs (KEF), to support the continued operation of urban/Budapest district/small region/county/regional KEFs and to assist the performance of coordination tasks. The key aim is that the KEFs, being multidisciplinary teams, have the ability to assess the needs occurring in the region in connection with individual service areas (drug prevention/health development, treatment/care, supply reduction), to draw up and implement local strategies and action plans that have priorities. | <b>17,230,000</b>    | <b>57,988</b>        |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>182,969,194</b>   | <b>615,788</b>       |

Source: EMMI 2014b

In 2013, via individual support, 19 tasks in connection with the prevention of drug use, and of outstanding importance from the point of view of the area, were financed with a total amount of HUF 43,860,000 (HUF 147,612).

<sup>6</sup> On the basis of the summary of the KAB decision lists and the report of the NDPO.

HUF 67 million (EUR 225,491) was given to the National Drug Prevention Office operating as a unit of the Youth Directorate of the National Institute for Family and Social Policy to the burden of the chapter-managed appropriations fund. From this amount, HUF 65 million (EUR 218,759) provided the financing for the “Preventive-consulting service”, and HUF 2 million (EUR 6,731) was used for the elaboration of the National Anti-drug Strategy action plan for 2014-2015, and for the support of the dr. Béla Buda memorial conference (EMMI 2014b).

### *Conclusions*

Following the appearance of new psychoactive substances the legislative background elaborated in 2012 provided the basis for the assessment of the risks and for implementing the changes in legislation.

As a consequence of the coordination changes intergovernmental consultations partially held with the involvement of the civil organisations are currently underway. The related tasks may be realised along the details of the policy programme to be approved in the near future.

## 2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS<sup>7</sup>

### 2.1. INTRODUCTION

In 2013 a national representative survey was performed in the adult population linked in an omnibus way to a study<sup>8</sup> performed in a different subject, that was directed at assessing the feeling of social well being in the population.

Beside this the results of screening tests of army personnel as well as the results of an international, Internet-based, voluntary and anonymous survey, the Global Drug Survey, are presented.

### 2.2. DRUG USE IN THE GENERAL POPULATION

Prevalence data

In a survey<sup>9</sup> performed in spring 2013 the measured lifetime prevalence of illicit drug<sup>10</sup> use of the respondents (N=1959) in the 19-64 year-old age group was 8.2%. The annual prevalence rate was 1.7%. 21.1% of ever users had used an illicit substance in the past year (the proportion of new users was 6%, and that of the current, continuous users was 15.1%). The measured monthly prevalence of illicit drug use was 0.8%, the proportion of current users within ever users was 9.7%.<sup>11</sup>

Table 2. *The main indicators of the extent of illicit drug use in the 19-64 year old population in 2013*

| Main indicators (N)                           | %    |
|-----------------------------------------------|------|
| Lifetime prevalence (N=1688)                  | 8.2  |
| Annual prevalence (N=1685)                    | 1.7  |
| Monthly prevalence (N=1682)                   | 0.8  |
| Continuous use rate (N=135)                   | 21.1 |
| Continuous use rate without incidence (N=135) | 15.1 |

Source: Paksi 2013b

<sup>7</sup> The authors of this chapter are: Adrienn Nyírády, Borbála Paksi

<sup>8</sup> The study entitled "KÖZ-ÉRTET 2013" carried out by the ELTE Institute of Psychology PhD School (head of study: Prof. Dr. György Hunyady; sub-project head: Katalin Felvinczi).

<sup>9</sup> The study was performed on a national representative sample of gross 2000 persons (net 1997 persons using a supplementary sample and with the quota supplement) among the 19-64 year old age group in Hungary broken down by region, settlement size and age group. The data was recorded using the so-called mixed method (the socio-demographic questions and those representing the basic subject of the study were asked face-to-face and the drug epidemiology questions were asked in the form of a self-registered questionnaire) in May-June 2013.

The circumstance that the present study was not primarily performed with a drug epidemiology purpose may have resulted in an increase in errors other than sampling errors. On the one hand, the present study examined the drug problem via fewer questions than in the past. On the other hand, there was less possibility for implementing the special data recording strategy required by studies aimed at recording sensitive data – such a strategy had been consistently used in earlier targeted drug epidemiology studies. The basic subject of the study may also have given an unusual and difficult to calculate context to the drug questions. With respect to the assessment of the data, a further difficulty was that the data was recorded at the same time when the legal environment of drug use was made stricter. The increased presence of errors, apart from sampling errors, is shown by the increase in the lack of responses to the prevalence questions as compared to the study in 2007 (from 5-6% to 12%), as well as by the unfavourable development of admitting use of a dummy drug (earlier 6 persons, 14 persons in the present study). As a consequence of all these the assessment of the measured data requires increased care (Paksi 2013a).

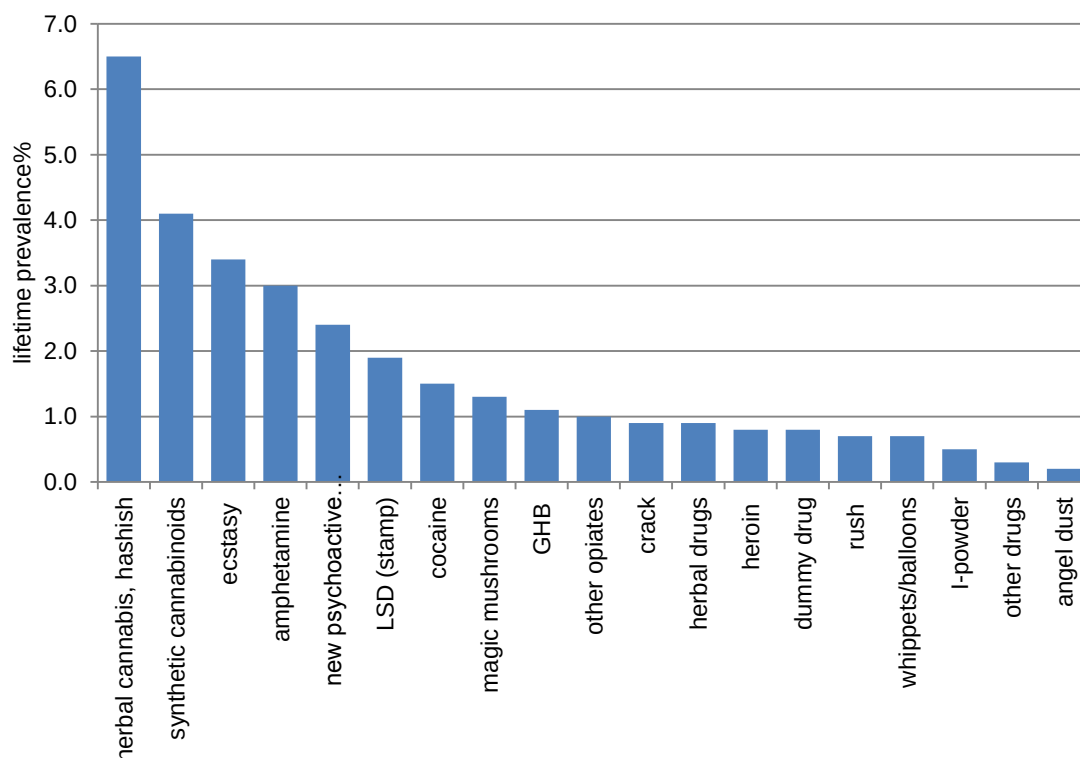
<sup>10</sup> The study examined the following illicit drugs: herbal cannabis/hashish, synthetic cannabinoids, ecstasy, amphetamine, cocaine, heroin, other opiates, LSD, magic mushrooms, crack, GHB, intravenous drugs, herbal drugs, rush, angel dust, l-powder, new psychoactive substances, other drugs.

<sup>11</sup> Data processing was partly conducted under the research project entitled 'OTKA 109375'.



Of those who had ever tried illicit drugs, most of them (four fifths) had used herbal cannabis or cannabis resin during their lives to date. The most widespread substances after these were synthetic cannabinoids<sup>12</sup>, ecstasy, amphetamine and the new psychoactive substances<sup>13</sup>, which every second-third substance user had already tried. Rarer than these (experienced in the case of every fourth-sixth person who tried an illicit substance) was the occurrence of LSD, cocaine, and magic mushrooms, trying GHB was also above 1%. The measured lifetime prevalence rate of the other examined illicit substances was near to or below the use proportion indicated for the dummy drug.

Figure 1. *The lifetime prevalence of the different illicit drugs in the 19-64 year old population in 2013 (%)*



Source: Paksi 2013b

In the 19-34 year old age group – as compared to the 19-64 year old age group – the prevalence rates were nearly twice as high: the lifetime prevalence rate of illicit substances was 14.7%, the annual prevalence rate was 3.2%, and the proportion of those who had used drugs in the previous 30 days was 1.4%. In this age group it was also herbal cannabis/cannabis resin that proved to be the most frequently used substance (LTP 12.2%), which, here also, was followed by synthetic cannabinoids (LTP 7.7%), ecstasy (LTP 6.5%), amphetamine (LTP 5.1%), the new psychoactive substances (LTP 3.8%), and LSD (LTP 3.1%).

### Polydrug use

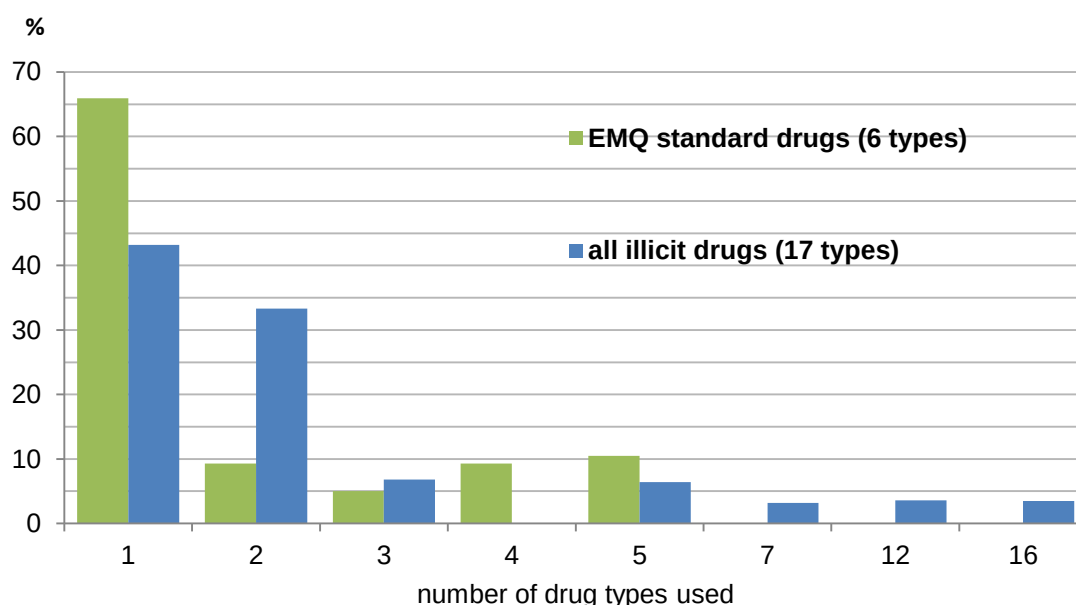
<sup>12</sup> The question relating to synthetic cannabinoids: Have ever you used substances similar to herbal cannabis? (typically in the form of plant fragments, like, for example spice, potpourri etc.)?

<sup>13</sup> The question relating to new psychoactive substances: Have you ever used substances similar to stimulants (amphetamine, cocaine) (typically in the form of powder, like, for example, mephedrone, 4-mec, MDPV, penta crystal, etc.)?

In the past year a little more than two fifths of users used just one type of substance among the 17 types of illicit drug examined. A third of them used two drugs, and nearly a quarter of them used 3 or more types of drug over the past year.

Calculating the occurrence of polydrug use based on the 6 types of European Model Questionnaire (EMQ) standard drug (herbal cannabis, ecstasy, amphetamine, cocaine, heroin, LSD) two thirds (65.9%) used just one of the six types, however, nearly a quarter of them used at last three types of substance.

Figure 2. *The Occurrence of polydrug use among the population aged between 19-64, percentage of past-year users, in 2013*



Source: Paksi 2013b

### Sociological aspects of drug use

On the basis of the examined variables of social status (sex, age, school qualification, income, deprivation index, type and size of settlement) significant differences ( $p < 0.05$ ) were observed with respect to age, certain cultural and economic status indicators and size of settlement. The proportion of those with experience of drug use decreased linearly when progressing towards the older age groups, there was an approximately 14 times difference in the lifetime prevalence rate between the youngest and oldest age groups. The urbanisation pattern of drug use showed a similarly marked value: the lifetime prevalence rates in cities with a population of 150 thousand or more were more than double of those in smaller settlements. Less obvious, although also significant, is the sociological aspect indicating an inverse relationship of cultural status and economic status. Of the various school qualification groups, only those with the highest cultural status, those with university qualification, had a significantly greater than average exposure. However, on the basis of household income, lower economic status represented a greater risk, however, on the basis of the deprivation index this latter relationship was no longer present. Besides this, the lifetime prevalence rate of men exceeded that of women.

Table 3. *Illicit drug use lifetime prevalence rate according to various socio-demographic characteristics in the population aged 19-64, in 2013 (%)*

| <i>socio-demographic characteristics</i>         |                                         | <b>LTP %</b> | sign.   |
|--------------------------------------------------|-----------------------------------------|--------------|---------|
| <b>Sex</b>                                       | male                                    | 9.4          | p=0.050 |
|                                                  | female                                  | 7.1          |         |
| <b>Age</b>                                       | 19-25 years                             | 18.1         | p<0.001 |
|                                                  | 26-35 years                             | 12.8         |         |
|                                                  | 36-45 years                             | 6.8          |         |
|                                                  | 46-55 years                             | 4.0          |         |
|                                                  | 56-65 years                             | 1.3          |         |
| <b>Highest school qualification</b>              | Less than 8 grades of elementary school | 0            | p=0.017 |
|                                                  | 8 grades of elementary school           | 6.1          |         |
|                                                  | vocational school                       | 8.9          |         |
|                                                  | baccalaureate                           | 8.9          |         |
|                                                  | college                                 | 5.0          |         |
|                                                  | university                              | 15.7         |         |
| <b>Settlement type</b>                           | village                                 | 6.2          | p=0.154 |
|                                                  | rural town                              | 8.8          |         |
|                                                  | Budapest                                | 9.7          |         |
| <b>Settlement size</b>                           | <150000 population                      | 6.5          | p<0.001 |
|                                                  | ≥150000 population                      | 13.5         |         |
| <b>Monthly net household income<sup>14</sup></b> | < EUR 168<br>(< HUF 50,000)             | 27.3         | p=0.042 |
|                                                  | EUR 168 - 505<br>(HUF 50,000 – 150,000) | 13.0         |         |
|                                                  | EUR 505 - 1010<br>(HUF 150,000-300,000) | 6.4          |         |
|                                                  | EUR 1010 <<br>(HUF 300,000 <)           | 8.6          |         |
|                                                  |                                         | average      |         |
| <b>Average value of deprivation index</b>        | used illicit substance                  | 3.6806       | p=0.475 |
|                                                  | not used illicit substance              | 3.5141       |         |

Source: Paksi 2013b

### First drug use

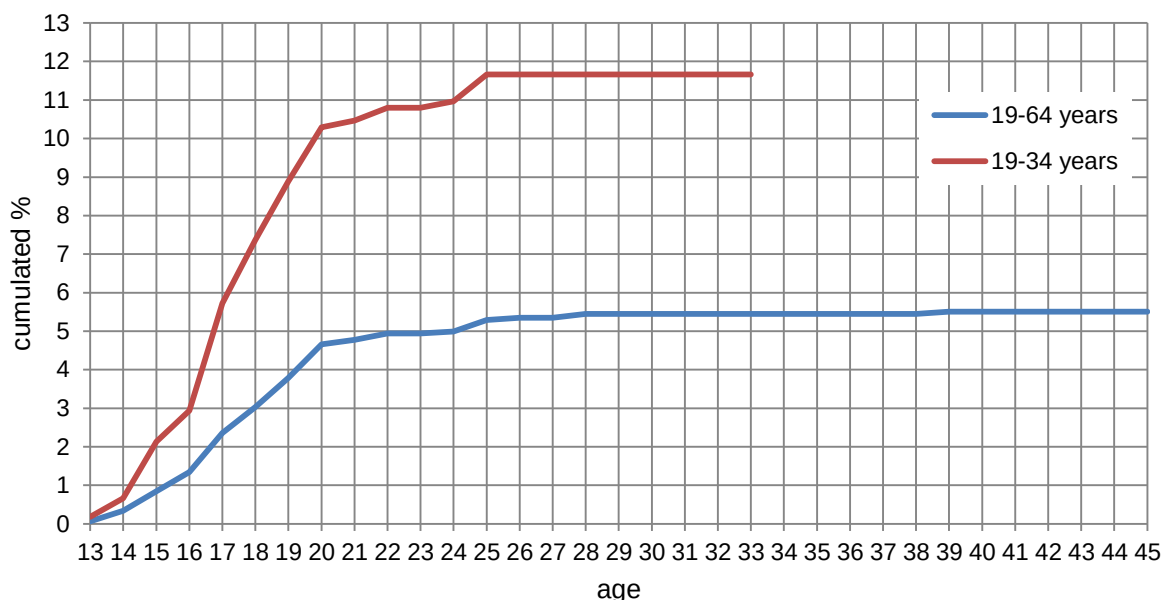
In the examined adult population the first illicit drug use took place most frequently at the age of 17 and at the age of 18 and a half on average. More than a half (55%) of ever users tried illicit drugs at the age of 18 or younger, every sixth-seventh user (15.3%) had already used drugs at the age of 15 and every fourth user at the age of 16.

The cumulated prevalence curve calculated on the basis of age of first drug use shows that in the 19-64 year old adult population the proportion of people trying illicit drugs rose practically evenly between the ages of 14 and 20, i.e. in every age year a further half-one

<sup>14</sup> In the chapter the amounts were calculated according to the official 2013 middle euro exchange rate (EUR 1 = HUF 297.13).

percent of the population came into contact with drugs. In the following years the risk of coming into contact with drugs is minimised, and practically ceases to exist after the age of 28. Beside the more intensive risks in specific age, the exposure period for today's young adults is similar to that of the adult population: intensive between 14 and 20 years, 1-3% in the individual age years, then there is a reducing risk and after the age of 25 first use can no longer be experienced.

Figure 3. *Cumulated prevalence curve of illicit drug use according to the study performed in 2013 (percentage of respondents)*



Source: Paksi 2013b

### Trends

Examining the changes between 2007 and 2013, there is no change to the measured lifetime prevalence within the limits of error, while with respect to the shorter-term prevalence rates and the continuous use rate a reduction took place<sup>15</sup> at a two-thirds reliability level. The intensive increase indicated in recent years by studies performed in young populations does not appear in the data obtained with respect to the adult population.

Over the past six years – in the adult population aged 19-64 – the age of first drug use dropped on average by nearly 2 years. The typical age of first drug use also became significantly (by 3 years) lower: while in 2007 the population aged 19-64 years came into contact with illicit substances at the age of 20, today the greatest proportion of adults first used an illicit drug at the age of 17.

<sup>15</sup> It must be noted, however, that as compared to previous studies due to the increase already mentioned in errors apart from sampling errors, interpretation of the trends demands further analyses. One method of this is to handle the data relating to the age groups according to the targeted drug epidemiology studies performed in 2013 and 2007 as a cohort study. In this case the starting point of the analysis would be the fact that the lifetime prevalence rate in the same population should not drop. As 6 years have passed as compared to the study in 2007, the then population aged 18-59 years is covered by the population aged 24-65 years in the 2013 study. In the 18-59 age group in 2007 the lifetime prevalence rate of illicit drug use was 10.3%. However, in 2013 we measured a rate of only 6.9% in the 24-65 age group. This means that in the sub-population treated as a cohort study – assuming that now in the age group over 24 years no new trying of illicit drugs has taken place in the past 6 years – as compared to the minimally expected prevalence rate the study performed in 2013 resulted in an underestimation of 33%. If we also take into consideration that according to the data of the study performed in 2013 10% of ever users first used a drug in the past 6 years, then the degree of underestimation is 39% (Paksi 2013a,b).

The occurrence of polydrug use has also increased in the last six years – examined with respect to the six types of EMQ standard drug. While in 2007 in the adult population aged 19-64 years, only one quarter of those using an illicit substance in the past year had used more than one type of drug, by 2013 this value had risen to one third. The proportion of those who had used more than three types of substance in the year before the study doubled: while six years ago every tenth drug user had used at least four types of drug, at the time of the study this was characteristic of every fifth user.

### **2.3. DRUG USE IN THE SCHOOL AND YOUTH POPULATION**

No new information available.

### **2.4. DRUG USE AMONG TARGETED GROUPS**

#### **The army**

Similarly to previous years, drug use screening tests were performed on the personnel of the Hungarian Army for the purpose of checking suitability for performing service and for checking being under the influence of drugs. The SKAVI MH Drug Screening Laboratory and the troop healthcare services performed the screening tests, on the basis of which the extent of illicit drug use and the types of substances used could be determined among the personnel. In 2013 11,431 tests were performed, of which 16 samples proved positive after confirmation tests. According to the results 14 persons had used cannabis, 1 person amphetamine and 1 person a new psychoactive substance.

The indicated drug contact indicator was 0.14% in 2013, which, as compared to the value for the previous year (4 positive cases, 0.02%), represents a seven-fold increase. A rise in the drug contact indicator has not occurred since 1998. Based on the proportion of positive results from the preliminary screening test (30 samples) and the negative samples obtained during the confirmation tests (14 samples) it may be assumed that use of new psychoactive substances had taken place, which the laboratory was unable to detect. (Hungarian Army 2014)

#### **Global Drug Survey<sup>16</sup>**

Hungary took part in the Global Drug Survey (GDS 2014) for the first time in 2013, which was an international survey examining drug use patterns and experiences. A total of 3,239 persons completed the Internet-based, voluntary, Hungarian language, anonymous questionnaires, and 3,174 persons gave valid responses. Three quarters of them were male, their typical age was 20-29 years. The large majority of them stated that they were working or studying, more than a half of them had higher education qualifications.

77.6% of the respondents had used an illicit substance in their life, 54.5% of them in the past year, and 38.7% of them in the past month also.

Among ever users, the most frequently tried illicit drugs were cannabis, ecstasy (MDMA), magic mushrooms and amphetamine; while synthetic cannabinoids, mephedrone and certain herbal drugs appeared in 7-8<sup>th</sup> place. The lifetime prevalence rates for the large majority of

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<sup>16</sup> Source: GDS (2014): Global Drug Survey Study Report.

<http://444.hu/2014/04/14/igy-drogoznak-a-magyar-fiatalok/>

<http://www.globaldrugsurvey.com/wp-content/uploads/2014/04/last-12-months-drug-prevalence.pdf>

new psychoactive substances were under 1% in the entire sample according to the responses.

In the year before the study, a little more than one third of the respondents had used cannabis. 3% of them reported using it for self-medication and the majority for relaxation. Most of them obtained it from a dealer or friends, however, 2.7% reported on growing their own.

Approximately one tenth of the respondents used ecstasy, amphetamine, cocaine or magic mushrooms in the past year. They were more likely to use ecstasy as a tablet than as a powder. At the same time the majority reported that the quality of the tablets had deteriorated in recent years, but the quality of powder had remained the same.

With respect to new psychoactive substances<sup>17</sup> the proportion of those who had used a substance they did not know the precise identity of or what it was sold as originally was under 5%. The majority of the respondents used them at parties and places of entertainment, however, more than a quarter of them used them at home. Two thirds of them used these substances while under the influence of other substances. 70% of them reported that they had obtained them from someone who they trusted. Equal proportions of people obtain new psychoactive substances on the Internet and from other sources (dealer, friend, shop).

Nearly a half of the respondents reported that they had been concerned about a friend due to alcohol or drug use. The majority would send their friend to their family or other friends for advice and help, fewer than a fifth would recommend drug treatment centres or drug information websites.

## *Conclusions*

As compared to previous studies, the national representative survey carried out in the adult population was performed with a narrower spectrum and among changed data recording conditions, which resulted in an increase in the number of errors other than sampling errors. As a consequence interpretation of the data requires increased care: on the basis of the measured lifetime prevalence rates, the most popular substance is cannabis, in second place are synthetic cannabinoids, which are followed by ecstasy, amphetamines and new psychoactive substances. One third of users used two types of drug and nearly a quarter used 3 or more types of drug in the past year. On the basis of the social variables the greatest amount of contact with drugs is experienced in the group of young adult males, those that live in large cities, those with university qualifications and those in the poorer social groups.

An unfavourable drug use trend was also observed among army personnel, the screening tests revealed a greater number of positive samples than ever before.

The data of the Global Drug Survey show that the study had found a special, drug-using, well qualified, young adult population.

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<sup>17</sup> The question relating to new psychoactive substances: In the past 12 months have you sniffed or taken a powder that you did not know the precise identity of or what it was originally sold as?

### 3. PREVENTION<sup>18</sup>

#### 3.1. INTRODUCTION

During the year the financial background of the activities in connection with prevention and the professional priorities were created partly by the realisation of the calls for tenders announced in 2012 and partly by the drug-related calls for tender announced in 2013 by the Ministry of Human Resources (EMMI).

Regulation 20/2012 (VIII.31.) of the Ministry of Human Resources on the operation of education institutes and on the use of names by institutes of public education provided the legislative background for the realisation of the school prevention programmes. On the basis of the Regulation, the objective of comprehensive health promotion is for all children during the time they spend in the institute of education to participate in health promotion activities that effectively develop their physical and psychological well-being, health and health condition and which operate as a system in the everyday life of the educational institutions. Article 128(3) of the Regulation, among the specified tasks, names prevention of behavioural dependencies and the use of substances that lead to addictions, i.e. the drug prevention activities may be realised as an integrated part of school health promotion (for details see 2013 Annual Report, section 3.1.). The provisions of the EMMI Regulation relating to the development of physical, psychological and mental health, and to the prevention of the use of substances leading to behaviour dependency and addictions entered into force on 1 September 2013 (EMMI, 2014).

As a step taken towards the quality assurance of the school drug prevention programmes, during last year a monitoring procedure regulating the drug prevention programmes realised in schools was introduced. The procedure is regulated by Article 128(7) of the aforementioned EMMI Regulation, on the basis of which the performance of the tasks in connection with the professional recommendation of the school health development programmes and the professional and administrative implementation of the programme recommendation process has become a key task of the National Institute for Health Development (OEFI). The OEFI started the professional recommendation system for the school health development programmes on 1 February 2013 (OEFI, 2014)<sup>19</sup>.

The National Anti-drug Strategy entered into force in 2013 (for details see: section 1.3.), which also determines priorities in the field of prevention. According to section V.2. of the Strategy dealing with drug prevention: “the prevention activity in connection with the drug problem must be conceived in all areas and target groups with respect to health development in the wider sense” and that it is important that “in the place of a narrower interpretation of drug prevention, the focus of the programmes should be health development, comprehensive physical, psychological, intellectual and social well being”. It is also stated that, at present, the quality assurance of the prevention programmes is not realised, therefore “a quality assurance system needs to be set up that encompasses and harmonises the input (accreditation), the monitoring and the output (impact studies, good practices) requirements”.

In connection with prevention the Strategy determines tasks in 10 fields: local communities, family, public education and the child protection institution system, higher education, peer groups, the media, the workplace, penal institutions as well as the institution of “treatment instead of punishment” (indicated prevention). The priorities determined in the Strategy in connection with drug prevention are the following:

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<sup>18</sup> The authors of this chapter are: Róbert Csák

<sup>19</sup> Further information: [www.oefi.hu/iskolaiprajanlas/iskolaiprogramokajanlasa.html](http://www.oefi.hu/iskolaiprajanlas/iskolaiprogramokajanlasa.html)

- Increasing the number of programmes promoting a substance-free lifestyle;
- The comprehensive school health development programmes should reach 50% of pupils by 2020;
- Programmes using the family approach should reach 20% of families with children once a year;
- The proportion of adolescents trying and occasionally using drugs should drop by 10% within the given age group;
- The establishment and introduction of a quality assurance system for the prevention and information programmes;
- Only those health development programmes may be realised in Hungary that have professional recommendation and include a quality assurance system, including in this the activities of public education institutions as well;
- The local role played by the Coordination Forums on Drug Affairs (KEF) and their coordination activity should be strengthened;
- The national strategies and programmes to be approved aimed at psychological health development and dealing with the alcohol problem and other behavioural dependencies should be harmonised with the anti-drug strategy.

The turnover data of organisations operating harm-reduction/prevention activities in recreational settings were collected by the National Focal Point in 2013 via a structured questionnaire

### **3.2. ENVIRONMENTAL PREVENTION**

No new information available.

### **3.3. UNIVERSAL PREVENTION**

In 2013 a call for tenders KAB-ME-13-A/B “For the support of drug prevention programmes” was announced, the total available funding of which was EUR 218,759. Within the scope of the call for tenders – in line with the objectives of the national and international drug affairs strategy documents – funding was available for programmes based on the collaboration of local community participants offering an alternative to drug use and that promote the strengthening of the family system. The call for tenders included two categories, in the “A” category universal, targeted, indicated programmes could apply for funding that served the strengthening of the family system and the development of parenting skills. In the “B” category programmes and initiatives relying on local and community resources could be supported that represent an attractive alternative to substance use during free time activities in child protection institution system, in penal and justice institution, in Internet and other media or workplace settings.

A total of 217 (215 valid) tenders were submitted applying for EUR 1,137,861. Of these the Evaluation Committee granted support to 89 tenders, the total funding of which was EUR 201,127.

A presentation of the programmes, partly involving drug prevention and implemented by the police may be found in chapter 9.4.



### 3.4. SELECTIVE PREVENTION IN AT-RISK GROUPS AND SETTINGS

#### Drug prevention in the Hungarian Army

In 2013 the main directions of the drug prevention activity performed within the organisational framework of the Hungarian Army were determined by the National Anti-drug Strategy 2013-2020 entitled “National strategy in the interest of handling the drug problem” approved by National Assembly Decision 106/2009. (XII. 21.) and then approved by the currently valid National Assembly Decision 80/2013 (X. 16.) and by the Hungarian Army’s Drug Prevention Strategy. On the basis of these, over the course of 2013 the Hungarian Army implemented the following activities (Hungarian Army, 2014):

- In the scope of cognitive knowledge transfer, informative publications and visual presentations, information lectures dealing with drug prevention were held on 10 occasions with the participation of 841 persons during training days and other further training. 9 lectures were held reaching a total of 3600 persons on the basis of request, on the occasion of community setting programmes.
- The Hungarian Army Health-Protection Programme – the objective of which is establishing and developing health-conscious behaviour in the personnel – presented the risks of legal and illegal substance use and also dealt with the prevention of the development of behavioural addictions. In 2013 585 persons in 17 corps participated in such programmes.
- Since 2008 personnel planned for missions are prepared in the subject of the prevention of addictions, with respect to the special circumstances of foreign service, and the increased presence of stress and frustration factors. In 2013 drug prevention training was held on 5 occasions with the participation of 92 persons.
- Training: in 2013 two further training courses were held with the participation of 18 persons for those performing drug prevention tasks in the military organisations (specialist healthcare and corps psychologist personnel).

#### Recreational settings

In 2012 a new three-year support cycle (2012-2014) started for service providers providing low-threshold services – also including party services – for people suffering from addictions.<sup>20</sup> A total of 24 organisations were contacted on the basis of the new database of the National Office for Rehabilitation and Social Affairs, 22 of which supplied data relating to their turnover and activities in 2013. The data of a further organisation were processed that started its operations last year and which performs its activity independently of state support, from its own resources, with voluntary work.<sup>21</sup> The employing of volunteers is typical in this type of service, the organisations providing data had 62 paid employees and 148 volunteers performing low-threshold harm-reduction work during 2013.

Thus in 2013 a total of 23 low-threshold service providers took part in the data collection that operate harm-reduction/prevention activities in the recreational setting, of which 11 had city-level coverage, 6 micro-regional coverage, 1 county coverage, 2 regional coverage and 3 national coverage (Csák 2014a).

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<sup>20</sup> More detailed information may be found in chapter 5.2. of the 2013 Report. For the list of accepted and rejected tenders and for the amounts granted see: <http://nrszh.kormany.hu/foigazgatoi-dontes-palyazatrol-2> and <http://nrszh.kormany.hu/foigazgatoi-dontes-palyazatrol>

<sup>21</sup> Every year data is collected from the organisations by the National Focal Point, on the basis of a standard questionnaire.

Map 1. National breakdown of organisations (N=25) providing harm reduction services in recreational settings in 2013 according to coverage level



Source: Csák 2014a

In 2013 these 23 organisations took part in a total of 572 events where they contacted 28,485 young people, the average number of contacts per event was 50 (the same figure in 2012 was 55, and in 2011 37 contacts). According to the data received from the service providers more than 4,500 litres of mineral water, 18,212 condoms, 27,907 flyers, 1,773 packets of glucose tablets, 2,743 tubes of fizzy drink tablets, 4,482 vitamin tablets, and biscuits and fruits were distributed. Two organisations (one in Budapest and one in Pécs) indicated that they had held training courses with the operators and staff of the clubs cooperating with them. A total of 71 persons took part in the training courses. The Budapest organisation once held a five-hour training course on new psychoactive substances, on psychological assistance and general first aid. The Pécs organisation held four training courses in connection with the local “Conscious & Safe Clubs” programme set up in collaboration with the organisation.

The “Party Bus – Get Home Safe” campaign was launched at the beginning of 2013, which was established through the collaboration of the INDIT Public Foundation and Drug Prevention Work Team, the Municipality of the County Town of Pécs, the Pécs and Region Association for Community Transport (TÜKE Busz Zrt.) and four night clubs in Pécs. The goal of the initiative was to bring together the work of the organisations and service providers involved through a unified approach to make Pécs nightlife safer. The first step in the campaign was to set up the Party Bus service linking clubs and student hostels, then, on the basis of the feedback collected from the staff of the INDIT Party Aid Service, further developments were started. A new night time bus schedule was set up with the help of the participants, which the assembly of the County Town of Pécs approved, and so from 17 June 2013 this comprehensive night bus schedule was created affecting the entire city, which ensures daytime frequency on the main routes and reaches the settlements of the Pécs micro-region as well.

## Quality assurance

The EMMI Regulation 20/2012 (VIII. 31.) mentioned in chapter 3.1. states: "apart from its own teaching staff an institute of education may only involve the programmes of specialists not employed by the institute of education or of organisations or persons employed by them in its classes or other sessions organised for children or pupils or in the organising of other health development and prevention activities who either have a quality assured health promotion, prevention programme or who have the professional recommendation of the institution designated by the minister responsible for health policy."

The purpose of setting up the school health development professional recommendation system was to raise the professional standard, effectiveness and reliability of Hungarian school health development programmes, and, indirectly, to improve the health of Hungarian young people. The essence of the recommendation system is that every health promotion programme realised within school setting must comply with a predetermined professional requirement system. The related attestation may be acquired in the scope of a tendering system, on the basis of legislative authorisation, according to a transparent procedural system<sup>22</sup>. An applicant programme must fulfil the following professional and administrative conditions:

- the programme must be based on modern health promotion principles;
- the programme must set objectives based on facts and that are important from the point of view of health promotion, which are responded to with a methodology based on evidence (experience);
- the implementation plan must be comprehensive and extend to the essential elements;
- the monitoring and assessment system must be based on a professional methodology and provide the opportunity for feedback.

Every programme is assessed by two assessors independent of one another, who belong to different national institutions, ensuring the objectivity of the assessment process. The National Focal Point also participates in the assessment process.

In the interest of the public education institutions using the programme being able to monitor the interventions realised there, a short description of the recommended programmes, information relating to the human resources required for the realisation, the programme's indicators as well as all the professional material to be put in front of the pupils are made accessible on the OEFI website.

During the course of 2013, 135 applications were submitted to the OEFI for health development programme recommendation. Small number of the applications with drug prevention theme submitted to the institution responsible for the professional recommendation system could comply with the professional criteria. The National Institute for Health Development in cooperation with the National Focal Point and the National Drug Prevention Office trying to make an effort to promote successful projects, offering training programs, professional coaching programs and consultations to the candidates. In connection with the large number of rejections the picture is shaded by that of the 69 rejected tenders in subjects related to substance use, 43 were submitted by one organisation (OEFI 2014) with approximately the same content, which did not comply with the requirements, so all of the 43 tenders had to be rejected. On the basis of the experience to date of the OEFI staff, the greatest problems for the applying organisations were the precise drawing up of the objectives, the determining of the indicators related to the objectives and the separation of goals and means in the monitoring and evaluation.

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<sup>22</sup> For the "Procedural system for the recommendation of school health development and prevention programmes" see: [http://www.oefi.hu/iskolaiprajanlas/eljarasrend\\_vegleges.pdf](http://www.oefi.hu/iskolaiprajanlas/eljarasrend_vegleges.pdf)

Table 4. *The submitted and supported tenders submitted to the OEFI for professional recommendation of school health promotion programmes broken down according to number and subject*

| Subject                    | No of tenders | Supported tenders |
|----------------------------|---------------|-------------------|
| crime prevention           | 1             |                   |
| mental health              | 4             |                   |
| infant care                | 5             | 5                 |
| safe sex                   | 6             |                   |
| accident prevention        | 6             | 3                 |
| cleanliness                | 7             | 4                 |
| peer help                  | 6             | 1                 |
| school violence prevention | 8             |                   |
| food and nutrition         | 8             |                   |
| addiction prevention       | 9             |                   |
| comprehensive              | 10            | 2                 |
| drug prevention            | 66            | 2                 |
| Total                      | 136           | 17                |

Source: OEFI 2014

Table 5. *The distribution of tenders submitted to the OEFI for the professional recommendation of school health promotion programmes relating to drug use according to result*

|                      | Number of submitted applications | Support granted | Rejected for formal reasons | Support not granted |
|----------------------|----------------------------------|-----------------|-----------------------------|---------------------|
| drug prevention      | 66                               | 2               | 7                           | 57                  |
| addiction prevention | 9                                | 0               | 1                           | 8                   |
| peer help            | 6                                | 1               | 1                           | 4                   |
| Total                | 81                               | 3               | 9                           | 69                  |

Source: OEFI 2014

### 3.5. INDICATED PREVENTION

Chapter 5.2.2. contains a detailed description of the clients entering treatment or preventive-consulting services offered as an alternative to criminal procedures instituted because of the misuse of illicit drugs.

### 3.6. NATIONAL AND LOCAL MEDIA CAMPAIGNS

For the second time the national drug prevention short film competition was held for young people in 2013 (the first short film competition was held last year in connection with the Designer Drug Campaign, for more about this see chapter 3.6. of the 2012 National Report). Similarly to the previous year the competition was jointly organised by the National Drug Prevention Office (NDI) and the Életrevaló [Resourceful] Association on the commission of the EMMI. The submitted films were judged by the EMMI and external specialists, then the result announcement and prize-giving was held in the scope of the central event related to the World Anti-drug Day held on 21 June and also organised by the National Institute for

Family and Social Policy (NCSSZI) and the NDI. In the autumn of 2013 the Életrevaló Association took the films to 8 locations in schools and cultural centres, where the young people attending, after watching the film, had the opportunity to take part in a conversation moderated by professionals.<sup>23</sup>

A book and website<sup>24</sup> for parents entitled "It's worth talking about it... For parents about the drug problem" was published by the NDI at the request and with the support of the EMMI. The publication was published in 1000 printed copies and is also available for free download in electronic format, also available in similar formats is a supplementary leaflet that contains a list of assistance locations. The NDI sent printed copies of the publication to the affected professional organisations and decision-makers. Persons requiring help or advice may receive it directly via the e-mail address on the website.

### *Conclusions*

Tender invitations aimed at professional development of the field were published again with consideration to the tendering priorities determined in previous years. During 2013 the professional recommendation system for school health promotion programmes was set up, the objective of which is the improvement of the professional standard of Hungarian school health promotion programmes. Small number of the applications with drug prevention theme submitted to the institution responsible for the professional recommendation system could comply with the professional criteria. The National Institute for Health Development in cooperation with the National Focal Point and the National Drug Prevention Office trying to make an effort to promote successful projects, offering training programs, professional coaching programs and consultations to the candidates. On the basis of the experience to date of the OEFI staff, the greatest problems for the applying organisations were the precise drawing up of the objectives, the determining of the indicators related to the objectives and the separation of goals and means in the monitoring and evaluation.

In 2013 25 organisations operated harm-reduction/prevention activities in recreational settings.

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<sup>23</sup> More information about the competition may be found on the Életrevaló Association website, where the winning films may also be viewed: <http://eletrevaloegyesulet.gportal.hu/>

<sup>24</sup> <http://www.drogrolszuloknek.hu>

## 4. HIGH-RISK DRUG USE<sup>25</sup>

### 4.1. INTRODUCTION

The organisations running needle/syringe programmes (NSPs) – besides their turnover data (see chapter 7.3.) – reported on the breakdown of their injecting drug user (IDU) clients according to gender, primarily injected drug and age group via the online interface created for this purpose<sup>26</sup> (Csák 2014b), therefore the characteristics of IDUs are presented on the basis of this data among other sources.

223 IDUs participated in routine HIV/HBV/HCV screening tests in 2013. The active, injecting in the last 4 weeks also, substance users are presented according to primarily injected drug and start of injecting (Dudás et al. 2014; for the methodology, socio-demographic characteristics and further drug use patterns, serological results and risk behaviour analysis see chapters 6.1. and 6.2.).

We report on the psychiatric treatment requirement of users of new psychoactive substances on the basis of an article by Sziliy and Bitter (2013) summarising Hungarian research and data, as well as on the basis of the study performed by Rácz and Bodrogi (2014), and we present what psychiatric problems can result from the use of synthetic cannabinoids on the basis of an article by Andrásy (2013).

### 4.2. PREVALENCE AND TRENDS OF HIGH-RISK DRUG USE

No new information available. (ST7\_2014\_HU\_01)

### 4.3. CHARACTERISTICS OF HIGH-RISK DRUG USERS

#### National NSP client data

Similarly to syringe turnover data, there are very large disparities between the organisations participating in the data collection in the number of reported clients. The service providers uploaded the data of a total of 3408 clients to the data collection system, nearly a half of which (1582 clients, 46.4%) originate from a single organisation (Kék Pont [Blue Point] Foundation), therefore the characteristics of the clientele of this organisation have a great influence on the data presented (Csák 2014b; for the methodology see chapter 7.3.).

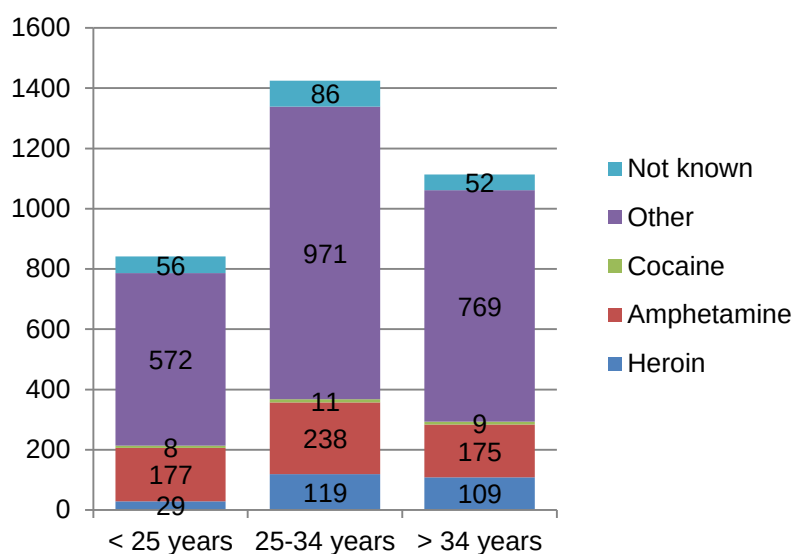
The gender distribution in 2013 was similar to previous years: the decisive proportion of clients was men (73.9%), and women made up about a quarter (26.1%) of the clients. Distribution according to age group was also similar to the previous year: the most characteristic age group was that of 25-34 year olds, 42.1% of the clients belonged to this group. One quarter (24.9%), of the clients belonged to the youngest, under25 age group and nearly one third (32.9%) belonged to the oldest, over 35 age group category.

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<sup>25</sup> The authors of this chapter are: Róbert Csák, Gergely Csaba Horváth

<sup>26</sup> In 2013 a total of 28 organisations reported data on the gender, age and primarily injected substance of the clients using the programme. The service providers uploaded data to the system on a total of 3409 clients. The number of clients is double controlled at the service provider level, but not on the national level. The same client may have been registered at several organisations.

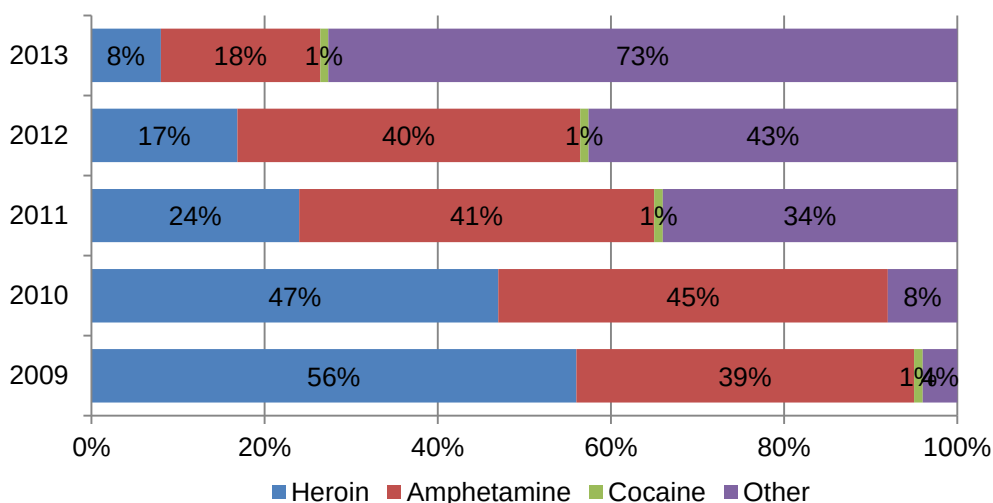
Figure 4. Breakdown of IDUs attending NSPs by primarily injected drug type and age group in 2013 (N=3381)



Source: Csák 2014b

The service providers reported on the breakdown of primarily injected substance in the case of a total of 3049 clients. The distribution of used substances followed the trend experienced since the appearance of the new psychoactive substances, an increasingly greater proportion of the clients inject “other” substances (i.e. substances that cannot be classed among the “classical” substances). In 2013 73% of the clients belonged to this category – while in 2009 this proportion was a total of just 4%. An important change occurring in 2013 was that, contrary to previous years, only 18% of the clients primarily injected amphetamine, while in the previous years the proportion of amphetamine users had not changed to a significant extent (their proportion was around 40% between 2009-2012). On examining primarily injected substance broken down by age group it may be seen that injecting new psychoactive substances was present in all three age groups in a similar proportion. Similarly to previous years the proportion of those injecting heroin decreased further, in 2013 8% of clients injected heroin (in 2009 this proportion was still 56%).

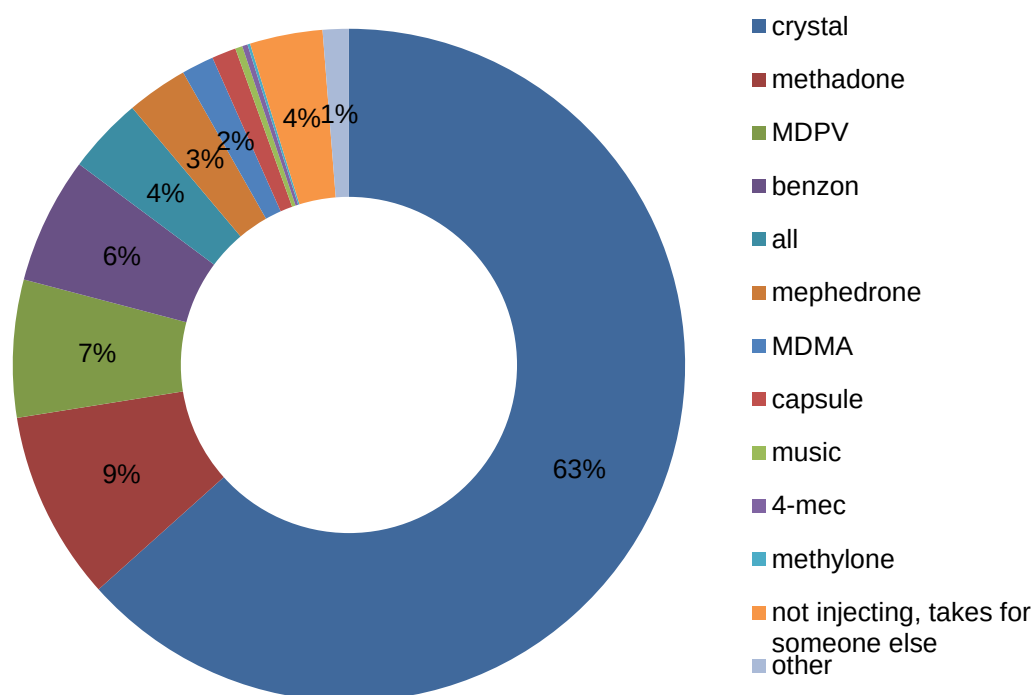
Figure 5. Breakdown of IDUs attending NSP by primarily injected drug type between 2009–2013 (2013: N=3409)



Source: Csák 2014b

Among the other substances, in 2013 the most frequently occurring substance was “crystal”, this was mentioned in 64% of the cases among other substances. The name “crystal” very probably refers to pentadone – this was the most frequently occurring active substance during the analysis of seized injecting equipment (Csesztregi 2014) (for more data on seizures see chapter 10.3.). In 2012 MDPV occurred with a similar frequency to crystal, but in 2013 it only occurred in 7% of cases. Over and above the fact that, in practice, crystal has become the absolute leader among other substances, it is worthwhile highlighting the large proportion of users of substances that are difficult or impossible to identify. This category includes mentions of “benzon”, “capsules”, “music” or the “all” category referring to injecting anything and represents more than a tenth (11%) of the other substances category.

Figure 6. Breakdown of NSP clients primarily injecting other drugs by drug type in 2013 (N=2315)

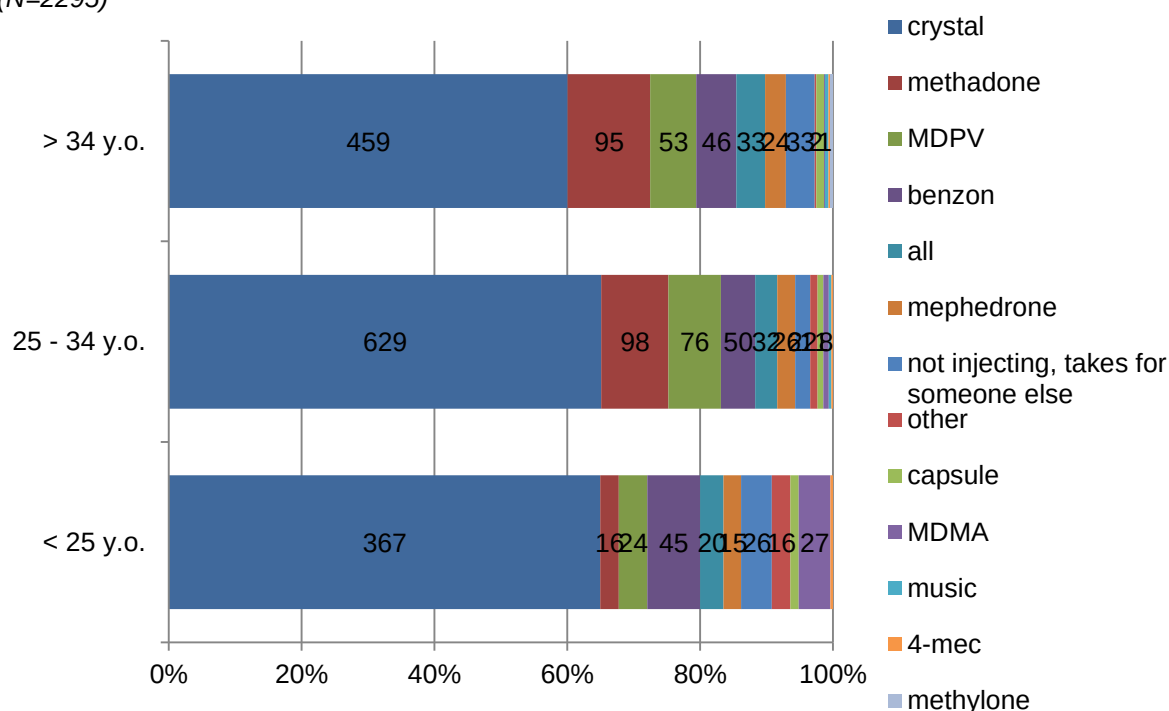


Source: Csák 2014b

On examining the breakdown of clients primarily injecting other substances by age group, there was no significant difference with respect to primarily injected substance, the decisive majority used crystal in all three age group categories. The only exception was methadone: a much smaller proportion used it in the under 25 age group than among those who are over 25.



Figure 7. Breakdown of NSP clients primarily injecting other drugs by drug type and age group in 2013 (N=2295)



Source: Csák 2014b

### Characteristics of IDUs participating in the voluntary HIV/HBV/HCV diagnostic testing programme

With the coordination of the National Centre for Epidemiology, HIV/HBV/HCV screening tests were carried out from 2010 to June 2013 in 8 cities. (Dudás et al 2014, for more information see chapter 6.2.). In the following section the data of clients appearing from January 2013 until the end of the project are presented.

For the interpretation of the data it is important to note that while the NSP client data provide information about an active IDU population<sup>27</sup> at the national level, the voluntary screening tests performed at outpatient DTCs and NSPs reach an IDU population that is more heterogeneous from the aspect of intravenous substance use, and only provide data with regional coverage. Participation in the voluntary screening test is incidental therefore the possibility of determining valid trends is limited.<sup>28</sup> In 2013 during the voluntary screening testing 60.5% of the 223 persons tested (135 persons) were active IDUs – injecting in the past 4 weeks – below only data relating to this group is analysed in respect of drug use patterns.

30.4% of the 135 clients injecting in the past 4 weeks primarily used opiate derivatives, 21.5% of them used amphetamine, 48.1% used new psychoactive substances<sup>29</sup>, of which in 2013 the dominant substance was the drug with the street name “penta-crystal”<sup>30</sup>, similarly to 2012.

<sup>27</sup> Injecting at least once in the past four weeks.

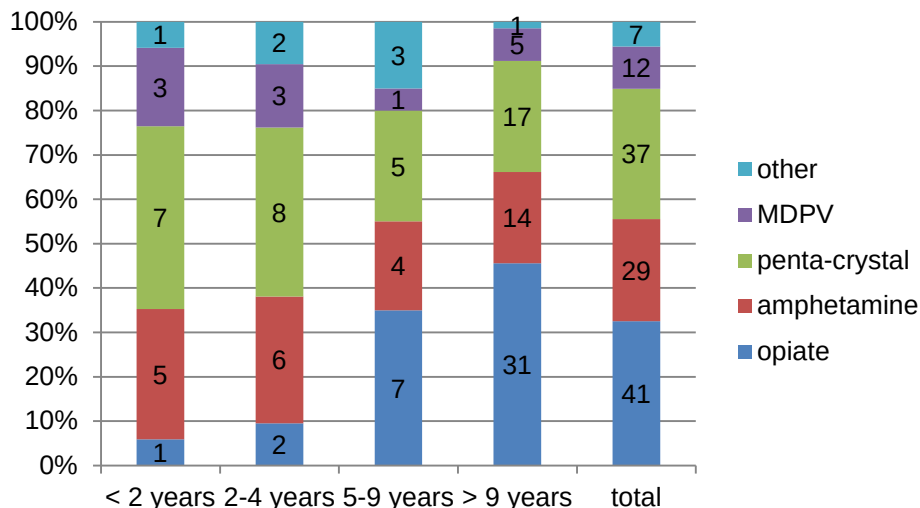
<sup>28</sup> Those clients may participate in the voluntary HIV/HBV/HCV screening test who have ever injected drugs and who were not tested within a year. As opposed to the national prevalence survey, participants do not receive an incentive.

<sup>29</sup> The following primarily injected substances mentioned were listed in the category of new psychoactive substances: 4-MEC, penta-crystal, MDPV, pentylone, PV, I-powder and “designer”.

<sup>30</sup> Presumably the name “penta-crystal” refers to pentadrone, a synthetic cathinone derivative.

The injecting of new psychoactive substances is more typical among those injecting for fewer than two years and those injecting for 2–4 years, accordingly, the primary use of opiates is more frequent among those injecting for a longer time.

Figure 8. Breakdown of current IDUs participating in voluntary HIV/HBV/HCV screening testing by years since first injection and primarily injected substance type in 2013 (N=126 persons)



Source: Dudás et al. 2014

In chapter 5.3.2 the restructuring of the distribution by drug type of IDUs entering treatment is described on the basis of the TDI data, with respect to the past 5 years.

### Information relating to the use of new psychoactive substances and to the problems originating from their use

On the basis of the data available Szily and Bitter (2013) drew up a summary of the Hungarian aspects of new psychoactive substance use from the point of view of demand for psychiatric treatment. They found that in the case of clients injecting MDPV the daily number of injections increased very quickly, which, in this way, was much higher than in the case of heroin users. At the same time, in everyday psychiatric practice, drug-induced psychosis was diagnosed regularly and in these cases the patients frequently reported using new substances similar to MDPV, like “crystal”, “penta-crystal” and “benzon”. The authors noted that these names very probably covered an unknown amphetamine or cathinone derivative. The authors mentioned pentylone, pentedrone, benzedrone as the possible specific substances, but they also added that (intentional or unintentional) polydrug use was frequent with patients using the new substances. In connection with synthetic cannabinoids they found that negative physical and psychological consequences occurred with much greater frequency and were much more serious than in the case of THC. According to the authors the cause of this might be that synthetic cannabinoids frequently have higher receptor affinity than THC and behave as a full antagonist. Over all the authors found that users of the new substances very quickly found themselves in contact with the treatment system and the number of cases requiring psychiatric treatment among them was relatively high.

In their presentation examining the client pathways of users of new psychoactive substances in the context of the necessity and coercion of medicalisation, Rácz and Bodrogi (2014) presented a short analysis of the psychiatric examination of 207 clients treated between January 2013 and March 2014. On the basis of the data, in 32 cases it may be assumed that they used a new substance, of whom 18 clients arrived via an NSP and 12 clients via an outpatient DTC. 21 clients exhibited serious psychopathological symptoms (psychosis: 17, anxiety: 2, aggression: 3 cases). Of these clients 6 clients used mephedrone, 3 MDPV, 14

“crystal”, 6 a synthetic cannabinoid, and 3 clients used an unidentifiable new substance. 6 cases were referred to further treatment: 2 clients using “crystal” were referred to acute psychiatric treatment, 2 clients were referred to the addiction department (of these clients 1 used “crystal” and 1 used an unidentifiable new substance) and a further 2 clients were referred to a rehabilitation home (1 used a synthetic cannabinoid and one 1 an unidentifiable new substance). The presentation came to the conclusion that medicalisation is frequently necessary in the case of users of new substances, however, due to the lack of capacity of low-threshold and community services, it is on many occasions the only option available.

Andrássy (2013) published a summarising study in connection with the possible treatment demands of users of synthetic cannabinoids. The author highlighted that on the basis of hospital experience and the reports of users of synthetic cannabinoids, the effect of these substances causing psychiatric disturbances was similar to that of classical herbal cannabis, but stronger and more unpredictable. A further risk presented by these substances was that this effect may be different for the various molecules. Besides this, the author also stated that the majority of those requiring treatment due to the use of a synthetic cannabinoid were persons who had been using classical cannabis for years without problem, which also supports that these new substances represent a greater risk as compared to herbal cannabis. In the article, after describing four cases, the author presented the procedures and medications used for the treatment of the developed psychosis.

A further description of the characteristics of clients participating in substitution treatment may be read in chapter 5.3. Information is presented about the connection between the new psychoactive substances and psychiatric comorbidity in chapter 6.3.

## *Conclusions*

National data collected from clients of NSPs relating to 2013 continue to show that the injecting use of the new psychoactive substances is growing. Just like in 2012, in 2013 the substance with the street name crystal – presumably containing the active substance pentadron – was the most frequent among those primarily injecting other substances. However, a new development is that in 2013 the proportion of those injecting amphetamine decreased, i.e. due to the spreading of the use of new psychoactive substances, following heroin, a further “classical” substance, amphetamine, has also started to be forced out of the range of primarily injected substances.

It may be seen among active IDUs participating in routine HIV/HBV/HCV screening tests that the injecting of new psychoactive substances is more frequent among those starting injecting within 2 years or within 2–4 years.

In connection with synthetic cannabinoids Szily and Bitter (2013) found that in the case of these substances the negative physical and psychological consequences occur with much greater frequency and are much more serious than in the case of THC. The more frequent occurrence of polydrug use is apparent in connection with the other new psychoactive substances.

## 5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY<sup>31</sup>

### 5.1. INTRODUCTION

The data of clients entering treatment in relation to drug use are presented on the basis of the TDI data collection coordinated by the National Centre for Addictions (OAC). The data were analysed by the National Focal Point.

In the lack of a specific category, new psychoactive substances are recorded in the TDI in the category of 'other substances'<sup>32</sup> or 'other stimulants'. The findings referring to clients using the new psychoactive substances relate to the clients marking one of these categories as primarily used substance when completing the TDI questionnaire.<sup>33</sup>

Data on clients participating in methadone or buprenorphine-naloxone treatment are presented on the basis of the pilot data collection<sup>34</sup> introduced in 2010 and coordinated by the National Centre for Addictions. Time-series comparison has limitations due to the methodological differences between the old data collection (determined in the Methadone Methodological Letter and coordinated by the Specialised Outpatient Treatment Centre of Nyíró Gyula Hospital until 2010) and the new data collection.

### 5.2. AVAILABILITY AND QUALITY ASSURANCE

#### Policy

The drug policy document entitled National Anti-drug Strategy 2013-20 was approved during the course of 2013. With respect to services provided for drug users, among its concrete objectives the Strategy names the establishment of an institution system that provides services for children and young people that meets their real needs, with national coverage and that ensures general access. The Strategy has set the objective of at least 20% of problem drug users and drug addicts being provided with treatment, and that the accessibility and national coverage of the institution system providing healthcare and social services to addict patients should be improved in general, and that by 2020 there should be a harmonised, comprehensive services system that uses common operation indicators in every district and active outreach techniques that search for clients and bring them into treatment. A further priority in the field of treatment and care services is that at least 80% of healthcare and social service providers should perform their activities on the basis of the related professional directives, and all of the service providers should be subjected to a clinical or social institution quality assurance audit.

The Strategy lays down so-called basic treatment organisation principles, the elements of which include the building onto one another of the various treatment services provided in different fields, the harmonisation of the professional content and territorial coverage of the services, transparent patient pathways between the various treatment types and institutions,

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<sup>31</sup> The author of this chapter is: Ágnes Port

<sup>32</sup> Non-specified substances that cannot be classified to any of the other TDI categories.

<sup>33</sup> Although complete equivalence between the clients reporting primary use of these substances and users of new psychoactive substances is obviously not possible, on the basis of reports from the service providers the large majority of the substances recorded in these categories are new psychoactive substances.

<sup>34</sup> The aim of the pilot substitution data collection coordinated by the OAC is to determine the number and characteristics of the clients participating in methadone and buprenorphine-naloxone treatment. The reporting organisations are: treatment units providing substitution and detoxification treatment (with methadone or buprenorphine-naloxone). Reporting frequency: monthly. Data: anonymous, case-based data with individual identifier (also applied in TDI data collection). Data is reported on a voluntary basis, there are no legal obligations or connections to financing.

as well as preventing clients from getting onto the wrong path, keeping them in treatment and monitoring them.

The Strategy builds on a recovery-oriented approach, the objective of which is the improvement and restoration of the client's health, as well as promoting reintegration into society. The Strategy views low-threshold services as being the first link in the entire treatment chain, which, combined with outreach activity, may help with finding hidden substance users and bringing them into treatment, and in the prevention, screening and reduction of infectious diseases.

On the basis of *act CXCI of 2012 on the transfer of certain specialised social and child protection treatment institutions into state management and on the amendment of certain acts*, institutions under local authority control providing specialised social services for the disabled, psychiatric patients and persons suffering from addictions as well as institutions providing specialised child protection services were placed under state control as of 1 January 2013. The obligation of local authorities to provide treatment and services for these groups has been terminated. Government Regulation 316/2012. (IX.14.) on the Chief Directorate for Social Affairs and Child Protection designated this body as the organisation responsible for performing the tasks in connection with the transferred institutions.

As a result of the new Criminal Code entering into force on 1 July 2013 the regulations of treatment available as an alternative to criminal procedure (QCT) were amended in such a way that QCT is available on a maximum of one occasion within two years. (For further details relating to the provisions of the new Criminal Code see chapter 1.2.)

## **Treatment systems**

### **Organisation and quality assurance**

Supported housing, as a new form of service, was introduced as of 1 January 2013 in act III of 1993 on social governance and social benefits. Supported housing creates suitable conditions for the disabled, psychiatric and addict patients, as well as the homeless to receive housing and social services tailored to their age, state of health and ability to care for themselves. The basic principle of supported housing is for housing and social services to be separated from one another. It is important for housing and activities performed during the day (e.g. education, care, free time activities) to not take place at the same location, and for everyone to receive services that are tailored to the individuals and that respond to their individual needs. Supported housing is based on a comprehensive needs assessment of the users, in the interest of meeting the needs of the individual as closely as possible. The comprehensive needs assessment is carried out by the Chief Directorate for Social Affairs and Child Protection. Supported housing registered in the records of service providers receives state financing. The annual financing of the state support per capita is: HUF 827,418/person/year (EUR 2,785)<sup>35</sup>. As the comprehensive needs assessment only started after the operation licences were issued, in January 2014, in 2013 there were no clients as yet using supported housing. (SZGYF 2014)

The purpose of the TIOP 3.4.2-11/1 call for tenders "Modernisation of local authority, state, church, non-profit maintained residential institutions" is the modernisation of the social and child protection institution system and the improvement of the services to create decent life circumstances for users. Within the scope of the tender two institutions providing services for addict patients were modernised. (EMMI 2014c)

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<sup>35</sup> In the chapter the amounts were calculated according to the official 2013 middle euro exchange rate (EUR 1 = HUF 297.13).

Psychiatric and addiction treatment – including child and youth addiction treatment – developments were continued in 2013 within the scope of the New Széchenyi Plan (ÚSZT) project entitled “Development of rehabilitation services” (see 2013 National Report, chapter 5.2.2.).

Specialized outpatient child and youth addiction treatment services were developed as a part of the Norwegian Financial Mechanism 2009-2014 “Public Health Initiatives”. Approximately HUF 70 million (EUR 236,000) was allocated for the elaboration of the related professional and financing criteria (guidelines, protocols, operation mechanisms), and approximately HUF 404 million (EUR 1,360,000) was allocated for setting up the missing specialised treatment structure (infrastructure and human resources development). Also, as a part of the programme, a mental health coordinator network was established, the aim of which is to make the treatment and support of those suffering from psychiatric/addiction conditions and their families more effective, preventing patients from leaving treatment and harmonising the operations of the healthcare, social and other service providers involved. A total of approximately HUF 530 million (EUR 1,784,000) is available for this purpose (elaboration of professional and financing criteria, employment of coordinators). (EMMI 2014a)

From 1 January 2013 detoxification tasks are performed by the emergency and toxicology departments of hospitals in Budapest as well (instead of the addiction departments). (EMMI 2014a)

### **Availability and diversification of treatment**

#### *Community addiction services<sup>36</sup>*

Contracting took place in 2012 for the period of 2012-2014 with the organisations receiving normative funding for community and low-threshold treatment of patients suffering from addictions. In 2013 HUF 643 million (EUR 2,164,000) was made available for the community treatment of patients suffering from addictions and HUF 378 million (EUR 1,273,000) for low-threshold services. The amount of support granted was of the same order as in the previous year. (NRSZH 2014) As both forms of treatment include treatment provided for patients with an alcohol dependency and those suffering from other addictions, the amount devoted for services for drug users cannot be precisely specified.

In 2013 54 service providers were entitled to provide low-threshold services to addict patients and 77 were entitled to provide community treatment. The number of those receiving community addiction treatment was 4143, among them the treatment of 3262 persons was funded in the scope of normative contract, treatment for the further 881 persons was financed by the service providers from other sources. On the basis of the diagnosis codes of those receiving treatment, 28% of the patients suffering from addictions treated in the scope of community treatment were treated due to a problem originating from psychoactive substance use (57% received treatment due to an alcohol problem, and 15% in connection with smoking.)

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<sup>36</sup> *Community treatment*: basic services provided to psychiatric and addiction patients, as well as so-called *low-threshold services* especially provided for persons suffering from addictions. In the scope of basic community treatment the following must be ensured: help provided in the residential environment towards maintaining an independent life, retaining existing skills and their development, continuous monitoring of the condition of the persons using the service through communication with the responsible GP and specialist, psycho-social rehabilitation, social and mental care, encouragement to use the services, as well as outreach to clients in the community in need of treatment. Source: The professional recommendation drawn up by the NCSSZI Addiction work team in 2011 entitled “Community treatment for persons suffering from addictions”.

Table 6. *Breakdown of the number of clients (persons) receiving treatment in the scope of community addiction treatment according to diagnosis code, in 2012 and 2013*

| <b>BNO diagnosis code</b>                                                                          | <b>2012</b> | <b>2013</b> |
|----------------------------------------------------------------------------------------------------|-------------|-------------|
| BNO F10 Mental and behavioural disorders caused by alcohol                                         | 2362        | 2339        |
| BNO F11 Mental and behavioural disorders caused by the use of opiates                              | 88          | 81          |
| BNO F12 Mental and behavioural disorders caused by cannabis and its derivatives                    | 243         | 229         |
| BNO F13 Mental and behavioural disorders caused by the use of hypnotics/sedatives                  | 260         | 264         |
| BNO F14 Mental and behavioural disorders caused by the use of cocaine                              | 8           | 9           |
| BNO F15 Mental and behavioural disorders caused by the use of other stimulants, including caffeine | 128         | 125         |
| BNO F16 Mental and behavioural disorders caused by the use of hallucinogens                        | 5           | 3           |
| BNO F17 Mental and behavioural disorders caused by smoking                                         | 607         | 638         |
| BNO F18 Mental and behavioural disorders caused by solvents                                        | 13          | 8           |
| BNO F19 Mental and behavioural disorders caused by polydrug use                                    | 198         | 231         |
| <b>BNO F10 - F19 in total</b>                                                                      | <b>3912</b> | <b>3927</b> |
| BNO Other                                                                                          | 214         | 216         |
| <b>Total</b>                                                                                       | <b>4126</b> | <b>4143</b> |

Source: NRSZH 2014

#### *Daytime treatment of persons suffering from addictions*

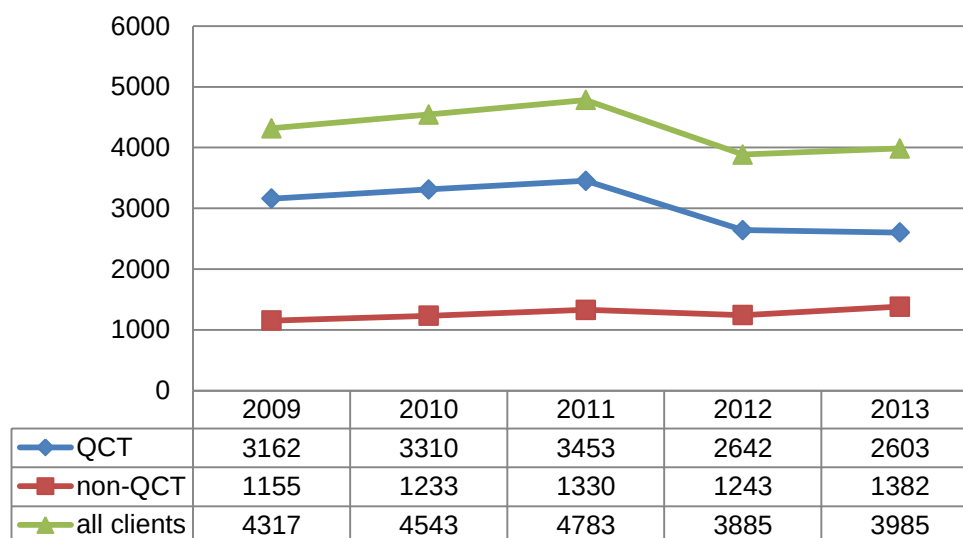
Over the course of 2013 a total of HUF 1,000,400,000 (EUR 3,367,000) was used in the form of normative support for the daytime treatment of persons suffering from addictions.

#### *Alternatives to criminal procedure*

65.3% of the 3985 clients entering treatment in 2013 started it within the scope of a treatment or preventive-consulting service offered as an alternative to criminal procedure (QCT). Although the number of all clients starting treatment grew slightly as compared to 2012, the number of clients starting treatment in QCT did not follow this trend: while in 2012 2642 persons started treatment as an alternative to criminal procedure, in 2013 this figure was 2603 persons. As the number of non-QCT clients rose by 11% as compared to the previous year, the proportion of QCT clients among all clients starting treatment decreased from 68% to 65%.

The decrease in the proportion of clients entering treatment as an alternative to criminal procedure may be partly explained by the fact that - following the restructuring of the market and the disappearance of heroin - the misuse of new psychoactive substances became more common, the misuse of which leads to criminal procedures in fewer cases, hence to fewer persons entering treatment as an alternative to criminal procedure. (For more information on the trend already apparent in 2012 see chapter 5.2.2. of the 2013 National Report.) Another factor that may have an influence on this is the act amendment in force as of 1 July 2013, according to which the availability of treatment as an alternative to criminal procedure is limited to one occasion in a two-year period (see chapter 1.2).

Figure 9. The number of clients entering treatment as an alternative to criminal procedure (QCT), the number of clients referred to treatment due to other reasons (non-QCT) and the total of all clients entering treatment between 2009 and 2013 (persons)



Source: TDI data collection (OAC 2014b); analysed by NFP

### Opiate substitution treatment

In 2013 9 service providers reported on clients participating in substitution treatment for maintenance or detoxification<sup>37</sup> purposes to the pilot data collection coordinated by the National Centre for Addictions (of the 12 service providers in the country offering such treatment). During the course of the year a total of 786 clients received methadone or buprenorphine-naloxone treatment at the service providers participating in the data collection, which represents an increase of 17% as compared to the previous year (2012: 672 persons). (ST24\_2014\_HU\_01)

97.1% (763 persons) of those receiving methadone or buprenorphine-naloxone treatment received their substitution drug as maintenance treatment and 2.9% (23 persons) received it for the purpose of detoxification. In the case of detoxification treatments the use of buprenorphine-naloxone was more common in 2013 as well. 78% of the clients in maintenance treatment used methadone, this proportion is the same as that reported in the previous year.

Table 7. Breakdown of clients participating in detoxification or maintenance treatment by the prescribed drug, in 2013 (N, %) (Ntotal=786)

|                        | detoxification |      | maintenance |      |
|------------------------|----------------|------|-------------|------|
|                        | N              | %    | N           | %    |
| Methadone              | 9              | 39%  | 603         | 78%  |
| Buprenorphine-naloxone | 14             | 61%  | 160         | 22%  |
| Total                  | 23             | 100% | 763         | 100% |

Source: Substitution data collection (OAC 2014c), analysed by NFP

Characteristics of the above clients are described in point 5.3.

<sup>37</sup> The definition of opiate substitution and detoxification treatment follows the document entitled "Ministry of Health methodology letter on methadone treatment".



### 5.3. ACCESS TO TREATMENT

#### Characteristics of treated clients

##### Clients starting drug treatment (on the basis of TDI data)

*A summary of the most important characteristics of the treatment units reporting to the TDI system and of the cases reported*

In 2013 a total of 83 treatment units reported to the TDI system on persons starting treatment due to drug use. There were a further 15 service providers that would have been entitled to provide treatment to patients struggling with a drug problem, but in the year in question they did not treat any clients with a problem related to drug use. Of the 83 reporting treatment units, 53 accepted clients in the scope of outpatient treatment, 16 in the scope of inpatient treatment and 20 in the scope of low-threshold treatment. 6 institutions reported on the treatment of prisoners.<sup>38</sup> (TDI\_2014\_HU\_01)

In 2013 the service providers reporting to the TDI system reported on 3985 clients entering treatment. The number of clients starting treatment rose minimally as compared to the previous year, by 2.6%. During the year 2552 clients entered treatment for the first time in their lives due to a drug use problem, this is 64% of all clients entering treatment (2012: 66%). A little less than one third of the clients (29.5%) had received treatment in the past.<sup>39</sup>

70% of clients starting treatment (2780 persons) were treated at outpatient treatment units, 14% (563 persons) at low-threshold units and 13% of them (512 persons) in an inpatient unit. 3% of the clients (130 persons) received treatment in detention facilities (for a detailed description of these cases see chapter 9.7.). With respect to the previous year, the share of outpatient treatment dropped slightly as compared to low-threshold and inpatient treatments.

On examining the age distribution of treatment entrants, the majority of cannabis and stimulant users entered treatment between the ages of 20 and 30. Cocaine and opiate users characteristically entered treatment between the ages of 30 and 40. The oldest were clients starting treatment in connection with the use of hypnotics/sedatives: more than 50% of these clients started treatment over the age of 40.

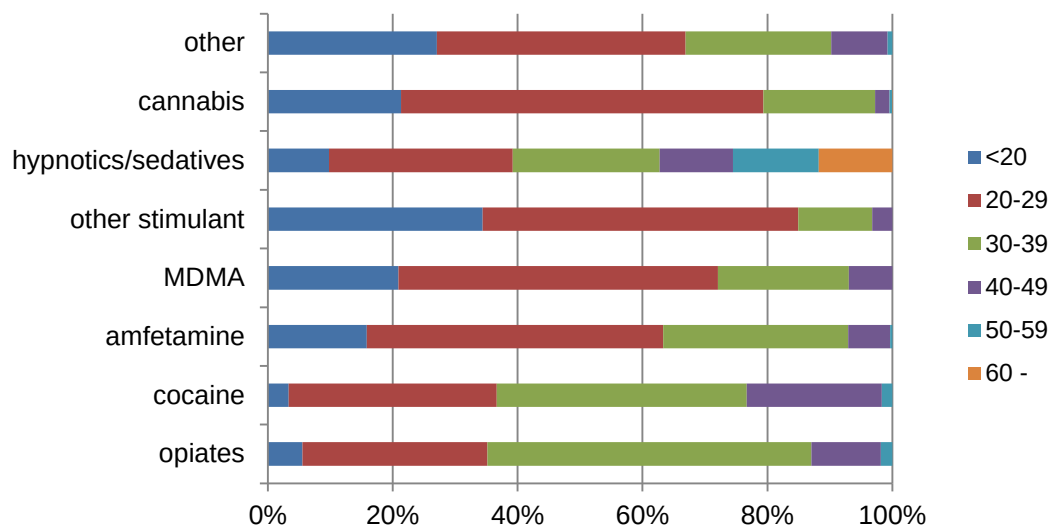
Among clients using other substances or other stimulants, the proportion of persons entering treatment was outstandingly high in the under 20 age group: 20% and 27% respectively, and it was even higher among those entering treatment for the first time: 27% and 34%, respectively.

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<sup>38</sup> The same institute can provide and report on several types of treatment.

<sup>39</sup> The treatment history of 256 persons is not known.

Figure 10. Breakdown of clients entering treatment for the first time in their lives (N=2552) according to the primarily used drug<sup>40</sup> in 2013 (%)



Source: TDI data collection (OAC 2014b); analysed by NFP

In the case of all substance types, the time of first use by the clients was most frequently between the ages of 15 and 19: half of the clients (50.7%) had tried their primary drug at this age. 17% of the clients started substance use before the age of 15, and the proportion of those starting substance use between the ages of 20 and 24 was also 17%.

On examining the clients based on the primary drug determining the treatment demand, in 2013 as well the greatest proportion of clients started treatment because of cannabis use (61%; 2429 persons). Among the clients, the proportion of those starting treatment because of cannabis use dropped by 5 percentage points as compared to the previous year (presumably related to the slight reduction of the proportion of those entering treatment as an alternative to criminal procedure, QCT). 699 persons (17.5%) started treatment as a consequence of stimulant use, among these 12% in connection with amphetamines and 4% in connection with other stimulants. As compared to the previous year the number of those starting treatment relating to the use of other substances – mainly new psychoactive substances – rose slightly (247 persons, 6.2%). The proportion of primarily opiate users (236 persons) and primarily hypnotics/sedatives users (236 persons) was also 6% for each group. Among those using opiates, cocaine, stimulants and hallucinogens primarily cannabis was the most frequently mentioned secondary substance type, while primary inhalants and hypnotics/sedatives users mentioned alcohol the most frequently as their secondary substance. Opiate users and cocaine users also relatively frequently mentioned the secondary use of stimulants (primarily amphetamine) as compared to the other groups.

Although on examining all the clients, no significant restructuring with respect to the substances determining treatment can be observed, by restricting the analysis to those entering treatment not as a result of QCT more marked changes can be seen in treatment demands, in line with the changed market conditions and the changes in the patterns of use. These changes are described in detail in the following section and at the end of the chapter where the trends are analysed.

#### *Clients entering treatment not as an alternative to criminal procedure*

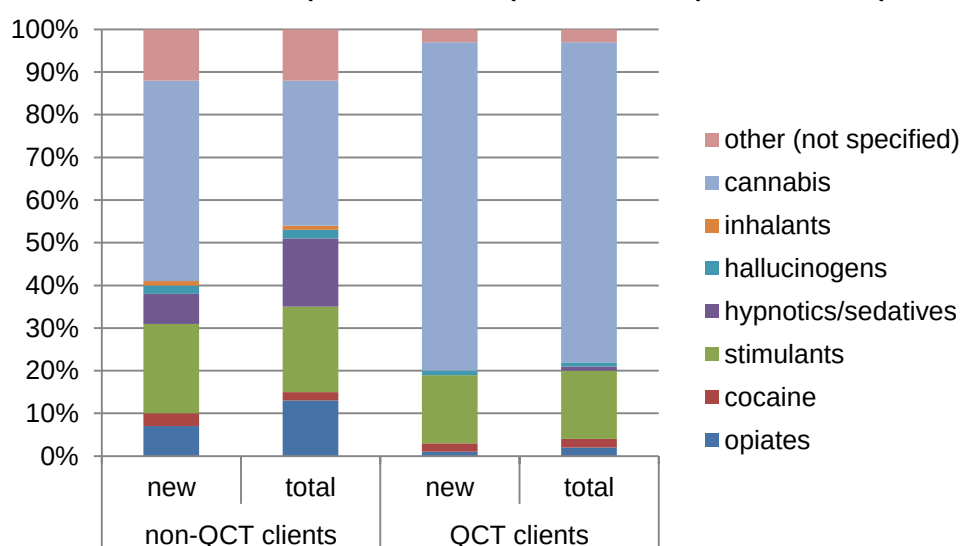
In 2013 a total of 1382 clients entered treatment not in the scope of QCT.<sup>41</sup> Among them 600 persons (43.4%) started treatment in relation to drug use for the first time in their lives, a

<sup>40</sup> Except for hallucinogens and inhalants.

further 669 persons (48.4%) had already been treated in the past with a similar problem.<sup>42</sup> Among non-QCT clients the proportion of those entering treatment for the first time dropped slightly as compared to the previous year and the proportion of returning clients rose. Among the clients 1052 persons (76%) were men, 318 persons (23%) were women, the gender of 12 persons was not recorded.

On examining the clients' primary substance, the proportion of those entering treatment due to opiate use decreased further (2009: 32%; 2011: 16%; 2013: 10%). The decrease in treatment demand related to opiates was especially remarkable among those entering treatment for the first time: in 2013 only 6% of them used primarily an opiate-type substance, while the same proportion among returning clients was 21%. 20% of non-QCT clients were primarily stimulant users (2012: 22%), among them 10% primarily used amphetamines, 8% other stimulants. 12% of non-QCT clients started treatment in connection with substances classified in the 'other' category (2011: 5%; 2012: 11%). While the decline in treatment demand in connection with opiates was more significant among new clients, the change in treatment demand in connection with 'other substances' and 'other stimulants' was not very different in the two client groups: there was a slight increase both among those treated in the past and those entering treatment for the first time. The proportion of those starting treatment due to sedative use also rose as compared to the previous year, mainly among those not entering treatment for the first time.

Figure 11. *Primary drug among all clients and among new clients, participating and not participating in QCT programmes in 2013 (%)* ( $N_{\text{non-QCT-new}}=600$ ;  $N_{\text{non-QCT-total}}=1382$ ;  $N_{\text{QCT-new}}=1952$ ;  $N_{\text{QCT-total}}=2603$ )



Source: TDI data collection (OAC 2014b); analysed by NFP

### *Clients entering treatment as an alternative to criminal procedure*

In 2013 2603 persons entered treatment as an alternative to criminal procedure (QCT). 75% of QCT programme participants started treatment in connection with cannabis use, 16% of them in connection with stimulants (out of these other stimulants: 2%), 2% of them due to opiate use, another 2% because of cocaine use, and 3% of them as a result of the use of other substances.

No significant change can be seen in the distribution of QCT clients by primary substance as compared to previous years.

<sup>41</sup> These are those clients who started treatment voluntarily, due to pressure from family or friends, due to referral from another institution, or in some other way, but not as an alternative to criminal procedure.

<sup>42</sup> The treatment history of 113 persons is not known.

## *Characteristics of the individual drug user groups<sup>43</sup>*

### *Opiate users<sup>44</sup>*

In 2013 236 clients started treatment as a result of opiate use (175 men, 51 women, 10 unknown gender). Among these clients there were 54 persons (23%) who started treatment for the first time in their lives. The proportion of opiate users entering treatment to avoid criminal procedure dropped further (2013: 21%, 2012: 25%, 2011: 34%).

Similarly to the previous year, 75% of opiate users (178 persons) started treatment due to heroin use, 16% (38 persons) in connection with other opiates and 9% (20 persons) due to methadone use.

First opiate use took place between the ages of 15-19 in the case of 46% of the clients, and a further 23% gave the time of first opiate use at between the ages of 20 and 24. 11% of the clients tried their primary substance before the age of 15 years.

Among all the primarily opiate-user clients the proportion of intensive users (2-6 times a week or daily) was 61% (143 persons), this figure was somewhat lower for those entering treatment for the first time (48%, 26 persons).

75% (133 persons) of heroin users primarily injected the substance, 11% (19 persons) was the proportion of smokers. Among the clients 25% (45 persons) reported on current injecting use. Among first treatment entrants, 64% (28 persons) reported injecting and 18% (8 persons) smoking as the main route of administration. Among opiate users the most common secondary substance<sup>45</sup> was cannabis, which 31% of them used beside their primary substance. 28% reported on amphetamine use, 15% reported using MDMA and 14% methadone beside opiates.

### *Cocaine users<sup>46</sup>*

In 2013 the service providers reported on 81 cocaine users entering treatment (of these 73 used cocaine and 8 crack). With respect to their gender, 72 of the clients were men and 8 women (the gender of one client is not known). 60 persons (74%) entered treatment for the first time in their lives, and 17 persons (21%) had already participated in treatment in the past.<sup>47</sup> The proportion of cocaine-user clients entering treatment in a QCT programme was 65% (53 persons).

36% of those starting treatment had first used cocaine between the ages of 15 and 19, 22% of them started using the substance between the ages of 20-24, and 17% between the ages of 25-29 years.

Occasional substance use was characteristic of 57% (46 persons) of the clients, and intensive substance use (2-6 times a week or daily use) was characteristic of 23% (19 persons) of the cases. Among the 8 crack users 6 reported daily use. Regarding all the cocaine users the most characteristic route of administration was sniffing (72%, 58 persons), the majority of crack users reported on smoking/inhaling.

The secondary substances most commonly mentioned by cocaine users were cannabis (31%), alcohol (26%), amphetamine (20%) and MDMA (11%).

### *Stimulant users<sup>48</sup>*

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<sup>43</sup> In this section groups in QCT and groups not in QCT are not handled separately, clients entering treatment are examined exclusively on the basis of their primary substance.

<sup>44</sup> Users of heroin, methadone (non-prescription) and other opiates.

<sup>45</sup> Several (but a maximum of 4) secondary substances could be determined.

<sup>46</sup> Cocaine salt and crack users.

<sup>47</sup> In the case of 4 persons their treatment history is not known.

<sup>48</sup> Users of amphetamines, MDMA and other derivatives, and other stimulant compounds.

669 clients entered treatment in 2013 in connection with stimulant use, of these 581 persons (83%) were men, 109 (16%) were women and the gender of 9 persons is not known.

66% of stimulant-user clients (461 persons) gave amphetamines as their primary substance, 10% (69 persons) gave MDMA and its derivatives, and 24% (169 persons) indicated the category of other stimulants as their primary substance. As compared to the previous two years the proportion of clients using other stimulants increased further.

62% (433 persons) of the clients entered treatment for the first time in their lives, and 31% of them (216 persons) had been previously treated due to a drug problem.<sup>49</sup> Among those who had received treatment in the past, the proportion of those entering treatment due to the use of other stimulants was even higher (29%) than among all stimulant users.

61% of stimulant users (426 persons) entered treatment in the scope of a QCT programme.

The first substance use among stimulant users took place between the ages of 15 and 19 in 48% of the cases, and under the age of 15 in 17% of the cases.

Among users primarily using other stimulants the proportion of users reporting intensive use (2-6 times a week or daily) was outstandingly high, 54%, as compared to the other two stimulant categories (33% of users of MDMA and its derivatives, and 28% of amphetamine users were classified as intensive users). In this group injecting was also more frequent than among amphetamine or MDMA users: 22%, 15% and 16% respectively.

Sniffing is the most common route of administration among amphetamine users (45%) and among other stimulant users (31%). 51% of users of MDMA and its derivatives mentioned oral administration as the most frequent method of consumption. 17% of all stimulant users reported on injecting as their primary route of administration.

Secondary substances reported by most stimulant users were cannabis (31%), alcohol (21%), and other stimulants in the case of amphetamine users (9%) and amphetamine (9%) among those primarily using other stimulants.

### *Cannabis users<sup>50</sup>*

In 2013 2429 clients entered treatment as a consequence of cannabis use. 81% of these clients (1958 persons) entered treatment in the scope of a QCT programme as an alternative to criminal procedure.

The number of persons entering treatment due to cannabis use decreased further as compared to 2012, although the extent of the decrease was not as much as the 25% fall observed between 2011 and 2012. The reduction in treatment demand in connection with cannabis is presumably related to the decline in the proportion of those starting treatment in the scope of QCT programmes, the reasons for which were discussed in chapter 5.2.

With respect to the gender distribution of cannabis users 90% (2178 persons) of them were men, 9% (229 persons) were women and the gender of 22 persons is not known.

74% (1787 persons) of those entering treatment in connection with cannabis use started a treatment programme for the first time in their lives due to their drug problem.

In the majority of cases (57%) first cannabis use took place between the ages of 15 and 19. Nearly one fifth (19%) of clients reported on cannabis use before the age of 15.

With respect to frequency of substance use, 24% of clients classified as intensive substance users (2-6 times a week or daily), 16% reported on using the substance once a week or less, and 55% reported on occasional use. Among cannabis users the proportion of intensive users increased slightly (by 4 percentage points) and the proportion of occasional users dropped (by 9 percentage points).

As compared to the other substance-user groups, a smaller proportion of cannabis users reported on secondary substance use, with a smaller variety of substance types. Beside cannabis 19% reported using alcohol, 14% mentioned amphetamine and a negligible proportion mentioned the secondary use of other substances.

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<sup>49</sup> The treatment history of 7% is not known.

<sup>50</sup> Users of herbal cannabis and cannabis resin.

## *Other substances*

Of those entering treatment in 2013 247 persons (6%) indicated the primary use of other substances<sup>51</sup>. 54% of the clients were new clients and 81% of them were men and 19% were women. Nearly one fifth of those entering treatment in connection with other substances were under 20 years of age, while 23% of them were between 20-24 years old.

Regarding route of administration, oral administration was reported by 33% and smoking/inhaling by 27% of the clients. In the case of one fifth of the clients, injecting was the typical route of administration. 32% of clients reported on ever injecting, and 15% reported on current injection.

Intensive substance use was outstandingly frequent in the case of this client group: 56% said that they had used their primary substance every day or 2-6 times a week. Among intensive users, the proportion of those primarily injecting the substances was 25%.

Clients primarily using other substance most frequently reported using cannabis (24%), alcohol (24%) and amphetamine (11%) as a secondary substance.

## **Clients in substitution treatment**

The characteristics of clients participating in substitution treatment in 2013 for maintenance and detoxification purposes are described on the basis of the substitution data collection of the National Centre for Addictions (OAC).

75% (589 persons) of those in maintenance or detoxification treatment in 2013 were men and 25% (197) were women. The average age of those in detoxification treatment was 35.1 years and the average age of those in maintenance treatment was 37.4 years.

Those in substitution treatment entered treatment 3.7 years ago on average (standard deviation 3.7 years)<sup>52</sup>, 24% entered treatment in 2013.

## **Trends of treated population and treatment provision**

### *On the basis of TDI data*

In 2013 the restructuring of the market - characterised by the reduction of heroin supply and by the increased use of new psychoactive substances - continued, which had a significant effect on treatment and care demands as well (see the 2012 and 2013 National Report, chapter 5.3.2).

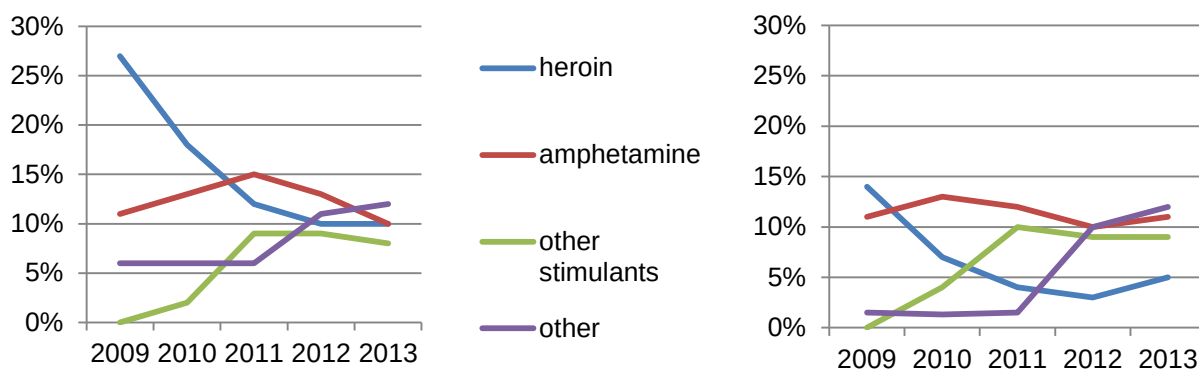
The change in the distribution of clients by primary substance continued to be observable predominantly among those entering treatment not in the scope of a QCT programme. On examining all persons entering treatment, the proportion of amphetamine users has decreased further, and the proportion of clients using other, non-specified substances has increased as compared to the previous year. Treatment demand in connection with other substances has increased further among new clients as well relative to the previous year, although to a lesser extent than that experienced in 2012. The proportion of those reporting other stimulants as primary substance, similarly to the past two years, was about 10% in both groups.

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<sup>51</sup> Substances not classifiable in any of the other TDI categories. According to treatment units, mainly cathinone derivatives classified as new psychoactive substances were reported here.

<sup>52</sup> Calculated from the difference between the current year and the year of starting treatment.

Figure 12. The changing of the proportion of users of heroin, amphetamine, other stimulants<sup>53</sup> and other (not specified) substances among previously treated clients (left chart) and among new clients (right chart) (not in QCT), between 2009-2013 (%)

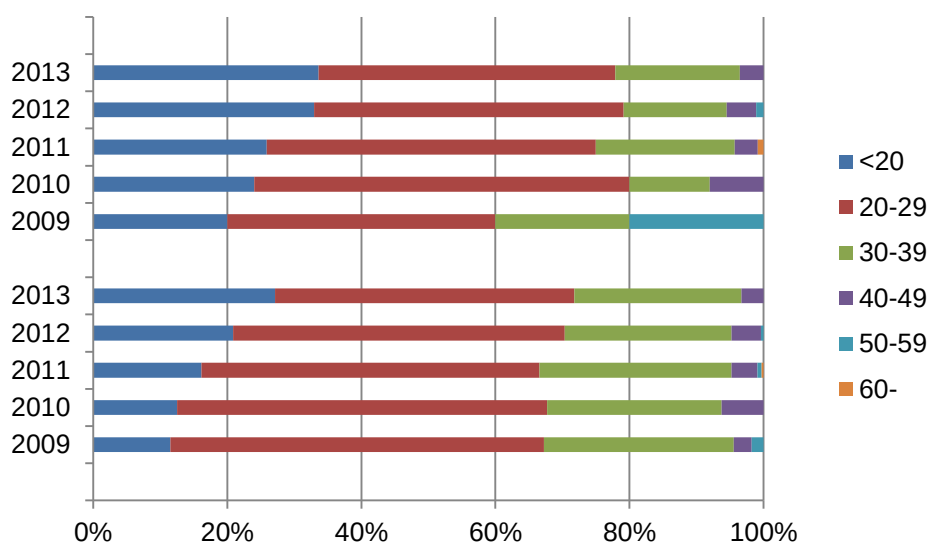


Source: TDI data collection (OAC 2014b); analysed by NFP

According to the treatment units, there is an increasing number of minors starting treatment due to the use of new psychoactive substances. This tendency is also supported by the TDI data: the proportion of those younger than 20 years is much higher among users of other stimulants and other substances than among users of classical substances (see figure 2).

On examining the data from the past five years, the proportion of those entering treatment before the age of 20 is increasing from year to year among stimulant users and more so among users of other stimulants. While in 2009 the proportion of those under 20 years was 12% among stimulant users, in 2013 the same figure was 27%. The proportion of under-20 users primarily using other, non-classified substances also increased between 2009 and 2013, from 12% to 20%.

Figure 13. Breakdown of stimulant users<sup>54</sup> (lower chart) and “other stimulant” users (upper chart) according to age among those starting treatment not in the scope of a QCT programme (%), between 2009 and 2013



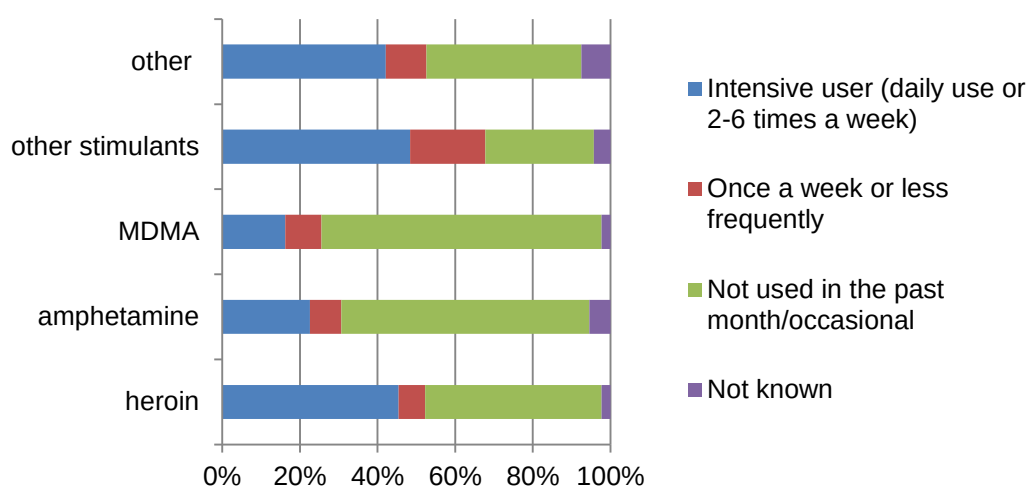
Source: TDI data collection (OAC 2014b); analysed by NFP

<sup>53</sup> Category used in the group of “stimulants (other than cocaine)” besides “amphetamine” and “MDMA and other derivatives”.

<sup>54</sup> Clients indicating the primary use of amphetamine or MDMA and other derivatives or of other stimulants.

With respect to substance use frequency, among those primarily using other stimulants or other, non-classified substances the proportion of those reporting intensive, daily use or use several times a week is much higher than among those primarily using amphetamine or MDMA. This tendency was observed both among clients starting treatment for the first time in their lives and among all those starting treatment. Among new treatment entrants 22% of primarily amphetamine users were classified as intensive users, while in the case of those indicating the primary use of other stimulants or other substances the proportion of intensive users was above 40%. On examining all clients, the proportion of intensive users was 28% among amphetamine users, 54% among other stimulant users and 56% among users of other, non-classified substances.

Figure 14. Breakdown of heroin, stimulant and other substance users by frequency of substance use among those first entering treatment (%)

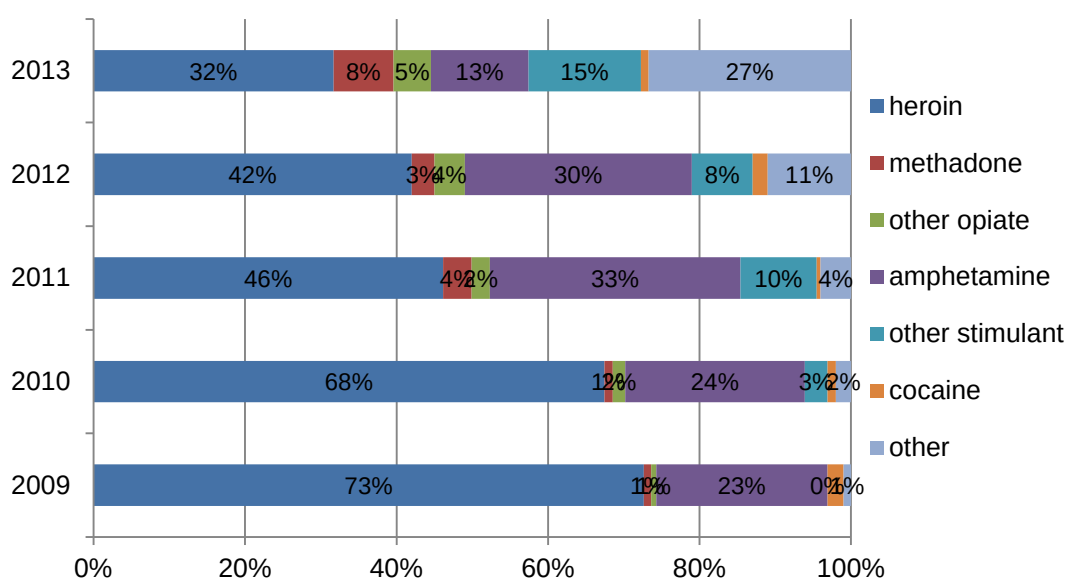


Source: TDI data collection (OAC 2014b); analysed by NFP

Among injecting substance users, the change of the primarily used substance observable in the past five years has also continued. The proportion of those primarily injecting heroin has dropped by a further 10 percentage points relative to the previous year, to 32%. A new development as compared to previous years is that the proportion of those injecting amphetamine also dropped significantly, by more than a half as compared to the previous year (2012: 30%; 2013: 13%). Simultaneously, the proportion of those injecting other stimulants rose significantly (2012: 8%, 2013: 15%). An even larger increase may be seen in the proportion of those reporting injecting other (non-classified) substances (2012: 11%, 2013: 27%). The share of the two “other” categories was 42% together among the primarily injected substances, which implies that the greatest proportion of injecting users starting treatment in 2013 did not use one of the classical illicit drugs. The trends described here based on the TDI data are confirmed by the result of the analysis of the active substances identified in/on seized injecting equipment (see chapter 10.3.), and by the client data of the Hungarian NSP service providers as well (see chapter 4.3.). More information about the possible specific substances listed in the “other stimulants” and “other” categories may also be found in these chapters.



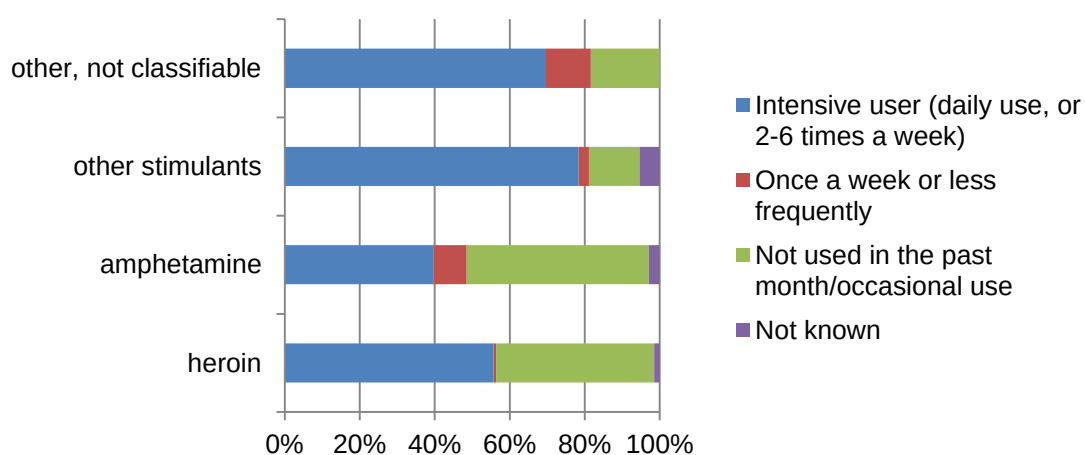
Figure 15. *Distribution of IDU clients by the substance injected between 2009 and 2013<sup>55</sup> (%)*



Source: TDI data collection (OAC 2014b); analysed by NFP

Those IDUs who reported having used primarily new psychoactive substances also reported using their substance on a daily basis or several times a week in a greater proportion. While the proportion of intensive users was 40 % among those primarily injecting amphetamine, among those injecting other stimulants it was 78% (daily users: 43%), and among those reporting the injection of other non-specified substances it was 69% (daily users: 55%). According to treatment units among those injecting new types of stimulants the occurrence of those injecting several times a day (even as much as 10-16 times a day) is not unusual either – the half-life of certain substances is exceptionally low and their intensive effect lasts for just 10-15 minutes – which also increases the risk of infections.

Figure 16. *Distribution of IDUs<sup>56</sup> by frequency of substance use (%)*



Source: TDI data collection (OAC 2014b); analysed by NFP

<sup>55</sup> Taking into consideration users of opiates, amphetamines, other stimulants, cocaine, and other not classifiable substances, on the basis of the typical route of administration in the 30 days before entering treatment.

<sup>56</sup> Including primary users of heroin, amphetamine, other stimulants or other, non-classifiable substances.

## **The use of new psychoactive substances among those participating in substitution treatment**

A questionnaire survey was carried out in January and February 2014 among substitution treatment clients in four institutions providing substitution treatment – two outside of Budapest and two in Budapest<sup>57</sup>. (Csorba and Pataki 2014) Of the 484 clients taking part in the survey 69% were men and 31% women. The average age of the clients was 39.1 years, and they had been receiving treatment for an average of 8.1 years. 89% of the clients received methadone and 11% suboxone treatment.

The aim of the questionnaire was to assess the clients' knowledge in connection with new psychoactive substances and to study their substance use patterns, as well as the effects of the new substances, the health and social harms related to their use and the treatment demands induced by them.<sup>58</sup>

With respect to the use of the new substances, 37.6% of the 484 clients questioned said that they had already tried a "designer drug". The clients named a total of 35 various substances that they had used. The most frequently mentioned names were the following: crystal, kati, penta, 4-mec. 48% of the clients had tried the first mentioned substance on one-two occasions, 9% of them used it on a monthly basis and 13.5% of them used it weekly. 29.3% of them reported using it daily. Nearly two thirds of the daily users used the first mentioned substance several times a day.

78.7% of users of new psychoactive substances injected the primarily used substance, 17.2% reported sniffing, 3.4% reported oral administration and 2.3% inhalation.

The questionnaire also asked about the effects of the used substances. 68.9% of the respondents reported on sharper senses, and 60.8% reported an increase in sexual desire. 43% of the clients experienced hallucinations, and 40.9% had had the feeling they were being observed. The most frequently mentioned withdrawal symptoms were sleeping disorders (55.6%), aggression (35.9%) and memory problems (memory disorder 28.5%, memory loss 25.3%), and 27.1% of the clients reported disorientation lasting several days.

With respect to health consequences related to the new substances, 52.2% reported sudden weight loss, 42.5% reported difficulty with breathing, and 39.5% reported stomach complaints. In connection with intravenous substance use the development of sores occurred for 38.3% of the substance users, scarring for 34.3% and vein inflammation for 29.5%.

The following were mentioned on the most occasions among the negative social effects of substance use: family problems (44.7%), relationship problems (37.4%), change in friends (36.8%), conflict with the law (30.2%), workplace problems (17.2%), loss of workplace (12.8%).

A relatively large proportion of the clients said that they needed to use low-threshold or other treatment as a consequence of the use of new psychoactive substances. Most of them used the services of NSPs (31.4%). 13.0% of the substance users had required emergency treatment, 12.9% psychiatric outpatient treatment, and 8.6% had required hospital detoxification treatment. 4.9% of the clients had received hospital treatment to prevent overdose, 7.4% of them had received psychiatric hospital treatment, and 6.8% of them had received inpatient psychiatric treatment at closed wards.

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<sup>57</sup> The research was carried out by the Mátrix Social and Healthcare Public Benefit Association. In three institutions the questionnaires were completed with the help of the employees of the treatment centre and in one institution the clients completed the questionnaires themselves.

<sup>58</sup> 90% of those completing the questionnaires have heard of designer drugs, 87% of them were able to name at least one while 16.4% were able to name four or more substances. The clients named a total of 48 different substances; the following were mentioned most frequently: crystal (50%), kati (29.9%), penta (17.6%), 4-mec (8.8%). 83% of the clients were unable to specify the active agent of any of the substances named by them.

## *Conclusions*

The most important developments affecting the treatment and care of illicit drug users in 2013 also are linked to the ever-increasing spreading of new psychoactive substances. Among clients starting treatment, the proportion of those starting treatment because of other substances and other stimulants increased further, and in parallel with this the reduction of treatment demand in connection with opiates (heroin) continued to drop. Among the users of the new substances the proportion of the very young (under the age of 20) is higher than among the users of classical substances, and the treatment demand in the case of the use of the new substances appears earlier. Among those primarily using other stimulants or other substances the proportion of intensive – daily or several times a week – users is outstandingly high, above 50%, and injecting is more frequent among them as compared to users of “classical” stimulants.

The restructuring observed over the past five years of the primarily used substances among IDUs continued. The proportion of those primarily injecting heroin dropped by a further 10 percentage points, to 32%. As compared to previous years, a new development was the decline in the proportion of those injecting amphetamine. At the same time, the proportion of those injecting other stimulants or other (non-classified) substances more than doubled compared to the previous year, implying that the largest group of IDUs starting treatment in 2013 (42%) did not primarily use one of the classical illicit drugs.

In 2013 the proportion of clients starting treatment in the scope of a QCT programme continued to decrease relative to those starting treatment voluntarily. A part of the reason for this is that the subject of the abuse is increasingly a new psychoactive substance and not an illicit drug, therefore there is no need – in the case of use related conduct – for participation in a QCT programme in order to avoid criminal procedure. The amendment of the Criminal Code, according to which participation in a QCT programme may not be repeated within two years, may also have had an effect on the number of those starting treatment in the scope of QCT.

## 6. HEALTH CORRELATES AND CONSEQUENCES OF DRUG USE<sup>59</sup>

### 6.1. INTRODUCTION

In 2013, similarly to the years before, data of reported HIV/AIDS cases among injecting drug users (IDU) and the incidence of acute cases of hepatitis caused by HBV or HCV in Hungary originate from the national registry of infectious patients operating in the National Centre for Epidemiology (OEK) and from the special HIV/AIDS and hepatitis surveillance database (Csóhán et al. 2014).

In 2013 no national HIV, HBV, HCV seroprevalence survey was carried out among IDUs<sup>60</sup>, however from April 2010 to June 2013 voluntary HIV, HBV and HCV diagnostic testing was available for IDU clients all year round in NSPs and drug treatment centres coordinated by the National Centre for Epidemiology. The diagnostic tests were financed by the Ministry of Health. Within the scope of the programme over the past year 16 service providers in 9 cities provided the possibility for HIV/HBV/HCV diagnostic tests for IDUs<sup>61</sup> (for the methodology see: 2011 National Report chapter 6.1.). Therefore, with respect to 2013 the data from this programme are available regarding the frequency of the occurrence of HIV, HBV, HCV and risk behaviours<sup>62</sup> among IDUs in Hungary. (Dudás et al. 2014)

### 6.2. DRUG-RELATED INFECTIOUS DISEASES

#### *HIV/AIDS*

In 2013 in Hungary a total number of 240 newly diagnosed HIV positive cases were reported, the incidence rate was 24 cases/1 million inhabitants. The transmission route was known in more than three quarters of the registered HIV-positive persons. Within the identified risk groups of HIV positive persons and AIDS patients, one Lithuanian citizen belonged to the risk group of IDUs. (Csóhán et al. 2014)

Table 8. *Breakdown of registered HIV positive persons by risk group between 2009-2013 (persons)*

|                       | 2009 | 2010 | 2011 | 2012 | 2013 |
|-----------------------|------|------|------|------|------|
| Homo/bisexual         | 87   | 124  | 106  | 146  | 160  |
| Heterosexual          | 23   | 19   | 18   | 23   | 24   |
| Haemophiliac          | 0    | 0    | 0    | 0    | 0    |
| Transfusion recipient | 0    | 0    | 2*   | 1*   | 0    |
| Injecting drug user   | 0    | 0    | 0    | 0    | 1*   |
| Nosocomial            | 0    | 0    | 0    | 0    | 0    |
| Maternal              | 2    | 0    | 0    | 1    | 1    |
| Unknown               | 28   | 39   | 36   | 48   | 54   |
| Total                 | 140  | 182  | 162  | 219  | 240  |

*\* imported cases*

*Source: OEK (Csóhán et al. 2014)*

<sup>59</sup> The authors of this chapter are: Mária Dudás, Gergely Csaba Horváth

<sup>60</sup> For the previous national seroprevalence surveys see: 2007 and 2008 National Report chapter 6.2.; 2009 and 2010 National Report chapter 6.1. The data of the 2014 national prevalence survey will be presented in the National Report for the following year.

<sup>61</sup> In 2013 a total of 16 organisations (nine NSPs and seven treatment centres) participated in this programme.

<sup>62</sup> The questions were based on the Protocol for the implementation of the EMCDDA key indicator: Drug-related infectious diseases (DRID), draft version 6 October 2006, Project CT.04.P1.337., and on part 2 and 3 of standard table 9.

## *Acute hepatitis B*

In 2013 62 acute hepatitis B infections were reported, which is 19% more than in the previous year. The incidence rate was 0.6‰. The transmission route was known in the case of twenty persons, among them five persons – four men between the ages of 25-34 and one man over the age of 34 – belonged to the risk group of IDUs. (Csohán et al. 2014)

## *Acute hepatitis C*

In 2013 46 cases of acute hepatitis C infection were reported, the incidence rate was 0.5‰. Among the 46 patients the transmission route was known in the case of 15 persons, and ten of them – one woman between the ages of 25-34 and two women over the age of 34, and two men under the age of 25, four men between 25-34 and one man over the age of 34 years – were infected via injecting drug use. (Csohán et al. 2014)

## **Prevalence of HIV, HBV, HCV infections among IDUs**

### *Voluntary HIV/HBV/HCV diagnostic testing programme at NSPs and outpatient DTCs*

Under the coordination of the National Centre for Epidemiology 16 organisations continuously offered the opportunity of HIV, HBV and HCV diagnostic tests for their clients up until June 2013 (Dudás et al. 2014), who participated in the sample-taking voluntarily, without any motivation fee<sup>63</sup> (for further details see chapter 7.2.). Persons were screened who appeared at one of the institutions during 2013 and who said they were intravenous drug users or who remembered that they had ever injected a substance. Five NSPs and two DTCs in Budapest, and five DTCs<sup>64</sup>, and four NSPs outside of Budapest<sup>65</sup> took part in the screening up until June 2013. The staff of the organisations sent a total of 231 blood samples for laboratory testing, of which 223 samples were included in the statistical analysis. (ST9P2\_2014\_HU\_01, ST9P2\_2014\_HU\_02, ST9P2\_2014\_HU\_03)

All the samples proved to be negative for the HIV virus. Five persons were found to be infected with the hepatitis B virus (2.2%), among whom three also proved to be HCV antibody positive. The samples of 66 clients were HCV antibody positive (31.9%)<sup>66</sup>, which figure is significantly higher as compared to the 23.1% prevalence value measured in 2012. In the following the epidemiology data is analysed with respect to HCV infections.

24% of the samples arrived for screening from DTCs. 13.1% of the blood samples coming from DTCs and 49.1% of the samples arriving from NSPs proved to be HCV antibody positive.

61.1% of the 221 persons included in the analysis were active IDUs (injecting within 4 weeks on the last occasion), 19% had injected more than 4 weeks in the past while 13.5% of them had injected more than 1 year ago on the last occasion. Among those substance users who had injected within 4 weeks 43.1% were HCV antibody positive. Among those who had injected more than 4 weeks ago but within 1 year this proportion was 25%, and was 10.3% for those who had injected more than 1 year ago. The difference in prevalence rate between those injecting within the last 4 weeks and those in the other two groups is significant.

<sup>63</sup> The screening tests methodology is the same as the methodology of the screening tests aimed at determining HIV, HBV and HCV prevalence over the past four years (See: 2007 National Report chapter 6.2.).

<sup>64</sup> Among them the Pécs and Szeged DTCs also provide an NSP service.

<sup>65</sup> Budapest, Debrecen, Eger, Pécs, Salgótarján, Szeged, Szekszárd, Veszprém

<sup>66</sup> In the case of 16 persons the results were inconclusive and were excluded from statistical processing, so in the case of HCV 207 blood samples were included in the statistical analysis.

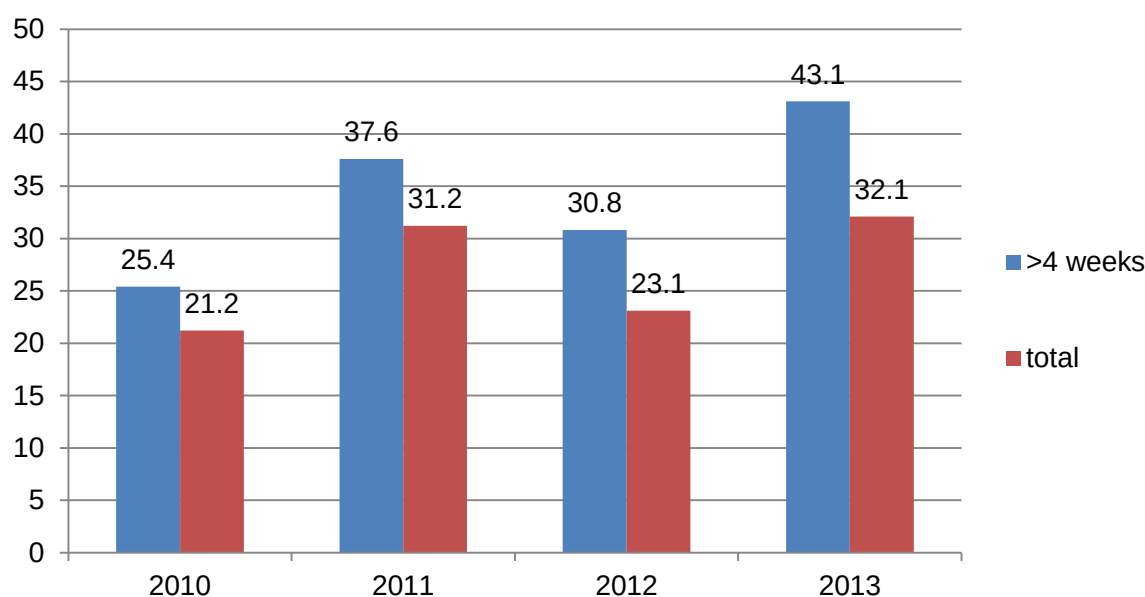
Table 9. Breakdown of HCV and HBV positive IDUs participating in the voluntary HIV/HBV/HCV diagnostic testing programme according to date of last injecting in 2013<sup>67</sup>

| Date of last injecting | Persons tested for the presence of the HBsAg antigen |          |            | Persons tested for the presence of HCV antibodies |           |             |
|------------------------|------------------------------------------------------|----------|------------|---------------------------------------------------|-----------|-------------|
|                        | N                                                    | positive |            | N                                                 | positive  |             |
|                        |                                                      | N        | %          |                                                   | N         | %           |
| < 4 weeks              | 135                                                  | 5        | 3.7        | 123                                               | 53        | 43.1        |
| 4 weeks-1 year         | 42                                                   | 0        | 0          | 40                                                | 10        | 25.0        |
| > 1 year               | 30                                                   | 0        | 0          | 29                                                | 3         | 10.3        |
| Not known              | 14                                                   | 0        | 0          | 13                                                | 0         | 0.0         |
| <b>Total</b>           | <b>221</b>                                           | <b>5</b> | <b>2.3</b> | <b>205</b>                                        | <b>66</b> | <b>32.1</b> |

Source: OEK (Dudás et al. 2014)

Over the past 4 years the HCV prevalence rate measured among those injecting within 4 weeks exceeded the HCV prevalence rate found in the entire sample. The difference measured between the two prevalence rates was significant in 2012 and 2013.

Figure 17. Breakdown of HCV positive IDUs participating in the voluntary HIV/HBV/HCV diagnostic testing programme according to time of last injection, 2010-2013



Source: OEK (Dudás et al. 2014)

Among the persons participating in the screening programme 150 (67.3%) were men and 73 (32.7%) were women. In the three groups more than 40% of the persons providing samples were over 34 years (93 persons, 41.7%), 40% of the testing participants belonged to the 25-34 year-old age group (89 persons), and those under 25 years formed the smallest group with 41 persons (18.4%).

Further examining only the HCV prevalence rates, the difference between the proportions of infected men and women (31.4% and 32.8%) was not significant, just like there is no significant difference between the genders in HCV prevalence in the individual age groups. Hepatitis C prevalence was the highest (40%) in the under 25 age group, and the rate of HCV infection (52.6%) was especially high among women under 25. The rate of HCV

<sup>67</sup> The time of last injecting was unknown in two cases.

infection of women under 25 years was significantly higher than the value relating to the entire sample.

Table 10. Breakdown of HIV/HBV/HCV infections among IDUs tested during the voluntary diagnostic testing programme by gender and age group in 2013

| Age group   |              | Persons tested for the presence of HIV antibodies |          | Persons tested for the presence of HBsAg antigen |          |            | Persons tested for the presence of HCV antibodies |           |             |
|-------------|--------------|---------------------------------------------------|----------|--------------------------------------------------|----------|------------|---------------------------------------------------|-----------|-------------|
|             |              | N                                                 | positive | N                                                | positive |            | N                                                 | positive  |             |
|             |              |                                                   |          |                                                  | N        | %          |                                                   | N         | %           |
| < 25 years  | male         | 22                                                | 0        | 22                                               | 0        | 0          | 21                                                | 6         | 28.6        |
|             | female       | 19                                                | 0        | 19                                               | 0        | 0          | 19                                                | 10        | 52.6        |
|             | <b>total</b> | 41                                                | 0        | 41                                               | 0        | 0          | 40                                                | 16        | 40.0        |
| 25-34 years | male         | 55                                                | 0        | 55                                               | 0        | 0          | 51                                                | 17        | 33.3        |
|             | female       | 34                                                | 0        | 34                                               | 0        | 0          | 31                                                | 8         | 25.8        |
|             | <b>total</b> | 89                                                | 0        | 89                                               | 0        | 0          | 82                                                | 25        | 30.5        |
| > 34 years  | male         | 73                                                | 0        | 73                                               | 5        | 6.8        | 68                                                | 21        | 30.9        |
|             | female       | 20                                                | 0        | 20                                               | 0        | 0          | 17                                                | 4         | 23.5        |
|             | <b>total</b> | 93                                                | 0        | 93                                               | 0        | 0          | 85                                                | 25        | 29.4        |
| Total       | male         | 150                                               | 0        | 150                                              | 5        | 3.3        | 140                                               | 44        | 31.4        |
|             | female       | 73                                                | 0        | 73                                               | 0        | 0          | 67                                                | 22        | 32.8        |
|             | <b>total</b> | <b>223</b>                                        | <b>0</b> | <b>223</b>                                       | <b>5</b> | <b>2.2</b> | <b>207</b>                                        | <b>66</b> | <b>31.9</b> |

Source: OEK (Dudás et al. 2014)

According to the starting of intravenous drug use, 41.7% of new (less than 2 years) IDUs are infected with the virus, the rate of infection of IDUs injecting for 2-4 years was 36.4%. Among those injecting for 5-9 years 38.7% of the clients were infected and 28.7% of those injecting for more than 10 years were infected with the HCV virus. Due to the small number of cases the differences between HCV prevalence are not significant.

Table 11. Breakdown of HIV/HBV/HCV positive IDUs participating in the voluntary diagnostic testing programme according to time of starting intravenous drug use in 2013 (N=223)<sup>68</sup>

| Start of intravenous drug use | Persons tested for the presence of HBsAg antigen |          |            | Persons tested for the presence of HCV antibodies |           |             |
|-------------------------------|--------------------------------------------------|----------|------------|---------------------------------------------------|-----------|-------------|
|                               | number                                           | positive |            | number                                            | positive  |             |
|                               |                                                  | number   | %          |                                                   | number    | %           |
| < 2 years                     | 25                                               | 1        | 4          | 24                                                | 10        | 41.7        |
| 2 - 4 years                   | 34                                               | 0        | 0          | 33                                                | 12        | 36.4        |
| 5 - 9 years                   | 33                                               | 0        | 0          | 31                                                | 12        | 38.7        |
| > 10 years                    | 190                                              | 4        | 3.3        | 108                                               | 31        | 28.7        |
| Does not know                 | 9                                                | 0        | 0          | 9                                                 | 0         | 0           |
| <b>Total</b>                  | <b>221</b>                                       | <b>5</b> | <b>2.3</b> | <b>205</b>                                        | <b>65</b> | <b>31.7</b> |

Source: OEK (Dudás et al. 2014)

<sup>68</sup> Two persons did not answer the question about start of intravenous drug use.

While 25% of those primarily injecting opiate derivatives were infected with the hepatitis virus, 35.8% of those not injecting opiate derivatives<sup>69</sup> were infected, the difference is significant.

Among those not primarily injecting opiate derivatives, the rate of HCV infection was the highest among those injecting other substances (46.9%), 18.9% of those primarily injecting amphetamine were infected.

The rate of HCV infection of those injecting other substances is significantly higher than the prevalence rate of those primarily using opiates or amphetamine. The category 'other' substances injected generally covered two substances in 2013. The HCV prevalence in the case of the 43 persons who stated that they usually injected pentadone was 51.1% and in the case of the 16 persons injecting MDPV the prevalence rate was 50%.<sup>70</sup>

Table 12. HCV prevalence (%) of IDUs tested during the voluntary HIV/HBV/HCV diagnostic testing programme according to primarily injected substance type, in 2013

| Substance type     | Persons tested for the presence of HBsAg antigen |          |            | Persons tested for the presence of HCV antibodies |           |             |
|--------------------|--------------------------------------------------|----------|------------|---------------------------------------------------|-----------|-------------|
|                    | N                                                | positive |            | N                                                 | positive  |             |
|                    |                                                  | N        | %          |                                                   | N         | %           |
| <b>Opiates</b>     | 79                                               | 2        | 2.5        | 72                                                | 18        | 25.0        |
| <b>Amphetamine</b> | 54                                               | 0        | 0          | 53                                                | 10        | 18.9        |
| <b>Cocaine</b>     | 1                                                | 0        | 0          | 0                                                 | 0         | 0.0         |
| <b>Other</b>       | 88                                               | 3        | 3.4        | 81                                                | 38        | 46.9        |
| <b>Total</b>       | <b>222</b>                                       | <b>5</b> | <b>2.6</b> | <b>206</b>                                        | <b>66</b> | <b>32.0</b> |

Source: OEK (Dudás et al. 2014)

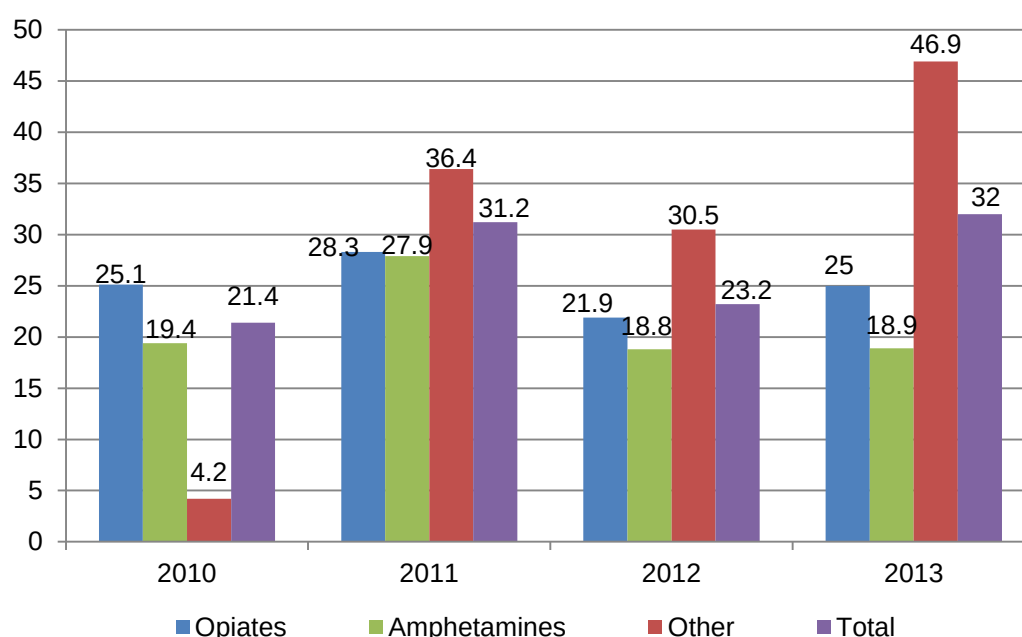
In 2013 the HCV prevalence of those injecting other substances was significantly higher than in the previous year when compared with the prevalence value measured in the same group. The rate of HCV infection among those primarily using opiates and amphetamine did not change significantly over the past two years.

<sup>69</sup>39.6% (53 persons) of those injecting not opiate derivatives primarily injected amphetamine, and 60.4% of them (81 persons) primarily injected other drug types.

<sup>70</sup> 89 injected one or another other substance. Nearly a half of the cases (48.3%) injected penta-crystal, and a further fifth (18%) injected MDPV. Other substances mentioned: "designer drug" 3 cases; 4-MEC 2 cases; methylone, PV, i-powder, JWH and LSD one case each. In 20 cases the other substance was not named.



Figure 18. HCV prevalence (%) among IDUs tested during the voluntary HIV/HBV/HCV diagnostic testing programme, by primarily injected drug type between 2010-2013



Source: OEK and NFP

According to the geographical breakdown of the 131 samples coming from Budapest, 54 proved to be hepatitis C positive, which means 41.2% infection. As opposed to this 15.8% of the samples coming from outside Budapest were diagnosed as hepatitis C positive (18 persons). The difference is significant. Outside of Budapest the highest rate of infection was in Debrecen, where 26.1% of the samples proved to be hepatitis C positive, in Pécs 4.5% of the samples contained HCV antigens, and in Szeged this figure was 16.7%. All five of the HBsAg positive persons were screened in Budapest.

Table 13. Geographical breakdown of the number of IDUs tested during the voluntary diagnostic testing programme, and number and percentage of HCV positive cases, by region, in 2013

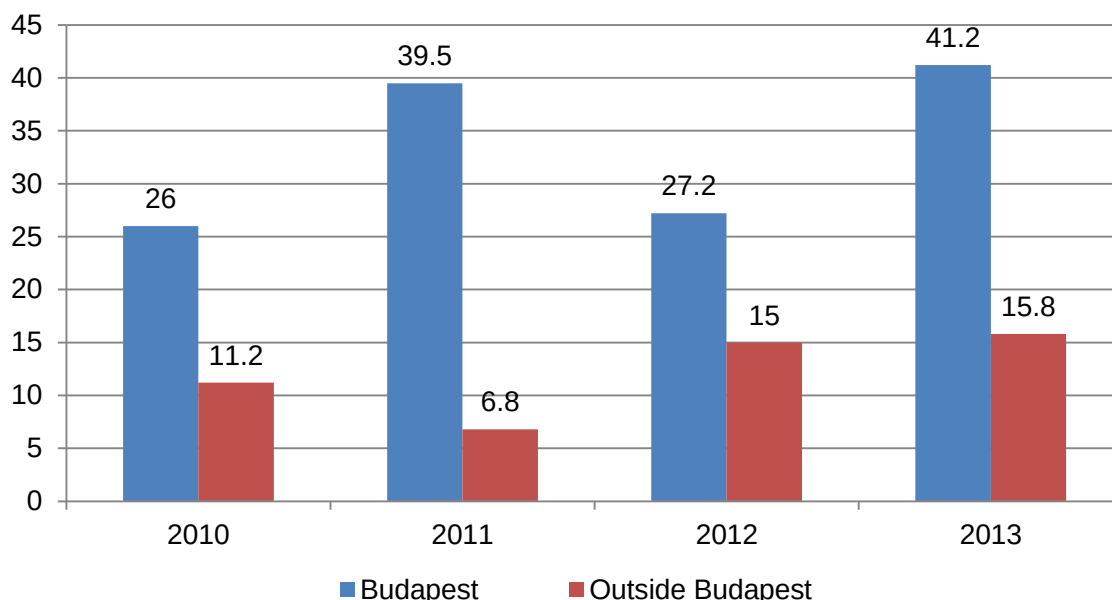
| Region/city                   | Persons tested for the presence of HBsAg antigen |          |            | Persons tested for the presence of HCV antibodies |           |             |
|-------------------------------|--------------------------------------------------|----------|------------|---------------------------------------------------|-----------|-------------|
|                               | N                                                | positive |            | N                                                 | positive  |             |
|                               |                                                  | N        | %          |                                                   | N         | %           |
| <b>Budapest</b>               | 144                                              | 5        | 3.5        | 131                                               | 54        | 41.2        |
| <b>Debrecen</b>               | 25                                               | 0        | 0          | 23                                                | 6         | 26.1        |
| <b>Eger</b>                   | 9                                                | 0        | 0          | 8                                                 | 2         | 25          |
| <b>Kecskemét</b>              | 1                                                | 0        | 0          | 1                                                 | 0         | 0           |
| <b>Pécs</b>                   | 22                                               | 0        | 0          | 22                                                | 1         | 4.5         |
| <b>Salgótarján</b>            | 1                                                | 0        | 0          | 1                                                 | 0         | 0           |
| <b>Szeged</b>                 | 18                                               | 0        | 0          | 18                                                | 3         | 16.7        |
| <b>Szekszárd</b>              | 2                                                | 0        | 0          | 2                                                 | 0         | 0           |
| <b>Veszprém</b>               | 1                                                | 0        | 0          | 1                                                 | 0         | 0           |
| <b>Total outside Budapest</b> | 79                                               | 0        | 0          | 76                                                | 12        | 15.8        |
| <b>Total</b>                  | <b>223</b>                                       | <b>5</b> | <b>2.2</b> | <b>207</b>                                        | <b>66</b> | <b>31.9</b> |

Source: OEK (Dudás et al. 2014)

In order to correctly interpret the data it must be taken into consideration that in only 3 of the 8 cities outside Budapest (Debrecen, Pécs, Szeged) can the HCV prevalence rates be deemed as valid, as the number of samples tested in these cities exceeded 20.

In Budapest HCV prevalence rate was significantly higher than the value measured in the previous year, outside of Budapest the HCV prevalence did not change significantly over the past two years.

Figure 19. *Geographical breakdown of the HCV prevalence (%) of IDUs participating during the voluntary HIV/HBV/HCV diagnostic testing programme between 2010-2013*



Source: OEK and NFP

## Risk behaviours

*Data from the voluntary HIV/HBV/HCV diagnostic testing programme at NSPs and outpatient DTCs*

On the basis of the EMCDDA guide and standard table, risk behaviour variables were also determined in connection with the HIV/HBV/HCV diagnostic testing programme coordinated by the National Centre for Epidemiology in 2012 (Dudás et. al 2013, see earlier in this chapter and in chapter 7.2). The responses were analysed in the case of the individual variables in the light of the HCV serological results.

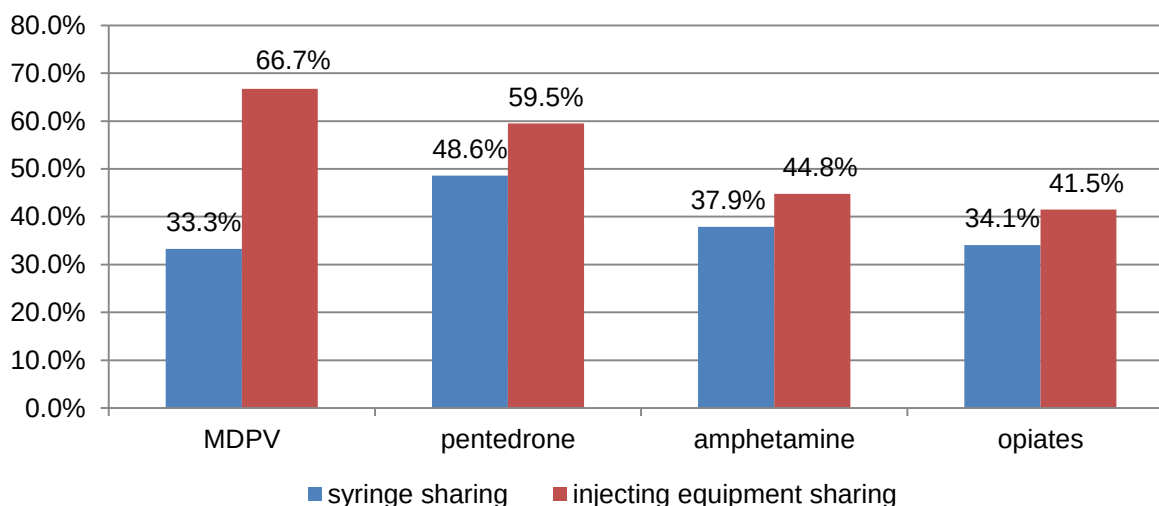
On the basis of the processed data of the total of 223 persons, 68% of the tested IDUs (152 persons) had already been tested for HIV in the past. 85% of those who had been tested before knew that their HIV serostatus was negative.<sup>71</sup>

68% (150 persons) of the respondents had already been tested for HCV in their lives. 76% of the tested clients reported that they were HCV negative, and 7.3% reported that they were HCV positive, in the case of 25 persons there was insufficient information with respect to this variable. Ten of the clients who reported on being HCV positive (11 persons) tested positive during the test, however 24% of those saying they were HCV negative (27 persons) were found to be HCV positive. Among the 25 persons in the case of whom there was no information available ten persons tested positive.

<sup>71</sup> 3 persons thought that their last HIV screening test was inconclusive, 3 persons did not respond, and 7 persons did not remember the result of the HIV screening test. In 10 cases there was no information available.

In the past 4 weeks 37.2% of 135 clients<sup>72</sup> participating in the screening had not injected, 15.7% of them injected on a weekly basis, 16.6% injected several times a week (2-6 times), 6.7% injected once a day and 18.4% injected several times a day. 38.8% of active<sup>73</sup> IDUs (52 persons) shared needles/syringes in the past 4 weeks, 47.8% of them (64 persons) shared injecting equipment. 15.6% of active IDUs had used a syringe that was not sterile when last injecting. Ten persons (7.4%) obtained a used syringe from two or more persons in the past 4 weeks.

Figure 20. *The prevalence of sharing needles/syringes and sharing any injecting equipment (%) in the last 4 weeks among current IDUs tested during the voluntary HIV/HBV/HCV diagnostic testing programme, by primarily injected drug type, in 2013 (N=125)*<sup>74</sup>



Source: OEK (Dudás et al. 2014), analysed by NFP

On examining all persons involved in the study, both the number of injection times on the last day of injecting and the number of reuses of the last discarded syringe (mean value of the group) was the highest among injectors of new psychoactive substances.

<sup>72</sup> 60.5% of all clients participating in the screening.

<sup>73</sup> Persons injecting at least once in the past 4 weeks, here 135 persons.

<sup>74</sup> The time of sharing a syringe is not known in the case of one person, the injected substance is not known in the case of 9 persons, therefore it includes data with respect to 125 persons from the 135 active substance users. Number of respondents per drug type (IDUs sharing + IDUs not sharing): 4-MEC: 2 persons; amphetamine: 29 persons; MDPV: 12 persons; opiates: 41 persons; penta-crystal: 37 persons; LSD: 1 person; other substances: 4 persons.

Table 14. *The number of injection times on the last day of injecting and the number of reuses of the last discarded syringe (mean value by group) among IDUs tested during the voluntary HIV/HBV/HCV diagnostic testing programme, by primarily injected drug type, in 2013*<sup>75</sup>

|                                                       |                       | MDPV | pentedrone | amphetami<br>ne | opiates |
|-------------------------------------------------------|-----------------------|------|------------|-----------------|---------|
| <b>Number of injections per day</b>                   | Number of respondents | 16   | 38         | 42              | 39      |
|                                                       | Average               | 4.9  | 4.8        | 2.8             | 2.2     |
|                                                       | Distribution          | 3.5  | 7.9        | 2.6             | 1.6     |
| <b>Number of reuses of the last discarded syringe</b> | Number of respondents | 13   | 40         | 51              | 79      |
|                                                       | Average               | 4    | 3.3        | 2.5             | 2.3     |
|                                                       | Distribution          | 3.3  | 5.2        | 3.3             | 2.6     |

Source: OEK (Dudás et al. 2014), analysed by NFP

61.9% of the 223 clients in the study had had sexual intercourse in the last four weeks before the study, 78.3% of them had not used a condom during the last sexual intercourse. Nine persons had provided a sexual service in the past 4 weeks. 31.8% of the clients, 71 persons received opiate substitution treatment. In the one year before the screening test 19.3% of them, 43 persons, had lived without a stable place of residence for more than 1 week. More than a third of the clients (35.4%) had been in prison at some time in their lives.

Of the 223 clients attending the screening test 26 persons (11.6%) had already received addiction treatment<sup>76</sup>. Seven persons for the first time in their lives in 2013, 14 persons had come into contact already with the treatment system, and in the case of five persons it did not turn out if they had been treated for the first time.

National data deriving from data collection performed among NSPs, relating to the socio-demographic characteristics and drug use patterns of IDU clients using the services is described in chapter 4.3.

In chapter 5.3.2. the breakdown of IDUs entering treatment by drug type is described on the basis of TDI data.

<sup>75</sup> Among all the IDUs reached. The number of injections on the last day of injecting was known in the case of 157 persons. The number of reuses of the last discarded syringe was known in the case of 211 persons.

<sup>76</sup> Since 2006, on the basis of TDI data collection.

### 6.3. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

#### Driving accidents

In 2013, in the case of 114 road accidents the police sent blood and/or urine samples to the National Institute for Toxicology for forensic toxicological examination under the suspicion of the consumption of substances having a disadvantageous effect on the ability to drive. Out of the 114 samples the institute determined positivity in 48 cases.

Table 15. *Breakdown of the presence of illicit drugs/psychotropic substances/new psychoactive substances (N) in blood and/or urine samples originating from road accidents by active substance in 2013*

| <b>Presumably consumed illicit drug, psychotropic substance or “new psychoactive substance” on the basis of blood and/or urine testing</b> | <b>No of cases</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 3-MMC                                                                                                                                      | 1                  |
| 3-MMC + alpha methyltryptamine + amphetamine + pentedrone                                                                                  | 1                  |
| 3-MMC + alpha-PVP + pentedrone + THC                                                                                                       | 1                  |
| 3-MMC + amphetamine + MDMA + pentedrone                                                                                                    | 1                  |
| 3-MMC + amphetamine + pentedrone                                                                                                           | 1                  |
| 3-MMC + MPA + pentedrone                                                                                                                   | 1                  |
| 4-MEC                                                                                                                                      | 1                  |
| alpha-PVP + pentedrone                                                                                                                     | 1                  |
| Amphetamine                                                                                                                                | 8                  |
| amphetamine + mephedrone + pentedrone + THC                                                                                                | 1                  |
| amphetamine + methamphetamine                                                                                                              | 1                  |
| amphetamine + methamphetamine + THC                                                                                                        | 1                  |
| amphetamine + pentedrone                                                                                                                   | 1                  |
| amphetamine + pentedrone + THC                                                                                                             | 1                  |
| amphetamine + THC                                                                                                                          | 2                  |
| bk-MPA                                                                                                                                     | 1                  |
| Ketamine                                                                                                                                   | 1                  |
| codeine + methadone+ morphine + THC                                                                                                        | 1                  |
| cocaine                                                                                                                                    | 2                  |
| cocaine + MDMA                                                                                                                             | 1                  |
| MDMA + THC                                                                                                                                 | 3                  |
| mephedrone + pentedrone + THC                                                                                                              | 1                  |
| morphine                                                                                                                                   | 1                  |
| pentedrone                                                                                                                                 | 2                  |
| THC                                                                                                                                        | 12                 |
| Negative                                                                                                                                   | 66                 |
| <b>Total</b>                                                                                                                               | <b>114</b>         |

Source: National Institute of Toxicology 2014

#### Psychiatric and somatic comorbidity

For more on the correlation between new psychoactive substances and psychiatric comorbidity please see chapter 4.3.

## 6.4. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS

As a result of data collection (see chapter 6.1.) a case-based database (SR) is available on drug-related deaths. Detailed information is also available on direct and indirect drug-related deaths, which can be analysed broken down into further categories (natural deaths and deaths by violence).

Table 16. *Breakdown of direct, natural and violent drug-related deaths in 2013 (persons)*

|         | <b>Total</b> |
|---------|--------------|
| Direct  | 31           |
| Natural | 4            |
| Violent | 12           |
| Total   | 47           |

Source: OAC 2014a

### Direct overdoses

#### *National data*

In 2013 31 cases directly related to illicit drug use were reported, which indicates a further increase as compared to the number of cases over past years (2012: 24; 2011: 14, 2010: 17 cases)<sup>77</sup>.

Of the 31 deaths, there were signs in four cases that the substance had been taken with the purpose of committing suicide.

No cases of death exclusively linked to opiate use were reported in 2013. There were three cases of death from the joint use of opiates and other illicit drugs. The forensic medical expert determined lethal intoxication due to methadone in nine cases, in all cases the use of benzodiazepine-type medicine was also indicated.

Intoxication caused by other, non-opiate drugs occurred in 15 cases, of these a new psychoactive substance was also present in eight cases in the biological samples of the deceased.

The use of other substances resulted in death in four cases, in all cases poly-drug use was indicated.

Of the 31 direct overdose cases, one or more new psychoactive substances were also present in 14 cases. The materials shown to be present were the following: pentedrone, alpha-PVP, p-methyl-4-methylaminorex, MPA, 3-MMC, 2-MPA, mephedrone. Methamphetamine was shown to be present in one case.

The presence of alcohol was indicated in eight cases from blood and in four cases from urine.<sup>78</sup>

Of the 31 direct deaths, in two cases the cause of the intoxication was a single substance, poly-drug use was characteristic<sup>79</sup>; in 18 cases (58%) benzodiazepine was also present.

<sup>77</sup> Cases linked to tramadol were excluded.

<sup>78</sup> A blood alcohol test was not performed in 4 cases and a urine alcohol test was not performed in 13 cases.

<sup>79</sup> In 29 cases at least two substances were indicated, in 13 cases three substances, in 8 cases four substances, in 3 cases five substances, in 1 case 6 substances and in another 7 substances were indicated (not including alcohol), most frequently benzodiazepine.

Table 17. *Number of direct drug-related deaths in 2013*<sup>80</sup>

|                                                                              | Male | Female | Total |
|------------------------------------------------------------------------------|------|--------|-------|
| Overdose / intoxication caused by opiates (without methadone or other drugs) | 0    | 0      | 0     |
| Overdose / intoxication caused by opiates and other drugs                    | 1    | 2      | 3     |
| Overdose / intoxication caused by methadone                                  | 7    | 2      | 9     |
| Intoxication caused by other drugs not including opiates                     | 9    | 6      | 15    |
| Intoxication caused by other drugs                                           | 2    | 2      | 4     |
| Total                                                                        | 19   | 12     | 31    |

Source: OAC 2014a

Of the 31 direct cases of death 19 were men and 12 were women. The mean age of the deceased was 32.6 years (men: 30.3 years; women: 36.3 years), the youngest deceased man was 19 and the oldest was 45; the youngest deceased woman was 19 and the oldest 61<sup>81</sup>.

Table 18. *Breakdown of direct drug-related deaths by age group in 2013 (persons)*

|                                                                              | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 60-64 | total |
|------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Overdose / intoxication caused by opiates (without methadone or other drugs) | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |
| Overdose / intoxication caused by opiates and other drugs                    | 0     | 0     | 0     | 0     | 1     | 0     | 1     | 0     | 1     | 3     |
| Overdose / intoxication caused by methadone                                  | 0     | 3     | 2     | 0     | 4     | 0     | 0     | 0     | 0     | 9     |
| Intoxication caused by other drugs not including opiates                     | 2     | 2     | 6     | 1     | 2     | 1     | 1     | 0     | 0     | 15    |
| Intoxication caused by other drugs                                           | 1     | 0     | 0     | 0     | 1     | 0     | 0     | 1     | 1     | 4     |
| Total                                                                        | 3     | 5     | 8     | 1     | 8     | 1     | 2     | 1     | 2     | 31    |

Source: OAC 2014a

All the victims were Hungarian citizens. Of the 31 cases of death 15 cases were linked to Budapest, among these in two cases the victim was a homeless person. Eight cases were in county seats, one case in a large town, five cases were in small towns and two cases took place in villages.

On examining the occurrence of direct drug-related deaths over time, it can be observed that the number of opiate-related cases significantly dropped after 2009. There were no cases linked exclusively to heroin<sup>82</sup> in 2013. The number of cases linked to methadone shows a slight increase, however, in these cases parallel use of benzodiazepine and/or alcohol was also involved.

<sup>80</sup> Special register Selection D.<sup>81</sup> In two cases the victim was a 61 year-old woman, in the one case ketamine was indicated and in the other 4-methylamphetamine was shown to be present.<sup>82</sup> Exclusively morphine and alcohol and/or benzodiazepines.

Seizure data and NSP client data (for more details see chapters 4, 7 and 10) in previous years also indicated the almost complete disappearance of heroin injecting. Accordingly, an increase could be observed in the categories of non-opiate type drugs – including “other amphetamines” – and “other drugs”, in compliance with the increasing use of new psychoactive substances (for more details see chapter 4).

Table 19. *Direct drug-related deaths between 2009-2013 (persons)*

|                                                                               | 2009 | 2010 | 2011 | 2012 | 2013 |
|-------------------------------------------------------------------------------|------|------|------|------|------|
| Intoxication caused by opiate type drugs <sup>83</sup>                        | 28   | 12   | 6    | 8    | 3    |
| Overdose / intoxication caused by methadone without other drugs <sup>84</sup> | 2    | 2    | 4    | 5    | 9    |
| Intoxication caused by other drugs not including opiates                      | 1    | 3    | 3    | 7    | 15   |
| Intoxication caused by other drugs                                            | 0    | 0    | 1    | 4    | 4    |
| Total                                                                         | 31   | 17   | 14   | 24   | 31   |

Source: OAC 2014a

### Indirect drug-related deaths

In 2013 16 indirect drug-related deaths were reported in the special mortality register. Two groups of indirect drug-related deaths could be distinguished: health deterioration caused by long-term drug use was in the background of natural death cases. In 2013 a natural cause, typically some sort of heart disease, was registered in four cases.

The other group was formed by deaths by violence, where tests performed on biological samples confirmed the use of drugs before death. In 2013 12 such cases were reported. In eight out of the 12 cases of death by violence there was a traffic accident, suicide was evidently committed in two cases, and there were two cases of homicide.

### Circumstances of drug-related deaths

Due to the data available in the mortality register we have a more comprehensive picture of the circumstances of drug-related deaths. In the tables below the information available about the cases is displayed broken down by direct, natural and violent causes of death.

In respect of the location where discovered, in the cases of deaths by overdose most typically the deceased persons were discovered in their own or someone else's accommodation. In the case of deaths by violence, public roads or some other public area was the most frequent scene of death. The low number of cases does not justify a more detailed analysis.

Table 20. *Breakdown of direct, natural and violent drug-related deaths by location discovered in 2013 (persons)*

|         | own apartment | somebody else's apartment | public road | other public area | hospital | other | total |
|---------|---------------|---------------------------|-------------|-------------------|----------|-------|-------|
| Direct  | 12            | 8                         | 0           | 0                 | 8        | 3     | 31    |
| Natural | 0             | 1                         | 0           | 0                 | 3        | 0     | 4     |
| Violent | 2             | 1                         | 4           | 4                 | 1        | 1     | 12    |
| Total   | 14            | 10                        | 4           | 4                 | 12       | 4     | 47    |

Source: OAC 2014a

<sup>83</sup> Besides opiate metabolites (morphine) other substances may also occur, including methadone, but cases that could be associated with methadone exclusively were excluded.

<sup>84</sup> Beside the occurrence of alcohol and/or benzodiazepines.



## *Conclusions*

Up until June 2013 HIV, HBV and HCV diagnostic testing was available for IDU clients in nine cities at a total of 16 organisations. On the basis of the testing of 223 IDUs it may be determined with a large probability that the number of HIV and HBV infected persons in the population may be very low, similarly to previous years. Among those treated at outpatient DTCs and those using the services of NSPs a 31.9% HCV prevalence value was measured in 2013, compared to the 2012 data (23.1%) the difference is significant. Worthy of special note is the high prevalence HCV prevalence rate of those last injecting within the last 4 weeks, of women under the age of 25 and of those injecting other substances. More than a third of active IDUs (38.8%) admitted sharing a needle/syringe and nearly a half (47.8%) admitted sharing injecting equipment in the past 4 weeks.

The number of direct drug-related deaths increased further similarly to previous years. The number of deaths linked to opiates – since the almost complete disappearance of heroin – continued to be very low. The increase was due to the further spreading of the use of new substances. In every second case metabolites of new psychoactive substances were indicated in the samples of the deceased. Almost every case could be linked to polydrug use, and the occurrence of benzodiazepines was also frequent.

## **7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES<sup>85</sup>**

### **7.1. INTRODUCTION<sup>86</sup>**

In 2014 again the needle/syringe programmes (NSP) reported their turnover and client data relating to 2013 on the data collection Internet portal set up by the National Focal Point and provided information on their acquisition sources as well, and also they reported on the other equipment and services provided within the framework of the needle exchange programme.

In 2012 a new three-year-long support cycle started (2012-2014) in respect of the state support<sup>87</sup> of service providers operating low-threshold services – including NSPs – for people suffering from addictions (for further information on the new support cycle see 2013 National Report chapters 5 and 7). In 2012 the number of syringes available for distribution by the NSPs with the greatest turnover dropped significantly. In response to this, as a result of consultations between the professional organisations and the Ministry of Human Resources (EMMI), during 2013 the EMMI provided one-off support amounts on two occasions of EUR 20,193 and EUR 23,559 for the acquisition of syringes. Both one-off support amounts arrived during the course of 2013, but delivery of the syringes acquired in the second support round only took place in 2014. In the first support round 255,400 and in the second 298,000 sterile syringes were distributed.

The National Anti-drug Strategy entered into force in 2013 (for more details see chapter 1), which also makes statements in connection with the responses given to the health consequences of drug use. Chapter 6 of the Strategy (Treatment, care, recovery) states that “the various low-threshold and harm reduction programmes are also parts of the entire treatment chain operating on the basis of a recovery-oriented approach, representing its first station”, and that the purpose of these service types is to seek out hidden drug users, which also represents the possibility for them to enter treatment. At the same time, however, the Strategy highlights that it is important for these services to be integrated into the recovery-oriented comprehensive programmes and to operate closely with treatment-rehabilitation institutions, and that the treatment and harm-reduction interventions must be harmonised and applied in the interest of preventing deaths relating to illicit drugs and drug overdoses. The chapter of the Strategy “State of affairs and consequences” states in connection with the NSPs that “in many cases it is only these service providers that come into contact with hidden drug user groups who are at risk.”, and in the definitions section (annex no 3 to the National Anti-drug Strategy) they state that “Harm reduction is, for example, needle exchange, which reduces needle sharing and so the spreading of infectious diseases among IDUs, while it does not influence other harms.”.

### **7.2. PREVENTION OF DRUG-RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS**

Harm-reduction programmes carried out in recreational settings are presented in chapter 3.4.

For the other harm-reduction services provided by the NSPs see chapter 7.3.

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<sup>85</sup> The author of this chapter is: Róbert Csák

<sup>86</sup> The amounts in the chapter were calculated using the official mid-rate of the EUR for 2013 (1 EUR=297.13 HUF).

<sup>87</sup> For the list of accepted and rejected tenders and for the support granted (in HUF) see: <http://nrszh.kormany.hu/foigazgatoi-dontes-palyazatrol-2> and <http://nrszh.kormany.hu/foigazgatoi-dontes-palyazatrol>.

### 7.3. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

#### Prevention

##### Access to and turnover data of NSPs

The treatment/service structure established during last year as a result of tender invitations did not change; similarly to the previous year in 2013 29 organisations operated NSP programmes in a total of 20 cities, which cover 14 counties and 7 regions of the country (ST10\_2014\_HU\_01; 16 HU\_ST10\_2013). In 2013 28 fixed-location programmes operated in the country – this was the most characteristic type of programme. 16 organisations performed street outreach work, 1 organisation operated a mobile needle exchange programme, and IDUs were able to use syringe vending machines at 4 locations. 14 organisations operated two types of programme, in all cases this involved street outreach work linked to a fixed-location programme – this was the most characteristic combination of the various types of activity. Three service providers maintained three types of programme, here, the fixed-location programme and street outreach work was combined with a mobile NSP programme or a syringe vending machine. 12 service providers had only one type of needle exchange available; these were mainly the fixed-location programmes (with the exception of one organisation where they undertook to maintain a syringe vending machine).

Map 2. Geographical breakdown of NSP service providers in 2013 (N=29)

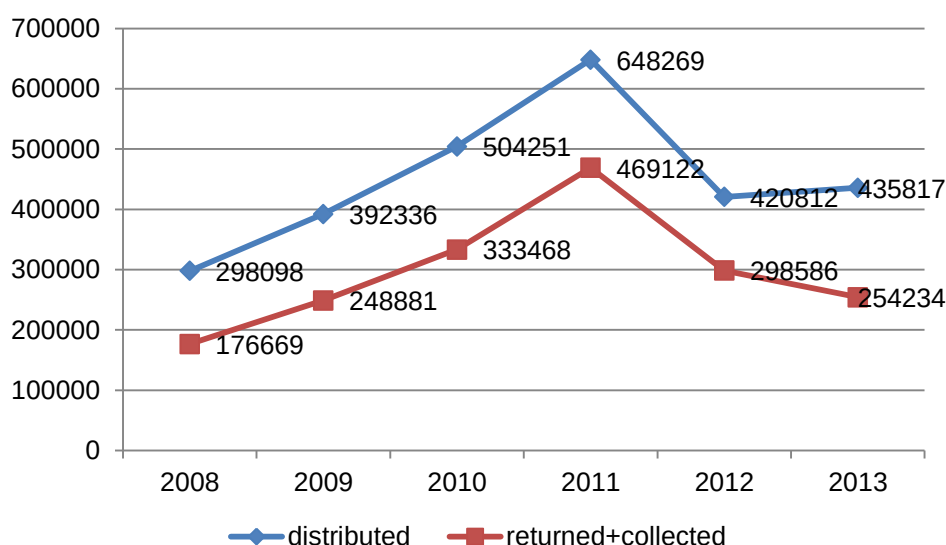


Source: Csák 2014b

Last year Hungarian NSPs distributed 435,817 sterile syringes to the clients, the number of returned or collected used syringes was 254,234.<sup>88</sup> Following the 35% drop observed in 2012, although only slightly, the number of distributed needles increased (by 3.5%). However, the number of returned or collected needles dropped in 2013 by 15%, therefore, as compared to the stagnant figure in 2012, the exchange rate worsened last year. (ST10\_2014\_HU\_01)

<sup>88</sup> Also including syringes obtained from syringe vending machines and disposed in the special waste containers placed near the vending machines.

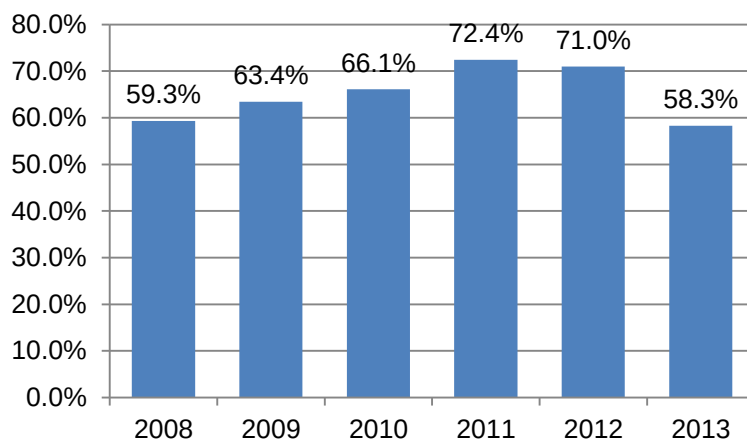
Figure 21. NSP syringe turnover data between 2008-2013



Source: Csák 2014b

The reason for the declining tendency may be that the number of clients and client contacts rose last year, but the restrictions introduced in 2012 at the service providers affecting the number of issued/exchanged needles remained, in other words the greater number of clients could not involve an increase in the number of returned needles. Therefore, the increasing tendency of exchange rate seen in previous years stopped in 2012, and then dropped by some 13 percentage points in 2013 as compared to the previous year, so in this year the number of returned and collected syringes was 58.3% of the distributed syringes (in 2012 the exchange rate was 71%). (ST10\_2014\_HU\_01)

Figure 22. Change in exchange rate between 2008-2013



Source: Csák 2014b

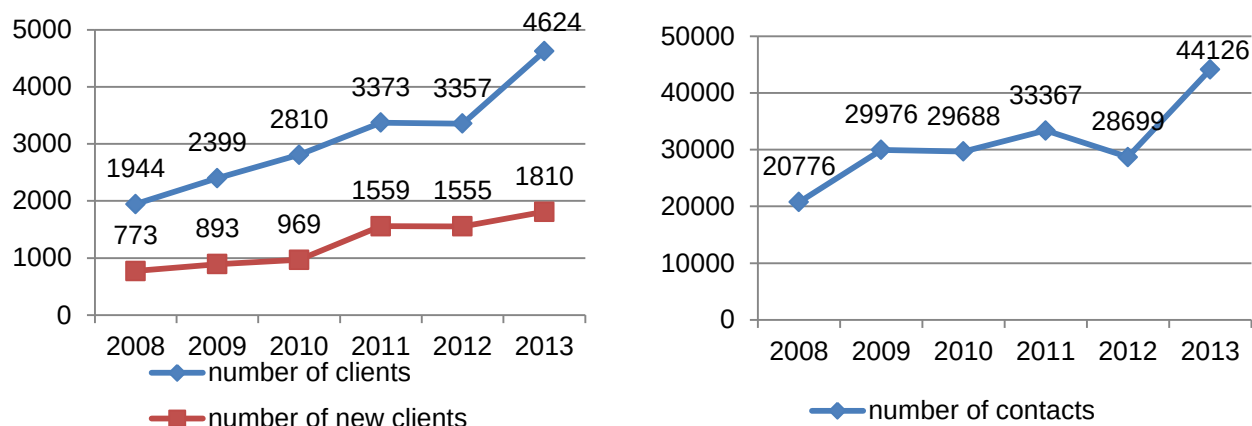
As opposed to the change in the number of distributed syringes the number of clients<sup>89</sup> appearing at NSPs rose steeply as compared to 2012. The programmes reached 4,624 clients, out of whom 1,810 were new clients. In 2013 the number of clients rose by 38% and the number of new clients<sup>90</sup> rose by 16% as compared to the previous year. However, the

<sup>89</sup> In respect of the number of clients double counting control was performed at service provider level but not at national level. The same client may be registered at more NSPs.

<sup>90</sup> In respect of the number of clients double counting control was performed at service provider level but not at national level. The same client may be registered at more NSPs.

number of client contacts rose even more drastically as compared to 2012: by 54%, from 28,700 to 44,100. It may be assumed that the reduction in availability of sterile syringes was compensated for by the clients with a larger number of appearances.

Figure 23. Development of the number of clients and client contacts in Hungarian NSPs between 2008-2013



Source: Csák 2014b

Table 21. Syringe and client turnover data of NSPs in 2012 and 2013

|                       | Fixed location | Mobile NSP | Street outreach | Syringe vending machines | Total   |
|-----------------------|----------------|------------|-----------------|--------------------------|---------|
| <b>2012</b>           |                |            |                 |                          |         |
| distributed           | 328,060        | 69,968     | 9,987           | 12,797                   | 420,812 |
| returned (+collected) | 217,741        | 69,764     | 9,937           | 1,144                    | 298,586 |
| exchange rate         | 66%            | 100%       | 99%             | 9%                       | 71%     |
| number of clients     | 3,122          | 123        | 112             | 0                        | 3,357   |
| number of new clients | 1,452          | 56         | 47              | 0                        | 1,555   |
| number of contacts    | 26,887         | 768        | 1,044           | 0                        | 28,699  |
| number of NSPs*       | 27             | 1          | 18              | 4                        | 29      |
| <b>2013</b>           |                |            |                 |                          |         |
| distributed           | 357,358        | 57,946     | 10,759          | 9,754                    | 435,817 |
| returned (+collected) | 182,751        | 58,055     | 12,466          | 875                      | 254,234 |
| exchange rate         | 51%            | 100%       | 116%            | 9%                       | 58%     |
| number of clients     | 4,374          | 160        | 90              | 0                        | 4,624   |
| number of new clients | 1,727          | 51         | 32              | 0                        | 1,810   |
| number of contacts    | 41,751         | 1,533      | 842             | 0                        | 44,126  |
| number of NSPs*       | 28             | 1          | 14              | 4                        | 29      |

\* The same NSP can run several types of programme at the same time, so the number of NSPs per programme type is not equal to the total number of NSPs

Source: Csák 2014b

With client turnover rising at this great extent and the number of distributed syringes increasing by a very small degree, the number of distributed, returned and collected syringes per client or client contact decreased further. In 2013 there were only 92 distributed syringes for one client as compared to the 122 in the previous year. The deterioration of the exchange rate appears here also: for one client there were only 55 returned/collected syringes (in 2012 this number was 89). With respect to the estimated number of Hungarian IDUs (see: 2010

National Report chapter 4.1.) in 2013 there were 76.5 sterile syringes for one IDU, which is a little higher than the figure for the previous year (in 2012 there was an average of 74 sterile syringes for one IDU<sup>91</sup>). (ST10\_2014\_HU\_01)

Table 22. *The number of distributed and returned+collected syringes per client and contact, and the number of contacts per client, 2012-2013*

| Type of programme | distributed / client | (returned+collected) / client | distributed / contact | (returned+collected) / contact | contact / client |
|-------------------|----------------------|-------------------------------|-----------------------|--------------------------------|------------------|
| <b>2012</b>       |                      |                               |                       |                                |                  |
| Fixed location    | 105                  | 70                            | 12                    | 8                              | 9                |
| Mobile programme  | 569                  | 567                           | 91                    | 91                             | 6                |
| Street outreach   | 89                   | 89                            | 10                    | 10                             | 9                |
| Total             | 122                  | 89                            | 14                    | 10                             | 9                |
| <b>2013</b>       |                      |                               |                       |                                |                  |
| Fixed location    | 82                   | 42                            | 9                     | 4                              | 10               |
| Mobile programme  | 362                  | 363                           | 38                    | 38                             | 10               |
| Street outreach   | 120                  | 139                           | 13                    | 15                             | 9                |
| Total             | 92                   | 55                            | 10                    | 6                              | 10               |

Source: Csák 2014b

#### *NSP turnover data by region*

On examining geographical breakdown in 2013 the Budapest NSPs had the decisive equipment and client turnover. As compared to the previous year, the ratio of the programmes operating in cities outside of Budapest with respect to returned and collected syringes increased (2012: 6.4%, 2013: 10.7%), while with respect to the number of distributed syringes we can also observe a slight increase (2012: 8%, 2013: 9.6%).

On the basis of regional breakdown, the dominance of Budapest shown in the number of clients and client contacts has not changed to a significant extent, at the same time, the significant increase experienced in 2013 also affected the programmes operating outside Budapest – it seems that this increase in the number of clients and client contacts is not an exclusively Budapest phenomenon. However, the reasons for the rise in the number of clients may vary, in Budapest it is probable that compensation for the restrictions in the number of syringes and in opening hours is the main motive for the increase in client turnover indicators, while the rise in client turnover in programmes operating in cities outside Budapest is due to that the new programmes starting in 2012 developed their clientele by 2013, i.e. the target group started to find these new programmes.

<sup>91</sup> At the same time the estimate for the number of IDUs is static, therefore, it does not reflect the increase observed in client numbers and client contacts in 2013. Beside this the stated estimate (see: 2010 National Report chapter 4.1.) relates to the period between 2008-2009, therefore those changes caused by the appearance of new psychoactive substances in 2010 in the IDU population cannot be seen in it.

Table 23. *Regional breakdown of the number of distributed and collected syringes, clients and client contacts and of their proportions, 2012-2013*

| <b>Distributed syringes</b>          |             |       |             |       |
|--------------------------------------|-------------|-------|-------------|-------|
|                                      | <b>2012</b> |       | <b>2013</b> |       |
| Budapest                             | 387,304     | 92.0% | 393,929     | 90.4% |
| Cities outside Budapest              | 33,508      | 8.0%  | 41,888      | 9.6%  |
| <b>Returned + Collected syringes</b> |             |       |             |       |
|                                      | <b>2012</b> |       | <b>2013</b> |       |
| Budapest                             | 279,538     | 93.6% | 227,122     | 89.3% |
| Cities outside Budapest              | 19,048      | 6.4%  | 27,112      | 10.7% |
| <b>Number of clients</b>             |             |       |             |       |
|                                      | <b>2012</b> |       | <b>2013</b> |       |
| Budapest                             | 2,938       | 87.5% | 4,137       | 89.5% |
| Cities outside Budapest              | 419         | 12.5% | 487         | 10.5% |
| <b>Number of contacts</b>            |             |       |             |       |
|                                      | <b>2012</b> |       | <b>2013</b> |       |
| Budapest                             | 25,807      | 89.9% | 40,189      | 91.1% |
| Cities outside Budapest              | 2,892       | 10.1% | 3,937       | 8.9%  |

Source: Csák 2014b

#### *NSP turnover data by programme type*

The fixed location programmes represent the greatest proportion in Hungarian NSP turnover. In 2013 28 organisations operated fixed-location NSP programmes in 20 Hungarian cities (6 in Budapest, 3 in Miskolc, 2 in Szeged and 1 each in the other cities – for the details see the table below). The syringes distributed in fixed-location programmes (352,358) represent 82% of the entire national turnover, this proportion has not changed significantly as compared to the previous year (in 2012 the proportion of syringes distributed by fixed-location programmes was 78%). The number of distributed syringes rose somewhat as compared to the previous year (by 9%), however, this is 63% of the value for 2011. The number of returned and collected syringes dropped further, 16% fewer used syringes were collected in these programmes than in 2012. At the same time an increase in client turnover may be observed, in 2013 the number of clients was 40% more than in 2012 (2012: 3,122 persons, 2013: 4,374 persons), and the number of contacts rose by an even greater proportion as compared to the previous year, by 55.3% (2012: 26,887, 2013: 41,751). The number of new clients also rose, in 2013 19% more clients, a total of 1,727 appeared for the first time at a fixed-location programme, while in 2012 this number was 1,452. (For the data see the above summary table.)

In 2013 a total of 16 organisations indicated they were performing street outreach work. In this programme type the exchange ratio is outstandingly high, 116% – although proportionally this is unable to influence the national data (in 2013 a total of 10,759 syringes were distributed during street outreach work, which is 2.5% of all the syringes distributed in the country).

Although in 2013 no more syringe vending machines were taken out of service, the number of distributed syringes dropped further. On examining the past years, a reducing tendency can be observed in this area, since 2010 increasingly fewer syringes are taken from the vending machines: in 2010 19,243, and in 2013, about as half as many, 9,754 syringes were distributed through the vending machines. (ST10\_2014\_HU\_01)

#### *Other service provided by NSPs*

Besides sterile syringes most programmes provide counselling on safe injection (at 24 locations). Besides this, most service providers provide alcohol pads, condoms and vitamins, HIV screening is available at 17 organisations and HCV screening at 16. Ascorbic acid was the single supplementary item the availability of which changed significantly as compared to the previous year – in parallel with substance use restructuring. In 2013 ascorbic acid was only provided at 8 locations, while in 2012 it was available from 22 service providers, which was in the second place among other injecting equipment services.

Table 24. *Distribution of injecting and harm reduction equipment and provision of other services by NSPs, in 2013 (N=28)*

|                                                    |    |
|----------------------------------------------------|----|
| Counselling on safer injection (oral)              | 24 |
| Alcohol pad                                        | 21 |
| Condoms                                            | 21 |
| Vitamins                                           | 20 |
| HIV testing                                        | 17 |
| HCV testing                                        | 16 |
| Sterile filters                                    | 14 |
| Vein protection cream                              | 13 |
| Counselling on safe injection (written material)   | 12 |
| Individual risk assessment                         | 10 |
| Sterile mixing container                           | 9  |
| Ascorbic acid/acidifier                            | 8  |
| Sterile injecting equipment in a pre-packaged unit | 7  |
| Dry wipes                                          | 6  |
| Disinfectant for cleaning equipment                | 6  |
| Tourniquets                                        | 3  |
| Distilled water for dissolving drugs               | 2  |
| Foil                                               | 2  |

*Source: Csák 2014b*

The characteristics of NSP clients are described in chapter 4.3. The drug use patterns of current IDUs participating in the voluntary diagnostic HIV/HBV/HCV testing programme in 2013 are also included in the same chapter.

For the prevalence of HIV/HBV/HCV infections and risk behaviours among IDUs in 2013 see chapter 6.2.

For data on substitution treatment see chapter 5.2.

#### **Counselling, testing**

For information on counselling, testing and treatment provided for prisoners see chapter 9.8.



## **Hepatitis C treatment**

No new information available.

## **7.4. RESPONSES TO OTHER HEALTH CORRELATES AND CONSEQUENCES**

### **Prevention of road accidents related to drug use**

In 2013 again Hungary participated in TISPOL's Alcohol and Drugs international road monitoring campaign. Monitoring took place on 4 days (7 to 8 June and 13 to 14 December). During the campaign, a total of 23,437 drivers were checked, of which 5 (0.02%) proceedings have been launched on suspicion of driving under the influence of drugs.

### **Interventions concerning drug-using pregnant women and their children**

#### *Low-threshold services for drug-using pregnant women in Budapest*

In 2013 a total of 61 persons participated in the "Alternative Prenatal and Family Care" programme of the Józan Babák Klub [Sober Babies Club] in district VIII of Budapest (Oberth et al, 2014). Among these 53 drug-user women appeared in person, while 8 persons contacted the programme by telephone or via the Internet. A total of 10 women gave birth in 2013, with 6 giving birth in the previous two years, during the course of 2013 there were 6 cases of spontaneous or induced abortion. During a follow-up in 2013 14 persons took part in the programme, they got involved in the work of the foundation before 2011. Among the services available at the foundation 11 persons took part in the self-help mothers' group of substance-user parents, and 4 persons took part in the Narcotics Anonymous group. 23 persons made use of the social work/addictology consultation service, 15 persons used the obstetrics-gynaecology medical counselling service, 21 persons took part in district nurse counselling, and 10 persons received psychological counselling. The majority of the 61 persons using the services participated in or were successfully directed to higher-threshold, non-anonymous healthcare and social services – there were 4 persons who did not have acute treatment requirements, and there were 3 persons who although having an acute treatment requirement did not receive adequate treatment.

At the end of 2013 the foundation continued to develop its e-mail and telephone contact channels and started the "Sober Babies Club Crisis Dispatcher Service" with the purpose of creating a national, inter-sectoral institutionalised network. The 1–3 year objective of the service is to designate an addictology service-providing organisation in every region of Hungary (low-threshold service, outpatient drug treatment centres, etc.) that first of all receives drug-user pregnant women as well as the feedback from the specialists treating them.

### **Treatment of psychiatric comorbidity**

For psychiatric comorbidity in connection with the new psychoactive substances and its treatment see chapter 6.3.

### *Conclusions*

Following the 35% reduction observed in 2012 the number of distributed syringes rose by a minimal amount (3.5%), at the same time a 15% drop in the number of returned or collected syringes could also be observed. The exchange rate in 2013 was 58.3%, i.e. as compared to the unchanged figure in 2012, this ratio deteriorated in 2013. The number of clients

appearing at NSP programmes rose sharply, in 2013 the number of clients rose by 38% and the number of new clients by 16% as compared to the previous year. The number of client contacts also saw a large increase as compared to 2012: by 54% from 28,700 to 44,100. Presumably the clients compensated for the reduction in availability of sterile syringes with a larger number of appearances. At the same time, on the basis of specialist opinions, the fact that a large proportion of the clients inject the new psychoactive substances may also have played a role in the increase in turnover, which substances are characterised by more intensive use than the classical substances (for more information see chapters 4.3. and 5.3.). The increase in turnover could also be observed at NSPs outside of Budapest, thus we are looking at a national phenomenon.

The increase in the number of client contacts also had an effect on the reduction of the exchange ratio, as the restrictions introduced in 2012 due to the tightening of resources with respect to the number of syringes issued or exchanged remained in force in 2013 as well, so the rise in client turnover did not involve an increase in the number of returned used syringes.

With respect to the estimated number of Hungarian IDUs (see: 2010 national Report chapter 4.1.) in 2013 there were 76.5 sterile syringes for one IDU, which is a little higher than the figure for previous year (in 2012 there were an average of 74 sterile syringes for one IDU).

## 8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION<sup>92</sup>

### 8.1. INTRODUCTION

The socio-demographic characteristics of those affected by a drug problem are presented primarily on the basis of the TDI data of clients starting treatment not as an alternative to criminal procedure (non-QCT clients).

In 2013, within the framework of the special Social Renewal Operation Programme project number TÁMOP-5.4.1-12, the National Institute for Family and Social Policy (NCSSZI) carried out a representative survey among the employees of social institutions providing care for persons suffering from addictions as well as among the drug-user clients of the institutions. The purpose of the research was to assess the actual extent in society of the presence of various addictions and the operation of the treatment system, as well as to survey the actual treatment, social and economic needs of those struggling with addictions.

### 8.2. SOCIAL EXCLUSION AND DRUG USE

#### **The socio-demographic characteristics of those struggling with a drug problem on the basis of the TDI data of clients starting treatment**

In 2013 1,382 persons started treatment in connection with illicit drug use not in the scope of a QCT programme<sup>93</sup> – not as an alternative to criminal procedure – according to the data of the service providers reporting to the TDI system. 76% of the clients were men (1,052 persons), and 23% were women (318 persons), the gender of 12 persons was not recorded. 43% of those starting treatment (600 persons) received treatment for the first time in their lives.

#### *Housing*

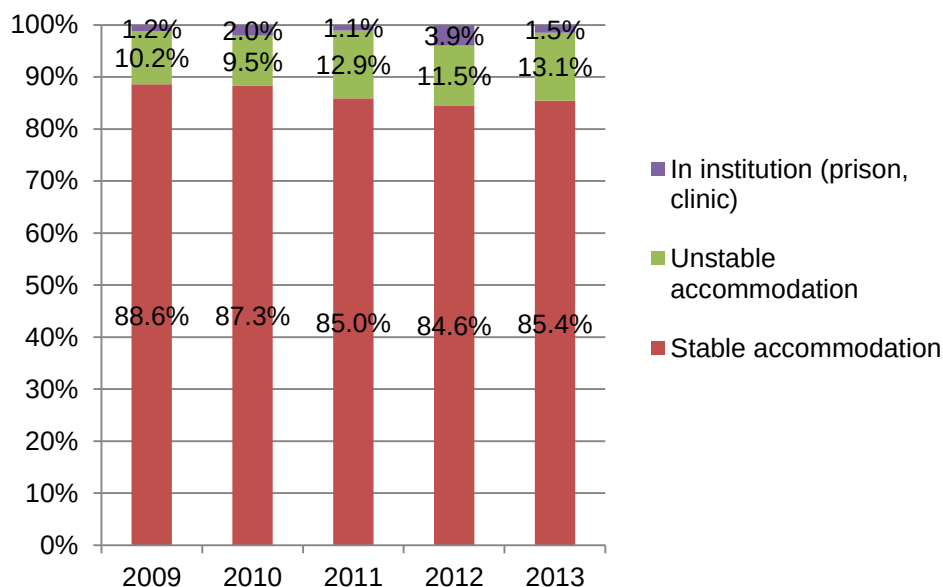
Information on living status was available for 1352 persons out of the 1,382 non-QCT clients. 1155 persons (85.4%) had stable accommodation conditions, 177 persons (13.1%) had unstable accommodation, and 20 persons (1.5%) lived in institutional circumstances. On examining the past five years, there has been no significant change in the housing conditions of clients.

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<sup>92</sup> The authors of this chapter is: Ágnes Port

<sup>93</sup> Source of referral categories in the TDI besides the authorities: appearing voluntarily; family / friends; another drug treatment unit; GP; hospital / other healthcare institution; social care institution; other.

Figure 24. *Living status of non-QCT clients, between 2009-2013 (%)*

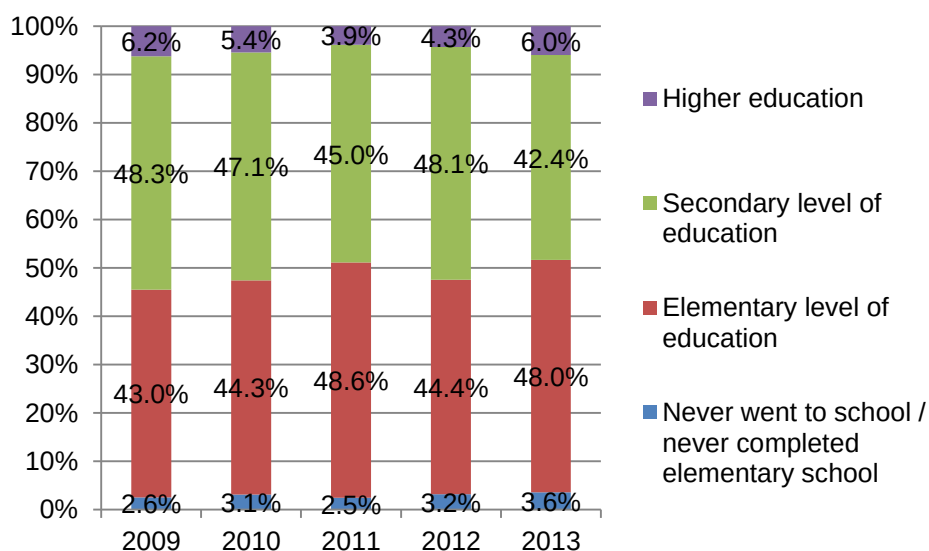


Source: TDI data collection (OAC 2014b); analysed by NFP

### Education, training

Among non-QCT clients entering treatment in 2013, information relating to education was available for 1,308 persons. 3.6% of the clients (47 persons) finished their studies before completing elementary school and 48% of them (626 persons) had elementary school qualifications. Among those starting treatment the proportion of those with secondary qualifications decreased and was the lowest in the year in question over the past five years (2013: 42.4%, 2009: 48.3%). 6.0% of the clients had higher education qualifications; no significant change in this proportion can be observed over the past five years.

Figure 25. *Completed school qualifications of non-QCT clients entering treatment between 2009-2013 (%)*



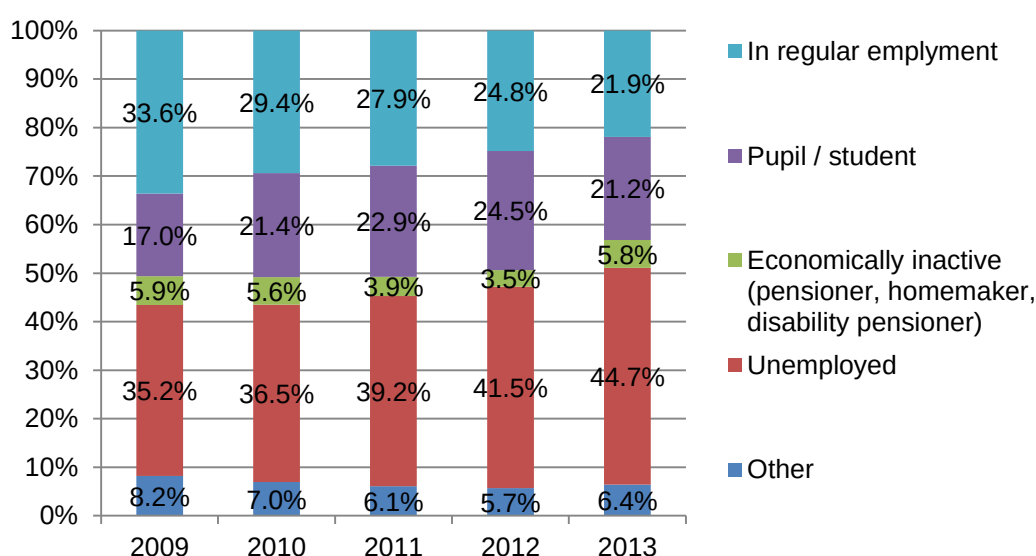
Source: TDI data collection (OAC 2014b); analysed by NFP

## Labour status

44.7% (589 persons) of the clients starting treatment in 2013 and giving information on employment status had no regular employment. The proportion of the unemployed among non-QCT clients has continuously increased in the past five years as compared to 2009 there has been an almost 10 percentage point increase. In parallel with this the proportion of those in regular employment has decreased, from 33.6% in 2009 to 21.9% in 2013.

The proportion of students among the clients also dropped a little relative to the previous year (21.2%, 280 persons). 5.8% (76 persons) of the clients were classified as economically inactive; this proportion has been between 3 and 6% for years. 85 clients could not be classified in any of the above categories, and the employment status of a further 63 clients was not recorded.

Figure 26. *Labour status of non-QCT clients starting treatment between 2009-2013 (%)*

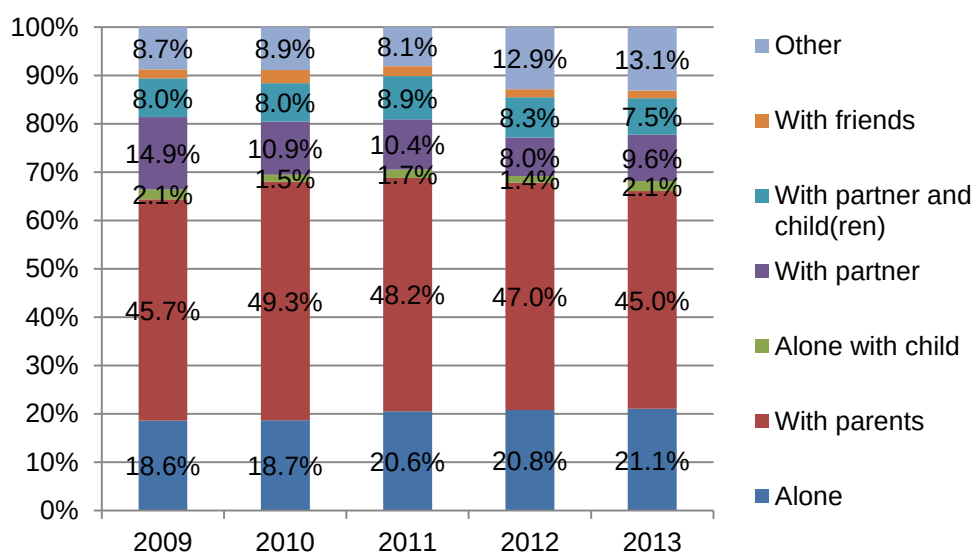


Source: TDI data collection (OAC 2014b); analysed by NFP

## Social relationships

In 2013 the greatest proportion of non-QCT clients lived with their parents when starting treatment (45%, 611 persons). Approximately every fifth client lived alone (286 persons), and every tenth lived with his/her partner (130 persons). 10% of the clients lived with their child(ren), together with their partners (7.5%, 102 persons) or alone (2%, 28 persons). Altogether, the breakdown of those entering treatment according to cohabitation was similar to previous years.

Figure 27. Breakdown of non-QCT clients entering treatment by cohabitation, between 2009-2013 (%)



Source: TDI data collection (OAC 2014b); analysed by NFP

### Characteristics of drug users coming into contact with the social services system

In the scope of the TÁMOP-5.4.1-12 project the National Institute for Family and Social Policy (NCSSZI) carried out a representative survey among persons struggling with addictions and those caring for them (NCSSZI 2013). The purpose of the research was to assess the actual extent in society of the presence of various addictions and the real treatment needs of those struggling with addictions, and also to learn about the operation of the treatment system, and to study the social and economic needs the problem generates in the life of the individuals or their family.

The research comprised two quantitative, questionnaire surveys carried out among the employees of social institutions<sup>94</sup> not specialising in addiction care (N=711) and among the addict clients of social institutions specialising in the treatment of addicts (N=1422), and an in-depth interview study performed among the relatives living in the environment of addicts (N=50).

Among the employees<sup>95</sup> of social institutions three quarters of the respondents agreed with the statement that drug use is a serious social problem (the proportion of those who considered alcoholism a serious social problem was over 85% in all institution types). 58% of the employees of family help institutions and 67% of the child welfare service providers participating in the survey had not yet come across a client with a drug problem. Institutional employees of family help institutions estimated the proportion of clients with a drug problem to be around 2%, and estimated that about 6-7 times as many people are in need of help than the number of those using their services. The situation was similar among those using the services of child welfare service providers. In the other three fields the employees perceived the occurrence of the drug problem to be much rarer, under 0.5%.

32% of the clients of institutions specialising in the treatment of those suffering from addictions mentioned that they use illicit drugs.<sup>96</sup> 12% of the clients mentioned only using

<sup>94</sup> The research extended to the following types of social institutions offering treatment for persons suffering from addictions: family help institutions, child welfare service providers, daytime and residential institutions caring for the aged, and institutions providing assistance to clients in their homes.

<sup>95</sup> The research tried to reach the institution heads, or the professional/ service heads in the case of multifunction institutions that operate in several fields.

<sup>96</sup> With respect to substance use the researchers determined four segments and examined the individual characteristics broken down to these segments: those struggling with only an alcohol problem; those struggling with only a regular drug problem; those struggling with an occasional drug problem; those struggling with a regular drug and alcohol problem.

illicit drugs, 7% used both alcohol and illicit drugs, while 2% used both drugs and non-prescribed medicines. The proportion of those who reported the use of alcohol, drugs and medicines simultaneously was 10%. As for the drug types used, 13% of the clients mentioned only one substance, 8% mentioned two, and 11% of them mentioned more than two substances. Among the clients the most frequently used drug types were cannabis (20%) and “designer drugs” (14%). 12% of the clients reported using amphetamine derivatives and 8% reported using ecstasy.

Regarding school qualifications, the clients participating had a lower qualification level as compared to the average qualification level of the entire population<sup>97</sup>. The proportion of those completing a maximum of 8 grades of elementary school among regular drug users was 39% and just 4% of them had higher education qualifications.

With respect to the distribution of the clients according to place of residence, 29% of occasional drug users, 36% of regular drug users and 39% of those struggling with a regular drug and alcohol problem lived in Budapest. The proportion of the homeless was 8% among occasional drug users and it was 12% among regular drug users.

The proportion of those in full or part time employment was the highest among occasional drug users. The proportion of the unemployed was outstandingly high (36%) among regular drug users, but that of those struggling with an occasional drug problem was also very significant (21%).

The questionnaire completed by addict patients also asked clients about the social difficulties they were confronted with apart from the difficulties originating from their addiction. The regular drug users reported on having the most problems, while the fewest were mentioned by occasional drug users. The proportion of those struggling with financial difficulties was the highest in all segments. Mentions of long-term health problems were the most frequent among those struggling with alcohol, while mentions of mental and psychiatric problems were the highest among regular drug users. Social problems such as isolation, lifestyle and integration difficulties occurred in an outstandingly high proportion among regular drug users. The majority of the clients assessed the help-provision ability of the institutions as being good or average. Among regular substance users the proportion of those for whom the services received in the institution represented great or very great help was over 70%. In all segments the proportion of those who thought the services of social institutions specialising in addiction patients represented little (or negligible) help was under 10%.

With respect to the use of social services provided to not especially addict patients, the demand for information in connection with social services was the highest in all segments, and the use of health counselling was also frequent. Social services provided to psychiatric patients were primarily used by regular drug users. In all segments approximately one quarter of the clients used services provided for the homeless.

In the case of social services provided especially for addict patients, the proportion of those using low-threshold services was the highest among regular drug users (49%). 31% of them reported using community care/services, 25% reported using daytime treatment and 10% reported using rehabilitation services. 31% of regular drug users used health services provided for people suffering from addictions. Occasional drug users used low-threshold (44%) and community care (43%) services in about the same proportion.

### **8.3. SOCIAL REINTEGRATION**

The resocialisation and/or reintegration services are provided for drug users and recovered addicts (e.g. housing, education or employment support) as an integrated part of the social services system without any differentiation being made regarding the cause of the demand

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<sup>97</sup> Among the entire Hungarian population over 7 years of age, the proportion of those with a maximum of elementary school qualification is 32%, that of those with secondary qualifications is 50%, and that of those with higher education qualifications is 18% (according to Hungarian Central Statistical Office 2011 census data).

for services. Therefore it was not possible to separate data and information on service-provision specifically aimed at resocialisation/reintegration relating to drug use.

In 2013 the support of the realisation of reintegration and resocialisation programmes took place in the framework of the KAB-FF-13-C tender entitled “The development of rehabilitation programmes providing services to groups with special needs and the support of programmes assisting the resocialisation and reintegration of recovered addicts”. Support was granted to a total of 20 programmes, in a total value of HUF 46.6 million (EUR 156,850)<sup>98</sup>. The support was transferred and the programmes were realised between 1 July 2013 and 30 June 2014.

### *Conclusions*

In respect of the social characteristics of clients entering treatment and reported in the TDI database there was no significant change as compared to previous years. The proportion of the unemployed among those entering treatment due to drug use has been increasing from year to year, while that of the regularly employed has decreased.

According to the results of a survey (NCSSZI 2013) performed among the addict clients of social institutions, the need for information provision in connection with social services was the highest among the social services not specially aimed at addicts. Among the social services specially provided for addicts, the proportion of drug user clients using low-threshold services was the highest.

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<sup>98</sup> In the chapter the amounts were calculated according to the official 2013 middle euro exchange rate (EUR 1 = HUF 297.13).



## **9. DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME, AND PRISON<sup>99</sup>**

### **9.1. INTRODUCTION**

The characteristics of drug offences and of the offenders are presented on the basis of the data<sup>100</sup> recorded by the Public Prosecutor's Office when investigations are concluded. The data were analysed by the National Focal Point.

In 2013 the Hungarian Criminal Code was significantly amended, including the statutory definition of drug offences. (For further information on the modifications enacted by the new Criminal Code see chapter 1.2.) Drug offences committed following 1 July 2013 fell under the force of the new Criminal Code (hereinafter: new Btk.) while the drug offences committed before 1 July 2013 were still judged on the basis of the old Btk. In line with the amendment of the relevant legal provisions the criminal statistics data collection system also changed. As a consequence data had to be collected from two different statistics systems and then "unified" which made the analysis of drug law offences significantly more difficult in the present year. As the categories in the drug offence criminal statistics that cover the statutory definitions in the old and new Btk. do not comply with each other clearly in all cases, data interpretation and comparison over time is only possible to a limited extent in the case of certain variables.

Data and information relating to the drug use of prisoners in detention facilities originate from the Hungarian Prison Service Headquarters (BVOP 2014), the TDI data collection (OAC 2014b), and from the results of a questionnaire survey carried out in the scope of a collaboration between the National Focal Point and the BVOP in Hungarian detention facilities during 2013 (Port and Tarján 2014).

### **9.2. DRUG-RELATED CRIME**

No new information available.

### **9.3. DRUG OFFENCES**

In 2013 a total of 5,545 procedures launched due to offences concerning the misuse of illicit drugs were concluded. (ST11\_2014\_HU\_01) As compared to the previous year, the number of registered drug offences rose by 6.3%.

In the first half of 2013 investigations were concluded in 5,328 cases in connection with the misuse of illicit drugs or new psychoactive substances falling under the force of the old Btk. In the second half of the year, under the new Btk., 217 additional cases were terminated.

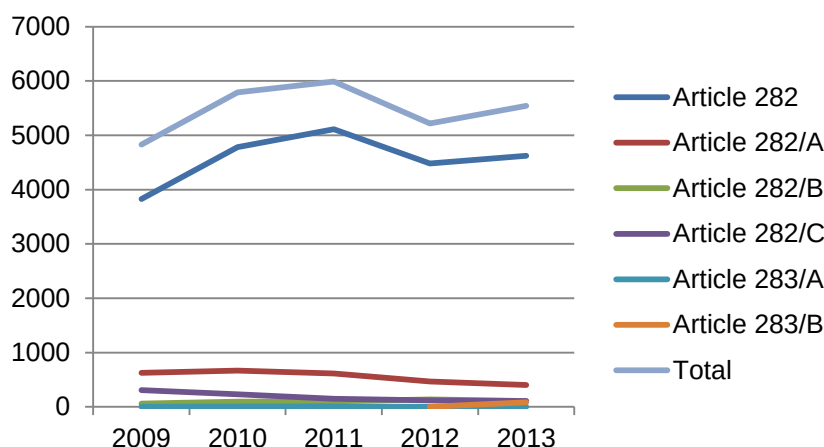
Misuse of new psychoactive substances was recorded in 88 cases that fell under the force of the old Btk. (Article 238/b), and in 10 cases that fell under the force of the new Btk. (Article 184). (Misuse of new psychoactive substances has entailed criminal law liability since March 2012. For more details see 2012 National Report chapter 1.2.)

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<sup>99</sup> The authors of this chapter is: Ágnes Port

<sup>100</sup> For details of the data collection taking place in the scope of the Uniform Criminal Statistics System of the Investigation Authority and the Public Prosecutor's Office - ENYÜBS - see 2010 National Report chapter 9 Introduction and chapter 9.1.

Figure 28. The total number of registered drug offences and drug offences broken down by drug related criminal code articles<sup>101</sup> of the old Btk. between 2009 and 2013<sup>102</sup>



Source: ENYÜBS 2014, analysed by NFP

A police body<sup>103</sup> initiated criminal proceedings in 89% of the registered drug offences, similarly to previous years. Those initiating criminal proceedings also included, among others, a person observing the crime, the victims of perpetrators of other crimes committed under the influence of illicit drugs and the National Tax and Customs Administration.

#### Breakdown of drug offences by substance type<sup>104</sup>

68.4% (3,775 cases) of the 5,545 registered drug offences involved cannabis. 17.3% of the offences were committed with amphetamine, 2.5% with cocaine, 1.8% with MDMA (ecstasy), 1.2% with heroin, and 0.9% with methamphetamine. (ST11\_2014\_HU\_01)

190 cases (3.4%) were registered with the subject of the abuse being a new psychoactive substance. Of the investigations launched in connection with new psychoactive substances, 31% were initiated due to misuse of synthetic cannabinoids, 41% due to misuse of cathinone derivatives, 7% due to phenethylamine derivatives, 9% due to GBL and the remaining 12% due to misuse of other new psychoactive substances.

The subject of perpetration was a substance listed in the "Other" category in 232 cases (4.2%), among these, morphine was the subject of perpetration in 37 cases, methadone in 22 cases, ketamine in 24 cases, GHB in 10 cases. In 4 cases the crime was committed with a precursor, and in 23 cases the subject of perpetration was not recorded.

As compared to the previous year the proportion of offences committed with cannabis dropped further (by 7 percentage points) and the proportion committed with amphetamine rose (by 3 percentage points). The proportion of substances listed in the "other" category is increasing from year to year as well.

<sup>101</sup> Article 282: demand-related offences: grows, produces, acquires, possesses, brings into the country, takes out of the country, carries across the territory of the country;  
 article 282/A: trafficking-related offences: offers, hands over, distributes or trades with it;  
 article 282/B: demand- or trafficking-related offences committed by using persons under the age of 18;  
 article 282/C: drug-addicts committing demand- or trafficking-related offences;  
 article 283/A: misuse of drug precursors;  
 article 283/B: trafficking-related offences committed with new psychoactive substances.

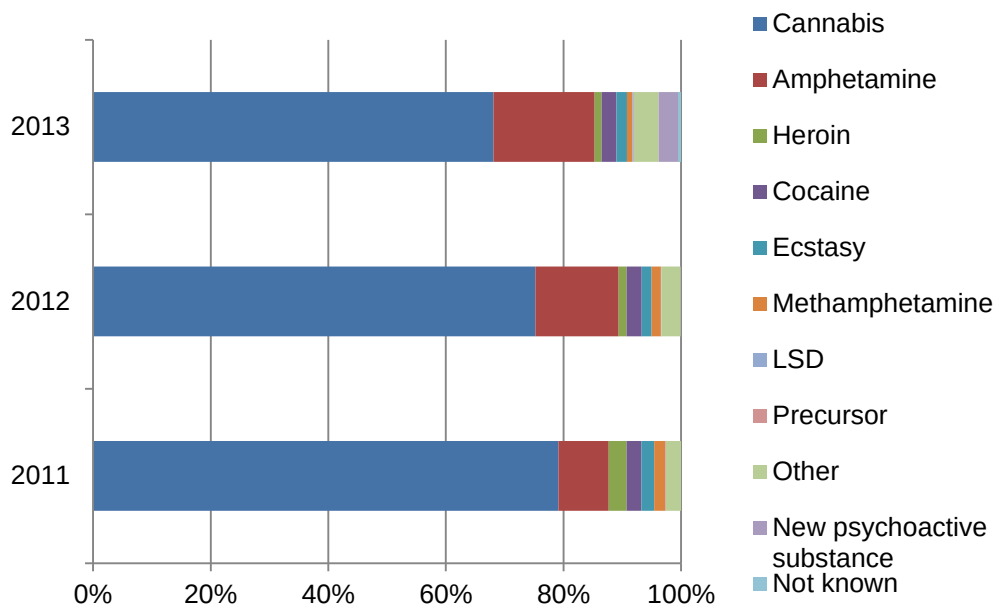
<sup>102</sup> With respect to 2013 the 217 procedures launched after 1 July 2013 and falling under the force of the new Btk. are included in the total number of registered drug offences, however, they do not appear among the offences broken down by Criminal Code Articles, as the statutory definitions of the old and new Btk. do not precisely cover each other.

<sup>103</sup> Police criminal body: 66%, regulatory body: 21%, traffic control body: 2%.

<sup>104</sup> When evaluating these data it must be taken into consideration that on the statistics sheet about the criminal offence only one drug type is recorded (only one drug type can be allocated to the same offence). If several drugs were involved in the offence, there is no uniform guidance on which drug type should be recorded.

The other substance types appeared as the subject of perpetration in nearly the same proportion as in the previous year.

Figure 29. Breakdown of the number of registered drug offences by substance type between 2011 and 2013



Source: ENYÜBS 2014, analysed by NFP

### Perpetrations

In 2013 among all registered drug offences the proportion of demand-related perpetrations was 87.8% (4,868 cases), and the proportion of supply-related perpetrations was 12.2% (677 cases). In the two previous years demand/supply related perpetrations occurred in these same proportions among the drug-related offences. (ST11\_2014\_HU\_01)

Within demand related perpetrations, other perpetrations, as designated by the law, occurred in 10 cases (9 cases of punishable preparation, 1 case of supplying material equipment). Within supply related perpetrations, 1 case of punishable preparation, 2 cases of supplying material equipment and 78 cases of inciting substance abuse were recorded.

On examining classical illicit drugs, in the case of all substance types the proportion of demand-type perpetrations was around 90%.

Table 25. Breakdown of drug offences registered in 2013 by substance and perpetration type

|                                   | Demand related | Supply related | Total        |
|-----------------------------------|----------------|----------------|--------------|
| <b>Cannabis</b>                   | 3,382          | 393            | <b>3,775</b> |
| <b>Amphetamine</b>                | 886            | 69             | <b>955</b>   |
| <b>Heroin</b>                     | 62             | 4              | <b>66</b>    |
| <b>Cocaine</b>                    | 127            | 10             | <b>137</b>   |
| <b>Ecstasy</b>                    | 90             | 11             | <b>101</b>   |
| <b>Methamphetamine</b>            | 46             | 6              | <b>52</b>    |
| <b>LSD</b>                        | 9              | 1              | <b>10</b>    |
| <b>Other</b>                      | 188            | 44             | <b>232</b>   |
| <b>Precursor</b>                  | 1              | 3              | <b>4</b>     |
| <b>New psychoactive substance</b> | 57             | 133            | <b>190</b>   |
| <b>Substance type not known</b>   | 20             | 3              | <b>23</b>    |
| <b>Total</b>                      | <b>4,868</b>   | <b>677</b>     | <b>5,545</b> |

Source: ENYÜBS 2014, analysed by: NFP

#### Perpetration type and amounts involved

On examining drug offences by the amount of drugs involved, small amounts of drugs were involved in 86.5% of drug offences. The punishable basic amount was involved in 10.9% of cases, and a significant amount was involved in just 2.7% of cases.

Nearly 90% of demand-related offences and 62% of supply-related offences were committed with a small amount of illicit drug. A significant amount of illicit drug was involved in 11% of supply-related perpetrations.

As compared to the previous year, among demand-related perpetrations the proportion of offences committed with a small amount decreased slightly while the proportion of those committed with the punishable basic amount increased. Among supply-related perpetrations, the proportion of offences committed according to the punishable basic amount also increased slightly, at the same time the proportion of offences committed with a significant amount decreased. All in all, no substantial change can be observed over the past 5 years in the breakdown of the offences according to the amount of substance involved.

Table 26. Breakdown of the number and proportion of drug-related offences in 2013 according to perpetration type and amount of substance involved<sup>105</sup>

| Perpetration   | Small amount |       | Basic case |       | Significant amount |       |
|----------------|--------------|-------|------------|-------|--------------------|-------|
|                | N            | %     | N          | %     | N                  | %     |
| Demand related | 4,363        | 88.9% | 456        | 9.3%  | 89                 | 1.8%  |
| Supply related | 311          | 62.4% | 131        | 26.3% | 56                 | 11.2% |
| Total          | 4,674        | 86.5% | 587        | 10.9% | 145                | 2.7%  |

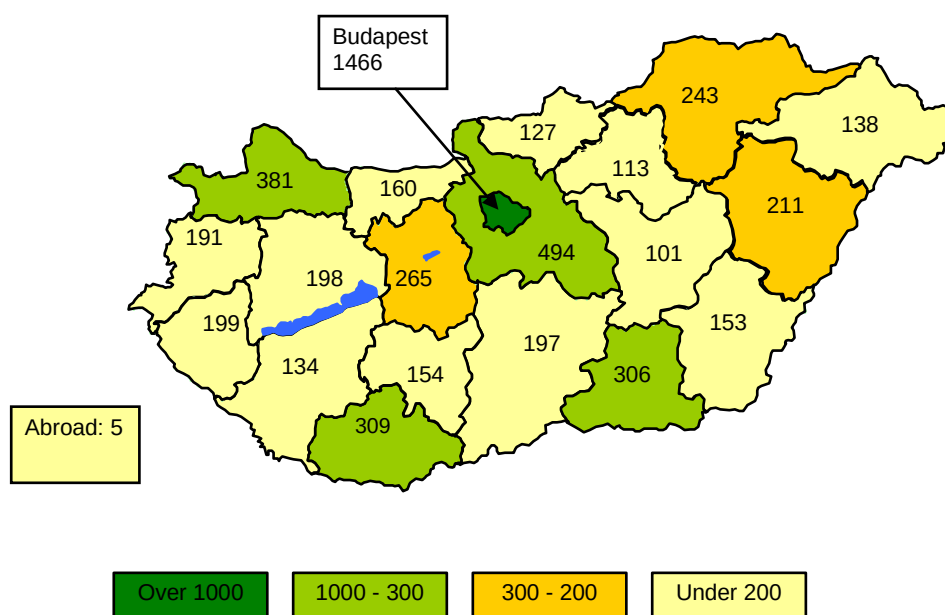
Source: ENYÜBS 2014, analysed by NFP

<sup>105</sup> The new Btk. in force as of 1 July 2013 introduced the concept of “particularly substantial quantity” (Article 461), which is defined as two hundred times the upper limit of the small amount determined for the given illicit drug (see chapter 1.2). No crime committed with a particularly substantial quantity was registered in 2013, therefore the new category does not appear in the table.

### Place of offence

In 2013 about one third of drug offences were committed in Budapest (26%) or in Pest county (9%). In order, after Budapest and Pest county, the largest number of offences were registered in Győr-Moson-Sopron, Baranya, and Csongrád counties. As compared to the previous year the increase in the number of registered offences exceeded 20% in Budapest, and in Békés, Fejér, Nógrád, Tolna, Somogy, Vas and Csongrád counties. At the same time, in Komárom-Esztergom county 50% fewer and in Baranya county 25% fewer offences were registered than in 2012.

Map 3. Breakdown of the number of drug offences by county in 2013



Source: ENYÜBS 2014, analysed by NFP

### Offenders

In 2013, 5,141 offenders linked to the 5,545 registered drug offences were registered in the criminal statistics<sup>106</sup>. (ST11\_2014\_HU\_01) As compared to the previous year, the number of drug law offenders rose by 7%, to a similar extent as the number of offences.

90% of the perpetrators of drug offences were men and 10% were women. No change may be observed in the breakdown of offenders by gender as compared to the previous years.

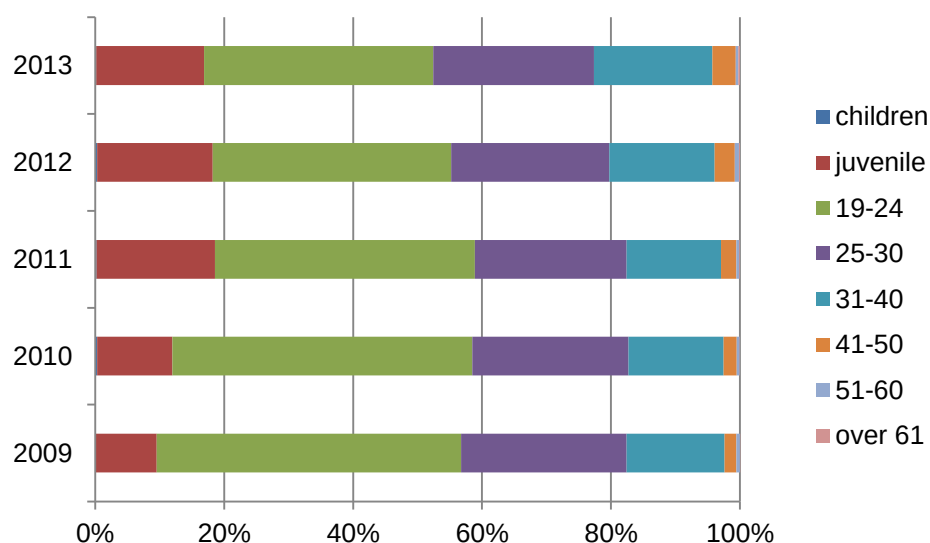
### Breakdown by age

On examining the distribution of perpetrators by age group, 16.7% were under the age of 18, 35.6% of them were between 19 and 24, and 24.9% of them were between 25 and 30 years. Altogether, 77.3% of drug law offenders were under the age of 30 years, which is much higher than the 47% proportion observed among all offenders. At the same time, on examining the previous three years, the proportion of offenders older than 30 years is exhibiting a slow, gradual increase (2010: 18%, 2013: 23%). Apart from this trend, the

<sup>106</sup> The same offender can commit several offences. In respect of offences, all offences are recorded. As for offenders, data may not be complete because on form "T" used for recording offenders' data only the most serious offence or offence committed as a child or juvenile is recorded.

breakdown of offenders by age group was similar to that observed in the preceding two years.

Figure 30. Breakdown of registered drug offenders by age group, between 2009 and 2013



Source: ENYÜBS 2014, analysed by NFP

#### Breakdown by education

In 2013 0.2% of the 5,141 drug offenders had no school qualifications, 41% of them had elementary school qualifications, 40.8% had completed secondary school, and 2.2% had higher education qualification.<sup>107</sup> The distribution of offenders by school qualifications has not changed in essence as compared to the previous years.

#### Breakdown by previous conviction

In 2013 77.4% of the registered drug law offenders had no previous criminal record. As compared to the previous year, the proportion of those with no previous criminal record rose slightly among the offenders (2012: 74.8%), continuing the slightly increasing trend observed over the past four years.

Table 27. Breakdown of drug offenders by previous conviction<sup>108</sup> in 2013

| Previous conviction           | Persons | %    |
|-------------------------------|---------|------|
| None                          | 3,838   | 74.7 |
| None, but under investigation | 136     | 2.7  |
| All former criminals          | 1,171   | 22.8 |
| Of these:                     |         |      |
| multiple repeat offenders     | 64      | 1.2  |
| special repeat offenders      | 94      | 1.8  |
| repeat offenders              | 131     | 2.6  |
| non-repeat offenders          | 882     | 17.2 |

Source: ENYÜBS 2014, analysed by NFP

<sup>107</sup> The school qualifications of 15.9% of the offenders (816 persons) is not known.

<sup>108</sup> For the exact statutory definition of the individual subcategories see 2010 National Report chapter 9.1.

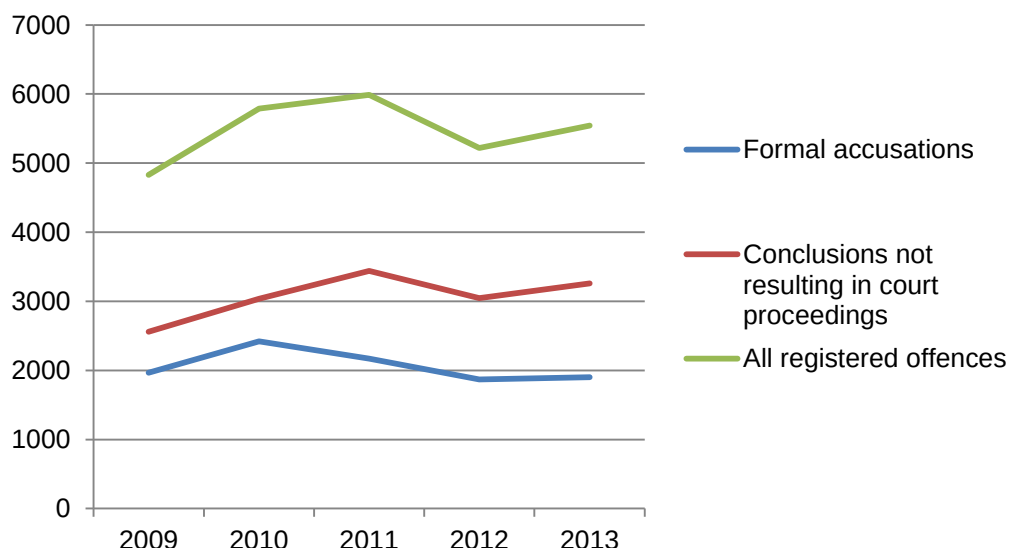
## Suspension of accusation

In 2013, 58.8% of procedures launched in drug offence cases ended in the investigation phase, before instituting court proceedings, mostly due to availability of quasi-compulsory treatment (QCT) as an alternative to criminal procedure. 34.3% of the investigations (1901 cases) ended in formal accusation.

In the large majority of the investigations that did not result in court proceedings, the conclusion of the case took place under the legal title “suspension of formal accusation” (2013: 51%) or under “other reasons terminating culpability” (2013: 37%). Of the two categories, the application of suspension of formal accusation is increasingly frequent from year to year, as opposed to the application of the category of other reason terminating culpability. The proportion of investigations ending in formal accusation, on examining the past five years, shows a slowly but continuously declining trend (2009: 41%, 2013: 34%).

The characteristics of those starting treatment in the scope of QCT are presented in chapter 5.2.2.

Figure 31. *The number of procedural forms not resulting in court proceedings and of formal accusations among registered drug offences between 2009-2013*



Source: ENYÜBS 2014, analysed by NFP

## 9.4. CONSEQUENT CRIME – OFFENCES COMMITTED UNDER THE INFLUENCE OF ILLICIT DRUGS

In 2013, 3,941 offenders committed a crime under the influence of illicit drugs: 3,629 of them (92.7%) committed drug offences, and 312 of them (8.9%) committed other offences. Among all registered offenders, the proportion of those committing a crime under the influence of illicit drugs was 3.6%.

As compared to the previous year, the number of offenders committing non-drug-related offences under the influence of illicit drugs declined by 8.8% (2012: 354 persons).

Among the 312 persons committing a non-drug-related offence under the influence of illicit drugs, 114 persons committed offences against property and 107 persons committed traffic offences (among these 103 persons were driving under the influence of alcohol or illicit drugs). 38 persons<sup>109</sup> committed offences against persons (of these consummated homicide

<sup>109</sup> Includes all cases falling under the force of the old Btk, but only some of the cases falling under the force of the new Btk., as certain statutory definitions listed under the title “offences against persons” in the old Btk. are categorized under different titles in the new Btk.

8 persons, bodily harm 15 persons), 30 persons committed offences against public order and 23 persons committed other types of offences.

Table 28. *Breakdown of offenders committing offences under the influence of illicit drugs in 2013*

| Offence committed under the influence of drugs | Number of offenders | Proportion of offenders among offenders committing non-drug-related offences | Proportion of offenders among all offenders committing offences under the influence of drugs |
|------------------------------------------------|---------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Offences against property                      | 114                 | 36.5%                                                                        | 2.9%                                                                                         |
| Traffic offences                               | 107                 | 34.3%                                                                        | 2.7%                                                                                         |
| Offences against other persons                 | 38                  | 12.2%                                                                        | 1.0%                                                                                         |
| Offences against public order                  | 30                  | 9.6%                                                                         | 0.8%                                                                                         |
| Other offences                                 | 23                  | 7.4%                                                                         | 0.6%                                                                                         |
| <b>Total</b>                                   | <b>312</b>          | <b>100%</b>                                                                  | <b>7.9%</b>                                                                                  |
| Drug offences                                  | 3,629               |                                                                              | 92.1%                                                                                        |
| <b>Altogether</b>                              | <b>3,941</b>        |                                                                              | <b>100%</b>                                                                                  |

Source: ENYÜBS 2014, analysed by NFP

## 9.5. PREVENTION OF DRUG-RELATED CRIME

### *National Crime Prevention Council*

In order to establish and maintain a high level of public security, to reduce crime, to strengthen consistent measures taken against phenomena effecting crime and against offences and their offenders, to operate the new crime prevention models efficiently, and to coordinate the development and the implementation of relating crime prevention action plans, the National Crime Prevention Council was set up as an inter-ministerial body by Government decision no 1087/2011. (IV.12.) on the National Crime Prevention Council. The Council is responsible for the control and coordination of national crime prevention activities and for making operative decisions.

The National Crime Prevention Council created the National Crime Prevention Strategy which was approved in September 2013 (Government decision no 1744/2013). The Strategy determines crime prevention targets for ten years, until 2023. As part of the Strategy an action plan was also approved for the period 2013-15 which contains the crime prevention projects (actions) to be realised in the next two years. Among the key priorities of the Strategy child and juvenile crime prevention is also included, one area of which is the prevention of addictions, alcohol and drug prevention. (NBT 2014)



### *Prevention activities of the Police*

Starting from the academic year of 2013-14, a school crime prevention consultant network has been in operation in Hungarian secondary schools. In August 2013, following a special selection process, 100 police officers were trained in the scope of a 60-hour theory and practice course. In September 2013 99 police officers started the crime prevention consulting activity in the country's 194 secondary education institutions. (BM 2014).

The primary task of the crime prevention consultants is to provide increased protection for the young people going to school against criminal acts with respect to both the perpetrator and the victim sides, with special attention to drug offences. In the interest of this, consultants have to spend most of their working hours in the schools and they have to establish a continuous, living relationship with the students, the teachers and the parents. They have to set up successful cooperation with state/local authority/NGO bodies and organisations dealing with youth protection and active in areas which fall under the competence of the police headquarters. Depending on the number of students a maximum of three schools belong to one consultant. Consultants perform their tasks on the basis of an annual work plan, which had been formerly consulted with the school administration and the education district. They work in close collaboration with the head teachers of the schools.<sup>110</sup>

Concerning the thematic drug prevention programmes of the Police, in the 2012/13 academic year 33,258 children took part in the DADA [Hungarian acronym for smoking-alcohol-drugs-AIDS] programme organised for elementary school pupils, who received training from 165 police officers. 4,187 students took part in the ELLEN-SZER [ANTI-SUBSTANCE] programme for secondary school students, who received instruction from 31 police officers. In line with the training plan of the National Police Headquarters, 38 police officers who were joining the DADA programme were given basic training in September 2013. (BM 2014)

## **9.6. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM**

### **Alternatives to criminal procedure**

A detailed analysis of those entering treatment as an alternative to criminal procedure (QCT) may be read in chapter 5.3. For the data of clients entering treatment as an alternative to criminal procedure within the prison system see chapter 9.8.

### **Other interventions in prisons**

#### *Prevention*

In 2013 prevention units were in operation in 25 of the 31 Hungarian prisons, with accommodation for 372 prisoners. The prevention units operated with a varying number of prisoners. (BM 2014)

Among the tenders relating to drug affairs (see chapter 1.4) no tenders were announced in 2013 to support the realization of drug prevention or other drug related programmes specifically in prisons. Similarly to the practice in previous years, the prisons applied for tenders aimed at the drug problem in general, in collaboration with NGOs. (BM 2014)

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<sup>110</sup> Source: National Police Headquarters (ORFK) Communications Service (police.hu)

In 2013 the Hungarian Prison Service Headquarters (BVOP) and the National Focal Point carried out a questionnaire survey in Hungarian prisons.<sup>111</sup> The primary objective of the research was to determine what information and data was available on the prison drug problem and on the responses to it, as well as to assess the possibility of repeating the survey on a regular basis – ideally annually – with the same or shorter content. The study was carried out using the EMCDDA's standard questionnaire used for European data and information collection in connection with the drug problem in prisons.

Among the 31 prisons filling in the questionnaire 21 (67.7%) operated drug prevention units in 2012. The number of prisoners accommodated in the units in the year in question was 493 persons.<sup>112</sup>

Among the prisoners accommodated in the prevention units 342 persons (83.6%) said that they had used drugs at some time in their lives.<sup>113</sup> 148 persons (38%) were in prison because of drug-related offences, and 221 persons (56%) were in prison because of committing other offences.<sup>114</sup>

With respect to the services and programmes provided by the units, most of them mentioned psychology/psychotherapy group sessions and the possibility of personal counselling.

30 of the 31 prisons provided information about the number of other drug prevention programmes available in the institution, independent of the prevention units. Among the institutions, 8 did not have any other drug prevention programme, 8 institutions operated 1 such programme during the year, 11 institutions operated 2, and 1 institution had 3 such programmes. There were two institutions that had 6 prevention programmes in operation during that year. Essentially the content of the programmes was no different to the services available in the prevention units: they typically included individual and group therapy sessions, and informative lectures. The range of methods used was wide: consultation, guided conversations, peer assistance groups, lifestyle training, psychodrama, work therapy, story therapy, autogenic training, etc. The following was mentioned as the objective of the sessions: information provision, preventing the use of drugs, and the provision of information on the consequences of drug use, promoting self-knowledge and self-help, abstinence after release, psycho-education, learning techniques to overcome difficulties, reducing prison harm, preparation for release, reintegration after release, conflict management, health development. With the exception of one prison, the programmes were realised with the collaboration of an external organisation.

## **9.7. DRUG USE AND PROBLEM DRUG USE IN PRISONS**

### **Patterns of use, risk behaviours**

The drug use patterns and risk behaviours of prison detainees are presented on the basis of the results of the questionnaire survey (Port and Tarján 2014) carried out in 2013 by the BVOP and the National Focal Point.

Half of the institutions (15) were able to provide precise data with respect to 2012 on the proportion of detainees self-reporting on their addiction status. The proportion of detainees admitting to being drug addicts on admission was characteristically under 10%, however, this figure exceeded 30% in the case of 3 institutions; the average in the 15 institutions<sup>115</sup> was 15% (859 persons).

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<sup>111</sup> The survey covered 100% of Hungarian prisons: the questionnaire was completed by all 31 Hungarian prisons. The questionnaires were completed in July-August 2013, the questions referred to 2012.

<sup>112</sup> Among the 21 institutions operating prevention units, 1 institution did not provide data relating to the number of prisoners accommodated in the prevention unit.

<sup>113</sup> On the basis of the data of 19 institutions,  $N_{\text{prisoners}}=409$ .

<sup>114</sup> On the basis of the data of 18 institutions,  $N_{\text{prisoners}}=395$ .

<sup>115</sup>  $N_{\text{prisoners}}=5732$

The questionnaire also asked how many persons admitted during admission to having ever used drugs in their lives. In those institutions<sup>116</sup> that were able to report on the number of prisoners and the number of ever drug users, 38% (3,148 persons) was the proportion of those who admitted to ever using drugs in their lives. Among the prisoners, during admission, 219 persons admitted to using drugs intravenously, which, on average, meant 4% of the prisoners<sup>117</sup> in the prisons able to provide information on this.

27 institutions provided data with respect to drug use revealed in the year in question, the number of those apprehended was 13 persons. According to the text responses, in these cases the use of rivotril or other medicine and herbal cannabis was revealed. Among the 28 responding institutions not one reported revealing injecting drug use.

Of the 23 institutions giving a valid response to the question, 11 institutions reported on revealing tattooing within the institution, in the case of a total of 50 persons. Ballpoint pens as well as needles and ink were mentioned on several occasions as the equipment used for tattooing. Five institutions also reported on the confiscation of homemade tattooing machines.

### **Availability of drugs in prison**

According to the data from the BVOP, in 2013 substances suspected of being illicit drugs were seized in detention facilities in 123 cases (including seizures within the institutions and in the packages sent to the prisoners). The material seized was mostly in the form of powder of unknown origin, plant derivatives and tablets.<sup>118</sup> As compared to the previous year the number of seizures of material suspected of being illicit drugs increased (in 2012 material suspected of being illicit drug was found on 67 occasions).

No case suggesting injecting drug use was revealed in 2013, nor was any injecting equipment seized.

In 8 cases 10 persons were charged by the BVOP due to misuse of illicit drugs.

## **9.8. RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS**

### **Treatment**

*Number and characteristics of clients entering drug treatment while in prison on the basis of TDI data*

On the basis of TDI data in 2013 a total of 130 prisoners (127 men and 3 women) started treatment because of a drug problem, all of them as an alternative to criminal procedure, within the scope of a QCT programme<sup>119</sup>. Two thirds of those starting treatment did so for the first time in their lives due to a drug problem.

Numerous differences may be seen in the characteristics of the prisoner population starting treatment and of the other clients starting treatment, both with respect to their socio-demographic and substance use characteristics.

Among those starting treatment as a prisoner the proportion of those under 30 years is lower and the proportion of those between 30-39 is substantially higher than among those starting treatment not as a prisoner (37%, as opposed to the 25% for non-prisoners).

The level of education among prisoners starting treatment is significantly lower: 81% of the prisoners had elementary school qualification at the most, while this proportion among those

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<sup>116</sup> 16 institutions, N<sub>prisoners</sub>=8259

<sup>117</sup> 13 institutions, N<sub>prisoners</sub>=5417

<sup>118</sup> No precise information is available on the type of drugs.

<sup>119</sup> Prisoners also have the opportunity to enter a QCT programme if the offence committed was possession of a small amount of illicit drugs for their own use before being detained.

starting treatment not as prisoners was 47%. 16% of prisoners had secondary education while for non-prisoners this proportion was 45%.

On examining those starting treatment according to their primarily used substance, prisoners most frequently did so due to the use of stimulants (44.5%), and within this amphetamine use particularly (41.5%), as opposed to non-prisoner clients, 62% of whom were primarily cannabis users. The proportion of cannabis users among prisoners was much lower as compared to non-prisoners starting treatment, at the same time the proportion of opiate users and cocaine users was higher.

In the prisoner substance-user population the proportion of those clients who reported on injecting drugs was much higher. The proportion of prisoner clients who reported injection as their typical route of administration of the primary used substance was 32% while this figure among non-prisoners was 8%.

Table 29. *Main characteristics of prisoner and non-prisoner clients entering treatment in 2013* ( $N_{\text{prisoners}}=130$ ;  $N_{\text{non-prisoners}}=3855$ )<sup>120</sup>

| <b>Prisoners</b> |                                                                            | <b>Non-prisoners</b> |
|------------------|----------------------------------------------------------------------------|----------------------|
| 30 years         | mean age                                                                   | 27.4 years           |
| 98%              | proportion of men                                                          | 84%                  |
| 81%              | proportion of those who completed 8 years of elementary school at the most | 47%                  |
| 31%              | proportion of cannabis users                                               | 62%                  |
| 45%              | proportion of stimulant users                                              | 17%                  |
| 13%              | proportion of opiate users                                                 | 6%                   |
| 9%               | proportion of cocaine users                                                | 2%                   |
| 32%              | proportion of those who inject their primary substance                     | 8%                   |
| 40%              | proportion of ever IDUs                                                    | 16%                  |

Source: TDI data collection (OAC 2014b); analysed by NFP

### *Treatment programmes available in prisons*

18 institutions reported on the realisation of drug problem treatment programme(s) in 2012 in the course of the questionnaire survey carried out in 2013 (Port and Tarján 2014). The institutions realised the majority of the treatment programmes as part of the treatment available as an alternative to criminal procedure (QCT), in the form of preventive-consulting services (12 institutions) and, occasionally in the form of drug addiction treatment programmes (2 institutions), with the involvement of external service providers. In several institutions there was no sharp division between the treatment and prevention programmes, that is, the treatment took place in the framework of the prevention unit/group as well.

Similarly to the prevention programmes, the treatment programmes took place mainly in the form of personal or group therapy sessions and counselling, and were aimed at the development of competencies such as identification of personal resources to overcome addiction and learning techniques for overcoming addiction, reduction of prison harms, preparation for release, development of self-knowledge, development of social competence, increasing assertiveness, and the prevention of relapse. With respect to their methods the programmes were varied: psychodrama, film, behaviour therapies, etc.

25 of the 31 institutions provided information on the availability of the various treatment types<sup>121</sup>. On the basis of this low-intensity, outpatient-type treatment was available in 14

<sup>120</sup> When calculating the proportions, "not known" answers were excluded for the given variable.

<sup>121</sup> Treatment types:

- Low intensity programmes: interventions providing counselling, and short-term programmes that are provided within the prison institution within the framework of "outpatient type" treatment. Exclusively detoxification medicine treatment does not belong to this category.

institutions, and medium/high intensity, inpatient-type treatment was available in 5 institutions. 18 institutions provided access to preventive-consulting services. Opiate substitution therapy was not requested by prisoners in any of the 25 institutions with available information; one institution reported providing methadone treatment to one prisoner at the competent outside service provider in the region.

The questionnaire also asked how prisoners with illicit drug withdrawal symptoms were treated in the individual institutions. Of the 27 institutions providing a valid response, withdrawal symptom treatment characteristically took place via the administration of medicines in 11 institutions, and in a further 12 institutions the medicine treatment was supplemented with psycho-social treatment as well. Several institutions indicated that withdrawal symptoms were not treated within the institution, because that had taken place before the prisoner was admitted.

## **Prevention and treatment of infectious diseases**

### *Vaccinations*

For the background of providing vaccinations against Hepatitis B see 2010 National Report, chapter 9.5. In 2013, 49 prisoners received this vaccination.

### *Counselling*

According to the data of the questionnaire survey carried out in detention facilities in 2013 (Port and Tarján 2014), information lectures in connection with infectious diseases linked to drug use (HCV/HBV/HIV/TBC) were held in half<sup>122</sup> of the Hungarian prisons in 2012. Personal prevention counselling or information provision took place in 17 institutions, and written information leaflets in connection with the subject were distributed in 9 institutions. The number of persons taking part in the lectures in the individual institutions was between 30 and 400 persons, and the number of persons receiving personal counselling was between 2 and 130. In several institutions the information was provided upon admission and all the prisoners participated; there were institutions where the information was provided in the framework of first aid instruction and there were institutions where the information was provided in the course of a lecture in the prevention unit. In several institutions the information was provided with the collaboration of an external partner (pharmaceutical company).

According to data from the BVOP, prevention lectures in connection with HCV/HBV/HIV diseases were held in 12 institutions with the participation of 1091 persons.

### *Testing*

Due to the lack of financing resources in 2013, the counselling and screening programme aimed at preventing viral infections which had been realised in prison institutions every year since 2007 was suspended. (In the previous years the programme had been realised with the participation of a pharmaceutical company, for details see chapter 9.5 of the 2009 National Report). As a consequence of this significantly fewer prisoners were tested for infectious diseases than in previous years.

- 
- Medium/high intensity programmes: medicine-free treatment forms that are realised in the form of "inpatient-type" treatment within the detention facility in a residential unit. Exclusively detoxification medicine treatment does not belong to this category.
  - Medium and long-term opiate replacement therapy (methadone/Suboxone)
  - Preventive-information service

<sup>122</sup> In 15 institutions of the 29 giving a valid response.

In 2013 a total of 221 persons took part in HCV screening, which represents 1.2% of the average prisoner population (18,042 persons<sup>123</sup>). 20.4% (45 persons) of the screening participants were HCV antibody positive, among whom 34 persons were simultaneously infectious hepatitis C virus carriers. Not one prisoner was tested for hepatitis B infection in 2013. HIV infection was tested in the case of 739 prisoners (4.1% of the average prisoner population), among them the samples of 6 persons were verified as being positive. (BVOP 2014)

TB testing is also available in detention facilities. According to the amendment of the Ministry of Welfare regulation no 8/1998., as of 2013 it is compulsory for all newly admitted prisoners to have a chest X-ray test. It is due to this that in 2013 a larger number of prisoners than in previous years, 23,601 persons, were given a chest X-ray test. Among them 16 TB patients were found, as compared to the previous year no new case was found. (BVOP 2014).

### *Treatment, care*

The treatment of prisoners tested HIV, HBV or HCV positive and meeting the therapeutic criteria was started or continued, those not involved in treatment for health or other reasons were taken into care. In 2013 14 HIV positive prisoners received antiretroviral treatment, 51 HCV positive and 11 HBV positive prisoners received antiviral treatment.

Table 30. *Number of prisoners receiving HIV/HBV/HCV treatment / rejecting treatment / not involved in treatment / not completing treatment (persons), in 2013*

|     | Number of clients treated | Rejecting treatment | Not involved in treatment for health reasons (e.g. did not meet therapeutic criteria) | Not completing treatment because of being released |
|-----|---------------------------|---------------------|---------------------------------------------------------------------------------------|----------------------------------------------------|
| HIV | 14                        | 0                   | 1                                                                                     | 2                                                  |
| HCV | 51                        | 4                   | 4                                                                                     | 5                                                  |
| HBV | 11                        | 3                   | 3                                                                                     | 1                                                  |

Source: BVOP 2014

For the description of the HIV/HCV/TB treatment of the prisoners see 2009 National Report, chapter 9.5. Prisoners who tested positive for active TB (16 persons) continued to receive treatment.

### **Prevention of overdose after release**

The questionnaire issued jointly by the BVOP and the NFP also asked whether a programme or counselling aimed at preventing overdoses after release was available in the individual institutions. 4 institutions reported that such assistance was available, 21 responded no, and in the case of 6 institutions information was not available. However, among the institutions responding with yes only one indicated that a general programme specifically of this nature was provided for all prisoners, in the other 3 institutions personal counselling was available in the subject in accordance with the needs of the individual. One institution reported that they dealt with the subject in the scope of drug prevention group therapy.

## **9.9. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON**

According to the results of the survey carried out in 2013 in Hungarian prisons (Port and Tarján 2014) 6 detention facilities had specific programmes for drug-user prisoners promoting social reintegration and resocialisation in the course of 2012.<sup>124</sup> Of the 6

<sup>123</sup> Static data measured on 31 December 2013.

<sup>124</sup> 25 of the 31 institutions gave information on the number of resocialisation/reintegration programmes.

institutions 4 reported on the realisation of one programme, one institution 2 programmes, and one reported realising 6 programmes. In all cases the programmes were realised with the involvement of external organisations. The programmes were characteristically carried out in the framework of group sessions, their objective was to provide psychological support for prisoners, and the provision of knowledge to assist them in reintegrating following release.

Other programmes in connection with resocialisation/reintegration which were not specifically aimed at drug-user prisoners, but which also dealt with the drug problem were organised by 7 institutions: 4 institutions ran 1 programme, 2 institutions ran 2 programmes, and 1 institution ran 1 programme.

Usually there is no formal procedural system in the institutions relating to prisoners receiving drug related treatment before release, however, several institutions mentioned that they had informed the prisoners about how to contact the appropriate organisations or referred them to the local treatment units or psychiatric departments, and that they provide the opportunity for the treatment of problems of this nature in the scope of personal or group sessions. Two institutions mentioned that the counsellor/support person dealing with the prisoners remains in contact with the prisoners requiring such contact following release.

### *Conclusions*

In 2013 the investigations into 5,545 drug offences were concluded, 4,141 perpetrators were registered linked to these offences. Both the number of offences and the number of offenders rose slightly as compared to the previous year. The subject of the offence was cannabis in 68% of the cases, and amphetamine in 17% of the cases. As compared to 2012, the proportion of cannabis related offences decreased while the proportion committed with amphetamine and other substances increased. 88% of the registered drug offences were demand-type perpetrations, and in 87% of the cases the offence was committed with a small amount of illicit drug. On examining the location of the perpetration of the offences the central Hungary region (Budapest and Pest county) continued to have a determinant role: in 2013 35% of the registered drug offences were committed here.

## 10. DRUG MARKETS<sup>125</sup>

### 10.1. INTRODUCTION

In 2013 the Hungarian Institute for Forensic Sciences (BSZKI) analysed the substances seized by the police.

Data on substances analysed preliminarily by the laboratories of the National Tax and Customs Administration (formerly: Hungarian Customs and Finance Guard) but not considered as illicit drugs or new psychoactive substances based on the analytical results are not included in the following analysis.

Within the scope of the project launched in May 2009 entitled “Intensive monitoring of the active substance content of hazardous drugs” (for further information see 2010 National Report chapter 7.1) a summary was drawn up in December 2013 on the legislative changes entering into force as of July 2013 as well as on the development of the seizures of new psychoactive substances.

A presentation of the legislative changes in connection with the scheduling of “new psychoactive substances” as well as of the new criminal law consequences may be found in chapter 1.2 of the 2013 and 2014 National Reports.

### 10.2. AVAILABILITY AND SUPPLY

#### Sources of supply: national production

Domestic production of illicit drugs is still not typical in Hungary. The only exception from this was cannabis, in the case of which the role of domestic production in ensuring supply increased until 2011, but since then it has been gradually dropping. The first plantations operated by the Vietnamese were set up in 2009. By the end of 2013 more than 50 professionally equipped plantations had been terminated (Ministry of Interior 2014). (For the characteristics of domestic cannabis production see also 2012 National Report chapter 10.2. and 2010 National Report chapter 10.1.)

For data on seizures of illicit drug production laboratories in Hungary in 2013 see chapter 10.3.

#### Smuggling routes, structure of the national market

##### *“Classical” drugs*

Large amounts of cannabis are smuggled into the country by Vietnamese offenders, from plantations operated in Slovakia and in the Czech Republic also by Vietnamese groups. As a new phenomenon herbal cannabis is grown in bulk in Albania and Kosovo and it is also distributed from there. On the basis of the seizure data the largest amount of herbal cannabis comes into the country over the Serbian-Hungarian border.

Due to the increase in the number of enterprises dealing with the distribution of the materials and equipment required for production, it may be observed that an increasing number of users are attempting to cover their needs by setting up small, low-capacity production sites. Another remarkable tendency in respect of herbal cannabis is the increasing number of juvenile offenders both in respect of demand-related and trafficking-related offences (see also: Chapter 9.3).

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<sup>125</sup> The authors of this chapter are: Tamás Csesztregi, Orsolya Varga



The “heroin shortage” observed on the market in the past two years continued in 2013; only insignificant amounts of heroin were seized. (For the seizure data see chapter 10.3.)

In 2013 ecstasy (tablets containing the active substance MDMA) continued to be present on the domestic market in increasing amounts (for data on the active substance content of the tablets see chapter 10.4), which tablets were hardly seized in the years before 2012.

### *New psychoactive substances*

Despite the introduction of the provisional schedule of new psychoactive substances the use of new psychoactive substances is still rapidly increasing, which has obviously restructured the group of offenders, the market, and the demands of the consumers too.

With the less strict criminal law sanctions in force up until December 2013 sales were driven by the significant profit obtainable as compared to the acquisition price. (Ministry of Interior 2014) A significant tightening of the law took place following 1 January 2014, which includes the threat of differentiated and more serious punishments. (For details of the related legislative changes see the 2012 and 2013 National Reports chapter 1.2.)

## **10.3. SEIZURES**

As compared to the previous year, in 2012 the number of cannabis plant seizures did not change significantly. A significant proportion (about 80%) of the amount of herbal cannabis seized came from consignments revealed in the vicinity of the Serbian-Hungarian border.

On the basis of the number of seizures and the amount of substance seized, the black market share of cannabis resin, heroin, cocaine, methamphetamine and LSD may be viewed as being similar to the previous years. However, due to its relatively low price it may happen that methamphetamine will see more dynamic growth in the coming years.

The number of seizures of amphetamine rose slightly as compared to previous years, along with this the amount of material seized almost tripled as compared to the previous two years. (ST 13\_2014\_HU\_1)

Table 31. *Number and quantity of seizure in 2012 and 2013*<sup>126</sup>

| <b>Type of drug</b>                                       | <b>number of seizures</b> |              | <b>quantity seized</b> |               |
|-----------------------------------------------------------|---------------------------|--------------|------------------------|---------------|
|                                                           | <b>2012</b>               | <b>2013</b>  | <b>2012</b>            | <b>2013</b>   |
| Herbal cannabis (kg)                                      | 2,092                     | 2,040        | 1,776.7                | 863.4         |
| Cannabis plant (plant)                                    | 193                       | 196          | 7,382                  | 5,307         |
| Cannabis resin (kg)                                       | 103                       | 101          | 3.1                    | 5             |
| Heroin (kg)                                               | 26                        | 32           | 2.5                    | 5.7           |
| Cocaine (kg)                                              | 118                       | 117          | 13.3                   | 8.1           |
| Amphetamine (kg)                                          | 454                       | 536          | 29.9                   | 74.8          |
| Methamphetamine (kg)                                      | 38                        | 50           | 0.06                   | 0.2           |
| Ecstasy tablets (tablet) /MDMA, MDA, MDE/                 | 91                        | 181          | 12,437                 | 17,664        |
| LSD (unit)                                                | 28                        | 22           | 599                    | 342           |
| <i>Herbal substances with synthetic cannabinoids (kg)</i> | <i>1,298</i>              | <i>2,099</i> | <i>179.2</i>           | <i>44.5</i>   |
| <i>Synthetic cannabinoids in powder form (kg)</i>         | <i>61</i>                 | <i>60</i>    | <i>4.3</i>             | <i>15.5</i>   |
| <i>Cathinone derivatives in powder form (kg)</i>          | <i>700</i>                | <i>855</i>   | <i>58.7</i>            | <i>81.5</i>   |
| <i>Cathinone derivatives in tablet form (tablet)</i>      | <i>174</i>                | <i>174</i>   | <i>27,876</i>          | <i>55,421</i> |

Source: BSZKI 2014

In 2013 the number of tablets seized containing illicit drugs or new active substances not regarded as illicit drugs increased further. In 2013 93,410 such tablets were seized in

<sup>126</sup> The following table contains the data of seizures analysed in the laboratories of the Hungarian Institute for Forensic Sciences, as well as the data of the seizures made at cannabis plantations on the basis of botanical tests.

Hungary. Among these tablets the number of seizures of ecstasy tablets containing the active substance MDMA doubled as compared to 2012, and the number of tablets seized also increased. In 2013 the number of tablets containing active substances classified as illicit drugs according to the legal acts in force formed just 20% of the number of tablets seized. The active substances of the remaining 80% of the tablets were compounds falling under the regulations relating to new psychoactive substances. (More detailed information about the active substances of the tablets may be found in the “Price/purity” section.)

Beside tablets containing the active substance MDMA, the market presence of MDMA powders continues to be observable: in the course of 2013 such substances were seized in 51 cases.

Following the control of GBL as a new psychoactive substance, the number of GBL seizures has continuously dropped from 2012. While during 2010-2011 85 and 84 seizures took place, in 2012 there were 57 and in 2013 just 29 such cases. In 2013 a total of 6.2 litres of GBL were seized.

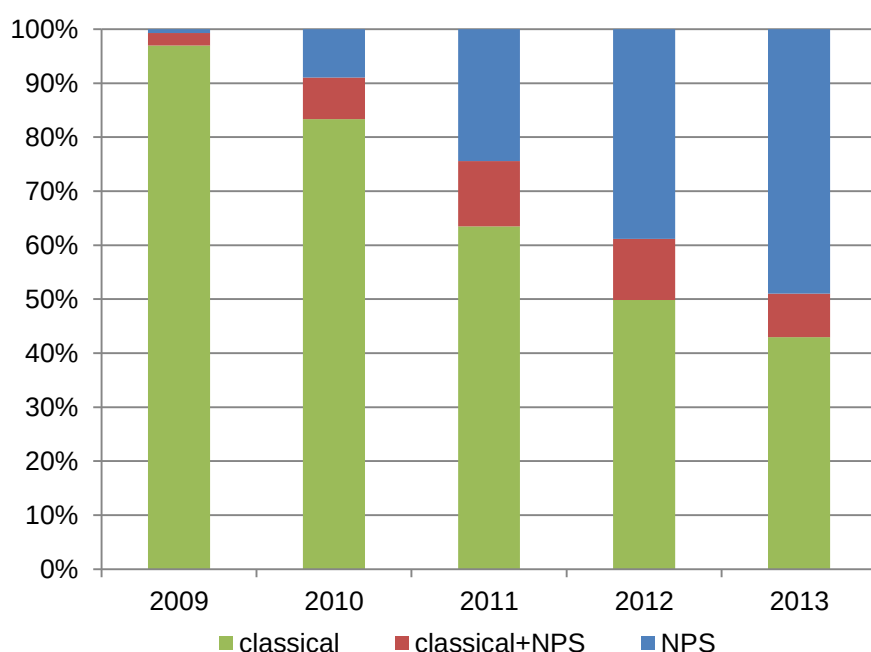
The black market presence of powders containing the active substance ketamine may still be viewed as being low, in 2013 in 32 cases a total of 31 grams of this material were seized.

Similarly to previous years in 2013 no seizure of a laboratory producing large quantities of poppy extract took place, however 2,152 kilograms of poppy straw and grounded poppy were seized in North East Hungary.

### *New synthetic substances*

On the basis of the analytical results of the seized substances, the increase of the market share of the new substances (“designer drugs”) observed since 2010 continued. In 2013 just 43% of seizures contained only “classical” substances, as opposed to this 49% of seizures contained exclusively new active substances, and the remaining 8% of seizures included both “classical” and new substances together. So on the basis of the seizure data, by 2013 the market share of the new substances had exceeded the market share of “classical” substances in Hungary.

Figure 32. The frequency of occurrence (%) of “classical”<sup>127</sup> and “designer” substances in the substances seized between 2009-2013

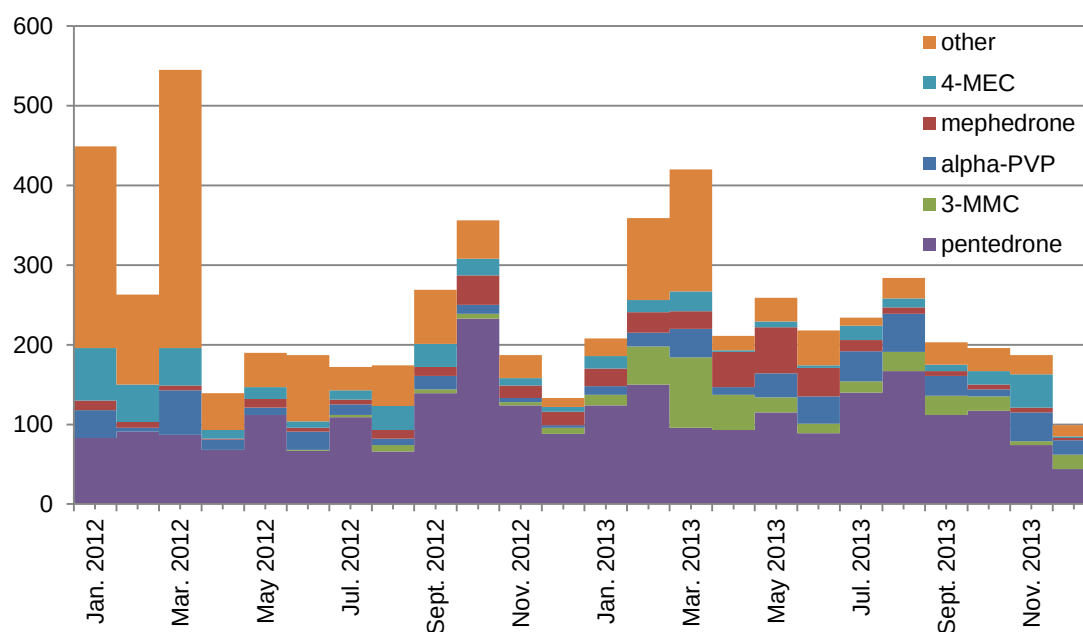


Source: BSZKI 2014

<sup>127</sup> Substances listed in the schedules of the UN Drug Conventions were categorised as “classical”.

Among cathinone derivatives, in 2013 the most frequently occurring substance was pentedrone – classified as a new psychoactive substance since 3 April 2012 – which was primarily seized in the form of powder (in 531 cases a total of 48.06 kg), but it also appeared as the active substance of tablets in the case of 89 seizures. Among the substances belonging to the family of cathinones, 3-MMC (3-methylmethcathinone) and mephedrone are also worthy of mention, of which several seizures were made in the first six months of the year, as is alpha-PVP, which was continuously present in the seizures throughout the entire year.

Figure 33. The frequency of occurrence of cathinone derivatives (number of cases when the active substance was detected) in the substances analysed by BSZKI, broken down by month, in 2012 and 2013



Source: BSZKI 2014

The number of seizures of plant preparations treated with synthetic cannabinoid active substances has been continuously increasing since 2010, and nearly doubled in 2013 as compared to the previous year. The number of seizures (2,099 cases) in 2013 exceeded the number of seizures of marihuana (2,040 cases).

Figure 34. The number of seizures of marihuana and plant material treated with synthetic cannabinoids between 2010-2013

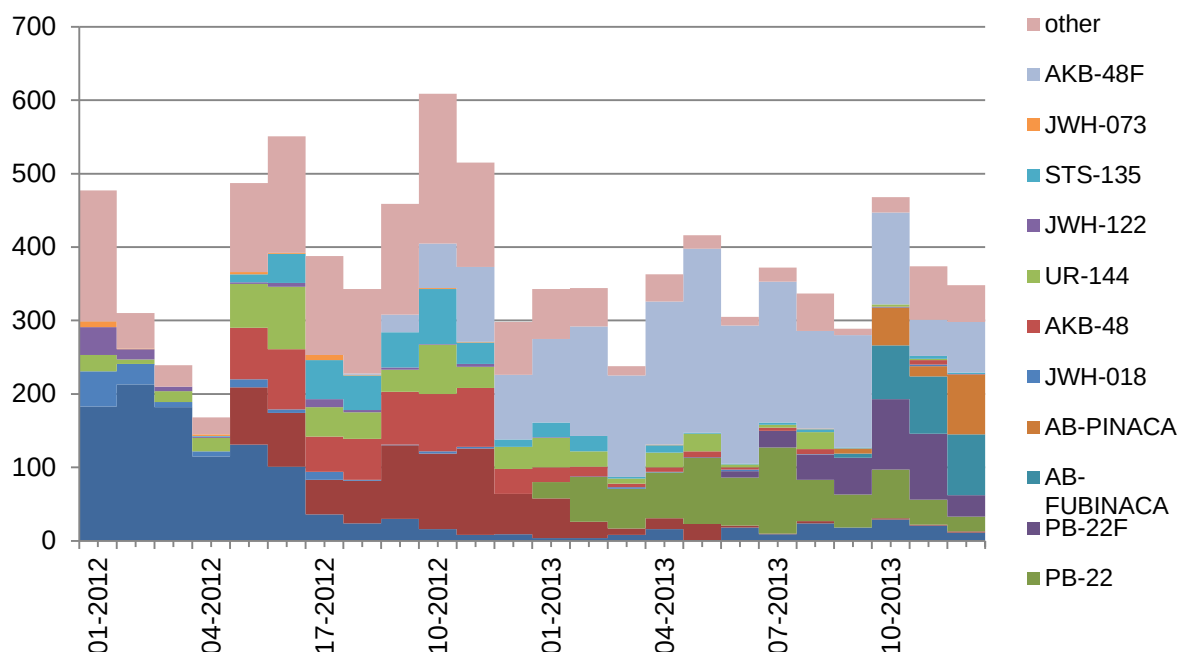


Source: BSZKI 2014

The compounds belonging to the family of synthetic cannabinoids were primarily seized in the form of plant material treated with the substance, but during 2013 this active substance also occurred in the form of powder in 60 cases.

The range of synthetic cannabinoids distributed on the black market changed dynamically in 2013 also as a result of the legislative environment. At the beginning of 2013 the active substance AKB-48F, which was not yet controlled at that time, was the most popular, but from January 2013 preparations containing the active substances PB-22 and 5F-PB-22 appeared on the market in substantial quantities. Following the July amendment of the schedule of new psychoactive substances (see chapter 1.2.), a significant number of seizure cases appeared in October 2013 containing new active substances (AB-PIANACA, AB FUBINACA, 5F-AB-PINACA) that were not yet controlled.

Figure 35. The frequency of occurrence of synthetic cannabinoid compounds (number of cases when the active substance was detected) in the substances analysed by BSZKI, broken down by month in 2012 and 2013



Source: BSZKI 2014

### Seizures related to injecting drug use

By analysing the active substances shown to be present on the objects linked to intravenous substance use and subjected to laboratory testing, it is possible to monitor the development of the range of the substances connected to this method of use and of the approximate proportions involved. In 2013 the tendency observed in the previous two years continued, the cases of heroin and amphetamine dominating before 2010 were shown to be present in just 2% and 7% of the cases. In the majority of cases cathinone derivatives were present on the tested objects, among these pentedrone was the most frequent (27% of cases, but mephedrone also appeared again (3%). In 39% of the cases several types of active substance were detected, and other active substances were also identified at a lower frequency. (The restructuring substance use of IDUs may be followed in the data of NSPs – see chapter 4 – and in the data of those entering treatment due to drug use as well – see chapter 5.3.)

Among other active substances 2-MPA (a thiophene analogue of methamphetamine) is significant from the point of view of the number of seizures: during the spring of 2013 it appeared as the active substance in powders in 13 cases and in tablets in 17 cases, most frequently combined with cathinone derivatives.

From June 2013 there were several deaths where the common denominator was the new active substance called para-methyl-4-methylaminorex (4,4'-DMAR). The new active substance first appeared in the seizures in the form of a white powder, later it occurred as the active substance in several types of tablet. (For more data on death cases see chapter 6.4. of the National Report.) The seizures were mainly concentrated in the months of July and August. The active substance para-methyl-4-methylaminorex was identified in a total of 53 seizures. The seized amount was 110 grams of powder and nearly 1,800 tablets. In about a quarter of the cases the seized substances also contained other active substances, which

was pentedrone in most cases. The active substance alpha-PVP was also identified in the seized powders on a few occasions.

### *Illicit laboratories*

In September 2013 an illicit laboratory producing amphetamine was seized in Szeged. On the basis of the information available, the laboratory produced amphetamine in quantities of several hundred grams, starting from benzaldehyde, which is not a controlled precursor. In three cases illicit laboratories were discovered which were not dealing with substance production but with tablet production.

## **10.4. AVAILABILITY**

### *Sources of acquisition of illicit drugs and new psychoactive substances*

As a part of the survey performed by the National Focal Point in connection with the street prices of illicit drugs (Varga 2014) the clients of outpatient drug treatment centres purchasing illicit drugs and/or new psychoactive substances in 2013 were asked where they had obtained the individual substances.<sup>128</sup>

Nearly a half of those purchasing cannabis resin and herbal cannabis indicated that they had obtained it from a friend/acquaintance, and approximately the same proportion had purchased it from a dealer. 25-30% of the buyers obtained heroin and cocaine, and 40% of them obtained amphetamine from an acquaintance or friend. Nearly 70% of the respondents had purchased heroin or cocaine from a dealer, which figure for amphetamine was approximately 60%. Methadone used as a substitute for heroin was most frequently (84%) obtained by the clients from an acquaintance.

A website as a source of acquisition appeared more in the cases of non-classical illicit drugs<sup>129</sup>. 9% of purchasers of MDPV and 7% of purchasers of mephedrone, classified in Hungary as illicit substances from 2012, ordered the substance from a website, this figure for purchasers of “synthetic weed” was 17% and of pentedrone, classified as a new psychoactive substance from April 2012, was 7%. The proportion of substances ordered on a website dropped significantly as compared to past years. The primary sources of acquisition of these substances are now dealers.

Shops (headshops) as source of acquisition, were only mentioned in the case of “synthetic weed” (Spice), however, a reduction may be observed here also: while in 2012 15.7% of those purchasing the substance obtained it in a shop, this figure in 2013 was just 8%.

The questionnaire also asked whether the clients had purchased a substance in 2013 that they did not know the identity of. Of the 147 respondents 24 (16.3%) said that they had purchased a substance they did not know (in 2012 29.7% used an unknown substance). 25 persons (17%) did not know or did not want to say whether they had purchased such a substance.

### **Price of drugs at street level**

Similarly to the previous years, at the beginning of 2014 the National Focal Point carried out a questionnaire survey among clients of outpatient drug treatment centres about the prices of drugs at street level (Varga 2014).<sup>130</sup> (ST16\_2014\_HU\_01)

<sup>128</sup> The respondents were able to mark the following options as the acquisition source of the individual illicit drug types: friend/acquaintance, dealer, website, shop/headshop, other. Several responses could be given for a particular substance.

<sup>129</sup> Substances not listed in the schedules of the UN Drug Conventions.

<sup>130</sup> The survey was carried out using self-administered questionnaires between 1–30 January 2014 with the participation of 7 outpatient drug treatment centres in 7 cities. The methodology of the survey is described in detail in the 2010 National Report chapter 10.3.

Besides classical illicit drugs, the questionnaire also asked about the price of mephedrone, MDPV, pentedrone and “synthetic weed” (herbal blends treated with synthetic cannabinoid) at the last purchase. 27 of the clients had purchased MDPV, classified as an illicit drug since January 2012, in 2013 (approx. half as many as in 2012). The mean last-purchase price of one gram of this substance was EUR 17.2, which is 31% higher than in 2012. 53 clients had information about the price of pentedrone, which counted as a new substance last year, on the basis of the responses, it was possible to obtain one gram of this substance for an average price of EUR 12.3, which represents an 11% increase as compared to the previous year. Half of the respondents had information about the price of synthetic weed (Spice), offered as an alternative to herbal cannabis. However, its price in 2013, which had been dropping in previous years, was nearly the same as in the previous year.

Table 32. *Prices of drugs at street level in EUR<sup>131</sup> in 2013*

| <b>Substance</b>    | <b>Lowest</b> | <b>Highest</b> | <b>Mode</b> | <b>Mean</b> | <b>Number of respondents</b> |
|---------------------|---------------|----------------|-------------|-------------|------------------------------|
| Herbal cannabis (g) | 3.4           | 11.8           | 8.4         | 7.7         | 135                          |
| Cannabis resin (g)  | 5.0           | 15.1           | 8.4         | 8.6         | 62                           |
| Heroin (g)          | 13.5          | 94.2           | 33.7        | 38.3        | 28                           |
| Heroin (packet)     | 3.4           | 50.5           | 16.8        | 12.2        | 17                           |
| Cocaine (g)         | 10.1          | 101.0          | 50.5        | 56.7        | 60                           |
| Amphetamine (g)     | 5.0           | 16.8           | 10.1        | 9.8         | 95                           |
| Ecstasy (tablet)    | 1.7           | 13.5           | 5.0         | 5.0         | 77                           |
| Methamphetamine     | 5.0           | 50.5           | 10.1        | 13.4        | 20                           |
| LSD (dose)          | 3.4           | 16.8           | 6.7         | 9.4         | 35                           |
| Methadone (20 mg)   | 2.0           | 16.8           | 3.4         | 4.5         | 229                          |
| Methadone (5 mg)    | 0.8           | 6.7            | 1.7         | 2.8         | 10                           |
| GBL (dose)          | 5.0           | 26.9           | 10.1        | 10.9        | 12                           |
| Mephedrone (g)      | 2.7           | 16.8           | 10.1        | 10.8        | 28                           |
| MDPV (g)            | 2.9           | 33.7           | 10.1        | 17.2        | 27                           |
| Pentedrone (g)      | 3.4           | 33.7           | 10.1        | 12.3        | 53                           |
| Spice (g)           | 1.3           | 10.1           | 3.4         | 4.9         | 74                           |

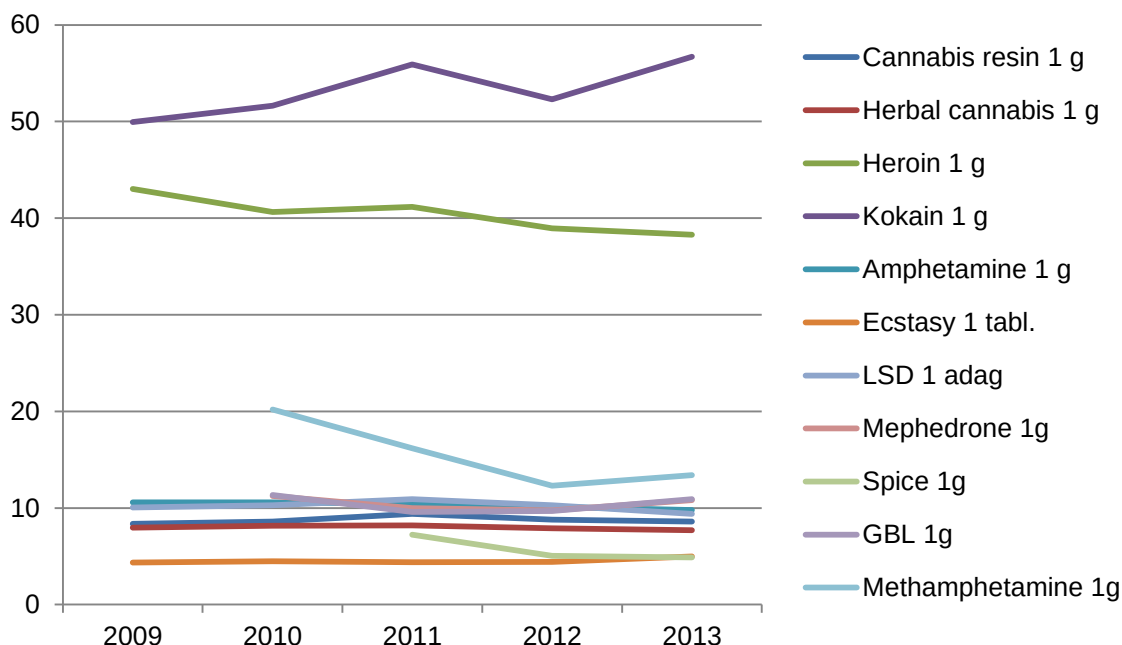
Source: Varga 2014

There was no substantial change in the prices of classical drugs as compared to previous years. The average street prices of ecstasy and cocaine went up by 16% and 11% respectively.

An increase in the average street prices of non-classical illicit drugs could also be observed: MDPV costs 30.2% more than in 2012 and the prices of GBL, mephedrone and pentedrone also went up by 10-15% in the same period.

<sup>131</sup> The prices in the table were calculated using the official mid-rate of the EUR for 2013 (1 EUR=297.13 HUF).

Figure 36. Mean price of drugs at street level in EUR between 2009-2013



Source: Varga 2014

## Purity

There was no significant change in the characteristic total THC concentration of herbal cannabis and cannabis resin samples measured during 2013 as compared to the results of the previous year (herbal cannabis: 0.1-20%, cannabis resin 2-20%). (ST14\_2014\_HU\_01) In the case of cocaine the active substance content of the powders seized in large quantities fell in the range of 60-90%, in these seizures – as opposed to previous years – there were no significantly diluted powders.

During 2013 practically undiluted amphetamine sulphate powders containing amphetamine base in excess of 50% were seized on several occasions. These seizures were characteristically smaller, just a few tenths of a gram.

In the case of tablets containing the active substance MDMA, the active substance content usually fell in the range of 20-150 milligrams/tablet, in a third of the cases active substance content in excess of 100 milligrams/tablet was measured. This value is significantly higher than the general value of 50-70 milligrams/tablet in the middle of the 2000s.

## New synthetic substances

The large majority of the new synthetic substances are not classified as illicit drugs, therefore, from a criminal law point of view it is not necessary to determine their pure active substance content.

On the basis of the data available about powders containing the active substances mephedrone and 4-MEC it may be determined that preparations generally occurred containing the compounds at concentrations of 10-80% and 5-85% respectively, but most often occurrence in undiluted form was characteristic.

On the basis of the analysis results the new active substances frequently occur in undiluted, pure form in powders. In 2013 77% of powders containing cathinone derivatives contained one type of active substance, and in 23% of cases the seized powders contained several types of active substance, while in the case of preparations sold in the form of tablets this proportion was just 7% (see below).

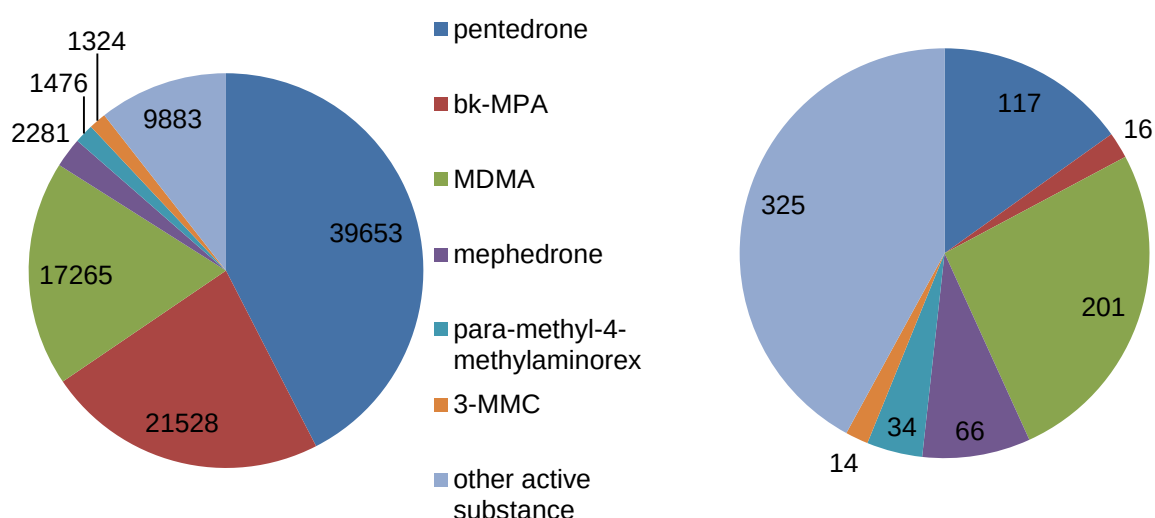
In 2013 the plant materials treated with synthetic cannabinoids contained several types of active substance in 30% of cases.



## Composition of tablets

In 2013 93% of tablets containing illicit drugs or psychoactive substances not classified as illicit drugs contained one type of active substance. According to the number of seizures (frequency of occurrence) tablets containing the active substance MDMA were the most frequent (26% of seizures), while with respect to the number of tablets seized, pentedrone tablets occurred in the greatest quantity. (ST15\_2014\_HU\_01)

Figure 37. Frequency (N, %) of occurrence of active substances (pc, %) in the tablets seized in 2013, examining the number of tablets seized (N=93,410) and the number of seizures (N=773)



Source: BSZKI 2014

## Conclusions

With respect to the number of police seizures, by 2013 the proportion of seizures of new synthetic substances exceeded the proportion of seizures of classical illicit drugs. From 2010 the number of seizures of plant material containing synthetic cannabinoids has risen continuously, by 2013 the number of seizures had exceeded the number of seizures of herbal cannabis. The movement of the proportions of the occurrence of classical and new substances on the psychoactive substance market and the significant restructuring of user habits displays the popularity of the new, previously unknown substances.

In 2013 the most frequent active substance in powders and tablets containing cathinone derivatives was pentedrone, and this active substance was also present in the greatest proportion in items linked to intravenous substance use.

As a result of the change to the regulations, the range of active substances distributed as synthetic cannabinoids is dynamically changing.

As compared to previous years, the market share of tablets containing MDMA (ecstasy) rose, high active agent content tablets are characteristic. The frequency of occurrence of amphetamine, cocaine and heroin has not changed significantly as compared to previous years.

No substantial change took place in the average market prices of illicit drugs, however, the minor changes in the prices of the new substances represent stabilisation and growth of the market, and may be related to the introduction of schedule C and the stricter regulations.

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## LIST OF ABBREVIATIONS

BM – Ministry of Interior

BSZKI – Hungarian Institute for Forensic Sciences

Btk. – Hungarian Criminal Code

BVOP – Hungarian Prison Service Headquarters

DADA – Hungarian acronym for smoking-alcohol-drugs-AIDS

DTC – drug treatment centre

ELTE – Eötvös Loránd University

EMMI – Ministry of Human Resources (former NEFMI)

ENYÜBS – Uniform Criminal Statistics System of the Investigation Authority and Public Prosecution

EMQ – European Model Questionnaire

GDS – Global Drug Survey

IDU – Injecting drug user

KEF – Coordination Forum on Drug Affairs

KKB – Inter-ministerial Coordination Committee on Drug Affairs (former Coordination Committee on Drug Affairs)

NBT – National Crime Prevention Council

NCSSZI – National Institute for Family and Social Policy

NDI – National Drug Prevention Office (former National Institute for Drug Prevention)

NPS – new psychoactive substances

NRSZH - National Office for Rehabilitation and Social Affairs

NSP – needle/ syringe programme

OAC – National Centre for Addictions

OEFI – National Institute for Health Development

OEK – National Centre for Epidemiology

OGY – National Assembly

ORFK – National Police Headquarters

OST – opiate substitution treatment

OTKA – Hungarian Scientific Research Fund

QCT – quasi compulsory treatment (treatment as an alternative to criminal procedure)

TÁMOP – Social Renewal Operational Programme

TB – Tuberculosis

TDI – Treatment Demand Indicator