European Monitoring Centre for Drugs and Drug Addiction

Hungary

Hungary Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Hungary, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

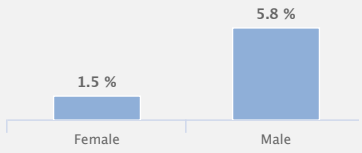
THE DRUG PROBLEM IN HUNGARY AT A GLANCE

Drug use

in young adults (18-34 years) in the last year

Cannabis

3.5 %



Other drugs

MDMA	2.1 %
Amphetamines	1.4 %
Cocaine	0.9 %

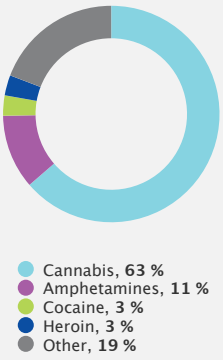
High-risk opioid users

3 244

(2 910 - 3 577)

All treatment entrants

by primary drug



Opioid substitution treatment clients

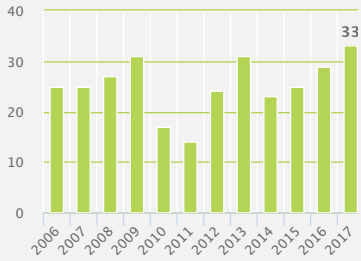
669

Syringes distributed

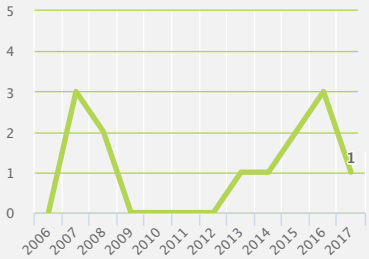
through specialised programmes

137 580

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

6 959

Top 5 drugs seized

ranked according to quantities measu
kilograms

1. Herbal cannabis
2. Cannabis resin
3. Amphetamine
4. Heroin
5. Cocaine

Population

(15-64 years)

6 546 470

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

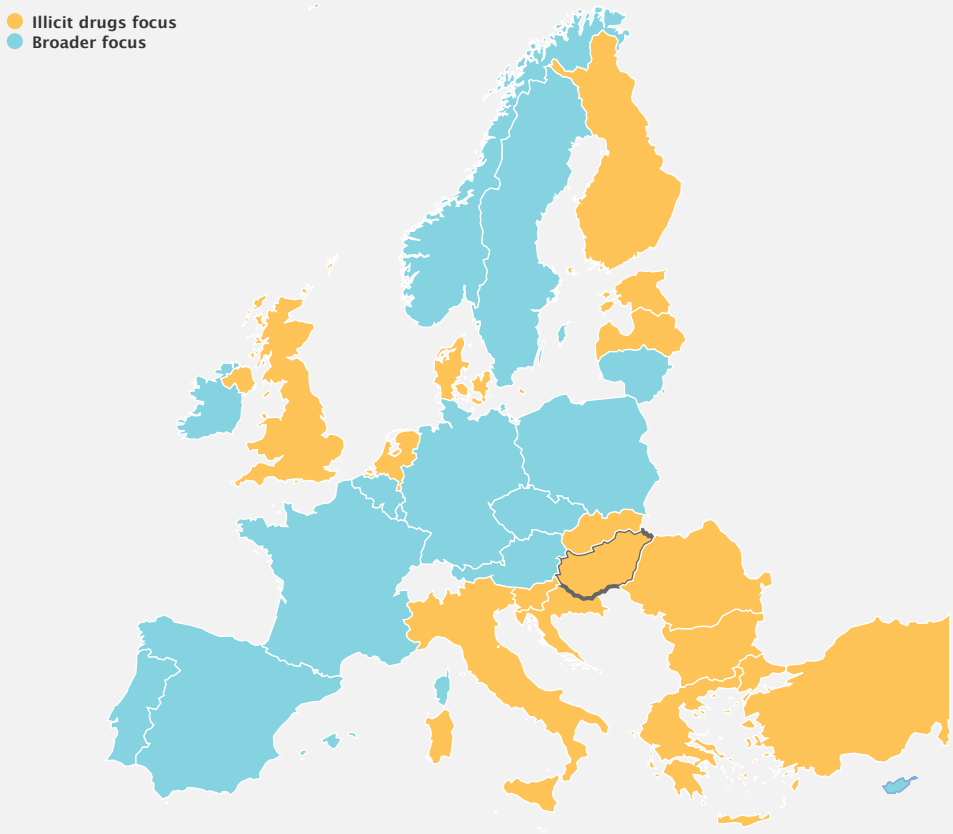
National drug strategy and coordination

National drug strategy

Hungary's National Anti-Drug Strategy 2013-20, entitled 'Clear consciousness, sobriety and the fight against drug crime', focuses on illicit drugs and was adopted in 2013. It is based on five core values: the right to life, human dignity and health; personal and community responsibility; community action; cooperation; and an evidence base. The strategy addresses three areas of intervention: (i) health development and drug prevention; (ii) treatment, care and recovery; and (iii) supply reduction. The strategy outlines indicators for monitoring its implementation and the organisations responsible for collecting information. The related policy programme is an action plan that supports the implementation of the strategy and was adopted by the government by a decree in 2015. An updated policy programme was adopted for the period 2017-18 and sets out 27 measures.

Like other European countries, Hungary evaluates its drug policy and strategy using on-going indicator monitoring and specific research projects. In the past, external interim and final evaluations of the first national drug strategy, for 2000-09, have been undertaken.

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

The Interministerial Coordination Committee on Drug Affairs advises the government and is chaired by the Secretary of State for Social Affairs and Social Inclusion. It includes representatives from all relevant ministries and national institutions, and the Council on Drug Affairs includes representatives of civil society. The National Drug Prevention Coordination Unit is part of the Ministry of Human Capacities. It is responsible for operational and strategic coordination at the national level and the implementation of the drug strategy. The Ministry supports the activities of the Coordination Forums on Drug Affairs, which are tasked with operational and strategic coordination at the local level. It assists the coordination forums with programmes in the area of prevention and facilitates drug-related research and information dissemination.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget (‘labelled’). Often, however, most drug-related expenditure is not identified (‘unlabelled’) and must be estimated using modelling approaches.

In Hungary, there is no specific budget attached to the National Anti-Drug Strategy. One study, following a well-defined methodology, estimated total drug-related expenditures for four years (2000, 2003, 2005 and 2007). In 2007, the total drug-related public expenditure amounted to 0.04 % of gross domestic product (GDP). The total expenditure, estimated at approximately EUR 39 million, was divided into four main areas: law enforcement (75 %), prevention and research (10 %), treatment (10 %) and harm reduction (4 %).

Between 2000 and 2007, total drug-related expenditure remained stable as a percentage of GDP. Law enforcement absorbed at least 66 % of these funds, while expenditure on treatment and harm reduction, taken together, did not exceed 15 % of the total.

Drug laws and drug law offences

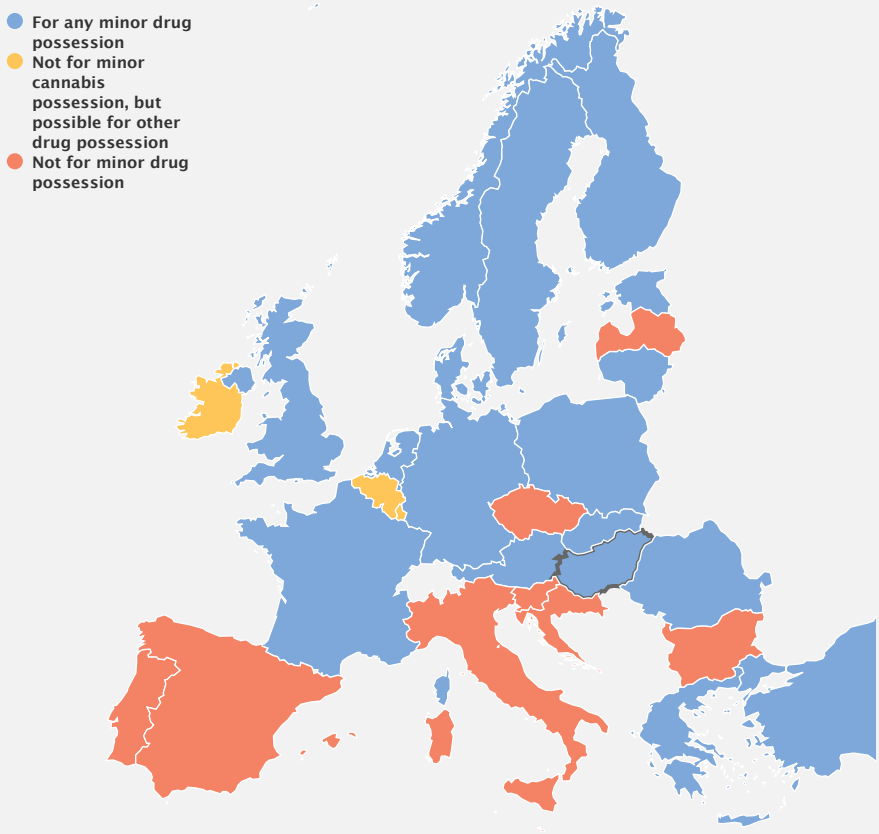
National drug laws

Since 2013, the drug control sections of the Criminal Code have covered trafficking, possession, incitement of minors to use drugs or similar substances, assisting production, precursors, new psychoactive substances (NPS) and performance enhancement (doping).

Consumption is now a criminal offence (unlike during the period 2003-13), punishable by up to 2 years in prison. Possession is punishable by up to 2 years in prison if it involves small quantities. Other penalties include 1-5 years for a basic offence, increasing to 2-8 years if the offence is committed under certain circumstances, and 5-10 and 5-15 years if the offence involves a larger quantity of drugs. Similar sentence ranges are available for supply offences, although they increase to 5-20 years' imprisonment in certain circumstances, and life imprisonment if large quantities are involved. As of 2013, maximum penalties are no longer lower for offences committed by drug users, though the court may take the perpetrator's drug use into consideration when imposing punishment. The option to suspend prosecution in the case of treatment is available to offenders committing drug law offences that involve only small quantities of drugs (production, manufacture, acquiring, possession for personal use); this option is not available within 2 years of a previous suspension.

To control new psychoactive substances (NPS) in Hungary, a government decree set up a formalised rapid assessment in 2012. This allowed the inclusion of NPS in Decree 55/2014 of the Minister of Human Capacities. Inclusion means a temporary control for 1 year with the possibility of an extension of 1 year, after which it will be transferred to the schedule of psychoactive substances or the Schedule D of the Decree, depending on whether the danger is greater or lesser. Accordingly, the Criminal Code now provides for a punishment of up to 3 years in prison for the manufacture of NPS, 1-5 years for supply and up to 3 years for possession of more than a small amount (2 g of the active substance). For possession of a small amount, the user will be subject to a non-criminal infringement procedure. There is also a section penalising the incitement of minors to use 'a substance or agent that has a narcotic effect but is not classified as a drug' with a maximum penalty of 2 years' imprisonment.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



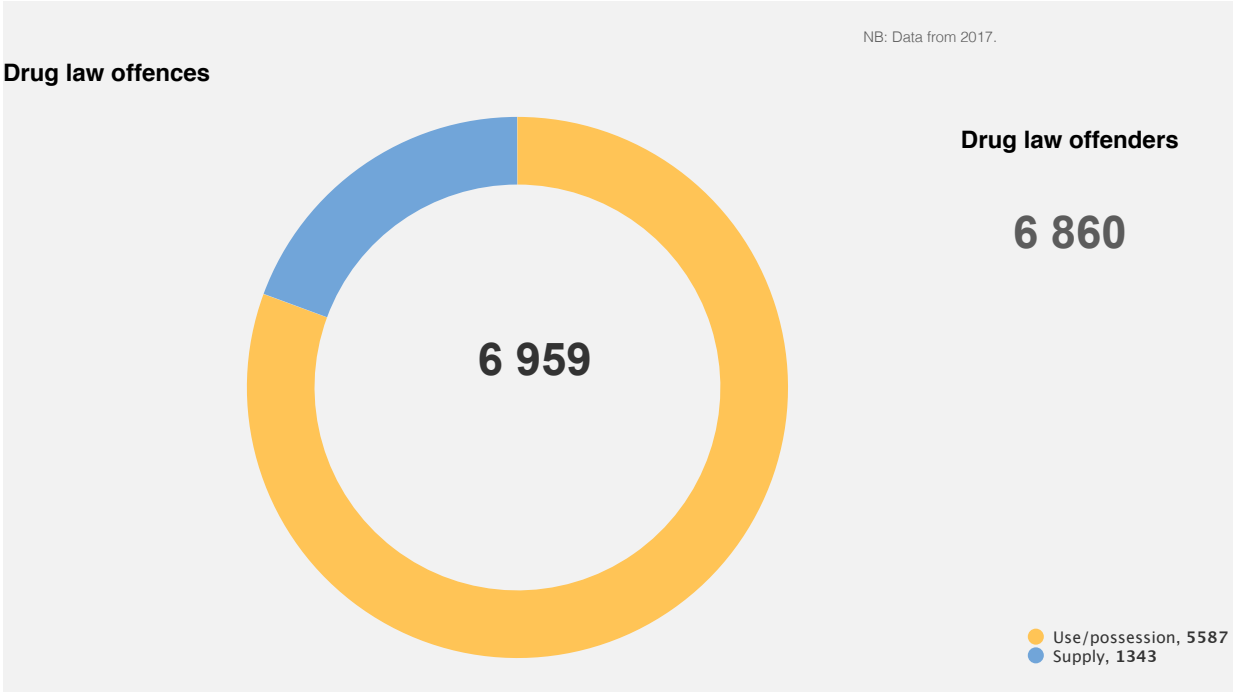
NB: Data from 2017.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The 2017 data on DLOs from Hungary indicate that the majority of offences were related to use/possession (80 %). More than half of offences in 2017 were related to cannabis; the next most prevalent DLOs were those related to stimulants. Since 2012, when criminal liability for NPS offences was introduced, the proportion of all supply-related DLOs that are NPS related has increased.

Reported drug law offences and offenders in Hungary



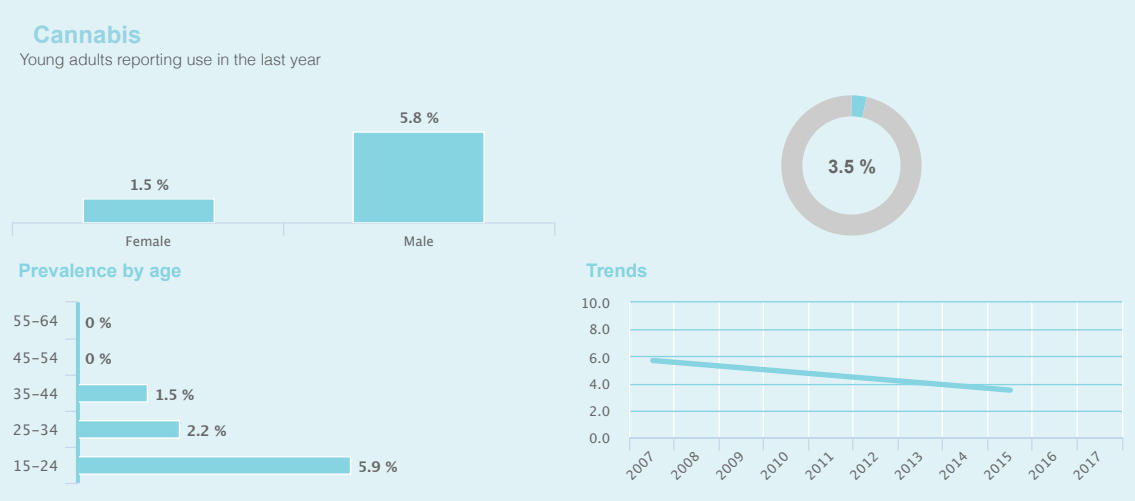
Drug use

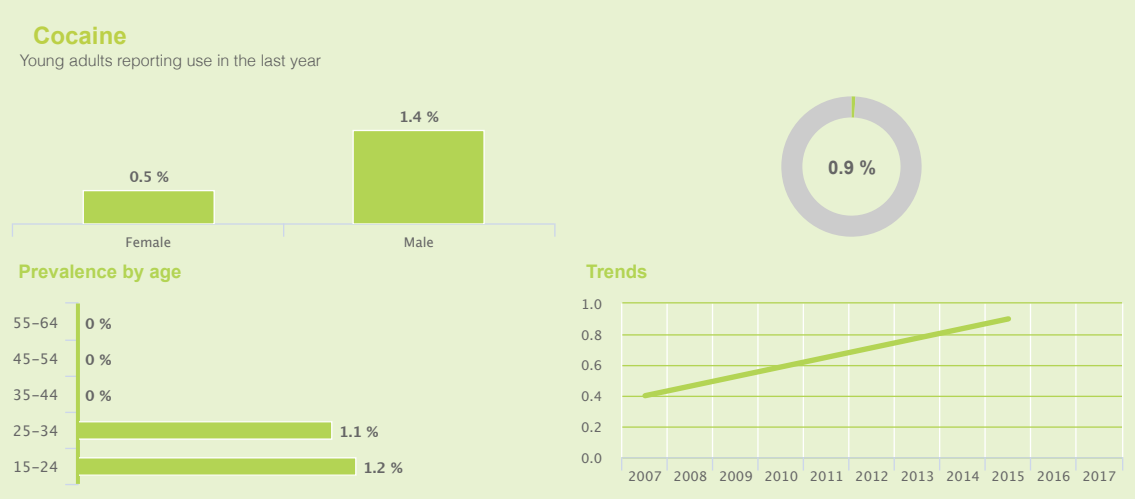
Prevalence and trends

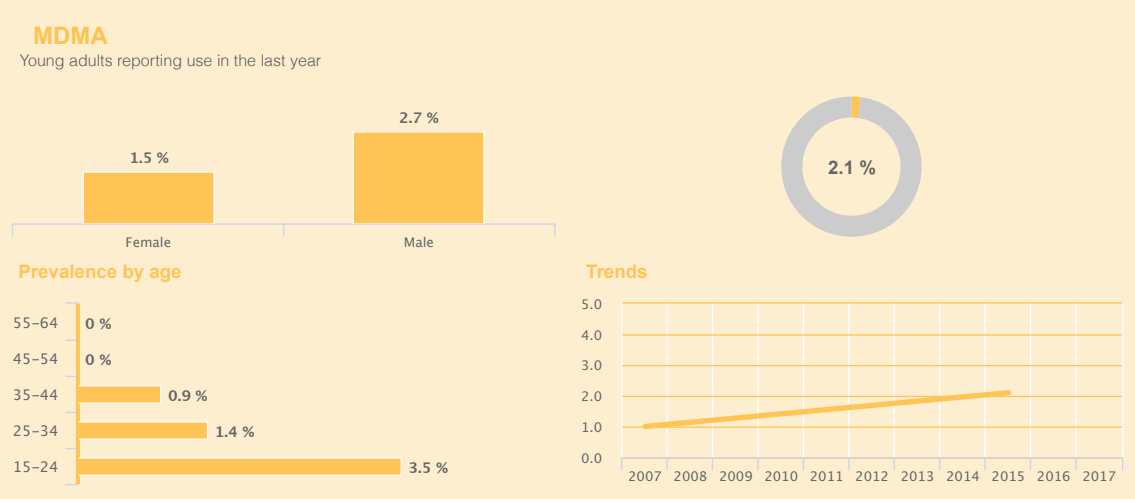
In Hungary, cannabis is the most commonly used illicit substance among the general population and its use is concentrated among young adults aged 18-34 years. The most recent data suggest that last year cannabis use among young adults fell between the 2007 and 2015 surveys. The use of MDMA/ecstasy, cocaine and amphetamines increased over the same period.

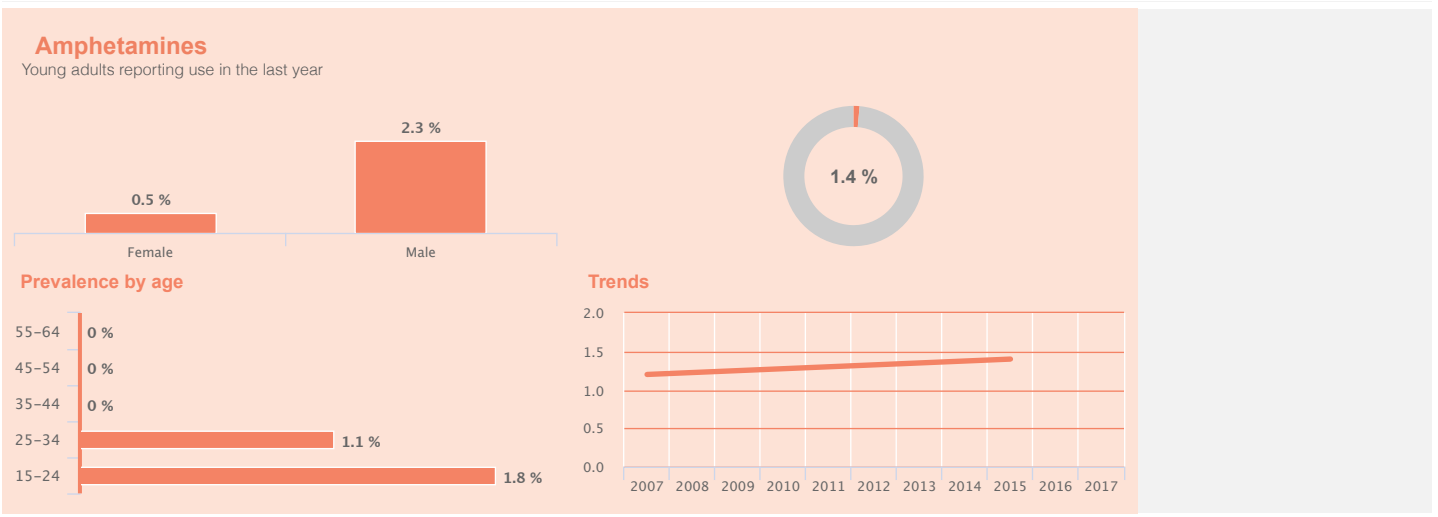
Following the emergence of new psychoactive substances (NPS) in the Hungarian drug market, these substances, which mainly belong to groups of synthetic cannabinoids, synthetic cathinones or amphetamine derivatives, have become as popular as established illicit drugs, in particular among young adults.

Estimates of last-year drug use among young adults (18-34 years) in Hungary



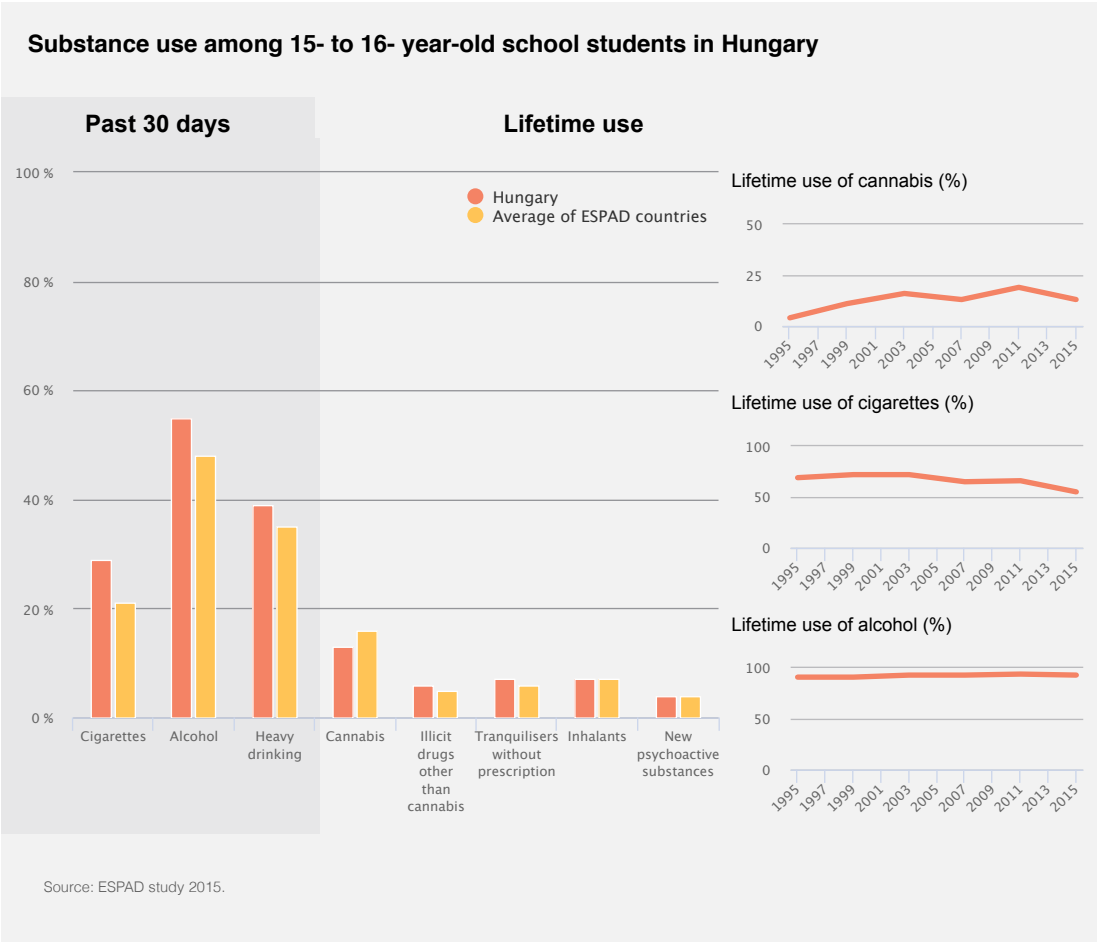






NB: Estimated last-year prevalence of drug use in 2015. Data under the label 15-24 years corresponds to 18-24 years.

Drug use among students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted regularly among 16-year-old students in Hungary since 1995. The results of the 2015 ESPAD study confirmed that cannabis remains the most commonly used drug among this group, albeit at a lower level than in 2011, and that lifetime use of cannabis among Hungarian students is somewhat lower than the ESPAD average (based on data from 35 countries). The prevalence rates of lifetime use of illicit drugs other than cannabis and NPS are similar to the ESPAD averages. In contrast, more Hungarian students reported use of alcohol in the last 30 days, and the reported frequency of heavy episodic drinking was also higher than the average for all countries.



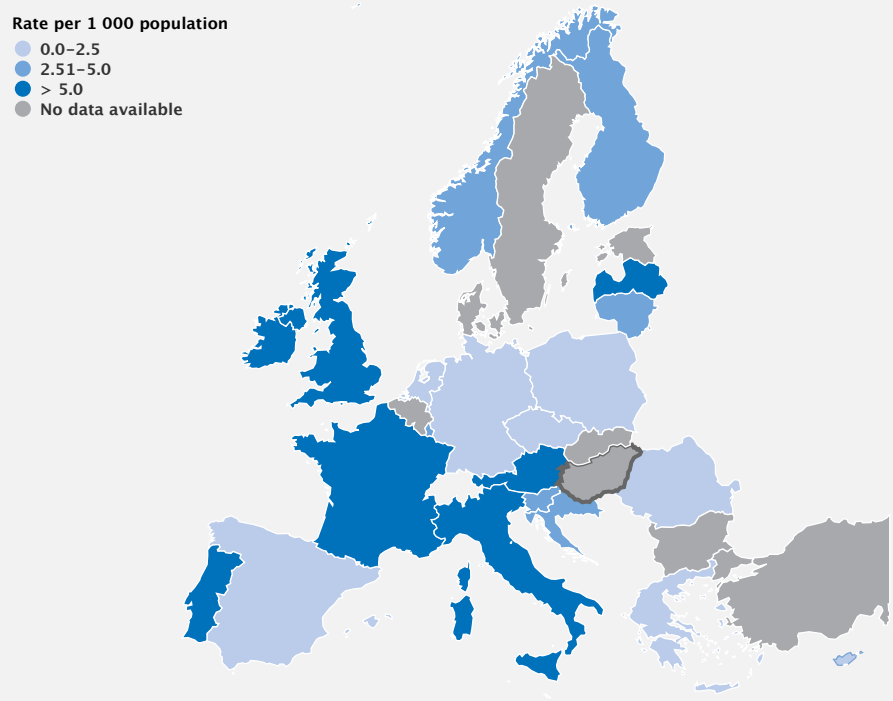
High-risk drug use and trends

Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

In Hungary, high-risk drug use is linked mainly to the injection of stimulants, mostly psychoactive substance (NPS). In 2015, an estimated 6 707 people had injected in the previous year (0.98 per 1 000 population). Studies carried out in recent years indicate that there has been a shift from injecting established drugs (heroin and amphetamines) to injecting NPS (largely synthetic cathinones), which has been confirmed by toxicological analyses of residues from injecting paraphernalia. According to data on clients of needle and syringe programmes, the proportion of drug users injecting heroin who attend these facilities has decreased significantly over the last decade.

Data from specialised treatment centres in Hungary indicate that there has been a continuous increase in the number of clients seeking treatment services for primary use of NPS and a decrease in heroin treatment demand since 2010. Cannabis was the most common primary substance reported by first-time clients entering treatment in 2017, many of whom may entered treatment as an alternative to the criminal justice system. Approximately 1 out of 10 clients entering treatment is female.

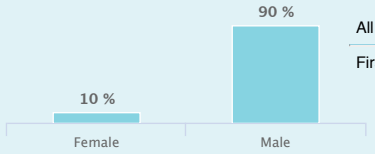
National estimates of last year prevalence of high-risk opioid use



NB: Data from 2017, or the most recent year for which data are available.

Characteristics and trends of drug users entering specialised drug treatment in Hungary

Cannabis
users entering treatment

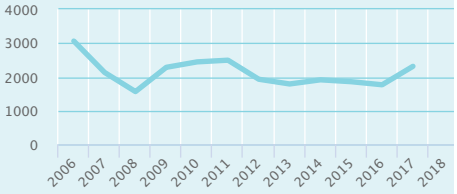


All entrants 3031

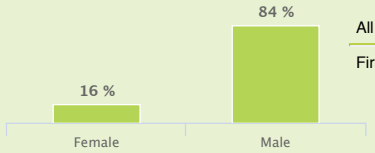
First-time entrants 2310

Mean age at first use 19

Mean age at first treatment entry 26



Cocaine
users entering treatment

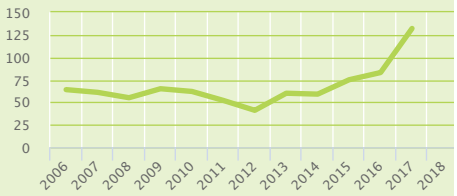


All entrants 167

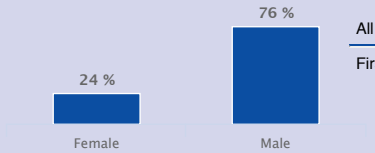
First-time entrants 132

Mean age at first use 26

Mean age at first treatment entry 34



Heroin
users entering treatment

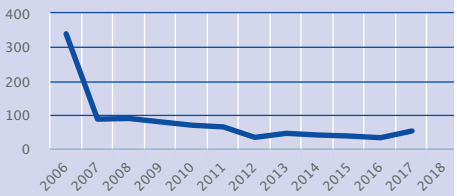


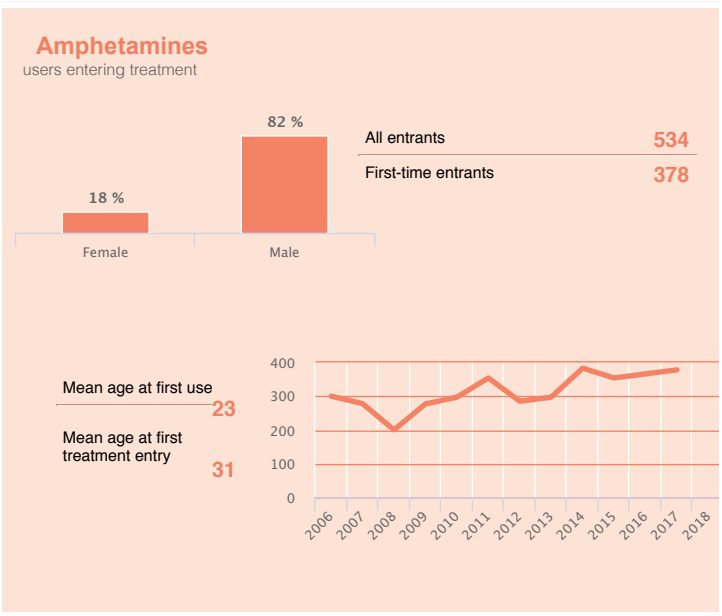
All entrants 154

First-time entrants 51

Mean age at first use 21

Mean age at first treatment entry 32





NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants. Data source changed in 2007.

Drug-related infectious diseases

In Hungary, data on drug-related infectious diseases are available from the National Registry of Infected Patients and the special human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and hepatitis surveillance database, which are complemented by the nationwide seroprevalence surveys on infectious diseases among people who inject drugs (PWID) that have been carried out since 2006.

One newly diagnosed case of HIV infection linked to injecting drug use was reported in Hungary in 2017. The number of registered acute hepatitis C virus (HCV) infections attributed to injecting drug use increased notably between 2006 and 2012, while the number of hepatitis B virus (HBV) infections linked to injecting drug use remains low.

Prevalence of HIV and HCV antibodies among people who inject drugs in Hungary (%)

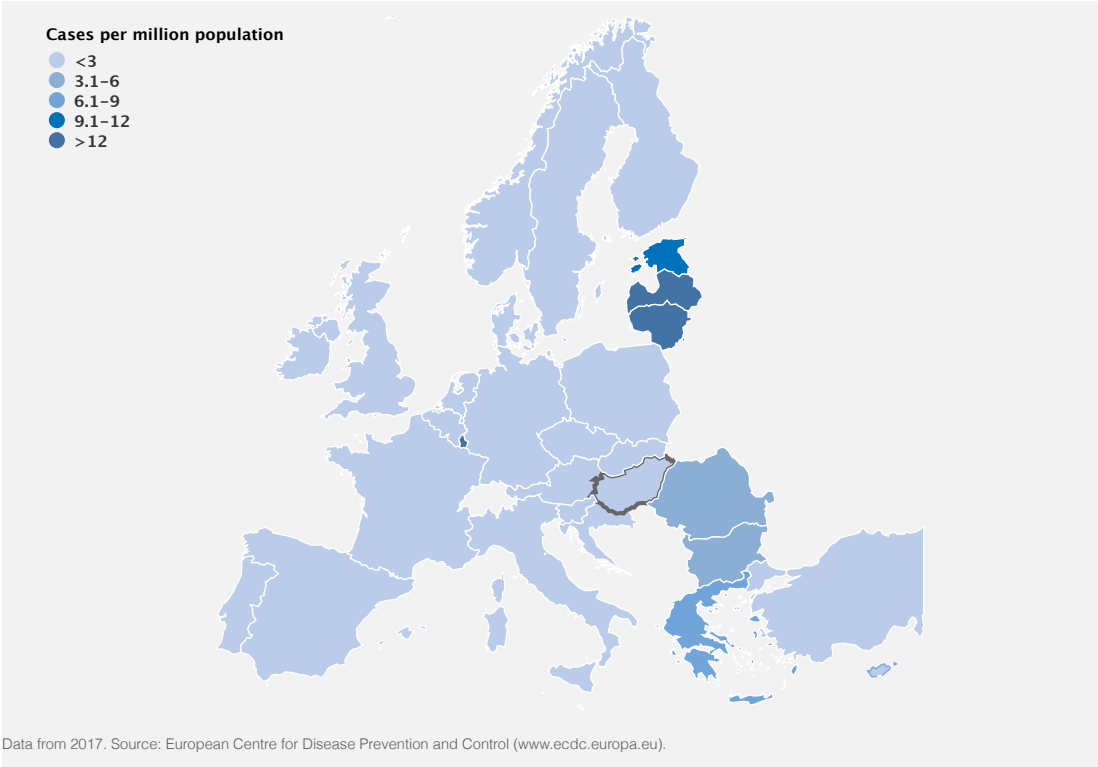
	Region	HCV	HIV
	National	49.7	0.2
	Sub-national	40.5 - 55.3	:

Data from 2015.

Since 2011, HCV prevalence among PWID has almost doubled. It is now estimated that half of PWID test positive for HCV antibodies. One study indicated that 8 out of 10 PWID reporting current injection of new psychoactive substances (NPS) were HCV positive. The increase in HCV prevalence may be explained by new patterns of injecting drug use; in particular, NPS are injected more frequently and, as a result, sharing and reusing injecting equipment has become more common. In 2015, one HIV-positive individual was identified in the seroprevalence survey carried out among 596 PWID.

The results of the same survey suggested that 4 out of 10 PWID had shared syringes in the past 4 weeks, while more than half reported sharing any injecting equipment in the past 4 weeks. Moreover, sharing injecting equipment was more commonly reported among NPS injectors. The same survey indicated that less than one third of PWID had never been tested for HIV, while slightly more than one third of PWID, excluding those who self-reported HCV-positive status, stated that they had never been tested for HCV.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-induced deaths and mortality

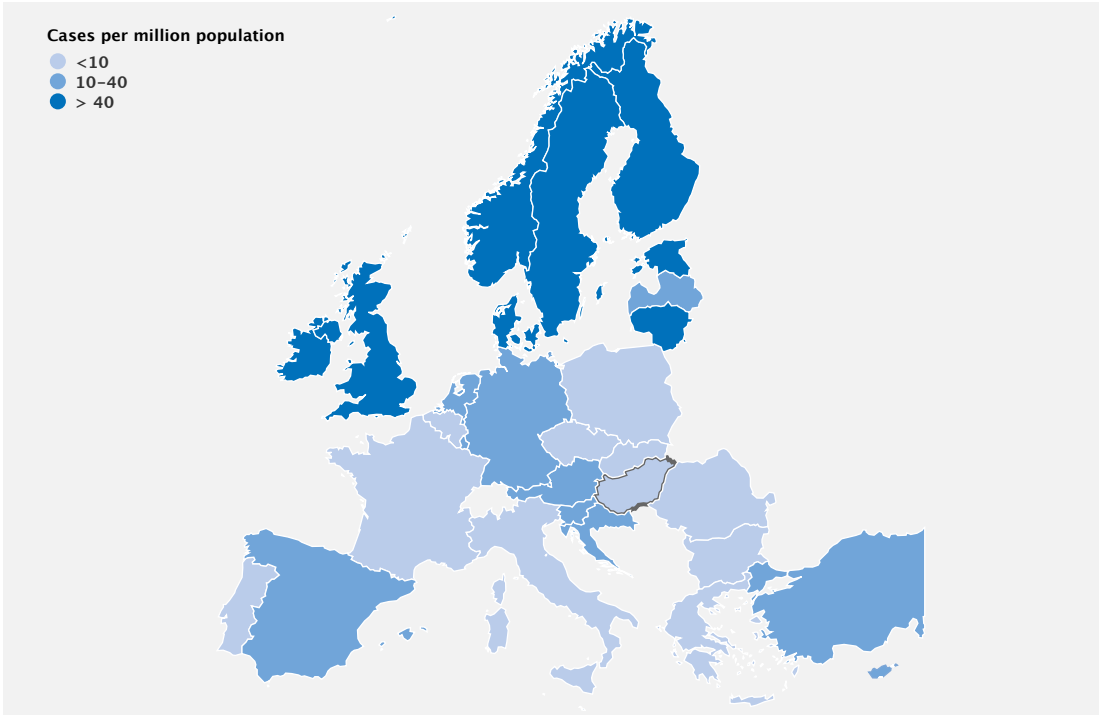
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In Hungary the annual number drug-induced deaths ranged between 20 and 33 in the period 2012-17. The fluctuation in the

number of deaths reported before 2011 was attributed to the purity of heroin. Availability of heroin fell significantly after 2010 and, as a result, other opioids started to dominate drug-related deaths data. In 2017, according to toxicological results, opioids were involved in almost a third of all deaths and were always found in combination with other psychoactive substances. In the remaining cases, amphetamines, MDMA/ecstasy, synthetic cathinones, cocaine or synthetic cannabinoids were detected. In 2017, the majority of victims were male and the average age at the time of death was 31 years.

The drug-induced mortality rate among adults (aged 15-64 years) in Hungary was five deaths per million in 2017, which is below the most recent European average of 22 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

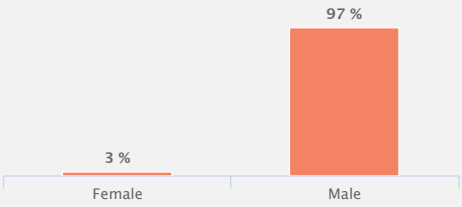


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

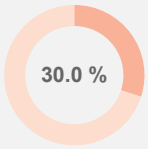
Characteristics of and trends in drug-induced deaths in Hungary

NB: Year of

Gender distribution

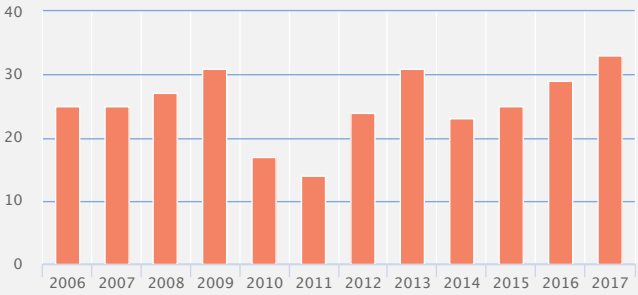


Toxicology

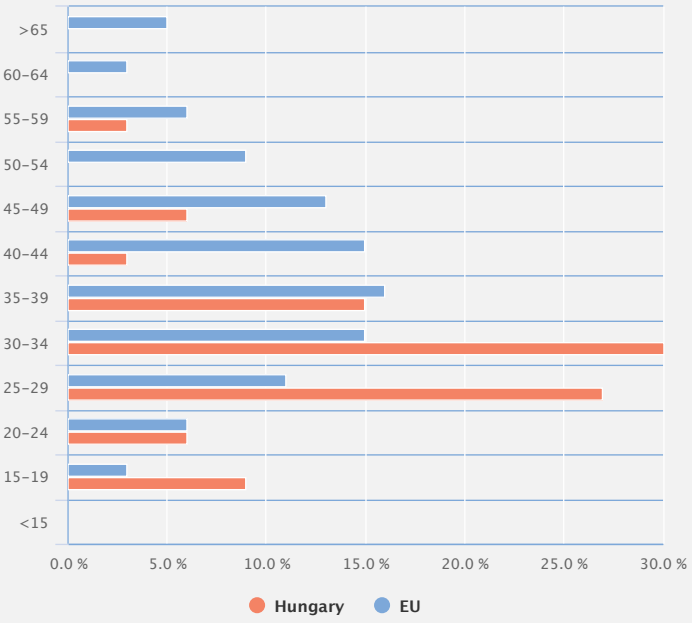


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

Prevention

The Hungarian government adopted a policy programme for 2017-18 in connection with the National Anti-Drug Strategy 2013-20. The policy programme seeks to support health promotion and drug prevention, giving priority to the implementation of universal, selective and indicated programmes. It aims to involve families and communities, reaching vulnerable target groups (e.g. child protection) and taking into account special considerations (e.g. disadvantaged people).

In Hungary, prevention activities are mainly financed by the state-supported annual grant system. Recently, its spending in the field of selective prevention has been aimed at increasing health awareness through tailored health communication to the target groups.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups who may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

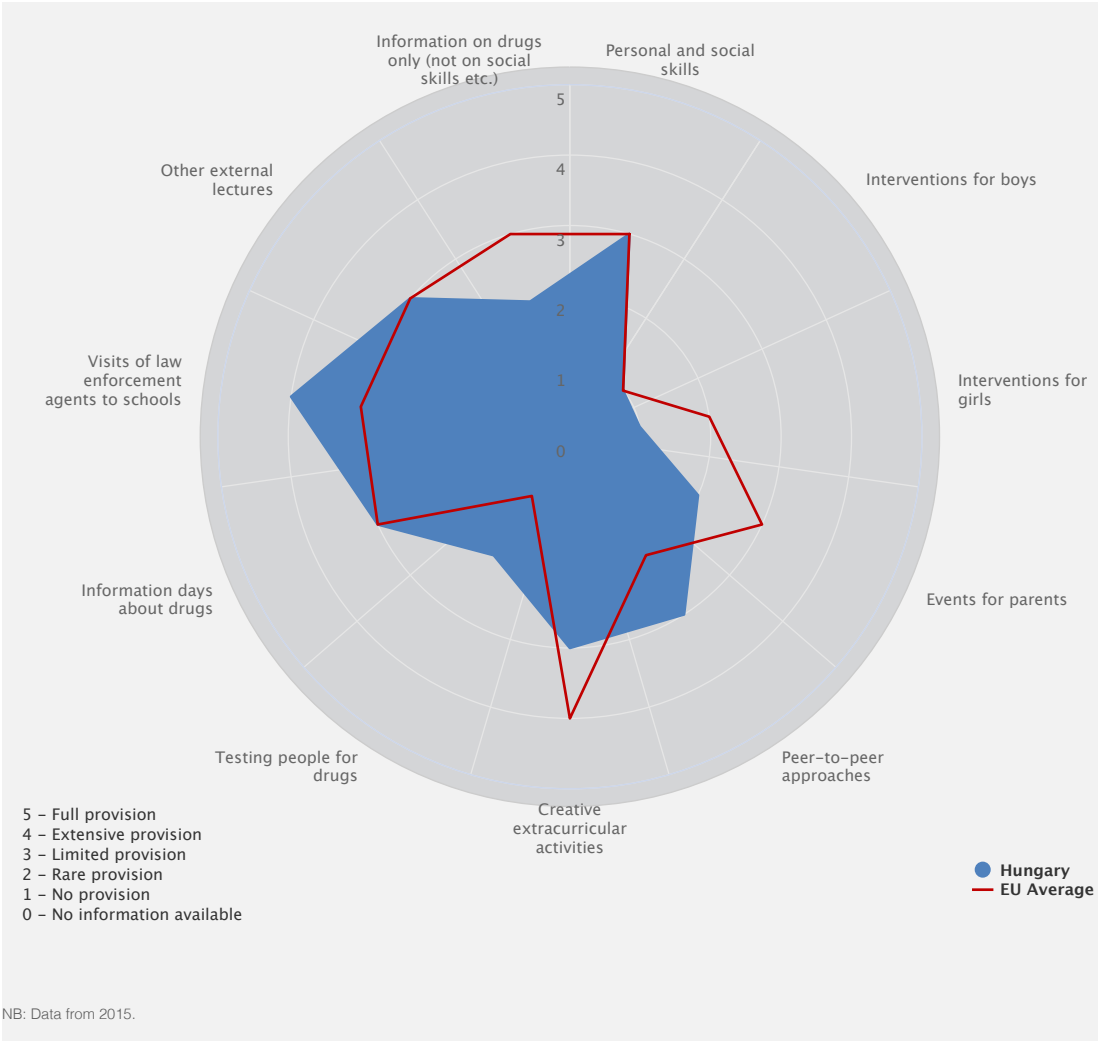
In Hungary, environmental prevention agencies have focused in recent years on the regulation of tobacco availability and the restriction of smoking in public places.

Universal prevention activities are mainly implemented in educational settings and mostly run by non-governmental organisations with state funding. The police and the Hungarian army are actively involved in prevention activities in educational settings. In schools, only accredited programmes can be implemented by external prevention service providers. In recent years, a shift from one-way information provision towards interactive programmes that attempt to influence the attitudes and beliefs of the target audience has been noted. Nevertheless, a recent survey among young Hungarians attending high-school drug prevention programmes in the last 5 years found that the vast majority participated in lecture-type activities, with few participating in interactive activities such as games, drama or sports. According to the respondents, most drug prevention programmes focused on raising awareness of the dangers of drugs or emphasising that drug use was prohibited. Less than half of the programmes educated participants on how to say no to drug use. About a third of the students were educated about safer nightlife or on how to help drug-using peers.

Selective prevention activities in Hungary target young people living in state care, prisons and disadvantaged neighbourhoods, as well as homeless young people, pregnant women and families with substance use problems.

Indicated prevention programmes aim to strengthen the family system and develop parental skills among at-risk young people, students with special needs, and those living in families affected by drug use. Workplace prevention programmes are rare.

Provision of interventions in schools in Hungary (expert ratings)



NB: Data from 2015.

Harm reduction

The current National Anti-Drug Strategy defines harm reduction as an entry point to and an integrated part of the entire treatment chain operating through a recovery-based approach. In its chapter on health promotion and drug prevention, the importance of harm reduction activities in recreational settings is emphasised.

The Hungarian Ministry of Human Capacities assigns the responsibility for funding of low-threshold services to the Directorate General for Social Affairs and Child Protection, which closes annual contracts with service providers selected through a tendering process. To be eligible for funding, the applicant must deliver at least two of three basic services: psychosocial interventions, counselling services and street outreach. Needle and syringe exchange is a complementary service that can be funded in combination with the basic services.

Harm reduction interventions

Needle and syringe exchange programmes are available throughout the country. Harm reduction services are delivered at fixed locations, by mobile units and through outreach activities. In three cities, clean needles and syringes are also available from vending machines. In addition to sterile needles and syringes and counselling on safer injecting, most programmes also provide other injecting paraphernalia and condoms.

The annual number of syringes distributed in Hungary has fluctuated but recently has decreased substantially. In 2017, the level of access to harm reduction services for clients was the lowest recorded so far, with around 138 000 syringes distributed. Based on the estimated number of people who inject drugs in the country, this would suggest a yearly number of 21 syringes per injecting drug user, which is lower than the recommended minimum level.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

The treatment-related objectives of the current Hungarian National Anti-Drug Strategy are built on a recovery-oriented approach and place emphasis on enhancing the availability and quality of treatment services, with a particular focus on young people. In Hungary, treatment of drug users is a task shared by the healthcare system and social services, with the participation of non-governmental institutions. The State Secretariat for Healthcare is responsible for all aspects of drug users' healthcare, while the State Secretariat for Social Affairs and Social Inclusion is in charge of issues related to social care. Both secretariats are located in the Ministry of Human Capacities. Treatment services are mainly provided by public bodies and by non-governmental drug service providers.

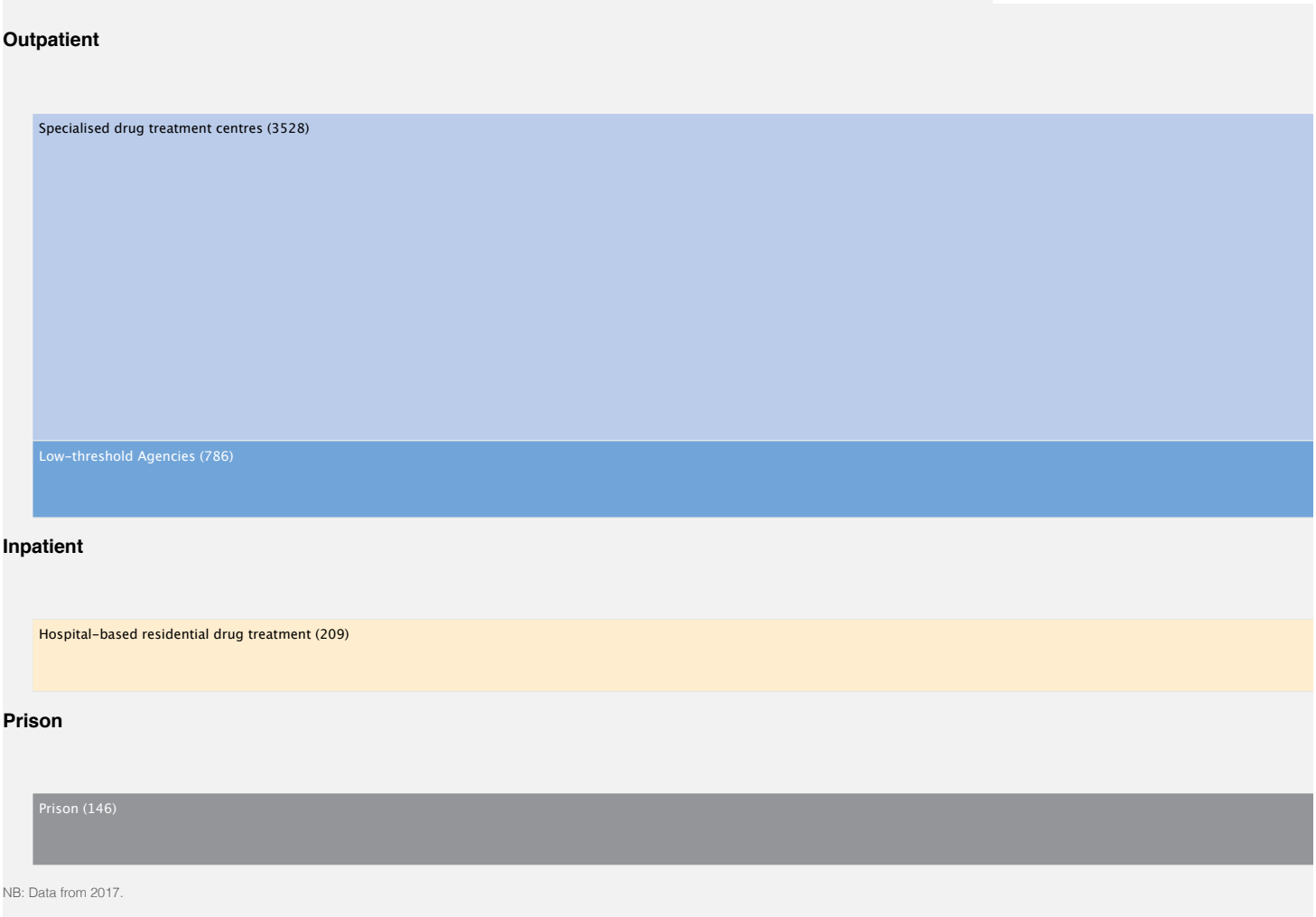
A clear separation exists between the financing, definition, regulation and inspection of social and health services. Health services for people who use drugs are mainly financed by the National Health Insurance Fund, while the majority of social services are financed using a fixed financing model through the social budget, which may be supplemented with additional resources allocated through tendering.

In Hungary, drug treatment is not substance based and covers licit and illicit substances, other dependencies and psychiatric problems. Treatment is offered to drug users at various outpatient and inpatient facilities throughout the country. Some treatment units provide only health or social services, while others provide mixed services. The Hungarian treatment system includes specialised inpatient and outpatient drug treatment units (including low-threshold services), inpatient and outpatient units for addiction or mental health, therapeutic communities and crisis intervention departments.

Long-term rehabilitation is also provided mostly by non-governmental organisations; though it has a healthcare component, it is predominantly focused on social support and integration. Other available services include a publicly funded housing service and an online self-help programme for problem cannabis use offered by some outpatient centres in Budapest. Treatment is also offered as an alternative to criminal procedure for some minor drug offences.

Opioid substitution treatment (OST) has been available since 1994 (with methadone), while buprenorphine-based treatment was introduced in 2007. Both methadone- and buprenorphine-based treatments are publicly funded. Methadone is provided only at specialised outpatient treatment centres, whereas buprenorphine can be prescribed by any psychiatrist. OST is provided within the remit of outpatient treatment services, but it is also provided by some inpatient treatment providers, mostly for detoxification purposes.

Drug treatment in Hungary: settings and number treated



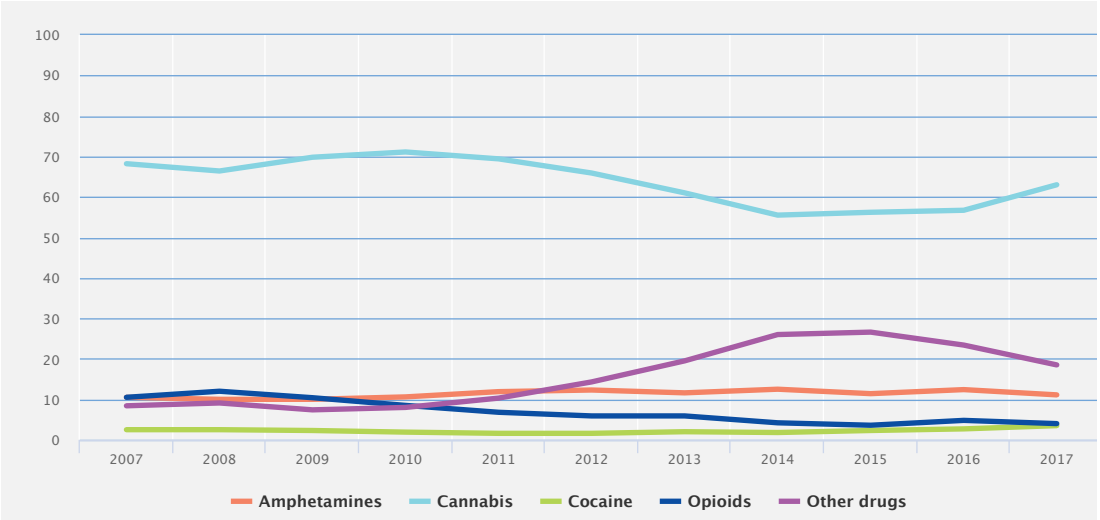
NB: Data from 2017.

Treatment provision

Over 4 800 clients entered drug treatment services in 2017, most of whom did so as an alternative to criminal proceedings. Most clients were treated in outpatient units. Cannabis remained the primary substance among treatment clients overall, followed by new psychoactive substances (NPS), amphetamines and opioids. Cannabis is also the most frequently reported primary substance for those who enter treatment through the criminal justice system. The long-term analysis up to 2014-15 indicates a decrease in heroin-related treatment demands and an increase in the number of clients entering treatment for NPS use. However, more recently, there has been an increase in treatment demands for heroin use and a decrease for NPS use. Synthetic cannabinoids and synthetic cathinones are the most common groups of NPS for which treatment is sought.

The number of OST clients in Hungary has remained stable in recent years, with changes in trends explained primarily by changes in data collection methods in 2010 and 2011. The majority of OST clients are treated with methadone.

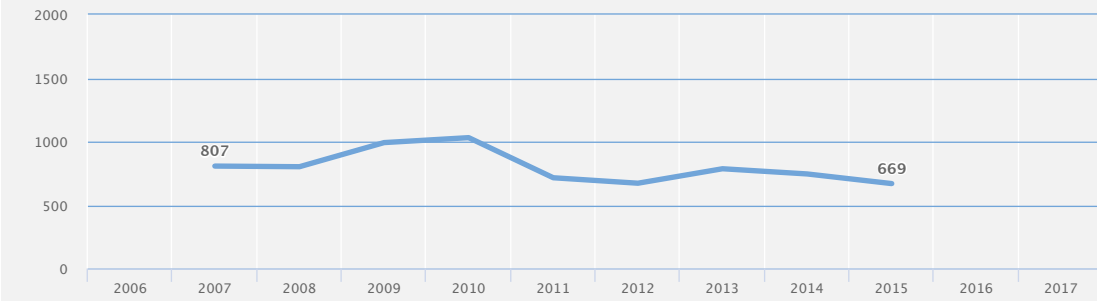
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Hungary



NB: Data source changed in 2007.

Opioid substitution treatment in Hungary: proportions of clients in OST by medication and trends of the total number of clients

Trends in the number of clients in OST



NB: Data from 2015. Data source has changed since 2011.

Drug use and responses in prison

The National Anti-Drug Strategy 2013-20 includes objectives on drug prevention and treatment in prison. The Ministry of Interior is responsible for healthcare in prisons in Hungary, and treatment and care are organised on the basis of a medical model. In addition, Hungarian drug law offenders may undergo treatment as an alternative to criminal proceedings. The three-level intervention comprises preventative consultations, drug treatment and treatment for other conditions related to drug use. The treatment is provided by the prison system health services and external treatment providers, mainly outpatient services. Furthermore, several non-governmental organisations offer prevention programmes in prisons. Available treatment modalities include psychosocial intervention, counselling and pharmacologically assisted treatment. Opioid substitution treatment (OST) is available, but its provision remains rare.

As part of the development of a risk assessment system implemented in Hungarian detention facilities, drug use data were collected on a sample of prisoners in 2015. The highest levels of lifetime prevalence were reported for cannabis, followed by stimulants and, to a lesser extent, misused medicines, new psychoactive substances (NPS), hallucinogens and opioids. According to a survey conducted in 2016 in juvenile detention centres (for those < 20 years old), the large majority of inmates in these centres have used drugs or NPS at least once in their lives.

The prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) infections is higher among prisoners than among the general population. Research carried out in detention facilities in 2009 suggests that the majority of prisoners who tested positive for HCV were probably infected by earlier injecting drug use. The latest available data, from 2009, place the prevalence of HCV infection among prisoners at 5 %, but higher among those who had injected drugs (23 %). Infectious disease testing and counselling are available in prison. Prisoners testing positive for HIV, HBV or HCV and meeting the therapeutic criteria receive appropriate treatment.

In 2017, reintegration programmes or individual support aimed at the social reintegration of prisoners who use drugs upon release were available in about one third of prisons, and probation officers also assist with reintegration. Reintegration programmes cover the areas of healthcare, work and vocational training, access to social support and drug services, follow-up care and legal aid, and preparation for returning to the family. Interventions or services specifically aimed at harm reduction are not available in Hungarian prisons. In the 2018 survey on Hungarian prisons, no institution reported providing any programmes aimed at preventing overdose after release. However, this issue is addressed through individual counselling at some institutions.

Quality assurance

Hungary's National Anti-Drug Strategy 2013-20 lists among its objectives the development of quality assurance mechanisms and the necessary institutional background regarding both prevention and treatment services.

The professional accreditation procedure was introduced in 2013 for health development programmes implemented in schools. Only those health development programmes (including drug prevention programmes) that have received approval under this procedure can be implemented in schools. The institution responsible for the coordination of the programme accreditation procedure is the Ministry of Human Capacities. Every programme is assessed by two independent experts, who belong to different national institutions, thereby ensuring the objectivity of the process. The national focal point also participates in the assessment process. At present, the accreditation procedure is undergoing restructuring.

In the field of treatment and harm reduction, methodological guidelines and protocols are available to promote best practice and high-quality services. In 2017, professional guidelines on the treatment of pre-, peri- and postnatal mental disorders were adopted, which include recommendations on the treatment of alcohol and drug problems.

Three protocols for the treatment of people who use drugs have been developed, and these are updated every 2 years. In addition, a methodological letter has been issued by the Ministry of Health. Specific objectives are identified for quality improvement of treatment. Professional recommendations on low-threshold services for people who use drugs have also been developed and form the basis of calls for and assessments of applications for 3-year fixed state funding. Professional recommendations on harm reduction programmes operating in recreational settings and for needle and syringe programmes have also been made.

Professionals working in the field of drug demand reduction in Hungary are predominantly trained within the framework of psychology/psychiatry studies and studies on addiction treatment.

Drug-related research

The Ministry of Human Capacities coordinates drug-related research through an open tendering mechanism. Research priorities are included in the National Anti-Drug Strategy 2013-20 and focus mainly on data collection through the national focal point and on the assessment of the effectiveness and efficiency of treatment and care. The development of a methodology to assess the impact of the treatment and care system on mental health is also mentioned. The programme of the National Anti-Drug Strategy 2017-18 entered into force in 2017 and aims to support research and improve cross-sectorial, professional and civil partnerships.

Furthermore, the policy programme relating to the Anti-Drug Strategy encourages international and regional research collaboration, as well as nationally initiated research. The national focal point leads publicly funded national research; it conducts data collection programmes and produces research on the evidence for and the effectiveness of drug-related health provision. It also conducts and initiates small research projects, and collects research reports available in Hungary and disseminates their results through its website and newsletter.

In recent years, drug-related studies have focused primarily on population-based and clinical epidemiology studies, but studies on basic biological factors, demand reduction, supply and crime, and policy research have also been carried out. Recently, the national focal point carried out three main activities: it (i) developed trend-spotter qualitative research to assess the prevalence and patterns of NPS use; (ii) established a ‘Drug Facility Locator Portal’ to help the community to find the adequate treatment or prevention; and (iii) finalised the Hungarian best practice portal.

Drug markets

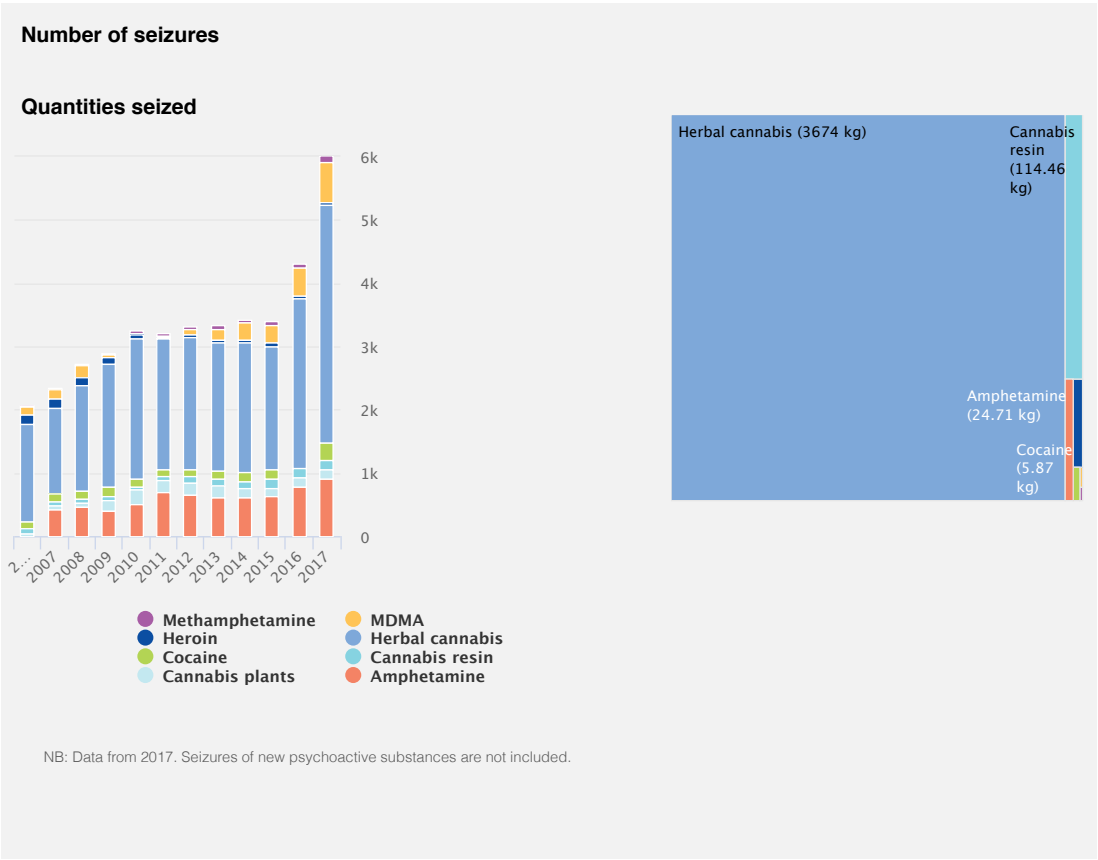
The Hungarian drug market has undergone some changes in recent years. New psychoactive substances (NPS) have been competing with established drugs, posing challenges for law enforcement agencies. China is the main source of bulk NPS, usually sent in postal packages or fast parcels. Other raw materials for the production of illicit drugs may be imported from Spain, the Netherlands and Slovakia. Between 2010 and 2014, NPS seizures increased steadily as a proportion of all seizures, peaking at almost 60 % of all seizures in 2014. Since then, the proportion has been decreasing. Cathinones and herbal mixtures containing synthetic cannabinoids remain the most commonly seized NPS.

Herbal cannabis is increasingly trafficked into the country by Vietnamese organised crime groups based in Czechia, and also from western Balkans countries and the Netherlands. Although seizures decreased in 2017, large seizures were made at the Serbian border. Furthermore, several cannabis cultivation sites have been reported in Hungary, mostly small in scale.

Hungary has traditionally been a transit country for heroin originating from Afghanistan and trafficked via the Balkan route to Western Europe. Since 2010, the numbers of seizures and the amounts seized have remained relatively small. Synthetic drugs, such as amphetamine and MDMA/ecstasy, are imported from Belgium and the Netherlands. In recent years, several large quantities of MDMA tablets were seized, pointing to increased demand for this drug in the last decade. In recent years, the cocaine seized in Hungary has mainly been transported via the road network from Spain or the Netherlands or has been smuggled directly into the country by air from South America. Data indicate an increasing trend in cocaine seizures, while the amounts seized show large fluctuations.

Data on the retail price and purity of the main illicit substances seized are shown in the ‘Key statistics’ section.

Drug seizures in Hungary: trends in number of seizures (left) and quantities seized (right)



NB: Data from 2017. Seizures of new psychoactive substances are not included.

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	13.14	6.51	36.79
Last year prevalence of use — young adults (%)	2015	3.5	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	1.5	0.9	11
All treatment entrants (%)	2017	63	1.03	62.98
First-time treatment entrants (%)	2017	68.2	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	3 674	11.98	94 378.74
Number of herbal cannabis seizures	2017	3 751	57	151 968
Quantity of cannabis resin seized (kg)	2017	114.5	0.16	334 919
Number of cannabis resin seizures	2017	153	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.2 - 20	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	2 - 35	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	4.8 - 12.9	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	4.8 - 14.5	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.43	0.85	4.85
Last year prevalence of use — young adults (%)	2015	0.9	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.3	0.1	2.7
All treatment entrants (%)	2017	3.5	0.14	39.2
First-time treatment entrants (%)	2017	3.9	0	41.81
Quantity of cocaine seized (kg)	2017	5.9	0.32	44 751.85
Number of cocaine seizures	2017	276	9	42 206
Purity (%) (minimum and maximum values registered)	2017	15 - 85	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	38.8 - 97	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.68	0.84	6.46
Last year prevalence of use — young adults (%)	2015	1.4	0	3.9
Last year prevalence of drug use — all adults (%)	2015	0.5	0	1.8
All treatment entrants (%)	2017	11.1	0	49.61
First-time treatment entrants (%)	2017	11.2	0	52.83
Quantity of amphetamine seized (kg)	2017	24.7	0	1 669.42
Number of amphetamine seizures	2017	904	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	1 - 70	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	6.5 - 16.2	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.07	0.54	5.17
Last year prevalence of use — young adults (%)	2015	2.1	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.9	0.1	3.3
All treatment entrants (%)	2017	2.3	0	2.31
First-time treatment entrants (%)	2017	1.7	0	2.85
Quantity of MDMA seized (tablets)	2017	51 836	159	8 606 765
Number of MDMA seizures	2017	650	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	50 - 220	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	1.6 - 11.3	1	40
Opioids				
High-risk opioid use (rate/1 000)	2010-11	0.48	0.48	8.42
All treatment entrants (%)	2017	4	3.99	93.45
First-time treatment entrants (%)	2017	1.8	1.8	87.36
Quantity of heroin seized (kg)	2017	20.6	0.01	17 385.18
Number of heroin seizures	2017	34	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	10 - 55	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	24.2 - 64.6	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0.1	0	47.8
HIV prevalence among PWID* (%)	2015	0.2	0	31.1
HCV prevalence among PWID* (%)	2015	49.7	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2015	0.98	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	5.04	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	137 580	245	11 907 416

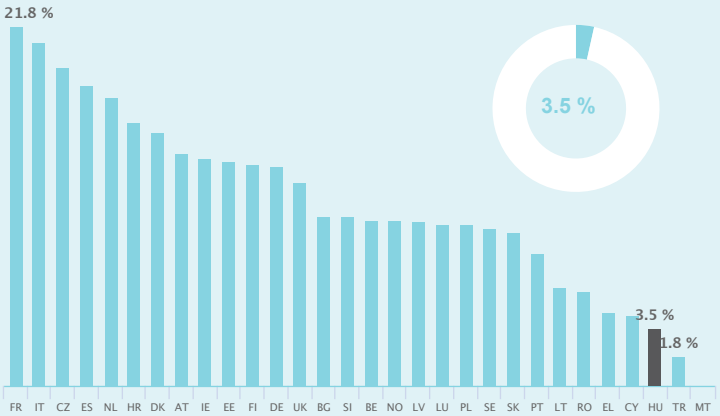
Clients in substitution treatment	2015	669	209	178 665
Treatment demand				
All entrants	2017	4 813	179	118 342
First-time entrants	2017	3 387	48	37 577
All clients in treatment	2017	4 813	1 294	254 000
Drug law offences				
Number of reports of offences	2017	6 959	739	389 229
Offences for use/possession	2017	5 587	130	376 282

Price for heroin is for heroin white.

EU Dashboard

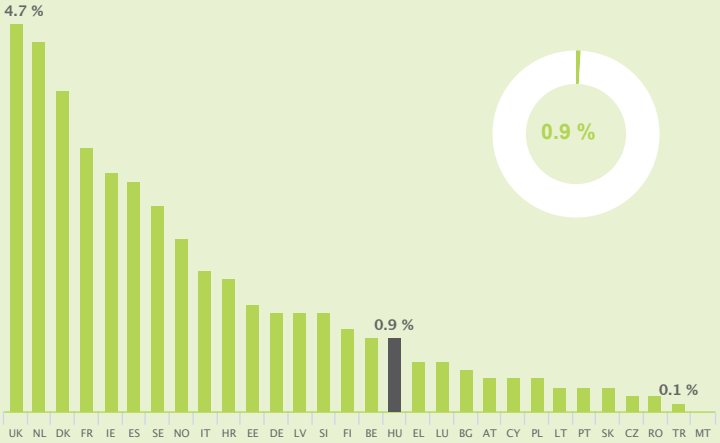
Cannabis

Last year prevalence among young adults (15-34 years)



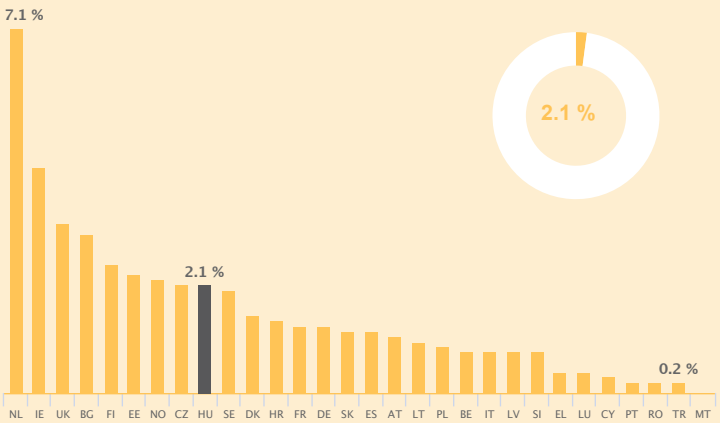
Cocaine

Last year prevalence among young adults (15-34 years)



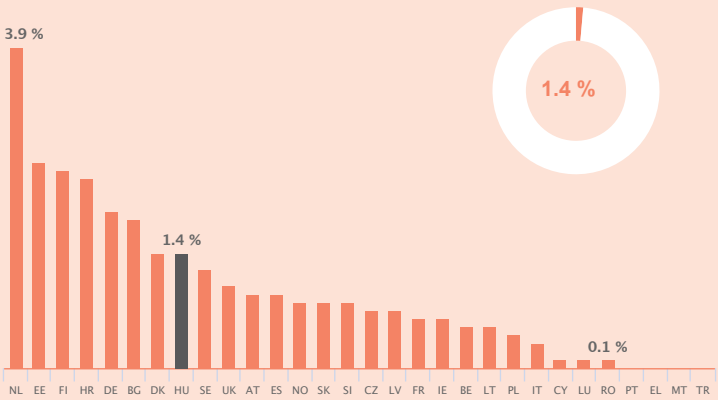
MDMA

Last year prevalence among young adults (15-34 years)



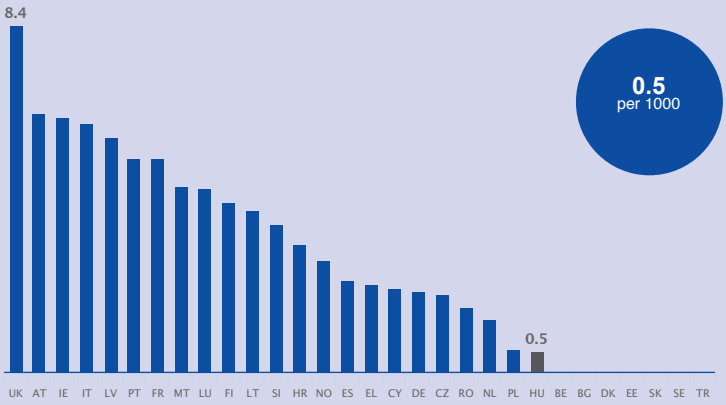
Amphetamines

Last year prevalence among young adults (15-34 years)



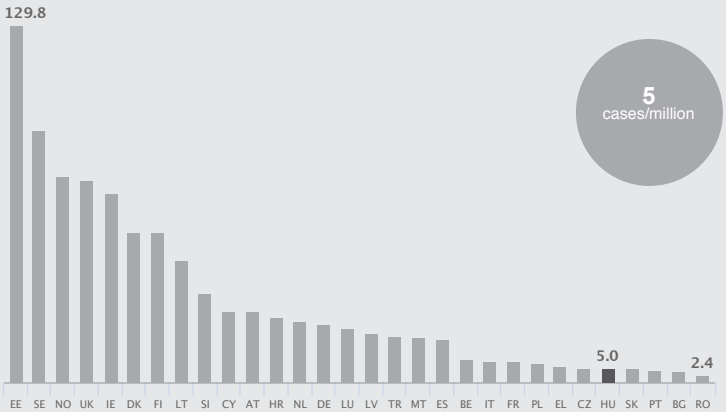
Opioids

High-risk opioid use (rate/1 000)



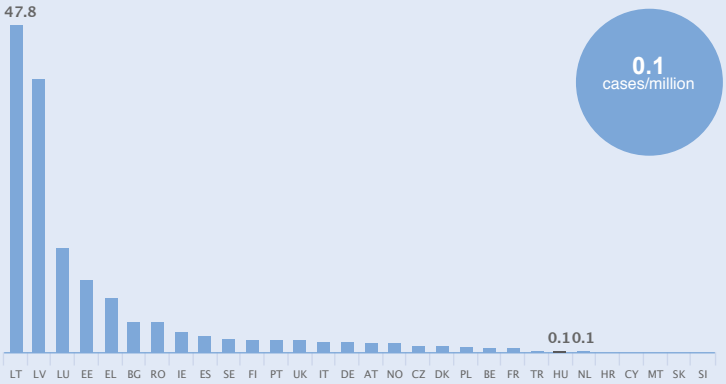
Drug-induced mortality rates

National estimates among adults (15-64 years)



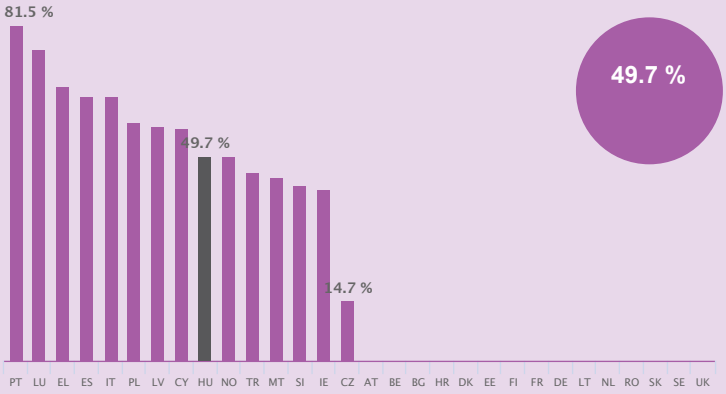
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Hungary

The Hungarian national focal point has been located within the National Institute for Health Development since 1 January 2016. Its legal basis was confirmed by an adoption of a governmental resolution in September 2003. The Inter-ministerial Coordination Committee on Drug Affairs oversees the work of the national focal point.

Click here to learn more about our partner in Hungary .

Hungarian national focal point

Ministry of Human Capacities

Deputy State Secretariat for the Chief Medical Officer's Affairs

Department for Health Development and Screening Coordination

Unit for Focal Points of Addictions

Albert Flórián str. 2-6

H-1097 Budapest, Hungary

Tel. +36 1 476 11 00

Head of national focal point: Mr Gergely Horváth

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .