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New developments, trends and in-depth
information on selected issues

REITOX

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SUMMARY

In respect of drug affairs coordination tasks 2012 was the year of institutional reorganisation and further amendment of the new drug strategy. The legal background elaborated in 2012 following the appearance of new psychoactive substances provides grounds for risk assessment and for the elaboration of possible legal act amendments.

In 2012 no national representative study was performed concerning drug use in the general population. A survey that aimed to find out to what extent pupils became victims of crimes, and to what extent they committed infringements and crimes also examined how popular alcohol consumption and the use of different illicit drugs was among students in grades 8-9-10. The results of the survey carried out in Budapest and Veszprém were the same as the results of the ESPAD study performed the year before. The results of the survey confirmed several trends already known from earlier prevalence studies: the higher lifetime prevalence of cannabis in Budapest, and the higher misuse of medicines among women.

Taking into consideration the project priorities determined in previous years, calls for tenders aimed at professional development in the field continued to be announced. The survey carried out about prevention programmes at school found that these programmes reached a large proportion of young people, however a smaller proportion of pupils in Budapest obtained information from these programmes as compared to pupils outside of Budapest.

In 2012 the national data collected among NSP clients continue to support the increasing prevalence of the injecting use of new psychoactive substances. In 2012 the substance with the street name “pentakristály” – presumably referring to pentedrone – was the most commonly used substance among IDUs primarily injecting other drugs.

Besides the decrease in capacities and availability the other factor playing a dominant role in the treatment of drug users and in the services provided for them was the increasing use of new psychoactive substances, which affected the area both directly and indirectly.

The direct effect could be experienced in treatment demand. Treatment demand deriving from the use of new psychoactive substances could still be identified. On the basis of treatment and NSP data the use of these substances was also significant in the case of the IDU population, which is especially exposed to risks from the aspects of public health.

One of its indirect effects was the reduction in the number of clients entering treatment. As the majority of clients start treatment in order to avoid criminal procedure, the drop in drug-related criminal offences (partly due to new psychoactive substances not controlled as narcotic drugs) affected the number of clients entering drug treatment also.

Treatment demand related to heroin use continued to decrease in 2012, and this tendency is also in compliance with the seizure, NSP and mortality data. The drop may partly be due to the decreasing accessibility of heroin and partly to the increasing use of new psychoactive substances.

In 2012 voluntary HIV/HBV/HCV diagnostic testing was offered to IDUs in 8 cities, by a total number of 15 organisations including outpatient DTCs and NSPs. Among the tested 378 IDUs – similarly to the previous years – no HIV infection was identified, and the number of HBV positive clients was also very low. The HCV prevalence rate was 23.2%, but in the sub-sample of current IDUs – injecting drugs in the last 4 weeks too – a significantly higher, 30.8% HCV prevalence rate was measured.

The prevalence of HCV infection was the highest among IDUs injecting new psychoactive substances, 52.4% of IDUs primarily injecting pentedrone and 45% of IDUs primarily injecting MDPV were infected with HCV. Both needle/syringe and injecting equipment sharing was the most common also in this user group (needle/syringe sharing: 40%-75%; injecting equipment sharing: 64%-74).

Several treatment units reported on the increasingly more frequent occurrence of psychotic conditions and psychiatric symptoms induced by new psychoactive substances (primarily MDPV) among their clients.

In the case of NSPs, in 2012 a new three-year support cycle started, as a result of which geographical coverage expanded, but there was a significant reduction both in the number of distributed syringes (by 35%) and returned+collected syringes (by 36%), and in the number of contacts (by 14%). Despite the above trend, no reduction can be observed in the number of clients, and in 2012 the programmes registered nearly the same number of new clients as in 2011. The exchange rate hardly changed, it was 71% in 2012. Due to the reduced financing sources, the programmes realising the highest turnover were forced to restrict the number of syringes that could be distributed or exchanged on one occasion, or to limit their opening hours or to suspend their operation temporarily.

In 2012 the number of direct drug-related deaths increased as compared to previous years. The increase was not observed among opiate type drugs, but rather the deaths could be associated with other – first of all stimulant type – substances. On one occasion GHB, on 5 occasions new psychoactive substances (5-IT, 4-MEC¹) caused death, which could not be observed before. Further new substances (MDPBP, fluoroamphetamine) – although they were not present in high concentrations in the biological samples of the deceased persons – may also have contributed to the occurrence of further death cases.

In 2012 both the number of registered drug offences and the number of offenders dropped (by 12.9% and by 14.1% respectively). Among the offences the proportion of the misuses of cannabis reduced slightly, still in 75% of the cases this substance was the subject of the offence. Misuses of amphetamine represented 14% of the offences, showing a 6-percentage-point increase compared to 2011. In 2012, among registered drug offences the proportion of demand-related behaviours was 87.8%, while the proportion of trafficking-related acts was 10.9%. As compared to 2011 the gradual decrease of the proportion of trafficking-related offences, which had been observed for years, continued.

In 2012, 138 prisoners entered drug treatment or a preventing-consulting service, all of them in the framework of QCT. Among those who entered treatment during imprisonment the prevalence of injecting drug use was much higher than among those who entered treatment outside of prison.

On the basis of the seizure data the number of cannabis plants seized on plantations dropped significantly, while the amount of herbal cannabis seized increased significantly. As compared to previous years the market share of tablets and powders containing MDMA (ecstasy) increased. The market of amphetamine, cocaine and heroin did not change significantly as compared to 2011.

Among new synthetic substances the seizures of herbal substances containing synthetic cannabinoids doubled. In powders, typically containing cathinone derivatives, the most commonly occurring active substance was pentedrone in 2012.

The unbroken popularity of new psychoactive substances is also due to their lower prices as compared to classic substances, especially in the case of the herbal blends sold as “synthetic weed”, which could be purchased at a price as low as EUR 3.4-5.2 per gram, as opposed to the average price of herbal cannabis, which was around EUR 8.6. The street-level prices of classic drugs did not change significantly as compared to previous years.

¹ Since 1 January 2012 it has been regarded as a narcotic drug.

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS²

1.1. INTRODUCTION

The appearance of new psychoactive substances called for the amendment of the legal environment. Government Regulation 66/2012 and the amendment of Act XCV of 2005 made it possible to respond to the problem on the basis of monitoring the continuously changing market circumstances and assessing the risks. (See 2012 National Report on the changes of the legal acts in detail.)

Act XLII of 2010 (V.20.) on the list of ministries of the Republic of Hungary declares that after annulment of the Ministry of National Resources its successor the Ministry of Human Resources (hereinafter: EMMI) is responsible for the coordination of drug policy.

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.

Directive 4/2013. (I. 31.) of the Ministry of Human Resources amended the Organisational and Operational Rules of the Ministry of Human Resources, according to which, starting from 1 February 2013, the Minister of State for Sport and Youth Affairs is in charge of professional and policy control in respect of drug prevention and drug coordination tasks.

The state official at the State Secretariat for Sport and Youth Affairs of EMMI directly in charge of youth affairs and drug prevention and coordination tasks is the deputy minister of state for youth and sport relations.

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 (Btk.) accepted by the National Assembly on 25 June 2012 entered into force on 1 July 2013, therefore it is necessary to report on its content in the 2014 National Report.

b) Act CCXII of 2012 (XII.27.) on the amendment of certain acts on healthcare.

Act CCXII of 2012 amended Act XCV of 2005 *on pharmaceutical preparations for human use and on the amendment of the acts regulating the pharmaceutical market* (hereinafter: Gytv.). As a result of amending section 15/C of the special provisions relating to illicit drugs, psychotropic substances, and drugs classified as psychotropic substances and new psychoactive substances, the process of risk assessment changed: if the expert body states that insufficient data is available for closing risk assessment as determined in Council Decision 2005/387/JHA on the information exchange, risk-assessment and control of new psychoactive substances, then the classification of the substance as a new psychoactive substance can be extended for a further period of 12 months.

According to the amendment of Gytv. the risk-assessment initiated by WHO or other expert organisations of UN must be considered during the following processes: classification of

² The authors of this chapter are: Gergely Csaba Horváth, Orsolya Varga

substances as new psychoactive substance and scheduling on the adequate psychotropic list.

- c) 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. It is necessary to report on the change in the 2014 National Report.

- 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

In November 2012 4 new psychoactive substances (synthetic cannabinoids) were added to Schedule C of Government Regulation 66/2012. (IV.2.): UR-144, 5FUR-144, STS-135 and AKB 48. The amendment entered into force on 21 November 2012 on the basis of Government Regulation 308/2012 (XI.6.).

- e) EMMI Regulation 20/2012 (VIII.31.) on the operation of education institutes and on the use of names by institutes of public education

The tasks of educational institutes relating to the health promotion of children and pupils are determined in chapter X of the EMMI Regulation 20/2012. For a detailed description of the regulation see chapter 3.1.

- f) HM Regulation 16/2012 of the Ministry of Defence 16/2012 (VIII.2.) on the amendment of Directive 7/2006 (III.21.) HM of the Ministry of Defence on the assessment of medical, psychological and physical suitability for professional and contractual military service and for studies at military institutes of education, and on the permission rules of sick leave, exemption from service and reduced daily service time

According to the Regulation in connection with the rationalisation of the drug prevention activity of the Hungarian Army – in compliance with the modified budget of 2012 – the number of aptitude tests was reduced in respect of military personnel sent on missions and personnel planned for proficiency training. A randomly selected 50% sample of the personnel was subjected to drug screening tests.

- g) 55/2012. EMMI Regulation (XII.27.) on the amendment of minister's regulation related to medicines and medical technical equipment

Section 11. i) of the 55/2012. EMMI Regulation amended section 16. 3.a) of 44/2004. ESZCSM Regulation (IV.28.) on the handing order of medicines with medical prescriptions (for further information see chapter 10.2.).

- h) Directive 40/2012 (VI.15.) of the Ministry of Defence on the Drug Prevention Committee of the Hungarian Army

Directive 40/2012 established a Drug Prevention Committee having decision-preparing, evaluating/assessment and proposal-making powers. Due to the staff changes that took place in the organisational units of the Ministry of Defence and the Hungarian Army it was necessary to delegate new committee members.

Law implementation³

Based on data from the Public Prosecutor's Office 2,187 persons were sentenced for drug-related offences in 2012, on the following legal grounds:

- 1848 offenders (84.5%) were sentenced for use-related offences prohibited by article 282 and article 282/B of the Criminal Code;
- 515 offenders (23.5%) were sentenced for trafficking-related offences prohibited by article 282/A and 282/B of the Criminal Code;
- 142 persons (6.5%) were sentenced for conduct prohibited by article 282/C of the Criminal Code (drug-addicts committing use- or trafficking-related offences);
- 7 persons (0.3%) were sentenced for conduct prohibited by article 283/A of the Criminal Code;
- 0 persons were sentenced for conduct prohibited by article 283/B of the Criminal Code (trafficking-related offences involving new psychoactive substances);
- 37 persons (1.7%) were sentenced for other conduct.

In 2012, the following punishments and measures were imposed on the 2,187 persons convicted with a final judgement:

- 345 were sentenced to executable imprisonment;
- 462 were sentenced to suspended imprisonment;
- 404 were sentenced to community work;
- 543 were fined (including suspended fines).
- 22 were reprimanded;
- 419 were put on probation;
- 8 persons⁴ were sentenced to secondary punishment.

1.3. NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION⁵

National strategy

In December 2010 the leaders of the ministry decided to prepare a new drug policy document, in the scope of which the preparation of the new national drug strategy remained the most emphatic task for 2012. The draft was supplemented with strategic elements (SWOT table, action plan, financial estimate, monitoring system) on the basis of Government Regulation 38/2012 (III.12.) on governmental strategic control. The submittal was accepted at the professional leaders' meeting on 19 September 2012 and then at the ministerial meeting held on 25 September 2012. The administrative discussions took place in the first quarter of 2013, and the submittal was discussed at the meeting of the state secretariat for public administration on 8 May 2013.

Implementation of the action plan

No action plan was drawn up for 2012, the execution of the tasks associated with handling the drug problem was performed by the National Drug Prevention Coordination Department

³ Based on data from the Public Prosecutor's Office's Prosecution Information System (VIR).

⁴ While in 2011 500 persons, in 2012 only 8 persons were sentenced to independent secondary punishment. The significant difference is due to that the system of sanctions was changed. Article 38 of the Criminal Code standardised punishments, and some of the former secondary punishments that could be applied independently have been listed under this title. In 2012 secondary punishments involved only prohibition from public affairs and banning (article 38(2)a, b) of the Criminal Code). In the 2012 National Report punishments such as prohibition from occupation, prohibition from driving and expulsion that could be imposed on their own instead of imprisonment were also included among secondary punishments.

⁵ Based on the report on the activity of the National Drug Prevention Coordination Department in 2012 (EMMI 2013).

of the Youth Affairs Division under the professional control of the State Secretariat for Social, Family and Youth Affairs of the Ministry of Human Resources (EMMI).⁶

In 2012 the Ministry of Human Resources announced calls for tenders in four drug-related categories. The amount of support granted via tenders was EUR 465,710 and there was a total number of 207 winning tenders. Prevention programmes are realised in the scope of the tenders, and institutes and NGO-s dealing with the drug problem are granted typically supplementary operational support.

Coordination arrangements

The tasks of the National Drug Prevention Coordination Department involve the operation of the Coordination Committee on Drug Affairs (hereinafter: KKB). In 2012 the KKB held three meetings. In accordance with the content of the work schedule the individual branch and special field reviews and reports formed an organic part of the annual committee work. The reorganisation of the Coordination Committee on Drug Affairs was started in 2012 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. The reorganisation of the Coordination Committee on Drug Affairs is in process in 2013 through establishing the independent Council on Drug Affairs including civil delegates, besides the operation of the Interministerial Coordination Committee on Drug Affairs consisting of representatives of the ministries and government offices.

1.4. ECONOMIC ANALYSIS

Procedural costs of supply-related drug offences

A study was performed to examine legal efficiency in connection with supply-related drug offences (Ritter 2013b). During this study the procedural costs of supply-related offences were also examined.⁷ On the basis of the study in the past 5 years the mean procedural costs incurred in connection with one supply-related drug offence amounted to EUR 4,580⁸. On the basis of the cases included in the sample the mean procedural costs falling on one offender in such cases amounted to about EUR 965. The two extreme values were EUR 260 / case and EUR 42,586 / case. In the bill of indictment the state attorneys suggest that such costs be burdened on the offenders.⁹

Labelled expenditures of the Ministry of Human Resources¹⁰

The performance of drug-related tasks was partly funded from the KAB tenders coordinated by the Ministry of Human Resources. In 2012 the support period of the tenders invited

⁶ In connection with handling the drug problem the tasks of the Youth Affairs Division involve the preparation and elaboration of the professional directions and development concepts, the coordination of the elaboration and realisation of the related programs, and the operation of the government's drug advisory body, the Coordination Committee on Drug Affairs.

⁷ For the methodology and for further results of the study see chapter 9.2.

⁸ In respect of this type of crime, procedural costs typically represent the costs of expert examinations and the costs of experts, as well as the costs of using interpreters. Such costs do not include other indirect costs, such as the costs of operative intelligence, other procedural costs that require the proceeding authorities to perform certain procedural acts, or the work costs of the proceeding staff of the authorities. (Act XIX of 1998 on criminal proceedings: article 74(1) 'Definition of criminal costs').

⁹ The actual direct procedural/criminal costs are even higher than this, because the costs of certain procedural acts and expert examinations cannot always be burdened on the offender. This item does not include indirect costs.

¹⁰ The amounts included in this chapter were calculated based on the official mid-rate of the EUR for 2012 (1 EUR = 289.88 HUF).

extended over to calendar year 2013. In 2012 the support system included the following fields:

- 73 valid tenders were submitted for supporting the recovery process of people suffering from addictions, and 53 of these projects were granted support with a total value of EUR 137,143.
- 200 valid tenders were submitted in the field of supporting drug prevention programmes, and 90 of them were granted support of a total value of EUR 206,982.
- 43 valid tenders were submitted in the field of supporting the activity of Coordination Fora on Drug Affairs, and 39 of them were granted support of a total value of EUR 65,082.
- The supporting of 'health promotion–drug prevention programmes in the field of specialised treatment related to child protection' appeared as a new element. In this category 54 projects were judged. The 25 winning programmes were granted a total amount of EUR 34,497.

Table 1. *The amounts of support granted relating to tender calls specifically concerning drug affairs, by target area in 2012*¹¹

Supported target area	Amount granted (EUR)
Supporting the recovery process of people suffering from addictions /KAB-FF-12/	
The aim of the tender is to support the recovery process of patients suffering from addictions and struggling with drug-related problems; to strengthen the therapeutic process, support programmes aimed at resocialisation and rehabilitation and supplementary operation support related to substitution therapy, in compliance with the aims of national and international drug strategy documents.	137,143
Supporting drug prevention programmes /KAB-ME-12/	
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 programmes based on collaboration between the participants of local communities, facilitating the strengthening of the family system, are supported.	206,982
Ensuring the conditions of operation of Coordination Fora on Drug Affairs (KEF) and promoting the realisation of local strategies aimed at handling the drug problem /KAB-KEF-12/	
The general aim is that the KEFs, being multidisciplinary teams, should be able to realise the following by involving the institutes operating in their area and the local communities, in the interest of promoting activities responding to the phenomena of drug use:	
1. survey the needs relating to the individual service fields in the region (drug prevention, health promotion, treatment, care and supply reduction), and elaborate solution proposals, 2. initiate the realisation of programmes related to the individual service fields, and harmonise the realisation of such programmes, 3. determine priorities within the individual service fields, 4. coordinate the realisation of local activities, programmes, developments related to the service fields, 5. prepare and implement local strategies, annual action plans, coordinate individual activities and programmes, and evaluate the annual activity.	65,082
Supporting health promotion – drug prevention programmes in the field of specialised treatment related to child protection /KAB-GY-12/	
The aim of the tender is to support health promotion – drug prevention programmes in the field of specialised treatment related to child protection, for children removed from their families by the authority and placed with foster-parents or in children's homes, for young adults provided with follow-up care services and for their foster parents, and for people employed in the foster parent network and in children's homes in positions providing personal care, in compliance with the aims of national and international drug strategy documents.	34.497
Total	443,704

Source: NCSSZI 2013, EMMI 2013

In summary, in the scope of the KAB tenders a total amount of EUR 443,704 was allocated to 369 projects. In 2012 four tasks related to the prevention of drug use was financed via individual support, with a total amount of EUR 45,689.

The National Drug Prevention Office operating as a unit of the Programme Directorate of the National Institute for Family and Social Policy was granted EUR 364,482 to the debit of the chapter-managed appropriation. From this amount EUR 351,379 was used to finance "Preventive-consulting services", and EUR 13,103 was used to support the workshop conferences of Coordination Fora on Drug Affairs at national and regional level and the

¹¹ Based on the summary of the KAB decision lists.

preparation of a drug prevention publication for parents (EMMI 2013).

In 2012 the budget earmarked from the central budget for the criminal justice system, for performing activities directly or indirectly related to drugs amounted to EUR 34,482. A further amount of EUR 17,241 was available remaining from 2011 under grant title 'XX: Ministry of National Resources 20/14 for 'Tasks relating to prevention of drug use'. From the above amounts the Hungarian Prison Service Headquarters granted a total amount of EUR 24,137 to the institutes for financing commission fees related to treatment and for the acquisition of equipment (BVOP 2013).

Conclusions

In respect of drug affairs coordination tasks 2012 was the year of institutional reorganisation and further amendment of the new drug strategy. The legal background elaborated in 2012 following the appearance of new psychoactive substances provides grounds for risk assessment and for the elaboration of possible legal act amendments.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS¹²

2.1. INTRODUCTION

In 2012 no national representative study was performed concerning drug use in the general population. At the same time, two surveys were carried out about the drug use patterns of two specific populations. For the first time in Hungary a survey was carried out in sex worker drug use, while in its study relating to juvenile delinquency and violence the Institute of Sociology of the Centre for Social Sciences of the Hungarian Academy of Sciences surveyed drug use among pupils studying in grades 8-9-10 in Budapest and Veszprém.

2.2. DRUG USE IN THE GENERAL POPULATION

No new information available.

2.3. DRUG USE IN THE SCHOOL AND YOUTH POPULATION

Regional study – Drug use among young people in Budapest and Veszprém

The Institute of Sociology of the Centre for Social Sciences of the Hungarian Academy of Sciences, as a participant of an international study¹³, carried out a survey among young people studying in grades 8-9-10 (Albert and Tóth 2012). The aim of the survey was to find out to what extent pupils in the age group between 14-17 became victims of crimes, and to what extent they committed infringements and crimes. In addition to these topics they examined how popular alcohol consumption and the use of different illicit drugs was in this age group. Furthermore, it was examined what type of experience and expectations they have in connection with the prevention of drug use and youth delinquency (for more details see chapter 3.2.).

Data was recorded in Budapest (N=1100) and in Veszprém county (N=1004), the sample was created by multi-layered sampling, starting out from the list of elementary schools and secondary schools operating in the area. The questionnaire used in the survey was based on the ISRD (International Self-reported Delinquency Study), so the results – within certain limits – can be compared with earlier ISRD studies¹⁴ carried out in Hungary. Furthermore, the mean age of the sample was set between the years of 15-16 to ensure comparability of the results with the ESPAD results, too. When interpreting the data it should be considered, that substance use was not the main focus of the study, and that the study design did not comply with the drug epidemiological studies on adolescents.

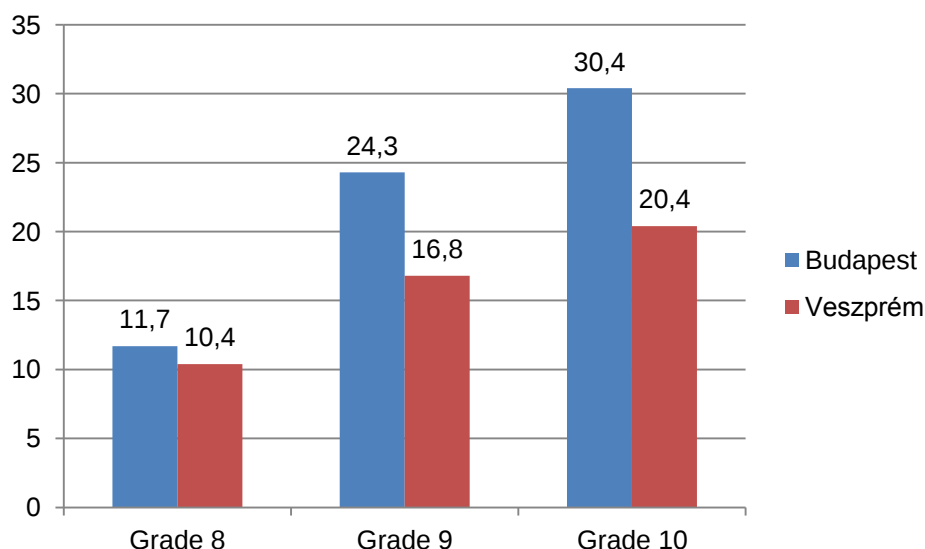
Confirming the results of former ESPAD studies, a significant difference was detected by the survey between Budapest and the regions outside of Budapest in the use of cannabis: a significantly greater proportion of pupils tried it in Budapest than in Veszprém. Among young people studying in grade 10 in Budapest the lifetime prevalence of cannabis was 30.4%, while among young people in Veszprém county it was 20.4%.

¹² The author of this chapter is: Róbert Csák

¹³ For more details about the study see the website of the study: <http://www.youprev.eu/>

¹⁴ See, for example: Kerecsi, Klára – Parti, Katalin (editors): *Látens fiatalok devianciái. Fiatalok devianciái egy önévalláson alapuló felmérés tükrében* [Latent juvenile deviances. Juvenile deviances in the light of a survey based on self-reporting] - ISRD-2. ELTE-AJK Department of Criminology – OKRI, Budapest, 2008.

Figure 1. *The lifetime prevalence of cannabis use among the respondents in Budapest and in Veszprém (%)*



Source: Albert and Tóth 2012

At the same time no difference was detected between Veszprém and Budapest with respect to the other drugs that young people had tried apart from cannabis, among the respondents the same drugs were typically used in both groups. In the questionnaire, in the case of the question relating to this, they did not only enquire about illicit drugs, and the substances listed can be seen in the table below. Besides cannabis the use of sedatives/hypnotics without medical indication had the highest lifetime prevalence (8.9%), which was followed by the combination of alcohol and medicines (6.5%).

Table 2. *The lifetime prevalence rates of substances listed besides cannabis among the respondents (2012)*

	lifetime prevalence (%)
sedatives/hypnotics (without medical indication)	8.9
alcohol with medicines	6.5
ecstasy or amphetamines	6.1
sniffing	5.6
anabolic steroids	3.6
heroin, cocaine, crack	3.4
LSD and other hallucinogenics	3.0
magic mushroom	2.9
ritalin	1.6

Source: Albert and Tóth 2013

A further difference is that there were more people from Veszprém county among those who consumed alcohol only; while among those who used drugs only or drugs and alcohol there were more people from Budapest.

The researchers detected an important difference in the prevalence of drug use between different school types. Among secondary school pupils the proportion of drug users was the

lowest among pupils attending grammar school, they were followed by pupils attending secondary vocational school, and finally by pupils attending vocational training school. Altogether the proportion of drug users was the highest among pupils attending vocational training school outside of Budapest, therefore researchers find that they are the most endangered group (especially because alcohol consumption was the most common in this group).

The proportion of those who had also tried other drugs besides cannabis was also the highest among pupils attending vocational training school (Budapest: 24.0%, Veszprém county: 30.3%). In the entire sample the proportion of those who had already used at least one of the substances listed in the study besides cannabis at least once in their lifetime was slightly lower, 17.7% (the decisive majority of the respondents reported on trying one further drug).

Table 3. *The proportion of respondents who had also tried other substances besides cannabis (%)*

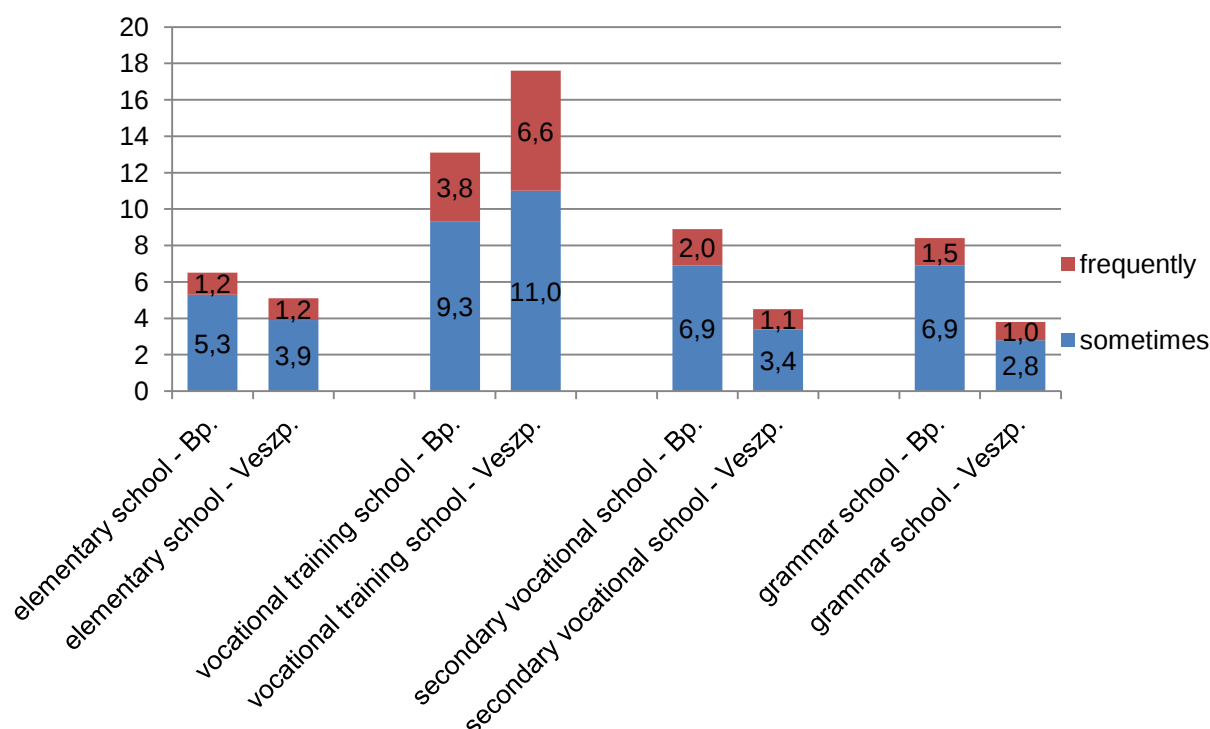
	Budapest	Veszprém county
elementary school	12.5	12.4
vocational training school	24.0	30.3
secondary vocational school	20.2	16.0
grammar school	14.9	13.7
total	17.4	17.0

Source: Albert and Tóth 2012

When a question about drug use as a spare time activity¹⁵ was asked in general, without determining a concrete substance, a significant difference was detected in the survey between boys and girls: 10% of boys and 4% of girls reported that they use drugs more or less frequently (“sometimes” or “often”) as a spare time activity. While in the case of boys there was no difference between Budapest and the region Veszprém county, among girls there was a difference in this respect: a higher proportion of girls in Budapest used drugs than girls living outside of Budapest. When asked about concrete substances, a difference between the genders was detected only in one case: the lifetime prevalence of sedatives was slightly higher among girls.

¹⁵ In the questionnaire here the question was not about concrete substances or given periods (the past month, year or lifetime prevalence), but about whether in general they had used drugs or other substances as a part of their spare time activity. The concrete question was: “What do you do in your free time in general? How frequently do you do the following?” Then different activities were listed one after the other, and among them there were activities such as “I take drugs” or “I drink beer/alcohol”. The optional answers were: “never”, “sometimes”, “often”.

Figure 2. Use of drugs sometimes and often¹⁶, as percentage of the respondents (N=2093)



Source: Albert and Tóth 2012

On the basis of the answers the proportion of those who used drugs in their free time increased with age (age of 14: 4.4%, age of 17 and above: 13.3%), but starting secondary school did not result in such a great increase in drug use as in alcohol consumption.

Table 4. Alcohol consumption and drug use mentioned among spare time activities, as a percentage of the respondents (N=2093)

	age of 14	age of 15	age of 16	age of 17 and above	total
drug use ¹⁷	4.4%	6.3%	8.7%	13.3%	7.9%
alcohol consumption	45.2%	56.5%	71.0%	79.6%	63.1%

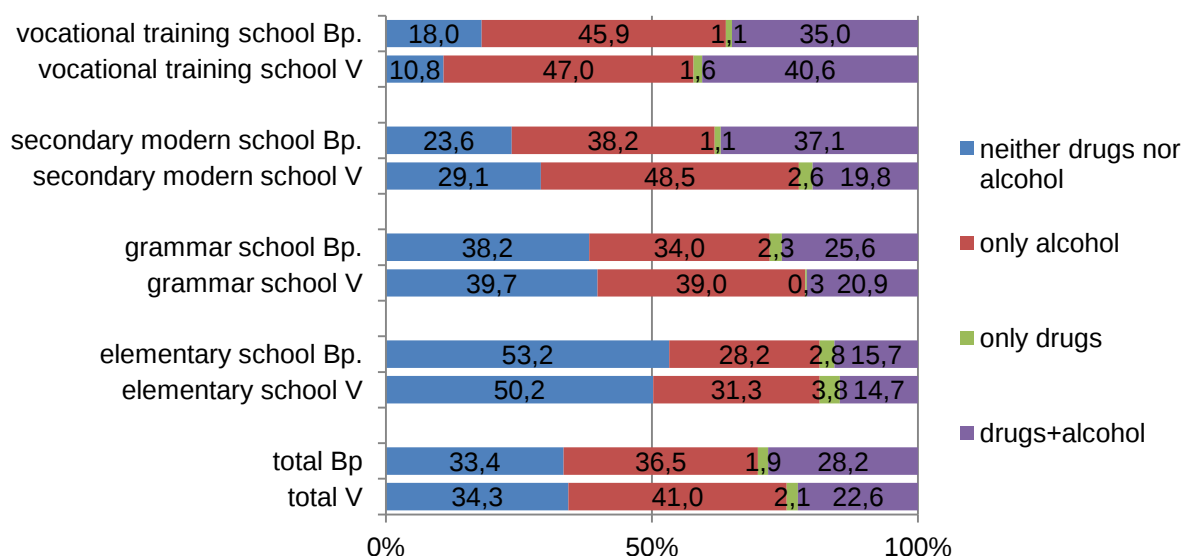
Source: Albert and Tóth 2012

In the survey alcohol consumption and illicit drug use among young people was analysed jointly. It was found that one-third of the pupils between 14-17 (Budapest: 33.4%, Veszprém county: 34.3%) do not use either alcohol or drugs. Among pupils in Budapest the proportion of those who consumed alcohol and used drugs was significantly higher, while in Veszprém county the number of those who only consumed alcohol was higher. Typically young people using inhalants or taking sedatives/hypnotics without medical indication were in the category of those who used "only drugs" – it seems that the respondents regard the use of such substances as "drug use".

¹⁶ The question related to spending spare time in general (see the footnote above), the terms "sometimes" and "often" were not defined more closely.

¹⁷ In the case of the question relating to spare time it was not defined more closely whether the question related to illicit drugs. It was left to the respondents to decide what spare time activities they list as "drug use".

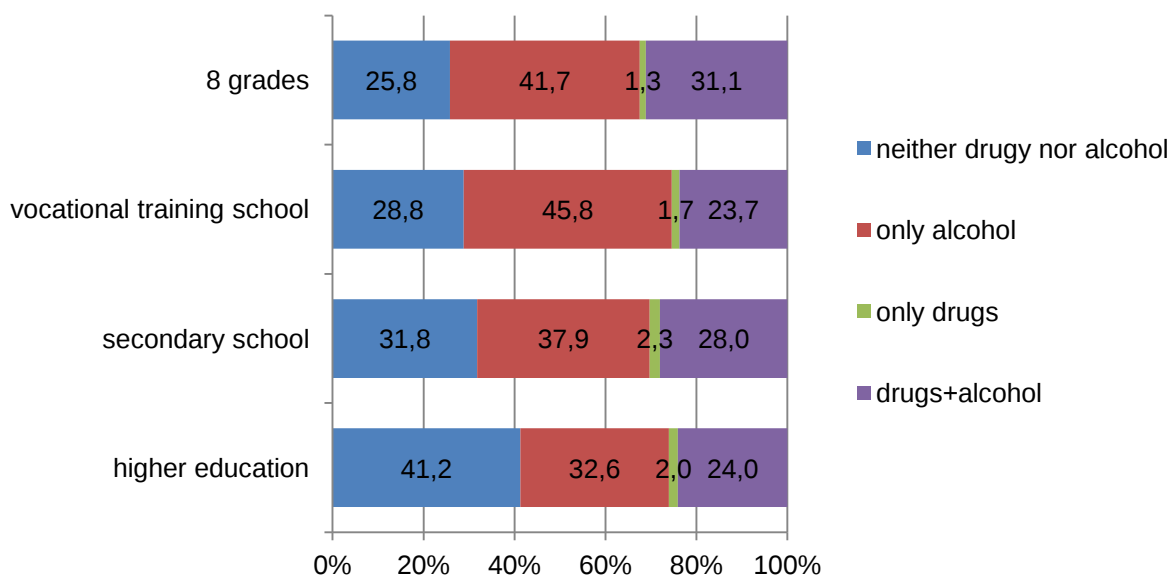
Figure 3. *Breakdown of young people attending schools in Budapest (Bp.) and in Veszprém county (V) by use of alcohol and/or drugs (%)*



Source: Albert and Tóth 2012

In the survey the relationship between drug use and family background was examined, and it was found that the mother's school qualifications were strongly correlating with the proportion of young people using drugs. The higher the mother's school qualifications were, the higher was the proportion of young people not using either drugs or alcohol as a spare time activity. The proportion of those who were using both drugs and alcohol was the highest (31.1%) among young people whose mother's highest school qualification was 8 grades of elementary school.

Figure 4. *The occurrence of alcohol and drug use according to the mother's highest school qualifications (%)*



Source: Albert and Tóth 2012

2.4. DRUG USE AMONG TARGETED GROUPS

Sex workers

Móro et al. carried out a questionnaire survey among sex workers concerning their drug use. Data was recorded in and around Budapest, it ended in the spring of 2010, and 510 sex workers (46 men, 464 women) were included in the sample. The respondents were contacted with the help of the Sex Workers' Interest Representation Association. Drug use was surveyed in connection with 15 licit and illicit drugs, according to the following categories: never, tried (1-2 occasions), tried earlier, currently uses. In the case of the two latter categories a distinction was made between "regular" (at least once a week) and "occasional" (less than once a week) use. For surveying problems related to drug use the questions of the ASI and EuropASI tests were used.

Among sex workers cannabis had the highest prevalence rate of all illicit drugs (regular use: 27%, occasional use: 15%), it was followed by amphetamine (regular use: 17%, occasional use: 9%), ecstasy (regular use: 12%, occasional use: 11%), and cocaine (regular use: 8%, occasional use: 12%). The prevalence rate of other drugs (GHB, heroin, combination of alcohol and medicines) was between 1-4%. It can be determined that among sex workers the prevalence rate of illicit drugs is significantly higher both in relation to the entire population and the age group between 18-34 representing the average age of the sample (29 years).

As the purpose of drug use most frequently better mood (23%) and partying (17%) was reported, i.e. similarly to the entire population drug use is typically for recreational purposes among sex workers, too. Only 6% of the respondents used drugs to help tolerate their clients, and 9% used drugs against fatigue, to make it easier to stay up at night, so reasons for drug use relating to sex workers' way of life were also mentioned. At the same time a much higher proportion of them had used drugs together with clients (63%) than with their own partner (38%). A significant difference was detected in drug use according to the location of sex work: 38% of street sex workers reported on regular use of amphetamines, but no one used cocaine regularly, while in the case of escort girls the proportion of regular cocaine users was 38%, and there were no regular amphetamine users among them. All of the 11 heroin users (2%) included in the sample were street sex workers.

The army

The Hungarian Army Military Health Centre Scientific Institute Toxicology Research Department and the troop healthcare services conducted drug screening tests in 13,950 cases, on the basis of which the type of drugs used could be determined among the soldiers tested. (Hungarian Army 2013).

Table 5. Results of the drug screening tests conducted in 2012 in the Hungarian Army

Aim of test	Number of samples	Positive results							
		Preliminary screening				Confirmed test			
		THC	AMF	OPI	COC	THC	AMF	OPI	COC
I. Occupational health (aptitude test)									
Civil (applicant for contractual position)	1,995*	12	1	7	0	1	0	1**	0
Soldier (before and after mission, starting education, promotion)	4,693	1	0	0	0	0	0	0	0
Starting education (enlisted students)	1,010	1	0	1	0	0	0	0	0
Voluntary reserve soldiers	2,934	0	13	7	0	0	0	0	0
II. Inspecting condition suitable for performing service (preventive purposes) ¹⁸									
Troop healthcare services	3,311	3	1	0	0	0	0	0	0
III. On the basis of suspicion (authority)									
Commander's order	7	3	1	2	0	2	0	0	0
Ministry of Defence, Chief of General Staff order ¹⁹	0	0	0	0	0	0	0	0	0
Total	13,950	20	16	17	0	3	0	1	0

* 1,672 samples were processed using a non-accredited rapid test

** One sample found positive for opiate during the preliminary screening proved to be positive for Codeine in the confirmed test, the medication is stated on the test request form

Source: Hungarian Army 2013

In the army illicit drug use was proved in 3 cases, all 3 of them used cannabis. Furthermore, in one case the test indicated the presence of an opiate, codeine was found in the sample.

Conclusions

The results of the survey carried out among young people between 15-17 in Budapest and Veszprém were the same as the results of the ESPAD study performed the year before. The results of the survey confirmed several trends already known from earlier prevalence studies: the higher lifetime prevalence of cannabis in Budapest, and the higher misuse of medicines among women.

¹⁸ In the lack of a sufficient number of tests the commanders could not order monthly preventive screening tests in proportion with the number of soldiers. In the military units the frequency of performing drug screening tests dropped from twice a month to an average of two occasions per year, in proportion with their stocks.

¹⁹ Central screening ordered by the Chief of General Staff – performed by the mobile team of the Hungarian Army Military Health Centre Scientific Institute Toxicology Research Department – has not been performed since 2009, so no such screening was performed in 2012 either.

3. PREVENTION²⁰

3.1. INTRODUCTION

During the year the scope and the professional priorities of prevention activity were determined partly by the realisation of the calls for tenders announced in 2011 and partly by the drug-related tenders announced in 2012 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 set down that from September 2012 comprehensive health promotion would be introduced in schools, which must also involve drug use prevention. Among the tasks determined in article 128(3) of the regulation, the improvement of physical and mental health is defined in point c) as is the prevention of behavioural addictions and drug use resulting in addiction (EMMI, 2013b). According to article 128(7) of the regulation “educational institutes, besides their own teaching staff, may only involve in the organising of class/other sessions or other health promotion or prevention activities for children and pupils the programmes or employees of those professionals or organisations not in a legal relationship with the given educational institute, who have a quality assured health promotion and prevention programme with the professional recommendation of the institution designated by the minister in charge of health policy” (EMMI, 2013c). The effective date of the Directive was 2 September 2012. The minister designated the National Institute for Health Development (OEFI) as the institute in charge of setting up and operating the professional recommendation system. In the second half of 2012 the system of institutes in charge of professional recommendations and procedure rules were set up. The OEFI, with the participation of other professional background institutes, established a professional network, the task of which is to perform assessment.

In 2012 the turnover data of organisations operating harm reduction/prevention services in recreational settings was collected again by the National Focal Point using structured questionnaires (Tarján 2013a).

3.2. ENVIRONMENTAL PREVENTION

The amended form of Act XLII of 1999 on certain rules relating to the protection of non-smokers and the use and marketing of tobacco products²¹ accepted by the National Assembly on 6 April 2011 entered into force on 1 January 2012. The fundamental aim of the amendment was to ban smoking in all enclosed public spaces in order to protect the population against the health damaging effects of smoking. According to the legal act smoking is banned completely in institutes of public education, child welfare and child protection institutes, health service providers, on means of public transport and national transport and their waiting areas, playgrounds and other institutes realising public traffic²². Exceptions are psychiatric institutes (where a smoking area may be designated for patients in a closed space also), prisons and police detention facilities (where a smoking area may be designated for the imprisoned persons in a closed space also), and cigar rooms in hotels²³.

²⁰ The authors of this chapter are: Róbert Csák, Anna Tarján

²¹ For the legal act see: http://njt.hu/cgi_bin/njt_doc.cgi?docid=40547.245232

²² Places realising public traffic are “the facilities or other means of natural or legal entities or organisations without a legal entity performing public tasks or providing public or other services (hereinafter altogether referred to as: services) used for providing services or the activities related to them, disregarding whether entrance to such places is completely free to the public or restricted to the fulfilment of certain conditions, e.g. public offices, catering units, stores, sport facilities.”

²³ For a more detailed plain description of controlled places see for example: https://www.antsz.hu/data/cms38550/nvt_kozertheto_20120601.pdf

After the legal act entered into force there was a three-month grace period; sanctions against those who breached the rules were applied only after 1 April 2012.

3.3. UNIVERSAL PREVENTION

Last year the TÁMOP 3.1.4. tender was announced for the development of innovative schools in which aims and tasks were determined that promote the implementation of universal prevention programmes at school. The aims of the tender also included the “education of pupils to live a healthy life, fostering health-conscious and health promoting school education in the interest of developing pupils’ physical-mental-intellectual condition and improving their health”, and the compulsory activities included “the realisation of health promotion school programmes in the interest of protecting pupils’ health and integrating the demand for healthy life and for physical exercise into their behaviour”²⁴. In connection with the latter the early intervention relating to drug problems was mentioned specifically, as well as the recognition of risks represented by illicit and licit drugs and the prevention of behavioural addictions.

In the programme the budget available for accountable public expenses was EUR 51,745,550²⁵. The deadline for submitting tenders was 18 October 2012, the process of signing the Support Documents with the winners ended in the spring of 2013. As realisation is mainly taking place in 2013.

During the year several tender was announced under TÁMOP 6.1.2./11 “Health education and awareness raising programmes”. The aims of the tenders included smoking prevention, drug prevention and the prevention of alcohol abuse.²⁶ The deadline for submitting tenders was mostly during the summer of 2012, thus the realisation is mainly taking place in 2013.

Regulation 26/1997. (IX. 3.) of the Ministry of Welfare on health care in school settings set down that nurses participate in health sciences education including the topic of prevention of addictions. Related to prevention of addictions nurses provide health promotion activities in classroom setting and on ‘school days’ and carry out minimal interventions during health related screenings at school.

For the description of the drug prevention programmes realised by the police, see chapter 9.4.

²⁴ For more detail see the call for tenders:

http://www.nfu.hu/download/43870/Palyazati_felhivas_Innovativ_iskolak_fejlesztese_konv.pdf

²⁵ The amounts in this chapter were calculated based on the official mid-rate of the EUR for 2012 (1 EUR = 289.88 HUF).

²⁶ The tenders mentioned above are: TÁMOP 6.1.2/11/1, TÁMOP 6.1.2./11/LHH/A and TÁMOP 6.1.2/11/3 and TÁMOP 6.1.2/11/LHH/B.

In the framework of the project activities aiming the followings could be funded on its own: Implementation of smoking prevention and smoking cessation programmes. Implementation of drug and alcohol abuse prevention programmes using science-based methods and tools. Implementation of stress management and health promotion programmes improving mental health. Implementation of programmes designed to achieve and/or maintain a healthy diet and energy balance (the balance of diet and exercise), which can effectively influence, inter alia, appropriate fluid intake and reduction of excessive salt and energy intake. Implementation of recreational activities for the general population, which can facilitate regular physical activity with emphasis on energy balance - excluding programmes for technical sports, extreme sports and high performance sports. Implementation of programmes aiming to improve life management skills. Implementation of programmes supporting preparation for family life. Implementation of programmes promoting safer sex life. Implementation of first aid and accident prevention programmes.

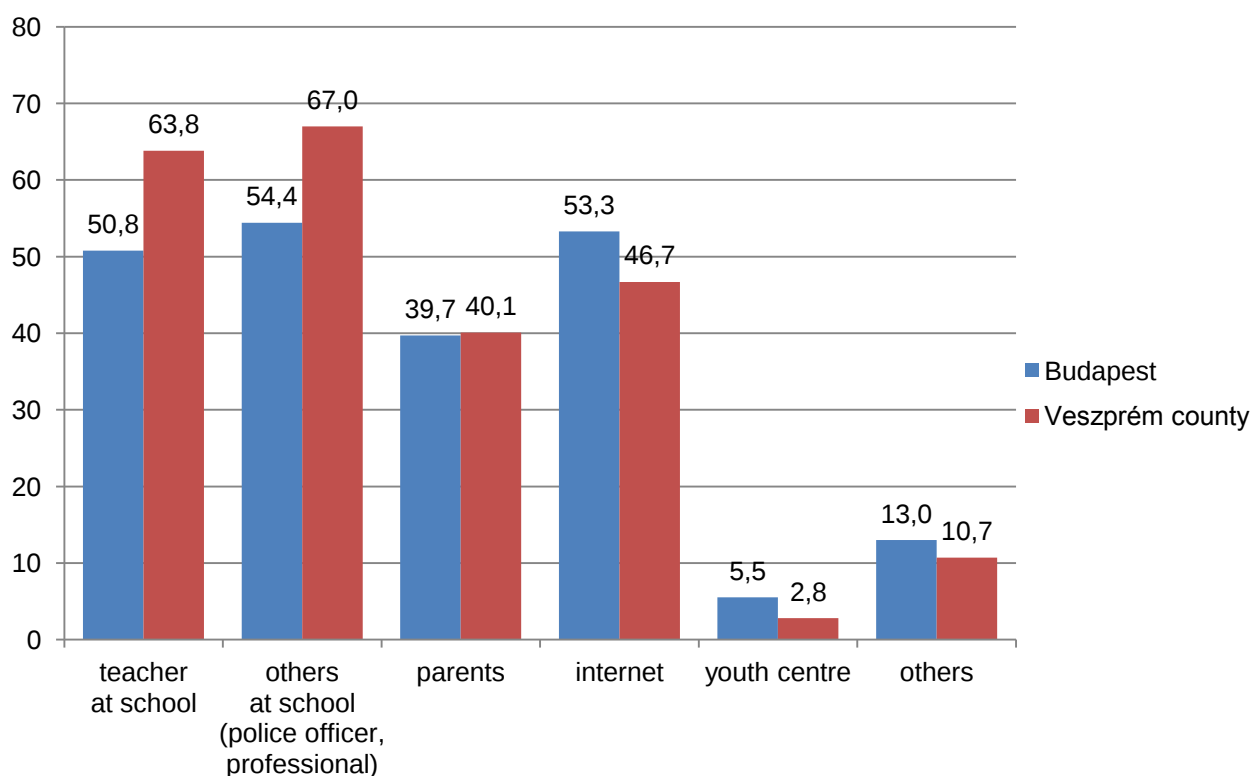
Designing, producing and reproducing information materials, brochures, publishing in local media and internet content services are also eligible if implemented along with any of the above mentioned eligible activities.

Regional study – The experience of young people in Budapest and Veszprém relating to drug prevention at school

In the scope of the study performed by the Institute of Sociology of the Hungarian Academy of Sciences among young people attending schools in Budapest and in Veszprém county (Albert and Tóth, 2012, for the description of the methodology of the study and its further results see chapter 2.3.) the experience and attitude of young people relating to prevention programmes at school were also surveyed.

In the survey they found the regional difference in connection with prevention programmes at schools: in Veszprém county nearly two-thirds of young people obtained information at school (from teachers: 63.8%, from other professionals: 67.0%), while in Budapest only slightly more than half of them (from teachers: 50.8%, from other professionals: 54.4%). At the same time a higher number of pupils in Budapest obtained information from the internet or at youth centres (from NGOs specialised in this field). Researchers pointed out that the low proportion of youth centres mentioned indicates the low accessibility of organisations specialised in the problem.

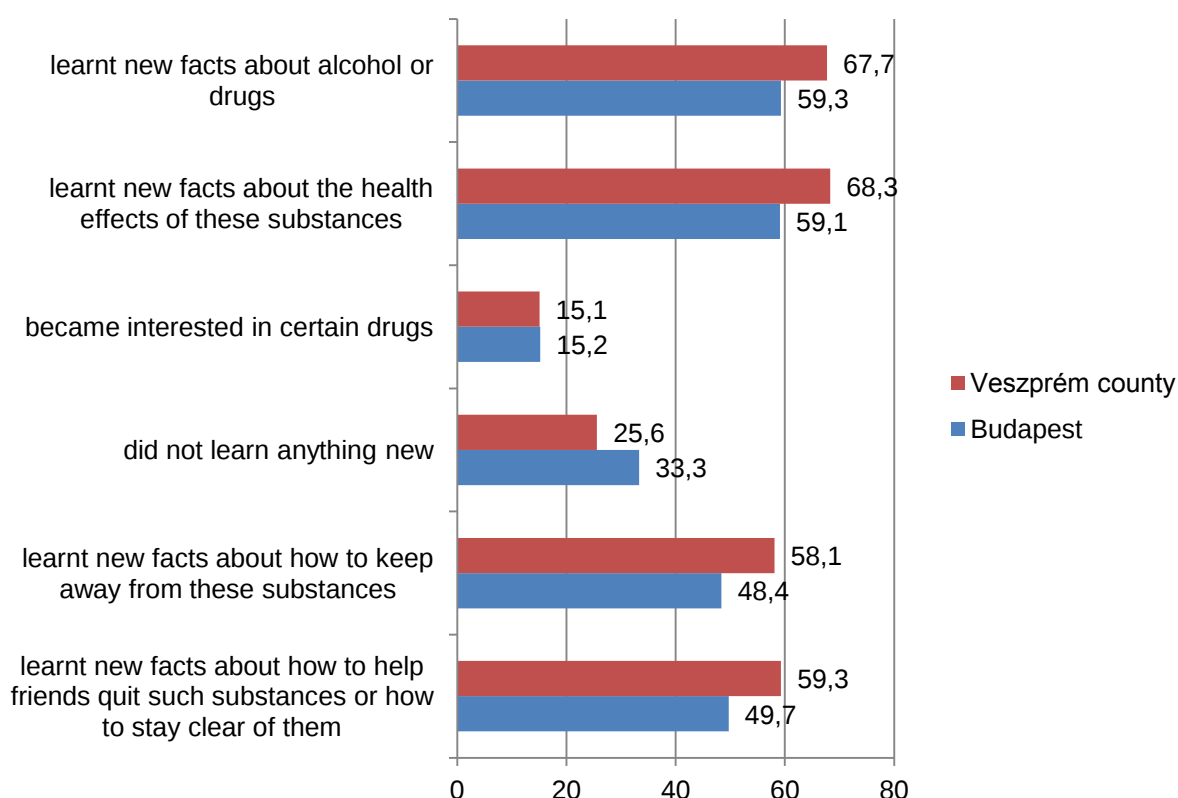
Figure 5. Sources of information about alcohol and drugs (several answers were possible) (%)



Source: Albert and Tóth 2012

The pupils of Veszprém county, besides the fact that a higher proportion of them participated in such programmes, had a more positive opinion about the content of the prevention programmes. At the same time, even among them the proportion of those who said that they had not obtained any new information was 25.6%. This proportion was even higher, 33.3% among young people in Budapest.

Figure 6. *Opinions on the information obtained about alcohol and drugs (%)*



Source: Albert and Tóth 2012

Besides the questionnaire survey professionals were also asked about prevention programmes at schools. In this part of the study the opinions and knowledge of professionals dealing with young people as their profession were collected, in a systemised and structured form, using the Delphi method²⁷. On the basis of the answers, professionals considered families the most important institution in prevention in connection with all crimes, including drug-related crimes. After families the second most important actors in connection with drug use were specialised NGOs and professionals all agreed in that it is not the police that should play the main role in prevention.

In addition to the school survey, an in-depth interview study was also conducted²⁸, which confirmed the results of the Delphi study. Apart from that listed above, the in-depth interview

²⁷ During the Delphi study people dealing with the affected target group were contacted from the social sphere, such as people working in the administration of justice (judges, state attorneys) and at the police. Firstly, 300 potential respondents were contacted by e-mail, offering them the possibility of giving their answers on the telephone or in person as well. In the end 50 experts completed the questionnaire. Secondly, 100 persons were sent a questionnaire: everyone who sent a reply in the first phase, and further experts too. In this way the response rate reached was 27%. Researchers found that the main weak point of the survey was the low willingness to respond. The researchers highlighted that they had received hardly any answers from people working in the justice system, and they had received only a very low number of responses from people working for the police.

²⁸ The local interview study was performed in addition to the school survey, in order to compare the data obtained from the pupils with the opinion of local professionals. A total number of 20 in-depth interviews were made on the basis of a structured interview guide, which were also supplemented with group discussions with professionals and with pupils. The interviews were held with police crime prevention professionals, school psychologists, probation officers, the representatives of NGOs dealing with young people and with juvenile delinquents, drug prevention and public health professionals, professionals of detention facilities, the employees of child support and child welfare service providers, and with child and youth protection coordinators. The group discussion with professionals took place in Budapest with the participation of members of the Group for Protecting Young People in June 2012, and in Veszprém in the scope of the extended meeting of the Veszprém County Crime Prevention and Public Safety Committee's Family, Child and Youth Protection Work Team in October 2012.

respondents thought that peer support is a very efficient method in drug prevention, especially among teenagers at risk, and they also considered early intervention important, as well as integrated programmes, the improvement of competences and the reduction of risk factors. As opposed to this they viewed occasional ad-hoc prevention and a punishment-centred, deterrent approach as not efficient.

3.4. SELECTIVE PREVENTION IN AT-RISK GROUPS AND SETTINGS

In the scope of the KAB-ME-12 tender selective and indicated prevention programmes based on collaboration between the participants of local communities and facilitating the strengthening of the family system were supported, in compliance with the aims of national and international drug strategy documents.

A total number of 220 tenders were submitted in the scope of the KAB-ME-12 tender (representing a total value of EUR 1.22 million), and 90 programmes were granted support. A total amount of EUR 207,000 was allocated.

Drug prevention in the Hungarian Army

On the basis of the Hungarian Army's Drug Prevention Strategy the following activities were performed in 2012 (Hungarian Army 2013):

1. Cognitive knowledge transfer, informative publications, visual presentation:
 - Information provided in the scope of disciplinary meetings, with the participation of a total number of 165 persons during the year.
 - Drug prevention lectures held in the scope of further training courses, with the participation of a total number of 1,013 persons during the year.
 - Programmes organised in community settings in the scope of central and other military events, where the presence of a drug prevention professional was always ensured. These events reached a total number of 3,000 persons.
2. Operating the Hungarian Army's Health Protection Programme, which is not restricted to passing on knowledge exclusively about certain risk factors or disease groups, instead it is a thorough, comprehensive prevention programme focusing on interrelated health problems. A key topic of the Programme is introducing the risks of the use of licit and illicit drugs and preventing the development of behavioural addictions. At the military units interactive team sessions with small groups (20-25 persons) were organized, taking into consideration the demands and needs of the military units, with the participation of a total number of 585 persons.
3. In the scope of preparing mission personnel 129 persons took part in lectures relating to the prevention of addictions (primarily excessive alcohol consumption and illicit drug use).

At the Ministry of Defence, the Hungarian Army's Drug Prevention Strategy III was elaborated by the Hungarian Army's Health Promotion Institute, which was first circulated among professional bodies in the autumn of 2012. Acceptance of the Strategy is in process.

Recreational settings

In 2012 a new three-year support cycle (2012-2014) started in respect of the state support²⁹ of service providers providing low-threshold services for people suffering from addictions (for further information see chapter 5.2.) including service providers operating harm reduction/prevention activities in recreational settings. 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 whom supplied data relating to their turnover and activities in 2012.³⁰

Among the 22 reporting organisations 10 organisations operated a programme with a city-level coverage, 2 organisations with micro-regional coverage, 5 organisations with county-level coverage, 3 organisations with regional coverage, and 2 organisations with national coverage (Tarján 2013a).

Map 1. Geographical breakdown of organisations providing harm reduction services in recreational settings (N=24) in 2012



Source: Tarján 2013a
Service providers operating in the cities marked with an * did not provide data

In 2012 the 22 organisations took part in a total number of 562 events, where they contacted about 30,646 young people, the average number of contacts per event was 55 (in 2011: 37 contacts).

According to the data received from the service providers: 5,203 litres of mineral water, 17,155 condoms, 34,232 flyers, 975 packets of glucose tablets, 2,986 tubes of fizzy drink tablets, 8,590 vitamin tablets, also biscuits and fruits were distributed.

Two organisations (from Budapest and Szeged) organised training courses on 3 occasions for the managers and staff of clubs (a total number of 67 persons) cooperating with the organisations on the conditions for ensuring safer nightlife, about new psychoactive substances, about recognising people under the influence of drugs and on how to provide more efficient help for them. One organisation (in Debrecen) held a training course for

²⁹ 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>

³⁰ Every year data is collected from the organizations by the National Focal Point, on the basis of a standard questionnaire.

ambulance staff (32 persons) focusing on club accidents.

The member organization from Pécs of the Parti Szolgáltatók Szakmai Szövetsége - PASSSZ [Association of Harm Reduction Service Providers in the Recreational Setting] founded in 2011 (see 2012 National Report, chapter 3.4.) prepared its campaigns entitled “Conscious & Safe Clubs” and “Party Bus – Get Home Safe” in 2012 and launched them at the beginning of 2013, with the professional support of INDIT Bulisegély [INDIT Party Aid] and with the participation of the Municipality of the County Town of Pécs, TÜKE Bus Company and five clubs located in Pécs.³¹

In 2011 a survey was carried out on the violent criminality in clubs in Budapest (Nagy 2013). For more information about this survey see chapter 9.5.

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

As a response to the appearance of new psychoactive substances, in December 2011 the Ministry of National Resources (NEFMI) requested the National Institute for Family and Social Policy (NCSSZI) and its organisational unit, the National Drug Prevention Office (NDI), to elaborate and realise a prevention programme relating to new psychoactive substances (NDI, 2013). Besides raising attention, the aim of the campaign was to convey information. The campaign intended to address several target groups, including affected young people, parents and professionals.

The campaign consisted of four elements:

- As a part of the Professional Information Portal operated by the NDI a new website was set up at www.designerdrog.hu and www.dizajnerdrog.hu which focuses exclusively on new psychoactive substances. Campaign materials, professional materials and documents addressed to the individual target groups can be accessed on the website.
- Poster campaign³² in Budapest, and creating flyers. On the flyers treatment centres were listed that can be contacted with problems related to new psychoactive substances.
- “Dr Rock” road show. Lectures on prevention were held in 9 cities in collaboration with Coordination Fora on Drug Affairs.
- The campaign joined the National Drug Prevention short film making competition³³ organised by Életrevaló Egyesület [Go-Ahead Association]. The specific topic of the tender announced in 2012 was the phenomenon of new psychoactive substances. 11 films were submitted and evaluated.

The total budget of the programme amounted to EUR 345,000, no impact assessment or evaluation was carried out.

³¹ PASSSZ intended to implement the two programmes at national level, however, it was not possible due to the lack of financial resources.

³² The poster can be downloaded from: <http://designerdrog.hu/Plak%C3%A1t1.htm>, <http://designerdrog.hu/Plak%C3%A1t2.htm>

³³ For further information on the competition see: <http://www.eletrevaloegyesulet.gportal.hu/>

Conclusions

Taking into consideration the project priorities determined in previous years, calls for tenders aimed at professional development in the field continued to be announced. The survey carried out about prevention programmes at school (Albert and Tóth 2012) found that these programmes reached a large proportion of young people, however a smaller proportion of pupils in Budapest obtained information from these programmes as compared to pupils outside of Budapest.

In 2012, 24 organisations operated harm reduction/prevention activities in the recreational setting.

4. PROBLEM DRUG USE³⁴

4.1. INTRODUCTION

Besides their turnover data (see chapter 7.3.), needle/syringe programmes (NSPs) again reported the breakdown of their injecting drug user clients according to gender, primarily injected drug and age group³⁵ (Tarján 2013b), thus the characteristics of IDUs are presented on the basis of this data also.

Furthermore, when studying the data of IDUs tested for HIV/HBV/HCV, the drug use patterns and socio-demographic characteristics can also be followed of them. In 2012 no national HIV/HBV/HCV seroprevalence survey was carried out, but the voluntary HIV/HBV/HCV diagnostic testing programme, available in 8 cities all year round, was continued, and 378 persons were tested in 2012 (Dudás et al. 2013; for the methodology, socio-demographic and further drug use patterns, serological results and risk behaviour analysis see chapters 6.1. and 6.2.). In 2012 primarily injected “other” substances could also be specified in the scope of this survey. In order to draw up-to-date and valid conclusions, in this chapter only the drug use patterns of current³⁶ IDUs tested were considered.

On the basis of the survey by Kapitány-Fövény et al. (2013) the subjective and somatic effects of mephedrone use are also described.

4.2. PREVALENCE AND INCIDENCE ESTIMATE OF PROBLEM DRUG USE

In the study carried out to estimate the size of the problem drug user population (Horváth 2013) the 2010 and 2011 police arrest data and data on drug treatment admissions were used.³⁷ On the basis of these two data sources the capture-recapture method was applied in the study. Data of persons arrested for possession of heroin, amphetamine and cocaine and the data of persons demanding treatment because of these substances were studied. However, estimation could be performed exclusively in connection with the size of the population of heroin users because of the low number of cases. (ST7_2013_HU_01).

Heroin

In the police database a total number of 208 persons were recorded for possessing heroin in 2010 and 2011, 186 of them were men and 22 women³⁸. A total of 364 clients were admitted to treatment, for whom heroin was reported as primary substance or among secondary substances as the reason for treatment, 284 of them were men and 80 women. 5 persons were excluded from the estimation because their gender was not known. In the study the population of heroin users was estimated separately for men and women, because a significant difference ($p < 0.01$) was identified between the genders.

In the aggregate of the years 2010 and 2011, in the case of men 166 persons were registered only in the police database, 264 persons only in the treatment database, and 20 persons in both databases. Using the capture-recapture method, the hidden population of those who used heroin at least once during these two years was 2,106 persons according to

³⁴ The authors of this chapter are: Gergely Csaba Horváth, Anna Tarján

³⁵ In 2012 25 of the 28 organisations took part in the data reporting relating to clients, data was provided about a total number of 2,111 clients. The number of clients was controlled for double-counting at service-provider level but not at national level. The same client may be registered at more NSPs.

³⁶ who injected at least once in the last 4 weeks.

³⁷ Data on drug treatment admissions came from the national TDI data collection with some modifications. Data of all clients were used who appeared in treatment in the given period. Mentions of secondary and tertiary drugs as cause for treatment demands were also taken into account. More details on TDI data collection and clients are found in chapter 5.

³⁸ After controlled for double-counting.

point estimation. With 95% confidence the estimated value was between 1,316 and 2,896 persons. In the aggregate of the years 2010 and 2011, in the case of women 20 persons were registered only in the police database, 78 persons only in the treatment database, and 2 persons in both databases. In this case the hidden population was 586 persons according to point estimation, the estimated hidden population was between 61 and 1,109 persons with 95% confidence. The total heroin user population is the sum total of the estimated number of hidden heroin users and the number of heroin users appearing in the two different data sources.

The total number of men and women using heroin at least once during the given two years is between 2,358 and 3,025 persons, the value of the point estimation relating to the size of the entire population is 3,244 persons.³⁹

Table 6. *The estimated size of the population of heroin users during the two-year period of 2010-2011 (persons)*

	Entire population using point estimation	Hidden population (point estimation)	95% confidence interval: bottom limit of the hidden population	95% confidence interval: top limit of the hidden population	Standard deviation of the hidden population
Men	2,556	2,106	1,316	2,896	403
Women	686	586	61	1,109	267
Total	3,244	2,692	2,358	3,025	170

Source: Horváth 2013

4.3. DATA ON PROBLEM DRUG USERS FROM NON-TREATMENT SOURCES

National NSP client data

The gender distribution was similar as in previous years, in 2012 again one-quarter of the clients were women (Tarján 2013b; for the methodology see chapters 4.1. and 7.3.).

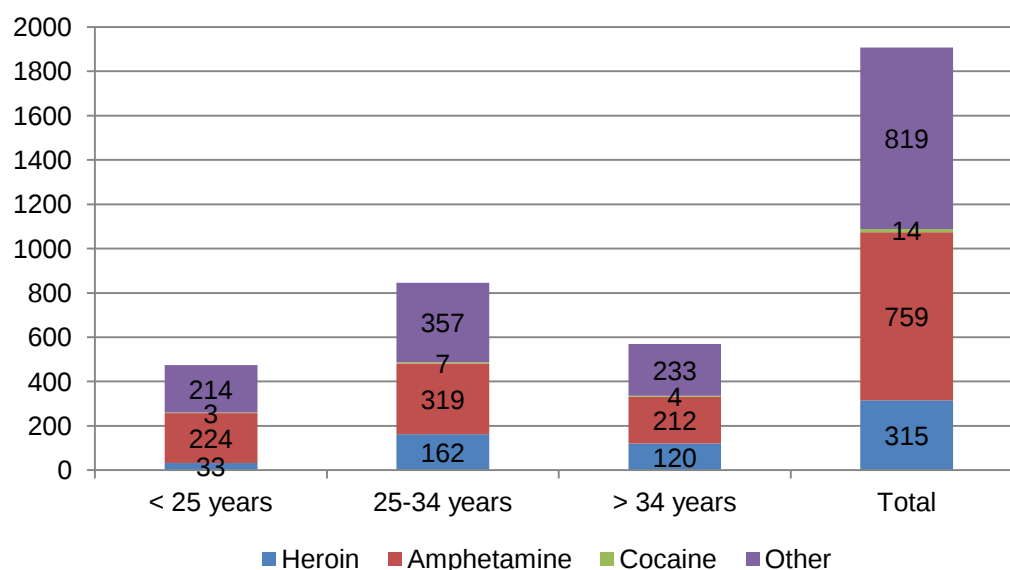
In respect of age distribution it can be stated that in 2012 the proportion of clients above the age of 34 slightly increased by 5 percentage points to 30.7%, while the proportion of clients between 25 and 34 reduced at a similar rate (by 6 percentage points) to 44.6%. Clients below the age of 25 – similarly to the year 2011 – formed nearly one-quarter of NSP clients.

The primarily injected drug type became known in the case of 1,907 persons. 17% of the clients primarily injected heroin, 40% injected amphetamine, and other drugs were reported in the case of 43% of the clients (for the breakdown of these cases see below). Cocaine, as a primarily injected drug, was represented by an insignificant proportion among IDUs attending NSPs.

In respect of primarily injected substance distribution by age groups similar proportions can be observed as in 2011. In the age group below 25 the proportion of IDUs primarily injecting amphetamine or other drugs was significantly higher than the proportion of IDUs primarily injecting heroin. In the age group between 25 and 34 and in the age group above 34 the distribution by drug type was nearly identical to the proportions observed among all clients.

³⁹ The total population estimate is based on the result of the point estimate using combined variance of the two genders, thus differs from the raw sum of the different points estimates by genders.

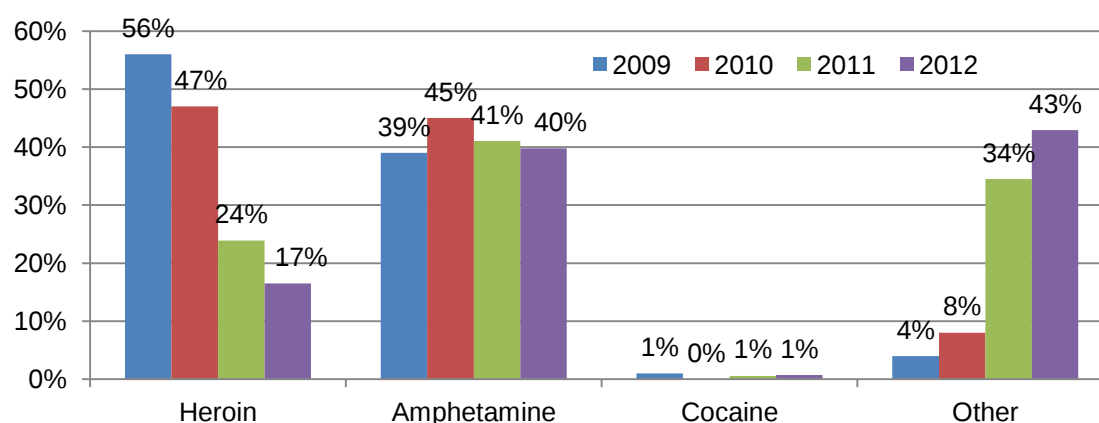
Figure 7. Breakdown of IDUs attending NSPs by age group and primarily injected drug type (N), in 2012 (N=1907)



Source: Tarján 2013b

The proportion of IDUs injecting heroin continued to drop as compared to the previous year, while the proportion of IDUs injecting other drugs – following the sharp increase observed in 2011 – continued to increase at a more moderate rate. As compared to 2011 the proportion of IDUs injecting amphetamine did not change significantly.

Figure 8. Breakdown of IDUs attending NSPs by primarily injected drug type (%), between 2009-2012⁴⁰



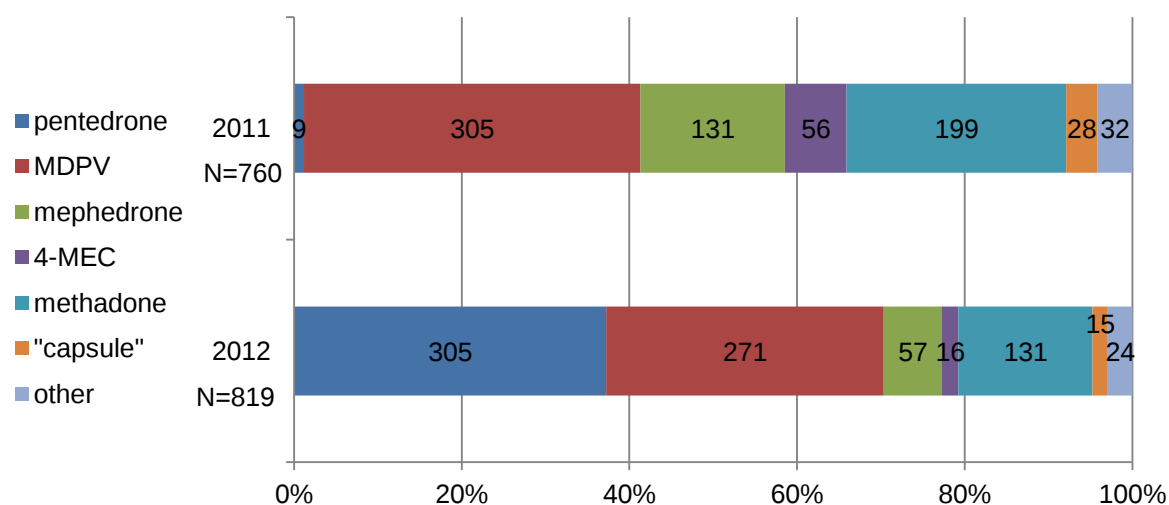
Source: Tarján 2013b

Among IDUs primarily injecting other drugs (N=819) the share of new psychoactive substances was even more dominant as compared to 2011. In 2012 the most typically injected drug was a substance called “pentakristály” reported on its street name, which was represented by an insignificant proportion in 2011 among IDUs attending NSPs. Presumably the street name refers to pentedrone, a synthetic cathinone derivative, the increasing popularity and injecting use of which was also identified in the 2012 seizure data (see chapter 10.3.). Pentedrone was followed by those other drugs that occurred the most frequently in 2011, such as MDPV, methadone and mephedrone among IDUs attending

⁴⁰ Total N/year, to which the percentages can be related: 2009: 1,483 persons; 2010: 1,729 persons; 2011: 2,239 persons, 2012: 1,907 persons.

NSPs. (For 2012 changes regarding the regulation of new psychoactive substances see: 2012 National Report, chapter 1.2.).

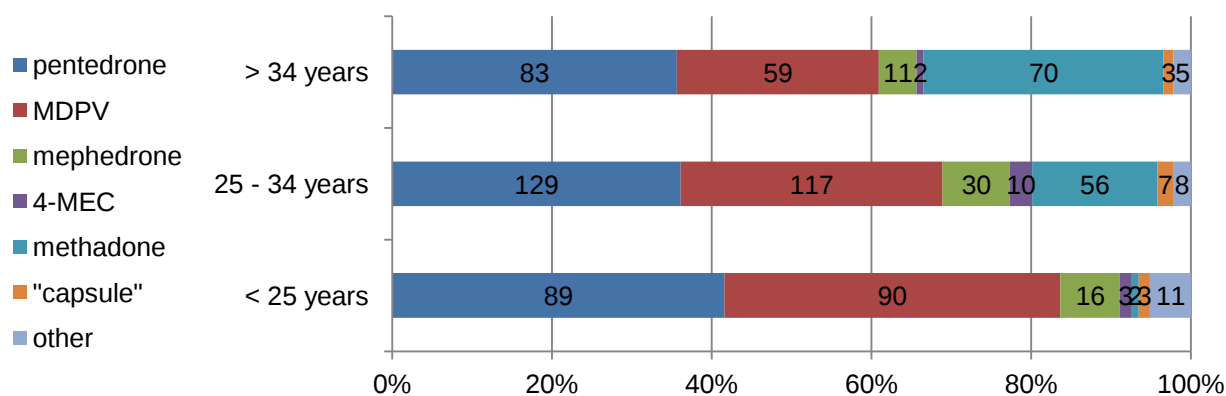
Figure 9. Breakdown of NSP clients primarily injecting other drugs by drug type (N; %), in 2011 and 2012⁴¹



Source: Tarján 2013b

Among IDUs injecting primarily other drugs, when broken down by age group, the dominance of pentadone can be detected in all age groups: among IDUs below the age of 25 it was injected at nearly the same proportion as MDPV, among IDUs between 25 and 34 MDPV was the second most frequently injected other drug, while among IDUs above 34 the second one was methadone.

Figure 10. Breakdown of NSP clients primarily injecting other drugs by age group and drug type (N, %), in 2012, (N=804 persons)



Source: Tarján 2013b

⁴¹ Mentions of other primarily injected drugs: methamphetamine; methylone; ketamine; BZO; crack; other opiates; PMC; other new psychoactive substances. Furthermore, service providers based in Miskolc reported the street name "capsule", which was named after its packaging. On the basis of clients' descriptions it has similar effects as amphetamine.

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

In 2012 378 IDUs participated in the voluntary HIV/HBV/HCV diagnostic testing programme in 8 cities⁴² (Dudás et al. 2013, for further information see chapters 6.1. and 6.2.).

When interpreting the data it is important to highlight that while the NSP client data provide information about a current⁴³ IDU population at national level, the voluntary diagnostic testing programme performed at outpatient DTCs and NSPs reach an IDU population which is more heterogeneous from the aspect of last time of injecting, and only provides data with regional coverage. Participation in the voluntary diagnostic testing programme is incidental⁴⁴, thus the possibility of determining valid trends from this dataset is restricted. Only 48% of the tested persons were current IDUs, below only data relating to this group is analysed in respect of drug use patterns.

41% of current IDUs injected primarily opioids, 24.5% of them primarily injected amphetamine and 33.1% primarily injected new psychoactive substances⁴⁵, among which the one with the street name "pentakristály"⁴⁶ was the dominant substance in 2012.

Among new IDUs who have been injecting drugs for less than two years, and among IDUs who have been injecting drugs for 2-4 years, typically new psychoactive substances and amphetamine were the primarily injected drugs, which represent outstanding risks due of the presumably less experienced and less safe injecting practices and because of the risk behaviours and HCV prevalence measured in connection with these new substances (see: chapter 6.2.).

Among IDUs who have been injecting drugs for more than five years there is an increasing proportion of opioid users⁴⁷, but new psychoactive substances can be detected in this groups of drug injectors as well. As new psychoactive substances appeared only within the last 5 years in Hungary, the phenomenon of shifting to other substances can be observed among them.

⁴² Budapest, Debrecen, Gyula, Kecskemét, Pécs, Salgótarján, Szeged, Szekszárd.

⁴³ injected at least once in the last for weeks.

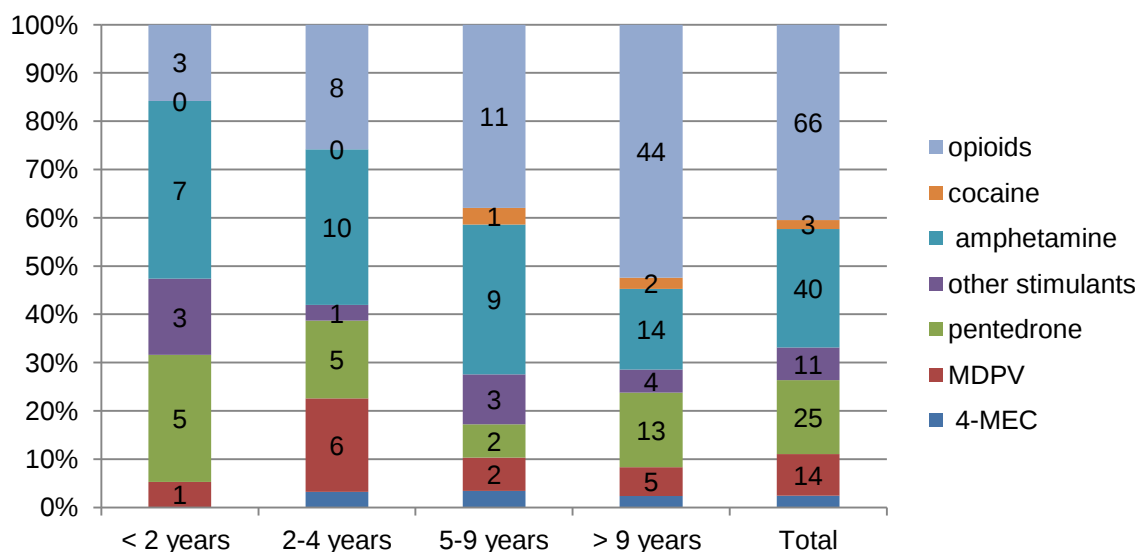
⁴⁴ Those clients can participate in the voluntary HIV/HBV/HCV diagnostic testing programme who have ever injected drugs and who were not tested within a year. As opposed to the national prevalence survey, participants do not receive an incentive.

⁴⁵ The following drugs were listed in the category of new psychoactive substances: 4-MEC, pentedrone, MDPV, and other stimulants together (MDMA; methylone; methamphetamine; ritalin; PPMC; fluoroamphetamine; mephedrone; "designer drugs").

⁴⁶ Presumably the name "pentakristály" refer to pentedrone, a synthetic cathinone derivative, the increasing popularity and injecting use of which was identified in the 2012 seizure data also (see chapter 10.3.).

⁴⁷ In the category of opiates no further specification was recorded, i.e. the distribution of heroin, methadone and further opiate derivatives cannot be determined.

Figure 11. Breakdown of current IDUs tested during the voluntary HIV/HBV/HCV diagnostic testing programme by years since first injection and injected drug type (N=163 persons), in 2012



Source: National Centre for Epidemiology (Dudás et al. 2013), analysed by: NFP

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

4.4. INTENSIVE, FREQUENT, LONG-TERM AND OTHER PROBLEMATIC FORMS OF USE

Qualitative information on the use of new psychoactive substances

Kapitány-Fövény et al. (2013) studied the subjective and somatic effects of mephedrone use. 145 persons reached with the snowball method who had ever used mephedrone in their lives completed the self-administered questionnaire.⁴⁸ On the basis of the reviewed literature the researchers developed a list of possible acute subjective experiences and physical effects, which the respondents could rate on a 5-grade Likert scale. More than half of the respondents mentioned 10 subjective effects: good mood, euphoria, ease, feeling close to others, enhanced empathy, suppressed appetite, dry mouth, sharp sensation, insomnia and increased amounts of energy were among the most typical answers. On the basis of the results of the explanatory factor analysis of the experiences resulting from mephedrone use, six factors were determined: positive experiences, sensitivity, physical symptoms, psychic symptoms, stimulating effect and psychedelic effects. The authors found that intensive physical symptoms were accompanied by intensive psychic symptoms, which could also be observed between undesired physical and psychedelic effects.

With statistical methods they looked for latent groups and group forming factors, in the case of which higher values were observed with regards to certain subjective effects, without

⁴⁸ 70.8% of the respondents were men, 29.2% were women, their mean age was 24.1 years with a standard deviation of 5.6 years. 69.4% of the respondents lived in Budapest, 19.4% lived in towns other than Budapest, and 11.1% lived in villages. Besides the effects of mephedrone, the questionnaire also contained questions relating to socio-demographic data, the prevalence rate of drug use in the past year and in the past month, the circumstances of the first use of mephedrone, the patterns of current use, the source of supply and the price. 94.5% of the respondents, 137 persons used mephedrone at least once in the past year; 40%, 58 persons used mephedrone even in the past month. 84.8% of the respondents, 123 persons, sniffed the drug, while 11.7%, 17 persons, injected it. Among IDUs typically no other routes of administration were observed. Among the effects of mephedrone the effects of coming down from the drug were also examined, but they were not described in the quoted study.

measuring elevated values in respect of other factors. The authors identified two groups which differed from each other only in respect of the intensity of the experiences. In both groups higher values were observed in connection with positive experiences, sensitivity and stimulant effect, while lower values belonged to undesired physical and psychic effects and to psychedelic effects. The only significant difference between the two groups was observed in the addiction potential of mephedrone and its stress reduction effect. Those who reported on more intensive subjective and physical effects described mephedrone as a more addictive drug, and they used it more commonly to reduce stress.

The characteristics of clients in substitution treatment are described in greater detail in chapter 5.3. Information on the connection between new psychoactive substances and psychiatric comorbidity can be found in chapter 6.3.

Conclusions

In 2012 the national data collected among NSP clients continue to support the increasing prevalence of the injecting use of new psychoactive substances. In 2012 the substance with the street name “pentakristály” – presumably referring to pentadone – was the most commonly used substance among IDUs primarily injecting other drugs.

Among current IDUs participating in the regional voluntary HIV/HBV/HCV diagnostic testing programme in 2012, amphetamine and new psychoactive substances were dominant in the case of IDUs who have been injecting drugs for less than 4 years. Although among IDUs who have been injecting drugs for more than 5 years opioids were still the most commonly used drugs, new psychoactive substances occurring in these categories demonstrate the phenomenon of shifting substances.

5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY⁴⁹

5.1. INTRODUCTION

Clients participating in methadone or buprenorphine-naloxone treatment are presented on the basis of the pilot data collection⁵⁰ 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

5.2.1. Strategy/policy

No new information available.

5.2.2. Treatment systems

Organisation and quality assurance

In 2012 the State Audit Office of Hungary (hereinafter: ÁSZ) introduced the result of the audit⁵¹ in the scope of which they examined the changing of the situation of psychiatric care in the period between 2006 and 2011. The ÁSZ found that the reorganisation of the health treatment system in 2007 had an unfavourable effect on psychiatric care conditions, such as:

- despite the reorganisation of psychiatric care the cost efficiency and general efficiency of psychiatric care has deteriorated, the objectives determined in the Public Health Programme and in the Children's Health Programme have not been achieved;
- the health and social psychiatric treatment capacities are not harmonised, in the lack of disease registers they are not built on morbidity data;
- there is no treatment coordination to control treatment and care, there are geographical inequalities in access to treatment. (ÁSZ 2012)

The lack of minimum quality standards, protocols and the related treatment capacities in child and youth addiction treatment is still a serious problem. In three out of the seven regions there is no inpatient children psychiatric treatment at all (Central Transdanubia,

⁴⁹ The authors of this chapter are: Gergely Csaba Horváth, Anna Péterfi, Erika Vandlik

⁵⁰ 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.

⁵¹ The ÁSZ determined the set of considerations of the audit by performing a preliminary study, assessment was based on a focus group, a questionnaire survey, record data, local interviews and comparative analyses. The type of the audit was a performance audit, which was first of all aimed at evaluating cost efficiency and general efficiency. When selecting the indicators suitable for measuring performance, they took into consideration the recommendations of focus group participants and the possibilities of analysing the time-series data available at the various institutes (Hungarian Central Statistical Office [KSH], National Health Insurance Fund [OEP], National Institute for Quality- and Organisational Development in Healthcare and Medicines [GYEMSZI], National Ambulance Service [OMSZ]). The indicators and the audit program were widely discussed with the representatives of the psychiatric profession.

Southern Transdanubia, Northern Hungary), while 15.6% of this age group of two million persons is affected (ÁSZ 2012). In a study carried out in 2012 the commissioner for fundamental rights (AJB) found that this deficiency “results in irregularities in connection with the right to health and health treatment” (AJB 2012).

In order to remedy this problem, in 2012 the programme aimed at the development of national child and youth addiction treatment continued, in the scope of which infrastructural development is starting in two regions (Southern Great Plain and Central Transdanubia). To facilitate the infrastructural development of child psychiatric treatment, programmes are granted in further two regions (Western Transdanubia and Southern Transdanubia).

According to the 12/2011. (III. 30.) NEFMI regulation on ‘the operation of the national advisory board for health’ its departments of psychiatry and psychotherapy, addiction and child psychiatry are responsible for providing consultancy to the minister of health.

In December 2012 the methodological tasks in connection with the social care of patients suffering from addictions – including the coordination of the Addiction Methodological Working Group – were transferred to the sphere of tasks of the Methodological Division of the newly established Chief Directorate for Social Affairs and Child Protection.

Availability and diversification of treatment

In 2012 7 new active⁵² addiction centres were set up (besides the already existing 3 centres) by restructuring beds for psychiatric treatment. This change was justified by that in the preceding period active addiction treatment beds were labelled only at 3 locations (in two regions), so in other regions of the country patients in need of addiction treatment could be rejected with reference to the lack of addiction treatment capacities. As a result of restructuring capacities, since June 2012 active addiction treatment has been available in all 7 regions of Hungary. Due to this measure the number of institutes providing such treatment has increased from 3 to 11, and the capacity has increased from 97 beds to 248 beds.

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 the case of both types of treatment the available budget dropped as compared to the previous period. In the case of community services provided for patients suffering from addictions EUR 2.17 million⁵³ was allocated in 2012, which represents a 25% reduction as compared to the budget available in 2011. In 2012 EUR 1.21 million was granted for low-threshold services provided for patients suffering from addictions, which represents a 12% reduction as compared to the budget available in 2011⁵⁴. Both forms of treatment include treatments provided for alcohol addicts and patients suffering from other addictions, the amount granted for the treatment of drug users cannot be determined exactly, and it neither can be determined how much their treatment was affected by the above reduction in finances. At the same time, the output data of low-threshold needle and syringe programmes (needles/syringes distributed, number of clients, number of contacts per year – see chapter 7.3.) indicate how demand and the capacity of the service providers changed. On the basis of this data it can be stated that no reduction in demand could be observed, but there was a significant reduction in the availability of the services.

⁵² Active inpatient treatment: therapeutic, preventive, rehabilitating activity performed in inpatient treatment institutes, in the scope of which the treatment period can be planned in advance and it mostly has a short term. Medical interventions dominate the treatment, and the aim of the treatment is to restore health condition as soon as possible. From the aspect of classification it is irrelevant whether treatment is required because of an acute or chronic disease. [<http://fogalomtar.eski.hu>]

⁵³ The amounts in this chapter were calculated based on the official mid-rate of the EUR for 2012 (1 EUR = 289.88 HUF.

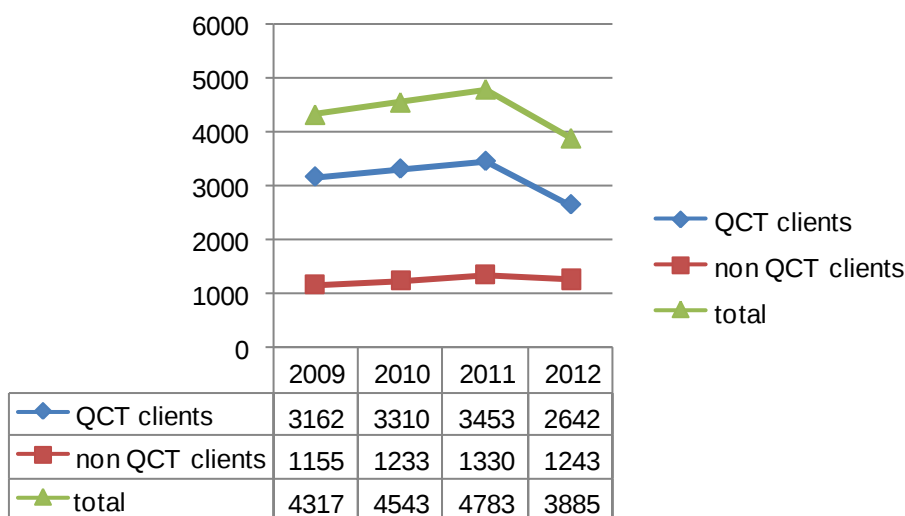
⁵⁴ Source: NRSZH

Due to financial problems numerous NGOs providing treatment and services for drug users had problems with the maintenance of the operation. In the case of some of these organisations it resulted in the reduction of service options provided in the past, discharging employees, or temporary suspension of services. During the regular needs assessment performed by MADÁSZSZ (Association of Hungarian Drug Prevention and Harm Reduction Organisations) among their members, the heads of several organisations reported their demand for supervision support. For this reason, between October 2012 and February 2013 the association provided supervision for the heads of the 7 applying organisations⁵⁵. During this period 8 sessions were organised.⁵⁶

Alternatives to criminal procedure

An average of 70% of treatment admissions covers treatment and preventive services offered as an alternative to criminal procedure in the case of the misuse of narcotic drugs. However, as a result of the changing of the market (see chapter 10.3.) the number of criminal procedures instituted because of misuse of substances controlled as narcotic drugs dropped (see chapter 9.2.). Meanwhile the number of investigations started in connection with uncontrolled substances or substances controlled under the NPS schedule (schedule C) increased. These cases, did not result in instituting criminal proceedings. The effect of this reduction can also be observed in the number of patients starting treatment in 2012 (see chapter 5.3.), as due to the lower number of procedures a lower number of persons used the treatment and preventive services that can be offered as alternatives to criminal procedure (QCT clients).

Figure 12. *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 2012 (persons)*



Source: TDI data collection (OAC 2013b); analysed by: NFP

Presumably, delayed funding of preventive-consulting services also had a minor effect on the drop in the number of clients in QCT. The institute coordinating financing was able to

⁵⁵ ALISMA Egészségfejlesztő és Egészségmegőrző Közhasznú Egyesület [ALISMA Health Promoting and Health Preserving Non-Profit Organisation], ADELANTE ALAPÍTVÁNY [ADELANTE FOUNDATION], Alternatíva 2004 Alapítvány [Alternative 2004 Foundation], Drog Stop Budapest Egyesület [Drug Stop Budapest Association], Iránytű Ifjúsági és Mentálhigiénés Alapítvány [Compass Youth and Mental Hygiene Foundation], Magadért Drogmentességet Védő Alapítvány [For Yourself Foundation Protecting Freedom from Drugs], Tiszta Jövőért Közhasznú Alapítvány [For a Clear Future Non-Profit Foundation]

⁵⁶ Source: MADÁSZSZ

conclude contracts with the service providing organisations only in 2013, retrospectively with regard to the period between April-December 2012. The delay of the finances and the uncertainty about the date of concluding contracts represented serious problems for the service providers. 5 organisations (out of the 44 organisations providing services in 2011) had to stop providing services, while the rest of the organisations were able to continue to operate their programmes only by restructuring their sources or by reducing the availability of their services (for example by the cessation of weekend services). One of the service providers that used to provide preventive-consulting services for prisoners had to terminate its services as in the lack of a contract concluded with the coordinating institute the detention facility stopped cooperating with the organisation.

Substitution and detoxification treatment

The use of new psychoactive substances can be observed among clients in substitution treatment also, as it was described in the 2012 National Report in connection with the study conducted by Farkas (2011). The Hungarian National Focal Point consulted (Péterfi 2013) treatment units operating methadone programmes on the use of synthetic cathinones observed among clients in substitution treatment and about its effect on the therapeutic process in 2012⁵⁷.

On the basis of the reports made by the treatment units it was difficult to detect the use of cathinones, as rapid tests indicating the presence of the drugs were not available. Therefore the service providers realised the existing problem on the basis of the clients' voluntary declarations, and on the basis of changes occurring in the clients' behaviour and external signs (significant loss of weight, signs of frequent injections on the skin).

Both treatment units located in Budapest and large treatment units outside of Budapest observed the occurrence of the phenomenon in their clientele. They found that it was typical and common: treatment units providing estimates determined their clients' rate of involvement at between 10% and 50%. At the same time several treatment units reported that the problem occurred in cycles, there were periods when it was experienced more intensely, and then for months it could hardly be observed among their clients. Three treatment units with lower traffic did not observe the problem at all, while one treatment unit observed it on rare occasions among clients.

In connection with the consequences of the use of cathinones the destabilisation of the mental condition was mentioned several times: facing hallucinations, panic attacks, symptoms of depression, agitation and aggression. From the aspect of the therapy the behavioural changes occurring as the side effects of these drugs made it more difficult to retain clients in the therapy, and on the basis of the reports they definitely made working with the clients more difficult. Typical problems mentioned by several treatment units included communication difficulties, lack of trust (due to paranoia), the interruption of long-term abstinence (in respect of other drugs), and difficulties in handling clients waiting for their medicines.

Typically the treatment units responded to the problems experienced with stricter control, but they also mentioned the symptomatic treatment of the psychic problems occurring, more frequent consultations, more intensive relationship therapy, and, in more severe cases, referral to hospital treatment.

Substitution treatment units located outside of Budapest also reported on a drop in treatment demand, no new clients were admitted to their services, typically old clients returned to the system. They determined the increasing use of "designer drugs" as the cause of the drop in

⁵⁷ The consultations took place in May 2013. The treatment units were contacted and interviewed by telephone. In each case the respondent was the professional leader of the substitution programme or the head of the institute. During the consultations all of the 10 Hungarian treatment units could be reached successfully.

treatment demand. This phenomenon occurs less typically among service providers located in Budapest with larger turnover.⁵⁸

In 2012, in the course of the pilot data collection coordinated by the National Centre for Addictions, 8 service providers reported clients participating in methadone or buprenorphine-naloxone treatment (out of the 12 service providers providing such treatments in the country). On the basis of the service providers' reports, a total number of 672 clients received methadone or buprenorphine-naloxone treatment during the year (in 2011: 715 clients).

In 2012 4% of the clients receiving methadone or buprenorphine-naloxone treatment (28 persons) received their substitution drug for the purpose of detoxification, 96% (637 persons) in the scope of substitution treatment⁵⁹. In respect of the substitution drug, 78% of the clients participating in substitution treatment (494 persons) were prescribed methadone, while 22% (143 persons) were prescribed buprenorphine-naloxone. In the case of detoxification treatments the use of buprenorphine-naloxone was more typical (in 21 cases, 75%).

Table 7. *Breakdown of clients participating in detoxification and substitution treatment by the prescribed drug, in 2012 (%) (N=665⁶⁰)*

	detoxification		substitution	
	N	%	N	%
methadone	7	25%	494	78%
buprenorphine-naloxone	21	75%	143	22%
total	28	100%	637	100%

Source: Substitution data collection (OAC 2013c), analysed by: NFP

Characteristics of the above clients are described in chapter 5.3.1.

5.3. ACCESS TO TREATMENT

5.3.1 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 2012 new clients treated for drug use were reported by 81 treatment units. 51 of the reporting treatment units treated their clients in the scope of outpatient services, 16 units in the scope of inpatient services, 21 units in the scope of low-threshold services, and 7 units reported the treatment of prisoners⁶¹.

In 2012 a total number of 3,885 persons entered treatment, which represents a significant decrease, by 19%, as compared to the data recorded in 2011 (4,783 persons). The decrease in the number of persons entering treatment is due to the decrease in the number of clients in QCT, the causes of which are described in detail in chapter 5.2.2.

⁵⁸ Based on the statements made at the national OST Forum in 2013.

⁵⁹ In the case of a further 7 persons the type of treatment is not known.

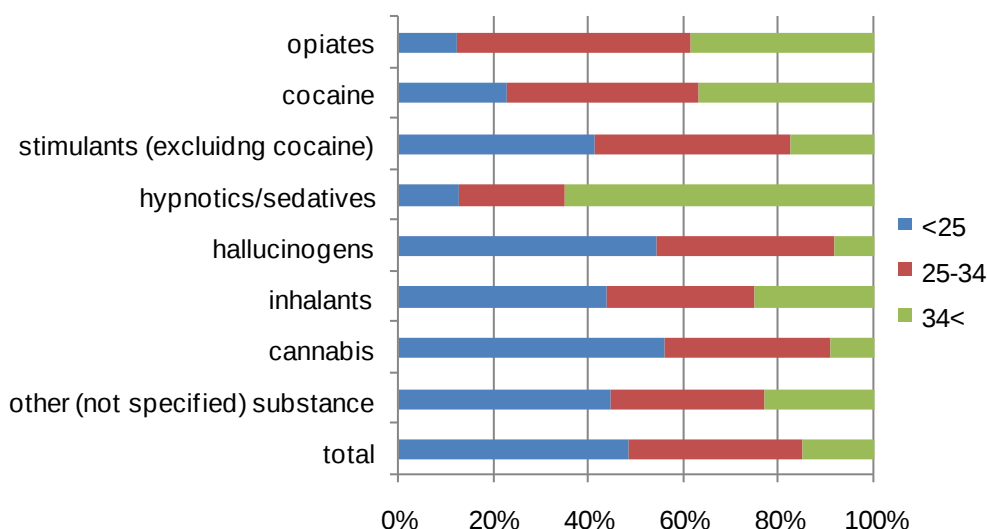
⁶⁰ In the case of 665 out of the total number of 672 treated clients both the type of treatment and the substitution drug are known.

⁶¹ The same institute can provide and report on several types of treatment.

During the year 66% (2,574 persons) of the 3,885 persons entering treatment were treated for the first time in their lives due to drug problems. 74% of all cases (2,874) were treated at outpatient treatment units, 10% (376 persons) at inpatient treatment units, and 12% (497 persons) at low-threshold service providers. 138 persons were treated at detention facilities (for the detailed description of these cases see chapter 9.7.).

On examining the treated clients by age it can be observed that cannabis users were the youngest, the proportion of persons below the age of 25 was the highest (56%) among them. The oldest group demanding drug treatment was the group of clients using hypnotics/sedatives, and they were followed by opiate users.

Figure 13. Breakdown of all clients by age, and primary drug in 2012 (%) (N=3885)



Source: TDI data collection (OAC 2013b), analysed by: NFP

On examining the clients based on the primary drug determining the treatment demand, it was still the cannabis users who represented the majority of clients treated (65.9%; 2,560 persons), and they were followed by stimulant users (17.3%; 674 persons). Opiate users formed the third largest group (5.9%; 230 persons), but their proportion, which has been dropping for years, has now been approached by the fourth largest group formed by users of "other" substances (that cannot be classed in the categories determined in the questionnaire) (5.1%; 199 persons). At the end of this chapter there is a detailed time-series analysis on primary drug.

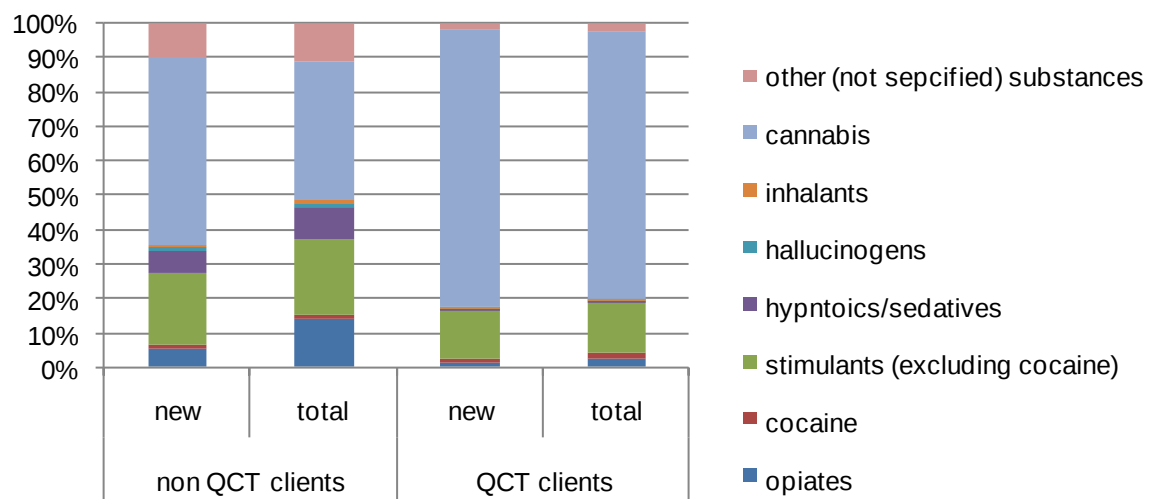
Clients entering treatment voluntarily (not as an alternative to criminal procedure but due to other reasons)

In 2012 1,243 clients entered treatment not in the scope of QCT (32% of all treatment admissions). They are clients who enter treatment voluntarily, encouraged by their family or friends, or are referred to such treatment by other services, or in other ways, but not as an alternative to criminal procedure. 582 of the 1,243 persons started drug treatment for the first time in their lives. 557 persons had been treated before because of similar problems, and in the case of 104 persons the treatment history was not known. In respect of distribution by gender, 965 of the clients were men, 254 were women, and in the case of 24 persons the gender was not reported.

In respect of primary drugs the restructuring observed in the previous years partly continued. The proportion of clients entering treatment because of the use of opiates continued to decrease (2009: 32%; 2010: 21%, 2011: 16%; 2012: 14%), at the same time the increase of

the proportion of stimulant users halted, and the proportion of the users of “other” substances that could not be categorised in the applied drug classification increased significantly (2011: 5%; 2012: 11%). Presumably this latter increase was due to treatment demand related to new psychoactive substances referred by street names with unknown substance content.

Figure 14. *Primary drug among all clients and among (new) clients starting treatment for the first time, participating and not participating in QCT programmes in 2012 (%)* ($N_{\text{not-QCT-new}}=582$; $N_{\text{not-QCT-total}}=1243$; $N_{\text{QCT-new}}=1992$; $N_{\text{QCT-total}}=2642$)



Source: TDI data collection (OAC 2013b), analysed by: NFP

Clients entering treatment as an alternative to criminal procedure

In 2012 2,642 persons entered in QCT programmes, to avoid criminal procedure, which represents a significant 23% drop as compared to 2011 (2011: 3,453 persons). The causes of this are described in detail in chapter 5.2.2. No significant change can be observed in the substance distribution structure of clients starting QCT programmes: the proportion of cannabis users (78%), stimulant users (15%) and opiate users (2%) remained practically the same as in previous years. Consequently, the changes observed among clients not participating in QCT still cannot be observed among clients participating in QCT programmes.

*Characteristics of the individual drug user groups*⁶²

*Opiate users*⁶³

In 2012 230 persons started treatment due to opiate use (162 men, 59 women, 19 persons with unknown gender). 47 of these persons (20%) started drug treatment for the first time in their lives. 25% of the clients requesting treatment because of opiate use (57 persons) entered treatment as an alternative to criminal procedure.

75% of the opiate users (173 persons) used heroin, 13% (31 persons) used other opiates, and 11% (26 persons) used methadone, so the proportion of heroin users continued to decrease among clients demanding treatment because of opiate use (2010: 89%, 2011: 79%). In the case of the majority of the clients first opiate use took place between the ages of 15-19 (50%; 116 persons), 18% (41 persons) reported first opiate use between the ages of

⁶² 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.

⁶³ Users of heroin, methadone (non prescription) and other opiates.

20 and 24. Among all opiate users the proportion of intensive users (2-6 times a week or daily) was 65% (141 persons), while among clients starting drug treatment for the first time this proportion was 61% (27 persons).

Among heroin users 80% (138 persons) were injecting users, and 14% (24 persons) were smokers. 64% (20 persons) of the clients entering drug treatment for the first time reported injecting use and 26% (8 persons) reported smoking.

In the case of opiate users the most common secondary substance⁶⁴ mentioned was cannabis, which was reported by 32% of this group (74 persons) as their problem drug besides primary opiate derivatives. 27% (61 persons) determined a stimulant (other than cocaine) and 20% (45 persons) reported on the use of further opioids without medical prescription.

Cocaine users⁶⁵

In 2012 overall 62 cocaine users (61 cocaine and 1 crack user; 50 men, 11 women, and the gender of 1 client was not known) admission to treatment were reported by the service providers, and 41 of them (66%) entered drug treatment for the first time in their lives. In this group 31% (19 persons) entered treatment voluntarily, while 69% (43 persons) started treatment in the scope of a QCT programme.

Among them, typically the first cocaine use took place between the ages of 15-19 (44%, 27 persons), while in the case of 18% (11 persons) first cocaine use took place between the age of 20-24. In respect of the frequency of drug use 30% (18 persons) could be characterised as intensive users (2-6 times a week or daily), while occasional users were represented by a proportion of 61% (37 persons). In respect of the route of administration the majority of the clients reported on sniffing (67%; 41 persons), while injecting use was the primary route of administration only in the case of a small proportion of the clients (11%; 7 persons).

Besides cocaine the most commonly mentioned secondary substances⁶⁶ were stimulants (other than cocaine) (41%; 26 persons), cannabis (32%; 20 persons) and alcohol (18%; 11 persons).

Stimulant users⁶⁷

The increase in the proportion of stimulant users observed in the previous years stopped in 2012 and changed to a slightly decreasing trend. Among the 674 stimulant users starting treatment in 2012 (545 men; 120 women; in the case of 9 persons the gender was unknown) 71% (476 persons) reported amphetamines, 8% (57 persons) determined MDMA and other derivatives, and 21% (141 persons) determined other stimulants as their primary drug. 406 persons entered drug treatment for the first time in their lives, and 215 persons had already been treated with such problems before (in the case of a further 53 persons the treatment history was not known). A large proportion of stimulant users (59%; 401 persons) entered treatment in the scope of QCT programmes.

From the aspect of the frequency of drug use, the proportion of intensive users (2-6 times a week or daily) was the highest (44%) among the users of other stimulants in this group. 42% among users of MDMA and other derivatives, and 27% among amphetamine users reported intensive use. In the case of all three drug categories sniffing was the most typical route of administration: 42% of amphetamine users, 35% of the users of MDMA and other derivatives and 37% of other stimulant users reported this route of administration. 20% of stimulant users reported on injecting use as their primary route of administration.

⁶⁴ Several (but a maximum of 4) secondary substances could be determined.

⁶⁵ Cocaine salt and crack users.

⁶⁶ Several (but a maximum of 4) secondary substances could be determined.

⁶⁷ Users of amphetamines, MDMA and other derivatives, and other stimulant compounds.

Substances determined by most stimulant users as their secondary drugs⁶⁸ were cannabis (34%; 230 persons), alcohol (18%; 119 persons) and stimulants (18%; 118 persons).

*Cannabis users*⁶⁹

In 2012, as a result of the reduction of the number of clients starting treatment as an alternative to criminal procedure (QCT clients), the number of clients entering treatment because of cannabis use dropped by nearly one-quarter (23%) (2011: 3,321 persons; 2012: 2,560 persons). 80% (2,062 persons) of them (2,291 men, 237 women, and in the case of 32 persons the gender was not known) started treatment to avoid criminal procedure, and 20% (498 persons) started treatment for other reasons. 75% (1,927 persons) of all clients entering treatment because of cannabis use started a drug treatment programme for the first time in their lives.

In the case of the majority of the clients (59%) first cannabis use took place between the age of 15 and 19. 17% of the clients reported on cannabis use before the age of 15. The proportion of occasional users was 64% within this group, 16% of them reported on weekly one or less frequent drug use in the period before starting treatment. The proportion of intensive cannabis users (2-6 times a week or daily) was 20%.

In their case the most commonly mentioned secondary substances⁷⁰ were stimulants (23%; 599 persons), alcohol (18%; 462 persons) and cocaine (3%; 71 persons).

Clients in substitution treatment and detoxification treatment

Clients participating in substitution and detoxification treatment in 2012 are described on the basis of the substitution data collection of the National Centre for Addictions (OAC).

Clients in substitution treatment have been treated for 3.7 years on average⁷¹ (SD: 3.1), 20% of the clients started the treatment in 2012.

75% (503 persons) of the 672 clients were men, and 25% (169 persons) were women. The mean age was 32.8 years among clients in detoxification treatment, and 36.9 years among clients in substitution treatment.

5.3.2 Trends of treated population and treatment provision

On the basis of TDI data

During the last 3-4 years the decreasing significance of heroin both on the market and in the population reached by the treatment and care system could be observed, and at the same time treatment demand associated with new psychoactive substances occurred. The exact identification of these substances represents a difficulty for service providers and for specialists providing treatment, as even the clients themselves do not know exactly what they use, so it is difficult to link treatment demand with specific substances. In large data collection systems, like TDI, these cases, in the lack of a separate category, can be found in categories such as “other, not classifiable” or “other stimulants”. As the substances are not determined precisely, the interpretability of the data entered in these collective categories is limited, but on the basis of other indicators and consultations held with the treatment units during the year it can be presumed that the changes observed in the past 3-4 years in these groups of substances can be attributed to new psychoactive substances, first of all to cathinone derivatives.

⁶⁸ Several (but a maximum of 4) secondary substances could be determined.

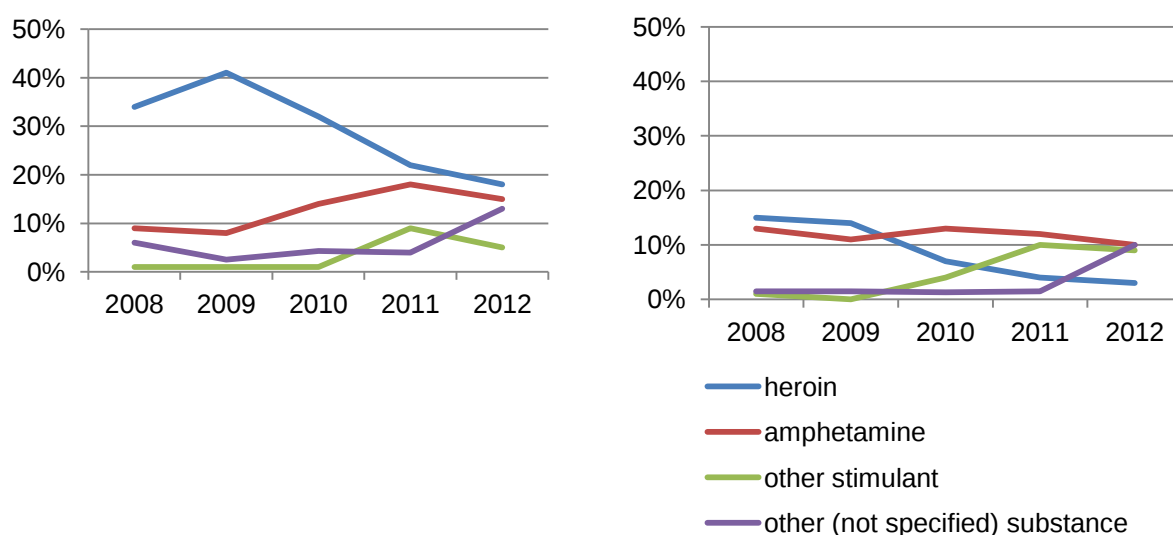
⁶⁹ Users of herbal cannabis and cannabis resin.

⁷⁰ Several (but a maximum of 4) secondary substances could be determined.

⁷¹ Calculated from the difference between the current year and the year of starting treatment.

Changes in the distribution of clients starting treatment according to their primary drug could still be only observed among clients starting treatment voluntarily (non QCT clients). On examining clients entering treatment voluntarily on the basis of their treatment history (whether they had been treated before because of drug problems) it can be seen that the proportion of heroin users continued to decrease both among clients entering treatment for the first time and among clients already treated before. In the case of clients already treated before, the proportion of amphetamine and other stimulants⁷² users dropped, while the proportion of clients requesting treatment because of “other” substances⁷³ (that cannot be classed in the classical categories of narcotic drugs) increased. A similar change can be observed among clients entering treatment for the first time, the proportion of users of amphetamines and other stimulants slightly decreased while the proportion in the category of other substances increased.

Figure 15. *The changing of the proportion of users of heroin, amphetamine, other stimulants and other (not classifiable) substances among clients already treated before (first chart) and among clients starting treatment for the first time (second chart) (not in QCT), between 2008-2012 (%)*



Source: TDI data collection (OAC 2013b); analysed by: NFP

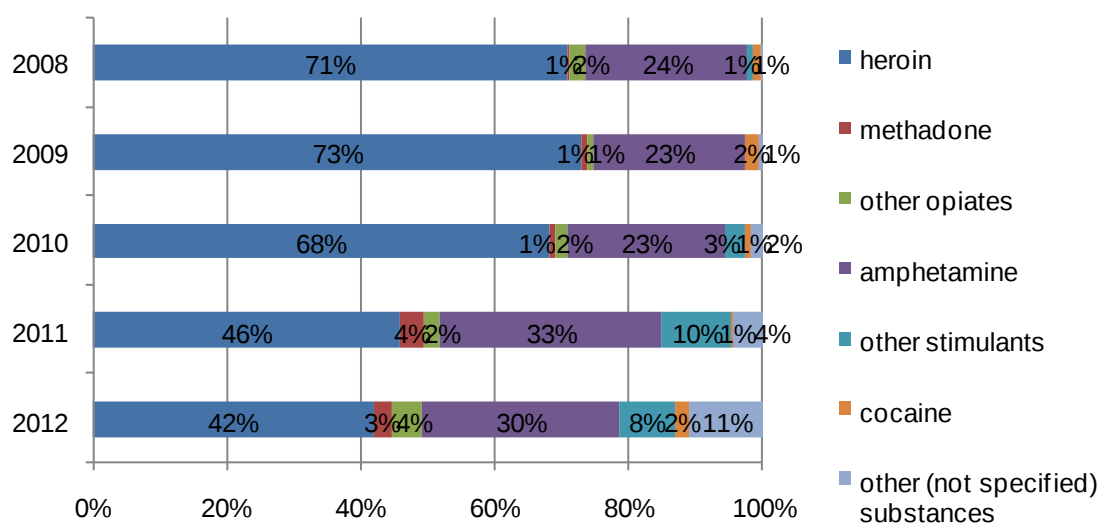
On the basis of the data reported and surveys carried out in the previous years (2012 National Report, chapter 4, chapter 5) a restructuring has been observed for years among IDUs. This trend continued in 2012. The use of heroin as primarily injected drug continued to decrease in the treatment data also, its proportion dropped to 42% (2011: 46%). The proportion of users injecting amphetamine (2011: 33%; 2012: 30%) and other stimulants (2011: 10%; 2012: 8%) also dropped slightly among clients entering treatment, at the same time the proportion of clients reporting on injecting “other” (not classifiable) substances increased significantly (2011: 4%; 2012: 11%). On the basis of consultations with the service providers, the treatment units also classed users injecting synthetic cathinones in this latter group.

On the basis of the seizure data the accessibility of heroin is still low in Hungary. The active substances identified in injecting equipment (see chapter 10.3.) and the client data of national NSP service providers (see chapter 4.2.) both demonstrate the decreasing trend of heroin injecting.

⁷² Category used in the group of “stimulants (other than cocaine)” besides “amphetamine” and “MDMA and other derivatives”.

⁷³ Compounds that cannot be classed in the substance categories of “opiates”, “cocaine”, “stimulants (other than cocaine)”, “hypnotics and sedatives”, “hallucinogens”, “inhalants”, “cannabis”.

Figure 16. *Distribution of IDU clients by the substance injected between 2008 and 2012*⁷⁴ (%)



Source: TDI data collection (OAC 2012b); analysed by: NFP

Conclusions

At certain points of the drug treatment and care system (community and low-threshold services, QCT programmes) the narrowing of capacities and accessibility could be observed, this is due to reduced finances and uncertainties associated with financing (delay in concluding financing contracts and delay in payments) in 2012.

The other factor playing a dominant role in the treatment of drug users and in the services provided for them was the increasing use of new psychoactive substances, which affected the area both directly and indirectly.

One of its indirect effects was the reduction in the number of clients entering treatment. As the majority of clients start treatment in order to avoid criminal procedure, the drop in drug-related criminal offences (partly due to new psychoactive substances not controlled as narcotic drugs) affected the number of clients entering drug treatment also.

The direct effect could be experienced in treatment demand. Treatment demand deriving from the use of new psychoactive substances could still be identified. On the basis of treatment and NSP data the use of these substances was also significant in the case of the IDU population, which is especially exposed to risks from the aspects of public health.

Treatment demand related to heroin use continued to decrease in 2012, and this tendency is also in compliance with the seizure, NSP and mortality data. The drop may partly be due to the decreasing accessibility of heroin and partly to the increasing use of new psychoactive substances.

⁷⁴ 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.

6. HEALTH CORRELATES AND CONSEQUENCES OF DRUG USE⁷⁵

6.1. INTRODUCTION

In 2012, 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 (Csohán et al. 2013).

In 2012 no national HIV, HBV, HCV prevalence survey was carried out among IDUs⁷⁶. However, the voluntary HIV/HBV/HCV diagnostic testing and risk behaviour survey was ensured in 8 cities for IDUs all year round, coordinated by the National Centre for Epidemiology⁷⁷ (for the methodology see: 2011 National Report, chapter 6.1.). Therefore, the data originating from this programme are available for describing the prevalence of HIV, HBV, HCV and risk behaviours⁷⁸ among IDUs in Hungary in 2012 (Dudás et al. 2013). For the interpretation of the data it is important to point out that testing uptake at the voluntary diagnostic testing with regional coverage has an incidental nature, consequently – as opposed to the national prevalence survey – there is only a limited possibility for analyzing trends⁷⁹. Furthermore, it is important to take into consideration that while in 2011 79% of the tested persons were current⁸⁰ IDUs in this programme, in 2012 this figure was only 48%. Among other factors, this may be due to the following: while in 2011 63% of the samples came from NSPs, 2% from DTCs, 2% from opiate substitution treatment centres (OST), 33% from organisations providing both NSP and OST, in 2012 only 26% of the samples came from NSPs, a further 2% came from DTCs, 33% from OST centres and 39% from organisations providing both NSP and OST. Chapter 7.3 describes the reduction of capacities of the biggest NSPs in 2012, as a result of which the organisations were unable to perform a similar amount of tests as in 2011. (ST9_2013_HU_01)

The drug use patterns of current IDUs participating in the voluntary diagnostic testing programme are described in chapter 4.3.

In 2012 a study was carried out (Ritter 2013a) entitled “Infections and fears in detention facilities”, in the scope of which knowledge about, attitude to, affectedness by, and related risks of HCV infection among prisoners were examined. Data relating to infections and risk behaviours are described in this chapter, while the results relating to drug use patterns of prisoners and counselling on infections are described in chapter 9.7. and 9.8. respectively.

Similarly to earlier years, the mortality data relating to 2012 derive from the mortality module of the reporting system of the National Centre of Addictions (OAC) relating to illicit drug use. Data processing took place with the help of the employees of the National Institute of Forensic Medicine (for the methodology, see 2011 National Report, chapter 6.3.).

⁷⁵ The authors of this chapter are: Mária Dudás, Gergely Csaba Horváth, Anna Tarján

⁷⁶ For the previous national prevalence surveys see: 2007, 2008 and 2012 National Report, chapter 6.2.; 2009 and 2010 National Report, chapter 6.1.

⁷⁷ Five needle/syringe programmes (NSPs) and two outpatient drug treatment centres (DTCs) participated in the survey in Budapest, and one DTC and seven NSPs outside of Budapest until the end of 2012.

⁷⁸ 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. In 2012 three new variables were introduced (“other primarily injected drugs” could be specified; number of injection times on the last day; use of a sterile syringe during the last injection) for more precise measuring of drug use patterns relating to new psychoactive substances.

⁷⁹ IDUs can take part in the voluntary HIV/HBV/HCV diagnostic testing programme who have ever injected drugs, and who were tested for the last time more than 12 months ago. As opposed to the national prevalence survey the participants do not receive an incentive.

⁸⁰ Those who injected drugs at least once in the last 4 weeks.

6.2. DRUG-RELATED INFECTIOUS DISEASES

Reported cases of HIV/AIDS, HBV, HCV

HIV/AIDS

In 2012 in Hungary a total number of 219 newly diagnosed HIV positive cases were reported, which is 35% more than in the previous year. The incidence rate was 22 cases/1 million inhabitants. The transmission route was known in the case of about four-fifths of the registered HIV positive persons. Within the identified risk groups of the HIV positive persons and clients with AIDS no one belonged to the risk group of IDUs (Csohán et al. 2013).

Table 8. Breakdown of registered HIV positive persons (N) by risk group between 2008-2012

	2008	2009	2010	2011	2012
MSM	93	87	124	106	146
Heterosexual	17	23	19	18	23
Haemophiliac	0	0	0	0	0
Transfusion recipient	0	0	0	2	1
Injecting drug user	2	0	0	0	0
Nosocomial	0	0	0	0	0
Maternal	0	2	0	0	1
Unknown	33	28	39	36	48
Total	145	140	182	162	219

Source: OEK (Csohán et al. 2013)

Acute hepatitis B

In 2012, 53 acute hepatitis B infections were reported, which is 9% less than in the previous year. The incidence rate was 0.53‰. The transmission route was known in the case of 13 patients, 6 of whom – a woman and four men between the age of 25-34, and a man above 34 – belonged to the risk group of IDUs. (Csohán et al. 2013) (ST9P4_2013_HU_01)

Acute hepatitis C

In 2012, 38 cases of acute hepatitis C infection were reported, the incidence rate was 0.38‰. The risk group was known in the case of 20 out of the 38 patients, 17 of them – two women below the age of 25 and two women between the ages of 25-34, five men below the age of 25, seven men between the ages of 25-34, and one man above the age of 34 – became infected through injecting drug use. 5 patients with acute hepatitis C were reported from the Central Hungary region (Budapest, Pest county), and 6 patients from Borsod-Abaúj-Zemplén county, who belonged to the IDU risk group. (Csohán et al. 2013) (ST9P4_2013_HU_02)

Prevalence of HIV, HBV, HCV infections among IDUs

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

During the voluntary diagnostic testing programme accessible all year round in 2012 (Dudás et al. 2013, also see: chapter 6.1.; for the risk behaviours see below in this chapter, for the drug use patterns see chapter 4.3.) organisations collected blood samples from a total number of 378 IDUs (for the methodology see: 2011 National Report, chapter 6.1.) in 8 cities, covering 8 counties. (ST9_2013_HU_01)

All of the blood samples⁸¹ were negative for HIV (ST9P2_2013_HU_01). Three persons tested positive for hepatitis B virus (0.8%), and they also tested HCV antibody positive at the same time (ST9P2_2013_HU_02). The samples of 82 clients were HCV antibody positive (23.2%)⁸² (ST9P2_2013_HU_03).

Among the tested IDUs there were 250 men (66.1%) and 128 women (33.9%). Half of the persons providing samples (178 persons, 47.2%) belonged to the age group between 25-34, more than one-third of the participants in the survey (140 persons, 37.1%) were above the age of 34, and the smallest group was formed by persons below the age of 25 with 59 persons (15.6%).

47.9% of the persons involved in the analysis were current IDUs (2011:78.7%), 25.5% injected drugs more than 4 weeks before but within the past 12 months (2011:18.6%), while 26.6% injected drugs for the last time more than 12 months before being interviewed (2011: 2.7%).(ST9_2013_HU_01)

Examining only HCV prevalence rates, the difference between the infection ratio of men and women (20.5% and 28.9%) is significant. The prevalence of hepatitis C was the highest in the age group above 34 (27.8%), while 13.5% of young IDUs (below the age of 25) were infected. (ST9P2_2013_HU_03)

In the age group between 25-34 and in the case of persons above 34 the difference between the HCV prevalence rates of men and women is also significant. The prevalence rates of women between 25-34 and above 34 are above the average prevalence rate, the difference measured from the average HCV prevalence rate is significant in the case of women above 34. (For the specialized programme tailored to female IDUs see chapter 7.3.). The HCV prevalence of women is also higher among IDUs below the age of 25 as compared to the rate measured among men, but both rates remain below the average prevalence rate.

Table 9. *Breakdown of HIV/HBV/HCV infections among IDUs tested during the voluntary diagnostic testing programme by gender and age group in 2012*

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	N	positive %	N	N	positive %
< 25 years	male	28	0	28	0	0	24	2	8.3
	female	31	0	31	0	0	28	5	17.9
	male+female	59	0	59	0	0	52	7	13.5
25-34 years	male	121	0	122	0	0	118	23	19.5
	female	55	0	56	0	0	50	15	30
	male+female	176	0	178	0	0	168	38	22.6
> 34 years	male	99	0	99	2	2	97	24	24.7
	female	41	0	41	1	2.4	36	13	36.1
	male+female	140	0	140	3	2.1	133	37	27.8
Total	male	248	0	249	2	0.8	239	49	20.5
	female	127	0	128	1	0.8	114	33	28.9
male+female		375	0	377	3	0.8	353	82	23.2

Source: OEK (Dudás et al. 2013)

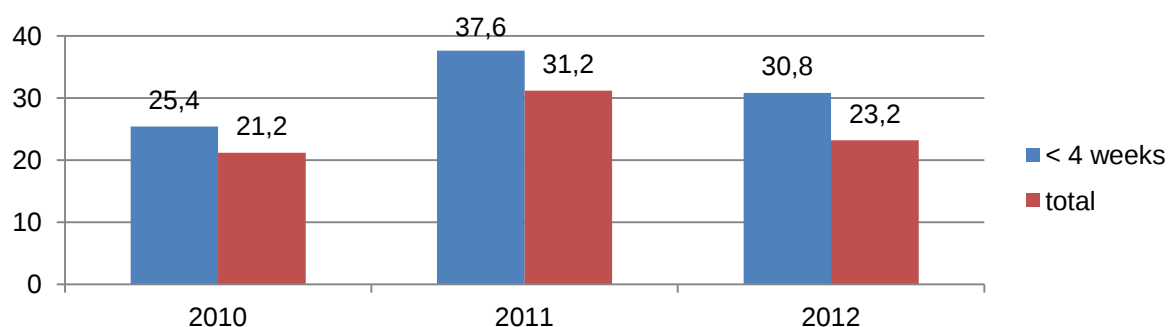
⁸¹ Two results were inconclusive and were excluded from statistical processing, so in the case of HIV 376 blood samples were included in the statistical analysis.

⁸² In the case of 24 persons the results were inconclusive and were excluded from statistical processing, so in the case of HCV 354 blood samples were included in the statistical analysis.

Among current IDUs (who injected drugs within the last 4 weeks for the last time) the proportion of HCV antibody positive persons was 30.8%. This proportion was 17.6% among those who injected drugs for the last time more than 4 weeks before but within the past 12 months, and 15.1% among those who injected drugs more than 12 months before for the last time. The difference between the HCV prevalence rate of current IDUs and the prevalence rates of the other two groups is significant.

In the last 3 years the HCV prevalence measured among current IDUs was always above the HCV prevalence of the total sample. In 2012 the difference measured in the prevalence rates was significant.

Figure 17. Breakdown of the HCV prevalence (%) among IDUs tested during the voluntary diagnostic testing programme, by time of last injection, 2010-2012

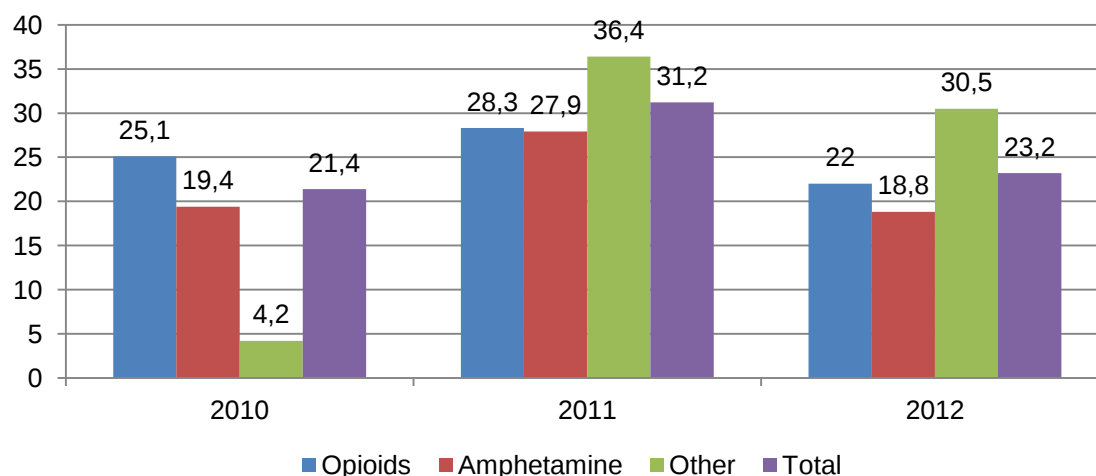


Source: OEK (Dudás et al. 2013)

On examining years since first injection, in the group of IDUs who first injected drugs more than 10 years ago 26.4% tested positive for HCV, while in the case of IDUs who had been injecting drugs for 5-9 years this figure was 19.2%. The rate of infection among IDUs injecting drugs for 2-4 years was 25%, and only three (10%) of the new IDUs (injecting drugs for less than 2 years) were infected with the virus. (ST9P2_2013_HU_03)

Similarly to 2011, in 2012 the HCV prevalence was again the highest among IDUs primarily injecting other drugs. While 22% of IDUs primarily injecting opioids and 18.8% of IDUs primarily injecting amphetamine were HCV positive, 30.5% of IDUs injecting other drugs were infected with HCV.

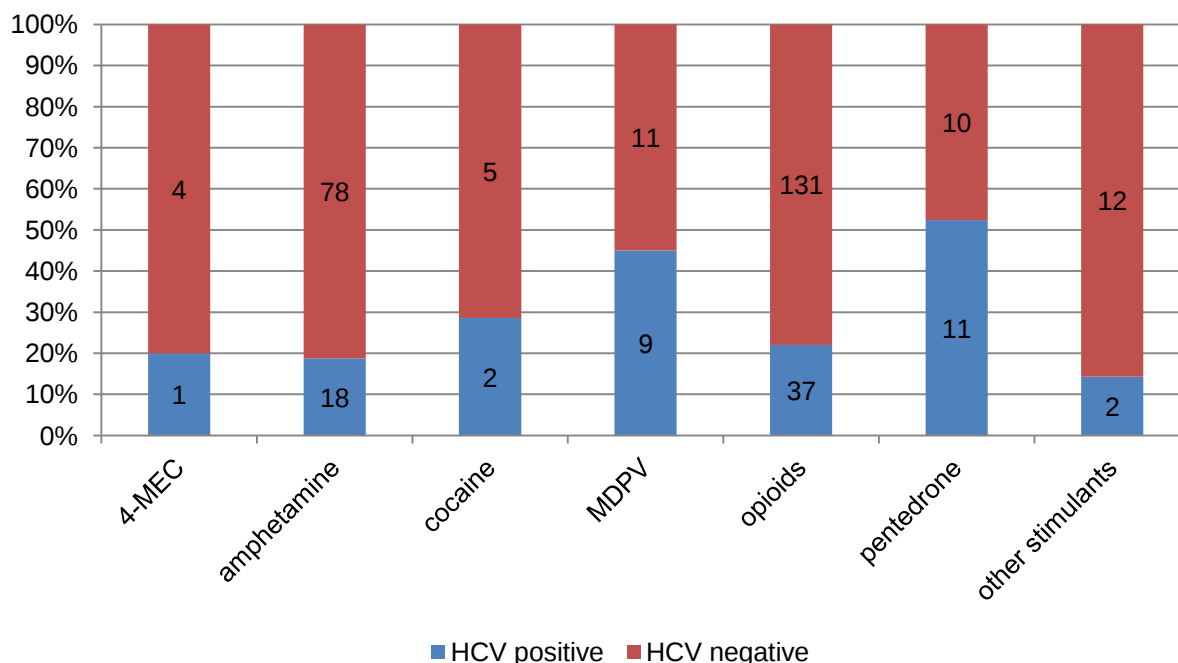
Figure 18. HCV prevalence (%) among IDUs tested during the voluntary diagnostic testing programme, by primarily injected drug type, 2010-2012



Source: OEK (Dudás et al. 2013) analysed by: NFP

In 2012 it was possible to specify the category of “other injected drugs”⁸³ during the survey, on the basis of which it can be observed that HCV prevalence was the highest among IDUs primarily injecting new psychoactive substances: 52.4% of IDUs injecting pentedrone⁸⁴ and 45% of IDUs primarily injecting MDPV were infected with HCV.

Figure 19. *HCV prevalence (N,%) among IDUs tested during the voluntary diagnostic testing programme by primarily injected drug type in 2012*⁸⁵



Source: OEK (Dudás et al. 2013) analysed by: NFP

If geographical breakdown is considered, 64 of the 235 samples originating from Budapest proved to be HCV positive, which represents a 27.2% infection rate⁸⁶. As opposed to this, HCV positivity was detected in the case of 15.1% of the samples from outside of Budapest (18 persons). The difference is significant. Outside of Budapest the infection rate was the highest in Debrecen, where 40% of the samples received proved to be hepatitis C positive.⁸⁷ All three persons who tested positive for HBsAg were from Budapest.

⁸³ Between 2010-2011 responses could be classed into the following fixed categories of substances: opioids, amphetamine, cocaine, other substances. In 2012, category of other substances could be specified on the data sheets.

⁸⁴ Presumably, the reported street name “pentakristály” relates to pentedrone, a synthetic cathinone derivative, the increasing use and injecting use of which could be observed in the 2012 seizure data as well (see chapter 10.3.).

⁸⁵ Other stimulants: MDMA; methylone; methamphetamine; ritalin; PPMC; fluoroamphetamine; mephedrone; “designer drugs”.

⁸⁶ The lower prevalence rate measured in Budapest – as compared to the previous years – may be due to that the number of current IDUs and the proportion of blood samples deriving from NSPs was considerably lower in this year’s survey (see chapter 6.1.).

⁸⁷ The HCV prevalence rates can be regarded valid only in the case of three of the 7 cities other than Budapest (Debrecen, Pécs, Szeged), as the number of samples included in the survey was above 20 only in these cities.

Table 10. 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 2012

Region/city	Persons tested for the presence of HBsAg antigen			Persons tested for the presence of HCV antibodies		
	N	positive		N	positive	
		N	%		N	%
Budapest	252	3	1.2	235	64	27.2
Debrecen	21	0	0	20	8	40
Gyula	6	0	0	6	1	16.7
Kecskemét	8	0	0	8	0	0
Pécs	33	0	0	31	2	6.5
Salgótarján	8	0	0	8	0	0
Szeged	46	0	0	42	7	16.7
Széksárd	4	0	0	4	0	0
Total regions outside Budapest	126	0	0	119	18	15.1
Total	378	3	0.8	354	82	23.1

Source: OEK (Dudás et al. 2013)

When interpreting the data of the survey carried out in 2012 it must be taken into consideration that the possibility of drawing valid conclusions is limited because of the regional coverage, the criteria and incidental nature of participating in the voluntary diagnostic testing programme and the composition of the IDU population reached with this programme (see chapter 6.1.).

Infectious diseases in detention facilities

In 2012 the counselling, screening and treatment/care programme aimed at the prevention of viral infections continued in detention facilities (for the background see the 2008 National Report, chapter 6.2.). In 2012 a total number of 2,768 inmates, 16.1% of the average number of prisoners (17,179 persons⁸⁸) were tested for HCV, 194 (7.01%) of them were HCV antibody positive (2011: 4.8%). Hepatitis B infection was also tested in the case of 2,805 inmates, 16.3% of the average number of prisoners, among whom 35 persons (1.25%) tested positive for HBsAg. In 2012 HIV testing was performed for 13.6% of the average number of prisoners, 2,336 persons, among whom 3 persons (0.13%) tested positive for the virus (BVOP 2013).

In 2012 a study was carried out (Ritter 2013a, for drug use patterns see chapter 9.7.; for data on infectious diseases counselling see chapter 9.8.) – in the scope of the counselling and screening programme aimed at preventing HIV/HBV/HCV in detention facilities – entitled “Infections and fears in detention facilities”, in the scope of which knowledge about, attitude to, affectedness by, and related risks of HCV infection among prisoners were examined⁸⁹.

⁸⁸ Static data recorded at the end of 2012.

⁸⁹ The sample was formed by inmates participating in the anonymous HCV, HBV tests financed and performed by Bristol-Myers Squibb Ltd. in 2012, who were imprisoned in the following 7 – randomly selected – detention facilities: Detention Facility for Juvenil Delinquents, Tököl; Sopronköhida Penitentiary and Prison; Sátoraljaújhely Penitentiary and Prison; Vác Penitentiary and Prison; Kalocsa Penitentiary and Prison, Pálhalma National Detention Facility; Szombathely National Detention Facility. Prisoners who took part in the screening test and who were willing to participate in the study and fill in the anonymous questionnaires were involved in the sample, also prisoners who were known hepatitis C positive and wished to participate in the study were also included. Typically the questionnaires used in the study contained closed questions. There were some prisoners in all detention facilities who were illiterate or functionally illiterate, they were given help in filling in the questionnaire. 96% of the prisoners participating in the screening tests filled in the questionnaire. Typically questionnaire data recording took place after the screening tests, days or weeks later. Personality rights and data protection measures were

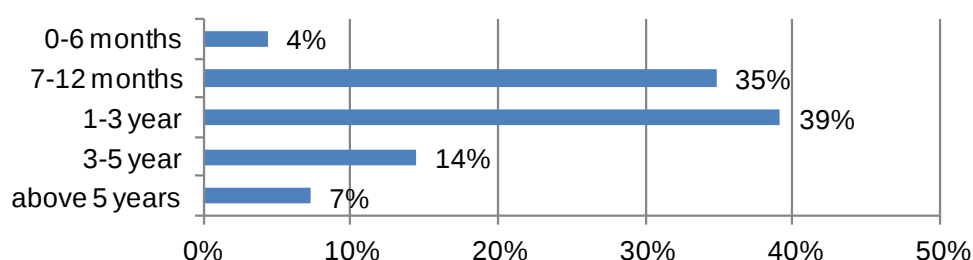
20.7% of all respondents reported that they had ever injected drugs in their lives, 4.2% of the total sample reported having injected drugs inside the prison.

Among the tested prisoners the HCV prevalence rate was 8.2% (70 persons), the prevalence rate among ever IDU prisoners was 24.8%.⁹⁰ Among those who were HCV positive there were 3 persons who probably became infected while in prison, as they were tested in the year preceding the study and then their result was negative, but in 2012 they were diagnosed with HCV infection and they had been imprisoned in a detention facility for at least 2 years.

The mean age of the HCV infected prisoners were 32 years, 95.4% of them were under the age of 40, 31% of them were female prisoners. Except for one person all of them had Hungarian citizenship. Before imprisonment 60.4% of them resided in Budapest, 18.5% in Borsod-Abaúj-Zemplén county and 7.9% in Fejér county.

Every fifth HCV infected prisoner was first offender⁹¹, however this proportion in the total sample was 44,6%. Most of the HCV infected prisoners have been imprisoned for 1-3 years.

Figure 20. Breakdown of HCV infected prisoners (%) by years of imprisonment



Source: Ritter 2013a

82.9% of the 70 HCV positive prisoners (58 persons) said that they had ever injected drugs, the majority of them (56.9%; 33 persons) primarily injected amphetamine, and the proportion of IDUs primarily injecting heroin was 24.1% (14 persons). 10% (7 persons) of the HCV positive prisoners reported injecting drugs even during imprisonment, typically they injected amphetamine derivatives.

17.1% of the HCV positive prisoners had never injected drugs, 2 of them never used drugs in their lives, however all of them received tattoos with an already used, uncleaned needle. (For further data on risk behaviours see below in this chapter.)

The results of the studies performed so far (Ritter 2013a; 2012 National Report chapter 6.2., 2010 and 2009 National Report chapter 6.1., Tresó et al. 2011) indicate that prisoners who tested positive for HCV in detention facilities probably acquired the virus during their injecting drug use carrier. The antiviral treatment provided at the detention facilities is a good opportunity for IDUs who are otherwise difficult to involve in treatment. For information about counselling on infectious diseases and about the treatment of infected prisoners see chapter 9.8.

For data on TB infections among prisoners see below in this chapter.

fully respected when performing questionnaire data collection. After encoding and recording the filled in questionnaires were analysed with the help of the SPSS statistical program. Besides questionnaire data collection in-depth interviews were also held with the inmates and the educators about the phenomenon and about screening. The blood samples were analysed at Szent László Hospital's Department of Immunology. The blood sample and the questionnaire were linked with an anonymous identifier.

⁹⁰ When interpreting prevalence data, recruitment of the sample has to be considered as prisoners who took part in the screening test and who were willing to participate in the study and fill in the anonymous questionnaires were involved in the sample, but also prisoners who were already known hepatitis C positive and wished to participate in the study were also included.

⁹¹ who had not been convicted before

Tuberculosis and drug use

On the basis of the data from the institutes of pulmonology (Böszörményi et al. 2013), among the 1,279 new cases with TB there were a total number of 426 persons in the case of whom a risk group became known: most of them were alcohol-dependents (155 persons, 36.4%) or homeless (135 persons, 31.7%). 2 new TB cases (0.5%) belonged to the risk group of drug users.

17,621 inmates were tested for tuberculosis in 2012, and 16 persons with TB were detected among them during the screening (BVOP 2013).

Risk behaviours

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

In 2012 risk behaviours were surveyed again linked to the voluntary HIV/HBV/HCV diagnostic testing programme coordinated by the National Centre for Epidemiology (Dudás et. al 2013 and chapter 6.1.; for serological results see above in this chapter; drug use patterns: chapter 4.3.).

On the basis of the processed data 70% of the tested IDUs (263 persons) had already been tested for HIV in the past. 90% of those who had been tested before knew that their HIV serostatus was negative.⁹²

69% (259 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 12% reported that they were HCV positive.⁹³ 22 of the clients who reported on being HCV positive (30 persons) tested positive during the test, but even among those who reported being HCV negative 34 persons were tested HCV antibody positive. Among those in the case of whom there was no information available 10 persons tested positive.

Sharing needles/syringes and injecting equipment was only examined among current IDUs⁹⁴. 34.5% of current IDUs had shared needles/syringes in the past 4 weeks. 44.3% of current IDUs had shared any injecting equipment. The prevalence of needle/syringe sharing increased by 4.7 percentage points, while sharing injecting equipment dropped by 6.4 percentage points as compared to 2011. (ST9P3_2013_HU_01)

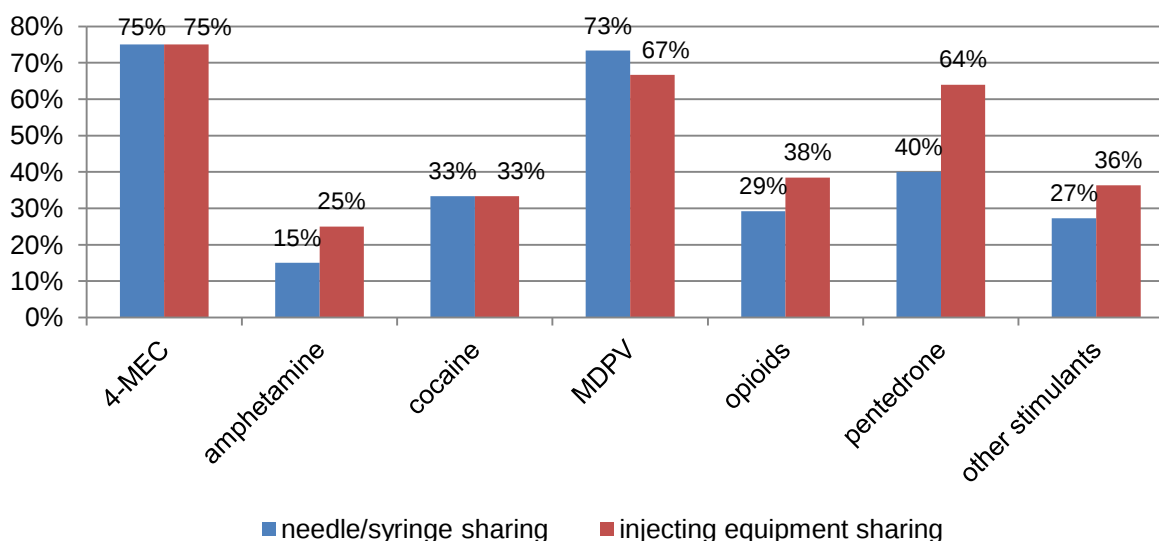
If the prevalence of needle/syringe and injecting equipment sharing is examined by drug type, it can be determined that the prevalence was the highest among IDUs injecting new psychoactive substances, and it was also accompanied by a higher HCV prevalence rate (see above in this chapter).

⁹² 2 persons did not answer the question, and 17 persons did not remember the result of their HIV test. In 7 cases information was not available.

⁹³ In the case of 27 persons there was no information relating to this variable.

⁹⁴ IDUs injecting drugs at least once in the past 4 weeks.

Figure 21. The prevalence of sharing needles/syringes and sharing any injecting equipment (%) in the last 4 weeks among current IDUs tested during the voluntary diagnostic testing programme, by primarily injected drug type in 2012 (N=163)⁹⁵



Source: OEK (Dudás et al. 2013), analysed by: NFP

24% of current IDUs did not use sterile needles/syringes for their last injection. In 2012 the proportion of those who had received used needles/syringes from 2 or more persons in the last 4 weeks increased to 21.2% (2011: 20%).

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.

Table 11. 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 diagnostic testing programme, by primarily injected drug type, in 2012

Drug type	4-MEC	pentadone	other stimulant	cocaine	MDPV	amphetamine	opioids
number of injection times/day	11.5	5.33	4.73	4.5	4.33	4.3	2.69
N of respondents	4	24	15	4	9	79	129
number of reuses of the last discarded syringe	3.00	3.50	4.08	2.80	4.93	2.61	1.82
N of respondents	4	22	13	5	14	90	152

Source: OEK (Dudás et al. 2013), analysed by: NFP

In the last four weeks 63% (232 persons) of the total sample had had sexual intercourse, and 78.4% (181 persons) of them had not used a condom during the last sexual intercourse. 18 (7.8%) of the sexually active persons had provided sex for money or drugs in the last 4 weeks, and 12 of them had not used a condom during the last sexual intercourse.

In the last 12 months 20.6% of the IDUs involved in the survey had lived in a homeless shelter or on the streets without a stable address for more than 1 week. 31.4% of the sample had already been imprisoned. (ST9P3_2013_HU_01)

⁹⁵ Number of respondents per drug type (IDUs sharing + IDUs not sharing): 4-MEC: 4 persons; amphetamine: 40 persons; cocaine: 3 persons; MDPV: 15 persons; opiate: 65 persons; pentadone: 25 persons; other stimulant: 11 persons.

52 persons among the tested 378 IDUs entered treatment⁹⁶ in 2012, in the case of 19 of them this was the first time that they entered treatment. (ST9P2_2013_HU_01/02/03)

The 2012 quantitative data relating to syringe use and sharing support the results of several qualitative surveys, according to which new psychoactive substances are typically more frequently injected, which results in an increased risk of syringe reuse and sharing (2012 National Report, chapter 4.4.).

Furthermore, the reuse and sharing of needles/syringes may be due to the reduced availability of NSP services observed in 2012 (see chapter 7.3.).

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 per drug type is described on the basis of TDI data.

Risk behaviours in detention facilities

According to a survey carried out in 2012 (Ritter 2013a, for methodology and data on infections see in this chapter above, results relating to drug use patterns of prisoners and counselling on infections are described in chapter 9.7. and 9.8. respectively), 20.7% of all respondents (852 persons) reported that they had ever injected drugs in their lives, 4.2% (36 persons) of the total sample reported having injected drugs inside the prison. 3.7% (32 persons) of the total sample reported ever sharing syringes while injecting.

61.3% of HCV positive inmates (70 persons) identified during the survey reported on sharing needles/syringes with others at least once when injecting drugs. 14.8% shared needles/syringes only once, and 85.2% of them on several occasions. 10% of the HCV positive inmates said that they had injected drugs even during imprisonment, typically amphetamine derivatives.

66% (562 persons) of all respondents reported having tattoos. The last tattoo was done during imprisonment in case of 45.3% of those who had a tattoo.

24.4% of the tattooed prisoners admitted that they had tattoos done in such a way that the same needle had been used before on someone else. Tattooing with a used syringe was three times more prevalent inside the prison than outside.

60.5% of the HCV positive inmates reported that they had tattoos done in such a way that the same needle had been used before on someone else. 20.6% of the HCV positive inmates had tattoos done also during imprisonment in a way that the same needle had been used before on someone else and it had not been sterilised.

71.8% of all the HCV infected prisoners had a tattoo, however only 32.4% of them said that it was done always without sharing needles used for tattooing. In case of two-third of the infected prisoners acquirement of the hepatitis C virus could have happened through needle/syringe sharing while injecting or through sharing needles used for tattooing.

Only 10.5% of the HCV positive inmates included in the sample reported that they often or always used condoms during sexual intercourse. However, the majority of them used condoms very rarely or did not use condoms at all.

⁹⁶ During the screening tests the same generated code is used as the one used in TDI data collection, as a result of which it can be seen how many tested IDUs have entered treatment.

6.3. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

Driving accidents

In 2012, in the case of 82 road accidents the police sent blood and/or urine samples to the National Institute for Toxicology for forensic toxicology examination, under the suspicion of the presence of substances in the body having a disadvantageous effect on the ability to drive. Out of the 82 samples the institute determined positivity in 35 cases.⁹⁷

Table 12. Breakdown of the presence of illicit drugs/new psychoactive substances (N) in blood and/or urine samples originating from road accidents by active substance in 2012

Active substance	Number of cases
4-MEC + methylone	1
amphetamine	3
amphetamine + GHB	1
amphetamine + ketamine	1
amphetamine + cocaine	3
amphetamine + methamphetamine + morphine	1
amphetamine + THC + cocaine	1
amphetamine + THC	2
amphetamine + THC + pentedrone	1
amphetamine + THC + pentedrone + 4-methyl-amphetamine	1
fluoroamphetamine	1
fluoroamphetamine + pentedrone	1
fluoroamphetamine + THC	1
cocaine	2
MDA + MDMA + THC	1
MDMA + cocaine	1
morphine	1
morphine + codeine	1
morphine + THC	1
THC	10
Total	35

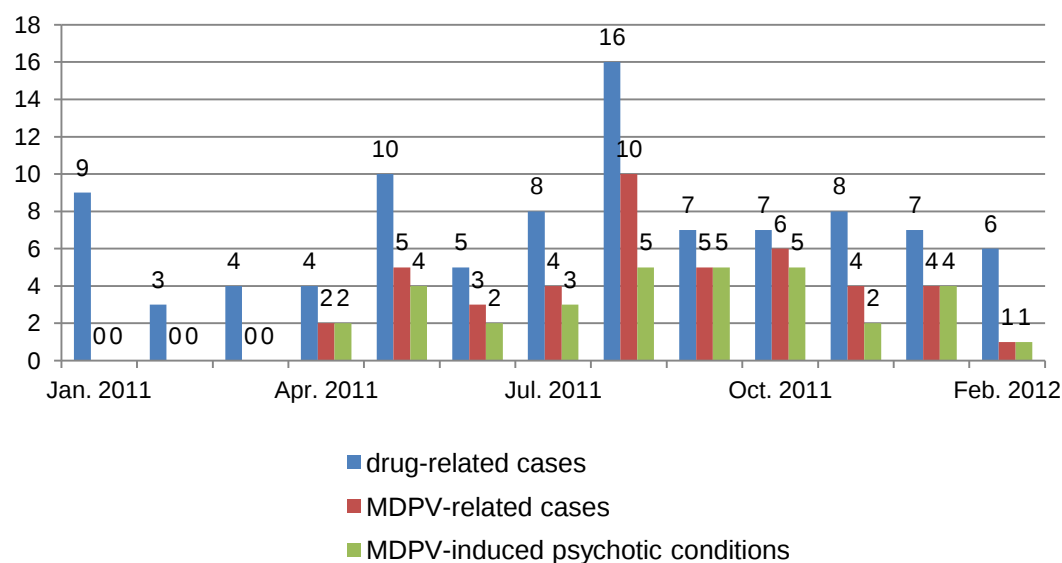
Source: National Institute for Toxicology

Psychiatric and somatic comorbidity

According to the data recorded at Semmelweis University's Department for Psychiatry and Psychotherapy between January 2011 – February 2012 (Szily 2012), the number of drug-related cases admitted to the department increased in this period. At the same time the frequency of drug-induced psychotic conditions also increased, among which most cases could be linked to MDPV use. 33 such cases were identified during the 11 months of the survey. These clients were characterised by disorganised behaviour, agitation, hetero- and auto-aggression, visual and auditory perception disorders, associations, ideas of persecution, anxiety, necrophobia, attacking (defensive) behaviour, delusions of persecution. Ekblom syndrome occurred in 3 cases. The clients' condition returned to normal within a few hours or days following treatment.

⁹⁷ The data of the National Institute for Toxicology do not contain all urine samples taken in the case of road accidents under the suspicion of the presence of substances in the body having a disadvantageous effect on the ability to drive, as some of the tests were performed in the laboratories of universities of medicine.

Figure 22. Breakdown of drug-related cases / including MDPV-related cases / including MDPV-induced psychotic cases (N) treated at Semmelweis University's Department for Psychiatry and Psychotherapy, by month, between January 2011 – February 2012



Source: Szily 2012

According to the experience obtained at the department in 2012, a significant number of MDPV users had changed over to pentedrone⁹⁸. At the same time a fewer number of psychiatric and somatic complications were observed, and the number of drug-induced psychotic cases treated at the department also decreased.

The use of new psychoactive substances and psychiatric comorbidity associated with it among clients participating in OST is described in chapter 5.2.

Kapitány-Fövényi et al. (2013) surveyed the subjective and somatic effects of mephedrone use, the survey is described in chapter 4.4.

Pregnancies and children born to drug users

In the scope of the supplementary data collection conducted by the National Focal Point, the 12 OST service providers reported a total of 12 pregnant women in 2012, 8 of whom received OST in Budapest, and 4 of whom at service providers outside of Budapest.

In 2012, 29 drug user women who were either pregnant or had an induced abortion or whose children were still below the age of 2⁹⁹ in the year in question participated in the "Alternative Prenatal and Family Care" programme organised by the Józan Babák Klub [Sober Babies Club] in Budapest (see also chapter 7.3.), and the follow-up of a further 15 persons was also in process, who had been involved in the service earlier (since 2008) on the basis of the same criteria. The mean age of the participants in the programme (44 persons) was 27.5 years, the youngest participant was 14 years old, and the oldest participant was 39 years old. 17 out of the 44 women were HCV positive, 1 of them had HIV-HCV coinfection, 4 persons were currently in psychiatric treatment. In the case of 12 women the primary source of income was prostitution.

Most respondents had already used herbal cannabis or amphetamine in their lives. The use

⁹⁸ Presumably, the reported street name "pentakristály" relates to pentedrone, a synthetic cathinone derivative, the increasing use of which could be observed in the seizure data too in 2012 (see chapter 10.3.).

⁹⁹ 11 women were pregnant, 8 women had an induced abortion in 2012, 10 women gave birth in 2011 or in 2010.

of new psychoactive substances was also a dominant problem in this special group. 28 of the 44 women reported that they had used MDPV and 22 of them reported that they had used pentedrone¹⁰⁰ in their lives. The use of mephedrone and synthetic cannabinoids was also reported. In 2012 all clients typically using synthetic cathinones (MDPV, pentedrone) were injecting users. (Oberth et al. 2013)

Table 13. *Breakdown of drug-user women participating in the “Alternative Prenatal and Family Care” programme, who were pregnant or gave birth in the past 4 years (N=44 persons) by ever used/most typically used drug type/ injectors of the most typically used drug (N), in 2012*

Drug type	ever used	most typically used drug type in an average period of 30 days in 2012	injectors of the most typically used drug type
Herbal cannabis	34	17	0
Cocaine	17	0	0
Amphetamine	30	11	8
Heroin	14	3	3
Amphetamine-heroin	4	0	0
Prescribed methadone	6	4	0
Street methadone	9	0	0
LSD	4	0	0
Mephedrone	16	0	0
MDPV	28	12	12
Pentedrone	22	14	14
Synthetic cannabinoid	15	15	0

Source: Oberth et al. 2013

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. We also have detailed information on direct and indirect drug-related deaths, which can be analysed broken down into further categories (natural deaths and deaths by violence).

Table 14. *Breakdown of direct, natural and violent drug-related deaths in 2012 (persons)*

	Total
Direct	24
Natural	8
Violent	9
Total	41

Source: OAC 2013b

¹⁰⁰ The reported street name “pentakristály” probably relates to pentedrone, a synthetic cathinone derivative, the increasing use of which could also be observed in the seizure data in 2012 (see Chapter 10.3).

Direct overdoses

National data

In 2012 24 cases directly related to illicit drug use were reported, which indicates a significant increase as compared to previous years (2011: 14 cases, 2010: 17 cases); the decreasing tendency observed since 2009 has reversed. (ST5_2013_HU_01 (SR), ST5_2013_HU_02 (GMR), ST6_2012_HU_01).

In 2012 4 persons died because of overdose of opiates exclusively, in a further 4 cases besides opiates other drugs were also detected. Overdose of methadone resulted in death in 5 cases. The use of other non-opiate type substances resulted in death in 7 cases, and in 5 of these cases an amphetamine derivative, in 1 case GHB, and in 1 case 4-MEC, which was already classified as a narcotic drug at the time of the death case, could be detected. In 4 cases fatal intoxication caused by other substances were reported in 2012: in the biological samples the toxicology laboratories detected 5-IT (other name: 5-API) in 2 cases, and AMT (alpha-Methyltryptamine) in 2 cases, both substances are regarded as new psychoactive substances. The joint presence of several drugs could be detected in 7 cases in the biological samples of the deceased persons.

The presence of alcohol was detected in blood in 7 cases and in urine in 5 cases.¹⁰¹

Table 15. Number of direct drug-related deaths in 2012¹⁰²

	Male	Female	Total
Overdose / intoxication caused by opiates (without methadone or other drugs)	3	1	4
Overdose / intoxication caused by opiates and other drugs	4	0	4
Overdose / intoxication caused by methadone	4	1	5
Intoxication caused by other drugs not including opiates	4	3	7
Intoxication caused by other drugs	3	1	4
Total	18	6	24

Source: OAC 2013b

Among the 24 persons deceased because of direct overdose there were 18 men and 6 women. The mean age of the deceased persons was 32 years (men: 32.7 years; women: 30.2 years), the youngest deceased person was 19 years old, the oldest deceased person was 49 years old.

¹⁰¹ In 3 cases no blood alcohol test was performed, and in 11 cases no urine alcohol test was performed.

¹⁰² Special Register Selection D

Table 16. *Breakdown of direct drug-related deaths by age group in 2012 (persons)*

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	total
Overdose / intoxication caused by opiates (without methadone or other drugs)	1	0	0	1	2	0	0	4
Overdose / intoxication caused by opiates and other drugs	0	0	2	2	0	0	0	4
Overdose / intoxication caused by methadone	0	3	0	1	1	0	0	5
Intoxication caused by other drugs not including opiates	0	1	1	1	1	2	1	7
Intoxication caused by other drugs	0	0	1	0	2	1	0	4
Total	1	4	4	5	6	3	1	24

Source: OAC 2013b

11 of the 24 direct drug-related deaths could be linked to Budapest, in one of these cases the victim was a homeless person. 5 cases took place in county seats, 2 cases in cities, 4 cases in small towns and 1 case in a village.

On examining the occurrence of direct drug-related deaths over time, it can be observed that the number of opiate-related cases started to decrease in 2009, which is in compliance with the seizure data and the client data of NSPs, which also indicate that heroin injection has been gradually dropping. At the same time, an increase can be observed in the category 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 and 2012 National Report, chapter 4).

Table 17. *Direct drug-related deaths between 2009-2012 (persons)*

	2009	2010	2011	2012
Intoxication caused by opiate type drugs ¹⁰³	28	12	6	8
Overdose / intoxication caused by methadone (without other drugs) ¹⁰⁴	2	2	4	5
Intoxication caused by other drugs not including opiates	1	3	3	7
Intoxication caused by other drugs	0	0	1	4
Total	31	17	14	24

Source: OAC 2013b

Indirect drug-related deaths

In 2012 17 indirect drug-related deaths were reported in the mortality special 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 2012 a natural cause, typically some sort of heart disease was registered in 8 cases.

The other group was formed by deaths by violence, where tests performed on biological samples confirmed the use of drugs before death. In 2012 9 such cases were reported. In 4 out of the nine cases of death by violence there was a traffic accident, suicide was evidently committed in 3 cases, and probably there was an accident in 2 cases (falling from a height).

¹⁰³ Besides opiate metabolites (morphine) other substances may also occur, including methadone, but cases that could be associated with methadone exclusively were excluded.

¹⁰⁴ Alcohol and/or benzodiazepines may occur.

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, due to the victims of accidents, the most typical scenes were public roads. Because of the low number of cases no detailed analysis is possible.

Table 18. *Breakdown of direct, natural and violent drug-related deaths by location discovered in 2012 (persons)*

	own apart ment	somebody else's apartment	public road	other public area	hospit al	other	total
Direct	9	4	0	4	3	4	24
Natural	4	0	0	2	2	0	8
Violent	4	0	4	1	0	0	9
Total	17	4	4	7	5	4	41

Source: OAC 2013b

In the case of most victims, blood and urine alcohol tests were also performed¹⁰⁵. In three of the 24 cases of direct overdose no blood alcohol test was performed, in 13 cases the result was negative, in 6 cases very mild or mild influence of alcohol was demonstrated, and in one case serious influence was determined. Among violent deaths in the case of one driving accident medium influence of alcohol was detected. Among natural deaths, in 2 cases no blood alcohol test was performed, in the known cases the tests had a negative result.

Conclusions

In 2012 voluntary HIV/HBV/HCV diagnostic testing was offered to IDUs in 8 cities, by a total number of 15 organisations including outpatient DTCs and NSPs. Among the tested 378 IDUs – similarly to the previous years – no HIV infection was identified, and the number of HBV positive clients was also very low. The HCV prevalence rate was 23.2%, but in the sub-sample of current IDUs – injecting drugs in the last 4 weeks too – a significantly higher, 30.8% HCV prevalence rate was measured.

The prevalence of HCV infection was the highest among IDUs injecting new psychoactive substances, 52.4% of IDUs primarily injecting pentadone and 45% of IDUs primarily injecting MDPV were infected with HCV.

Both needle/syringe and injecting equipment sharing was the most common also in this user group (needle/syringe sharing: 40%-75%; injecting equipment sharing: 64%-74%), and it was significantly higher than the rates measured among all IDUs (needle/syringe sharing: 34.5%; injecting equipment sharing: 44.3%).

Several treatment units reported on the increasingly more frequent occurrence of psychotic conditions and psychiatric symptoms induced by new psychoactive substances (primarily MDPV) among their clients.

¹⁰⁵ <0.2 ‰ = alcohol consumption is not proved, 0.21-0.50 ‰ = alcohol was consumed, but there is no influence of alcohol, 0.51-0.80 ‰ = very mild influence, 0.81-1.50 ‰ = mild, 1.50-2.50 ‰ = medium, 2.51-3.50 ‰ = serious, above 3.51 ‰ = very serious influence of alcohol.

The use of new psychoactive substances was also a dominant problem among clients participating in the low-threshold programme provided for drug user pregnant women in Budapest.

The survey performed in detention facilities indicates that the majority of HCV positive prisoners included in the sample probably became infected with HCV as a result of earlier injecting drug use and the risk behaviours related to it, meanwhile another group could also be identified who probably acquired the infection by sharing needles used for tattooing.

In 2012 the number of direct drug-related deaths increased as compared to previous years. The increase was not observed among opiate type drugs, but rather the deaths could be associated with other – first of all stimulant type – substances. On one occasion GHB, on 5 occasions new psychoactive substances (5-IT, 4-MEC¹⁰⁶) caused death, which could not be observed before. Further new substances (MDPBP, fluoroamphetamine) – although they were not present in high concentrations in the biological samples of the deceased persons – may also have contributed to the occurrence of further death cases. Detecting new psychoactive substances in biological samples represents a challenge for chemical toxicologist experts, while identifying influence by such substances and the role of such substances in the occurrence of death represents a challenge for experts of forensic medicine.

¹⁰⁶ Since 1 January 2012 it has been regarded as a narcotic drug.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES¹⁰⁷

7.1. INTRODUCTION

In 2013 again needle/syringe programmes (NSP) reported their turnover and client data relating to the year 2012 to the Hungarian National Focal Point on the Internet portal set up for data collection five years ago (Tarján 2013b).

In 2012 the data collection portal was revised and renewed: new functions were introduced, a more user-friendly interface was created, and data suppliers also have access to several useful statistics and graphs. When developing the site, an on-line questionnaire was also integrated to monitor the provision of further harm reduction equipment/interventions by the services providers.

In 2012 a new three-year-long cycle started (2012-2014) in respect of the state support¹⁰⁸ of service providers operating low-threshold services – including NSP – for people suffering from addictions (for further information see chapter 5.2.). Most applications were accepted in January, but in the scope of an additional tender in a later phase further organisations were also admitted, which were given financing support retrospectively, from April. Changes due to the new support cycle significantly affected the turnover and geographical accessibility of NSPs.

In 2012, within the framework of the National Institute for Family and Social Policy, National Service Methodology Coordination Centre, the Methodology Work Group on Addictions elaborated an action plan for the responsible ministry entitled “Centralized supply of low-threshold (NSP) service providers with injecting equipment”, in which they described the effect of the financial support provided for 2012 on NSPs (see chapter 7.3.), the necessity of setting up a “needle depot”¹⁰⁹, its financing and operation plan, and the possibility of storing further harm reduction equipment there.

As the number of syringes available for distribution significantly dropped in 2012 at the NSPs with the highest turnover, as a response to the request of the National Association of Harm Reduction and to the suggested action plan of the Methodology Work Group on Addictions, at the end of 2012 the Ministry of Human Resources (EMMI) decided to grant a one-off support of EUR 20,698¹¹⁰. From the support provided by the ministry 255,400 syringes could be purchased and distributed among organisations with the highest needle/syringe exchange turnover.¹¹¹

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

In the first half of 2012 the “Intensive monitoring of the active substance content of hazardous drugs” project operated by the Hungarian Institute for Forensic Sciences was continued (for further information see chapter 10.1.).

Harm reduction programmes in the recreational settings are described in chapter 3.4.

¹⁰⁷ The author of this chapter is: Anna Tarján

¹⁰⁸ 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>

¹⁰⁹ It is a central warehouse from where needles and syringes are centrally distributed to the organisations, so they are not procured by the service providers individually.

¹¹⁰ The amounts in this chapter were calculated based on the official mid-rate of the EUR for 2012 (1 EUR=289,88 HUF).

¹¹¹ <http://www.kormany.hu/hu/emberi-eroforrasok-miniszteriuma/sportert-elelos-allamtitkarsag/hirek/a-tucsere-program-hetmillio-forintos-kiegeszito-tamogatasarol-dontott-az-allamtitkar>

For other harm reduction services provided by NSP organisations beside needle exchange see chapter 7.3.

7.3. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

Prevention

Access to and turnover data of NSPs

In 2012 29 organisations, while in 2011 24 organisations were running NSP services in Hungary¹¹². (Tarján 2013b) (ST10_2013_HU_01; 16 HU_ST10_2013). In 2012 the number of cities where NSP services were available increased from 16 to 20: NSP service stopped operating in Ajka, while new services were launched in Gyöngyös, Dunaújváros, Érd, Hódmezővásárhely and Ózd. The services were available in 14 counties (2011: 12 counties), and there was at least one NSP in each region.

¹¹² Programmes closed in 2012: Fixed-location programmes: Alkohol–Drogsegély Ambulancia [Alcohol – Drug Aid Outpatient Treatment Centre] (Ajka). Street outreach programmes: Kék Pont Alapítvány és Drogprevenció Alapítvány [Blue Point Foundation and Drug Prevention Foundation] (Dzsumbuj, Budapest); Baptista Szeretetszolgálat [Hungarian Baptist Aid] (Miskolc); Art Éra Alapítvány [Art Era Foundation] (Budapest). Mobile programmes: Drogambulancia Alapítvány [Specialised Outpatient Treatment Foundation] (Miskolc). Needle/syringe vending machines: Nyíró Gyula Hospital (Budapest).

Programmes launched in 2012: Fixed-location programmes: INDIT Közalapítvány – TÉR [INDIT Foundation – SPACE] (Pécs); Viola Időskorúakat Gondozó Közhasznú Alapítvány [Viola Public-Service Foundation Caring for the Elderly, Low-Threshold Treatment] (Ózd); Anonym AIDS Tanácsadó Szolgálat [Anonymous AIDS Counselling Service] (Budapest); Szociális Gondozó Központ, Családsegítő Szolgálat [Social Care Centre, Family Support Service] (Érd); Független Egyesület [Independent Association] (Hódmezővásárhely); MRE Újváros Drogambulancia [MRE Újváros Specialised Outpatient Treatment Centre] (Dunaújváros); Esélyteremtő Nonprofit Kft. [Chancegiving Nonprofit Ltd.] (Gyöngyös)*. Street outreach programmes: Viola Időskorúakat Gondozó Közhasznú Alapítvány [Viola Public-Service Foundation Caring for the Elderly, Low-Threshold Treatment] (Ózd); INDIT Közalapítvány – TÉR [INDIT Foundation – SPACE] (Pécs); Laurus Szociális és Kulturális Egyesület [Laurus Social and Cultural Association] (Miskolc); Dr. Farkasinszky Terézia Ifjúsági Drogcentrum [Dr. Farkasinszky Terézia Drugs Centre for the Juvenile] (Szeged); Kiút Alapítvány [Way Out Foundation] (Szeged); Esélyteremtő Nonprofit Kft. [Chancegiving Nonprofit Ltd.] (Gyöngyös); Szociális Gondozó Központ, Családsegítő Szolgálat [Social Care Centre, Family Support Service] (Érd)*; Független Egyesület [Independent Association] (Hódmezővásárhely)*; MRE Újváros Drogambulancia [MRE Újváros Specialised Outpatient Treatment Centre] (Dunaújváros)*; Salgótarjáni Kistérség Többcélú Társulás [Salgótarján Micro-region Multipurpose Partnership] (Salgótarján)*

*: The organisation reported that it had the given programme type, however did not have any turnover in the given year under this programme type.

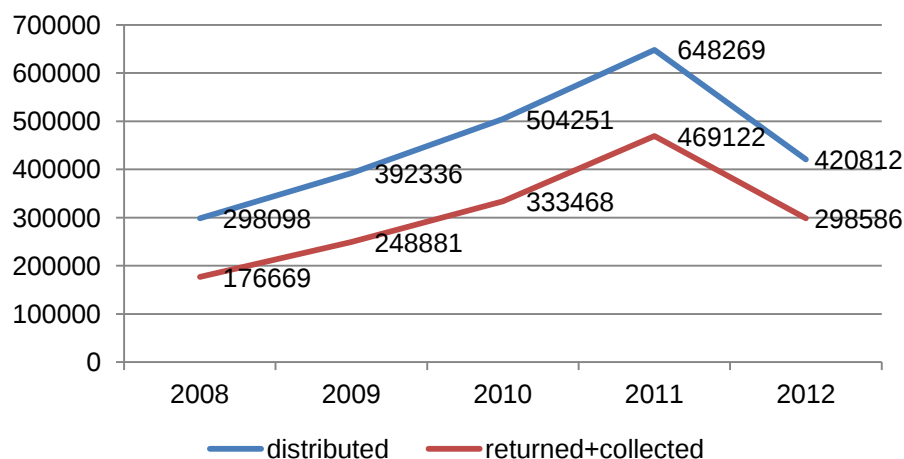
Map 2. Geographical breakdown of NSP service providers (N=29) in 2012



Source: Tarján 2013b

The service providers distributed a total number of 420,812 syringes, and the number of returned+collected syringes was 298,586.¹¹³ Despite the increasing geographical coverage, opposed to the increasing tendency in the previous years a significant reduction could be observed both in the number of distributed and returned+collected syringes: in 2012 the service providers distributed 35% less syringes, and the number of returned+collected syringes also shows a significant 36% reduction as compared to 2011. The exchange rate was nearly the same as in the previous year: 71%.(ST10_2013_HU_01)

Figure 23. Syringe turnover data (N) of NSPs, 2008-2012



Source: Tarján 2013b

The service providers located in Budapest with the highest turnover (Art Éra Alapítvány [Art Era Foundation]; Kék Pont Alapítvány [Blue Point Foundation]; Drogprevenciós Alapítvány [Drug Prevention Foundation]; Válaszút Alapítvány [Cross-roads Foundation]), and INDIT Public Foundation from Pécs reported that they had to limit the number of syringes distributed on one occasion to 2-10 syringes in order to be able to maintain their programme with the available funds. Several organisations reported that if they had not had other

¹¹³ Also including syringes obtained from syringe vending machines and disposed in the special waste containers placed near the vending machines.

sources – integrated institutional background, (church) background organisation, funds from international tenders, donations – they would have had difficulties operating their programme.¹¹⁴

Besides limiting the number of syringes distributed, certain programmes reported on limiting opening hours (Kék Pont Alapítvány; Art Éra Alapítvány), or on closing down temporarily (Art Éra Alapítvány).¹¹⁵

Despite the reducing availability of sterile syringes, in 2012 nearly the same number of clients used the service as in the year before, the programmes reached 3,357¹¹⁶ persons. However, the number of contacts¹¹⁷ dropped by 14%, in the year in question the clients attended the programmes on 28,699 occasions. In 2012 nearly the same number of new clients¹¹⁸ – 1,555 persons – were registered by NSPs as in 2011. (ST10_2013_HU_01)

Table 19. Syringe and client turnover data of NSPs in 2011 and 2012

	Fixed location	Mobile NSP	Street outreach	Syringe vending machines	Total
2011					
distributed	563,171	45,624	22,588	16,886	648,269
returned (+collected)	404,559	44,902	18,059	1,602	469,122
exchange rate	72%	98%	80%	9%	72%
number of clients	2,946	142	285	0	3,373
number of new clients	1,449	54	56	0	1,559
number of contacts	31,260	686	1,421	0	33,367
number of NSPs*	22	2	11	5	24
2012					
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

*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: Tarján 2013b

Due to the changes described above, in 2012 both the number of distributed and returned+collected syringes per client or contact dropped.

Furthermore, it can be stated that in 2012 a client attended NSPs on fewer occasions on average than in 2011, in the background of which may stand the limited opening hours of the two programmes located in Budapest having a high turnover, and the temporary suspension of the operation of one of these programmes.

¹¹⁴ Source: Annual national expert meeting of NSPs – 18 March 2013

¹¹⁵ Source: Annual national expert meeting of NSPs – 18 March 2013

¹¹⁶ 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.

¹¹⁷ The Baptist Aid from Budapest corrected the number of contacts in their street outreach programme relating to 2011 retrospectively from 5,600 to 560, the data relating to 2011 were corrected respectively.

¹¹⁸ In respect of the number of new clients double counting control was performed at service provider level but not at national level. The same client may be registered at more NSPs.

Table 20. The number of distributed and returned+collected syringes per client and contact, and the number of contacts per client, 2011-2012

Type of programme	distributed / client	(returned+collected) / client	distributed / contact	(returned+collected) / contact	contact / client
2011					
Fixed location	191	137	18	13	11
Mobile programme	321	316	67	65	5
Street outreach	79	63	16	13	5
Total	187	139	19	14	10
2012					
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

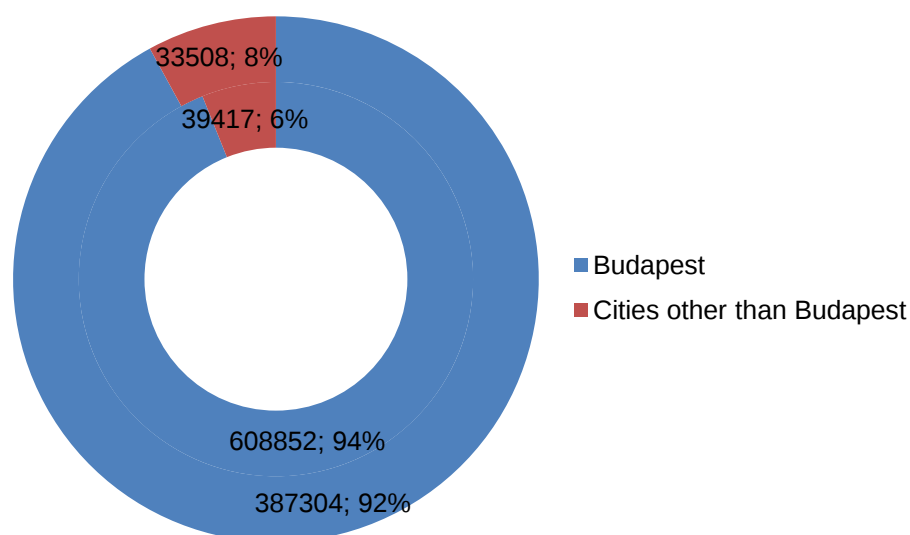
Source: Tarján 2013b

Considering the estimated number of IDUs in Hungary (see 2010 National Report, chapter 4.1.), in 2012 the average number of distributed sterile syringes per IDU was 74, while in 2011 it was 114. (ST10_2013_HU_01)

NSP turnover data by region

On examining geographical breakdown it can be stated that although the reducing trend observed at national level can be traced mostly in the data of the programmes located in Budapest, more than 90% of all syringes were still distributed and collected in Budapest, and a similar proportion can be observed when examining the number of clients and contacts.

Figure 24. Geographical breakdown of syringes distributed by NSPs, in 2011 (inner circle) and in 2012 (outer circle)



Source: Tarján 2013b

NSP turnover data by programme type

In 2012 fixed NSPs were operated by 27 organisations instead of the 22 organisations recorded in 2011, 6 of them were located in Budapest and 21 were located outside of Budapest. 78% of all syringes were distributed within the scope of this programme type.

In the scope of the 28 programmes (INDIT Public Foundation operates two programmes in Pécs) a total number of 328,060 syringes were distributed, which number decreased by 42% as compared to the previous year (2011: 563,171 syringes). The number of returned syringes was 217,741, which means that in 2012 clients returned only half the number of used syringes as in 2011. The exchange rate also showed a decreasing tendency as compared to 2011.

The reducing trend can be mainly observed in the data reported by the programmes located in Budapest. (For background information and changes see above in this chapter and in chapter 7.1.)

Despite the decreasing syringe turnover data, the number of clients contacting fixed location services increased by 6%: in 2012 this number amounted to 3,122 persons. As opposed to this trend, the number of contacts dropped (by 14%), which was also due to the restrictions applied by several programmes, mentioned above. In 2012 fixed location programmes reached a total number of 1,452 new clients, i.e. IDUs who registered in the programme for the first time in the year in question. (For the data see the summarising table above.)

In 2012 mobile NSP was performed only by one single organisation in Budapest, the programme operated in Miskolc, which used to reach several surrounding locations too, was stopped for financing reasons.

This was the only programme type where, although the number of service providing organisations dropped, an increase could be detected in syringe turnover data. The number of clients dropped because of the termination of the programme in Miskolc, but the number of contacts increased. (For the data see the summarising table above.)

In 2012 there were 20 street outreach programmes (in 2011: 13), 4 of them were located in Budapest, and 16 in other cities.

In respect of this programme type one of the most significant changes was that due to financing reasons the operation of the “Dzsumbuj” programme in Budapest, which programme used to have a high turnover, was discontinued in 2012. It also had a significant influence on the aggregated data: the number of distributed syringes dropped to less than half of the amount measured in 2011 and the number of used syringes collected also decreased at a similar rate.

Furthermore, in 2012 the number of IDUs participating in this programme type significantly dropped, and at the same time the number of contacts also decreased as compared to 2011. (For the data see the summarising table above.)

The syringe turnover of vending machines continued to decrease in 2012. This was partly due to the fact that the operation of the vending machine at Nyíró Gyula Hospital, Budapest was stopped due to lack of financing, therefore this type of service was only available in four cities (Pécs, Miskolc, Békéscsaba, Gyula – for the data see the summarising table above).
(ST10_2013_HU_01)

Other service provided by NSPs

In 2013, with the help of an on-line questionnaire (Tarján 2013b, see chapter 7.1.) a survey was performed among NSPs about what type of other sterile equipment and harm reduction services they provided for their clients in 2012.

Besides sterile syringes most service providers provided counselling on safe injection, distributed acidifiers, condoms, alcohol pads and vitamins. Half of the organisations provided sterile filters, and less than one-third of them distributed sterile cookers/spoons.

Table 21. *Distribution of steril injecting- and harm reduction equipment and provision of other services by NSPs, in 2012 (N =28)*¹¹⁹

Equipment distributed, services provided	Number of organisations
Counselling on safer injection (oral)	23
Ascorbic acid/acidifier	22
Condoms	21
Alcohol pad	19
Vitamins	19
HIV testing	16
HCV testing	15
Filter	14
Vein protection cream	12
Counselling on safe injection (written material)	12
Individual risk assessment	11
Sterile mixing container	9
Dry wipe	6
Disinfectant for cleaning equipment	4
Tourniquets	4
Water for dissolving drugs	2
Foil	1

Source: Tarján 2013b

The characteristics of NSP clients are described in chapter 4.3. The drug using patterns of current IDUs participating in the voluntary diagnostic HIV/HBV/HCV testing programme in 2012 are also included in the same chapter.

Chapter 6.2. describes the prevalence of HIV/HBV/HCV infections and risk behaviours among IDUs in 2012.

For data on opioid substitution treatment (OST) see chapter 5.2.

Counselling, testing

IDUs tested during the voluntary diagnostic HIV/HBV/HCV testing and counselling programme available in 8 cities in 2012 (Dudás et al. 2013; for the methodology and for socio-demographic, serological data and data on risk behaviours see chapters 6.1. and 6.2.; for the drug use patterns of the participants see chapter 4.3.) who answered the questionnaire surveying risk behaviours were given their test results at the outpatient treatment centres or NSPs. In the case of positive test results – if the clients shared their results with the staff – they were given information about what they can do to prevent further transmission of the infection and where to turn for further medical care.

In 2012 the National Focal Point translated and published the joint publication of ECDC and EMCDDA “Prevention and control of infectious diseases among people who inject drugs”. The guidance is also accessible on the website of the National Focal Point¹²⁰, and it has

¹¹⁹ One service provider of the 28 reporting organisations operates only a needle vending machine, which must be taken into consideration during assessment in the case of relevant services.

¹²⁰ <http://drogfokuszpont.hu/szakteruleteink/fertozo-betegsegek/fertozo-betegsegek-kapcsolodo-dokumentumok/>

been distributed in printed format among NSPs, treatment centres providing OST, experts and professionals.

In 2012 the State Secretariat for Healthcare of the Ministry of Human Resources continued to elaborate the draft of the National HIV/AIDS Programme.

In 2012 the Kék Pont Alapítvány [Blue Point Foundation] continued its programme for IDU women and the female relatives of IDUs attending the NSP, every second Monday (for the description of the programme see 2011 National Report, chapter 7.2.). The significance of the programme and the strengthening of clients' confidence is indicated by the increasing client turnover data. While in 2011 157 persons used the service, in 2012 a total number of 194 persons contacted the programme, and 38 of them were newly registered clients. In 2012 the average turnover was 25 persons per occasion (2011: 19 persons). In 2012 an increasing number of sex workers used the services provided by this specialized programme "Csere Csak Csajoknak" [Exchange for chicks].¹²¹

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

Hepatitis C treatment

For the protocol on the diagnostics and therapy of chronic hepatitis caused by the hepatitis C virus see the 2012 National Report, chapter 7.3.

In Hungary there are 33 accredited hepatology treatment centres in 13 counties.¹²²

Lombay et al. (Lombay and Szalay 2012) studied the prevalence of IDUs among chronic hepatitis C (CHC) patients at Borsod-Abaúj-Zemplén County Hospital, and the rate of sustained virological response (SVR) in IDUs by pegylated interferon (PEG-IFN) and ribavirin (RBV) therapy between 2006 and 2012.

Twenty CHC patients (all HCV genotype 1) were previously IDUs, all of whom had indication for antiviral therapy. Nine of them disappeared in the screening period or after the beginning of the treatment.

The mean age of the remaining 11 persons was 30.6 years, the youngest patient was 18 years old and the oldest patient was 37 years old. Eight patients were treated with PEG-IFN and RBV for 24 or 48 weeks and one patient had PEG-IFN monotherapy for 24 weeks. Antiviral therapy of two subjects had not finished yet. Four patients had oral methadone therapy during the antiviral treatment.

All of the 9 persons who completed the treatment achieved SVR. Two on-treatment patients had complete early virological response (cEVR) on week 12 of the therapy.. According to the authors' conclusions, antiviral treatment is cost-effective in the case of HCV-infected IDU patients with appropriate adherence and compliance. Low baseline viral load, achieving cEVR, young age, subacute period of infection and treatment-naïve status are good predictors for SVR.

According to the supplementary data collection conducted by the National Focal Point, in 2012 the 12 OST service providers treated a total number of 14 persons (4 persons in Budapest, 5 persons in Miskolc, 5 persons in other cities), who were also receiving hepatitis C antiviral treatment at the same time. (For the data on clients in OST see chapter 5.2.)

The results of the surveys carried out so far (see: Ritter 2013a, chapter 6.2., 2012 National Report chapter 6.2., 2010 and 2009 National Report chapter 6.1., Tresó et al. 2011) indicate that a significant proportion of the HCV positive prisoners tested at detention facilities

¹²¹ Source: Personal communication with the programme coordinator.

¹²² Source: http://www.informed.hu/?tPath=informed_site-ok/majbeteg/&article_id=224536

probably became infected because of injecting drug use prior to imprisonment. During imprisonment antiviral treatment is provided at the detention facilities for IDUs who are otherwise difficult to reach and involve in treatment outside of prison. For information on the treatment of infected prisoners see chapter 9.8.

7.4. RESPONSES TO OTHER HEALTH CORRELATES AND CONSEQUENCES

Prevention of road accidents related to drug use

In 2012 again Hungary participated in TISPOL's Alcohol and Drugs international road monitoring campaign. Monitoring took place on 5 days in December and June. 5 (0.02%) out of the 25,358 tests were positive for drugs according to the preliminary screening (rapid tests) of urine samples.

Interventions concerning drug-using pregnant women and their children

Medical protocol

In 2005 a medical protocol draft was prepared entitled "Treatment for pregnant women and their children", and in 2009 – by order of the Ministry of Health – a work team was set up to elaborate methodological guidance. As a result of the latter work a professional document was published by the National Centre for Addictions (OAC). None of these documents became obligatory, so there are no valid, official protocol or other guidance dealing with the treatment of drug-using pregnant women (Oberth et al. 2013). Among protocols dealing with addiction treatment, pregnancy is mentioned only in those dealing with opioid, amphetamine and cannabis use, but the indicated treatment is described only in the one relating to opioid use, in connection with substitution therapy (Oberth et al. 2013).

The representative of the Magyar Emberi Jogvédő Központ Alapítvány [Hungarian Human Rights Defence Centre Foundation] turned to the Office of Parliamentary Commissioners with a submission. In the submission the representative requested a comprehensive revision of the obstetrical-gynaecological treatment of drug-using pregnant women receiving OST in Hungary. In 2012 the study inspection performed by the ombudsman confirmed that there is no obstetrical-gynaecological protocol relating to the treatment of drug-using pregnant women, and there are no other regulations guaranteeing the standard of treatment either, in numerous cases the treatment is carried out according to the routine of each institute, which can differ from institute to institute. (Oberth et al. 2013)

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

In 2012 29 drug user women who were pregnant (11 persons) or had a spontaneous or induced abortion within the past 12 months (8 persons) or had a child below the age of 2 (10 persons) participated in the "Alternative Prenatal and Family Care" programme of the Józan Babák Klub [Sober Babies Club] in district VIII of Budapest. The follow-up of a further 15 women was also in process, these clients had joined the programme earlier (since 2008) under the same conditions. (For the socio-demographic and drug use patterns of the clients see chapter 6.3.) The programme supported a further 19 persons on the telephone, by e-mail, or via relatives.

For the description of the three-step model operation of the programme see: 2012 National Report, chapter 7.4.

In 2012 most of the clients (44 persons) contacted the Józan Babák Klub after it was recommended to them by a friend (21 persons), and a significant proportion of them were referred to the programme by social or healthcare institutes (21 persons).

Most of them attended the self-help group (41 persons), used social services (donations, 29 persons), representation in administrative procedures (14 persons), or gynaecological counselling (10 persons).

While some of the persons using the programme used further non-low-threshold health and social services with the collaboration of the József Babák Klub (29 persons), others already had a relationship with the services or used them independently after receiving information (13 persons). There were 2 pregnant women who did not get in contact with any prenatal care or other specialized services apart from the programme. (Oberth et al. 2013)

For data relating to pregnant women in OST see chapter 6.3.

Treatment of psychiatric comorbidity

For psychiatric comorbidity related to new psychoactive substances and its treatment see chapter 6.3.

Conclusions

In the case of NSPs, in 2012 a new three-year support cycle started, as a result of which geographical coverage expanded, but there was a significant reduction both in the number of distributed syringes (by 35%) and returned+collected syringes (by 36%), and in the number of contacts (by 14%). Despite the above trend, no reduction can be observed in the number of clients, and in 2012 the programmes registered nearly the same number of new clients as in 2011. The exchange rate hardly changed, it was 71% in 2012. Due to the reduced financing sources, the programmes realising the highest turnover were forced to restrict the number of syringes that could be distributed or exchanged on one occasion, or to limit their opening hours or to suspend their operation temporarily.

Considering the estimated number of IDUs in Hungary, in 2012 the average number of distributed sterile syringes per IDU was 74, while in 2011 it was 114.

According to a survey performed in 2012, antiviral treatment can be cost-effective in the case of HCV-infected IDU patients with appropriate adherence and compliance, due to – among other factors – the low baseline viral load, achieving cEVR, young age, subacute period of infection and treatment-naïve status.

In 2012 the “Alternative Prenatal and Family Care” programme of the József Babák Klub was continued in district VIII of Budapest, as well as the programme of the largest NSP in Budapest supplemented with special services targeted exclusively at female clients.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION¹²³

8.1. INTRODUCTION

In 2012 no extensive survey was carried out focusing on the issue of the social exclusion of drug users. This issue is introduced on the basis of the information available about clients entering treatment, with data originating from the TDI data collection.

Resocialisation and/or reintegration services for drug users and former addicts (e.g. housing, education or employment support) are provided as an integral part of the social care system, without differentiating the cause behind the treatment demand, so it was not possible to distinguish treatment episodes related to drug use. In the scope of grant KAB-FF-11/C, in 2011 ten programmes specifically aimed at the resocialisation and reintegration of drug users were financed in a total amount of EUR 60,137¹²⁴. Although certain programmes were launched in 2011, they were actually realised and concluded in 2012.

8.2. SOCIAL EXCLUSION AND DRUG USE¹²⁵

The treatment data included the data of 1,243 clients entering treatment in 2012 outside QCT (quasi compulsory treatment), i.e. not in the scope of a treatment programme that can be chosen as an alternative to criminal procedure. 965 of the clients (79.2%) were men, and 254 (20.8%) were women, the gender of 24 persons was not known. 582 (46.8%) of all clients entered drug treatment for the first time in their lives.

Housing

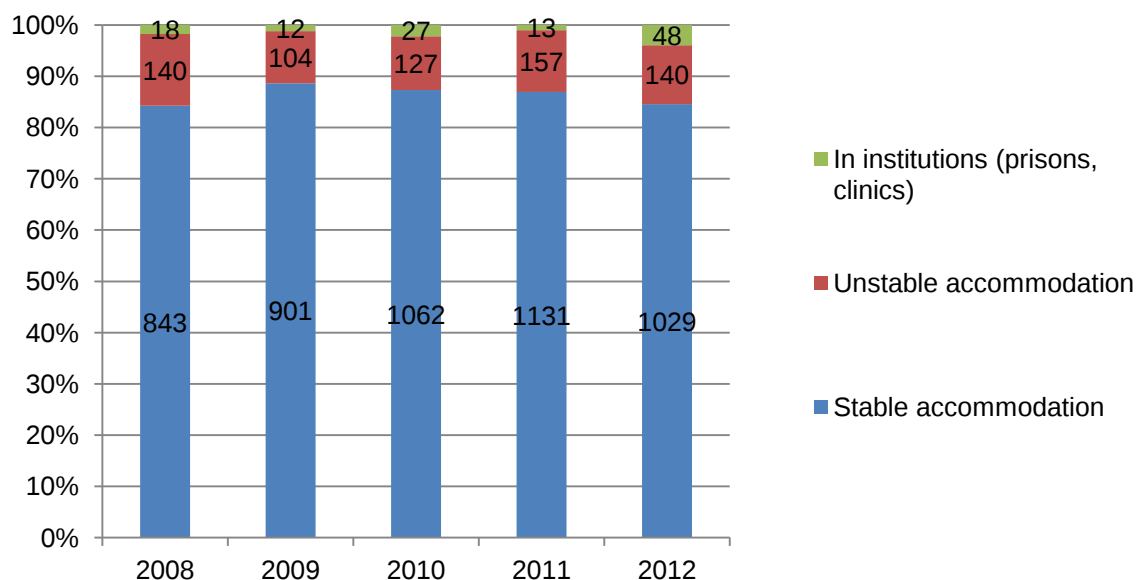
In 2012 the TDI database contained information on living status in case of 1,217 clients. In 2012, 1,029 persons, 84.6% of the clients entering treatment reported stable accommodation conditions, which is basically the same as the proportions observed in the previous years (2011: 86.9%, 2010: 87.3%).

¹²³ The authors of this chapter are: Gergely Csaba Horváth

¹²⁴ As these projects were announced and assessed in 2011, the amount was converted on the basis of the official exchange mid-rate of the EUR for 2011 (EUR 1 = HUF 277.7).

¹²⁵ All data in the chapter represents clients entering drug treatment in the given year voluntarily (not as an alternative to criminal procedure (QCT)).

Figure 25. *Living status of clients entering treatment between 2008-2012 (persons)*



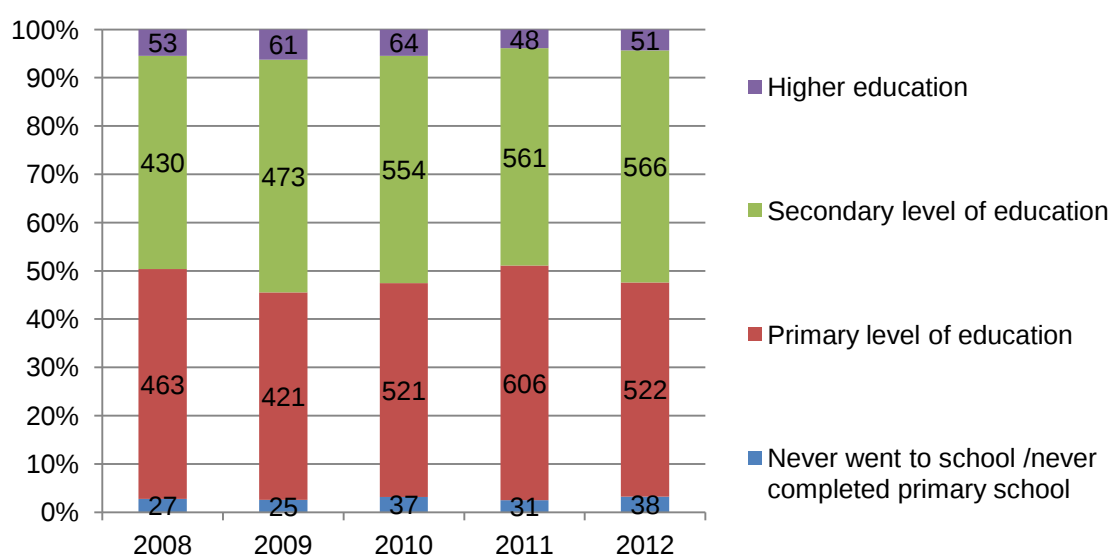
Source: TDI data collection (OAC 2013b); analysed by: NFP

Education, training

In 2012, 38 persons, 3.3% of the clients entering treatment did not even have elementary qualifications, which indicates the same situation as observed in the previous years. 44.4% of the clients, 522 persons, had elementary qualifications, which is slightly lower than the value observed a year before (2011: 48.6%, 2010: 44.3%).

48.1% of the clients, 566 persons, had secondary qualifications, which indicates a stable trend in the proportion of clients with secondary qualifications in the past few years (2011: 45%, 2010: 47.1%). 51 persons had higher qualifications, in 2012 their proportion was 4.3%. In the previous years the proportion of this group was higher, typically between 5-6%.

Figure 26. *Completed school qualifications among clients entering treatment between 2008-2012 (persons)*

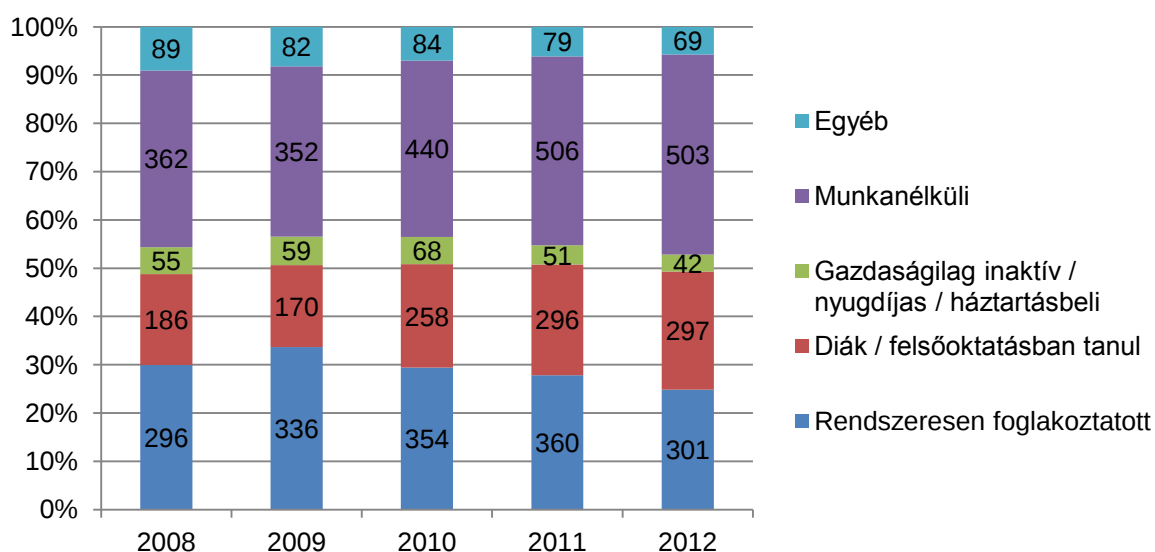


Source: TDI data collection (OAC 2013b); analysed by: NFP

Labour status

In 2012, 24.8% of the clients, 301 persons entering treatment had regular employment, since 2009 their proportion has indicated a monotonic decrease (2011: 27.8%, 2010: 29.4%, 2009: 33.6%). At the same time, the proportion of unemployed clients has indicated a monotonic increase since 2009, from 35.2% measured in 2009 it increased to 41.5% by 2012. About a quarter of the clients entering treatment (24.5%, 297 persons) were students in 2012, their proportion among clients not in QCT indicated a slow and continuous increase as compared to the 17% measured in 2009. 3.5% of the clients, 42 persons were economically inactive (pensioners, housewives, invalids), and a further 5.7%, 69 persons could not be classed in any of the above categories.

Figure 27. Labour status among clients entering treatment between 2008-2012 (persons)

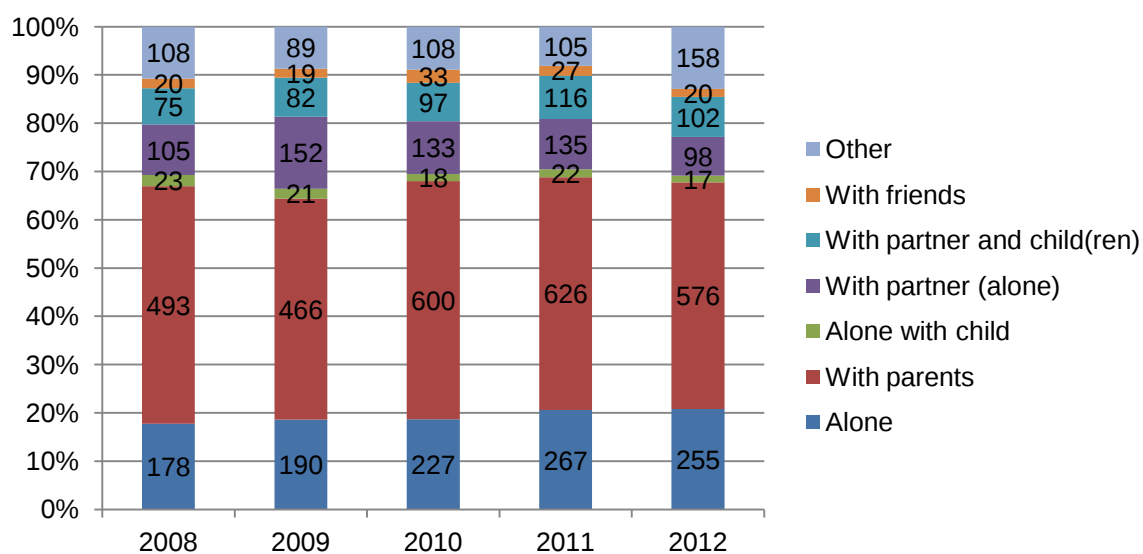


Source: TDI data collection (OAC 2013b); analysed by: NFP

Social relationships

In 2012, 20.8% of the clients entering treatment, 255 persons, lived on their own, this proportion has not changed significantly as compared to previous years. The majority of the clients, 47% (576 persons) lived with their parents, their proportion has been stable for years. The proportion of clients who live with their partner only was 8% (98 persons), while 8.3% of the clients (102 persons) lived with their partner and child(ren) in 2012. Both proportions were the same as the ones observed in previous years. 17 persons, 1.4% of the clients were single parents.

Figure 28. Breakdown of clients entering treatment by cohabitation, between 2008-2012 (persons)



Source: TDI data collection (OAC 2013b); analysed by: NFP

8.3. SOCIAL REINTEGRATION

No new information available.

Conclusions

In 2012, in respect of the social characteristics of clients entering treatment included in the TDI database there was no significant change as compared to previous years.

9. DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME, AND PRISON¹²⁶

9.1. INTRODUCTION

In 2012 data concerning drug offences and the characteristics of offenders – recorded at the end of investigations – were summarised by the Public Prosecutor's Office and analysed by the National Focal Point. (For details about data collection within the framework of the Unified Criminal Statistics System of the Investigation Authorities and Public Prosecution – ENYÜBS – see 2010 National Report, chapter 9 Overview and chapter 9.1.)

Data relating to the prison originate from the 2012 report of the Hungarian Prison Service Headquarters (BVOP 2013), and from the TDI data collection.

Besides this, in 2012 a survey was carried out (Ritter 2013a) entitled “Infections and fears in detention facilities”, in the scope of which knowledge about, attitude to, affectedness by, and related risks of HCV infection among prisoners were examined. Data relating to infection and risk behaviours are described in chapter 6.2., while the drug use patterns of the sample and counselling concerning infections are described in the present chapter.

9.2. DRUG-RELATED CRIME

In 2012 a survey was carried out to examine legal efficiency in connection with trafficking-related drug offences (Ritter 2013b). The aim of the impact assessment was to examine the assertion, applicability and effects of the legal norms in effect relating to trafficking-related drug offences; while it also examined the indirect effects induced by the use of the legal acts, i.e. how legal practice affects the drug market.

In the survey the files of 457 trafficking-related drug offences were studied and analysed; a questionnaire survey was carried out on a sample of 72 persons; and 14 in-depth interviews were made with state attorneys and police officers.¹²⁷

Characteristics of the examined trafficking-related drug offences

On the basis of the bills of indictment the trafficking-related drug offences that became known in the past 5 years in Hungary were typically characterised by cannabis cultivation (19.8%), drug trafficking and distribution (49.2%) – the statutory definition in 26.7% of these cases included acquisition or possession involving significant amounts – and bringing drugs into the country (19.5%). In the remaining 6.0% of the cases the perpetrators were charged with the acquisition, possession or production of drugs (0.9%). Offence committed in a criminal organisation could be proved only in 4.6% of the cases (trafficking, distribution).

¹²⁶ The authors of this chapter are: Anna Péterfi, Ágnes Port, Anna Tarján

¹²⁷ The sample was taken from procedures instituted in Hungary between 2007 and 2011 clearly because of trafficking-related drug offences. Procedures instituted because of the cultivation or production of drugs, bringing drugs in or taking them out of the country, or transporting them through the territory of the country, or because of the distribution or trafficking of drugs, on a commercial scale or in a criminal organisation, and/or involving a significant amount of drugs, were regarded as procedures instituted clearly because of trafficking-related drug offences. (Procedures recorded in the ENYÜBS with the statutory definitions included in articles 282(2)a)b); 282/A(1), 282/A(2), 282/A(3), 282/A(4)b), 282/B(1)(2)(3); 282/C(1)–(4); 283/A(1) of the Criminal Code.) In this way the sampling frame constituted of 1,913 cases, out of which all cases involving significant amounts of drugs were included in the sample, and every 4th case selected by random sampling method was also included (a total number of 457 cases).

The questionnaire survey was conducted electronically, by e-mail, with the participation of 86 state attorneys proceeding more frequently than the average in trafficking-related drug offences. 72 state attorneys returned the filled in questionnaire, and all of the returned questionnaires could be evaluated. The 14 in-depth interviews were made with police experts (investigators) and state attorneys proceeding in trafficking-related drug offences.

In 31.5% of the examined cases commission extended over country borders, that is drugs were imported or smuggled, so practically, in the examined period, every third trafficking-related drug offence could be related to smuggling.

About three-quarters of the perpetrators (73.6%) were Hungarian citizens, and one-quarter of them (26.4%) were foreign citizens. 8% of Hungarian perpetrators lived abroad at the time of committing the offence. Most of the perpetrators with foreign citizenship were citizens of Vietnam, Nigeria, Turkey or Serbia.

Breakdown by education, employment and previous conviction

In respect of the level of education the examined group of perpetrators is significantly different from the average population of perpetrators. All of the perpetrators completed at least elementary education. The proportion of those who completed secondary level education was 27.6%, while the proportion of those who graduated from university or college was 6.3%. 43.5% of them completed vocational training school.

53.6% of the perpetrators included in the sample had a legal employment status and income, and another 16.4% of them were students or pensioners. Every 4th perpetrator was “without legal employment”. This indicates that the majority of revealed perpetrators of trafficking-related drug offences did not come from the traditional criminal subculture, and it also indicates that generally they adapt to majority social norms and values. This is supported by the fact that 54.7% of the perpetrators were first offenders, and only 45.3% had a criminal record. Most of the perpetrators with a criminal record had been punished before for misuse of narcotic drugs, or for other crime against property. (For the socio-economic characteristics of the perpetrators also see chapter 10.2.)

Drug use patterns

The majority of the perpetrators committing trafficking-related drug offences in Hungary – on the basis of medical expert opinions – were regular drug users (38.9%) or drug addicts (13.7%). 30.6% reported being occasional users. Only 16.8% of the perpetrators in the sample said that they had never used drugs.

Characteristics of the investigation/criminal procedure

The survey also examined where the investigation authority captured the perpetrators (with or without drugs). In more than one-third of the examined cases (38.3%) realisation took place on public roads after stopping the perpetrators’ vehicles. If the proportions of captures realised in car parks (6.7%), at petrol stations (3.2%) and at country borders (9.5%) are added to the proportion above, practically in more than half of the cases (57.7%) capture took place according to the following pattern: continuous monitoring and/or wire-tapping of the vehicle and/or target person, and then stopping the vehicle/person at a suitable place. Houses or apartments were the second most frequent locations of realisation. Typically these cases were instituted on the basis of evidence obtained during authorised house searches.

Operative intelligence preceded the institution of 79.1% of the procedures. In 8% of the cases they simply “ran into” perpetrators on the occasion of random identity checks, or the perpetrators’ activity was revealed accidentally: proceedings were instituted against them for other reasons or the police drew them in their sphere of authority as victims. Further procedures (12.9%) were instituted linked to border control activity, and typically they related to bringing drugs into the country revealed during routine checks. Although it cannot be excluded that operative intelligence took place in a significant proportion of these cases too, no clear conclusions could be drawn from the files in this regard.

When specifying problems occurring in connection with trafficking-related drug offences, most commonly the state attorneys interviewed mentioned the following: demonstration,

demonstrability; prolonged procedures; problems with expert examinations; problems with determining drug addiction; problems related to the investigation or the investigation phase; international cooperation problems.

The interviewed state attorneys were asked to evaluate on a five-grade scale how difficult they find the following: demonstration and classification of such cases; prosecution; cooperation with the investigating authority; obtaining information from the police; and exercising investigation control. The respondents seemed to agree the most in the assessment of demonstration: even state attorneys highly experienced in the prosecution of such cases find it rather difficult to prove trafficking-related drug offences. The table below indicates the mean values and standard deviation for each activity.

Table 22. *Assessment of certain activities related to procedures instituted because of trafficking-related drug offences, according to the state attorneys interviewed (1=very difficult; 5=very easy)*

Activities	Mean value	Standard Deviation
a) classification	3.27	0.8
b) demonstration	2.17	0.7
c) obtaining information from the police	3.38	1.1
d) prosecution at court	2.79	1.0
e) cooperating with the police in secret data acquisition	2.77	1.2
f) exercising investigation control	2.9	1.0

Source: Ritter 2013b

It is a problem that in numerous cases the police officer and the state attorney are not of the same opinion about what is or can be regarded as clear evidence. Something regarded as clear evidence by an investigator is often found insufficient or inadequate by the state attorney for prosecution before the court. Deficiencies in connection with disclosing the fact or content of secret information collection and demonstration problems relating to the investigating authority holding back information were mentioned as problems by 86% of the state attorneys interviewed. The respondents mentioned the demonstration of criminal organisation or conspiracy as one of the main problems of demonstration.¹²⁸

State attorneys were also asked about what they regard as their primary role in investigation procedures relating to trafficking-related perpetrations.¹²⁹ Although 58.8% of the respondents found that they were satisfied with the current role of the state attorney in the investigation procedure, a significant majority (79.2%) of the state attorneys “satisfied with the investigation role” still mentioned different variables in respect of their current daily activity and their role that would facilitate more efficient prosecution. 88.5% of the state attorneys reported that their primary role in connection with trafficking-related drug offences was to monitor the fulfilment of legal requirements during investigation, and 71.2% of them also mentioned the monitoring of investigation acts. Only 13.5% said that they participated in the preparation of information collection, and 7.7% said that they played a role in making operative decisions during investigations. At the same time, these two variables – “*participation in information collection*” and “*making operative decisions during investigation*” – were considered to be the desired primary roles of state attorneys by the majority of them in order to make the investigation phase and prosecution really efficient.

¹²⁸ The average number of perpetrators per case was 4. In 28.4% of the cases there was only one perpetrator, and in 7.8% of the cases there were 10 or more perpetrators.

¹²⁹ From six alternative answers the state attorneys were asked to select those that describe their daily activity the best, and also those – in a separate column – that could make the investigation phase and prosecution more efficient according to their opinion. It was possible to select several alternative answers in both columns.

Adjudicative practice

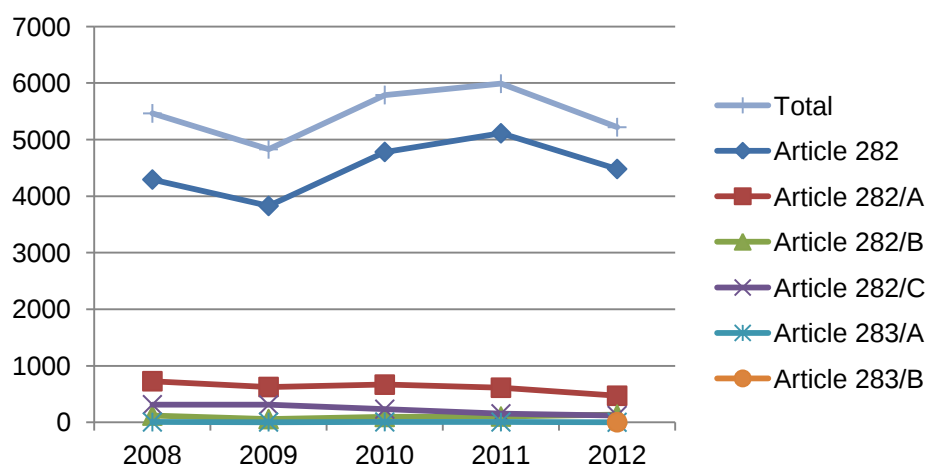
On the basis of the judgements passed in the cases examined – in proceedings instituted at least before the court of first instance – the average punishment was 4 years of imprisonment.¹³⁰ For 34.8% of the offenders the sentence was 3 years of imprisonment or lighter. When proceedings were instituted before the appeal court, in each case the sentence was milder as compared to the judgement of the court of first instance. Forfeiture of assets took place only in 11.2% of the cases, the average amount confiscated was EUR 1,450¹³¹. Typically those amounts were confiscated that were seized previously by the investigating authority in connection with the crime.

9.3. DRUG OFFENCES

In 2012, 5,219 offences concerning the misuse of illicit drugs (drug offences) were registered in Hungary, 12.9% less than in the previous year. (ST11_2013_HU_01) The proportion of drug offences among all registered criminal offences also dropped from 1.33% in the previous year to 1.11%.

Due to the legal act amendments made in March 2012 the trafficking-related misuse of new psychoactive substances became punishable (see: 2012 National Report chapter 1.2.), but its effect could not be observed yet in the number of registered offences: criminal proceedings were instituted only in 3 cases on the basis of the statutory definition included in the related article 282/B of the Criminal Code.

Figure 29. The total number of registered drug offences, and registered drug offences broken down by drug-related Criminal Code section¹³² between 2008-2012



Source: ENYÜBS 2013, analysed by: NFP

¹³⁰ In the cases included in the sample, the basic punishment is 2-8 years of imprisonment [article 282(2); 282/A(1), 282/B(1); 282/C(4)] if small amounts are involved, or 5-10 years or 5-20 years if significant amounts are involved; but in aggravated cases even 20 years of imprisonment or life imprisonment can be imposed. In 92.8% of the cases included in the sample significant amounts were involved.

¹³¹ The amounts in this chapter were calculated based on the official mid-rate of the EUR for 2012 (1 EUR=289,88 HUF).

¹³² 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.

In 2012, in the decisive majority of registered drug offences (89.9%) a police body¹³³ initiated criminal proceedings, similarly to previous years. In the remaining 10.1% of the cases persons observing the crime, other persons reporting the crime on the basis of their reporting obligation, the National Tax and Customs Administration, the Public Prosecutor's office and detention facilities/prisons were among the initiators.

Breakdown of drug offences by substance type¹³⁴

Similarly to previous years, in 2012 the decisive majority of drug offences were committed with cannabis (75.2%, 3,925 cases). At the same time, as compared to the previous year the number of misuses of cannabis dropped by 17.1% as well as their proportion among all drug offences (by 5%).

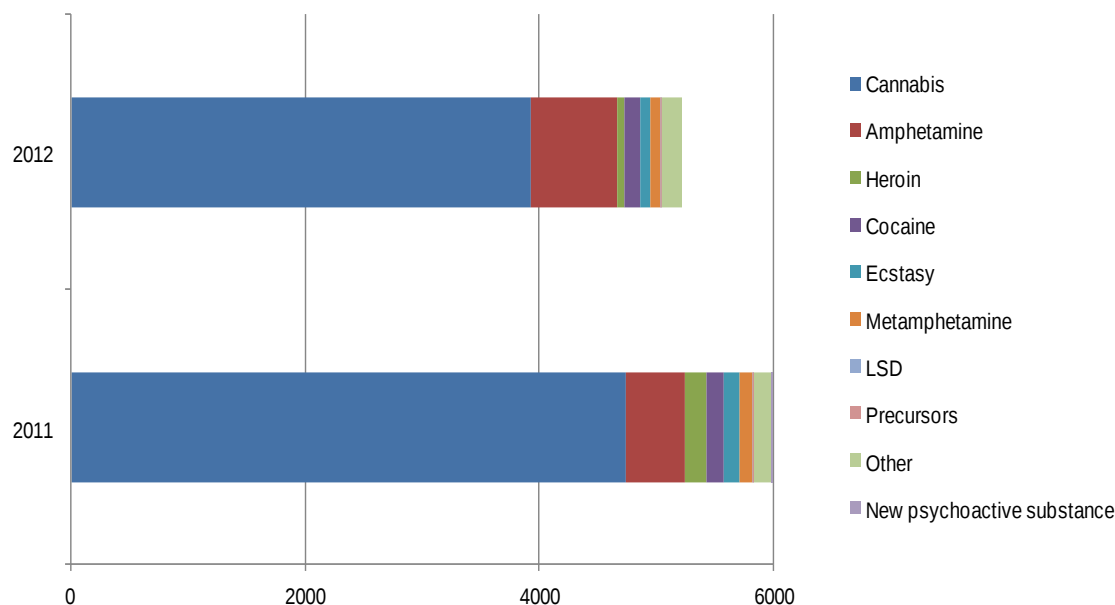
In 2012 amphetamine was registered as the subject of the offence in 14.1% of the offences (738 cases). In 2011 this proportion was 8.15%, so the proportion of registered offences committed with amphetamine showed a 6-percentage-point increase.

Misuse of heroin was registered in only 1.4% of drug offences (72 cases); the number of such misuses continued to decrease as compared to the previous year. The number of misuses of ecstasy, forming 1.7% of all registered drug offences, also dropped. Methamphetamine was the subject of the offence in 1.6% of the cases, the number of misuses of this drug also decreased in 2012 (2012: 81; 2011: 112). As compared to 2011, the number of drug offences committed with cocaine dropped by 12%, although the proportion of misuses of cocaine among all drug offences did not change as compared to 2011 (2.6%).

Other substances were recorded as the subject of the offence in 172 cases, among them the following drugs were represented by the highest numbers: morphine in 32 cases, methadone in 19 cases, ketamine in 17 cases, 4-MTA in 17 cases, and GHB in 11 cases.

In two of the three registered cases of misuse of new psychoactive substances AM-2201, while in one case MPA (methiopropamine) was the subject of the offence. (ST11_2013_HU_01)

Figure 30. *Breakdown of registered drug offences by drug type in 2011 and 2012*



Source: ENYÜBS 2013, analysed by: NFP

¹³³ Criminal body of the police: 78.5%, regulatory body: 18.1%, traffic control body: 3.4%.

¹³⁴ 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.

Perpetrations

In 2012, among all registered drug offences the proportion of demand-related perpetrations was 87.8% (4,584 cases), and the proportion of supply-related perpetrations was 10.9% (570 cases). As compared to 2011 the number of demand-related perpetrations dropped by 12.4%, while the number of trafficking-related perpetrations dropped by 20.9%; thus the gradual reduction of the proportion of trafficking-related perpetrations that has been observed for years continued.

Other perpetrations were represented at a proportion of 1.25%: 6 cases of punishable preparation, 3 cases of financing perpetrations, 53 cases of inciting substance abuse, 3 cases of supplying substances needed for producing drugs. (ST11_2013_HU_01)

On examining perpetrations from the aspect of drug type, in the case of amphetamine the proportion of demand-related perpetrations was higher (92%) than the average proportion characteristic of all offences without drug types specified, it was near the average in the case of cannabis and heroin, and it was lower in respect of cocaine, methamphetamine and ecstasy (i.e. trafficking-related perpetrations were committed slightly more frequently with the latter substances as compared to the other drug types).

Table 23. Breakdown of drug offences registered in 2012 by subject of offence and perpetration type

Type of substance	Demand-related	Supply-related	Preparations	Financing	Inciting substance abuse	Supplying substance for production	Total
Cannabis	3,468	435	5	2	14	1	3,925
Amphetamine	679	56	0	1	2	0	738
Heroin	63	9	0	0	0	0	72
Cocaine	113	20	0	0	0	0	133
Ecstasy	67	15	0	0	7	0	89
Methamphetamine	60	21	0	0	0	0	81
LSD	2	2	0	0	0	0	4
other	131	10	1	0	30	0	172
precursor	0	0	0	0	0	2	2
new psychoactive substance	1	2	0	0	0	0	3
Total	4,584	570	6	3	53	3	5,219

Source: ENYÜBS 2013, analysed by: NFP

Perpetration type and amounts involved

On examining drug offences by amount of drugs involved, it can be seen that small amounts of drugs were involved in 88% of drug offences both in the year in question and in the previous year. The punishable basic amount was involved in 8.9% of the cases, while significant amounts were involved only in 2.9% of the cases.

As compared to 2011 no real change can be observed in the breakdown of demand-related offences according to the amount of drugs involved. Among trafficking-related perpetrations the proportions of offences committed with small and significant amounts slightly reduced, and the proportion of perpetrations committed with the punishable basic amount increased.

Table 24. Breakdown of the number and proportion of registered drug offences by perpetration type and amount of substance involved, in 2012

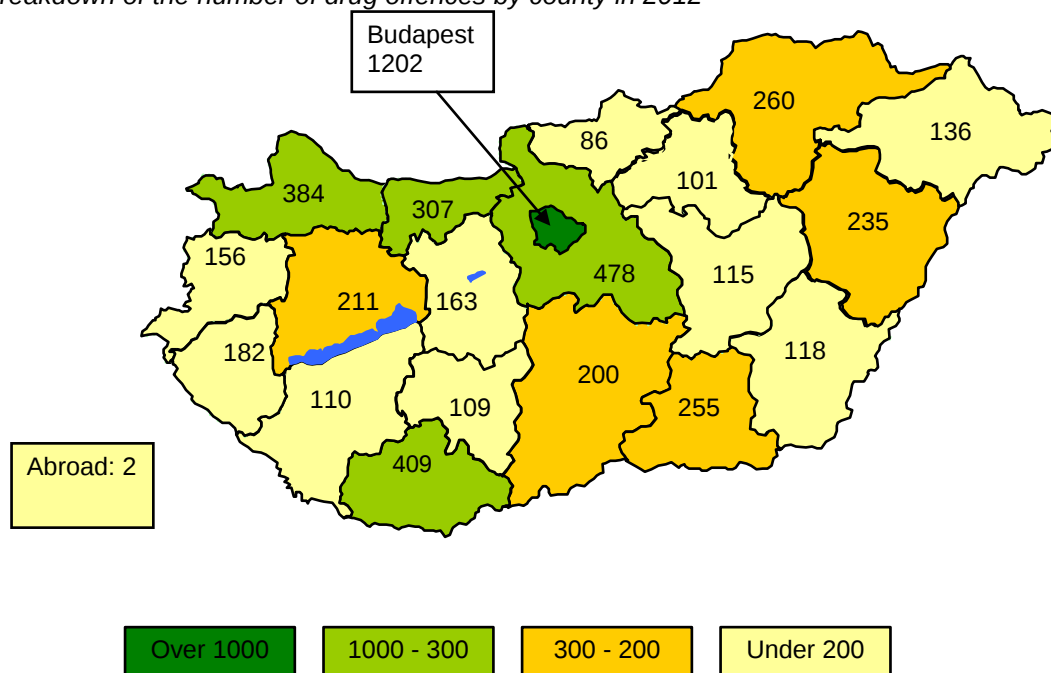
Perpetration	Small amount		Basic case		Significant amount		Total	
	N	%	N	%	N	%	N	%
Demand-related	4,201	91.6	314	6.9	69	1.5	4,584	100
Supply-related	349	61.2	142	24.9	79	13.9	570	100
Total	4,550	88.3	456	8.9	148	2.9	5,154	100

Source: ENYÜBS 2013, analysed by: NFP

Place of offence

In 2012 nearly one-quarter of all registered drug offences were committed in Budapest. Aggregation of the number of offences committed in Budapest and in Pest county shows that the dominance of the Central Hungary region continued to increase: 32% of all registered offences were committed here (2011: 26%). After Budapest and Pest county the highest number of offences was registered in Baranya county, which was followed by Győr-Moson-Sopron and Komárom-Esztergom counties. Despite the national average decrease of 13%, in Pest, Győr-Moson-Sopron, Komárom-Esztergom, Veszprém and Zala counties (i.e. in the north-west region of Hungary) the number of registered offences increased as compared to the previous year.

Map 3. Breakdown of the number of drug offences by county in 2012



Source: ENYÜBS 2013, analysed by: NFP

Offenders

In 2012, 4,805 offenders were registered in the criminal statistics¹³⁵, which represents a reduction of 14.1% as compared to the previous year. (ST11_2013_HU_01) The number of offenders dropped at a slightly higher rate than the number of offences (12.9%).

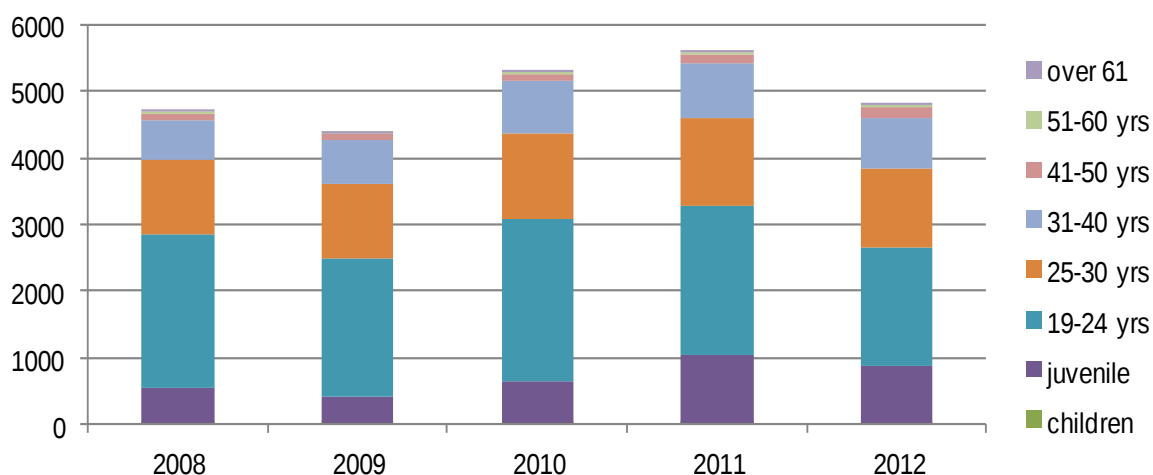
Breakdown by gender and age

In 2012 the distribution by gender of the offenders committing drug offences did not change significantly as compared to the previous years (women: 9.7%; men: 90.3%).

On examining the distribution of offenders by age groups, similarly to 2011 the proportion of juvenile offenders was high among all registered offenders: 17.9% as compared to the 10-12% proportions observed in 2008-10. The proportion of offenders aged 19-24 (40.9%) continued to drop, although at a lower rate than observed in the previous year.

The proportion of offenders over the age of 30 increased by 2.7 percentage points as compared to the previous year, but 79.8% of the offenders were still under the age of 30. Among all registered offenders the proportion of offenders under the age of 30 was 46.7% in 2012, i.e. there is still a significantly higher proportion of offenders under the age of 30 among perpetrators committing drug offences than among offenders committing other crimes.

Figure 31. *Breakdown of registered drug offenders by age groups, between 2008 and 2012*



Source: ENYÜBS 2013, analysed by: NFP

Breakdown by education

The breakdown of offenders by education has been more or less the same for years, and did not change in the examined year either. In 2012 0.17% of the offenders did not have any school qualifications, 42.5% had elementary qualifications, 43.4% had secondary qualifications and 1.8% had higher qualifications.¹³⁶

¹³⁵ 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 severe offence or offences committed as a child or juvenile need to be stated.

¹³⁶ The total of the proportions does not equal 100%, because offenders are not obliged to state their school qualifications when they fill in the statistics sheet.

Breakdown by previous conviction

The distribution of drug offenders was similar to the previous years: 74.8% of them were first offenders (2011: 74.4%). Among former convicts the proportion of non-repeat offenders increased from 69.1% to 75.7%.

Table 25. *Breakdown of drug offenders by previous conviction*¹³⁷ in 2012

Previous conviction	Persons	%
No	142	3.0
No, but under investigation	3,452	71.8
All former convicts	1,211	25.2
Of them:		
<i>multiple repeat offenders</i>	56	1.2
<i>special repeat offenders</i>	108	2.3
<i>repeat offenders</i>	130	2.7
<i>non-repeat offenders</i>	917	19.1

Source: ENYÜBS 2013

Suspension of accusation

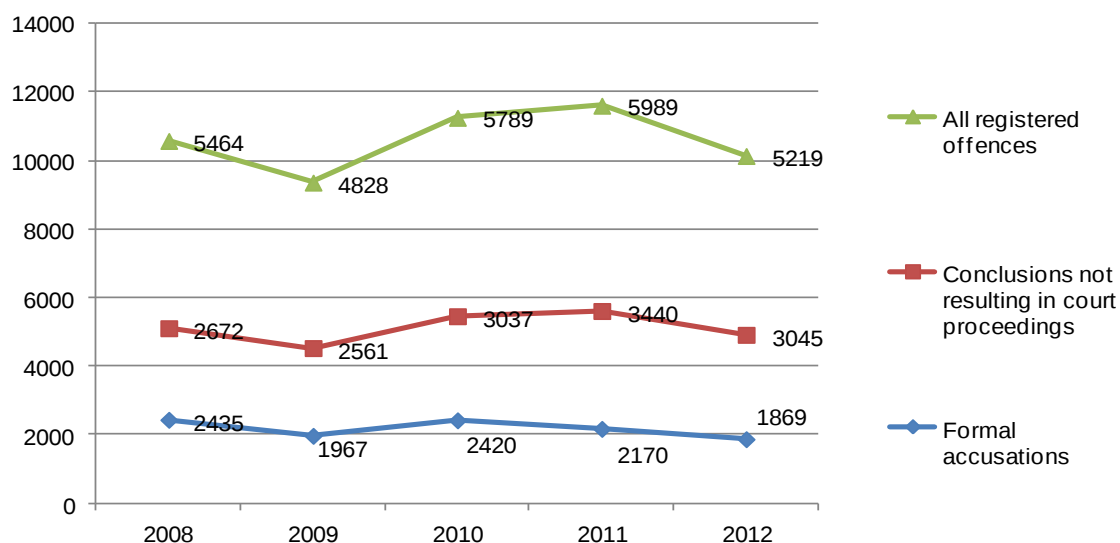
In 2012, 58.3% of drug offences ended in the investigation phase, before instituting court proceedings, mostly due to access to quasi-compulsory treatment (QCT) as an alternative to criminal procedure. The continuous increase of this proportion observed since 2007¹³⁸ stopped in 2012.

In line with the number of registered offences, both the number of conclusions not resulting in court proceedings and the number of formal accusations decreased as compared to 2011. However this only partly explains the significant, 23% reduction in the number of offenders starting preventive-consulting service or treatment in QCT (for the detailed data see chapter 5.2.2.) as the number of cases not resulting in court proceedings reduced by only 12%.

¹³⁷ For the exact statutory definition of the individual subcategories see 2010 National Report chapter 9.1.

¹³⁸ This trend can be explained by the 2006 amendment of the rules of criminal procedure (Act LI of 2006) so that treatment as an alternative to criminal procedure started after committing the offence but before the suspension of accusation can be regarded as a cause terminating culpability, regardless of when the suspension of accusation takes place.

Figure 32. The number of procedural forms not resulting in court proceedings and of formal accusations among registered drug offences between 2008-2012



Source: ENYÜBS 2013, analysed by: NFP

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

In 2012, 3,693 offenders committed a crime under the influence of illicit drugs: 3,339 of them (90.4%) committed drug offences, and 354 of them (9.6%) committed other offences. These proportions are the same as those recorded in 2011.

Among all registered offenders the proportion of offenders committing offences under the influence of illicit drugs was 3.4%.

Among offenders committing non-drug-related offences under the influence of illicit drugs, offences against property (114 persons, 32%) and traffic offences (108 persons, 101 of them were driving under the influence of drugs) were recorded most commonly. The number of offenders committing offences against other persons was 49 (from this bodily harm: 15 cases, consummated homicide: 13 cases, attempted murder: 7 cases), and 37 offenders committed offences against public order.

Compared to the previous year and to 2010, among offenders committing non-drug-related offences under the influence of illicit drugs the proportion of offenders committing offences against property decreased while the proportion of traffic offenders and offenders committing offences against other persons has gradually increased.

Table 26. Breakdowns of offenders committing offences under the influence of drugs in 2012

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	32.2%	3.1%
Traffic offences	108	30.5%	2.9%
Offences against other persons	49	13.8%	1.3%
Offences against public order	37	10.5%	1.0%
Other offences	46	13.0%	1.2%
Total	354	100%	9.6%
Drug offences	3,339		90.4%
Altogether	3,693		100%

Source: ENYÜBS 2013

9.5. PREVENTION OF DRUG-RELATED CRIME

Most of the programmes aimed at the prevention of drug-related crime are realised as a part of drug prevention programmes or general crime prevention programmes.

In the school year 2012/13 36,500 pupils took part in the thematic school programmes (DADA, Ellen-SZER) organised by the Police (BM 2013).

In 2012 the Crime Prevention Division of the Police Headquarters of Budapest (BRFK) - in charge of coordinating the drug prevention programmes of the police in Budapest - continued to participate in the "Te is filmes vagy!" [You are also a filmmaker!] short film making competition¹³⁹ organised by Életrevaló Egyesület [Resourceful Charity Association] by delegating jury members and providing a location. Drug prevention was also a topic of the BRFK's school project entitled "Interactive Police Road Show" dealing with violence, as well as the interactive lectures linked with a guided tour at the Police History Museum. Similarly to the previous years, the BRFK put up a crime prevention tent at the SZIGET festival again (BRFK 2013).

In 2012 the Ministry of Interior did not announce any tenders relating to the prevention of drug-related crime, but a song competition aiming crime prevention organised by Szertelen-kék Alapítvány [Juveniles Without Drugs Foundation] was realised with the support of the Ministry of Interior, as well as the prevention related music performances held all over the country by the Foundation.

¹³⁹ <http://www.eletrevaloegyesulet.gportal.hu/>

In 2011 the National Institute for Criminology made a survey on violent criminality in clubs in Budapest (Nagy 2013).¹⁴⁰ All of the managers interviewed said that the most common causes of violent events occurring at places of entertainment were being under the influence of alcohol and other psychoactive substances and the aggressive releasing of stress. The interviewed persons (managers) found that in the interest of more efficient prevention more intensive police presence would be needed around clubs, and several managers said that video surveillance cameras would also be necessary. However, they considered paying attention to guests the most important thing.

Young people potentially visiting clubs were asked what factors cause the most violent acts in these places, and in their answers after alcohol (80%) they most often mentioned drugs (41%). The majority of them (46%) thought that drugs caused more problems than alcohol. 35% of the respondents that drugs and alcohol were identically problematic, while 19% of them said that drugs were less dangerous.

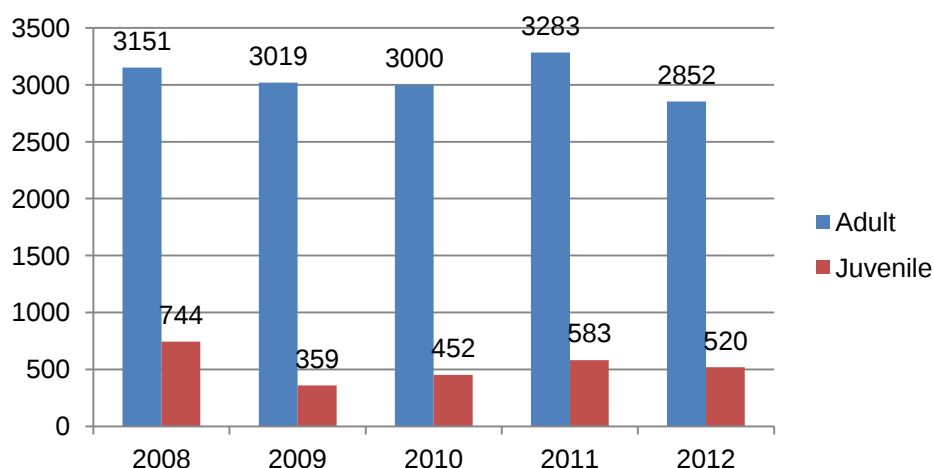
9.6. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

Alternatives to criminal procedure

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

The Hungarian Probation Service of the Office of Justice also performs functions in the case of clients entering treatment as an alternative to criminal procedure. (For the detailed description of their activity see 2010 National Report, chapter 9.3.) In 2012 the number of probation services reduced both among juvenile and adult offenders, which is also due to the significant reduction in the number of clients in QCT (see chapter 5.2.2.).

Figure 33. *The number of probation services provided in the scope of QCT relating to drug offences¹⁴¹, between 2008-2012*



Source: KIMISZ 2013

¹⁴⁰ An interview was made and questionnaires were also filled in with 14 managers of 24 various places of entertainment. A questionnaire survey was carried out among secondary school pupils and university students between the ages of 18-23 in Budapest to study the attitude of visitors (632 questionnaires, among 536 secondary school pupils and 126 university students). Furthermore, professionals dealing with this issue were also consulted.

¹⁴¹ The figures in the table show the total number of probation services ended or that were still in process at the end of the given year, broken down by year and adult/juvenile offenders.

Other interventions in prisons

Prevention

In 2012, prevention units were still operating at 25 out of the 31 prisons, which could accommodate 372 prisoners applying on a voluntary basis (see 2011 National Report, chapter 11.3.). The average number of prisoners accommodated in these units was around 220-240 on a national scale. Prisoners were accommodated in separate cells or units.

In 2012, the KAB-ME-12 tender announced for supporting drug prevention programmes (see chapter 1.4. and 3.4) did not have components specifically aimed at drug prevention among prisoners, therefore prisons participated in the project in cooperation with NGOs, as partners without a budget (BVOP 2013). Support was granted to seven tenders aimed at the prison population. A total amount of EUR 18,628 was granted to the seven programs.

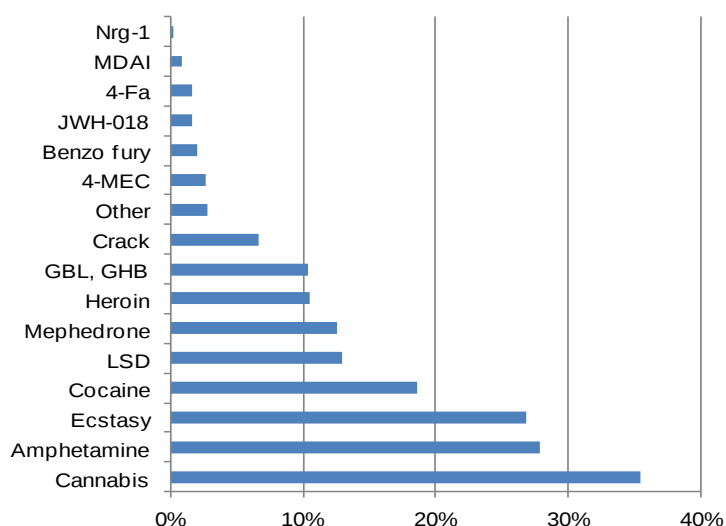
9.7. DRUG USE AND PROBLEM DRUG USE IN PRISONS

Patterns of use, risk behaviours

In 2012 a study was carried out (Ritter 2013a, for the methodology see chapter 6.1. and 6.2.) entitled “Infections and fears in detention facilities”, in the scope of which knowledge about, attitude to, affectedness by, and related risks of HCV infection among prisoners were examined. Data relating to infections, injecting drug use and risk behaviours are described in chapter 6.2.

During the survey drug use patterns of the participating prisoners (852 persons) was also examined.¹⁴² 49.7% of the prisoners included in the sample had used any illicit drugs/new psychoactive substance in their lives. Most of them had used cannabis (35.5%), which was followed by amphetamines (27.6%), ecstasy (26.9%), cocaine (18.7%), and LSD (12.9%). The appearance of new psychoactive substances could also be detected among prisoners, the most frequently reported new substance was mephedrone, which had been used by 12.6% of the respondents in their lives.

Figure 34. *Lifetime prevalence (%) of illicit drugs/new psychoactive substances among prisoners, in 2012 (N=852)*



Source: Ritter 2013a

¹⁴² When interpreting prevalence data, it has to be considered that besides prisoners who took part in the screening test and were willing to participate in the study and fill in the anonymous questionnaires, prisoners with known hepatitis C and wishing to participate in the study were also included in the sample.

20.7% of the sample reported having injected drugs in their lives, 4.2% of the total sample injected drugs last while in prison (for the data relating to infections and risk behaviours see chapter 6.2.).

8.1% of the respondents regarded themselves as drug addicts and 9.9% of all participants regarded themselves as regular drug users. Among those who regarded themselves as drug addicts the number of those who had become addicts due to the use of amphetamines or other stimulants was twice the number of those who had become addicts as a result of opiate use.

The author states that drug use is present in the criminal subculture, and as drug use progresses – as addictive use develops – delinquent behaviour and crime also occurs in most of the cases. In their case the type of crime(s) committed significantly depends on the regularly used type of substance or substance group, as the use of certain stimulants (amphetamines) and certain new psychoactive substances can be closely related to committing crime under the influence of drugs, while other drug types can be associated typically with income gaining crimes committed to obtain drugs or money needed for buying drugs.

Availability of drugs in prison

According to the report of the Hungarian Prison Service Headquarters (BVOP 2013), the number of cases when substances suspected of being illicit drugs were found decreased as compared to 2011. While in 2011 substances suspected of being illicit drugs¹⁴³ were found in 81 cases with 82 prisoners involved, in 2012 such substances were found in 67 cases in the possession of 67 prisoners. Typically, substances suspected of being illicit drugs were attempted to be smuggled into the prison through the post.

9.8. RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS

Treatment

Number and characteristics of clients entering drug treatment while in prison

Based on TDI data (TDI_2013_HU_04) a total number of 138 prisoners started treatment in 2012 in connection with a drug problem. 62% of the prisoners applying for treatment started a drug treatment (including preventive-consulting services¹⁴⁴) for the first time in their lives. All clients reported by the service providers in 2012 entered treatment in the scope of QCT (quasi-compulsory treatment) to avoid criminal procedure, as prisoners are offered this possibility too, if prior to their imprisonment they committed a drug-related offence in the case of which the possibility of QCT can be offered¹⁴⁵.

When comparing prisoners starting a drug treatment with non-prisoners starting a drug treatment¹⁴⁶, numerous differences can be observed between these two populations, which are summarised in the table below.

Regarding the socio-demographic characteristics of clients it can be stated that the mean age of prisoners is higher, as is the proportion of men among them. The level of education among prisoners entering treatment is significantly lower: in the case of prisoners the

¹⁴³ No precise information is available on the type of drugs.

¹⁴⁴ A type of QCT.

¹⁴⁵ Possessing a small amount of drugs, or in the case of addicts possessing drugs of an amount remaining below the “significant amount” for their own use.

¹⁴⁶ (all clients entering treatment)-(prisoners)

proportion of those who completed elementary school at the most is 37 percentage points higher than among non-prisoners.

On comparing prisoner and non-prisoner clients entering treatment or preventive-consulting services, differences can also be observed in respect of drug use¹⁴⁷. Although the sequence of drugs is similar, the proportions are different. Among prisoners the proportion of those who primarily use cannabis is lower, but the proportion of stimulant and opiate users is higher.

Typically, involvement in injecting drug use is higher in the population of prisoner drug users than among the population outside of prison walls (EMCDDA 2012). The proportion of those who inject their primary substance is 45 percentage points higher among prisoners, and the proportion of ever injecting users is 39 percentage points higher among them compared to non-prisoner clients.

Table 27. *Main characteristics of prisoner and non-prisoner clients entering treatment in 2012* ($N_{prisoner}=138$; $N_{non-prisoner}=3,747$)¹⁴⁸

Prisoners		Non-prisoners
28.4 years	mean age	26.5 years
92%	proportion of men	86%
88%	proportion of those who completed 8 years of elementary school at the most	51%
39%	proportion of cannabis users	67%
31%	proportion of stimulant users	17%
19%	proportion of opiate users	5%
6%	proportion of cocaine users	1%
71%	proportion of those who inject their primary substance ¹⁴⁹	26%
54%	proportion of ever IDUs	15%

Source: TDI data collection (OAC 2013b); analysed by: NFP

For the costs associated with the treatment of prisoners see chapter 1.4.

Substitution treatment

According to the results of the complementary data collection conducted by the National Focal Point, in 2012 no imprisoned persons were treated by the 12 outpatient drug treatment centres providing opioid substitution treatment (OST) in the country. (For further information on OST provided for prisoners see 2011 National Report, chapter 11.3.)

Prevention and treatment of infectious diseases

Vaccinations

For the background of providing vaccinations against Hepatitis B see 2010 National Report, chapter 9.5. In 2012, 41 prisoners received this vaccination.

Counselling

The healthcare professionals at detention facilities regularly held and organised health promotion programmes, which generally covered currently occurring issues (HIV, alcoholism, drug use, personal hygiene, etc.). A wide range of other health promotion, prevention and

¹⁴⁷ i.e. in respect of their primary substance (the substance causing the greatest problem for them in the period of 30 days before imprisonment)

¹⁴⁸ When calculating the proportions, "not known" answers were excluded in case of all variables.

¹⁴⁹ Taking into consideration users of opiate, amphetamine, other stimulants, cocaine and other substances.

screening programmes were also involved. Special elements of these programmes were health promotion, providing written and verbal information, counselling individually and in groups.

According to the results of a survey carried out in 2012 (Ritter 2013a, for the methodology see chapter 6.2.), in the scope of the counselling and screening programmes aimed at the prevention of HIV/HBV/HCV infections in prisons 61.2% of the prisoners interviewed (852 persons) received some sort of information about HCV infection and about how to avoid risk behaviours to prevent such infections. 38.8% of the sample reported that they had participated in the screening test, but they had not received verbal information.

Those who received information either received it from their educator or from a professional working at the healthcare facility of the given prison.

According to the results of the survey, in many cases the prisoners were not even aware of when, how and from whom they received information about their test results. At most places the participants are not informed if their result is negative, only prisoners with positive test results are summoned by the healthcare department and informed about the process of the treatment that may be necessary.

Testing

For the 2012 data of the counselling and screening programme performed since 2007 to prevent HIV/HBV/HCV infections see chapter 6.2. (For the antecedents see chapter 9.5. of the 2009 and 2010 National Report and chapter 11.3. of the 2011 National Report.)

The survey performed in 2012 in the scope of the counselling and screening programme aimed at preventing HIV/HBV/HCV infections (Ritter 2013a), in the course of which HCV infection and related risk behaviours among prisoners were also examined, is described in chapter 6.2.

TB testing is also available in detention facilities (for the data see chapter 6.2.).

Treatment, care

The treatment of prisoners tested HIV, HBV or HCV positive and meeting the therapeutic criteria was started or continued, others not involved in treatment for health or other reasons were taken into care. In 2012 14 HIV positive prisoners received antiretroviral treatment, 181 HCV positive and 11 HBV positive prisoners received antiviral treatment.

Table 28. *Number of prisoners receiving HIV/HBV/HCV treatment / not undertaking treatment / not involved in treatment / not completing treatment (N), in 2012*

	Number of clients treated	Not undertaking 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	0	4
HCV	181	33	10	26
HBV	11	2	12	0

Source: BVOP 2013

For the description of the HIV/HBV/HCV/TB treatment of the prisoners see 2009 National Report, chapter 9.5.

Prisoners who tested positive for active TB (16 persons) received treatment.

9.9. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON

In 2012 Váltósáv Alapítvány [Change Lanes Foundation] updated its publication entitled “Praktikus ismeretek szabaduláskor” [Practical knowledge on release]¹⁵⁰, which contains useful information for prisoners being released. Furthermore, in 2012 the Foundation published another book “Változ(z)ás” [Change(ing)]¹⁵¹, which contains the contact data of organisations supporting the social reintegration of prisoners in thematic and regional breakdown.

In the scope of some of the 21 TÁMOP 5.6.1.A-11/1, 2, 3, 4¹⁵² projects still in process in 2012, and the two 5.6.2¹⁵³ projects completed in 2012, when selecting the target groups to be involved, earlier drug use and addictions formed parts of the surveys made for developments. In the projects the support and follow-up work after release was carried out by NGOs and professionals, some of whom also deal with patients suffering from addictions. (BVOP 2013)

In the course of the KAB-FF-12 tender announced for supporting the recovery processes of patients suffering from addictions (see chapter 1.4.) three tenders aimed at prisoners were granted support of a total amount of EUR 6,554.

Conclusions

In 2012 both the number of registered drug offences and the number of offenders dropped (by 12.9% and by 14.1% respectively). Among the offences the proportion of the misuses of cannabis reduced slightly, still in 75% of the cases this substance was the subject of the offence. Misuses of amphetamine represented 14% of the offences, showing a 6-percentage-point increase compared to 2011. Misuses of heroin represented only 1.4% of all registered drug offences.

In 2012, among registered drug offences the proportion of demand-related behaviours was 87.8% (4,584 cases), while the proportion of trafficking-related acts was 10.9% (570 cases). As compared to 2011 the gradual decrease of the proportion of trafficking-related offences, which had been observed for years, continued.

On examining the location of the offences it can be observed that the dominance of the Central Hungary region (Budapest and Pest county) continued to increase: 32% of all registered offences were committed in this region.

Similarly to 2011 the proportion of juvenile offenders was high among drug offenders: 17.9% as opposed to the 10-12% proportion observed in 2008-10.

Nearly half of the prisoners participating in the survey (Ritter 2013a) carried out in 2012 in the scope of the counselling and screening programme aimed at the prevention of HIV/HBV/HCV infections had used drugs in their lives, most of them had used cannabis or amphetamines, but the use of new psychoactive substances could also be detected among them. Every fifth respondent had injected drugs during their lives.

¹⁵⁰ <http://www.valtosav.hu/praktikus.html>

¹⁵¹ http://www.valtosav.hu/pdf/Segito_szervezetek_es_elerhetosegeik.%20doc.pdf

¹⁵² TÁMOP 5.6.1.A-11/1 and TÁMOP 5.6.1.A-11/2 tenders were announced under the title “Helping convicts to return to society through training, employment and other reintegration programmes: Increasing the social integration chances of prisoners and persons on probation with training and employment programmes”. TÁMOP 5.6.1.A-11/3 and TÁMOP 5.6.1.A-11/4 tenders were announced under the title “Helping convicts to return to society through training, employment and other reintegration programmes: special integration and reintegration sessions for prisoners, persons on probation and people in detention homes”.

¹⁵³ Announced under the title “Methodological foundation of crime prevention and reintegration programmes strengthening social cohesion”.

Presumably, the majority of HCV positive prisoners acquired the infection as a result of earlier injecting drug use, while non-IDUs probably became infected as a result of being tattooed with non-sterile needles.

In 2012, 138 prisoners entered drug treatment or a preventing-consulting service, all of them in the framework of QCT. Among those who entered treatment during imprisonment the prevalence of injecting drug use was much higher than among those who entered treatment outside of prison.

10. DRUG MARKETS¹⁵⁴

10.1. INTRODUCTION

In 2012 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 but not considered as illicit drugs or new psychoactive substances based on the analytical results, are not included in this chapter.

The project entitled “Intensive monitoring of the active substance content of hazardous drugs” launched in May 2009 (for further information see 2010 National Report chapter 7.1) was continued in 2012 based on the agreement between the Ministry of Human Resources, the Ministry of Interior, the National Police Headquarters and the Institute for Forensic Sciences, extended with the monitoring of new psychoactive substances.

The survey examining proceedings instituted between 2007 and 2011 because of trafficking-related drug offences from the aspect of legal consequence (Ritter 2013b, for the methodology and further results see chapter 9.2.) also analysed the characteristics of the distribution networks and the socio-economic status of the offenders, the results of which can be read in chapter 10.2.

For information on the introduction of “new psychoactive substance” as a legal category and the rules of procedure of scheduling new substances, see 2012 National Report chapter 1.2.

10.2. AVAILABILITY AND SUPPLY

Availability

Online availability of new psychoactive substances in Hungary

Joining the EMCDDA online snapshot survey, the National Focal Point carried out a survey on Hungarian internet sites selling new psychoactive substances between 25 February and 8 March 2013 (Port 2013b). A total number of 29 internet sites were identified that suited the given conditions¹⁵⁵, which is 8 sites more than the number of internet sites identified at the beginning of 2012.

The effect of the new controlling measures could be clearly detected: most of the substances put on Schedule C on the basis of their generic or individual formula disappeared from the shops. As opposed to the previous year, a few such sites (3) were also identified which are probably not based in Hungary on the basis of the information shown on the site. With one exception substances scheduled in Hungary as illicit drugs or new psychoactive substances were offered only on these sites. In the case of 5 out of the 29 sites accessible in Hungarian the location of the operator of the site could not be determined on the basis of the information displayed on the site.

In the selection of the “online shops” herbal blends distributed as incense under different fancy names were the most popular: they were offered on 25 sites. Different powders (often offered as nutrient salt for plants) and crystals could be ordered from 10 sites, tablets and capsules could be ordered only from 2 sites at the time of the survey. Other herbs containing psychoactive active substances (e.g. kratom) were distributed on 3 sites.

¹⁵⁴ The authors of this chapter are: Tamás Csesztregi, Ágnes Port

¹⁵⁵ Only those sites were recorded where purchase could be realised during one single visit, that is, an order could be made directly on the site and not only by sending an e-mail or by phoning a number. Sites which did not have a Hungarian interface were not analysed either.

Source of acquisition of illicit drugs and new psychoactive substances

As part of the National Focal Point survey on the street prices of drugs (Port 2013a, for methodology and further results of the survey see chapter 10.4) the clients of outpatient drug treatment centres were also asked about the source of acquisition of the different substances they bought from in 2012.¹⁵⁶

Nearly 50% of the buyers of herbal cannabis and cannabis resin obtained the substance from a friend/acquaintance and nearly the same proportion of them bought it from a dealer. Buyers of heroin, cocaine and amphetamine obtained the substance from a friend/acquaintance in 35-40% of the cases. 50% of the heroin and 60% of the cocaine and amphetamine buyers bought the substance from a dealer. LSD and also methadone and suboxone, drugs used in OST, were usually obtained from an acquaintance: methadone in 93%, suboxone in 75% and LSD in 67% of the cases.

Internet sites were mentioned as the source of acquisition only in the case of “non-traditional” substances¹⁵⁷. MDPV and mephedrone, regarded as illicit drugs since January 2012, were ordered from a webshop by 29% and 19% of the clients respectively. 20% of the buyers of synthetic weed and 16% of the buyers of pentadone (scheduled as a new psychoactive substance since April 2012) ordered the substance from the internet.

Headshops were mentioned only in the case of “synthetic weed”: 15,7% of the buyers of the substance reported to have obtained it in a shop.

The questionnaire also asked if the clients had bought from any substance that they had been uncertain about the content of. Out of the 111 respondents 33 (29,7%) said that they had bought from a substance of uncertain content. 13 persons did not want to reply or could not decide if they had bought from such a substance.

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 increased in ensuring supply until 2011, but since then it has been reducing gradually.

Cannabis plantations are set up at geographically hidden locations, but in each case near natural water. Similarly to earlier years, plantations were set up also inside buildings (BM 2013). (For the characteristics of domestic cannabis production also see 2012 National Report chapter 10.2. and 2010 National Report chapter 10.1.)

For data on seizures of illicit drug laboratories in 2012 see chapter 10.3.

Smuggling routes, structure of the national market

“Traditional” 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. Nearly half of the cannabis seized in 2012 originated from Albania and Kosovo. It is a new *modus operandi* that on several occasions smuggling was attempted in lorries declared empty. 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). (NNI 2013)

¹⁵⁶ The following options could be chosen as the source of acquisition: friend/acquaintance, dealer, website, headhop, other. For each substance, more than one option could be selected.

¹⁵⁷ Substances not listed in the schedules of the UN Drug Conventions.

The “heroin shortage” observed on the market in the past two years continued in 2012; only insignificant amounts of heroin were seized. (For the seizure data see chapter 10.3.)

Mainly citizens of African countries (first of all Nigeria) staying in Hungary as refugees and offenders of Albanian origin participate in the distribution of cocaine in Hungary. As a new phenomenon, the smuggling routes have changed and their significance has changed too: as sea routes are becoming more and more significant the west-east oriented smuggling has changed into south-north oriented smuggling. Besides Spain, Romania (Constanta) and Greece (Piraeus) also became outstanding starting bases. (NNI 2013)

Liquid cocaine appeared in Hungary for the first time in 2012. Liquid cocaine filled in capsules could not be detected with the use of X-ray scanners.

In 2012 ecstasy (tablets containing the active substance MDMA) reappeared on the Hungarian market together (for purity data see chapter 10.4.) with LSD stamps – the latter in small amounts –, which were hardly seized in previous years.

Altogether – apart from cannabis –, it can be stated that “traditional” drug types are present on the national market in a smaller proportion. Typically the availability of classic drug types is still centralized in and around Budapest; this is where the different drugs are mostly transported from to other parts of the country. (BM 2013)

New psychoactive substances

Despite the introduction of the provisional schedule of new psychoactive substances (for details about the related legal amendments see: 2012 National Report chapter 1.2.), 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.

“Synthetic weed” replacing herbal cannabis and containing synthetic cannabinoids is becoming widely used first of all because it is cheap. While the price paid for one gram (which actually means an amount between 0.6-1 gram) of herbal cannabis has been around EUR 8.6¹⁵⁸ in recent years, one gram of synthetic weed could be purchased for EUR 3.4-5.2. (Also see chapter 10.4.)

There is evidence that criminal groups distributing new psychoactive substances have moved their base to Slovakia because of the different legal environment, and they are selling illicit drugs in Hungary using mail order services.

In 2012, with the help of the Slovakian police a distributor was found and captured, who was selling large amounts of new psychoactive substances and illicit drugs (4-MEC) via the internet. The substances were packaged in Slovakia, and they were forwarded to Hungarian clients via a mail order service.

As a new form of offence certain medicines with a psychoactive effect are obtained in Hungary with medical prescription and then transported abroad where they can be sold at a great profit (selling Rivotril and Xanax in Sweden and Norway).¹⁵⁹ (BM 2013)

¹⁵⁸ The prices in this chapter were calculated based on the official mid-rate of the EUR for 2012 (1 EUR=289.88 HUF).

¹⁵⁹ In order to counteract the misuse and the illegal trade of medicinal products containing a psychotropic active substance, the following legal modifications were adopted. From 1 January 2013 medicinal products containing an active substance listed on schedule P4 cannot be dispensed to doctors or pharmacologists on production of a license. Such medicinal products may be dispensed to professionals solely on prescription as well (Regulation 44/2004. (IV. 28.) of the Ministry of Health, Social and Family Affairs, 16. § (3) a)). From 1 August 2013 receipt of pharmaceuticals containing clonazepam (e.g. Rivotril) has to be proven by the signature and indicated ID number of the recipient (Regulation 43/2005. (X. 15.) of the Ministry of Health, 1. § gc).

Drug precursors

The appearance of the unscheduled pre-precursor APAAN in increasing amounts in transit traffic is a new phenomenon. APAAN is suitable for the illicit production of BMK precursor (controlled as an illicit substance on the territory of the EU), which then can be used for producing amphetamine and methamphetamine. As no licence is needed for the distribution of APAAN and therefore its control is not obligatory either, it is transported in large amounts primarily from China to the Netherlands and to Belgium, where BMK is produced from it. In 2012, 3,000 kg of APAAN was seized (NNI 2013).

Structure of the national market

The survey examining proceedings instituted between 2007 and 2011 because of trafficking-related drug offences from the aspect of legal consequence (Ritter 2013b, for the methodology and further results see chapter 9.2.) also analysed the characteristics of the distribution networks and the socio-economic status of the offenders.

In 31.5% of the cases examined in the survey the offence was committed through country borders¹⁶⁰, that is drugs were imported, smuggled. The most typical route lead from the Netherlands to Hungary, followed by the Spain-Hungary and the Turkey-Hungary routes, and then by the Austria-Hungary, Slovakia-Hungary, Belgium-Hungary, Germany-Hungary routes.

The majority of the trafficking-related drug offenders identified and included in the sample belonged to the bottom level of the network. Typically couriers (32.7%), persons setting up and working on cannabis plantations (18.9%), and dealers¹⁶¹ (27.7%) constituted the revealed group of offenders. In 14% of the cases – to settle financial problems – typically one or two persons travelled abroad to obtain drugs from their savings or from a loan, which they tried to sell later at home; however, in the lack of a well-established clientele they were soon caught. A foreign network or one with non-Hungarian connections living in Hungary was identified in 9.2% of the cases. In 5.5% of the cases the middle level of the network was reached, where beyond the dealers the wholesaler and/or the investor could also be identified. Proceedings were not instituted against top-level traffickers in any of the cases included in the sample. Typically authorities do not reach the investor's level, as the system is so fragmented not only horizontally, but also vertically. There are many small groups in operation, which may use the same street dealers, but basically they use their own people to operate their own business. Typically, in the majority of the cases the "critical point" was how to get the drugs to the users. In this respect safe connections are missing, and that is why failures often happen.

The offenders' network of connections indicated that when several offenders were involved in the procedure, most often they were friends, close acquaintances and/or relatives.

Socio-economic characteristics of drug traffickers

The offenders were classed in four groups with the help of cluster analysis. The identified groups had the following socio-economic characteristics:

People escaping from poverty, or the relatively poor: they formed the bottom decile of the supply side of the market. Typically they were not addicted to drugs or they have never used

¹⁶⁰ This proportion is not the same as the proportion of cases recorded as "bringing drugs into the country", because offences committed at the country border cover all acts in respect of which the files stated that drugs were brought or smuggled into the country, even if in the lack of evidence, the acts were classified as acquisition or possession involving significant amounts of drugs.

¹⁶¹ In this study, dealers were persons distributing or trafficking drugs who used drugs themselves more or less frequently, and the aim of their activity, apart from making profit, was to cover their own needs too from the drugs sold to others.

drugs, or they were occasional users. The mean age of the persons in this group was 42 years; so this was the cluster with the highest mean age (the oldest person being 58 years old, and the youngest one 26). All but one offender was a first offender. Typically this was their first or second trip, most of them were couriers or “casual entrepreneurs” who did not have a clientele, they just travelled abroad from borrowed money, generally to the Netherlands, and wanted to pass the purchased goods on, making significant profit. People working on cannabis plantations and looking after the plants were also classed here. The proportion of female offenders was the highest in this group.

The next clearly definable group of offenders was formed by those who changed over to drug trafficking from other illegal business activities because of the economic crisis. Among them there were several regular drug users, their mean age was lower than that of the relatively poor (36.5 years), and the proportion of former convicts was higher among them. Basically, in respect of social status they belonged to the lower middle class. Typically they performed the same market activities as “the relatively poor”, with the significant difference that there were fewer couriers and more “entrepreneurs”, i.e. distributors¹⁶² among them.

The third group was formed by dealers, who purchase the goods from other people (in Budapest and then sell them outside of Budapest). They are drug users themselves, and some of them struggle with drug problems. Often they cut and measure out drugs and then sell them themselves or via a pusher. Most of them have their own group of clients. This cluster was formed by offenders belonging to the lower middle class, typically between the ages 22-35 (their mean age was 31 years). 42% of them completed at least secondary school, but several offenders in this cluster had higher qualifications. 61% of them had a legal workplace and/or they studied somewhere. Typically they were caught because of their progressed drug use and/or because after several successful “deals” they became too confident and less careful.

The fourth group was represented by middle-level traffickers. This was the smallest group, representing only 10.3% of the persons in the sample. Typically they were not drug addicts, but several of them were occasional drug users. Besides the group of the relatively poor, the number of foreign offenders was the highest in this group: Vietnamese offenders setting up and directly financing cannabis plantations were classed here, together with foreigners or Hungarian offenders working abroad, who brought drugs into the country or asked their Hungarian friends to bring in the drugs they had purchased, store them in their own house or somewhere else, and help them sell the drugs at a later point. Offenders who set up illicit amphetamine laboratories in Hungary i.e. drug producers were also classed in this group. The socio-demographic characteristics of the offenders were the most varied in this cluster. Some of them belonged to the middle class, had higher qualifications, did not use drugs and regarded drug trafficking as a business activity, while others were from the lower middle class, had at least secondary vocational qualifications and were regular drug users.

¹⁶² “Entrepreneurs” are those who, from their own capital or from borrowed capital, purchase drugs abroad themselves, or via a well-known friend, acquaintance and/or business partner as a courier, or grow and/or produce drugs at home and sell them themselves (typically not directly to users but to a dealer). However, the amount is rarely more than two-three kilograms.

10.3. SEIZURES

The table below contains the data of seizures analysed in the laboratories of the Hungarian Institute for Forensic Sciences. (ST13_2013_HU_01)

Table 29. *Number and quantity of seizures in 2011 and 2012*

Type of drug	number of seizures		quantity seized	
	2011	2012	2011	2012
Herbal cannabis (kg)	2,073	2,092	208.7	1,776.7
Cannabis plant (plant)	192	193	14,121	7,382
Cannabis resin (kg)	63	103	18.2	3.1
Heroin (kg)	22	26	3.2	2.5
Cocaine (kg)	108	118	12.6	13.3
Amphetamine (kg)	483	454	24.1	29.9
Methamphetamine (kg)	33	38	0.1	0.06
Ecstasy tablets (tablet) /MDMA, MDA, MDE/	22	91	270	12,437
LSD (unit)	11	28	274	599
Herbal substances with synthetic cannabinoids (kg)	465	1,298	10.2	179.2
Synthetic cannabinoids in powder form (kg)	51	61	13.2	4.3
Cathinone derivatives in powder form (kg)	595	700	75.8	58.7
Cathinone derivatives in tablet form (tablet)	144	174	7,951	27,876

Source: BSZKI 2013

As compared to the previous year, in 2012 the number of cannabis plant seizures did not change significantly, but the amount of seized plants decreased significantly. At the same time, the amount of herbal cannabis seized increased by more than eight times. Two thirds of the seized amount originated from four 200+ kg consignments seized upon import at border inspection posts in Csongrád and Bács-Kiskun county.

On the basis of the number of seizures the black market share of heroin, cocaine, amphetamine and methamphetamine can be regarded similar as in the previous years, while an increase could be observed in the number of cannabis resin and LSD seizures.

The number of seizures of tablets containing illicit drugs or new active substances not regarded as illicit drugs increased significantly: while in 2010-2011 about 20,000 tablets were seized per year, in 2012 about 55,000 tablets were seized. A striking difference could be observed in the case of "classic" ecstasy tablets containing the active substance MDMA: as compared to the 270 tablets seized in 2011, more than 10,000 tablets were seized in 2012. As a result of the increase in the number of MDMA tablets and due to the fact that MDPV, methylone and 4-fluoroamphetamine were added to the schedule of controlled drugs, in 2012 about 45% of the seized tablets contained active substances regarded as illicit drugs in criminal law (2011: 10%). The active substances contained in the remaining 55% of the tablets were compounds falling under the regulations relating to new psychoactive substances (see 2012 National Report chapter 1.2.). (For further information on the active substances of seized tablets, see chapter 10.4.)

Besides tablets containing the active substance MDMA, a significant amount of MDMA powders were also identified in the seizures: while in 2011 40 grams were seized in 8 cases, in 2012 the number of seizures was 46, and the seized amount was nearly 800 grams.

The number of seizures of GBL, which has been controlled among new psychoactive substances since 3 April 2012, dropped to about half the number observed in the previous two years (2010: 85 seizures, 2011: 84 seizures, 2012: 59 seizures). At the same time the seized quantity increased significantly (2010: 26.7 litres, 2011: 6.5 litres, 2012: 442 litres), in which one single seizure of 420 litres was the dominant quantity.

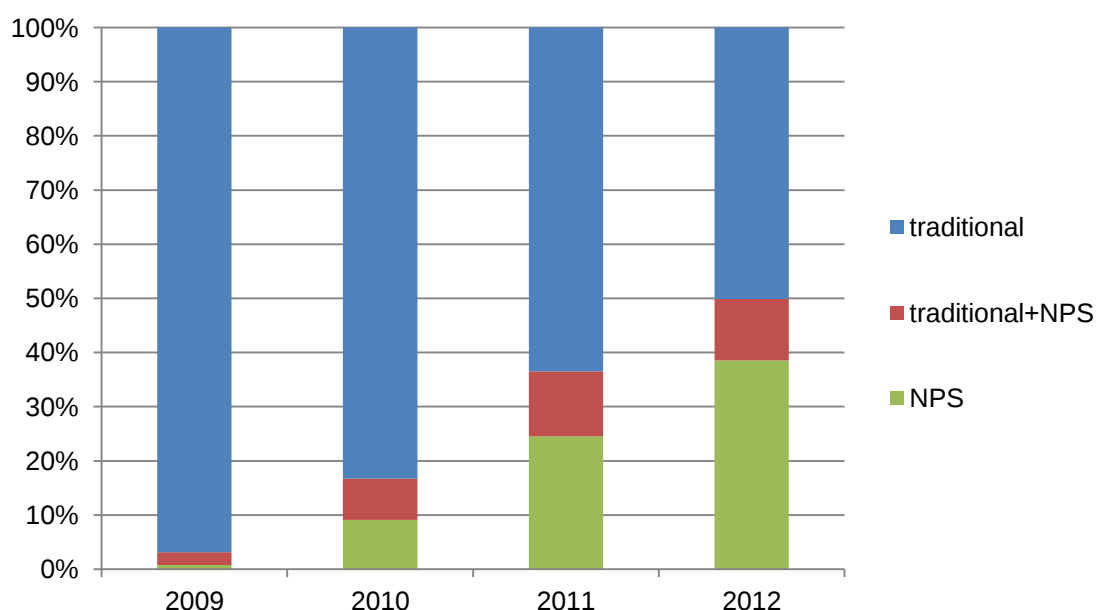
The number and quantity of seizures of powders containing ketamine increased compared to 2011 (2011: in 16 cases 44 grams of powder altogether; 2012: in 24 cases 528 grams of

powder altogether). In 2012 pharmaceutical solutions of ketamine practically disappeared from the seizures (2011: in 19 cases 426 bottles of solution altogether, 2012: in 2 cases 2 bottles of solution altogether).

New synthetic substances

On the basis of the analytical results of the seized substances the market share of new psychoactive substances (NPS) has been increasing continuously since 2010. In 2012 about 40% of the seizures contained new active substances exclusively, and in 10% of the cases “traditional” and new substances were seized together.

Figure 35. *The frequency of occurrence (%) of traditional and new psychoactive substances¹⁶³ in the substances seized, between 2009-2012*



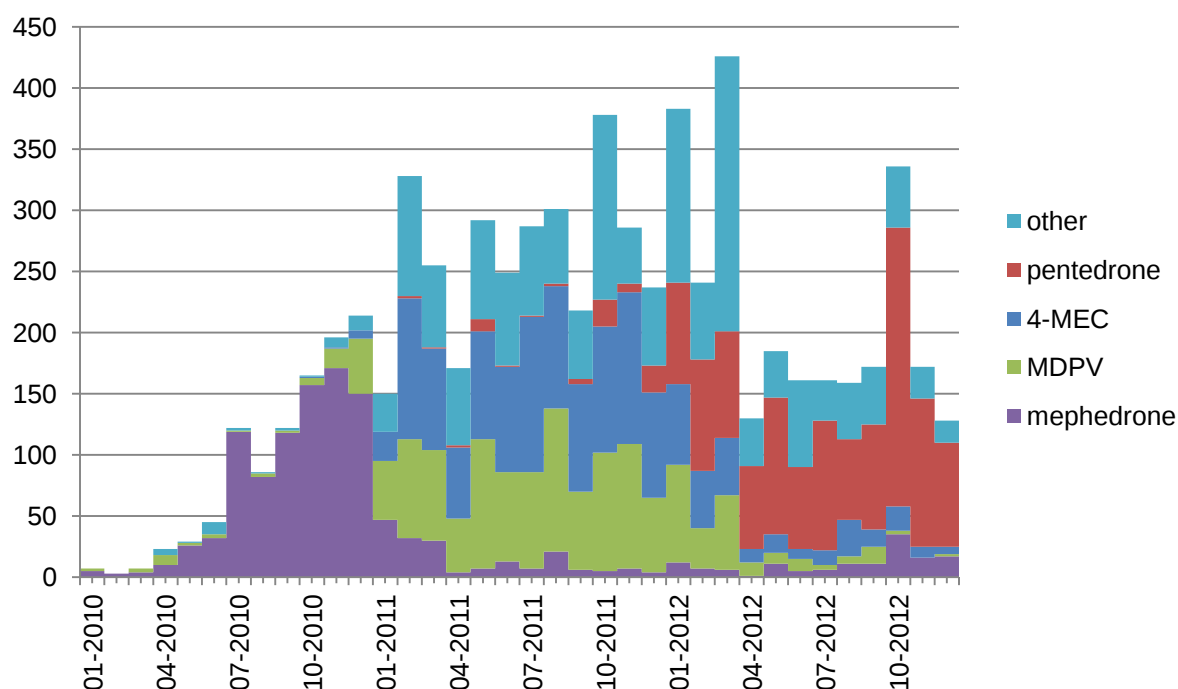
Source: BSZKI 2013

As a result of the regulations continuously adapted to the market, the group of new synthetic substances distributed has been changing dynamically in recent years.

Among cathinone derivatives, MDPV and 4-MEC – taking the place of mephedrone in 2011, after it was scheduled as an illicit drug – practically disappeared from the seizures in the first 3 months of 2012 following their reclassification as illicit drugs on 1 January 2012. In 2012 the most frequently occurring cathinone derivative was pentedrone, which was seized first of all in powder form (in 461 cases a total of 5.81 kg), but in numerous cases it also occurred as the active substance of tablets. Although pentedrone became controlled as a new psychoactive substance on 3 April 2012, there was no real change in the number of its seizures later in the year.

¹⁶³ Substances listed in the schedules of the UN Drug Conventions were categorized as “traditional”. New psychoactive substances include substances scheduled as such and non-scheduled NPSs as well.

Figure 36. The frequency of occurrence of cathinone derivatives (number of cases when the active substance was detected) in the substances analyzed by BSZKI, broken down by month, between 2010-2012



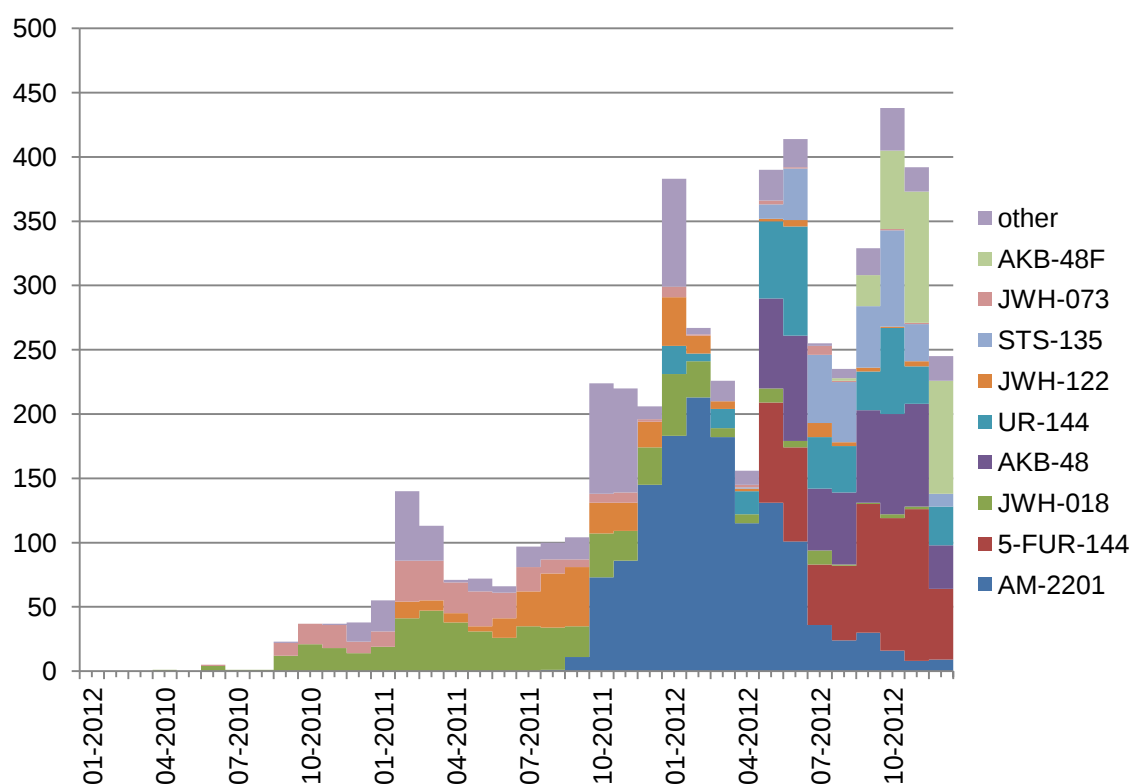
Source: BSZKI 2013

Among amphetamine derivatives, the number of occurrences of 4-fluoroamphetamine - scheduled as an illicit drug since 1 January 2012 - significantly dropped in the first two months of the year, while the frequency of occurrence of 3-fluoroamphetamine (not regarded as an illicit drug) increased. After the regulations concerning new psychoactive substances were introduced, this compound, falling under the new regulation, also disappeared from the market within a few months.

Among other compounds, 5-IT (5-API) – also causing a fatal overdose in Hungary, see: chapter 6.4. – appeared in the spring of 2012. In 14 cases a total amount of 189 grams of powder was seized in 2012.

The number of seizures of herbal substances containing synthetic cannabinoids doubled as compared to the previous year, and the seized quantity increased nearly eighteen times. After the JWH compounds (JWH-018, JWH-073, JWH-081, JWH-122, JWH-210) occurring the most frequently in 2010-2011 were added to the schedule of illicit drugs on 1 January 2012, in the first few months of 2012 AM-2201 became the most widely occurring active substance. After the generic regulations also extending to AM-2201 entered into force in April, substances containing the active substance AM-2201 practically disappeared from the market within a period of 3 months. Since May a large number of preparations containing synthetic cannabinoid active substances but not falling under the scope of the generic regulations have appeared (UR-144, 5FUR-144, AKB48, STS-135). On 21 November 2012 these 4 individual compounds were added to the schedule of new psychoactive substances (see chapter 1.2.), which led to the appearance of the fluoro-derivative of AKB48 (which did not yet fall under the regulations due to its chemical structure) on the Hungarian market too. By December AKB48F became the most typically occurring synthetic cannabinoid active substance.

Figure 37. The frequency of occurrence of synthetic cannabinoid compounds (number of cases when the active substance was detected) in the substances analyzed by BSZKI, broken down by month, between 2010-2012

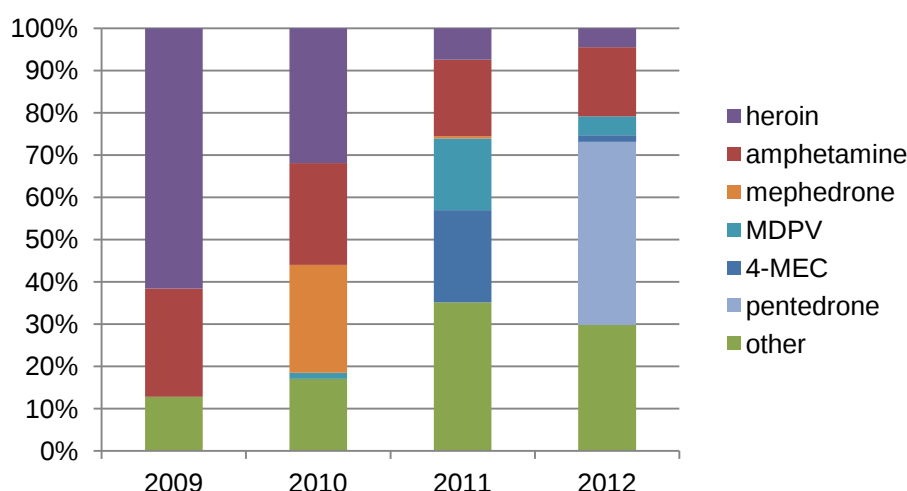


Source: BSZKI 2013

Seizures related to injecting drug use

By analysing the active substances detected on injecting equipment, trends can be followed regarding the type and approximate proportion of injected substances. In 2012 the tendency observed in the previous two years continued: heroin and amphetamine, which were dominantly used before 2010, could be detected in only 4% and 16% of the cases respectively. In the majority of the cases cathinone derivatives – most commonly pentedrone – could be identified on the analyzed equipment, which supports the trends observed in 2012 among IDUs (see chapter 4.3.).

Figure 38. Frequency of occurrence (%) of different active substances in/on the seized injecting equipment¹⁶⁴ between 2009-2012



Source: BSZKI 2013

Illicit laboratories

In 2012 several laboratories producing poppy extract were found again, where poppy alkaloids were extracted from ground poppy seeds using an organic solvent (nitro-solvent), and then the solvent was evaporated to obtain a concentrated solution. The amount of poppy straw seized in connection with the laboratories was above one tonne. According to investigation information the poppy extract was made for the Ukrainian market.

In 2012 two illicit amphetamine manufacturing laboratories were seized. (BM 2013) In April 2012 an illicit laboratory producing amphetamine was seized in Budapest. On the basis of the available information in the laboratory kilograms of amphetamine were produced using benzaldehyde as the base substance, which is not on the schedule of controlled drug precursors.

Last year the police revealed a laboratory in an apartment in which new psychoactive substances were combined with non-controlled substances using acetone. The thus obtained “product” was planned to be distributed in smaller portions thereafter. (BM 2013)

10.4. PRICE / PURITY

Price of drugs at street level

Similarly to previous year, at the beginning of 2013 the Hungarian National Focal Point carried out a survey among clients of outpatient drug treatment centres about the prices of drugs at street level (Port 2013a).¹⁶⁵ (ST16_2013_HU_01)

This year, besides the price of classic drugs, questions were asked about the price of mephedrone, MDPV, pentadone and “synthetic weed” (herbal blends treated with synthetic cannabinoids) at the last purchase. Although mephedrone has been regarded as an illicit drug since January 2011, more than one-third of the respondents still said that they

¹⁶⁴ Equipment containing several active substances was classed in the category of ‘other’.

¹⁶⁵ The survey was carried out using self-administered questionnaires between 1 February – 15 March 2013 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.

purchased a substance by this name in 2012. Last year 45 persons (nearly the same number as in 2011) purchased MDPV, which has also been regarded as an illicit drug since January 2012. The mean last-purchase price of one gram of this substance was EUR 13.5, which is 17.5% higher than in 2011. 45 persons had information about the price of pentedrone, which was a novel substance on the market last year, and on the basis of the answers the mean price paid for one gram of this substance was EUR 11.4. Nearly half of the respondents had information about the price of “synthetic weed” (“spice”) offered as an alternative to herbal cannabis. As compared to the previous year the most significant change could be observed in the street price of these preparations: the average price of the blends per gram dropped by 27%. The most frequently mentioned last-purchase price was EUR 3.4/gram as opposed to EUR 6.9/gram in 2011.

In connection with classic substances it is a notable trend that since 2010 the number of persons providing information on the price of heroin has been decreasing continuously (2012: 17; 2010: 45). This confirms the heroin shortage on the market, also indicated by the seizures data (see chapter 10.3.), the TDI data (see chapter 5.3.2.) and the NSP client data (see chapter 4.3.).

Table 30. *Price of drugs at street level in EUR¹⁶⁶ in 2012*

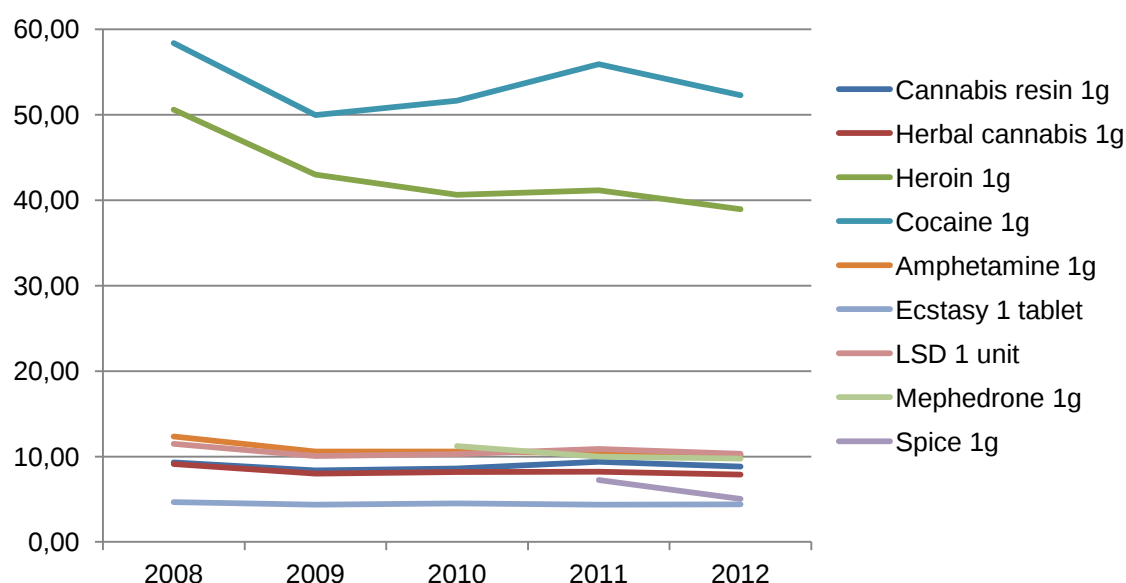
Substance	Lowest	Highest	Mode	Mean	Number of respondents
Herbal cannabis (g)	4.5	10.3	8.6	7.9	122
Cannabis resin (g)	5.2	20.0	8.6	8.8	64
Heroin (g)	10.3	103.5	34.5	38.9	17
Heroin (packet)	10.3	37.9	17.2	20.9	11
Cocaine (g)	24.1	86.2	51.7	52.3	48
Amphetamine (g)	4.5	20.7	10.3	10.1	79
Ecstasy (tablet)	1.2	12.1	5.2	4.4	61
Methamphetamine (g)	3.4	34.5	10.3	12.3	22
LSD (dose)	3.4	24.1	10.3	10.3	37
Methadone (20 mg)	2.8	15.5	3.4	6.1	19
Methadone (5 mg)	0.7	6.9	1.7	2.5	10
GBL (dose)	3.4	17.2	10.3	9.7	20
Mephedrone (g)	2.4	24.1	10.3	9.8	52
MDPV (g)	2.4	34.5	17.2	13.5	45
Pentedrone	3.4	25.9	10.3	11.4	45
Spice (g)	1.4	13.8	3.4	5.0	63

Source: Port 2013a

There was no real change in the price of traditional drugs as compared to the previous years. Only the mean price of methamphetamine at street level decreased at a relatively high rate, by 21%, but in the case of this substance it must be considered that the number of respondents was quite low both in the year in question and in the previous year.

¹⁶⁶ The prices in the table were calculated using the official mid-rate of the EUR for 2012 (1 EUR=289.88 HUF).

Figure 39. Mean price of drugs at street level in EUR between 2008-2012¹⁶⁷



Source: Port 2013a

Purity

The method of measuring the active substance content of the analysed herbal cannabis and cannabis resin samples changed as a result of the corresponding legal modifications and now complies with the method used in the majority of European countries. Starting from 2012 criminal evaluation is based on the joint amount of pure and acidic THC - the so-called total THC content - detected in the seized substance.¹⁶⁸

The typical total THC contents of the herbal cannabis and cannabis resin samples analysed in 2012 suit the values observed internationally (herbal cannabis: 0.1-20%, cannabis resin 1-30%). (ST14_2013_HU_01)

In the case of cocaine the active substance content of user-dose powders was between 30-80%, in these seizures (unlike in 2011) there were no high-purity undiluted powders. The active substance content of large seizures, similarly to the previous years, was above 30%. The average active substance content of cocaine samples decreased from 50% in the previous year to 41%, but it was still significantly higher than the typical purity of 20-30% measured in 2008-2010.

Monitoring the active substance content of heroin and amphetamine

In respect of the active substance content of the user-dose powders containing heroin and amphetamine, data was collected in the first half of 2012 in the framework of the “intensive monitoring of the active substance content of hazardous drugs” project, which supplements the results of measurements carried out during the analysis of seizures.

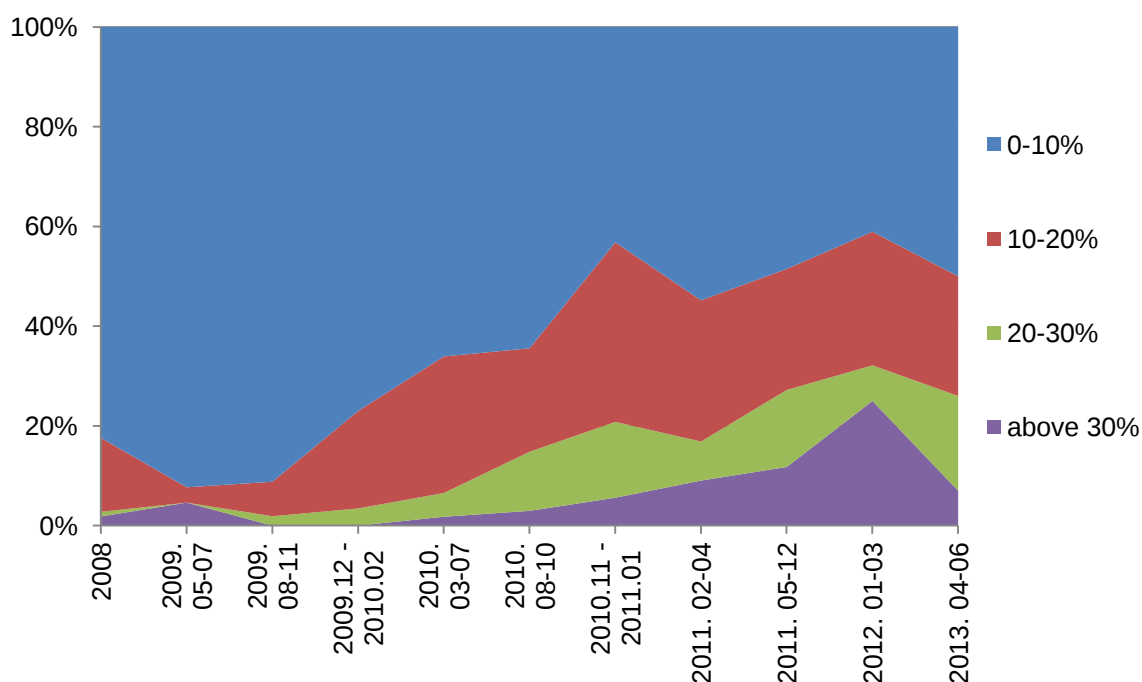
¹⁶⁷ The prices were calculated using the official mid-rate of the EUR for each year. Changes in the EUR/HUF exchange rate may affect comparability over time.

¹⁶⁸ The former legal practice took into consideration only the amount of the so-called “pure” THC (responsible for the psychoactive effect) when evaluating the quantity. According to the new regulations, the amount of inactive THC acid typically present in the substances in larger amounts must also be taken into consideration, as during ordinary methods of use it changes into psychoactive THC. Also see: 2012 National Report chapter 1.2.

In the first half of 2012 the number of heroin seizures was very low. From the data available about the powders packaged into user doses no reliable conclusions could be drawn in respect of tendencies. On the basis of the annual summary of heroin seizures data, the heroin base content of both the powders packaged into user doses and of the powders seized in large batches typically ranged between 5-25% (mean: 15%).

As compared to previous years, the distribution of the active substance content of powders containing amphetamine did not change significantly. In the second quarter of 2012 a slight reduction could be observed in the proportion of powders with a higher active substance content (above 20-30%), and substances diluted to 0.5-1% (still observed in 2011 in considerable amounts) practically disappeared.

Figure 40. Active substance content of powders containing amphetamine, seized in user doses between 2008-2012



Source: BSZKI 2013

New synthetic substances

From the aspect of criminal law most of the seized new synthetic substances are not scheduled as illicit drugs and therefore it is not necessary to determine their pure active substance content.

Powders containing active substances mephedrone and 4-MEC – regarded as illicit drugs since 2012 –, generally had an active substance content of 20-80% or 15-85%, but most typically they occurred in an undiluted form.

On the basis of analytical results new active substances mainly occur in powders undiluted, in a pure form. In 2012 about 20% of the powders contained several active substances, typically several different cathinone derivatives.

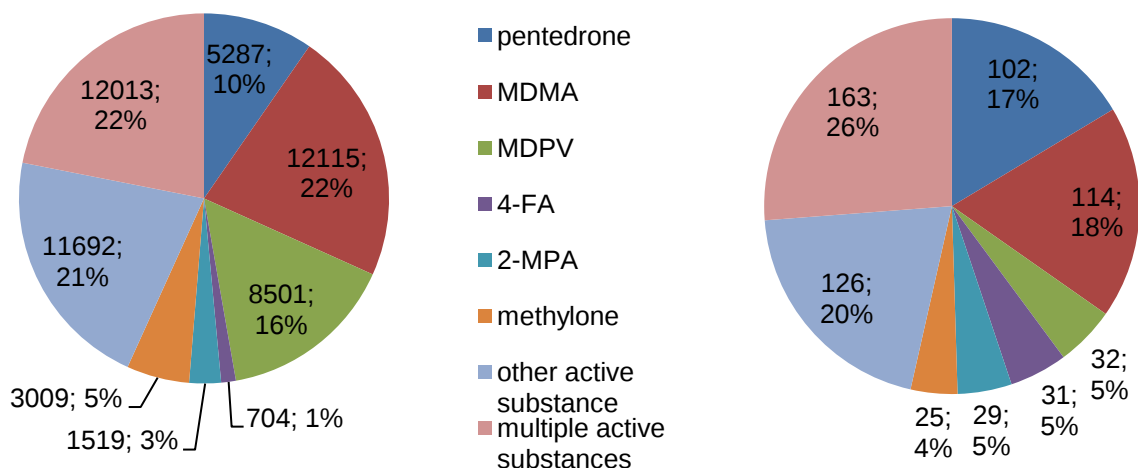
In 2012 herbal substances treated with synthetic cannabinoids contained a mixture of several different active substances in 37% of the cases.

Composition of tablets

In 2012, 80% of the tablets containing illicit drugs or psychoactive substances not regarded as illicit drugs contained one single type of active substance. According to the number of

seizures¹⁶⁹ (frequency of occurrence) tablets containing pentedrone or MDMA occurred most frequently. The active substance content of the seized MDMA tablets was in the range between 40-130 milligrams/tablet, and the average active substance content was nearly 100 milligrams per tablet. This concentration is significantly higher than the average concentrations measured in 2005-2008, which were typically around 60 milligrams. (ST15_2013_HU_01)

Figure 41. Frequency (N, %) of occurrence of active substances (pc, %) in the tablets seized in 2012, examining the number of tablets seized (N=54,840) and the number of seizures (N=622)



Source: BSZKI 2013

Conclusions

On the basis of the seizure data the number of cannabis plants seized on plantations dropped significantly, while the amount of herbal cannabis seized increased significantly. As compared to previous years the market share of LSD and tablets and powders containing MDMA (ecstasy) increased. The market of amphetamine, cocaine and heroin did not change significantly as compared to 2011.

Among new synthetic substances the seizures of herbal substances containing synthetic cannabinoids doubled. In powders, typically containing cathinone derivatives, the most commonly occurring active substance was pentedrone in 2012.

While in the case of synthetic cannabinoids the group of marketed active substances is changing dynamically due to the changing regulations, in the case of pentendrone, the most popular cathinone derivative, no direct effect could be observed in the seizure data after the substance was scheduled as a new psychoactive substance.

The unbroken popularity of new psychoactive substances is also due to their lower prices as compared to classic substances, especially in the case of the herbal blends sold as "synthetic weed", which could be purchased at a price as low as EUR 3.4-5.2 per gram, as opposed to the average price of herbal cannabis, which was around EUR 8.6. The street-level prices of classic drugs did not change significantly as compared to previous years.

¹⁶⁹ One seizure means identical tablets in the same packaging, seized from the same location.

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LIST OF ABBREVIATIONS

AJB – Commissioner for Fundamental Rights
ASI – Addiction Severity Index
ÁSZ – State Audit Office of Hungary
BM – Ministry of Interior
BRFK – Budapest Police Headquarters
BSZKI – Hungarian Institute for Forensic Sciences
BVOP – Hungarian Prison Service Headquarters
DADA – Hungarian acronym for smoking-alcohol-drugs-AIDS
DTC – drug treatment centre
ELTE-AJK – Eötvös Loránd University Faculty of Law
EMMI – Ministry of Human Resources (former NEFMI)
ENYÜBS – Uniform Criminal Statistics System of the Investigation Authority and Public Prosecution
ESPAD – European School Survey Project on Alcohol and Other Drugs
IDU – Injecting drug user
ISRD – International Self-reported Delinquency Study
KEF – Coordination Forum on Drug Affairs
KKB – Coordination Committee on Drug Affairs
MADÁSZSZ – Association of Hungarian Drug Prevention and Harm Reduction Organisations
NCSSZI – National Institute for Family and Social Policy
NEFMI – Ministry of National Resources
NDI – National Drug Prevention Office (former National Institute for Drug Prevention)
NNI – National Office of Investigation
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
OKRI – National Institute for Criminology
OST – opiate substitution treatment
QCT – quasi compulsory treatment (treatment as an alternative to criminal procedure)
TÁMOP – Social Renewal Operational Programme
TB – Tuberculosis
TDI – Treatment Demand Indicator