European Monitoring Centre for Drugs and Drug Addiction

Hungary

Hungary Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Hungary, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

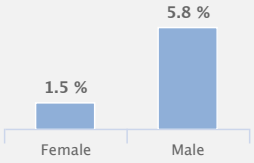
THE DRUG PROBLEM IN HUNGARY AT A GLANCE

Drug use

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

Cannabis

3.5 %



Other drugs

MDMA	**2.1 %**
Amphetamines	**1.4 %**
Cocaine	**0.9 %**

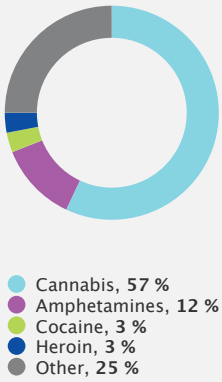
High-risk opioid users

3 244

(2 910 - 3 577)

Treatment entrants

by primary drug



Opioid substitution treatment clients

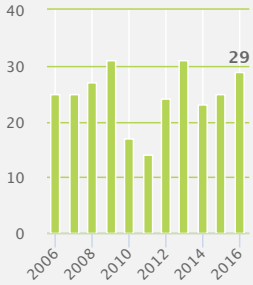
669

Syringes distributed

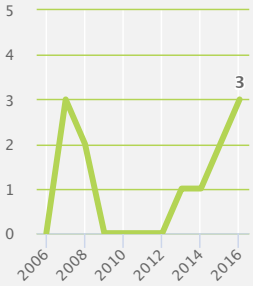
through specialised programmes

171 097

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

6 473

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cocaine
3. Amphetamines
4. MDMA
5. Cannabis resin

Population

(15-64 years)

6 609 458

Source: EUROSTAT Extracted on: 18/03/2018

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

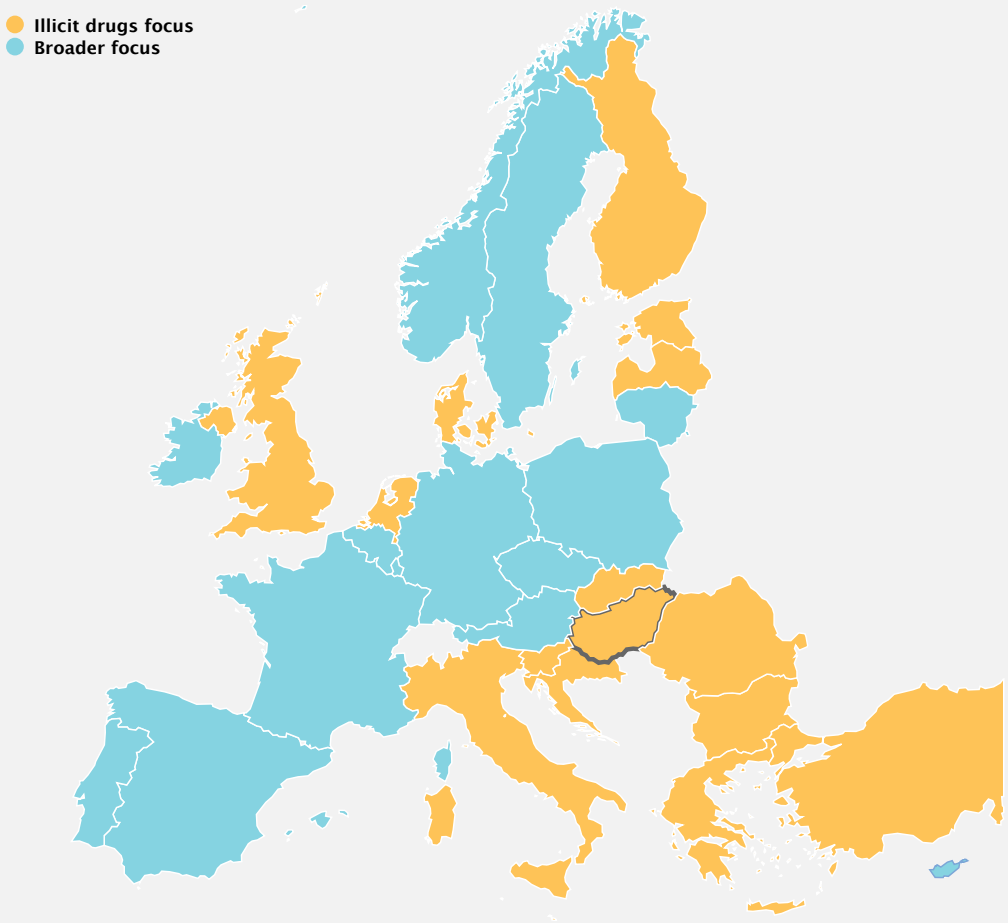
National drug strategy and coordination

National drug strategy

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

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

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Inter-ministerial Coordination Committee on Drug Affairs advises the government and is chaired by the Secretary of State for Social Affairs and Social Inclusion. It includes representatives from all relevant ministries and national institutions, and the Council on Drug Affairs includes representatives of civil society. The National Drug Prevention Coordination Unit is part of the Department for Social and Child Welfare Services. It is responsible for operational and strategic coordination at the national level and the implementation of the drug strategy. Since 2017, the Department for Creating Opportunities has included the Department for Drug Prevention Programmes. The Directorate-General for Social Affairs and Child Protection supports the activities of the Coordination Forums on Drug Affairs, which are tasked with operational and strategic coordination at local level. It assists the coordination forums with programmes in the area of prevention and facilitates drug-related research and information dissemination.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. In Hungary, there is no specific budget attached to the National Anti-Drug Strategy, but every year ministries approve an overall budget that takes into account the main goals of the strategy. This budget, however, is estimated by authorities to represent less than 4-6 % of total drug-related expenditure. One study, following a well-defined methodology, estimated total drug-related expenditures for four years (2000, 2003, 2005 and 2007). In 2007, the total drug-related public expenditure represented 0.04 % of gross domestic product (GDP). The total expenditure, estimated at approximately EUR 39 million, was divided into four main areas: law enforcement (75 %), prevention and research (10 %), treatment (10 %) and harm reduction (4 %).

Between 2000 and 2007, total drug-related expenditure remained stable as a percentage of GDP (between 0.04 % and 0.05 %). Law enforcement absorbed at least 66 % of these funds, while expenditure on treatment and harm reduction, taken together, did not exceed 15 % of the total.

As a consequence of the 2008 economic recession, both the structuring of the funds and the proportion of GDP allocated to drug-related initiatives have probably changed; however, recent data are not available.

Drug laws and drug law offences

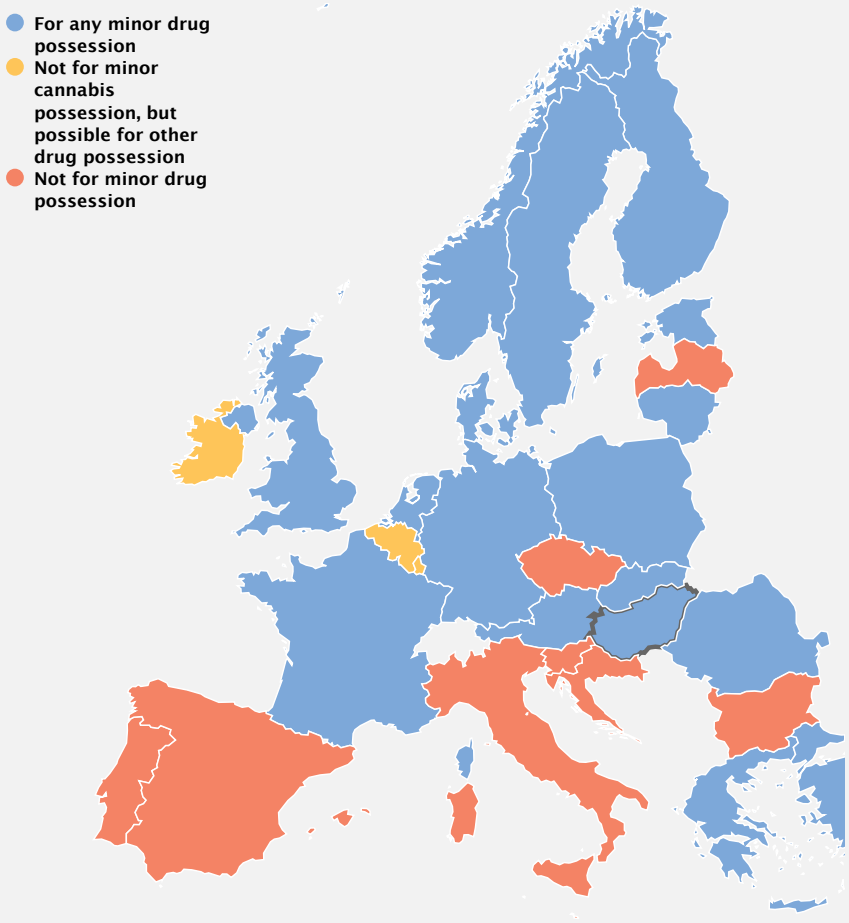
National drug laws

The new Criminal Code came into force on 1 July 2013. The drug control sections are organised to cover trafficking, possession, incitement of minors to use drugs or similar substances, assisting production, precursors, new psychoactive substances (NPS) and performance enhancement (doping).

Consumption was reintroduced as a criminal offence, punishable by up to two years in prison (it had been deleted from the 2003 Criminal Code). Possession is still punishable by up to two years in prison if it involves small quantities, but other penalties are now one to five years for a basic offence, increasing to two to eight years if the offence is committed under certain circumstances, and 5-10 and 5-15 years if the offence involves a larger quantity of drugs. Similar sentence ranges are available for supply offences, although they increase to 5-20 years' imprisonment if they involve certain circumstances and life imprisonment if large quantities are involved. Various lower maximum penalties for offences committed by drug users, introduced in 2003, were repealed in 2013; however, the court may take the perpetrator's drug use into consideration when imposing punishment. The option to suspend prosecution in the case of treatment is available to offenders committing drug law offences that involve only small quantities of drugs (production, manufacture, acquiring, possession for personal use); this is not available within two years of a previous suspension.

To control NPS in Hungary, a government decree set up a formalised rapid assessment in 2012. This allowed the inclusion of NPS in Decree 55/2014 of the Minister of Human Capacities. Inclusion means a temporary control for one year with the possibility of an extension of one year (or until new information emerges). Accordingly, a new section of the 2013 Criminal Code provided for a punishment of up to three years in prison for manufacture and (since January 2014) one to five years for supply and up to three years for possession of more than a small amount of NPS ('small amount' was reduced from 10 g to 2 g in 2017). The section penalising the incitement of minors to use 'a substance or agent that has a narcotic effect but is not classified as a drug' has been retained, although the maximum penalty has been reduced from three to two years.

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

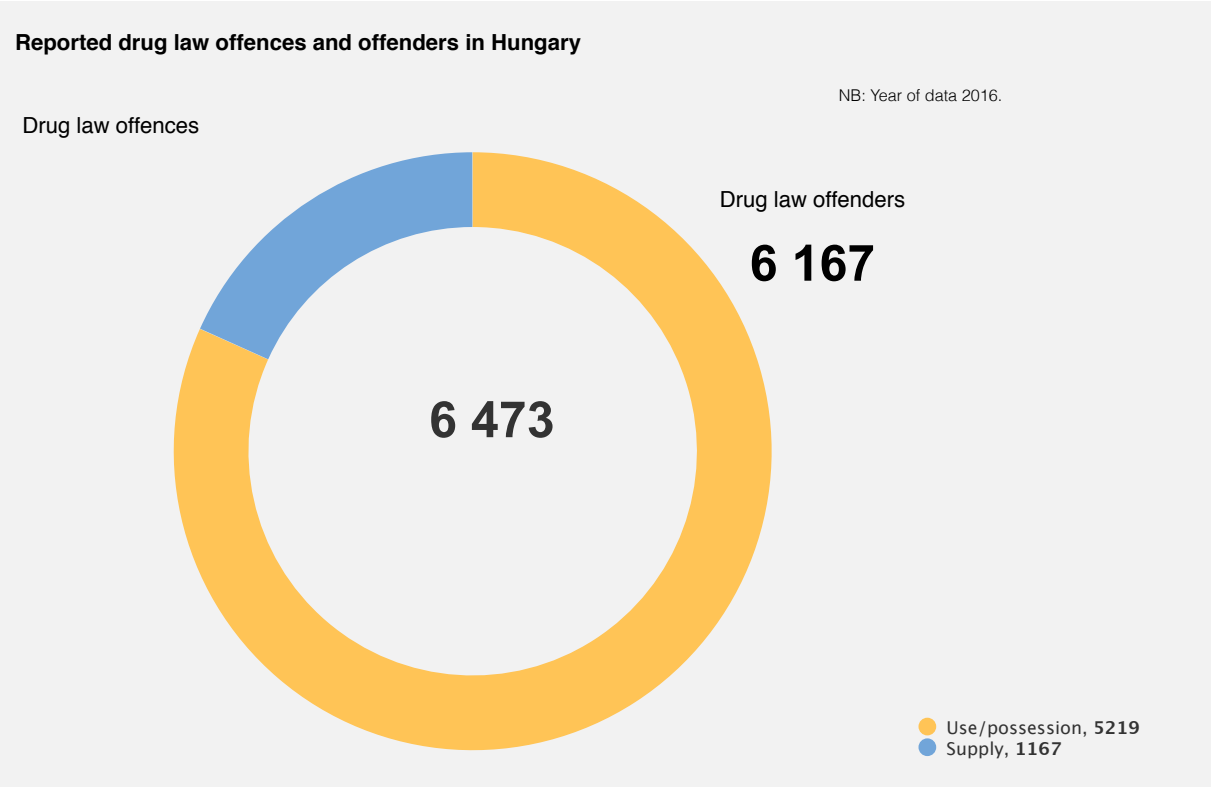


NB: Year of data 2016

Drug law offences

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

The 2016 statistical data on DLOs from Hungary indicate that more than half of them are related to cannabis; the next most prevalent DLOs are those related to stimulants. Since 2012, when criminal liability for NPS offences was introduced, the proportion of NPS-related supply offences has increased among all supply-related DLOs. In 2016, the majority of DLOs were use/possession related.



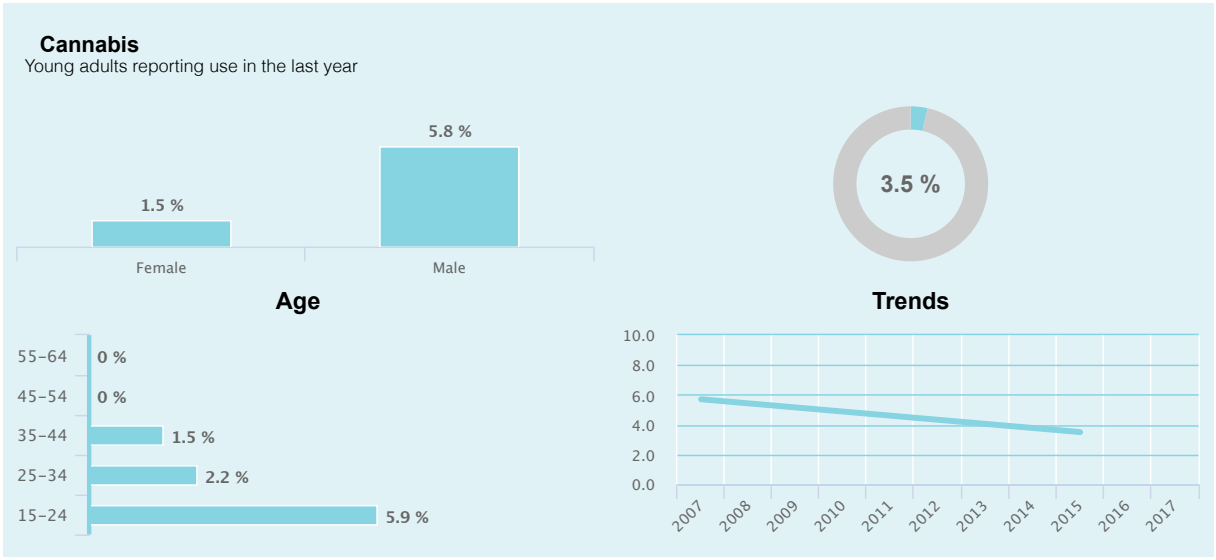
Drug use

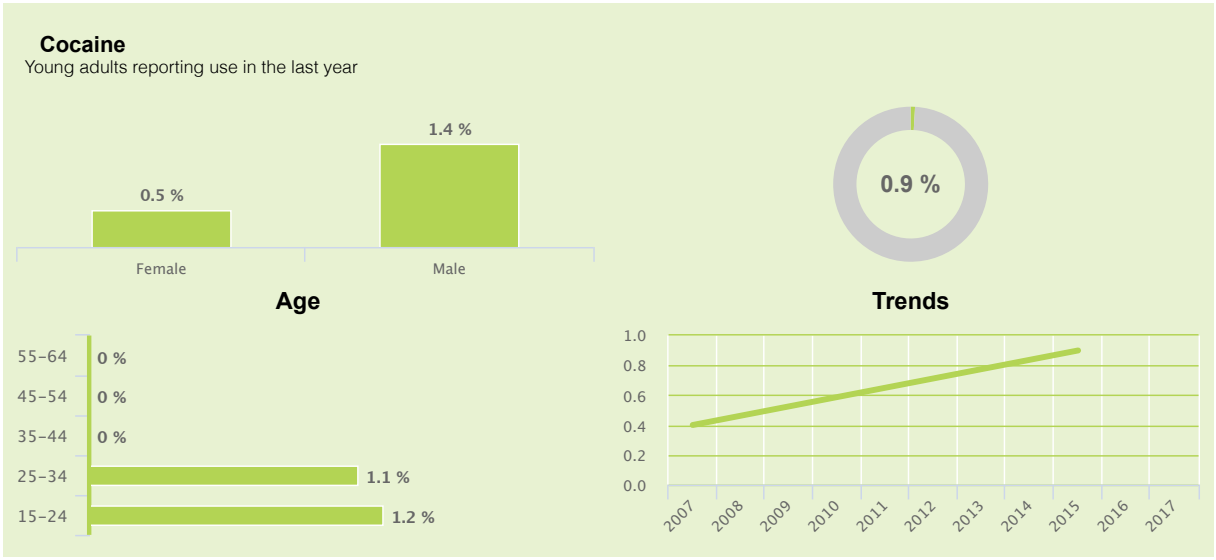
Prevalence and trends

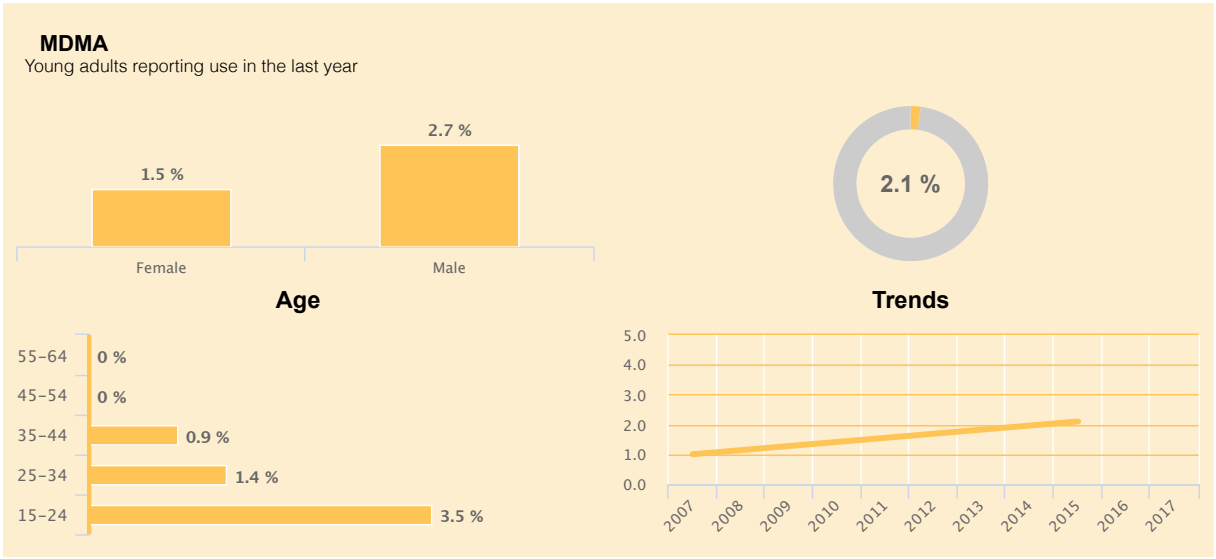
In Hungary, cannabis is the most commonly used illicit substance among the general population and its use is concentrated among young adults aged 18-34 years. The most recent data point to a decrease in last year cannabis use among young adults. Against this background, use of MDMA/ecstasy, cocaine and amphetamines increased in 2007-15.

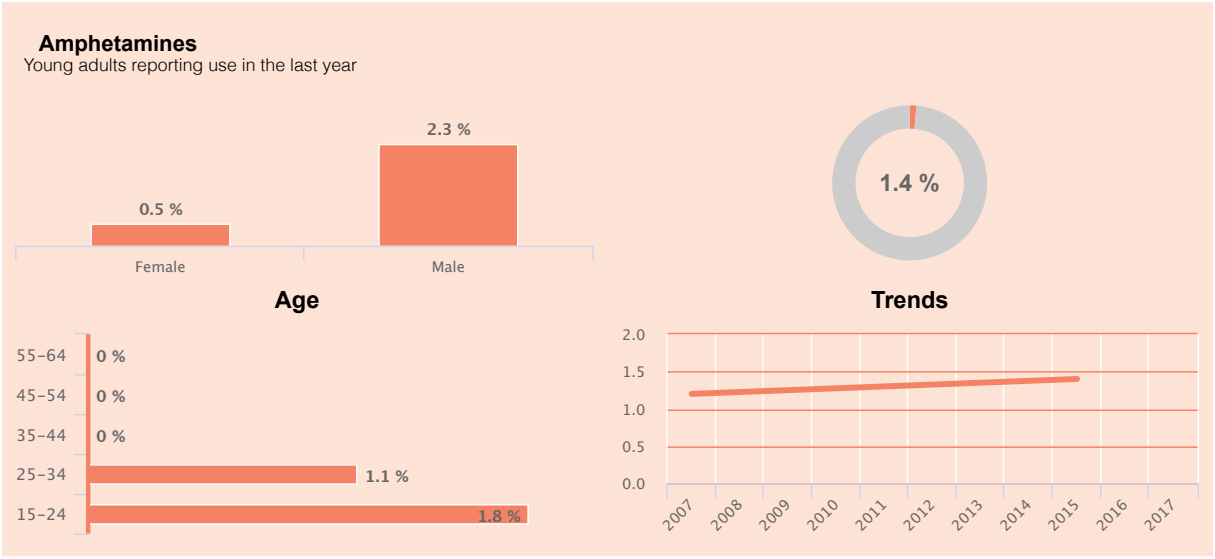
Following the emergence of new psychoactive substances (NPS) in the Hungarian drug market, these substances, which mainly belong to groups of synthetic cannabinoids, synthetic cathinones or amphetamine derivatives, have become as popular as established illicit drugs, in particular among young adults.

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



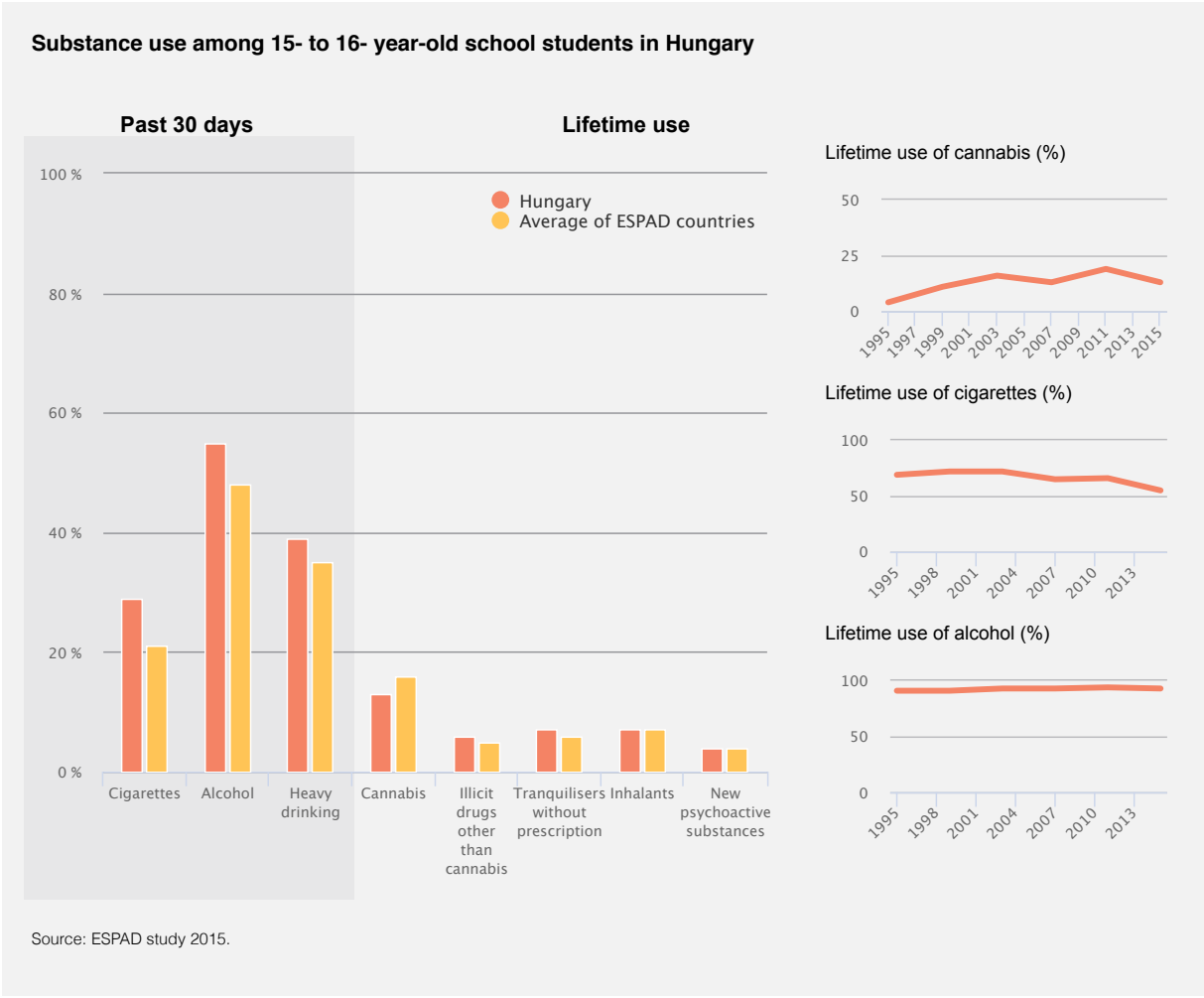






NB: Estimated last-year prevalence of drug use in 2015.

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



Source: ESPAD study 2015.

High-risk drug use and trends

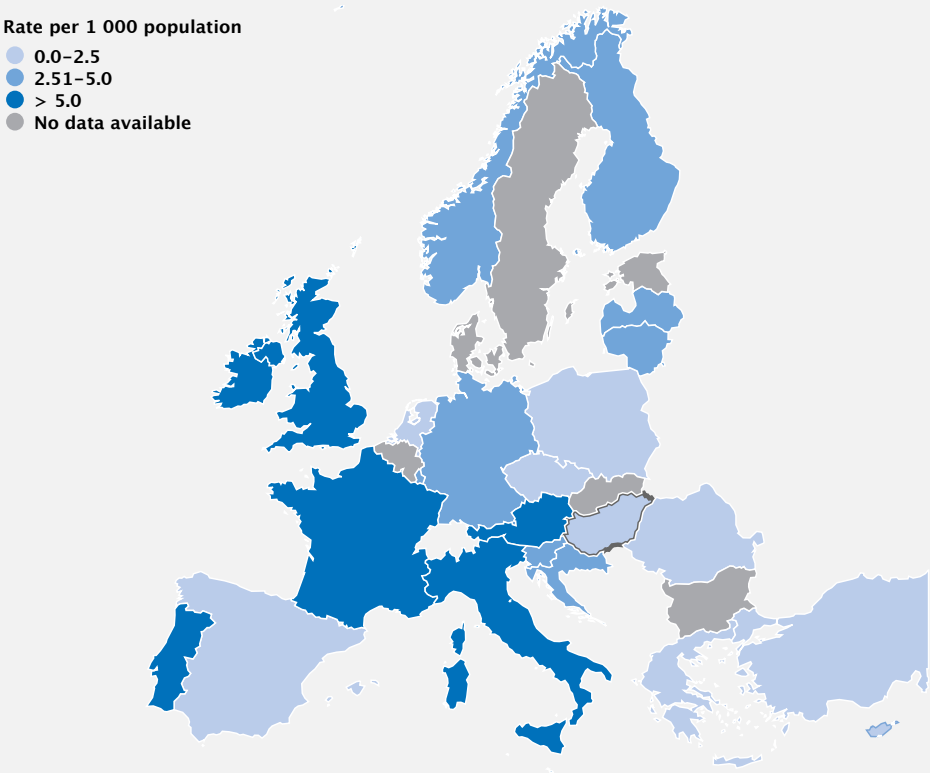
Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk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

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

The data from specialised treatment centres in Hungary indicate that there has been a continuous increase in the numbers of clients seeking treatment services for NPS and a decrease in heroin treatment demand since 2010. Cannabis was the primary substance most frequently reported by first-time clients entering treatment in 2016, most of whom entered treatment as an alternative to the criminal justice system.

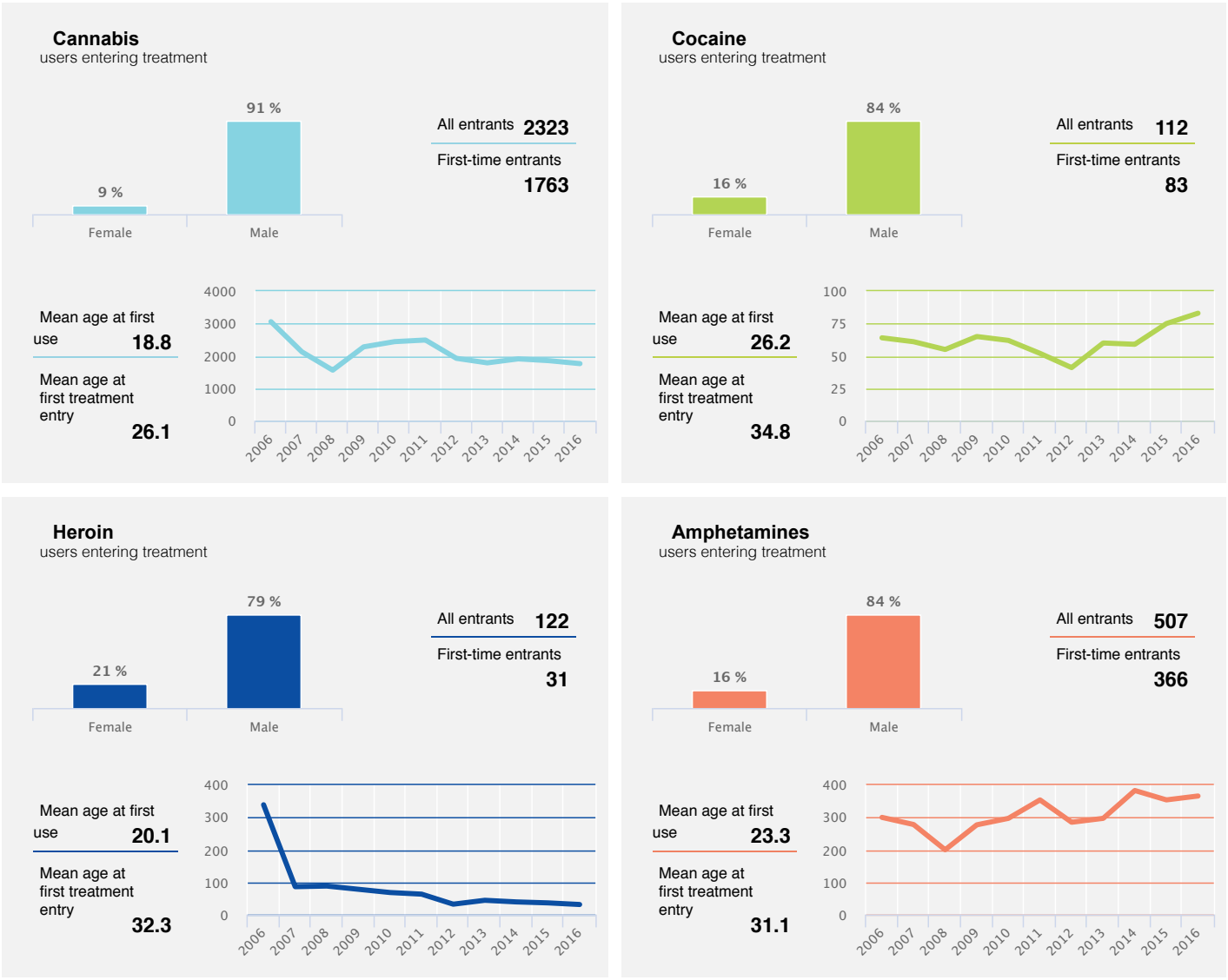
Injecting remains the primary mode of drug use among those entering drug treatment as a result of the use of heroin. Approximately 1 out of 10 clients entering treatment are female.

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



NB: Year of data 2016, or latest available year

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



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

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

The increase in the number of new HIV cases reported annually in Hungary since 2011 appears to have been halted. The transmission route is known for about two thirds of HIV cases and only a few cases are linked to injecting drug use. The number of registered acute hepatitis C virus (HCV) infections attributed to injecting drug use increased notably between 2006 and 2013, while the number of hepatitis B virus (HBV) infections linked to inject drug use remains low.

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

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

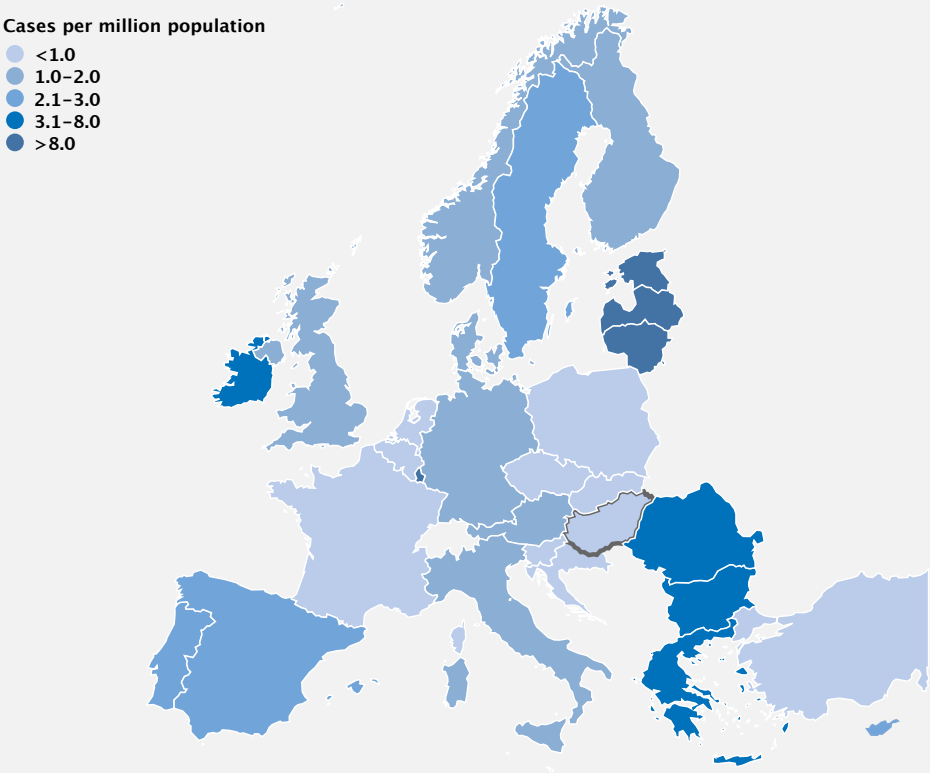
Year of data: 2014

The prevalence of drug-related infections among PWID in Hungary was stable until 2011, with only HCV and HBV infections detected, mainly among opioid injectors. However, since 2011, the HCV infection rate among PWID has almost doubled. A recent study indicated that 8 out of 10 PWID reporting recent injection of new psychoactive substances (NPS) were HCV positive.. The increase in

HCV prevalence is explained by new patterns of injecting drug use; in particular, NPS are injected more frequently and, as a result, sharing and reusing injecting equipment has become more common. In 2015, one HIV-positive individual was identified in the prevalence survey carried out among PWID

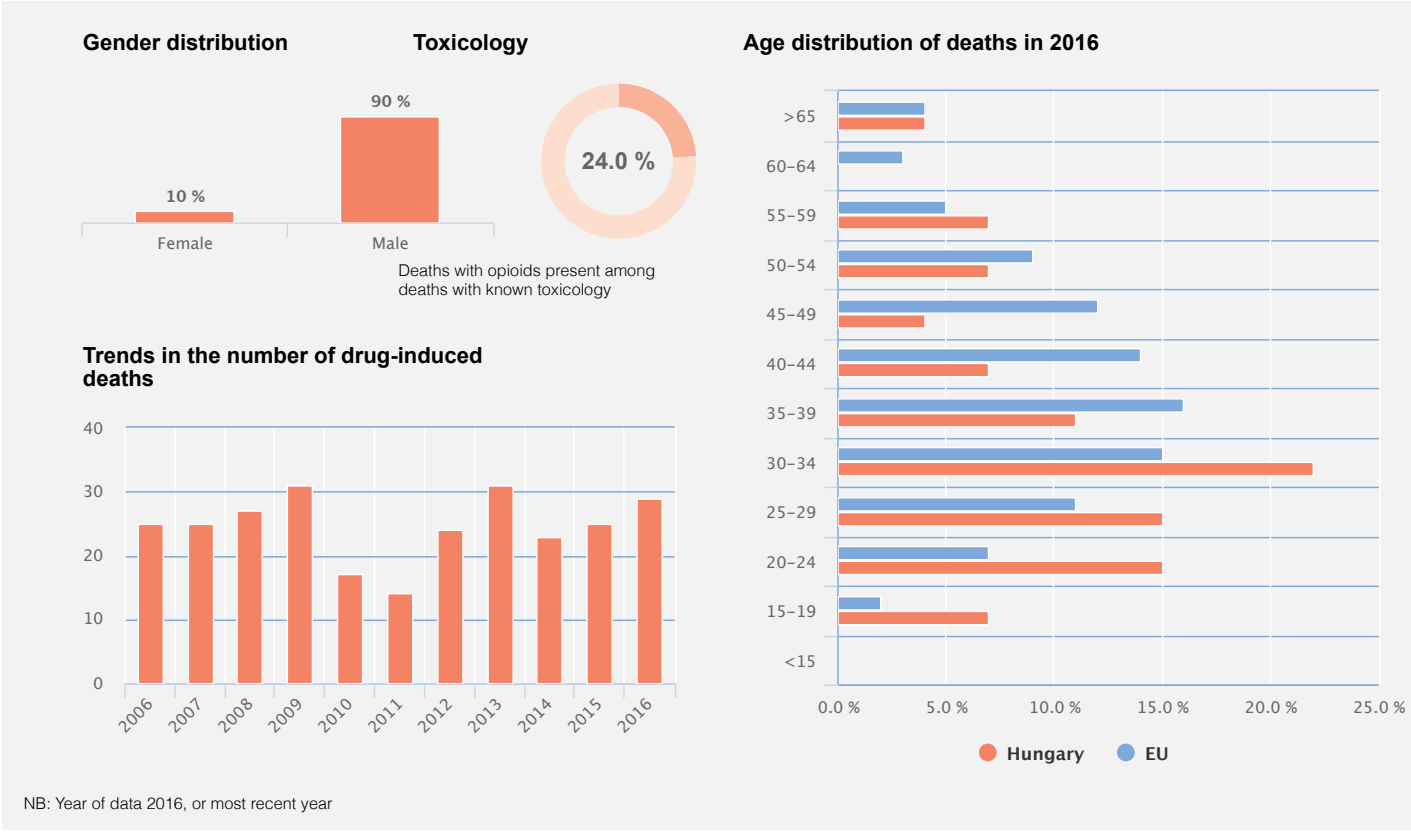
According to the results of the HIV/HBV/HCV seroprevalence survey, 4 out of 10 current PWID had shared syringes in the past four weeks, while more than half reported sharing any injecting equipment in the past four weeks. Moreover, sharing injecting equipment seems to be more common among NPS injectors.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

Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Hungary



NB: Year of data 2016, or most recent year

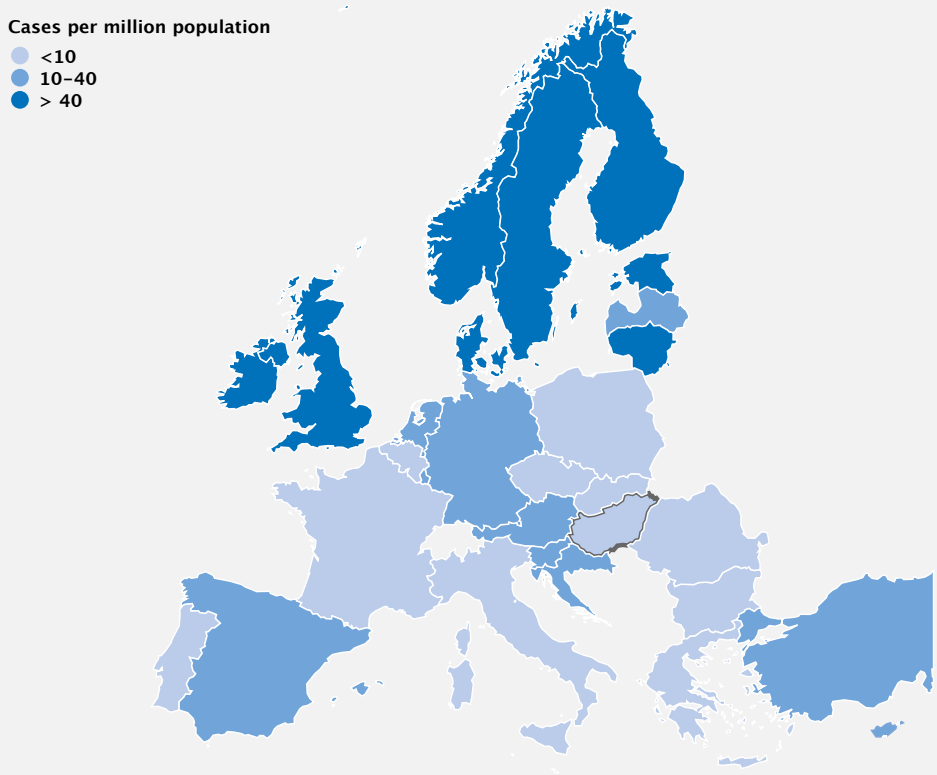
Drug-induced deaths and mortality

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

Overall, Hungary has reported between 20 and 30 drug-induced deaths annually for the past five years. The fluctuation in the number of deaths reported before 2011 was attributed to the purity of heroin. Availability of heroin fell significantly after 2010 and, as a result, other opioids started to dominate drug-related death data. In 2016, according to the toxicological results, opioids were involved in approximately one quarter of all deaths and were always found in combination with other psychoactive substances. In the remaining cases, presence of amphetamines, cocaine and NPS were detected. The following NPS were identified in drug-induced deaths: α-PVP, pentedrone, ADB-Fubinaca, AB-Fubinaca and AB-CHMINACA. In 2016, the majority of victims were male and the average age at the time of death was 36 years. Overall, the mean age of NPS-related victims is lower than that of victims of use of 'established' illicit drugs.

The drug-induced mortality rate among adults (aged 15-64 years) in Hungary was 3.93 deaths per million in 2016, which is below the most recent European average of 21.8 deaths per million.

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



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

Prevention

The Hungarian National Anti-Drug Strategy 2013-20 prioritises drug prevention activities and defines 10 main settings where they should be carried out: local communities, families, general education, child protection institution systems, higher education, peer groups, the media, workplaces, prisons and institutions providing treatment as an alternative to criminal proceedings.

In Hungary, prevention activities are mainly financed by the state-supported annual grant system.

Prevention interventions

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

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

Universal prevention activities are mainly implemented in educational settings within a framework of comprehensive health promotion programmes and are mainly run by NGOs with funding coming mostly from the state in the form of grants. The police are actively involved in prevention activities in educational settings through several initiatives. Only accredited programmes can be implemented (see the section ‘Quality assurance’). In recent years, a shift from one-way information provision towards more interactive programmes that attempt to influence the attitudes and beliefs of the target audience has been noted.

With regard to selective prevention, these activities target young people living in state care, prisons and disadvantaged neighbourhoods, as well as homeless young people and pregnant women and families with substance use problems. Indicated prevention programmes have the aims of strengthening the family system and developing parental skills among at-risk young people, students attending schools for those with special needs, and those living in families affected by drug use. Workplace prevention programmes are rare.

Almost 100 grants were awarded in 2016 for prevention-related projects, and the project ‘Choose something different for your passion’ was partly financed by the EU. The police were also active in prevention activities in schools and communities, and crime prevention consultants were available in almost 300 schools.

The Hungarian army was also involved in a number of prevention activities in 2016, such as lectures, interactive drug prevention sessions and drug prevention training.

Provision of interventions in schools in Hungary

NB: Year of data 2015

Harm reduction

The current National Anti-Drug Strategy defines harm reduction as an entry point to and an integrated part of the entire treatment chain operating on the basis of a recovery-based approach.

The National Office for Rehabilitation and Social Affairs funds low-threshold services under contracts with service providers that are selected through a tendering procedure. To be eligible for funding, the applicant must deliver at least two of three basic services: psychosocial interventions, counselling services and street outreach. Needle and syringe exchange is a complementary service, which can be funded in combination with the basic services.

Harm reduction interventions

Needles and syringes are available throughout the country through the needle and syringe exchange programmes that are operated separately or integrated within the treatment system in conjunction with other low-threshold community services. Harm reduction services are delivered at fixed locations, by mobile units and through outreach activities. In three cities, clean needles and syringes are also available from vending machines. In addition to sterile needles and syringes and counselling on safer injecting, most programmes also provide other injecting paraphernalia and condoms.

In the last seven years, the annual number of syringes distributed in Hungary has fluctuated as a result of changing drug use patterns, decreases in funding or the closure of services. In 2016, access to harm reduction services in Hungary reached its lowest level in seven years. The 2017 EMCDDA human immunodeficiency virus (HIV) risk assessment indicated that coverage in terms of prevention responses in Hungary was low and issued an alert regarding the risk of transmission of injecting-related infections in Hungary.

Availablity of selected harm reduction responses in Europe

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

Treatment

The treatment system

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

A clear separation exists between the financing, definition, regulation and inspection of social and health services.

The health services for drug users are mainly financed by the National Health Insurance Fund, while the majority of social services are financed using a fixed financing model through the social budget, which may be supplemented with additional resources allocated through tendering.

In Hungary, drug treatment is not substance based and covers licit and illicit substances, other dependencies and psychiatric problems. Treatment is offered to drug users at various outpatient and inpatient facilities throughout the country. Some treatment units provide only health or social services, while others provide mixed services.

The Hungarian treatment system includes specialised inpatient and outpatient drug treatment units, inpatient and outpatient units for addiction or mental health, therapeutic communities and crisis intervention departments.

Quasi-compulsory treatment as an alternative to criminal proceedings and long-term rehabilitation are provided mostly by non-governmental organisations. The latter services are only partly medical or healthcare related, and are dominated by social and welfare elements, such as work therapy and social reintegration. In addition, a supported housing service is funded by the state and an online self-help programme for problem cannabis users is offered by some outpatient centres in Budapest.

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

Drug treatment in Hungary: settings and number treated

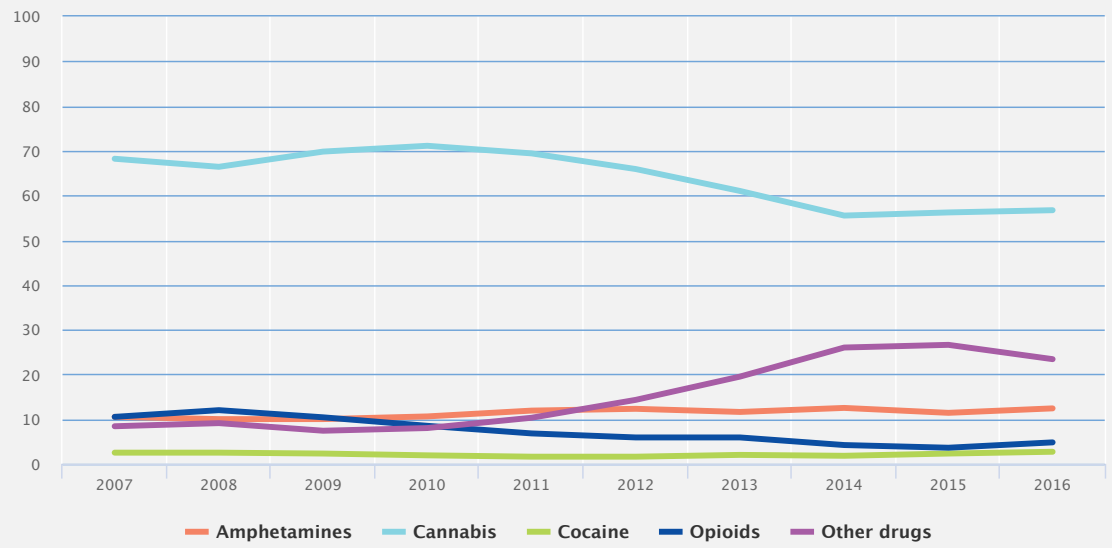
NB: Year of data 2016

Treatment provision

Of all the 4 098 treatment clients entering drug treatment services during 2016, most entered treatment as an alternative to criminal proceedings and they were mainly treated in outpatient units. Cannabis remained the primary substance among all treatment clients entering treatment in 2016, followed by other drugs, mainly new psychoactive substances (NPS), amphetamines and opioids. Cannabis is also the most frequently noted primary substance for those who enter treatment through the criminal justice system. The long-term analysis indicates a decrease in heroin-related treatment demands and an increase in the number of clients entering treatment for NPS use. Synthetic cannabinoids and synthetic cathinones are the most common groups of NPS for which treatment is sought.

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

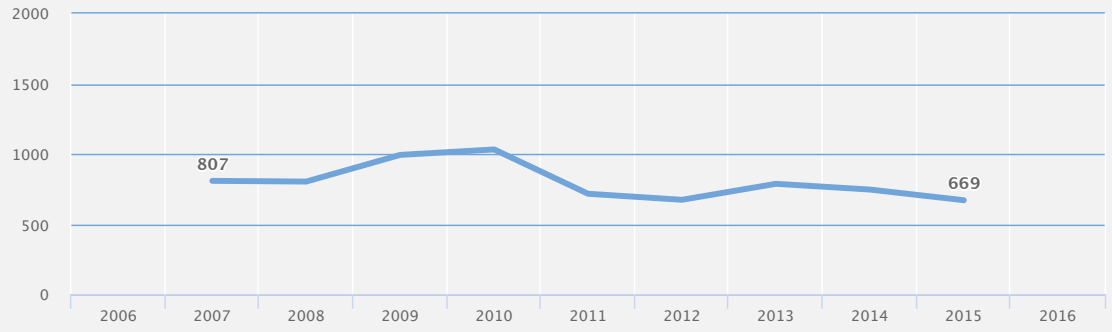
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Hungary



"NB: Year of data 2016. Data source changed in 2011"

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

Trends in the number of clients in OST



NB: Year of data 2015. Data source changed since 2011.

Drug use and responses in prison

A national study on drug use among prisoners was conducted in 2008. Two other studies, conducted in 2013 and 2016, aimed to assess the extent of the drug problem in prisons and the coverage and characteristics of the drug-related services available in detention facilities. The available data indicate that 30-40 % of inmates in Hungarian detention facilities had used an illicit drug at some point in their lives prior to imprisonment. Cannabis was the most commonly used drug, followed by stimulants, mainly amphetamines. Data from the 2008 study indicated that 14 % of inmates had used drugs while in prison. The increasing use of new psychoactive substances (mainly synthetic cannabinoids) among inmates has been observed in the two recent studies.

In 2009, the prevalence of hepatitis C virus (HCV) infection among prisoners was 5 %; moreover, it was higher among those who had used drugs (9 %) and even higher among those who had injected drugs (23 %).

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

The 2015 Prison Code introduced a risk assessment and risk management procedure that includes an assessment of psychoactive substance use and, based on the results of the assessment, makes a recommendation on if the prison needs to provide a drug prevention training programme.

Infectious disease testing and counselling are available in prison. Prisoners testing positive for human immunodeficiency virus (HIV), hepatitis B virus (HBV) or HCV and meeting the therapeutic criteria receive appropriate treatment.

In 2015, reintegration programmes or individual support aimed at the social reintegration of prisoners upon release were available in about half of prisons, and probation officers also assist with reintegration. Reintegration programmes cover the areas of healthcare, the labour market and vocational training, facilitation of access to social support services, information sessions on reintegration, follow-up care and legal aid, and preparation for returning to the family.

Few prisons have post-release overdose prevention programmes.

Quality assurance

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

The professional accreditation procedure was introduced in 2013 for health development programmes implemented in schools. Only those health development programmes (including drug prevention programmes) that have previously received professional approval under this procedure can be implemented in schools. The institution responsible for the coordination of the programme accreditation procedure is the Ministry of Human Capacities. Accreditation criteria are based on the structural characteristics of the facility or service and accreditation may be acquired in the scope of a tender on the basis of legislative authorisation. Every programme is assessed by two independent experts who belong to different national institutions, ensuring the objectivity of the process. The national focal point also participates in the assessment process. However, at present, the accreditation procedure is under reorganisation.

In the field of treatment and harm reduction, methodological guidelines and protocols are available to promote best practice and higher-quality services. In 2017, professional guidelines on the treatment of pre-, peri- and postnatal mental disorders within the integrated unit of the baby, mother and father were adopted. The guidelines provide recommendations on, among other things, the treatment of alcohol and drug problems as part of health services targeting pregnant women.

Three protocols for the treatment of drug users have been developed, and these are updated every two years. In addition, a methodological letter has been issued by the Ministry of Health. Professional recommendations on low-threshold services for drug users have also been developed and form the basis of calls for and assessments of applications for three-year fixed state funding. Professional recommendations on harm reduction programmes operating in recreational settings and for needle and syringe programmes have also been made.

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

Drug-related research

The Ministry of Human Capacities coordinates drug-related research through an open tendering mechanism. Research priorities are included in the National Anti-Drug Strategy 2013-20 and focus mainly on data collection through the national focal point for the EMCDDA and on the assessment of the effectiveness and efficiency of treatment and care. The development of a methodology to assess the impact of the treatment and care system on mental health is also mentioned. Furthermore, the policy programme relating to the Anti-Drug Strategy encourages international and regional research collaboration, in addition to nationally initiated research.

The national focal point leads publicly funded national research; it conducts data collection programmes and produces research on evidence for and the effectiveness of drug-related health provision. Additionally, it conducts and initiates small research projects, collects all research reports available in Hungary and disseminates their results through its website and newsletter. Research results are usually available from public institutions and from funding institutions' and researchers' websites.

Recent drug-related studies have focused primarily on population-based and clinical epidemiology studies, but studies on basic biological factors, demand reduction, supply and crime, and policy research have also been carried out.

Drug markets

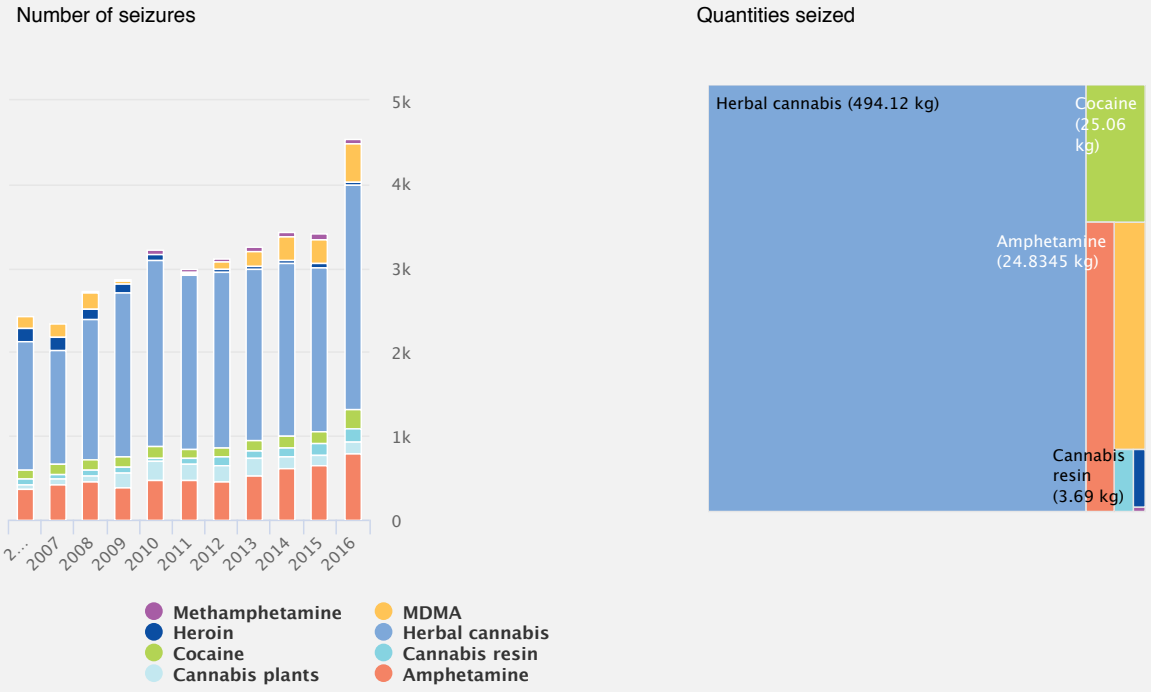
In recent years, the Hungarian drug market has been restructured considerably. Most notably, new psychoactive substances (NPS) are increasingly replacing established drugs, thus posing challenges to law enforcement agencies. China is the main source of NPS, and these substances usually arrive by post, although some raw materials are shipped to Hungary from Spain, the Netherlands and Slovakia. The available data indicate that consumers may access these substances through online shops; however, the number of such vendors fell between 2013 and 2015. In addition, as demonstrated by a recent national study, a tendency towards fragmentation of the retail market is occurring, with separate retail markets for stimulants and cannabis products.

The proportion of all seizures accounted for by NPS increased steadily between 2010 and 2014. These substances were involved in nearly 60 % of all seizures in 2014, while in 2015 NPS were seized as frequently as established drugs, which further decreased as a proportion of all seizures in 2016. Cathinone derivatives and herbal mixtures containing synthetic cannabinoids remain the most commonly seized NPS, although the number of seizures has decreased since 2014. In 2015, several seizures of untreated herbal material and synthetic cannabinoid preparations were reported, indicating that some packaging/mixing of NPS products may be taking place in the country. Cannabis products, herbal cannabis in particular, remain the most frequently seized established drug in Hungary.

Herbal cannabis is increasingly being smuggled into the country by Vietnamese-led criminal groups from the Czech Republic, from the West Balkan countries and by Hungarian offenders from the Netherlands. Cannabis is also cultivated in Hungary, albeit on a small scale. Since 2012, when a record amount of almost 1.8 tonnes of herbal cannabis were seized in the country, a steady decline in the amounts seized has been reported.

Hungary has traditionally been a transit country for heroin originating from Afghanistan and trafficked across the Middle East via the Balkan route to Western Europe. Since 2010, when the number of heroin seizures had fallen significantly compared with the period before 2010, indicating the beginning of a ‘heroin shortage’ in the Hungarian market, the number of seizures and the amounts seized have remained relatively small. Synthetic drugs, such as amphetamines and MDMA/ecstasy, are smuggled from Belgium and the Netherlands. In 2016, several large seizures of MDMA tablets were reported, which resulted in a record amount being seized in 2011-16. In addition, one small-scale amphetamine production site was dismantled in 2016. In recent years, the cocaine seized in Hungary has been transported in cars through Spain and the Netherlands, or has been smuggled directly from South America by drug mules. The data indicate an increasing trend in cocaine seizures, while the amounts seized show large annual fluctuations.

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



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

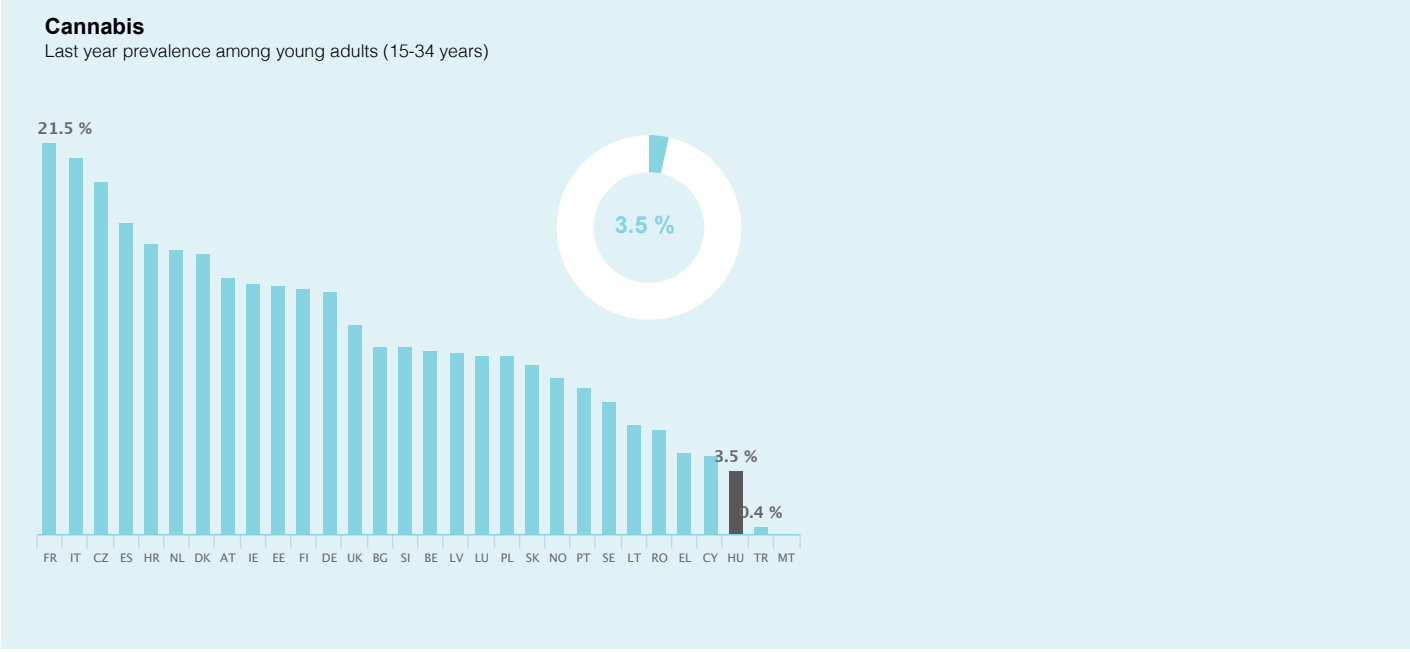
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	13.1	6.5	36.8
Last year prevalence of use - young adults (%)	2015	3.5	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	1.5	0.3	11.1
All treatment entrants (%)	2016	56.7	1.0	69.6
First-time treatment entrants (%)	2016	63	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	494.1	12	110855
Number of herbal cannabis seizures	2016	2673	62	158810
Quantity of cannabis resin seized (kg)	2016	3.6	0	324379
Number of cannabis resin seizures	2016	149	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.2 - 20	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.5 - 30	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	6.4 - 9.6	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	6.4 - 12.8	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.4	0.9	4.9
Last year prevalence of use - young adults (%)	2015	0.9	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	0.3	0.1	2.3
All treatment entrants (%)	2016	2.7	0.0	36.6
First-time treatment entrants (%)	2016	3.0	0.0	35.5
Quantity of cocaine seized (kg)	2016	25	1.00	30295
Number of cocaine seizures	2016	229	19	41531
Purity (%) (minimum and maximum values registered)	2016	15 - 85	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	48.1 - 96.2	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.6	0.8	6.5
Last year prevalence of use - young adults (%)	2015	1.4	0.0	3.6
Last year prevalence of drug use - all adults (%)	2015	0.5	0.0	1.7
All treatment entrants (%)	2016	12.4	0.2	69.7
First-time treatment entrants (%)	2016	13.1	0.3	75.1
Quantity of amphetamine seized (kg)	2016	24.8	0	3380
Number of amphetamine seizures	2016	785	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	1 - 70	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	6.4 - 24	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2	0.5	5.2
Last year prevalence of use - young adults (%)	2015	2.1	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.9	0.1	3.6
All treatment entrants (%)	2016	1.8	0.0	1.8
First-time treatment entrants (%)	2016	1.8	0.0	1.8
Quantity of MDMA seized (tablets)	2016	79702	0	3783737
Number of MDMA seizures	2016	461	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	40 - 210	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	2.6 - 9.6	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2010-11	0.4	0.3	8.1
All treatment entrants (%)	2016	4.8	4.8	93.4
First-time treatment entrants (%)	2016	1.6	1.6	87.4
Quantity of heroin seized (kg)	2016	2.1	0	5585

Number of heroin seizures	2016	34	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	10 - 45	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	36.9 - 64.1	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.3	0	33.00
HIV prevalence among PWID* (%)	2015	0.2	0	31.50
HCV prevalence among PWID* (%)	2015	49.7	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2015	0.98	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	3.9	1.4	132.3
Health and social responses				
Syringes distributed through specialised programmes	2016	171097	22	6469441
Clients in substitution treatment	2015	669	229	169750
Treatment demand				
All entrants	2016	4098	265	119973
First-time entrants	2016	2798	47	39059
All clients in treatment	2015	4098	1286	243000
Drug law offences				
Number of reports of offences	2016	6473	775	405348
Offences for use/possession	2016	5219	354	392900

* PWID — People who inject drugs.

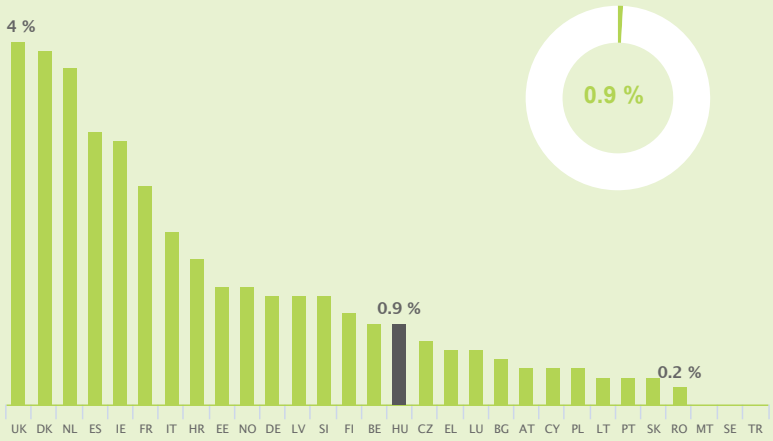
EU Dashboard

EU Dashboard



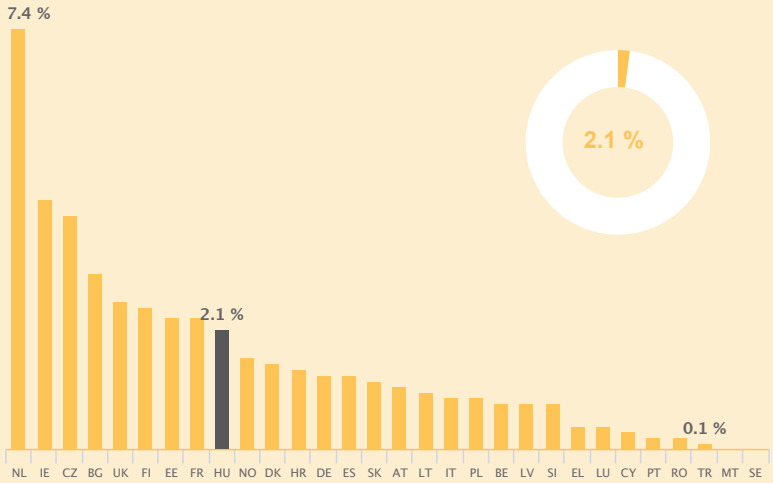
Cocaine

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



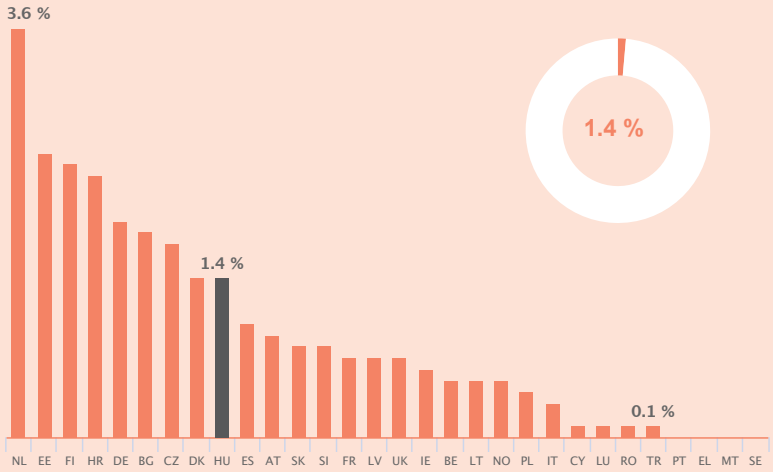
MDMA

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



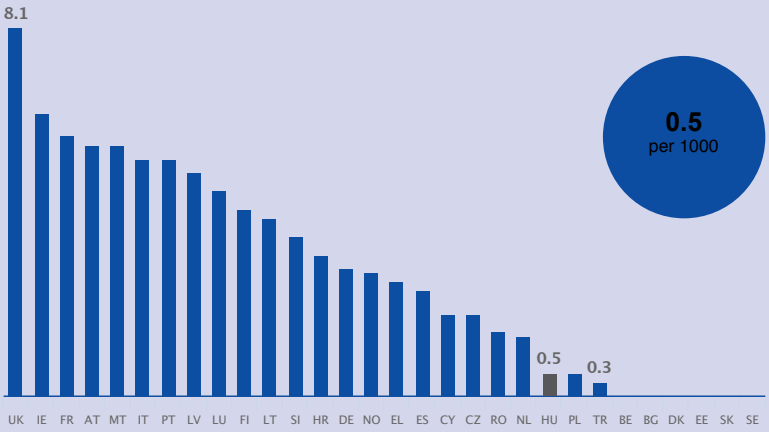
Amphetamines

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



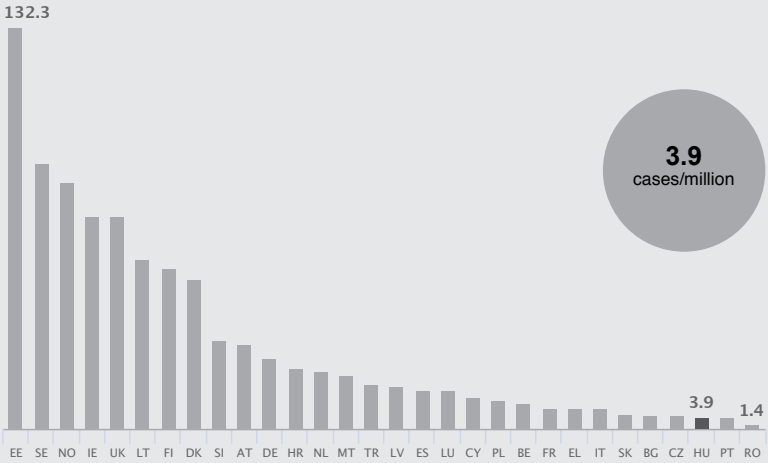
Opioids

High-risk opioid use (rate/1 000)



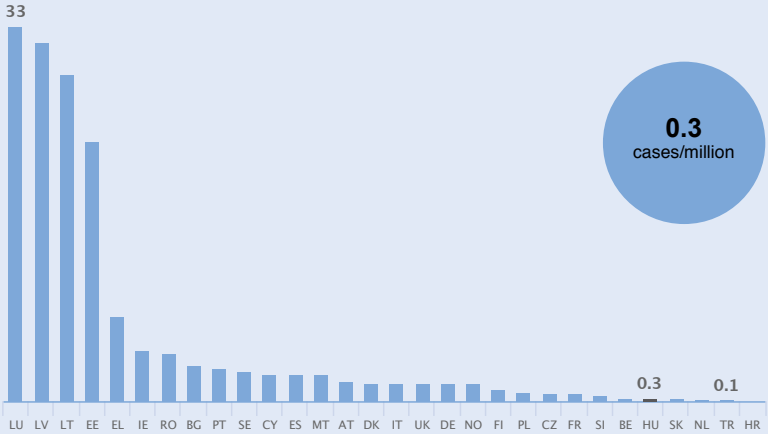
Drug-induced mortality rates

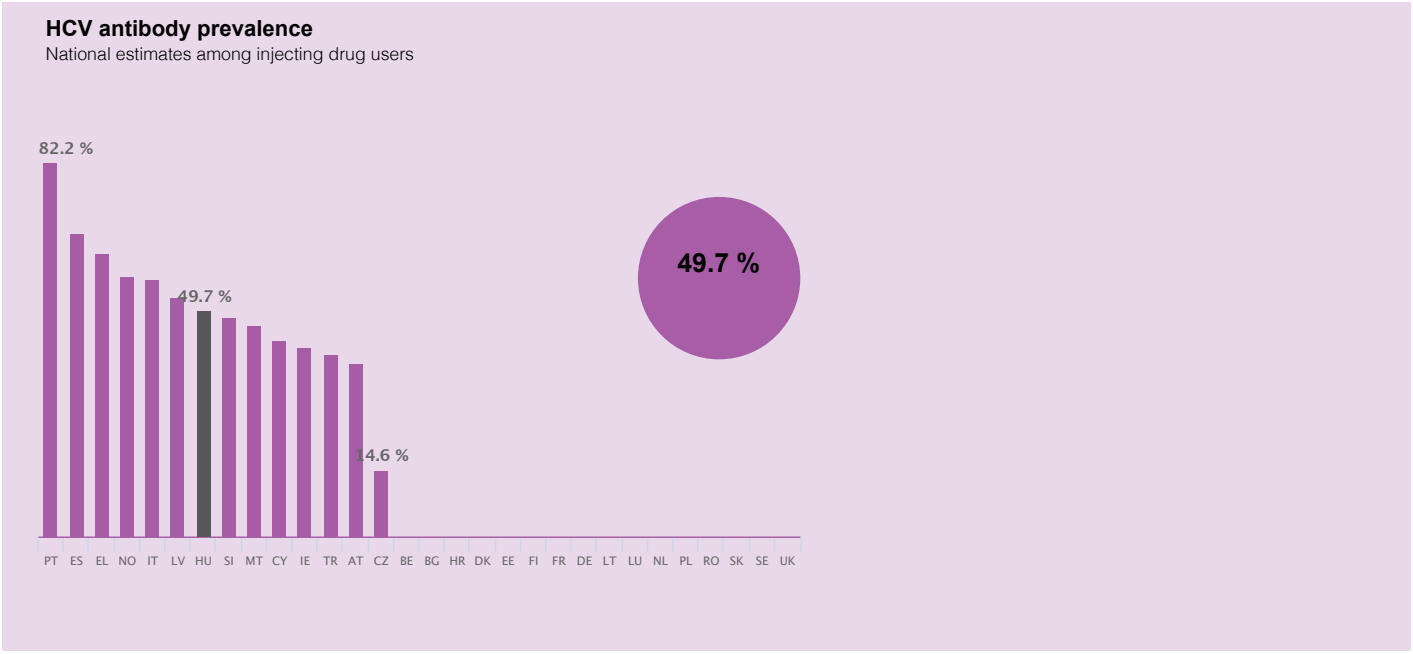
National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use





NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, di?erences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Hungary

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

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