

DATA COLLECTION CHALLENGES RELATED TO NEW SYNTHETIC SUBSTANCE USE IN HUNGARY

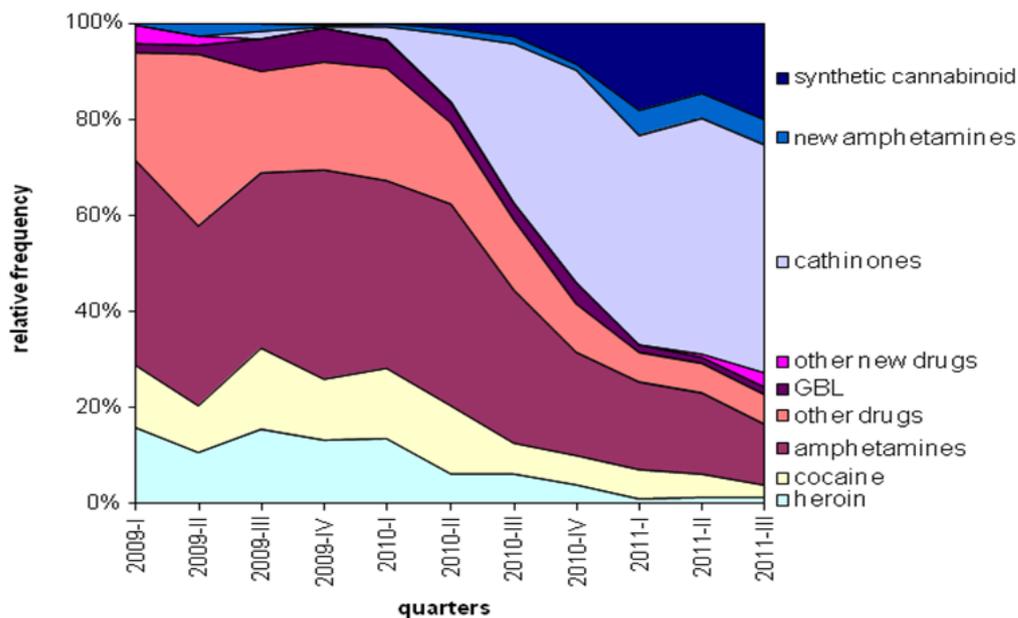
Introduction

From the middle of 2010 more and more sources (seizure data, NSPs' anecdotes, users' fora) mentioned appearance of different new substances among users, both in recreational setting and NSPs. In early 2011 the Hungarian National Focal Point carried out a survey among various service providers about the new phenomena in 2010. Results showed, that the most frequently mentioned new drug was mephedrone, and apart from this the appearance of treatment demand due to the use of synthetic cannabinoids and MDPV was also identified. After the legal control of mephedrone from 1 January 2011, the available scarce data suggest further spread of MDPV, 4-MEC and methylene, among others. Forensic laboratories identified 18 new substances in 2010 and 30 in 2011.

Data of seizures of new psychoactive substances

Considering the swift changes in the active substances and the confusion around street names of the new drugs, seizure data may be considered as the only reliable source of information. The Hungarian market of synthetic substances was completely restructured during the past two years: in 2010, the most remarkable change was the appearance and dynamic spread of mephedrone together with the disappearance of MDMA from powders and tablets and the gradually decreasing availability of heroin. In 2011 (based on data of the first 9 months) the above tendencies continued and further restructuring could be observed: the prevalence of cathinones kept increasing in line with the appearance of new amphetamine type substances. At the same time heroin practically disappeared from the market and the prevalence of synthetic cannabinoids also increased significantly. Aggregate data on the composition of seized tablets are available only on 2010: more than half of the tablets contained one or more active substances that were not classified as illicit drugs by the criminal law.

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



Source: Hungarian Institute for Forensic Sciences 2012

Qualitative information on patterns of new psychoactive substance use

The study run by the NFP on 2010 stated, that two different patterns of cathinone use could be identified: 1) recreational stimulant sniffing and 2) cathinone injecting. Regardless the primary substance, cathinones became widespread as secondary drugs with all combinations. Synthetic cannabinoids are said to be stronger than cannabis causing increase in emergency data. The two patterns describe different groups: 1) Sniffing was spreading among young people using drugs in recreational setting at weekends. The term of effect was shorter than in the case of amphetamines, so cathinone use several times during a day was said to be frequent. Generally, people demanding treatment were new young clients, who had not been treated before. 2) Older drug users who have injected other drugs before have changed over to mephedrone. Both, heroin and amphetamine injectors changed over to new synthetic cathinones (may mostly be mephedrone before 2011 and MDPV or methylone afterwards). Changing from heroin to cathinone injection might have been led by the heroin shortage experienced from 2010. At the same time, new clients who started injecting mephedrone have also appeared in social care or treatment. Further qualitative information on 2011 confirm the earlier results and indicate changes in the substance only, not in other aspects of drug use.

Prevalence in school population

Preliminary ESPAD results on early 2011 confirm the quick spread of cathinone use among young people. 6% of the 16-year-old school population reported ever having used mephedrone, first time appearing on the list with 5th position. Behind cannabis (19.4%) and the legal substances (alcohol and pills, inhalants, sedatives, each around 10%) mephedrone preceded amphetamines (5.6%) or ecstasy (4.4%). As mentioned earlier, half of the seized tablets contained new substances. Little is known about the overlaps of ecstasy, amphetamines and mephedrone or other cathinones resulting from uncertainty of various street names and self-reporting.

Needle and syringe programmes' data

Regarding NSP data collection, in 2010 the following changes could be observed: The proportion of IDUs injecting primarily heroin dropped as compared to 2009 (2009: 55% , 2010: 47%), while the proportion of amphetamine user IDUs (2009: 39%; 2010: 45%) and the proportion of users injecting 'other drugs' (2009: 4% 2010: 8%) increased. According to service providers the 'other' injected drug was typically mephedrone. Service providers experienced further spread of new psychoactive drugs among their clients in 2011 by either replacing heroin and amphetamines or by "bringing" new (and often young) IDUs using new psychoactive substances to their programmes.

According to NSPs new psychoactive substances are injected more often (it can reach 20 times per day) than heroin or amphetamines. This tendency can be traced in the turnover data. In 2010, as compared to 2009, 29% more syringes were distributed and the number of returned+collected syringes increased by 34%. The number of distributed syringes per contact increased to 16 (2009: 13); the number of returned+collected syringes per contact to 11 (2009: 8).

Treatment demand

TDI data showed some increase in clients entering treatment due to problems related to 'other stimulants' use. Due to the categorisation applied in TDI there is no information on the exact substance(s) behind the observed increase. However, the findings of NFP's qualitative survey, mentioned above, show it might be mephedrone and other cathinones.

Infectious diseases and risk behaviours

The national HIV/HBV/HCV prevalence study carried out among IDUs in 2011 also has some noteworthy results. While in 2009 61% of the sample reported heroin as their primarily injected drug,

29% reported amphetamines and 6% reported other drugs, this proportion in 2011 was the following: 49% reported heroin, 39% amphetamines and 10% other drugs (mainly: mephedrone, MDPV). In the meantime HCV prevalence broken down by primarily injected drug also changed (in 2009: opioid injectors: 29.5% - other than opioid injectors: 16.3%; in 2011: opioid injectors: 17.1% - other than opioid injectors: 30.9%). The observed increase of HCV prevalence in non-opioid user IDUs and the decrease in opioid user IDUs can be attributed to the changing structure and injecting patterns of the IDU sample and not to the overall increase of hepatitis C as it did not change from 2009 to 2011 (2009: 24.4%; 2011: 24%).

Also sharing of needles and syringes in the last 4 weeks increased from 26% (2009) to 35% (2011) in the subsample of current IDUs.

Implications to drug-related mortality

Annual number of drug-related deaths seemed stable until 2009 with around 30 cases per year (1% of the estimated opiate users), nearly all connected to heroin and other opiate use. In 2010 17 cases were registered, that showed nearly 50% decrease in the opiate related mortality, in line with the heroin shortage experienced in 2010. Though monitoring new psychoactive substances in autopsies was incidental in 2011, there were confirmed indirect cases in which new cathinones were present.

Legal background

Mephedrone became an illegal substance from 1 January 2011. From 1 January 2012 nine more substances (MDPV, methylone, 4-MEC, 4-FMP and five synthetic cannabinoids) were added to the list of scheduled substances.

Data collection implications

Different fields and indicators showed different levels and aspects of the new synthetic drugs problem. Routine data collection systems are not flexible enough to follow the changes. Neither service providers nor drug users know the ingredients of powders, tablets or herbal mixtures given slang names of the streets. Some increase could be observed in data reporting categories such as 'other amphetamines', 'other stimulants' or simply 'other drugs' in 2011. It is not yet clear what effects the new phenomenon has on the universal categories such as 'stimulants' or 'amphetamines' relating to cathinone or 'cannabis' relating to synthetic cannabinoids when analysing trends. Spread of new synthetic substances pose challenges for data collection in many fields and on many levels: including e.g. toxicological identification problems, problems of categorisation, case definition issues, differentiation on legality or exchange of specific responses.