

Panel I. Situation - Hungary

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**Exchange on data collection challenges
related to new psychoactive substances use**
Budapest, 19-20 April 2012



Drog, Adat, Döntés

Introduction

1. Prevalence and patterns of NPS use
 2. Consequences of the spread of NPS use for the treatment and care system
 3. Answers and recent changes of the control system
- Routine (quantitative) data collection
 - Qualitative researches

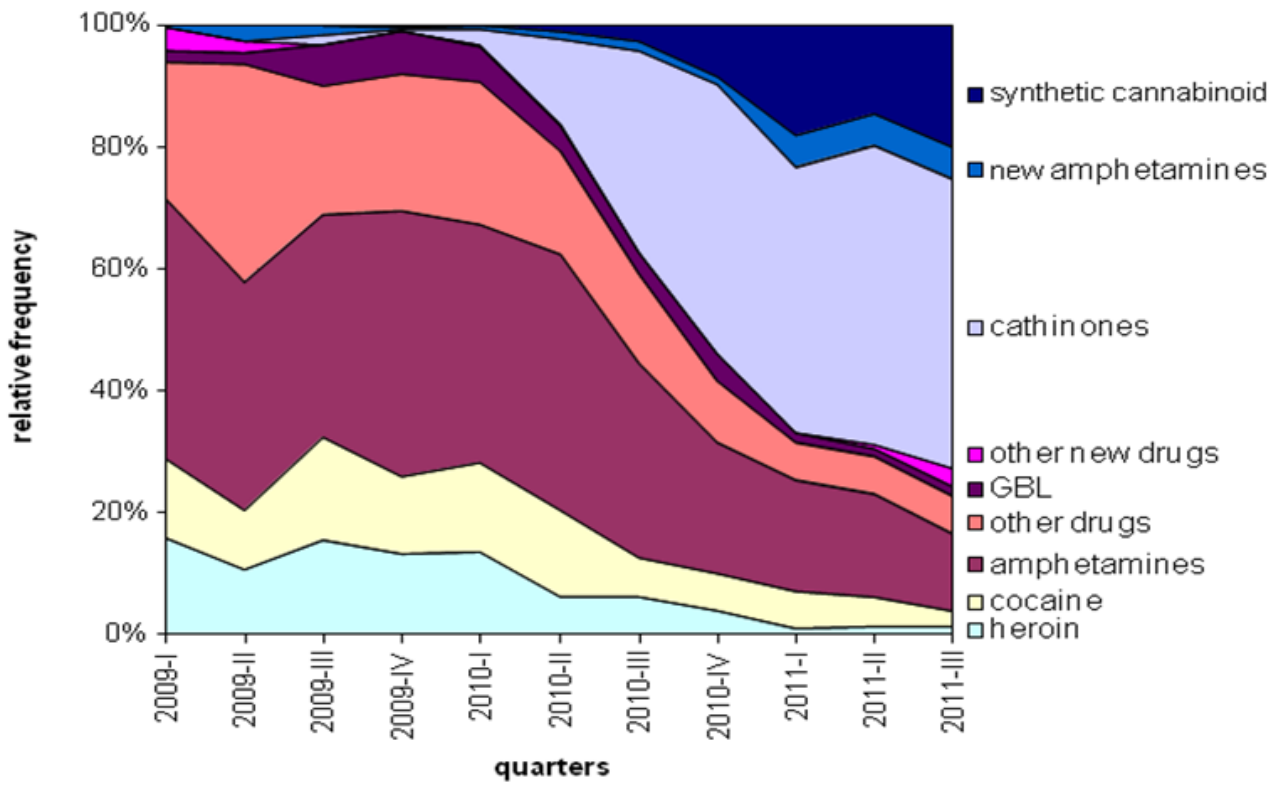
May 2011: 20 health treatment units, 9 NEP

March 2012: 24 health treatment units, 9 NEP

1. Prevalence and patterns of NPS use

The Hungarian market of synthetic substances was completely restructured during the past two years

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



1. Prevalence and patterns of NPS use

- Clients demanding treatment because of the **use of mephedrone** appeared in higher numbers **from the summer of 2010**.
- Drug users are **young**, mephedrone **widely used** as a secondary substance.
- Mephedrone is **used intensively**, the drug is sniffed or injected several times a day, **more frequently than amphetamines**.
- The harmful consequences of drug use develop rapidly (several service providers reported)
- Besides mephedrone: **appearance of synthetic cannabinoids and other designer drugs** following mephedrone – first of all MDPV.
- Among the causes: low price, easy accessibility, its novelty, presumed low risk.

1. Prevalence and patterns of NPS use

Two different patterns of mephedrone use

- Most common:
 - **sniffing** or taking it orally often dissolved in a liquid;
 - typically **partying or recreation**;
 - mostly on **weekends**;
 - young people demanding treatment were **new clients**
- Among IDUs:
 - Typically **older drug users** who have injected other drugs before;
 - **changed** over to mephedrone;
 - injected themselves **several times a day**;
 - **increased demand** for syringes.

1. Prevalence and patterns of NPS use

Recent trends and patterns (2011)

- In many cases NPS are **secondary substances**
- Most frequently mentioned new drug: **MDPV**
- MDPV → **paranoia, psychotic episodes, weight loss**
ask for treatment after short period of use...
- **Polydrug use**
no „drug of choice”, using what is available
- Not hiding, **use in public places**
- Big **differences in prevalence**
regional? type of service?

2. Consequences of the spread of NPS use for the treatment and care system

- NPS are still the **most prominent phenomenon** for service providers
 - NEP ~ 80%, other services 15%-30% (estim.)
- Treatment demands relating to **heroin use dropped significantly**
- The usual workflow/practice was not appropriate
 - Lack of information...
 - More clients
 - Younger clients
 - Frequent crisis intervention (MDPV?)
- More intensive/new **partnerships** was necessary

3. Answers and recent changes of the control system

- 1. January 2011: mephedrone became illegal
→ no real influence on demand, only on the supply side: **other designer drugs** appeared
- 1. January 2012: MDPV, methylone, 4-MEC, 4FMP and five synthetic cannabinoids were banned
- New regulation of new psychoactive substances came into effect on the 3rd of April 2012: „Schedule C”
 - lists **substances and compound groups**
 - Specifies the **processes**, appoints the responsible **bodies** for reporting, rapid assessment, scheduling and risk assessment

Thank you for your attention!

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Discussion points

- Is there any common and special/particular patterns?
(e.g.: extensive injecting use)
- Any effective legal answers?
- Consequences of the spread of NPS for the treatment system?
 - different type of service different perception...
 - thirst for information...