

GDPO Situation Analysis

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Hungary's NPS 'Problem'?¹

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Subject

Hungarian drug laws are set out in the 2012 Penal Code. They are among the harshest in the EU. The country did not have a comprehensive national drug strategy between 2010 and 2015, with the Penal Code serving as the primary drug strategy of the country. The lack of strategy was particularly problematic in the light of new psychoactive substances (NPS) that reached the country in 2010. Thus, no nation-wide data collection has taken place that could be used to evaluate the effects of NPS consumption on public health. Coupling this limited information with the macro-economic indices, specifically the economic decline of the rural poor, who are assumed to be the primary consumer of NPS, a grim picture can be portrayed where some experts expect a whole generation to be lost due to NPS consumption.³

Analysis

In the summer of 2010 there was an increase of new psychoactive substances in the Hungarian drug market. In line with Europe's innovative⁴ drug market dynamics, almost twice as many new psychoactive substances were reported in Hungary in 2010 compared to the year before.⁵ Two particular NPS groups dominated: the pentedrone crystal and cannabinoids.⁶ Despite anecdotal information on problematic NPS use in Hungary, there

¹ This Situation Analysis was produced as part of a GDPO collaboration with Central European University's School of Public Policy (see <http://gdpo.swan.ac.uk/?p=494> for more information)

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³ Dávid, F. (2016). Kutatás és sajtótájékoztató a szintifü használatról. Drogriporter.hu. Interview conducted by: István Gábor Takács. Accessible: <https://drogriporter.hu/kutatas-es-sajtotajekoztato-a-szintifu-hasznalatrol/>, 02.06.2018

⁴ UNODC (2011). World Drug Report 2011. Chapter 1. Overview of global and regional trends and patterns. pg. 26. Accessible: https://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf, 02.06.2018

⁵ In 2010, more than 40 new substances were notified in the European early-warning system, compared to 24 in 2009. For more: UNODC (2011). World Drug Report 2011. Chapter 1. Overview of global and regional trends and patterns. pg. 26. Accessible: https://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf, 02.06.2018

⁶ Horvéth, B., Fodor, O., Botos, T., Kovács, Á. (2016). Dizájneren. Index.hu. Accessible: https://index.hu/video/2018/03/10/dizajneren_film/, 03.26.2018

are only estimated figures⁷ as there has been no nation-wide data collection. The key evidence base is small-scale fieldwork conducted by NGOs and journalist reports:

- **Hungarian Civil Liberty Union's fieldwork: Mátraverebély**

The Hungarian Civil Liberties Union (HCLU) conducted fieldwork in Mátraverebély, a largely Roma populated area in Nógrád, one of the poorest counties in Hungary. An interview with a local school teacher revealed problems of student NPS dependence, that drug use in school was common, access was easy and cheap (a small pack costing 500 forint / £1.50) and that initiation into synthetic drug use was as early as 11 years old. The repercussions of school-based drug use are grave, and focused on expulsion not support.⁸ HCLU stresses the findings in Mátraverebély are not unique and common across rural Hungary.⁹

- **National Drug Focus Point reports**

National Drug Focus Point conducted NPS research in 2016¹⁰ and in 2015¹¹. They highlighted familiarity with drug types, administration and effects among 9 and 10-year olds. Parents and teachers are aware of children using NPS, with initiation starting at 12-13 years. In the villages where fieldwork was undertaken, it was reported that half of the under-age population used synthetics and this was attributed to loneliness, boredom and the perception of NPS use as 'cool'.

- **Media reports**

A 2015 report on NPS use in rural Hungary by Földes found children of 7-8 years familiar with legal highs. A 21-year-old interviewee claimed drug use, primarily cannabis and ecstasy, was relatively common in his village prior to the spread of legal highs, but that these drugs were expensive. By contrast, the emergence of cheap NPS created a situation where 'everybody in the village uses them'.¹² The cheapest versions of NPS were homemade, such as tobacco sprayed with acetone.¹³

⁷ Kék Pont (2016). „Amikor beveretünk, betompulunk, akkor csak a néma csönd”. Sajtóanyag. Accessible: <https://drive.google.com/file/d/0BzEUxowoZ9oOQm5WWVphYjZuaHc/view>, 06.02.2017

⁸ *Ibid.*

⁹ Sárosi, P. (2015). A Szintifű Meghódította Mátraverebélyt. TASZ Blog. Accessible: http://ataszjelenti.blog.hu/2015/06/11/a_szintifu_meghodontotta_matraverebelyt, 06.02.2017

¹⁰ National Drug Focus Point (2016). National Report to the EMCDDA. Accessible: http://drogfokuszpont.hu/wp-content/uploads/HU_National_Report_2016.pdf, 06.03.2017

¹¹ National Drug Focus Point (2015). NATIONAL REPORT to the EMCDDA. http://drogfokuszpont.hu/wp-content/uploads/HU_National_Report_2015.pdf, 06.03.2017

¹² Földes, A. (2015). Siker! A drog oldotta meg a vidéki alkoholproblémát. Accessible: <http://index.hu/belfold/2015/04/16/dizajnerdrogdalun/>, 06.02.2017.

¹³ *Ibid.*

(The lack of) Hungarian National Drug Strategy

The first national drug strategy was adopted in 2000 by the first Fidesz government (1998-2002) and was in place for ten years with a consensus of more than 1200 organizations and experts whom the government worked closely. It formulated a liberal approach and focused on harm reduction measures such as needle exchange programs, recovery treatments and preventive measures in schools.¹⁴ It was highly ambitious, nonetheless, when evaluating its success in 2009, it became apparent that only 30% of the goals have been reached, 30% of the programs have been partly in effect, and 40% of them had not been realized at all. The Fidesz party elected with two-thirds majority¹⁵ in 2010 declared its own strategy a failure¹⁶ and opted for a punitive response implemented through the new Penal code.¹⁷

Until 2015, national drug strategies either had not been passed by the Parliament (2011) or have not even reached it (2013). However, in 2012 the Parliament was able to implement a new Penal Code, the strictest in Europe in terms of drug regulation. It was only in 2015 when the government was able to formulate a comprehensive drug strategy for the country that passed the Parliament.

Regarding specifically NPSs, in 2012 the Hungarian government criminalized their consumption and distribution.¹⁸ However, apart from acknowledging the rising consumption of legal highs, no additional steps were taken, for example, to calculate and monitor use or provision of support services. Without a comprehensive drug strategy, the amendments to the penal code and other legislation adopted between 2010 and 2015 can be seen the sole vision of the Hungarian government to cope with drugs in general, and with NPS in particular.¹⁹ The failure of the government to develop a new drug strategy has resulted in a lack of reliable data on NPS consumption levels, particularly in rural parts of the country. As a result, it is difficult to determine how serious the NPS 'problem' is in Hungary or develop effective responses, including prevention and rehabilitation.²⁰

While small-scale research and anecdotal reporting points to NPS use as a serious problem in poor and rural areas, this has been downplayed by the government. State Secretary for Social Affairs and Social Inclusion, Károly Czibere claims the government has been successful in reducing drug use, particularly within the younger population. According to Czibere, the consumption of illicit substances within secondary school students decreased by 30% and encourages the government to advance on its existing drug policy. There are methodological problems with Czibere's assessment most particularly his use of ESPAD 2015 data²¹ as these reports only survey first and secondary year high school students. This data is not representative – including of expelled and excluded children, and rural children younger than 16 (anecdotally a problematic user group) were not included. Third, the comparison between the data of 2011 and 2015 might be misleading because Hungary adopted the strictest drug law that might alter the willingness of minors to admit their consumption and therefore lead to underreporting.²²

¹⁴Magyarország Ifjúsági és Sportminisztériuma (2000). Nemzeti Stratégia a Kábítószer-probléma Visszaszorítására. Accessible: <http://bit.ly/2rGWu3b>, 06.03.2017

¹⁵ A constitutional majority

¹⁶ It has seen the previous strategy ineffective, but also sought an ideological shift.

¹⁷ Fábrián, T. (2017). A Fidesz drogháborújának tündöklése és bukása. Index.hu. Accessible: http://index.hu/belfold/2017/03/09/a_fidesz_drogstrategiajanak_eredmenyei/, 06.03.2017

¹⁸ Hungary: Criminal Code (2012). Act C of 2012, Chapter VII: Criminal Offenses against Health. Section 184: Illegal Possession of New Psychoactive Substances. pg. 58. Accessible: <http://www.refworld.org/docid/4c358dd2.html>, 02.06.2018

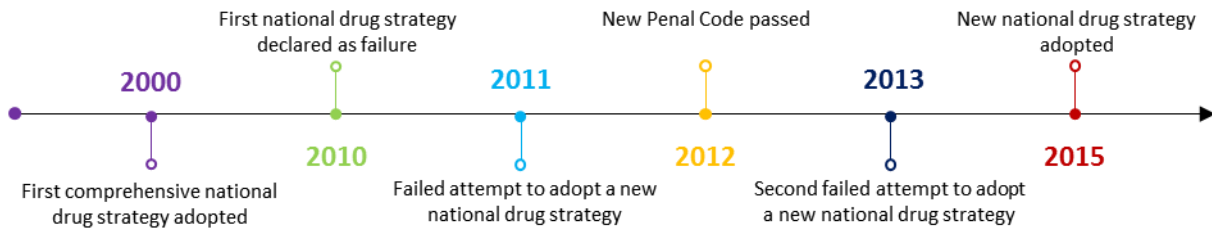
¹⁹ *Op cit.* Földes, A. Ha erős az anyag, leszakad az arcom, és dől az orromból a vér. Index.hu

²⁰ Ibid.

²¹ ESPAD (2015). ESPAD Report 2015: Illicit drug use. Accessible: <http://www.espad.org/report/situation/illicit-drug-use>, 06.03.2017

²² *Op cit.* Fábrián. A Fidesz drogháborújának tündöklése és bukása. Index.hu

Compared to the era between 2000 and 2010, when the country had a clear strategy and also its policies were revised every two years, the current approach is highly problematic. Moreover, the lack of a drug strategy for 5 years and a consequent reliance on criminal law clearly shows that drug issues are not a priority for the new Fidesz government.²³



Conclusion

Without nation-wide research, NPS consumption rates and associated problems in Hungary, particularly among vulnerable populations, is unknown. Even though Secretary Cibere acknowledged the need to conduct nationwide surveys on NPS use to formulate appropriate policy responses and stated that Hungary could lose generations due to the consumption of NPS, to date no qualitative or quantitative assessment has been undertaken. Even if such research is undertaken, it is hard to see how responses that focus on rights and harm reduction-based approaches can be adopted in the context of a restrictive and prohibitive environment where the national drug strategy of the country relies primarily on its penal code.²⁴

²³ *Ibid.*

²⁴ *Ibid.*

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The Global Drug Policy Observatory aims to promote evidence and human rights based drug policy through the comprehensive and rigorous reporting, monitoring and analysis of policy developments at national and international levels. Acting as a platform from which to reach out to and engage with broad and diverse audiences, the initiative aims to help improve the sophistication and horizons of the current policy debate among the media and elite opinion formers as well as within law enforcement and policy making communities. The Observatory engages in a range of research activities that explore not only the dynamics and implications of existing and emerging policy issues, but also the processes behind policy shifts at various levels of governance.

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