

Update on NPS situation in Hungary

DRD expert meeting

21 October 2019, Lisbon

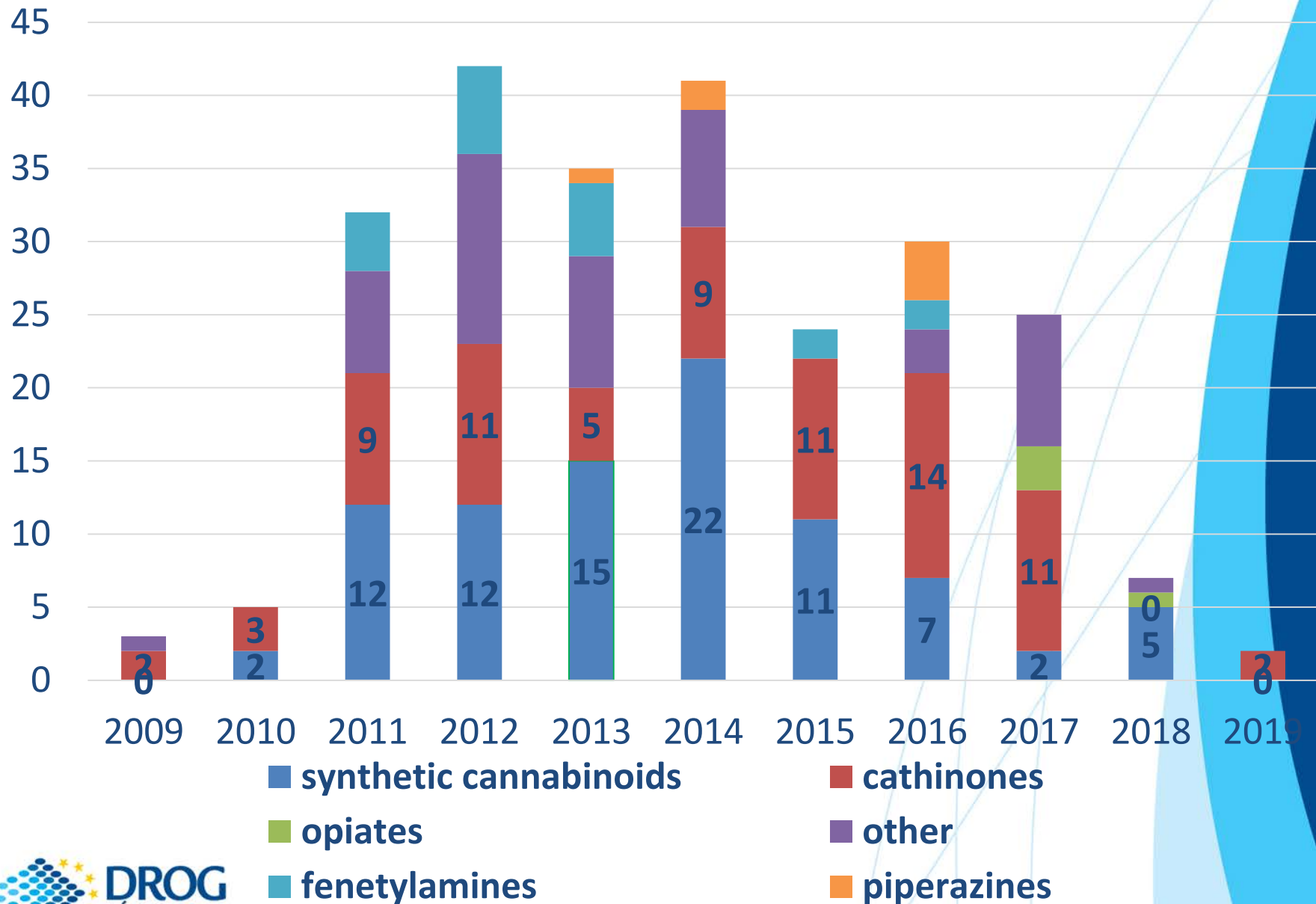
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Drog, Adat, Döntés

Number of substances newly identified by types of drugs



Number of seizures by types of drugs

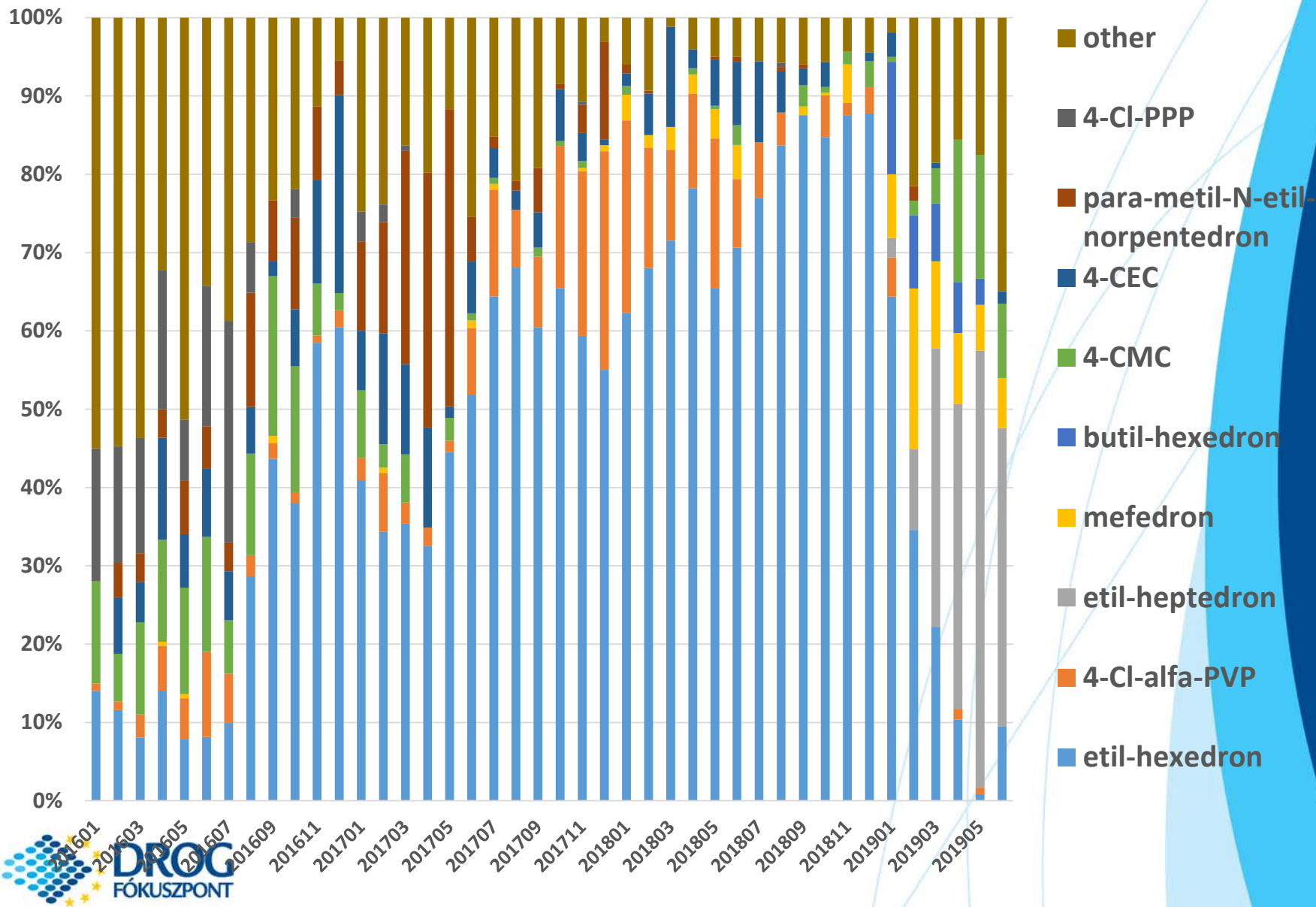


1) Cathinones



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Cathinones seized by months (no. of seizures)



Cathinones

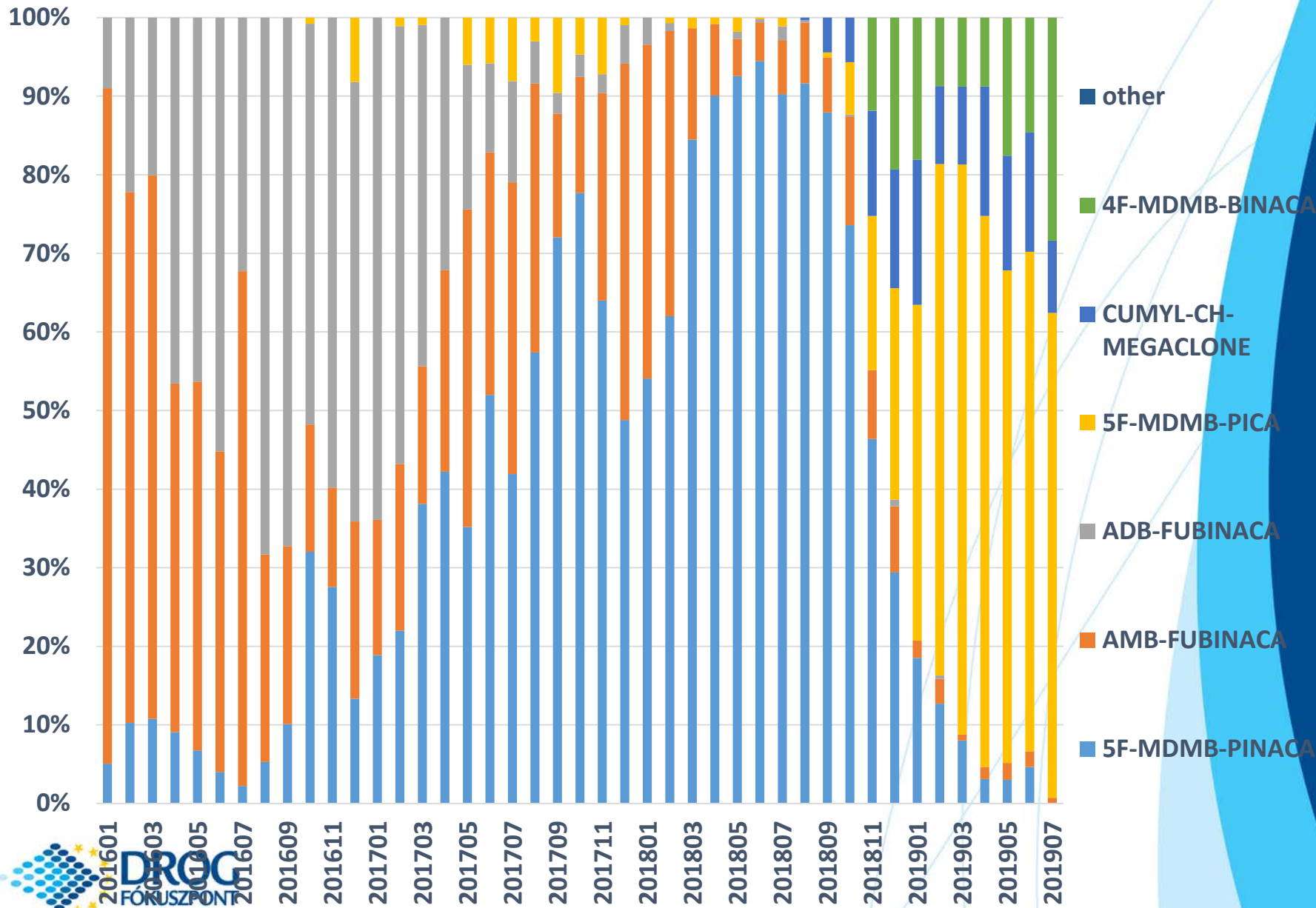
- 1) There is always a dominant substance from 2011
 - 1) (2010) mephedone
 - 2) (2011) MDPV
 - 3) (2013-2016/6) Pentedrone, a-PVP
 - 4) (2016/7-2019) Etil-hexedrone
 - 5) (2019) Etil-heptedrone
- 2) Mortality as primary or secondary drugs
- 3) Acute psychosis, poisoning
- 4) Overdose deaths were never caused by the dominant drugs (amt, 5-IT, 5-API, 4,4'-DMAR)
- 5) Injecting (70-80% of PWIDs inject cathinones) (> smoking/foiling); SCRA smoking
- 6) Recreational use? PDU! (outreach/HR/access problems)

2) Cannabinoids (SCRAs)



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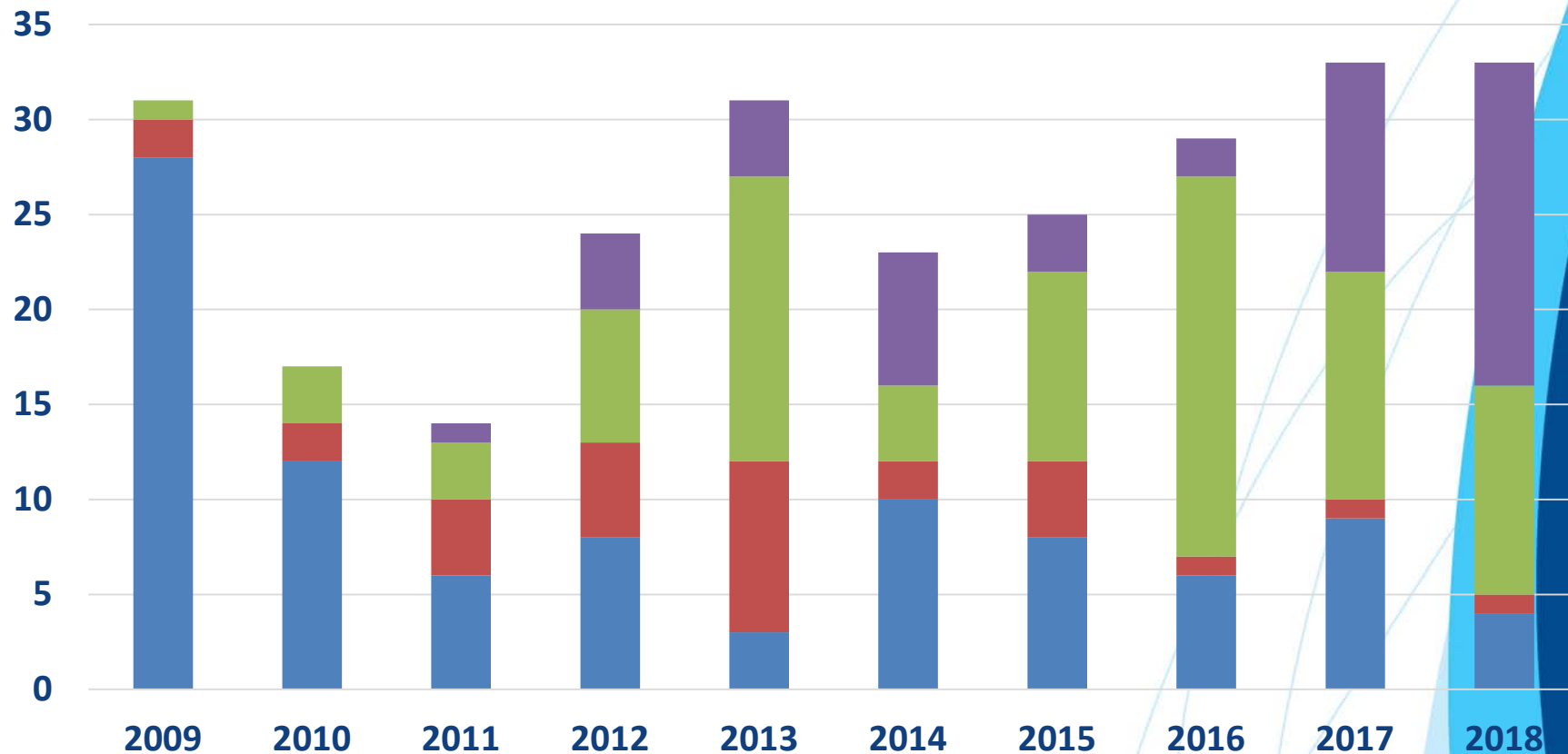
SCRAs seized by months (no. of seizures)



Cannabinoids

- 1) Dominant substance exists, greater variety
 - 1) (-2016) AMB-FUBINACA
 - 2) (2016-2017/1st) ADB-FUBINACA
 - 3) (2017/2nd half-2019) 5F-MDMB-PINACA
 - 4) (2019) 5F-MDMB-PICA, CUMYL-CH-MEGACLONE
- 2) No overdose deaths
- 3) Mortality secondary drugs
- 4) Acute psychosis, non-fatal poisoning
- 5) How they contribute to deaths as secondary drugs?
- 6) In the 8 years: exciting new drug > drugs of the poor or marginalised groups (rural segregated areas, slum, homeless people etc.)

Number of deaths by drug types 2009-2018

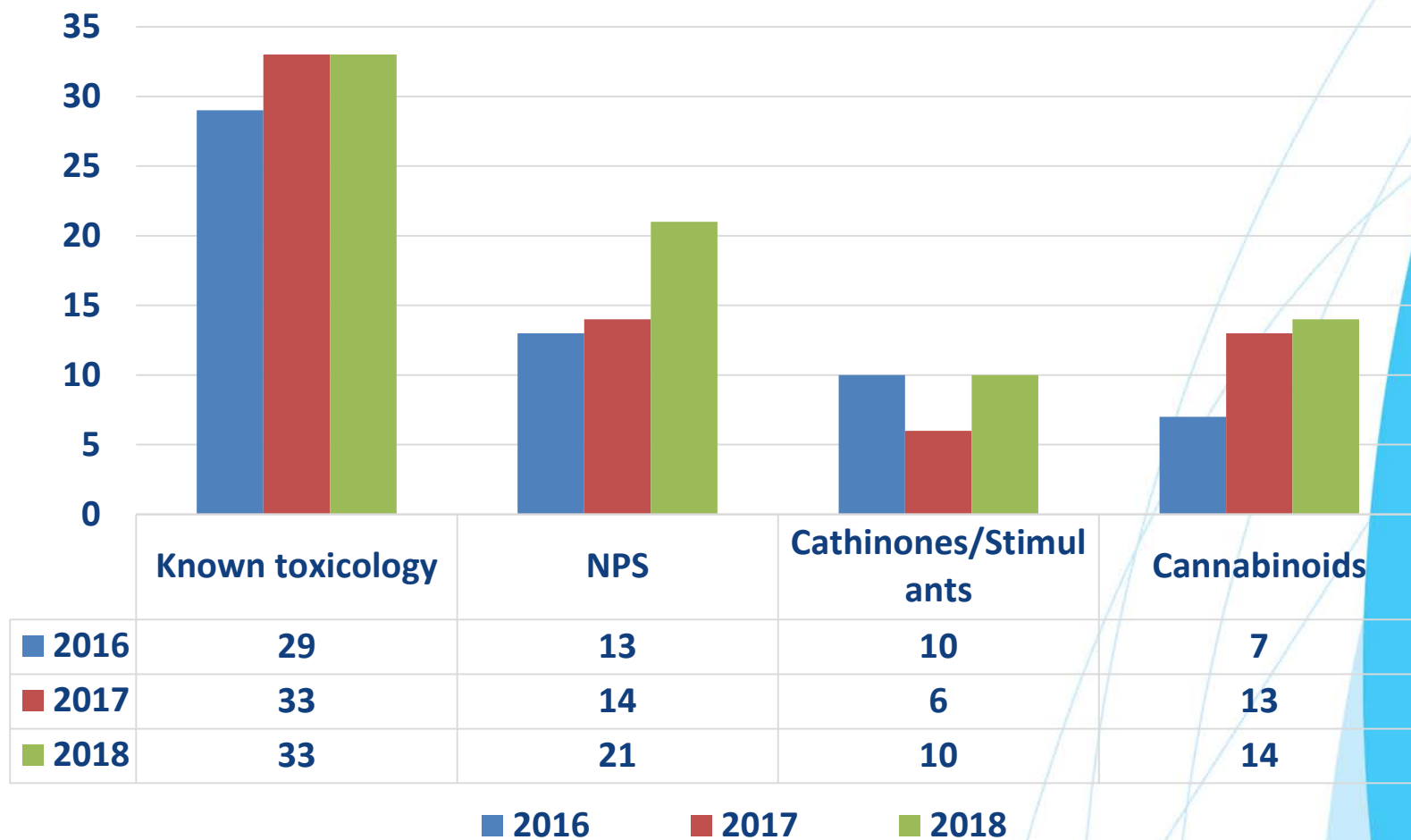


■ intoxication caused by other substances

■ intoxication caused by other, non-opioid drugs

■ overdose/intoxication caused by opioids (without methadone and other substances)

Presence of NPS in direct deaths 2016-2018



2016: in 44.8% of direct deaths NPS were present

2017: in 42.4% of direct deaths NPS were present

2018: in 63.6% of direct deaths NPS were present

Conclusions/ Way forward

NPS: In more than half of the cases NPS are present

? How effects stock up, dangerous combinations?

? Amfetamines + cathinones > overheating?

? Alcohol + benzo + SCRA's > breath deprivations?

? Differentiate organic (cardio) and situational (vomitus) death?

Socio –demographics/-economics

- Mean age in direct deaths is lowering
- Women are not affected
- Marginalised people may have lower access to ER / acute

Less injecting but high HCV: can be a good moment for antiviral treatment

Some concerns

Legal status: legal status changes over time, categorization of a substance may change over the years (other substance vs. other non-opioid illegal drug)

Public health pov vs. Legal pov (forenzics: official procedure, court trial, SR vs. GMR)

Attribution: If a pathologist finds illicit drug he points to that drug as cause of death regardless level of toxicity
> ‚Cause of death’ uncertain, GMR

Generally:

- Metabolism, pharmacodynamics/kinetics are not really clear
- Labs have hard times in identifying, reference substance
- No geographical homogeneity of labs ability
- No drop out in testing (7 year age a substance appeared for a month, we still look)

Special thanks to:
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Anna Péterfi (TDI, GPS)
Réka Bálint, Tamás Csesztregi (Market)

**Thank you for your
attention!**

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