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Contents

1	Introduction, methodological considerations	4
2	Description of respondents.....	5
3	Description of the organizations and work fields	5
3.1	Description of respondents’ work related to NPS.....	5
4	Definitions of NPS within organisations/work fields	7
5	Description of types of users.....	9
5.1	The herbal user.....	9
5.2	The crystal user	10
5.3	The indifferent / the multiple disadvantageous users	11
6	Description of NPS use by these users	13
6.1	How do they procure them?	15
6.2	Patterns of use	16
6.3	The harms users experienced (different from traditional drugs).....	16
6.4	Motives for using NPS (Differentiation between single, repeated, regular, intensive use) on both individual and national level.....	17
7	Description of NPS market.....	18
8	Definition of harm reduction and prevention	19
8.1	Definition of prevention, focus on prevention of NPS use.....	19
8.2	Prevention strategies for specific NPS, Measures to reduce the risk of NPS use	21
8.3	Measures that should be taken to minimise the potential harms related to NPS.....	21
9	Legal status of NPS	21
9.1	The role of legality and illegality of NPS in procurement and (motives for) use? Strategies to avoid detection or arrest.	21
9.2	Necessity of legislative changes (and explanations)	22
10	Current drug policy.....	23
11	References.....	24

1 Introduction, methodological considerations

Hungarian expert interviews about Novel Psychoactive Substances have been conducted (according to the shared interview guide of the project: New Psychoactive Substances: transnational project on different user groups, user characteristics, extent and patterns of use, market dynamics, and best practices in prevention - European Commission JUST/2014/Action Grant).

Between June and August 2016 eight (approximately 60-90-minute) semi-structured interviews were conducted with ten experts (two paired interviews) in Budapest, Hungary. The recruitment criteria of responding experts were that they meet NPS-users during their everyday work, and they are decision-makers at the represented organization. They were selected for the object of the significance of the study: their responses are relevant to the research question, and they also represent diverse perspectives and experiences in the theme of NPS. The respondents were professionals from all available drug use treatment levels from the low-threshold to the inpatient centres. If their answers were missing significant information other colleagues of the organization were asked. As it will be seen from the summary report, reciprocity and reflexivity played an important role during the interviews, therefore the role and status of the interviewer must be presented. The interviewer was a drug researcher fellow; the interviewer and the respondents had formal relationships, they knew each other from professional platforms. The interview drew the participants into critical reflections.

The research ethical principles have been taken into consideration. The participants were informed and gave consent to take part in the research, although their names will not be specified, they all agreed to be represented by the name of the organizations.

The data analysis has been started along the data collection process in order to continue the recruitment process until no new thematic pattern is observed (until saturation point, Galetta, 2013). The interviews were transcribed and analysed by the principles of the thematic analysis method (Braun and Clarke, 2006). The analysis was to be driven by the research's focus or analytic interest in the area, and is thus more explicitly analyst-driven and engaged in the semantic level of the interview data. The aims of the thematic analysis are 1) identifying, analysing, and reporting patterns (themes) within data; 2) minimally organising and describing the data set in (rich) detail; 3) interpreting various aspects of the research topic (Boyatzis, 1998).

Although we followed the structure of the analysis as given, some themes and patterns are such salient that those turn up at almost every level of the report.

Topics covered:

1. DESCRIPTION OF RESPONDENTS
2. DESCRIPTION OF THE ORGANIZATIONS AND WORK FIELDS
3. DEFINITIONS OF NPS WITHIN ORGANISATIONS / WORK FIELDS
4. DESCRIPTION OF TYPES OF USERS
5. DESCRIPTION OF NPS USE BY THESE USERS
6. DESCRIPTION OF NPS MARKET
7. DEFINITION OF HARM REDUCTION AND PREVENTION
8. LEGAL STATUS OF NPS
9. CURRENT DRUG POLICY

2 Description of respondents

The respondents were professionals from all drug use treatment levels from the low-threshold services to the inpatient centres. Their age ranged between 26 and 42 years with 4-25 years of professional practice. Most of them were social workers, other professions were: psychiatrist, mental health expert, sociologist, theologian, priest, and peer-helper. Most of the respondents were in leader position within the institution.

3 Description of the organizations and work fields

Overall the respondents were representatives of seven different organizations (see Appendix A). Six was a non-governmental organization, and one a state hospital. Three of the non-governmental organizations were connected to some kind of church. The tasks of the non-governmental organizations vary from low-threshold-, harm reduction- and community services, prevention, street social work. The state hospital covers inpatient-outpatient care and substitution (Methadone) therapy.

The organisations are found in different areas of Budapest, where a diverse intensity of drug consumption is present. The NPS has been detected in every part of the city since the first emergence in 2009. Although financial-sustenance problems were reported by every organization, the professional intentions are portrayed as 'bottom-up'. This means that organizations intent to reflect on the changing and varying needs of the clients. The tasks of the represented organisations in relation to NPS were basically low-threshold harm reduction services (needle exchange, information) except for one institution where both outpatient and inpatient care is provided. In understanding the work fields, the role and tasks of each organization, it is compelling to highlight some of the characteristics of settings in Budapest according to the expert's descriptions.

Budapest is divided by the Danube into two parts, the Pest side on the East and the Buda side on the West. Most of the organizations are on the Pest side, where there are two outer districts, with big housing estate quarter, houses of concrete from the 70s-80s, traditionally a working-class districts. Small injecting drug (preferably heroin) user population are located here.

The Pest side, inner historical district, old (100-year-old) apartment blocks, a mix of poor and middle-class population. It includes areas of marginalised drug users with Roma, sex workers intense injecting drug (primarily NPS) use patterns.

The Buda side is a mixture of historical, suburban-like residential areas, concrete housing estate quarters, big traffic junctions and university campuses. Work fields of teenage and university student non-problematic drug (mainly NPS- herbals) users, alcohol-addicts, and homeless people are located here.

3.1 Description of respondents' work related to NPS

All of the respondents agreed that NPS is a relevant and serious issue in their everyday work, they meet clients and encounter clients' inquiries about NPS and they usually feel *uncertain* because they are in lack of evidence-based information or their previously used professional strategies are inadequate with NPS-users. They also agreed that they have to handle these issues *alone*, they haven't received any real scientific/professional help or financial support ever since the NPS has been detected. They all have been looking for appropriate professional answers individually to treat the clients accordingly. They had to be *innovative* to answer the *transfigured needs* of clients, which were: earlier need of medical, surgical or psy-

chiatric treatment (more severe and early deterioration), more aggressive behaviour, more relapse and less acknowledging the problems/addiction.

3.1.1 Locus of the work

The respondents' work related to NPS can be divided by the locus of the work. They had to reconsider their

- i) own professional work: the way of work, and how to help their colleagues with answering the questions, and
- ii) the transfigured needs of clients needed new, innovative answers. (see *Figure 2*)

i. Professional work – a shift to action research

The professional work has changed since the emergence of NPS in 2009. The respondents perceive that the methods which they were using earlier became insufficient, their knowledge about different (traditional) drugs became irrelevant. Their associated feeling was *uncertainty* and they have not received relevant help from authorities. Their strategy became systematically collecting information about client experiences, to ask clients about the NPS and effect and side effects, and besides investigating the scientific literature. One organization was preparing an NPS questionnaire to ask clients about the preferred drugs and their experiences. Some were organizing case conferences with other institutions and service providers on solving issues related to NPS (in most of the cases without the help of the official authorities). Their work on NPS became a kind of inquiry of users to collect information about NPS.

In this change in their professional work, a shift in the field work to research can be observed. Field work or practice and research has never been separated in drug issues, but since the NPS, the work of the experts became more like an *action research*. Their work is initiated to solve immediate problems and they are in a process of progressive problem solving led by individuals working with others in teams or as part of a "community of practice to improve the way they address issues and solve problems". (Greenwood & Levin, 1998 / 2007) They have to deliver a new way of working in the field, which they were only partly trained for, and this leads to *frustration* and earlier *burnout*.

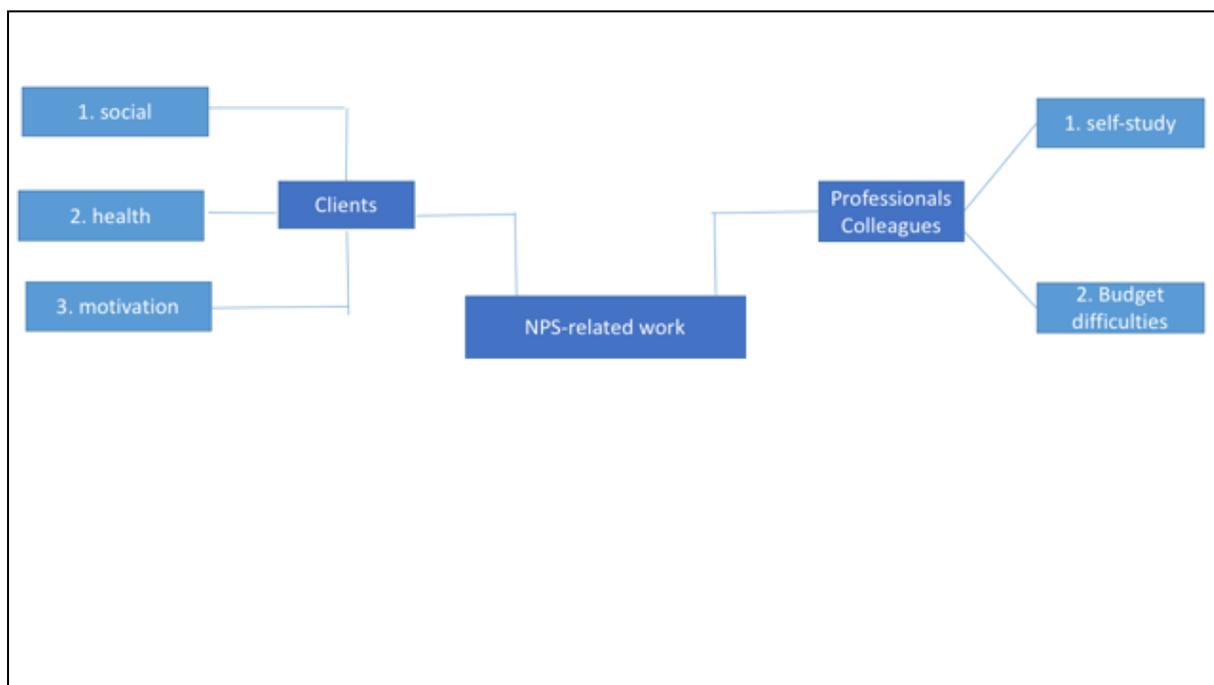
They also face *budget difficulties* for several reasons: they need to send their colleagues to training, to become more prepared for the NPS related work, they (would) need more time and extra resources during their work time for making the 'action research' part of their job and to handle the stress and frustration caused by the uncertainty and helplessness. The changed needs of NPS users should also be covered by extra budget (growing number of needles).

ii. Clients – treatment shift to NPS-paradigm

From the clients' side, the NPS related work is connected to health, social and motivation issues. They need more needles because the injected NPS lasts shorter than traditional drugs. The increased number of injecting and NPS by itself has more harm on their physical and mental health, the side effects are more severe and have to be handled earlier. The mental and physical deterioration is perceived quicker and more relapse is involved in the process. NPS uses are reported not to have a reflection on their deterioration (even if it's obviously discernible on their body). Experts agree that NPS-users had to get medical help more often, more difficult to solve their social (mainly lodging) problems and it is more difficult to

keep them in service. The social- and health treatment system is slower in change, although a shift from the 'heroin-paradigm' to 'NPS-paradigm' is needed. (Rácz, 2014)

Figure 1 Locus of the work. Description of respondents' work related to NPS



4 Definitions of NPS within organisations/work fields

The experts had difficulty in defining NPS, they all reported not to have a scientific or common definition for it. The definitions did not differ according to the different treatment levels or geographical place, although the need for the definition is controversial. They all defined obscurely what NPS is. Some feedback highlighted that this question is relevant and important, but they have not thought about the NPS definition earlier.

The experts have confused explanations and they experience the same from other professionals, they observe that everyone is uncertain. Although they experience that NPS is something that hurts people seriously, mentally and physically, they do not have any professional definitions. They assess it to be strange that no central professional answers from the authorities are given, which gives a credit for different myths. This naming uncertainty and definition problem can have a negative effect on their professional work (frustration, stress, feeling of incompetence) on the harm reduction and prevention level in the early phase of the NPS-use. What is the possible harm it can cause? What are the harms, effects and side effects that have scientific evidence? What should they say to the drug user about the possible consequences? Cognitive psychology and cognitive linguistics studies have found the evidence in the importance of the naming and defining the process (Tomasello, 2014). The names and definition not only important to bound the concept but to establish the ways of solving the problem. In our data, we observe the forming phase of the definition and this might imply the urging need for a reliable and professional feedback. Although on the level of the treatment of long-term user (harm reduction or clinical treatment level) definition is stated as something not so important: they don't need the definition for recognizing the symptoms or they feel helpless in giving an alternative motivation if the NPS is such cheap.

The experts' definitions lack 'pharmacocentrism' (Decorte, 2014), they are not trying to approach the definitions of NPS by chemical structures of substances, they are more interested in effects, the symptoms and the social circumstances of the NPS user and usage.

Although the moral panic (Pelbát et al 2017) is represented mainly in the media and by urban legends from the users it is appearing in the expert accounts (namely "the NPS is designed to kill the drug users"). This implies that this is the last call for a professional definition. If experts will not have a proper definition soon, there is a risk that their work will be influenced more by the grey literature, media and urban legends, which can be harmful in many ways (not appropriate treatment and risk assessment, exaggerated dangers, "junkie-type" of approach to all drug users etc).

The NPS definition according to the Hungarian experts includes:

- **Different names and annotations**

NPS has several synonyms (designer drugs, NPS, herbals) and names sold on the streets and online, and how the clients name is (definitions/names that users give: 'zene' (music), 'kristály' (crystal), 'biofű' (bio weed)) but even if it's the same name, they can have very different effects on the user.

"sold under the name 'bio' since one dealer found out, to build preference in users" (R1)

"It's not important how we name it (...) nobody knows the name for it actually (...) I cannot do anything with the name or the definition or the chemical structure (...) what should I do with it? (...) we can do anything until they can buy it for 300 HUF /1 EUR/, they will use it." (R6)

"It's an umbrella term. We cannot define it here; this can be done in the labs. The symptoms are similar after the long-term use, so I don't see the purpose here of having a definition and in the distinguishing" (R7)

"Designer drugs. That's it. (...) it's not important for me to know what clients are using. It's more important why they use it. I have to approach them from there." (R5)

- **The definition is unclear, uncertain**

It is something non-classified:

"Non-classifiable other drugs" (R2)

"something crap" (R1)

"Designer drugs. (...) Non-classifiable other. It's not marijuana, not speed, not ecstasy, but you can see that they are high from it and they are on it. It's not medicals. So to say, not the classical, this non-classifiable other." (R1)

"designer drug is something neither the user nor the giver knows anything about. For sure you can become stoned like a javelin from it" (R5)

It is something dangerous

"things that we have no idea of, but surely something very dangerous" (R1)

"liquid poison" (R4a)

"human experiment" (R4b)

- The definition is only a comparison, distinguishing from other substances

Something different than traditional drugs, legal substances and (misused) medicines

"Anything that is not traditional (...). Not heroin, not opiate, nor weed, I mean marijuana, and obviously not alcohol or medicine etc. Everything that has emerged since 2009." (R3)

- Associated with the effects and consequences

Easy to get hooked on

"something that will make the user obsessed and crazy" (R2)

"users get killed by it" (R3)

- Associated with the clients' needs and the frustrating professional uncertainty

"things with different names and different looks, which is shown by clients with begging eyes, if we could tell them how to use it and not get to a crappy condition. And I stand there with similar eyes, wishing I could tell you, but I have no idea." (R1)

5 Description of types of users

The herbal-user and the crystal user is distinguished unambiguously as the main two types of (NPS) users by every respondent. This would suggest a typology based on the substance characteristics but the typology of users is representing the complexity of multiple substance use patterns. But from the narratives a third category, the indifferent/the multiple disadvantageous users has become distinct. The typology is constructed by:

1. the NPS used and the predominantly used substances (herbals, crystals),
2. the new substance user (started with NPS), or the "shifters" (previously traditional drug users, now NPS e.g. Methadone-ex-opiate user),
3. the way of using the drug (injecting, smoking, sniffing etc.),
4. the intensity of usage (intensified/compulsive, regular, repeated, circumstantial-situational, social-recreational usage),
5. the motivation of usage (availability and myths of legality, natural substance and not harmful),
6. the user's age, social class, social stability, ethnicity and the location (see Figure 1 - marginalized or ex-middle/worker-class or middle-class population),
7. associated characteristics of the substance (legality, naturalness, the level of harm and effects).

5.1 The herbal user

They describe the herbal user as a smoker, who can be an intensified/compulsive user and circumstantial-situational or social-recreational user as well, but rather the latter.

Herbal is mainly sold under the name 'bioweed'. This - in the emergence phase of designer drugs and for very young or new users – can easily be deceptive for the users, they might think this is a natural (or even healthy) substance. They usually smoke the weed that is soaked with synthetic cannabinoids.

Bioweed is recognizable also by the smell: *"it's stinky, it smells like plastic when they smoke it"* (R4b).

Marginalized (Roma, homeless) persons and middle-class teenagers use herbals with different motivations. For middle-class teenagers, the herbal use is perceived like marijuana use. It usually happens by peer pressure in the recreational setting. Although it can become very severe.

"Their relations with family and friends are worsening. Their reality check is bad, that is what is in reality, so to say, the reality and the way they think of themselves is separated. They fall apart mentally, physically. They are agitated, not taken care of in thoughts and in behaviour. They keep on promising, don't come, don't remember, disappear. And this 'click-clacking'... Something is driving them again and again." (R2)

"Young teenagers (13-16 ys) think herbal is legal, they buy it online and/or produce for themselves, peer-pressure is common they are regarded as single, repeated or regular users." (R2)

Among marginalised users, herbal is regarded the less harmful substance (in comparison to crystal): to be or to become an herbal user is a status change, a beginning of the road to "recovery".

"The funny or not-so-funny thing about herbal is, that they see it as a way to recover, you see. They come and tell me with a kind of pride "hey, I'm on herbal now, I will recover soon" Really! This is what they think." (R1)

5.2 The crystal user

The crystal user is typically marginalized, injecting, intensified/compulsive user, who will most probably have serious health problems and would be difficult to get treatment for them. They can be easily recognized by the physical harms they have on their arms and legs (not only the stings but the swollen limbs) and sometimes all over their body (purulent furuncles, abscess etc). Their general body movement is changed, they have *"uncontrollable and somehow bizarre movements"* (R3).

"We see that it's not sure they share the needles, but the spoon is shared as well. Many of them are already infected /HCV/. They are really ugly; in the physical appearance, I mean. We haven't observed that previously (...) They /previous drug users/ haven't reached this point even after 30 years of intravenous use, how their legs and arms look now." (R6)

If they are high it lasts for around 30 minutes. They are alert, looking for something, dealing with something. "They are looking for treasures" (R3) they are energetic and always searching for something.

"(...) it starts with this packing, wrapping up, rummage phase. This young guy packed the newspapers here in such an order, it was never before. First, he put it out, put it back, then again put it out, put it back, and the result was perfect. And then comes the panicking part." (R4b)

They have hallucinations of bugs and worms under their skin. Their skin hurts. This experience can lead them to a psychotic condition.

The crystal user has *"no pleasure, just to become "okay", to lessen craving". (R4a)*

The crystal user is well-informed about the differences among the drugs – this is perceptible as injecting have an immediate effect and side-effects are visible.

The intensified-compulsive use is leading to risk behaviours, quick physical and psychic deterioration and deaths among users.

“they are those who deteriorate completely within one – one and a half year, their organs are destroyed, 60-70 percent of them are infected by HepaC, and we had HIV-infected client as well. The excretive system is damaged totally. The kidney, the urine system is attacked by the substance by the infections. These clients need dialysis ... kidney cancer, kidney inflammation everything, everything... The circulation system is destroyed as shit, the heart and vein system, high blood pressure. They are thinned to 35-40 kilograms... half-dead bodies. Psychically the full contemplation and the whole symptoms with high intensity of severe addiction can be observed.” (R7)

They get used to the Crystal very easily and have strong withdrawal symptoms.

5.3 The indifferent / the multiple disadvantageous users

The typical user described by the clinician who sees NPS-users from all over the country is:

“the typical user is a 17-20-year old, half-homeless, Roma youngster” (R7)

The multiple disadvantageous status is added up by the user's age (very young), the social class (low status) and ethnicity (Roma). The reason for that, according to the experts' experiences, is that NPS is extremely cheap (300 HUF=1 EUR for one dosage of herbal) and very easily available (from the dealer on the street or ordered online) in Hungary (in Budapest, and in the countryside). It is connected to the socio-demographic and -economic characteristics of the users.

The multiple disadvantaged settings are the following:

- **Homelessness**

“/NPS user/ is such a user group, that was given birth by the misery/deprivation. If they don't receive the substance, they will drink canned wine /very cheap, very low quality “synthetic” wine/. This is brutal. (...) this is quite a broad social layer, typically homeless, without any income, living on the streets. (...) in that existence where they are, almost totally indifferent, what it is, that is they take. That is accessible. That is the easiest, the cheapest, the most obviously accessible. And this package /of substances/ includes designers as well. (R6)

- **Homelessness + young age + lacking or dysfunctional family background + prison background**

"They have nothing to lose, definitely nothing. That homeless substance user, who has spent several years in different institutes, like the prison, they have nothing to lose really." (R4b)

- **Homelessness + old age (males) + alcoholism**

“Older homeless people who switched from alcohol to NPS because it was cheaper / herbal, crystal etc /smoking, rarely injecting.” (R2)

"There's a 70-year old man. He was seduced by 2-3 young women, who now live at his place and he got hooked on NPS. He comes here to change needles." (R4a)

- **Homelessness + homosexual sex work + lacking or dysfunctional family background**

“In the Népliget we have met boys who ran away or was sacked from the children's home and here's this homosexual clientele, which after a while loses the living and gets here. They meet the drug and the sex work here, and then a very quick deterioration can be expected among many youngsters, I guess." (R4b)

- **Prison**

"First last year the sprayed tobacco appeared in the prisons, some got stoned, like a javelin (...) now it is coming, it is leaking on any kind of synthetic papers and obviously they are motivated to use it there, because I guess, they think like 'than I only have to bear 2 other night and I'm free.'" (R5)

Low economic status is not just a cause it can also be a consequence of NPS use; NPS-users become poor. NPS-use is associated with a quick deterioration not only in the physical and psychological health but in the social status. They become "scrounged and torn" (R5) inside and outside quickly (quicker as it was monitored by traditional users).

"Someone used to live in better circumstances, you see, there were no such quick slipways, like it is now. Where they end, such down in a minute. (...) when they end up on the streets, from that point there's a brutal and intense deterioration on every level. It's a totally different life, and exactly at that moment it starts changing into a very negative direction." (R6)

The less education, the less socialization, the more NPS use is forecasted by the experts. They don't see any difference in the location (between capital, city, and village), but the education and the mental health status of the person.

Experts monitored more female (mainly teenagers with bad socioeconomic background and mental health) in NPS use than previously with traditional drugs, but the main trends in male-female ratio haven't changed.

In former drug user (but not marginalized) communities (4th and 10th district) in the beginning NPS-use was despised, it was valued similarly as in the nineties the glue-sniffing was in Hungary. Only the poorest, deprived users inhaled glue as a psychoactive substance, it led to quick physical and psychical deterioration (as NPS does today). Today approximately half of the drug users shifted to NPS from Heroin or Methadone to Crystal typically.

"In the beginning in Újpest, it was absolutely not used, moreover, when they saw a designer drug user, they were like a pack of lions, where these old guys, the opiate users, stood around the designer users and start mocking 'what are you doing here, you, Batman?!' There was quite a big rivaling, and they despised those who used that kind of drugs. At Kőbánya, half of the drug users were heroin-user and half Methadone-user. There it was quite visible when the Methadone-user started using Crystal and this and that, and in the end, we saw our client actually dying, when starting the Crystal. (...) In Újpest (...) roughly 4 years ago they started using Crystal instead of Heroin. Many of them got into prison because of that, they were involved in violent criminal activities" (R4a)

In the 8th and 9th districts: intensified, injecting NPS (herbal, crystal) use, in the 7th and the 12th district: mixture of intensified, injecting NPS (herbal, crystal) and traditional drugs and in the 11th district: regular use of alcohol, traditional drugs and NPS (mainly herbal) is monitored.

The new substance users, the youngsters usually only use NPS.

"They don't even know about the old drugs. Their physique deteriorates much sooner; it ends sooner. If they go to school, because it is this age group, they will burn out sooner, and will not be

able to maintain these 'I go to school', 'my mom doesn't recognize anything' stuff. They get pinched earlier." (R3)

"For the new ones, you know, they are youngsters, for many of them, in the certain situation this is THE drug." (R5)

6 Description of NPS use by these users

They use herbals and crystals. None of the NPS-use is reported to be connected to pleasure. The main aim of usage is to get stoned, bombed, buzzed, to get out of the real world (escapist model). Their approach from the deficiency model is overrepresented in the accounts:

"If I don't use it then maybe it's not working, and whatever, I fall asleep, and this comes and that comes. This I have, everything is okay. Even if it's not the effect, and it's not good, but still." (R4a)

"It is strange for me, that it's not good for them, and still they use it." (R4b)

The herbal is usually smoked and its effects can be described by cannabinoid and dissociate features. The crystals are usually used by injecting or inhaled from foil and it can be described with opioid and stimulant features (according to Mark Adley The Drugs Wheel <http://www.thedrugswheel.com/>). (See Figure 3)

Those who don't use NPS account it as a question of prestige.

"To use NPS someone has to be desperate and miserable. If you are demanding in any sense, you won't use NPS. Traditional drugs are prestigious; it shows a status in the drug user subculture." (R5)

Herbal reports

- Being stoned, bombed, buzzed

"fainting and falling because of bio weed. And you see the guy with distorted face, and when you see him clear you realize, wow, this is a cute guy, and when stoned, the lips and the eyes were falling apart and couldn't even walk properly" (R4a)

"It calms down. Which is again something, as they word it, it is different from THC calming effect, in other words, it's not the sleeping-calming, rather a vigilante type. It has an antidepressant effect." (R7)

- Paranoid delusions

"They get paranoid. Have difficulties in differentiating between real life and the bio weed-induced life." (R2)

Crystal reports

- Euphoria

"The powder //Crystal// users, and within the intravenous users report a huge euphoria. In their words, it is more intense than the heroin-flash." (R7)

- Surreal stories, spiritual discoveries, distortions, hallucinations

"Once it was quite frightening. On a stormy night, a lady came with a witchy face, and before her, another client was talking about God, and this lady entered and told us that she is a prophet and she talked to God and she is the lover of Satan, so she cannot be hurt... (...) this prophet-syndrome was existing for a while." (R4a)

"Half of them //the Crystal users// reported hallucinations. Pleasant, intense hallucinations." (R7)

- Energized, tensed

"they are energized but don't know how to use the energy." (R4a)

"aggression, but it's not against another person, but what you feel, when he is entering, that he has this enormous amount of tension. You see it on his muscles and the whole person is on the edge of explosion." (R4b)

- Rummage, seeking, hunting

"All the time they are packing and wrapping up something" (R6)

"it was only between those two trees, not a big distance, to rummage on the ground because he found gold, he found treasure, and he was looking for it" (R4a)

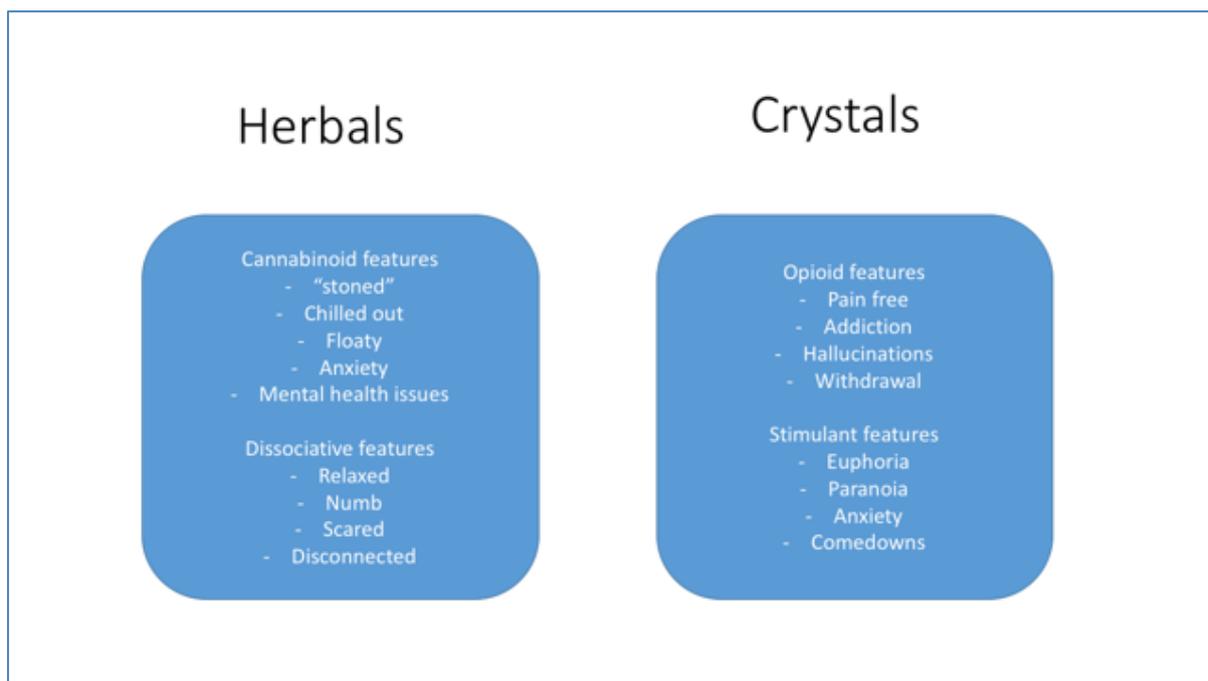
- Paranoid delusions, aggressive behaviour

"/this guy/ said he is stressed out, he is being followed by the detective the whole day, he cannot do anything with this. The whole day, wherever he went, he was observed from every car". (R4a)

"he thought he felt he had a tap inbuilt in his ears and he stuck into his ears with a knitting needle" (R4a)

"paranoid delusions (...) more irritable, so more aggressive. Not like in the beginning, when the third eye opens and bugs are coming and different creatures are appearing, who will tell you what is your duty on Earth" (R4b)

Figure 2 Features associated with Herbas and Crystals (based on Mark Adley the Drugs Wheel)



6.1 How do they procure them?

The experts only had guesses about the procurement as in the treatment facilities it is forbidden for clients to talk about this topic to avoid dealing there. The majority had suppositions and some of them knew facts.

The users mainly procure NPS from dealers offline, it is reported to be very easy to get NPS on the streets. More users and non-users are involved in producing and dealing than it was observable before the NPS. It is accounted simply to order the ingredients and to produce. For many users, this serves as income and living. Most of the users have personal contacts to the dealer.

There are even well-known streets in the 8th district where dealing is taken place. Crystals are almost only bought this way.

"Almost all of the substances are coming from the 8th district (...) they name houses and streets, where these are accessible". (R3)

"The ... street is simply like a Tesco supermarket /of drugs/, where they are lining up." (R4b)

"The normal, classical drugs quality has worsened. And on the other hand the designer drugs are such cheap, actually anybody anywhere, I don't know, this herbal bio weed you can make in your home, your own kitchen and then you go to the streets in front of your house and sell it. " (R4a)

The young users (15-16 years old) from the countryside are using the internet to procure NPS.

In the prisons previously they sent sprayed tobaccos, which were discovered by the guards and were forbidden. Nowadays they spray the handwritten letter papers with NPS and they eat it as a sweet or dissolve in drinks (the price is rumored to be 70 000 HUF=240 EUR one A/4 page of sprayed paper) The accounted effects of these remind the expert of the herbas.

Some experts reported the systematic testing of NPS on the users.

"And you know, every time it is tested by a user. The dealer has its people. If it's /the NPS/ working they will spread it, if not, the tester dies." (R4a)

Herbals are sometimes (typically by middle-class younger users) produced or ordered online.

6.2 Patterns of use

Most of the responding experts work at organizations that have clients of intense drug use patterns. These are mainly low threshold, harm reduction services for injecting drug users and using street social work as a professional framework. They are the first "bastion" in the drug addiction fields. The trends reflect the problematic drug use patterns in Hungary.

- The main pattern ('Les Miserables') appearing is the intense/compulsive/escapist injecting NPS use which is connected to specific socio-demographic and -economic status. (See 4.3. paragraph.) The NPS (mainly crystal) use is connected to age, social status and the miserable, hopeless situation is perceived to be caused by their low social status in society. NPS is cheap and accessible, the function of the substance use is to get into an 'alternative life'. More injecting is needed, that increases the risks of drug use.
- Escapist pattern. Circumstantial-situational use. NPS (herbal and crystal) use is associated with the need of substance but nothing else (traditional drug) is available. Increased risks to become intensified user.
- The peer pattern. NPS is perceived trendy and popular among teenagers. NPS (mainly herbal) use is connected to social-recreational occasions, the function of NPS-use is similar to marijuana.

6.3 The harms users experienced (different from traditional drugs)

The young/new substance users are usually not familiar with the traditional drugs, for them, NPS is the (only) psychoactive substance available. The 'old drug users' were resisting NPS for a while, even despising NPS-users. NPS user was in low-status in the drug user subculture for a few years' period. But when supplies had difficulties and especially when the form of Methadone changed from liquid to pills, NPS has grown into all drug using subcultures. It became widespread and popular despite the previous bad experiences, reported and observed harms, side-effects and consequences, which were the following:

- Different patterns of behavioural, psychic, mental, body changes
 - rotten, stinky wounds
 - holes in their body with different secretion
 - abscesses, ulcers
 - more sensitive in their bodily/skin senses ☞ undressing
 - eating/sleep disorder, self-medication
- Quicker accustom to NPS than traditional drugs
- Quicker deterioration both for new and old users (new users need help earlier from the health institutions)

"growing old" (R1) = intense physical and mental decline

"soaked sparrow" look (R1) = horrified eyes, undemanding outfit, bad clothes and body status

- Quicker financial and social/lodging problems
- The degree and volume of harms is worse than traditional drugs
- More intense use (even in repeated or regular use)
- More difficult to recover
- More death among intense users

- More tensed, nervous, restless, psychotic behaviour
 - paranoid delusions, psychotic symptoms
 - always looking for something “treasure hunting”– always looking for something, always arranging, sorting things
 - more aggressive behaviour, self-destructive, self and other aggressive

6.4 Motives for using NPS (Differentiation between single, repeated, regular, intensive use) on both individual and national level

Undoubtedly the crucial motives for using NPS on both individual and national level is the low price and the easy accessibility.

The central motives for use are the cheapness and the easy accessibility (offline and online). These are the eminent motives on the national level and on the individual level. It is much cheaper than the cheapest alcohol available (the “synthetic wine”). On all levels the “got it from a friend” (R2) way of receiving NPS is accounted. It is generally known that “you can make it //NPS// in your own kitchen” (R4b) and that the receipts can be downloaded and the ingredients can be ordered by a few clicks. This ‘commercialized’ way of representation is supporting the myths of legality and the NPS being less harmful.

Boredom can be a motive for every type of user:

“Their life is empty without drugs. They use it because of boredom.” (R2)

NPS has several myths, users are being deceived on the legality, the naturalness of the substances. Although none of the intense or regular would be motivated to use NPS because it’s legal. The single and the repeated users account this on group meetings. The name of the herbal “bio weed” is misleading (thus serving marketing purposes for the dealers), it carries the meaning that it is natural and healthy. These myths can become motives (or excuses) for single or regular users.

Among intense users, there are other misunderstandings, like that *“they think synthetic and poisonous is not the same, they distinguish the two as poison is bad, synthetically is not bad for your body. Every time we meet them, we have to explain.” (R1)*

Among intense and regular users other myths were spotted: alcohol addicted persons thought that NPS will help them in recovering, previously traditional drug users were told, that NPS will help them in easing the craving and crystal users regard shifting to herbal use as a way to recovery.

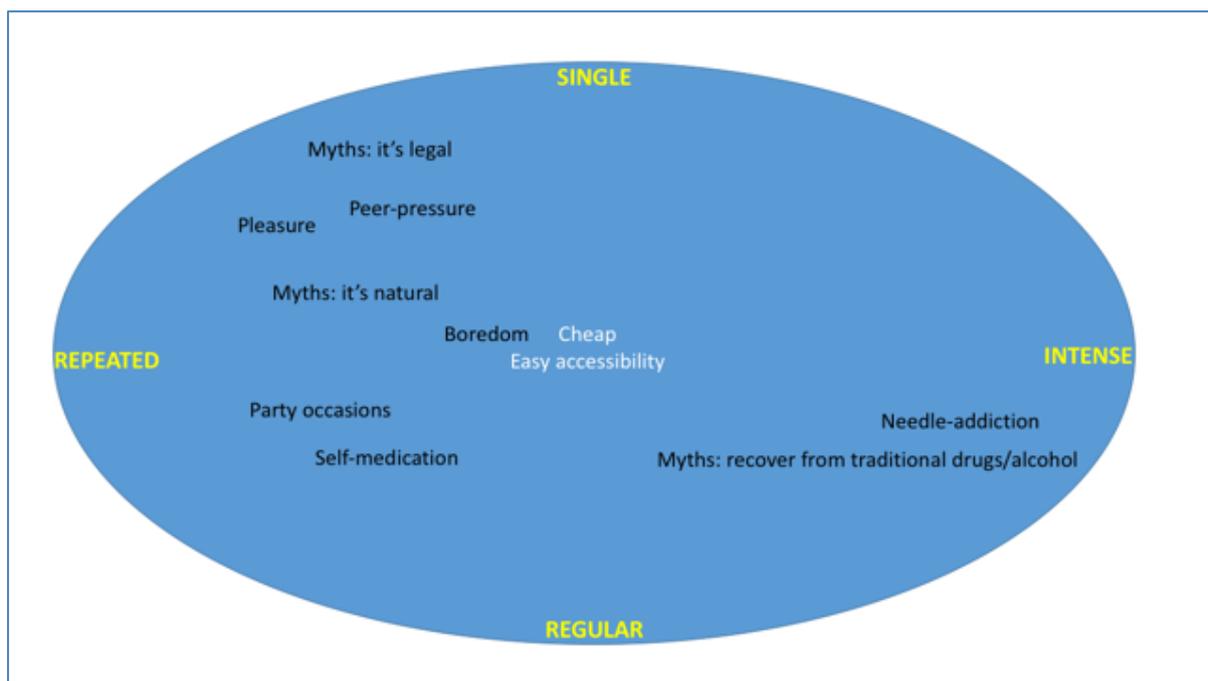
The pleasure as motive is discovered among single and repeated users, but not among intense or regular users

“they don’t feel better, but they use it, they become okay” (R4b)

And self-medication is also appearing as a general motive for repeated and regular users.

According to the respondents' professional experiences, we gain a clearer picture of the motives of intense and regular users. Figure 4 includes the different motives from the inner circle the motives get more specific to the type of use.

Figure 3 Motives for using NPS



7 Description of NPS market

The respondents are experts from the fields, mainly from low threshold, harm reduction services, where the clients are not allowed to talk about the circumstances of procurement. They have impressions and observation, but not facts and verified information.

In Hungary, there are no legal "offline" outlets available. NPS is sold illegally primarily on the streets (as it is connected to the poorest, low-status population), on the countryside, it is perceived that users order it online and it is shipped by the post. A small user group - the middle-class teenagers - are reported to order it online but in their cases as well the offline relationships are significant in the procurement of NPS. (for more details see 5.2. Chapter)

The experts also insisted on the definition on NPS that they don't need to know the chemical structure or the actual compounds of the NPS in their everyday work (see Chapter 3 for details).

"...it's not important what the name is. We are involved in the second round of this research project (...) every month we send 800 syringes to the laboratory and they state the chemical structures and compounds ... and this is a very important project, but I have to say to them as well. Okay, we know now the name, but we will never ever call it like that and moreover, what should I do with this information? How are with further with that? (...) whatever we will know, if they can buy it for 300 HUF, they will use it." (R6)

The NPS market seems quite stable, although they detect the differences in the users' behaviour in times of big seizures and when the new substance has arrived at the market.

"When they are click-clacking, from that we know, there's no drug. That's when there's absolutely no drug available. When clients disappear completely for a while, it's most probable that the quality has worsened on the market. (...) or someone was caught. And there's a period when eve-

ryone is in an intensified mood than there's new substance is on the market. If we ask them what is that, one say this name, the other say that name, but the effects are actually the same.” (R4a)

Quite a few people were involved in the producing and dealing, more than it used to be during the traditional drugs area. Many users have also made their fortune by ordering the substances online and spread it among the other users. But these are stories from two years earlier.

Today there are big dealers (families) in the 8th district who buy bigger quantity from online sources and they produce (“cook” (R1)) the NPS at home. Most of the users buy from dealers offline and a small minority makes NPS for themselves.

8 Definition of harm reduction and prevention

8.1 Definition of prevention, focus on prevention of NPS use

The respondents gave slightly different definition to drug prevention and harm reduction in general. They expressed their uncertainty about the prevention’s efficacy in NPS, and they haven’t seen NPS related good practices recently. They feel abandoned by the authorities, the prevention or harm reduction strategies they are actually using are developed and based on the need of the clients (bottom-up) and on their capacity.

8.1.1 Drug discourses

The good prevention is regarded as a complex health programs

“for me prevention is health promotion (...) it means that we shouldn’t go against exact chemical compounds, but help people to become self-strong and capable of solving problems, happy adults, personalities who are strong and conscious by themselves.” (R2)

Some put emphasis in the protecting factors: family, communities (school, hobby, religious, sport etc) that help the individual to grow and progress

But the main problem is in the general system of health and education services and the in the mental health of families

“There’s no reason to have prevention by itself alone. (...) only overall measures can reach goal, which include the school, the family protection services, everything (...) where they help families to learn how to raise their children in a more normal way, and this child reared in this family more capable of choosing a normal life.” (R5)

“/Prevention/ is only possible with widespread collaboration. With programs and bigger financial supports. Not making the problem a taboo, not hiding it. The institutional-provider system must be made complex both for children and adults. From the basic services to the treatment. To put the health, the social and the education system next to it. This is the level of the whole society, not only this part or only that part... And I also think, that the reducing the supply is needing all tools, that they have.” (R2)

In clinical setting they also do some kind of harm reduction service:

“One of our main aim during the work here is to give the information to the client that asking for help is important and wherever he will look for it, the help is needed. Into a self-help group or whatever, just find something.” (R7)

The clients' motivation to get into treatment and to stay in treatment is very low. Some programs should also reflect this need. This lack of motivation is not due to the NPS as the substance itself, but rather the value it is representing (mainly the cheapness and the easy accessibility) that makes it a fundamental solution for low status, miserable people.

“...their motivation is really weak. This is not because of the substance itself, but rather because of the low socialization, and the young age. We cannot account on many successful rehabilitations from NPS-users (...) they discontinue the rehabilitation and ... the relapse is very common. This is an inconceivable problem still.” (R7)

8.1.2 Actual ideas about NPS-related prevention work

Most of the experts agreed that NPS-related prevention in schools should be based on factual knowledge. Both good and bad characteristics of a drug should be shared with (mainly) youngsters, teenagers thus becoming authentic.

“Harm reduction information is needed (...) factual knowledge delivery is needed and peer groups.” (R3)

“giving big amount of realistic, valid – not biased on urban-legend-like – information” (R1)

“I would definitely acknowledge, that we don't know exactly what is this. We don't know what will happen. There's a big chance that it will be pleasant, or maybe it won't be good for them. Maybe it will work like the normal cigarette, that it will become good for the tenth occasion, but it will fill in something that is missing from their life (...) that's why psychologists and social workers are needed in the schools.” (R3)

They also added that developing self-knowledge and self-awareness to prevent risk is only possible by forming the attitude and some kind of general approach is needed

“take responsibility for yourself, consider your decisions and take on the consequences of your decision, no matter who is around you, you are responsible for yourself and be aware of that” (R1)

8.1.3 NPS harm reduction strategies by the experts

NPS has changed the actual harm reduction work in many low threshold services. It's not enough anymore to talk about the possibilities but the client needs to be followed by the health service to get proper treatment for the serious wounds or the ambulance must be called by the colleagues.

The colleagues have to deal with an opposition from the colleagues of the ambulance who are not willing to come if they know it is a drug user. Drug users are regarded as not important clients whom they shouldn't provide the same treatment.

8.1.4 Integrated, multidisciplinary treatment

One of the most mentioned difficulties in Hungary for services today is to find relevant interdisciplinary help from the health and social system.

Experts agree that community services and the cooperation between the different services could extend the efficacy the prevention, the harm reduction and the treatment of NPS-use and users.

An integrated treatment service would be the solution for solving the complex problems of NPS-use and users.

“It’s a general problem in addiction treatment, that remaining in the therapy indicates the efficacy of the therapy. If they are in any therapy, then it is regarded as cure/healing. But the communication between services is very weak. This going from one place to the other, and the need for treatment is difficult to follow. We hardly ever have information on what happens to them next. But there’s a development in the (informal) communication between the service providers, it seems like there’s a strengthening in the connection.” (R7)

8.2 Prevention strategies for specific NPS, Measures to reduce the risk of NPS use

The experts all agreed that they don’t know any good or bad examples of prevention strategies specific to NPS. This is due to the missing professional background and the lacking financial support.

They cited one very initiative attempt (INDIT Party service) that aims harm reduction at parties, but their focus is not NPS, but the setting.

No NPS prevention measures were named regarding supply and demand reduction.

8.3 Measures that should be taken to minimise the potential harms related to NPS

“Please try it first!’ Among the intravenous drug users. Please use just a small amount in the beginning. That’s all roughly that we can do. We cannot say anything else really.” (R1)

9 Legal status of NPS

9.1 The role of legality and illegality of NPS in procurement and (motives for) use? Strategies to avoid detection or arrest.

In the beginning, when NPS became available it was more important for the users. Not only because of the using, but from the producing side. Many of them started an enterprise and made fortune by producing and selling NPS. This has changed recently.

Among the not circumstantial users, the myths of legality can still occur and it is connected to the conception that it is not (as much) harmful if it’s legal.

“..until it wasn’t on the banning list, they told us, that this is not prohibited. And they actually thought it in the beginning that it is not that harmful.” (R3)

According to most of the experts, legality, and illegality of NPS in the use is not important, it is not an explanation/excuse for the use (except for the middle-class teenagers, who is a smaller NPS user population). NPS-use is connected to social problems. Experts agree that until NPS is cheap and easily accessible, they will use it whatever the legal status of the substance will be. They are not using any strategies to avoid detection or arrest or at least that not differs from previous strategies.

"From the users' side, it is almost irrelevant. They don't care... so someone who is a drug user and addicted has never ever cared about the legality or illegality of the drug... They used it when it was illegal. They don't care." (R6)

Blunder of police

It rather raises questions for police officers who are not trained properly or obviously can't decide by looking at the sprayed tobacco or powder whether it contains banned substances or not. According to the stories of the clients, there were occasions when police had to return the seized materials. This can raise not only technical but moral questions among the police that should be discovered.

Getting into treatment

This question raises questions rather on the treatment side. How would these clients be treated in the social and health system if these substances were legal? And how their motivation would change if it was legal? The clients are afraid of the authorities and the punishment they might get for their illegal activities of using the drug.

"the clients reach us later because they are afraid if we will denounce them." (R7)

9.2 Necessity of legislative changes (and explanations)

Experts are not satisfied with the legislative changes, but most of them agree with the prohibition altogether, although they see it's not working properly. Their main explanation is that legalization wouldn't solve NPS problem among the marginalized users. The legal substances couldn't reach the low price of NPS and for these users, that's the only viewpoint at the moment. Until there are no relevant solutions for the social problems, experts are convinced that NPS-use will evolve, whatever legislative changes would happen. NPS-use is mainly a social and not a legislative problem for experts working with NPS-users.

9.2.1 Pro-criminalization

There was more expert for pro-criminalization, their explanations were rooted in the concept of unpreparedness. Many of them regarded the citizens in general, but especially those who use drugs to children, to someone who is incapable of look after themselves. They were not entirely reserved from the possibility to once loosen the prohibition, but changes in the society must be reached for that (this is reflected in the prevention programs needed).

"At this moment I see, that this country is in such bad mental health status, that at this moment legalization, would be like to let my 2-year-old child into a room, where no plugs (connector) are installed, and I would say this is your choice. And if I don't forbid from there, she will make a good decision." (R5)

"I think at this moment this country is on the ground. I usually say this story of the safety belt in the USA. I was touched when I heard this. The message it brings. So when safety belt was introduced, there were much more accidents, because it generated a false sense of safety and they were driving quicker, and whatever and ground themselves badly." (R5)

"I experienced this in '99. I saw among those youngsters that they were vacillating in what are the drugs that are legal and what are those that are illegal. In that period there were discussions

about the legalization of different substances in the media, here, there, yonder. And those who were not paying attention properly or just heard half-information." (R2)

9.2.2 Pro-legalization

Only a few experts counted with the possibility of legalization, who connected the phenomenon to the social desirability concept.

"I think, criminalization of any substance or substance use is bullshit, is stupid. We reach the opposite." (R7)

"I think, that among these youngsters it's even a bigger heroic act, if 'I'm an illicit drug user'. If they could buy it, smoke it, they wouldn't become the hero of the village for doing this. This was they are the tough guys, who purchase it somehow. And all this added big hocus-pocus, playing this cat-mouse game with the police officer and with their family. This is filling their life. (...) I don't think any legal instrument would help in this." (R7)

10 Current drug policy

Consequences of NPS use for the current drug strategies. Consequences of NPS use for current strategies of prevention.

Influence of drug policy on work with clients who use NPS.

Experts are disillusioned by current Hungarian drug strategies and policies. They express their anger, frustration, and uncertainty about the current situation. They don't get enough professional or financial support. There are no accredited school prevention programmes, they feel, they are punished if they use the words "harm reduction" in a project application. But most of all they feel that whatever the current drug strategy is, implying it makes no sense if there's no financial background for it.

"Drug strategies make no sense without the financial background." (R5)

They feel their work is not appreciated, but on the contrary, they have to fight for the drug users right, they are the ones who have to prove that this problem is existing and it has serious consequences on the health and social system.

"it' not available /the drug policy/. Since we don't have these problems /ironically/. So there's this sweeping under the carpet. And I think, from this viewpoint to a non-existing problem they don't need to make a strategy because it's not there. And in the moral panic, the next-in-line people say, or I don't know. Like us, /they accuse us faking the results of the Hepatitis screening because this is our interest that the infection increases." (R1)

"if drug users are not found since there are no services, no research, nothing. If there's nothing there are no drug users either. Most probably decease somewhere. We have mentioned the HIV and Hepatitis last time and the responsibility of the politicians. 20 or 30 years from now... but the problem is, that... they will spread it to someone. To Blue Point /the most well-known service provider in the drug fields in Hungary/ or us or anyone. It is because we didn't give filter. Or whatever. They will wash themselves out." (R3)

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