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SOCIO-DEMOGRAPHIC CHARACTERISTICS OF DRUG USERS AND DRUG ADDICTS IN HUNGARY

The authors consider the theoretical and applied problems of preventing illicit traffic in drugs and psychotropic substances in Hungary in the legal and criminological aspects. The relevance of the study is determined by the fact that the Hungary's third drug strategy expires in 2020 (2013—2020), so a new strategy needs to be developed, but it is not yet known what guidelines it will have, what priorities will be offered to set in it.

The authors pay special attention to the age and gender characteristics of drug use, which makes it possible to identify the most vulnerable groups, which should be supported by state preventive programs. The authors also analysed data on mortality from drug use and concluded that from 2010 onwards methadone and other non-opiate drugs predominated in death.

Based on the results of the study, current trends in drug use in Hungary were summarized. The results obtained are important for the development of an anti-drug strategy and the improvement of legislation, as well as for the prevention of law enforcement agencies, both Hungary and other European countries.

Keywords: *drug use, drug prohibition, drug policy, criminalisation, Hungary, black market, crime, crime prevention, criminal law, narcotics.*

Introduction

Like in most countries, until the beginning of the twentieth century, drug use did not cause health or law enforcement problems in Hungary, so there was no need to treat the problem. By the 1960s, Hungary was hit by the demand side of the drug problem. The period from the 1960s to 1990 can be divided into four major stages based on the quantitative, qualitative, and territorial characteristics of drugs [6].

1. From 1945 to the 1960s: For a short time after World War II, the number of drug addicts and drug smugglers increased. The problem did not affect major masses, so law enforcement interventions also proved sufficient to treat it, and a few years later the number of drug users returned to pre-war levels.

2. Period from the 1960s to the early 1970s: From the 1960s to the early 1970s, no scientific survey was conducted on the drug situation at all. One of the "milestones" of the era was the year 1969, when the first drug-related death occurred.

3. The period from the early 1970s to 1973: It was then that the wave of drugs from the United States reached Hungary. During this period, investigations into substance-using youth have already begun.

Contemporary sources mention the capital only as a place of use, with large rural cities still considered "drug-free" during this period.

4. The period from 1974 to the early 1980s: The next decade can be considered a period of deconcentration, as this is the period when the capital loses its "monopoly" and drug use also appears in large rural cities [6].

Sensing the growing problem, the police launched the so-called DADA program (an acronym formed from the initials of the words smoking-alcohol-drug-AIDS), modelled on the American DARE (drug/abuse/resistance/education) program [7].

The change of regime resulted in significant changes in the field of Hungarian drug crime. In 1988, the so-called world passport was introduced which enabled people to travel all over the world. Many people then came across new drugs in Hungary, such as heroin, LSD, cocaine, marijuana and amphetamines. As a result, the number of drug users increased significantly, but this growth continued at a more moderate pace in the early 2000s [3; 15].

1. Prevention

Dealing with the drug problem is not primarily a matter of law enforcement. Reducing the supply of drugs and eliminating drug distributors is clearly the responsibility of law enforcement agencies, but the most important factor in terms of prevention is informing consumers and potential consumers, moreover, teaching and educating them [5]. Activities related to drug prevention in Hungary are coordinated by the Ministry of Human Resources. Most of the organizations working in this field carry out general school activities. About 70 % of them are non-governmental organizations using public funds (mainly from tenders). Outreach work, on the other hand, is mainly carried out by state and municipal organizations (Nemzeti Drog Fókuszpont for 2019, further — *NDF 2019*) [9].

The police also do important preventive work. Preschoolers get OVI-ZSARU, primary school students get DADA, while most of the high school students are reached through ELLEN-SZER (COUNTER-AGENT) program [16]. The activities of so-called crime prevention consultants are also significant. They come from professional members of the police who work in crime prevention in 3—4 secondary schools on a full-time basis. Local police agencies are in contact with all primary and secondary schools located in their area. Each school is assigned a school police officer who, in addition to his or her police work, performs crime prevention tasks in addition to the programs mentioned above. As part of this, they can get involved in the work of teachers and hold sessions on crime prevention. Despite this, these police officers are not members of the school's board of education. From September 2020, the so-called school guards strengthen the police's crime prevention palette. Although school guards are part of the police force, they do not qualify as professional police officers. Their main tasks are to prevent and interrupt crimes committed in the school area. To this end, they may also use proportionate physical coercion.

2. Treatment

A specific area of drug use is the health and social risks, hazards and harms caused by different drugs. The Hungarian legislature recognized at an early stage that, in itself, criminal law instruments were not sufficient to deal with the drug problem. The users themselves are less criminals than people depending on the drug used, who want to break out, forget, or have fun, or who are unable to cope with their mental disorders or problems.

Therefore, in the relatively free-thinking political system that developed after the change of regime, the construction of the care system began. Relying not only on state resources, but also on the involvement of civil society actors, a care system aimed at the treatment of drug addicts has been established. Treatment by definition includes — harm reduction, detoxification and abstinence programs, health and non-health interventions, informal counseling, provision of information and support. Many forms of outpatient and inpatient care and treatment units are available nationwide to care for drug users. The need for specialized outpatient care for drug addicts was recognized in the 1980s, and it was then that the first services were created. The care

is typically provided by state/municipally operated public institutions or church/civil non-profit organizations. There are currently no specialized treatment programs, but the existing programs are aimed at consumers of all types of drugs in general, or addictions and people with psychiatric problems in general. An exception to this is opiate substitution treatment, which has been available in Hungary since 1994 for drug users with long-term opiate dependence.

The National Drug Strategy discusses the field of treatment in separate sections and seeks to achieve progress in this field with appropriate objectives. However, it is unfortunate that policy actions are going in the opposite direction to the objectives. Of the goals of Treatment and care, only 22% were fully met and 64% were not met at all. The National Drug Focal Point identified 123 actions that would be designed to achieve the strategic objectives. Of these, 8 have been identified as acting entirely against the objectives set. Each of these belongs to the field of treatment.

3. Genderand age

There are also significant differences in drug use by gender. While 8.1% of women have used illicit drugs at least once in their lifetime, this figure is 12.1% for men (*NDF 2019*).

After the change of regime, the proportion of people who used drugs (especially young people) increased significantly. One in ten (9.9%) of the population aged 18—64 and almost one in five young adults aged 18—34 have used drugs in their lifetime (17.7%). Most young adults used marijuana and/or hashish (7.4%) and 4% used ecstasy (*NDF 2019*) [10]. Among 15—16-year olds (grades 9—10), marijuana is the most popular (18.6%), followed by new psychoactive substances (10.1%). In third place are sedatives and hypnotics consumed without a medical indication (9%), followed by analgesics (7%). Experts mentioned the importance of childhood to the constitution of drug harms, and the punishment and subjectification of drug users and offenders [2; 4].

In these cases, concomitant use of alcohol with drugs is also not uncommon (8%) *(NDF 2019*). For all of the above age groups, we can state that the proportion of more expensive, "harder" drugs can be considered relatively low (cocaine, heroin, crack etc.). Regarding the current trend, the following can be stated. Until 2011, an increase was recorded for most drugs, but by 2015 the trend seemed to reverse, and the number of drug users has clearly decreased since then. Marijuana use decreased the most (32.5%), but this was due to the widespread use of designer drugs (cheaper and more readily available, plus the consumption of many varieties was not punishable) (*NDF 2019).*

The number of Hungarian victims who have died due to drug use has been low for years (2017: 33 people). The vast majority of the deceased are men (2017: 1 female), and their average age is 31.3 years, which clearly shows that the problem mainly affects the younger age group in Hungary as well. Interestingly, addiction occurs earlier in women than in men, and even a lower dose is enough to achieve the same effect [16]. The number of deaths indirectly related to drug use in 2017 was 46. Regarding deaths due to drug overdoses, we can state that the new trend after 2010 did not cause a significant change in numbers (the number of deaths fluctuated between 14 and 31 between 2009 and 2019). Moreover, for the years 2010 and 2011, we can register extremely low mortality rates (17 and 14 people). After that, although the number of deaths due to direct overdose increased, far fewer people died as a result of overdose than in the late 1990s, so drug-related mortality is not currently considered an acute problem in Hungary. In any case, the change in the mortality structure is noteworthy. While opiates (including heroin) accounted for the largest number of deaths before 2010 (the number of deaths depended on the purity of street heroin), from 2010 onwards methadone and other non-opiate drugs predominated in death (*NDF 2019*).

4. Location

Due to its metropolitan nature, Budapest has been the most infected area for decades. Nearly half of drug-related crimes are tracked in Budapest, and the frequency of crimes above the national average can also be observed in the case of other crimes. Nearly four times as many drug-related crimes are

tracked in the city as in the most infected county (Veszprém county). In any case, it is a remarkable fact that in some counties differences in frequency can be observed up to eight times, despite the fact that the drug problem is nowhere near an urban phenomenon, it is present in practically all types of settlements (from big cities to villages). Moreover, in some cumulatively disadvantaged small settlements, the designer drug is an even bigger problem than in larger settlements. In addition to the capital, the most economically developed areas of the country, Veszprém and Komárom-Esztergom counties, are considered to be the most infected, where the proportion of drug-related crimes is almost twice the national average. In the case of counties with below-average development (Jász-Nagykun-Szolnok, Borsod-Abaúj-Zemplén, Heves and Szabolcs-Szatmár-Bereg), the rate of drug crime is below average. This can be explained by several reasons. Designer drugs can be consumed freely until they are banned. Assuming that they largely consume psychoactive substances that are not on the ban list, these people do not commit any offenses, so of course it does not appear in the criminal statistics either. On the other hand, most of these disadvantaged settlements have a small population, where there is usually no police station. In a good case, there is only a district commissioner in the settlement, which definitely hinders the discovery of the problem [7]. There are also significant differences between the consumption habits of different social groups by region. Designer drugs are typically the characteristic pleasure of the lowest social group. Its appeal lies in the fact that it is cheaper to obtain than any alcoholic beverage. Stimulants (MDMA, amphetamine, methamphetamine) are most favoured by the middle class, especially for weekend entertainment. Cocaine used to be a drug only for iconic athletes and musicians, and remains so today in the upper middle class and among the very wealthy. In many cases, it is a status symbol, so it is mostly used by those who want to express that they can "afford it" [13].

5. Social and material situation

Despite the advancement of designer drugs, "classic" drugs dominate the Hungarian consumption structure [11]. Examining the drug use habits of the adult population, it can be stated that 7.4% have used marijuana or hashish in their lifetime and 4% have used ecstasy pills. The proportion of synthetic cannabinoids (1.9%), amphetamines (1.7%) and designer drugs (1.3%) is much lower. The order of drugs used is the same in the 18—34 age group (*NDF 2019*). The use of new psychoactive substances is highest among the homeless, state-cared for and socially segregated youth. The primary reason for this is to be found in the cheap price and easy availability of the new type of drug. In the case of new psychoactive substances, a new form of appearance is the so-called magic tobacco (a synthetic cannabinoid impregnated on tobacco) and a toothpick (a wooden toothpick impregnated with synthetic cannabinoids). In any case, it can be considered as a positive fact that intravenous drug use has decreased compared to previous decades, but the injected drug has changed. With the advent of new psychoactive drugs, these marginalized groups have also almost completely switched to new types of drugs (by 2017, 77% of them had already injected designer drugs).

The main feature of these substances is that they are produced with a slight modification of the chemical formulas of the banned substances in order to avoid official action. As the authorities try to follow these changes by listing more and more compounds, the developers of designers are constantly changing the composition and chemical structure of the materials. Through these ongoing changes, neither distributors nor consumers can know what the composition and effect of the product is actually being marketed and used. This situation, in turn, carries the serious risk that the effects of the drugs are unpredictable, leading to an increase in the number of victims of designer drugs in recent years. Another risk of the constantly changing composition is that doctors and other professionals performing health care do not know which drug caused the toxic symptoms. This also makes the treatment more difficult and risky. It is characteristic of this trend that in May 2020 a new type of agent, 4F-MDMB-BICA, appeared in Hungary. Due to the Hungarian pronunciation of the letter line "BICA" at the end of the name of the compound (BIKA means "bull"

in Hungarian), the drug became known as "bull". By September of this year, at least 21 people had died from the drug [1].

6. New trends in trade

After 2010, the domestic and international drug markets underwent a significant transformation. This is due to the combined effect of two factors. One is the emergence of new types of drugs, which in many cases allow a completely different type of sale than traditional drugs, as they are not on any blacklist and are therefore freely marketable. The other factor is the rapid rise of the World Wide Web in commerce, which has become increasingly viable in recent years [14]. As a result, traders can be eliminated in many cases, so the drug becomes much cheaper and, by the way, the trade is much safer, as the risk of getting caught is lower [7; 12]. The rise of the internet is illustrated by the fact that the majority of sales on the darknet are already related to drugs, and more than 90 % of the revenue from the darknet market comes from drug sales. As a result of the above, the Hungarian police have established closer co-operation with Magyar Posta and parcel services in order to make more successful reconnaissance. A study examining the crime profile of Hungarian organized crime found that the number of bicycle couriers in large cities is significant, as the risk of getting caught during bicycle traffic is extremely low [7]. New types of distribution include drug delivery by taxi drivers and pizza couriers.

While there are some features of cryptomarkets that may enable the bypass of aspects of these effects, and may be more attractive during the COVID-19 era to buyers or sellers, the market forces on supply and demand still apply to the supplies and demands attached to cryptomarkets [8].

Conclusion

An analysis of the current drug situation in Hungary at the end of the second decade of the twenty-first century showed that the spread of illicit consumption of drugs and psychotropic substances continued to be an acute social problem, a factor in undermining demographic and socio-economic potential, as well as a threat to the national security of Hungary. In order to effectively counter the drug trade and destroy its plans to increase the demand for drugs, a comprehensive study of the problem requires the development of a promising and effective system of counter-narcotics in the context of the new millennium within the framework of national anti-narcotics strategy for the new period.

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СОЦИАЛЬНО-ДЕМОГРАФИЧЕСКИЕ ХАРАКТЕРИСТИКИ ПОТРЕБИТЕЛЕЙ НАРКОТИКОВ И НАРКОМАНОВ В ВЕНГРИИ

Авторы рассматривают теоретические и прикладные проблемы предотвращения незаконного оборота наркотиков и психотропных веществ в Венгрии в уголовно-правовом и криминологическом аспектах. Актуальность исследования определяется тем фактом, что действие третьей стратегии Венгрии в области наркотиков (на 2013—2020 годы) истекает в 2020 году, поэтому есть необходимость в разработке новой.

Особое внимание авторы уделяют возрастным и гендерным характеристикам лиц, употребляющих наркотики, что позволяет выявить наиболее уязвимые группы, которые должны поддерживаться государственными профилактическими программами. Авторы также проанализировали данные о смертности от употребления наркотиков и пришли к выводу, что начиная с 2010 года в качестве основных причин смертности наркоманов преобладали метадон и другие неопиатные препараты.

По результатам исследования были обобщены текущие тенденции употребления наркотиков в Венгрии. Полученные результаты важны для разработки стратегии борьбы с наркотиками на новый период и совершенствования законодательства, а также для профилактической работы правоохранительных органов как Венгрии, так и других европейских стран.

Ключевые слова: *употребление наркотиков, запрет на наркотики, наркополитика, криминализация, Венгрия, черный рынок, преступность, предупреждение преступности, уголовное право, наркотики.*

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