Impact of COVID-19 on drug treatment and clients in Hungary

Anna Péterfi
REITOX Hungarian National Focal Point

5th November 2020

EMCDDA Annual TDI expert meeting 2020

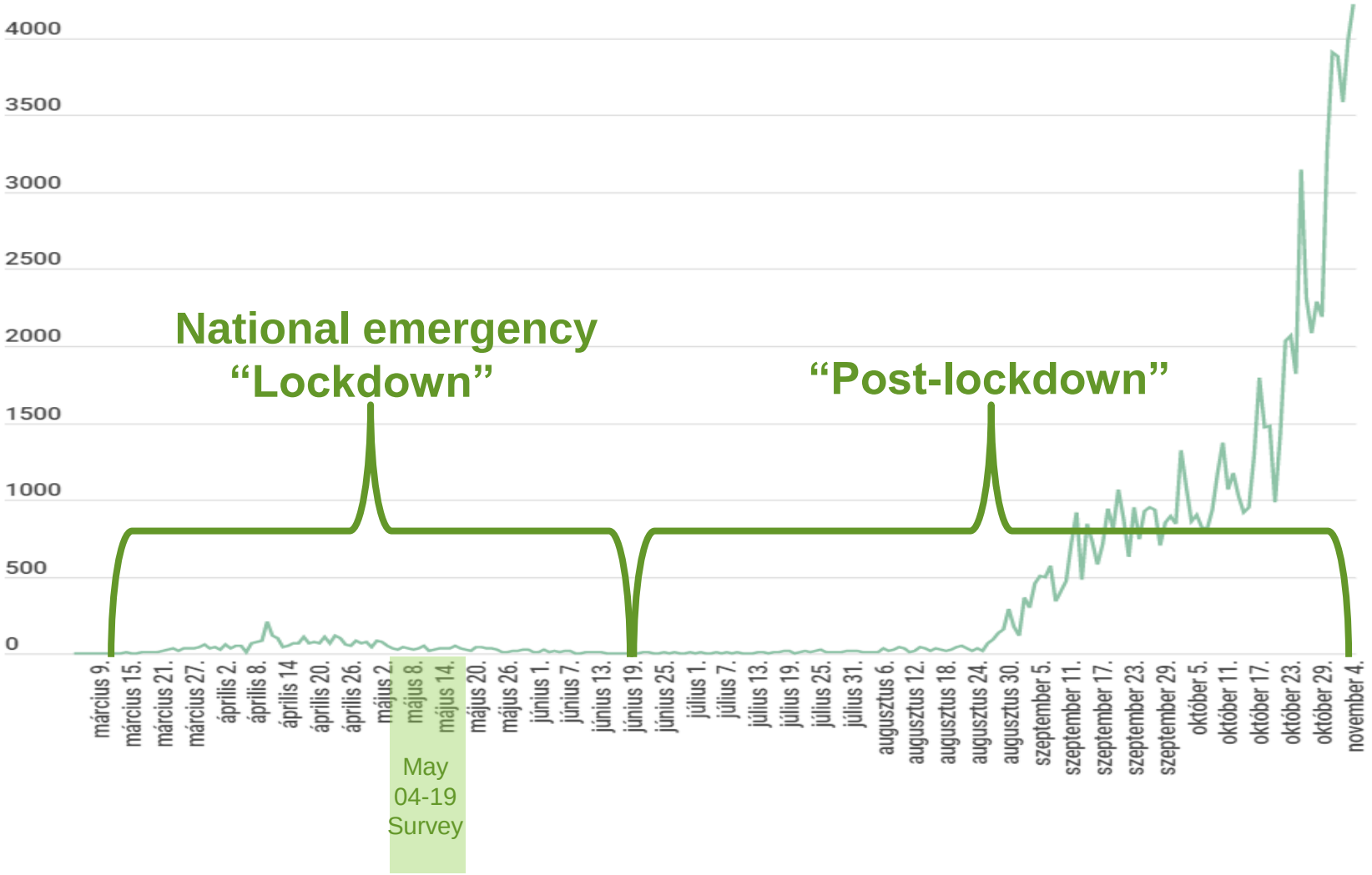
DROG FÓKUSZPONT
Drog, Adat, Döntés

Source of information

During first wave lockdown:
Online survey among drug service providers

Post lockdown period:
Anecdotal information

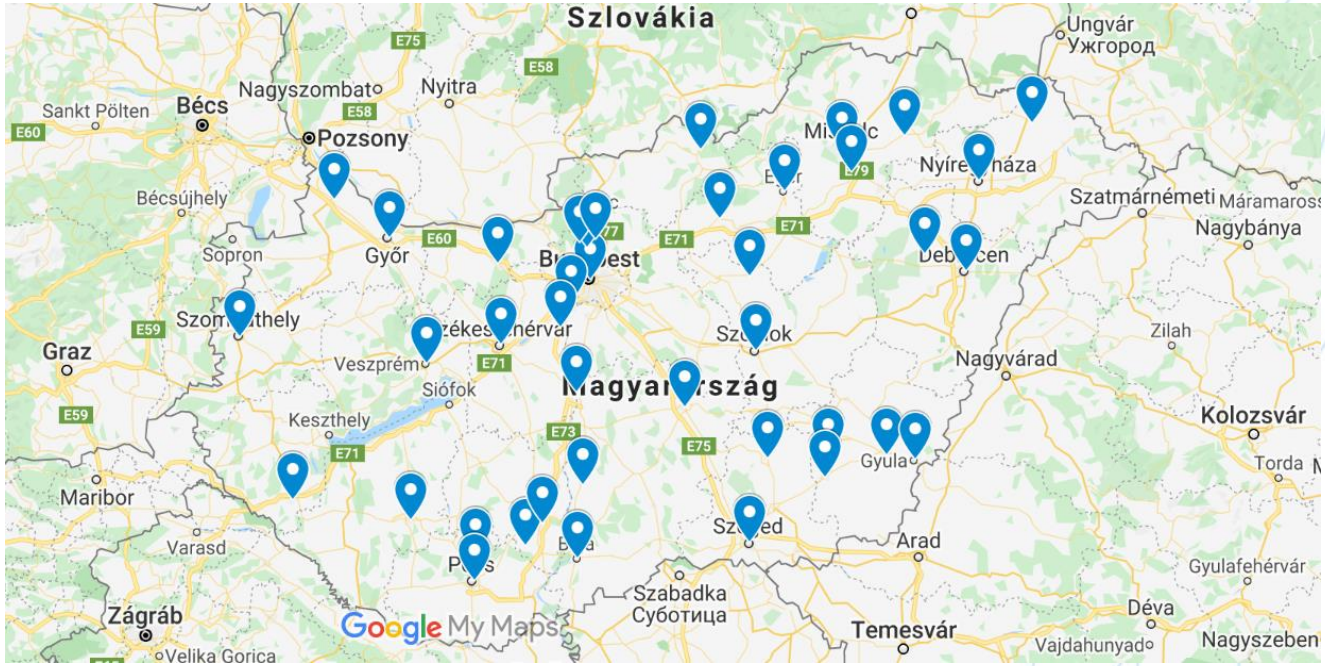
COVID-19 HU: new positive cases



Survey respondents

A total of 72 treatment/HR units representing all counties

Outpatient units, social services, preventive-consulting services, hospital-based and non-hospital based inpatient units



DROG FÓKUSZPONT

Availability and drug use

Lockdown

In general the **access to classical drugs decreased**.

- Takes longer time to get hold of substances
- Worsening financial status of users
- Harder to reach dealers

Cannabis availability:

14% of the units identified a strong decrease

30% identified a small decrease

47% reported no change

7% reported small increase

Shift in primary substance to alcohol/cannabis/hyp. and sed./NPS

Increaed use of legal substances (alcohol and hypns/seds)

Post-lockdown

No data

DROG FÓKUSZPONT

Availability of services (2)

Lockdown

Very few infections in clientele/staff

Treatment as an alternative to criminal procedure
– temporary regulation change to provide it online
– new adminssions in March and April came to a halt

Referral to other services was almost impossible

Most **units suspended or limited** their face-to-face operation, **and/or** switched to **telemedicine**

Post-lockdown

Juggling with limited capacity due to infections in the staff

Treatment as an alternative to criminal procedure
– no option to provide it online
– new admissions are back on track, in many cases partly via online tools or phone

Referall is slower but works

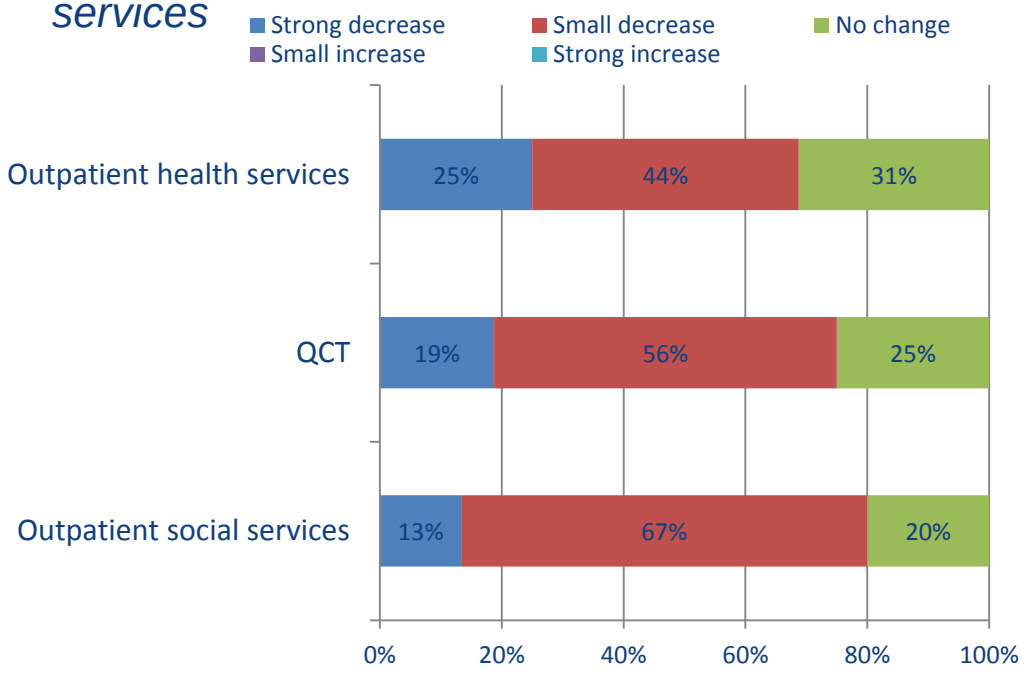
The rate of telemedicine/face-to-face treatment provision varies, but most units provide services via phone/internet (diff. in capital/rural areas, treatment type)

DROG FÓKUSZPONT

Availability of services (2)

Lockdown

Perceived changes in the availability of drug services



Post-lockdown

Service availability is better

Mentioned factors limiting access:

- scheduled meetings only,
- limited number of people at group consultations/in facility

Consequences:

- long waiting times,
- shift to private services

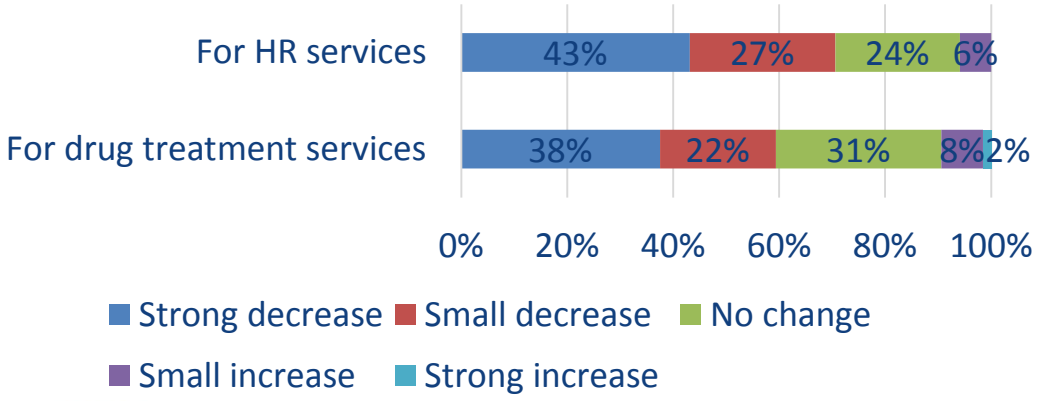
DROG FÓKUSZPONT

Treatment needs

Lockdown

- Need for more frequent consultations via phone/online tools than in face-to-face treatment
- Increased need for drug prescription
- Increased need for basic social services (meals, shelter, hygienic services)
- Need for protective equipment (masks, disifectant)

Changes in treatment turnover (not need!)



Post-lockdown

In case of treatment as an alternative to criminal procedure the cases – suspended by the lockdown – concentrated in this period

No other change have been reported in case of cannabis users

DROG FÓKUSZPONT

Telemedicine

Lockdown

Most units rapidly switched to telemedicine fully or at least partly

Initial challenges due to limited IT resources and skills

Legal possibility for online/telephone consultation was created rapidly (for the period of the national emergency)

Post-lockdown

Combined service provision

Units are more experienced, found out it actually works

Legal background of online/phone treatment provision is unclear

It proved useful especially for clients living distant from the treatment unit

Does not work in all cases (e.g. family counselling)

DROG FÓKUSZPONT