

NEW PSYCHOACTIVE SUBSTANCE USE IN THE REPUBLIC OF SERBIA RESEARCH RESULTS



School of Law, Swansea University
& Eurasian Harm Reduction Association, 2020



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Contributions

This report is a publication of joint work between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University.

The School of Law, Swansea University, founded in 1920, is a public research university located in Swansea, Wales. The School of Law brings together the disciplines of Law and Criminology in a thriving academic environment, supported by staff with extensive real-world experience. More information is available on the website: <https://www.swansea.ac.uk>.

EHRA is a nonprofit public membership-based organization uniting and supporting 303 harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. More information is available on the website: <https://harmreductioneurasia.org/>

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Disclosure

The views and opinion of the author presented in this report may not represent the views and opinions of EHRA or the School of Law, Swansea University.

¹ <https://www.ukri.org/research/global-challenges-research-fund/>

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ABBREVIATIONS & ACRONYMS

CSO	Civil society organization
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NPS	New psychoactive substances

SUMMARY

The project “*New Psychoactive Substance Use in Kazakhstan, Kyrgyzstan, Georgia, and Serbia*” was undertaken to generate a more accurate picture of the use of new psychoactive substances (NPS) in Kazakhstan, Kyrgyzstan, Georgia, and Serbia, and to assess harm reduction and law enforcement responses to the emerging issues related to use of NPS. In 2019, similar research was conducted in Belarus and Moldova². Results from this project will supplement scarce² international data on the use of NPS in these countries, present a more accurate picture of their use, and provide information to national civil society organizations (CSOs) for political advocacy.

The present report provides research results from Serbia. The study was conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, and funded by the Global Challenges Research Fund. The Principal Investigator for the overall project was Dr. Rick Lines of the Swansea University School of Law, and the research methodology was reviewed and approved by the Ethical Review Committee at Swansea University. This report was prepared by the consultant researcher for this project, Irena Molnar, a researcher from the non-governmental organization (NGO) Re Generation. She was supervised by Eliza Kurcevič, Senior Program Officer at EHRA.

The study in Serbia was implemented in three stages:

- Stage 1**
 - Desk research to collect data from the literature. Data sources included official reports, mass media, peer-reviewed publications and literature not indexed in medical databases, Internet reports, and documents from national government and regional/international organizations.
 - Preparation of questionnaires for target respondents: individuals from relevant professional organizations/state bodies, based on the desk research, and people who use drugs.
- Stage 2**
 - Structured interviews and focus groups with key respondents.
- Stage 3**
 - Analysis of all material collected, and preparation of recommendations for further action.

² <https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/>

COUNTRY OVERVIEW

The Republic of Serbia is located in the southern part of the Pannonian Plain and the center of the Balkan Peninsula. It has a population of just over 7 million people. It has been an independent state since 2008. The capital and largest city is Belgrade (1,166,763 inhabitants according to the 2011 census). According to research based on the latest national general population survey,³ use of illegal drugs, at least once in a lifetime, was recorded as 8% of the total population aged 18–64 years (10.8% of men and 5.2% of women), with a higher prevalence (12.8%) in the younger adult population aged 18–34 years. The most commonly used illegal drug among the adult population is cannabis (marijuana and hashish), the use of which, at least once in a lifetime, was reported by 7.7% of respondents aged 18–64 (10.4% of men and 4.9% of women). The perception of the availability of individual drugs corresponds to the level of representation of their use: cannabis is both the most commonly used drug and also the most available, according to the research.

The use of other illegal drugs is very rare: 1.6% of respondents (2.5% of the population aged 18–34) have used other illegal drugs (ecstasy, amphetamines, cocaine, heroin, home-made opiate extraction from poppy (poppy tea), LSD, or magic mushrooms) sometime in their lifetime. The highest central estimate of high-risk opiate users (regular/frequent opiate use, including injecting drug use) is 20,000 people (95% CI: 16,000–28,000). The estimated number of injecting opiate users is in the range 9,000–13,000.

The prevalence of all illegal drug use in Serbia is lower than in most European Union countries, among the adult population aged 18–64, as well as among the younger adult population aged 18–34.⁴

³ <http://www.batut.org.rs/download/publikacije/Izvestaj%20engleski%20web.pdf>

⁴ For details, see <https://www.emcdda.europa.eu/data/stats2017/gps>



BELGRADE

1. Introduction

The United Nations⁵ describes new psychoactive substances (NPS) as any substance in pure form or in the form of a preparation which is not included in the United Nations Single Convention on Narcotic Drugs of 1961 or the United Nations Convention on Psychotropic Substances of 1971 and which poses a threat to public health. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has a similar view of NPS and defines them in accordance with the 2005 Council Decision.⁶

The term “new psychoactive substances” refers to groups of substances that are completely different in chemical structure, action, legal status and the like. Many NPS are now sold openly as a “legal” substitute for illegal drugs. Thus, on the market, NPS are found in products that are advertised as legal highs, research chemicals, designer drugs, recreational or club drugs, dietary supplements, etc. The term does not refer only to newly synthesized substances but also includes a number of substances whose use has long been known in veterinary medicine or medicine. What is new about such products is their misuse, way of consumption, distribution models (e.g. via the Internet), and the speed with which their chemical formulations are modified in order to retain their properties, while circumventing legal control. In addition, drugs that have been known in other places for a long time but are new in the domestic context are appearing in different countries; therefore, although (perhaps) the way they work is known, it is usually unknown to users.

The EMCDDA monitors NPS according to the following chemical groups: synthetic cannabinoids, synthetic cathinones, phenethylamines, tryptamines, arylalkylamines, synthetic opioids, arylcyclohexylamines, piperazine derivatives, piperidines, pyrrolidines, aminoindanes, plants and extracts, and others. The mechanism of their action and effects depend on the chemical structure and their influence on certain areas of the central nervous system.

Scientific and professional literature and empirical data on NPS use in Serbia are far behind the rapid spread of these substances around the world. Thus the detailed definition of

the short and long-term consequences of their use is a challenge, which makes it especially difficult to assess risks and find effective answers to NPS use, especially treatment and harm reduction programs, but also ways

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In Serbia, the appearance of NPS can be traced back to 2010–2011, while the growing popularity stems from the appearance of synthetic cannabinoids and their availability through “Smart Shops” from 2013–2014.

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of prevention and education. During recent decades, there have been rapid paradigm shifts in the production, distribution, and use of NPS at the international level, which—by opening borders and entering the Schengen zone—has resulted in levels of use in Serbia that are not far behind those in the European Union. We are witnessing serious crises with NPS in countries such as Canada, the USA and the Russian Federation, where existing models of prevention, education, care, treatment, harm reduction, and drug policy in general have not been able to cope with the NPS epidemic, despite being much more advanced than existing models in Serbia. For all the above reasons, it is necessary to review the attitude towards NPS and the system of responses to them, and to promote new interventions adapted to the context of NPS. In Serbia, the appearance of NPS can be traced back to 2010–2011, while the growing popularity stems

⁵ <https://www.unodc.org/LSS/Page/NPS>

⁶ <https://www.emcdda.europa.eu/system/files/attachments/9988/council-decision-jha-387.pdf>

from the appearance of synthetic cannabinoids and their availability through “Smart Shops” from 2013–2014. Synthetic cannabinoids, then still legal, were popular mainly among young people, who used these substances because they were available and legal. The emergence of synthetic cathinones—specifically mephedrone (“meow meow”)—is also associated with the same period. Among its users, in addition to recreational users to whom “meow meow” was sold as legal MDMA, were injecting opiate users, who injected this substance combined with heroin ten times more often than heroin alone, according to the users.⁷

After the first change to the list of psychoactive and controlled substances in 2015, these two substances disappeared from frequent use. Today, the existence and use of NPS is associated with recreational users (persons who take psychoactive substances in certain situations: at concerts and music festivals, in clubs or other places of group gatherings such as parks, etc.), and often with polydrug use.

The most common substances for combination with NPS are alcohol and marijuana, but other psychoactive substances also appear. The danger lies in the fact that consumers do not know what they are actually taking and how the new substance will act alone or in combination with other substances. The consequence is acute intoxication, which can sometimes be fatal.

There is also a population of users who consciously experiment with NPS and take them to gain new experiences. Although poisonings are common among this group of consumers as well, they are more likely to provide healthcare professionals with information about the substance consumed during triage if they are admitted for treatment in a conscious state, as they are more aware of what they have taken. Among people who inject drugs, there is a smaller group of consumers who take NPS as a substitute for heroin or other classic drugs, most often due to changes in the illegal drug market (e.g. shortage or very poor quality of heroin resulting in a sharp rise in prices). Given this situation, it was necessary to undertake research to prepare adequate recommendations for action within public policy in this area.



⁷ <https://drogriporter.hu/en/at-a-crossroads-will-serbia-fund-harm-reduction-programs-to-save-lives/>



2. Legal framework for the use and trade of psychoactive substances in the Republic of Serbia

The Republic of Serbia's attitude towards the potential harm from the use of psychoactive substances relies on the position of the World Health Organization's Health for All in the 21st Century⁸, in which the use of psychoactive substances is seen as a public health issue that can hinder the healthy development of citizens and society. Accordingly, the country has shaped its legislative and institutional framework for access to psychoactive substances in legal acts developed to directly or indirectly regulate the area of their prevention and control.

The Republic of Serbia took over the agreements and laws previously passed in the Socialist Federative Republic of Yugoslavia, and on the basis of them further developed the legislation that regulates the field of prevention and control of psychoactive substances.

The basic documents that define Serbian public policy regarding psychoactive and controlled substances are: (i) the Strategy on Prevention of Drug Abuse for the period from 2014–2021,⁹ which provides the basic framework for the implementation of policies in the field of drugs and defines the main areas of activity within which specific interventions will be carried out and individual goals set for every existing scope of work within the policy to deal with drugs; and (ii) the Action Plan for the implementation of the Strategy on the Prevention of Drug Abuse for the period 2014–2017,¹⁰ which was the instrument devised to implement the strategy. A mid-term evaluation of the strategy¹¹ found that most (66 out of 106) of the activities planned in the 11 action plan were not carried out, and a new action plan (for the period 2018–2021) had not yet been developed.

The basic laws that regulate the area of psychoactive and controlled substances are:

- **Law on Psychoactive Controlled Substances** (*Official Gazette of RS, No. 99/2010 and 57/2018*);
- **Law on Substances Used in the Illicit Production of Narcotic Drugs and Psychotropic Substances** (*Official Gazette of RS, No. 107/2005 and 25/2019*).

The laws that indirectly regulate this area are:

- **Criminal Code of the Republic of Serbia** (*Official Gazette of the RS, No. 85/2005, 88/2005–amended, 107/2005–amended, 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016, and 35/2019*);
- **Law on Execution of Criminal Sanctions** (*Official Gazette of RS, No. 55/2014 and 35/2019*);

- **Law on Juvenile Offenders and Legal Protection of Juveniles** (*Official Gazette of RS, No. 85/2005*);
- **Law on Confiscation of Criminal Assets** (*Official Gazette of RS, No. 32/2013, 94/2016, and 35/2019*);
- **Law on Public Health** (*Official Gazette of RS, No. 15/2016*);
- **Law on Social Protection** (*Official Gazette of RS, No. 24/2011*);
- **Law on the Fundamentals of the Education System** (*Official Gazette of the RS, No. 88/2017, 27/2018–other law, 10/2019, 27/2018–other law, and 6/2020*);
- **Law on Misdemeanors** (*Official Gazette of RS, No. 65/2013, 13/2016, 98/2016–decision, 91/2019, and 91/2019–other law*).

⁸ http://www.euro.who.int/_data/assets/pdf_file/0003/88590/EHFA5-E.pdf?ua=1

⁹ <http://www.kzbpd.gov.rs/test/wp-content/uploads/2019/04/Januar2015StrategijaDroge-1.pdf>

¹⁰ <http://www.kzbpd.gov.rs/test/wp-content/uploads/2019/04/Akcioni-plan-2014-2017.pdf>

¹¹ http://www.kzbpd.gov.rs/wpcontent/uploads/2017/12/emcdda.pdf?fbclid=IwAR3lGQ3cKCC9xp1rqy_Mt_frccpDOPcxBnFDZAKRpQBmHQQ-F9LdronKF-nc

The Law on Psychoactive Controlled Substances is essentially restrictive, because it primarily regulates prohibitions: production, trade, use, and distribution of psychoactive substances, whose classification is done on the basis of the list of psychoactive controlled substances. The list is determined by the Ministry of Health (MoH), following proposals from the Commission for Psychoactive Controlled Substances and in accordance with the European Early Warning System. The law also regulates the identification and testing of psychoactive controlled substances, their production, trade, import, export, and transit for medical and scientific research purposes. Prevention and medical aspects of addiction to psychoactive substances are regulated only in four articles of this law, none of which refers to the prevention and treatment of users of psychoactive substances, although it is stated that their rehabilitation and social integration is guaranteed. This, however, is not implemented in practice by the State, but only by a few NGOs. A special chapter of this law is dedicated to economic offenses and misdemeanors related to psychoactive substances, while individual offenses and misdemeanors are regulated by the Criminal Code.

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It should also be noted that the use of psychoactive and controlled substances itself is not sanctioned by law, which means that the law distinguishes between use and possession, although the amount of any substance for personal use is not defined.²³

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Many of the solutions provided by this law have not been implemented so far (e.g. the establishment of commissions for monitoring the consequences of the abuse of psychoactive substances at the local level). In general, this law is a document “with a large number of ambiguities, in which the public health aspect of the use of psychoactive substances is completely neglected.”²²

Only with changes made in 2012 was the possession of smaller quantities for personal use separated from production and trade, but as “smaller quantities” were not defined, they were

left to be assessed in the context of judicial practice. It should also be noted that the use of psychoactive and controlled substances itself is not sanctioned by law, which means that the law distinguishes between use and possession, although the amount of any substance for personal use is not defined.²³

Other laws that indirectly deal with psychoactive controlled substances treat this area only sporadically, practically prescribing only mandatory rehab measures in case of a prison sentence or other criminal punishment (Law on Execution of Criminal Sanctions, Law on Juvenile Delinquents and Legal Protection of Juveniles), or if some other type of individual deviation from socially permissible behavior were committed by a person under the influence of a psychoactive controlled substance (Law on Misdemeanors). In addition, there is an idea that the use of psychoactive controlled substances, as one of the risk factors for public health, should be monitored (Law on Public Health), and that minors should be protected from the possibility of accessing psychoactive controlled substances (Law on the Fundamentals of the Education System) and the difficulties or disturbed family relations caused by their use (Law on Social Protection). However, although all these potential situations are anticipated by law, they are not elaborated on or precisely defined.

²² Arsenijević, Jovana. 2013. “Analiza politike prevencije upotrebe droga u Republici Srbiji sa posebnim fokusom na nove psihoaktivne supstance.” Master’s thesis. Belgrade: Faculty of Medicine, University of Belgrade, 24.

²³ This legal solution does not make much sense, because in order for someone to use any of the substances, they must first possess them. So, in fact, although use itself is not prohibited, it is essentially not allowed, because the quantities for personal use are not specified.

2.1

List of psychoactive controlled substances

The list of psychoactive controlled substances defined by the Law on Psychoactive Controlled Substances is determined by the Rulebook on Determining the List of Psychoactive Controlled Substances (current version: [Official Gazette of RS, No. 99/10 and 57/18](#)).²⁴

The list consists of seven lists:

- 1 Narcotic drugs used for therapeutic and scientific research purposes, in accordance with List 1 and List 2 of the Single Convention on Narcotic Drugs
- 2 Narcotic drugs that can cause harm to human health, in accordance with List 4 of the Single Convention on Narcotic Drugs
- 3 Preparations containing narcotic drugs and used for therapeutic purposes, in accordance with List 3 of the Single Convention on Narcotic Drugs
- 4 Psychotropic substances that can cause severe damage to human health, in accordance with List 1 of the Convention on Psychotropic Substances
- 5 Psychotropic substances used for limited therapeutic and scientific research purposes, in accordance with List 2 of the Convention on Psychotropic Substances
- 6 Psychotropic substances used for therapeutic and scientific research purposes, in accordance with List 3 of the Convention on Psychotropic Substances
- 7 Psychotropic substances used for therapeutic and scientific research purposes, in accordance with List 4 of the Convention on Psychotropic Substances.

The list, unlike other documents, is updated in line with international documents coming from the European Early Warning System. The list is being updated by the Commission for Psychoactive Controlled Substances due to the increasing frequency of the appearance of NPS, in order to ban their use and sale. In addition to the substances found in the field in Serbia, the lists also include substances taken from international documents and lists of NPS that have not yet appeared in Serbia.

²⁴ <http://dpnsee.org/wp-content/uploads/2019/03/Uputstvo-za-us-postavljanje-Sistema-ranog-upozoravanja-u-RS.pdf>

2.2

Early warning system on NPS

In accordance with the requirements of the accession of the Republic of Serbia to the European Union—i.e. the signing of Chapter 24—in 2019 the MoH issued instructions for the establishment of an early warning system on new psychoactive substances,²⁵ with the aim of:

- collecting qualitative information on NPS appearing on the European drug market and reacting quickly;
- assessing the possible risks that NPS may pose to the health of users and society;
- disseminating warnings and generally strengthening harm reduction measures;
- ensuring legal control over and reducing the supply of dangerous NPS;
- reducing the negative health and social impact of NPS on the user population; and
- preventing the spread of a new phenomenon at European level.

The early warning system for NPS in the Republic of Serbia operates on four levels:

- The Center for Monitoring Drugs and Drug Addiction acts as the coordinator of the early warning system in Serbia.
- The Commission for Psychoactive Controlled Substances (as well as the Center for Monitoring Drugs and Drug Addiction, previously defined by the Law on Psychoactive Controlled Substances) is an advisory body for the early warning system. The Commission consists of representatives of the ministries responsible for health, education, internal affairs, labor and social policy, defense, youth and sports, culture, justice, and finance, as well as prominent experts in the field of psychoactive controlled substances.
- The central network of the early warning system consists of state institutions that participate in the work of the Commission and provide assistance to the Center for Monitoring Drugs and Drug Addiction in disseminating and collecting information from services within its scope and/or other experts, drug users, and the general population.

A wider network includes the general population, media, NGOs, drug users and other risk groups, and local government representatives, but also anyone who can provide information on new psychoactive and other dangerous substances that could represent a health and/or social risk.

Although relatively well thought out, this network is not currently functioning in practice, primarily because the institutions responsible for collecting data from the field do not (nor can they) have an insight into the real situation on the ground.

A special problem of the overall legislation is the use of imprecise and inconsistent terminology, such as prescribed mandatory treatment for “addicts,” the use of the terms “narcotics” and “psychoactive controlled substances” as synonyms, although they have essentially different meanings,²⁶ and the use of older, now pejorative terms (“mandatory treatment of drug addicts”), which speaks of inconsistent legislative policy. Thus, the terminology in older documents has not been changed in accordance with the currently accepted terminology—i.e. the laws are not terminologically harmonized.

2.3

Civil society organizations

In addition to state institutions, several CSOs implement programs related to various aspects of the problems related to drugs in Serbia.

The National Strategy for the Fight against Drugs 2014–2021 envisages that CSOs take a more active role in its implementation, and guidelines for the involvement of CSOs in the regulatory process, prepared by the Office for Cooperation with Civil Society and adopted by the Government of the Republic of Serbia in 2014, define this type of involvement of organizations as a “partnership,” recognizing it as the highest form of cooperation between the civil and public sectors.²⁷ On that occasion, the Office for Cooperation with Civil Society and the Office for Combating Drugs, on the

basis of a public call and procedures for work, passed a decision on the selection of CSOs for partnerships with the Office for Combating Drugs. The final decision selected 11 CSOs that will sign a Memorandum of Cooperation with the Office for Combating Drugs and thus become partners in the fight against drug abuse in the Republic of Serbia. These are: Association Prevent (Novi Sad), Timok Youth Center (Zajecar), Nova plus (Pancevo), Izlazak (Belgrade), Network for Drug Policies in Southeast Europe (Belgrade), Re Generation (Belgrade), Duga Center (Novi Sad), Youth of Jazas (Požarevac and Novi Sad), Kokoro (Bor), and Land of the Living (Novi Sad).

Harm reduction programs, such as needle exchange programs until 2015, were implemented by the organizations Veza in Belgrade and Association Prevent in Novi Sad. Programs provided beneficiaries with sterile equipment for injecting drugs, and facilitated safe disposal of injecting equipment, as well as legal and psychosocial support to those who needed it, alongside facilities for showering and for washing and drying clothes. After the completion of the Global Fund program which financed the needle exchange service, Association Prevent in Novi Sad continued to deliver the service, while the program in Belgrade was interrupted. Only in 2019, after the return of financing from the Global Fund, did this service continue with basic outreach activities in Belgrade, including the only NSP service. Resocialization and support programs for people in recovery are provided by the organizations Izlazak, Restart, Zemlja živih, and Reto Centar, while all the organizations mentioned above are working to a greater or lesser extent in the area of prevention.

The NGO Re Generation is the only CSO that conducts activities aimed at dealing with NPS. It implements selective prevention programs and education and harm reduction programs in recreational settings in Serbia, working with young people and recreational users of psychoactive substances at parties and festivals, as well as advocating for services designed to deal with NPS, such as drug checking.

²⁶ For more about this problem of terminology, see: Radulović, Dragan. 2008. “Pristup proučavanju društvene kontrole droga II: dekonstrukcija problema – upotreba droga u naučnom diskursu.” *Sociologija* 3, 225–250.

²⁷ https://civilnodrustvo.gov.rs/upload/old_site/2012/10/SR-smer-nice.pdf

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3

3. Analysis of previous research and available data on the use of psychoactive substances in the Republic of Serbia with a focus on NPS

Data on the use of NPS in the Republic of Serbia have not been systematically and consistently collected. Within several general pieces of research on the use of psychoactive substances, data on NPS were also collected, but they are scanty and insufficient for a real understanding of the situation on the ground, because they were collected within projects with different goals. Data collected by different institutions (the European Early Warning System, the police, the National Center for Poison Control at the Military Medical Academy, and others) are inconsistent, based on the focus of their own specific work/purpose, and, therefore, not comparable with each other. However, careful analysis of all the data that can be obtained does at least make it possible to arrive at a summary of the NPS situation in the country.

3.1 Analysis of drug prevention policy in the Republic of Serbia with a special focus on NPS

In 2012 and 2013, research was conducted on drug prevention policies with a special focus on NPS.²⁸ The research involved users, but also health workers, service providers, and decision makers.

The research shows that NPS appeared in Serbia in 2010, and that they were constantly increasing in 2011 and 2012. This was a consequence of the legal status of NPS, which could be bought in “Smart Shops” and some pharmacies, and even delivered to a home address, while larger quantities were ordered over the Internet. They were mainly present in larger cities: Belgrade, Nis, and Novi Sad.

The sharp increase in the use of NPS at that time stems from several related reasons: harsh legal penalties, high prices, poor quality, and fear of the consequences of traditional substances, and, on the other hand, the unregulated legal status, financial affordability, better quality of NPS in relation to purity, and the perception that NPS are less harmful to health and not addictive.

The emergence of NPS has caused several problems, of which professionals have

highlighted two: (i) users are a hidden population; therefore, it is difficult to assess short- and long-term effects of the substance on health and to treat addiction (because there are no appropriate procedures or medications); and (ii) it is difficult to prevent overdose, because the effects of most NPS are not known.

NPS beneficiaries were identified as members of two socially diametrically different groups:

- young, well-educated and socially active members of the middle and upper-middle class from large cities who visit clubs and festivals, use NPS socially, and often experiment with new substances; and
- injecting users who have replaced heroin with mephedrone and live at the margins of society, often in extreme poverty.

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Although professionals did not consider NPS as a substitute for traditional psychoactive substances, users used them just like that: synthetic cannabinoids as a substitute for cannabis, due to greater potency and no criminal liability for possession, while mephedrone was used as a substitute for amphetamine, MDMA, and cocaine, or in the case of injecting users, alone or in combination with heroin.

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²⁸ Arsenijević, Jovana. 2013. “Analiza politike prevencije upotrebe droga u Republici Srbiji sa posebnim fokusom na nove psihoaktivne supstance.” Master’s dissertation. Belgrade: Faculty of Medicine, University of Belgrade.

Although professionals did not consider NPS as a substitute for traditional psychoactive substances, users used them just like that: synthetic cannabinoids as a substitute for cannabis, due to greater potency and no criminal liability for possession, while mephedrone was used as a substitute for amphetamine, MDMA, and cocaine, or in the case of injecting users, alone or in combination with heroin.

Decision makers believed that the problem of NPS use could be solved through legal regulation, by adding NPS to the list of banned substances. As can be seen from the legislation, this happened over the next few years but, of course, did not remove NPS from the market. On the other hand, professionals and users felt that the main obstacle to the development of progressive policies was the lack of cooperation and exchange of information between different sectors, both in public administration and between the State and civil society.

3.2

ESPAD

According to the latest available European School Survey Project on Alcohol and Other Drugs (ESPAD) survey,²⁹ conducted in 2011 among 16-year-old students, 8% of students have tried illegal drugs at least once in their lives, and 7% have tried marijuana at least once in their lives. The results show a higher frequency of drug use among boys than among girls for all drugs except non-prescription sedatives. Young people who use illegal drugs usually try several types. Nearly half of the students who had used marijuana had also used some other legal or illegal substance, most often non-prescription sedatives and alcohol. Compared to students from more than 30 European countries who participated in the study in 2011, a lower percentage of Serbian 16-year-olds used marijuana and other illegal drugs, while a higher percentage used non-prescription sedatives.

No data for NPS were collected in this study. Serbia did not participate in the research organized in 2015, and the data for 2019 are not yet available.

²⁹ http://www.espad.org/sites/espad.org/files/The_2011_ESPAD_Report_FULL_2012_10_29.pdf

3.3

The not-so-balanced approach: Policy responses to NPS in 2013³⁰

In 2013, as part of the European Drugs Policy Initiative project led by the Hungarian Civil Liberties Union, a network of CSOs conducted a survey in five Member States and European Union candidate countries—Hungary, Poland, Portugal, Romania, and Serbia—to assess the different policy responses to NPS from the perspective of researchers, law enforcement, and activists working with the most vulnerable communities of people who use drugs. As very few data on the NPS phenomenon were available before this research, the information gathered from professionals in the field was of undeniable value and importance in identifying the various problems related to NPS in different environments and geographical areas, as well as the different reactions in public policies.



As soon as a government decides to put legal restrictions on a new substance in a country, the legal replacement is usually ready to enter the market.



This is the first research in Serbia focused on NPS; it showed that the NPS market is constantly fluctuating in terms of availability, prices, and types of substances. This instability was caused by the changing patterns of illegal drug markets and the semi-legal status of new substances, with inevitably slow legal responses. As soon as a government decides to put legal restrictions on a new substance in a country, the legal replacement is usually ready to enter the market.

Service providers complain that they do not have access to reliable information about the substances their customers use, partly because the substances are constantly changing, but also because there are no legal ways to test drug samples anonymously; therefore, many

³⁰ <https://drogriporter.hu/en/the-not-so-balanced-approach-policy-responses-to-new-psychoactive-substances/>

experts are aware only of the brand or the street name of these substances.

The average NPS user is described as an urban young man in his late teens or early twenties who lives in a big city, has Internet access, studies or is employed, and lives with his family. These young people regularly attend electronic music clubs and/or festivals. They also use synthetic cannabinoids and new stimulants to relax, seek new experiences, improve social or sexual performance, maintain a long-term alert state, and induce euphoria. The report shows that recreational drug use at parties is the most common pattern of NPS use. In Serbia (and Portugal) this is the only reported use model. In Serbia, it is stated that the use of NPS is marginal, even within the club scene, while the proportion of users who inject NPS, who in all countries belong to the marginalized, poor urban population, is almost negligible.

Most respondents expressed concern that, even if a new substance is identified by an early warning system, in the absence of relevant research, the short- and long-term risks of consuming it will not be known. This means that service providers largely depend on anecdotal information coming from the user and their own observations about the symptoms caused by its use. Lack of reliable knowledge has been identified as one of the biggest risks of using NPS: if users are unaware of the dose and expected effects, they can easily overdose or choose an inappropriate environment for its use.



It was pointed out that the general feeling of the respondents was that the current regulations were not based on scientific evidence, but on media pressure, based on cases of NPS overdoses. In particular, there was agreement among those working in the public health and social sectors that public policymakers did not adequately address the health and social problems of NPS use. Governments perceived NPS as a regulatory challenge, with the sole aim of bringing new substances under control, to reduce their availability, but they did not take into account the importance of demand and harm reduction measures.

“ I would like to buy substances in a controlled environment, to know what I am buying and what the quality of the substance is. If you buy from a dealer, you are never sure what you are buying... The current situation is catastrophic and favors criminals.”

There was no appropriate medical treatment for NPS users in any of the countries, including Serbia. Health experts have pointed out that the treatment system has been developed for users of “traditional” drugs, especially opiates, primarily for adult users with a long history of drug use. NPS users are often much younger, and NPS have different psychopharmacological effects; therefore, treatment and rehabilitation methods that are effective in treating opiate addicts are not effective in treating NPS users. The respondent from Serbia said: “I would like to buy substances in a controlled environment, to know what I am buying and what the quality of the substance is. If you buy from a dealer, you are never sure what you are buying. Decriminalization and the existence of relevant institutions to distribute and control quality would benefit everyone: the State would levy taxes, the black market would shrink, and the health of users would be better because substances could be standardized. The current situation is catastrophic and favors criminals.”

3.4

National survey on citizens' lifestyles in Serbia 2014: Report on substance use and gambling

The first representative national general population survey in Serbia was conducted in 2014 on a sample of 5,385 people aged 18–64.³¹ The results show that drug use in Serbia is still low compared to most European Union Member States. Approximately 8% of the adult population in Serbia had used any illicit substance during their lifetime, and drug use was more common among young people aged 18–34 (12.8%). Cannabis is the most commonly used illegal substance, with about 3.3% of young people reporting its use in the last year, while 1.8% had used it in the last month. Its use is more common in men than in women: 7.7% of men aged 18–34 used cannabis in the past year, compared to only 1.5% of women in the same age group. The use of other substances, such as amphetamines, cocaine and 3,4-methylenedioxy-N-methylamphetamine (MDMA/ecstasy), is less common in the general adult population.

The research also covered the use of NPS in the general population. Very few respondents had used NPS in their lifetime: 0.1% of the total population (0.2% of men and 0% of women) and 0.2% of the younger population (18–34 years). This proportion is even lower for use in the last 12 months: 0% of the total population (0.1% of men and 0% of women) and 0.1% of the younger adult population, while for the last 30 days it is 0% among all categories of respondents.

The differences that exist in the prevalence of legal and illegal drug use can be explained by differences in attitudes towards, and perceived risk of, the consumption of different substances. While, on the one hand, the intensive use of alcohol and tobacco is socially very acceptable and perceived as less harmful, the use of illegal drugs, even occasionally, encounters a high degree of condemnation and is considered much more harmful.

³¹ <http://www.batut.org.rs/download/publikacije/Izvestaj%20engleski%20web.pdf>

³² <http://prevent.org.rs/prevent/wp-content/uploads/2016/08/Is-tra%C5%BEivanja-me%C4%91u-populacijom-pod-pove%C4%87an-im-rizikom-od-HIV-a-i-me%C4%91u-osobama-koje-%C5%BEive-sa-HIV-om-2013.pdf>

3.5

Research among populations most at risk of HIV and among people living with HIV

In 2013, biological behavioral surveillance surveys (Bio-BSS) were carried out in the three largest cities in Serbia—Belgrade, Novi Sad, and Nis—using a respondent-driven sampling method and rapid tests of full blood samples for human immunodeficiency virus (HIV) and hepatitis C virus (HCV).³² As part of the research, a total of 2,394 people considered at increased risk of HIV—injecting drug users, sex workers, and men who have sex with men (MSM)—were serologically tested. Some 85 people (3.6%) of those tested were found to be HIV-positive, while 651 (27.2%) tested positive for HCV antibodies.

The survey included 994 people who inject drugs (399 in Belgrade, 300 in Nis, and 295 in Novi Sad). Six people (1.50%) tested positive for HIV in Belgrade, as did three in Nis (1.0%), and none in Novi Sad. The same subjects were tested for HCV, and 245 (60.90%) in Belgrade, 148 (50.16%) in Novi Sad, and 167 (55.70%) in Nis tested positive. The authors of the research acknowledged the extremely high prevalence of HCV among people who inject drugs and recommended further analysis and the introduction of education and prevention programs for at-risk groups. Sadly, however, harm reduction programs closed the following year, when the Global Fund project finished, due to a lack of funding after an unsuccessful transition to government funding.

The research among people engaged in sex work involved the serological testing of a total of 400 people (250 in Belgrade and 150 in Novi Sad). HIV antibodies were detected in five people (1.25%): four people (1.60%) in Belgrade and only one person (0.66%) in Novi Sad. HCV antibodies were detected in 118 people (29.5%): 73 people (29%) in Belgrade and 45 people (30%) in Novi Sad. The serological testing of MSM included 1,000 people in three cities (400 in Belgrade, 300 in Novi Sad, and 300 in Kragujevac). HIV antibodies were detected in 71 people (7.10%), and HCV antibodies in 11 people (1.1%).

3.6

Research into how the closure of a needle exchange programme affected access to harm reduction services in two cities: Belgrade and Budapest

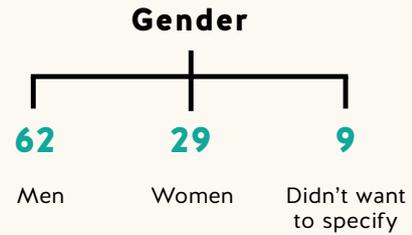
Research was organized in Budapest and Belgrade between April and June 2018.³³ In Belgrade, the survey included 138 respondents. The results show that NPS had been available in Belgrade at some time in past, because about 30% of users had used or tried them, but at the time of the survey they were no longer being used: prevalence in the month before the survey was practically non-existent. This situation in the field was a consequence of the legal status of new substances: while synthetic cannabinoids and cathinones were legal, they were used as secondary drugs, only to disappear from use after being placed on the banned list, as users returned to traditional substances, which were far more familiar to them (they knew their effects) and, at the same time, more easily accessible.

3.7

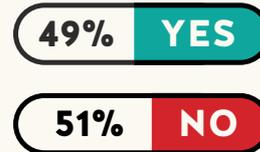
Research on the awareness and prevalence of the use of NPS within the activities of the NGO Re Generation

Since its establishment, the NGO Re Generation has been conducting research as a primary activity as a tool for data collection, on the basis of which it conducts advocacy activities and creates programs to respond to the problems of users of psychoactive substance and other marginalized groups in the country as a target population.

Thus, Re Generation continuously collects data on the use of psychoactive substances, including NPS. Data are collected at specific events and festivals, such as State of Rave 2017,³⁴ WOLF 2017,³⁵ and WOLF 2018, and within the action #DAZNAMŠTARADIM.³⁶



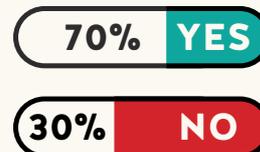
Have you ever used NPS?



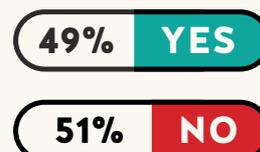
MOST OFTEN USED NPS



Do you think that DRUG/PILL testing should be conducted at festivals in Serbia?



Had you heard about harm reduction programs before?



³³ <https://drogriporter.hu/wp-content/uploads/2019/08/bel-grade-budapest-rds-report-20190228.pdf>

³⁴ <https://www.clubber.rs/state-of-rave-novo-klupsko-iskustvo/>

³⁵ <https://www.clubbing.rs/festival/wolf-2017-je-zvanicno-pocelo/>

³⁶ <http://www.regeneracija.org/support-dont-punish/daznam-staradim/>

3.7.1 Belgrade Wonderland

The short documentary video *Belgrade Wonderland*,³⁷ published by Re Generation in 2018, was made based on the results of research conducted during 2014 and 2015, in which more than 3,000 young people who go to nightclubs and festivals participated. Of the NPS, respondents mostly mentioned synthetic cannabinoids, “as if the NPS epidemic that is spreading around the world has bypassed Serbia.” However, the film also showed that there were users who knew the situation and talked about problems with new, unknown substances which appear on the market under the names of traditional substances (usually MDMA). Thus, the participants in the film assumed that even every tenth user took something they knew nothing about, convinced that they were taking a “known substance.”

“...even every tenth user took something they knew nothing about, convinced that they were taking a “known substance.”

3.8

Official data from state institutions in the Republic of Serbia

3.8.1 National Drug Report 2019 by the Ministry of Health

The latest official data in relation to the use of psychoactive substances in Serbia were recently received from the MoH. The data have not yet been officially published but will be available in near future, in the National Drug Report for Serbia that will be published by the EMCDDA. Some of the data can also be found in the EMCDDA National Drug Report from 2017.³⁸

In addition to the data analyzed above, the data received show the situation related to drug harms: drug-related infectious diseases, drug-

related emergencies, drug-induced deaths, and treatment provision.

The latest data available in regard to drug-related infectious diseases are from 2017. There were 178 newly diagnosed HIV cases, which was a slight increase compared to 2016. Of all cases for which the transmission route was known (85%), 2.6% were through injecting drug use, which was lower than ever before.³⁹

The number of newly reported cases of hepatitis B virus (HBV) was 125 in 2017. Reliable information on transmission route was available for 50 cases, of which 2 were reportedly related to injecting drugs. Results reported in regard to both acute and chronic HCV infections indicated 364 cases in 2017—down from 723 cases in 2007. Information on the transmission route was available for 7 acute and 136 chronic cases of HCV, for which injecting drug use was reported for 1 acute and 83 chronic cases. However, the authors reported that there was a high risk of under-diagnosing and under-reporting cases of HCV infection.

Data on drug-related emergencies are provided by the Clinic for Emergency and Clinical Toxicology of the National Center for Poison Control at the Military Medical Academy. The number of non-fatal overdoses treated in the department was 354 in 2016, 294 in 2017, and 386 in 2018.⁴⁰ (see GRAPH 1)

Drug-induced deaths are those that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses). According to the information received from the MoH, in 2017 there were 33 drug-induced deaths, which indicates a declining trend in the number of drug-induced deaths in Serbia since 2009 (2009: 119 deaths; 2010: 75; 2011: 39; 2012: 50; 2013: 65; 2014: 52; 2015: 41; and 2016: 40). In 2017, 22 deaths were associated with opioids, while in the other cases the substance remained unknown.

In 2018, the MoH established a Special Registry of Mortality, which covers all drug-related deaths. According to registry data, 74 drug-related deaths were recorded in 2018 (54 men

³⁷ <https://drogriporter.hu/en/belgrade-wonderland/>

³⁸ https://www.emcdda.europa.eu/system/files/publications/4701/National%20drug%20report_Serbia.pdf

³⁹ For more information, see https://www.emcdda.europa.eu/system/files/publications/4701/National%20drug%20report_Serbia.pdf

⁴⁰ <http://www.vma.mod.gov.rs/sr-lat/specijalnosti/centri/nacionalni-centar-za-kontrolu-trovanja/godisnjak-NCKT>

and 20 women). The average age for men was 38.27 years, and for women 35.85 years. Opiate use caused 57 deaths, while 15 deaths were caused by other types of drugs.

Regarding treatment provision, there were 521 people in treatment in 2017 (41 new and 480 returning clients). There were 411 men, 109 women, and 1 whose gender was not recorded. Of these, 175 patients received methadone, and 311 received buprenorphine-based opioid substitution therapy (OST). The primary illicit drugs for clients entering treatment were heroin

(462), methadone (18), buprenorphine (18), cannabis (6), and cocaine (2).

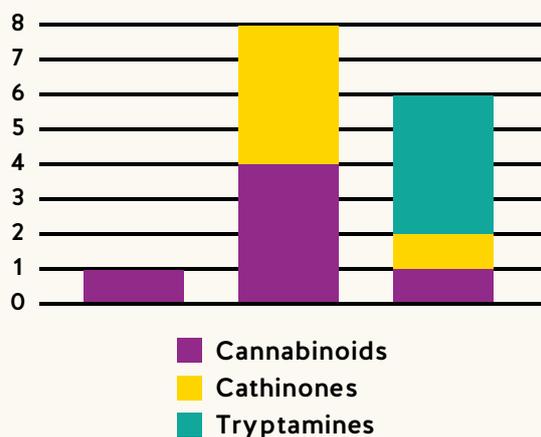
Serbian drug treatment currently covers mainly opioid substitution services. In 2017, 5,404 people received OST (methadone or buprenorphine) in Serbia according to Republic Health Insurance Fund data. Available data indicate that the number of OST clients has increased since 2011, when 1,430 OST clients received methadone and 79 received buprenorphine.

GRAPH 1

YEAR	SUBSTANCE	GENDER	AGE	TOTAL
2016	Heroin: 178 (50.3%) Marijuana: 78 (22%) Cocaine: 20 (5.6%) Amphetamine (amphetamine, methamphetamine and MDMA): 38 (10.7%) Synthetic cannabinoids: 3 (0.8%) Unknown substances: 37 (10.4%)	Male: 268 (75.7%) Female: 86 (24.3%)	<18 years: 38 (10.7%) 19-40 years: 274 (77.4%) 41-65 years: 39 (11%) 65+ years: 1 (0.3%) Unknown: 2 (0.6%)	354 (7.7% of the total number of patients)
2017	Heroin: 112 (38.1%) Marijuana: 68 (23.1%) Cocaine: 38 (12.9%) Amphetamine (amphetamine, methamphetamine and MDMA): 48 (16.3%) Synthetic cannabinoids: 3 (1%) Unknown substances: 25 (8.5%)	Male: 225 (76.5%) Female: 69 (23.5%)	<18 years: 37 (12.6%) 19-40 years: 224 (76.2%) 41-65 years: 30 (10.2%) Unknown: 3 (1%)	294 (6.7% of the total number of patients)
2018	Heroin: 160 (41.4%) Marijuana: 59 (15.3%) Cocaine: 37 (9.6%) Amphetamine (amphetamine, methamphetamine and MDMA): 75 (19.4%) Synthetic cannabinoids: 5 (1.3%) Unknown substances: 32 (8.3%)	Male: 283 (75.9%) Female: 103 (24.1%)	<18 years: 42 (10.9%) 19-40 years: 290 (75.1%) 41-65 years: 46 (11.9%) Unknown: 8 (2.1%)	386 (8.6% of the total number of patients)

3.8.2 Early warning system

In the period 2016–2018, based on data collected by the National Center for Criminal Forensics, the National Reference Laboratory for Identification and Testing of Psychoactive Substances, and the Security Information Agency, several NPS were discovered in Serbia, which are classified by groups of substances:



According to the data obtained from the head of the early warning system for NPS at the MoH, the substances recorded within the system are as follows:

● Tryptamines

- 1P-LSD
- AL-LAD
- 4-HO-MIPT
- 4-AcO-DMT

● Synthetic cannabinoids

- 5F-MDMB-PINACA
- 5-Fluoro-MDMB-PICA
- AMB-CHMICA
- CUMYL-5F-PINACA
- SGT 25
- FUB-AMB
- AMB-FUBINACA

● Synthetic cathinones

- α -Pyrrolidinohexanophenone (α -PHP or PV-7) (four detections; in one case, FUB-AMB was found)
- 4-Chloroethcathinone
- NEH
- Ephylone

3.8.3 Data from the Ministry of Internal Affairs of the Government of the Republic of Serbia

The Ministry of Internal Affairs of the Republic of Serbia is responsible for seizing psychoactive

substances in the country. The data were provided in two separate documents.⁴¹ The first listed only traditional psychoactive substances; therefore, we needed to specify that we wished to also receive information on NPS, after which we received a second document with a list of seizures of NPS in 2019 (“others”).

The total amount seized in 2019 was 7,330,883.65 grams and 835,790 tablets, comprising:

- **Marihuana:** 7,000,637.82 g
- **Heroin:** 16,826.98 g
- **Cocaine:** 13,598.75 g
- **Hashish:** 1,770.1 g
- **Ecstasy:** 31,079.94 g and 9,797 pieces (tablets)
- **LSD:** 1.8 g and 60 pieces (blotters)
- **Amphetamine:** 71,215.54 g and 1,375 pieces (tablets)
- **Others:** 43,752.72 g, 82,455 pieces (tablets), and 5,225.06 ml

The total amount of NPS falls under the category “others”; in 2019, 361.44 g were seized in Serbia, in the territories of the Belgrade Police Department, Zajecar Police Department, Nis Police Department, Novi Sad Police Department, Pancevo Police Department, and Uzice Police Department, most of which were in the Nis Police Department (140.08 g).

In 2019, the following types of NPS were seized in Serbia:

● Synthetic cathinones

- 4-MMMC: 13.12 g
- 4-CMC: 22.6 g

● Synthetic cannabinoids

- 5-fluoro-MDMB-PICA: 146.65 g
- BMDP: 4.53 g

● Phenethylamine

- 2C-B: 174.54 g

The data show that NPS definitely exist in Serbia; therefore, more attention should be paid to prevention and harm reduction programs. It is interesting that substances such as GHB are not listed as NPS, while the media and users still report on those substances as NPS. This will be discussed later in this report.

⁴¹ The data were obtained through the Office for Combating Drugs of the Republic of Serbia, as the Ministry of Internal Affairs did not respond to an invitation to participate in the research.

During 2019, 10,816 criminal charges were filed in connection with the abuse of narcotics, including both traditional and NPS (because NPS are not considered separately), with a total of 11,134 criminal offenses. A total of 10,859 people were deprived of liberty for criminal offenses under Articles 246, 246A, or 247 of the Criminal Code of the Republic of Serbia, as follows:

- 1,952 persons were deprived of liberty for committing the criminal offense of “Unauthorized Production and Marketing of Narcotic Drugs” (Article 246 of the Criminal Code);
- 8,789 persons were deprived of liberty for committing the criminal offense of “Unauthorized Possession of Narcotic Drugs” (Article 246A of the Criminal Code); and
- 118 persons were deprived of liberty for committing the criminal offense of “Enabling the Use of Narcotic Drugs” (Article 247 of the Criminal Code).

“

It is interesting that substances such as GHB are not listed as NPS, while the media and users still report on those substances as NPS.

”

3.8.4 Data from the National Center for Poison Control at the Military Medical Academy

The National Center for Poison Control is a reference institution that provides medical services for the prevention and treatment of acute poisoning; detection of chemicals in biological material, water, soil, and air; education in clinical toxicology and toxicological chemistry; and scientific research in the fields of toxicology and pharmacology. It consists of:

- the Clinic for Emergency and Clinical Toxicology (the only specialized institution in the country for the treatment of acute poisoning, open 24 hours a day, 7 days a week); and

- the Institute of Toxicology and Pharmacology (covers numerous preclinical areas of toxicology and pharmacology that are important for solving toxicological problems in clinical practice).

(see GRAPH 2)

The Center’s reports consistently state that “the findings indicate the importance of a number of intoxications where the causative agent(s) could not be determined with certainty despite the use of modern analytical equipment. The constant appearance of new psychoactive substances, for which analytical procedures have not yet been standardized, also aggravates this problem.”⁴²

“

A large increase in use, as well as in the number of poisonings with synthetic cannabinoids, occurred in 2015. The lack of education on the risks of using NPS has resulted in an increased number of acute poisonings with new substances.

”

A large increase in use, as well as in the number of poisonings with synthetic cannabinoids, occurred in 2015. This is related to the events at the international level—i.e. the action of the Albanian police, which in June that year seized more than 10 tons of marijuana in the Albanian village of Lazaret, one of the largest illegal cannabis growers in Europe, which is believed to supply the Serbian market. Since the availability of synthetic cannabinoids was high, and their status was legal, the shortage of the traditional substance caused its replacement with a new one. The lack of education on the risks of using NPS has resulted in an increased number of acute poisonings with new substances, which is confirmed by data from the National Center for Poison Control.

⁴² Vojnomedicinska akademija. 2013, 2014, 2015, 2016, 2017, and 2018. Godišnjak Centra za kontrolu trovanja. Belgrade: Vojnomedicinska akademija, <http://www.vma.mod.govrs/sr-lat/specijalnosti/centri/nacionalni-centar-za-kontrolu-trovanja/godisnjak-NCKT>.

GRAPH 2

NPS have been appearing in the Center’s reports since 2013:

YEAR	NUMBER OF NPS (and percentage of total number of poisonings caused by psychoactive sub- stances)	NPS DETECTED	UNDETECTED/ UNDEFINED
2013	18 (6.4%)	Synthetic cannabinoids, gammahydroxy butyric acid, Modavigil, mushrooms	N/A
2014	N/A	N/A	50 (16%)
2015	37 (8.4%)	Synthetic cannabinoids	39 (8.8%)
2016	3 (0.8%)	Synthetic cannabinoids	37 (10.4%)
2017	3 (1%)	Synthetic cannabinoids	25 (8.5%)
2018	5 (1.3%)	Synthetic cannabinoids	32 (8.3%)

3.9 Media

Media reports on NPS are very rare in the Serbian media, and mostly not informative enough, or the information in the reports is mixed with misinformation. Even in cases where the reports are essentially (at least relatively) correct, the headlines are always sensationalist, with the obvious aim of causing moral panic.

The average consumer of Serbian media can very rarely be informed about NPS. Newspaper headlines are sensationalist—“Prove yourself and die: The latest generation of cheap and very dangerous opiates young people are able to produce at home;”⁴³ “A terrible new drug in Serbia. It is not there at every step,

but if someone ‘cheats’ on you, you have no chance;”⁴⁴

“Crocodile, GHB, rape drugs ... These are the most dangerous substances in Serbia, and their availability is frightening;”⁴⁵ “Black mamba, spice, meow meow. Parents, beware! New drugs on the streets of Serbia are destroying your children;”⁴⁶ “New drug on the streets of Serbia, a hundred times stronger than marijuana”⁴⁷ –and the goal of the reports is usually to fill a gap when the editors think there is not much interesting news. Even the media with a long tradition could not resist the trend of tabloidization; therefore, they started publishing unverified information, full

⁴³ Paunović, Mihailo. 2018. “DOKAŽI SE I UMRI: Najnoviju generaciju jeftinih i veoma opasnih opijata mladi su sposobni da proizvedu kod kuće.” *Ekspres*, July 1, <https://www.ekspres.net/brejkung/dokazi-se-i-umri-najnoviju-generaciju-jeftinih-i-veo-ma-opasnih-opijata-mladi-su-sposobni-da-proizvedu-kod-kuce>

⁴⁴ Stanić, M. 2016. “NOVA UŽASNA DROGA U SRBIJI Nema je na svakom koraku, ali ako vam je neko ‘podvali’ NEMATE ŠANSE.” *Blic*, December 1, <https://www.blic.rs/vesti/hronika/nova-uzasna-droga-u-srbiji-nema-je-na-svakom-koraku-ali-ako-vam-je-neko-podvali/bzkkclz>

⁴⁵ Blic, 2017. “KROKODIL, GHB, DROGA ZA SILOVANJE... Ovo su najopasnije supstance u Srbiji, a njihova dostupnost je ZASTRAŠUJUĆA.” *Blic*, June 21, <https://www.blic.rs/vesti/drustvo/krokodil-ghb-droga-za-silovanje-ovo-su-najopasnije-supstance-u-srbiji-a-njihova-9vz92zk>

⁴⁶ Kurir, 2019. “CRNA MAMBA, SPAJS, MJAU MJAU Roditelji, oprez! Nove droge na ulicama Srbije uništavaju vašu decu.” *Kurir*, July 24, <https://www.kurir.rs/vesti/drustvo/3290977/crna-mamba-spajs-mjau-mjau-roditelji-oprez-nove-droge-na-ulicama-srbije-unistavaju-vasu-decu>

⁴⁷ RTS, 2019. “Nova droga na ulicama Srbije, sto puta jača od marihuana.” *RTS*, May 10, <https://www.rts.rs/page/stories/sr/story/125/drustvo/3516092/nova-droga-na-ulicama-srbije-sto-puta-ja-aca-od-marihuane.html>

of misconceptions. Thus, GHB is characterized as “liquid ecstasy,” some NPS are described as 100–800 times stronger than traditional substances, or it is stated that some NPS “cause addiction already after the first hit.”

Sensationalist headlines serve to sell newspapers and are often a useful way to distract the public from the problems the country is currently facing, which are becoming increasingly difficult. NPS—a topic about which the general public knows very little—fit perfectly into the tabloid editorial policy, which aims to spread moral panic, not information, although the media are the only source of information on NPS for most Serbian citizens. Even some institutions or health organizations first learn about NPS from the media.

There are, however (although very rarely,) reports that do provide correct information about NPS, although the headlines are still more or less sensationalist, or aimed at causing fear in the general population: “What are the new psychoactive substances that poison our children? 20 expert answers that every parent must read!”⁴⁸ “The emergence of new substances has changed the way we take narcotics,”⁴⁹ “New drugs in Serbia: faster, cheaper and more accessible.”⁵⁰ However, they are in the minority; therefore, it is safe to say that the general public in Serbia is completely uninformed or misinformed about NPS.



⁴⁸ Telegraf, 2018. “Koje su nove psihoaktivne supstance koje truju našu decu? 20 odgovora stručnjaka koje svaki roditelj mora da pročita!” *Telegraf*, December 15, <https://www.telegraf.rs/zivot-i-stil/3016091-koje-su-nove-psihoaktivne-supstance-koje-truju-nasu-decu-20-odgovora-strucnjaka-koje-svaki-roditelj-mora-da-procita>

⁴⁹ RTV, 2018. “Pojava novih supstanci promenila način uzimanja narkotika.” *RTV*, December 20, http://www.rtv.rs/sr_lat/drustvo/pojava-novih-supstanci-promenila-nacin-uzimanja-narkotika_977345.html

⁵⁰ Veselinovic, Stefan. 2016. “Nove droge u Srbiji: brže, jeftinije i sve dostupnije.” *Vice*, November 15, <https://www.vice.com/rs/article/qkb873/nove-droge-u-srbiji>



4. Research methodology

The approach used to study the problems related to NPS use in Serbia is based on the principles of qualitative research.⁵¹ As a research methodology, it is used to reveal deeper meanings when it comes to the attitudes, opinions, or motives of the respondents.

One of the basic methods of data collection in qualitative research is interview, and in the case of this research, the technique of in-depth, semi-structured interviews was used. Since the research was undertaken during the COVID-19 pandemic, we were unable to conduct all interviews face to face, except two focus groups with research participants and an interview with a representative of the Office for Combating Drugs. Thus, interviews that were not conducted face to face were conducted virtually, using Zoom or Google Meet. The expected result of applying this research technique was to obtain material that reveals the experiences, attitudes, and life stories of the respondents, as well as the attitudes of the representatives of the institutions. The material collected is the basis for the interpretation of the use of NPS in Serbia.

The research also involved a multi-local ethnography approach (multi-sited ethnography).⁵² This is a method of collecting material by which the same problem is identified and analyzed in different geographical, social, and/or contextual conditions. This research procedure enables the problems related to the use of NPS to be approached simultaneously as a specific local phenomenon and also as one that has certain common characteristics in all contexts studied.

The method of qualitative research applied in this research shows its real potential when all the important parts of the research process are connected. Such an approach relies on the methodology of grounded theory. The basic postulate of this methodological concept is to insist on a circular model of the research process. This means that, unlike the linear model, grounded theory rests on the constant adaptation of both the methodological apparatus and theoretical concepts throughout

the research process. The principles of the methodology of grounded theory are:

- Refrain from setting initial hypotheses and testing them.
- Sample decisions are made during the survey itself, based on periodic preliminary analysis.
- The final result is new insights, which are determined by the space for adapting to the topic and participants throughout the research process.
- Continuous comparative analysis of cases, both with each other and in relation to theoretical categories during each research cycle.
- The sample size is determined by the “theoretical exhaustion” of the categories, rather than by the demographic “representativeness.”
- The theory obtained is developed inductively, but constantly harmonized and checked through the material collected.

In the processing of the material collected during the research, the emphasis was placed on the responses of the respondents themselves, with as few interventions as possible in terms of generalization. Each statement thus bears the stamp of lived experience, which is generally missing from reports on the use of psychoactive substances.

Key topics explored in the interviews and focus groups included:

- NPS characteristics;
- usage patterns;
- impact, risks, and consequences of using NPS;
- harm reduction services and NPS;
- medical services for those who use NPS;
- difficulties and problems related to NPS;
- possible ways to overcome the use of NPS.

⁵¹ Silverman, D. 2016. *Qualitative research*. London: SAGE; Flick, U. 1998. *An introduction to qualitative research*. London: SAGE; Blommaert, J., and D. Jie. 2010. *Ethnographic fieldwork: A beginner's guide*. Bristol: Multilingual Matters.

⁵² Marcus, G. 1995. “Ethnography in/of the World System: The Emergence of Multi-Sited Ethnography.” *Annual Review of Anthropology* 24, 95–117.

4.1

The sample

Respondents for this study were selected in accordance with the chosen methodology and include all stakeholders: representatives of institutions/decision makers (Commission for Combating Drugs, Center for Monitoring Drugs and Drug Addiction at the MoH),⁵³ health workers (Hospital for Addiction Diseases), NGOs working in the area of drug policy and harm reduction, as well as HIV prevention, and users of psychoactive substances:

- Representatives of CSOs that are providing services for people who use drugs, MSM, sex workers (social/outreach workers, advocacy officers, directors/founders): 3 participants
- Representatives of government institutions and policymakers (MoH and Office for Combating Drugs): 2 participants
- Representatives of medical/treatment services, ambulance doctors: 2 participants
- People who use NPS (MSM, partygoers, recreational users): 18 participants

A total of 25 respondents took part in the research through 11 interviews and 4 focus groups.

Respondents from the category of users represent two large and different groups: MSM and recreational users; they are mostly members of the middle class, extended by one user from a different socio-cultural background who is receiving opioid substitution therapy. The largest number of users are from Belgrade, but those from smaller places in Serbia who, although currently living in Belgrade, know the situation in their hometowns are also included. Although the validity of the information received from users is occasionally questioned,⁵⁴ in this case, there is no reason to doubt their sincerity, because they voluntarily agreed to participate in the research, and their anonymity is guaranteed.

⁵³ An interview was not held with the representative of the Center, but the respondent submitted the answers to the questionnaire by email.

⁵⁴ Lajić, Oliver, and Aleksandra Dickov. 2015. "Prikupljanje obaveštenja od korisnika psihoaktivnih supstanci." *Kiminalistička teorija i praksa* 2(1), 55-67. Zagreb: Međunarodno kriminalističko udruženje.



5. Key data collected

In general, the respondents who use psychoactive substances do not have any major experience with NPS, other than the MSM community with GHB. NPS were used occasionally, but as a rule with traditional psychoactive substances. At the time of the interview, respondents from the MSM population were active users of psychoactive substances such as GHB, while all others reported that they had once encountered and tried synthetic cannabinoids but no longer used them. Other substances were reported sporadically—mostly that the respondent had heard of or tried them but did not actively use them, except for subjects from the group of experimenters, who had more experience with certain stimulants from the group of cathinones.

During qualitative interviews, when asked if they knew what NPS are, respondents admitted that it is not entirely clear to them what the term refers to in relation to the drugs they use, and through the discussion in the context of Serbia, the following substances were defined as new:

- GHB/GBL (“G”)
- Various synthetic cannabinoids (“Herbal incense,” “spice,” “Black mamba”)
- 2CB
- PCP/3MEOPCP
- Alpha-PVP (PVP)
- Ketamine (K, special K)
- Mephedrone (meow meow)
- Flex (synthetic cocaine)
- 25I-NBOMe

Representatives of institutions with which we had the opportunity to talk about the types of NPS have very limited knowledge about them, if any. This is also the case for representatives of CSOs, except for experts from the NGO Re Generation, who are actively dealing with this topic.

5.1 Problems related to emergence and use of NPS

All respondents agreed that the biggest problem with NPS is their impact on health, and the key lesson is ignorance of substances, but also the lack of transparency of data, which is why users cannot know or predict reactions, and health workers cannot provide appropriate assistance in cases of overdose. This is evidenced by the data from the Center for Poison Control at the Military Medical Academy, where there is a much higher proportion of poisoning caused by “unknown substances”—i.e. substances that

the Center’s laboratory cannot detect—than any known NPS. The NGOs that work with MSM in HIV prevention and testing services do not track data on specific substances, and representatives of harm reduction programs did not provide any information on specific substances either, except by saying that they do not meet NPS use often in their work. The NGO Re Generation is the only CSO that tracks the use of NPS.

“

...the biggest problem with NPS is their impact on health, and the key lesson is ignorance of substances, but also the lack of transparency of data, which is why users cannot know or predict reactions, and health workers cannot provide appropriate assistance in cases of overdose.

”

“Problems related to NPS in principle relate to the lack of information about the substances themselves. There is also a lack of information among users about the right doses, as well as the substances used. There are two groups of users: those who use NPS intentionally, consciously buy NPS, buy one or two substances they are very familiar with and know what they will get and what to expect, and, on the other hand, there are those who think they are buying one substance and in fact they get something else, which may or may not be similar, and then various health problems may arise” (NPS2020-22/1).

“Transparency—that is, to get adequate and timely data on the occurrence of NPS and all systems and everything that has been done, so we can prevent all possible problems they cause, because, since they are unknown, users can be warned, as well as all other medical services that provide assistance, and it would be known how assistance is provided in an adequate manner and in that way we save human health” (NPS2020-13/1).

“As far as new drugs are concerned, I can say that the problem is that we do not record it absolutely anywhere, there is no option to record it anywhere in our forms, so unfortunately I cannot give any specific data now, but there is definitely a need to think about that and to continue to act accordingly” (NPS2020-15/1).

“According to current data from the research on drug use in the general population (Batut Institute, 2014), a very small percentage of the population increased at the age of 18–34, and it was published for NPS users (0.1%). Batut conducted a new general population survey in 2019, but the data were not yet available. Also, the data from the TDI registration do not prove whether the NPS users came to ask for treatment. The only data on the NPS we have are from the seized material, which are collected by the Ministry of the Interior and the SIA” (NPS2020-14/1).

“Of course there are problems, and they are related to diagnostics, in fact finding substances. Because we do not have a sufficient history of the disease, somewhere the user himself does not know what he took and does not know if this is the right thing he asked for (...) So yes, there are problems: patients—i.e. users—do not report arbitrarily, voluntarily, except in some of the more severe cases they cause” (NPS2020-4/1).

“Also the problem with NPS is that they are often sold as substances known to us. Let’s say, I don’t know, you think you’re buying MDMA, but you’re actually buying something that is changed a bit, which

may have a different effect, and I mean the substance effect itself, on your psyche, but also much more serious physiological problems can happen” (NPS2020-2/1).

5.2

What is the most widespread new substance in the last couple of years?

According to the users, the most widespread NPS on the Serbian domestic market is GHB, while different NPS appear sporadically. This mostly happens because someone brings them from abroad. It is symptomatic, however, that no cases of overdose with GHB have been reported (there are none in the reports from the Center for Poison Control), which is—as will be seen later—a possible consequence of users’ distrust in the protection and treatment system when using psychoactive substances.

The use of synthetic cannabinoids, which was very popular (even among people who were using opiates) because they were legal, affordable, and cheap, has been drastically reduced since they were declared illegal.

In addition to these, users mention that mephedrone and PCP are available, as well as crystal meth, 2-CB, 25I-NBOMe, and AlphaPVP, but they are still relatively rare.



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More users believe that the lower level of popularity of NPS in Serbia in relation to the countries of Western Europe is a consequence of the poorer financial situation in the country—i.e. the generally lower purchasing power of the total population—but also the unknown nature of NPS.

“Specifically for me, I tried GHB, and the same goes for my friends mostly, but I also have a group of friends that are not from the

LGBT community, who had the opportunity to bring back certain substances from foreign electronic music festivals, such as NBome, so it was just shared here. However, they knew that they were buying NBome specifically, they knew the risks that are coming with it, as we know that it's a very dangerous substance if you don't know what you're getting into, if you don't know how much you're taking. So definitely, from my experience and the stories I've come across, GHB/GBL [are] definitely [the most used substances]. Somehow all those other things we have a chance to hear about are 'out there somewhere' and it still hasn't come to me at least that I know—look, it is that substance. We can assume, we can guess from what we have heard, but even when they appear, they simply come from another side or abroad” (NPS2020-2/l).

However, institutions have limited knowledge about the types of NPS, due to the limited availability of research and transparency of data.

“They are present in Serbia, but to a much lesser extent than perhaps in Western Europe (...) they are finding their way slowly (...) the detection of certain substances is part of the interview [with patients] and is hard, and as far as some of these laboratory items are concerned, samples are definitely only taken and can be detected in (...) special laboratories, of which there are three that I know exist. In the Ministry of the Interior, in forensic medicine, when a fatal outcome occurs, they have the ability to find out which substance is in question, and there is a toxicology lab at the Military Medical Academy] when it comes to some more severe cases that are in a severe condition regarding taking any substance” (NPS2020-4/l).

“I'm not sure which one is the most widespread NPS, but I guess some of the cannabinoids (...) in particular, people I know take psychedelics, as well as pyrrolidines—that is, those substances that mimic crystal meth” (NPS2020-22/l).

“I don't know (...) If this information is more accessible and transparent, even to

institutions dealing with drugs (...) it would be more useful to know what has appeared on the market. Because in order to respond in time and provide adequate help, you must know what you are fighting against, so we must know what is happening in our country most often (...) or in general what has appeared in our market as an NPS. An early warning system is a really good thing, a good way to respond to these new substances, saving lives, which is the most important thing. But at the same time, analyzing data on what has emerged can do a lot more. And on prevention, but at the same time with the part related to research...” (NPS2020-13/l).

“A couple of years ago, we ordered some new toxicological tests (...) and we got about 100 tests in those sets, but I don't think we found anything significant. Obviously we don't know what to look for, we don't follow the market enough, and I don't really have information from our patients. Even if they know what something is called, they know slang names” (NPS2020-3/l).

5.3

People who use NPS

Users can be divided into two groups: members of the MSM community who use GHB/GBL and other substances sporadically to have better-quality sex, by reducing physical but also socio-cultural inhibitions. In the context of the MSM population, the common context for drug use is chemsex,⁵⁵ during which drugs are used mainly in combinations and last for several hours.

“We have, let's say, a problem with people using certain psychoactive substances a lot, but we also have a big problem because of the motivation behind consumption. Specifically, in my community it is exclusively for sex itself. The reasons that are stated are that sex is just more pleasant, less painful, and, on the other hand, that people are just more free and loose, or it is a much more fun way to have sex than just when you are sober, not to mention straight. But, erm, yes, I think we

⁵⁵ For more information, see: Stuart, David. 2019. “Chemsex: origins of the word, a history of the phenomenon and a respect to the culture.” *Drugs and Alcohol Today* 19(1), 3-10, <https://doi.org/10.1108/DAT-10-2018-0058>

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can go further and talk about the problems of intimacy in general in our rather rigid society in the Balkans, when it comes to male-male relationships and intimacy between men, where certain people can overcome that in altered states of consciousness. And then they just resort to those things, and I think it's something that could very easily be overcome simply by working with the community and generally being more open to talk about it all" (NPS2020-2/1).

The second group of users are those who take different NPS in a recreational setting, at parties and festivals, or within other recreational settings. These can be people who willingly experiment with different substances or people who take them reluctantly, unaware that they have taken something previously unknown to them.

"There are two types of people: one, who deliberately takes NPS, who are very familiar with it, but there are also those who will accidentally take one of the NPS, thinking they are taking amphetamine, cocaine, or similar. Definitely, even with those who take them on purpose, there is a need to mix, when they get to know a good one, then there is a need to mix or explore with others" (NPS2020-22/1).

As a rule, people who inject drugs, mostly opiates, and sex workers do not have much experience with NPS; rather, they stick to traditional substances or prescription drugs. Even if they use NPS, they are available to them only if their dealer has some; otherwise, they are not really available to them.

"I think that among the older users who are always inclined to take anything that is offered to them, they knew what the name was or they didn't know, but they want to try it, I think there are some, although not too many. Not a high percentage. I think that a larger group is those who are not addicted but are ready to experiment, to try new things, to take risks that they may not even be aware of, and that this group is in fact unrecognized and much more important and larger" (NPS2020-3/1).

"And when we talk about users, I think that they are definitely recreational users who are prone to experimenting but not taking risks, and that you have to surf the Internet to find many of these NPS, and our opiate users are not used to that, and they do not have NPS available. If someone offered them some, they would take it, but if the dealer does not have it, it will not reach them" (NPS2020-3/1).

Users differently assess the age of those who use NPS, with the estimates ranging from very young (14 or 15 years) to middle-aged and older (up to 60 years), but it depends on the age of the respondents, as well as the community to which they belong. When asked whether they are users who have used new substances for the first time or have already experimented with old ones, the respondents confirmed that they are mostly people who had had previous experiences with traditional substances.

"Well, what I can say now, from the stories I heard from my friends, they are all somewhere between 22 and 27 years old. In general, they had some previous experience with traditional substances, of course I'm not talking about cannabis at all, I'm talking about either speed, or ecstasy, or cocaine, or whatever they could get at some point (LSD, mushrooms, not important). But then it was kind of easier for them to get into it, because let's say NBome is presented to them only as LSD that only lasts even longer, and as if you somehow have something to connect with, and then they think 'OK, I know how LSD works, why shouldn't it last for 20 hours, no problem'" (NPS2020-2/1).



5.4

Ways of consuming NPS

NPS are used like traditional psychoactive substances, depending on the aggregate state in which they exist. Among the different methods of administration mentioned were ingestion, snorting, smoking, and inhalation.

“They can all be ingested as traditional substances, but in our country they are most often snorted or smoked” (NPS2020-22/I).

One positive surprise is that injecting NPS is very rare in Serbia, if it exists at all (respondents do not know about injecting cases in their environments). Respondents from the MSM population say that injecting (so-called “slamming”) is not as popular as in some countries in Europe and the world, and that this can be explained by lower economic development and lower purchasing power, but also by the social perception of injecting drugs in—generally conservative—Serbian society as being unacceptable, because it is stigmatized. However, it is characteristic to take several substances at the same time.

“Always in combination, in combination with speed ... or cocaine (...) they use GHB with alcohol, with which it is still used in combination, cocaine, mephedrone, both with ecstasy and with MDMA” (NPS2020-8/F).

“Ketamine and ecstasy definitely. Ecstasy and speed ... well it’s almost the same thing. Um... somehow they come in a package, 2 plus 1 ... And I mean, of course, cannabis is always included in the whole story” (NPS2020-2/I).

By far the most worrying fact is that all new and traditional drugs are mixed with alcohol. A higher proportion of respondents from the MSM population also reported the frequency of mixing alcohol (beer) and GHB.

5.5

Ways of purchasing the substances and prices

According to data obtained from interviews and focus groups with users, NPS are procured differently by different user groups. The MSM population, which uses the most GHB, procures this substance through dealers, or in some cases through dealers who are promoted through dating applications used by the MSM population (Grinder etc.). The dealer is called, or a message is sent to him, and in a few hours the substance arrives at the indicated address. Substances such as PCP, mephedrone, and other NPS that are sporadically mentioned are generally not procured by users themselves but become available through someone who brought them from abroad.

“... new drugs are starting to appear, and mephedrone, for example, has completely entered our country. Tina started coming from abroad, you won’t buy it, but people at parties have started to have it. I saw people bringing it, but I didn’t see a situation where someone went crazy on it, like I heard stories” (NPS2020-8/M40).

“G is, in principle, 20 ml for 20 EUR. It comes in a bottle with a pipette, one pipette, one milliliter, so everything is ready. A man comes to the address, brings it, you give him the money, and that’s it” (NPS2020-1/I).

A group of users who recreationally use NPS mentioned the purchase of NPS through the Dark Net and TOR, but such procurement is very rare because Dark Net and TOR browsers are not available to everyone, but also for fear that by ordering substances to their home address, they could be tracked, or they could be found at customs, which is a criminal offense. It is ordered only if there is an option to send it to an address that cannot be contacted. On the other hand, one part of the respondents mentioned that they came into contact with NPS through friends and acquaintances who either ordered these substances with the help of someone else or brought them from abroad. Also, recreational users reported that they know about cases of



procurement of traditional substances through the Dark Net, due to the prices and the purity of the substances being offered.

“I’m not sure now about the laws in Serbia, what it would be like to be caught for something specific, because it doesn’t exist anywhere, and yet I know that they can harass you for something like that ... So... they can probably arrest you at customs, so you run the risk of ordering at your address, if you don’t already have another way or option”

(NPS2020-9/I).

“It’s fascinating to me that people were much more reluctant to order through the Dark Net to order some ... traditional in other cultures substances and some things and not actually synthetics...” (NPS2020-11/F).

“Well, I don’t know at all how this whole thing works ... I don’t know how I would order it... and some of my friends who are... they understand computers and hackers and that... so they would say they knew how to order something like that but... I myself... to do it... noooo, brother...” (NPS2020-12/F).

The representative of the Office for Combating Drugs of the Republic of Serbia answered that activity through the Dark Net is known to officials at the Ministry of the Interior, but also to customs officers, and that they have been training to suppress this type of organized crime.

“That Dark Net, for example, Interpol and the world’s police recognized the Dark Net some 10 years ago, but it was first the target of arms smuggling and that, but finding those services that deal with terrorism are the first to encounter them, but it is normal that those who use the Dark Net realized that they can abuse it, that is, to sell everything through it... everything that is for sale and is forbidden and illegal, which are these substances as well... Now how developed it is and how much we as a State are ready to answer to the emergence of the Dark Net, let’s say as much as we are ready for everything else... It is only important to say that we as a State strive to be in the standard that prevails in Europe, that we have entered into

all the associations that allow us to cross-learn information from others, if something appears, or is offered in our market or this provider, or whatever it is called, appears from our area. The police started doing the training, and I guess the SIA also started doing the training because of terrorism and those violent crimes. The training was attended by people for the Dark Net. The Ministry of the Interior started [working on it] at least five years ago” (NPS2020-13/I).

When it comes to NPS prices, the respondents only knew the exact prices of GHB: a bottle of 20 ml costs 20 EUR, while a larger one of 35 ml costs 30 EUR. Also, it is interesting that GHB is a rare substance that costs the same over the Dark Net as when bought from a dealer, if not more.

5.6

Risks and consequences of use of NPS

All respondents see the key danger of NPS as being that new substances are insufficiently known, that their composition, dosage, and effects are generally unknown, and that there is no way to be honestly informed about them, except by talking to those who have already used them or by searching for information on various Internet forums.

When asked if they know what the biggest risks are, but also what the signs of overdose or poisoning are, the respondents mentioned the reactions related to the use of GHB, with which they have the most experience. The following reactions were mentioned:

- Sleep
- Vomiting
- Difficulty breathing
- Various injuries of a physical nature
- Unprotected sex

“Yes, we all had those situations, yes, to cross limits ... I only cooled off twice, but once I received an infusion” (NPS2020-7/F).

Respondents representing CSOs are aware of the difference between reactions to traditional substances and to NPS, and mentioned the role of the Military Medical Academy’s Center for Poison Control.

“Well, these are classic things, heart palpitations, overheating of the body, some things that are not clear and clearly defined, you can’t take the anamnesis, you can only see things that are for some intensive care, some toxicology and somewhere they are clear that they are caused by something that’s not already known to everyone, because we all know what heroin abstinence syndrome or heroin overdose looks like, and this is kind of different. They are not somnolent [drowsy], nor sleepy, nor accelerated, they are all mixed up somewhere, all those places change cyclically. It all depends on what they took and what they didn’t, so you never know, and it’s always important that they end up in toxicology, so that they can do certain analyses there because of the laboratory and that they can at least help a little clearer and better in intensive care” (NPS2020-4/F).

“Like traditional and new ones, they are divided into several groups so that the symptoms vary according to the group of substances in which the overdose is located, depending on which substance occurs [stimulants, psychedelics, opioids and dissociatives]” (NPS2020-22/I).

Therefore, both users and those who work professionally in the area of drugs believe that it is necessary to be better informed about NPS, as well as to be more efficient and informed through the work of health services, in order to be able to minimize risks to health and life.

“Transparency on NPS data [is necessary]—i.e. how the level of frequency of these substances is raised, whether the user is finding these substances on the market (...) the Ministry of Health must do additional training or specialization (...) of their people who are first in touch, and these are the emergency medical service, the health centers. For several reasons. Not only to help that person, but to be able to act preventively and to talk and explain to other people and teach them what can happen and how to recognize it. Because with these substances, it is [most important] to recognize what it is. Is it something ordinary or something new? And timely provision of medical care is very important. The State, especially the MoH,

must play a role in that, because that is in their competence (...) and they have to get used to the situation on the ground, regardless of how it came about, whether illegally or legally” (NPS2020-13/I).

Informing people about NPS should be within the competence of the early warning system in case of the appearance of NPS. However, although it was founded in 2019 and implies cooperation between various state institutions and NGOs, it does not work in practice. There is no communication or exchange of data between different state bodies, nor between them and the non-governmental sector, and even less between users (for whose good the system should be established) and different segments of the system. The National Observatory for the Center for Monitoring Drugs and Drug Addiction, which is located within the MoH, has only one person that we know of who is responsible for this, and it is completely clear that this one person cannot deal with the scope of work that the Center should be performing.

“I think it has been five years since that first conference where it was announced that the civil sector will be actively involved in this process and be one of the key players in alerting drug users to NPS and collecting data from them about NPS. Unfortunately nothing happened. The early warning system in Serbia currently serves only to put NPS on the banned list, practically turning new ones into old drugs, and all other segments are not working. So this part probably works as soon as a quantity unknown to people is found in the seizure, the chemical composition is discovered in the laboratory, it is put on the banned list, the police and customs are warned, but there is no effect for users—to warn them that it is dangerous for them, not to use it, to give us as civil society organizations some more detailed information about it. [The appearance, size of the substance, the form in which it can most often be found], we do not have it. Once in a few months, we get the chemical formula of what was put on the list, what the list looks like now, and that’s it” (NPS2020-5/I).

5.7

First aid

In cases of overdose, users usually do not call an ambulance but try to find a solution on their own. This is because, in cases of overdose, along with the ambulance come the police (although the use of psychoactive and controlled substances is not punishable), so anyone who finds themselves next to an overdosed user can be held responsible for possession of any of the illegal substances. The police assume that everyone present is also a user and has some of the psychoactive substances on them. As no one wants to be arrested or held accountable for possession of psychoactive substances, cases of overdose are most often resolved internally, which is undoubtedly dangerous to the health and possibly the life of someone who has overdosed.

“So far, we have not had a situation to call an ambulance. I mean there were situations when we didn’t know what to do, and when you hope to recover, but if not we have absolutely no idea what to do if someone is not better in those situations, you just hope that it will be better (...) And then you slap him and take him to a shower, and so on, you try to keep him awake, but that’s it, something never exceeded that situation. If it did, I really don’t know what we will do, we would call an emergency service probably, but only that... you honestly don’t know who to turn to”(NPS2020-6/F).

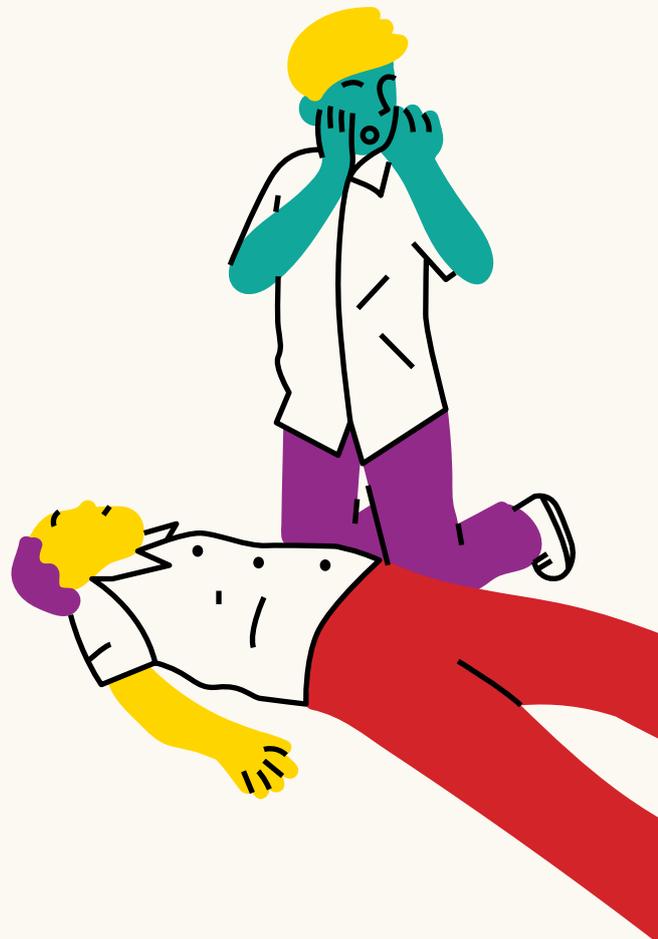
“People don’t know how to react. They don’t know what’s going on, and the only thing they know is that they can’t call an ambulance, because ... fuck ... the police will come with the ambulance, and they’re bullshit about owning it, so it happens or you just throw out someone from your apartment onto the street and you let him lie on the street until someone finds him, to leave people in front of the club...”(NPS2020-2/I).

In response to this problem and the possibility of overdose among their users, representatives of CSOs reported improving the skills and knowledge of their teams in order to better respond to potential problems.

“As far as first aid is concerned, it is necessary to take a person to an airy place where there are not many people and, if necessary, to call an ambulance. If there is suffocation or if the person is unconscious, put him in a lateral, so-called coma position, and if he suffocates, release his airways. If he is not breathing, apply artificial respiration. Certainly, if the person is unconscious, they should call an ambulance and wait for them to come”(NPS2020-22/I).

Due to all of the above, as well as the lack of services aimed at specific problems for the chemsex community, but also for mutual care and the prevention of side effects, the Serbian chemsex scene developed a common practice of keeping records of the type of substances, doses, and times for the people at the “party.”

“Mostly, there is always that one person who keeps records of who took what and how much, and what time. At least that’s how it is now in the last year. And then at a certain time everyone is given a dose, and that’s it, then there’s no question about whether someone got more or less”(NPS2020-8/F).



5.8

Treatment programs for NPS users

Most NPS users are from recreational use settings, so they do not call in for treatment even if they realize that they have a problem with any of the substances they use. Instead, they solve the problem themselves, both because they are aware that treatment protocols do not really exist for the substances they use, and because of social stigmatization that accompanies people who struggle with addiction.

“No, at that moment I knew that, it must be five years ago, but nothing has changed today, but I knew that whatever problem I have, I have to solve it myself. Because there is no chance that I go to them. I think there is no chance (...) even people who are, say, trained for that in the country, could offer me any compassionate solution to my problem... Except to put me on medication and say this man is seriously disturbed”
(NPS2020-9/I).

“People started self-isolation. I know people who isolated themselves. It’s a severance of social contacts, and then it’s just a couple of people who support you in all this, but nothing here has been run by a doctor... at least I haven’t heard of it ... These are people who have noticed that they have a small drug problem, that it affects their performance at work and then they made a cut ... Because, to preserve the economic element of your life, and financial ... some who could, they would go to the village... to grandparents...”
(NPS2020-10/I).

Addiction health professionals confirmed that specific treatment programs do not exist, although they believed that these programs had not been developed because there was still no need for them.

“Programs do not exist. The Ministry of Health recognized the importance of introducing these programs, and with the support of the EMCDDA, a seminar was organized for all doctors in the Republic of Serbia who deal with the treatment of addiction. A recommendation was made that it is necessary to adopt guidelines/instructions for the treatment of NPS users, but also to educate doctors on how to recognize clinical symptoms in NPS. Significant support would be through the support of international projects” (NPS2020-14/I).

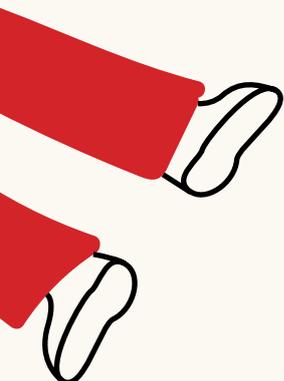
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“Well, basically we don’t have a special program for that because so far we do not have patients for whom it is a dominant problem. So we are ready to adapt, and follow the literature, but in our clinical experience we do not have patients who exclusively have this as a problem, so we have to adapt the program to it. What we are slowly having is a change in the tendency that we follow and adapt with the programs is that now, despite the fact that heroin is still the most prevalent, amphetamine is slowly becoming dominant (...) so that is our focus. NPS is still a negligible percentage of patients, and we have not had patients come and say: ‘I only use NPS, and you treat me for it’. So, I mean, we are ready, but we have not yet had a demand for such programs”
(NPS2020-3/F).

There were no cases of NSP in the mandatory treatment measures prescribed by the court.



5.9

Harm reduction programs

All respondents—both users and representatives of institutions and NGOs—agree that it is necessary to improve harm reduction programs for recreational users of psychoactive substances, who, in addition to education, would also be interested in a service for testing samples of various substances (as is done in other European countries). This can reduce the possibility of erroneous estimates or incorrectly measured doses, and thus poisoning of some of the NPS. Also, all respondents agree that better education and information aimed at users is needed.

“The lack of information applies to both users and dealers, and it often happens that the sellers themselves do not know what they are selling to customers, so there is a need to test the substances themselves, which would ideally be held in places where young people gather so that everyone knows what we are on and what we are using”
(NPS2020-22/I).

“

In these conditions, the only thing we can do is to give our users or people we know who use psychoactive substances to share test kits, so that they can check at home what the substance they are taking is and find out what they bought.

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“In order for me to really see what is happening in the field in that uncontrolled part, you have to do research, and that is collecting data and information about what is being used (...) in order to be able to determine and control it. A balanced legal solution must be found for the benefit of society. I am not in favor of some forms of legalization, but that [testing] must be excluded—it is not legalization. In any case, I think that a legal solution should be found for that, with prescribed correct and strict procedures, where the abuse (...) would be reduced to the lowest possible level, without [those] who deal with it and who carry it out being in trouble with the law” (NPS2020-13/I).

“In these conditions, the only thing we can do is to give our users or people we know who use psychoactive substances to share test kits, so that they can check at home what the substance they are taking is and find out what they bought. On the other hand, it is necessary to advocate for testing at festivals, club events and so on. If you ask the contact point [MZ], she will say that it is still possible. However, if you ask the police, they will tell you: ‘You can arrest yourself if you take a sample of a substance; it means that you own drugs.’ So there is in fact a collision between the regulations of the MoH and the criminal law, so we need key changes to the Criminal Code that would allow such tests to be done, of course for the purpose of scientific research, to save the lives of these young people. Five deaths of young people to introduce education in schools and talk about everything, not about NPS” (NPS2020-5/P).

It is clear, however, that users of psychoactive substances are concerned about the possibility that substance testing programs could be used in a repressive manner, although they are generally interested in the idea of such programs.

“I think that drug checking and other services would help a lot of people. When I say that, I don’t think it’s the police catching drug dealers, and that it’s a lure to catch kids who came to check their substances and get upset about it. That would be a bigger problem than just the absence of those programs. Mentally speaking, people are more afraid of being persecuted for it, and of being condemned by society... Like he bought drugs, and the man just went to check what was really in that drug” (NPS2020-1/I).

“I have a picture in my head, and now when we go to a party or a festival, and now you and I are the people in that minivan, and now imagine a line of ten people, everyone wants to test their substances. And then the militia comes and arrests all the people... so they say you have drugs... this is their strategy...”
(NPS2020-10/I).

CONCLUSIONS & RECOMMENDATIONS

The appearance of NPS in Serbia is not a new phenomenon, but their market share is very small. NPS have been talked about for a whole decade, although scientific research and answers to their appearance in the form of special services aimed at ensuring the health and well-being of users, but also the whole society, have not progressed at all. In order to improve the response to problems related to the emergence and use of NPS, greater state involvement is needed in terms of adapting to rapid market changes. This means not only putting substances on the banned list, for which Serbia is very up to date, but also improving the entire system. Some of the specific measures that should be taken to achieve this are the following:

- Balanced legal solutions need to be found so that harm reduction programs can be developed to provide more comprehensive support to users in order to reduce health consequences, but also to prevent unwanted deaths, with a special focus on NPS.
- Given that research has identified NPS users as mostly recreational users, most of whom take them reluctantly without knowing what is in certain substances, it is necessary to establish a drug testing system that will not only give the user timely information about what the substance contains, but also advice on how to avoid unwanted consequences. Such a system can also help collect data that are important for the early warning system, through which all members could be informed in a timely manner about the occurrence of new substances and, based on this data, create their own programs in response in their areas of activity.
- It is necessary to harmonize the terminology related to psychoactive substances, both in legislation and in the professional literature in the Republic of Serbia, in order to better monitor the situation at the global level, but also to interpret it in the domestic social and scientific context.
- It is necessary to improve and encourage research activities when it comes to NPS, but also drugs in general. The data should be made available and transparent, both to professionals in this field and to the general public.
- Data on the occurrence and the NPS itself need to be made accessible and transparent for all professionals in the field of drugs, but also for the general public—specifically data in regard to prevalence of drug use, drug harms, HIV and AIDS data, etc.—in order to better design and implement services for key target populations.
- It is extremely important to improve communication regarding the emergence of NPS among all partners in the early warning system, in order to avoid the media being the first to receive information about NPS, instead

- of professionals dealing with problems related to psychoactive substance, who can respond directly in the field with their organizations.
- Improve harm reduction programs especially for the MSM population, which, in addition to information and education on the risks of using psychoactive substances, would also include psychosocial support programs.
 - Capacity-building is needed for health workers in all services that come into contact with users of either traditional drugs or NPS, including all services from ambulances to treatment centers for addiction.
 - There is a need to adopt a document such as a Good Samaritan Law⁵⁶ or a kind of protocol that will offer legal protection to individuals who call for emergency assistance in the event of a drug overdose, in order to better respond to possible drug-induced deaths and prevent fatal outcomes.

⁵⁶ https://www.daneurope.org/c/document_library/get_file?uuid=c09228f3-a745-480b-9549-d9fc8bbbd535&groupId=10103

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