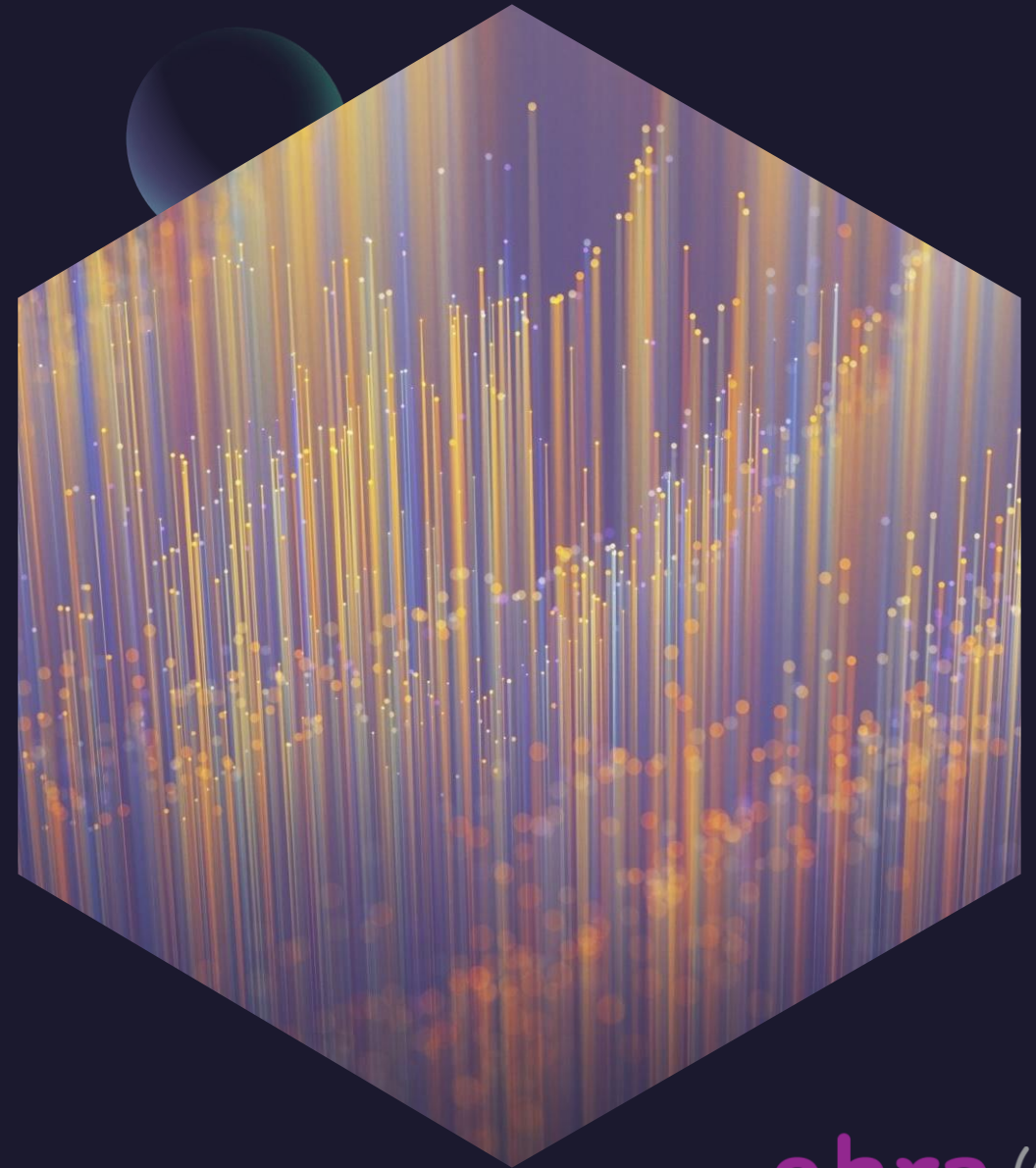


Use of new psychoactive substances in 6 countries of CEECA region

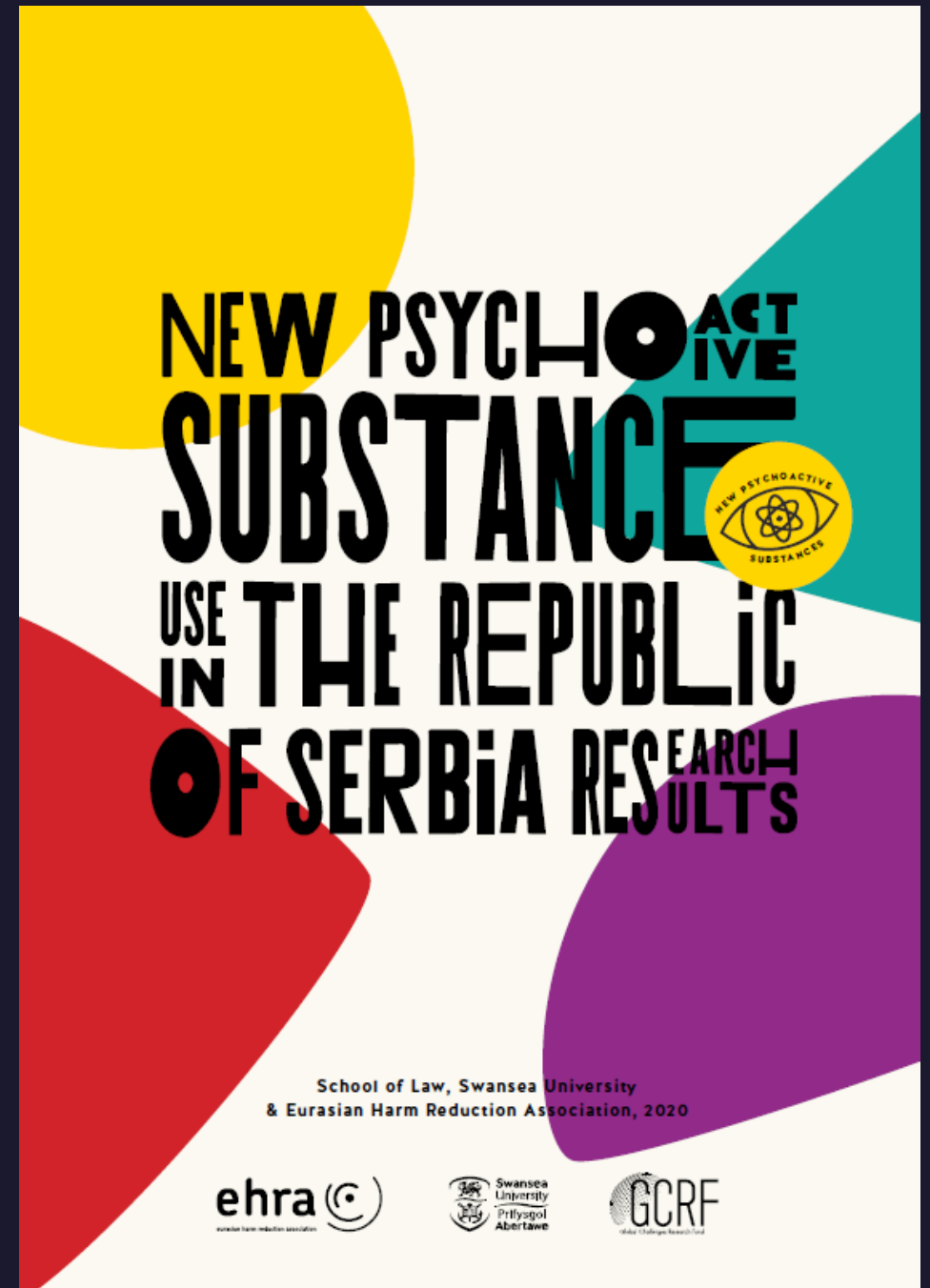
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About research

- Research project 'New Psychoactive Substance Use in Moldova, Belarus, Kazakhstan, Kyrgyzstan, Georgia and Serbia', conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, funded by **the Global Challenges Research Fund**. Principle Investigator Dr. Rick Lines of Swansea University.
- **The objective** - to create a more accurate picture of the use of NPS, which will subsequently be used both for political advocacy by national civil society organizations and as a contribution to the international data on the use of NPS.
- **Methods** of data collection and analysis:
Two stages:
 1. Desk research and preparation of questionnaire based on the collected information;
 2. Structured interviews/ focus groups with key respondents.





- ✓ **Synthetic cannabinoids**
(JWH, spices, smoking mixtures, ethnobotanical substances)
- ✓ **Synthetic cathinones**
(alpha-PVP, mephedrone, bath salts)
- ✓ **Synthetic opioids**
(fentanyl, carfentanyl)

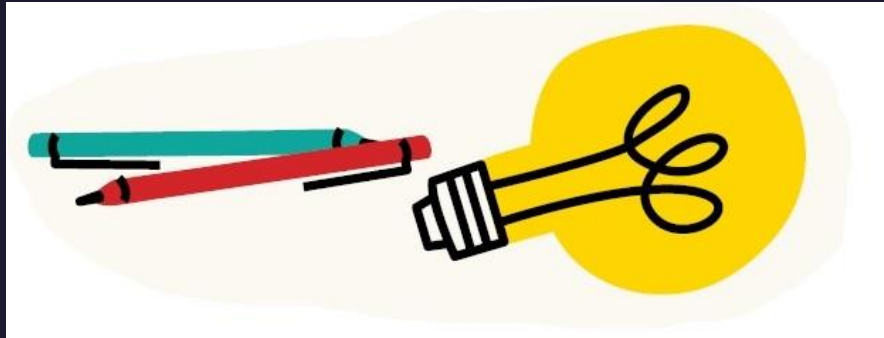
* Pharma drugs: Lyrica (Pregabalin), Cyclomed, Trigan-D

Routes of administration

Smoking

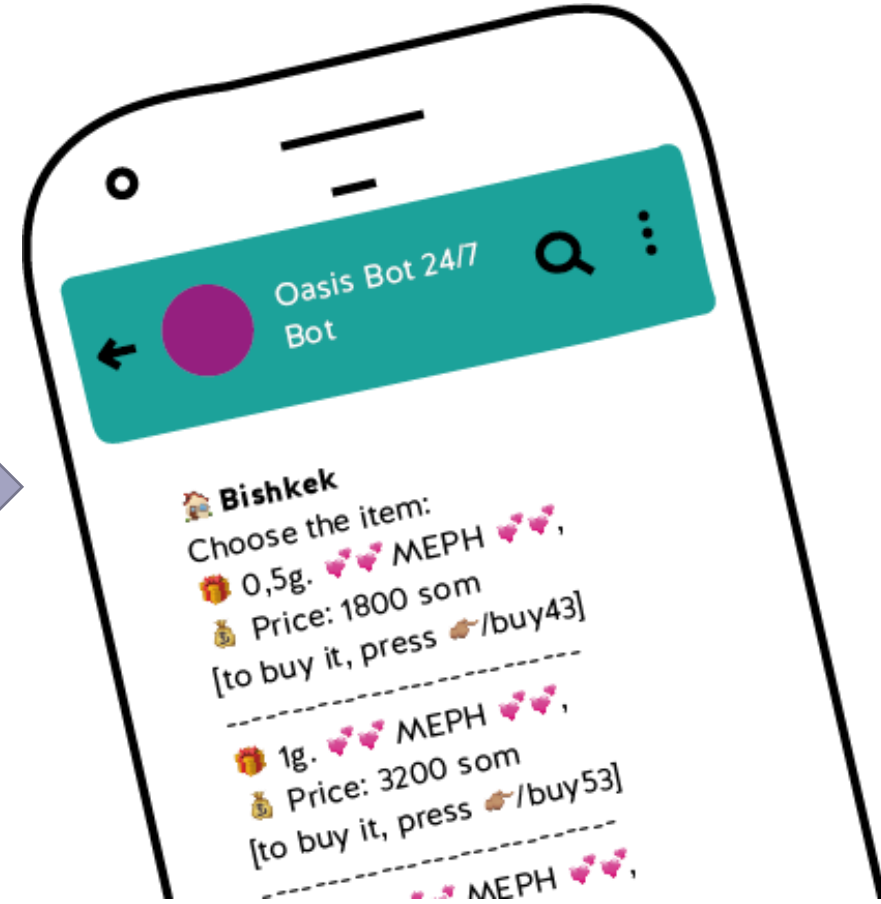
and

intravenous injection



- Depends on age
- Smoking through the bulbs, foil or pipette, which they buy in the pharmacies

How NPS are sold and bought?





PERSON ORDERING
THE DRUGS



ADMINISTRATOR



PRIKOPPER/
ZAKLADCHIK



OPERATOR





PERSON ORDERING
DRUGS (OR TOPTUN)





Data on NPS?

Lack of it, because:

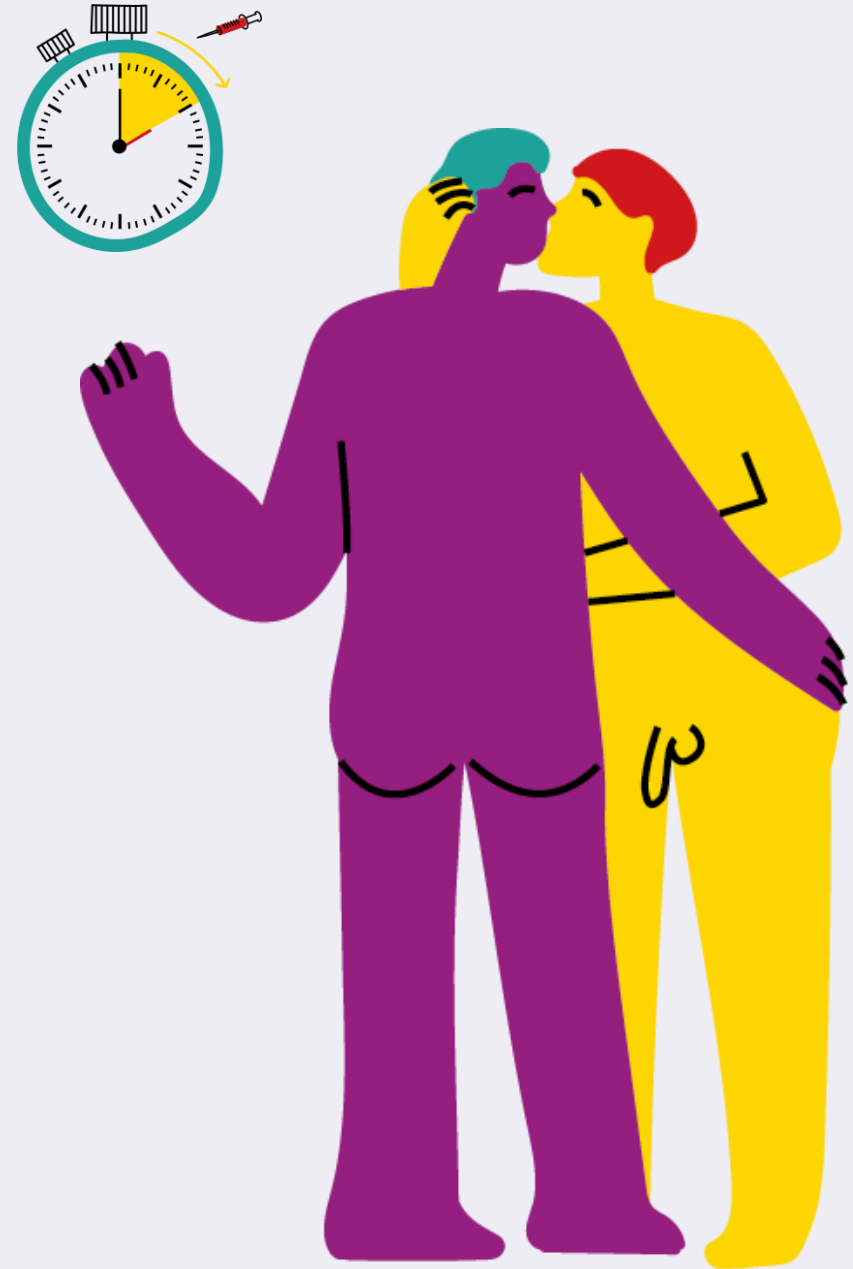
- 
- No money
 - Gap in the addiction treatment centers, while registering clients
 - People don't know what they are consuming
- 

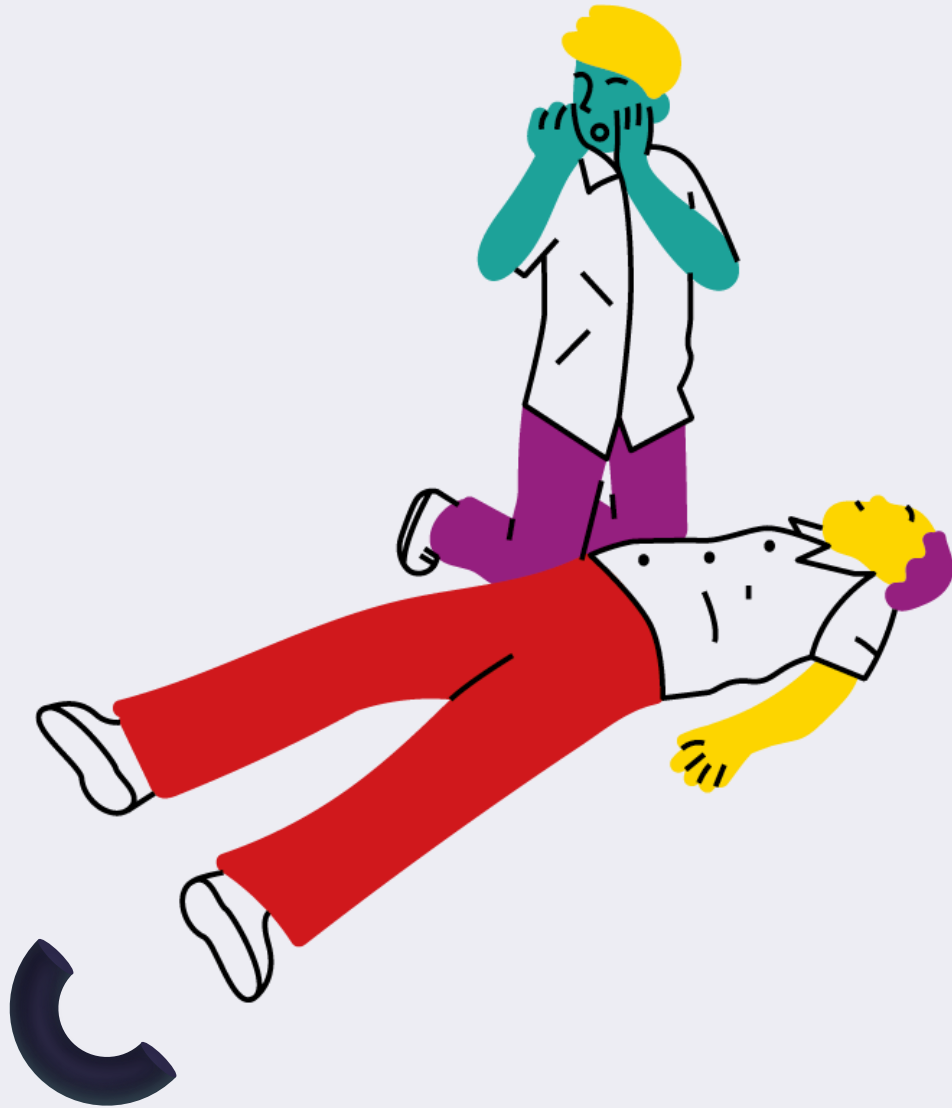
RISKS AND CONSEQUENCES

- Frequent injections and sharing injecting equipment (HIV transmission)
- Loss of weight, lack of appetite
- High chance of sexual or parenteral HIV transmission (people are practicing sex or chemsex without condoms or lubricants).
- Physical and emotional exhaustion
- Psychosis
- Paranoia
- Hallucinations, aggression
- Insomnia, sleep loss
- Heart attacks and stroke
- Suicidal behavior, as a result of psychosis or paranoia
- Overdoses



- NPS use is linked with increased number of sexual contacts, riskier sex practices and frequent injections, sometimes up to 30 injections per night, and sharing of injecting equipment.
- Thus, it is important to ensure that enough needles and syringes, condoms, and lubricants are distributed to key populations to prevent the spread of HIV and other infectious diseases.



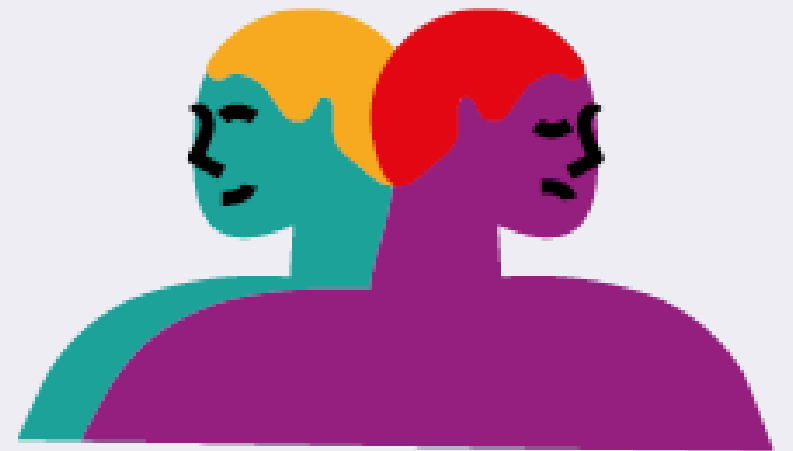


- It is evident that **tolerance** to NPSs develops very fast. However, in the countries, where research was conducted, there is almost no treatment for NPS users or the existing treatment protocols are not implemented by the specialists.
- There is also a **lack of knowledge on how to respond to overdoses and intoxications** with NPS. Most of the overdose symptoms are of a mental and behavioral nature or somatovegetative and neurological. A community-led response should be developed in line with specialists' responses and applied in cases of overdose from NPS.

- **Mental disorders** were mentioned by all the respondents as one of the main consequences of NPS use. Therefore there is a need for easier access to antidepressants, sleeping pills, and other medicines in the harm reduction services to reduce anxiety, depression, psychosis, as well as safer spaces (such as drop-in centers, support centers, day and night shelters) and competent community-based professionals (such as psychologists, nurses), who will be able to support NPS users and build trust with them.
- There a lot of cases of **dual diagnosis of mental illness and substance use disorder**, although in some countries – mental health centers work separately from drug use disorder centers; thus, they lack cooperation between each other. Existing psycho-social and medical-social interventions should be adapted to ensure effective work with people who use NPS, including non-injecting users.



- People are afraid to seek treatment, because of the psychiatric and drug user registers, which limit their educational opportunities, the right to obtain driver's license, or hold certain jobs. These registers should be abolished or reformed in a way that is nondiscriminatory and do not create a barrier to treatment-seeking behavior.
- There is also a fear of being sanctioned by the police while calling an ambulance, hence policy changes are needed to ensure confidentiality when receiving first aid, and without any police interference.



- Even though the drug scene is changing most of the existing harm reduction services still focus on opiate users. At the same time, more young people are starting to use NPS by smoking or inhaling it. Provision of drug paraphernalia for non-injecting drug administration will not only serve as a risk reduction tool but help engage people who use new psychoactive substances with the medical system.



- Most of the NPS are sold through Darknet and social media channels there is therefore a need for the development of online outreach and harm reduction services.

