

# New Psychoactive Substance Use in Moldova and Belarus



# About research

- ▶ Research project 'New Psychoactive Substance Use in Moldova and Belarus', 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 in Moldova and Belarus, 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.

# Countries overview

## Moldova

- ▶ 38 700 people who inject drugs (PWID);
- ▶ 12 000 officially registered with drug dependence;
- ▶ 13,9% - HIV prevalence among PWID;
- ▶ NSP – available;
- ▶ OST – available.

## Belarus

- ▶ 66 500 people who inject drugs;
- ▶ 7 700 officially registered with drug dependence;
- ▶ 30,8 % - HIV prevalence among PWID;
- ▶ ~10% - OST coverage;
- ▶ NSP – available;
- ▶ OST – available.



**NPS** – psychoactive substances, which are not scheduled or have only been listed since 2015 under the international drug control conventions 1961 and 1971, and could pose similar threats to public health as do substances scheduled under these conventions. There is little known about the adverse health effects and social harms of NPS.

## Moldova

- ▶ Mixes
- ▶ Spices
- ▶ Khimar;
- ▶ Smoking mixtures;
- ▶ Ethnobotanical substances;
- ▶ Salts/bath salts
- ▶ “skorost” (“speed”)
- ▶ Mephedrone;
- ▶ Alpha PVP;
- ▶ Energetics;
- ▶ JWH (John Huffman);

## Belarus

- ▶ Alpha PVP;
- ▶ “sabaka” (“dog”);
- ▶ Mephedrone (called also “Mefer”);
- ▶ “Black mamba”;
- ▶ Salts/bath salts
- ▶ “Dosia”, “Daska”, “Kedy”, “Krasofki”, “Skorost”, “Speed” – names for the amphetamine type substances.
- ▶ Smoking mixtures;
- ▶ “Ligalka”, “Liga”;
- ▶ “Ximlo”.

# The rapid spread and growth of the interest of consumers in NPS is associated with:



Low cost

Easy to get chemicals and expansion of research in the field of synthesis of psychoactive substances

Growth of different means of communication (Darknet)

Repressive drug policies

Free movement of commercial goods and products in the EU

# Insights from the focus groups/interviews in Moldova

- ▶ Poly-drug use;
- ▶ PWUD that took part in focus groups pointed out that 'salt' is currently used in more than 70% of cases of injecting drug use, and about 80% of all respondents use 'spice' as smoking mixtures;
- ▶ Depending on the clinical manifestations of NPS cases of drug use, they are assigned either to the cannabis group or to amphetamines. In the case of a medical examination, these substances are often included into the group of unspecified substances;
- ▶ NPS in Moldova are sold through social networks such as *Odnoklassniki*, Instagram and even Facebook, on fake pages with a hidden IP address;
- ▶ Prices: 1 g. (salts) – 30-35 Eur; spices (matchbox) – 5-10 Eur.;
- ▶ The ways of use: injecting, smoking, inhaling;
- ▶ No specific harm reduction services (including drug paraphernalia) for non-injecting NPS users;
- ▶ Impossibility to determine the type of NPS (during the examination), as their formulas are changing too often;
- ▶ 37.6% of open criminal cases were related to the storage and distribution of NPS (National Investigative Inspectorate) in 2017;
- ▶ Legislative barriers related to the impossibility of including NPS into *the List of drugs, psychotropic substances, and their precursors*.



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# Insights from the focus groups/interviews in Belarus

- ▶ Legal age to apply criminal liability starts at 14 years;
- ▶ Rejuvenation of key group;
- ▶ 10 years ago - from 1 g. of reagent – 7 g. of spices, nowadays from the same 1 g. of reagent it is possible to make approximately 30-40 g. of spices;
- ▶ NPS in Belarus are mainly sold through the darknet drug markets (e.g. “Hydra”, “Koncern Kalashnikov”, “Zubr”, etc.);
- ▶ Selling pre-workout supplements and fat burning tablets in online sport shops, which have a strong effect similar to alpha PVP, mephedrone;
- ▶ Violence related to the actions of law enforcement, while buying through darknet;
- ▶ 1g. (salts) – 40-45 Eur; 1 g. (spices) – 9-11 Eur.
- ▶ From 1 g. of salts (such as “Alpha PVP” and “Sabaka”), in average 20-25 injections can be made per night;
- ▶ The ways of use: injecting (both intravenous and intermuscular), smoking, sniffing, inhaling, rubbing over the gums, swallowing;
- ▶ Light bulbs from the staircases are used as pipes to smoke substances.
- ▶ There is no specific harm reduction services for NPS users.



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# Key risks and consequences related to the use of NPS in both countries

- ▶ Overdoses;
- ▶ increase in the number of unprotected sexual contacts;
- ▶ weight loss;
- ▶ paranoia;
- ▶ hallucinations;
- ▶ panic attacks;
- ▶ psychosis;
- ▶ schizophrenia;
- ▶ suicidal thoughts;
- ▶ aggressiveness;
- ▶ eye-gouging;
- ▶ motoric disorders;
- ▶ clogged veins, causing rotting fingers, body;
- ▶ heart attacks and strokes;
- ▶ pulmonary fibrosis;
- ▶ kidney failure;
- ▶ high blood pressure;
- ▶ toxic endocarditis;
- ▶ tiredness and lack of sleep.
- ▶ Hepatitis C and HIV



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# Overdoses and responses

## Symptoms

- ▶ Hard to breath (lung failure);
- ▶ Increase of heart rate;
- ▶ Heart can stop to function;
- ▶ Choking;
- ▶ Sweating;
- ▶ Veins are “coming out”;
- ▶ Blood pressure is rising;
- ▶ Skin in getting gray;
- ▶ Body temperature is rising up;
- ▶ Panic attacks;
- ▶ Dilated pupils.

## Responses

- ▶ Call an ambulance
- ▶ Artificial respiration;
- ▶ Mixing sugar with water and giving to drink;
- ▶ In case of psychosis – to calm down person (even to tie for some time);
- ▶ To stay with person in case of panic attack or paranoia;
- ▶ To sprinkle with water;
- ▶ To open (cut) veins and let the blood get out to lower blood pressure.

**\* “The actions provided for in paragraphs 2–4 of this article (authors note: selling, distributing), which, through negligence, entailed the death of a person as a result of the use of narcotic drugs, psychotropic substances or their analogues, shall be punishable by deprivation of liberty for a term of twelve to twenty-five years with or without a fine.”** (Criminal Code of Belarus)

# Conclusions:

- ▶ The most consumed NPS: salts - alpha PVP, mephedrone and spices (mixes, khimar, etc.);
- ▶ Weak **data collection** on NPS use;
- ▶ Problem of **realistic documenting** and incorporating of the NPS use into the statistics;
- ▶ Significant **increase in the use** of NPS, **poly-drug use** and **rejuvenation** of key group;
- ▶ The way of consumption - injecting and smoking;
- ▶ NPS sales are mainly conducted **online (darknet)**;
- ▶ The regular use of such substances leads to serious consequences of the individual, psychological and physiological levels;
- ▶ **Low availability of and access to harm reduction services** adapted to the situation and needs of people who use NPS (in particular, non-injecting ones);
- ▶ **Non-injecting NPS users** cannot be registered as clients of the harm reduction programs, because they do not use syringes;
- ▶ Less people are registered as having substance use disorder;
- ▶ NPS use in most of the cases requires repeated injections over a short period of time (**15-30 injections per night**);
- ▶ Age to apply criminal liability – **14-16** y.o. (Belarus);
- ▶ Weak response to overdoses;
- ▶ **No treatment/programmes** for the non-injecting drug users and NPS overall;
- ▶ Risks related to law enforcement while buying psychoactive substances online.

# Recommendations



To provide periodic data collection on the use of NPS from various stakeholders;



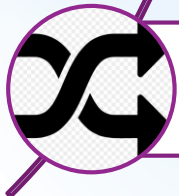
To conduct research on the risks and consequences of NPS consumption;



To adjust harm reduction programs by identifying and implementing interventions that are relevant to the needs and profile of people who use NPS (including non-injecting NPS users)



To adapt existing psycho-social and medical-social interventions to ensure effective work with people who use NPS, including non-injecting users



To review existing drug policies and redesign it based on human rights, health and evidence-based approaches.