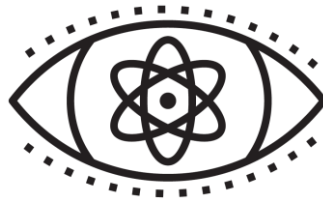


**NEW PSYCHOACTIVE SUBSTANCE USE IN MOLDOVA AND  
BELARUS:  
RESEARCH RESULTS  
FROM THE REPUBLIC OF MOLDOVA**



## Contributions

- The School of Law, Swansea University, founded in 1920, is a public research university located in Swansea, Wales. The Swansea University 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>
- Eurasian Harm Reduction Association (EHRA) is a non-for-profit public membership-based organization, registered by the initiative of harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA) in 2017. EHRA's mission is the creation of a favorable environment for sustainable harm reduction programs and the promotion of decent lives for people who use drugs. More information is available on the website: <https://harmreductioneurasia.org/> (Eurasian Harm Reduction Association (EHRA) ©, 2019).
- The author of this report is Ala Iatco. Research was supervised by Eliza Kurcevic. The Principal Investigator for the overall project is Dr. Rick Lines.

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- The text of the report in Russian and in English is available on the website: <https://harmreductioneurasia.org/>

## Disclosure

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

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

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## LIST OF ABBREVIATIONS

| Abbreviation | Definition  |
|--------------|---|
| AIDS         | Acquired human immunodeficiency syndrome                    |
| EHRA         | Eurasian Harm Reduction Association                         |
| ESPAD        | European School Survey Project on Alcohol and Other Drugs   |
| GF           | Global Fund to Fight AIDS, Tuberculosis and Malaria         |
| HIV          | Human immunodeficiency virus                                |
| IBSS         | Integrated Bio-Behavioural Sentinel Surveillance            |
| KAP          | Studying Knowledge, Attitudes, and Practices Related to HIV |
| MIA          | Ministry of Internal Affairs                                |
| NGO          | Non-governmental organization                               |
| NPS          | New psychoactive substance                                  |
| OST          | Opioid substitution therapy                                 |
| PVP          | Pyrrolidinopentiophenone                                    |
| PWID         | People who inject drugs                                     |
| PWUD         | People who use drugs  |
| RNC          | Republican Narcological Clinic                              |
| STI          | Sexually transmitted infection                              |
| WHO          | World Health Organization                                   |

## SUMMARY

“New Psychoactive Substance Use in Moldova and Belarus” was undertaken to analyze and determine the presence of new psychoactive substances (NPS) in Belarus and Moldova. Results from this project will both supplement scarce international data on the use of NPS in these countries and provide information to national civil society organizations for political advocacy.

The present report provides research results from Moldova. This research 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 School of Law, and the research methodology was reviewed and approved by the Ethical Review Committee at Swansea University. Field researchers were supervised by Eliza Kurcevič from the Eurasian Harm Reduction Association.

The study in Moldova was implemented in two stages:

1. 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 respondents. Respondents included both individuals from professional environment/state bodies based on the desk research and people who use drugs (PWUD) (including NPS users).

2. Stage 2:

- Conducting structured interviews and focus groups with key respondents.

## COUNTRY OVERVIEW

The Republic of Moldova is located in South-Eastern Europe and borders both Ukraine and Romania. Since August 27, 1991, Moldova is an independent parliamentary republic. As a result of the conflict that occurred in the 1990s, the left bank of the Dniester River is not under the de facto control of the country’s authorities. According to the National Bureau of Statistics, Moldova has one of the highest population densities of the post-Soviet countries (117 people/km<sup>2</sup>), with a population (including the left bank of the Dniester) of 4.2 million people. The largest cities are Chisinau (population of 820,500) and Balti (population of 151,200). Moldova is divided into 35 districts and 5 municipalities, which also includes the 2 municipalities in the left bank of the Dniester River (Tiraspol and Bender).

Of the total population in the Republic of Moldova, almost 12,000 people are officially registered as having drug dependence. However, 38,700, mostly adults 19 to 30 years old, are estimated to be people who inject drugs (PWID).<sup>2</sup> The system of

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<sup>2</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

treatment of alcohol and drug use (narcological aid) in Moldova is coordinated by the Republican Narcological Clinic (RNC) and administered and implemented by municipal or district hospital counselling departments and narcological clinics (drug treatment clinics), respectively. Since 1998, harm reduction interventions that target PWIDs have been introduced in Moldova. In addition, since 2004, opioid substitution therapy (OST) programs have been available.

## 1. INTRODUCTION

In Eastern Europe, the number of NPS available for widespread consumption has been increasing. The decisive causes include a number of factors:

- Repressive drug policies. Today, “classic drugs” (e.g., heroin and opium) are legally prosecuted; however, many NPS have undefined legal status.
- Growth of different means of communication to acquire NPS, such as the Internet and social networks.
- Free movement of commercial goods and products in the European space.
- Expansion of research in the field of synthesis of psychoactive substances.

The scientific literature on NPS use and the empirical research data on NPS have lagged somewhat behind the rapid spread of these substances throughout Europe. Therefore, fully defining the short- and long-term consequences of the use of NPSs has been challenging, resulting in difficulty assessing risk and finding effective responses to NPS use. At the international level, we have witnessed a rapid paradigm shift in the production, distribution, and use of NPS as a result of globalization. Because of these factors, existing models of prevention, education, care, treatment, and harm reduction must be reassessed, and new interventions adapted to the context of the NPS must be promoted. In Moldova, NPS, which include synthetic cannabinoids and synthetic cathinones with characteristics similar to amphetamines (amphetamine-type stimulants), appeared much later than the first global sales of these substances through online retailers and physical stores in 2006.

Our assessment of use of NPS in the Republic of Moldova included both empirical research and analyses of published studies and online data on epidemiological, sociological, and criminological NPS data. Sources included information from government agencies, the media, public organizations that provide services to PWUD, and available information on NPS from the Internet. Data gathered from these sources were supplemented by a literature search of national and international published studies on NPS, data collected from specialists and experts in this field, and data gathered directly from people who use NPS.

Thus, this report provides a general overview of use of NPS in the Republic of Moldova, trends in NPS use from 2016 to 2018, how NPS is distributed in Moldova, and information on Moldova’s response to harms associated with NPS use, at both the policy level and level of services provided. The report also describes the joint efforts of state authorities and non-governmental organizations (NGOs) to humanize

national drug policies and adapt existing services to the changing needs of PWUD, especially in context to the appearance and spread of synthetic substances and NPSs.

We conclude this report with recommendations for decision makers and specialists in this field, including for those in the general public concerned about this issue. Our hope is that, by documenting the present situation, our results could be a first step in developing measures and interventions or adapting existing interventions to reduce the risks of use of NPS.

## 2. BRIEF OVERVIEW OF THE USE OF SYNTHETIC DRUGS AND NPS IN THE REPUBLIC OF MOLDOVA

Synthetic psychoactive substances, such as amphetamines, appeared in the 1930s as a remedy for nasal congestion. Amphetamines and ecstasy have remained the synthetic stimulant drugs most commonly used in Europe. They stimulate the central nervous system and have an effect similar to adrenaline; they are taken orally, by inhalation through the nose, through an inhaler, or by injection.

Methamphetamine continues to dominate the global market of synthetic psychoactive substances, with increasing distribution in regions where people are treated for disorders associated with its use. According to the Republic of Moldova's Ministry of Internal Affairs (MIA), "the first cases of the detention of people with amphetamine and the local manufacture of methamphetamine (Pervitin) were reported in the late 1990s." The KAP study<sup>3</sup> (Studying Knowledge, Attitudes, and Practices Related to HIV), which was conducted in 2010, found that those aged 15 to 64 years old had a lifetime prevalence of amphetamine use of 0.1% and a lifetime prevalence of ecstasy use of 0.5%. For those aged 15 to 24 years old, the KAP study found a lifetime prevalence of amphetamine use and ecstasy use of 0.1% and 1.2%, respectively. In a report from 2017, the National Annual Report on Drugs,<sup>4</sup> based on data of the European School Survey Project on Alcohol and Other Drugs (ESPAD), "the lifetime prevalence of ecstasy use in 2011 was 1.6%."

Recently, prevalence has drastically increased, as shown by the Integrated Bio-behavioural Sentinel Surveillance study (IBSS)<sup>5</sup> conducted in 2015–2016, with prevalence of injecting methamphetamines in the past month of 36.7% in the Chisinau municipality (as main injecting drug in 28.8% of cases), 60.2% in the Balti municipality (as main injecting drug in 54.4% of cases), and 31.3% in the Tiraspol municipality (as main injecting drug in 23.1% of cases). These trends illustrate an urgent problem of increasingly frequent use of injecting synthetic substances that were initially predominantly used without injecting. This increased danger has been an additional

<sup>3</sup> [http://www.ucimp.md/images/pdf/TINERI\\_15-24\\_LAST\\_2011.pdf](http://www.ucimp.md/images/pdf/TINERI_15-24_LAST_2011.pdf)

<sup>4</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

<sup>5</sup> <http://pas.md/ro/PAS/Studies/Details/72>

burden for medical providers, harm reduction organizations, and support services related to psychoactive substance use.

New psychoactive substances include synthetic cannabinoids (“*spices*”) and pyrovalerones and other synthetic cathinones (“*salts*”); these substances are chemically similar to amphetamines but can have varying effects. The appearance of NPS on the market in the form of powders, crystals, sprays, impregnated plant-based masses, and tablets in high doses with unusual forms and labelling has been a deliberative strategy of the drug market, aimed to provide more attractive conditions for PWUD and to promote new drug forms. However, their health effects are extremely dangerous. The large number, diversity, and intermediate nature of NPS currently present on the market partly explain the impossibility to regulate and track them, as well as the limitations of available data on prevalence of many substances from this group. During the past several years (2016 to 2018), harm reduction programs in the Republic of Moldova have seen higher rates of use of synthetic cannabinoids and synthetic cathinones, thus confirming their increased presence.

According to data available in the Republic of Moldova and the conclusions of the RNC presented in this report, it is impossible to determine the exact number of people who use NPSs since these substances are not included and do not correspond to World Health Organization (WHO) classifications used by the health authority. Depending on the clinical manifestations shown in individuals, NPS are either classified as cannabinoids or as amphetamines. During medical examinations of patients, these substances are often categorized as “unspecified substances.” According to data from the MIA, patients can present with seizures after use of spices (analogue of cannabis) and salts (analogue of amphetamine). However, appropriately determining their chemical composition has been impossible.

According to data summarized in the Annual Report “Illicit Drug Use and Trafficking” (2017),<sup>6</sup> since 2017, institutions that specialize in supporting PWUD and institutions that specialize in opposing illicit trafficking and drug use are becoming increasingly concerned about the appearance of spices (ethnobotanical substances). These organizations have been challenged with regard to current pathways of treatment, harm reduction, rehabilitation, existing monitoring procedures, response, and control of their use. Spices have become widely and quickly available on the Moldovan drug market. This same report also noted that, in 2017, the largest number of drug-related crimes in Moldova was in the Chisinau municipality, with 544 crimes related to the possession and distribution of drugs. Of these, NPS were involved in more than 49%.<sup>7</sup> The Balti municipality also had a significant number in 2017, with 146 crimes related to the possession and distribution of drugs, mostly involving marijuana (more than 65% of criminal cases).

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<sup>6</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

<sup>7</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)



These new trends in the past decade related to the use and consequences of NPS have required continuous adaptations in care and support of PWUD by international and national community organizations. In the Republic of Moldova, the increased use of NPS among the population has resulted in a public health risk. However, further examinations of the actual extent of use and the medical and social characteristics of those who use NPS are needed to assess present and future resources.

### 3. THE LEGAL FRAMEWORK FOR THE USE AND TRAFFICKING OF PSYCHOACTIVE SUBSTANCES IN THE REPUBLIC OF MOLDOVA

To address the harms of drug use, the Republic of Moldova relies on WHO's "Health for All in the 21st Century" position,<sup>8</sup> in which drug use is viewed as a public health issue that may hinder the healthy development of citizens and society in a wider context. In response to increased illicit drug trafficking and illicit drug use, the Republic of Moldova has developed and continues to improve its legislative and institutional framework. Legislative acts have been developed to regulate the circulation of narcotic and psychotropic substances in the Republic of Moldova and impose sanctions when violations of established policies occur.

The main documents that determine the policy of the Republic of Moldova in response to illegal drug use and trafficking are listed below.

- **National Public Health Strategy 2014–2020**,<sup>9</sup> approved by Government Decree No. 1032 of December 20, 2013. This strategy was developed to improve, strengthen, and promote the health of the population, reduce health inequalities, and achieve appropriate standards of quality of life by increasing the State's capacity to implement and monitor public health policies. The document is consistent with WHO's "Health – 2020"<sup>10</sup> policy aimed at supporting interactions between the Government and society to significantly improve the health and well-being of the population.
- **National Anti-Drug Strategy for 2011–2018**,<sup>11</sup> approved by Decree No. 1208 of December 27, 2010. This strategy, which is the key document of the Government, describes the current situation and defines the objectives, actions, and interventions for drugs. It also clearly defines responsibility for all those involved in activities to prevent and respond to the illicit drug use and/or illicit drug trafficking. The document defines the starting points and ways to address the harms of drug use, as well as provides the basic recommended framework for development and implementation of drug

<sup>8</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0007/109780/wa540ga199herus.pdf](http://www.euro.who.int/_data/assets/pdf_file/0007/109780/wa540ga199herus.pdf)

<sup>9</sup> <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350833>

<sup>10</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0017/215432/Health2020-Long-Rus.pdf](http://www.euro.who.int/_data/assets/pdf_file/0017/215432/Health2020-Long-Rus.pdf)

<sup>11</sup> <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337243>

policies. As stated, drug policies should be based on four main pillars: (1) primary prevention, (2) treatment and rehabilitation, (3) harm reduction, and (4) reduction of drug supply.

- **The Law on the circulation of narcotics and psychotropic substances and precursors**,<sup>12</sup> Law No. 382 dated May 6, 1999. This law was the main legislative act that determined state policies on trafficking of drugs and psychotropic substances as well as precursors. It was adopted to protect human health and to ensure social and state security. The amendments and supplements to Law No. 382 were introduced by Law No. 246 dated November 27, 2008. In 2011, additional amendments were set up to establish the National Commission Against Drugs and to define its tasks.
- **Law on the control and prevention of the abuse of alcohol and use of illegal drugs and other psychotropic substances**<sup>13</sup>, Law No. 713 dated December 6, 2001. This law defined state policies on control and prevention of alcohol abuse, use of illicit drugs and other psychotropic substances, reduction and elimination of such illegal use, and education of the population in the spirit of sobriety and a healthy lifestyle. Law No. 713 also defined state policies on eliminating the consequences of physical and/or dependency on alcohol, drugs, and other psychotropic substances. Some provisions of this law relate to procedures on delivery of health care services and drug use treatment (types of treatment, responsible specialists, termination of care, etc.).
- **The Code of Offenses of the Republic of Moldova and the Criminal Code of the Republic of Moldova**<sup>14</sup> defined the legal framework for the punishment of individuals who have violated the legal norms related to the circulation of narcotic and psychotropic substances. Codes provide the grounds and conditions for the application of sanctions, as well as the types of punishments applied.
- **The list of drugs, psychotropic substances, and plants that contain these substances, identified in trafficking, and their amounts**, was approved by the Resolution of the Government of the Republic of Moldova No. 79 on January 23, 2006 (according to clauses (4) and (5) of the 1341 of the Penal Code of the Republic of Moldova No. 985 of 18 April 2002),<sup>15</sup> which was developed to address problems related to addressing illicit trafficking of drugs, psychotropic substances, and plants containing such substances. The list is used by law enforcement agencies in the process of qualifying actions/omissions regarding drugs as a crime or as an administrative offense, depending on the amount of a drug/substance/plant, which will be adjusted according to the realities of drug use, European

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<sup>12</sup> [http://base.spininform.ru/show\\_doc.fwx?rgn=3491](http://base.spininform.ru/show_doc.fwx?rgn=3491)

<sup>13</sup> [http://lex.justice.md/document\\_rus.php?id=232EC7AD:A44E7948](http://lex.justice.md/document_rus.php?id=232EC7AD:A44E7948)

<sup>14</sup> <https://www.legislationline.org/documents/id/8906>

<sup>15</sup> <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=315150&lang=2>

recommendations, and whether it is a controlled substance. It also identifies what is considered as small, large, or very large amounts for each narcotic, psychotropic substance, or plant containing such substances. In accordance with the provisions of the Code of Offenses of the Republic of Moldova, illegal actions/omissions with small amounts of drugs, psychotropic substances, and plants containing such substances are subject to sanctions. The same actions/omissions in large and very large amounts are subject to punishment in compliance with the Criminal Code of the Republic of Moldova. Quantities include mixtures of drug and/or psychotropic substances with precursors and additives (medicines, acids, glucose, starch, flour, etc.), being in any state of aggregation. *Government Decree 103 of February 27, 2017, supplemented the List of drugs, psychotropic substances, and their precursors.* In particular, this decree indicated amounts for NPS registered as a result of illicit trafficking and use of NPS, including cannabinoids and synthetic cathinones.

In 2017, to rationalize the implementation of the National Anti-Drug Policy, further amendments and additions were made to the legislative acts on the creation and change of the National Anti-Drug Commission and the Executive Committee of the National Anti-Drug Commission. These changes included a joint order issued by the MIA, the Prosecutor General, and the General Director of the Customs Service No. 355/65/497-0 of 30.11.2017 approving the “Regulations on the coordination of activities, the definition of roles and responsibilities between institutions competent to prevent, investigate and combat drug trafficking, ethnobotanical drugs (NPS), and their analogues.”

## 4. ANALYSES OF DESK RESEARCH RESULTS ON THE USE OF NPS IN THE REPUBLIC OF MOLDOVA

### 4.1. Sources of Data

The following sources of information were selected and analyzed for this report:

- KAP research results among the general population (with focus on adults, 15 to 64 years old)<sup>16</sup>;
- KAP research results among young people (15 to 24 years old)<sup>17</sup>;
- ESPAD research results among school students (15 to 16 years old)<sup>18</sup>;
- 2015-2016 IBSS study results of bio-behavioural research among high-risk PWID groups<sup>19</sup>;

<sup>16</sup> [http://www.ucimp.md/images/pdf/POPULATIE\\_GENERALA\\_15\\_64\\_LAST\\_2011.pdf](http://www.ucimp.md/images/pdf/POPULATIE_GENERALA_15_64_LAST_2011.pdf)

<sup>17</sup> [http://www.ucimp.md/images/pdf/TINERI\\_15-24\\_LAST\\_2011.pdf](http://www.ucimp.md/images/pdf/TINERI_15-24_LAST_2011.pdf)

<sup>18</sup> [http://library.uorn.md/wp-content/uploads/2015/05/ESPAD\\_Report\\_2011.pdf](http://library.uorn.md/wp-content/uploads/2015/05/ESPAD_Report_2011.pdf)

<sup>19</sup> <http://pas.md/en/PAS/Studies/Details/72>

- Routine statistics from RNC on characteristics of newly registered cases of drug use from 2017 and 2018;
- Routine statistics from civil society organizations implementing harm reduction programs from 2017 and 2018; and
- Statistics of the MIA on measures of response to illegal drugs (Report of the National Anti-Drug Commission, 2017).

Because research inquiries are not conducted with planned regularity due to lack of financial resources, it is impossible to monitor fully the trends in drug use. Data from currently available sources in the Republic of Moldova vary and in many cases are hard to compare. Because types of available data are not consistent over time, available information weakens the ability to analyze trends in drug use, including NPS.

#### *4.1.1. Drug use among the general population (KAP study among adults)*

Specific data on drug use was collected as part of the KAP study among those aged 15 to 64 years old in 2005, 2008, and 2010. In the course of the inquiries conducted within these time periods, data on NPS use were not presented; after 2010, these studies were no longer conducted in the Republic of Moldova due to lack of financial resources.

#### *4.1.2. Drug use among youth (KAP study)*

Specific data on drug use were collected as part of the KAP study conducted in 2006, 2008, 2010, and 2012. The latest results were included in the annual report “Illicit Drug Use and Illicit Drug Trafficking in the Republic of Moldova,”<sup>20</sup> which was issued in 2017. However, it did not contain data on NPS use. These studies were not continued due to lack of financial resources.

#### *4.1.3. ESPAD research in school-age students*

ESPAD aimed to gather comparable data on knowledge, attitudes, and practices of 15–and 16-year-old school students in the field of drug use at the European level. The Republic of Moldova conducted three phases of the ESPAD study. Data from the last study (2011)<sup>21</sup> were included in the annual report “Illicit drug use and trafficking in the Republic of Moldova”<sup>22</sup>; however, information on NPS use was not presented.

#### *4.1.4. IBSS study 2015–2016, conducted among PWID*

This study can be considered the main and most recent source of information on injection of drugs and related harms in the Republic of Moldova. It has generated comparative data, as it is carried out every 2 to 3 years, and is intended to monitor the dynamics of knowledge, attitudes, behavior, and spread of HIV/AIDS, hepatitis B, hepatitis C, and syphilis.

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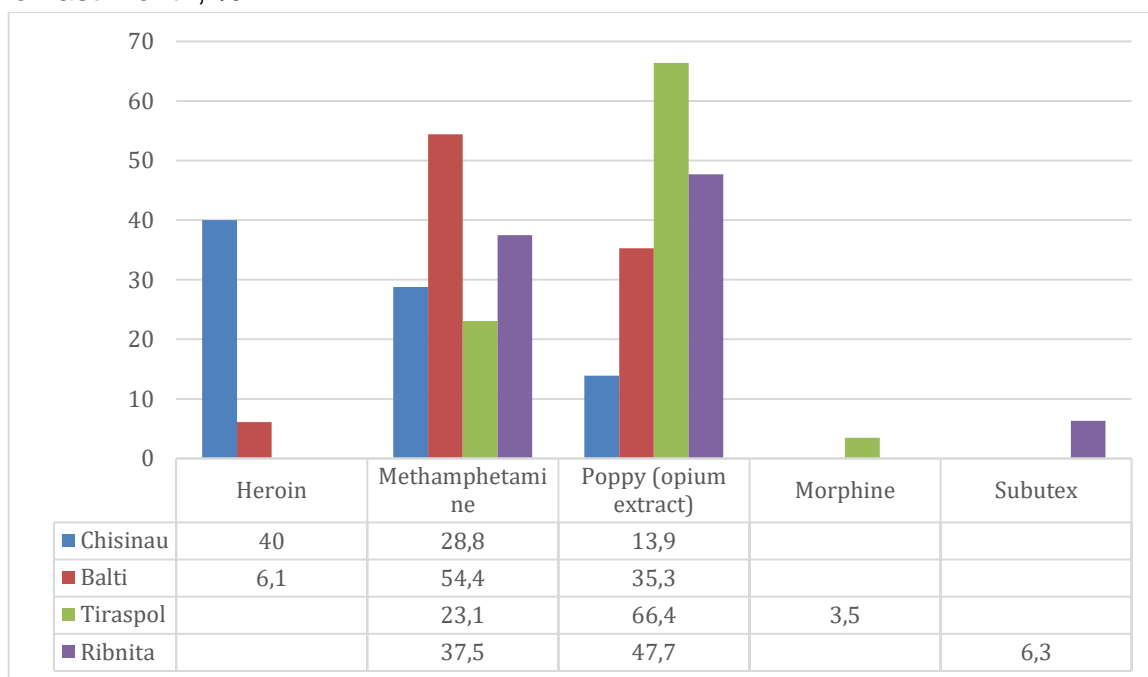
<sup>20</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

<sup>21</sup> [http://library.uorn.md/wp-content/uploads/2015/05/ESPAD\\_Report\\_2011.pdf](http://library.uorn.md/wp-content/uploads/2015/05/ESPAD_Report_2011.pdf)

<sup>22</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

As shown in Figure 1, which presents IBSS data from 2015 and 2016 from the Republic of Moldova, the primary drug type injected during the last month before the survey varied depending on the locality. In the Chisinau municipality, the most frequently used drug was heroin at 40.0%; in Balti, it was methamphetamine (54.4%); and in Tiraspol and Ribnita, it was poppy (opium extract) (66.4% and 47.7%, respectively). As shown in **Figure 1**, NPS was not among the most common injected drugs.

**Figure 1.** IBSS data from 2015-2016 showing most frequently used injecting drugs for last month, %



During this period, “*khimar*” (NPS in the form of smoking mixtures, which in Moldovan statistics are referred to as ethnobotanical substances) was mentioned as a non-injected drug in all cities included in the study (see “Detailed Analyses of Relevant Data from the IBSS 2015-2016 Report by Major City”).

However, in the list of drugs seized during this period, quantities of seized poppy straw and acylated opium significantly decreased from 2016 to 2017 according to MIA data. However, the use of synthetic drugs increased, which led to another priority goal for the MIA, namely, the identification of smuggling and trafficking of synthetic drugs (Annual Report on Drugs – 2017<sup>23</sup>).

## 4.2. Detailed Analyses of Relevant Data from the IBSS 2015-2016 Report by Major City

### 4.2.1. Chisinau

<sup>23</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

Respondents of the study conducted in Chisinau included 83.5% men and 16.5% women. Age of respondents varied from 18 to 63 years old (average of 35.9 years). Most respondents (93.6%) were 25 years old and older.

The primary non-injected drugs in the Chisinau municipality were cannabis (42.6% marijuana, with 8.9% hashish) and **a smoking mixture (*khimar*; 35.8%)**. The primary injected drugs were heroin (48.8%), methamphetamine (36.7%), and opium poppy extract (26.0%) (**Table 1**).

The characteristics of those who used these drugs changed significantly over time, although the three main drugs remained the same. In the 2009 study, opium extract was the most common drug (69.2%); in 2012, the most often used was methamphetamine (49.1%).

**Table 1.** IBSS data from 2015 to 2016: drugs used during the last month before the survey in PWID in Chisinau, Republic of Moldova

| Drug type   | Used Non-Injected Drugs, % (range) | Used Injected Drug, % (range) | Primary Use of Injected Drug, % (range) |
|---|------------------------------------|-------------------------------|---|
| Marijuana   | 42.6 (34.1–47.9)                   | 0.6 (0.0–1.7)                 |   |
| Hashish   | 8.9 (5.1–13.7)                     | 0.0                           |   |
| Heroin  | 0.5 (0–2.4)                        | 48.8 (40.0–57.1)              | 40.0 (30.4–49.8)                        |
| Subutex   | 1.0 (0.1–2.5)                      | 2.6 (0.6–4.7)                 | 1.4 (0.2–3.3)                           |
| Methadone   |                                    |                               |   |
| Morphine  | 1.5 (0.0–2.5)                      | 0.7 (0.0–1.9)                 | 0.4 (0.0–1.5)                           |
| Cocaine   | 0.8 (0.0–2.2)                      |                               |   |
| Diphenhydramine   | 1.6 (0.2–3.7)                      | 5.4 (2.9–9.5)                 | 3.5 (1.5–6.8)                           |
| Amphetamines  | 2.8 (1.2–5.3)                      |                               | 8.7 (3.3–10.5)                          |
| Benzodiazepines (clonazepam/revatrik/krestin)                                     | 6.2 (3.4–9.5)                      |                               | 0.5 (0.0–1.2)                           |
| Tranquilizers   | 2.3 (0.9–3.9)                      |                               | 0.1 (0.0–0.4)                           |
| LSD   | 0                                  |                               | 0                                       |
| Ecstasy   | 2.5 (0.5–5.1)                      | 0.8 (0.0–2.5)                 |   |
| Poppy (opium extract)   |                                    | 26.0 (19.3–34.8)              | 13.9 (7.55–20.8)                        |
| Ephedrine   | 0                                  |                               | 2.2 (0.3–4.9)                           |
| Methamphetamine   | 3.4 (1.6–5.9)                      | 7.5 (3.9–12.8)                | 28.8 (22.9–37.9)                        |
| Antidepressants (Amitriptyline)   | 4.9 (0.9–6.9)                      | 36.7 (28.9–44.3)              | 0.0 (0.0–0.2)                           |
| Desomorphine /crocodile   | 0                                  |                               | 0                                       |
| <b>Smoking mixture of <i>khimar</i> (ethnobotanics, “spice,” chamomile, rose)</b> | <b>35.8 (30.1–43.3)</b>            | <b>0.9 (0.0–1.5)</b>          |   |
| Other   | 4.9 (2.1–8.5)                      | 5.7 (2.8–10.5)                | 9.9 (4.1–13.7)                          |

#### 4.2.2. Balti

Respondents of the study conducted in Balti included 91.5% male respondents and 8.5% female respondents. Age of respondents varied from 16 to 57 years old (average of 32.7 years). Most respondents (89.9%) were 25 years and older (80.9%).

The primary injected drugs in the last month preceding the survey were methamphetamine (54.4%) and opium extract (35.3%). For non-injected drugs, most used marijuana (65.6%) and the smoking mixture *khimar* (24.7%) (**Table 2**). Thus, PWID in Balti municipality mainly used methamphetamines. Of note, in research samples from 2009 and 2012, there were few if any who used methamphetamines in Balti. Over this period, the number of people who used opium extract in 2016 was significantly lower than in 2012 and much lower than in 2009.

**Table 2.** IBSS data from 2015 to 2016: drugs used during the last month before the survey in PWID in Balti, Republic of Moldova

| Drug type   | Used Non-Injected Drugs, % (range) | Used Injected Drug, % (range) | Primary Use of Injected Drug, % (range) |
|---|------------------------------------|-------------------------------|---|
| Marijuana   | 65.6 (59.1–71.6)                   | 0.9 (0.0–1.4)                 |   |
| Hashish   | 4.4 (2.0–7.5)                      |                               |   |
| Heroin  | 0                                  | 12.5 (8.4–17.2)               | 6.1 (2.9–9.3)                           |
| Subutex   |                                    | 0.8 (0.0–2.1)                 | 0.9 (0.0–2.0)                           |
| Methadone   |                                    | 0.3 (0.0–0.8)                 |   |
| Cocaine   | 0.4 (0.0–0.7)                      | 0.9 (0.0–1.4)                 | 0.6 (0.0–1.3)                           |
| Diphenhydramine   | 0.9 (0.0–2.3)                      | 6.6 (3.5–10.0)                | 0.6 (0.0–1.6)                           |
| Amphetamines  | 0.3 (0.0–0.8)                      | 1.8 (0.3–3.8)                 |   |
| Benzodiazepines (clonazepam/revatrik/krestin)                                     | 1.0 (0.0–1.2)                      |                               | 0.1 (0.0–0.5)                           |
| Tranquilizers   | 0.2 (0.0–0.7)                      | 0.1 (0.0–0.4)                 |   |
| LSD   |                                    |                               |   |
| Ecstasy   | 0.5 (0.0–1.7)                      |                               |   |
| Poppy (opium extract)   | 0.2 (0.0–0.7)                      | 43.4 (35.0–52.3)              | 35.3 (28.8–44.5)                        |
| Ephedrine   |                                    |                               | 0.4 (0.0–0.9)                           |
| Methamphetamine   | 1.3 (0.2–2.9)                      | 1.2 (0.0–2.7)                 | 54.4 (45.3–62.7)                        |
| Antidepressants (Amitriptyline)   | 1.2 (0.3–2.5)                      | 60.2 (52.3–67.8)              |   |
| Desomorphine /crocodile   |                                    | 0.1 (0.0–0.2)                 |   |
| <b>Smoking mixture of <i>khimar</i> (ethnobotanics, “spice,” chamomile, rose)</b> | <b>24.7 (19.1–31.2)</b>            |                               |   |
| Other   | 0.4 (0.0–0.7)                      | 0.7 (0.0–3.6)                 | 1.7 (0.0–5.7)                           |

#### 4.2.3. Tiraspol

Respondents of the study conducted in Tiraspol included 80.5% men and 19.5% women. Age of respondents varied from 18 to 64 years old (average of 35.1 years old). The average duration of drug use among the respondents was 14.9 years. The average age at time of first drug use was 20.6 years.

With regard to non-injected drugs, cannabis use was the most common (2.5% hashish, 35.9% marijuana), with 6.5% reporting use of a smoking mixture of *khimar* (**Table 3**). With regard to injected drugs most frequently used by the respondents during the month preceding the survey, 66.4% used opium extract and 23.1% used methamphetamines.

The characteristics of types of drugs used changed significantly over time. In 2009, injection of opium extract was highest at 87.6% compared with that shown in 2016 (66.4%) and 2012 (40.6%). In 2016, the next highest use after opium extract was use of injected methamphetamine (23.1%).

**Table 3.** IBSS data from 2015 to 2016: drugs used during the last month before the survey in PWID in Tiraspol, Republic of Moldova

| Drug type   | Used Non-Injected Drugs, % (range) | Used Injected Drug, % (range) | Primary Use of Injected Drug, % (range) |
|---|------------------------------------|-------------------------------|---|
| Marijuana   | 35.9 (28.6–45.4)                   |                               |   |
| Hashish   | 2.5 (0.7–5.2)                      |                               |   |
| Heroin  |                                    | 2.5 (0.0–3.0)                 | 0.9 (0.0–2.2)                           |
| Subutex   | 0,3 (0.0–1.0)                      | 0.5 (0.0–1.0)                 | 0.6                                     |
| Methadone   | 3,2 (0.6–7.8)                      |                               | 3.5 (0.0–6.5)                           |
| Cocaine   | 0                                  |                               |   |
| Diphenhydramine   | 1.2 (0.2–3.0)                      | 10.4 (5.9–16.4)               |   |
| Amphetamines  | 1.0 (0.0–1.5)                      | 6.5 (3.3–11.0)                |   |
| Benzodiazepines (clonazepam/revatrik/krestin)                                     | 0.4 (0.0–3.2)                      | 0                             |   |
| Tranquilizers   | 1.8 (0.0–3.4)                      | 0.3 (0.0–0.5)                 |   |
| LSD   |                                    |                               |   |
| Ecstasy   | 0.6 (0.0–1.4)                      |                               |   |
| Poppy (opium extract)   |                                    | 70.4 (63.5–81.9)              | 66.4 (62.1–80.1)                        |
| Ephedrine   |                                    | 0.7 (0.0–0.9)                 | 0.7                                     |
| Methamphetamine   | 2.1 (0.0–5.9)                      | 31.3 (19.4–36.4)              | 23.1 (11.6–27.6)                        |
| Antidepressants (Amitriptyline)   |                                    | 0.6 (0.0–2.0)                 |   |
| Desomorphine/crocodile  |                                    | 3.8 (1.5–7.0)                 | 2.2 (0.2–4.1)                           |
| <b>Smoking mixture of <i>khimar</i> (ethnobotanics, “spice,” chamomile, rose)</b> | <b>6.5 (3.6–9.4)</b>               |                               |   |
| Other   |                                    | 0.3 (0.0–1.0)                 | 2.7 (1.6–7.3)                           |



### 4.3. RNC Data on the Use of Drugs,<sup>24</sup> including NPS, for 2017–2018

As of December 31, 2017, there were 11,661 PWUD under medical supervision in drug treatment centers in the Republic of Moldova. The numbers slightly increased, according to December 11, 2018 data, to 11,805. There were 890 new cases of drug use in 2017 and 668 in 2018. Among PWUD, there were 3,777 people who injected drugs in 2017 and 3,664 in 2018. The numbers of PWUD, depending on the type of drug they use, are shown in **Table 4**.

**Table 4.** Number of people who use drugs, shown by type of drug

| Year | Total | Opiates | Barbiturates | Cannabis | Amphetamines | Low-volatile organic substances | Cocaine | Hallucinogens | Unspecified substances |
|------|-------|---------|--------------|----------|--------------|---------------------------------|---------|---------------|------------------------|
| 2017 | 11661 | 3727    | 218          | 7012     | 263          | 25                              | 12      | 230           | 174                    |
| 2018 | 11805 | 3610    | 192          | 7377     | 221          | 23                              | 9       | 201           | 172                    |

It was not possible to determine the number of people who use NPS because, according to the RNC, these substances are not consistent with and are not included in the WHO classification list currently used by the country’s drug treatment system. Instead, they have been categorized as cannabis or amphetamine, depending on the clinical manifestations of people who use them. During patient medical examinations, these substances were often indicated as “unspecified substances.”

With regard to treatment of drug dependence, 468 people went through inpatient treatment in 2017 and 510 people in 2018.

### 4.4. Data From the Report of the National Commission on Drug Control on the Use and Trafficking of Illegal Substances, Including NPS, as of 2017<sup>25</sup>

Most drug-related crimes in the Republic of Moldova involved marijuana, followed by heroin, amphetamine, ecstasy, and methamphetamine. These drug-related crimes usually occurred in urban areas (municipalities, cities) (**Table 5**).

**Table 5.** The most commonly used drugs as an object of crime in rural and urban areas of the Republic of Moldova:

<sup>24</sup> Data provided during the structured interview with the representative from RNC

<sup>25</sup> [https://msmps.gov.md/sites/default/files/raport\\_anual\\_2017.pdf](https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf)

| Drug/year/locality                      | 2012 |     | 2013 |     | 2014 |     | 2015 |     | 2016 |     | 2017 |     |
|---|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|
|   | U    | R   | U    | R   | U    | R   | U    | R   | U    | R   | U    | R   |
| Marijuana                               | 501  | 220 | 332  | 188 | 275  | 193 | 231  | 164 | 202  | 134 | 176  | 147 |
| Heroin                                  | 111  | 7   | 74   | 6   | 114  | 5   | 122  | 3   | 62   | 0   | 13   | 2   |
| Amphetamine/ecstasy<br>/methamphetamine | 61   | 4   | 51   | 7   | 65   | 7   | 51   | 3   | 32   | 6   | 30   | 4   |
| NPS (ethnobotanical<br>substances)      | 0    | 0   | 0    | 0   | 1    | 0   | 2    | 0   | 16   | 1   | 257  | 13  |

**Abbreviations:** R, rural; U, urban.

The recording of NPS (ethnobotanical substances) as an object of crime started in 2015. In 2016 to 2017, the number of such cases significantly increased, especially in urban areas, reaching 257 cases in 2017 (see **Table 5**).

With regard to the special operation “MAK – 2017,” which was initiated between January 1 and August 31, 2017, the following drugs were withdrawn from circulation:

- Marijuana (final product) - 27 kg
- Cannabis plants – 163,643 plants
- Poppy plants – 31,958 plants
- Poppy straws - 5 kg and 160 g
- Hashish - 108 g
- Heroin - 510 g
- Methamphetamine - 4 g
- Cocaine - 8.4 g

During the first month of the “MAK – 2017” operation, employees of the Office No. 4 of the National Investigative Inspectorate eliminated 10 organized criminal groups involved in drug trafficking.

Between October and December 2017, Office No. 4 of the National Investigative Inspectorate, together with the Police Department of the Chisinau municipality, the Territorial Police Inspectorates, and the Prosecutor's Office, carried out three drug control operations throughout the country, resulting in detainment of 45 people and more than 90 kg of drugs. The following items were seized:

- More than 30 kg of marijuana
- 22 liters of acylated opium or derivatives
- 8 liters of precursors
- 900 ecstasy tablets
- 12 kg of dried and chopped poppy plants
- **7 kg of ethnobotanical products**
- 1 kg of other types of drugs (heroin, cocaine, amphetamine, hashish)
- 187 devices for drug use
- **4.5 kg of synthetic drugs (PVP)**

An information note on measures to address drugs and drug-related crimes from January 1 to December 31, 2018 was issued by the Police Inspectorate of municipality Balti on the basis of Decision INI/4-3646 of the MIA of the Republic of Moldova dated 09/08/2013. The Information note aimed to present the situation at the local level, in the framework of this assessment (Appendix No. 1)

As of January 1, 2018, there were 856 PWUD registered by the drug treatment center of Balti City Clinical Hospital. Within the reporting period, 18 new cases of drug use were identified and registered. Thus, as of November 30, 2018, there were 893 PWUD registered by this drug treatment service, including 16 minors.

In 2018, the Balti Police Inspectorate opened 123 criminal cases for drug-related offenses, compared with 146 cases opened in 2017. The amount of illegal drugs withdrawn from illicit trafficking in 2018 mentioned in the report was as follows:

- Marijuana (299.381 g)
- Clonazepam (6.830 g)
- Methadone (12.5 g dry weight)
- cannabis resin (7.23 g)
- Methamphetamine (7.549 g dry weight);

In 2017, these amounts were as follows:

- Marijuana (220.759 g)
- Methamphetamine (5.243 g dry weight)
- Cannabis resin (6.42 g)
- Heroin (0.317 g).

An important note is that, during the period from 2017 to 2018, NPS were introduced under the names “*spice*” (an analogue of cannabis) and “*salt*” (an analogue of amphetamine) within the illegal drug trafficking in the territory of Balti municipality. The report stated that it was not always possible to prove that they belonged to a certain drug category during medical examinations and not always possible to identify the extent of their use by PWUD.

#### 4.5. Harm Reduction Programs for People Who Use NPS

In the Republic of Moldova, most organized interventions to help PWUD are carried out by NGOs that implement harm reduction programs and medical institutions that implement OST programs (with methadone). These programs are a part of the National Program for the Prevention and Control of HIV and STIs, 2016–2020 (approved by Government Decision No. 1164 of October 22, 2016) and are related to the “Prevention of HIV and STI Transmission in Key Populations” (Goal No. 1).

Harm reduction programs are known in the country as syringe exchange programs. These activities, which started in 1997, now operate through NGOs that provide aid, support, and prevention services to vulnerable groups in the context of HIV/AIDS in more than 30 localities. At the end of 2018, harm reductions services were helping more than 10,162 PWID; in the same year, the RNC had only 3,665 PWID registered for services. Because harm reduction programs allow anonymous use of

services, they are different in their accessibility and referral compared with other services that require identity to be disclosed. In addition, these programs often serve to connect PWID with other communities and with resources of health and social services. Harm reduction programs provide beneficiaries with sterile equipment for injecting drugs, allow personal protection for PWIDs, and facilitate safe disposal of injecting equipment. In the Republic of Moldova, harm reduction programs operate in accordance with the “Quality Standard for HIV Prevention Services in High Risk Groups,” approved by the Order of the Ministry of Health in 2015, which aims to ensure that all PWUD have access to quality and comprehensive harm reduction services.

The OST program in the Republic of Moldova was approved by the Ministry of Health by Order No. 159 of May 20, 2003 (“On Substitution Therapy”) and Government Decision No. 166 of February 15, 2005, which introduced OST in prisons. This decision allowed Moldova to be the first country in the Commonwealth of Independent States to introduce OST in the penitentiary system. Today, syringe exchange programs operate in 12 prisons on around-the-clock basis. On January 27, 2015, “Methadone for the Treatment of Opioid Dependence” was approved by Order of the Ministry of Health (No. 46), which dictates the current OST program.<sup>26</sup>

Since 2003, grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) have significantly expanded HIV prevention interventions in high-risk populations, in both civilian and penitentiary sectors, through NGOs and government agencies. In addition to grants from the GF, services are also funded by grants from the National Compulsory Health Insurance Company.

#### *4.5.1. Coverage area*

Geographic areas that have prevention programs for PWID (civilian or penitentiary sectors) include the Transnistrian region and 39 settlements (municipalities of Chisinau, Balti, Ungheni, Felesht, Causeni, Straseni, Orhei, Rezina, Sholdanesti, Dondushen [Tyrnova], Riscani, Edinet [Kupchin], Ocnita [Otachi], Briceni [Lipcan], Soroka, Floresti, Drochia, Cahul, Kahul, Kantemir, Leova, Vulcanesti, Comrat, Chadir-Lunga, Taraclia, Basarabasca, Cimislia, Anenii Noi, Stefan Voda, Hancesti, Dubasari [right bank of the Dniester], Criuleni, Telenesti, Nisporeni, Transnistria–Tiraspol, Slobozia, Bender, Grigoriopol, Rybnitsa, and Kamenka).

#### *4.5.2. Organizations involved in harm reduction programs*

Harm reduction programs for PWID are provided by the following organizations, including 7 NGOs: “The Youth for the Right to Live” (NGO), “For the Present and the Future” (NGO), “The Teenage” (Red Cross Youth), “The Young Women–Chernoleuka” (NGO), “The Positive Initiative” (NGO), “Step by Step” (NGO), “Healthy Future” (NGO), “Trinity” (NGO), “Medical and Social Programs” (non-profit

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<sup>26</sup> <http://89.32.227.76/files/15650-PCN%2520-225%2520Tratamentul%2520farmacologic%2520al%2520dependentei%2520de%2520opiacее.pdf>

partnership), and the Department of Penitentiary Institutions of the Ministry of Justice of the Republic of Moldova.

#### *4.5.3. Services provided by harm reduction programs*

Services provided by harm reductions programs include the following:

- Syringe exchange (at syringe exchange points, through outreach workers, pharmacies, and mobile dispensaries);
- Distribution of condoms (at syringe exchange points, through outreach workers, pharmacies, and mobile dispensaries), disinfectants, ointments, and other medical supplies;
- Information, education, and counseling services, including peer-to-peer education and dissemination of education materials;
- Counseling and testing using rapid tests for HIV infection, syphilis, and viral hepatitis;
- Escort to medical facilities to confirm the diagnosis and to get necessary treatment;
- Counseling, referral, and support in the provision of OST;
- Tuberculosis screening and support in the treatment of tuberculosis;
- Prevention of overdose, including the use of Naloxone medication; and
- Psychological, social, and legal/ paralegal support.

#### *4.5.4. Results of implementation of harm reduction programs in 2018*

Results of harm reductions programs are listed below:

- In 2018, 17,646 PWID were covered by prevention programs; 19,251 people (109%) got at least two services, one of which was syringe exchange.
- A total of 10,588 PWID were tested for HIV infection, with 10,175 people (96%) receiving their results. Of these, 59 HIV-positive cases were identified (of which 38 were confirmed by repeated testing at the Hospital of Dermatology and Communicable Diseases). A total of 11,899 HIV tests were conducted within this target group.
- A total of 496 PWID (56 women and 440 men) were in OST programs, of which 217 were seen in Chisinau, 36 in Comrat, 105 in Balti, 25 in Ungheni, 15 in Edinet, 12 to Cahul, 17 in Felesht, 3 in Rezina, and 66 in the penitentiary system. In addition, 614 people benefited from psychosocial support for adherence to therapy (590 PWID coverage planned for 2018), which is 104% from the initially planned coverage.

In the official statistics and reports on implementation of harm reduction programs in Moldova at the national level, we found no information on use of NPS. All harm reduction services targeted exclusively PWID. People who use non-injecting NPS are not and cannot become clients of these programs, according to the objectives of the National Program for the Prevention and Control of HIV/AIDS and STIs 2016–2020. People who inject NPS, however, can use harm reduction programs and

“classic” program services (e.g., syringe exchange and access to condoms, disinfectants, and ointments; see services described above). Of note, since the appearance of NPS in the illegal drug market in Moldova, harm reduction service programs have not undergone major changes. The only adaptation in relation to NPS was to inform and train harm reduction program staff in working with people who use NPS (using existing tools and methods) and to provide some information through educational handouts. Initiatives to adapt and reform harm reduction programs in relation to the use of NPS depends on the individual service provider. So far, at the national level, neither the HIV/AIDS and STI Prevention Program nor the Drug Strategy (developed in 2015 and 2010, respectively) has addressed the issue of NPS use or has introduced appropriate interventions.

#### 4.6. Analysis of Available Information on NPS in the Media

On-line search engines first started showing articles on the appearance of “spices” and “salts” on the illegal drug market and on the risks of NPS in the Republic of Moldova in 2014. These articles were mostly in national-level media publications. Media sources on this topic equally included television channels, print media, and radio. Since 2014, stories on NPS have remained relevant in the media in Moldova and frequently covered. For their stories, journalists have often invited experts to comment, including specialists from the RNC and Office of the State Drug Inspectorate for Combating Drugs, public organizations, rehabilitation centers, and people who use NPS or their families. Some stories have been journalistic investigations of the sources and distribution routes of NPS, allowing the public to learn of the extent of risks associated with use of NPS. **Table 6** presents media links to some key stories.

**Table 6.** Media reports on NPS use in the Republic of Moldova

| Year | Name of Story and Link  |
|------|---|
| 2019 | “In Moldova, the number of drug crimes is growing year to year” ( <a href="http://www.gagauz.md/2019/02/v-moldove-kolichestvo-prestuplenij-s-narkotikami-rastet-iz-goda-v-god/">http://www.gagauz.md/2019/02/v-moldove-kolichestvo-prestuplenij-s-narkotikami-rastet-iz-goda-v-god/</a> )                                       |
| 2019 | “The number of drug addicts is growing in Moldova” ( <a href="http://bloknot-moldova.md/news/v-moldove-rastet-chislo-narkomanov-1101814">http://bloknot-moldova.md/news/v-moldove-rastet-chislo-narkomanov-1101814</a> )  |
| 2018 | “In Chisinau, the synthetic drug “sea salt” is widely distributed” ( <a href="https://www.kp.md/daily/26845/3886656/">https://www.kp.md/daily/26845/3886656/</a> )  |
| 2018 | “Should Moldova decriminalize drugs?” ( <a href="https://noi.md/ru/analitika/ozhidati-li-v-moldove-dekriminalizaciyu-narkotikov">https://noi.md/ru/analitika/ozhidati-li-v-moldove-dekriminalizaciyu-narkotikov</a> )   |
| 2017 | “Graffiti, social networks, drugs. The bookmark scheme in detail” ( <a href="https://tv.pgtrk.ru/ru/news/20171026/62860">https://tv.pgtrk.ru/ru/news/20171026/62860</a> )   |
| 2017 | “Smoked and that's enough. What are spice, what do they lead to and how to refuse them” ( <a href="http://positivepeople.md/pokuril-i-hvatit-cto-takoe-spaisy-k-chemu-oni-privodyat-i-kak-ot-nih-otkazatsiya/">http://positivepeople.md/pokuril-i-hvatit-cto-takoe-spaisy-k-chemu-oni-privodyat-i-kak-ot-nih-otkazatsiya/</a> ) |
| 2016 | “Moldovan authorities finally take up spice” ( <a href="https://www.kp.md/daily/26550.7/3566722/">https://www.kp.md/daily/26550.7/3566722/</a> )  |

|      |   |
|------|---|
| 2016 | “In Moldova, drugs can be easily bought on the Internet”<br>( <a href="https://www.kp.md/daily/26481.5/3351688/">https://www.kp.md/daily/26481.5/3351688/</a> )   |
| 2016 | “The Republic of Moldova is the last state in Europe to ban spice”<br>( <a href="http://ru.crimemoldova.com/news/rassledovaniya/respublika-moldova-poslednee-gosudarstvo-v-evrope-kotoroe-zapreshchaet-spaysy-/">http://ru.crimemoldova.com/news/rassledovaniya/respublika-moldova-poslednee-gosudarstvo-v-evrope-kotoroe-zapreshchaet-spaysy-/</a> ) |
| 2016 | “Ministry of Internal Affairs of Transdnistria: Spice consumption is becoming widespread” ( <a href="https://novostipmr.com/ru/news/16-06-24/mvd-pmr-upotreblenie-spaysov-priobretaet-massovyy-harakter">https://novostipmr.com/ru/news/16-06-24/mvd-pmr-upotreblenie-spaysov-priobretaet-massovyy-harakter</a> )                                     |
| 2015 | “Legal drugs destroy the future of Moldova”<br>( <a href="https://ru.sputnik.md/society/20151031/2774889.html">https://ru.sputnik.md/society/20151031/2774889.html</a> )  |
| 2014 | “New drug in Balti: affordable and the most dangerous”<br>( <a href="https://ru.publika.md/novyy-narkotik-v-belcakh-dostupnyy-i-samy-opasnyy_1526731.html">https://ru.publika.md/novyy-narkotik-v-belcakh-dostupnyy-i-samy-opasnyy_1526731.html</a> )   |
| 2014 | “In Moldova, drugs can be bought without problems on the Internet, and those who trade in death risk nothing” ( <a href="https://www.canal3.md/ru/v-moldove-narkotiki-mozhno-bez-problem_829.html">https://www.canal3.md/ru/v-moldove-narkotiki-mozhno-bez-problem_829.html</a> )   |
| 2014 | “Low-cost drugs, especially affordable and marketed as hot bread!”<br>( <a href="https://www.canal3.md/ro/droguri-low-cost-deosebit-de-accesibile-si-comercializate-ca-painea-calda_851.html">https://www.canal3.md/ro/droguri-low-cost-deosebit-de-accesibile-si-comercializate-ca-painea-calda_851.html</a> )                                       |

These media reports have often included statistics of crimes directly or indirectly related to NPS involving law enforcement or data on registration and treatment of people who use NPS through specialists of the RNC. Most articles reported on the dangers and growth of NPS use, the appearance of NPS on the market, methods of distribution, and efforts to address illegal NPS trafficking. Reports have also focussed on dissemination methods of NPS, including “bookmarks” and online procurement, and how these methods can easily allow young people to obtain NPS. Although not as common, some stories have reported on treatment of NPS, on available services at the country level, on opinions of doctors, and on those who have dependence on NPS or drug-related services. In early 2019, in the context of the parliamentary elections, there were even articles on the possibility of legalizing marijuana in the country, as one of the candidates organized his election campaign on the basis of this topic.

In general, we found that the media in Moldova provided reliable information about drug use, in particular on NPS. Stigmatizing expressions used in relation to PWUD are rare. However, in the story on the growing number of drug crimes from 2019, the report stated, “The police have not yet fully coped with the critical situation, despite the fact that the detentions are carried out regularly. This fact is confirmed by the sharp increase in the number of **drug addicts** who turn to various medical centers in search of methadone, a substitute for heroin and heroin derivatives. If there is no drug – there are looking for alternatives, to survive.”<sup>27</sup> Although the number of patients on OST and the demand for therapy have not significantly increased, the word “addict”

<sup>27</sup> <http://www.gagauz.md/2019/02/v-moldove-kolichestvo-prestuplenij-s-narkotikami-rastet-iz-goda-v-god/>

in the media can often be found. This is in contrast to use of this word among medical specialists, NGO specialists, and even police officers, who practically do not use it.

During our research of sources, we found at least four sources within 20 minutes to purchase NPS in the Republic of Moldova:

- <https://teribenimon.ru/kupit-spays-v-kishineve.htm>
- <http://couscous.pe/knowledge/kupit-spays-v-kishineve.html>
- <https://bodytomind.info/threads/kishinev-rabotaem-vnimanie-novyj-kontakt-kristally-muka-rega-opt-samye-nizkie-ceny.309/page-10>
- <https://999.md/ru/40532678>

## 5. STRUCTURED INTERVIEWS AND FOCUS GROUPS WITH SPECIALISTS WORKING IN LAW ENFORCEMENT AGENCIES, MEDICAL INSTITUTIONS, AND ORGANIZATIONS PROVIDING SERVICES FOR PWUD/HARM REDUCTION SERVICES AND WITH PEOPLE WHO USE NPS

The second stage of our study involved collection of data and additional information to fill in the gaps identified during desk research. For this, we conducted structured interviews with key respondents from the RNC, the counseling department of the Republican Hospital in Balti, the Anti-Drug Office of the National Investigative Inspectorate, the Substance Examination Department of the Center 2 Office, the Technical and Forensic Center for Forensic Science (under MIA), the Public Security Department of the Police Inspectorate (Balti), and the Second Police Station of the Police Inspectorate (Balti). We also conducted focus group discussions with PWUD (see **Table 7**).

**Table 7.** Organization of focus groups

| Respondent Group  | Number of Participants |
|---|------------------------|
| Representatives of the harm reduction programs for PWID | 15                     |
| People who use NPS                                      | 12                     |

Our discussions were designed to guarantee a high level of participation; therefore, we paid special attention to ethical issues such as confidentiality and voluntary participation. Before interviews and discussions, participants provided written informed consent to ensure their voluntary participation. Discussions were conducted from May 10 to June 12, 2019. The main conclusions and recommendations presented in this report are based on analyses of the collected data.

All interviews and focus groups were conducted in Russian language. The key topics explored in interviews and focus groups included the following:



- NPS characteristics;
- Usage patterns;
- Impact, risks, and consequences of use of NPS;
- Harm reduction services and NPS;
- Medical services for those who use NPS;
- Law enforcement response methods to NPS;
- Difficulties and problems associated with NPS; and
- Possible ways to overcome use of NPS.

### 5.1. Key Data Collected

Because participants in this qualitative study were familiar with problems concerning use of NPS in Moldova, all agreed on the relevance of the issue in the context of having preventive, treatment, and support measures and the need to implement efforts to address illegal trafficking of NPS.

Respondents were familiar with a number of slang names of NPS in Moldova, including the following:

- Mixes
- Spice
- Skorost (*speed in English*)
- Mephedrone
- PVP (pyrrolidinopentiophenone, which is from the English  $\alpha$ -pyrrolidinovalerophenone—a synthetic psychostimulant, class of cathinone)
- Energetics
- Speeds
- JWH, a synthetic cannabinoid, named on behalf of the chemist who synthesized the substance (John Huffman).

Focus group discussions and interviews with experts revealed that NPS in Moldova is becoming increasingly used, with many participants sharing that NPS is demonstrating an upward trend. In our discussion groups, experts stated that, although synthetic drugs appeared in Moldova in 2010, “salts” and “spice” were two NPS that started to spread massively. Some expert participants stated that this occurred in 2013–2014, whereas others stated a later date (2015-2016).

In addition to its rapid spread and growth of the interest among PWUD, NPS has become associated with a lower price compared with “natural” drugs. These NPS are affordable, even for young people, easy to get, and less likely to be detected during analysis/examination, implying difficulties to apply penalties for their use.

When asked whether users of NPS are new consumers or whether they have switched from using other substances to NPS, most participants stated an equal share of use by people who have never used anything else and people who already use drugs. This was especially stressed in cases of young people and smoking spice;

however, salt, due to its accessibility and low price, was becoming the first injected NPS for PWUD.

Specialists in drug treatment (narcologists) also noted that people who use NPS tend to sporadically use or regularly use multiple drugs (that is, use several substances at the same time or at different times). The injection of NPS is more likely to occur among PWID who have previously injected other opioids, resulting in significantly reduced use of other opioids because of substitution with these new injectable substances. Our group discussions revealed that NPS is used as a temporary substitute for illicit or inaccessible drugs (e.g., opium or heroin). A participant from the RNC stated that, among different drugs, those who use NPS make up no more than 3% of treated patients, most likely because these substances do not correspond to the WHO classification list for narcotic substances currently used. As stated previously, based on the clinical manifestations of those who use NPS, these cases are categorized as either cannabis or amphetamine. During medical examinations, cases involving NPS are often labeled as “unspecified substances.” PWUD who 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 a smoking mixture.

With regard to age of people who use NPS, most stated that use of NPS is more prevalent among young men and women under the age of 35 than among other age groups.

## 5.2. Ways to Purchase NPS

According to the information received from discussion group participants, in particular from PWUD and law enforcement officials, NPS has been sold in Moldova through social networks such as *Odnoklassniki*, Instagram, and even on fake Facebook pages with hidden IP addresses. “Offers,” a list of substances, and prices are published on these networks. Messages are also randomly sent to people on social networks, with the aim of eventually reaching interested individuals and then spreading the messages among other PWUD.

Recently, the “telegram” application has been widely used to sell NPS. These limited-access chat rooms or groups bring together NPS dealers and PWUD, allowing prices and types of NPS on the market to be shared. Once a potential PWUD specifies their location, NPS, and quantity requested, money is transferred to the administrator’s account, bank account, or electronic account (wallet).

Money transfers can also occur through payment terminals and ATMs (e.g., kiwi wallet). A photo of the terminal screen or a check serves as confirmation of payment. After the money transfer, a person receives an address with a photo of the place (a hiding place) where the requested NPS can be picked up. Some online store administrators send coordinates with accurate location and an attached picture indicating the placement of the NPS.

According to the National Investigative Inspectorate, there are currently from 5 to 6 online stores in the Republic of Moldova that are administered from outside of the

country. These stores recruit people from different countries as couriers responsible for placing NPS in these hiding places. NPS are smuggled into Moldova, or specialists are brought into the country to manufacture them.

### 5.3. NPS Prices

Our discussions and research revealed the following NPS prices:

- Salts---from 700 MDL for 1 g,<sup>28</sup> 500 MDL for 0.5 g, 300 MDL for 0.25 g(the more purchased amount, the cheaper); and
- Spices---600 MDL for 1 glass and from 100 to 200 MDL for a matchbook.

Doses can also be prepacked in 0.5- to 50-g zip-lock bags.<sup>29</sup>

### 5.4. Methods of Use of NPS

Methods of NPS use are mainly through smoking, injecting, and inhalation. Most often, new consumers and young consumers smoke or inhale NPS. The use of injecting NPS is more likely to occur among PWID who have previously injected other drugs, including opioids.

### 5.5. Key Risks and Consequences Associated With NPS

According to narcologists who participated in the interviews, the increasing use of NPS has led to new health risks for PWUD, including overdoses, psychotic reactions, a high risk of HIV, hepatitis, and STIs (due to multiple injections and increased numbers of unprotected sexual contacts), heart attacks, and strokes. Other health consequences that were shared included the following:

- Intravenous injections with unsterile equipment can lead to infection with HIV and viral hepatitis and the development of bacterial endocarditis, which can lead to heart valve damage resulting in high mortality (70% of cases), sepsis, and other diseases. Tendons and bones are also affected.
- Metabolic disorders associated with NPS use often lead to severe weight loss. Changes in internal metabolic processes lead to lack of calcium in the body and tooth loss.
- Mental disorders and hallucinations can lead to aggressive behavior. Psychoses and inappropriate behavior of people who use NPS can lead to self-injury or injuring others.
- Long-term use of NPS may lead to liver, kidney, and respiratory system disorders.

Focus groups with PWUD revealed the following risks of NPS use: injuries, panic attacks, convulsions, overdoses, unprotected sexual intercourse, physical exhaustion as a result of starvation, mental exhaustion as a result of lack of sleep, and psychotic conditions. Focus group participants who use NPS also indicated that

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<sup>28</sup> 1 USD = 18 MDL, 1 EURO = 20 MDL

<sup>29</sup> Hermetically sealed reusable plastic bags.

strokes and heart attacks also occur as a result of high blood pressure when using NPS.

Other focus group participants (that is, employees of harm reduction programs) stated that the effects of *salt* resemble stimulant drugs, such as amphetamine, methamphetamine, ephedrine, pervitin, and others. *Salt* first affects the psyche, the behaviour of a person, and his/her lifestyle. Paranoia, fear, hallucinations, and panic attacks are only a partial list of the problems that people who use NPS face. The severe consequences of *salt* overdose are renal and liver failure.

Focus group participants also shared non-medical risks of NPS, including those involving police and police measures applied to people who use NPS in order to gain access to dealers. Although the police often cannot prove the illicit legal status of NPS, it exploits imposition of early drug offenses conducted by people who use NPS by using them as informants.

## 5.6. NPS Overdose and First Aid

During focus group discussions with PWUD, we aimed to understand the specific symptoms of an overdose of *salt* that could lead to need for emergency care. A person under the influence of this NPS may initially become very agitated, his/her consciousness becomes confused, and he/she may faint. The body temperature rises with an overdose of *salt*. This NPS also provokes fluctuating blood pressure, increased heart rate, and pressure and pain in the chest area. The mental state is characterized as inadequate, aggressive, and panicked. Death from an overdose of *salt* may occur either due to acute heart failure or acute cerebral edema. Therefore, most participants indicated that the first measure for care is to call an ambulance. If a person has an overdose from an NPS and spends 20 minutes in this condition, that person can no longer be saved. It was noted that an overdose of *salt* taken intravenously is even more dangerous because of rapid hyperthermia, which leads to cerebral edema. Even if a person is saved, the consequences can be dire and irreversible, especially with regard to the patient's psychotic state.

All focus group participants who use NPS stated that they knew of at least one or two cases of fatal *salt* overdoses.

## 5.7. Harm Reduction and Support Services for People Who Use NPS

Although focus group and interview participants emphasized that existing harm reduction services are important in the context of use of NPS (including syringe exchange, distribution of condoms and disinfectants, overdose prevention, testing for HIV and other infections, and psycho-social assistance), these measures are not enough.

All participants expressed the lack of knowledge among specialists and PWUD about the effects and consequences of NPS. They expressed a need for measures to reduce health risks associated with NPS use, including information and prevention activities. Necessary future studies are needed on the scope and patterns of NPS use

for subsequent decision-making on the adaptation of services, the use of appropriate treatment programs, ways to address illegal trafficking of NPS, and development of ways to raise public awareness of the risks of using NPS.

Harm reduction program staff and people who use NPS noted the importance of supplementing harm reduction programs with the following services:

- Provision of smoking pipes/mouthpieces for smokers of *spice*;
- Access to clean water to dilute *salts* (usually PWUD use tap water) and to prevent dehydration;
- Distribution of hepatoprotectors;
- Blood pressure control as a part of harm reduction programs;
- Development and distribution of information materials on the use of NPS and its risks and consequences;
- Organization of self-help groups for people who use NPS and their families;
- Training programs for employees of harm reduction programs, narcologists, and emergency doctors; and
- Collaboration of harm reduction programs with emergency medical services (ambulances).

## 6. CHALLENGES, OBSTACLES, AND RESPONSES TO THE USE OF NPS IN MOLDOVA

### 6.1. Harm Reduction Programs

According to activists and employees of harm reduction programs in Moldova, many clients of harm reduction programs have switched from opium and amphetamines to NPS. People who use NPS are often young and start NPS use with synthetic cathinones (*spices*). With regard to people who use non-injecting NPS, a main difficulty in the framework of harm reduction programs is the inability to register them as clients of the program because they do not use syringes. This is especially critical as the programs state that injecting a drug is mandatory for inclusion. For those who use NPS, methods of use by smoking and inhaling are common. Consequently, if a person is not registered as a client of the harm reduction program, it is impossible to provide him/her with harm reduction and support services. Therefore, these clients are left without any interventions, including health care and protection of rights. These problematic situations are due to criteria outlined by the National Program for the Prevention and Control of HIV/AIDS and STIs, which exclusively targets prevention programs for PWID. Funding allocated by the GF to the Republic of Moldova for 2018 to 2020 also called for the exclusive provision of harm reduction services to PWID, as indicators showed that reaching this particular category of service recipients was important. This has resulted in organizations that implement harm reduction programs in Moldova unable to be flexible and to adapt services to these trends on NPS use. Since 2017, coordinators and activists of harm reduction programs have advocated for the provision of services to people who use non-injecting drugs, including NPS.

However, specialists from the National Program argue that, at the moment, this task is impossible.

With regard to people who inject NPS, taking into account the current realities of NPS use and the constant increase in the number of people who use NPS, harm reduction programs in Moldova are making efforts to adapt their services. However, this process is restricted by the following factors:

- Limited funding of harm reduction programs, which does not allow formation of service packages according to the needs of PWUD. The situation has become particularly difficult since 2018, when funding allocated by the GF for prevention programs decreased; financial support available from the State was insufficient to cover this deficit and did not comply with the GF transition plan;
- Lack of resources for training and education of harm reduction program personnel on the use of NPS (seminars and trainings) and for development and dissemination of thematic information materials; and
- Lack of methodological support for harm reduction programs on how to work with people who use NPS.

In the Republic of Moldova, mechanisms and tools are scarce for on-going collection of disaggregated data in the framework of harm reduction programs on types of NPS and injecting behavior models. Together, these situations do not allow timely responses at the strategic and managerial level of program implementation and at the level of implementing prevention activities.

As stated, interventions that target PWID in Moldova are organized in the framework of harm reduction programs, which are a priority of the National Program for the Prevention and Control of HIV/AIDS and STIs. Similarly, financial resources are directed specifically at preventing HIV and other infections, including collection of data related to these components. Therefore, additional interventions dealing with patterns of NPS use, risk reduction, and development of complications other than infections are not prioritized within the program. Although this issue is a priority of the National Anti-Drug Strategy (that is, harm reduction is identified as a main component, along with reducing demand and supply of illicit drugs, treatment, and rehabilitation), a lack of funds for the implementation of the Strategy has resulted in most activities being related to addressing NPS use and NPS trafficking.

## 6.2. Narcological Services

Today, many drug treatment and narcological service specialists state that an important issue in addressing illicit trafficking of NPS, psychotropic substances, and their precursors is the unclear legal status of NPS. The absence of a specific legal status assigned to these substances leads to difficulties in controlling them and also creates conditions for the unhindered presence of such substances in circulation.

Another difficulty with regard to people who use NPS is the impossibility of determining the type of NPS, as their formulas change often. Thus, it is difficult to identify them during examinations and to determine the specialized care needed.

According to narcologists, measures are needed to control illicit trade of NPS precursors (particularly those in legal circulation that are used to manufacture NPS). In addition, cooperation between police and customs services are needed to better respond to illegal NPS trafficking. Accordingly, a successful law enforcement practice would require the development of a unified and unambiguous approach to the concepts of analogues and derivatives of NPS and other psychotropic substances, as well as clear criteria to distinguish among them.

### 6.3. Law Enforcement

An investigator of the National Investigative Inspectorate in our focus group provided information showing that, in 2018, 37.6% of open criminal cases were related to the storage and distribution of NPS. The distribution of NPS has appeared in Investigative Inspectorate reports since 2014. The main problems with the detection of NPS in the Republic of Moldova are related to new ways of their introduction on the drug market (through online stores), smuggling of NPS precursors, and the manufacture of NPS within Moldova. New schemes and ways to distribute have occurred with NPS; these new schemes require additional time, knowledge, and means for their detection and disclosure. The inability to uncover Internet channels due to their location outside the Republic of Moldova has also been a serious barrier in this context.

Another issue identified by the police was the fact that, when the NPS appears on the market, there is a lack of tests to detect these substances within the drug treatment services and a lack of necessary technologies in expert laboratories to identify the chemical composition of NPS.

Legislative barriers related to the impossibility of including NPS into *the List of drugs, psychotropic substances, and their precursors*, has also created serious difficulties for police and investigative agencies in addressing the spread of NPS.

Employees of the Public Security Directorate of the Police Inspectorate in our focus group stated that, in the context of NPS use and availability, there are few activities for the primary prevention of NPS use in society (that is, within the family, at school, and through the media). As more children are left without parental care (due to going abroad to work), the presence of NPS on the market creates particular vulnerabilities for younger people. The Moldovan society can be characterized as one that may hide problems instead of requesting assistance from specialized institutions, in particular medical institutions, resulting in worsened situations and limiting possibilities for timely interventions.

Another issue associated with the circulation and distribution of NPS is the weak control over the release/administration of psychotropic substances. The acquisition of these substances by people who use NPS has increased.

Participants in our discussions who were law enforcement officials stated that there was a lack of intersectoral coordination and cooperation between all stakeholders in addressing the use of NPS (health care, law enforcement, social security, NGOs, media, and the public). All interview participants from law enforcement agencies noted that the distribution and use of NPS are currently a priority of the National Anti-Drug Commission. In the Commission's search for solutions to overcome problematic situations related to NPS, law enforcement agencies are tasked with identifying and documenting cases of NPS use and applying subsequent measures in accordance with the law (an administrative or criminal punishment depending on the offense).

Recently, the public (community) police, in partnership with NGOs, initiative groups, and the media, have been organizing preventive activities such as public events and lessons at schools. Dozens of schools now include awareness-raising activities on the dangers of NPS and other drugs, as well as on available programs and services in the context of drug dependence. One example is the information campaign "*I love life and say no to drugs*,"<sup>30</sup> which was conducted in 2018.

#### 6.4. Forensic Center for Forensic Science

The Forensic Center is a subdivision of the General Police Inspectorate of the MIA of the Republic of Moldova. Each year, specialists at the Center conduct more than 10,000 forensic examinations using modern equipment and more than 30 types of examinations. Substances seized by the police are mostly provided by the Anti-Drug Trafficking Unit and the National Investigative Inspectorate. According to the specialist who participated in the interview, about 70% to 80% of the forensic examinations of drug substances are NPS (synthetic cannabinoids and synthetic cathinones). In 2018, the following examinations were conducted:

- 188 examinations on synthetic cathinones, mainly PVP
- 454 examinations on synthetic cannabinoids (MDMB)
- 71 examinations on synthetic cannabinoids (5EEADB)
- 28 examinations on buprenorphine.

During the first 5 months of 2019, 125 examinations on synthetic cannabinoids and 79 examinations on synthetic cathinones (PVP, pyrovalerone, and others) were conducted.

According to staff at the Center, the main problem with NPS is the difficult process of including NPS on the *List of drugs, psychotropic substances, and plants that contain these substances, identified in trafficking, and their amounts*,<sup>31</sup> approved by Government Decision No. 79 of January 23, 2006. Defining the illegal status of the NPS is a process that often takes months or even an entire year. For example, there are presently 12 items waiting to be included on this list (among them pyrrole, MDMB,

<sup>30</sup> <http://politiacapitalei.md/campania-eu-iubesc-viata-spun-drogurilor-nu-in-plina-desfasurare/>

<sup>31</sup> <http://lex.justice.md/ru/330568/>



MDPPP, and 5-fluoro ADBICA). However, the Executive Committee of the National Anti-Drug Commission, which approves changes to this list, has not met since the second half of 2018. Thus, NPS seized by the police and examined by the Forensic Center that are not on the list cannot be subjected to administrative or criminal prosecution. Indeed, almost immediately after an NPS is approved and added to the list, they disappear from the drug market, with others taking its place.

According to Law 382 of February 6, 1999 (“On the trafficking of narcotic and psychotropic substances, as well as their precursors”),<sup>32</sup> the agency in charge of this area is the Agency for Medical Supplies and Medical Equipment, with drug control procedures conducted through the Standing Committee on Drug Control. This Committee within the Agency’s laboratory “defines narcotic, psychotropic substances, precursors and analogs, as well as ethnobotanical substances.” Both the *List of drugs, psychotropic substances, and plants that contain these substances, identified in trafficking, and their amounts* itself and *the Annex to the List* were approved by a Government Decision, based on proposals of the Committee. After examinations are completed, the Forensic Center submits recommendations for revisions of the *List* to the Executive Committee of the National Anti-Drug Committee for further coordination of revisions.

## 6.5. Challenges of the Study

This study was conducted according to the methodology developed by the Eurasian Harm Reduction Association (EHRA) and the Principal Investigator from the School of Law, Swansea University. Although no difficulties were encountered during study implementation, there were challenges related to the availability of information. The problems were not that information on NPS was difficult to find; rather it was because such information largely does not exist or is not reflected in statistics due to the undefined status of NPS. In addition, an analysis of the National Commission on Drug Control report for 2018 was not possible, as it was not yet ready.

Because national-level studies are not regularly conducted due to limited financial resources, it is not possible to track trends on use of NPS. Data on NPS use available in the Republic of Moldova are from different sources, making comparisons difficult. This lack of consistent data over time significantly reduced our ability to identify trends in use of NPS.

Another challenge was the ability to gather a necessary number of focus group participants; therefore, we decided to conduct focus groups with a few participants, as well as to organize additional interviews with people who use NPS.

## 7. GENERAL CONCLUSIONS

1. In the Republic of Moldova, there has been an increase in the use of NPS that are used as narcotics, psychotropic substances, and precursors.

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<sup>32</sup> <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311660>

2. According to their form, NPS can be divided into two main categories:
  - Herbal and chemical mixtures intended for smoking, which include *spice-type products (synthetic cannabinoids–khimar/ smoking mixtures/ ethnobotanical substances)*.
  - Mixtures of chemical powders, pressed or in other forms intended for injecting; these contain a mixture of psychoactive synthesizing substances with an stimulating or hallucinogenic effect. Such substances are sold mainly under the name *salts (synthetic cathinones)*.
3. Data on the nature of use of NPS have become partially available over the past few years; however, studies specific to NPS are not conducted properly due to lack of financial resources, making it impossible to monitor trends in NPS use.
4. Despite limited data on the NPS use, our desk research provided evidence of a significant increase in the use of synthetic cathinones and synthetic cannabinoids in the Republic of Moldova from 2016 to 2018 (versus its start in 2013–2014). The IBSS 2015-2016 reports stated that smoking mixtures (*spice/khimar*) were the main non-injecting drugs (prevalence in Chisinau of 35.8%, in Balti of 24.7%, and in Tiraspol of 6.5%). This situation was also confirmed by information received from harm reduction programs, which indicated high rates of NPS use among their clients, thus generally confirming the availability of NPS in Moldova’s drug market.
5. The Republic of Moldova has recognized the problem of documenting and incorporating use of NPS into medical service and law enforcement statistics. The problem is related to the impossibility of applying the WHO classification used by the RNC. Depending on the clinical manifestation of person who uses NPS, cases are designated as either cannabinoid or amphetamine cases. In medical examinations, NPS are often labelled as “unspecified substances.”
6. The existing technical capacity of the medical examination has not kept up with new challenges with regard to NPS, including not being able to demonstrate that a particular NPS is a drug substance and to identify its use in a PWUD.
7. With regard to crimes, NPS in Moldova started to be recorded in a few cases in 2015; from 2016 to 2017, significant growth was shown, especially in urban areas, reaching 257 cases in 2017.
8. Health authorities and law enforcement agencies are concerned about the growing trends in NPS use. In particular, the Government Decision No. 103 of February 27, 2017 updated *the List of drugs, psychotropic substances, and their precursors*, which have now registered some NPS as a result of illegal drug trafficking and drug use, including cannabinoids and synthetic cathinones.
9. Recent data from the Forensic Science and Technology Center for Forensic Examination have shown that 70% to 80% of conducted examinations of narcotic substances in Moldova are examinations for NPS (synthetic cannabinoids and synthetic cathinones). The complicated legislative process of assigning an illegal status to NPS (by their inclusion on the *List*) has affected the efforts of law enforcement agencies in detecting and eradicating groups and persons involved in illicit drug trafficking.

10. Sales of NPS in Moldova are mainly conducted online or by telephone (the buyer does not know the seller).
11. The regular use of NPS can lead to serious consequences to the individual, both at psychologic and physiologic levels.
12. There are few harm reduction services for NPS and for the needs of people who use NPS (in particular, non-injecting ones); this has worsened the risk of medical and social problems for those who use NPS over the medium and long term:
  - The existing funding scheme for harm reduction projects targeting key populations does not create a favorable basis for providing comprehensive and well-adapted services to people who use NPS. In addition, the existing funding mechanism does not ensure quality of services provided (that is, it is quantity-orientated). Because of this, service providers are not interested in expanding or improving their activities and the beneficiaries are not motivated to get such services.
  - Key quantitative performance indicators (for example, coverage by services) are determined by the monthly provision of at least two services, one of which must be syringe exchange. This situation has contributed to limited access to harm reduction services for people who use non-injecting NPS.
  - Existing monitoring schemes for harm reduction programs cannot assess the actual prevalence of NPS use, ensure a qualitative assessment of program activities, and, in particular, a timely response to NPS use patterns.

## 8. RECOMMENDATIONS

1. Periodic collection of data on the use of NPS from various service providers is needed to develop tailored interventions; such interventions should be incorporated into the harm reduction programs and state system of drug treatment.
2. Research is needed on the risks of NPS use, particularly to document existing knowledge and patterns of use in various target groups, including children, adolescents, and young adults.
3. Harm reduction programs must be adjusted to identify and implement interventions that are relevant to the needs of people who use NPS, including non-injecting ones, and to ensure appropriate funding for these interventions. This should include information on overdose prevention.
4. Education materials are needed on the effects of NPS, the risks associated with them, contacts with other drugs, available services, etc., for both specialists and beneficiaries of harm reduction programs.
5. Existing psycho-social and medical-social interventions must be adapted to ensure effective work with people who use NPS, including non-injecting NPS.
6. The recommendations described here must also be considered during development of the new National Drug Control Strategy (2019–2026), so that activities of priority can be planned for subsequent implementation and financial support.

7. The recommendations described here must consider the implementation of HIV harm reduction programs among those who use NPS and in the National Program for the Prevention and Control of HIV/AIDS and STIs.