



ONLINE REGIONAL DISCUSSION

Health and law
enforcement responses to
the use of new
psychoactive substances
in the Baltic states: what
we can learn from each
other?

About study

- The study was conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, and supported by the Global Challenges Research Fund.
- **The aim** was to identify current patterns of NPS use and related harms in Lithuania through recording the perspectives and lived experience of people who use drugs and people who provide harm reduction services in order to inform the harm reduction response.

Methodology:

- ✓ Desk research
- ✓ Preparation of questionnaires
- ✓ Structured interviews
- ✓ Analysis of data collected and preparation of the recommendations





Country overview

- 11,5% of the population aged 15-64 years had ever used drugs (2016);
- 8 371-10 474 people who inject drugs (2015-2016);
- 4,7% HIV prevalence among people who inject drugs;
- 11,1% HIV prevalence among sex workers;
- 4,7% HIV prevalence among men who have sex with men;
- The coverage of OST in Lithuania is considered low, with fewer than 20% of all high-risk opioid users covered

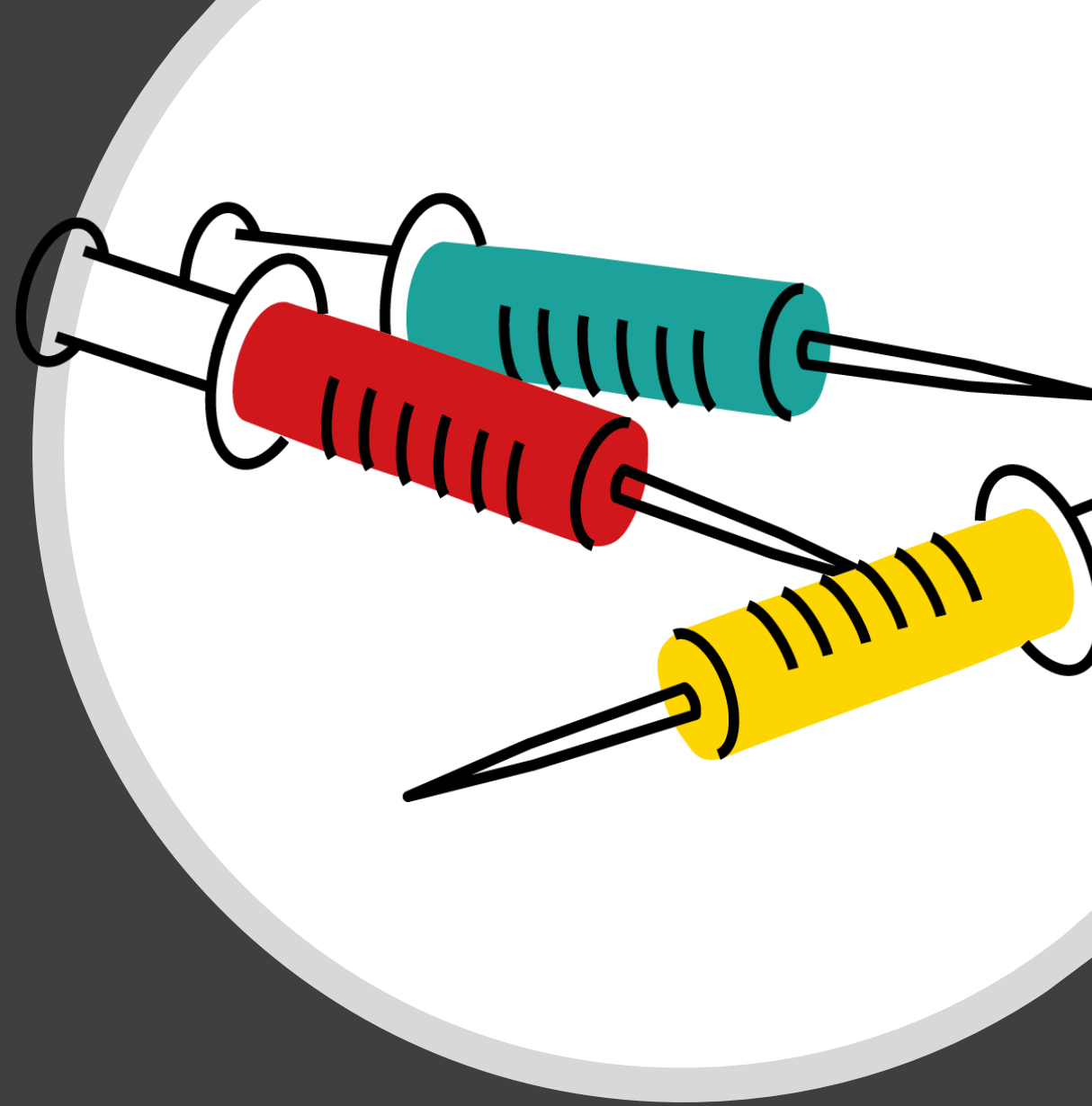
NPS names

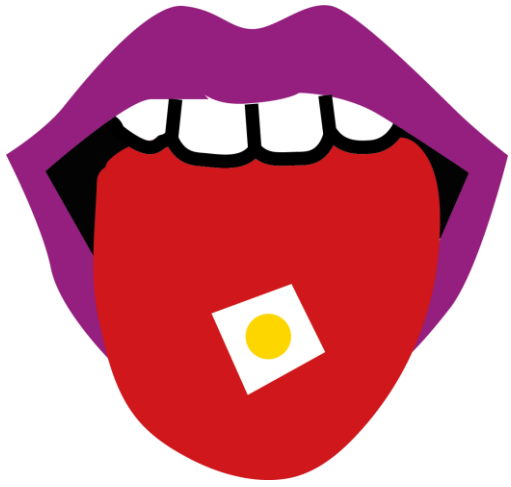
- **Synthetic cannabinoids:** spices (spaisai), chimké, chimka (which refers to “chemical”), sprayed tobacco, natural sprayed with chemicals (natūralké apipurkšta chimke), and sprayed weed.
- **Synthetic opioids:** fentanyl (also called fitonilas, fenta, fintikas, synthetic heroin, synthetic methadone in powder) and carfentanyl (also called cartofintonil, fenta).
- **Synthetic cathinones:** mephedrone, bath salts, methylone, and crystals.
- **Dissociative hallucinogen NPS,** such as ketamine, methoxetamine, and rhino ket.
- **Classic hallucinogen NPS,** such as 2C-B.
- **CNS depressant:** GBL, GHB (bucikas, butyrate, liquid ecstasy, and women’s Viagra).



Reasons for NPS use

- People start to use it without knowing (expectations vs. reality)
- New experiences, out of curiosity (young people who use drugs occasionally)
- People with drug use experience are looking for more potent substances
- As a replacement to the traditional drugs, which are disappearing from the drug market
- Traditional substances are of bad quality
- Social and personal reasons
- NPS may be cheaper and more accessible





People who use NPS

- People with lived/ living experiences (people with problematic drug use)
- People who are using drugs occasionally (recreationally)
- Inmates

Routes of administration

- Injecting
- Smoking
- Snorting
- Swallowing





NPS use in prisons

- Synthetic opioids (fentanyl, carfentanyl + patches) and synthetic cathinones (chimké).
- One needle and/or syringe is used dozens of times
- Drugs are shared, as well as an equipment
- No needle and syringe programs in Lithuania prisons
- Easy to smuggle NPS

Combination of NPS use with other psychoactive substances and drugs

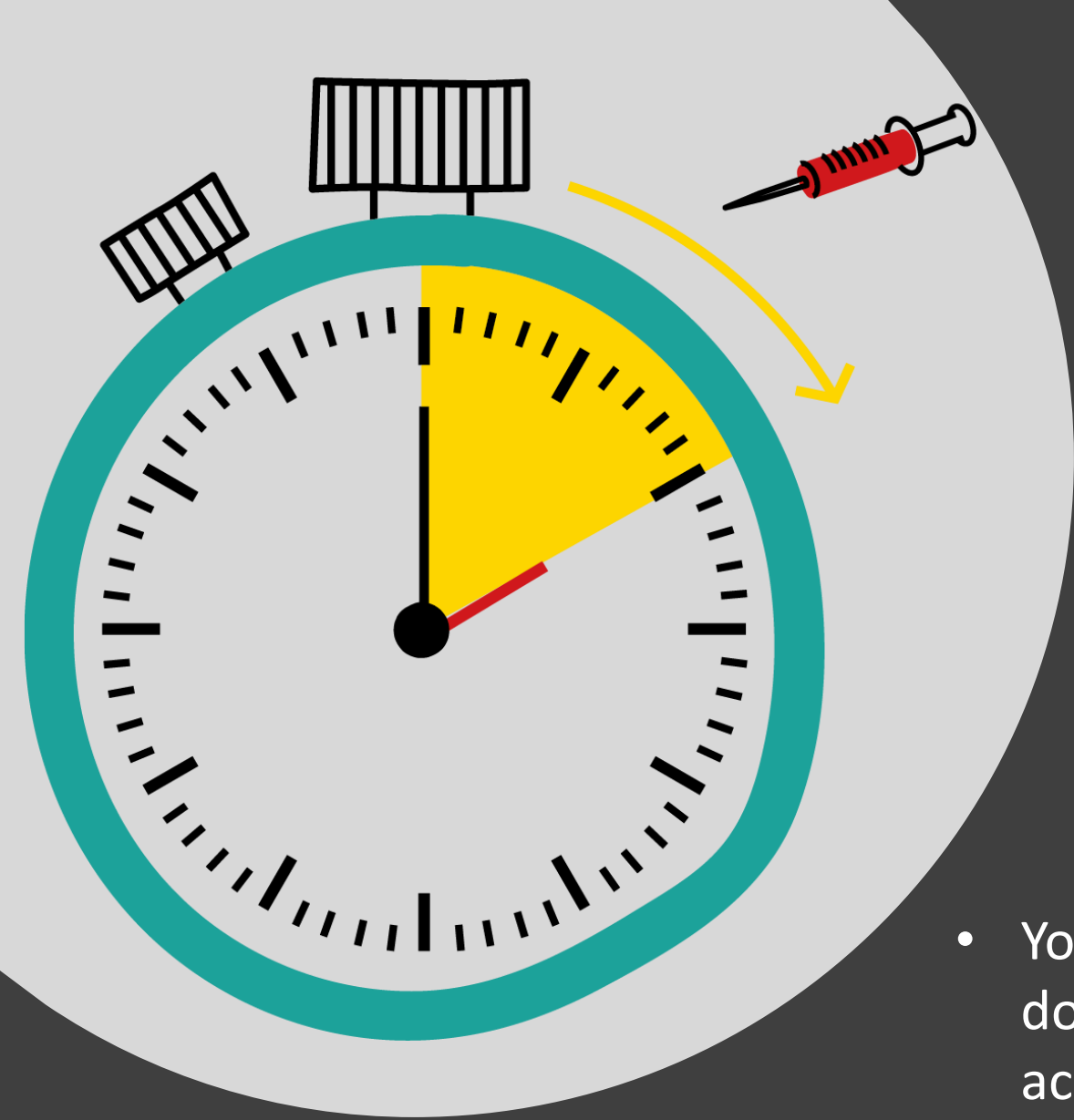


- **Usually - not on purpose**
- Combinations, which are used on purpose:
 - Carfentanyl with methadone
 - MDMA or amphetamine with fentanyl
 - Carfentanyl with spices
 - Alcohol with all kind of substances
 - Fentanyl/ carfentanyl with pharmaceuticals (dimedrol, clonazepam, lyrica)
 - Fentanyl with heroin

NPS prices

- Fentanyl patch: 100 mcg: EUR50; 50 mcg: EUR20–25
- 1 g of fentanyl: EUR60–80 (depending on the quality); or EUR6 for one “check” (substance wrapped in aluminum foil) of fentanyl/carfentanyl
- Chimké (synthetic cannabinoids): 1g: EUR10–12 if it is in form of herbs; sometimes people buy sprayed tiny squares (from a notebook) which cost EUR10 per square
- 1 g of mephedrone: EUR20–45
- 1 g of methoxetamine: EUR42
- 1 g of ketamine: EUR40–70
- 1 g of crystals (synthetic cathinones, without an exact name): EUR30
- 1 l of GHB: EUR200.





Dosage of NPS

- The dosage depends on the tolerance that the user has developed for the substance, and on the amount of money they have to buy it.
- For some people it is enough to use 1 “check” for an injection, whereas others use **5–8 “checks” at once**. Usually this means **3–15 or more injections per day**
- Young people who use NPS occasionally measure the dosage depending on the results they want to achieve and the route of administration. Dosages are usually checked on the Internet.

Risks and consequences related to NPS use



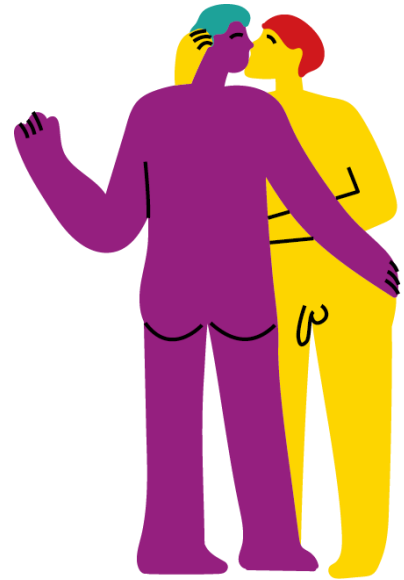
Lack of information on what person is buying



- Trophic ulcers and other kinds of wounds
- Lymph flow
- Inflammation of veins



Liver and kidney issues



- HIV (through injecting drug use and during sex)
- Other sexually transmitted diseases



Heart problems



Mental health issues (paranoia, psychosis, hallucinations)



Overdoses

Harm reduction services: gaps to be improved



- To change and adapt the route and location of the mobile bus, according to the changing drug scene and where it is happening.
- Outreach workers in the mobile bus.
- Low-threshold services to work on weekends.
- Distilled water (more).
- Food and place/shelter to sleep.
- More drug use equipment issued at once.
- Foil and pipes.
- Psychological and psychiatric support.
- Educational-informational programs.
- Drug checking.
- Equipment for safer drug use.
- Funding

Recommendations

- Trained staff of low-threshold services should be allowed to test people for HIV and do a wound dressing.
- The law on access to OST in prisons should be reviewed to make OST available for those who develop opioid dependence in prison.
- NSP, distribution of condoms, access to Naloxone should be provided in the prisons.
- Availability of OST should be ensured to all, who want to receive it.
- To distribute more syringes.
- To reduce the number of overdose deaths, it is necessary to expand the naloxone distribution program by providing it to people leaving prison, increasing the number of naloxone kits, and including peers in the distribution of naloxone.
- To improve access to services not only for people with lived/living experiences of drug use but also for those who use drugs occasionally.