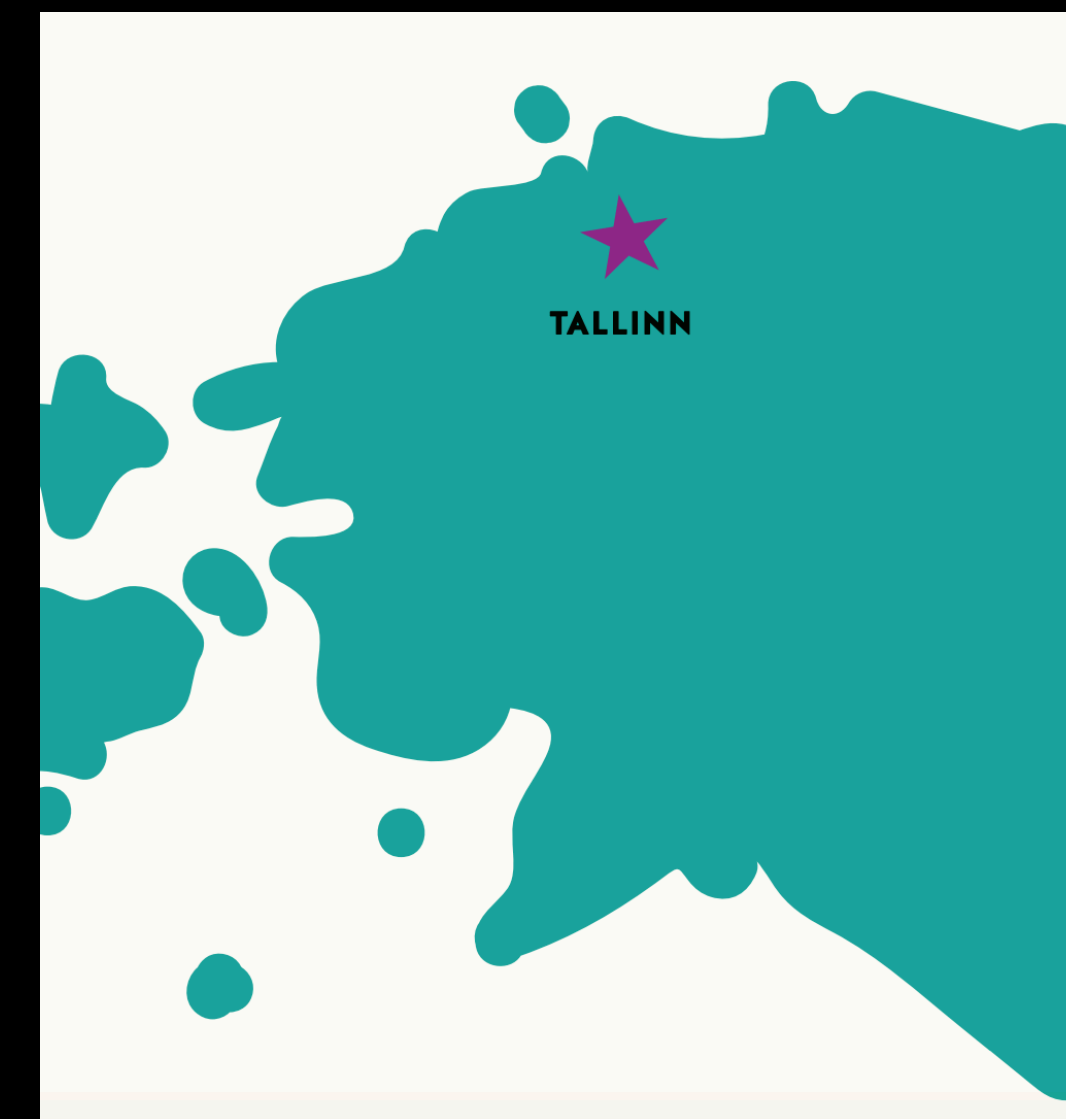


New psychoactive substance use in the Republic of Estonia:

Research results

Villu Kangur



The study

- - Eurasian Harm Reduction Association
- - School of Law, Swansea University
- - Global Challenges Research Fund
- - Principal Investigator - Dr. Rick Lines

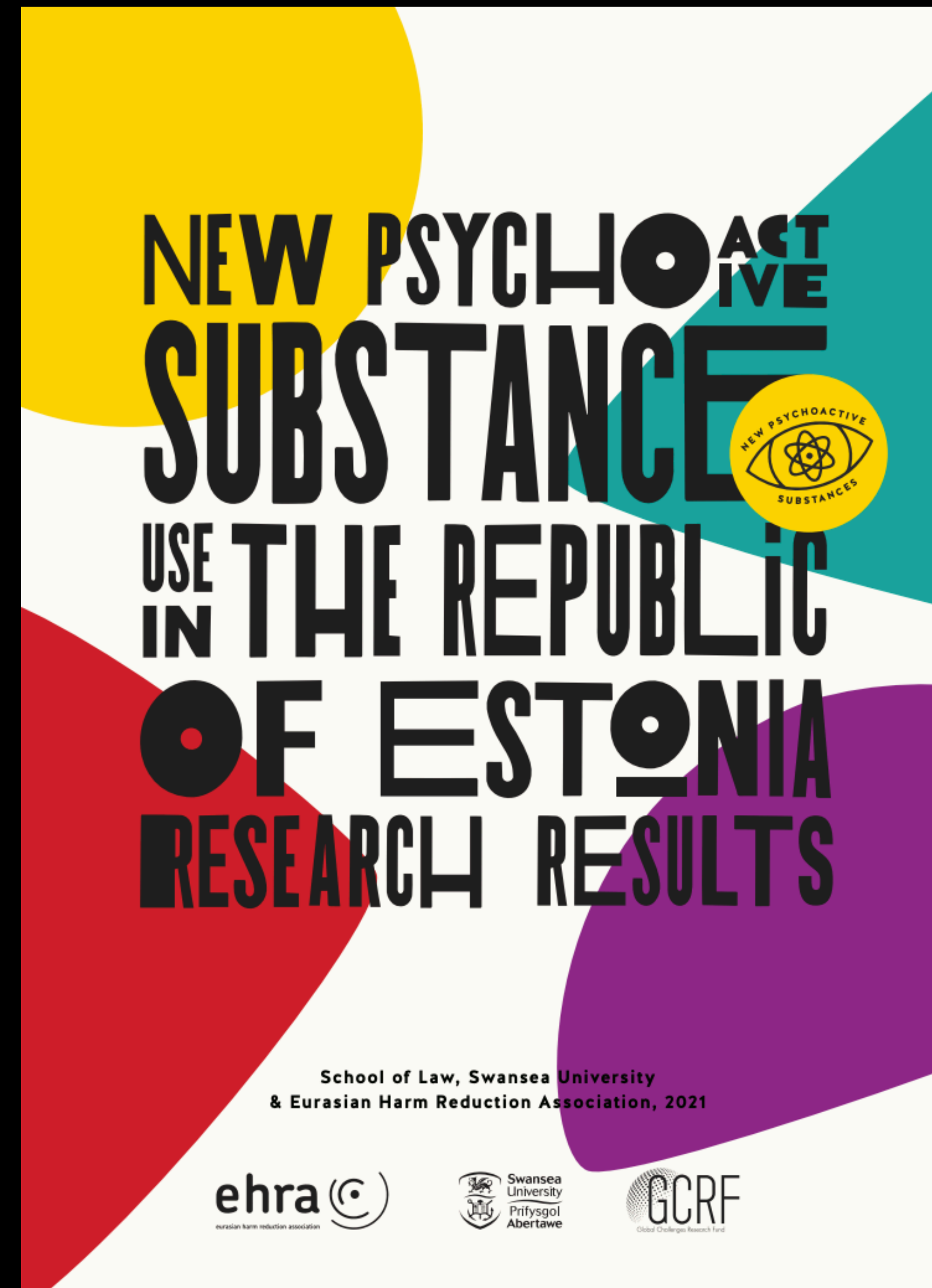
- Aim:
to assess harm reduction and law enforcement responses to the emerging issues related to the use of NPS.

- Results:
 - supplement the scarce international data on the use of NPS in Estonia
 - present a more accurate picture of their use
 - provide information to national civil society organizations for political advocacy

- Stages of the study:
 - Stage 1: Desk research to collect data from the literature and preparation of questionnaires for target respondents

 - Stage 2: Structured interviews and focus groups with key respondents

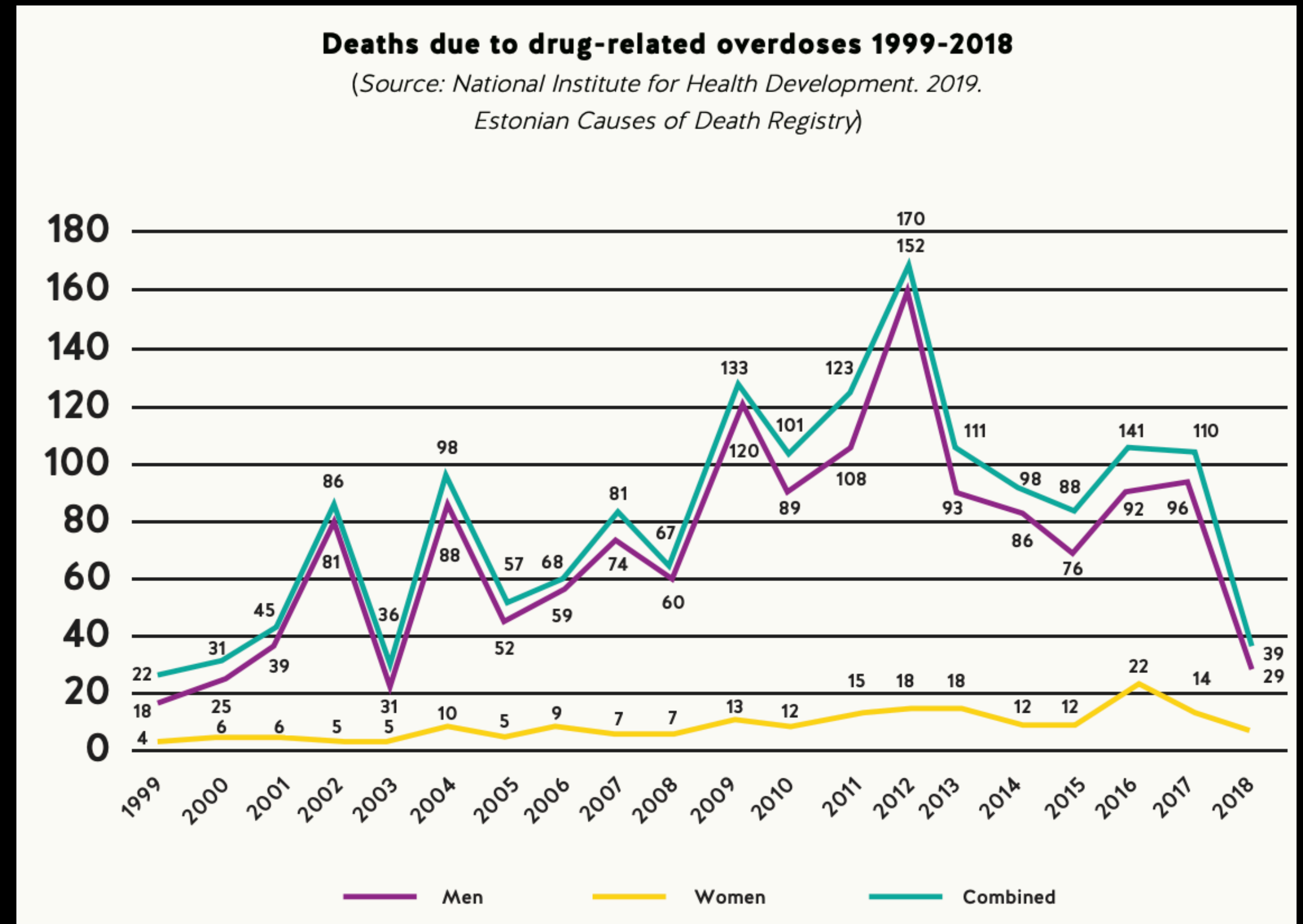
 - Stage 3: Analysis of all material collected, and preparation of recommendations for further action



Frequency of NPS

- 2013: 3-methylfentanyl
- 2017: new fentanyl analogues
- 130 per million vs 22 per million
- 2018: deaths due to overdose
from 110 to 39
- Confiscations, naloxone, SÜTIK
- 2019: from 39 to 29 deaths

Fentanyl - NPS or not?



NPS use

- General population study - 1% knowingly, 3% not sure
- ESPAD: 6.6% vs 3.4%
- PWUD: NBOMes; 1-P-LSD; "spice"; GHB; methylone
- PWID:
 - synthetic opioids (fentanyl)
 - benzimidazoles (isotonitazene)
 - synthetic cathinones (alfa-PVP)



Prevalence of drug use among different age categories and sex, 2008 and 2018

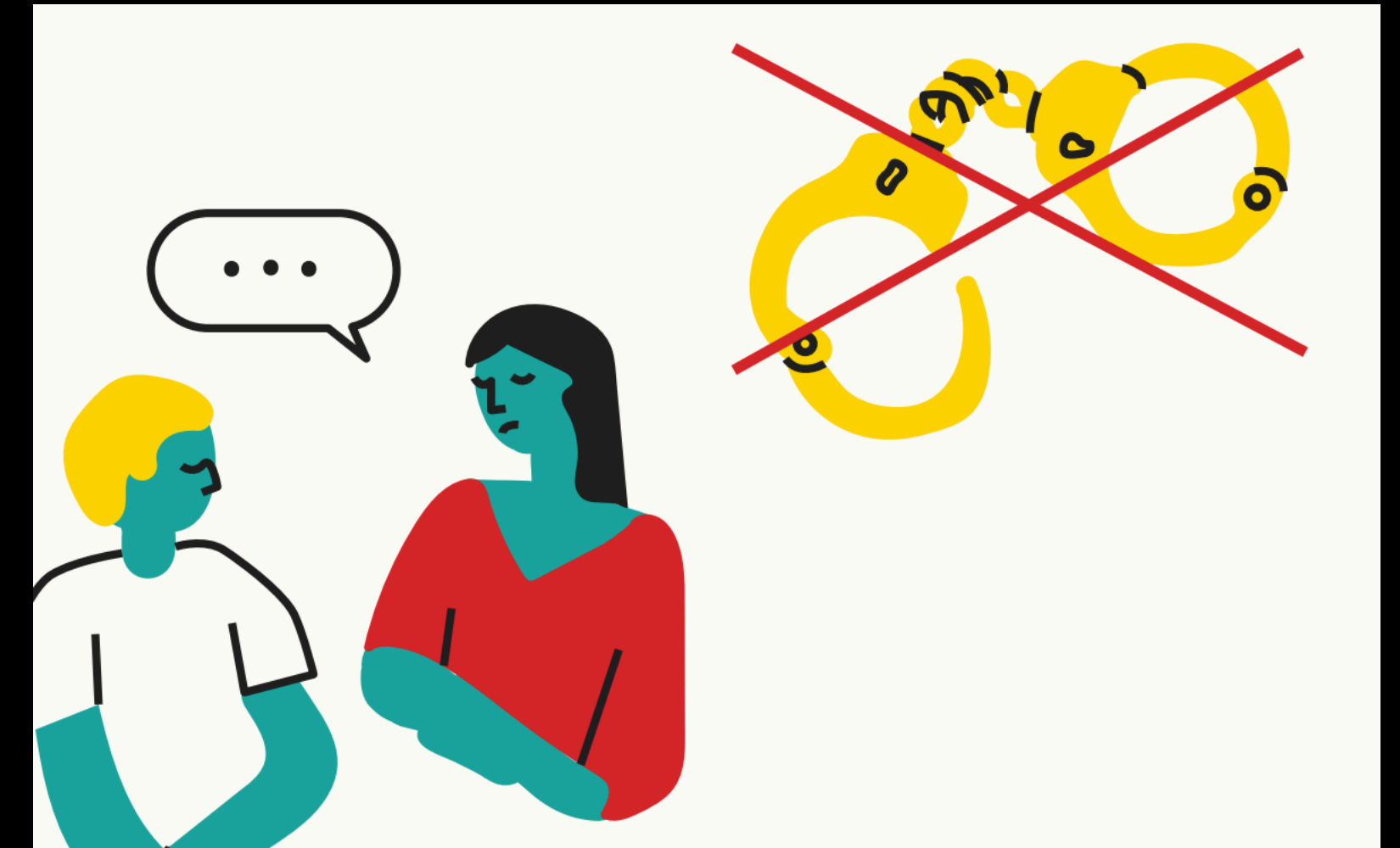
	2008		2018	
	Men	Women	Men	Women
16-24 years	53%	36%	43.2% (-9.8%)	41.8% (+5.8%)
25-34 years	48%	25%	58% (+10%)	42.4% (+17.4%)
35-44 years	23%	6%	38.3% (+15.3%)	28.9% (+22.9%)
44-55 years	11%	2%	20.3% (+9.3%)	4.2% (+2.2%)

Conflicting information

2017 - the fall of fentanyl (?)

2020 - rise of alfa-PVP (COVID-19)

2020 - rise of isotonitazene (naloxone)



Risks and consequences of NPS use

- Paranoia
- Tremors
- Psychosis/self harm
- Difficulty speaking
- Hallucinations (*shadow people*)
- Weight loss
- Reckless sexual behaviour
- Dehydration
- "Cotton fever"
- Serotonin syndrome
- Aggression (*according to harm reduction specialists*)
- High blood pressure
- Ambulance and police as last resorts?

Treatment for PWUD

- In-patient short term withdrawal (detox)
- Stationary short-term withdrawal treatment
- Long-term stationary care
- Ambulatory counseling and support
- Three models for the treatment of co-occurring disorders (sequential: concurrent but separate; concurrent and integrated)
- Methadone for isotonitazene?
- Problems with treatment for alpha-PVP
- SÜTIK and VALIK



Harm reduction services for key populations

- Eight different organizations providing harm reduction services (stationary, outreach, mobile)
- Naloxone as of 2013
- Nasal naloxone as of 2018
- 1.7 million syringes given out in 2019
- "Classical services" for PWID
- Programs like VALIK and SÜTIK



Current issues and the need for new approaches

- Drug checking services
- Lack of knowledge about current available services
- Little information about NPS
- Issues with the availability of psychological care/demonization of addiction
- Lack of trust towards the authorities
- Reaching the youth



Thank you