

Use of new psychoactive substances in WB/SEE

***Challenges,
needs and opportunities***



AGENDA

Welcoming and short introduction of the project and its results - Eliza Kurcevič

(EHRA)

- Use of NPS in Kazakhstan Kyrgyzstan, Georgia and Serbia: Presentation of results in

Serbia - Irena Molnar (Re Generation)

- The guidelines for improving an EWS and establishing drug checking services -

Srdjan Kukolj (Re Generation)

- Round table discussion:

1. NPS situation WB+T countries

2. Possible solutions and mapping the future steps



Use of NPS in Kazakhstan, Kyrgyzstan, Georgia and Serbia **Research results in Serbia**

The **Eurasian Harm Reduction Network (EHRA)** in partnership with **Swansea University School of Law** conducted a study on the use of new psychoactive substances (NPS) in Kazakhstan, Kyrgyzstan, Georgia and Serbia, funded by the **Global Research Challenges Fund**.

Research methodology

The study in Serbia was realized in several phases:

Phase 1:

Collection of available data

Phase 2:

Conducting semi-structured interviews and focus groups with key respondents

Research methodology

The approach to the problem of NPS use in Serbia is based on the principles of **qualitative research methodology**.

- in order to reveal deeper meanings when it comes to the attitudes, opinions or motives of the respondents.

Basic methods of data collection in qualitative research is interview, and in the case of this research, the technique of **in-depth, semi-structured interview** was used.

Multi-local ethnography approach

- identifies and analyzes the same problem in different geographical, social and / or contextual conditions.

Research methodology

Methodology of grounded theory.

- Insist on a circular model of the research process.
- Refraining from setting initial hypotheses and testing them
- Sample decisions are made during the survey itself, based on periodic preliminary analyzes.
- The final result is new insights, which are determined by the space for adapting to the topic and participants throughout the research process.
- Ongoing comparative analysis of cases, both with each other and in relation to theoretical categories during each research cycle.
- The sample size is determined by the 'theoretical exhaustion' of the categories, rather than by the demographic 'representativeness'.
- The theory obtained is developed inductively, but is constantly harmonized and verified through the collected material.

Desk research:

- **Legal framework for the use and trade of psychoactive substances in the Republic of Serbia**
- **Analysis of previous research and available data on the use of NPS in the Republic of Serbia**
- **Scientific data of state institutions in the Republic of Serbia**
- **The media**

Key topics covered:

- NPS characteristics;
- Usage patterns;
- Impact, risks and consequences of using NPS;
- Harm reduction services and NPS;
- Medical services for those using NPS;
- Difficulties and problems related to the use of NPS;
- Possible ways to overcome the use of NPS

The Sample

Includes all stakeholders:

- Representatives of institutions / decision makers
- Healthcare workers
- Representatives of non-governmental organizations
- Users of psychoactive substances (three groups)

What are the NPS in Serbian Context

- GHB-GBL
- Sintetic cannabinoids
- 2CB
- PCP - 3MEOPCP
- AlphaPVP (PVP)
- Ketamin (K, special K)
- Mefedron
- Flex - sintetic cocain*

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People who use NPS

- **Recreational users**

- Psychonauts - those who intentionally research and intentionally use NPS
- Nightlife community - which mostly uses NPS unwillingly thinking that they are traditional substances

2. Men who have sex with men - in the context of sexpositive "parties" (Chemsex)

3. Opiate users / sex workers - rare (poorly available)

Problems related to emergence and use of NPS

The biggest problem with NPS is their impact on health, due to:

- No knowledge on the substances
- No transparent data on substances

Resulting in:

- *users cannot know/predict reactions,*
- *healthcare professionals cannot provide adequate assistance in cases of overdose.*

DATA: MMA Poison Control Center, higher percentage of poisoning caused by "unknown substances"

Ways of administration of NPS

NPS are used like traditional PAS depending on the physical state in which they are located. Among the methods of administration are mentioned:

- Swallowing
- Snorting
- Smoking
- Inhalation

Positive: injection very rarely (Slaming is not a common practice among MSM in Serbia)

Negative: Combining all substances with alcohol, even GHB

Prevention, treatment and harm reduction programs

Overdose And Ambulance?

Initiatives of MSM users caused by the lack of services aimed at specific problems for the chemsex population - **Self care initiatives**

Treatment programs: not developed because there is "no need" for that. There were no cases of NPS in the mandatory treatment measures (prescribed by the court).

Harm reduction programs: It is necessary to improve harm reduction programs for recreational users of psychoactive substances who, in addition to education, would also have a service for testing samples of various substances.

Conclusions and recommendations

- **Balanced legal solutions need to be found**
- It is necessary to establish a drug testing system
- It is necessary to harmonize the terminology related to psychoactive substances
- It is necessary to improve and encourage research activities on NPS, but also drugs in general
- Data transparency needs to be achieved - specifically data in regard to prevalence of drug use, drug harms, HIV and AIDS data
- It is extremely important to improve communication regarding the emergence of NPS among all partners in the early warning system and beyond.
- Capacity-building of all professionals in the field
- There is a need to adopt a document such as a Good Samaritan Law