

New
Psycho
Substo
EURO

NIPS

RAR IMPLEMENTATION REPORT

Pilot Intervention Reports of
5 European countries in the framework
of the 'NPS in Europe' Project

Colophon

This publication is a product of the NPS in Europe project, which was coordinated by Apdes, Portugal.

You can access the reports at www.npsineurope.eu

Authors:

Katrin Schiffer, Eberhard Schatz

Copyright © 2016

Copyright remains with the the publisher.

Publisher:

Regenboog Groep

Correlation Network

PO Box 10887

1001 EW Amsterdam

The Netherlands

Phone.: +31 20 5317600

Fax.: +31 20 4203528

administration@correlation-net.org



JUST/2013/DPIP 4000004774 (1/3/2014 to 28/2/2016)

With financial support from the Drug Prevention and Information Programme of the European Union.

Disclaimer

“This publication has been produced with the financial support of the Drug Prevention and Information Programme programme of the European Commission. The contents of this publication are the sole responsibility of the publisher and can in no way be taken to reflect the views of the European Commission.”



Acknowledgements

We would like to thank both our core partners APDES, Porto, Portugal, the Department of Addictology, First Faculty of Medicine, Charles University in Prague and our implementing partners, Sananim, Prague, Czech Republic; Praksis, Athens, Greece; Monar, Krakov, Poland; APDES & Vila Nova de Gaia, Portugal; and Carusel, Bucharest, Romania for their contributions and dedication to the project.

Foreword

New Psychoactive Substances (NPS) are becoming a major challenge to public health and drug policies in Europe and have become a high priority in Europe. The “new psychoactive substances in Europe” project (NPSinEurope.eu) aims to contribute to the development of innovative and effective health promotion interventions targeting emerging NPS use in Europe, in particular in response to more hazardous patterns of use and in vulnerable populations. The overall project objectives are:

1. provide an overview of the use of new psychoactive substances (NPS) in populations of People Who Use Drugs Heavily (PUDH) in the EU28 countries and identify the associated risks for harm and the existing legislative, preventive and harm reduction responses;
2. assess, identify and describe harmful patterns of NPS use among PUDH, NPS related risks and harms in 5 selected countries, as well as identify and prepare adequate tailored public health responses;
3. develop and implement targeted pilot interventions for prevention, demand reduction and harm reduction targeting NPS use among PUDH;
4. build best practice guidance and capacity among harm reduction workers towards improving harm reduction responses; and,
5. disseminate the results of the Europe-wide inventory, 5 country assessment and local pilots on public health responses, through an online resource centre and a training manual, and at regional and national conferences.

New Psychoo Substan in Europ

Content

1. Background	6
2. Methodology for the implementation, monitoring and documentation of the RAR pilot interventions	7
3. Pilot Intervention Reports	8
3.1. Greece	10
3.2. Portugal	13
3.3. Poland	17
3.4. Romania	23
3.5. Czech Republic	25
4. Conclusions	30

1. Background

New Psychoactive Substances (NPS) are a major challenge to public health and drug policies in Europe and have become a high priority in Europe. The 2012 report of the EMCDDA, the EU Early Warning Systems (EWS) and different surveys (REITOX, 2012; MixMag, 2012; Global Drug Survey, 2013) are reporting a sharp expansion in the availability and consumption of the number of/variation in NPS. The EWS for the monitoring of new psychoactive substances ensures that Europe continues to be at the forefront of this rapidly changing field. In 2012, 73 new substances were officially identified for the first time in the EU through the system - up from 49 in 2011, 41 in 2010 and 24 in 2009. Significant developments show that this issue is evolving into a complex challenge for scientists, law enforcement bodies and policy-makers. The Internet appears to be playing a significant role in shaping the European drug market regarding availability, trade and consumer information/expertise/warnings. Therefore, emerging patterns of NPS use in the EU28 are largely unknown, much like the associated risks.

Reports from harm reduction services across the EU – involved in the project – suggest that use of NPS is no longer limited to “drug experimenters” or recreational drug users, but moving into populations of problematic drug users (PUDH) as well. NPS are increasingly injected by sub-populations of PUDH (see e.g. Botescu, 2013, NTA, 2013). In addition, one can observe a shift from the traditional substances like heroin, cocaine and amphetamine towards synthetic opiates and depressants (e.g. Fentanyl, GHB) and stimulants (e.g. methamphetamine, MDPV). Another dimension of the recent developments and changes in drug availability and consumption is the misuse of prescription drugs and over-the-counter medications. Public healthcare, treatment and harm reduction services across Europe are unprepared for the rapidly expanding use of NPS and lack the capacity/tools to face the rising use of these substances among marginalised, (often young) drug consumers, nor the risks and potential harms associated with these substances. The EMCDDA reports emphasise public health concerns regarding increased levels of injection, mental health problems and physical damage (European Drug Report, 2013) and stress the need to identify and introduce appropriate demand reduction responses.

The NPS in Europe Project brought together relevant European stakeholders from the field and contributions to the overall EU goal of developing innovative and effective responses to emerging NPS use in Europe.

In collaboration with experienced civil society organisations, the project combined research, practical guidance development and capacity building activities. It involved research experts, experienced healthcare services and an extensive grassroots network in Europe to develop appropriate knowledge and skills and to disseminate them among stakeholders across the EU.

More specifically, the project

- provided an overview of the use of new psychoactive substances (NPS) in populations of people who use drugs heavily (PUDH) in the EU28 countries and identified the associated risks, as well as the existing legislative, preventive and harm reduction responses;
- assessed, identified and described harmful patterns of NPS use among PUDH and NPS related risks/harms in 5 selected countries; identified and prepared adequate public health responses;
- developed and implemented targeted pilot interventions for prevention, demand reduction and harm reduction targeting NPS use among PUDH;

- provided best practice guidance and capacity among harm reduction workers to improve their responses;
- disseminated the results from the Europe-wide inventory, the 5 country assessment and the local pilots on public healthcare responses (through an online resource centre and a training manual), at regional and national conferences.

This Implementation Report describes the outcomes and results of the RAR Implementations, which have been carried out in 5 selected countries in Europe: Greece, Portugal, Poland, Romania and the Czech Republic.

2. Methodology for the implementation, monitoring and documentation of the RAR interventions

The project consists of three main elements: research, practice and capacity building. The research element is being addressed in work stream 1 (WS 1) and WS 2 - the overall inventory in EU28 countries and the in-depth rapid assessment in 5 selected European countries, including Greece, Portugal, Poland, Romania and the Czech Republic.

WS1 (i) assessed the actual situation regarding overall NPS use, the associated harms and their availability in the EU28 countries, focusing on PUDH populations; (ii) evaluated the risks associated with PDS use among PUDH; and (iii) identified legislative, preventive and harm reduction responses to NPS use and problems;

WS2 developed and implemented a Rapid Assessment and Response (RAR) Intervention about the extent and nature of NPS use among PUDH in 5 selected countries. RAR is an intervention-driven research method that teams up researchers and stakeholders in community based research, intervention development and implementation of research actions. The assessment and response were used in both the research and the practical part of the project. They were developed in close collaboration between the WS leaders, the lead applicant, the Consortium partners, drug users' organisations and the associated experts.

The assessment process was conducted in five pre-selected countries with clear indicators of increased availability and consumption of NPS (e.g. smoked home-made methamphetamine in Greece; mephedrone and analogues in Romania and home-made methcathinone in Poland). Local collaborators collected published and unpublished information on NPS use in PUDH populations.

The results of WS1 and WS2 were analysed all together and added to WS3 – alluding to the intervention development and the capacity building – thus providing information and research-based guidance and support to the development of custom-designed policies and harm reduction interventions at local, national and EU levels.

WS 3 aimed to implement harm reduction interventions (pilots) targeting NPS users among PUDH and improve skills and capacity among service providers (including professionals and peer workers). The activities in WS 3 were designed according to the results of WS1 (Inventory in E28) and WS2 (RARs – in 5 selected countries). The Regenboog Groep supported the partners during the implementation stage by developing a step-by-step guidance document¹ the implementation process, by evaluating the interventions (through feedback forms, interviews and focus groups²) and by providing on-going support and supervision. FRG also developed a training manual that provided input for the development and implementation of the national training programs.

An additional European training course, which will be organised in November 2015, will ensure capacity building at a broader European level.

3. Pilot Intervention Reports

The project partners were asked to fill in monitoring and assessment tables, in order to plan and monitor their intervention accordingly.

Table 1 assessed the problems and needs and described the objectives and the planning of the intervention.

Table 1: From Problem to Response					
Level of intervention	Problems and needs	Objectives and goals	Proposed interventions	Expected Barriers	Solutions to overcome barriers
Physical					
Social					

1 Intervention Guide (Annex 1)

2 Focus Group Guide (Annex 2)

Policy					
Economic					

Table 2 provided an overview of the relevant stakeholders at local and national level and described their specific role during the intervention.

Table 2: Relevant stakeholders		
Response Level	Stakeholders	Role of the stakeholders
Physical level		
Social Level		
Policy Level		
Economic Level		

Table 3 was the log frame matrix, describing the objectives, the activities and the indicators. A separate assessment row described the progress of the activities and monitored the problems and delays.

Table 3: Log frame Matrix			
Overall objective:			
Objectives	Activities	Indicators	Assessment

3.1. Pilot Intervention Report Greece

3.1.1. Goals, objectives (SMART) and planned interventions – Stakeholders – Intervention progress

At physical/individual level

We have formed a group of 3 people and worked with the personal conversations on the findings of the national report, in order to engage users in the project and inform other peers. There were 2 active users in this group, with whom we met during our field actions; they were also invited to join the free services at the day-care centre of Praksis. We met the other user of NPS online. 3 people were involved on behalf of Praksis. 4 documents on MDPV, Mephedrone, Synthetic Cannabinoids and Sisha were developed with the Greek Reitox support.

Involved stakeholders:

- Drug users' union: due to some internal problems, they couldn't work on the online dissemination, but they actively disseminated information on Sisha in the open drug scenes of Athens.
- Online drug users: they've helped on adapting the language to reach younger drug users that search for NPS online.
- EKTEPN (national Reitox): 100% engaged to the project, helped with the information and the initial draft of the content; they've added our organisation contact to a mailing list were secret information on NPS is spread.

Progress of the intervention:

We have checked the context and language of the documents, in cooperation with users, to make sure that the language is understandable and attractive to their peers or to younger users. These leaflets are already designed and will be disseminated online or printed (in case of Sisha) and distributed in open drug scenes.

Obstacles:

Praksis outreach work was postponed due to lack of funding from August until December. We are now trying to re-organise the outreach work and the distribution of the information in the open drug scenes in Athens.

At social level

We have scheduled 3 public speeches on the topic of NPS, with the support of local municipality boards. The first open speech (March 2015) was delivered to members and key stakeholders of the local authorities (municipality) of the 7th district of Athens.

The second one (June 2015) was reduced to a simple sharing of information on the most popular NPS according to the national report. During a more general speech, we were asked to talk about the need to update and reinforce harm reduction approaches in Greece, due to the recent outburst of the HIV epidemic in the centre of Athens.

The third one was delivered to members of the central municipality board of Athens, in order to advocate for the re-opening of the only ever existing drug consumption room in Greece (December 2015).

The idea behind these 3 speeches was to initiate the discussion about NPS, as it became very clear from the beginning that the local authorities were not informed at all about the current drug trends.

The municipal police force was abolished due to the economic crisis, so there was no room to work on this issue anymore. But informing the local municipal authorities seemed helpful in other ways: they were able to better inform their voters, by enriching their knowledge or by making them understand the need to improve harm reduction interventions at a local level.

Involved stakeholders:

- Municipality and district boards: Three of the central board members of the Municipality of Athens were engaged in this project.
- Municipal police: as it was abolished, it is now excluded from the stakeholders list.
- Local citizens' associations: they were not very well informed until now, but they have showed interest in being involved in the near future.
- Civil society: several civil society organisations working in the addictions field have attended the speeches.

Progress of the intervention:

All three scheduled speeches were concluded. Some of the central board members are well informed and engaged to the NPS in Europe project, but we still need to work with local citizens' associations and other civil society actors.

Obstacles:

The general public's attention was divided between 2 major issues Greece faced over the past months: the economic crisis and the huge refugee influx.

At policy and economic level:

The key-findings of the national report, as well as some recommendations, were summarised and ready to be presented to the new political leadership of the Ministry of Health and its secretariats and to different Governmental bodies. This paper was ready on July 2015. The idea was to organise both bilateral and general meetings including the National Coordinator on Drugs and try to influence the discussion/advocate for the adoption of a national policy to modify harm reduction interventions - based on the NPS national report.

Involved stakeholders:

- Ministry of Health (political leaders and secretariats): showed no interest at all, as they were focused on the issues of fiscal and political instability that the country was facing in 2015.
- National Coordinator on Drugs: showed no interest at all until the appearance of a representative of the office during the policy discussion that took place in Lisbon (November 2015).
- OKANA: didn't show much interest to become engaged in a project on NPS developed by NGOs.
- KETHEA: showed no intention to be engaged in the project at any stage.
- KEELPNO: showed little intention to add another subject to their policy, due to lack of economic sources (lack of HR that could be applied to the project because of national budget cuts).

Progress of the intervention:

During the Lisbon event (November 2015) the representative of the National Coordinator on Drugs received an open-call to further develop a policy on NPS. Then we held a meeting at NCD offices to present the key-findings of the National Report on NPS and to organise a meeting (called by the NSD office) with all key-stakeholders. That meeting was scheduled for the following week (December 2nd, 2015).

Obstacles:

The interest of the Greek leaders was focused on 2 major issues Greece: the financial crisis and the huge refugee influx. The uncertainty caused by the summer negotiations with the EU and the EC, together with the elections on September, didn't favour the economic stability or the peacefulness needed to focus on implementing policies on NPS or other harm reduction interventions (the programs were stopped from June until October 2015).

3.1.2. National Training Events

Considering all the limitations previously described, we couldn't organise a national training event until today. Hopefully, after the meeting with the NCD next week, Praksis will be able to conquer the interest and engagement of the different stakeholders, in order to arrange (even if out of the frame of the existing program) one event in Athens and one event in Thessaloniki.

3.1.3. Conclusions

We are not able to come with specific conclusions that could help us evaluate our interventions at the moment. From the work that was done so far, we can mention the following:

The speeches helped us to involve 3 members of the central Municipality Board of Athens in the project. This seems a very helpful point for future interventions and support. With this in mind, a meeting on NPS and harm reduction will be scheduled with the board members of this Municipality.

Having a member of the Greek Drug Users' Union at the seminar on NPS in Lisbon and also having them engaged in our daily work - with the leaflets and information spreading - is an interesting example of meaningful involvement. However, the evaluation of this scheduled intervention cannot be completed as the intervention is still going.

The participation of the representative of the office of the National Coordinator on Drugs helped to unlock the policy intervention (together with the stabilisation of the economic and political crisis during the second semester of 2015).

3.2. Pilot Intervention Report - Portugal

3.2.1. NetReach Work: Goals, objectives and planned interventions

Objectives

- The main objective of this pilot intervention was to implement a NetReach intervention strategy with “intentional” NPS users (who are purchasing drugs online or using drugs in their private contexts) and “unintentional” NPS users (who buy NPS being sold as more traditional drugs). The specific objectives are:
- Train a group of outreach workers with knowledge and skills to implement the NetReach strategy;
- Identify discussion topics on drug use - more specifically, NPS use - in forums, blogs and other online platforms;
- Monitor the online and offline drugs supply and disseminate updated information (outreach, NetReach and networks),
- Intervene with NPS users online.

Why NetReach Work?

According to the outreach work definition, the NetReach concept is used to define the set of HR web-based practices. Through an online research, we found the concept NetReach associated with online interventions on HIV and sex work projects. For example, S.W.A.N. Vancouver society defines NetReach as “online outreach via web-based platforms and e-communication to meet the needs of the ever-changing indoor sex work sector”. In this case, more than an intervention strategy, we propose the migration of the concept to create a category that defines all the activities implemented in online territories. However, we don't intend to substitute or separate offline from online interventions. Above all, we advocate for their inseparability and the need to link online communities and physical real-life settings. The NetReach approach can also be effective in contacting hard to reach groups and individuals who use drugs in private contexts.

Target-Groups

Considering the literature review, national reports and the local RAR results, it seems that the NPS are currently not being used by People who Use Drugs Heavily. In Portugal, this happens mainly because there is a considerable offline supply of traditional drugs - that both the recreational and People who Use Drugs Heavily tend to prefer. NPS are mainly used by psychonauts and empowered drug users' communities that aim to experiment new drugs and new altered states of mind.

Considering this, our NetReach strategy will address two target-groups:

Primary target-group – NetReach Implementers

The implementers were a group of 6 professionals – outreach workers working in party settings - who were trained to implement the NetReach strategy. These outreach professionals were gender balanced and worked in two cities:

- Lisbon: PM , ID, R., JC
- Viseu: AN, AR

The implementers were trained and monitored during the implementation phase and participated in the evaluation process. Their main tasks were:

- To search for Portuguese drug forums and blogs,
- To ethnographically describe these sites,
- To intervene online in discussion forums, blogs and Facebook;
- To provide updated information about NPS to professionals and general population online (*Facebook, Twitter*).

Secondary target-group – psychonauts and online drug communities

The psychonauts and drug users who discuss their experiences or search for information online. The implementers developed NetReach actions with these groups.

NetReach Strategy: description of the implementation processes

Training

On May 6th and 7th, the implementation team received a 10 hours training program (provided by the project implementation manager) addressing the following areas/themes.:

- NPS, dark web, peer-led online communities;
- Best practices in NetReach work; websites with updated information about NPS; drug checking results;
- NetReach work: strategies to intervene online through one-dimensional (provide updated information in the websites and social network pages), bi-dimensional (e-counselling through mail or Facebook messages) and three-dimensional platforms (intervention in forums);
- Netnography and other methodologies to observe online dynamics and evaluate the intervention.
- Fernando Caudevilla complemented the intervention actions by providing a 2 hours training sessions (via Skype), where he shared his relevant experience while performing as Dr.X in the deep web discussion forums and talked about certain topics - requirements, knowledge, skills and profile needed to intervene online with NPS users.

The aim of these training actions was to prepare the team for the implementation. It was the beginning of the NetReach implementation and the trainees had the rest of June to study the methodology and get ready to begin.

Intervention

While planning the NetReach intervention, we aimed to begin in June. However, the outreach team started to work at some summer festivals during that period. Therefore, the intervention phase was scheduled to begin in August and to end in October.

Considering that this was a pilot intervention and that the implementers were outreach workers, the tasks were divided and each professional performed NetReach related activities 2 hours per week (a total of 12 hours/week). Since there were 6 professionals, the NetReach was developed 6 days a week (from Monday to Saturday, one day per implementer) and each implementer was responsible for 1 or 2 platforms.

The NetReach strategy process included:

1. The identification of drug-related topics on all Portuguese forums and blogs (PM; AR and ID were responsible for these tasks);
2. Online ethnography of the previously identified sites (R. was responsible for this task);
3. Social networks (Twitter, Facebook) management and updating with NPS information, HR advices and participation in discussion forums (ethnographic report available in Annex 2)
4. Search for online stores selling NPS to Portugal (AN was responsible for this task; report available in Annex 3);
5. Netnography work: harm reduction web-based intervention in discussion forums (all the team was responsible for this task).

Evaluation

The evaluation of the pilot intervention will combine diverse methodologies:

- Online ethnography report – R. presented a qualitative report about her online observations;
- Focus group with the implementers – focusing on the difficulties, good practices, project's potential and their notion regarding this intervention strategy (see the focus group report);

3.2.2. Implementation of the Pilot Intervention: Networking

Objectives

The main objective of this activity was to capacitate local networks (in Lisbon and Viseu) and to identify NPS/emerging local drug use trends.

The specific objectives were:

- Transfer the Local Pass methodology to these networks, in order to reinforce their ability to identify NPS and emerging drug use trends;
- Provide updated information on NPS trends and innovative intervention approaches to the professionals who are part of these networks;
- Create specific moments to discuss/share new trends in drug use.

Why?

These groups were already created, but since they are usually focused in more traditional drugs and don't have the knowledge or skills needed to identify NPS use trends or intervene with NPS users, we believed that NPS in Europe Project could complement and empower these groups - with information about NPS and innovative intervention strategies.

Target-group

The target-groups of this activity were 2 pre-existing networks – Núcleo Territorial de Lisboa, Núcleo Territorial de Viseu – and the stakeholders involved in these networks (healthcare, education and social workers; police forces; healthcare centres; representatives of local retailers' associations; representatives from local neighbours' groups; researchers; local decision-makers, professionals working in the local municipalities, etc.).

These networks were created by SICAD (General-Directorate for Intervention on Addictive Behaviours and Dependencies) and intend to improve the communication of the several local stakeholders while assessing emerging intervention needs and trends in drug use.

Networking: description of the implementation processes

The original goal of this activity was to create moments (every 3 months) to discuss topics on drug use and its context in the identified territories.

We organised 2 meetings in Lisbon:

- The first one was on February 12th. The implementation coordinator presented the Local Pass toolkit and good practices for the identification of emerging trends. Each partner was responsible for evaluating emerging trends or NPS use among the people with whom they work. The idea was to present the data in the following meetings.
- June 25th (14h30 - 16h30) – During the group sessions, each partner reported their data, but none of them mentioned new emerging trends. They didn't identify anything unusual.
- We also participated in two meetings in Viseu: the first one was on February 20th and the 2nd on June 5th. We were able to implement the toolkit methodology, because the group was going through important changes: new partners and a collective needs assessment of the local reality concerning drug use. In this needs assessment, the greatest trend identified was a significant decrease in heroin use and a growing number of people who use alcohol.

3.2.3. Recommendations

Considering this short intervention experience, we recommend:

- Before implementing a NetReach strategy: perform a needs assessment targeting online communities. In this sense, the needs assessment tools should be adapted to the online environments;
- Before developing a NetReach strategy: make sure you know which tools you want to use, which target-group you want to reach and which resources you need;
- Be aware of the online web-based limitations. These interventions cannot substitute face-to-face outreach work, but they are complementary. Additionally, online interventions should, if needed, refer online users to healthcare services;
- Before implementing a NetReach strategy: the implementer should attend professional training sessions, in order to develop specific skills to online intervention;
- The NetReach implementers should be aware of the specificities of online social interactions; they should adapt the posture, provide specific and objective answers to the questions and avoid answering with new questions;
- Make sure you have specific funding for this activity. The idea is to integrate NetReach in existing outreach teams, by having professionals with specific expertise on drugs, healthcare and lifestyle, as well as with ICT skills;

- Provide information on emerging trends to the teams; the majority of times, they've been identified online, since some psychonauts act as trendsetters;
- Avoid hyper local NetReach interventions, since online users are from diverse locations;
- Be realistic: time and resources are needed to maintain the online contacts and to be recognised by the online communities as a useful source of information;
- Develop and adapt tools to evaluate the effectiveness and impact of the NetReach strategies, to improve work and to provide evidence-based information about this intervention approach.



The NetReach implementation team

3.3. Pilot Intervention Report - Poland

3.3.1. Goals, objectives (SMART) and planned interventions

Increase the knowledge on risk factors of NPS consumption among professionals working with NPS users – to enable intervention and education among PUDH.

- Training and written materials for the participants of the training program.
- Organisation of the training and skill-building session.
- Evaluation of the training.
- Publication of the training conclusions (website).

Develop a harm reduction intervention - in the context of NPS use.

- Contact a drug prevention specialist working at Krakow Town Hall.
- Prepare a list of relevant stakeholders among municipality officials.
- Identify relevant NPS issues and choose relevant experts.
- Establish a convenient agenda and terms of the meeting.
- Organise the discussion meeting.

Increase the knowledge on risk factors of NPS consumption, ways to reduce them and stimulate behavioural changes among NPS users.

- Easy access to Internet in drop-in locations.
- Educational work with PUDH visiting drop-in locations.
- Moderated discussions about NPS.
- Internet research (also in English forums).
- Prepare peers to lead educational interventions on NPS.
- Cooperation with JUMP'93 to organise an educational campaign concerning NPS (publication of educational materials).

Diversify the sources on NPS risks and methods of harm reduction.

- Lead and prepare PUDH to use different online sources of reliable information.
- Publish the relevant information collected from PUDH online (on our website).
- Contact online shops' managers and discuss the placement of safety-related links/banners.

Encourage a more rational public discussion to better deal with the NPS issue.

- Make NPS and its policies a relevant theme in the public discussion agenda (cooperate with journalists).
- Cooperation with newspapers (comments, writing articles).
- Write an article for our website - "Why current drug policy is failing in the case of NPS". (also try to publish it in local or national newspapers).
- Cooperation with the Polish Network of Drug Policy

Promote the higher effectiveness of an early warning system in Poland.

- Contact the staff of Reitox Focal Point in Poland.
- Translate RAR report to Polish.
- Write down some relevant conclusions from RAR.

3.3.2. Progress of the intervention

Training for professionals working with NPS users (April 2015).

- 13 workers and volunteers from 3 local harm reduction projects participated in the training sessions: (1) Monar's Outreach project (2) Monar's Party project (safe dance), (3) Parasol's Streetkids project
- The training content included some conclusions from RAR and also observations and knowledge from different sources: (1) description of the groups of NPS and certain substances, especially those consumed by our clients; (2) analyses of the use patterns, routes of administration and associated risks; (3) health consequences related to NPS use; (4) psychosocial consequences (mental and emotional problems associated with the use of new stimulants and cannabinoids); (5) market of NPS and legal issues; (6) workshop on harm reduction recommendations;
- According to the feedback of the participants, their knowledge about the risks related to NPS use increased significantly. Nevertheless, the training showed, once again, that we are not prepared to develop and implement effective harm reduction interventions, despite having developed good materials about NPS.

Educational work with PUDH coming to drop-in locations.

- Included (1) individual contact and interview about NPS use; (2) searching valuable information on the Internet; (3) leading a group discussion about NPS, risks and safer methods of use.
- It is difficult to reach new clients who use NPS through this method. The majority of people reached were clients who visited drop-in spaces before.
- It is possible to address the risks associated with NPS use and to increase self-awareness, but it is a slow process with limitations. Not only due to the situation of the target-group and the relatively small number of people reached, but also because of our limited knowledge and resources. The access to the Internet and the identification of new substances in group contexts were, nevertheless, one of the most effective tools we've used.
- We faced several difficulties while working with people under the influence of NPS or experiencing a mild form of psychosis.

Set of educational cards with information on NPS and other drugs.

- 40 educational card designs on NPS risks and harm reduction have been developed in the framework of the project. 15 cards included information about NPS in general, specific NPS (or groups of substances) and the associated risks of use. NPS are described in combination with the older and more traditional legal drugs, like alcohol or nicotine. This means that NPS are not isolated.
- All cards were made in the following way: a coloured side providing brief, general information about the substance and another side (black and white) that includes the harms and risks of substances' use.
- 120,000 printed copies – 40 cards x 3000 copies each.
- In addition to the printed version, all cards are also available at: www.nowesubstancje.pl



Website www.nowesubstancje.pl

- (nowe substancje means “new substances”) The website was established in March 2015 and it is systematically updated.
- Information regarding new psychoactive substances and the associated risks of use can be found in this website, as well as articles about the NEP phenomenon, the RAR report (in Polish) on legal issues related to NEP, recommendations for harm reduction services, etc.
- One section of the website provides advice on how to reduce the risks of injecting synthetic cathinones. It also includes a subsection named “tips for trips”, with information on how to avoid health and social risks and how to reduce them.

Tips for trips

Co warto wiedzieć, jeśli zamierzasz spróbować. Praktyczne porady które mogą pomóc zachować zdrowie i zwiększyć Twoje bezpieczeństwo.

[Dowiedz się więcej >](#)

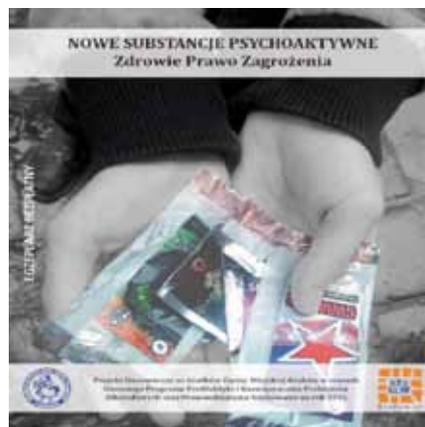
Dowiedz się, co bierzesz	Przedawkowanie	Dezorientacja
<ul style="list-style-type: none"> Spróbuj jak najmniejszą dawkę substancji, której zamierzasz użyć. Dopytaj dokładnie swoich kolegów, jak zastrzykali na nich. Dać dysponować masz internet i wiele stron, gdzie użytkownicy piszą na temat swoich doświadczeń. 	<ul style="list-style-type: none"> Jeśli ktoś przedawkuje – nie zostawij tej osoby samej sobie. Postaraj się zapewnić jej spokojne otoczenie. Jeśli jest nieprzytomna – sprawdź czy oddycha. Jeśli nie, zastosuj sztuczne oddychanie. <p>Jeśli nie dochodzi do siebie, ułoż ją w pozycji bocznej bezpiecznej i wezwij pogotowie.</p> <p>Numer telefonu alarmowego – 912</p>	<ul style="list-style-type: none"> Przyjmując syntetyczne kannabinoidy zwróć uwagę na to, w jakiej sytuacji to robisz. Po zażyciu tych substancji możesz poczuć się dezorientowany. Zaplanuj gdzie to zrobisz i czy ktoś z tobą będzie. Nie bierz w pracy / w szkole / w odwiedzinach u rodziców / itp. Łatwo włożyć sobie w sieć polimerowe. <p>Odzurzony, zwłaszcza na początku, może wyglądać jakby był pijany: traci równowagę, bełkocze i wygadywał dość dziwne rzeczy.</p>
Uważaj z dawką	Bądź ostrożny	Seks
<ul style="list-style-type: none"> Bardzo ostrożnie dawkuj nowe substancje psychoaktywne – zazwyczaj są one o wiele bardziej skoncentrowane niż tradycyjne narkotyki. Spróbuj przyciąć możliwie najmniejszą dawkę materiału jak najmniejszą bezpieczną drogą. Nie wstrzykuj jej, spróbuj najpierw drogą pokarmową. Rozważ do wstrzyknięcia powiem być bardziej rozcieńczonej, podawany powoli, etapami. Postępuj się nie być wtedy sam. 	<ul style="list-style-type: none"> Jeżeli przyjmiesz nowe substancje psychoaktywne drogą dożylną – sprawdź, czy nowy towar nie zawiera substancji żrących. W tym celu upuść kroplę roztworu na skórę w miejscu, gdzie jest ona delikatna. Potem odrobinę roztworu rozprowadź na drążku. <p>Ten test nie gwarantuje, że wstrzyknięcie narkotyku będzie bezpieczne, ale minimalizuje ryzyko wstrzyknięcia silnie żrącej substancji.</p>	<ul style="list-style-type: none"> Niektóre nowe substancje psychoaktywne sprawiają, że będziesz miał nieodpartą ochotę na seks. Mniej jego świadomość i nie zadbaj o higienę, czego będziesz się potem wstydzić. Postępuj się uważnie i odpowiedzialnie.
Zwróć szczególną uwagę	Chcesz uniknąć ropni?	Przeróbki
<ul style="list-style-type: none"> Jeśli jest to substancja, której używasz po raz pierwszy! Gdy wygląda inaczej niż dotychczas. Jeśli opakowanie wygląda inaczej. <p>Przebieg – podobnie do tej samej substancji może być zupełnie inną substancją niż ta. Mógł być zniekształcony. Tak było z „Mocarem” – pod tą nazwą sprzedawane były co najmniej trzy różne syntetyczne kannabinoidy.</p>	<ul style="list-style-type: none"> Dobrze przefiltruj roztwór do wstrzyknięcia. Najlepiej przygotować drugą strzykawkę z filtrem (wpuśćcie do dołeczka kawałek czystej chusteczki higienicznej). Jeśli nie tak, to włóż kawałek czystej watki do „kontrolki”. Przed wstrzyknięciem przyjrzyj się uważnie, czy nie widać w roztworze ciała stałych. 	<ul style="list-style-type: none"> Uważaj, aby nie użyć zbyt dużej ilości. Zanieczyszczenie mekalkonylami manganem. Nie sprawi to, że będziesz bezpieczny, ale może nieco zmniejszyć ryzyko problemów zdrowotnych. Na https://typemad.informa/medkatyon-lag-opis-syntezy-24734.html znajdziesz informacje o tym, jak można dodatkowo oczyścić mekalkonyl z nadmiaru manganu.

The harm reduction advices on NPS use were prepared by the staff of the project, in cooperation with NPS users.

The booklet: new psychoactive substances: healthcare, laws and risks.

The need to educate/train people who work with youngsters, made us prepare and edit a special booklet on NPS. On its 32 pages we present an overview of the NPS phenomenon:

- This project was made possible thanks to our cooperation with the City Hall officials and KLET: Bartosz Michalewski, Krzysztof Grabowski (lawyer) and Grzegorz Wodowski - authors of the booklet.



Other activities

- Article "New psychoactive substances" (Swiat problemow magazine), available online (www.swiatproblemow.pl). This article describes NPS policies, risks and harm reduction. The target-group of this magazine is the people who work in drug rehabilitation and treatment services, as well as police officers and policy/decision-makers.
- The results and conclusions of the RAR, as well as the need for good references in harm reduction actions, were presented in a number of conferences:
 - April 17th, Kielce: Conference on Legal and Social Aspects related to Education;
 - May 30th and June 15th, Zakopane: Conferences on NPS Prevention in Regional Strategies;
 - June 10th and 11th, Warsaw: International Conference for Local Governments on the Minimum Standards in Drug Demand Reduction;
 - We've also participated in 5 local conferences about NPS (1) September 21st (Nowy Sacz), (2) September 23rd (Tarnow), (3) September 29th (Nowy Targ), (4) October 1st (Krakow) and (5) October 16th (Zator).
- We've also participated in the International Seminar on New Psychoactive Substances (September 2nd-3rd, 2015) - a Reitox regional academy for Baltic countries, where we presented our experiences from the project.

3.3.3. Conclusions

The project helped us to focus on NPS and harm reduction in an extremely difficult situation. The mainstream policies are based on a drug-free approach to NPS use. The vital role of harm reduction is totally underestimated in this context. In the past year, many harm reduction professionals had to change careers and the number of harm reduction programs has decreased alarmingly.

With these elements in mind, our efforts are even more important and we really hope to develop future harm reduction measures in Poland.

In order to have relevant impact, we need to have proper the tools. This project allowed us to create some of these tools. We will analyse which of them will be the most appropriate and effective. At the moment, we have the energy and the inspiration needed to continue the work developed in this field, as well as to decrease the gap in the approach towards NPS in Poland.

3.4. Pilot Intervention Report - Romania

3.4.1. Progress of the intervention

Objective 1: Increase the number of peer educators

Selection of 15 NPS users who were included in BADD

The 15 NPS users were selected by the representative of BADD, who is also the coordinator of the drop-in centre Caracuda – Ferentari of CARUSEL, which offers harm reduction services to people who inject drugs. BADD – Brigade of Activists in Drugs Field - is an informal group within CARUSEL, established by former and current drug users that advocate for users' rights, improving their access to services and promoting harm reduction services. In April 2015, these 15 users were selected to become peer educators within the intervention, according to the following activities:

Training sessions on safe injection and overdose prevention and management - 7-10 users

Two training sessions were organised on April 17th (3 participants) and April 22nd (5 participants), at the CARUSEL headquarters. These 8 participants are NPS users, who were selected and trained as peer educators. The trainer for both sessions was Bogdan Suciu, representative of BADD and member of the project team. The methodology used was based on UNODC's "Staying Safe: a manual to Train Peer Educators in IDU Interventions". The activity was to take place between April 8th and April 15th, but due to the Easter holiday, it was postponed to April 17th – April 24th.

Training sessions on blood-borne infections (HIV and HCV) transmission, prevention, testing and treatment - 7-10 users

Three training sessions were organised at the CARUSEL headquarters and at the drop-in centre Caracuda – Ferentari on May 5th, (4 participants), May 11th, (1 participant) and May 15th (2 participants) – a total of 7 participants. The trainers were Ana Mohr and Bogdan Suciu, part of the project team; once again, the methodology used was based on the aforementioned UNODC's manual. The activity was scheduled for April 27th – April 5th, but due to the some difficulties in gathering more active users in the same place, the activity took place between May 5th and May 15th.

Training sessions on identification of panic attacks onset and their management – 7-10 users

For the training sessions on panic attacks caused by heavy NPS use, the project team consulted a psychologist with experience in the drugs field. Said person also works for another NGO that provides harm reduction services in Bucharest, Romania. He provided us data on the physical and temperamental effects of heavy NPS use and on methods to manage potential panic attacks. The trainers, Ana Mohr and Bogdan Suciu, organised 4 training sessions at the CARUSEL headquarters and at the drop-in centre Caracuda – Ferentari on May 20th (2 participants), May 27th (2 participants), June 24th (1 participant) and August 17th (1 participant) – a total of 6 participants. Although the activity was scheduled for May 16th – May 23rd, it took place from May 20th to August 17th, as the participants from the previous training sessions left Bucharest; the team was also on vacation in July and it was very difficult to gather more participants in one place, at a given hour.

Objective 2: Increase knowledge on safe injection; overdose management; blood-borne infections transmission, prevention, testing and treatment and panic attacks management among NPS users

5 peer educators organised informal group discussions with 15 NPS injecting users on safe injection and overdose management

From September 6th to October 14th, five new peer educators (those who participated in the training sessions) organised individual/group discussions with other NPS injecting users. As they were in regular contact with the project team, we were able to discuss the various topics of the training courses and also provide them draft brochures on each topic (safe injection, overdose, HIV, HCV and panic attacks). They also had the possibility to contact the project team in case of questions or doubts they could not answer.

5 peer educators organised informal group discussions with 15 NPS injecting users on HIV and HCV transmission, prevention, testing and treatment

The individual/group discussions were organised between September 6th and October 16th. Each peer educator had access to a list including the participants, the themes, the NPS users' first name and their signature.

5 peer educators organised informal group discussions with 15 NPS injecting users on panic attack management

These group discussions with the five peer educators were organised between September 7th and October 16th. The evaluation of the intervention will also show that users found this topic and the methods to manage the panic attacks the most interesting and useful during the intervention.

Development and distribution of 5 brochures among PUDH

In cooperation with the peer educators, the project team developed 5 brochures in October:

- Safe injection (how to make veins more visible; safe, dangerous and most dangerous areas on the body to inject; how not to shoot in an artery; when to use alcohol swabs; etc.)
- Overdose (prevention methods; symptoms; first aid; what not to do in case of overdose)
- HIV (difference between HIV and AIDS; transmission of HIV; testing; treatment)
- Hepatitis C (what is hepatitis C; progress of the disease; transmission; diagnosis and treatment)
- Panic attacks (physical and mental effects of NPS; how to switch the focus to something else; "magic bracelets"; management of panic attacks' physical effects)

500 brochures were distributed in the drop-in centre for drug users of CARUSEL and ARAS during October and November.

The main barrier identified during the intervention was the difficulty to involve active NPS users in the intervention: it was hard to find peer educators and get them together, in one place and at a given hour, since they all had different programs and plans during the day.

3.4.2. Conclusions

As one of the members of the project team concluded: “peer education is one of the cheapest, fastest and most efficient methods in terms of disseminating information and educating users”. We know that the peer educators who participated in the intervention have been applying the knowledge they’ve acquired during the training sessions directly into practice. Still, each NPS user has his own methods to reduce the risks she/he is exposed to. We also used these skills and information during the intervention, as they could be helpful to other users (since “heavy injecting” practices are stimulating and seen as a “novelty” among heavy users in Romania).

BADD had only a few active peer educators before the beginning of the NPS in Europe project. The project gave us the opportunity to train five new peer educators and to work with them in a more organised way. Their feedback on the intervention was also positive and their recommendations were taken into consideration by the project team; for example, one of the changes being applied is compensate the peer educators for their work - Carusel secured funding for this activity in 2016. The information provided by the peer educators in the social networks is vital for the users’ safety and health condition, since many NPS users don’t have access to this type of support. Future plans in regard to peer education include more intensive work with the already trained peer educators and, subsequently, more users to be selected and trained as peer educators.

3.5. Pilot Intervention Report - Czech Republic

3.5.1. Goals, objectives (SMART) and planned interventions

Professionals face some difficulties in accessing and communicating with NPS users; the harm reduction services don’t know how to deal with the NPS issue

Goals:

- Provide updated information on new drug use trends to professionals.
- Improve knowledge and skills of harm reduction services, so they can deal with NPS related issues.

Interventions:

- Provide updated information on NPS on a website: www.edekontaminace.cz.
- Create a specific section about NPS.
- SANANIM activities (outreach and drop-in centre workers). Direct communication with drug users about the risks associated with NPS use.

PUDH use NPS (mainly cathinones and opioid medications) and experience physical and mental problems

Goals:

- Minimise the risks of NPS use among PUDH.
- Improve knowledge and change the attitude and behaviours among PUDH, so they can use NPS more safely.

Interventions:

- Direct campaign focused on risks reduction through Dekontaminace.
- Training of outreach workers.
- Peer driven activities at places where NPS are sold.

Limitations and bad functioning of the early warning system in Czech Republic

Goal:

- Establish an effective and sensitive early warning system in Czech Republic.

Intervention:

- Organise meetings with National Focal Point to identify, describe and define problems and limitations of existing EWS. Prepare a common project plan and define changes.

Important stakeholders (e.g. police forces and local politicians) do not support substitution therapies. They have limited information on the risks and the so called “balloon effect”.

Goal:

- Change the opinion of police forces and local politicians, so they show their support to substitution therapies. Use examples like Pilsen: where the drug scene trend changed from heroin to illegal opioid substances (fentanyl, vendal) → “balloon effect”.

Intervention:

- Elaborate a shorter version of the RAR Report, together with specific articles related to NPS risks.
- Introduce and disseminate materials to relevant stakeholders (police forces, local politicians, etc.).
- Meetings with relevant stakeholders, high rank police officers, preferably at the National Drug Headquarters.

3.5.2. Progress of the intervention

Update information on NPS at www.edekontaminace.cz ; create a specific section on NPS.

We've published news regarding NPS on a regular basis (for example, the shorter version of the RAR report, an article about the “balloon effect”, etc.) We've also published an overview of all available texts in the Czech language on NPS: <http://edekontaminace.cz/clanek/1/472/prehled-ceskych-textu-o-novych-syntetickych-drogach.html>

SANANIM activities (outreach and drop-in centre workers). Direct communication with drug users about the risks associated with NPS use.

The workers of SANANIM's outreach program and drop-in centre attended training sessions (20 in total) during the team meetings. They were useful to provide information on NPS and how to influence attitudes of injecting drug users.

In April, we've carried out a short survey about the use of cathinones in both services. The results showed an increase of the use of cathinones in comparison with the previous year. The survey was also used as tool of communication regarding this issue and as the basis for other potential interventions.

Other activities

Direct campaign focused on the reduction risks through Dekontaminace.

Two versions of posters about the risks of fentanyl patches' overdose were published on April 1st.

The first edition of the Dekontaminace magazine was published online on April 20th printed on May 7th. It contains one article on the risks of fentanyl patches' overdose.

The second edition had two articles on cathinones and one cartoon strip. Two articles were prepared the third – to be published in November.

Training of outreach and drop-in centre workers

Training 1 – Summer School

Periodic/yearly activity work camp, focused on the field of education and networking of HR services in Czech Republic (organised by SANANIM). That year's edition (2015) theme was NPS. This Summer school/work camp took place from June 3rd to June 5th. There were 78 registered participants. The organisation developed a workshop on cathinones (lecturer Ales Termer) and another on abuse of opioid drugs, usually prescribed by physicians to relief pain (lecturers Jiri Frybert and Ales Herzog). Martin Kuchar, from the University of Chemical Technology, talked about opioid drugs and the quality of drugs.

Training 2 – Seminar on NPS (described in the following section)

Peer driven activities at places where NPS are sold.

We were able to discuss the changes that occurred at the drug scenes with the group of peer workers (each week). Six educational meetings (30 minutes each) on new drugs were carried out in March and April. None of our peer workers is actually using NPS, but they are in contact with users who actually use them. Therefore, we are still searching for more active NPS users who can become peer workers and distribute sterile injection material in the areas where cathinones are sold. We've tried to recruit two users, but they both interrupted their work after a short period. We are now seeking to recruit other peer workers.

Achievements

We've analysed samples of NPS gathered by our peer workers. They've acquired and transported the samples to the lab, so they could be tested. One of the samples contained alfa-PVP. We've also found changes in the composition of NSD. Four of our peer workers have some experience with the substances and are in contact with users of "funky". However, they were not able to witness any trafficking at the identified areas.

Organise meetings with National Focal Point to identify, describe and define problems and limitations of existing EWS. Prepare a common project plan and define changes.

We've sent the RAR report to the National Monitoring Centre and organised team meetings to discuss and gather arguments about EWS. The meeting with the National Monitoring Centre (NMC) took place in August. The representatives of the NMC admitted certain weaknesses in the EWS. However, due to limited resources (financial and HR) there is only a small chance for change. The representatives of NMC were invited to actively participate and discuss the EWS on the seminar about NPS, which they did. They also invited us to join a EWS working group. At the moment, we are discussing who will join the group in a long term basis – a representative from SANANIM or a representative from Harm Reduction Section (A.N.O.), which is an “Umbrella organisation” that represents us.

Decide what arguments to use and prepare a specific article on the risks of NPS use

We have prepared and published a text (translated into English) on the “balloon effect”, which was sent to all relevant authorities, together with the report: <http://www.streetwork.cz/content/view/4986/205/>

Introduce and distribute materials to relevant stakeholders (police forces and local politicians)

We've wrote a shorter version of the RAR report and an article on the “balloon effect” and we've sent them to all relevant partners and co-workers, namely the Czech Police forces. The text was published online at www.edekontaminace.cz and www.streetwork.cz. (<http://edekontaminace.cz/clanek/1/461/balonovy-efekt-riziko-zneuzivani-novych-drog.html>). The text will also be published in the Bulletin of the National Drug Headquarters, which is read by the most influential officers.

Meetings with relevant stakeholders, high rank police officers, preferably at the National Drug Headquarters.

The “balloon effect” theme was discussed with the director of the National Drug Headquarters (Jakub Frydrych) during the Summer School work camp. Aleš Herzog presented the topic of NPS and the “balloon effect” to all drug coordinators in Prague (May 19th). Aleš Herzog also presented the topic of NPS and opioid drugs during a course for addiction experts. Relevant professionals (Radimecký, Staníček and others) in the field of addiction also participated in this course. Other stakeholders were present at the national seminar.

We were able to “stick to our project plan”, with the exception of:

- We were not able to recruit a reliable peer worker to attend meetings, despite negotiating and training three potential candidates. The reason is probably a combination of instability and the relatively small reward that we could offer.
- Third issue of Dekontaminace (Decontamination) was postponed, due to the release of the editor in charge.

3.5.3. Conclusions

The project focused on an issue that is close to us. Our interventions were developed according to the framework of the project, but we would have continued to work even if they weren't. Even though the budget for the project was limited and did not help us to implement intensive interventions, we were able to succeed at very different domains (peer work; actions by our workers; magazine Dekontaminace; website www.edekontaminace.cz; Summer School). We now know more about NPS (cathinones and opioid drugs).

The organisation of focus groups was extremely useful and inspiring for us. We had tried to organise them before and this project showed us how important they actually are. We will continue with all the direct interventions (direct methods done by workers from the outreach programs and the contact centre SANANIM; peer work driven interventions; raise awareness and change the opinions of injecting drug users through the magazine Dekontaminace and disseminate information among experts with the site www.edekontaminace.cz).

The project also improved our partnership with the organisation Ulice - Agency of Social Work. We will see how we can pressure the NMC to update and upgrade the EWS. We are not sure yet if we can support our intensive efforts at this level.

We want to thank you for the opportunity to join the project; it was beneficial for us and very inspiring.

4. Overall Conclusions

The practical interventions in the 5 different countries were based on a decent RAR. The interventions were carefully planned, monitored and carried out accordingly. Some partners adapted their interventions, due to local and political changes. The project managed to combine research and practice and to create a direct impact at a local level.

All partners faced particular challenges during the intervention phase and different, specific needs were reported. Most of the interventions that have been carried out will continue in one way or the other. More training programs for workers will be developed. The Polish website with information on different NPS will be extended and properly managed.

By doing so, the project will have a long term impact. The experiences in these countries, presented also on the European website of this project, will serve as an inspiration for other harm reduction services to initiate their activities.

Based on the RAR and the experiences during the response phase, the following overall conclusions can be drawn:

Lack of information among harm reduction workers and NPS users

Harm reduction services and users don't usually know exactly what substance is being used, what are the associated effects and harms and which kind of harm reduction messages need to be promoted. Information on new psychoactive substances is only available within specialised institutions. The work of the harm reduction professionals could be better if there was a good connection between science and harm reduction practices. This requires relevant publications (written in an accessible and understandable language), interdisciplinary meetings and conferences.

On-going training programs/courses

The on-going training and capacity building of service providers, harm reduction workers and peers is very important. Training should not only focus on substances, effects and harms, but also on the development and implementation of new harm reduction messages and measures.

Promotion of peer involvement

Peer involvement should be promoted and implemented widely, to share information about newest trends and promote "safe use" among NPS users. This also helps to disseminate information among NPS users, who are more difficult to reach than traditional drug users.

Better cooperation and networking with local stakeholders

The project partners indicated that it is vital to cooperate with various stakeholders in the field. This should include other harm reduction services, but also public healthcare services, emergency rooms, club owners and police forces.

Lack of a good early warning system

Early warning systems can be a very effective tool to prevent harm and overdoses. More communication and exchange is needed to make the early warning effective for NPS users and harm reduction services.

Lack of funding and resources to invest in harm reduction services targeting NPS use

All partners mentioned a serious lack of financial resources to improve harm reduction in general and NPS harm reduction in particular. This way, it is hard to train workers and provide effective harm reduction services. Policy-makers need to be made aware that these interventions require more funds.

Prohibition of smart shops has led to a loss of information

The end of smart shops in the different countries led to a flourishing online market. NPS users buy new substances online, often without knowing what exactly are they using and how these substances work. Harm reduction services have less information on which kind of substances are being sold and used.

“Balloon effect”

NPS end up on the list of forbidden substances. This results in an on-going development of the NPS market. New and mixed substances are continuously entering the market. Both users and harm reduction services don't know what exactly is being used and which the effects/risks of the newest NPS are. Therefore, it is more difficult to develop specific messages and to prevent risks.

NPS as substitutes to traditional drugs

PUDH tend to use NPS as substitutes to traditional drugs, especially in those cases when the access/quality of the traditional drugs is bad and/or the criminalisation actions are more intense. In those countries where traditional drugs are available (good quality and not too expensive) and where people are not prosecuted for drug use (Portugal), it is likely that PUDH stick to traditional drugs. NPS is mainly used by younger people at party scenes or by the so called psychonauts.

In countries where drug use is strongly criminalised and the quality of the substances is pretty low (Poland), PUDH tend to switch to NPS, although these substance might be more harmful than traditional drugs.

NPS

New Psychoactive
Substances in Europe

www.npsineurope.eu