NEW PSYCHOM USE THE REP

https://harmreductio neurasia.org/harmreduction/newpsychoactivesubstances/



About research

- Research project 'New Psychoactive Substance Use in 8 countries of EECA (Moldova, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Serbia, Estonia, Lithuania), conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, funded by the Global Challenges Research Fund. Principle Investigator Dr. Rick Lines of Swansea University.
- ► <u>The objective</u> to create a more accurate picture of the use of NPS in Moldova and Belarus, which will subsequently be used both for political advocacy by national civil society organizations and as a contribution to the international data on the use of NPS.
- Methods of data collection and analysis:

Two stages:

- Desk research and preparation of questionnaire based on the collected information;



The rapid spread and growth of the interest of consumers in NPS is associated with:

Low price

Easy to get chemicals

Growth of different means of communication (darknet)

Repressive drug policies

Free movement of commercial goods and products in the EU





Key risks and consequences related to the use of NPS

- Overdoses;
- increase in the number of unprotected sexual contacts;
- weight loss;
- Paranoia (more than half of interviewees mentioned police, as an object of paranoia);
- Hallucinations (seeing scary nonexistent beings, creatures);
- Panic attacks;
- Psychosis;
- Schizophrenia;
- Suicidal thoughts;
- Aggressiveness;

- eye-gouging;
 - motoric disorders;
- clogged veins, causing rotting fingers, body;
- heart attacks and strokes;
- pulmonary fibrosis;
- kidney failure;
- high blood pressure;
- toxic endocarditis;
- tiredness and lack of sleep.
- Hepatitis C and HIV are also mentioned among the risks related to NPS



Recommendations



To provide periodic data collection on the use of NPS from various stakeholders;



To conduct research on the risks of NPS consumption;



To adjust harm reduction programs by identifying and implementing interventions that are relevant to the needs and profile of people who use NPS (including non-injecting NPS users)



To adapt existing psycho-social and medical-social interventions to ensure effective work with people who use NPS, including non-injecting users



To review existing drug policies and redesign it based on human rights, health and evidence-based approaches.



