



Research paper

New psychoactive substances: Current health-related practices and challenges in responding to use and harms in Europe



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ABSTRACT

Background: The availability of new psychoactive substances (NPS) in Europe has rapidly increased over the last decade. Although prevalence levels of NPS use remain low in the general European population, there are serious concerns associated with more problematic forms of use and harms in particular populations and settings. It has thus become a priority to formulate and implement effective public health responses. However, considerable knowledge gaps remain on current practices as well as on the challenges and needs of European health professionals who are responding to use and harms caused by these substances. The aim of this study was to explore current health responses to NPS, and highlight key issues in order to inform planning and implementation of adequate responses.

Methods: This scoping study was based on a targeted multi-source data collection exercise focusing on the provision of health and drug interventions associated with NPS use and harms, in selected intervention settings across Europe.

Results: Findings revealed that in the absence of specific evidence, health professionals across most intervention settings rely primarily on acquired expertise with traditional drugs when addressing NPS-related harms. This study also identified a gap in the availability and access to timely and reliable information on NPS to users and health professionals. Health professionals in sexual health settings and custodial settings in contact with certain risk groups reported particular challenges in responding to NPS-related harms.

Conclusion: Immediate investments are required in expanding substance identification capabilities, competence building among professionals and dissemination of risk information among relevant stakeholders. The risks of neglecting under-served risk populations and failure to address the information needs of health professionals and users on NPS harms in a context of rapid changing drug markets in Europe may have unforeseeable consequences at societal level.

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Background

The emergence of new psychoactive substances (NPS) over the last decade poses an important challenge to drug policy (UNODC, 2013). A new psychoactive substance is defined as 'a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions' (Council Decision 2005/387/JHA). A range of public health issues have arisen as a consequence of their use, although the nature and extent of the associated harms remains unknown. Initial policy level responses to NPS in Europe

have largely been regulatory in nature, attempting to reduce their supply using legislative tools (EMCDDA, 2015c). As the phenomenon has evolved, it has increasingly become a priority to formulate and implement effective public health responses. There remain considerable knowledge gaps on current practices as well as the challenges and needs of European health professionals who are responding to use and harms caused by these substances.

Ninety eight newly identified psychoactive substances were reported to the EMCDDA and Europol's Early Warning System (EWS) in 2015, bringing the number of new substances monitored in the European Union to more than 560, of which 380 (70%) were detected in the last five years (EMCDDA, 2016b). These new drugs include substances, synthetic and naturally occurring, that are often produced with the intention of mimicking the effects of controlled substances and used by consumers in similar ways to, and often interchangeably with traditional illicit drugs. The main

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categories of NPS reported to the EWS include synthetic cannabinoids, synthetic cathinones, phenethylamines and synthetic opioids.

The prevalence of use of new psychoactive substances in Europe is hard to ascertain. Where these substances are incorporated in national surveys, the lack of a common methodology means that the data are rarely comparable between countries, and definitional problems complicate things further, especially as the legal status of substances can change rapidly. Nevertheless, some insights into use of these substances is provided by the 2014 Flash Eurobarometer on young people and drugs, a telephone survey of 13,128 young adults aged 15–24 in the 28 EU Member States (European Commission, 2014). Although primarily an attitudinal survey, the 2014 Eurobarometer included a question on the use of ‘new substances that imitate the effects of illicit drugs such as cannabis, cocaine, ecstasy, etc’. Currently, these data represent the only EU-wide information source on this topic, although for methodological reasons caution is required in interpreting the results. Overall, 8% of respondents reported lifetime use of ‘legal highs’, with 3% reporting use in the last year. This represents an increase from the 5% reporting lifetime use in a similar survey in 2011. It is of interest to consider the Eurobarometer results alongside those from other surveys, while noting that different methods and questions are being employed. Thus, between 2011 and 2014, just over a third of European countries have carried out general population surveys on drug use with specific questions on NPS use. For the age group covered in the Flash Eurobarometer study, younger adults aged 15–24, last year prevalence of use of these substances ranged from 0.0% in Poland to 9.7% in Ireland (EMCDDA, 2016b).

General population studies are less useful tools for estimating drug use, including NPS, among more intensive and/or problematic drug user groups. Estimating problematic forms of NPS use presents a particular challenge for drug epidemiology due to the rapid rise in their number and fast changing availability, as well as the hidden nature of some risk groups. In this case, alternative methods such as targeted, non-representative studies can help to assess prevalence and harms among risk groups. The EMCDDA commissioned an analysis based on the 2014 internet-based Global Drug Survey data on drug use among young adults who self-identified as regular nightclub goers (EMCDDA, 2015b). The analysis was performed on a sample of 25,790 young people aged 15–34, from 10 European countries. It should be noted that this is a non-representative, self-selected sample who responded to an online drug survey. Among this sample, depending on the substance, last year prevalence was between 4 and nearly 25 times higher than that found among the same age group in the general population of the European Union. The findings showed that regular club-goers reported last year use of ketamine (11%), mephedrone (3%), synthetic cannabinoids (3%) and GHB (2%). Overall, that self-reported NPS use was on average much lower than self-reported use of established club drugs such as ecstasy, amphetamines and cocaine.

Increasing evidence is becoming available on the use of synthetic cathinones, such as mephedrone, alongside traditional stimulants for sexual purposes among men-who-have-sex-with-men (MSM) (e.g. Bourne, Reid, Hickson, Torres Rueda, & Weatherburn, 2014). ‘Chemsex’ is defined as sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session and is associated with high-risk sexual behaviours and sexually transmitted infections (Bourne et al., 2014; Daskalopoulou et al., 2014). Studies also report injection of cathinones (and other stimulants) among MSM during sexual practices known as ‘slamming’, with a high risk of infections of both HIV but also HCV linked to sharing of injecting material (Kirby and Thornber-Dunwell, 2013a, 2013b; Stuart, 2013). A survey of

HIV-positive patients attending 30 HIV clinics in England and Wales, found that 105 (29%) of 392 sexually active MSM who responded to the survey engaged in chemsex in the previous year, and 35 (10%) in ‘slamming’ (Pufall et al., 2016). The extent of ‘chemsex’ or ‘slamming’ practices in Europe is hard to estimate, but it is safe to assume that ‘chemsex’, especially ‘slamming’, are practiced only by a very small proportion of MSM, but that harms are severe among that group (EMCDDA, 2016e). Data is currently only available from a small number of targeted studies carried out in the United Kingdom (e.g. Bourne et al., 2014) and France (e.g. Foureur et al., 2013), while signals of similar practices in some other European cities were reported in Weatherburn et al. (2013).

Injecting of NPS is now established in some cohorts of problem drug users in Europe, with reports from several countries indicating established heroin and amphetamines users switching to cathinones injecting (EMCDDA, 2014b, 2014c; EMCDDA, 2015a). Such new developments in injecting practices involving NPS have been reported among people who inject drugs (PWID) in Greece, Ireland, Wales, Romania, Slovenia and Hungary (EMCDDA, 2015a).

In Hungary, nearly 70% of people who inject drugs and visit low threshold services report to be primarily injecting synthetic cathinones (Tarján, 2015). Injecting of cathinones is associated with high frequency and compulsive injecting, needle sharing, changes in injecting behaviours (e.g. groin injecting) and increased high risk sexual behaviours, with a risk for increased HIV and HCV transmission (Hedrich et al., 2013; Sarafis and Tsounis, 2014; Rác, Gyarmathy, & Csák, 2015). Localised HIV and HCV outbreaks potentially linked to the switch in injecting of cathinones have been reported in several EU countries (EMCDDA & ECDC, 2012; Hope et al., 2016; Giese et al., 2015; Tarján et al., 2015).

Increases in demands for specialist treatment related to problem use of synthetic cathinones are reported from Romania, Poland, Ireland, France and the United Kingdom (EMCDDA, 2016b). However, overall demand for specialist treatment related to NPS problems in Europe remains limited, potentially reflecting overall low prevalence levels.

Further information on NPS-related harms is provided by findings from a European study (EURO-DEN) collecting data on all acute drug toxicity presentations to hospital emergency rooms (ERs) in sixteen sentinel centres in 10 European countries between October 2013 and September 2015. Results showed that from a total of 5529 presentations involving drugs, traditional illicit drugs were most common (64.6%) followed by prescription drugs (26.5%) and NPS (5.6%), with mephedrone and methedrone being the most common (Dines et al., 2015).

Finally, synthetic cannabinoids play an increasingly important role in drug use and associated harms in custodial settings. A recent survey in English prisons found that synthetic cannabinoids were reported by 10% of surveyed inmates and as the second most commonly used drug while in prison, after natural cannabis (13%) (HM Inspectorate of Prisons, 2015).

In summary, prevalence levels of NPS use remain low in the general European population, although there are important concerns with more problematic forms of use and harms in particular risk groups across different health and social settings. While increasing demands from policymakers and professionals emerge on the implementation of effective responses to these harms, little is known about current practices and challenges of European health professionals. A number of questions need to be addressed in order to adequately inform planning and delivery of responses to NPS. What are the challenges that European health professionals are facing when managing unfamiliar NPS-related acute harms and how do they respond? Are existing illicit drug-related interventions adequate or is there a need for specific NPS interventions for particular risk groups or in different intervention settings? With a view to addressing this gap in our knowledge, the

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