



NEW DRUGS IN ROMANIA - a multi-indicator analysis-

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***LISBON
25-26 OCTOBER 2012***



**NPS use
= PDU ?**

Romania, 2010 - a different structure of PDU considering the main drug used:

- A decrease in number of the IDU who reported heroin as main drug used from about 90% to 67,3%
- New substances(NPS) appear in use and are reported by 30,6% of the PDU.

■ *ROMANIAN NATIONAL REPORT 2011*

DATA SOURCES

■ RECENT STUDIES OF THE NAA AND PARTNERS:

1. *Qualitative research on the risks associated to NSP use among the IDU from Bucharest, 2010.*
2. *Risks Assessment of the use of new psychoactive substances among children and young people in Romania”, 2011*
3. **GPS-** *General Population Survey on prevalence of drug use in Romania, 2010*
4. **ESPAD** 2011
5. **SPS** – *Students Population Survey -2011.*
6. **YPS** –*Young Population Survey among the 15-34 years old population from the most important 7 cities from Romania, 2011*

■ **KEY AND CORE INDICATORS (TDI, DRID, DRD, non-fatal drug emergencies)**

■ **ROUTINE MONITORING of the implementing of the *National program of measures to combat the marketing and use of new psychoactive substances / products harmful to health***

WHY IS NSP USE A PROBLEM?

- All studies and indicators reveal a PROBLEM
- High prevalence and increasing dynamic, geographically widespread
- Specific pattern of use (injecting drugs)
- Harmful for IDU's
- Public health risk
- Difficulties in knowledge and low possibilities of specific treatment
- Insufficient impact of public policies' controlling measures

Lifetime prevalence of illicit drugs / NPS -data from studies (2010-2011)-

		ESPAD 2011 16 years	SPS ≥18 years	YPS 15-34 years	GPS 2010 15-34 years
Any drug /substance		10	23,2	11,7	9,5
From which	NPS	5,3	9,5	6,0	4,1
	COCAINE	2	1,6	0,5	0,5
	AMPHETAMINE	3	1,4	0,4	0,1
	HEROIN	1*	0,3	0,8	0,4

***ESPAD refers to “injecting drugs” not specific HEROIN**

NPS USER'S PROFILE

- Man
- >25 years old,
- unmarried/divorced/widow
- master/PhD. attendant in the art field at the public/state university
- lives in a small town
- living alone in his own home
- comes from a wealthy family
- full-time employee.

(SPS – Students Population Survey) - 2011.



- Man
- 15 -39 years old,
- onset age < 29 ani,
- on first treatment demand
- referred by the emergency units/by his own will
- secondary drug -alcohol, heroin,cannabis.
- NPS daily basis use,
- mainly injecting use, but also smoking/inhaling or sniffing,
- mostly no more than 2 years use
- 2/3 low level education, 1/3 –medium level education and >1/2 without any income,1/4 pupils or students.
- living with parents/family in stable homes

NPS patterns of use(1)*

** „Risks Assessment of the use of new psychoactive substances among children and young people in Romania”, 2011*

1. Behaviour patterns of the ‘legal highs’ intensive users:

- age: 11 - 40 years old (significant use at children < 15 years old);
- high visibility of use;
- socially integrated youngsters coming from normal families;
- low adressability to medical/social services.

2. Frequency of use

- 42,5% - first drug used is NPS /daily basis use,
- 24,2% -once at every 3 days,
- 25% - between 4 and 10 uses in the past 30 days,
- 8,3% < 4 uses in the past 30 days.

3.Poly-drug use

- 55,9% - have used some other “legal products” in the past 30 days. (1 of 10 respondents declares frequent use of illicit drugs either). *They also use : alcohol, heroin, amphetamine, cocaine, diazepam, valium, rofedex, marijuana, “prenadez”, tusin.*

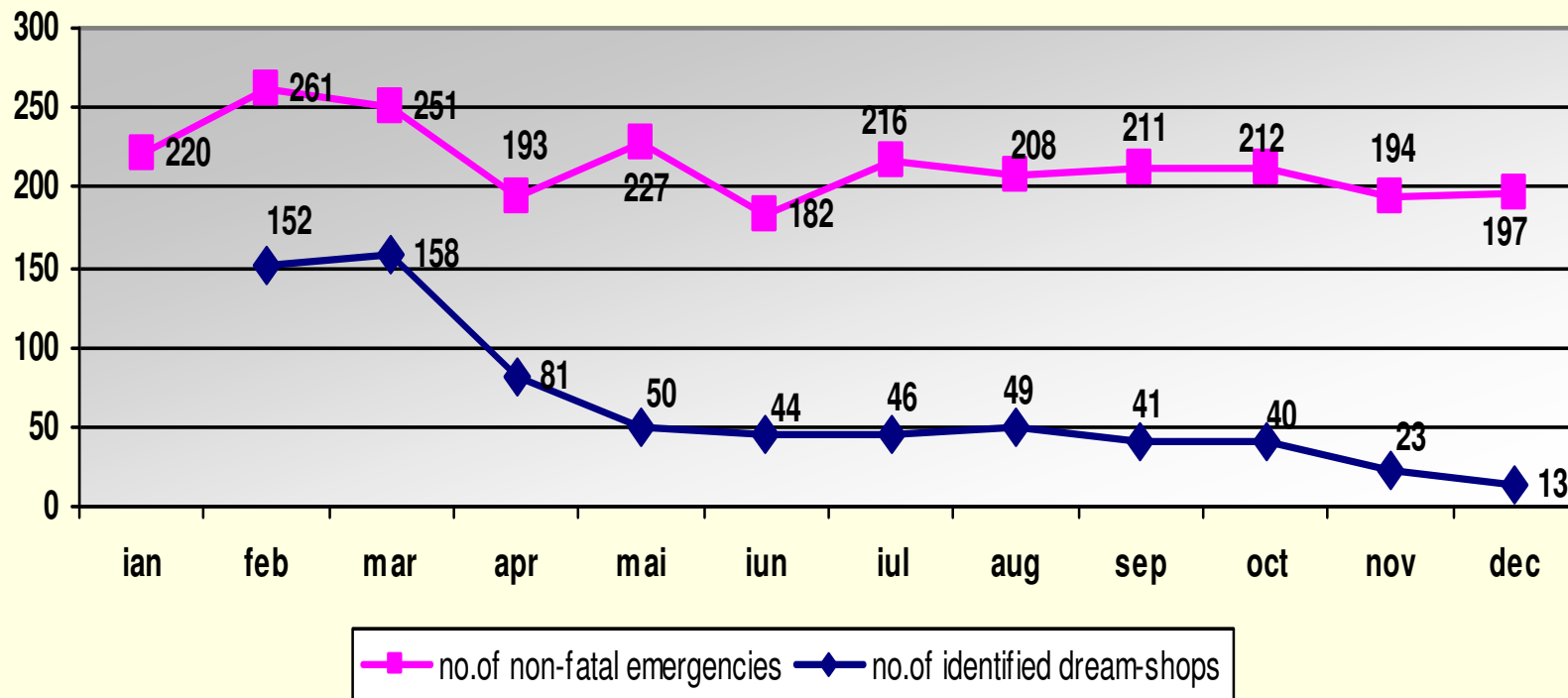
4. History of use

- Varies between 1 and 31 months, with an average of 13 months, most frequent answer recorded is 24 months, or 2 years.

5.Administration route

Smoking, followed by injecting and sniffing.

Non-fatal emergency evolution by months compared with the identified “dream-shops” evolution (during 2011)

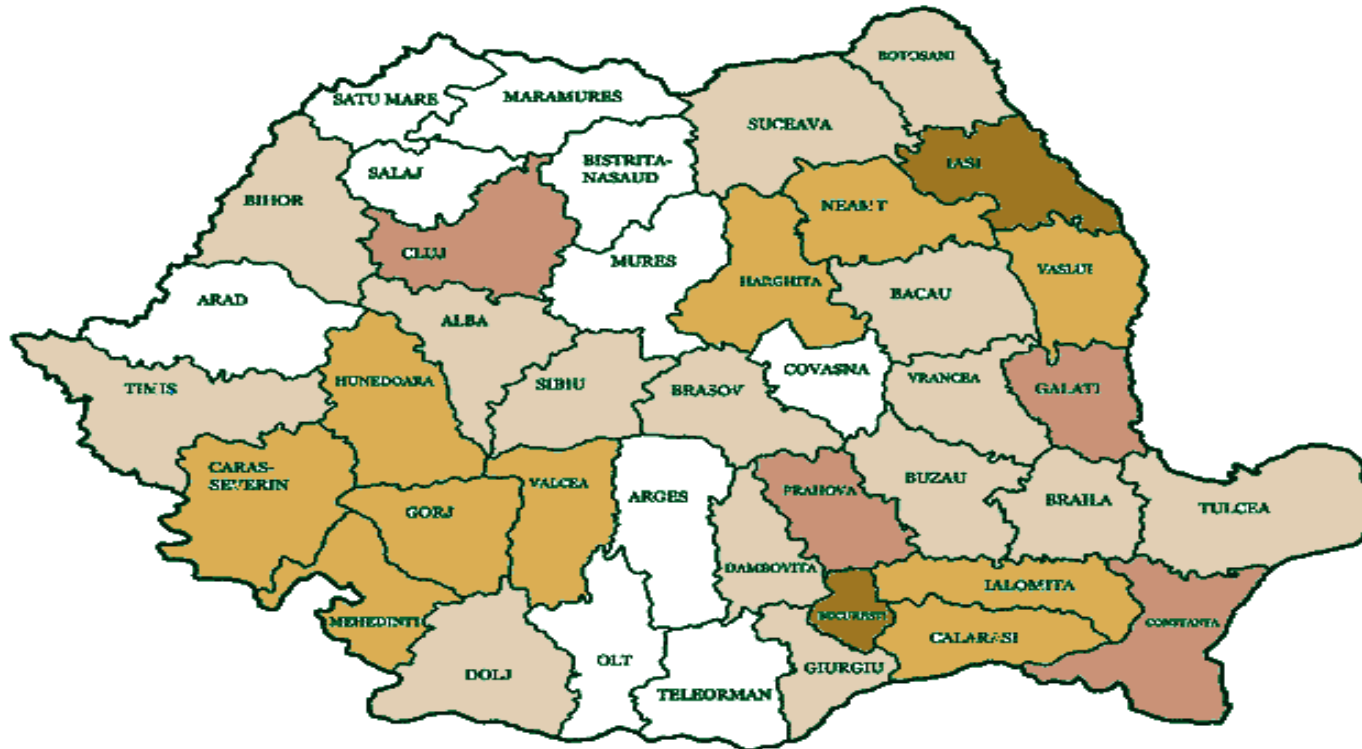


Non-fatal emergencies related to NPS use, by the administration route (2011)

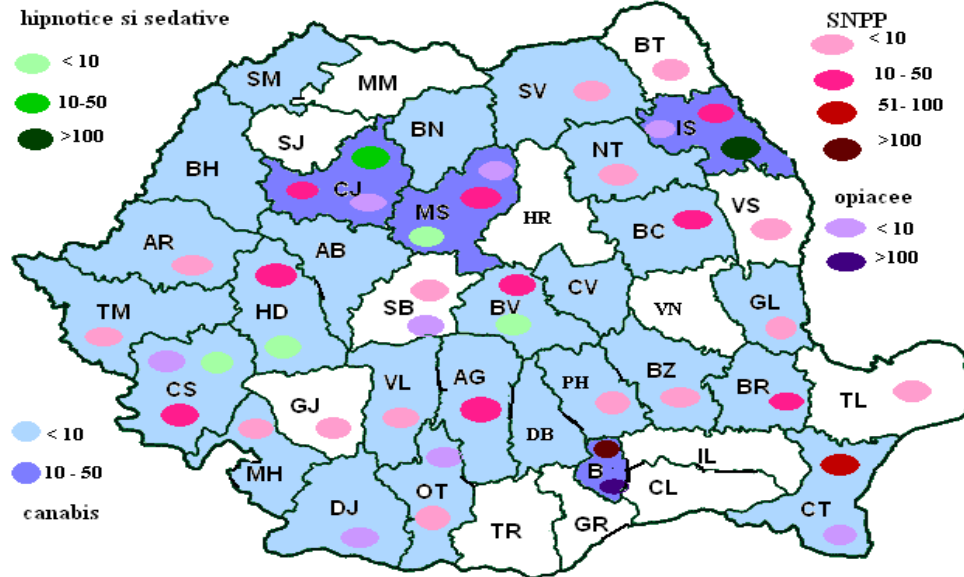
Administration route	N	%
oral	435	31,2%
inhaling	270	28,2%
sniffing	88	6,3%
intravenous	114	8,2%
mixed non-injectable	94	6,7%
mixed injectable	24	1,7%
unknown	246	17,6%
Total	1395	100,0%

Geographical Spreading of the NPS

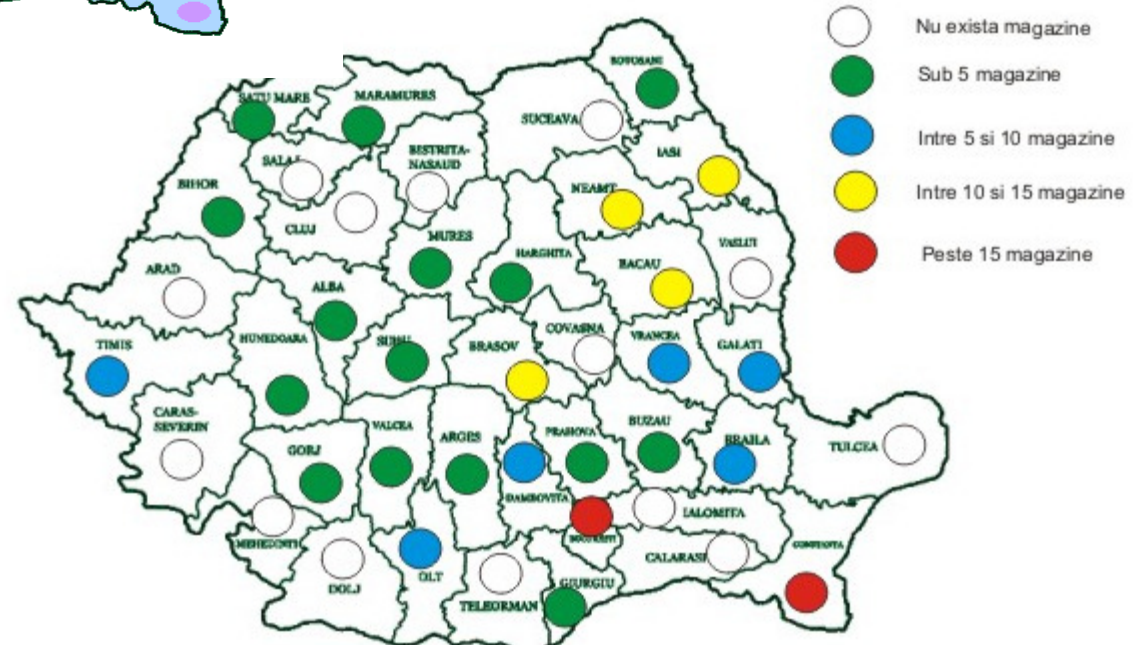
Risk areas defined by the share of the non-fatal emergency related to NPS use



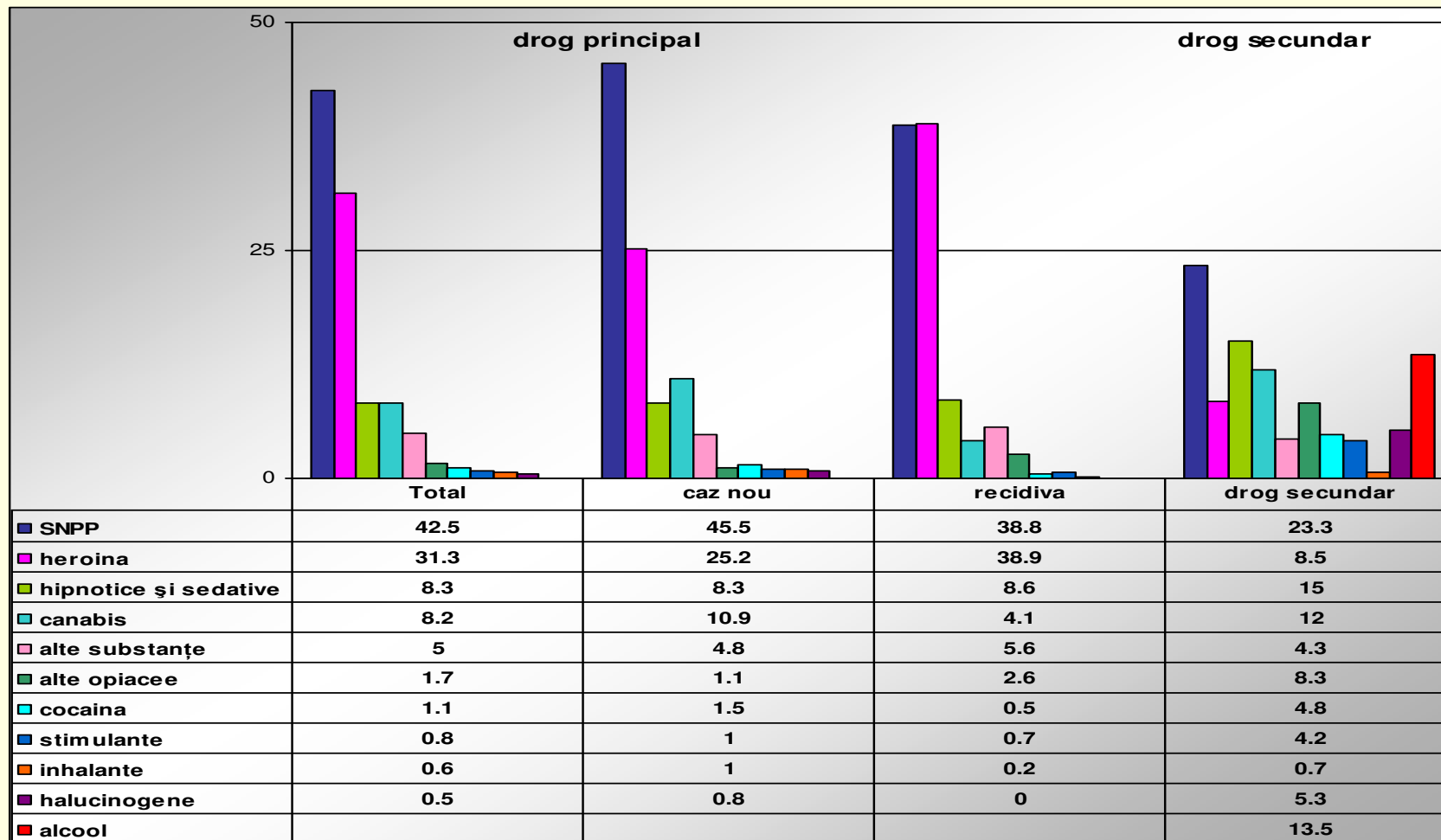
**Risk areas defined by the *number of NPS users admitted in treatment* (TDI 2011)
and the *number of “dream-shops” selling NPS* (routine monitoring- March 2011)**



Distributia geografica a magazinelor de SNPP
-Martie 2011-



Distribution of the treatment admissions in 2011 by main and secondary drug used and admission type (%)



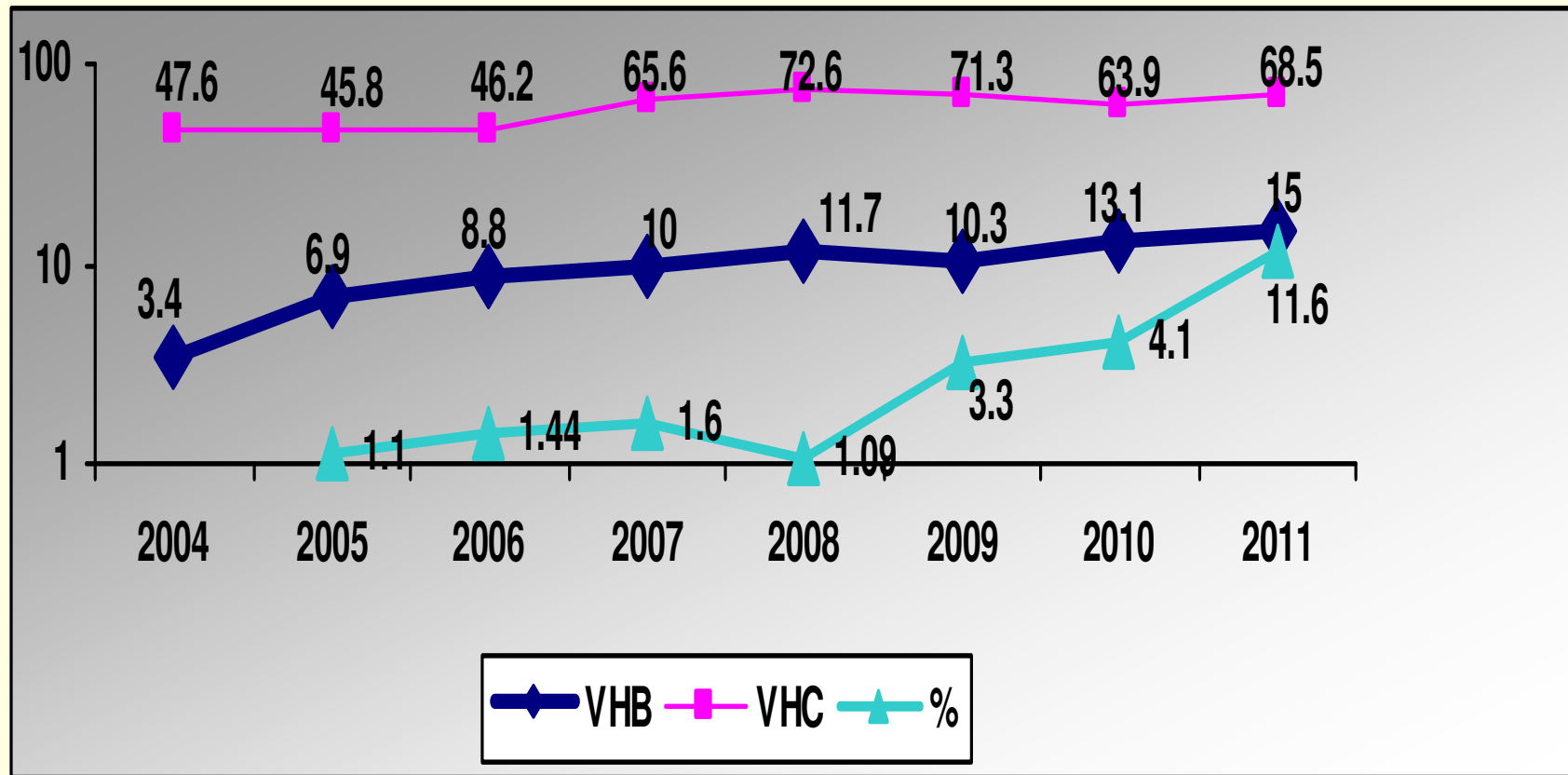
TDI 2011

- **Period of use:**— most of the NPS users asked treatment after only one year ; Opiates users usually ask treatment after 4-8 years of use.
- **Administration route for the main drug:** Injecting use prevails, more frequent for the male clients, treated before, most of them are opiates and NPS users (1.2% opiates and 51.8% NPS).
- **Frequency of use for the main drug** – the most frequent used are the NPS and opiates (71,1% and 70,2% from those admitted in treatment in 2011 for NPS and opiates have declared a daily basis use)
- **Onset age** – the most of the NPS users have declared an onset age somewhere inbetween 20-24 years old (28%), and 25% have mentioned 15-19 years old; early onset have been declared by 5% of all clients.

TDI – Number of treatment admissions 2010-2012 (treatment episodes)

	opiacee			SNPP		
	2010	2011	2012	2010	2011	2012 (7 luni)
N Valid	1118	948	580	523	833	413
Mean	1,13	1,13	1,07	1,27	1,20	1,14
Mode	1	1	1	1	1	1
Maximum	4	6	4	6	5	6
Sum	1261	1070	623	666	999	471

Prevalence for VHB, VHC, HIV among IDUs, % (2004-2011)



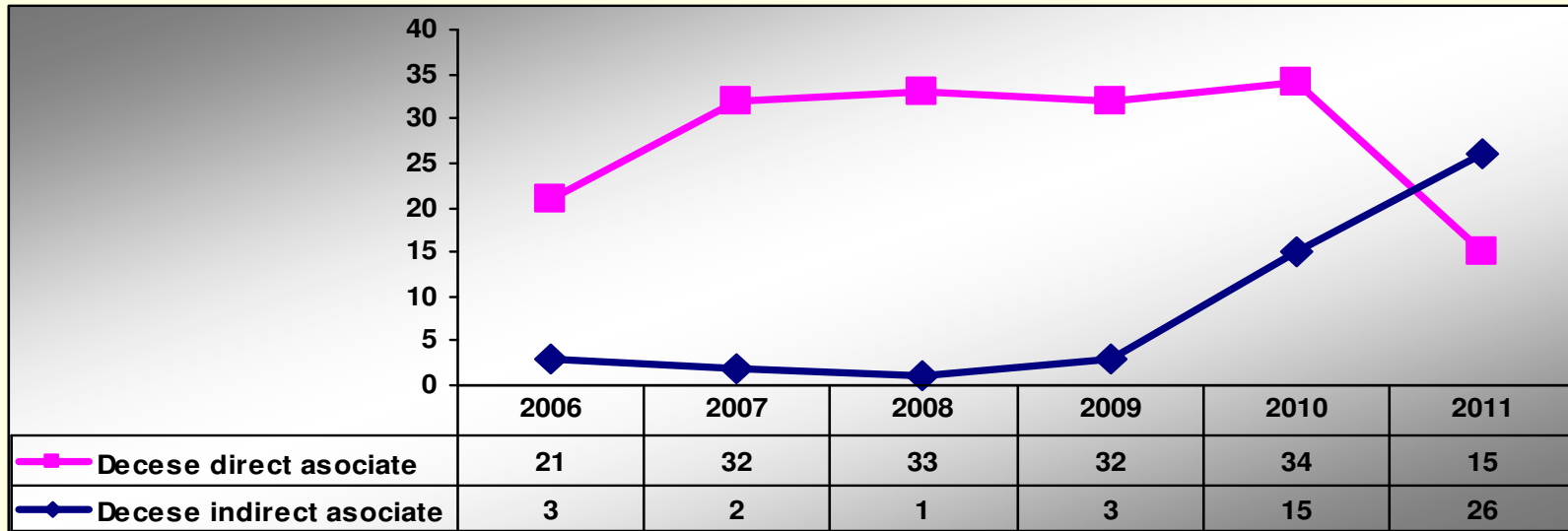


HIV prevalence among risk population categories

2011:

- The highest growth of HIV infections was reported for:
 - **drug users – from 1,03% to 6,12% (5,9 times higher prevalence),**
 - sex workers – from 0% to 6,49%
 - persons who have sex with the same gender partners– from 7,84% to 14,08% (1,8 times higher prevalence).
 -
- 15% (62 from 405) from the new HIV infections were recorded among IDUs. 29 of them suggest recent infections.

DRUG RELATED DEATHS AND MORTALITY AMONG IDUs



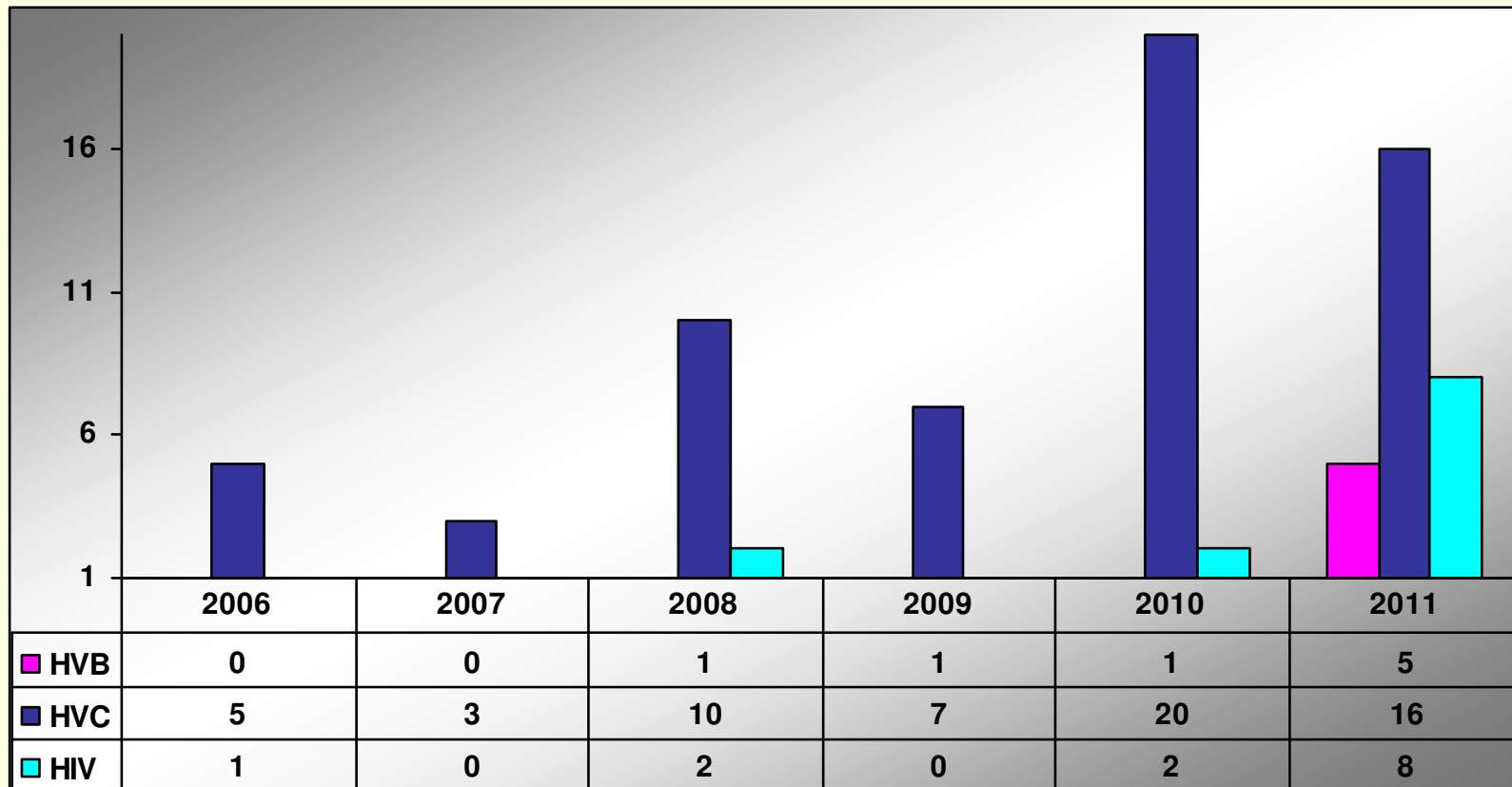
EXPLOSIVE GROWTH OF
INDIRECT DEATH CASES

NPS???

NPS influence on indirect death cases

- radical change of the pattern of the substances used and administration practices:
 - very frequent administration – from 6 to 8 times a day, especially for the IDUs.
 - rapid change from ingestion/smoking to injecting use.
- high availability/low price/ legal status/ perceived as “low risk” drugs.
- relatively limited potency (low risk of immediate and lethal overdose compared with the illicit drugs)/ highly addictive.
- unknown composition, highly contaminated street doses, *paraphernalia* – used in common with others, infectious pathology with acute evolutions.
- they are not generating death by themselves (only 2 direct drug related deaths recorded for NPS use) - generate accelerated pathologies that lead to death by medical complications not by overdose.

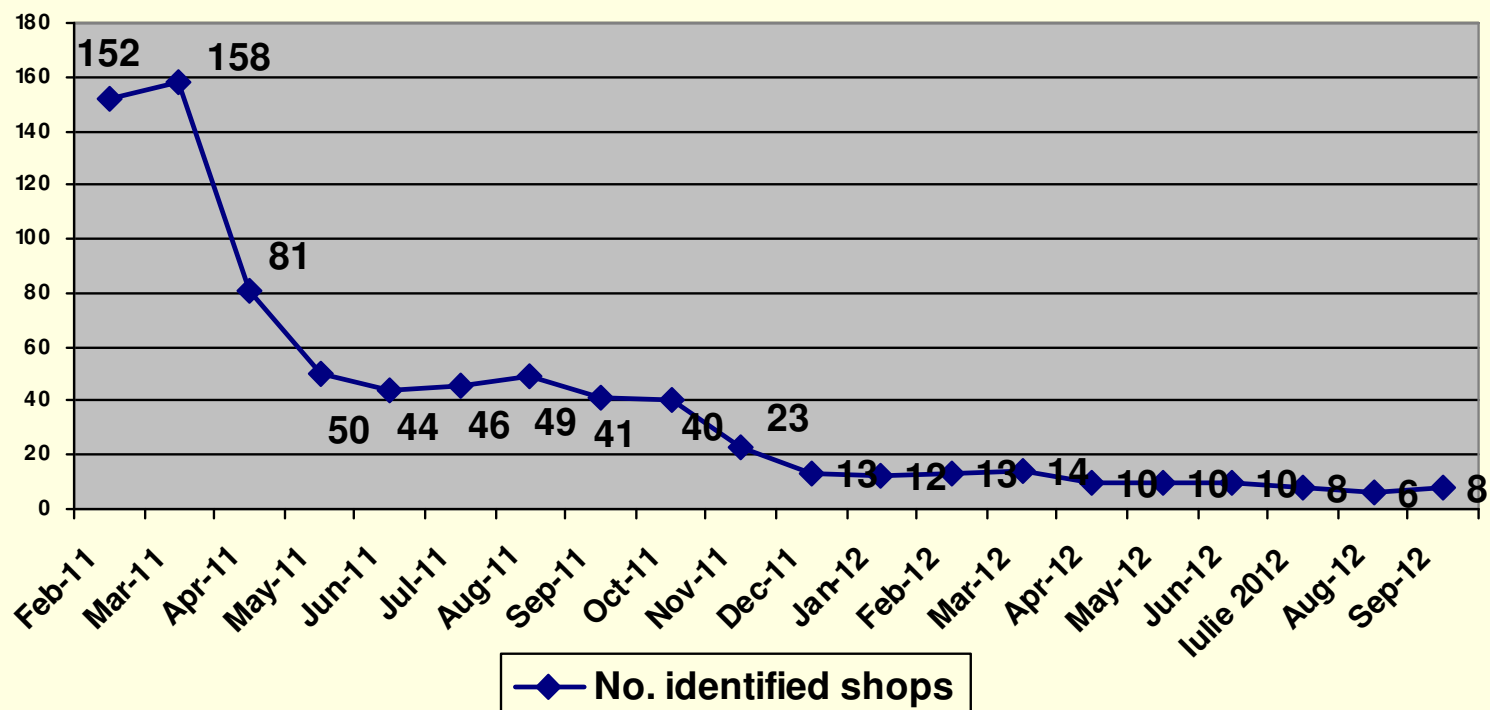
VHB, VHC and HIV infection evolution in direct drug related death cases (2002-2011)



RESPONSES -impact of public policies' controlling measures

- Several government decisions were adopted in order to put under national legal control the marketing and use of some NPS (43 of them were enlisted) but the most important in terms of impact is the Law 194/November 2011 (to combat any operation with new substances susceptible of having psychoactive effects).
- The main government's public policy tool in this respect was ***The National program of measures to combat the marketing and use of new psychoactive substances / products harmful to health adopted in february 2011***. The mixed inter-institutions controlling teams were set at local level, and their work within the framework of this program have led to some visible results*.
- The NAA and partner NGOs have implemented some national and local NPS use prevention campaigns (The most important in 2011 was the one called THE ABSENT. In 2012 is in progress another national campaign targeted to NPS, called TOO REBEL TO BE LED (by drugs)!)
- The NAA has bought 142 500 syringes and distributed to the partner NGOs from the RHRN specialised in harm-reduction interventions, and will buy another 800000 syringes by the end of 2012 to be distributed to the NSP programmes for opiates and NPS IDUs.

"DREAM-SHOP's" evolution february 2011 – september 2012



ROUTINE MONITORING of the implementing of the
*National program of measures to combat the marketing and use of new psychoactive
substances / products harmful to health*



Thank You for your kind attention!

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