

EHRA intervention – 20th November CND Intersessional
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Changes in the Eastern Europe and Central Asia region drug scene pose new threats for health of people who use drugs

Excellences, ladies and gentlemen, dear civil society colleagues,

Thank you, Mr. Chairman for the opportunity to make a statement in the panel.

My name is Eliza, I represent the Eurasian Harm Reduction Association. EHRA is a regional network of more than 300 organizational and individual members from 28 countries of Central and Easter Europe and Central Asia working together to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances.

In recent years, the growing use of NPS has exacerbated the threats for health of people who use psychoactive substances including overdoses, psychotic reactions, and HIV due to multiple injections and increased number of sexual contacts. However, in many countries providers of harm reduction, drug treatment programs and ambulance services are not prepared to provide people who use drugs with quality support and counselling to reduce risks associated with NPS use. In the CEECA region the situation with NPS is truly alarming and has become one of the major challenges for the national public health systems, local NGOs and communities of people who use psychoactive substances.

EHRA in partnership with School of Law, Swansea University conducted a research in 8 countries of the CEECA region. I will briefly share the main findings related to **health consequences and risks associated with NPS (mainly synthetic cannabinoids and synthetic cathinones)** and recommendations for the improvement of relevant health and social services.

- NPS use is linked with increased number of sexual contacts, riskier sex practices and frequent injections, sometimes up to 30 injections per night, and sharing of injecting equipment. Thus, it is important to ensure that enough needles and syringes, condoms, and lubricants are distributed to key populations to prevent the **spread of HIV and other infectious diseases**.
- In addition to increased risk of HIV transmission **frequent injections** exacerbate the chances of abscesses, infections, overdose, and cardiovascular disease. Cookers, filters, sterile water, absorbable ointments, and bandages must be ensured in all harm reduction programs. What is more, harm reduction services should employ community-based nurses, who play an important role by providing non-discriminatory health care to people who use drugs and increasing access to public health.
- It is evident that tolerance to NPSs develops very fast. However, in the countries, where research was conducted, there is almost no treatment for NPS users or the existing **treatment protocols** are not implemented by the specialists. There is also a lack of knowledge on how to respond to **overdoses and intoxications** with NPS. Most of the overdose symptoms are of a mental and behavioral nature or somatovegetative and neurological. A community-led response should be developed in line with specialists' responses and applied in cases of overdose from NPS.

- **Mental disorders** were mentioned by all the respondents as one of the main consequences of NPS use. Therefore there is a need for easier access to antidepressants, sleeping pills, and other medicines in the harm reduction services to reduce anxiety, depression, psychosis, as well as safer spaces (such as drop-in centers, support centers, day and night shelters) and competent community-based professionals (such as psychologists, nurses), who will be able to support NPS users and build trust with them.
- There a lot of cases of **dual diagnosis** of mental illness and substance use disorder, although in some countries – mental health centers work separately from drug use disorder centers; thus, they lack cooperation between each other. Existing psycho-social and medical-social interventions should be adapted to ensure effective work with people who use NPS, including non-injecting users.
- People are afraid to seek treatment, because of the **psychiatric and drug user registers**, which limit their educational opportunities, the right to obtain driver's license, or hold certain jobs. These registers should be abolished or reformed in a way that is nondiscriminatory and do not create a barrier to treatment-seeking behavior. There is also a fear of being sanctioned by the police while calling an ambulance, hence policy changes are needed to ensure confidentiality when receiving first aid, and without any police interference.
- Even though the drug scene is changing most of the existing harm reduction services still focus on opiate users. At the same time, more young people are starting to use NPS by smoking or inhaling it. Provision of drug paraphernalia for **non-injecting drug administration** will not only serve as a risk reduction tool but help engage people who use new psychoactive substances with the medical system.
- Most of the NPS are sold through Darknet and social media channels there is therefore a need for the development of **online outreach** and harm reduction services.

Thank you for your consideration and opportunity to speak.