



# News release

from the EU drugs agency in Lisbon

26 JUNE: INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING

## **EMCDDA publishes its first report on health responses to new psychoactive substances**

(24.06.2016, LISBON) Over the last decade, there has been an unprecedented rise in the number of new drugs appearing on the global market. In Europe, around two new psychoactive substances (NPS) are detected every week, posing a major challenge to drug policy and practice. In its latest report, released today ahead of **International day against drug abuse and illicit trafficking** (26 June), the **EU drugs agency (EMCDDA)** presents its first analysis of the health responses to these drugs, often sold as 'legal highs' <sup>(1)</sup>.

The report — **Health responses to new psychoactive substances** <sup>(2)</sup> — explains that, while NPS use in Europe remains relatively low <sup>(3)</sup>, there are growing concerns over problematic forms of use and harms related to these drugs. It presents recent evidence of the association of NPS with hospital emergencies and rising demand for specialist drug treatment and describes how, in some countries, new stimulant substances are driving changes in drug injection patterns. The study reviews, for the first time, health- and drug-related responses to these drugs now emerging in Europe.

**EMCDDA Director Alexis Goosdeel** says: 'The NPS market is complex and the rapid emergence of novel products means that developing supportive health interventions is challenging. Initial responses to new drugs in Europe have largely been regulatory, focusing on legislative tools to tackle supply. But as the phenomenon evolves, it is critical that we formulate and implement effective public health responses to the use of these substances. The significant number of annual detections of these drugs, and associated harms, calls for the continuous assessment and development of appropriate services for users at risk'.

In 2015 alone, 98 new substances were detected for the first time via the EU Early Warning System on NPS, bringing the total number of new drugs monitored by the **EMCDDA** to 560.

### **NPS: who's at risk?**

The report identifies key groups considered to be at particular risk of NPS use and harms. These include, but are not limited to: young people; participants in nightlife events; men who have sex with men (MSM); individuals in custodial facilities; and people who inject drugs (PWID).

A recent French survey revealed that 4 NPS users in 10 experience adverse effects following use, yet fewer than 4% of them seek support from a health professional <sup>(4)</sup>. A study by the European Drug Emergencies Network (Euro-DEN) explored presentations to hospital emergency units involving NPS. Symptoms commonly recorded included: agitation, aggression, anxiety, palpitations and hallucinations <sup>(5)</sup>.

Today's report explores intervention responses in specific settings where users may seek help. These include: school and family; nightlife venues; sexual health services; hospital emergency departments and clinical services; specialised drug treatment services; low-threshold services; and prisons and custodial facilities. It also looks at drug treatment, harm reduction and prevention activities delivered online.

Several European countries report problematic forms of NPS use among PWID, such as high-frequency and compulsive injecting and needle sharing, increasing the possibility of HIV or hepatitis C (HCV)

transmission. Injecting NPS (e.g. cathinones) with other drugs (e.g. methamphetamine) is also reported among MSM. These so-called 'slamming' practices are associated with high levels of sexual risk taking, pointing to the need for increased cooperation between drug treatment and sexual health services.

### **Existing health responses can be adapted, but competence-building is still needed**

The report concludes that existing interventions addressing drug use can be adapted to deliver a 'comprehensive health response' to NPS-related harms. The approaches recommended in the study are therefore largely based on existing responses (e.g. counselling, needle- and syringe-exchange programmes) but adapted to reflect: unique user group needs; the structural, cultural and social contexts of use and new opportunities for engaging recreational NPS user groups.

It adds: 'Professionals' lack of experience with NPS and lack of knowledge of their pharmacology does not mean that they do not have the skills to support the users of these drugs. A professionally competent workforce is likely to already possess the skills required to support health responses to NPS use.'

But competence-building among health and drug professionals still represents a key investment priority in the field of health responses to NPS in Europe and even adapting existing interventions requires a basic understanding of the effects and harms associated with these novel substances. Here the report underlines the importance of updating professionals' knowledge and skills on NPS via basic training materials and knowledge-exchange platforms for clinicians, healthcare and social workers.

Among the health responses highlighted in the report are consumer-protection initiatives, such as drug checking and harm-reduction interventions, which provide opportunities to reduce and prevent severe health consequences. Clinical guidelines for professionals are also cited as important resources. The NEPTUNE project is one example of European guidance material on NPS <sup>(6)</sup>.

Finally, the report stresses the importance of evidence-based responses to drug use. It warns that adapting existing interventions to respond to NPS 'must proceed with caution and within a robust evaluative framework'.

### **Notes**

<sup>(1)</sup> The EMCDDA will mark this international day with an event on its premises on 27 June for the Lisbon diplomatic community and its partners from the Portuguese authorities.

<sup>(2)</sup> The 30-page report is available at [www.emcdda.europa.eu/publications/ad-hoc/nps-responses](http://www.emcdda.europa.eu/publications/ad-hoc/nps-responses). It is accompanied by the latest edition in the Perspectives on Drugs (POD) series, dedicated to the same topic.

<sup>(3)</sup> A 2014 European Commission Flash Eurobarometer survey showed that some 8% of young people aged 15–24 reported having taken 'legal highs' in their lifetime, while 3% reported use in the last year [http://ec.europa.eu/public\\_opinion/flash/fl\\_401\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_401_en.pdf)

<sup>(4)</sup> Results from a French online survey conducted in 2014 as part of the European project I-TREND showed that the occurrence of adverse effects associated with NPS during last use concerned approximately 4 out of 10 users (Cadet-Taïrou, 2016 — <http://en.ofdt.fr/index.php?CID=304>).

<sup>(5)</sup> A recent study across 16 European Drug Emergencies Network (Euro-DEN) sentinel sites between October 2013 and September 2014 found that 5.6% of 5 500 presentations mentioned NPS.

<sup>(6)</sup> NEPTUNE aims to improve clinical practice in the management of harms resulting from the use of NPS and is aimed at clinicians working in a range of frontline settings, including drug treatment, emergency departments, sexual health services, primary care and mental health services. For more, see <http://neptune-clinical-guidance.co.uk>