Addressing New Psychoactive Substances as health challenge

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Access to controlled medicines
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Perception of risk is key, but other factors also important.
Risk and protective factors

**Protective factors**
- Safe neighbourhoods
- Physical safety and social inclusion
- Quality school environment
- Access to health care
- Caregiver involvement and monitoring
- Health and neurological skills: - coping skills - emotional regulation

**Risk factors**
- Poverty
- Conflict/war
- Homeless, refugee status
- Social exclusion and inequality
- Neighbourhood disorders
- Peer substance use and drug availability
- Mental health problems
- Trauma and childhood adversity
Strong prevention systems based on scientific evidence
Healthy and safe development of children and youth
Prevention system
<table>
<thead>
<tr>
<th>Family</th>
<th>Early childhood</th>
<th>Middle childhood</th>
<th>Early adolescence</th>
<th>Adolescence</th>
<th>Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal &amp; infancy visitation</td>
<td>Parenting skills</td>
<td>Prevention education based on social competence and influence</td>
<td>Addressing individual vulnerabilities</td>
<td>School-wide programmes to enhance school attachment</td>
<td>School policies on substance use</td>
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<td>Interventions for pregnant women</td>
<td>Classroom management</td>
<td>Policies to keep children in school</td>
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<tr>
<td>School</td>
<td>Early childhood education</td>
<td>Personal &amp; social skills education</td>
<td>Prevention education based on social competence and influence</td>
<td>Addressing individual vulnerabilities</td>
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</tr>
<tr>
<td>Community</td>
<td>Community-based multi-component initiatives</td>
<td>Media campaigns</td>
<td>Mentoring</td>
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<tr>
<td>Workplace</td>
<td>Prevention programmes in entertainment venues</td>
<td>Workplace prevention programmes</td>
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<tr>
<td>Health sector</td>
<td>Brief intervention</td>
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</tbody>
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**Notes:**
- **Family:** Focuses on prenatal care and early childhood parenting.
- **School:** Offers education and social skills programs.
- **Community:** Provides multi-component initiatives.
- **Workplace:** Includes prevention programs.
- **Health sector:** Supports mental health interventions.
Prevention in entertainment venues

- Multi-component programmes
- Coordination of venues
- Awareness raising
- Visible enforcement
- Treatment and care services for managers and staff
- Training for managers and staff on how to handle intoxicated patrons.
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Access to controlled medicines
Healthcare professionals are less confident in managing acute toxicity related to the use of new psychoactive substances (NPS) compared with classical recreational drugs

D.M. Wood¹,², B. Ceronie² and P.I. Dargan¹,²  
QJM: An International Journal of Medicine, 2016, 527–529

<table>
<thead>
<tr>
<th></th>
<th>Classical recreational drugs (mean ± SD)</th>
<th>NPSs (mean ± SD)</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>Nursing staff (n=106)</td>
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<tr>
<td>Knowledge</td>
<td>2.9 ± 1.0</td>
<td>2.1 ± 1.0</td>
<td>&lt;0.001</td>
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<tr>
<td>Confidence</td>
<td>3.0 ± 1.1</td>
<td>2.3 ± 1.1</td>
<td>&lt;0.001</td>
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<td>Medical staff (n = 82)</td>
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<tr>
<td>Knowledge</td>
<td>3.1 ± 0.8</td>
<td>2.1 ± 1.0</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Confidence</td>
<td>3.0 ± 0.9</td>
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<tr>
<th></th>
<th>Frequent cases (n = 90) (mean ± SD)</th>
<th>Less frequent cases (n = 98) (mean ± SD)</th>
<th>P</th>
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</thead>
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<tr>
<td>Knowledge</td>
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<tr>
<td>Classical recreational drugs</td>
<td>3.6 ± 0.8</td>
<td>2.8 ± 0.8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>NPS</td>
<td>2.7 ± 1.0</td>
<td>1.9 ± 0.8</td>
<td>&lt;0.001</td>
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New presentations of known harms

- Different presentations of known harms with NPS:
  - Very high potency, overdose risk (e.g. fentanyl derivatives)
  - Higher risk of toxicity and narrow dose-response (GHB/GBL)
  - Increased risk of blood-born, systemic and bacterial infections associated with injecting (synthetic cathinones)
  - High frequency, compulsive injecting (mephedrone)
  - Increased risk of high-risk sexual behaviours and increased HIV risk behaviours (synthetic stimulants)
  - Dependence with severe withdrawal syndrome (GHB/GBL)
  - Increased risk of psychotic symptoms (SCRAs)
  - Increased cardiotoxicity (SCRAs)
  - Much longer duration of effects (bromodragonfly)
Too many substances to learn about, changing too rapidly
Unpredictability of NPS Products

- No real knowledge of what substance taken
- NPS 'products' sold may contain more than one compound
Training of clinician in the management of acute medical complications of NPS

- Agitation and delirium
- Convulsions
- Hypertension
- Hypotension
- Hyperthermia
- Neuroleptic Malignant Syndrome
- Serotonin Syndrome
- Metabolic acidosis
- Rhabdomyolysis
- Acute Kidney Injury
- Unknown drug of use
- Symptoms plus possible history
Training for service providers, Kazakhstan
New users using NPS

- Typically reluctant to access traditional drug treatment
- Real or perceived belief that:
  - Treatment services not for them, but aimed at 'drug addicts', opiate and injecting drug users
  - Drug treatment does not understand their cultures, needs and context of risk
  - Drug treatment has no understanding of NPS
Treatment system: strong tailored outreach and evidence-based services
Call to the international community to join forces to trial pharmacological treatment of stimulant use disorders.
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Access to controlled medicines
The balance is not easy, but it is possible

Prevent diversion and non-medical use

Ensure access to controlled medicines
Effective three-pronged approach

- Management of the supply chain
- Supportive legislation & policies
- Training of health workers

Ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse

Technical Guidance: Increasing access and availability of controlled medicines

Advanced Draft
March 2016
A global partnership
Thank you!

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