

New Psychoactive Substances among People Who Use Drugs Heavily (PUDH): challenges and effective responses for harm reduction services in Europe



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BACKGROUND: This article describes the set-up, the methodology and the outcomes of the local interventions and responses in five European countries (Greece, Poland, the Czech Republic, Romania and Portugal), which were carried out within the framework of the 'NPS in Europe Project'. **AIM:** The article provides information on the practical interventions on a local level. It specifies how the project partners planned, organised and monitored their practical interventions and how the research findings were directly translated into action. **METHODOLOGY:** To plan, organise and monitor the local interventions a specific methodology was developed which stratified problems and needs into different levels, including the physical, social, policy and economic levels. **RESULTS:** One of the main conclusions is that the implementation of effective interventions is often impeded by legal restrictions: an increasing number of NPS ends up on the list of forbidden substances, which contributes to an increase in the number of new unknown substances with unknown

health risks. On the individual level it can be stated that NPS are often used because they are not (yet) controlled by the UN Drug Convention and are easy to access, but they are not necessarily the drug of first choice. The RAR surveys and the interventions in the five countries also showed that service providers, such as drug services and harm reduction organisations, as well as NPS users, lack essential information about NPS use, the associated effects and the risks posed by the various drugs and do not know which kind of harm reduction messages should be promoted among PUDH. Last but not least, there is a clear indication in all five of these European countries that there is resistance on a political level to investing in harm reduction interventions in the field of NPS. **CONCLUSIONS:** The methodological approach, as well as the results of the interventions, can be used as guidance and a model of good practice by drug services which want to develop effective harm reduction interventions in the field of NPS use.

KEY WORDS: NPS IN EUROPE – PEOPLE WHO USE DRUGS HEAVILY – RAR – PRACTICE – LOCAL INTERVENTION – BARRIERS AND CHALLENGES – METHODOLOGY – RECOMMENDATIONS

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● 1 INTRODUCTION

The basic principle of the 'NPS in Europe' project was to combine research elements and practical interventions and to bring research findings directly into practice, in order to gain added value on a practical level right away. This was realised by carrying out an RAR survey and by implementing appropriate responses based on the outcomes of the RAR. The RAR and the interventions were implemented on a local level in five European countries (Greece, Poland, the Czech Republic, Romania and Portugal).

An integrated research-practice approach ensures close cooperation between researchers, professionals and peers. Too often research activities are organised in a way that is isolated from the level of practice, without including the experience and expertise of community services. As a consequence, outcomes and findings are not necessarily connected to practice and cannot be transferred into practical interventions.

One of the cornerstones of the 'NPS in Europe' project was the close cooperation with the local partners. Activities and interventions had to be feasible and had to fit the needs and the resources on the local level. The research was carried out by the local partners themselves: a desk review of the national situation was carried out, the NPS availability of the online and offline markets was analysed and focus groups with People Who Use Drugs Heavily (PUDH) and professionals were organised. The staff were trained and received a manual to support the various research activities.

On the basis of the outcomes of the RAR survey, the local partners developed a strategy to respond to the challenges with regard to NPS use. Different interventions were carried out, monitored and evaluated. An Intervention Guide was developed to support the local partners during this process. Supervision and support were provided in order to safeguard the process.

This article will briefly highlight the main outcomes of the intervention phase, analyse the overall challenges and give an overview of the national and local findings. On the basis of these experiences, some overall conclusions are drawn which can support and improve future interventions.

● 2 METHODOLOGY OF THE IMPLEMENTATION PHASE

After the RAR study, which was carried out in Greece, Poland, the Czech Republic, Romania and Portugal, all the local partners summarised and analysed their findings. The partners were urged to stratify their problems and needs into different levels, including the physical, social, policy and economic levels. In practice, this stratifying approach worked well. The partners were challenged to differentiate problems and needs and to develop a set of interventions targeting different levels.

In addition to that, potential barriers were assessed, as well as solutions which could help to overcome these barriers. Through doing this, the partners were able to anticipate potential barriers directly and minimise the risk of unexpected problems. (*Table 1.*)

The local partners were also asked to compile a list of relevant stakeholders and to describe their role during the implementation phase. These stakeholders were approached at the very beginning of the project to ensure their full commitment. (*Table 2.*)

Last but not least, the local partners were responsible for monitoring their interventions by filling in a log frame matrix. This matrix was updated once a month and shared and discussed with the person who supervised the local interventions in all five countries. Relevant information was shared between the local partners to stimulate mutual learning. (*Table 3.*)

The implementation phase had a duration of eight months. After finalising the interventions, all the local partners compiled an Implementation Report, which included a description of the main problems and needs, the various interventions, the barriers during the implementation phase and recommendations for follow-up activities on the national and local levels.

To share the knowledge, expertise and lessons learned, all the local partners organised national training sessions for relevant stakeholders in the field.

● 3 PROBLEMS AND RESPONSES BY COUNTRY

Greece

Greece is currently facing the disastrous consequences of the financial crisis and the austerity measures. Youth unemployment is close to 60% and homelessness has increased by 25% since 2009. Because of the austerity measures, the Greek government has had to reduce public health investments to 6% of GDP (which is 3% less than the ECOSOC average). Social and welfare programmes have been cut down by 40%.

KEELPNO reports that Greece has approximately 25,000 drug users, of whom 10,000 live in Athens. However, outreach and harm reduction services have only limited resources to provide sufficient social and health services to drug users. The most popular drug is heroin.

There is no data available which can give us the extent of NPS use among PUDH in Greece. This means that all the information that is available on NPS is mainly derived from seizures.

The most popular drugs in Greece are currently Shisha (methamphetamine in crystalline form, widely used on the open drug scenes in Athens) and two categories of NPS: synthetic cannabinoids and synthetic cathinones.

Table 1 / Tabulka 1

From Problem to Response

Od identifikace problému k jeho řešení

Level of intervention	Problems and needs	Objectives and aims	Proposed interventions	Expected Barriers	Solutions to overcome barriers
Physical					
Social					
Policy					
Economic					

Table 1 assesses the problems and needs and describes the objectives and the planning of the intervention.

Tabulka 1 obsahuje přehled identifikovaných problémů a potřeb a popis cílů a plánování intervencí.

Table 2 / Tabulka 2

Relevant Stakeholders

Hlavní aktéři

Response Level	Stakeholders	Role of the stakeholders
Physical level		
Social Level		
Policy Level		
Economic Level		

Table 2 gives an overview of the relevant stakeholders on the local and national levels and also describes their specific roles during the intervention.

Tabulka 2 obsahuje přehled hlavních aktérů na místní a celostátní úrovni a popisuje současně jejich konkrétní roli v rámci realizace intervencí.

Table 3 / Tabulka 3

Log Frame Matrix

Matice logického rámce

Overall objective:			
Objectives	Activities	Indicators	Assessment

Table 3 is the log frame matrix, which clearly describes the objectives, the activities and the indicators. A separate assessment row describes the progress of the activities and monitors problems and delays.

Tabulka 3 představuje matici logického rámce, která přehledně popisuje jednotlivé cíle, aktivity a indikátory. Poslední sloupec pak slouží k průběžnému vyhodnocování aktivit a monitorování problémů a prodlev při jejich realizaci.

Shisha is not an NPS, but was very popular for 2–3 years (2011–2013) and mainly because of the extremely low price (€1–3 per dose). It is an amphetamine-based drug mixed with liquids (e.g. battery liquid) and is called the ‘cocaine of the poor’. It is mainly smoked (80%) or injected (20%). The other NPS are mostly popular because it is very easy to purchase them. There is no information about Greek online shops selling NPS. There is at least one mini-market selling NPS in Northern Greece.

The growing popularity of Shisha has caused many social and health problems among PUDH. Reported side effects of using Shisha include frequent psychotic incidents, loss of weight, internal burning and open wounds in the body and in the mouth, insomnia, sexual over-stimulation

and violence. Because of the negative connotations associated with the use of Shisha, users have become more careful and use less Shisha. The producers realised that. The new Shisha has a better quality and prices have also increased to €3–6 per dose.

The use of Shisha could not be directly linked to the increase of HIV and HCV diagnoses among PUDH in Athens. Nevertheless, it is obvious that Harm Reduction interventions should be adjusted more to the smoked use of Shisha. TB and other respiratory diseases were never mentioned either by the PUDH or by the professionals. As one of the effects of Shisha is sexual over-stimulation, the widespread distribution of condoms seems important.

Praksis, the local partner which was responsible for the RAR survey and the implementation phase in Greece, developed and implemented the following set of interventions:

- focus group session with PUDH to collect information, develop effective interventions and engage PUDH in the activities of Praksis;
- informing national policy makers about the situation concerning PUDH and Shisha in particular to advocate support for effective harm reduction policies;
- informing representatives of the local authorities in Athens about the situation concerning PUDH and Shisha to reinforce effective local harm reduction interventions.

Because of the chaotic political situation in Greece, it has become almost impossible to address the issue of Shisha and the need for harm reduction services on the local and national levels. Policy makers, as well as the contact persons within the local authorities, have been changing constantly. The political discussion on leaving the eurozone, the various referenda and the national elections have made any other discussion irrelevant. In addition to that, most outreach programmes on the national level have stopped because of a lack of funding.

As a result of these barriers on the policy level, the interventions of Praksis mainly focused on the improvement of the social and physical well-being of drug users. The focus group sessions with PUDH helped to analyse and understand the specific problems of Shisha users in Athens. The organisation strives for a stronger involvement of PUDH in the development and implementation of interventions. A skill-building session on peer involvement strategies has been organised for staff within Praksis.

Portugal

NPS use among PUDH is rather exceptional in Portugal. NPS are mostly used by young people in recreational and experimental settings. Studies have shown that only 0.4% of the general public have tried NPS, while NPS use among young people is more prevalent, with lifetime use being 29% and last year prevalence 19% (The Gallup Organisation, 2011; Balsa et al., 2013). Curiosity and the will to experiment are important reasons why young people choose NPS. During the focus group sessions it was stressed that the accessibility and availability of substances are important. If traditional drugs such as cannabis, cocaine and MDMA were less available, people chose NPS as a substitute. If traditional drugs were more available, fewer NPS were used. Traditional drugs seem to be preferred. The main reasons for that were negative experiences with NPS, such as aggression, anxiety and intoxication.

NPS use has always strongly been linked to the existence of smart shops (since 2007). In 2013 smart shops were banned. The NPS market changed. Online shops do exist and sell different kinds of NPS. Since the ban on smart shops fewer people have been admitted to emergency services. However, there is criticism of this intervention. The market is ever-changing and there is only limited control over what is being sold.

APDES, the local partner in Portugal, has developed a multi-layered intervention, including the following elements:

1/ Development and implementation of the NETreach work strategy – an online outreach strategy with the idea of providing online and offline harm reduction services to hard-to-reach groups via the internet. The NETreach strategy was developed at the very beginning of the project. The implementing team was trained according to a specific training manual, in a number of areas, including:

- NPS, the dark web, peer-led online communities;
- best practices in NETreach work, websites with updated information about NPS and drug-checking results;
- NETreach work: strategies to intervene online through one-dimensional (providing updated information on the website and social network pages), two-dimensional (e-counselling through mail and Facebook messages) and three-dimensional platforms (intervention in forums);
- Netnography and other methodologies to observe online dynamics and evaluate the intervention.

2/ Empowerment and networking on a local level, by sharing practical tools and by reinforcing communication structures. In total, four network meetings were organised: two in Viseu (N=10) and two in Lisbon (N=20). During the meetings the Local Pass Toolkit¹ was presented. The participants in the meetings were interested in implementing the tool. It was agreed that the participants would collect information on new drug trends in their local context. This information was shared and discussed during the second meeting.

3/ Create awareness among policy makers to promote effective harm reduction services, targeting NPS users. Policy makers were invited to the NETreach work training sessions to increase knowledge and raise awareness of effective NPS harm reduction strategies.

4/ Investigate (offline and online) drug markets, in order to enhance warning systems and information pathways between relevant stakeholders in the field:

1/ The Local Pass Toolkit has been developed within the framework of the European Local Pass project; www.localpass.eu

- The implementation team monitors the offline and on-line markets through drug checking and the T.E.D.I. network. Exchange and discussions are organised once a month to keep staff members up to date.
- The local partner in Portugal managed to develop and implement interventions on different levels and increased knowledge and awareness among the relevant stakeholders. The cooperation and networking structures were enhanced.

Barriers were experienced when it came to the monitoring part. The NPS market is changing quickly and it needs a considerable amount of time to stay updated. The groups of NPS users are online as well and therefore are difficult to reach. The NETreach strategy is an effective strategy, but needs to be implemented on a broader level. Another problem which was mentioned is the fact that health and emergency services are insufficiently informed about the effects of NPS, which makes it difficult for them to intervene in cases of emergency.

Poland

The number of NPS users in the overall population is rather low: 1.4%– 2% in the 15–64 age group. The prevalence of NPS use among young people between 20–24 years is 8%. There is no information available about NPS use among PUDH.

NPS were introduced onto the legal market in Poland as ‘collectors’ items, which are not for human consumption’. The first smart shops appeared in 2009 (42 shops). In July 2010 there were already 260 shops and in October 2010 the Sanitary Inspection closed more than 1300 shops (Sienawska, 2013). Since then the NPS market has mainly been online. There are online shops selling research chemicals which pretend to be professional sites for chemists. In addition there are online smart shops with colourful advertisements, selling products, mixtures and plant-based substances with fancy names. There are also a few offline shops which are known for selling NPS. Because of their unclear legal status these shops change their location regularly and buyers have to be known by the staff. NPS are also sold in specialised shops, such as sex shops, small gambling venues, and shops for bodybuilders.

PUDH use NPS because of the availability of the substances, as well as their legal status. Those who are in substitution treatment prefer NPS because they cannot be traced in urine tests. It also appears that there are quite a number of shops selling NPS near methadone treatment programmes.

The number of non-fatal overdoses has doubled in the past two years. It is unclear which substances caused the overdoses. NPS use differs greatly between the various regions of Poland and the lack of information might cause

data poisoning to some extent. The regional differences are also due to non-uniform data collection methods.

Similarly to other countries in Europe, the government is constantly expanding the list of prohibited substances. Currently, there are 114 NPS listed, which will be approved by the government in 2015. Legal loopholes which make it possible to import NPS will be closed.

Monar, the local partner within Poland, developed and implemented a series of interventions, targeting different levels:

- increase the knowledge among professionals about NPS use and the related risks (including the link between NPS and risky sexual behaviour), by providing information and training;
- increase the knowledge among PUDH about NPS use and the related risks (including the link between NPS and risky sexual behaviour) by giving easy access to the internet, by organising focus groups and by training peers;
- increase knowledge and awareness among local policy makers with regard to NPS use and the need to develop effective HR services by organising several meetings with different contact persons and departments of the City Hall;
- develop new sources of information on NPS and harm reduction by developing sub-websites and by updating them regularly;
- advocacy activities to encourage and stimulate a more evidence-informed and rational policy approach by writing regular comments and articles;
- contribute to an improvement of the current Early Warning System in Poland by discussing the outcomes of the RAR Report with the head of the Polish Reitox Focal Point.

By developing diverse levels of interventions Monar managed to tackle the issue of NPS use from different angles. On the basis of the RAR Report and the related interventions, a number of relevant lessons could be drawn. Good communication between professionals, peers and researchers is a condition for interventions which combine research and practice elements.

Professionals and peers lack knowledge. Not much is known about the different substances, the effects and the associated risks. This applies to NPS users too. Interventions in Poland should definitely focus on providing information and training. Online information sources should become available and need to be updated regularly. Cooperation with the Reitox Focal Point is therefore essential and can contribute to an improved Early Warning System.

Romania

Drug consumption in Romania, and especially in Bucharest, has changed rapidly in recent years. The consumption of cocaine, heroin and cannabis has stabilised or decreased, while the illicit use of prescription opiates and new synthetic drugs has increased.

It is nearly impossible to give accurate information on drug use and NPS use in particular in Romania, because harm reduction and drug services are nearly non-existent and under-developed outside Bucharest.

In Romania NPS became popular in 2009. The most popular NPS are mephedrone, synthetic cathinones and synthetic cannabinoids. In general PUDH do not use synthetic cannabinoids, but stick to stimulants, which they inject. NPS are often mixed with traditional drugs, such as heroin. The reasons for switching from heroin to NPS were their legal status, availability and accessibility and the bad quality of the heroin.

Because of the short intoxication period the frequency of injecting among injecting NPS users is extremely high: 72% inject more than five times a day. Many users report that they inject more than 25 times a day, which increases the risk of HIV and Hepatitis C infections, in particular because there is a lack of needle exchange programmes in Bucharest. The prevalence of HIV among NPS users is 71%, compared to 39% among heroin users (based on a study in 2012 in Bucharest). The available evidence suggests a link between the high frequency of injecting and the increased number of HIV infections.

Other health-related problems which are reported by NPS users are anxiety, psychotic behaviour, insomnia, physical exhaustion and panic attacks. These side effects were reported by many users. It is unclear which kinds of substances are being used, as NPS are generally sold as 'legal highs'. Because of their negative experiences with NPS, quite a number of PUDH switched back to heroin again.

Carusel, the local partner in Bucharest, implemented a number of interventions to address the problems which were assessed in the RAR survey. The activities mainly focused directly on PUDH. Training sessions were organised to inform NPS users about safe injecting practices, harm reduction, overdose management and panic attacks. In addition, five peer educators were recruited and trained to provide information and harm reduction strategies to their peers.

One of the most important lessons learned is that PUDH who inject NPS have developed their own methods to control their drug use and to minimise risk behaviour. One of the users, for example, stated that he always splits his drug into very small portions. He injects small doses every 10 minutes. After having used the first half, he leaves the place and goes somewhere to cool down. By doing so he can save a portion for later and avoids panic attacks at the

same time. By collecting and sharing these stories other users can learn about effective self-control mechanisms and experiment with them.

The trained peers were able to transfer their newly gained knowledge directly into practice. One of the peers managed an overdose and was able to save the life of a friend soon after the training. This increases the credibility of the peers among users.

An important barrier in providing HR services to NPS users is the lack of resources and manpower. Harm reduction services lack essential materials (e.g. good-quality needles), as well as outreach workers and peers. PUDH in Bucharest are widely spread and hang out in different parts of the city (each spot has a different group of users and different patterns of use). This requires knowledge of the drug-using community, as well as credibility and trust, which needs to be built up carefully.

Peers can play an important role in overcoming this problem. The peer education programme should therefore be extended and continued.

Czech Republic

NPS appeared in the Czech Republic in 2009. Among PUDH cathinones (mainly in Prague) and opiate medications (mainly in Pilsen) became popular. In Prague PUDH started to switch from injecting methamphetamine to mephedrone and cathinones.

The appearance of NPS in 2009 was closely associated with the launch of the online market and the smart shops. NPS are also sold in brick-and-mortar shops. After a change in the legislation in 2011 33 new substances were added to the list of forbidden narcotic substances. Smart shops were closed down. NPS became less available and PUDH switched back again to injecting methamphetamine. There has been a declining trend of PUDH injecting NPS since 2011. Most PUDH think that NPS are dangerous and inferior to methamphetamine.

In Pilsen (Western Bohemia) a different trend can be observed. Since 2012 the injection of opioid painkillers, such as Fentanyl and Vendal Retard, has become popular among PUDH. More than 23% of the PUDH in Pilsen inject Fentanyl patches, compared to 5.1% of the PUDH in the whole republic.

Sananim, the local partner in Prague, implemented a number of interventions on different levels, including:

- harm reduction activities and campaigns targeting NPS users by publishing regular articles on NPS use in the 'Dekontanimace' Magazine (a magazine for drug users with 6000 readers);
- training and capacity building for professionals and peers working with NPS users – a summer school and a seminar on NPS;

- development and implementation of peer-driven intervention among NPS users;
- collecting information on NPS use and associated risks and updating the information on www.edekontaminace.cz;
- preparing and organising policy dialogue meetings with the National Focal Point in order to improve the Early Warning System;
- preparing a summary of the RAR Report and presenting the outcomes and conclusions to relevant policymakers, politicians and police officers.

The activities of Sananim were carried out on different intervention levels. A broad range of stakeholders was included in the activities. The summer school and the NPS seminar attracted a large group of professionals and peers. It proved possible to involve the policymaking level and it will be regularly updated on the situation of NPS users. Most importantly, Sananim managed to set up a peer-driven intervention, which was proved to work. This might stimulate other harm reduction services in the Czech Republic to develop and implement peer work.

● 4 PROBLEMS AND BARRIERS TO DEVELOPING AND IMPLEMENTING EFFECTIVE RESPONSES

When the situation in the various countries is analysed, a number of common characteristics can be identified.

● 4 / 1 NPS are not necessarily the first choice

The growing popularity of NPS must be seen in direct conjunction with the criminalisation of traditional drugs, such as heroin, cocaine, amphetamines, cannabis and MDMA. Research has indicated that many users switched to NPS because of their availability, legal status and the costs of the particular substance (Global Drug Survey 2015). This does not necessarily mean that NPS are less harmful than traditional drugs. The rate of those seeking emergency medical treatment was in some cases three times higher among NPS users (especially among those who used synthetic cannabinoids). In other words, NPS are not specifically preferred, but are cheaper and easier to get.

● 4 / 2 NPS start as legal highs, but most often end up on the list of forbidden narcotic substances

This has a proven effect on the availability of the substance and might result in a decreasing use of this specific substance. Nevertheless, the forbidden substances are still available via the online market or drug dealers, together with a huge number of new NPS, including mixtures of new substances, with appealing new names and without clear

information on their effects and the health risks they pose. Thus, although the prohibition of NPS might have short-term effects on the availability of certain drugs, it contributes to a balloon effect and stimulates the constant development of new substances with different ingredients and unknown potential risks. This balloon effect also makes it much more difficult to monitor NPS use, to develop effective HR and prevention strategies and to inform users on potential risks in a timely and adequate manner.

● 4 / 3 The prohibition of smart shops has made NPS less available, but also creates a loss of opportunities

The disappearance of smart shops made NPS less available, but at the same time increased the number of online sites which sell NPS throughout Europe. The smart shops, however, at least offered the opportunity to monitor NPS use and to apply prevention and harm reduction in close cooperation with their owners. Online NPS shops are less approachable and it is more difficult to engage them in harm reduction interventions.

● 4 / 4 Increased risk behaviour

In some countries a clear link between NPS use and increased risk behaviour was found. In Romania the prevalence of HIV among IDU increased significantly after PUDH switched to NPS use (NPS users in Bucharest often inject NPS more than 20 times a day). HR services need to be aware of these impeding factors and should be ready to adapt their services and interventions to these realities.

● 4 / 5 Lack of knowledge and information among professionals, peers and NPS users

The RAR survey indicated a clear lack of information among professionals, peers and NPS users. It is often unclear what kinds of substances are being used and what kinds of effects are linked to the use of the different NPS. In Romania all NPS are called legal highs and users do not know at all what they are buying. Laboratory research is only carried out sporadically, but would help to give an understanding of certain patterns of use.

● 4 / 6 Lack of effective strategies to reach hard-to-reach NPS users

A large group of NPS users is hard to reach. This applies in particular since NPS are sold via the online market. If users are not yet known to HR services, new approaches are needed to get into contact with the target group. Internet-based support and information services are needed.

● 4 / 7 Cooperation between relevant players in the field

Researchers and practitioners often work in isolation from each other. Researchers are seen as unwelcome invaders, sucking information and knowledge out of professionals and PWUDs. Meanwhile, researchers experience the interference of professionals and community members as obstructing and disturbing.

● 4 / 8 Non-functioning Early Warning System

All the local project partners mentioned that the (European) Early Warning System is not helpful for their daily work. The constant increase in the numbers of new drugs requires a quick and flexible system, linking outreach and field workers to the newest information.

● 4 / 9 Lack of political will, funding and resources to invest in harm reduction services targeting NPS use

The RAR survey indicated that HR services are underfunded. NPS have a certain priority when it comes to drug prevention measures, which might partly be due to the fact that many users are relatively young. Myths about the effects of NPS – often driven by the mass media – cause hysteria and stand in the way of a rational and evidence-informed policy towards NPS. Policy makers are wary about supporting harm reduction in connection with this group and do not provide sufficient resources to provide sufficient and effective HR services for NPS users.

● 5 RECOMMENDATIONS AND CONCLUSIONS

On the basis of the outcomes of the RAR survey and the barriers to an effective response that were identified, a number of recommendations and conclusions can be drawn.

- The decriminalisation and regulation of traditional and new drugs and substances should be part of an effective drug policy. This applies in particular when NPS are more harmful than traditional drugs.
- The Early Warning System needs to be improved. Communication structures must stimulate HR services to share their observations. Warnings from the Reitox Focal Point should be shared directly with HR services.
- Low-threshold drug checking is needed! It will help NPS users to make responsible decisions and support HR services in their interventions.
- Monitoring of the NPS market and the new drug trends is essential to develop effective policies and HR strategies.
- HR services must be sustained and extended with specific HR interventions, such as online outreach.

- Better cooperation between the research and practice levels will support the development and implementation of evidence-based interventions. Equality, transparency and a common approach can contribute to an increased knowledge base and more evidence-informed interventions. This applies in particular to NPS, where hysteria and myths emerge frequently.
- Regular training for professionals and peers needs to be organised on a local level, including information on new drug trends, new substances, the effects of different NPS, overdose prevention, etc.
- Peer intervention programmes must be stimulated and set up. It is clear that peers can play an important role in approaching hard-to-reach groups, in monitoring drug trends and in providing HR services.
- Self-control mechanisms should be stimulated among NPS users, as they can contribute to their health literacy and empowerment.

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The article was based on the input and the documentation of the local partners:

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tických intervencí v pěti evropských zemích. Poskytovali praktickou podporu a metodické vedení partnerům v jednotlivých státech a zajišťovali rovněž podporu při evaluaci intervencí realizovaných na místní úrovni. Současně se aktivně podíleli na komponentech projektu věnovaných šíření aktivit a budování kapacit. Oba autoři schválili konečnou podobu rukopisu.

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