



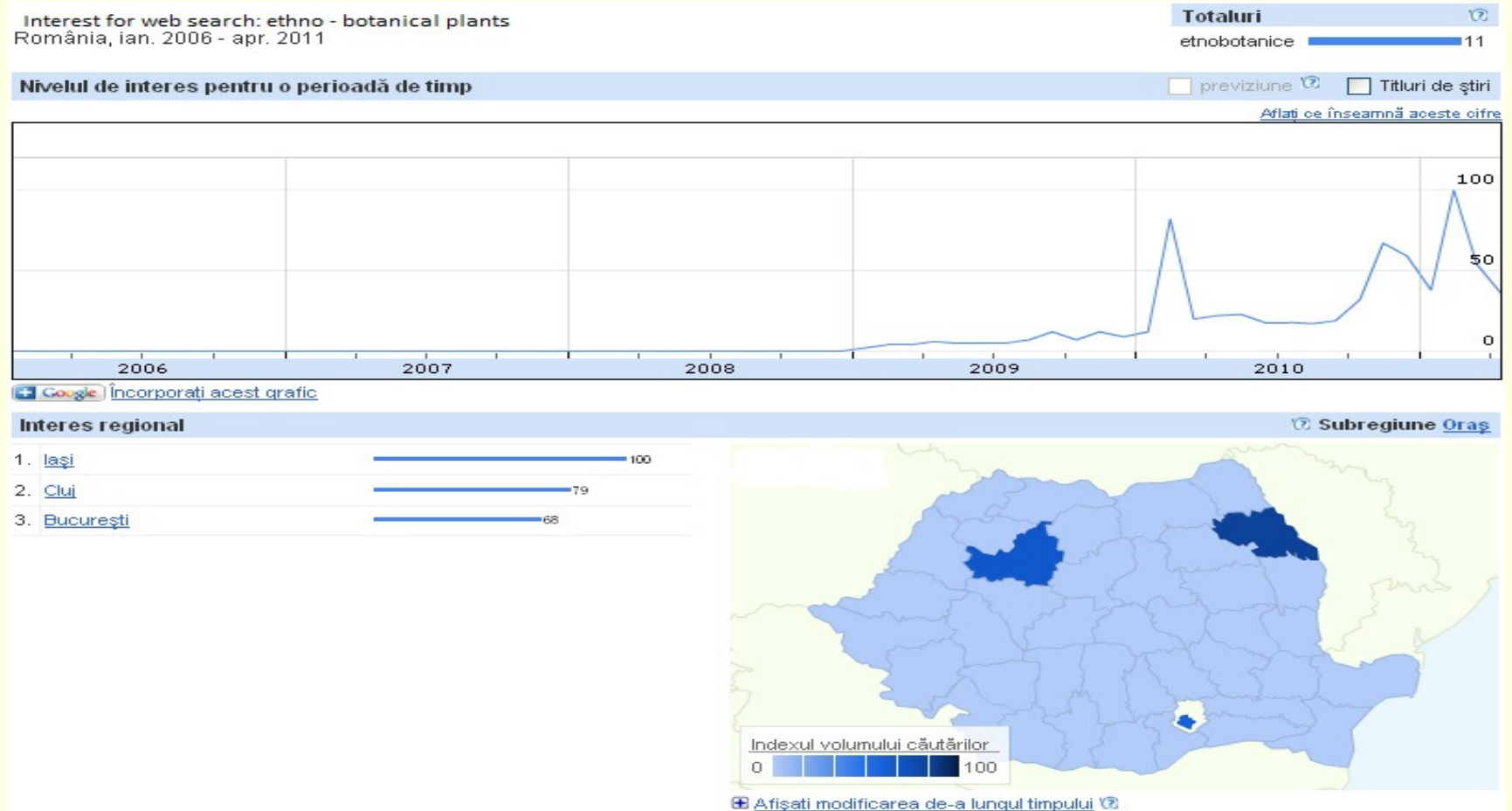
Consumption of new substances with psychoactive effects (NSPE)

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Survey “*Risks Assessment of the use of new psychoactive substances among children and young people in Romania*”-2011

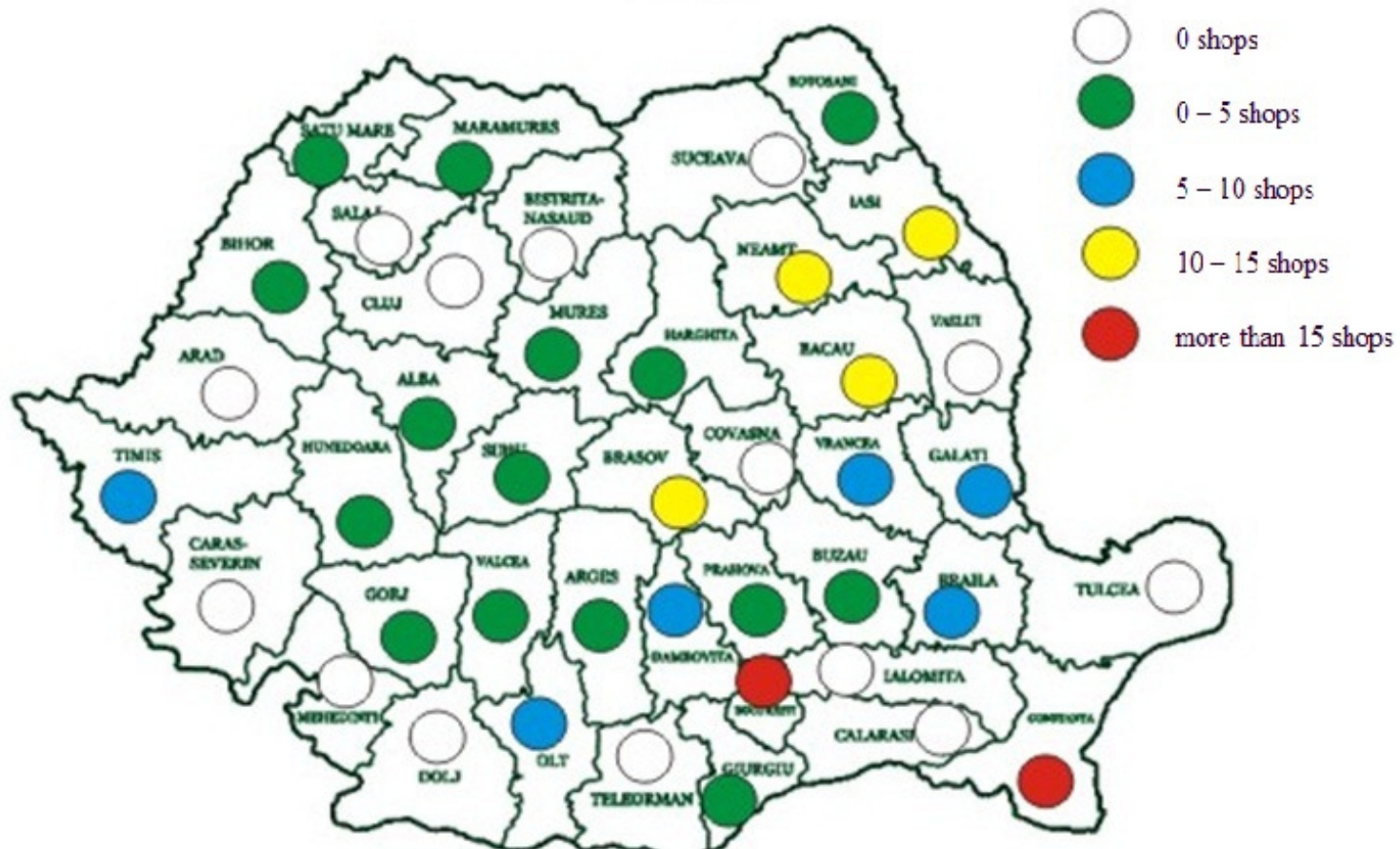
- The use of new psychoactive substances became manifest in 2008.
- Growth and diversification of consumption of NSPE in recent years with downward trends and then recovery following the legal steps taken by government to control these substances



Legislative measures

- **Joint order No. 121/37/43/1647/8/1/293 from 17.02.2011 to regular monitoring and evaluation of the implementation of the programme of measures for combating the marketing and consumption of new substances/products with psychoactive effects, harmful to health no. 5/1194 of 18.02.2011.**
- **Law No. 194\2011 on control transactions and products likely to have psychoactive effects other than those laid down in the legal acts in force (was enacted on 10 November 2011).**
- **Order nr. 103 of 26 April 2001 on approval of the procedure for authorization of transactions and products likely to have psychoactive effects, other than those provided for by the legislation in force, and of the amount of charges for authorisation and evaluation**

Geographical distribution of shops – march 2011



Survey “Risks Assessment of the use of new psychoactive substances among children and young people in Romania”-2011

Consumer behavior (lot of subjects: 120 children and young people, with consumers of NSPE aged 10-24 years)

Frequency of consumption- 42.5% of respondents said that they used daily, 24.2% every 3 days, 25% between 4 and 10 in the last 30 days, and 8.3 percent <4 times in last 30 days.

Polydrug use - 55.9% of respondents said they had used other "legal" products in the last 30 days. Approximately 1 in 10 respondents say they use frequently and illicit drugs. You may use the following substances: alcohol, heroin, amphetamines, cocaine, diazepam, valium, marijuana.

Drug use history- varies between 1 and 31 months with an average of 13 months, the most common response being met 24 months (2 years).

Administration route- pulmonary (smoking), followed by the injection and sniffing.

Survey “Risks Assessment of the use of new psychoactive substances among children and young people in Romania”-2011

From the marketing point of view, the new psychoactive substances sold as “ethno-botanical plants” fall under two large categories:

- mixtures of plants and chemical substances intended for smoking – “spice”-type products;
- mixtures of chemical powders that can be sniffed or injected – synthetic psychoactive substances that have energising or hallucinogen effects, and are traded under different names and mixed with known energisers: caffeine, creatine, etc.

Social-demographic characteristics:

- gender: M -80 (66,6%), F - 40 (33,3%),
- age: mean -18,2 ani, min -10 ani, max-24, mode 17 ani;
- education: 21%- medium or high;
- occupation: 47,5%-high school student, 25%-unemployed/no occupation, 12,5% legal/illegal employments; 10,8%-university student

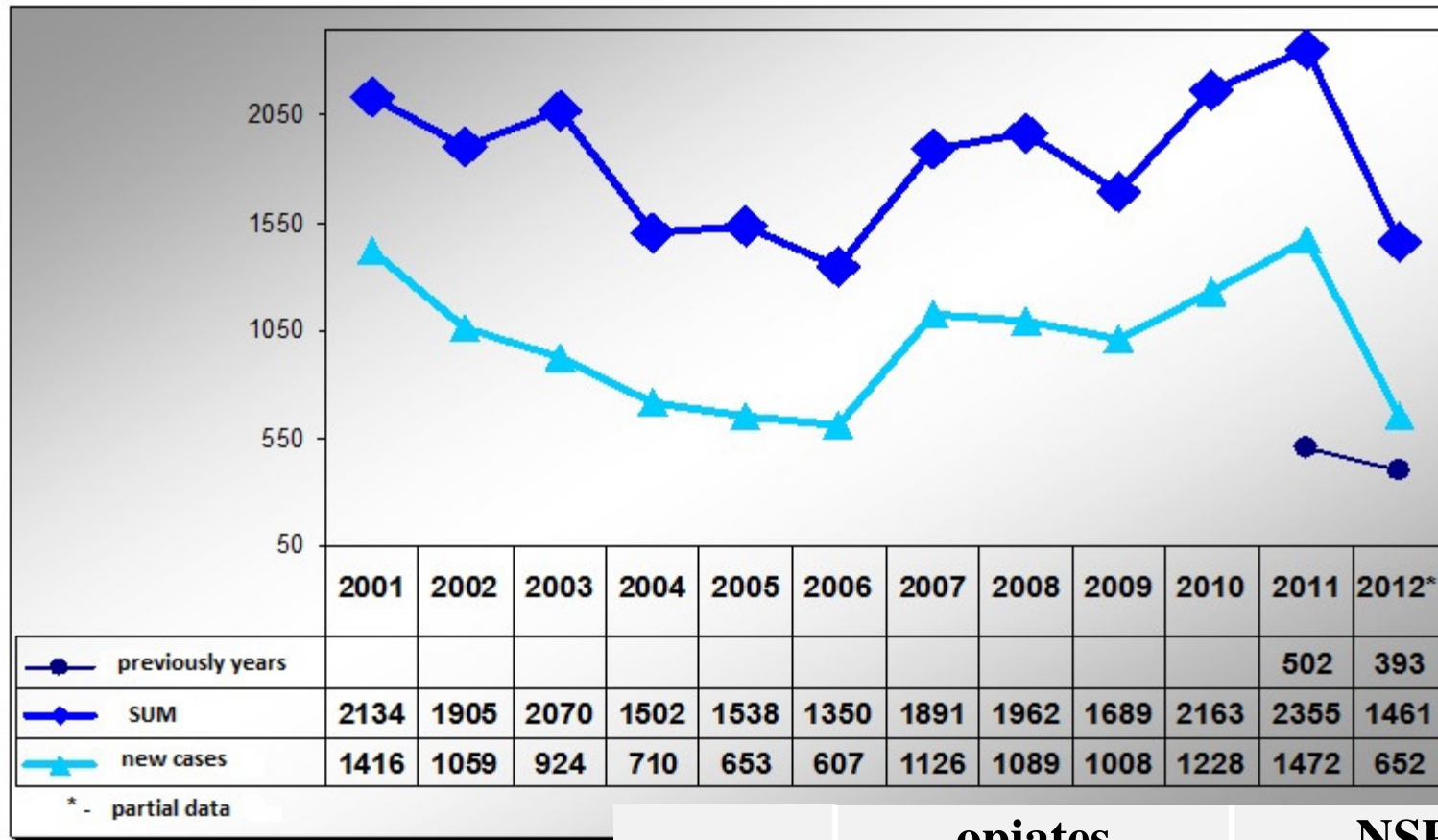
Lifetime prevalence of illicit drugs/psychoactive substances, comparison between: highschool students (SPS, 2011), young people from the big cities (YPS, 2010) and general population (GPS, 2010) (%)

		SPS ≥18 years	YPS 15-34 years	GPS 15-34 years	GPS 35-64 years
Any drug/substances		23,2	11,7	9,5	7,4
of which	NSPE	9,5	6,0	4,1	0,3
	Tranquilisers without medical prescription	3,6	2,0	2,1	6,3
	Cannabis	20,9	4,5	3,0	0,5
	Hallucinogenic mushrooms and ketamine	2,7	0,4	0,2	0,1
	Ecstasy	2,5	1,3	0,9	0,6
	LSD	1,6	0,1	0,1	0,1
	Cocaine	1,6	0,5	0,5	0,1
	Amphetamines	1,4	0,4	0,1	0,1
	Heroin	0,3	0,8	0,4	0,2
	Others	1,1	0,3	0,1	0,2

ESPAD

Type of drug	2007	2011
Any drug/substances	5	10
cannabis	4	7
solvents/inhalants	4	7
NSPE	0	5,3
amphetamines	0.6	3
tranquilisers	4	3
ecstasy	1	2
LSD or other hallucinogens	1	2
cocaine	1,5	2
injecting drugs	0,7	1
hallucinogenic mushrooms	0,2	1
GHB	0	1
crack	0	1

TDI (number of people assisted)



Number of treatment admissions (treatment episodes)

	opiates			NSPE		
	2010	2011	2012	2010	2011	2012
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

TDI (type of drug)

	2010	2011	2012*
opiates	51,7	40,3	39,7
NSPE	24,2	35,4	28,3
cannabis	7,9	10,3	13,1
hypnotics and sedatives	5,7	6,4	11,9
other substances	5,2	3,8	2,5
cocaine	1,1	1,5	0,8
stimulants	1,4	1,3	0,8
volatile inhalants	1,9	0,7	1,3
hallucinogens	0,8	0,4	0,1
polydrug use			1,4

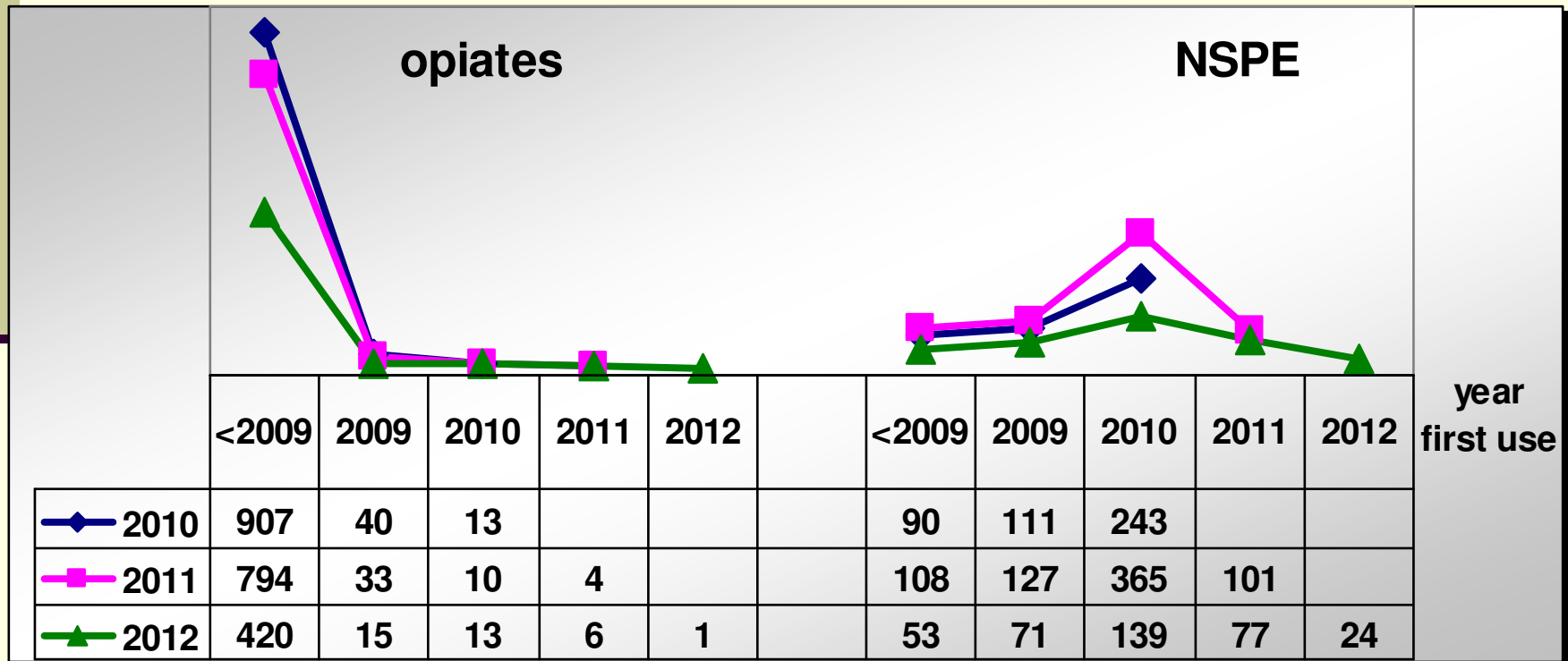
IN 2012 - 115 people received treatment for NSPE but also for opiates, cannabis and stimulants.

Polydrug use

- NSPE + heroin
- NSPE + marijuana/cannabis
- NSPE + inhalants

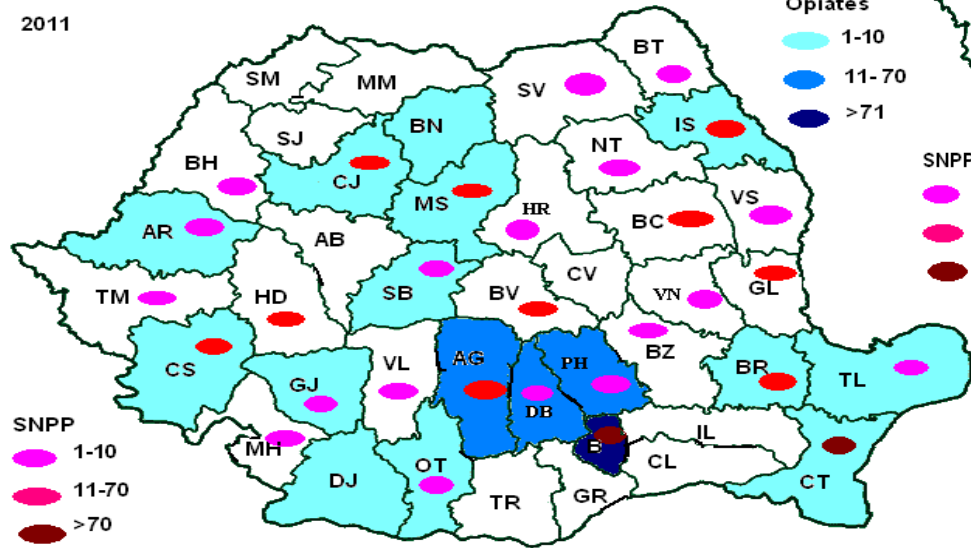
TDI (previously drug, onset year)

Main Drug (treatment admission)	previously drug					
	opiates			NSPE		
	2010	2011	2012	2010	2011	2012
opiates				0,4%	1,2%	2,2%
NSPE	38,9%	50,6%	43,6%			

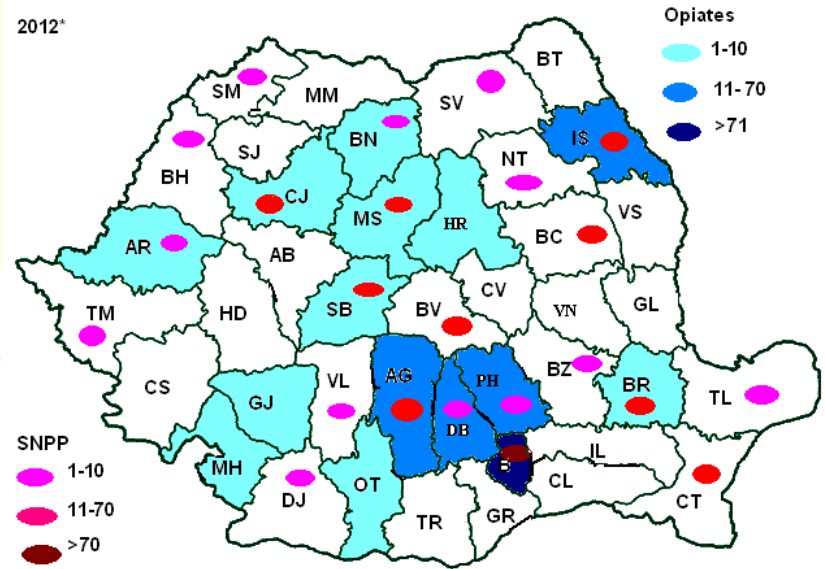


TDI (territorial distribution)

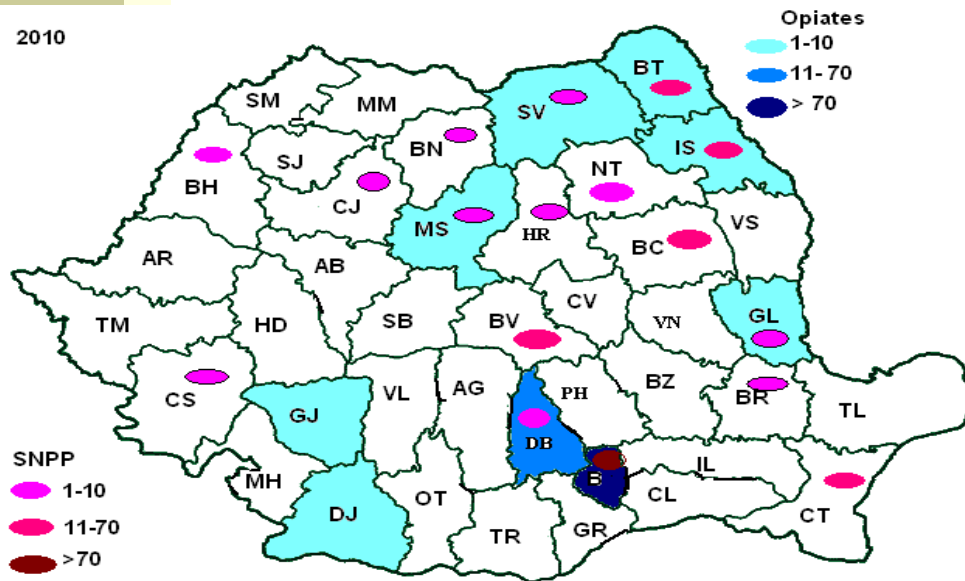
2011



2012*

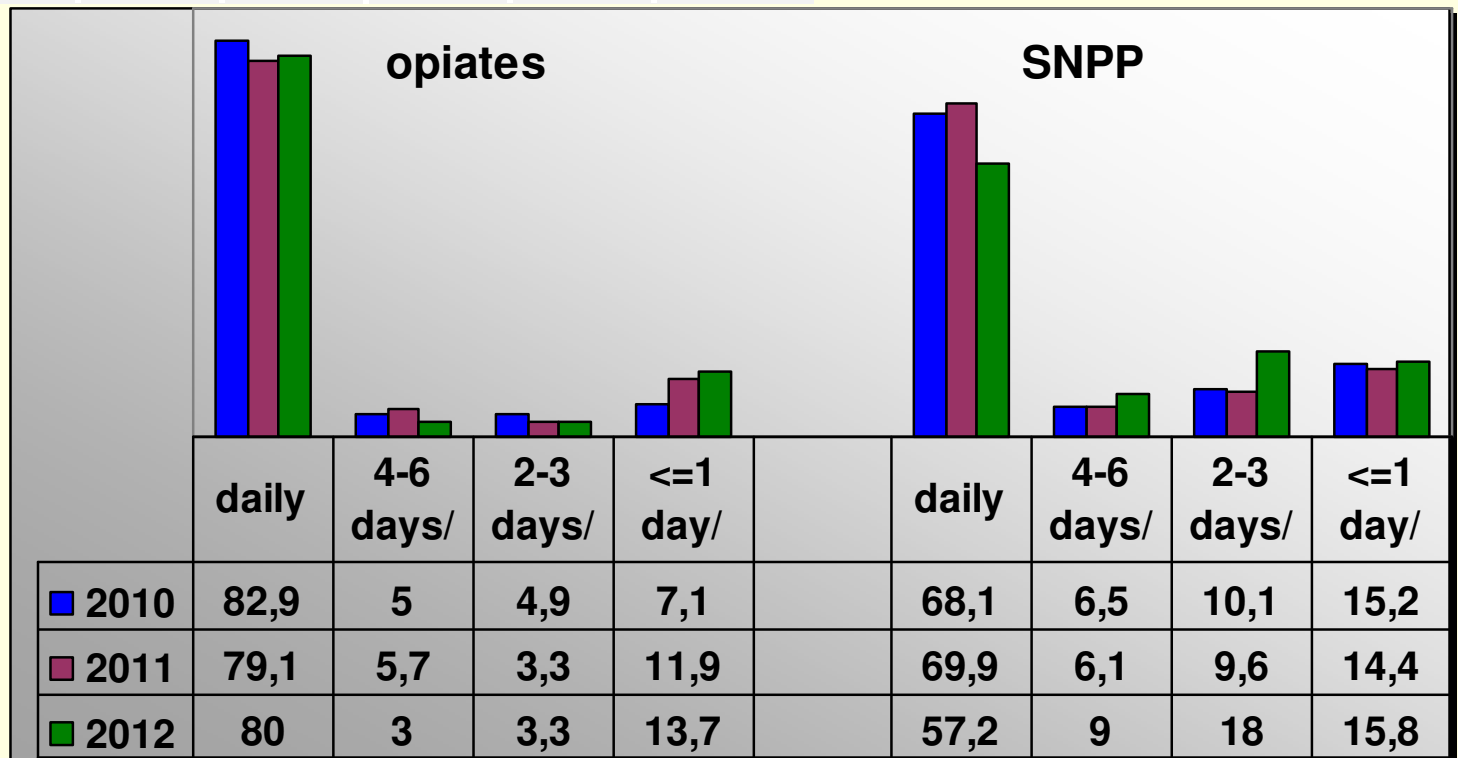


2010

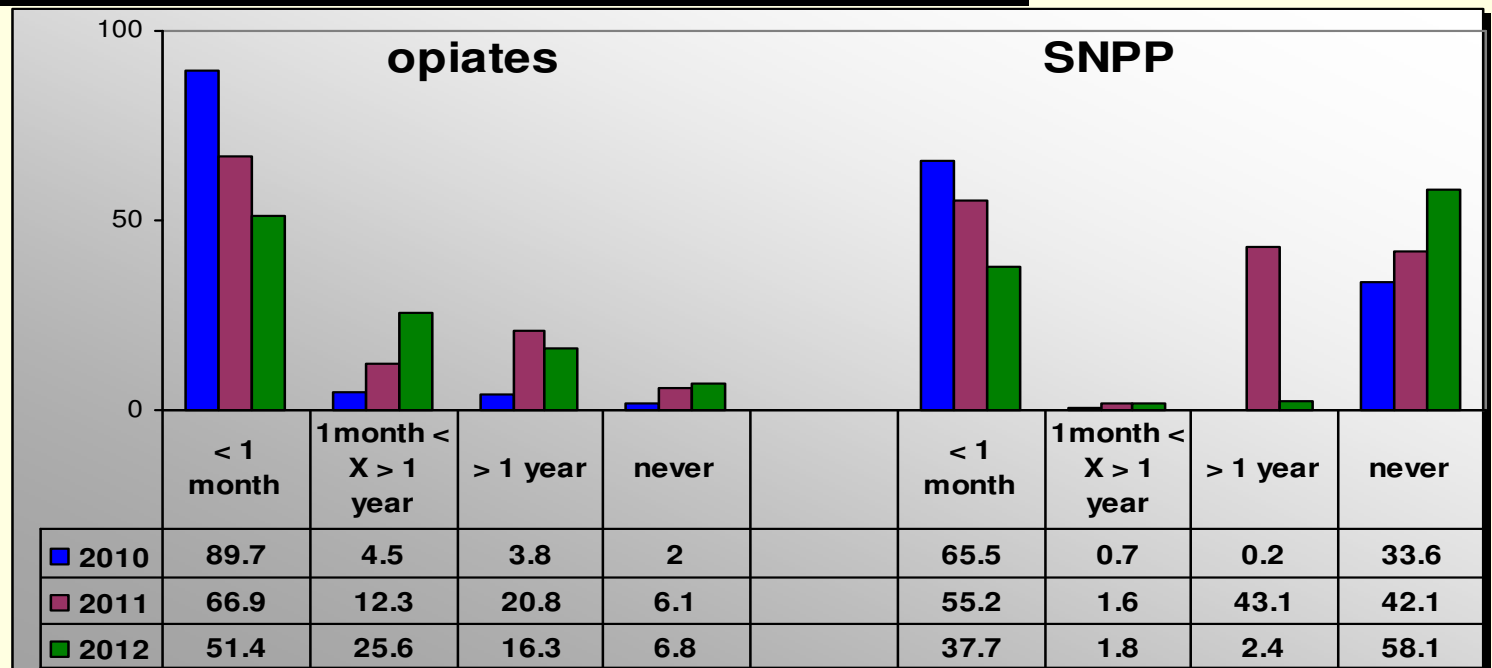
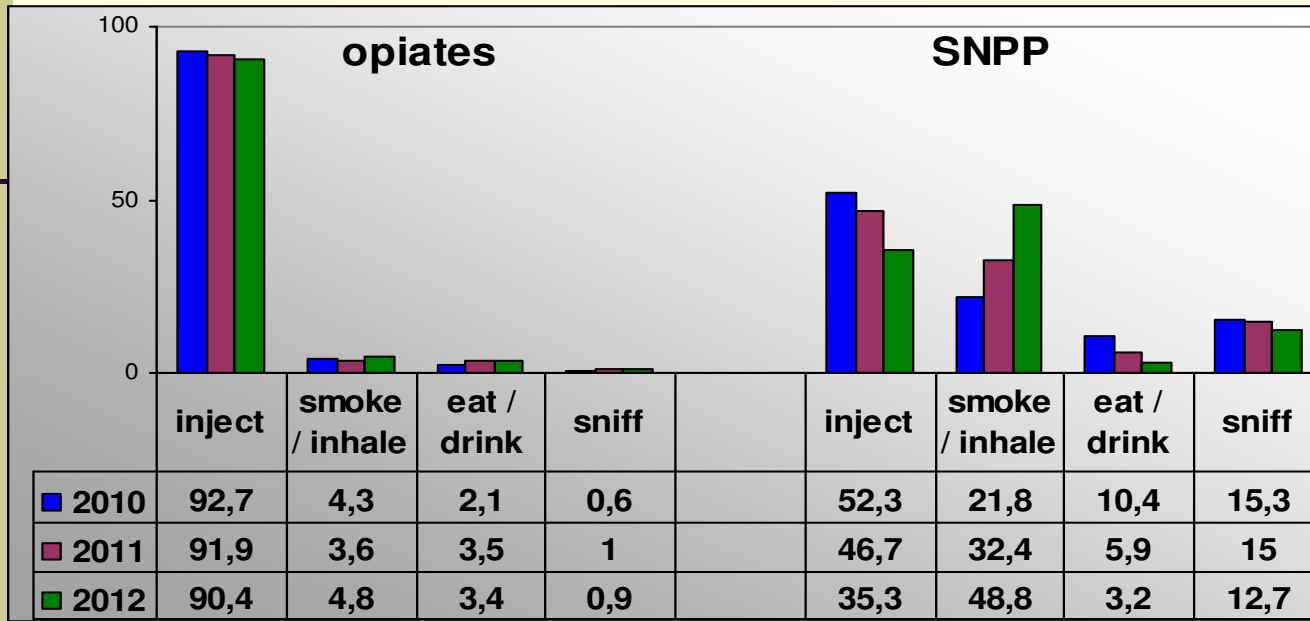


TDI (duration and frequency of use)

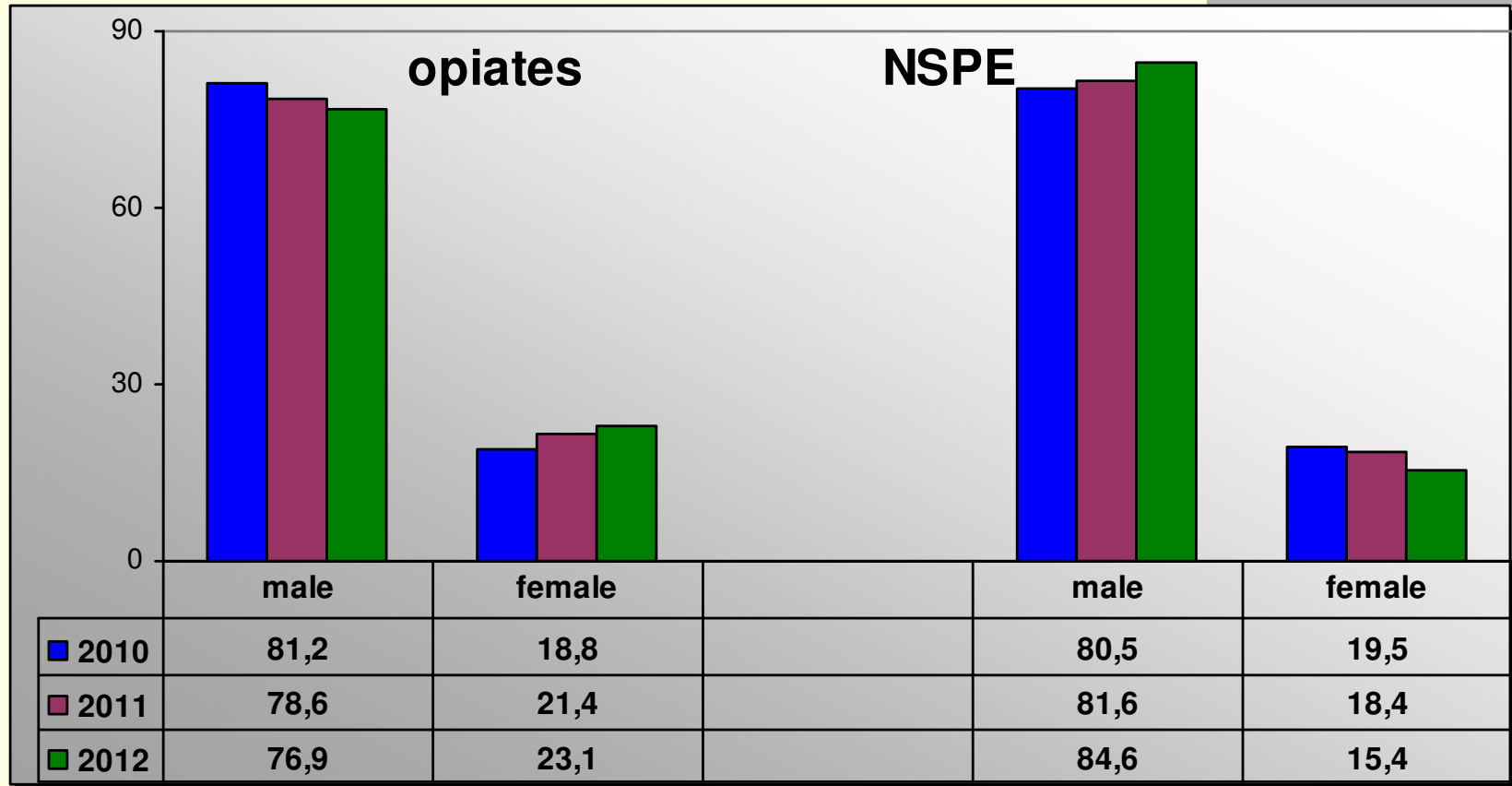
	opiates			NSPE		
	2010	2011	2012	2010	2011	2012
N Valid	960	841	455	444	701	364
Mean	8,46	9,64	9,56	1,06	1,53	2,27
Median	10	11	10	<1	1	2
Mode	10	11	12	<1	1	2
Minimum	<1	<1	<1	<1	<1	<1



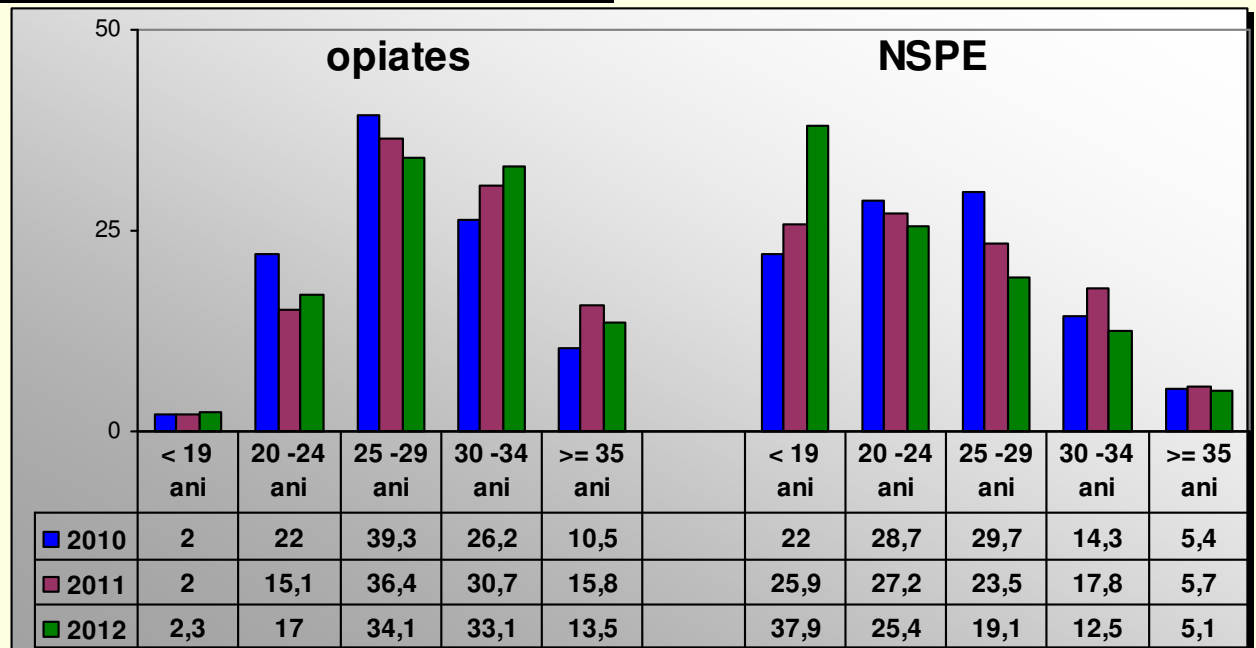
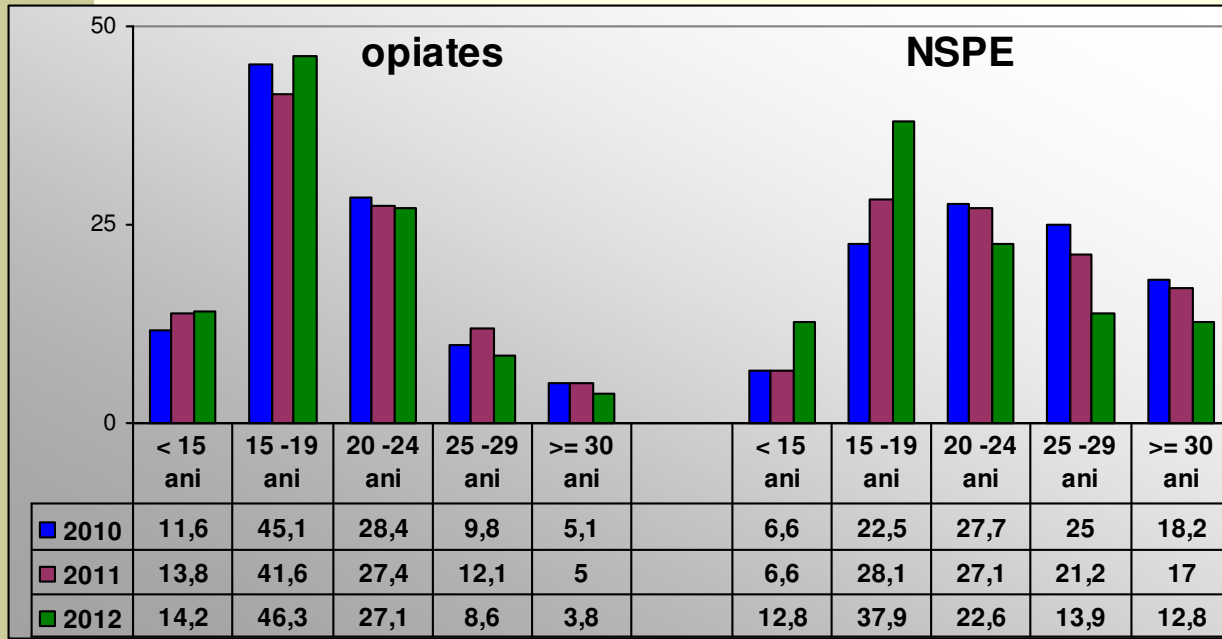
TDI (administration route, injection status)



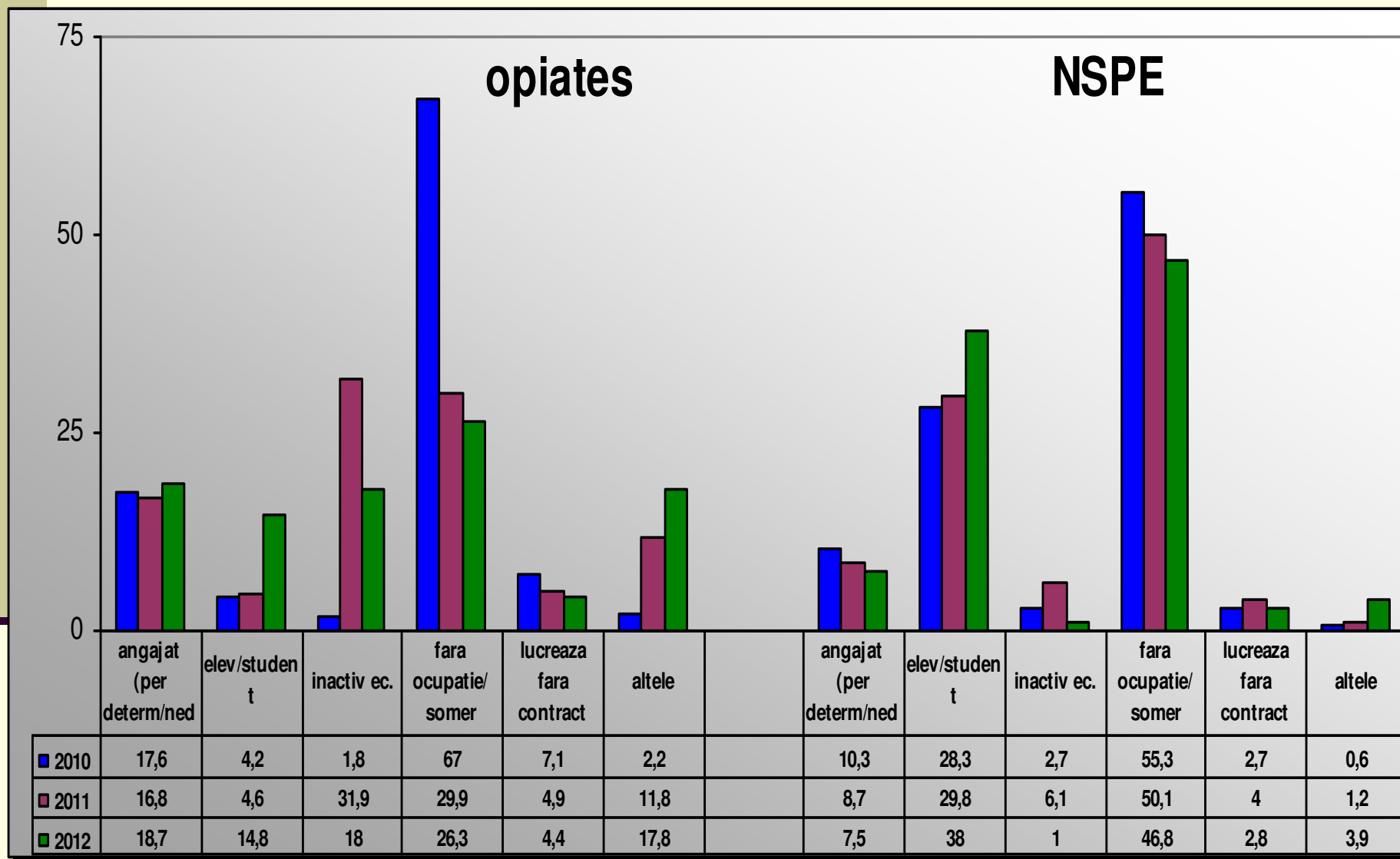
TDI (gender)



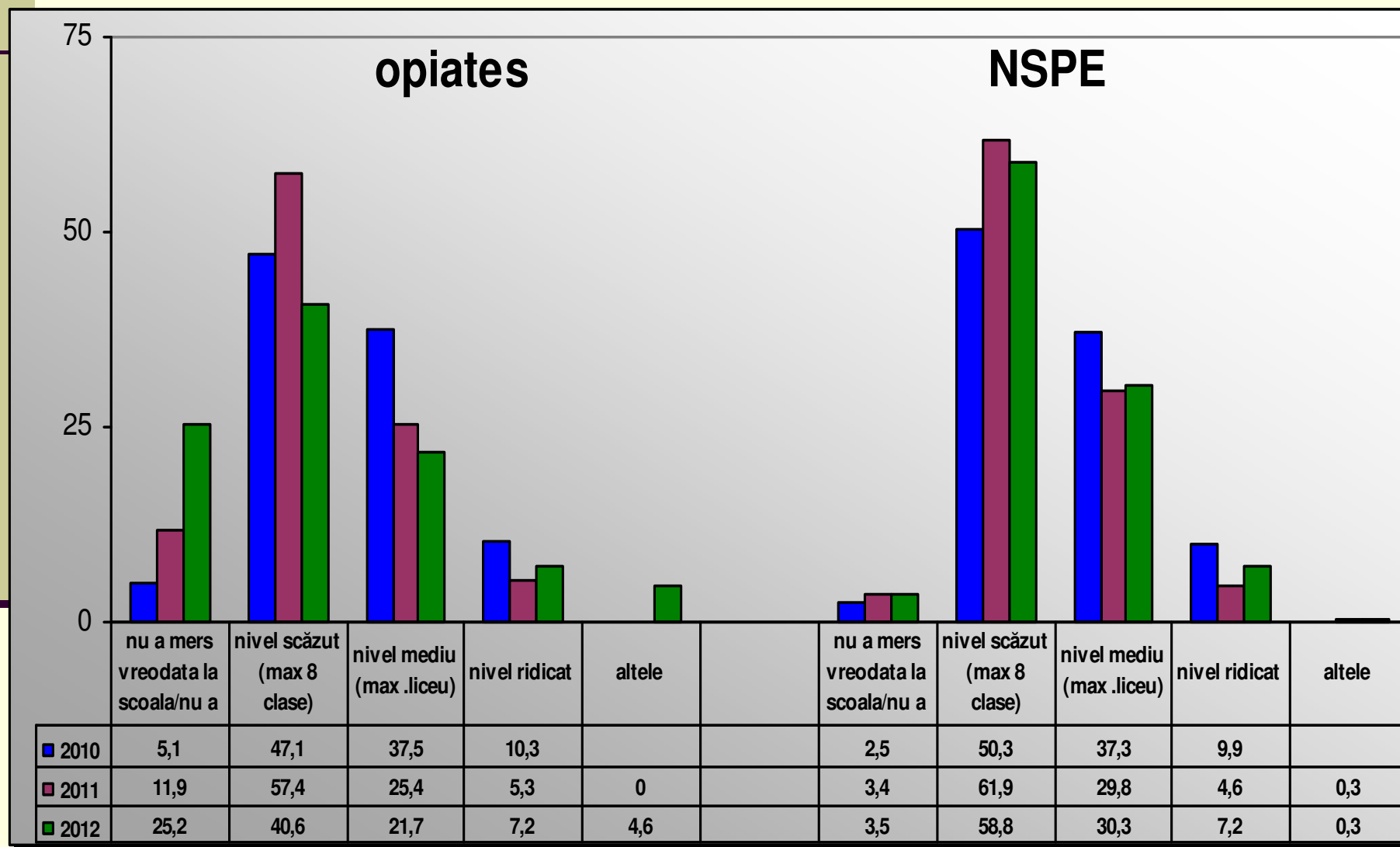
TDI (onset age and treatment admission age)



TDI (occupation)



TDI (education)



TDI – “problems” in monitoring

- **clean up the database (reporting unique beneficiaries) determines the results distortion regarding main drug(i.e. beneficiaries with 2 admissions: 1-heroin /cannabis, 1-NSPE, 4 admissions client: 1-Heroin and 3-NSPE)**
- **there will be a lot of nonanswers to new items introduced with Protocol 3, for beneficiaries who are in treatment for many years (data referring to behavior, e.g., had in the last 5 years)**
- **difficulties in determining polydrug use.**
- **difficulties in determining the type of SNPP (cannabinoid or catinone) at the level of treatment centres and, consequently, in the reporting of data**

***THANK YOU FOR YOUR
ATTENTION!***

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